

# CDPHP Clinical Formulary 2012

(Effective 1-1-12)

## INTRODUCTION

Capital District Physicians' Health Plan, Inc. (CDPHP) is pleased to provide the *CDPHP Clinical Formulary 2012* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Clinical Formulary 2012* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This *CDPHP Clinical Formulary 2012* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Clinical Formulary 2012* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

Please note, the information found in the *CDPHP Clinical Formulary 2012* does not apply to any of the CDPHP Medicare products that offer prescription drug benefits. For information on these plans, please visit the Medicare Information section on <http://www.cdphp.com>.

## PREFACE

The *CDPHP Clinical Formulary 2012* represents CDPHP's prescription drug formulary and is organized by sections. The first section includes a list of CDPHP preferred products, drugs requiring prior authorization, quantity limits and step therapy. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included in the *CDPHP Clinical Formulary 2012*. **Generics should be considered the first line of prescribing.**

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or excluded (not covered). Excluded products are only available by medical exception. For a list of drugs excluded from the CDPHP formulary, please visit the Provider tab on the CDPHP website, [www.cdphp.com](http://www.cdphp.com), or contact CDPHP Provider Services department directly.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Clinical Formulary 2012* are covered under the pharmacy benefit (and require a drug rider) unless otherwise noted by the "A" symbol. Pharmacy benefits may impose additional coverage restrictions or may not cover selected drug products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not covered benefits unless the OTC product has been added to the formulary.

Drugs represented in the *CDPHP Clinical Formulary 2012* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

- Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. This tier also includes those over-the-counter drugs on the CDPHP formulary. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.
- Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost-effective as a tier 1 generic drug.

Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

*Please note that all new drugs will be excluded from the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.*

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of <http://www.cdphp.com>.

## PRODUCT SELECTION CRITERIA

*All new drugs will be excluded from the formulary and require prior authorization review until reviewed by the P&T Committee. CDPHP P&T Committee will consider inclusion to the formulary based on CVS Caremark's recommendations.*

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Drugs added to the formulary have been found to offer a clinical and/or cost advantage over other products. Selected formulary products within some therapeutic categories are "Preferred". Preferred products are identified by a "P" symbol. Use of these products, when clinically appropriate, is encouraged.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. **Excluded drugs are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally excluded in member contracts (e.g., cosmetic agents).

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. **Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic. Examples of the latter include Levoxyl and Trivora.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (<http://www.fda.gov>).

The FDA is very strict in their view of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color or shape. In fact, U.S. trademark laws require that generics look different from their brand-name equivalents.

## SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen CVS Caremark Specialty Pharmacy Services to dispense certain high-cost injectables and biotech drugs for its members. Eligible members will need to register and will receive a 30-day supply of medications and additional supplies needed to administer the medications.

Getting started with CVS Caremark Specialty Pharmacy Services is easy. There are three different options for contacting them: by phone toll-free at 1-800-237-2767, by fax toll-free at 1-800-323-2445 or online at <http://www.caremark.com>. CVS Caremark provides side-effect counseling, condition-specific materials, refill reminder calls, and access to health care professionals for emergency consultation 24 hours a day, seven days a week. CVS Caremark also provides Patient Resource Centers online at <http://www.caremark.com>. CDPHP members can access the latest news, helpful tips, interactive tools, drug information, safety alerts, support groups, links to communities, as well as other useful resources.

For a complete list of specialty medications, visit Providers tab/Rx Corner/Specialty Pharmacy at <http://www.cdphp.com>. Drugs that are available to be filled through CVS Caremark Specialty Pharmacy services are noted within this booklet by the "SP" symbol, and drugs which are required to be filled through CVS Caremark Specialty Pharmacy are noted by the symbol "SPC". CVS Caremark Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

## PRIOR AUTHORIZATION (PA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies.

The list of drugs that require prior authorization is subject to change from time to time and may not be all-inclusive. If a drug on the list below is required, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

The medications on the following list may or may not be on the formulary. Drugs that require prior authorization are noted within this booklet by the "PA" symbol.

ABSTRAL  
ACTEMRA **SP** ^  
ADCENTRIS ^  
ADCIRCA **SP**  
**ADIPEX-P**  
AFINITOR **SP**  
AMEVIVE **SPC** ^  
AMPYRA **SP**  
ARANESP **\*\* SPC** ^  
ARCALYST **SP**  
ARZERRA **SP** ^  
AVONEX **SPC**  
BENLYSTA ^  
**BENZPHETAMINE**  
BERINERT **SP** ^  
BETASERON **SPC**  
**BONTRIL**  
BOTOX ^  
BRAVELLE **QL SPC**  
**BUPIVACAINE** (FOR TOPICAL USE)  
CAPRELSA  
CARBAGLU  
CELEBREX 400 mg  
CETROTIDE **QL SPC**  
**CHORIONIC GONADOTROPIN QL SPC**

CIMZIA **SP** ^  
CINRYZE **SP**  
COPAXONE **P SPC**  
**COPEGUS SPC**  
CRINONE **QL SP**  
CUVPOSA  
**DIDREX**  
**DIETHYLPROPION**  
DIFICID  
DYSPORT ^  
EGRIFTA  
ENBREL **SPC**  
ENDOMETRIN **QL SP**  
ENTERAL FORMULAS  
EPOGEN **\*\* SPC** ^  
EXALGO  
EXTAVIA **SP**  
**FASTIN**  
FIRAZYR  
FOLLISTIM AQ **QL SPC**  
GAMMAPLEX **SP** ^  
GANIRELIX **QL SPC**  
GENOTROPIN **SPC ST**  
GILENYA  
GONAL-F **QL SPC**

GONAL-F RFF **QL SPC**  
 HIZENTRA **SP ^**  
 HUMATROPE **SPC ST**  
 HUMIRA **SPC**  
 HYCAMTIN ORAL CAPSULES **SP**  
 ILARIS **SP ^**  
 INCIVEK **SPC**  
 INCRELEX **SPC**  
 INFERGEN **SPC**  
 IONAMIN  
 ISTODAX **^**  
 JEVTANA **^**  
 KALBITOR **^**  
 KETAMINE (FOR TOPICAL USE)  
 KINERET **SPC**  
 KRYSTEXXA **^**  
 KUVAN **SPC**  
 LATUDA  
 LAZANDA  
 LUVERIS **QL SPC**  
 MAKENA **^**  
 MENOPUR **QL SPC**  
**MINOCYCLINE EXT-REL**  
 MYOBLOC **^**  
 NEULASTA **\*\* SPC ^**  
 NEUPOGEN **\*\* SPC ^**  
 NEXAVAR **SPC**  
 NORDITROPIN **P SPC**  
**NOVAREL QL SPC**  
 NUEDEXTA  
 NULOJIX **^**  
 NUTROPIN **SPC ST**  
 NUTROPIN AQ **SPC ST**  
 NUVIGIL  
 OMNITROPE **SPC ST**  
 ONSOLIS  
 OVIDREL **QL SPC**  
 PEGASYS **SPC**  
 PEGINTRON **SPC**  
**PHENDIMETRAZINE**  
**PHENTERMINE**

PROCRIT **\*\* SPC ^**  
 PRO-FAST  
 PROLIA **^**  
 PROVIGIL  
**REBETOL SPC**  
 REBIF **P SPC**  
 REPRONEX **QL SPC**  
 REVATIO **SP**  
 REVATIO injection **SP ^**  
 REVLIMID **SPC**  
**RIBASPHERE SPC**  
**RIBAVIRIN SPC**  
 SABRIL **SP**  
 SAIZEN **SPC ST**  
 SAPHRIS  
 SEROSTIM **SPC**  
 SIMPONI **SP**  
 SOLID MODIFIED FOOD PRODUCTS  
 SOLIRIS **SP ^**  
**SOLODYN**  
 SPRYCEL **SPC**  
 STELARA **SP ^**  
 SUTENT **SPC**  
 SYLATRON  
 SYNAGIS **^**  
 TASIGNA **SPC**  
 TEV-TROPIN **SPC ST**  
 TYKERB **SPC**  
 VICTRELIS **SPC**  
 VOTRIENT **SP**  
 VPRIV **SP ^**  
 XALKORI  
 XENICAL  
 XEOMIN **^**  
 XOLAIR **SPC ^**  
 YERVOY **^**  
 ZELBORAF  
 ZOLINZA **SPC**  
 ZORBTIVE **SPC**  
 ZORTRESS  
 ZYTIGA

**^** Covered under the medical benefit

**\*\*** Prior Authorization required only when obtained from a pharmacy setting

**P** Preferred brand product

**QL** Quantity Limitations apply

**SP** Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

**SPC** Required to fill through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

**ST** Step Therapy criteria applies

## PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "QL" symbol.

## DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

## STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first. If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication through a medical exception.

The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive. If a drug is required and the practitioner determines that the drug is medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration. Drugs that require step therapy are noted within this booklet by the "ST" symbol.

**ST1** For new starts in non-diabetic patients, requires step through a generic angiotensin converting enzyme (ACE) inhibitor

**ST2** Step Therapy criteria applies to new starts only

## MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request an excluded drug for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number to CVS Caremark printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, [www.cdphp.com](http://www.cdphp.com). A response will be sent to both the medical practitioner and member as soon as possible. The list of drugs that are excluded (not covered) on the formulary is available on the Provider tab of [www.cdphp.com](http://www.cdphp.com) or can be requested by calling the Provider Service department directly at CDPHP.

## PREFERRED DRUG LIST

The CDPHP Preferred Drug List is a guide within select therapeutic categories, which identifies preferred generic and brand medications that are clinically appropriate and cost-effective. This list can be found on the Members tab on the CDPHP website [www.cdphp.com](http://www.cdphp.com), under Member Quick Links, Forms & Tools.

## EDITOR

Your comments and suggestions regarding the *CDPHP Clinical Formulary 2012* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP, Pharmacy Department  
500 Patroon Creek Boulevard  
Albany, NY 12206-1057  
E-mail: [pharmacy@cdphp.com](mailto:pharmacy@cdphp.com)  
Internet: <http://www.cdphp.com>

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Capital District Physicians' Health Plan, Inc., Capital Physicians' Healthcare Network, Inc., and CDPHP Universal Benefits, Inc. (collectively known as CDPHP). All rights reserved.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

## LEGEND

<b>^</b>	Covered under the medical benefit
<b>OTC</b>	Over the counter
<b>*P</b>	CDPHP formulary, preferred generic product
<b>P</b>	CDPHP formulary, preferred brand product
<b>PA</b>	Prior Authorization; refer to Prior Authorization section
<b>QL</b>	Quantity Limitations; refer to Prescription Quantity Management section
<b>SP</b>	Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767
<b>SPC</b>	Required to fill through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767
<b>ST</b>	Step Therapy; refer to Step Therapy section
<b>ST1</b>	For new starts in non-diabetic patients, requires step through a generic angiotensin converting enzyme (ACE) inhibitor
<b>ST2</b>	Step Therapy criteria applies to new starts only; refer to Step Therapy section
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated)
ext-rel	Extended-release (also known as sustained-release)

## ANALGESICS

Practice guidelines of pain management are available at:  
<http://www.asahq.org>

### NSAIDs

choline magnesium trisalicylate	Tier 1		
diclofenac potassium	Tier 1	CATAFLAM	Tier 3
diclofenac sodium delayed-rel	Tier 1		
diclofenac sodium ext-rel	Tier 1	VOLTAREN-XR	Tier 3
diflunisal	Tier 1		
etodolac	Tier 1		
etodolac ext-rel	Tier 1		
fenoprofen	Tier 1	NALFON	Tier 3
flurbiprofen	Tier 1		
ibuprofen	Tier 1	MOTRIN	Tier 3
indomethacin	Tier 1		
indomethacin ext-rel	Tier 1		
ketoprofen	Tier 1		
ketoprofen ext-rel	Tier 1		
ketorolac <b>QL</b> <b>^^</b>	Tier 1		
meclofenamate	Tier 1		
meloxicam	Tier 1	MOBIC	Tier 3
nabumetone	Tier 1		
naproxen	Tier 1	NAPROSYN	Tier 3
naproxen delayed-rel	Tier 1	EC-NAPROSYN	Tier 3
naproxen sodium	Tier 1	ANAPROX	Tier 3
naproxen sodium	Tier 1	ANAPROX DS	Tier 3
naproxen sodium delayed-rel	Tier 1	NAPRELAN	Tier 3
oxaprozin	Tier 1	DAYPRO	Tier 3
piroxicam	Tier 1	FELDENE	Tier 3
sulindac	Tier 1	CLINORIL	Tier 3
tolmetin	Tier 1		
mefenamic acid	Tier 2	PONSTEL	Tier 3
		INDOCIN susp	Tier 2
		ARTHROTEC	Tier 3
		VOLTAREN topical gel	Tier 3

ketorolac **^^** **QL** 20 tabs in 30 days

**^^** Based on dosing guidelines, can only be filled at network retail pharmacies.

### COX-2 INHIBITORS

		CELEBREX 400 mg <b>PA</b>	Tier 3
		CELEBREX 50 mg, 100 mg, 200 mg <b>ST</b>	Tier 3

### GOUT

allopurinol	Tier 1	ZYLOPRIM	Tier 3
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#### LEGEND

Generic drugs in **bold** font are available.

**^** Covered under the medical benefit **OTC** Over the counter

**\*P** CDPHP formulary; preferred generic product **P** CDPHP formulary; preferred brand product **PA** Prior Authorization; refer to Prior Authorization section

**QL** Quantity Limitations; refer to Prescription Quantity Management section **SP** Available through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767

**SPC** Required to fill through CVS Caremark Specialty Pharmacy Services, toll-free at 1-800-237-2767 **ST** Step Therapy; refer to Step Therapy section

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<b>colchicine/probenecid</b>	Tier 1		
<b>probenecid</b>	Tier 1		
		COLCRYS	Tier 2
		KRYSTEXXA <b>PA</b> <sup>^</sup>	Tier 3
		ULORIC	Tier 3

## NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes WHO analgesic ladder) are available at:

<http://www.asahq.org>

<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at: <http://www.asipp.org/Guidelines.htm>

<b>codeine/acetaminophen</b>	Tier 1	TYLENOL w/CODEINE	Tier 3
<b>hydrocodone/acetaminophen</b>	Tier 1	LORCET	Tier 3
<b>hydrocodone/acetaminophen</b>	Tier 1	NORCO	Tier 3
<b>hydrocodone/acetaminophen</b>	Tier 1	VICODIN ES	Tier 3
<b>ibuprofen/hydrocodone</b>	Tier 1	VICOPROFEN	Tier 3
		CAPITAL w/CODEINE	Tier 3
		SYNALGOS-DC	Tier 3

## NARCOTIC ANALGESICS, CII

<b>fentanyl citrate oral transmucosal</b>	Tier 1	ACTIQ	Tier 3
<b>fentanyl transdermal</b> <b>QL</b>	Tier 1		
<b>hydromorphone</b>	Tier 1		
<b>morphine</b>	Tier 1		
<b>morphine ext-rel</b>	Tier 1	MS CONTIN	Tier 3
<b>morphine ext-rel</b>	Tier 1	ORAMORPH SR	Tier 3
<b>morphine supp</b>	Tier 1		
<b>oxycodone caps, tabs 5 mg</b>	Tier 1		
<b>oxycodone concentrate 20 mg/mL</b>	Tier 1		
<b>oxycodone tabs 15 mg, 30 mg, soln 5 mg/5 mL</b>	Tier 1	ROXICODONE	Tier 3
<b>oxycodone/acetaminophen</b>	Tier 1		
<b>oxycodone/acetaminophen</b>	Tier 1	TYLOX	Tier 3
<b>oxycodone/aspirin</b>	Tier 1	PERCODAN	Tier 3
<b>oxymorphone</b>	Tier 2	OPANA	Tier 3
<b>morphine ext-rel</b>	Tier 3	KADIAN	Tier 3
<b>oxymorphone ext-rel</b>	Tier 3	OPANA ER	Tier 3
		ROXICET soln	Tier 2
		ABSTRAL <b>PA</b>	Tier 3
		AVINZA	Tier 3
		EXALGO <b>PA</b>	Tier 3
		FENTORA	Tier 3
		LAZANDA <b>PA</b>	Tier 3
		NUCYNTA <b>QL</b>	Tier 3
		NUCYNTA ER	Tier 3

### LEGEND

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<sup>\*P</sup> CDPHP formulary; preferred generic product **P** CDPHP formulary; preferred brand product **PA** Prior Authorization; refer to Prior Authorization section

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		ONSOLIS <b>PA</b>	Tier 3
		OXYCONTIN	Tier 3

**fentanyl transdermal** **QL** 10 patches in 30 days  
 NUCYNTA **QL** One 90-day course per year

### NON-NARCOTIC ANALGESICS

<b>butalbital/acetaminophen</b>	Tier 1	PHRENILIN FORTE	Tier 3
<b>butalbital/acetaminophen/caffeine</b>	Tier 1	ESGIC	Tier 3
<b>butalbital/acetaminophen/caffeine</b>	Tier 1	ESGIC-PLUS	Tier 3
<b>butalbital/acetaminophen/caffeine</b>	Tier 1	FIORICET	Tier 3
<b>butalbital/aspirin/caffeine</b>	Tier 1	FIORINAL	Tier 3
<b>tramadol</b>	Tier 1		
<b>tramadol ext-rel</b>	Tier 1	ULTRAM ER	Tier 3
<b>tramadol/acetaminophen</b>	Tier 1	ULTRACET	Tier 3
		ALAGESIC LQ	Tier 3
		DOLGIC PLUS	Tier 3
		RYZOLT	Tier 3

### ANTI-INFECTIVES

**Hepatitis:** CDC recommendations on the treatment of hepatitis are available at:  
<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:  
<http://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:  
<http://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:  
<http://www.americanheart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:  
<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

**International Travel:** CDC recommendations for international travel are available at: <http://www.cdc.gov/travel>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at:  
<http://www.cdc.gov/std/treatment/default.htm>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:  
[http://www.cdc.gov/ncidod/guidelines/guidelines\\_topic\\_ar.htm](http://www.cdc.gov/ncidod/guidelines/guidelines_topic_ar.htm)

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:  
<http://www.idsociety.org>

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**\*P** CDPHP formulary; preferred generic product **P** CDPHP formulary; preferred brand product **PA** Prior Authorization; refer to Prior Authorization section

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## ANTIBACTERIALS

### Cephalosporins

#### First Generation

<b>cefadroxil</b>	Tier 1		
<b>cephalexin *P</b>	Tier 1	KEFLEX	Tier 3

#### Second Generation

<b>cefactor *P</b>	Tier 1		
<b>cefprozil</b>	Tier 1		
<b>cefuroxime axetil</b>	Tier 1	CEFTIN	Tier 3

#### Third Generation

<b>cefdinir *P</b>	Tier 1		
<b>cefepodoxime</b>	Tier 1		
		SUPRAX <b>P</b>	Tier 2
		CEDAX	Tier 3

### Erythromycins/Macrolides

<b>azithromycin *P</b>	Tier 1	ZITHROMAX	Tier 3
<b>clarithromycin *P</b>	Tier 1	BIAXIN	Tier 3
<b>clarithromycin ext-rel</b>	Tier 1	BIAXIN XL	Tier 3
<b>erythromycin delayed-rel *P</b>	Tier 1		
<b>erythromycin ethylsuccinate *P</b>	Tier 1	E.E.S.	Tier 3
<b>erythromycin ethylsuccinate *P</b>	Tier 1	ERYPED	Tier 3
<b>erythromycin stearate *P</b>	Tier 1		
<b>erythromycin/sulfisoxazole *P</b>	Tier 1		
		ZMAX	Tier 2
		DIFICID <b>PA</b>	Tier 3
		ERY-TAB	Tier 3
		PCE	Tier 3

### Fluoroquinolones

<b>ciprofloxacin ext-rel *P</b>	Tier 1		
<b>ciprofloxacin tabs *P</b>	Tier 1	CIPRO tabs	Tier 3
<b>ofloxacin</b>	Tier 1		
<b>levofloxacin</b>	Tier 2	LEVAQUIN	Tier 3
		AVELOX <b>P</b>	Tier 2
		CIPRO susp	Tier 2
		FACTIVE	Tier 3
		NOROXIN	Tier 3

### Penicillins

<b>amoxicillin *P</b>	Tier 1		
<b>amoxicillin/clavulanate *P</b>	Tier 1	AUGMENTIN	Tier 3
<b>amoxicillin/clavulanate ext-rel</b>	Tier 1	AUGMENTIN XR	Tier 3
<b>amoxicillin/clavulanate susp 600 mg *P</b>	Tier 1		
<b>ampicillin</b>	Tier 1		
<b>dicloxacillin *P</b>	Tier 1		
<b>penicillin VK *P</b>	Tier 1	VEETIDS	Tier 1

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		AMOXICILLIN chewable tabs	Tier 2
<b>Tetracyclines</b>			
doxycycline hyclate *P	Tier 1	VIBRAMYCIN caps	Tier 3
doxycycline hyclate tabs *P	Tier 1		
doxycycline monohydrate	Tier 1	ADOXA <b>ST</b>	Tier 3
doxycycline monohydrate	Tier 1	MONODOX	Tier 3
minocycline *P	Tier 1	MINOCIN	Tier 3
minocycline caps *P	Tier 1	DYNACIN caps	Tier 3
minocycline ext-rel <b>PA</b>	Tier 1	SOLODYN <b>PA</b>	Tier 3
minocycline tabs	Tier 1	DYNACIN tabs	Tier 3
tetracycline caps *P	Tier 1		
doxycycline hyclate <b>ST</b>	Tier 3	DORYX <b>ST</b>	Tier 3
		VIBRAMYCIN SYRUP	Tier 2
		ORAXYL	Tier 3
		VIBRAMYCIN SUSPENSION	Tier 3

## ANTIFUNGALS

clotrimazole troches	Tier 1		
fluconazole *P <b>QL</b>	Tier 1	DIFLUCAN <b>QL</b>	Tier 3
griseofulvin microsize susp	Tier 1		
itraconazole caps *P	Tier 1	SPORANOX	Tier 3
ketoconazole tabs	Tier 1		
nystatin	Tier 1		
nystatin oral susp	Tier 1		
terbinafine tabs *P	Tier 1	LAMISIL	Tier 3
voriconazole	Tier 2	VFEND	Tier 3
flucytosine	Tier 3	ANCOBON	Tier 3
		GRIFULVIN V tabs	Tier 3
		GRIS-PEG	Tier 3
		NOXAFIL	Tier 3

fluconazole (150 mg only) \*P  
DIFLUCAN (150 mg only) \*P

**QL**  
**QL**

4 tablets in 30 days  
4 tablets in 30 days

## ANTIMALARIALS

chloroquine phosphate	Tier 1	ARALEN	Tier 3
mefloquine	Tier 1		
atovaquone/proguanil	Tier 2	MALARONE	Tier 2
		MEPRON	Tier 2
		COARTEM	Tier 3

## ANTIRETROVIRAL AGENTS

All antiviral agents for the treatment of HIV infection are covered.

### Antiretroviral Combinations

		ATRIPLA	Tier 2
		COMBIVIR	Tier 2
		COMPLERA	Tier 2

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		EPZICOM	Tier 2
		TRIZIVIR	Tier 2
		TRUVADA	Tier 2

### Chemokine Receptor Antagonists

		SELZENTRY	Tier 2
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### Fusion Inhibitors

		FUZEON <b>SP</b>	Tier 2
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### Integrase Inhibitors

		ISENTRESS	Tier 2
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### Non-nucleoside Reverse Transcriptase Inhibitors

		EDURANT	Tier 2
		INTELENCE	Tier 2
		RESCRIPTOR	Tier 2
		SUSTIVA	Tier 2
		VIRAMUNE	Tier 2
		VIRAMUNE XR	Tier 2

### Nucleoside Reverse Transcriptase Inhibitors

<b>didanosine delayed-rel</b>	Tier 1	VIDEX EC	Tier 3
<b>stavudine</b>	Tier 1	ZERIT	Tier 3
<b>zidovudine</b>	Tier 1	RETROVIR	Tier 3
<b>lamivudine</b>	Tier 2	EPIVIR	Tier 2
		EMTRIVA	Tier 2
		VIDEX soln	Tier 2
		ZIAGEN	Tier 2

### Nucleotide Reverse Transcriptase Inhibitors

		VIREAD	Tier 2
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### Protease Inhibitors

		APTIVUS	Tier 2
		CRIXIVAN	Tier 2
		INVIRASE	Tier 2
		KALETRA	Tier 2
		LEXIVA	Tier 2
		NORVIR	Tier 2
		PREZISTA	Tier 2
		REYATAZ	Tier 2
		VIRACEPT	Tier 2

## ANTITUBERCULAR AGENTS

<b>ethambutol</b>	Tier 1	MYAMBUTOL	Tier 3
<b>isoniazid</b>	Tier 1		
<b>pyrazinamide</b>	Tier 1		
<b>rifampin</b>	Tier 1	RIFADIN	Tier 3

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		MYCOBUTIN	Tier 2
<b>ANTIVIRALS</b>			
<b>Cytomegalovirus Agents</b>			
<b>ganciclovir</b>	Tier 1		
		VALCYTE	Tier 2
<b>Hepatitis Agents</b>			
(See Interferons section for additional agents to treat Hepatitis.)			
<i>Hepatitis B</i>			
		BARACLUDE	Tier 2
		EPIVIR-HBV	Tier 2
		HEPSERA	Tier 2
		TYZEKA	Tier 2
<i>Hepatitis C</i>			
<b>Ribasphere PA SPC</b>	Tier 1	REBETOL PA SPC	Tier 3
<b>ribavirin caps PA SPC</b>	Tier 1	REBETOL caps PA SPC	Tier 3
<b>ribavirin tabs PA SPC</b>	Tier 1	COPEGUS PA SPC	Tier 3
		REBETOL oral soln PA SPC	Tier 2
		INCIVEK PA SPC	Tier 3
		VICTRELIS PA SPC	Tier 3
<b>Herpes Agents</b>			
<b>acyclovir *P</b>	Tier 1		
<b>famciclovir</b>	Tier 1		
<b>valacyclovir *P</b>	Tier 1		
<b>Influenza Agents</b>			
<b>amantadine *P</b>	Tier 1		
<b>rimantadine tabs *P</b>	Tier 1	FLUMADINE tabs	Tier 3
		FLUMADINE syrup	Tier 2
		RELENZA P QL	Tier 2
		TAMIFLU P QL	Tier 2
RELENZA oral inhaler P	QL	2 courses per year (cumulative by class)	
TAMIFLU P	QL	2 courses per year (cumulative by class)	
<b>MISCELLANEOUS</b>			
<b>clindamycin *P</b>	Tier 1	CLEOCIN	Tier 3
<b>clindamycin palmitate oral solution</b>	Tier 1	CLEOCIN PED SOLUTION	Tier 3
<b>dapsone</b>	Tier 1		
<b>mebendazole</b>	Tier 1		
<b>metronidazole tabs *P</b>	Tier 1	FLAGYL	Tier 3
<b>nitrofurantoin ext-rel *P</b>	Tier 1	MACROBID	Tier 3
<b>nitrofurantoin macrocrystals *P</b>	Tier 1	MACRODANTIN	Tier 3
<b>sulfamethoxazole/trimethoprim *P</b>	Tier 1		
<b>sulfamethoxazole/trimethoprim DS *P</b>	Tier 1	SEPTRA DS	Tier 3

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<b>trimethoprim tabs</b>	Tier 1		
<b>nitrofurantoin susp</b>	Tier 2	FURADANTIN	Tier 3
<b>metronidazole caps</b>	Tier 3	FLAGYL 375 MG	Tier 3
		ALINIA	Tier 2
		DARAPRIM	Tier 2
		NEBUPENT	Tier 2
		THALOMID <b>SP</b>	Tier 2
		TINDAMAX	Tier 2
		VANCOCIN	Tier 2
		ZYVOX	Tier 2
		MONUROL <b>QL</b>	Tier 3
		XIFAXAN 200 mg <b>QL</b>	Tier 3
		XIFAXAN 550 mg	Tier 3

MONUROL  
XIFAXAN 200 mg

**QL**  
**QL**

1 packet in 30 days  
126 tablets in 30 days

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

## ALKYLATING AGENTS

<b>cyclophosphamide</b>	Tier 1		
		ALKERAN	Tier 2
		CEENU	Tier 2
		EMCYT	Tier 2
		HEXALEN	Tier 2
		LEUKERAN	Tier 2
		MYLERAN	Tier 2
		TEMODAR <b>SP</b>	Tier 2

## ANTIMETABOLITES

<b>mercaptopurine</b>	Tier 1	PURINETHOL	Tier 3
thioguanine	Tier 2		
		TREXALL	Tier 2
		XELODA <b>SP</b>	Tier 2

## HORMONAL ANTINEOPLASTIC AGENTS

### Antiandrogens

<b>bicalutamide</b>	Tier 1		
<b>flutamide</b>	Tier 1		
		NILANDRON	Tier 2
		ZYTIGA <b>PA</b>	Tier 3

### Antiestrogens

<b>tamoxifen</b>	Tier 1		
		FARESTON	Tier 2

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<b>Aromatase Inhibitors</b>			
<b>anastrozole</b>	Tier 1		
<b>letrozole</b>	Tier 1		
<b>exemestane</b>	Tier 2	AROMASIN	Tier 3
<b>Luteinizing Hormone-releasing Hormone (LHRH) Agonists</b>			
<b>leuprolide acetate SP ^</b>	Tier 1		
		LUPRON DEPOT SP ^	Tier 2
		TRELSTAR SP ^	Tier 2
		ZOLADEX SP ^	Tier 2
<b>Progestins</b>			
<b>megestrol acetate</b>	Tier 1	MEGACE	Tier 3
		MEGACE ES	Tier 2
<b>KINASE INHIBITORS</b>			
		GLEEVEC SP	Tier 2
		NEXAVAR PA SPC	Tier 2
		SPRYCEL PA SPC	Tier 2
		SUTENT PA SPC	Tier 2
		TARCEVA SP	Tier 2
		TASIGNA PA SPC	Tier 2
		TYKERB PA SPC	Tier 2
		AFINITOR PA SP	Tier 3
		CAPRELSA PA	Tier 3
		IRESSA	Tier 3
		VOTRIENT PA SP	Tier 3
		XALKORI PA	Tier 3
		ZELBORAF PA	Tier 3
<b>MISCELLANEOUS</b>			
<b>etoposide</b>	Tier 1		
<b>hydroxyurea</b>	Tier 1	HYDREA	Tier 3
<b>tretinoin caps</b>	Tier 1		
		DROXIA	Tier 2
		LYSODREN	Tier 2
		MATULANE	Tier 2
		MESNEX	Tier 2
		TARGRETIN caps	Tier 2
		ZOLINZA PA SPC	Tier 2
		HALAVEN ^	Tier 3
		JEVTANA PA ^	Tier 3

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## CARDIOVASCULAR

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.heartfailureguideline.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>benazepril</b>	Tier 1	LOTENSIN	Tier 3
<b>captopril</b>	Tier 1		
<b>enalapril</b>	Tier 1	VASOTEC	Tier 3
<b>fosinopril *P</b>	Tier 1		
<b>lisinopril *P</b>	Tier 1	PRINIVIL	Tier 3
<b>lisinopril *P</b>	Tier 1	ZESTRIL	Tier 3
<b>perindopril</b>	Tier 1	ACEON	Tier 3
<b>quinapril *P</b>	Tier 1	ACCUPRIL	Tier 3
<b>ramipril caps *P</b>	Tier 1	ALTACE	Tier 3
<b>trandolapril</b>	Tier 1	MAVIK	Tier 3

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

<b>amlodipine/benazepril</b>	Tier 1	LOTREL	Tier 3
		TARKA	Tier 3

### ACE INHIBITOR/DIURETIC COMBINATIONS

<b>benazepril/hydrochlorothiazide</b>	Tier 1	LOTENSIN HCT	Tier 3
<b>captopril/hydrochlorothiazide</b>	Tier 1		
<b>enalapril/hydrochlorothiazide</b>	Tier 1	VASERETIC	Tier 3
<b>fosinopril/hydrochlorothiazide *P</b>	Tier 1		
<b>lisinopril/hydrochlorothiazide *P</b>	Tier 1	PRINZIDE	Tier 3
<b>lisinopril/hydrochlorothiazide *P</b>	Tier 1	ZESTORETIC	Tier 3
<b>quinapril/hydrochlorothiazide *P</b>	Tier 1	ACCURETIC	Tier 3
		UNIRETIC	Tier 3

### ADRENOLYTICS, CENTRAL

<b>clonidine</b>	Tier 1	CATAPRES	Tier 3
<b>clonidine transdermal</b>	Tier 1	CATAPRES-TTS	Tier 3
<b>guanfacine</b>	Tier 1	TENEX	Tier 3

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## ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone	Tier 1	INSPRA	Tier 3
spironolactone	Tier 1	ALDACTONE	Tier 3

## ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

doxazosin *P	Tier 1	CARDURA	Tier 3
prazosin	Tier 1	MINIPRESS	Tier 3
terazosin *P	Tier 1		

## ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://professional.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

losartan *P	Tier 1	COZAAR <b>ST1</b>	Tier 3
losartan/hydrochlorothiazide *P	Tier 1	HYZAAR <b>ST1</b>	Tier 3
		AVALIDE <b>P ST1</b>	Tier 2
		AVAPRO <b>P ST1</b>	Tier 2
		MICARDIS <b>P ST1</b>	Tier 2
		MICARDIS HCT <b>P ST1</b>	Tier 2
		ATACAND <b>** ST1</b>	Tier 3
		ATACAND HCT <b>ST1</b>	Tier 3
		BENICAR <b>ST1</b>	Tier 3
		BENICAR HCT <b>ST1</b>	Tier 3
		DIOVAN <b>ST1</b>	Tier 3
		DIOVAN HCT <b>ST1</b>	Tier 3
		EDARBI <b>ST1</b>	Tier 3
		TEVETEN <b>ST1</b>	Tier 3
		TEVETEN HCT <b>ST1</b>	Tier 3

\*\*ATACAND should be reserved for members who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

## ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS

		AZOR <b>P</b>	Tier 2
		EXFORGE <b>P</b>	Tier 2
		TWYNSTA	Tier 3

## ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

		EXFORGE HCT <b>P</b>	Tier 2
		TRIBENZOR <b>P</b>	Tier 2

## ANGIOTENSIN II RECEPTOR ANTAGONIST/DIRECT RENIN INHIBITOR COMBINATIONS

		VALTURNA <b>ST1</b>	Tier 3
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## ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at: <http://www.acc.org>

amiodarone	Tier 1	CORDARONE	Tier 3
disopyramide	Tier 1	NORPACE	Tier 3
flecainide	Tier 1	TAMBOCOR	Tier 3
propafenone	Tier 1	RYTHMOL	Tier 3
sotalol	Tier 1	BETAPACE	Tier 3
sotalol	Tier 1	BETAPACE AF	Tier 3
propafenone ext-rel	Tier 2	RYTHMOL SR	Tier 3
		PACERONE	Tier 2
		TIKOSYN	Tier 2
		MULTAQ	Tier 3
		NORPACE CR	Tier 3

## ANTILIPEMICS

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) is available at:

<http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

### Antilipemic Combinations

		VYTORIN	Tier 3
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### Bile Acid Resins

cholestyramine *P	Tier 1	QUESTRAN/QUESTRAN LIGHT	Tier 3
colestipol	Tier 1	COLESTID	Tier 3
Prevalite *P	Tier 1	QUESTRAN/QUESTRAN LIGHT	Tier 3
		WELCHOL P	Tier 2

### Cholesterol Absorption Inhibitors

		ZETIA P	Tier 2
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### Fibrates

fenofibrate, micronized *P	Tier 1	LOFIBRA	Tier 3
gemfibrozil	Tier 1	LOPID	Tier 3
		LIPOFEN P	Tier 2
		TRICOR P	Tier 2
		ANTARA	Tier 3
		TRIGLIDE	Tier 3
		TRILIPIX	Tier 3

### HMG-CoA Reductase Inhibitors

lovastatin	Tier 1		
pravastatin *P	Tier 1		
simvastatin *P	Tier 1		
atorvastatin 40 mg, 80 mg ST2	Tier 2	LIPITOR 40 mg, 80 mg ST2	Tier 2
		CRESTOR 40 mg ST2	Tier 3

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## Niacins/Combinations

		NIASPAN <b>P</b>	Tier 2
		ADVICOR	Tier 3
		SIMCOR	Tier 3

## Omega-3 Fatty Acids

		LOVAZA	Tier 2
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## BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>acebutolol</b>	Tier 1	SECTRAL	Tier 3
<b>atenolol *P</b>	Tier 1	TENORMIN	Tier 3
<b>betaxolol</b>	Tier 1	KERLONE	Tier 3
<b>bisoprolol</b>	Tier 1	ZEBETA	Tier 3
<b>carvedilol *P</b>	Tier 1		
<b>labetalol</b>	Tier 1		
<b>metoprolol *P</b>	Tier 1	LOPRESSOR	Tier 3
<b>metoprolol succinate ext-rel *P</b>	Tier 1	TOPROL-XL	Tier 3
<b>nadolol *P</b>	Tier 1	CORGARD	Tier 3
<b>pindolol</b>	Tier 1		
<b>propranolol *P</b>	Tier 1		
<b>propranolol ext-rel</b>	Tier 1	INDERAL LA	Tier 3
<b>timolol</b>	Tier 1		
		COREG CR <b>P</b>	Tier 2
		BYSTOLIC	Tier 3
		LEVATOL	Tier 3

## BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>atenolol/chlorthalidone</b>	Tier 1	TENORETIC	Tier 3
<b>bisoprolol/hydrochlorothiazide</b>	Tier 1	ZIAC	Tier 3
<b>metoprolol/hydrochlorothiazide</b>	Tier 1	LOPRESSOR HCT	Tier 3
<b>nadolol/bendroflumethiazide</b>	Tier 1	CORZIDE	Tier 3
<b>propranolol/hydrochlorothiazide</b>	Tier 1		

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridines

<b>amlodipine *P</b>	Tier 1		
<b>felodipine ext-rel</b>	Tier 1		
<b>nicardipine</b>	Tier 1		
<b>nifedipine ext-rel *P</b>	Tier 1		
<b>nifedipine ext-rel *P</b>	Tier 1		
<b>nisoldipine ext-rel</b>	Tier 1	SULAR	Tier 3

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		CARDENE SR	Tier 3
		DYNACIRC CR	Tier 3

#### Nondihydropyridines

<b>diltiazem ext-rel</b>	Tier 1	CARDIZEM LA	Tier 3
<b>diltiazem ext-rel *P</b>	Tier 1	DILACOR XR	Tier 3
<b>verapamil ext-rel *P</b>	Tier 1	ISOPTIN SR	Tier 3
		COVERA-HS	Tier 3

#### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<b>amlodipine/atorvastatin</b>	Tier 3	CADUET	Tier 3
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#### DIGITALIS GLYCOSIDES

<b>digoxin *P</b>	Tier 1	LANOXIN	Tier 3
<b>digoxin elixir *P</b>	Tier 1		

#### DIRECT RENIN INHIBITORS/DIURETIC COMBINATIONS

		TEKTURNA <b>ST1</b>	Tier 3
		TEKTURNA HCT <b>ST1</b>	Tier 3

#### DIRECT RENIN INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

		TEKAMLO	Tier 3
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#### DIRECT RENIN INHIBITOR/CALCIUM CHANNEL BLOCKER/DIURETIC COMBINATIONS

		AMTURNIDE	Tier 3
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#### DIURETICS

##### Carbonic Anhydrase Inhibitors

<b>acetazolamide</b>	Tier 1		
<b>acetazolamide ext-rel</b>	Tier 1	DIAMOX SEQUELS	Tier 3
<b>methazolamide</b>	Tier 1		

##### Loop Diuretics

<b>bumetanide</b>	Tier 1		
<b>furosemide *P</b>	Tier 1	LASIX	Tier 3
<b>toremide *P</b>	Tier 1	DEMADEX	Tier 3

##### Potassium-sparing Diuretics

<b>amiloride</b>	Tier 1		
		DYRENIUM	Tier 3

##### Thiazides and Thiazide-like Diuretics

<b>chlorthalidone</b>	Tier 1		
<b>hydrochlorothiazide *P</b>	Tier 1		
<b>indapamide</b>	Tier 1		
<b>metolazone *P</b>	Tier 1	ZAROXOLYN	Tier 3

##### Diuretic Combinations

<b>amiloride/hydrochlorothiazide</b>	Tier 1		
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<b>spironolactone/hydrochlorothiazide *P</b>	Tier 1	ALDACTAZIDE	Tier 3
<b>triamterene/hydrochlorothiazide *P</b>	Tier 1	DYAZIDE	Tier 3
<b>triamterene/hydrochlorothiazide *P</b>	Tier 1	MAXZIDE	Tier 3

## NITRATES

### Oral

<b>isosorbide dinitrate ext-rel tabs</b>	Tier 1		
<b>isosorbide dinitrate oral</b>	Tier 1	ISORDIL	Tier 3
<b>isosorbide mononitrate</b>	Tier 1		
<b>isosorbide mononitrate ext-rel</b>	Tier 1	IMDUR	Tier 3

### Sublingual

<b>nitroglycerin sublingual spray</b>	Tier 1	NITROLINGUAL	Tier 3
		NITROSTAT	Tier 2

### Transdermal

<b>nitroglycerin ext-rel caps</b>	Tier 1	NITRO-BID	Tier 3
<b>nitroglycerin transdermal</b>	Tier 1	NITRO-DUR	Tier 3

## NITRATE/VASODILATOR COMBINATIONS

		BIDIL	Tier 2
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## PULMONARY ARTERIAL HYPERTENSION

### Endothelin Receptor Antagonists

		LETAIRIS <b>SP</b>	Tier 2
		TRACLEER <b>SP</b>	Tier 2

### Phosphodiesterase Inhibitors

		ADCIRCA <b>PA SP</b>	Tier 3
		REVATIO injection <b>PA SP ^</b>	Tier 3
		REVATIO <b>PA SP</b>	Tier 3

### Prostaglandin Vasodilators

<b>epoprostenol sodium SP ^</b>	Tier 1	FLOLAN <b>SP ^</b>	Tier 3
		VENTAVIS <b>SP</b>	Tier 2
		REMODULIN <b>SP ^</b>	Tier 3
		TYVASO <b>SP</b>	Tier 3

## MISCELLANEOUS

<b>hydralazine</b>	Tier 1		
<b>methyldopa</b>	Tier 1		
<b>midodrine</b>	Tier 1		
<b>nimodipine</b>	Tier 1	NIMOTOP	Tier 3
		RANEXA	Tier 2

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## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:  
<http://www.psych.org>

### ANTI-ANXIETY

#### Benzodiazepines

alprazolam	Tier 1		
alprazolam ext-rel	Tier 1		
alprazolam orally disintegrating tabs	Tier 1	NIRAVAM	Tier 3
chlordiazepoxide	Tier 1		
clonazepam tabs	Tier 1	KLONOPIN	Tier 3
clorazepate	Tier 1	TRANXENE	Tier 3
diazepam	Tier 1		
lorazepam	Tier 1		
oxazepam	Tier 1		
		ALPRAZOLAM INTENSOL	Tier 2
		DIAZEPAM oral concentrate	Tier 2
		LORAZEPAM INTENSOL	Tier 2

#### Miscellaneous

buspirone	Tier 1		
clomipramine	Tier 1		
fluvoxamine	Tier 1		
		LUVOX CR	Tier 3

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<http://www.aan.com>

carbamazepine	Tier 1	TEGRETOL	Tier 2
carbamazepine ext-rel	Tier 1	TEGRETOL-XR	Tier 2
divalproex sodium delayed-rel	Tier 1	DEPAKOTE	Tier 2
divalproex sodium ext-rel	Tier 1	DEPAKOTE ER	Tier 2
divalproex sodium sprinkle caps	Tier 1	DEPAKOTE SPRINKLE	Tier 2
ethosuximide	Tier 1	ZARONTIN	Tier 3
gabapentin caps, tabs	Tier 1	NEURONTIN caps, tabs	Tier 3
lamotrigine	Tier 1	LAMICTAL	Tier 2
lamotrigine chewable dispersible tabs 5 mg, 25 mg	Tier 1	LAMICTAL Chewable Dispersible Tablets 5 mg, 25 mg	Tier 3
levetiracetam	Tier 1	KEPPRA	Tier 2
levetiracetam ext-rel	Tier 1	KEPPRA XR	Tier 2
oxcarbazepine	Tier 1	TRILEPTAL	Tier 2
phenobarbital	Tier 1		
phenytoin sodium extended	Tier 1	DILANTIN	Tier 2
phenytoin sodium extended	Tier 1	PHENYTEK	Tier 2
primidone	Tier 1	MYSOLINE	Tier 2
topiramate	Tier 1	TOPAMAX	Tier 2
topiramate sprinkle caps	Tier 1	TOPAMAX SPRINKLE	Tier 2

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valproic acid	Tier 1	DEPAKENE	Tier 3
zonisamide	Tier 1	ZONEGRAN	Tier 3
carbamazepine ext-rel	Tier 2	CARBATROL	Tier 2
diazepam rectal gel	Tier 2	DIASTAT	Tier 3
gabapentin soln	Tier 2	NEURONTIN soln	Tier 3
felbamate	Tier 3	FELBATOL	Tier 3
		DILANTIN INFATABS	Tier 2
		GABITRIL	Tier 2
		LAMICTAL ODT	Tier 2
		BANZEL	Tier 3
		LAMICTAL XR	Tier 3
		LYRICA	Tier 3
		SABRIL <b>PA SP</b>	Tier 3
		VIMPAT	Tier 3

## ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:

<http://www.aan.com>

donepezil	Tier 1	ARICEPT	Tier 3
donepezil orally disintegrating tabs	Tier 1	ARICEPT ODT	Tier 3
galantamine	Tier 1	RAZADYNE	Tier 3
galantamine ext-rel	Tier 1	RAZADYNE ER	Tier 3
rivastigmine	Tier 1	EXELON	Tier 3
		EXELON PATCH	Tier 2
		NAMENDA	Tier 2

## ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, bulimia nervosa, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, seasonal affective disorder, and social anxiety disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<http://www.psych.org>

### Monoamine Oxidase Inhibitors (MAOIs)

tranylcypromine	Tier 1	PARNATE	Tier 3
phenelzine	Tier 2	NARDIL	Tier 3
		EMSAM	Tier 3

### Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram <b>*P</b>	Tier 1		
fluoxetine <b>*P</b>	Tier 1		
fluoxetine delayed-rel	Tier 1		
paroxetine HCl <b>*P</b>	Tier 1		
paroxetine HCl ext-rel <b>*P</b>	Tier 1		
sertraline <b>*P</b>	Tier 1		
		LEXAPRO <b>ST2</b>	Tier 3
		PEXEVA	Tier 3

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	SARAFEM	Tier 3
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### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)\*

\*Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<b>venlafaxine *P</b>	Tier 1		
<b>venlafaxine ext-rel *P</b>	Tier 1	EFFEXOR XR	Tier 3
		CYMBALTA <b>P</b>	Tier 2
		PRISTIQ <b>ST2</b>	Tier 3

### Tricyclic Antidepressants (TCAs)

<b>amitriptyline</b>	Tier 1		
<b>desipramine</b>	Tier 1	NORPRAMIN	Tier 3
<b>doxepin</b>	Tier 1		
<b>imipramine HCl</b>	Tier 1	TOFRANIL	Tier 3
<b>imipramine pamoate</b>	Tier 1		
<b>nortriptyline</b>	Tier 1	PAMELOR	Tier 3
<b>trimipramine</b>	Tier 3	SURMONTIL	Tier 3

### Miscellaneous Agents

<b>bupropion *P</b>	Tier 1		
<b>bupropion ext-rel *P</b>	Tier 1		
<b>bupropion ext-rel *P</b>	Tier 1		
<b>mirtazapine *P</b>	Tier 1	REMERON	Tier 3
<b>trazodone</b>	Tier 1		
		APLENZIN	Tier 3
		OLEPTRO <b>ST</b>	Tier 3

### ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:  
<http://www.aan.org>

<b>amantadine *P</b>	Tier 1		
<b>benztropine</b>	Tier 1		
<b>bromocriptine</b>	Tier 1	PARLODEL	Tier 3
<b>carbidopa/levodopa</b>	Tier 1	SINEMET	Tier 3
<b>carbidopa/levodopa ext-rel</b>	Tier 1	SINEMET CR	Tier 3
<b>carbidopa/levodopa orally disintegrating tabs</b>	Tier 1	PARCOPA	Tier 3
<b>pramipexole</b>	Tier 1	MIRAPEX	Tier 3
<b>ropinirole</b>	Tier 1	REQUIP	Tier 3
<b>selegiline</b>	Tier 1	ELDEPRYL	Tier 3
<b>trihexyphenidyl</b>	Tier 1		
		APOKYN	Tier 2
		AZILECT	Tier 2
		COMTAN	Tier 2
		STALEVO	Tier 2
		MIRAPEX ER	Tier 3
		REQUIP XL	Tier 3

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ZELAPAR	Tier 3
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## ANTIPSYCHOTICS

### Atypicals

<b>clozapine</b>	Tier 1	CLOZARIL	Tier 2
<b>risperidone</b>	Tier 1	RISPERDAL	Tier 2
<b>risperidone orally disintegrating tabs</b>	Tier 1	RISPERDAL M-TAB	Tier 2
<b>olanzapine</b>	Tier 2	ZYPREXA	Tier 2
<b>olanzapine orally disintegrating tabs</b>	Tier 2	ZYPREXA ZYDIS	Tier 2
		ABILIFY	Tier 2
		GEODON	Tier 2
		INVEGA	Tier 2
		SEROQUEL	Tier 2
		SEROQUEL XR	Tier 2
		FAZACLO	Tier 3
		LATUDA <b>PA</b>	Tier 3
		SAPHRIS <b>PA</b>	Tier 3

### Miscellaneous

<b>chlorpromazine</b>	Tier 1		
<b>fluphenazine</b>	Tier 1		
<b>haloperidol</b>	Tier 1		
<b>perphenazine</b>	Tier 1		
<b>thiothixene</b>	Tier 1	NAVANE	Tier 3
<b>trifluoperazine</b>	Tier 1		

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<http://www.aacap.org>

<http://www.aap.org>

<b>amphetamine/dextroamphetamine mixed salts</b>	Tier 1	ADDERALL	Tier 3
<b>amphetamine/dextroamphetamine mixed salts ext-rel</b>	Tier 1	ADDERALL XR	Tier 3
<b>dextroamphetamine</b>	Tier 1	DEXEDRINE	Tier 3
<b>dextroamphetamine ext-rel</b>	Tier 1	DEXEDRINE SPANSULE	Tier 3
<b>methylphenidate</b>	Tier 1	RITALIN	Tier 3
<b>methylphenidate ext-rel</b>	Tier 1	CONCERTA	Tier 3
<b>methylphenidate ext-rel</b>	Tier 1	RITALIN-SR	Tier 3
<b>methylphenidate ext-rel 10 mg</b>	Tier 1		
<b>methylphenidate oral soln</b>	Tier 2	METHYLIN oral soln	Tier 3
		DAYTRANA	Tier 2
		METADATE CD	Tier 2
		METHYLIN chewable tabs	Tier 2
		STRATTERA	Tier 2
		INTUNIV	Tier 3
		RITALIN LA	Tier 3
		VYVANSE	Tier 3

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## FIBROMYALGIA

SAVELLA **P**

Tier 2

## HUNTINGTON'S DISEASE

XENAZINE **SP**

Tier 3

## HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:

<http://www.aasmnet.org>

Short-term insomnia may last for a few weeks and may recur. A sedative/hypnotic can be useful but should preferably not be given for more than 7-10 days.

### Benzodiazepines

estazolam <b>QL</b>	Tier 1		
flurazepam <b>QL</b>	Tier 1		
temazepam <b>QL</b>	Tier 1		
		DORAL <b>QL</b>	Tier 3

estazolam	<b>QL</b>	30 tablets in 30 days (cumulative by class)
flurazepam	<b>QL</b>	30 capsules in 30 days (cumulative by class)
temazepam	<b>QL</b>	30 capsules in 30 days (cumulative by class)
DORAL	<b>QL</b>	30 tablets in 30 days (cumulative by class)

### Nonbenzodiazepines

chloral hydrate syrup	Tier 1		
zaleplon <b>QL</b>	Tier 1	SONATA <b>QL ST2</b>	Tier 3
zolpidem <b>QL</b>	Tier 1		
zolpidem ext-rel <b>QL ST2</b>	Tier 1	AMBIEN CR <b>QL ST2</b>	Tier 3
		EDLUAR <b>QL</b>	Tier 3
		LUNESTA <b>QL ST2</b>	Tier 3
		ROZEREM <b>QL ST2</b>	Tier 3

zaleplon	<b>QL</b>	30 capsules in 30 days (cumulative by class)
zolpidem	<b>QL</b>	30 tablets in 30 days (cumulative by class)
zolpidem ext-rel <b>ST2</b>	<b>QL</b>	30 tablets in 30 days (cumulative by class)
AMBIEN CR <b>ST2</b>	<b>QL</b>	30 tablets in 30 days (cumulative by class)
EDLUAR	<b>QL</b>	30 tablets in 30 days (cumulative by class)
LUNESTA <b>ST2</b>	<b>QL</b>	30 tablets in 30 days (cumulative by class)
ROZEREM <b>ST2</b>	<b>QL</b>	30 tablets in 30 days (cumulative by class)
SONATA <b>ST2</b>	<b>QL</b>	30 capsules in 30 days (cumulative by class)

## MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<http://www.aan.com>

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## Abortive Therapy

### Ergotamine Derivatives

<b>dihydroergotamine inj</b>	Tier 1	D.H.E. 45	Tier 3
<b>ergotamine/caffeine tabs</b>	Tier 1	CAFERGOT tabs	Tier 3
		MIGERGOT supp	Tier 2
		MIGRANAL <b>QL</b>	Tier 2

MIGRANAL nasal spray **QL** 1 x 4 pack in 30 days

### Selective Serotonin Agonists

<b>naratriptan <b>QL</b></b>	Tier 1		
<b>sumatriptan inj *P <b>QL</b></b>	Tier 1	IMITREX inj <b>QL</b>	Tier 3
<b>sumatriptan nasal spray *P <b>QL</b></b>	Tier 1	IMITREX nasal spray <b>QL</b>	Tier 3
<b>sumatriptan tabs *P <b>QL</b></b>	Tier 1		
		MAXALT/MAXALT-MLT <b>P <b>QL</b></b>	Tier 2
		ZOMIG nasal spray <b>P <b>QL</b></b>	Tier 2
		ZOMIG/ZOMIG ZMT <b>P <b>QL</b></b>	Tier 2
		AXERT <b>QL</b>	Tier 3
		FROVA <b>QL</b>	Tier 3
		RELPAK <b>QL</b>	Tier 3

<b>naratriptan</b>	<b>QL</b>	8 tablets in 30 days (cumulative by class)
<b>sumatriptan injection *P</b>	<b>QL</b>	6 injections in 30 days (cumulative by class)
<b>sumatriptan nasal spray *P</b>	<b>QL</b>	6 doses (1 box) in 30 days (cumulative by class)
<b>sumatriptan tablets *P</b>	<b>QL</b>	9 tablets in 30 days (cumulative by class)
AXERT	<b>QL</b>	8 tablets in 30 days (cumulative by class)
FROVA	<b>QL</b>	9 tablets in 30 days (cumulative by class)
IMITREX injection	<b>QL</b>	6 injections in 30 days (cumulative by class)
IMITREX nasal spray	<b>QL</b>	6 doses (1 box) in 30 days (cumulative by class)
MAXALT / MAXALT-MLT <b>P</b>	<b>QL</b>	12 tablets in 30 days (cumulative by class)
RELPAK	<b>QL</b>	6 tablets in 30 days (cumulative by class)
ZOMIG nasal spray <b>P</b>	<b>QL</b>	6 doses (1 box) in 30 days (cumulative by class)
ZOMIG / ZOMIG-ZMT <b>P</b>	<b>QL</b>	6 tablets in 30 days (cumulative by class)

### Selective Serotonin Agonist/Nonsteroidal Anti-inflammatory Drug (NSAID) Combinations

		TREXIMET <b>P <b>QL</b></b>	Tier 2
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TREXIMET **P** **QL** 9 tablets in 30 days (cumulative by class)

### Miscellaneous

<b>acetaminophen/dichloralphenazone/isometheptene</b>	Tier 1	MIDRIN	Tier 3
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## MOOD STABILIZERS

<b>lithium carbonate</b>	Tier 1		
<b>lithium carbonate ext-rel tabs 300 mg</b>	Tier 1	LITHOBID	Tier 3
<b>lithium carbonate ext-rel tabs 450 mg</b>	Tier 1		
<b>lithium citrate syrup</b>	Tier 1		
		EQUETRO	Tier 2

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## MULTIPLE SCLEROSIS

Practice guidelines for multiple sclerosis are available at:

<http://www.aan.com>

		AVONEX <b>PA SPC</b>	Tier 2
		BETASERON <b>PA SPC</b>	Tier 2
		COPAXONE <b>PA P SPC</b>	Tier 2
		REBIF <b>PA P SPC</b>	Tier 2
		AMPYRA <b>PA SP</b>	Tier 3
		EXTAVIA <b>PA SP</b>	Tier 3
		GILENYA <b>PA</b>	Tier 3

## MUSCULOSKELETAL THERAPY AGENTS

<b>baclofen</b>	Tier 1		
<b>chlorzoxazone</b>	Tier 1	PARAFON FORTE DSC	Tier 3
<b>cyclobenzaprine</b>	Tier 1	FLEXERIL	Tier 3
<b>dantrolene</b>	Tier 1	DANTRIUUM	Tier 3
<b>methocarbamol</b>	Tier 1	ROBAXIN	Tier 3
<b>orphenadrine/aspirin/caffeine</b>	Tier 1		
<b>tizanidine tabs</b>	Tier 1	ZANAFLEX	Tier 3
<b>cyclobenzaprine ext-rel <b>ST</b></b>	Tier 3	AMRIX <b>ST</b>	Tier 3
<b>metaxalone</b>	Tier 3	SKELAXIN	Tier 3

## MYASTHENIA GRAVIS

<b>pyridostigmine</b>	Tier 1	MESTINON	Tier 3
		MESTINON syrup	Tier 2
		MESTINON TIMESPAN	Tier 2

## NARCOLEPSY/CATAPLEXY

See Attention Deficit Hyperactivity Disorder section for additional agents used to treat narcolepsy.

		XYREM	Tier 2
		NUVIGIL <b>PA</b>	Tier 3
		PROVIGIL <b>PA</b>	Tier 3

## PSYCHOTHERAPEUTIC-MISCELLANEOUS

### Alcohol Deterrents

<b>disulfiram</b>	Tier 2	ANTABUSE	Tier 3
		CAMPRAL	Tier 2

### Narcotic Antagonists

<b>naltrexone</b>	Tier 1	REVIA	Tier 3
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### Partial Narcotic Agonists/Combinations

<b>buprenorphine <b>QL</b></b>	Tier 1	SUBUTEX <b>QL</b>	Tier 3
		SUBOXONE	Tier 2

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		SUBOXONE film	Tier 2
<b>buprenorphine</b>	<b>QL</b>	24 mg per 365 days	
SUBUTEX	<b>QL</b>	24 mg per 365 days	
<b>Pseudobulbar Affect</b>			
		NUEDEXTA <b>PA</b>	Tier 3
<b>Smoking Deterrents</b>			
<b>bupropion ext-rel</b>	<b>QL</b>		Tier 1
		CHANTIX <b>QL</b>	Tier 3
<b>bupropion ext-rel</b>	<b>QL</b>	24 weeks per year	
CHANTIX	<b>QL</b>	24 weeks per year	
<b>RESTLESS LEGS SYNDROME</b>			
		HORIZANT	Tier 3

## ENDOCRINE AND METABOLIC

### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:  
<http://www.aace.com>

		ANDRODERM <b>P</b>	Tier 2
		ANDROGEL <b>P</b>	Tier 2
		FORTESTA	Tier 3
		STRIANT	Tier 3
		TESTIM	Tier 3

### ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:  
<http://professional.diabetes.org>

Diabetic drugs/supplies are covered as a diabetic benefit for most members and are subject to applicable copayment.

#### Alpha-glucosidase Inhibitors

<b>acarbose</b>	Tier 1	PRECOSE	Tier 3
		GLYSET	Tier 3

#### Amylin Analogs

		SYMLIN	Tier 2
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#### Biguanides

<b>metformin *P</b>	Tier 1	GLUCOPHAGE	Tier 3
<b>metformin ext-rel *P</b>	Tier 1	GLUCOPHAGE XR	Tier 3
		FORTAMET	Tier 3
		GLUMETZA	Tier 3
		RIOMET	Tier 3

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### Biguanide/Sulfonylurea Combinations

glipizide/metformin *P	Tier 1	METAGLIP	Tier 3
glyburide/metformin *P	Tier 1		

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

		JANUVIA P	Tier 2
		ONGLYZA P	Tier 2
		TRADJENTA	Tier 3

### Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations

		JANUMET P	Tier 2
		KOMBIGLYZE XR P	Tier 2

### Glucose Elevating Agents

		GLUCAGON	Tier 2
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### Incretin Mimetic Agents

		BYETTA P	Tier 2
		VICTOZA P	Tier 2

### Insulins

All insulins, syringes, and needles are covered.

		APIDRA P	Tier 2
		HUMALOG P	Tier 2
		HUMALOG MIX P	Tier 2
		HUMULIN 70/30 OTC P	Tier 2
		HUMULIN N OTC P	Tier 2
		HUMULIN R OTC P	Tier 2
		LANTUS P	Tier 2
		LEVEMIR P	Tier 2
		NOVOLIN 70/30 OTC P	Tier 2
		NOVOLIN N OTC P	Tier 2
		NOVOLIN R OTC P	Tier 2
		NOVOLOG P	Tier 2
		NOVOLOG MIX 70/30 P	Tier 2

### Insulin Sensitizers

		ACTOS P	Tier 2
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### Insulin Sensitizer/Biguanide Combinations

		ACTOPLUS MET P	Tier 2
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### Insulin Sensitizer/Sulfonylurea Combinations

		DUETACT P	Tier 2
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### Meglitinides

nateglinide	Tier 1	STARLIX	Tier 3
		PRANDIN P	Tier 2

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## Sulfonylureas

<b>glimepiride *P</b>	Tier 1	AMARYL	Tier 3
<b>glipizide *P</b>	Tier 1	GLUCOTROL	Tier 3
<b>glipizide ext-rel *P</b>	Tier 1	GLUCOTROL XL	Tier 3
<b>glyburide</b>	Tier 1	DIABETA	Tier 3
<b>glyburide, micronized</b>	Tier 1	GLYNASE	Tier 3

## Supplies

BAYER STRIPS AND KITS **P**  
BD INSULIN SYRINGES AND  
NEEDLES **P**

lancets

## ANTIOBESITY

Guidelines of treatment and management of obesity are available at:

<http://www.aace.com>

[http://www.nhlbi.nih.gov/guidelines/obesity/ob\\_home.htm](http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm)

## Fat Absorption Decreasing Agents

XENICAL **PA** Tier 2

## CALCIUM REGULATORS

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

## Bisphosphonates

<b>alendronate tabs *P</b>	Tier 1		
		ACTONEL <b>P</b>	Tier 2
		ATELVIA	Tier 3
		BONIVA	Tier 3

## Calcitonins

<b>calcitonin-salmon nasal spray *P</b>	Tier 1		
		FORTICAL	Tier 2
		MIACALCIN	Tier 2

## Parathyroid Hormones

FORTEO **P QL SP** Tier 2

FORTEO **P SP** **QL** 2 year lifetime maximum

## CONTRACEPTIVES

### Monophasic

20 mcg Estrogen

<b>Aviane</b>	Tier 1		
<b>Gianvi</b>	Tier 1	YAZ	Tier 3
<b>Junel</b>	Tier 1	LOESTRIN 1/20	Tier 3
<b>Junel Fe</b>	Tier 1	LOESTRIN FE 1/20	Tier 3

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<b>Lessina</b>	Tier 1		
<b>Lutera</b>	Tier 1		
<b>Microgestin 1/20</b>	Tier 1	LOESTRIN 1/20	Tier 3
<b>Microgestin FE 1/20</b>	Tier 1	LOESTRIN FE 1/20	Tier 3
		BEYAZ	Tier 3
		LOESTRIN 24 FE	Tier 3

*30 mcg Estrogen*

<b>Apri</b>	Tier 1	DESOGEN, ORTHO-CEPT	Tier 3
<b>Cryselle</b>	Tier 1	LO/OVRAL	Tier 3
<b>Junel</b>	Tier 1	LOESTRIN 1.5/30	Tier 3
<b>Junel Fe</b>	Tier 1	LOESTRIN FE 1.5/30	Tier 3
<b>Levora</b>	Tier 1	NORDETTE	Tier 3
<b>Low-Ogestrel</b>	Tier 1	LO/OVRAL	Tier 3
<b>Microgestin 1.5/30</b>	Tier 1	LOESTRIN 1.5/30	Tier 3
<b>Microgestin FE 1.5/30</b>	Tier 1	LOESTRIN FE 1.5/30	Tier 3
<b>Ocella *P</b>	Tier 1	YASMIN	Tier 3
<b>Portia</b>	Tier 1	NORDETTE	Tier 3
<b>Reclipsen</b>	Tier 1	DESOGEN, ORTHO-CEPT	Tier 3
<b>Solia</b>	Tier 1	DESOGEN, ORTHO-CEPT	Tier 3

*35 mcg Estrogen*

<b>Balziva</b>	Tier 1	OVCON 35	Tier 3
<b>Kelnor 1/35</b>	Tier 1		
<b>Mononessa</b>	Tier 1	ORTHO-CYCLEN	Tier 3
<b>Necon 0.5/35</b>	Tier 1	BREVICON, MODICON	Tier 3
<b>Necon 1/35</b>	Tier 1	NORINYL 1+35, ORTHO-NOVUM 1/35	Tier 3
<b>Nortrel 0.5/35</b>	Tier 1	BREVICON, MODICON	Tier 3
<b>Nortrel 1/35</b>	Tier 1	NORINYL 1+35, ORTHO-NOVUM 1/35	Tier 3
<b>Previfem</b>	Tier 1	ORTHO-CYCLEN	Tier 3
<b>Sprintec</b>	Tier 1	ORTHO-CYCLEN	Tier 3
<b>Zovia 1/35</b>	Tier 1		
<b>Zeosa</b>	Tier 3	FEMCON FE	Tier 3

*50 mcg Estrogen*

<b>Necon 1/50</b>	Tier 1	NORINYL 1+50	Tier 3
<b>Ogestrel</b>	Tier 1		
<b>Zovia 1/50</b>	Tier 1		
		OVCON 50	Tier 3

**Biphasic**

<b>Kariva</b>	Tier 1	MIRCETTE	Tier 3
		NECON 10/11	Tier 3

**Triphasic**

<b>Aranelle</b>	Tier 1	TRI-NORINYL	Tier 3
<b>Cesia</b>	Tier 1	CYCLESSA	Tier 3

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<b>Enpresse</b>	Tier 1		
<b>Leena</b>	Tier 1	TRI-NORINYL	Tier 3
<b>Necon 7/7/7</b>	Tier 1	ORTHO-NOVUM 7/7/7	Tier 3
<b>Nortrel 7/7/7</b>	Tier 1	ORTHO-NOVUM 7/7/7	Tier 3
<b>Tilia Fe</b>	Tier 1	ESTROSTEP FE	Tier 3
<b>Tri-Legest Fe</b>	Tier 1	ESTROSTEP FE	Tier 3
<b>Trinessa *P</b>	Tier 1	ORTHO TRI-CYCLEN	Tier 3
<b>Tri-Previfem *P</b>	Tier 1	ORTHO TRI-CYCLEN	Tier 3
<b>Tri-Sprintec *P</b>	Tier 1	ORTHO TRI-CYCLEN	Tier 3
<b>Trivora</b>	Tier 1		
<b>Velivet</b>	Tier 1	CYCLESSA	Tier 3
		ORTHO TRI-CYCLEN LO	Tier 3
<b>Four Phase</b>			
		NATAZIA	Tier 3
<b>Extended Cycle</b>			
<b>Jolessa *P</b>	Tier 1	SEASONALE	Tier 3
<b>Quasense *P</b>	Tier 1	SEASONALE	Tier 3
<b>Camrese</b>	Tier 2	SEASONIQUE	Tier 3
		LOSEASONIQUE P	Tier 2
<b>Continuous</b>			
<b>Amethyst</b>	Tier 3	LYBREL	Tier 3
<b>Progestin Only</b>			
<b>Camila</b>	Tier 1	NOR-QD	Tier 3
<b>Errin</b>	Tier 1	ORTHO MICRONOR	Tier 3
<b>Jolivette</b>	Tier 1	ORTHO MICRONOR	Tier 3
<b>Nora-Be</b>	Tier 1	NOR-QD	Tier 3
<b>Emergency Contraception</b>			
<b>levonorgestrel - Next Choice QL</b>	Tier 1		
		PLAN B ONE-STEP QL	Tier 2
		ELLA QL	Tier 3
<b>levonorgestrel - Next Choice</b>	<b>QL</b>	Coverage limited to 2 kits per year for members 17 years of age and younger	
ELLA	<b>QL</b>	Coverage limited to 2 tablets per year	
PLAN B ONE-STEP	<b>QL</b>	Coverage limited to 2 kits per year for members 17 years of age and younger	
<b>Implant</b>			
		IMPLANON SP	Tier 3
<b>Injectable</b>			
<b>medroxyprogesterone acetate vial 150 mg/mL</b>	Tier 1	DEPO-PROVERA	Tier 3
		DEPO-SUBQ PROVERA 104	Tier 3

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## Progestin Intrauterine Device

MIRENA	Tier 2
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## Transdermal

ORTHO EVRA	Tier 2
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## Vaginal

NUVARING <b>P</b>	Tier 2
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## ENDOMETRIOSIS

<b>danazol</b>	Tier 1
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SYNAREL	Tier 2
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## ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:  
<http://www.menopause.org>

### Oral

<b>estradiol</b> * <b>P</b>	Tier 1	ESTRACE	Tier 3
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<b>estropipate</b> * <b>P</b>	Tier 1		
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ENJUVIA <b>P</b>	Tier 2
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PREMARIN <b>P</b>	Tier 2
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CENESTIN	Tier 3
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FEMTRACE	Tier 3
----------	--------

MENEST	Tier 3
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### Transdermal

<b>estradiol</b> * <b>P</b>	Tier 1	CLIMARA	Tier 3
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VIVELLE-DOT <b>P</b>	Tier 2
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ALORA	Tier 3
-------	--------

ESTROGEL	Tier 3
----------	--------

MENOSTAR	Tier 3
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### Vaginal

ESTRACE	Tier 2
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ESTRING	Tier 2
---------	--------

FEMRING	Tier 2
---------	--------

PREMARIN	Tier 2
----------	--------

VAGIFEM	Tier 2
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## ESTROGEN/PROGESTINS

### Oral

<b>estradiol/norethindrone acetate</b> * <b>P</b>	Tier 1	ACTIVELLA	Tier 3
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<b>Jinteli</b>	Tier 3	FEMHRT	Tier 3
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PREMPHASE <b>P</b>	Tier 2
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PREMPRO <b>P</b>	Tier 2
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PREFEST	Tier 3
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## Transdermal

CLIMARA PRO	Tier 2
COMBIPATCH	Tier 3

## FERTILITY REGULATORS

chorionic gonadotropin inj	PA QL SPC	Tier 1	
clomiphene		Tier 1	
			CLOMID
			CETROTIDE PA QL SPC
			FOLLISTIM AQ PA QL SPC
			GANIRELIX PA QL SPC
			GONAL-F PA QL SPC
			GONAL-F RFF PA QL SPC
			LUTREPULSE
			LUVERIS PA QL SPC
			MENOPUR PA QL SPC
			OVIDREL PA QL SPC
			BRAVELLE PA QL SPC
			REPRONEX PA QL SPC

Infertility Drugs PA SPC

QL

Coverage limited to 6 cycles per attempt per year for members ages 21 through 44

## GLUCOCORTICOIDS

dexamethasone		Tier 1	
fludrocortisone		Tier 1	
hydrocortisone		Tier 1	CORTEF
methylprednisolone		Tier 1	MEDROL
prednisolone		Tier 1	
prednisolone sodium phosphate		Tier 1	ORAPRED
prednisolone sodium phosphate		Tier 1	PEDIAPRED
prednisolone syrup		Tier 1	PRELONE
prednisone		Tier 1	
			ORAPRED ODT

## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com>

NORDITROPIN	P PA SPC	Tier 2
SEROSTIM	PA SPC	Tier 2
ZORBTIVE	PA SPC	Tier 2
GENOTROPIN	PA SPC ST	Tier 3
HUMATROPE	PA SPC ST	Tier 3
NUTROPIN/ NUTROPIN AQ	PA SPC ST	Tier 3
OMNITROPE	PA SPC ST	Tier 3
SAIZEN	PA SPC ST	Tier 3
TEV-TROPIN	PA SPC ST	Tier 3

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## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

<b>calcitriol (1,25-D3)</b>	Tier 1	ROCALTROL HECTOROL caps	Tier 3 Tier 2
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## INSULIN-LIKE GROWTH FACTOR

		INCRELEX <b>PA SPC</b>	Tier 3
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## PHENYLKETONURIA TREATMENT AGENTS

		KUVAN <b>PA SPC</b>	Tier 3
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## PHOSPHATE BINDER AGENTS

<b>calcium acetate</b>	Tier 1	PHOSLO	Tier 3
<b>calcium acetate</b>	Tier 3	ELIPHOS FOSRENOL REVELA	Tier 3 Tier 2 Tier 2

## PROGESTINS

### Oral

<b>medroxyprogesterone acetate *P</b>	Tier 1	PROVERA	Tier 3
<b>norethindrone acetate</b>	Tier 1	AYGESTIN PROMETRIUM <b>P</b>	Tier 3 Tier 2

### Vaginal

		CRINONE <b>PA QL SP</b>	Tier 2
		ENDOMETRIN <b>PA QL SP</b>	Tier 3

CRINONE **PA SP**

**QL**

Coverage limited to 6 cycles per attempt per year for members ages 21 through 44

ENDOMETRIN **PA SP**

**QL**

Coverage limited to 6 cycles per attempt per year for members ages 21 through 44

## SELECTIVE ESTROGEN RECEPTOR MODULATORS

		EVISTA <b>P</b>	Tier 2
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## SOMATROPIN ANTAGONISTS

		SOMAVERT <b>SP</b>	Tier 2
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## THYROID AGENTS

### Antithyroid Agents

<b>methimazole</b>	Tier 1	TAPAZOLE	Tier 3
<b>propylthiouracil</b>	Tier 1		

### Thyroid Supplements

<b>Levothroid *P</b>	Tier 1		
<b>levothyroxine *P</b>	Tier 1	SYNTHROID	Tier 2
<b>Levoxyl *P</b>	Tier 1		
<b>Unithroid *P</b>	Tier 1		

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## VASOPRESSIN RECEPTOR ANTAGONISTS

		SAMSCA	Tier 3
<b>VASOPRESSINS</b>			
desmopressin spray	Tier 1		
desmopressin tabs	Tier 1		
<b>MISCELLANEOUS</b>			
cabergoline	Tier 1		
levocarnitine	Tier 1	CARNITOR	Tier 3
methylergonovine	Tier 2	METHERGINE	Tier 2
		SENSIPAR <b>SP</b>	Tier 2
		ZEMPLAR	Tier 2
		CARBAGLU <b>PA</b>	Tier 3
		EGRIFTA <b>PA</b>	Tier 3

## GASTROINTESTINAL

Guidelines of treatment and management of various gastrointestinal diseases/conditions are available at:

<http://www.acg.gi.org>

<http://www.gastro.org>

### ANTIDIARRHEALS

diphenoxylate/atropine	Tier 1	LOMOTIL	Tier 3
loperamide caps	Tier 1		

### ANTIEMETICS

dronabinol	Tier 1	MARINOL	Tier 3
granisetron	Tier 1	KYTRIL	Tier 3
meclizine	Tier 1	ANTIVERT	Tier 3
metoclopramide	Tier 1	REGLAN	Tier 3
ondansetron	Tier 1		
prochlorperazine supp, tabs	Tier 1		
promethazine	Tier 1		
trimethobenzamide caps	Tier 1	TIGAN caps	Tier 3
		EMEND <b>QL</b>	Tier 2
		TRANSDERM SCOP	Tier 2
		CESAMET	Tier 3
		METOZOLV ODT	Tier 3
		SANCUSO <b>QL</b>	Tier 3

EMEND **QL** One 125 mg & two 80 mg capsules in 15 days  
Two 40 mg capsules in 30 days

SANCUSO **QL** One infusion in 15 days  
2 patches in 30 days

### ANTISPASMODICS

atropine/hyoscyamine/scopolamine/phenobarbital	Tier 1	DONNATAL	Tier 3
chlordiazepoxide/clidinium	Tier 1		

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dicyclomine	Tier 1	BENTYL	Tier 3
hyoscyamine sulfate 0.125 mg tabs	Tier 1	LEVSIN	Tier 3
hyoscyamine sulfate 0.15 mg tabs	Tier 1		
hyoscyamine sulfate ext-rel	Tier 1	LEVBIID	Tier 3
hyoscyamine sulfate orally disintegrating tabs	Tier 1		

## CHOLELITHOLYTICS

ursodiol	Tier 1	ACTIGALL	Tier 3
ursodiol	Tier 1	URSO	Tier 3
ursodiol	Tier 1	URSO FORTE	Tier 3

## H<sub>2</sub> RECEPTOR ANTAGONISTS

cimetidine	Tier 1		
famotidine susp, tabs	Tier 1	PEPCID	Tier 3
nizatidine	Tier 1	AXID	Tier 3
ranitidine *P	Tier 1	ZANTAC	Tier 3
		PEPCID RPD	Tier 3

## INFLAMMATORY BOWEL DISEASE

### Oral Agents

sulfasalazine	Tier 1	AZULFIDINE	Tier 3
sulfasalazine delayed-rel	Tier 1	AZULFIDINE EN-TABS	Tier 3
budesonide delayed-rel caps	Tier 2		
		ASACOL	Tier 2
		ASACOL HD	Tier 2
		PENTASA	Tier 2
		DIPENTUM	Tier 3
		LIALDA	Tier 3

### Rectal Agents

hydrocortisone enema	Tier 1		
hydrocortisone enemas	Tier 1	CORTENEMA	Tier 3
mesalamine rectal susp	Tier 1	ROWASA	Tier 3
		CANASA	Tier 2
		CORTIFOAM	Tier 2
		SFROWASA	Tier 2

## IRRITABLE BOWEL SYNDROME

### Irritable Bowel Syndrome with Constipation

		AMITIZA	Tier 3
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## Irritable Bowel Syndrome with Diarrhea

LOTRONEX \*\* †

Tier 3

\*\* Indicates product is covered for females only.

† For safety reasons, to prescribe Lotronex, the physician must be enrolled in the Prescribing Program for Lotronex. Physicians must understand the benefits and risks of treatment with Lotronex for severe diarrhea-predominant IBS, including the information in the Prescribing Information, Medication Guide and Patient-Physician Agreement for Lotronex.

To enroll or for more information on the Prescribing Program for Lotronex, call 1-888-423-5227 or visit [www.lotronex.com](http://www.lotronex.com) to complete the Physician Enrollment Form.

### LAXATIVES

<b>lactulose</b>	Tier 1		
<b>peg 3350/electrolytes</b>	Tier 1	GOLYTELY	Tier 3
<b>peg 3350/sodium bicarbonate/sodium chloride/potassium chloride - Trilyte</b>	Tier 1	NULYTELY	Tier 2
<b>polyethylene glycol 3350</b>	Tier 1	MIRALAX	Tier 3
		HALFLYTELY	Tier 2
		KRISTALOSE	Tier 3
		SUPREP	Tier 3

### PANCREATIC ENZYMES

		CREON	Tier 2
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### PROSTAGLANDINS

<b>misoprostol</b>	Tier 1	CYTOTEC	Tier 3
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### PROTON PUMP INHIBITORS

<b>lansoprazole delayed-rel caps QL ST2</b>	Tier 1		
<b>omeprazole delayed-rel *P</b>	Tier 1		
<b>omeprazole delayed-rel 20 mg OTC</b>	Tier 1		
<b>pantoprazole delayed-rel QL ST</b>	Tier 1		
PREVACID 24HR OTC	Tier 1		
PRILOSEC OTC	Tier 1		
ZEGERID OTC	Tier 1		
<b>lansoprazole delayed-rel orally-disintegrating tabs QL ST2</b>	Tier 2		

<b>lansoprazole caps ST2</b>	QL	30 capsules in 30 days (cumulative by class)
<b>lansoprazole orally disintegrating tabs ST2</b>	QL	30 orally disintegrating tabs in 30 days (cumulative by class)
<b>pantoprazole ST</b>	QL	30 tablets in 30 days (cumulative by class)

### SALIVA STIMULANTS

<b>pilocarpine tabs</b>	Tier 1	SALAGEN	Tier 3
		EVOXAC	Tier 2

### STEROIDS, RECTAL

<b>hydrocortisone acetate supp</b>	Tier 1	ANUSOL-HC	Tier 3
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<b>hydrocortisone crm 2.5%</b>	Tier 1		
		PROCTOFOAM-HC	Tier 2

## ULCER THERAPY COMBINATIONS

		PREVPAC	Tier 2
		PYLERA	Tier 2

## MISCELLANEOUS

<b>sucralfate tabs</b>	Tier 1	CARAFATE tabs	Tier 3
		CARAFATE susp	Tier 2
		CUVPOSA <b>PA</b>	Tier 3

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:

<http://www.auanet.org/guidelines>

<b>alfuzosin ext-rel</b>	Tier 1	UROXATRAL	Tier 3
<b>doxazosin *P</b>	Tier 1	CARDURA	Tier 3
<b>finasteride *P</b>	Tier 1		
<b>tamsulosin *P</b>	Tier 1		
<b>terazosin *P</b>	Tier 1		
		AVODART <b>P</b>	Tier 2
		RAPAFLO	Tier 2
		CARDURA XL	Tier 3
		JALYN	Tier 3

### ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:

<http://www.auanet.org/guidelines>

#### Alprostadil Agents

		EDEX <b>QL **</b>	Tier 2
		MUSE <b>QL **</b>	Tier 2
		CAVERJECT <b>QL **</b>	Tier 3

CAVERJECT **	<b>QL</b>	6 units in 30 days (cumulative by class)
EDEX **	<b>QL</b>	6 units in 30 days (cumulative by class)
MUSE **	<b>QL</b>	6 units in 30 days (cumulative by class)

\*\* Coverage limited to males only, 18 years of age and older and cumulative by class.

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## Phosphodiesterase Inhibitors

		CIALIS <b>QL</b> **	Tier 3
		LEVITRA <b>QL</b> **	Tier 3
		VIAGRA <b>QL</b> **	Tier 3

CIALIS **	<b>QL</b>	4 tablets in 30 days (cumulative by class)
LEVITRA **	<b>QL</b>	4 tablets in 30 days (cumulative by class)
VIAGRA **	<b>QL</b>	4 tablets in 30 days (cumulative by class)

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## URINARY ANTISPASMODICS

<b>oxybutynin</b> *P	Tier 1		
<b>oxybutynin ext-rel</b> *P	Tier 1	DITROPAN XL	Tier 3
<b>tropium</b>	Tier 2	SANCTURA	Tier 3
		DETROL <b>P</b>	Tier 2
		DETROL LA <b>P</b>	Tier 2
		ENABLEX <b>P</b>	Tier 2
		OXYTROL <b>P</b>	Tier 2
		SANCTURA XR <b>P</b>	Tier 2
		VESICARE <b>P</b>	Tier 2
		GELNIQUE	Tier 3
		TOVIAZ	Tier 3

## VAGINAL ANTI-INFECTIVES

<b>clindamycin</b> crm	Tier 1	CLEOCIN crm	Tier 3
<b>metronidazole</b> gel	Tier 1	METROGEL-VAGINAL	Tier 3
<b>terconazole</b> crm 0.4%	Tier 1	TERAZOL 7	Tier 3
<b>terconazole</b> crm 0.8%, supp 80 mg	Tier 1	TERAZOL 3	Tier 3
		CLEOCIN supp	Tier 2
		FLAGYL ER	Tier 3

## MISCELLANEOUS

<b>bethanechol</b>	Tier 1	URECHOLINE	Tier 3
<b>phenazopyridine</b>	Tier 1	PYRIDIUM	Tier 3
<b>potassium citrate</b>	Tier 1	UROCIT-K	Tier 3
		ELMIRON	Tier 2
		RELISTOR	Tier 3

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:  
<http://www.hemophilia.org>

## ANTICOAGULANTS

### Injectable

<b>enoxaparin</b> ^	Tier 1	LOVENOX ^	Tier 3
		FRAGMIN ^	Tier 3
		INNOHEP ^	Tier 3

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<b>Oral</b>			
<b>warfarin</b> *P	Tier 1	COUMADIN	Tier 2
		PRADAXA	Tier 2
		XARELTO	Tier 3

#### Synthetic Heparinoid-like Agents

<b>fondaparinux</b> ^	Tier 3	ARIXTRA ^	Tier 3
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#### HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

[http://www.kidney.org/professionals/kdoqi/guidelines\\_commentaries.cfm#guidelines](http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines)

		ARANESP PA** SPC ^	Tier 2
		EPOGEN PA** SPC ^	Tier 2
		NEULASTA PA** SPC ^	Tier 2
		NEUPOGEN PA** SPC ^	Tier 2
		PROCRIT PA** SPC ^	Tier 2
		PROMACTA SP	Tier 3

PA\*\* Prior Authorization required only when obtained from a pharmacy setting; refer to Prior Authorization section.

#### IRON CHELATING AGENTS

		EXJADE SP	Tier 3
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#### PLATELET AGGREGATION INHIBITORS

<b>dipyridamole</b>	Tier 1	PERSANTINE	Tier 3
		EFFIENT	Tier 2
		PLAVIX	Tier 2
		PLAVIX 300 mg QL	Tier 2
		AGGRENOX	Tier 3
		BRILINTA	Tier 3

PLAVIX 300 mg QL 1 tablet in 30 days

#### PLATELET SYNTHESIS INHIBITORS

<b>anagrelide</b>	Tier 1	AGRYLIN	Tier 3
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#### MISCELLANEOUS

<b>cilostazol</b>	Tier 1	PLETAL	Tier 3
		FIRAZYR PA	Tier 3
		LYSTEDA	Tier 3
		TRENTAL	Tier 3

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## IMMUNOLOGIC AGENTS

Guidelines for the management of rheumatic diseases are available at:  
<http://www.rheumatology.org>

### BIOLOGIC DISEASE-MODIFYING AGENTS

		ENBREL <b>PA SPC</b>	Tier 2
		HUMIRA <b>PA SP</b>	Tier 2
		SIMPONI <b>PA SP</b>	Tier 2
		CIMZIA <b>PA SP ^</b>	Tier 3
		KINERET <b>PA SPC</b>	Tier 3

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

<b>hydroxychloroquine</b>	Tier 1	PLAQUENIL	Tier 3
<b>leflunomide SP</b>	Tier 1		
<b>methotrexate 2.5 mg</b>	Tier 1		
		RHEUMATREX	Tier 3

## IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:  
<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of hepatitis are available at:  
<http://www.aasld.org>

### Interferons

		INFERGEN <b>PA SPC</b>	Tier 2
		INTRON A <b>SP ^</b>	Tier 2
		PEGASYS <b>PA SPC</b>	Tier 2
		PEGINTRON <b>PA SPC</b>	Tier 2
		SYLATRON <b>PA</b>	Tier 3

### Miscellaneous

		ARCALYST <b>PA SP</b>	Tier 3
		ILARIS <b>PA SP ^</b>	Tier 3
		REVLIMID <b>PA SPC</b>	Tier 3

## IMMUNOSUPPRESSANTS

### Antimetabolites

<b>azathioprine</b>	Tier 1	IMURAN	Tier 3
<b>mycophenolate mofetil</b>	Tier 1	CELLCEPT	Tier 2
		AZASAN	Tier 2
		MYFORTIC	Tier 2

### Calcineurin Inhibitors

<b>cyclosporine, modified</b>	Tier 1	NEORAL	Tier 2
<b>tacrolimus</b>	Tier 1	PROGRAF	Tier 2
		SANDIMMUNE	Tier 2

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## Rapamycin Derivatives

RAPAMUNE	Tier 2
ZORTRESS <b>PA</b>	Tier 3

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

potassium chloride ext-rel	Tier 1		
potassium chloride ext-rel tabs 10 mEq	Tier 1	K-TAB	Tier 3
potassium chloride liquid	Tier 1		

### VITAMINS AND MINERALS

#### Folic Acid/Combinations

folic acid	Tier 1		
folic acid/vitamin B6/vitamin B12	Tier 1	FOLTX	Tier 3

#### Prenatal Vitamins

All generic prenatal vitamins are Tier 1. All brand prenatal vitamins are Tier 3.

#### Miscellaneous

cyanocobalamin inj <sup>A</sup>	Tier 1		
ergocalciferol (D2)	Tier 1	DRISDOL	Tier 3
fluoride drops	Tier 1		
fluoride tabs	Tier 1	LURIDE LOZI-TABS	Tier 2
multivitamins/fluoride drops, tabs	Tier 1		
multivitamins/fluoride/iron drops, tabs	Tier 1		
vitamin ADC/fluoride drops	Tier 1		
vitamin ADC/fluoride/iron drops	Tier 1		
		MEPHYTON	Tier 2
		NUTRESTORE	Tier 3

## RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

<http://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>

## ANAPHYLAXIS TREATMENT AGENTS

EPIPEN <b>P</b>	Tier 2
EPIPEN JR. <b>P</b>	Tier 2
TWINJECT	Tier 3

## ANTICHOLINERGICS

ipratropium soln	Tier 1
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		SPIRIVA <b>P QL</b>	Tier 2
		ATROVENT HFA	Tier 3

SPIRIVA **P** **QL** 1 package in 30 days

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol sulfate soln <b>*P</b>	Tier 1	DUONEB	Tier 3
		COMBIVENT <b>P</b>	Tier 2

### ANTI-HISTAMINES, SEDATING

clemastine 2.68 mg	Tier 1		
cyproheptadine	Tier 1		
diphenhydramine 50 mg	Tier 1		
hydroxyzine HCl	Tier 1		
hydroxyzine pamoate caps	Tier 1	VISTARIL caps	Tier 3

### ANTITUSSIVES

benzonatate	Tier 1	TESSALON	Tier 3
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### ANTITUSSIVE COMBINATIONS

#### Narcotic

Cheratussin AC	Tier 1		
Cheratussin DAC	Tier 1		
codeine/promethazine	Tier 1		
codeine/promethazine/phenylephrine	Tier 1		
hydrocodone/homatropine	Tier 1		
Phenylhistine DH	Tier 1		

#### Non-narcotic

dextromethorphan/promethazine	Tier 1		
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### BETA AGONISTS

#### Inhalants

##### Short Acting

albuterol soln	Tier 1		
albuterol sulfate soln	Tier 1	ACCUNEB	Tier 3
		PROAIR HFA <b>P</b>	Tier 2
		VENTOLIN HFA <b>P</b>	Tier 2
		MAXAIR AUTOHALER	Tier 3
		PROVENTIL HFA	Tier 3
		XOPENEX	Tier 3
		XOPENEX HFA	Tier 3

##### Long Acting

		FORADIL AEROLIZER <b>P</b>	Tier 2
		SEREVENT DISKUS <b>P</b>	Tier 2
		ARCAPTA NEOHALER	Tier 3
		BROVANA	Tier 3

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## Oral Agents

<b>albuterol</b>	Tier 1		
<b>albuterol sulfate ext-rel</b>	Tier 1	VOSPIRE ER	Tier 3
<b>terbutaline</b>	Tier 1		

## CYSTIC FIBROSIS

		PULMOZYME <b>SP</b>	Tier 2
		TOBI <b>SP</b>	Tier 2
		CAYSTON <b>SP</b>	Tier 3

## LEUKOTRIENE RECEPTOR ANTAGONISTS

<b>zafirlukast</b>	Tier 2	ACCOLATE	Tier 3
		SINGULAIR <b>ST</b>	Tier 2
		ZYFLO CR	Tier 3

## MAST CELL STABILIZERS

<b>cromolyn soln</b>	Tier 1		
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## MONOCLONAL ANTIBODIES

		XOLAIR <b>PA SPC ^</b>	Tier 2
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## NASAL ANTIHISTAMINES

<b>azelastine *P</b>	Tier 1	ASTELIN	Tier 3
		ASTEPRO <b>P</b>	Tier 2
		PATANASE	Tier 3

## NASAL STEROIDS

<b>flunisolide spray *P</b>	Tier 1		
<b>fluticasone spray *P</b>	Tier 1	FLONASE <b>ST2</b>	Tier 3
<b>triamcinolone acetonide spray <b>ST2</b></b>	Tier 3	NASACORT AQ <b>ST2</b>	Tier 3
		VERAMYST <b>P</b>	Tier 2
		BECONASE AQ <b>ST2</b>	Tier 3
		NASONEX <b>ST2</b>	Tier 3
		OMNARIS <b>ST2</b>	Tier 3
		RHINOCORT AQUA <b>ST2</b>	Tier 3

## PHOSPHODIESTERASE-4 INHIBITORS

		DALIRESP	Tier 3
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## STEROID/BETA AGONIST COMBINATIONS

		ADVAIR DISKUS <b>P</b>	Tier 2
		ADVAIR HFA <b>P</b>	Tier 2
		DULERA <b>P</b>	Tier 2
		SYMBICORT <b>P</b>	Tier 2

## STEROID INHALANTS

<b>budesonide inhalation suspension *P</b>	Tier 1	PULMICORT RESPULES	Tier 3
		ASMANEX <b>P</b>	Tier 2

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		FLOVENT <b>P</b>	Tier 2
		PULMICORT FLEXHALER <b>P</b>	Tier 2
		QVAR <b>P</b>	Tier 2
		ALVESCO	Tier 3

## XANTHINES

theophylline ext-rel	Tier 1		
		ELIXOPHYLLIN	Tier 2
		THEO-24	Tier 2

## MISCELLANEOUS (NASAL)

ipratropium spray	Tier 1	ATROVENT spray	Tier 3
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## TOPICAL

### DERMATOLOGY

#### Acne

Guidelines for the care and treatment of acne vulgaris are available at:

<http://www.aad.org>

#### Oral

isotretinoin	Tier 1		
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#### Topical

adapalene crm, gel 0.1%	Tier 1	DIFFERIN	Tier 3
benzoyl peroxide	Tier 1	BENZAC AC	Tier 3
clindamycin gel, lotion, pledgets, soln	Tier 1	CLEOCIN T	Tier 3
clindamycin/benzoyl peroxide gel	Tier 1	BENZACLIN	Tier 3
erythromycin gel 2%	Tier 1		
erythromycin pledgets, soln	Tier 1		
erythromycin swabs	Tier 1		
erythromycin/benzoyl peroxide	Tier 1	BENZAMYCIN	Tier 3
sulfacetamide lotion 10%	Tier 1	KLARON	Tier 3
sulfacetamide/sulfur cleanser, gel	Tier 1		
sulfacetamide/sulfur gel, lotion	Tier 1		
tretinoin crm, gel	Tier 1	RETIN-A crm, gel	Tier 3
		DIFFERIN lotion, 0.3% gel	Tier 2
		DUAC	Tier 2
		ACZONE	Tier 3
		ATRALIN	Tier 3
		AZELEX	Tier 3
		EPIDUO	Tier 3
		RETIN-A MICRO	Tier 3
		TAZORAC	Tier 3
		ZIANA gel	Tier 3

#### Actinic Keratosis

fluorouracil crm	Tier 1	EFUDEX crm	Tier 3
		CARAC	Tier 2

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		SOLARAZE	Tier 2
<b>Antibiotics</b>			
<b>gentamicin</b>	Tier 1		
<b>mupirocin oint</b>	Tier 1	BACTROBAN oint	Tier 3
<b>silver sulfadiazine</b>	Tier 1	SILVADENE	Tier 3
		BACTROBAN crm	Tier 2
		BACTROBAN NASAL	Tier 2
		ALTABAX	Tier 3
<b>Antifungals</b>			
<b>ciclopirox</b>	Tier 1	LOPROX	Tier 3
<b>clotrimazole</b>	Tier 1	LOTRIMIN	Tier 3
<b>econazole</b>	Tier 1		
<b>ketoconazole</b>	Tier 1		
<b>nystatin</b>	Tier 1		
<b>ketoconazole foam 2%</b>	Tier 3	EXTINA	Tier 3
		OXISTAT	Tier 2
		VUSION	Tier 3
<b>Antipsoriatics</b>			
Guidelines of care for the management and treatment of psoriasis with topical therapies are available at: <a href="http://www.aad.org">http://www.aad.org</a>			
<i>Injectable</i>			
		AMEVIVE <b>PA SPC</b> ^	Tier 2
<i>Oral</i>			
		OXSORALEN-ULTRA	Tier 2
		SORIATANE	Tier 2
<i>Topical</i>			
<b>calcipotriene soln</b>	Tier 1	DOVONEX soln	Tier 3
		DOVONEX crm	Tier 2
		TACLONEX	Tier 3
		TAZORAC	Tier 3
<b>Antiseborrheics</b>			
<b>ketoconazole shampoo 2%</b>	Tier 1	NIZORAL SHAMPOO	Tier 3
<b>selenium sulfide shampoo 2.5%</b>	Tier 1	SELSUN	Tier 3
<b>Antivirals</b>			
<b>imiquimod</b>	Tier 1	ALDARA	Tier 3
<b>podofilox soln</b>	Tier 1	CONDYLOX	Tier 3
		CONDYLOX gel	Tier 2
		ZOVIRAX	Tier 2
		ZYCLARA	Tier 3

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## Corticosteroids

### Low Potency

<b>alclometasone crm, oint 0.05%</b>	Tier 1	ACLOVATE	Tier 3
<b>desonide crm, lotion, oint 0.05%</b>	Tier 1	DESOWEN	Tier 3
<b>fluocinolone acetonide crm, soln 0.01%</b>	Tier 1		
<b>hydrocortisone crm, lotion, oint 1%</b>	Tier 1		
<b>hydrocortisone crm, lotion, oint 2.5%</b>	Tier 1		

### Medium Potency

<b>betamethasone valerate crm, lotion, oint 0.1%</b>	Tier 1		
<b>desoximetasone crm 0.05%</b>	Tier 1	TOPICORT LP	Tier 3
<b>fluocinolone acetonide crm, oint 0.025%</b>	Tier 1		
<b>fluticasone propionate crm 0.05%, oint 0.005%</b>	Tier 1	CUTIVATE crm, oint	Tier 3
<b>hydrocortisone butyrate crm, lotion, oint, soln 0.1%</b>	Tier 1	LOCOID	Tier 3
<b>hydrocortisone valerate crm, oint 0.2%</b>	Tier 1	WESTCORT	Tier 3
<b>mometasone crm, lotion, oint 0.1%</b>	Tier 1	ELOCON	Tier 3
<b>triamcinolone acetonide crm, lotion, oint 0.025%</b>	Tier 1		
<b>triamcinolone acetonide crm, lotion, oint 0.1%</b>	Tier 1		
		CORDRAN	Tier 3
		CUTIVATE lotion	Tier 3
		LUXIQ	Tier 3

### High Potency

<b>betamethasone dipropionate augmented crm 0.05%</b>	Tier 1	DIPROLENE AF	Tier 3
<b>betamethasone dipropionate augmented lotion 0.05%</b>	Tier 1	DIPROLENE lotion	Tier 3
<b>betamethasone dipropionate crm, gel, lotion, oint 0.05%</b>	Tier 1	DIPROSONE	Tier 3
<b>desoximetasone crm, oint 0.25%, gel 0.05%</b>	Tier 1	TOPICORT	Tier 3
<b>diflorasone diacetate crm 0.05%</b>	Tier 1		
<b>fluocinonide crm, gel, oint, soln 0.05%</b>	Tier 1		
<b>triamcinolone acetonide crm, oint 0.5%</b>	Tier 1		
		APEXICON E	Tier 3
		KENALOG spray	Tier 3

### Very High Potency

<b>betamethasone dipropionate augmented oint 0.05%</b>	Tier 1	DIPROLENE oint	Tier 3
<b>clobetasol propionate crm, gel, oint, soln 0.05%</b>	Tier 1	TEMOVATE	Tier 3
<b>clobetasol propionate foam 0.05%</b>	Tier 1	OLUX	Tier 3
<b>diflorasone diacetate oint 0.05%</b>	Tier 1		
<b>halobetasol propionate crm, oint 0.05%</b>	Tier 1	ULTRAVATE	Tier 3
		CLOBEX lotion, shampoo, spray	Tier 2
		OLUX-E	Tier 3

## Emollients

<b>ammonium lactate 12%</b>	Tier 1	LAC-HYDRIN	Tier 3
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## Immunomodulators

Guidelines of treatment of atopic dermatitis are available at:  
<http://www.aad.org>

		ELIDEL ***	Tier 2
		PROTOPIC ***	Tier 2

\*\*\* Coverage limited to members age 2 and over.

## Local Analgesics

		LIDODERM	Tier 2
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## Local Anesthetics

lidocaine/prilocaine	Tier 1	EMLA	Tier 3
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## Rosacea

metronidazole crm 0.75%	Tier 1	METROCREAM	Tier 3
metronidazole gel 0.75%	Tier 1		
metronidazole lotion 0.75%	Tier 1	METROLOTION	Tier 3
sulfacetamide/sulfur cleanser, cleansing cloths, crm, lotion, susp	Tier 1	PLEXION	Tier 3
		FINACEA	Tier 2
		METROGEL 1%	Tier 2
		NORITATE	Tier 2
		ORACEA	Tier 2

## Scabicides and Pediculicides

malathion lotion 0.5%	Tier 1	OVIDE	Tier 3
permethrin 5%	Tier 1		
		EURAX	Tier 2
		NATROBA	Tier 3
		ULESFIA	Tier 3

## Miscellaneous Skin and Mucous Membrane

		REGRANEX	Tier 2
		XERESE	Tier 3

## MOUTH/THROAT/DENTAL AGENTS

### Anesthetics - Topical Oral

lidocaine viscous	Tier 1		
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### Steroids - Mouth/Throat

triamcinolone paste	Tier 1		
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## OPHTHALMIC

Preferred Practice Pattern Guidelines for the treatment of various ophthalmic conditions are available at:  
<http://one.aao.org>

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### Antiallergics

<b>azelastine</b>	Tier 1	OPTIVAR	Tier 3
<b>cromolyn sodium</b>	Tier 1		
<b>epinastine</b>	Tier 2		
		ALOCRIAL	Tier 2
		ALOMIDE	Tier 2
		PATANOL	Tier 2
		ALAMAST	Tier 3
		BEPREVE	Tier 3

### Anti-infectives

<b>bacitracin</b>	Tier 1		
<b>ciprofloxacin</b>	Tier 1	CILOXAN	Tier 3
<b>erythromycin</b>	Tier 1		
<b>Gentak oint</b>	Tier 1		
<b>gentamicin soln</b>	Tier 1	GARAMYCIN	Tier 3
<b>levofloxacin</b>	Tier 1	QUIXIN	Tier 3
<b>neomycin/polymyxin B/gramicidin</b>	Tier 1	NEOSPORIN	Tier 3
<b>ofloxacin</b>	Tier 1	OCUFLOX	Tier 3
<b>polymyxin B/bacitracin</b>	Tier 1		
<b>polymyxin B/trimethoprim</b>	Tier 1	POLYTRIM	Tier 3
<b>sulfacetamide soln 10%</b>	Tier 1	BLEPH-10 soln	Tier 3
<b>tobramycin soln</b>	Tier 1	TOBEX soln	Tier 3
		TOBEX oint	Tier 2
		AZASITE	Tier 3
		BESIVANCE	Tier 3
		VIGAMOX	Tier 3

### Anti-infective/Anti-inflammatory Combinations

<b>neomycin/polymyxin B/dexamethasone</b>	Tier 1	MAXITROL	Tier 3
<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1		
<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	Tier 1		
<b>tobramycin/dexamethasone susp</b>	Tier 1	TOBRADEX susp	Tier 3
		BLEPHAMIDE	Tier 2
		BLEPHAMIDE SOP	Tier 2
		TOBRADEX oint	Tier 2
		ZYLET	Tier 2

### Anti-inflammatories

#### Nonsteroidal

<b>diclofenac sodium</b>	Tier 1	VOLTAREN	Tier 3
<b>flurbiprofen</b>	Tier 1	OCUFEN	Tier 3
<b>ketorolac 0.4%</b>	Tier 1	ACULAR LS	Tier 3
<b>ketorolac 0.5%</b>	Tier 1	ACULAR	Tier 3
<b>bromfenac sodium</b>	Tier 2		
		ACUVAIL	Tier 3
		BROMDAY	Tier 3
		NEVANAC	Tier 3

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*Steroidal*

<b>dexamethasone sodium phosphate</b>	Tier 1		
<b>fluorometholone</b>	Tier 1	FML	Tier 3
<b>prednisolone acetate 1%</b>	Tier 1	PRED FORTE	Tier 3
<b>prednisolone phosphate 1%</b>	Tier 1		
		FML FORTE	Tier 2
		FML S.O.P.	Tier 2
		LOTEMAX	Tier 2
		PRED MILD	Tier 2
		DUREZOL	Tier 3

**Antivirals**

<b>trifluridine</b>	Tier 1	VIROPTIC	Tier 3
		ZIRGAN	Tier 3

**Beta-blockers***Nonselective*

<b>betaxolol</b>	Tier 1		
<b>carteolol</b>	Tier 1		
<b>levobunolol</b>	Tier 1	BETAGAN	Tier 3
<b>metipranolol</b>	Tier 1	OPTIPRANOLOL	Tier 3
<b>timolol maleate *P</b>	Tier 1	TIMOPTIC	Tier 3
<b>timolol maleate gel</b>	Tier 1	TIMOPTIC-XE	Tier 3
		BETIMOL P	Tier 2
		ISTALOL	Tier 3

*Selective*

		BETOPTIC S	Tier 3
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**Carbonic Anhydrase Inhibitors***Topical*

<b>dorzolamide</b>	Tier 1	TRUSOPT	Tier 3
		AZOPT	Tier 2

**Carbonic Anhydrase Inhibitor/Beta-blocker Combinations**

<b>dorzolamide/timolol maleate</b>	Tier 1	COSOPT	Tier 3
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**Immunomodulators**

		RESTASIS	Tier 2
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**Mydriatics**

<b>atropine</b>	Tier 1		
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**Parasympathomimetics**

		PILOPINE HS	Tier 3
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### Prostaglandins

<b>latanoprost</b> *P	Tier 1	XALATAN	Tier 3
		LUMIGAN P	Tier 2
		TRAVATAN Z P	Tier 2

### Sympathomimetics

<b>brimonidine 0.15%</b> *P	Tier 1	ALPHAGAN P	Tier 3
<b>brimonidine 0.2%</b> *P	Tier 1		

### Sympathomimetic/Beta-blocker Combinations

		COMBIGAN	Tier 3
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### OTIC

Clinical practice guidelines for the treatment of otitis media are available at:  
<http://www.aap.org>

### Anti-infectives

<b>acetic acid</b>	Tier 1		
<b>acetic acid/aluminum acetate</b>	Tier 1		
<b>ofloxacin otic</b>	Tier 1		
		CETRAXAL	Tier 3

### Anti-infective/Anti-inflammatory Combinations

<b>Acetasol HC</b>	Tier 1		
<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1	CORTISPORIN OTIC	Tier 3
		CIPRO HC OTIC	Tier 2
		CIPRODEX	Tier 2

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## WEBSITES

Agency for Healthcare Research and Quality  
<http://www.ahrq.gov>

Alzheimer's Association  
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<http://www.aacap.org>

American Academy of Dermatology  
<http://www.aad.org>

American Academy of Neurology  
<http://www.aan.com>

American Academy of Ophthalmology  
<http://www.aao.org>

American Academy of Pediatrics  
<http://www.aap.org>

American Association for the Study of Liver Disease  
<http://www.aasld.org>

American Association of Clinical Endocrinologists  
<http://www.aace.com>

American Association of Diabetes Educators  
<http://www.diabeteseducator.org>

American Cancer Society  
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<http://www.acaai.org>

American College of Cardiology  
<http://www.acc.org>

American College of Chest Physicians  
<http://www.chestnet.org>

American College of Gastroenterology  
<http://www.acg.gi.org>

American Congress of Obstetricians and Gynecologists  
<http://www.acog.org>

American College of Physicians  
<http://www.acponline.org>

American College of Rheumatology  
<http://www.rheumatology.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<http://www.gastro.org>

American Headache Society Committee for Headache Education  
<http://www.achenet.org>

American Heart Association  
<http://www.americanheart.org>

American Lung Association  
<http://www.lungusa.org>

American Medical Association  
<http://www.ama-assn.org>

American Psychiatric Association  
<http://www.psych.org>

American Society of Anesthesiologists  
<http://www.asahq.org>

American Society of Clinical Oncology  
<http://www.asco.org>

American Society of Interventional Pain Physicians  
<http://www.asipp.org>

American Urological Association  
<http://www.auanet.org>

Centers for Disease Control and Prevention  
<http://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<http://www.cdc.gov/hiv/resources/guidelines/index.htm>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<http://www.cdc.gov/std/treatment/default.htm>

CVS Caremark  
<http://www.caremark.com>

The Food and Drug Administration  
<http://www.fda.gov>

Global Initiative for Asthma  
<http://www.ginasthma.com>

Infectious Diseases Society of America  
<http://www.idsociety.org>

**Institute for Safe Medication Practices**  
**<http://www.ismp.org>**

**Johns Hopkins AIDS Service**  
**<http://www.hopkins-aids.edu>**

**Juvenile Diabetes Research Foundation International**  
**<http://www.jdf.org>**

**MedWatch**  
**<http://www.fda.gov/medwatch>**

**National Agricultural Library**  
**<http://www.nal.usda.gov>**

**National Cancer Institute**  
**<http://www.cancer.gov/cancerinformation>**

**National Comprehensive Cancer Network**  
**<http://www.nccn.org>**

**National Foundation for Infectious Diseases**  
**<http://www.nfid.org>**

**National Guideline Clearinghouse**  
**<http://www.guideline.gov>**

**National Heart, Lung and Blood Institute**  
**<http://www.nhlbi.nih.gov>**

**National Institutes of Health**  
**<http://www.nih.gov>**

**National Kidney Foundation**  
**<http://www.kidney.org>**

**National Osteoporosis Foundation**  
**<http://www.nof.org>**

**North American Menopause Society**  
**<http://www.menopause.org>**

**United States Department of Health and Human Services**  
**<http://www.hhs.gov>**

**World Health Organization**  
**<http://www.who.int>**

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