



**NEW WEST
HEALTH SERVICES**

**Prescribing Guide
and
3-Tier Drug Formulary
2010**

Effective: April 2010

DEVELOPMENT OF THE DRUG FORMULARY

The Drug Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. The Drug Formulary has been successfully used by hospitals and managed care organizations to provide comprehensive, cost-effective pharmacy services.

This Drug Formulary document is developed by the New West Health Services Pharmacy and Therapeutics Committee (P&T Committee). This committee, composed of physicians from various medical specialties, as well as pharmacists, reviewed the medications in all therapeutic categories based on safety, effectiveness, and cost and selected the most cost-effective agent(s) in each class.

Formulary development and maintenance is a dynamic process. The P&T Committee reviews new and existing medications quarterly to ensure the Formulary remains responsive to the needs of our members and providers. This often results in tier changes for medications, especially as brand name medications become generic. The most current Formulary will be posted at www.newwesthealth.com for reference, or you may call us at (800) 290-3657 to determine how a medication will be covered.

As you use this Formulary guide, we invite your suggestions to improve the format or content. Thank you for your cooperation.

HOW TO USE THIS DOCUMENT

The Formulary is a listing of the most commonly prescribed medications sorted by therapy class marketed at the time of the Formulary printing. It is intended for use by health plan physicians, pharmacy providers and members. Unless exceptions are noted, all forms (i.e. tablet, capsule, liquid, powder, topical) and strengths of a medication product are covered as indicated. At the end of the Formulary is an index which lists medications alphabetically with the corresponding chapter number where other medications in that class can be found.

LEGEND

boldface	Generic available. Please note: Out-of-pocket costs may be higher than expected if the generic drug is not used.
d	Drug Efficacy Study Implementation (DESI) drug.
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification.
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification.
lowercase	Medications listed in lower case letters are generic medications.
OTC	Over the counter (generally not covered).
PA	Prior authorization of the medication is required (see below).
QLL	Quantity Limit – only a certain amount available for the medication (see below).
Rx	Prescription
Susp	Suspension, liquid medication made from powder form.
UPPERCASE	Medications listed in all UPPER CASE letters are brand name medications.

This document also indicates how each medication is covered, meaning which copay tier the medication falls into: 1st, 2nd or 3rd.

These categories are defined as follows:

- **Tier 1:** Generic medications and a few select brand medications. Generic medications contain the same active ingredient(s) as their corresponding brand name medication and have been approved by the Food and Medication Administration (FDA) for therapeutic equivalency to their brand name product.
- **Tier 2:** Medications that have been reviewed by the Pharmacy & Therapeutics Committee and found to have therapeutic advantage or overall value over non-formulary medications, factoring safety, efficacy, and cost.
- **Tier 3:** Medications that have been reviewed by the Pharmacy & Therapeutics Committee and found not to have significant therapeutic advantage or overall value over alternative formulary products. To help maximize the pharmacy benefit and promote health care savings, suggested medication

alternatives are provided for non-formulary medications in this document where applicable. Please note that the information provided is not intended to substitute the physician's independent medical judgment based on the member's specific needs.

Some medications may be subject to prior authorization (PA) and quantity level limits (QLL). Those medications are indicated by (PA) or (QLL) in the document. Please contact New West Health Services at (800) 290-3657 for assistance in obtaining these medications.

PRESCRIPTION MEDICATION POLICIES

Outpatient medications:

The Drug Formulary applies only to prescription medications dispensed to outpatients by participating pharmacies. The Formulary does not apply to inpatient medications or to medications obtained from and/or administered by a physician in the office.

Non-Prescription Medication (OTC) Policy:

Over-the-counter (OTC) products are not covered, but some are listed for informational purposes. When available, non-prescription medications may be less costly to the member than a prescription medication. If a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer members to the OTC equivalent product. If the member or physician chooses the equivalent prescription product, the member must pay the entire cost of the prescription.

Generic Medication Policy:

New West Health Services encourages generic substitution whenever possible to help reduce the member's out-of-pocket expense, plus help contain the overall cost of the member's prescription medication benefit. Medications that have generic equivalents are covered at a generic reimbursement level, and should be prescribed and dispensed in the generic form. Maximum Allowable Cost (MAC) limits of reimbursement have been established for these medications and are listed in the health plan MAC list. Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must gain approval from the prescriber to use the generic equivalent.
2. **If a physician indicates "Dispense As Written" (DAW) or if a member insists on the brand name product for a medication included on the MAC list, the member must pay the applicable copay, plus the cost difference between the brand name product and the MAC amount (ancillary charge for the generic medication). Choosing to use a brand name drug when a generic form is available may lead to higher than expected out of pocket costs for the member.**

Unapproved or Off-label Use of Formulary Medications:

The member's Certificate of Coverage states medications will be eligible for coverage only if they are FDA approved medications used for non-experimental indications. Non-experimental indications include the labeled indication(s) (FDA-approved) and other indications accepted as effective by the balance of currently available scientific evidence and informed professional opinion. Experimental and investigational medications, and medications used for cosmetic purposes, are not eligible for coverage.

Compound Drug:

A drug prepared by a pharmacist using a combination of drugs in which at least one agent is a legend drug. The final product is typically not commercially available in the strength and/or dosage form prescribed by the physician. The member will pay the tier 2 copay if ingredients of the compound are covered legend drugs.

Prescriptions for Non-Formulary Medications:

Physicians are expected to comply with the Medication Formulary when prescribing medications for plan members. If a pharmacist receives a prescription for a non-Formulary medication, the pharmacist will attempt to contact the physician to request a change to a Formulary product. If the physician is unwilling to change, or is unavailable, the pharmacist will dispense the prescription as written. The member must pay the higher copay or out of pocket penalty as stated above.

Out of Pocket Costs for the Member:

The member will pay the indicated 1st, 2nd or 3rd tier copay for the prescription unless one of the following conditions applies:

1. If a physician indicates "Dispense As Written" (DAW) or if a member chooses the brand name product for a prescription of a medication included on the MAC list, the member must pay the applicable copay plus the cost difference between the brand name product and the MAC amount (ancillary charge).
2. If a prescription is written for a medication available as an OTC product in the identical dosage, form, strength, and active ingredient, the prescription product will not be covered. The pharmacist should refer the member to the OTC product. If the member or physician insists on the prescription equivalent product, the member will be responsible for the entire cost of the prescription.
3. If a physician prescribes a medication that is not covered, and no satisfactory alternative product is available, the member must pay the entire prescription cost.
4. If the member is enrolled in a prescription plan that has an integrated medical and pharmacy deductible benefit and/or a prescription deductible plan, they will pay the entire cost for all medications until the deductible is met.
5. Not all prescription drug endorsements have 1st, 2nd, and 3rd-tier copays, and some endorsements cover generic drugs only. Refer to the prescription drug endorsement for details on prescription coverage and any applicable copays, or contact New West Health Services at (800) 290-3657.

Copay Overrides / Prior Authorization / Quantity Level Limits**Copay Overrides:**

The physicians and pharmacists consulted in the Formulary development attempted to include medications to meet all therapeutic needs. New West offers an "open" formulary meaning that non-formulary medications are available to members at the 3rd tier copay, therefore copay overrides/tiering exceptions are not made. If a physician wishes to suggest tiering changes to New West for future consideration, please contact us at (800) 290-3657. It is anticipated that physicians should be able to find a Formulary medication for the vast majority of therapeutic needs. If a medication is not listed in this formulary, it is non-formulary and may be obtained at the highest tier.

Prior Authorization:

To promote the most appropriate utilization, selected high-risk or high-cost medications require prior authorization by the health plan to be eligible for coverage. The P&T Committee have established prior authorization criteria with input from physicians, pharmacists, and consideration of the current medical literature. Medications requiring a prior authorization for coverage are indicated by (PA) after the medication name.

Specialty Drug:

To maximize cost savings and ensure quality and safety with respect to the use of specialty medications, all specialty drugs must be obtained through the specialty pharmacy (after a one time fill at a local retail pharmacy). These require prior authorization by New West.

Quantity Level Limits:

Some medications may be subject to quantity level limits based on the manufacturer's packaging size or adopted clinical safety guidelines. These medications are designated in the Drug Formulary by (QLL) by the medication name. The purpose of these maximum quantity limits is to ensure the proper billing of products and/or encourage the use of therapeutically indicated medication regimens.

Prior authorization and Quantity Level Limit override requests should be directed to:

NWHS Medical Services
130 Neill Avenue
Helena, MT 59601

Telephone: (800) 290-3657
Confidential fax: (406) 457-2298

If a physician provider requests that a new or existing medication be added to the Formulary, a letter indicating the significant advantages of the medication product over current formulary medications should be mailed to the above address.

New West Health Services Prescribing Guide

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
CHAPTER 1: ANESTHETICS					
1.2 TOPICAL ANESTHETICS					
lidocaine-prilocaine		X			
LIDODERM			X		
CHAPTER 2: ANTI-INFECTIVES					
2.1.1 CEPHALOSPORINS					
cefactor, -er		X			
cefadroxil		X			
cefdinir		X			
cefepodoxime proxetil		X			
cefprozil		X			
cefuroxime		X			
cephalexin		X			
CEDAX				X	generics
SPECTRACEF				X	generics
SUPRAX				X	generics
2.1.3 CLINDAMYCINS					
clindamycin hcl		X			
clindamycin phosphate		X			
2.1.4 ERYTHROMYCINS					
erythromycin		X			
2.1.4.1 OTHER MACROLIDES					
azithromycin		X			
clarithromycin, -er		X			
2.1.5 PENICILLINS					
amox tr-potassium clavulanate		X			
amoxicillin		X			
penicillin v potassium		X			
AUGMENTIN XR				X	generics
MOXATAG				X	generics
2.1.6 SULFONAMIDES					
sulfamethoxazole-trimethoprim		X			
2.1.7 TETRACYCLINES					
doxycycline hyclate		X			
doxycycline monohydrate		X			
minocycline hcl		X			
tetracycline hcl		X			
DORYX				X	generics
ORACEA				X	generics
SOLODYN				X	generics
2.1.8 URINARY ANTIINFECTIVES					
nitrofurantoin, -mono-macro		X			
trimethoprim		X			
2.1.9 QUINOLONES					
ciprofloxacin er		X			
ciprofloxacin hcl		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
ofloxacin		X			
AVELOX, -ABC PACK				X	generics , LEVAQUIN
FACTIVE				X	generics , LEVAQUIN
LEVAQUIN			X		
NOROXIN				X	generics , LEVAQUIN
PROQUIN XR				X	generics , LEVAQUIN
2.2 TOPICAL ANTIBACTERIAL DRUGS					
gentamicin sulfate		X			
mupirocin		X			
silver sulfadiazine		X			
ALTABAX				X	generics
BACTROBAN, -NASAL				X	generics
CENTANY				X	generics
2.3 ORAL ANTIFUNGAL DRUGS					
fluconazole		X			
itraconazole		X			
ketoconazole		X			
nystatin		X			
terbinafine hcl		X			
2.4.1 VAGINAL ANTIFUNGALS					
clotrimazole		X			
nystatin		X			
2.4.2 OTHER TOPICAL ANTIFUNGALS					
ciclopirox		X			
clotrimazole		X			
econazole nitrate		X			
ketoconazole		X			
nystatin		X			
ERTACZO				X	generics
EXELDERM			X		
LOPROX				X	generics
OXISTAT			X		
2.4.3 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.					
clotrimazole-betamethasone		X			
nystatin-triamcinolone		X			
2.5.1 ANTIRETROVIRALS & PROTEASE INHIBITORS					
COMBIVIR	X		X		
EPIVIR	X		X		
2.5.2 OTHER ANTIVIRAL DRUGS					
acyclovir		X			
amantadine		X			
famciclovir		X			
ribapak	X	X			
ribavirin	X	X			
EPIVIR HBV	X			X	
RELENZA				X	
TAMIFLU				X	
VALTREX		X			
2.6 TOPICAL ANTIVIRAL DRUGS					
ZOVIRAX				X	
2.7.2 ANTITUBERCULOSIS DRUGS					

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
ethambutol hcl		X			
isoniazid		X			
rifampin		X			
MYCOBUTIN				X	generics
2.7.3 PLASMODICIDES					
hydroxychloroquine sulfate		X			
MALARONE				X	generics
QUALAQUIN				X	generics
2.7.4 SULFONES					
DAPSONE			X		
2.7.5 TRICHOMONOCIDES					
metronidazole		X			
2.8 OTHER ANTIINFECTIVE DRUGS					
bacitracin		X			
polymyxin b sulfate		X			
MEPRON				X	
NEBUPENT				X	
VANCOCIN HCL				X	
ZYVOX				X	
2.8.2 AMINOGLYCOSIDES					
gentamicin sulfate		X			
tobramycin sulfate		X			
TOBI				X	
CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS					
3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS					
anagrelide hcl	X	X			
azathioprine	X	X			
cyclosporine	X	X			
hydroxyurea	X	X			
leflunomide	X	X			
leucovorin calcium	X	X			
megestrol acetate	X	X			
mercaptopurine	X	X			
methotrexate	X	X			
tamoxifen citrate	X	X			
tretinoin	X	X			
ARIMIDEX	X		X		
CELLCEPT	X			X	mycophenolate
CIMZIA	X			X	specialty
ELIGARD	X			X	specialty
ENBREL	X			X	specialty
FEMARA	X			X	
FIRMAGON	X			X	specialty
GLEEVEC	X			X	specialty
HUMIRA	X			X	specialty
MEGACE ES	X			X	megestrol acetate
MYFORTIC	X			X	tacrolimus anhy
PROGRAF	X			X	specialty
REVLIMID	X			X	specialty
SANDOSTATIN LAR	X			X	specialty

DRUG NAME	Prior-Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
SIMPONI	X			X	specialty
SOMATULINE DEPOT	X			X	specialty
SPRYCEL	X			X	specialty
SUTENT	X			X	specialty
TARCEVA	X			X	specialty
TEMODAR	X			X	specialty
TRELSTAR DEPOT, LA	X			X	specialty
TYKERB	X			X	specialty
XELODA	X			X	specialty
ZOLADEX	X			X	specialty

CHAPTER 4: CARDIOVASCULAR MEDICATIONS

4.1 CARDIAC GLYCOSIDES

digoxin		X			
LANOXIN				X	generics
LANOXIN PEDIATRIC				X	generics

4.2 CALCIUM ANTAGONISTS

amlodipine besylate		X			
cartia xt		X			
diltiazem, er		X			
felodipine er		X			
nifediac cc		X			
nifedical xl		X			
nifedipine er		X			
nisoldipine		X			
verapamil		X			
CARDENE SR				X	generics
CARDIZEM LA				X	generics
COVERA-HS				X	generics
DYNACIRC CR				X	generics
SULAR				X	generics

4.3.1 LOOP DIURETICS

furosemide		X			
toremide		X			

4.3.2 THIAZIDE AND RELATED DRUGS

chlorthalidone		X			
hydrochlorothiazide		X			
indapamide		X			
metolazone		X			

4.3.3 POTASSIUM SPARING DIURETICS

spironolactone		X			
spironolactone-hctz		X			
triamterene-hctz		X			

4.4 BETA-ADRENERGIC ANTAGONIST DRUGS

acebutolol hcl		X			
atenolol		X			
bisoprolol fumarate		X			
carvedilol		X			
labetalol hcl		X			
metoprolol succinate		X			
metoprolol tartrate		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
nadolol		X			
pindolol		X			
propranolol hcl		X			
timolol maleate		X			
BYSTOLIC				X	generics
COREG CR			X		
INNOPRAN XL				X	generics
TOPROL XL				X	generics
4.5.1 VASODILATOR ANTIHYPERTENSIVES					
doxazosin mesylate		X			
prazosin hcl		X			
terazosin hcl		X			
CARDURA XL				X	doxazosin mesylate
4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES					
clonidine hcl		X			
guanfacine hcl		X			
methyldopa		X			
4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS					
benazepril hcl		X			
captopril		X			
enalapril maleate		X			
fosinopril sodium		X			
lisinopril		X			
moexipril hcl		X			
quinapril hcl		X			
ramipril		X			
trandolapril		X			
ACEON				X	generics
ALTACE				X	generics
4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS					
ATACAND			X		
ATACAND HCT			X		
AVALIDE			X		
AVAPRO			X		
BENICAR			X		
BENICAR, -HCT			X		
COZAAR				X	BENICAR, ATACAND, MICARDIS
DIOVAN				X	BENICAR, ATACAND, MICARDIS
DIOVAN HCT				X	BENICAR HCT, AVALIDE, MICARDIS HCT
HYZAAR				X	BENICAR HCT, AVALIDE, MICARDIS HCT
MICARDIS, -HCT			X		
TEVETEN				X	BENICAR, ATACAND, MICARDIS
TEVETEN HCT				X	BENICAR HCT, AVALIDE, MICARDIS HCT
4.5.6 OTHER ANTIHYPERTENSIVES					
amlodipine besylate-benazepril		X			
atenolol-chlorthalidone		X			
benazepril hcl-hctz		X			
bisoprolol fumarate-hctz		X			
captopril-hydrochlorothiazide		X			
enalapril maleate-hctz		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
fosinopril-hydrochlorothiazide		X			
lisinopril-hctz		X			
metoprolol-hydrochlorothiazide		X			
moexipril-hydrochlorothiazide		X			
propranolol hcl-hctz		X			
quinapril-hydrochlorothiazide		X			
quinaretic		X			
AZOR				X	amlodipine+BENICAR
EXFORGE				X	amlodipine + ARB
EXFORGE HCT				X	amlodipine+ARB+HCT
LOTREL			X		
TARKA				X	verapamil+TRANDA
TEKTURNA, -HCT				X	generics
4.6.1 NITRATES					
isosorbide, -dinitrate		X			
nitroglycerin, -patch		X			
nitroquick		X			
4.6.2 OTHER VASODILATING DRUGS					
ADCIRCA				X	specialty
REVATIO				X	specialty
4.6.3 ENDOTHELIN RECEPTOR ANTAGONIST					
LETAIRIS				X	specialty
TRACLEER				X	specialty
4.7.1.3 CLASS 1C					
flecainide acetate		X			
propafenone hcl		X			
RYTHMOL SR				X	generics
4.7.3 AMIODARONES					
amiodarone hcl		X			
PACERONE				X	generics
4.7.5 OTHER ANTIARRHYTHMICS					
sotalol		X			
MULTAQ				X	amiodarone hcl
4.8.1 HYPOLIPOPROTEINEMICS					
cholestyramine		X			
colestipol hcl		X			
fenofibrate		X			
gemfibrozil		X			
ANTARA				X	fenofibrate, TRICOR
FENOGLIDE				X	fenofibrate, TRICOR
LIPOFEN				X	fenofibrate, TRICOR
LOVAZA				X	OTC Omega-3 combination products
NIASPAN			X		
OMACOR				X	OTC Omega-3 combination products
TRICOR			X		
TRIGLIDE				X	fenofibrate, TRICOR
TRILIPIX				X	fenofibrate, TRICOR
WELCHOL				X	cholestyramine
ZETIA				X	generic antihyperlipidemic agents
4.8.2 HMG-COA REDUCTASE INHIBITORS					
lovastatin		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
pravastatin sodium		X			
pravastatin sodium		X			
simvastatin		X			
ALTOPREV				X	generic, LIPITOR
LESCOL, -XL				X	generic, LIPITOR
LIPITOR			X		
4.8.2.1 HMG-COA COMBINATIONS					
ADVICOR			X		
CADUET				X	amlodipine + LIPITOR
SIMCOR				X	simvastatin + niacin
VYTORIN				X	generic, LIPITOR
4.9 OTHER CARDIOVASCULAR DRUGS					
pentoxifylline		X			
RANEXA				X	other anti-anginal
CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS					
5.1.1 ANALGESICS					
tramadol hcl, -acetaminophen		X			
5.1.1.1 CLASS II NARCOTICS					
endocet		X			
fentanyl		X			
hydromorphone hcl		X			
methadone hcl		X			
morphine sulfate		X			
oxycodone, -acetaminophen		X			
roxicet		X			
AVINZA				X	morphine sulfate, OXYCONTIN
KADIAN				X	morphine sulfate, OXYCONTIN
OPANA, ER				X	morphine sulfate, OXYCONTIN
OXYCONTIN			X		
OXYIR				X	oxycodone
5.1.1.2 CLASS III NARCOTICS					
acetaminophen-codeine		X			
hydrocodone bit-ibuprofen		X			
hydrocodone-acetaminophen		X			
reprexain		X			
zamicet		X			
REPREXAIN			X		
SUBOXONE				X	
ZAMICET			X		
5.1.1.3 CLASS IV NARCOTICS					
propoxyphene napsylate-apap		X			
5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES					
butalbital compound-codeine		X			
butalbital-apap-caffeine		X			
butalbital-aspirin-caffeine		X			
butalbital-caff-apap-codeine		X			
isometh-d-chloralphenaz-apap		X			
sumatriptan		X			
AMERGE				X	sumatriptan, ZOMIT/ZMT, MAXALT/MLT
AXERT				X	sumatriptan, ZOMIT/ZMT, MAXALT/MLT

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
FROVA				X	sumatriptan, ZOMIT/ZMT, MAXALT/MLT
IMITREX				X	sumatriptan, ZOMIT/ZMT, MAXALT/MLT
MAXALT, -MLT			X		
RELPAX				X	sumatriptan, ZOMIT/ZMT, MAXALT/MLT
TREXIMET				X	sumatriptan plus naproxen sod
ZOMIG, -ZMT			X		
5.2.1 ANXIOLYTICS					
alprazolam		X			
bupirone hcl		X			
chlordiazepoxide hcl		X			
clorazepate dipotassium		X			
diazepam		X			
lorazepam		X			
oxazepam		X			
5.2.2 SEDATIVE/HYPNOTIC DRUGS					
estazolam		X			
flurazepam hcl		X			
temazepam		X			
triazolam		X			
zaleplon		X			
zolpidem tartrate		X			
AMBIEN, -CR				X	zolpidem, Lunesta
EDLUAR				X	zolpidem, Lunesta
LUNESTA			X		
ROZEREM				X	zolpidem, Lunesta
5.3 ANTIMANIA DRUGS					
lithium carbonate		X			
5.4.1 CARBAMAZEPINES					
carbamazepine		X			
oxcarbazepine		X			
CARBATROL				X	carbamazepine
TEGRETOL XR			X		
5.4.2 ANTICONVULSANT BENZODIAZEPINES					
clonazepam		X			
5.4.3 HYDANTOINS					
phenytoin sodium extended		X			
DILANTIN				X	phenytoin sodium
PHENYTEK				X	phenytoin sodium
5.4.4 VALPROIC ACID AND DERIVATIVES					
divalproex sodium, -er		X			
valproic acid		X			
DEPAKOTE ER				X	generics
5.4.5 SUCCINIMIDES					
ethosuximide		X			
CELONTIN				X	ethosuximide
5.4.6 ANTICONVULSANT BARBITURATES					
phenobarbital		X			
primidone		X			
5.4.7 OTHER ANTICONVULSANTS					
gabapentin		X			
lamotrigine		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
levetiracetam		X			
topiramate		X			
zonisamide		X			
KEPPRA, XR				X	generics
LAMICTAL, -ODT, -XR				X	generics
LYRICA				X	generics
TOPAMAX				X	generics
VIMPAT				X	generics
5.5.1.1 TERTIARY AMINES					
amitriptyline hcl		X			
clomipramine hcl		X			
doxepin hcl		X			
imipramine hcl		X			
5.5.1.2 SECONDARY AMINES					
desipramine hcl		X			
nortriptyline hcl		X			
5.5.1.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS					
citalopram		X			
citalopram hbr		X			
fluoxetine hcl		X			
fluvoxamine maleate		X			
paroxetine hcl		X			
sertraline hcl		X			
LEXAPRO				X	generic SSRI
LUVOX CR				X	generic SSRI
PROZAC WEEKLY				X	generic SSRI
5.5.1.4 OTHER ANTIDEPRESSANTS					
bupropion hcl, sr		X			
bupropion xl		X			
mirtazapine		X			
nefazodone hcl		X			
trazodone hcl		X			
venlafaxine hcl		X			
CYMBALTA				X	venlafaxine, EFFEXOR XR
EFFEXOR XR			X		
PRISTIQ				X	venlafaxine, EFFEXOR XR
SAVELLA				X	
VENLAFAXINE HCL ER				X	venlafaxine, EFFEXOR XR
WELLBUTRIN XL				X	bupropion xl
5.5.2 MAO INHIBITORS					
tranylcypromine sulfate		X			
NARDIL			X		tranylcypromine sulfate
5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS					
granisetron hcl		X			
meclizine hcl		X			
ondansetron hcl		X			
ondansetron odt		X			
prochlorperazine maleate		X			
promethazine hcl		X			
promethegan		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
trimethobenzamide hcl		X			
ANZEMET				X	granisetron hcl, ondansetron hcl
EMEND				X	granisetron hcl, ondansetron hcl
TRANSDERM-SCOP				X	meclizine, dramamine
5.7.1 ANTIPARKINSON ANTICHOLINERGIC DRUGS					
benztropine mesylate		X			
trihexyphenidyl hcl		X			
5.7.2 OTHER ANTIPARKINSON DRUGS					
carbidopa-levodopa		X			
ropinirole hcl		X			
AZILECT				X	selegine
MIRAPEX			X		
REQUIP XL				X	ropinirole hcl
STALEVO				X	
5.8 ANTIPSYCHOTIC DRUGS					
clozapine		X			
fluphenazine hcl		X			
haloperidol		X			
perphenazine		X			
risperidone		X			
thioridazine hcl		X			
ABILIFY, -DISCMELT				X	risperidone, SEROQUEL, ZYPREXA
GEODON				X	risperidone, SEROQUEL, ZYPREXA
INVEGA				X	risperidone, SEROQUEL, ZYPREXA
RISPERDAL				X	generics
SAPHRIS				X	risperidone, SEROQUEL, ZYPREXA
SEROQUEL			X		
SEROQUEL XR				X	risperidone, SEROQUEL, ZYPREXA
ZYPREXA, -ZYDIS			X		
5.8.1 ALIPHATIC PHENOTHIAZINES					
chlorpromazine hcl		X			
5.8.1.1 PSYCHOTHERAPEUTIC COMBINATIONS					
SYMBYAX				X	fluoxetine + Zyprexa (non-Zydis)
5.9.1 CNS STIMULANT DRUGS					
amphetamine salt combo		X			
dexmethylphenidate hcl		X			
dextroamphetamine sulfate		X			
dextroamphetamine-amphetamine		X			
methylin, er		X			
methylphenidate hcl		X			
ADDERALL XR				X	generics
CONCERTA				X	generics
DAYTRANA				X	methylphenidate
FOCALIN XR				X	dexmethylphenidate hcl
METADATE CD				X	methylphenidate hcl
NUVIGIL				X	Provigil
PROVIGIL			X		
RITALIN LA				X	methylphenidate hcl
VYVANSE				X	methylphenidate hcl
5.9.2 OTHER CNS/AUTONOMIC DRUGS					
atropine sulfate		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
XYREM				X	specialty
5.9.3 ANTIDEMENTIA DRUGS					
galantamine hbr		X			
ARICEPT, -ODT			X		
EXELON				X	ARICEPT
NAMENDA				X	ARICEPT
RAZADYNE ER				X	galantamine ER
5.9.5 SMOKING CESSATION PRODUCTS					
bupropion hcl sr		X			
CHANTIX			X		
5.9.6 OTHER DRUGS FOR ADHD					
STRATTERA				X	methylphenidate hcl, amphetamine salt combo
CHAPTER 6: DERMATOLOGICAL MEDICATIONS					
6.1 TOPICAL CORTICOSTEROID DRUGS					
betamethasone dipropionate		X			
betamethasone valerate		X			
clobetasol propionate		X			
desonide		X			
desoximetasone		X			
fluocinolone acetonide		X			
fluocinonide		X			
fluticasone propionate		X			
halobetasol propionate		X			
hydrocortisone		X			
hydrocortisone valerate		X			
mometasone furoate		X			
triamcinolone acetonide		X			
6.2 ANTIPRURITIC DRUGS					
hydroxyzine		X			
6.3 ANTIACNE DRUGS					
benzoyl peroxide		X			
clindamycin phosphate		X			
erythromycin		X			
erythromycin-benzoyl peroxide		X			
metronidazole		X			
sodium sulfacetamide-sulfur		X			
tretinoin	X	X			
ACANYA				X	OTC benzoyl peroxide
ATRALIN				X	tretinoin
AZELEX				X	tretinoin
BENZACLIN				X	OTC benzoyl peroxide
BENZAMYCINPAK				X	erythromycin-benzoyl peroxide
DIFFERIN				X	tretinoin
DUAC CS				X	OTC benzoyl peroxide
EPIDUO				X	tretinoin
FINACEA, -PLUS				X	tretinoin
METROGEL				X	metronidazole
NORITATE				X	metronidazole
RETIN-A MICRO, -PUMP	X			X	tretinoin
ZIANA	X			X	OTC benzoyl peroxide

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
6.3.1 ACCUTANES					
isotretinoin		X			
6.7 KERATOLYTIC DRUGS					
CONDYLOX				X	podofilox solution
6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS					
calcipotriene		X			
selenium sulfide		X			
sulfacetamide sodium		X			
TAZORAC			X		
VECTICAL				X	selenium sulfide, Tazorac
6.9.1 ORAL DERMATOLOGICAL DRUGS					
PROPECIA				X	
6.9.2 TOPICAL DERMATOLOGICAL DRUGS					
fluorouracil		X			
tretinoin		X			
ALDARA				X	
CARAC				X	fluorouracil
ELIDEL				X	PROTOPIC
PROTOPIC			X		
SANTYL				X	
SOLARAZE				X	fluorouracil
VEREGEN				X	podofilox
6.9.3 SCABICIDES					
permethrin		X			
ULESFIA				X	permethrin
CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS					
7.1 DRUGS AFFECTING THE EAR					
antipyrine/benzocaine otic		X			
antipyrine-benzocaine		X			
neomycin-polymyxin-hc		X			
ofloxacin		X			
CETRAXAL				X	generics
CIPRO HC				X	generics
CIPRODEX				X	generics
FLOXIN				X	generics
7.2 DRUGS AFFECTING THE NOSE					
flunisolide		X			
fluticasone propionate		X			
ipratropium bromide		X			
ASTELIN			X		
ASTEPRO				X	ASTELIN
BECONASE AQ				X	generics, NASACORT, NASONEX
NASACORT AQ			X		
NASONEX			X		
OMNARIS				X	generics, NASACORT, NASONEX
PATANASE				X	ASTELIN
RHINOCORT AQUA			X		
VERAMYST				X	generics, NASACORT, NASONEX
7.3 DRUGS AFFECTING THE THROAT AND MOUTH					
pilocarpine hcl		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
triamcinolone acetonide		X			
CHAPTER 8: ENDOCRINE MEDICATIONS					
8.1.1 INSULIN					
APIDRA, -SOLOSTAR				X	HUMALOG, NOVOLOG
HUMALOG products			X		
HUMULIN products			X		
LANTUS, -SOLOSTAR			X		
LEVEMIR				X	LANTUS
NOVOLIN products			X		
NOVOLOG products			X		
8.1.2 ORAL HYPOGLYCEMIC DRUGS					
acarbose		X			
glimepiride		X			
glipizide/er		X			
glipizide-metformin		X			
glyburide, -micronized		X			
glyburide-metformin hcl		X			
metformin hcl, -er		X			
FORTAMET				X	metformin
PRANDIMET				X	nateglinide
PRANDIN				X	nateglinide
STARLIX				X	generics
8.1.3 INSULIN SENSITIZERS					
ACTOPLUS MET			X		
ACTOS			X		
AVANDAMET			X		
AVANDARYL			X		
AVANDIA			X		
DUETACT				X	glimepiride + ACTOS
8.1.4 AMYLIN ANALOGUES					
SYMLIN, -PEN				X	preferred oral hypoglycemic drugs
8.1.5.1 INCRETIN MIMETICS					
BYETTA			X		
8.1.5.2 DIPEPTIDYL PEPTIDASE-IV INHIBITORS					
JANUMET				X	preferred oral hypoglycemic drugs
JANUVIA				X	preferred oral hypoglycemic drugs
ONGLYZA				X	preferred oral hypoglycemic drugs
8.2 GLUCOSE ELEVATING DRUGS					
GLUCAGEN				X	
8.3.1 GLUCOCORTICOID DRUGS					
dexamethasone		X			
hydrocortisone		X			
methylprednisolone		X			
prednisolone		X			
prednisolone sodium phosphate		X			
prednisone		X			
triamcinolone acetonide		X			
veripred 20		X			
8.3.2 MINERALOCORTICOID DRUGS					
fludrocortisone acetate		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
8.4.1 THYROID SUPPLEMENTS					
levothyroxine sodium		X			
levoxyl		X			
thyroid		X			
ARMOUR THYROID				X	
CYTOMEL				X	
SYNTHROID				X	
8.4.2 ANTITHYROID DRUGS					
methimazole		X			
propylthiouracil		X			
8.6 OTHER ENDOCRINE DRUGS					
alendronate sodium		X			
calcitonin nasal spray		X			
desmopressin acetate		X			
etidronate disodium		X			
ACTONEL, -WITH CALCIUM				X	alendronate
BONIVA				X	alendronate
FORTEO	X			X	specialty
FOSAMAX, -PLUS D				X	alendronate
CHAPTER 9: GASTROINTESTINAL MEDICATIONS					
9.1.2 OTC H2 ANTAGONISTS					
famotidine		X			
9.2 ANTIDIARRHEAL DRUGS					
diphenoxylate-atropine		X			
loperamide		X			
9.3 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY					
chlordiazepoxide-clidinium		X			
dicyclomine hcl		X			
hyoscyamine sulfate		X			
metoclopramide hcl		X			
BENTYL				X	dicyclomine hcl
NULEV				X	hyoscyamine sulfate
9.4 ANTIULCER DRUGS					
cimetidine		X			
famotidine		X			
nizatidine		X			
ranitidine hcl		X			
AXID				X	generics
ZANTAC 25				X	generics
9.4.1 OTHER ANTIULCER DRUGS					
misoprostol		X			
sucralfate		X			
CARAFATE				X	generics
9.4.2 PROTON PUMP INHIBITORS					
omeprazole		X			
pantoprazole sodium		X			
NEXIUM				X	
PREVACID				X	generics
9.4.2.1 PROTON PUMP INHIBITORS - OTC					
Omeprazole (Over the counter)		X			\$5 for one month supply (for tiered co-pay plans only)

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
9.4.3 HELICOBACTER PYLORI DRUGS					
HELIDAC			X		
PREVPAC				X	HELIDAC
PYLERA				X	HELIDAC
9.5 LAXATIVES AND CATHARTICS					
OSMOPREP				X	peg-electrolyte
9.6 OTHER GI DRUGS					
anucort-hc		X			
balsalazide disodium		X			
hydrocortisone		X			
hydrocortisone acetate		X			
peg 3350-electrolyte		X			
proctosol-hc		X			
proctozone-hc		X			
sulfasalazine		X			
ursodiol		X			
ANALPRAM HC				X	generics
APRISO				X	generics
ASACOL			X		
ASACOL HD				X	Asacol
CANASA				X	Asacol, Pentasa
COLYTE WITH FLAVOR PACKETS				X	peg-electrolyte
CREON, -5, -10, -20				X	peg-electrolyte
DIPENTUM			X		
GOLYTELY				X	peg-electrolyte
HALFLYTELY-BISACODYL				X	peg-electrolyte
LIALDA				X	Asacol, Pentasa
MOVIPREP				X	peg-electrolyte
NULYTELY, -WITH FLAVOR PACKS				X	peg-electrolyte
PENTASA			X		
TRILYTE WITH FLAVOR PACKETS				X	peg-electrolyte
ULTRASE, -MT				X	
URSO			X		
URSO FORTE				X	ursodiol
VIOKASE				X	
9.7 IRRITABLE BOWEL DRUGS					
AMITIZA				X	
CHAPTER 10: IMMUNOLOGICALS AND VACCINES					
10.0 IMMUNOLOGICALS AND VACCINES					
HYPERHEP B S-D				X	specialty
NABI-HB				X	specialty
RHOPHYLAC				X	specialty
SYNAGIS	X			X	specialty
WINRHO SDF				X	specialty
10.2.1 MYELOID STIMULANTS					
NEULASTA	X			X	specialty
NEUPOGEN	X		X		
10.2.2 ERYTHROID STIMULANTS					
ARANESP	X			X	PROCRIT
PROCRIT	X		X		

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
10.2.3 INTERFERONS					
AVONEX, -ADMINISTRATION PACK	X		X		
BETASERON	X			X	AVONEX, COPAXONE, REBIF
COPAXONE	X		X		
PEGASYS	X			X	specialty
PEGINTRON, -REDIPEN	X			X	specialty
REBIF	X		X		
10.2.4 GROWTH HORMONES AND RELATED DRUGS					
GENOTROPIN	X			X	SAIZEN
HUMATROPE	X			X	SAIZEN
NORDITROPIN, -NORDIFLEX	X			X	SAIZEN
NUTROPIN, -AQ	X			X	SAIZEN
OMNITROPE	X			X	SAIZEN
SAIZEN	X		X		
TEV-TROPIN	X			X	SAIZEN
10.2.6 INTERLEUKIN RECEPTOR ANTAGONIST					
KINERET	X			X	specialty
10.2.7 IMMUNOGLOBULIN ANTIBODIES					
XOLAIR	X			X	specialty
CHAPTER 11: MUSCULOSKELETAL MEDICATIONS					
11.1.1 SALICYLATES AND RELATED DRUGS					
choline mag trisalicylate		X			
diflunisal		X			
salsalate		X			
11.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS					
diclofenac potassium		X			
diclofenac sodium		X			
etodolac		X			
ibuprofen		X			
indomethacin		X			
ketorolac tromethamine		X			
meloxicam		X			
nabumetone		X			
naproxen, -sodium		X			
oxaprozin		X			
piroxicam		X			
sulindac		X			
CELEBREX			X		
11.2 DRUGS TO PREVENT AND TREAT GOUT					
allopurinol		X			
colchicine		X			
probenecid		X			
11.3.1 DIRECT MUSCLE RELAXANTS					
baclofen		X			
tizanidine hcl		X			
11.3.2 CNS MUSCLE RELAXANTS					
carisoprodol		X			
chlorzoxazone		X			
cyclobenzaprine hcl		X			
methocarbamol		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
orphenadrine citrate		X			
SKELAXIN			X		
SOMA				X	carisoprodol
CHAPTER 12: NUTRITION, BLOOD					
12.1.2 VITAMINS & MINERALS & RELATED PRODUCTS					
CEREFOLIN, -NAC				X	generics
FOLTX				X	generics
METANX				X	generics
12.1.3 THERAPEUTIC VITAMINS & MINERALS					
calcitriol		X			
calcium acetate		X			
eliphos		X			
folic acid		X			
vitamin d		X			
DEPLIN				X	folic acid
HECTOROL				X	calcitriol
PHOSLO				X	calcium acetate
ZEMPLAR				X	calcitriol
12.1.4 FLUORIDE PRODUCTS					
fluor-a-day		X			
sodium fluoride		X			
12.2 POTASSIUM SUPPLEMENTS					
potassium chloride		X			
12.2.1 POTASSIUM REMOVING RESINS					
sodium polystyrene sulfonate		X			
12.3.1 ORAL ANTICOAGULANTS, VITAMIN K					
warfarin sodium		X			
COUMADIN				X	warfarin sodium
12.3.2 HEPARIN AND HEPARIN ANTAGONISTS					
ARIXTRA				X	LOVENOX
FRAGMIN				X	LOVENOX
INNOHEP				X	LOVENOX
LOVENOX			X		
12.4 ANTIPLATELET DRUGS					
cilostazol		X			
dipyridamole		X			
AGGRENOL				X	dipyridamole + aspirin
EFFIENT				X	PLAVIX
PLAVIX			X		
12.7 BLOOD DETOXICANTS					
enulose		X			
lactulose		X			
FOSRENOL				X	
KRISTALOSE				X	lactulose
RENAGEL				X	
REVELA				X	
12.8 NUTRITIONAL/SUPPLEMENT PRODUCTS					
XYLAREX				X	

CHAPTER 13: OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
13.1.1 PRENATAL VITAMINS					
NEEVO				X	generic prenatal vitamins
PRECARE PREMIER				X	generic prenatal vitamins
PRENATE DHA				X	generic prenatal vitamins
PRENATE ELITE				X	generic prenatal vitamins
13.1.2 SPECIALIZED OB/GYN DRUGS					
chorionic gonadotropin		X			
leuprolide acetate	X	X			
novarel		X			
CETROTIDE				X	specialty
GANIRELIX ACETATE				X	specialty
LUPRON DEPOT, -PED	X			X	specialty
OVIDREL				X	novarel
13.1.3 OB/GYN TOPICAL ANTIINFECTIVES					
clindamycin phosphate		X			
metronidazole		X			
vandazole		X			
13.2 OVULATORY STIMULANTS					
clomiphene citrate		X			
BRVELLE				X	specialty
FERTINEX				X	specialty
FOLLISTIM AQ				X	specialty
GONAL-F, -RFF				X	specialty
MENOPUR				X	specialty
REPRONEX				X	specialty
13.3 ANDROGEN DRUGS					
testosterone cypionate		X			
ANDRODERM			X		
ANDROGEL			X		
TESTIM				X	Androderm,Androgel
13.4 ESTROGEN DRUGS					
estradiol		X			
estrogen & methyltestosterone		X			
estropipate		X			
ALORA				X	generics, ESTRADERM
CENESTIN				X	PREMARIN, MENEST
DIVIGEL				X	generic top patch, ESTRADERM
ELESTRIN				X	generic top patch, ESTRADERM
ENJUVA				X	PREMARIN, MENEST
ESTRACE				X	generics
ESTRADERM			X		
ESTRASORB				X	generic top patch, ESTRADERM
ESTRATEST, -H.S.				X	estrogen & methyltestosterone
ESTROGEL				X	generic top patch, ESTRADERM
EVAMIST				X	generic top patch, ESTRADERM
FEMTRACE				X	PREMARIN, MENEST
MENEST			X		
MENOSTAR				X	generics, ESTRADERM
PREMARIN			X		
VAGIFEM				X	
VIVELLE-DOT			X		

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
13.4.1 ESTROGEN/PROGESTIN COMBINATIONS					
ACTIVELLA				X	PREMPRO
ANGELIQ				X	PREMPRO
CLIMARA PRO			X		
COMBIPATCH				X	CLIMARA
FEMHRT				X	PREMPRO
PREFEST				X	PREMPRO
PREMPHASE				X	PREMPRO
PREMPRO			X		
13.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR					
EVISTA			X		
13.5 PROGESTIN DRUGS					
camila		X			
errin		X			
jolivette		X			
medroxyprogesterone acetate		X			
nora-be		X			
norethindrone acetate		X			
progesterone in oil		X			
PROMETRIUM			X		
13.7 CONTRACEPTIVES					
apri		X			
aranelle		X			
aviane		X			
balziva		X			
cesia		X			
cryselle		X			
enpresse		X			
jolessa		X			
junel, fe		X			
kariva		X			
kelnor 1-35		X			
leena		X			
lessina		X			
levora-28		X			
low-ogestrel		X			
lutera		X			
microgestin, fe		X			
mononessa		X			
necon		X			
nortrel		X			
ocella		X			
ogestrel		X			
portia		X			
previfem		X			
quasense		X			
reclipsen		X			
solia		X			
sprintec		X			
sronyx		X			

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
tilia fe		X			
tri-legest fe		X			
trinessa		X			
tri-previfem		X			
tri-sprintec		X			
trivora-28		X			
velivet		X			
zenchent		X			
zovia 1-35e, 1-50e		X			
CYCLESSA				X	generics
FEMCON FE				X	generics
LOESTRIN 24 FE				X	generics
LOSEASONIQUE				X	generics
LYBREL				X	generics
NUVARING			X		
ORTHO EVRA			X		
ORTHO TRI-CYCLEN, -LO				X	generics
SEASONIQUE				X	generics
YASMIN 28				X	generics
YAZ				X	generics

CHAPTER 14: OPHTHALMIC MEDICATIONS

14.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

bacitracin		X			
ciprofloxacin hcl		X			
erythromycin		X			
gentamicin sulfate		X			
ofloxacin		X			
polymyxin b sul-trimethoprim		X			
sulfacetamide sodium		X			
tobramycin sulfate		X			
AZASITE				X	ciprofloxacin
BESIVANCE				X	ciprofloxacin
IQUIX				X	ciprofloxacin
QUIXIN				X	ciprofloxacin
VIGAMOX				X	ciprofloxacin
ZYMAR				X	ciprofloxacin

14.1.2 OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

trifluridine		X			
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14.2 OPHTHALMIC CORTICOSTEROID DRUGS

fluorometholone		X			
prednisolone acetate		X			
ALREX				X	generics
DUREZOL				X	generic steroids, LOTEMAX
FML FORTE				X	generic steroids, LOTEMAX
LOTEMAX			X		
VEXOL				X	generic steroids, LOTEMAX

14.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

neomycin-polymyxin-dexameth		X			
tobramycin-dexamethasone		X			
TOBRADEX			X		

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
ZYLET				X	generics, TOBRADEX
14.5 ANTIGLAUCOMA DRUGS					
acetazolamide		X			
brimonidine tartrate		X			
dorzolamide hcl		X			
dorzolamide-timolol		X			
levobunolol hcl		X			
pilocarpine hcl		X			
timolol maleate		X			
ALPHAGAN P			X		
AZOPT				X	generics, ALPHAGAN P
BETIMOL			X		
COMBIGAN				X	generics, ALPHAGAN P
COSOPT				X	generics
ISTALOL				X	generics, ALPHAGAN P
LUMIGAN			X		
TRAVATAN				X	LUMIGAN, XALATAN
TRAVATAN Z				X	LUMIGAN, XALATAN
TRUSOPT				X	generics
XALATAN			X		
14.6 OTHER OPHTHALMIC DRUGS					
atropine sulfate		X			
diclofenac sodium		X			
ACULAR			X		
ACULAR LS				X	diclofenac, ACULAR
ACUVAIL				X	diclofenac, ACULAR
ALAMAST				X	generics
ALOCRIAL				X	generics
ALOMIDE				X	generics
ELESTAT				X	generics
EMADINE				X	generics
NEVANAC				X	diclofenac, ACULAR
OPTIVAR				X	generics
PATADAY				X	generics
PATANOL				X	generics
XIBROM				X	diclofenac, ACULAR
CHAPTER 15: RESPIRATORY MEDICATIONS					
15.1.1 BETA-2 ADRENERGIC DRUGS					
albuterol sulfate		X			
metaproterenol sulfate		X			
terbutaline sulfate		X			
BROVANA				X	albuterol
FORADIL				X	SEREVENT
MAXAIR AUTOHALER				X	PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
PERFOROMIST				X	albuterol
PROAIR HFA			X		
PROVENTIL HFA			X		
SEREVENT DISKUS			X		
VENTOLIN HFA				X	PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
XOPENEX				X	albuterol

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
XOPENEX HFA			X		
15.1.2 METHYL XANTHINE DRUGS					
aminophylline		X			
theophylline		X			
theophylline anhydrous		X			
UNIPHYL			X		
15.1.3 OTHER DRUGS FOR ASTHMA					
budesonide		X			
ipratropium bromide		X			
ipratropium-albuterol		X			
ADVAIR DISKUS, HFA			X		
AEROBID, -M				X	QVAR, FLOVENT HFA
ALVESCO				X	QVAR, FLOVENT HFA
ASMANEX				X	QVAR, FLOVENT HFA
AZMACORT			X		
COMBIVENT			X		
EIPEN, -JR			X		
FLOVENT DISKUS, HFA			X		
INTAL			X		
PULMICORT				X	budesonide
PULMICORT FLEXHALER				X	QVAR, FLOVENT HFA
QVAR			X		
SPIRIVA				X	Serevent, ipratropium
SYMBICORT			X		
TWINJECT				X	EIPEN
15.1.4 LEUKOTRIENE MODIFIERS					
ACCOLATE			X		
SINGULAIR			X		
15.2.1 ANTIHISTAMINES					
cetirizine					Not covered, please use over the counter medication - 5/14/2010
cyproheptadine hcl					Not covered, please use over the counter medication - 5/14/2010
diphenhydramine hcl					Not covered, please use over the counter medication - 5/14/2010
fexofenadine hcl					Not covered, please use over the counter medication - 4/10/2010
loratadine					Not covered, please use over the counter medication - 5/14/2010
promethazine hcl					Not covered, please use over the counter medication - 5/14/2010
ALLEGRA, ODT					Not covered, please use over the counter medication
CLARINEX					Not covered, please use over the counter medication
XYZAL					Not covered, please use over the counter medication
ZYRTEC					Not covered, please use over the counter medication
15.2.3 ANTIHISTAMINE/DECONGESTANT COMBINATIONS					
ALLEGRA-D 12 HR, 24 HR					Not covered, please use over the counter medication
CLARINEX-D 12 HR, 24 HR					Not covered, please use over the counter medication
ZYRTEC-D					Not covered, please use over the counter medication
15.3 ANTITUSSIVE AND EXPECTORANT DRUGS					
benzonatate		X			
guaifenesin/codiene		X			
guaifenesin-codeine		X			
promethazine vc-codeine		X			
promethazine-codeine		X			
promethazine-dm		X			
TUSSICAPS				X	generic antitussive combination

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
TUSSIONEX				X	guaifenesin/hydrocodine syrup
15.4 OTHER RESPIRATORY DRUGS					
PULMOZYME				X	specialty
CHAPTER 16: UROLOGICAL MEDICATIONS					
16.1.1 ANTICHOLINERGIC ANTISPASMODICS					
oxybutynin chloride, er		X			
DETROL, -LA			X		
ENABLEX			X		
GELNIQUE				X	generics
OXYTROL				X	generics
SANCTURA, -XR				X	oxybutynin, ENABLEX, VESICARE, DETROL/LA
TOVIAZ				X	oxybutynin, ENABLEX, VESICARE, DETROL/LA
VESICARE			X		
16.1.2 CHOLINERGIC STIMULANTS					
bethanechol chloride		X			
16.1.3 URINARY ANESTHETICS					
phenazopyridine hcl		X			
16.1.4 OTHER GENITOURINARY PRODUCTS					
finasteride		X			
potassium citrate		X			
AVODART				X	finasteride
CIALIS				X	VIAGRA
FLOMAX			X		
LEVITRA				X	VIAGRA
MUSE			X		
RAPAFLO				X	doxazosin, FLOMAX
UROXATRAL				X	doxazosin, FLOMAX
VIAGRA			X		
CHAPTER 17: DIAGNOSTIC & MISCELLANEOUS MEDICATIONS					
17.1 DIAGNOSTIC PRODUCTS					
PARADIGM REAL-TIME				X	
SOF-SENSOR				X	
THYROGEN				X	
17.2 MISCELLANEOUS DRUGS					
THALOMID				X	specialty
17.3.1 APPETITE SUPPRESSANTS					
phentermine hcl	X	X			
MERIDIA	X			X	
17.3.2 OTHER WEIGHT LOSS PRODUCTS					
XENICAL	X			X	OTC Alli
CHAPTER 18: MEDICAL (MISCELLANEOUS) SUPPLIES					
18.0 MEDICAL (MISCELLANEOUS) SUPPLIES					
AEROCHAMBER				X	
CONCEIVEX CONCEPTION				X	
OMNITROPE PEN 5				X	
OPTICHAMBER				X	
PARADIGM				X	
PARADIGM INFUSION				X	
PARADIGM SILHOUETTE				X	

DRUG NAME	Prior- Authorization Required	TIER			SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	
POLYFIN,QR				X	
SOF-SET, MICRO				X	
18.1 DIABETIC SUPPLIES					
ACCU-CHEK			X		
ASCENSIA AUTODISC/BREEZE2DISC Strip			X		
ASCENSIA ELITE/CONTOUR Test Strip			X		
FAST TAKE			X		
FREESTYLE FLASH SYSTEM				X	ACCU-CHEK, ONE TOUCH
FREESTYLE FREEDOM				X	ACCU-CHEK, ONE TOUCH
FREESTYLE FREEDOM LITE				X	ACCU-CHEK, ONE TOUCH
FREESTYLE LITE METER				X	ACCU-CHEK, ONE TOUCH
FREESTYLE SYSTEM				X	ACCU-CHEK, ONE TOUCH
GUARDIAN RT STARTER KIT				X	ACCU-CHEK, ONE TOUCH
NOVOFINE, 32				X	BD insulin syringes and needles
NOVOFINE AUTOCOVER				X	BD insulin syringes and needles
ONE TOUCH BASIC SYSTEM			X		
ONE TOUCH ULTRA 2			X		
ONE TOUCH ULTRA SMART			X		
ONE TOUCH ULTRA SYSTEM			X		
ONE TOUCH ULTRAMINI			X		
PRECISION, -XTRA				X	ACCU-CHEK, ONE TOUCH
SURESTEP			X		
TRUETRACK SMART SYSTEM			X		

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