



MyBlue
MedicareSM

2012

**Medicare Plus Blue PPOSM Assure
Prescription Blue PDPSM Option B**

Comprehensive Formulary

(List of covered drugs)

Updated March 1, 2012

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION ABOUT THE DRUGS
WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013.

A health plan with a Medicare contract.
A stand-alone prescription drug plan with a Medicare contract.

To request this document in an alternate format, please call
Medicare Plus Blue Member Services at 1-877-241-2583,
seven days a week, 8 a.m. – 8 p.m.

TTY/TDD users should call 711. Or call
Prescription Blue PDP Member Services at 1-800-565-1770,
seven days a week, 8 a.m. – 8 p.m.
TTY/TDD users should call 711.

What is the Medicare Plus Blue PPO Assure / Prescription Blue PDP Option B Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue PPO Assure / Prescription Blue PDP Option B** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Medicare Plus Blue** and **Prescription Blue** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue** or **Prescription Blue** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary change?

Generally, if you are taking a drug on our 2012 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2012 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members

who take the drug. The enclosed formulary is current as of March 1, 2012. To get updated information about the drugs covered by **Medicare Plus Blue PPO Assure** and **Prescription Blue PDP Option B**, please visit our website at www.bcbsm.com/medicare or call **Medicare Plus Blue** Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711. Or call **Prescription Blue** Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension, Cholesterol". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue and **Prescription Blue** cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** **Medicare Plus Blue** and **Prescription Blue** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue** or **Prescription Blue** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue** and **Prescription Blue** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue** and **Prescription Blue** limit the amount of the drug that **Medicare Plus Blue** and **Prescription Blue** will cover. For example, **Medicare Plus Blue** and **Prescription Blue** provide two capsules per day for Celebrex 200 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue** and **Prescription Blue** require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue** and **Prescription Blue** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue** and **Prescription Blue** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.bcbsm.com/medicare.

You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception to these restrictions or limits. See the section, "How do I request an exception to the **Medicare Plus Blue PPO Assure** and **Prescription Blue PDP Option B** formulary?" on page ii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Member Services and confirm that your drug is not covered. If you learn that **Medicare Plus Blue** and **Prescription Blue** do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by **Medicare Plus Blue** and **Prescription Blue**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue** and **Prescription Blue**.
- You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue PPO Assure / Prescription Blue PDP Option B Formulary?

You can ask **Medicare Plus Blue** and **Prescription Blue** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue** and **Prescription Blue** limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in Tier 3 Non-Preferred Brand Drugs or Tier 4 Injectable Drugs, you can ask us to cover it at the cost-sharing amount that applies to drugs in Tier 2 Preferred Brand Drugs instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in Tier 5 Specialty Drugs.

Generally, **Medicare Plus Blue** and **Prescription Blue** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Member Services if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/trans.shtml.

For more information

For more detailed information about your **Medicare Plus Blue** and **Prescription Blue** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue PPO**, please call Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711. If you have questions about **Prescription Blue**, call Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711. Or visit www.bcbsm.com/medicare.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, seven days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Medicare Plus Blue PPO Assure / Prescription Blue PDP Option B Formulary?

The formulary that begins on page 1 provides coverage information about some of the drugs covered by **Medicare Plus Blue** and **Prescription Blue**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., VYTORIN) and generic drugs are listed in lower-case italics (e.g., *zocor*).

The information in the Notes column tells you if **Medicare Plus Blue** and **Prescription Blue** have any special requirements for coverage of your drug.

Medicare Plus Blue PPO Assure / Prescription Blue PDP Option B Drug Tier Costs* for Initial Coverage Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

Medicare Plus Blue PPO Assure and **Prescription Blue PDP Option B** plans have no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of **\$2,930**. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.

Tier	Drug Description	Up to a 31-day supply			Up to a 90-day supply***	
		At long-term care, preferred, and non-preferred network pharmacies	At out-of-network pharmacies**	At the plan's mail order service	At preferred network pharmacies or the plan's mail order service	At non-preferred network pharmacies
Tier 1	Preferred Generic	Assure: \$3 Option B: \$4			Assure: \$7.50 Option B: \$10	Assure: \$9 Option B: \$12
Tier 2	Preferred Brand	Assure: \$40 Option B: \$45			Assure: \$100 Option B: \$112.50	Assure: \$120 Option B: \$135
Tier 3	Non-Preferred Brand	Assure: \$95 Option B: \$85			Assure: \$237.50 Option B: \$212.50	Assure: \$285 Option B: \$255
Tier 4****	Non Self-Administered Injectables	Assure and Option B: 25% of plan's approved amount		Not Available	90-day supply is not available	
Tier 5	Specialty	Assure and Option B: 30% of plan's approved amount				

**Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

***Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

****Tier 4 drugs are not available through mail order.

Drug Tier Costs* for Coverage Gap Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your 2012 total drug costs reach the Initial Coverage Stage limit of **\$2,930**, you move on to the Coverage Gap Stage. In this stage, we will continue to provide drug coverage for **Tier 1 (Preferred Generic Drugs) only** until your yearly out-of-pocket costs for covered drugs reach **\$4,700**, the maximum amount that Medicare has set for this stage for 2012. **For covered drugs not in Tier 1:** After your total yearly drug costs reach **\$2,930**, you will pay **86%** of all **generic** drug costs and **50%** of all **brand-name** drug costs (plus the dispensing fee) until your yearly out-of-pocket costs for covered drugs reach **\$4,700**, the maximum amount that Medicare has set for 2012.

Tier	Drug Description	Up to a 31-day supply			Up to a 90-day supply***	
		At long-term care, preferred, and non-preferred network pharmacies	At out-of-network pharmacies**	At the plan's mail order service	At preferred network pharmacies or the plan's mail order service	At non-preferred network pharmacies
Tier 1	Preferred Generic	Assure: \$3 Option B: \$4			Assure: \$7.50 Option B: \$10	Assure: \$9 Option B: \$12

It is important that you continue to use your **Medicare Plus Blue PPO** or **Prescription Blue PDP** card when you are in the Coverage Gap Stage. Using your card assures you will pay the price your plan negotiated with the network pharmacy (usually less than retail prices) and, by tracking your spending, assures you will receive catastrophic coverage as soon as you are eligible.

**Out-of-network pharmacy coverage is limited to certain situations. Consult your Evidence of Coverage for details.

***Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

Drug Tier Costs* for Catastrophic Coverage Stage

* If you are eligible to receive a low-income subsidy or extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your out-of-pocket costs have reached the **\$4,700** Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. The plan will pay for most of your drug costs for the rest of the calendar year. You will pay the following at network pharmacies:

Tier	Drug Description	Up to a 31-day supply at ALL retail pharmacies** or the plan's mail order service	Up to a 90-day supply at preferred and non-preferred retail pharmacies***
Tier 1	Preferred Generic	The greater of \$2.60 or 5% of the plan's approved amount	
Tier 2	Preferred Brand	The greater of \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs, or 5% coinsurance of the plan's approved amount	
Tier 3	Non-Preferred Brand		
Tier 4****	Non Self-Administered Injectables	The greater of \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs, or 5% coinsurance of the plan's approved amount	90-day supply not available
Tier 5	Specialty		

**This includes out-of-network pharmacies. Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

***Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

****Tier 4 drugs are not available through mail order.

Drug Notes Code Definitions

Symbol	Definition
(g)	Brand name is listed for reference only; generic drug is covered.
I	Injectable formulation is Tier 4.
L	This prescription may be available only at certain pharmacies. For more information, consult your network pharmacy listing or call Medicare Plus Blue Member Services at 1-877-241-2583, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711. Or call Prescription Blue Member Services at 1-800-565-1770, seven days a week, 8 a.m. – 8 p.m. TTY/TDD users should call 711.
M	Brand name drug is Tier 3, generic drug is Tier 1.
PA	Prior Authorization Required.
QL	Quantity Limit Restriction.
ST	Step Therapy Required.

ANTI-INFECTIVES

Aminoglycosides

Brand Name	Generic Name	Drug Tier	Notes
<i>amikacin</i>	<i>amikacin</i>	4	
<i>gentamicin</i>	<i>gentamicin</i>	4	
<i>isotonic gentamicin</i>	<i>gentamicin</i>	4	
<i>kanamycin sulfate</i>	<i>kanamycin</i>	4	
STREPTOMYCIN	streptomycin	4	
<i>tobramycin</i>	<i>tobramycin</i>	4	

Antifungals

Brand Name	Generic Name	Drug Tier	Notes
ABELCET	amphotericin b	4	PA
AMBISOME	amphotericin b	4	PA
AMPHOTEC	amphotericin b	4	PA
<i>amphotericin b</i>	<i>amphotericin b</i>	4	PA
ANCOBON	flucytosine	2	
CANCIDAS	casprofungin acetate	5	
<i>diflucan</i>	<i>fluconazole</i>	4	I
ERAXIS	anidulafungin	4	
<i>flucytosine capsule</i>	<i>flucytosine</i>	1	
GRIFULVIN V	griseofulvin	2	
<i>griseofulvin suspension</i>	<i>griseofulvin</i>	1	(g)
GRIS-PEG	griseofulvin	3	
LAMISIL GRANULES	terbinafine	3	
<i>lamisil tablet</i>	<i>terbinafine</i>	1	(g)
MYCAMINE	miconazole sodium	5	
<i>mycelex troche</i>	<i>clotrimazole</i>	1	(g)
<i>nizoral oral</i>	<i>ketoconazole</i>	1	(g)
NOXAFIL	posaconazole	5	
<i>nystatin oral</i>	<i>nystatin</i>	1	(g)
ORAVIG	miconazole	3	QL (1/day)
<i>sporanox</i>	<i>itraconazole</i>	1	(g)
SPORANOX SOLUTION	itraconazole	2	
VFEND ORAL SUSPENSION	voriconazole	2	I
<i>vfend tablet</i>	<i>voriconazole</i>	1	(g) / I

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 4.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antimalarials

Brand Name	Generic Name	Drug Tier	Notes
<i>aralen</i>	<i>chloroquine phosphate</i>	1	(g)
COARTEM	artemether/lumefantrine	2	
DARAPRIM	pyrimethamine	2	
<i>lariam</i>	<i>mefloquine hcl</i>	1	(g)
<i>malarone</i>	<i>atovaquone-proguanil hcl</i>	1	(g)
<i>plaquenil</i>	<i>hydroxychloroquine</i>	1	(g)
PRIMAQUINE	primaquine phosphate	2	
QUALAQUIN	quinine sulfate	3	

Antiparasitics/Anthelmintics

Brand Name	Generic Name	Drug Tier	Notes
ALBENZA	albendazole	3	
ALINIA	nitazoxanide	2	
BILTRICIDE	praziquantel	2	
<i>humatin</i>	<i>paromomycin sulfate</i>	1	(g)
MEPRON	atovaquone	5	
STROMEKTOL	ivermectin	2	
<i>vermox</i>	<i>mebendazole</i>	1	(g)

(g) - Brand-name is listed for reference only, generic drug is covered. PA - Prior Authorization Required.
 QL - Quantity Limit Restriction ST - Step Therapy Required. I - Injectable formulation is Tier 4.
 L - Drug may be available only at certain pharmacies (see page vi).
 M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antiretrovirals

Brand Name	Generic Name	Drug Tier	Notes
APTIVUS	tipranavir	5	
ATRIPLA	efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	
COMBIVIR	lamivudine/zidovudine	5	
COMPLERA	emtricitabine/rilpivirine/tenofovir	5	
CRIXIVAN	idinavir sulfate	2	
EDURANT	rilpivirine	3	
EMTRIVA	emtricitabine	2	
<i>epivir</i>	<i>lamivudine</i>	1	M
EPIVIR HBV	lamivudine	3	
EPIVIR SOLUTION	lamivudine	3	
EPZICOM	abacavir sulfate/lamivudine	5	
FUZEON	enfuvirtide	5	
INTELENCE	etravirine	5	
INVIRASE 200MG	saquinavir	2	
INVIRASE 500MG	saquinavir	5	
ISENTRESS	raltegravir potassium	5	
KALETRA 100/25	lopinavir/ritonavir	2	
KALETRA 200/50, SOLUTION	lopinavir/ritonavir	5	
<i>lamivudine/zidovudine</i>	<i>lamivudine/zidovudine</i>	1	
LEXIVA	fosamprenavir	5	
LEXIVA ORAL SUSPENSION	fosamprenavir	2	
NORVIR	ritonavir	2	
PREZISTA	darunavir	3	
PREZISTA 400MG, 600MG	darunavir	5	
RESCRIPTOR	delavirdine mesylate	2	
<i>retrovir</i>	<i>zidovudine</i>	1	(g) / I
REYATAZ	atazanavir	5	
REYATAZ 100MG	atazanavir	2	
SELZENTRY	maraviroc	5	
SUSTIVA	efavirenz	2	
TRIZIVIR	abacavir sulfate/lamivudine/zidovudine	5	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 4.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antiretrovirals (continued)

Brand Name	Generic Name	Drug Tier	Notes
TRUVADA	emtricitabine/tenofovir disoproxil fumarate	5	
TYZEKA	telbivudine	3	
<i>videx</i>	<i>didanosine</i>	1	(g)
VIDEX PEDIATRIC	didanosine	2	
VIRACEPT	nelfinavir	3	
VIRAMUNE	nevirapine	2	
VIRAMUNE XR	nevirapine	2	
VIREAD	tenofovir disoproxil fumarate	2	
<i>zerit</i>	<i>stavudine</i>	1	(g)
ZIAGEN	abacavir	2	

Antituberculars

Brand Name	Generic Name	Drug Tier	Notes
CAPASTAT	capreomycin sulfate	4	
DAPSONE	dapsone	2	
<i>isonarif</i>	<i>isoniazid/rifampin</i>	1	(g)
<i>isoniazid</i>	<i>isoniazid</i>	1	(g) / I
<i>myambutol</i>	<i>ethambutol hydrochloride</i>	1	(g)
MYCOBUTIN	rifabutin	2	
PASER D/R	aminosalicylic acid (4-asa)	3	
PRIFTIN	rifapentine	3	
<i>pyrazinamide</i>	<i>pyrazinamide</i>	1	(g)
<i>rifadin</i>	<i>rifampin</i>	1	(g) / I
RIFATER	isoniazid/pyranzinamide/rifampin	2	
SEROMYCIN	cycloserine	2	
TRECTOR	ethionamide	3	

(g) - Brand-name is listed for reference only, generic drug is covered. **PA** - Prior Authorization Required.

QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 4.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

ANTI-INFECTIVES

Antivirals

Brand Name	Generic Name	Drug Tier	Notes
BARACLUDE	entecavir monohydrate	5	
BARACLUDE SOLUTION	entecavir monohydrate	2	
<i>copegus 200mg tablet</i>	<i>ribavirin</i>	1	(g)
<i>cytovene 250mg</i>	<i>ganciclovir</i>	1	(g)
<i>cytovene 500mg</i>	<i>ganciclovir</i>	5	
<i>cytovene iv</i>	<i>ganciclovir sodium</i>	4	PA
<i>cytovene solution</i>	<i>ganciclovir</i>	4	
<i>famvir</i>	<i>famciclovir</i>	1	(g)
<i>flumadine</i>	<i>rimantadine hydrochloride</i>	1	(g)
<i>foscavir</i>	<i>foscarnet sodium</i>	4	PA
HEPSERA	adefovir dipivoxil	5	
INCIVEK	telaprevir	5	PA / QL (6/day)
<i>rebetol 200mg</i>	<i>ribavirin</i>	5	
REBETOL ORAL SOLUTION	ribavirin	2	
RELENZA DISKHALER	zanamivir	2	QL (1unit/fill)
<i>ribapak</i>	<i>ribavirin</i>	5	
<i>ribasphere 200mg</i>	<i>ribavirin</i>	1	(g)
<i>ribasphere 400mg, 600mg tablet</i>	<i>ribavirin</i>	5	
<i>ribavirin 200mg capsule</i>	<i>ribavirin</i>	1	(g)
<i>symmetrel</i>	<i>amantadine</i>	1	(g)
TAMIFLU 12MG/ML SOLUTION	oseltamivir phosphate	2	QL (11/fill)
TAMIFLU 30MG	oseltamivir phosphate	2	QL (90/fill)
TAMIFLU 45MG, 75MG	oseltamivir phosphate	2	QL (50/fill)
TAMIFLU 6MG/ML SOLUTION	oseltamivir phosphate	2	QL (9/fill)
VALCYTE	valganciclovir hydrochloride	5	
<i>valtrex</i>	<i>valacyclovir hcl</i>	1	(g)
VICTRELIS	boceprevir	5	PA / QL (12/day)
VIRAZOLE	ribavirin	5	
VISTIDE	cidofovir dihydrate	4	
<i>zovirax iv</i>	<i>acyclovir</i>	4	PA
<i>zovirax oral</i>	<i>acyclovir</i>	1	(g) / I

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ANTI-INFECTIVES

Cephalosporins

Brand Name	Generic Name	Drug Tier	Notes
<i>ancef</i>	<i>cefazolin</i>	4	
<i>ceclor</i>	<i>cefaclor</i>	1	(g)
CEDAX	ceftibuten	3	
<i>cefaclor er</i>	<i>cefaclor</i>	1	(g)
CEFOTETAN	cefotetan	4	
<i>ceftin</i>	<i>cefuroxime</i>	1	(g)
CEFTIN SUSPENSION	cefuroxime	3	
<i>cefzil</i>	<i>cefprozil</i>	1	(g)
<i>claforan</i>	<i>cefotaxime</i>	4	
<i>duricef</i>	<i>cefadroxil</i>	1	(g)
<i>fortaz, tazicef</i>	<i>ceftazidime</i>	4	
<i>keflex</i>	<i>cephalexin</i>	1	(g)
KEFLEX 750MG	cephalexin	3	
<i>maxipime</i>	<i>cefepime</i>	4	
<i>mefoxin</i>	<i>cefoxitin</i>	4	
<i>omnicef</i>	<i>cefdinir</i>	1	(g)
<i>rocephin</i>	<i>ceftriaxone</i>	4	
SPECTRACEF	cefditoren pivoxil	3	
SUPRAX	cefixime	3	
<i>vantin</i>	<i>cefpodoxime</i>	1	(g)
<i>zinacef</i>	<i>cefuroxime</i>	4	

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ANTI-INFECTIVES

Macrolides

Brand Name	Generic Name	Drug Tier	Notes
<i>biaxin</i>	<i>clarithromycin</i>	1	(g)
<i>biaxin xl</i>	<i>clarithromycin</i>	1	(g) / QL (2/day)
BIAXIN XL PAC	clarithromycin	3	QL (2/day)
DIFICID	fidaxomicin	5	QL (20/fill)
E.E.S. 200	erythromycin ethylsuccinate	3	
<i>e.e.s. 400</i>	<i>erythromycin ethylsuccinate</i>	1	(g)
ERYPED	erythromycin ethylsuccinate	3	
<i>ery-tab</i>	<i>erythromycin</i>	1	(g)
ERY-TAB 500MG	erythromycin	3	
ERYTHROCIN LACTOBIONATE	erythromycin lactobionate	4	
<i>erythrocin stearate</i>	<i>erythromycin stearate</i>	1	(g)
<i>erythromycin base</i>	<i>erythromycin</i>	1	(g)
KETEK	telithromycin	3	QL (2/day)
PCE	erythromycin	3	
<i>pediazole</i>	<i>erythromycin/sulfisoxazole</i>	1	(g)
<i>zithromax</i>	<i>azithromycin</i>	1	(g) / I
ZMAX	azithromycin dihydrate	3	

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ANTI-INFECTIVES

Miscellaneous Anti-Infectives

Brand Name	Generic Name	Drug Tier	Notes
azactam	aztreonam	4	
baci-im	bacitracin	4	
CAYSTON	aztreonam lysine	5	PA / QL (3/day)
CHLOROMYCETIN	chloramphenicol	4	
cleocin 150mg, 300mg	clindamycin	1	(g)
cleocin 75mg	clindamycin	1	M
cleocin injection	clindamycin	4	
cleocin iv	clindamycin	4	
cleocin palmitate	clindamycin palmitate	1	(g)
coly-mycin m	colistimethate	4	
CUBICIN	daptomycin	4	PA
DORIBAX	doripenem	4	
flagyl	metronidazole	1	(g) / I
FLAGYL ER	metronidazole	2	
INVANZ	ertapenem	4	
lincocin	lincomycin	4	
merrem	meropenem	4	
NEBUPENT	pentamidine isethionate	3	PA
neo-fradin	neomycin sulfate	1	(g)
PENTAM 300MG	pentamidine isethionate	4	
polymyxin b	polymyxin b	4	
primaxin	cilastatin/imipenem	4	
SYNERCID	dalfopristin/quinupristin	4	
TEFLARO	ceftaroline fosamil	4	
TOBI	tobramycin	5	PA
TYGACIL	tigecycline	4	
VANCOCIN	vancomycin	2	
vancocin injection	vancomycin	4	PA
VIBATIV	telavancin	4	
XIFAXAN	rifaximin	3	
ZYVOX	linezolid	5	

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ANTI-INFECTIVES

Penicillins

Brand Name	Generic Name	Drug Tier	Notes
<i>amoxil</i>	<i>amoxicillin</i>	1	(g)
<i>augmentin</i>	<i>amoxicillin/clavulanic acid</i>	1	(g)
AUGMENTIN 125-31.25MG/5ML ORAL SUSPENSION	amoxicillin/clavulanic acid	2	
AUGMENTIN 250-62.5 MG CHEW TAB	amoxicillin/clavulanic acid	2	
BACTOCILL	oxacillin	4	
BICILLIN C-R	penicillin g benzathine/penicillin g procaine	4	
BICILLIN L-A	penicillin g benzathine	4	
<i>dicloxacillin</i>	<i>dicloxacillin</i>	1	(g)
MOXATAG	amoxicillin	3	
<i>nallpen, unipen</i>	<i>nafcillin sodium</i>	4	
<i>penicillin g potassium</i>	<i>penicillin g potassium</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	dextrose (anhydrous)/penicillin g potassium	4	
PENICILLIN G PROCAINE	penicillin g procaine	4	
PENICILLIN G SODIUM	penicillin g sodium	4	
<i>pfizerpen-g</i>	<i>penicillin g potassium</i>	4	
PIPERACILLIN SODIUM	piperacillin sodium	4	
<i>polycillin</i>	<i>ampicillin</i>	1	(g) / I
TIMENTIN	potassium clavulanate/ticarcillin disodium	4	
<i>unasyn</i>	<i>ampicillin sodium/sulbactam sodium</i>	4	
<i>veetids</i>	<i>penicillin v potassium</i>	1	(g)
<i>zosyn</i>	<i>piperacillin sodium/tazobactam sodium</i>	4	

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ANTI-INFECTIVES

Quinolones

Brand Name	Generic Name	Drug Tier	Notes
AVELOX	moxifloxacin hydrochloride	2	I
<i>cipro</i>	<i>ciprofloxacin hcl</i>	1	(g)
CIPRO SUSPENSION	ciprofloxacin	2	
<i>cipro xr</i>	<i>ciprofloxacin</i>	1	(g) / QL (1/day)
FACTIVE	gemifloxacin mesylate	3	
<i>floxin</i>	<i>ofloxacin</i>	1	(g)
<i>levaquin</i>	<i>levofloxacin</i>	1	(g) / I
NOROXIN	norfloxacin	3	
PROQUIN XR	ciprofloxacin hcl	3	QL (1/day)

Sulfonamides and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>bactrim ds, sepra ds</i>	<i>sulfamethoxazole/trimethoprim</i>	1	(g) / I
<i>bactrim, sepra</i>	<i>sulfamethoxazole/trimethoprim</i>	1	(g) / I
<i>sulfadiazine</i>	<i>sulfadiazine</i>	1	(g)

Tetracyclines

Brand Name	Generic Name	Drug Tier	Notes
<i>adoxa 100mg oral tablet</i>	<i>doxycycline monohydrate</i>	1	(g)
<i>adoxa 150mg oral capsule</i>	<i>doxycycline monohydrate</i>	1	M
<i>doxycycline iv</i>	<i>doxycycline hyclate</i>	4	
<i>dynacin</i>	<i>minocycline</i>	1	(g)
<i>meclomen</i>	<i>demeclocycline hydrochloride</i>	1	(g)
<i>minocin</i>	<i>minocycline</i>	1	(g)
<i>monodox capsule</i>	<i>doxycycline monohydrate</i>	1	(g)
<i>periostat</i>	<i>doxycycline hyclate</i>	1	(g)
<i>sumycin</i>	<i>tetracycline hydrochloride</i>	1	(g)
<i>vibramycin capsule</i>	<i>doxycycline hyclate</i>	1	(g)
VIBRAMYCIN SUSPENSION, SYRUP	doxycycline	3	
<i>vibra-tabs</i>	<i>doxycycline hyclate</i>	1	(g)

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ANTI-INFECTIVES

Urinary Tract Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>hiprex</i>	<i>methenamine hippurate</i>	1	(g)
<i>macrobid</i>	<i>nitrofurantoin</i>	1	(g)
<i>macrodantin</i>	<i>nitrofurantoin</i>	1	(g)
MONUROL	fosfomycin	3	
PRIMSOL	trimethoprim	3	
<i>proloprim</i>	<i>trimethoprim</i>	1	(g)

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Adjuvant Therapy

Brand Name	Generic Name	Drug Tier	Notes
FUSILEV IV	levoleucovorin calcium	5	
<i>leucovorin</i>	<i>leucovorin calcium</i>	1	(g) / I
LEUKINE	sargramostim	5	
MESNEX	mesna	2	
<i>mesnex iv</i>	<i>mesna</i>	5	

Alkylating Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>alkeran iv</i>	<i>melphalan hydrochloride</i>	4	
BICNU	carmustine	4	
BUSULFEX	busulfan	4	
CEENU	lomustine	2	
<i>cytoxan</i>	<i>cyclophosphamide</i>	1	(g) / PA
<i>dtic-dome</i>	<i>dacarbazine</i>	4	
LEUKERAN	chlorambucil	2	
MUSTARGEN	mechlorethamine hydrochloride	4	
<i>thiotepa</i>	<i>thiotepa</i>	4	
ZANOSAR	streptozocin	4	

Antimetabolites

Brand Name	Generic Name	Drug Tier	Notes
<i>adrucil</i>	<i>fluorouracil</i>	4	PA
ALIMTA	pemetrexed disodium	4	
<i>cytarabine</i>	<i>cytarabine</i>	4	PA
<i>fludarabine phosphate</i>	<i>fludarabine phosphate</i>	4	
<i>gemzar</i>	<i>gemcitabine hcl</i>	5	
<i>leustatin</i>	<i>cladribine</i>	4	PA
<i>nipent</i>	<i>pentostatin</i>	4	
<i>purinethol</i>	<i>mercaptopurine</i>	1	(g)
<i>rheumatrex 2.5mg</i>	<i>methotrexate</i>	1	I / M / PA
TABLOID	thioguanine	2	
TREXALL	methotrexate	2	I / PA

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Hormonal Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>arimidex</i>	<i>anastrozole</i>	1	(g)
<i>aromasin</i>	<i>exemestane</i>	1	M / PA
<i>casodex</i>	<i>bicalutamide</i>	1	(g)
ELIGARD	leuprolide acetate	3	
<i>eulexin</i>	<i>flutamide</i>	1	(g)
FARESTON	toremifene citrate	2	
FASLODEX	fulvestrant	5	
<i>femara</i>	<i>letrozole</i>	1	(g) / PA
FIRMAGON	degarelix acetate	3	
<i>leuprolide acetate</i>	<i>leuprolide</i>	1	(g)
LUPRON DEPOT 7.5MG, 22.5MG, 30MG, 45MG	leuprolide	5	
LUPRON DEPOT-PED 11.25MG	leuprolide	3	
LUPRON DEPOT-PED 11.25MG 3 MONTH KIT	leuprolide	5	
LUPRON DEPOT-PED 15MG	leuprolide	5	
LUPRON DEPOT-PED 30MG 3 MONTH KIT	leuprolide	5	
LUPRON DEPOT-PED 7.5MG KIT	leuprolide	5	
<i>megace</i>	<i>megestrol acetate</i>	1	(g)
MEGACE ES SUSPENSION	megestrol acetate	3	
NILANDRON	nilutamide	2	
<i>nolvadex</i>	<i>tamoxifen citrate</i>	1	(g)
SUPPRELIN LA KIT	histrelin ac	5	
TRELSTAR MIXJECT	triptorelin pamoate	5	
VANTAS KIT	histrelin ac	4	
ZYTIGA	abiraterone	5	

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Immunomodulators

Brand Name	Generic Name	Drug Tier	Notes
ARCALYST	rilonacept	5	PA
AZASAN	azathioprine	3	PA
<i>cellcept 250mg</i>	<i>mycophenolate mofetil</i>	1	M / PA
<i>cellcept 500mg</i>	<i>mycophenolate mofetil</i>	5	I / PA
CELLCEPT SOLUTION	mycophenolate mofetil	5	PA
ILARIS	canakinumab	5	PA
<i>imuran</i>	<i>azathioprine</i>	1	I / M / PA
<i>mycophenolate mofetil 500mg</i>	<i>mycophenolate mofetil</i>	1	I / PA
MYFORTIC	mycophenolate	3	PA
<i>neoral</i>	<i>cyclosporine modified</i>	1	I / M / PA
NULOJIX	belatacept	5	PA
ORTHOCLONE OKT3	muromonab cd3	4	PA
<i>prograf</i>	<i>tacrolimus</i>	1	M / PA
<i>prograf 5mg</i>	<i>tacrolimus</i>	5	I / PA
RAPAMUNE	sirolimus	3	PA
REVLIMID	lenalidomide	5	L
RITUXAN	rituximab	5	
<i>sandimmune</i>	<i>cyclosporine</i>	1	I / M / PA
SIMULECT	basiliximab	5	PA
THALOMID	thalidomide	5	

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>abraxane</i>	<i>paclitaxel</i>	4	
<i>adriamycin</i>	<i>doxorubicin</i>	4	PA
AFINITOR	everolimus	5	PA
ARRANON	nelarabine	4	
ARZERRA	ofatumumab	5	PA
AVASTIN	bevacizumab	5	
<i>blenoxane</i>	<i>bleomycin sulfate</i>	4	PA
CAMPATH	alemtuzumab	4	
<i>camptosar</i>	<i>irinotecan</i>	4	
CAPRELSA	vandetanib	5	
<i>cerubidine</i>	<i>daunorubicin</i>	4	
CLOLAR	clofarabine	4	
<i>cosmegen</i>	<i>dactinomycin</i>	5	
DACOGEN	decitabine	5	
DAUNOXOME	daunorubicin citrate	4	
DOCEFREZ	docetaxel	5	
<i>doxil</i>	<i>doxorubicin</i>	4	PA
DOXIL	doxorubicin liposome	4	PA
DROXIA	hydroxyurea	2	
<i>ellence</i>	<i>epirubicin hcl</i>	4	
<i>eloxatin</i>	<i>oxaliplatin</i>	5	
ELSPAR	asparaginase	4	
EMCYT	estramustine	2	
ERBITUX	cetuximab	4	
<i>ethyol</i>	<i>amifostine</i>	5	
ETOPOPHOS	etoposide	5	
GLEEVEC	imatinib mesylate	5	
HALAVEN	eribulin mesylate	5	
HERCEPTIN	trastuzumab	5	PA
HEXALEN	altretamine	5	
<i>hycamtin</i>	<i>topotecan hydrochloride</i>	4	
<i>hydrea</i>	<i>hydroxyurea</i>	1	(g)
<i>idamycin pfs</i>	<i>idarubicin hcl</i>	4	

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
<i>ifex</i>	<i>ifosfamide</i>	4	PA
<i>ifex/mesnex</i>	<i>ifosfamide/mesna</i>	4	PA
IRESSA	gefitinib	5	
ISTODAX	romidepsin	5	PA
IXEMPRA KIT	ixabepilone	5	
JAKAFI	ruxolitinib phosphate	5	
JEVTANA	cabazitaxel	5	PA
LYSODREN	mitotane	2	
MATULANE	procarbazine hydrochloride	2	
<i>mutamycin</i>	<i>mitomycin c</i>	4	PA
NEXAVAR	sorafenib	5	
<i>novantrone</i>	<i>mitoxantrone</i>	4	
ONTAK	denileukin diftitox	4	
<i>paraplatin</i>	<i>carboplatin</i>	4	
PHOTOFRIN	porfimer sodium	4	
<i>platinol</i>	<i>cisplatin</i>	4	
PROLEUKIN	aldesleukin	5	
SPRYCEL	dasatinib	5	
SUTENT	sunitinib malate	5	
TARCEVA	erlotinib	5	
TARGRETIN	bexarotene	5	
TASIGNA	nilotinib	5	
<i>taxotere</i>	<i>docetaxel</i>	5	
<i>toposar</i>	<i>etoposide</i>	4	
TORISEL	temsirolimus	5	
TREANDA	bendamustine hydrochloride	5	
TRELSTAR DEPOT	triptorelin	5	
TRELSTAR LA	triptorelin	5	
TRISENOX	arsenic trioxide	4	
TYKERB	lapatinib ditosylate	5	
VANDETANIB	vandetanib	5	
VECTIBIX	panitumumab	5	
<i>velban</i>	<i>vinblastine sulfate</i>	4	PA

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ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS

Miscellaneous Antineoplastic Agents (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
VELCADE	bortezomib	4	
<i>vesanoid</i>	<i>tretinoin</i>	5	
VIDAZA	azacitidine	5	
<i>vincasar</i>	<i>vincristine</i>	4	PA
<i>vinorelbine</i>	<i>vinorelbine</i>	4	
VOTRIENT	pazopanib hydrochloride	5	PA
XALKORI	crizotinib	5	PA / QL (2/day)
XGEVA	denosumab	5	PA
YERVOY	ipilimumab	5	
ZELBORAF	vemurafenib	5	PA / QL (8/day)
<i>zinecard</i>	<i>dexrazoxane</i>	4	
ZOLINZA	vorinostat	5	
ZORTRESS 0.25MG, 0.5MG	everolimus	3	PA
ZORTRESS 0.75MG	everolimus	5	PA

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Ace-Inhibitors and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>accupril</i>	<i>quinapril hcl</i>	1	(g)
<i>accuretic</i>	<i>hydrochlorothiazide/quinapril hcl</i>	1	(g)
<i>aceon</i>	<i>perindopril erbumine</i>	1	(g)
<i>altace</i>	<i>ramipril</i>	1	(g)
<i>capoten</i>	<i>captopril</i>	1	(g)
<i>capozide</i>	<i>captopril/hydrochlorothiazide</i>	1	(g)
<i>lotensin</i>	<i>benazepril hcl</i>	1	(g)
<i>lotensin hct</i>	<i>benazepril hcl/ hydrochlorothiazide</i>	1	(g)
<i>mavik</i>	<i>trandolapril</i>	1	(g)
<i>monopril</i>	<i>fosinopril sodium</i>	1	(g)
<i>monopril hct</i>	<i>fosinopril sodium/ hydrochlorothiazide</i>	1	(g)
<i>prinivil, zestril</i>	<i>lisinopril</i>	1	(g)
<i>prinzipide, zestoretic</i>	<i>hydrochlorothiazide/lisinopril</i>	1	(g)
<i>uniretic</i>	<i>hydrochlorothiazide/moexipril hydrochloride</i>	1	(g)
<i>univasc</i>	<i>moexipril hydrochloride</i>	1	(g)
<i>vaseretic</i>	<i>enalapril maleate/ hydrochlorothiazide</i>	1	(g)
<i>vasotec</i>	<i>enalapril maleate</i>	1	(g)

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Alpha-Adrenergic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>aldomet</i>	<i>methyldopa</i>	1	(g)
<i>aldoril</i>	<i>hydrochlorothiazide/methyldopa</i>	1	(g)
<i>cardura</i>	<i>doxazosin mesylate</i>	1	(g)
CARDURA XL	doxazosin mesylate	3	QL (1/day)
<i>catapres</i>	<i>clonidine hydrochloride</i>	1	(g)
<i>catapres tts</i>	<i>clonidine hydrochloride</i>	1	(g) / QL (1/week)
CLORPRES	chlorthalidone/clonidine hydrochloride	3	
<i>hytrin</i>	<i>terazosin hcl</i>	1	(g)
<i>minipress</i>	<i>prazosin hydrochloride</i>	1	(g)
<i>tenex</i>	<i>guanfacine hcl</i>	1	(g)
<i>wytensin</i>	<i>guanabenz acetate</i>	1	(g)

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QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 4.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Angiotensin II Receptor Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
ATACAND	candesartan cilexetil	3	
ATACAND HCT	candesartan cilexetil/hydrochlorothiazide	3	
AVALIDE	hydrochlorothiazide/irbesartan	3	
AVAPRO	irbesartan	3	
BENICAR	olmesartan medoxomil	2	
BENICAR HCT	hydrochlorothiazide/olmesartan medoxomil	2	
<i>cozaar</i>	<i>losartan potassium</i>	1	(g)
DIOVAN	valsartan	3	
DIOVAN HCT	hydrochlorothiazide/valsartan	3	
EDARBI	azilsartan medoxomil	3	
EDARBYCLOR	azilsartan medoxomil/chlorthalidone	3	
EXFORGE	amlodipine besylate/valsartan	3	
EXFORGE HCT	amlodipine besylate/hydrochlorothiazide/valsartan	3	ST
<i>hyzaar</i>	<i>hydrochlorothiazide/losartan potassium</i>	1	(g)
MICARDIS	telmisartan	3	
MICARDIS HCT	hydrochlorothiazide/telmisartan	3	
TEVETEN	eprosartan mesylate	3	
<i>teveten 600mg</i>	<i>eprosartan mesylate</i>	1	M
TEVETEN HCT	eprosartan mesylate/hydrochlorothiazide	3	
TWYNSTA	amlodipine besylate/telmisartan	3	QL (1/day) / ST
VALTURNA	aliskiren fumarate/valsartan	3	QL (1/day) / ST

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Anti-Coagulants/Hemostasis Agents

Brand Name	Generic Name	Drug Tier	Notes
AGGRENOX	aspirin/dipyridamole	2	
<i>agrylin</i>	<i>anagrelide hydrochloride</i>	1	(g)
ARGATROBAN 100MG/ML	argatroban	4	
<i>arixtra</i>	<i>fondaparinux sodium</i>	5	
<i>arixtra 2.5mg/0.5ml</i>	<i>fondaparinux sodium</i>	4	
BRILINTA	ticagrelor	3	QL (2/day)
<i>coumadin</i>	<i>warfarin sodium</i>	1	I / M
EFFIENT	prasugrel hydrochloride	2	
<i>enoxaparin sodium 80mg</i>	<i>enoxaparin sodium 80mg</i>	1	
FRAGMIN	dalteparin sodium	5	
FRAGMIN 2500U, 5000U	dalteparin sodium	3	
<i>heparin sodium iv</i>	<i>heparin sodium</i>	4	
<i>heparin sodium/d5w</i>	<i>dextrose (anhydrous)/heparin sodium (porcine)</i>	4	
INNOHEP	tinzaparin sodium	4	PA
XARELTO	rivaroxaban	2	
<i>lovenox 30mg, 40mg</i>	<i>enoxaparin sodium</i>	1	(g)
<i>lovenox 60mg</i>	<i>enoxaparin sodium</i>	1	M
LOVENOX 80MG	enoxaparin sodium	5	
<i>lovenox 100mg, 120mg, 150mg</i>	<i>enoxaparin sodium</i>	5	
LOVENOX 300MG	enoxaparin sodium	3	
PLAVIX	clopidogrel bisulfate	2	
<i>pletal</i>	<i>cilostazol</i>	1	(g)
PRADAXA	dabigatran etexilate mesylate	2	
<i>ticlid</i>	<i>ticlopidine hydrochloride</i>	1	(g)
<i>trental</i>	<i>pentoxifylline</i>	1	(g)

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Beta Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>betapace</i>	<i>sotalol hydrochloride</i>	1	(g) / I
<i>betapace af</i>	<i>sotalol hydrochloride</i>	1	(g)
<i>blocadren</i>	<i>timolol maleate</i>	1	(g)
BYSTOLIC	nebivolol hydrochloride	3	QL (1/day) / ST
BYSTOLIC 10MG	nebivolol hydrochloride	3	QL (4/day) / ST
BYSTOLIC 20MG	nebivolol hydrochloride	3	QL (2/day) / ST
<i>coreg</i>	<i>carvedilol</i>	1	(g)
COREG CR	carvedilol phosphate	3	QL (1/day)
<i>corgard</i>	<i>nadolol</i>	1	(g)
<i>corzide</i>	<i>bendroflumethiazide/nadolol</i>	1	(g)
DUTOPROL	metoprolol succinate/ hydrochlorothiazide	3	
<i>inderal</i>	<i>propranolol hydrochloride</i>	1	(g) / I
<i>inderal la</i>	<i>propranolol hydrochloride</i>	1	(g) / QL (2/day)
<i>inderide</i>	<i>hydrochlorothiazide/propranolol hydrochloride</i>	1	(g)
INNOPRAN XL	propranolol hydrochloride	3	QL (2/day)
<i>kerlone</i>	<i>betaxolol hydrochloride</i>	1	(g)
LEVATOL	penbutolol sulfate	3	
<i>lopressor</i>	<i>metoprolol tartrate</i>	1	(g) / I
<i>lopressor hct</i>	<i>hydrochlorothiazide/metoprolol tartrate</i>	1	(g)
<i>normodyne</i>	<i>labetalol hydrochloride</i>	1	(g) / I
<i>sectral</i>	<i>acebutolol hydrochloride</i>	1	(g)
<i>tenoretic</i>	<i>atenolol/chlorthalidone</i>	1	(g)
<i>tenormin</i>	<i>atenolol</i>	1	(g)
<i>toprol xl</i>	<i>metoprolol succinate</i>	1	(g) / QL (2/day)
<i>trandate</i>	<i>labetalol hydrochloride</i>	1	(g) / I
<i>visken</i>	<i>pindolol</i>	1	(g)
<i>zebeta</i>	<i>bisoprolol fumarate</i>	1	(g)
<i>ziac</i>	<i>bisoprolol fumarate/ hydrochlorothiazide</i>	1	(g)

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M - Brand name drug is Tier 3, generic drug is Tier 1.

CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Calcium Channel Blockers and Combinations

Brand Name	Generic Name	Drug Tier	Notes
adalat cc	nifedipine	1	(g)
AZOR	amlodipine besylate/olmesartan medoxomil	3	QL (1/day)
caduet	amlodipine besylate/atorvastatin calcium	1	QL (1/day) / M
calan	verapamil hydrochloride	1	(g) / I
cardene	nicardipine hcl	1	(g) / I
cardizem	diltiazem hydrochloride	1	(g) / I
cardizem cd 120mg	diltiazem hydrochloride	1	(g) / QL (3/day)
cardizem cd 180mg	diltiazem hydrochloride	1	(g)
cardizem cd 240mg	diltiazem hydrochloride	1	(g) / QL (2/day)
cardizem cd 300mg	diltiazem hydrochloride	1	(g) / QL (1/day)
CARDIZEM CD 360MG	diltiazem hydrochloride	3	QL (1/day)
cardizem la	diltiazem hydrochloride	1	(g) / QL (2/day)
CARDIZEM LA 120MG	diltiazem hydrochloride	3	QL (4/day)
cardizem sr	diltiazem hydrochloride	1	(g)
dilacor xr 120mg	diltiazem hydrochloride	1	(g) / QL (3/day)
dilacor xr 180mg, 240mg	diltiazem hydrochloride	1	(g) / QL (2/day)
dynacirc	isradipine	1	(g)
DYNACIRC CR 10MG	isradipine	3	QL (2/day)
DYNACIRC CR 5MG	isradipine	3	QL (3/day)
isoptin	verapamil hydrochloride	1	(g)
lotrel	amlodipine besylate/benazepril hcl	1	(g)
norvasc	amlodipine besylate	1	(g)
plendil	felodipine	1	(g) / QL (1/day)
procardia xl	nifedipine	1	(g)
sular	nisoldipine	1	(g) / QL (1/day)
TARKA	trandolapril/verapamil hydrochloride	3	QL (1/day)
tiazac	diltiazem hydrochloride	1	(g) / QL (1/day)
tiazac 120mg	diltiazem hydrochloride	1	(g) / QL (3/day)
tiazac 180mg, 240mg	diltiazem hydrochloride	1	(g) / QL (2/day)
verelan	verapamil hydrochloride	1	(g)

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Carbonic Anhydrase Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
<i>diamox</i>	<i>acetazolamide</i>	1	(g) / I
<i>neptazane</i>	<i>methazolamide</i>	1	(g)

Cardiovascular Treatment

Brand Name	Generic Name	Drug Tier	Notes
<i>cordarone</i>	<i>amiodarone hcl</i>	1	(g) / I
DIBENZYLINE	phenoxybenzamine hydrochloride	3	
<i>lanoxin</i>	<i>digoxin</i>	1	I / M
<i>mexitil</i>	<i>mexiletine hydrochloride</i>	1	(g)
MULTAQ	dronedarone hydrochloride	2	QL (2/day)
NEXTERONE	amiodarone in dextrose	4	
<i>norpace</i>	<i>disopyramide phosphate</i>	1	(g)
NORPACE CR	disopyramide phosphate	3	
PACERONE 100MG	amiodarone hcl	3	
<i>pacerone 200mg</i>	<i>amiodarone hcl</i>	1	(g)
<i>proamatine</i>	<i>midodrine hcl</i>	1	(g)
<i>procainamide hcl</i>	<i>procainamide hydrochloride</i>	4	
<i>quinidine gluconate er</i>	<i>quinidine gluconate</i>	1	(g) / I
<i>quinidine sulfate</i>	<i>quinidine sulfate</i>	1	(g)
RANEXA	ranolazine	3	
REMODULIN	treprostinil sodium	4	PA
<i>rythmol</i>	<i>propafenone hcl</i>	1	(g)
<i>rythmol sr</i>	<i>propafenone hcl</i>	1	(g)
<i>tambocor</i>	<i>flecainide acetate</i>	1	(g)
TIKOSYN	dofetilide	2	

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Diuretics

Brand Name	Generic Name	Drug Tier	Notes
<i>aldactazide 25/25</i>	<i>hydrochlorothiazide/ spironolactone</i>	1	(g)
ALDACTAZIDE 50/50	hydrochlorothiazide/ spironolactone	3	
<i>aldactone</i>	<i>spironolactone</i>	1	(g)
<i>bumex</i>	<i>bumetanide</i>	1	(g) / I
<i>demadex</i>	<i>toremide</i>	1	(g) / I
<i>diuril</i>	<i>chlorothiazide</i>	1	(g)
<i>diuril iv</i>	<i>chlorothiazide sodium</i>	4	
DIURIL SUSPENSION	chlorothiazide	3	
<i>dyazide</i>	<i>hydrochlorothiazide/triamterene</i>	1	(g)
DYRENIUM	triamterene	2	
<i>enduron</i>	<i>methyclothiazide</i>	1	(g)
<i>hydrodiuril</i>	<i>hydrochlorothiazide</i>	1	(g)
<i>inspra</i>	<i>eplerenone</i>	1	(g)
<i>lasix</i>	<i>furosemide</i>	1	(g) / I
<i>lozol</i>	<i>indapamide</i>	1	(g)
<i>maxzide</i>	<i>hydrochlorothiazide/triamterene</i>	1	(g)
<i>microzide</i>	<i>hydrochlorothiazide</i>	1	(g)
<i>midamor</i>	<i>amiloride hydrochloride</i>	1	(g)
<i>moduretic</i>	<i>amiloride hydrochloride /hydrochlorothiazide</i>	1	(g)
<i>thalitone</i>	<i>chlorthalidone</i>	1	(g)
THALITONE 15MG	chlorthalidone	3	
<i>zaroxolyn</i>	<i>metolazone</i>	1	(g)

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Lipid-Lowering Agents

Brand Name	Generic Name	Drug Tier	Notes
ADVICOR	lovastatin/niacin	3	QL (2/day) / ST
ALTOPREV	lovastatin	3	QL (1/day) / ST
ANTARA	fenofibrate	3	QL (1/day)
<i>colestid</i>	<i>colestipol hydrochloride</i>	1	(g)
CRESTOR	rosuvastatin calcium	2	QL (1/day) / ST
FENOGLIDE	fenofibrate	3	QL (1/day)
FIBRICOR	fenofibric acid	3	ST
LESCOL 20MG	fluvastatin sodium	3	QL (4/day) / ST
LESCOL 40MG	fluvastatin sodium	3	QL (2/day) / ST
LESCOL XL	fluvastatin sodium	3	QL (1/day) / ST
<i>lipitor</i>	<i>atorvastatin calcium</i>	1	QL (1/day) / M
LIPOFEN	fenofibrate	3	QL (1/day)
LIPOFEN 50MG	fenofibrate	3	QL (3/day)
LIVALO	pitavastatin calcium	3	QL (1/day) / ST
<i>lofibra</i>	<i>fenofibrate</i>	1	(g) / QL (1/day)
<i>lopid</i>	<i>gemfibrozil</i>	1	(g)
LOVAZA	dha ethyl ester/epa ethyl ester/omega-3-acid ethyl esters	3	
<i>mevacor</i>	<i>lovastatin</i>	1	(g) / QL (3/day)
<i>mevacor 40mg</i>	<i>lovastatin</i>	1	(g) / QL (2/day)
<i>niacor</i>	<i>niacin</i>	1	(g)
NIASPAN	niacin	2	
<i>pravachol</i>	<i>pravastatin sodium</i>	1	(g) / QL (1/day)
<i>questran</i>	<i>cholestyramine</i>	1	(g)
<i>questran light</i>	<i>cholestyramine</i>	1	(g)
SIMCOR	niacin/simvastatin	3	ST
TRICOR	fenofibrate	2	QL (1/day)
TRIGLIDE	fenofibrate	3	QL (1/day)
TRILIPIX	choline fenofibrate	3	QL (1/day) / ST
TRILIPIX 45MG	choline fenofibrate	3	QL (3/day) / ST
VYTORIN	ezetimibe/simvastatin	3	QL (1/day) / ST
WELCHOL	colesevelam hydrochloride	2	
ZETIA	ezetimibe	2	QL (1/day) / ST
<i>zocor</i>	<i>simvastatin</i>	1	(g) / QL (1/day)

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Miscellaneous Antihypertensives

Brand Name	Generic Name	Drug Tier	Notes
ADCIRCA	tadalafil	5	PA / QL (2/day)
AMTURNIDE	aliskiren fumarate/amlodipine besylate/hydrochlorothiazide	3	
<i>apresoline</i>	<i>hydralazine hydrochloride</i>	1	(g) / I
DEMSEER	metyrosine	3	
LETAIRIS	ambrisentan	5	PA
<i>loniten</i>	<i>minoxidil</i>	1	(g)
<i>methyldopate hcl</i>	<i>methyldopate hydrochloride</i>	4	
PROGLYCEM	diazoxide	3	
REVATIO	sildenafil citrate	5	PA
TEKAMLO	aliskiren fumarate/amlodipine besylate	3	QL (1/day)
TEKTURNA	aliskiren fumarate	3	QL (1/day) / ST
TEKTURNA HCT	aliskiren fumarate/hydrochlorothiazide	3	QL (1/day) / ST
TRACLEER	bosentan monohydrate	5	L / PA
TRIBENZOR	amlodipine besylate/hydrochlorothiazide/olmesartan medoxomil	3	QL (1/day)
VELETRI	epoprostenol	5	
VENTAVIS	iloprost	5	PA

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CARDIOVASCULAR, HYPERTENSION, CHOLESTEROL

Nitrates and Combinations

Brand Name	Generic Name	Drug Tier	Notes
BIDIL	hydralazine hydrochloride/isosorbide dinitrate	2	
DILATRATE SR	isosorbide dinitrate	2	
<i>imdur</i>	<i>isosorbide mononitrate</i>	1	(g)
<i>ismo</i>	<i>isosorbide mononitrate</i>	1	(g)
<i>isochron</i>	<i>isosorbide dinitrate</i>	1	(g)
<i>isordil</i>	<i>isosorbide dinitrate</i>	1	(g)
ISORDIL TITRADOSE	isosorbide dinitrate	3	
<i>monoket</i>	<i>isosorbide mononitrate</i>	1	(g)
<i>nitro-bid ointment</i>	<i>nitroglycerin</i>	1	
<i>nitro-dur</i>	<i>nitroglycerin</i>	1	M
NITRO-DUR 0.3MG, 0.8MG	nitroglycerin	3	
<i>nitroglycerin iv</i>	<i>nitroglycerin</i>	4	
NITROMIST	nitroglycerin	2	
NITROSTAT	nitroglycerin	3	

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CENTRAL NERVOUS SYSTEM

Anticonvulsants

Brand Name	Generic Name	Drug Tier	Notes
BANZEL	rufinamide	2	
<i>carbatrol</i>	<i>carbamazepine</i>	1	M
CELONTIN	methsuximide	2	
<i>cerebyx</i>	<i>fosphenytoin</i>	4	
<i>depacon iv</i>	<i>valproate</i>	4	
<i>depakene</i>	<i>valproic acid</i>	1	M
<i>depakene oral solution</i>	<i>valproate</i>	1	M
<i>depakote</i>	<i>divalproex</i>	1	M
<i>depakote er</i>	<i>divalproex</i>	1	M
<i>depakote sprinkles</i>	<i>divalproex</i>	1	M
<i>dilantin</i>	<i>phenytoin</i>	1	I / M
DILANTIN CHEWABLE TABLET	phenytoin	2	
<i>dilantin oral suspension</i>	<i>phenytoin</i>	1	M
EQUETRO	carbamazepine	3	
FELBAMATE	felbamate	1	
FELBATOL	felbamate	2	
GABITRIL	tiagabine	2	
<i>keppra</i>	<i>levetiracetam</i>	1	I / M
<i>keppra xr</i>	<i>levetiracetam</i>	1	M
<i>lamictal chewable tablet</i>	<i>lamotrigine</i>	1	M
LAMICTAL DOSEPACK	lamotrigine	2	
LAMICTAL ODT	lamotrigine	3	
<i>lamictal oral tablet</i>	<i>lamotrigine</i>	1	M
LAMICTAL XR	lamotrigine	3	
LEVETIRACETAM-NACL	levetiracetam-nacl	4	
LYRICA	pregabalin	3	PA
<i>mysoline</i>	<i>primidone</i>	1	(g)
<i>neurontin</i>	<i>gabapentin</i>	1	(g)
<i>neurontin oral solution</i>	<i>gabapentin</i>	1	(g)
PEGANONE	ethotoin	2	
SABRIL	vigabatrin	5	
STAVZOR	valproic acid	3	
<i>tegretol</i>	<i>carbamazepine</i>	1	M

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CENTRAL NERVOUS SYSTEM

Anticonvulsants (continued)

Brand Name	Generic Name	Drug Tier	Notes
<i>tegretol chewable</i>	<i>carbamazepine</i>	1	M
<i>tegretol xr</i>	<i>carbamazepine</i>	1	M
TEGRETOL XR 100MG	carbamazepine	2	
<i>topamax</i>	<i>topiramate</i>	1	(g)
<i>trileptal</i>	<i>oxcarbazepine</i>	1	(g)
VIMPAT	lacosamide	2	
VIMPAT IV	lacosamide	4	
<i>zarontin</i>	<i>ethosuximide</i>	1	(g)
<i>zonegran</i>	<i>zonisamide</i>	1	M

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CENTRAL NERVOUS SYSTEM

Antidepressants

Brand Name	Generic Name	Drug Tier	Notes
<i>anafranil</i>	<i>clomipramine hcl</i>	1	(g)
APLENZIN	bupropion	3	
<i>ascendin</i>	<i>amoxapine</i>	1	(g)
<i>celexa</i>	<i>citalopram</i>	1	(g)
CYMBALTA	duloxetine	3	QL (2/day)
<i>desyrel</i>	<i>trazodone</i>	1	(g)
<i>effexor</i>	<i>venlafaxine</i>	1	(g)
<i>effexor xr</i>	<i>venlafaxine</i>	1	M
<i>elavil</i>	<i>amitriptyline</i>	1	(g)
EMSAM	selegiline	3	
<i>lexapro</i>	<i>escitalopram</i>	1	(g) / ST
<i>limbitrol</i>	<i>amitriptyline hydrochloride/chlordiazepoxide</i>	1	(g)
<i>ludiomil</i>	<i>maprotiline</i>	1	(g)
<i>luvox</i>	<i>fluvoxamine</i>	1	(g)
LUVOX CR	fluvoxamine	3	
MARPLAN	isocarboxazid	3	
<i>nardil</i>	<i>phenelzine</i>	1	(g)
<i>norpramin</i>	<i>desipramine</i>	1	(g)
OLEPTRO	trazodone	3	PA
<i>pamelor</i>	<i>nortriptyline</i>	1	(g)
<i>parnate</i>	<i>tranylcypromine</i>	1	(g)
<i>paxil</i>	<i>paroxetine</i>	1	(g)
<i>paxil cr</i>	<i>paroxetine</i>	1	(g)
PEXEVA	paroxetine mesylate	3	
PRISTIQ	desvenlafaxine succinate monohydrate	3	ST
<i>prozac</i>	<i>fluoxetine hcl</i>	1	(g)
<i>prozac weekly</i>	<i>fluoxetine hcl</i>	1	(g)
<i>remeron</i>	<i>mirtazapine</i>	1	(g)
SARAFEM	fluoxetine hcl	3	
<i>serzone</i>	<i>nefazodone</i>	1	(g)

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L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

CENTRAL NERVOUS SYSTEM

Antidepressants (continued)

Brand Name	Generic Name	Drug Tier	Notes
<i>sinequan</i>	<i>doxepin</i>	1	(g)
<i>surmontil</i>	<i>trimipramine</i>	1	M
SURMONTIL 100MG	trimipramine	2	
<i>tofranil</i>	<i>imipramine</i>	1	(g)
<i>tofranil-pm</i>	<i>imipramine pamoate</i>	1	(g)
<i>triavil</i>	<i>amitriptyline hydrochloride/perphenazine</i>	1	(g)
<i>venlafaxine er tablet</i>	<i>venlafaxine</i>	1	(g)
VIIIBRYD	vilazodone	3	ST
<i>vivactil</i>	<i>protriptyline</i>	1	(g)
<i>wellbutrin</i>	<i>bupropion</i>	1	(g)
<i>wellbutrin sr</i>	<i>bupropion</i>	1	(g)
<i>wellbutrin xl</i>	<i>bupropion</i>	1	(g)
<i>zoloft</i>	<i>sertraline</i>	1	(g)

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CENTRAL NERVOUS SYSTEM

Antipsychotics

Brand Name	Generic Name	Drug Tier	Notes
ABILIFY	aripiprazole	2	
ABILIFY INJECTION	aripiprazole	4	
<i>clozaril</i>	<i>clozapine</i>	1	(g)
FANAPT	iloperidone	3	
FAZACLO	clozapine	3	
GEODON	ziprasidone	2	I
<i>haldol</i>	<i>haloperidol</i>	1	(g) / I
INVEGA	paliperidone	3	
INVEGA SUSTENNA 117MG, 156MG, 234MG	paliperidone palmitate	5	
INVEGA SUSTENNA 39MG, 78MG	paliperidone palmitate	4	
LATUDA	lurasidone	3	
<i>loxitane</i>	<i>loxapine succinate</i>	1	(g)
<i>mellaril</i>	<i>thioridazine</i>	1	(g)
<i>navane</i>	<i>thiothixene</i>	1	(g)
<i>olanzapine</i>	<i>olanzapine</i>	1	I
ORAP	pimozide	2	
<i>prolixin</i>	<i>fluphenazine</i>	1	(g) / I
<i>prolixin decanoate</i>	<i>fluphenazine</i>	4	
<i>prolixin solution</i>	<i>fluphenazine</i>	1	(g)
<i>risperdal</i>	<i>risperidone</i>	1	(g)
RISPERDAL CONSTA 12.5MG, 25MG	risperidone	4	
RISPERDAL CONSTA 37.5MG, 50MG	risperidone	5	
SAPHRIS	asenapine maleate	3	
SEROQUEL	quetiapine fumarate	2	
SEROQUEL XR	quetiapine fumarate	3	
<i>stelazine</i>	<i>trifluoperazine</i>	1	(g)
SYMBYAX	fluoxetine/olanzapine	3	
<i>thorazine</i>	<i>chlorpromazine</i>	1	(g) / I
<i>trilafon</i>	<i>perphenazine</i>	1	(g)

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CENTRAL NERVOUS SYSTEM

Antipsychotics (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
ZYPREXA	olanzapine	2	I
ZYPREXA RELPREVV	olanzapine	5	
<i>zyprexa zydis</i>	<i>olanzapine</i>	1	M

CNS Stimulants

Brand Name	Generic Name	Drug Tier	Notes
<i>adderall</i>	<i>amphetamine/ dextroamphetamine</i>	1	(g)
INTUNIV	guanfacine hcl	3	QL (1/day) / ST
KAPVAY	clonidine hcl	3	QL (4/day) / ST
NUVIGIL	armodafinil	3	PA / QL (1/day)
PROVIGIL	modafinil	2	PA / QL (2/day)
<i>ritalin</i>	<i>methylphenidate</i>	1	(g)
STRATTERA	atomoxetine hydrochloride	3	ST
VYVANSE	lisdexamfetamine dimesylate	3	PA

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CENTRAL NERVOUS SYSTEM

Migraine Therapy

Brand Name	Generic Name	Drug Tier	Notes
<i>amerge</i>	<i>naratriptan hydrochloride</i>	1	(g) / QL (9/fill)
AXERT	almotriptan malate	3	QL (6/fill) / ST
<i>cafergot</i>	<i>caffeine/ergotamine tartrate</i>	1	(g)
CAMBIA	diclofenac potassium	3	QL (9/fill)
<i>d.h.e. 45</i>	<i>dihydroergotamine mesylate</i>	4	
ERGOMAR	ergotamine tartrate	3	
FROVA	frovatriptan succinate monohydrate	3	QL (9/fill) / ST
<i>imitrex kit</i>	<i>sumatriptan succinate</i>	1	(g) / QL (3 kits/fill)
<i>imitrex statdose</i>	<i>sumatriptan succinate</i>	1	(g) / QL (6/fill)
<i>imitrex tablet</i>	<i>sumatriptan succinate</i>	1	(g) / QL (9/fill)
MAXALT	rizatriptan	2	QL (6/fill) / ST
MAXALT-MLT	rizatriptan	2	QL (6/fill) / ST
<i>migergot</i>	<i>caffeine/ergotamine tartrate</i>	1	(g)
MIGRANAL	dihydroergotamine mesylate	3	QL (1 box/fill)
RELPAK	eletriptan hydrobromide	3	QL (6/fill) / ST
<i>stadol</i>	<i>butorphanol tartrate</i>	1	(g)
TREXIMET	naproxen sodium/sumatriptan succinate	3	PA / QL (9/fill)
ZOMIG	zolmitriptan	3	QL (6/fill) / ST
ZOMIG ZMT	zolmitriptan	3	QL (6/fill) / ST

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CENTRAL NERVOUS SYSTEM

Miscellaneous CNS

Brand Name	Generic Name	Drug Tier	Notes
ARICEPT 23MG	donepezil	3	QL (1/day)
<i>aricept 5mg, 10mg</i>	<i>donepezil</i>	1	(g)
BOTOX, NON-COSMETIC	onabotulinumtoxina	4	
<i>buspar</i>	<i>bupirone hydrochloride</i>	1	(g)
<i>eskalith</i>	<i>lithium carbonate</i>	1	(g)
<i>eskalith cr</i>	<i>lithium carbonate</i>	1	(g)
<i>exelon capsule</i>	<i>rivastigmine tartrate</i>	1	(g)
EXELON PATCH	rivastigmine	2	
EXELON SOLUTION	rivastigmine tartrate	2	
GRALISE	gabapentin	3	PA
<i>guanidine</i>	<i>guanidine</i>	1	(g)
<i>hydergine</i>	<i>ergoloid mesylates</i>	1	(g)
<i>lithonate</i>	<i>lithium citrate</i>	1	(g)
NAMENDA	memantine	2	
NAMENDA TITRATION PAK	memantine	2	
NAROPIN	ropivacaine hcl/pf	4	
<i>nimotop</i>	<i>nimodipine</i>	1	(g)
NUEDEXTA	dextromethorphan hydrobromide/quinidine sulfate	2	PA / QL (2/day)
<i>razadyne</i>	<i>galantamine</i>	1	(g)
<i>razadyne er</i>	<i>galantamine</i>	1	(g) / QL (1/day)
RILUTEK	riluzole	5	
SAVELLA	milnacipran	3	PA / QL (2/day)
SAVELLA TITRATION PACK	milnacipran	3	PA / QL (1 pack/month)
XEOMIN	incobotulinumtoxina	4	
<i>xylocaine</i>	<i>lidocaine</i>	4	

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CENTRAL NERVOUS SYSTEM

Myesthenia Gravis

Brand Name	Generic Name	Drug Tier	Notes
<i>mestinon 60mg</i>	<i>pyridostigmine bromide</i>	1	(g)
MESTINON ORAL SOLUTION	pyridostigmine bromide	2	
MESTINON TIMESPAN	pyridostigmine bromide	2	
MYTELASE	ambenonium chloride	3	
<i>regonol</i>	<i>pyridostigmine bromide</i>	4	

Narcotic Antagonists

Brand Name	Generic Name	Drug Tier	Notes
<i>narcan</i>	<i>naloxone</i>	4	
<i>revia</i>	<i>naltrexone</i>	1	(g)
SUBOXONE	buprenorphine hydrochloride/naloxone hydrochloride dihydrate	2	PA
<i>subutex</i>	<i>buprenorphine</i>	1	(g) / PA

Narcotic Mixed Agonist/Antagonist

Brand Name	Generic Name	Drug Tier	Notes
<i>nubain</i>	<i>nalbuphine</i>	4	
RYBIX ODT	tramadol hcl		
<i>ryzolt</i>	<i>tramadol hcl</i>	1	M / QL (1/day)
<i>stadol</i>	<i>butorphanol tartrate</i>	4	
<i>ultracet</i>	<i>acetaminophen/tramadol hcl</i>	1	(g)
<i>ultram</i>	<i>tramadol</i>	1	(g)
<i>ultram er</i>	<i>tramadol</i>	1	(g) / QL (1/day)
<i>ultram er 300mg</i>	<i>tramadol</i>	1	M / QL (1/day)

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CENTRAL NERVOUS SYSTEM

Narcotic/Analgesic Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>capital with codeine suspension</i>	<i>acetaminophen/codeine phosphate</i>	1	(g)
<i>combunox</i>	<i>ibuprofen/oxycodone</i>	1	(g)
HYCET	acetaminophen/hydrocodone bitartrate	3	
<i>lorcet</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>lortab</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
MAGNACET	acetaminophen/oxycodone hydrochloride	3	
<i>maxidone</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>norco</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>panlor ss</i>	<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i>	1	(g)
<i>percocet</i>	<i>acetaminophen/oxycodone hydrochloride</i>	1	(g)
<i>percodan</i>	<i>aspirin/oxycodone hydrochloride</i>	1	(g)
<i>reprexain</i>	<i>hydrocodone bitartrate/ibuprofen</i>	1	(g)
<i>roxicet</i>	<i>acetaminophen/oxycodone hydrochloride</i>	1	(g)
SYNALGOS-DC	aspirin/caffeine/dihydrocodeine bitartrate	2	
<i>tylenol with codeine</i>	<i>acetaminophen; codeine phosphate</i>	1	(g)
<i>vicodin</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>vicodin es</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>vicodin hp</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
<i>vicoprofen</i>	<i>hydrocodone bitartrate/ibuprofen</i>	1	(g)

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CENTRAL NERVOUS SYSTEM

Narcotic/Analgesic Combinations *(continued)*

Brand Name	Generic Name	Drug Tier	Notes
<i>xodol</i>	<i>acetaminophen/hydrocodone bitartrate</i>	1	(g)
ZAMICET	acetaminophen/hydrocodone bitartrate	3	
ZYDONE	acetaminophen/hydrocodone bitartrate	3	

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CENTRAL NERVOUS SYSTEM

Narcotics

Brand Name	Generic Name	Drug Tier	Notes
ABSTRAL	fentanyl citrate	5	PA / QL (4/day)
<i>actiq</i>	<i>fentanyl citrate</i>	5	PA / QL (4/day)
<i>astramorph</i>	<i>morphine sulfate</i>	4	
AVINZA	morphine sulfate	3	QL (1/day)
<i>codeine</i>	<i>codeine</i>	1	(g)
<i>dilaudid</i>	<i>hydromorphone</i>	1	(g)
DILAUDID-5 ORAL SOLUTION	hydromorphone hydrochloride	3	
<i>dilaudid-hp injectable</i>	<i>hydromorphone</i>	4	
<i>dolophine</i>	<i>methadone</i>	1	(g) / I
<i>duragesic</i>	<i>fentanyl</i>	1	(g) / QL (15/month)
<i>duramorph</i>	<i>morphine sulfate</i>	4	
EMBEDA	morphine sulfate/naltrexone hydrochloride (deterrent)	3	QL (2/day)
EXALGO	hydromorphone hydrochloride	3	PA / QL (1/day)
<i>fentanyl citrate</i>	<i>fentanyl citrate</i>	4	
FENTANYL CITRATE LOLLIPOP 200MCG	fentanyl citrate	1	PA / QL (4/day)
FENTORA	fentanyl citrate	5	PA / QL (4/day)
INFUMORPH 200	morphine sulfate	4	
<i>kadian</i>	<i>morphine sulfate</i>	1	M
KADIAN 10MG, 200MG	morphine sulfate	3	
<i>levorphanol</i>	<i>levorphanol</i>	1	(g)
<i>morphine sulfate</i>	<i>morphine sulfate</i>	1	(g)
<i>ms contin</i>	<i>morphine sulfate</i>	1	(g)
NUCYNTA	tapentadol	3	QL (6/day)
ONSOLIS	fentanyl citrate	5	PA / QL (4/day)
<i>opana</i>	<i>oxymorphone</i>	1	(g) / I
OPANA ER	oxymorphone	3	
<i>opana er 7.5mg, 15mg</i>	<i>oxymorphone</i>	1	M
<i>roxicodone</i>	<i>oxycodone</i>	1	(g)

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CENTRAL NERVOUS SYSTEM

Non-Steroidal Anti-Inflammatory

Brand Name	Generic Name	Drug Tier	Notes
<i>anaprox</i>	<i>naproxen</i>	1	(g)
<i>anaprox ds</i>	<i>naproxen</i>	1	(g)
<i>ansaid</i>	<i>flurbiprofen</i>	1	(g)
ARTHROTEC	diclofenac sodium/misoprostol	3	
<i>cataflam</i>	<i>diclofenac potassium</i>	1	(g)
CELEBREX 200MG, 400MG	celecoxib	3	QL (2/day)
CELEBREX 50MG, 100MG	celecoxib	3	QL (4/day)
<i>clinoril</i>	<i>sulindac</i>	1	(g)
<i>daypro</i>	<i>oxaprozin</i>	1	(g)
<i>dolobid</i>	<i>diflunisal</i>	1	(g)
<i>feldene</i>	<i>piroxicam</i>	1	(g)
<i>indocin</i>	<i>indomethacin</i>	1	(g)
<i>indocin sr</i>	<i>indomethacin</i>	1	(g)
INDOCIN SUSPENSION	indomethacin	3	
<i>ketoprofen 50mg, 75mg</i>	<i>ketoprofen</i>	1	(g)
<i>ketoprofen cr</i>	<i>ketoprofen</i>	1	(g) / QL (1/day)
<i>lodine</i>	<i>etodolac</i>	1	(g)
<i>lodine xl</i>	<i>etodolac</i>	1	(g)
<i>meclomen</i>	<i>meclofenamate sodium</i>	1	(g)
<i>mobic</i>	<i>meloxicam</i>	1	(g)
<i>motrin rx</i>	<i>ibuprofen</i>	1	(g)
NALFON 200MG, 400MG	fenoprofen calcium	3	
<i>nalfon 600mg</i>	<i>fenoprofen calcium</i>	1	(g)
NAPRELAN	naproxen	3	
<i>naprosyn</i>	<i>naproxen</i>	1	(g)
<i>naprosyn ec</i>	<i>naproxen</i>	1	(g)
<i>ponstel</i>	<i>mefenamic acid</i>	1	(g)
<i>relafen</i>	<i>nabumetone</i>	1	(g)
SPRIX	ketorolac	3	QL (5/30 days)
<i>tolectin</i>	<i>tolmetin</i>	1	(g)
<i>tolectin ds</i>	<i>tolmetin</i>	1	(g)
VIMOVO	esomeprazole magnesium/naproxen	3	QL (2/day)

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CENTRAL NERVOUS SYSTEM

Non-Steroidal Anti-Inflammatory (*continued*)

Brand Name	Generic Name	Drug Tier	Notes
<i>voltaren</i>	<i>diclofenac sodium</i>	1	(g)
<i>voltaren xr</i>	<i>diclofenac sodium</i>	1	(g)
ZIPSOR	diclofenac potassium	3	

Parkinsons Disease and Related Disorders

Brand Name	Generic Name	Drug Tier	Notes
APOKYN	apomorphine	2	
AZILECT	rasagiline mesylate	2	
<i>cogentin</i>	<i>benztropine mesylate</i>	1	(g) / I
COMTAN	entacapone	2	
<i>dostinex</i>	<i>cabergoline</i>	1	(g)
HORIZANT	gabapentin enacarbil	3	ST
LODOSYN	carbidopa	3	
<i>mirapex</i>	<i>pramipexole dihydrochloride</i>	1	(g)
MIRAPEX ER	pramipexole dihydrochloride	3	PA / QL (1/day)
<i>parcopa</i>	<i>carbidopa/levodopa</i>	1	(g)
<i>parcopa odt</i>	<i>carbidopa/levodopa</i>	1	(g)
<i>parlodel</i>	<i>bromocriptine mesylate</i>	1	(g)
<i>requip</i>	<i>ropinirole hydrochloride</i>	1	(g)
REQUIP XL	ropinirole	3	
<i>selegiline</i>	<i>selegiline hcl</i>	1	(g)
<i>sinemet</i>	<i>carbidopa/levodopa</i>	1	(g)
<i>sinemet cr</i>	<i>carbidopa/levodopa</i>	1	(g)
STALEVO	carbidopa/entacapone/levodopa	2	
TASMAR	tolcapone	3	
<i>trihexy</i>	<i>trihexyphenidyl</i>	1	(g)
ZELAPAR	selegiline hcl	3	

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CENTRAL NERVOUS SYSTEM

Sedative/Hypnotics

Brand Name	Generic Name	Drug Tier	Notes
<i>ambien</i>	<i>zolpidem tartrate</i>	1	(g) / QL (1/day)
<i>ambien cr</i>	<i>zolpidem tartrate</i>	1	(g) / QL (1/day)
EDLUAR	zolpidem tartrate	3	PA / QL (1/day)
LUNESTA	eszopiclone	3	QL (1/day) / ST
ROZEREM	ramelteon	3	QL (1/day) / ST
SILENOR	doxepin	3	QL (1/day) / ST
<i>sonata</i>	<i>zaleplon</i>	1	(g) / QL (1/day)
XYREM	sodium oxybate	5	L
ZOLPIMIST	zolpidem tartrate	3	PA

Skeletal Muscle Relaxants

Brand Name	Generic Name	Drug Tier	Notes
<i>dantrium</i>	<i>dantrolene</i>	1	(g)
<i>lioresal</i>	<i>baclofen</i>	1	(g)
<i>robaxin</i>	<i>methocarbamol</i>	1	(g)
<i>skelaxin 800mg</i>	<i>metaxalone</i>	1	(g)
<i>zanaflex capsule</i>	<i>tizanidine hcl</i>	1	M
<i>zanaflex tablet</i>	<i>tizanidine</i>	1	(g)

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L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

DERMATOLOGY

Acne Treatment

Brand Name	Generic Name	Drug Tier	Notes
<i>acanya</i>	<i>benzoyl peroxide/clindamycin phosphate</i>	1	(g)
<i>acutane</i>	<i>isotretinoin</i>	1	(g)
ACZONE	dapsone	3	
ATRALIN	tretinoin	2	
AVITA	tretinoin	3	
AZELEX	azelaic acid	3	
BENZACLIN	benzoyl peroxide/clindamycin phosphate	3	
<i>benzamycin</i>	<i>benzoyl peroxide/erythromycin</i>	1	(g)
<i>cleocin t</i>	<i>clindamycin phosphate</i>	1	(g)
CLINDAGEL	clindamycin phosphate	3	
<i>differentin</i>	<i>adapalene</i>	1	(g)
DIFFERIN 0.1% LOTION	adapalene	3	
DIFFERIN 0.3% GEL	adapalene	3	
EPIDUO	adapalene/benzoyl peroxide	3	
<i>evoclin foam</i>	<i>clindamycin phosphate</i>	1	(g)
FINACEA	azelaic acid	3	
<i>klaron</i>	<i>sulfacetamide sodium</i>	1	(g)
<i>metrocream</i>	<i>metronidazole</i>	1	(g)
<i>metrogel</i>	<i>metronidazole</i>	1	(g)
<i>metrolotion</i>	<i>metronidazole</i>	1	(g)
NORITATE	metronidazole	3	
<i>retin a</i>	<i>tretinoin</i>	1	(g)
RETIN-A MICRO	isotretinoin	2	
ROSDAN CREAM KIT	metronidazole/skin cleanser	3	
TAZORAC	tazarotene	3	
TRETIN-X	tretinoin	3	
VELTIN	clindamycin phosphate/tretinoin	3	
ZIANA	clindamycin phosphate/tretinoin	3	

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DERMATOLOGY

Antipsoriatic/Antiseborrheic

Brand Name	Generic Name	Drug Tier	Notes
8-MOP	methoxsalen	2	
AMEVIVE	alefacept	5	
<i>dovonex</i>	<i>calcipotriene</i>	1	(g)
DOVONEX CREAM	calcipotriene	2	
OXSORALEN	methoxsalen	2	
OXSORALEN ULTRA	methoxsalen	3	
<i>selsun rx</i>	<i>selenium sulfide</i>	1	(g)
SORIATANE	acitretin	5	
SORIATANE 10MG	acitretin	2	
TACLONEX	betamethasone dipropionate/calcipotriene	3	
VECTICAL	calcitriol	3	

Miscellaneous Dermatologicals

Brand Name	Generic Name	Drug Tier	Notes
<i>aldara</i>	<i>imiquimod</i>	1	(g)
CARAC	fluorouracil	2	
<i>carmol-hc</i>	<i>hydrocortisone acetate/urea (carbamide)</i>	1	M
<i>condylox</i>	<i>podofilox</i>	1	(g)
CONDYLOX GEL	podofilox	2	
<i>efudex</i>	<i>fluorouracil</i>	1	(g)
ELIDEL	pimecrolimus	2	
FLECTOR	diclofenac epolamine	3	PA
FLUOROPLEX	fluorouracil	2	
<i>lac-hydrin</i>	<i>ammonium lactate</i>	1	(g)
PANRETIN	alitretinoin	2	
PENNSAID	diclofenac sodium	3	
PROTOPIC	tacrolimus	3	
SOLARAZE	diclofenac sodium	3	
TARGRETIN	bexarotene	5	
VEREGEN	sinecatechins	3	
VOLTAREN GEL	diclofenac sodium	3	QL (10/month)
ZYCLARA	imiquimod	3	QL (2 box/3 months)

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DERMATOLOGY

Scabicides/Pediculicides

Brand Name	Generic Name	Drug Tier	Notes
<i>elimite</i>	<i>permethrin</i>	1	(g)
EURAX	crotamito	2	
<i>lindane</i>	<i>lindane</i>	1	(g)
<i>ovide</i>	<i>malathion</i>	1	(g)
ULESFIA	benzyl alcohol	3	

Topical Anesthetics

Brand Name	Generic Name	Drug Tier	Notes
<i>emla</i>	<i>lidocaine/prilocaine</i>	1	(g)
<i>lidocaine solution, ointment</i>	<i>lidocaine hydrochloride</i>	1	(g)
LIDODERM	lidocaine	3	QL (3/day)
SYNERA	lidocaine/tetracaine	3	
<i>xylocaine jelly</i>	<i>lidocaine hydrochloride</i>	1	(g)
<i>xylocaine viscous</i>	<i>lidocaine hydrochloride</i>	1	(g)

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DERMATOLOGY

Topical Antibacterials

Brand Name	Generic Name	Drug Tier	Notes
<i>a/t/s</i>	<i>erythromycin</i>	1	(g)
AKNE-MYCIN	erythromycin	3	
ALTABAX	retapamulin	3	
<i>bactroban</i>	<i>mupirocin</i>	1	(g)
BACTROBAN CREAM	mupirocin calcium	2	
BACTROBAN NASAL	mupirocin calcium	2	
CORTISPORIN CREAM	hydrocortisone acetate/neomycin sulfate/polymyxin b sulfate	2	
CORTISPORIN OINTMENT	bacitracin zinc/hydrocortisone/neomycin sulfate/polymyxin b sulfate	3	
<i>erycette</i>	<i>erythromycin</i>	1	(g)
<i>erygel</i>	<i>erythromycin</i>	1	(g)
<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	1	(g)
METROGEL	metronidazole	2	
PHISOHEX	hexachlorophene	2	
SULFAMYLON	mafenide acetate	3	

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DERMATOLOGY

Topical Antifungals

Brand Name	Generic Name	Drug Tier	Notes
ERTACZO	sertaconazole nitrate	3	
EXELDERM	sulconazole nitrate	3	
<i>extina</i>	<i>ketoconazole</i>	1	M
<i>loprox</i>	<i>ciclopirox</i>	1	(g)
<i>lotrimin rx</i>	<i>clotrimazole</i>	1	(g)
<i>lotrisone</i>	<i>betamethasone dipropionate/clotrimazole</i>	1	(g)
MENTAX	butenafine hydrochloride	3	
<i>mycolog II</i>	<i>nystatin/triamcinolone acetonide</i>	1	(g)
<i>mycostatin</i>	<i>nystatin</i>	1	(g)
NAFTIN	naftifine hydrochloride	3	
<i>nizoral</i>	<i>ketoconazole</i>	1	(g)
OXISTAT	oxiconazole nitrate	3	
<i>penlac</i>	<i>ciclopirox</i>	1	(g)
<i>spectazole</i>	<i>econazole nitrate</i>	1	(g)

Topical Antivirals

Brand Name	Generic Name	Drug Tier	Notes
DENAVIR	penciclovir	3	
ZOVIRAX	acyclovir	2	

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DERMATOLOGY

Topical Corticosteroids

Brand Name	Generic Name	Drug Tier	Notes
<i>aclovate</i>	<i>alclometasone dipropionate</i>	1	(g)
<i>ala-cort</i>	<i>hydrocortisone</i>	1	(g)
<i>aristocort</i>	<i>triamcinolone acetonide</i>	1	(g)
CAPEX	fluocinolone acetonide	2	
<i>clobex</i>	<i>clobetasol propionate</i>	1	M
CLODERM	clocortolone pivalate	2	
CORDRAN	fluradrenolide	2	
CORDRAN SP	fluradrenolide	2	
CORDRAN TAPE	fluradrenolide	2	
<i>cutivate</i>	<i>fluticasone propionate</i>	1	(g)
CUTIVATE LOTION	fluticasone propionate	2	
<i>cyclocort</i>	<i>amcinonide</i>	1	(g)
<i>derma-smoothe/fs body oil</i>	<i>fluocinolone acetonide</i>	1	M
<i>dermatop</i>	<i>prednicarbate</i>	1	(g)
DESONATE	desonide	3	
<i>desowen</i>	<i>desonide</i>	1	(g)
DESOWEN CREAM	desonide	3	
DESOWEN KIT	desonide	3	
<i>diprolene</i>	<i>augmented betamethasone dipropionate</i>	1	(g)
<i>diprolene af</i>	<i>augmented betamethasone dipropionate</i>	1	(g)
<i>diprosone</i>	<i>betamethasone dipropionate</i>	1	(g)
<i>elocon</i>	<i>mometasone furoate</i>	1	(g)
HALOG	halcinonide	3	
<i>hytone</i>	<i>hydrocortisone</i>	1	(g)
KENALOG	triamcinolone acetonide	3	
<i>lidex e</i>	<i>fluocinonide</i>	1	(g)
<i>locoid</i>	<i>hydrocortisone butyrate</i>	1	(g)
LOCOID LIPOCREAM	hydrocortisone butyrate	3	
LOCOID LOTION	hydrocortisone butyrate	3	
LUXIQ	betamethasone valerate	3	
OLUX-E	clobetasol propionate	3	
PANDEL	hydrocortisone buteprate	3	

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DERMATOLOGY

Topical Corticosteroids (continued)

Brand Name	Generic Name	Drug Tier	Notes
<i>psorcon</i>	<i>diflorasone diacetate</i>	1	(g)
<i>synalar</i>	<i>fluocinolone acetonide</i>	1	(g)
<i>temovate</i>	<i>clobetasol propionate</i>	1	(g)
<i>temovate e</i>	<i>clobetasol propionate</i>	1	(g)
<i>topicort</i>	<i>desoximetasone</i>	1	(g)
<i>topicort lp</i>	<i>desoximetasone</i>	1	(g)
<i>ultravate</i>	<i>halobetasol propionate</i>	1	(g)
<i>valisone</i>	<i>betamethasone valerate</i>	1	(g)
VANOS	fluocinonide	3	
VERDESO	desonide	3	
<i>westcort</i>	<i>hydrocortisone valerate</i>	1	(g)

Wound and Burn Therapy

Brand Name	Generic Name	Drug Tier	Notes
REGRANEX	becaplermin	5	
SANTYL	collagenase	2	
<i>thermazene</i>	<i>silver sulfadiazine</i>	1	

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DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous

Brand Name	Generic Name	Drug Tier	Notes
ANTABUSE	disulfiram	2	
CAMPRAL	acamprosate calcium	3	PA
CARBAGLU	carglumic acid	5	L
<i>carnitor</i>	<i>levocarnitine</i>	1	(g) / I / PA
CHEMET	succimer	3	
<i>colyte</i>	<i>peg 3350/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate</i>	1	(g)
<i>cyklokapron</i>	<i>tranexamic acid</i>	4	
<i>disulfiram</i>	<i>disulfiram</i>	1	
ELAPRASE	idursulfase	5	
<i>eliphos</i>	<i>calcium acetate</i>	1	(g)
EVOXAC	cevimeline hydrochloride hemihydrate	3	
EXJADE	deferasirox	5	
FIRAZYR	icatibant acetate	5	PA
FOSRENOL	lanthanum carbonate	3	
GOLYTELY	peg 3350/potassium chloride/sodium bicarbonate/sodium chloride/sodium sulfate	3	
<i>isoptocarpine</i>	<i>pilocarpine</i>	1	(g)
KALBITOR	ecallantide	5	PA
<i>kenalog in orabase</i>	<i>triamcinolone acetonide</i>	1	(g)
KEPIVANCE	palifermin	4	
KUVAN	sapropterin dihydrochloride	5	
<i>lactated ringers irrigation</i>	<i>calcium (+2)/chloride ion/lactate anion/potassium (+1)/sodium (+1)</i>	4	
<i>miralax</i>	<i>polyethylene glycol</i>	1	(g)
MOVIPREP	ascorbic acid/polyethylene glycol/potassium chloride/sodium ascorbate/sodium chloride/sodium sulfate	3	

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DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous (continued)

Brand Name	Generic Name	Drug Tier	Notes
MOZOBIL	plerixafor	5	PA
neomycin/polymyxin b sulfates	neomycin sulfate/polymyxin b sulfate	4	
nulytely	peg 3350/potassium chloride/sodium bicarbonate/sodium chloride	1	(g)
ORFADIN	nitisinone	5	
OSMOPREP	sodium phosphate, dibasic (anhydrous)/sodium phosphate, monobasic monohydrate	3	
peridex	chlorhexidine gluconate	1	(g)
phoslo	calcium acetate	1	(g)
PHOSLYRA	calcium acetate	3	
PHOTOFRIN	porfimer sodium	4	
physiolyte	acetate/chloride ion/gluconate anion/magnesium (+2)/potassium (+1)/sodium (+1)	4	
physiosol irrigation	magnesium chloride/potassium chloride/sodium acetate/sodium chloride/sodium gluconate	4	
PROMACTA	eltrombopag olamine	5	PA
PROMACTA 25MG	eltrombopag olamine	5	PA / QL (2/day)
PROMACTA 50MG	eltrombopag olamine	5	PA / QL (1/day)
RENAGEL	sevelamer hydrochloride	2	
RENVELA	sevelamer carbonate	2	
salagen	pilocarpine hydrochloride	1	(g)
SAMSCA	tolvaptan	5	
sodium chloride 0.9% irrigation	sodium chloride	4	
sps	sodium polystyrene sulfonate	1	(g)
sterile water irrigation	water, sterile	4	
SUPREP BOWEL PREP	magnesium sulfate anhydrous/potassium sulfate/sodium sulfate	3	
tis-u-sol	calcium (+2)/chloride ion/potassium (+1)/sodium (+1)	4	

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DIAGNOSTIC AND OTHER MISCELLANEOUS

Diagnostic and Other Miscellaneous (continued)

Brand Name	Generic Name	Drug Tier	Notes
UVADEX	methoxsalen	4	
VISICOL	sodium phosphate, dibasic (anhydrous)/sodium phosphate, monobasic monohydrate	3	
VIVITROL	naltrexone	5	
XENAZINE 12.5MG	tetrabenazine	5	PA / QL (8/day)
XENAZINE 25MG	tetrabenazine	5	PA / QL (4/day)
XIAFLEX	collagenase clostridium hist	5	PA / QL (1/28 days)
ZAVESCA	miglustat	5	

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ENDOCRINOLOGY

Adrenocortical Steroids

Brand Name	Generic Name	Drug Tier	Notes
CELESTONE	betamethasone	3	
<i>cortef</i>	<i>hydrocortisone</i>	1	(g)
<i>cortone</i>	<i>cortisone acetate</i>	1	(g)
<i>decadron</i>	<i>dexamethasone</i>	1	(g)
<i>depo-medrol</i>	<i>methylprednisolone acetate</i>	4	
DEPO-MEDROL 20MG	methylprednisolone acetate	4	
DEXPAK	dexamethasone	3	
<i>entocort ec</i>	<i>budesonide</i>	1	M
FLO-PRED	prednisolone acetate	3	
<i>florinef</i>	<i>fludrocortisone acetate</i>	1	(g)
<i>medrol</i>	<i>methylprednisolone</i>	1	(g)
<i>millipred</i>	<i>prednisolone anhydrous</i>	1	(g)
MILLIPRED SOLUTION	prednisolone sodium phosphate	3	
ORAPRED ODT	prednisolone sodium phosphate	3	
<i>orapred solution</i>	<i>prednisolone sodium phosphate</i>	1	(g)
<i>pediapred</i>	<i>prednisolone sodium phosphate</i>	1	(g)
<i>prednisone</i>	<i>prednisone</i>	1	(g)
PREDNISONE INTENSOL	prednisone	3	
SOLU-CORTEF	hydrocortisone sodium succinate	4	
<i>solu-medrol</i>	<i>methylprednisolone sodium succinate</i>	4	
<i>veripred 20</i>	<i>prednisolone sodium phosphate</i>	1	(g)

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ENDOCRINOLOGY

Androgens

Brand Name	Generic Name	Drug Tier	Notes
ANADROL-50	oxymetholone	3	PA
ANDRODERM	testosterone	2	
ANDROGEL	testosterone	3	
ANDROID	methyltestosterone	3	
<i>androxy</i>	<i>fluoxymesterone</i>	1	(g)
AXIRON	testosterone	3	
<i>danocrine</i>	<i>danazol</i>	1	(g)
<i>delatestryl</i>	<i>testosterone enanthate</i>	4	
<i>depo-testosterone</i>	<i>testosterone cypionate</i>	4	
FORTESTA	testosterone	3	
METHITEST	methyltestosterone	3	
<i>oxandrin</i>	<i>oxandrolone</i>	1	(g) / PA
STRIANT	testosterone	3	
TESTIM	testosterone	3	
TESTRED	methyltestosterone	3	

Antithyroid Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>propylthiouracil</i>	<i>propylthiouracil</i>	1	(g)
<i>tapazole</i>	<i>methimazole</i>	1	(g)

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ENDOCRINOLOGY

Growth Hormone and Related Products

Brand Name	Generic Name	Drug Tier	Notes
GENOTROPIN	somatropin	5	PA
GENOTROPIN MINIQUICK	somatropin	5	PA
GENOTROPIN MINIQUICK 0.2MG	somatropin	3	PA
HUMATROPE	somatropin	5	PA
HUMATROPE 6MG	somatropin	3	PA
HUMATROPE COMBO PACK	somatropin	5	PA
NORDITROPIN FLEXPRO	somatropin	5	PA
NORDITROPIN NORDIFLEX PEN	somatropin	5	PA
NUTROPIN	somatropin	5	PA
NUTROPIN AQ	somatropin	5	PA
NUTROPIN AQ PEN	somatropin	5	PA
OMNITROPE	somatropin	5	PA
OMNITROPE 5MG, 10MG	somatropin	3	PA
SAIZEN	somatropin	5	PA
SEROSTIM	somatropin	5	PA
TEV-TROPIN	somatropin	3	PA
ZORBTIVE	somatropin	5	PA

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ENDOCRINOLOGY

Insulins

Brand Name	Generic Name	Drug Tier	Notes
2 x 2 gauze pads	<i>gauze</i>	1	
<i>alcohol preps</i>	<i>alcohol</i>	1	
APIDRA	insulin glulisine	2	
HUMALOG	insulin lispro	2	
HUMALOG MIX 50/50	insulin lispro/insulin lispro protamine	2	
HUMALOG MIX 75/25	insulin lispro/insulin lispro protamine	2	
HUMULIN	insulin human, isophane	2	
HUMULIN 70/30	insulin human (regular)/insulin human, isophane	2	
HUMULIN R	insulin human (regular)	2	
<i>insulin pen needles</i>	<i>needle</i>	1	
<i>insulin syringes</i>	<i>syringe</i>	1	
LANTUS	insulin glargine	2	
LEVEMIR	insulin detemir	2	
NOVOLIN	insulin human, isophane	2	
NOVOLIN 70/30	insulin human (regular)/insulin human, isophane	2	
NOVOLIN R	insulin human (regular)	2	
NOVOLOG	insulin aspart	2	
NOVOLOG MIX 70/30	insulin aspart/insulin aspart protamine	2	

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ENDOCRINOLOGY

Miscellaneous Endocrine

Brand Name	Generic Name	Drug Tier	Notes
ACTHAR H.P.	corticotropin	5	
<i>a-hydrocort</i>	<i>hydrocortisone sodium succinate</i>	4	
ALDURAZYME	laronidase	5	
<i>aredia</i>	<i>pamidronate disodium</i>	4	PA
BUPHENYL	sodium phenylbutyrate	3	
<i>calcijex</i>	<i>calcitriol</i>	4	PA
<i>calcitriol</i>	<i>calcitriol</i>	1	(g) / PA
CEREDASE	alglucerase	4	
CEREZYME	imiglucerase	5	
CHORIONIC GONADOTROPIN	gonadotropin, chorionic	2	PA
CYSTADANE	betaine (trimethylglycine)	3	
<i>ddavp</i>	<i>desmopressin acetate</i>	1	(g) / I
EGRIFTA	tesamorelin acetate	5	QL (2/day)
ELITEK	rasburicase	4	
FABRAZYME	agalsidase beta	5	
GLUCAGEN	glucagon hydrochloride (rda)	2	
GLUCAGON	glucagon rda (human recombinant)	2	
INCRELEX	mecasermin	5	
LUMIZYME	alglucosidase alfa	5	PA
MYOZYME	alglucosidase alfa	5	
NAGLAZYME	galsulfase	5	
<i>octreotide acetate 500mcg</i>	<i>octreotide acetate</i>	5	
<i>octreotide acetate 50mcg, 100mcg, 200mcg</i>	<i>octreotide acetate</i>	1	(g)
<i>sandostatin</i>	<i>octreotide acetate</i>	5	
SANDOSTATIN LAR DEPOT	octreotide acetate	5	
SENSIPAR	cinacalcet hydrochloride	5	
SENSIPAR 30MG	cinacalcet hydrochloride	2	
SKELID	tiludronate disodium	3	QL (2/day)
SOMATULINE DEPOT	lanreotide acetate	5	
SOMAVERT	pegvisomant	5	PA
STIMATE	desmopressin acetate	2	
SYPRINE	trientine hcl	3	
VPRIV	velaglucerase alfa	5	

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ENDOCRINOLOGY

Non-Insulin Hypoglycemic Agents

Brand Name	Generic Name	Drug Tier	Notes
BYETTA	exenatide	3	PA / QL (1/month)
CYCLOSET	bromocriptine mesylate	3	QL (6/day)
KOMBIGLYZE XR	metformin hydrochloride/ saxagliptin hydrochloride	2	QL (1/day)
KOMBIGLYZE XR 1000MG/2.5MG	metformin hydrochloride/ saxagliptin hydrochloride	2	QL (2/day)
SYMLIN	pramlintide acetate	3	
TRADJENTA	linagliptin	3	
VICTOZA	liraglutide	3	PA

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ENDOCRINOLOGY

Oral Hypoglycemic Agents

Brand Name	Generic Name	Drug Tier	Notes
ACTOPLUS MET	metformin hydrochloride/ pioglitazone hydrochloride	2	
ACTOPLUS MET XR	metformin hydrochloride/ pioglitazone hydrochloride	3	QL (1/day)
ACTOS	pioglitazone hydrochloride	2	
<i>amaryl</i>	<i>glimepiride</i>	1	(g)
AVANDAMET	metformin hydrochloride/ rosiglitazone maleate	3	
AVANDARYL	glimepiride/rosiglitazone maleate	3	
AVANDIA	rosiglitazone maleate	3	
<i>diabeta</i>	<i>glyburide</i>	1	(g)
DUETACT	glimepiride/pioglitazone hydrochloride	3	
<i>fortamet 1000mg</i>	<i>metformin hydrochloride</i>	1	QL (2/day) / M
<i>fortamet 500mg</i>	<i>metformin hydrochloride</i>	1	QL (3/day) / M
<i>glucophage</i>	<i>metformin hydrochloride</i>	1	(g)
<i>glucophage xr 500</i>	<i>metformin hydrochloride</i>	1	(g) / QL (4/day)
<i>glucophage xr 750</i>	<i>metformin hydrochloride</i>	1	(g) / QL (2/day)
<i>glucotrol</i>	<i>glipizide</i>	1	(g)
<i>glucotrol xl</i>	<i>glipizide</i>	1	(g) / QL (3/day)
<i>glucotrol xl 10mg</i>	<i>glipizide</i>	1	(g) / QL (2/day)
<i>glucovance</i>	<i>glyburide/metformin hydrochloride</i>	1	(g)
GLUMETZA	metformin hydrochloride	3	QL (4/day)
GLYCRON 4.5MG	glyburide	2	
<i>glynase</i>	<i>glyburide</i>	1	(g)
GLYSET	miglitol	3	
JANUMET	metformin hydrochloride/ sitagliptin phosphate	2	
JANUVIA	sitagliptin phosphate	2	QL (1/day)
<i>metaglip</i>	<i>glipizide/metformin hydrochloride</i>	1	(g)
ONGLYZA	saxagliptin hydrochloride	2	QL (1/day)
<i>orinase</i>	<i>tolbutamide</i>	1	(g)

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ENDOCRINOLOGY

Oral Hypoglycemic Agents (continued)

Brand Name	Generic Name	Drug Tier	Notes
PRADIN	repaglinide	2	
PRANDIMET	metformin hydrochloride/ repaglinide	3	
<i>precose</i>	<i>acarbose</i>	1	(g)
RIOMET	metformin hydrochloride	3	
<i>starlix</i>	<i>nateglinide</i>	1	(g)
<i>tolinase</i>	<i>tolazamide</i>	1	(g)

Thyroid Hormones

Brand Name	Generic Name	Drug Tier	Notes
<i>cytomel</i>	<i>liothyronine sodium</i>	1	(g) / I
<i>levothroid</i>	<i>levothyroxine sodium</i>	1	M
LEVOTHYROXINE INJECTION	levothyroxine sodium	4	
<i>levoxyl</i>	<i>levothyroxine sodium</i>	1	M
<i>synthroid</i>	<i>levothyroxine sodium</i>	1	M
THYROLAR	liotrix	2	
<i>unithroid</i>	<i>levothyroxine sodium</i>	1	M

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GASTROINTESTINAL AGENTS

Antidiarrheals and Antispasmodics

Brand Name	Generic Name	Drug Tier	Notes
ATROPINE SULFATE	atropine sulfate	4	
<i>bentyl</i>	<i>dicyclomine hydrochloride</i>	1	(g) / I
CANTIL	mepenzolate bromide	3	
<i>immodium rx</i>	<i>loperamide hydrochloride</i>	1	(g)
<i>lomotil</i>	<i>atropine sulfate/diphenoxylate hydrochloride</i>	1	(g)
MOTOFEN	atropine sulfate/difenoxin hydrochloride	3	
<i>pamine, pamine forte</i>	<i>methscopolamine bromide</i>	1	(g)
<i>pro-banthine</i>	<i>propantheline bromide</i>	1	(g)
<i>robinul, robinul forte</i>	<i>glycopyrrolate</i>	1	(g) / I

Antiemetics

Brand Name	Generic Name	Drug Tier	Notes
ALOXI	palonosetron hydrochloride	4	
<i>antivert</i>	<i>meclizine hydrochloride</i>	1	(g)
ANTIVERT 50MG	meclizine hydrochloride	2	
ANZEMET	dolasetron mesylate	3	I
CESAMET	nabilone	3	
<i>compazine</i>	<i>prochlorperazine</i>	1	(g) / I
EMEND	aprepitant	2	PA
<i>kytril iv</i>	<i>granisetron hcl</i>	4	
<i>kytril oral</i>	<i>granisetron hcl</i>	1	M / PA
<i>marinol</i>	<i>dronabinol</i>	1	(g)
SANCUSO	granisetron	5	PA / QL (2/month)
<i>tigan 300mg capsule</i>	<i>trimethobenzamide hydrochloride</i>	1	(g)
TIGAN INJECTION	trimethobenzamide hydrochloride	4	
TRANSDERM-SCOP	scopolamine	2	
<i>zofran injection</i>	<i>ondansetron hcl</i>	4	
<i>zofran, zofran odt</i>	<i>ondansetron hcl</i>	1	M / PA
ZUPLENZ	ondansetron	3	PA

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GASTROINTESTINAL AGENTS

Digestive Enzymes

Brand Name	Generic Name	Drug Tier	Notes
CREON	amylase (diastase)/lipase (as pancrelipase)/protease	2	
PANCREAZE	amylase (diastase)/lipase (as pancrelipase)/protease	2	
<i>pancrelipase 5k-17k-27k</i>	<i>amylase (diastase)/lipase (as pancrelipase)/protease</i>	1	
ZENPEP	amylase (diastase)/lipase (as pancrelipase)/protease	2	

H2-Receptor Antagonists

Brand Name	Generic Name	Drug Tier	Notes
<i>axid</i>	<i>nizatidine</i>	1	(g)
<i>pepcid</i>	<i>famotidine</i>	1	(g)
<i>pepcid i.v.</i>	<i>famotidine</i>	4	
<i>zantac</i>	<i>ranitidine hydrochloride</i>	1	(g) / I
ZANTAC EFFERDOSE	ranitidine hydrochloride	3	
<i>zantac injection</i>	<i>ranitidine hydrochloride</i>	4	

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GASTROINTESTINAL AGENTS

Miscellaneous Gastrointestinal Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>actigall</i>	<i>ursodiol</i>	1	(g)
AMITIZA	lubiprostone	3	PA
<i>anusol hc 2.5% cream</i>	<i>hydrocortisone</i>	1	(g)
APRISO	mesalamine (5-asa)	3	
ASACOL, ASACOL HD	mesalamine (5-asa)	2	
<i>azulfidine, azulfidine ec</i>	<i>sulfasalazine</i>	1	(g)
CANASA	mesalamine (5-asa)	2	
CHENODAL	chenodiol	5	PA
<i>colazol</i>	<i>balsalazide disodium</i>	1	(g)
<i>cortenema</i>	<i>hydrocortisone</i>	1	(g)
CORTIFOAM	hydrocortisone acetate	2	
CUVPOSA	glycopyrrolate	3	
DIPENTUM	olsalazine sodium	3	
<i>enulose</i>	<i>lactulose</i>	1	(g)
KRISTALOSE	lactulose	2	
<i>lactulose</i>	<i>lactulose</i>	1	(g)
LIALDA	mesalamine (5-asa)	3	
LOTRONEX	alosetron hydrochloride	2	PA
METZOZOLV ODT	metoclopramide hydrochloride monohydrate	3	
PENTASA	mesalamine (5-asa)	2	
<i>proctocort 1% cream</i>	<i>hydrocortisone</i>	1	(g)
<i>proctocream hc 1%, 2.5%</i>	<i>hydrocortisone</i>	1	(g)
<i>reglan</i>	<i>metoclopramide hydrochloride</i>	4	
<i>reglan oral</i>	<i>metoclopramide hydrochloride</i>	1	(g)
RELISTOR	methylnaltrexone bromide	2	PA
<i>rowasa</i>	<i>mesalamine (5-asa)</i>	1	(g)
SUCRAID	sacrosidase	5	
<i>urso, urso forte</i>	<i>ursodiol</i>	1	(g)

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GASTROINTESTINAL AGENTS

Other Ulcer Therapy

Brand Name	Generic Name	Drug Tier	Notes
<i>carafate</i>	<i>sucralfate</i>	1	(g)
CARAFATE SUSPENSION	sucralfate	2	
<i>cytotec</i>	<i>misoprostol</i>	1	(g)
HELIDAC	bismuth subsalicylate/ metronidazole/tetracycline hydrochloride	2	
PREVPAC	amoxicillin/clarithromycin/ lansoprazole	2	
PYLERA	bismuth subcitrate potassium/metronidazole/ tetracycline hydrochloride	3	

Proton Pump Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
ACIPHEX	rabeprazole sodium	3	ST
DEXILANT	dexlansoprazole	3	QL (1/day) / ST
NEXIUM	esomeprazole magnesium trihydrate	3	I / ST
NEXIUM PACKET	esomeprazole magnesium trihydrate	3	I
<i>prevacid, prevacid odt</i>	<i>lansoprazole</i>	1	(g)
<i>prilosec</i>	<i>omeprazole</i>	1	(g)
<i>protonix</i>	<i>pantoprazole sodium sesquihydrate</i>	1	(g) / I
PROTONIX GRANULES	pantoprazole sodium sesquihydrate	3	I
<i>zegerid</i>	<i>omeprazole/sodium bicarbonate</i>	1	(g)
ZEGERID 20MG/1680MG, 40MG/1680MG	omeprazole/sodium bicarbonate	3	

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IMMUNOLOGY AND HEMATOLOGY

Colony Stimulating Factors

Brand Name	Generic Name	Drug Tier	Notes
ARANESP	darbepoetin alfa	5	PA
ARANESP 25MCG	darbepoetin alfa	3	PA / QL (3/week)
ARANESP 40MCG, 60MCG	darbepoetin alfa	3	PA
EPOGEN 10000U, 20000U	epoetin alfa	3	PA
EPOGEN 2000U, 3000U, 4000U	epoetin alfa	3	PA / QL (3/week)
NEULASTA	pegfilgrastim	5	QL (2/month)
NEUPOGEN	filgrastim	5	
PROCRIT 10000U	epoetin alfa	2	PA
PROCRIT 20000U, 40000U	epoetin alfa	5	PA
PROCRIT 2000U, 3000U, 4000U	epoetin alfa	2	PA / QL (3/week)

Immunoglobulins

Brand Name	Generic Name	Drug Tier	Notes
ADAGEN	pegademase bovine	5	
ATGAM	anti-thymocyte globulin (equine)	5	
CARIMUNE NANOFILTERED	globulin, immune	5	PA
GAMASTAN S/D	globulin, immune	4	PA
GAMMAGARD LIQUID	globulin, immune iv	5	PA
GAMMAPLEX	globulin, immune iv	5	PA
GAMUNEX	globulin, immune iv	5	PA
HIZENTRA	globulin, immune sc	5	PA
PRIVIGEN	globulin, immune iv	5	PA
SYNAGIS	palivizumab	5	
THYMOGLOBULIN	anti-thymocyte globulin (rabbit)	5	
VIVAGLOBIN	globulin, immune sc	5	PA

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IMMUNOLOGY AND HEMATOLOGY

Interferons and MS Therapy

Brand Name	Generic Name	Drug Tier	Notes
ACTIMMUNE	interferon gamma-1b	5	
AMPYRA	dalfampridine (4-aminopyridine)	5	PA / QL (2/day)
AVONEX	interferon beta-1a	5	
BETASERON	interferon beta-1b	5	ST
COPAXONE	glatiramer acetate	5	
EXTAVIA	interferon beta-1b	5	
GILENYA	fingolimod hydrochloride	5	PA / QL (1/day)
INFERGEN	interferon alfacon-1	5	
INTRON-A	interferon alfa-2b	2	
PEGASYS	peginterferon alfa-2a	5	QL (1/week)
PEGASYS KIT	peginterferon alfa-2a	5	QL (1 kit/month)
PEGASYS PROCLICK PACK	peginterferon alfa-2a	5	QL (1 pack/28 days)
PEG-INTRON	peginterferon alfa-2b	5	QL (1/week)
PEG-INTRON REDIPEN	peginterferon alfa-2b	5	QL (1/week)
REBIF	interferon beta-1a	5	
SYLATRON	peginterferon alfa-2b	5	

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IMMUNOLOGY AND HEMATOLOGY

Miscellaneous Immunologic and Hematologic Agents

Brand Name	Generic Name	Drug Tier	Notes
ACTEMRA	tocilizumab	5	PA
BENLYSTA	benlimumab	5	
CIMZIA	certolizumab pegol	5	PA
ENBREL	etanercept	5	PA / QL (8/month)
HUMIRA 20MG/0.4ML	adalimumab	5	PA / QL (2/month)
HUMIRA 40MG/0.8ML	adalimumab	5	PA / QL (4/month)
HUMIRA PEN-CROHNS STARTER	adalimumab	5	PA / QL (6/month)
KINERET	anakinra	5	PA / QL (1/day)
NEUMEGA	oprelvekin	5	
NPLATE	romiplostin	5	PA
ORENCIA	abatacept	5	
REMICADE	infliximab	5	PA
SIMPONI	golimumab	5	PA
STELARA	ustekinumab	5	PA
TYSABRI	natalizumab	5	L / PA

Protein C1 Inhibitors

Brand Name	Generic Name	Drug Tier	Notes
ARALAST NP	proteinase inhibitor (human)	4	PA
BERINERT	c1 esterase inhibitor	5	PA
CINRYZE	c1 esterase inhibitor	5	
GLASSIA	proteinase inhibitor (human)	5	PA
PROLASTIN, PROLASTIN-C	proteinase inhibitor (human)	4	PA
ZEMAIRA	proteinase inhibitor (human)	4	PA

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IMMUNOLOGY AND HEMATOLOGY

Vaccines

Brand Name	Generic Name	Drug Tier	Notes
ACTHIB	haemophilus b polysacc tetanus conj vacc	4	
ADACEL	acellular pertussis/diphtheria toxoid/tetanus toxoid	4	
<i>antizol</i>	<i>fomepizole (4-methylpyrazole)</i>	4	
BOOSTRIX	acellular pertussis/diphtheria toxoid/tetanus toxoid	4	
CERVARIX	hpv bivalent (types 16 & 18) recomb vac	4	
COMVAX	haemophilus b polysaccharide conj vacc/hepatitis b virus vaccine recombinant	4	
DAPTACEL	acellular pertussis/diphtheria toxoid/tetanus toxoid	4	
DECAVAC	diphtheria toxoid/tetanus toxoid	4	
DIPHtheria/TETANUS TOXOID PEDIATRIC	diphtheria toxoid/tetanus toxoid	4	
ENGERIX-B	hepatitis b virus vaccine recombinant	4	PA
GARDASIL	quadrivalent hpv (6,11,16,18) recomb vac	4	
HAVRIX	hepatitis a virus vaccine inactivated	4	
IMOVAX RABIES (H.D.C.V.)	rabies vaccine human diploid cell	4	PA
INFANRIX	acellular pertussis/diphtheria toxoid/tetanus toxoid	4	
IPOL INACTIVATED IPV	poliovirus vaccine inactivated	4	
IXIARO	japanese encephalitis vir vac inact ads	4	
JE-VAX	japanese encephalitis virus vaccine	4	
MENACTRA	meningococcal polysaccharide vac a-c-y-w	4	
MENOMUNE-A/C/Y/W-135	meningococcal polysaccharide vac a-c-y-w	4	

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IMMUNOLOGY AND HEMATOLOGY

Vaccines (continued)

Brand Name	Generic Name	Drug Tier	Notes
MENVEO	meningococcal oligosaccharid vac a-c-y-w	4	
M-M-R II W/DILUENT 10 DOSE	measles virus vaccine live/mumps virus vaccine live/rubella virus vaccine live	4	
PEDVAX HIB	haemophilus b polysaccharide conj vacc	4	
PROQUAD	measles virus vaccine live/mumps virus vaccine live/rubella virus vaccine live/varicella virus vaccine live	4	
RABAVERT	rabies vaccine purified chick embryo cel	4	
RECOMBIVAX HB	hepatitis b virus vaccine recombinant	4	PA
ROTATEQ	rotavirus vaccine live pentavalent	2	
TETANUS TOXOID ADSORBED	tetanus toxoid adsorbed	4	PA
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	diphtheria toxoid/tetanus toxoid	4	
TRIPEDIA	acellular pertussis/diphtheria toxoid/tetanus toxoid	4	
TWINRIX	hepatitis a virus vaccine inactivated/hepatitis b virus vaccine recombinant	4	
TYPHIM VI	typhoid vi polysaccharide vaccine	4	
VAQTA	hepatitis a virus vaccine inactivated	4	
VARIVAX	varicella virus vaccine live	4	
YF-VAX	yellow fever vaccine	4	
ZOSTAVAX	zoster vaccine live	4	

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LIFESTYLE MODIFICATION

Smoking Cessation

Brand Name	Generic Name	Drug Tier	Notes
CHANTIX	varenicline tartrate	2	
NICOTROL INHALER	nicotine	3	
NICOTROL NS	nicotine	3	

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OPHTHALMOLOGY

Cycloplegic/Mydriatics

Brand Name	Generic Name	Drug Tier	Notes
<i>mydracyl</i>	<i>tropicamide</i>	1	(g)
PROPINE	dipivefrin hydrochloride	3	

Miscellaneous Ophthalmic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>ak-con</i>	<i>naphazoline hydrochloride</i>	1	(g)
ALAMAST	pemirolast potassium	3	
<i>alcaine</i>	<i>proparacaine hydrochloride</i>	1	(g)
ALOCRIIL	nedocromil sodium	2	
ALOMIDE	lodoxamide tromethamine (trometamol)	2	
BEPREVE	bepotastine besilate	3	
<i>betoptic</i>	<i>betaxolol hydrochloride</i>	1	(g)
BETOPTIC-S	betaxolol hydrochloride	2	
<i>elestat</i>	<i>epinastine hydrochloride</i>	1	(g)
EMADINE	emedastine difumarate	3	
LACRISERT	hydroxypropyl cellulose	2	
LASTACAFT	alcaftadine	3	
LUCENTIS	ranibizumab	5	
<i>opticrom</i>	<i>cromolyn sodium</i>	1	(g)
<i>optivar</i>	<i>azelastine hydrochloride</i>	1	(g)
PATADAY	olopatadine hydrochloride	2	
PATANOL	olopatadine hydrochloride	2	
RESTASIS	cyclosporine	2	

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OPHTHALMOLOGY

Ophthalmic Anti-Infective/Steroid Combinations

Brand Name	Generic Name	Drug Tier	Notes
BLEPHAMIDE	prednisolone acetate/sulfacetamide sodium	2	
BLEPHAMIDE S.O.P.	prednisolone acetate/sulfacetamide sodium	2	
<i>maxitrol</i>	<i>dexamethasone/neomycin sulfate/polymyxin b sulfate</i>	1	(g)
POLY-PRED	neomycin sulfate/polymyxin b sulfate/prednisolone acetate	2	
<i>polysporin</i>	<i>bacitracin zinc/hydrocortisone acetate/neomycin sulfate/polymyxin b sulfate</i>	1	(g)
<i>tobradex drops</i>	<i>dexamethasone/tobramycin sulfate</i>	1	(g)
TOBRADEX OINTMENT	dexamethasone/tobramycin sulfate	2	
TOBRADEX ST	dexamethasone/tobramycin	3	
<i>vasocidin</i>	<i>prednisolone sodium phosphate/sulfacetamide sodium</i>	1	(g)
ZYLET	loteprednol etabonate/tobramycin	3	

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OPHTHALMOLOGY

Ophthalmic Anti-Infectives

Brand Name	Generic Name	Drug Tier	Notes
AZASITE	azithromycin	3	
<i>bacitracin</i>	<i>bacitracin</i>	1	(g)
BESIVANCE	besifloxacin hydrochloride	3	
<i>bleph-10</i>	<i>sulfacetamide sodium</i>	1	(g)
<i>ciloxan drops</i>	<i>ciprofloxacin hcl</i>	1	(g)
CILOXAN OINTMENT	ciprofloxacin hcl	2	
<i>erythromycin</i>	<i>erythromycin</i>	1	(g)
<i>gentamicin sulfate</i>	<i>gentamicin sulfate</i>	1	(g)
IQUIX	levofloxacin	3	
<i>levofloxacin</i>	<i>levofloxacin hemihydrate</i>	1	(g)
MOXEZA	moxifloxacin hydrochloride	2	
NATACYN	natamycin	2	
<i>neosporin drops</i>	<i>bacitracin zinc/neomycin sulfate/polymyxin b sulfate</i>	1	(g)
<i>neosporin ointment</i>	<i>gramicidin/neomycin sulfate/polymyxin b sulfate</i>	1	(g)
<i>ofloxacin</i>	<i>ofloxacin</i>	1	(g)
<i>polycin-b</i>	<i>bacitracin zinc/polymyxin b sulfate</i>	1	(g)
PRED-G	gentamicin sulfate/prednisolone acetate	3	
PRED-G S.O.P.	gentamicin sulfate/prednisolone acetate	3	
<i>sulfacetamide ointment</i>	<i>sulfacetamide sodium</i>	1	
<i>tobrex drops</i>	<i>tobramycin sulfate</i>	1	(g)
TOBREX OINTMENT	tobramycin sulfate	3	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	(g)
VIGAMOX	moxifloxacin hydrochloride	2	
<i>viroptic</i>	<i>trifluridine</i>	1	(g)
ZIRGAN	ganciclovir	2	
ZYMAR	gatifloxacin sesquihydrate	3	
ZYMAXID	gatifloxacin	3	

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OPHTHALMOLOGY

Ophthalmic Anti-Inflammatory Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>acular</i>	<i>ketorolac tromethamine</i>	1	(g)
<i>acular ls</i>	<i>ketorolac tromethamine</i>	1	(g)
ACUVAIL	ketorolac tromethamine	3	
BROMDAY	bromfenac sodium	3	
<i>ocufen</i>	<i>flurbiprofen sodium</i>	1	(g)
<i>voltaren</i>	<i>diclofenac sodium</i>	1	(g)
<i>xibrom</i>	<i>bromfenac sodium</i>	1	(g)

Ophthalmic Beta Blockers

Brand Name	Generic Name	Drug Tier	Notes
<i>betagan</i>	<i>levobunolol hydrochloride</i>	1	(g)
BETIMOL	timolol	3	
ISTALOL	timolol maleate	3	
<i>ocupress</i>	<i>carteolol hcl</i>	1	(g)
<i>optipranolol</i>	<i>metipranolol</i>	1	(g)
<i>timoptic</i>	<i>timolol maleate</i>	1	(g)
TIMOPTIC OCUDOSE	timolol maleate	3	
<i>timoptix xe</i>	<i>timolol maleate</i>	1	(g)

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OPHTHALMOLOGY

Ophthalmic Steroids

Brand Name	Generic Name	Drug Tier	Notes
ALREX	loteprednol etabonate	3	
<i>decadron</i>	<i>dexamethasone sodium phosphate</i>	1	(g)
DUREZOL	difluprednate	3	
FLAREX	fluorometholone acetate	3	
<i>fml</i>	<i>fluorometholone</i>	1	M
FML FORTE	fluorometholone	3	
LOTEMAX	loteprednol etabonate	3	
MAXIDEX	dexamethasone	3	
NEVANAC	nepafenac	3	
<i>pred forte</i>	<i>prednisolone acetate</i>	1	(g)
PRED MILD	prednisolone acetate	2	
<i>prednisolone sodium phosphate</i>	<i>prednisolone sodium phosphate</i>	1	(g)
VEXOL	rimexolone	2	

Other Glaucoma Agents

Brand Name	Generic Name	Drug Tier	Notes
ALPHAGAN P 0.1%	brimonidine tartrate	2	
<i>alphagan p 0.15%</i>	<i>brimonidine tartrate</i>	1	(g)
AZOPT	brinzolamide	2	
COMBIGAN	brimonidine tartrate/timolol maleate	3	
<i>cosopt</i>	<i>dorzolamide hydrochloride/timolol maleate</i>	1	(g)
<i>iopidine 0.5%</i>	<i>apraclonidine hydrochloride</i>	1	(g)
IOPIDINE 1%	apraclonidine hydrochloride	3	
LUMIGAN	bimatoprost	3	
PHOSPHOLINE IODIDE	echothiophate iodide	2	
PILOPINE HS	pilocarpine hydrochloride	2	
TRAVATAN Z	travoprost	2	
<i>trusopt</i>	<i>dorzolamide hydrochloride</i>	1	(g)
<i>xalatan</i>	<i>latanoprost</i>	1	(g)

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OTIC AND NASAL PREPARATIONS

Nasal Preparations

Brand Name	Generic Name	Drug Tier	Notes
BECONASE AQ	beclomethasone dipropionate	3	
<i>flonase</i>	<i>fluticasone propionate</i>	1	(g)
<i>nasacort aq</i>	<i>triamcinolone acetonide</i>	1	M
<i>nasalide</i>	<i>flunisolide</i>	1	(g)
<i>nasarel</i>	<i>flunisolide</i>	1	(g)
NASONEX	mometasone furoate monohydrate	3	
OMNARIS	ciclesonide	3	
RHINOCORT AQUA	budesonide	3	
VERAMYST	fluticasone furoate	3	

Otic Preparations

Brand Name	Generic Name	Drug Tier	Notes
<i>acetasol hc</i>	<i>acetic acid/hydrocortisone</i>	1	(g)
<i>acetic acid</i>	<i>acetic acid</i>	1	(g)
CIPRO HC	ciprofloxacin hcl/hydrocortisone	2	
CIPRODEX	ciprofloxacin hcl/dexamethasone	2	
COLY-MYCIN	colistin sulfate/hydrocortisone acetate/neomycin sulfate/thonzonium bromide	3	
COLY-MYCIN S	hydrocortisone/neomycin sulfate/polymyxin b sulfate	3	
<i>cortisporin</i>	<i>hydrocortisone/neomycin sulfate/polymyxin b sulfate</i>	1	(g)
CORTISPORIN-TC	hydrocortisone/neomycin sulfate/polymyxin b sulfate	3	
DERMOTIC	fluocinolone acetonide	2	
<i>floxin</i>	<i>ofloxacin</i>	1	(g)
<i>fluocinolone acetonide</i>	<i>fluocinolone acetonide</i>	1	

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RESPIRATORY AND ALLERGY

Antihistamine/Decongestant Combinations

Brand Name	Generic Name	Drug Tier	Notes
CLARINEX-D 12 HOUR	desloratadine/pseudoephedrine sulfate	3	
CLARINEX-D 24 HOUR	desloratadine/pseudoephedrine sulfate	3	QL (1/day)
SEMPREX-D	acrivastine/pseudoephedrine hydrochloride	2	

Antihistamines

Brand Name	Generic Name	Drug Tier	Notes
ALLEGRA SOLUTION	fexofenadine hydrochloride	3	
<i>astelin</i>	<i>azelastine hydrochloride</i>	1	(g)
ASTEPRO	azelastine hydrochloride	2	
<i>benadryl rx</i>	<i>diphenhydramine hydrochloride</i>	1	(g) / I
<i>carbinoxamine maleate</i>	<i>carbinoxamine maleate</i>	1	(g)
CLARINEX	desloratadine	3	QL (1/day)
CLARINEX REDITABS	desloratadine	3	QL (1/day)
CLARINEX SOLUTION	desloratadine	3	
<i>tavist rx</i>	<i>clemastine fumarate</i>	1	(g)
XYZAL	levocetirizine dihydrochloride	1	(g) / QL (1/day)
<i>xyzal solution</i>	<i>levocetirizine dihydrochloride</i>	1	M
<i>zyrtec solution</i>	<i>cetirizine hcl</i>	1	(g)

Epinephrine

Brand Name	Generic Name	Drug Tier	Notes
<i>epinephrine hcl</i>	<i>epinephrine hydrochloride</i>	4	
EPIPEN 2-PAK	epinephrine	2	
EPIPEN-JR 2-PAK	epinephrine	2	
TWINJECT	epinephrine	2	

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RESPIRATORY AND ALLERGY

Inhaled Beta-Agonists

Brand Name	Generic Name	Drug Tier	Notes
ARCAPTA NEOHALER	indacaterol maleate	3	QL (1 box/30 days)
BROVANA	arformoterol tartrate	3	PA / QL (4/day)
FORADIL AEROLIZER	formoterol fumarate	2	
MAXAIR AUTOHALER	pirbuterol acetate	2	
PERFOROMIST	formoterol fumarate dihydrate	3	PA
PROAIR HFA	albuterol sulfate	2	
PROVENTIL HFA	albuterol sulfate	3	
<i>proventil, ventolin solution</i>	<i>albuterol sulfate</i>	1	M / PA
SEREVENT DISKUS	salmeterol	2	
VENTOLIN HFA	albuterol sulfate	2	
XOPENEX	levalbuterol hydrochloride	3	PA
<i>xopenex 1.25mg</i>	<i>levalbuterol hydrochloride</i>	1	M / PA
XOPENEX HFA	levalbuterol tartrate	3	

Inhaled Steroids

Brand Name	Generic Name	Drug Tier	Notes
ALVESCO	ciclesonide	2	
ASMANEX	mometasone furoate	2	
FLOVENT DISKUS	fluticasone propionate	2	
FLOVENT HFA	fluticasone propionate	2	
PULMICORT 1MG RESPULES	budesonide	3	PA
PULMICORT FLEXHALER	budesonide	2	
<i>pulmicort respules</i>	<i>budesonide</i>	1	M / PA
QVAR	beclomethasone dipropionate	2	

Intranasal Steroids

Brand Name	Generic Name	Drug Tier	Notes
<i>nasacort aq</i>	<i>triamcinolone acetonide</i>	1	M

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RESPIRATORY AND ALLERGY

Miscellaneous Pulmonary Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>acollete</i>	<i>zafirlukast</i>	1	(g)
<i>accuneb</i>	<i>albuterol sulfate</i>	1	M / PA
ADVAIR DISKUS	fluticasone propionate/ salmeterol	2	
ADVAIR HFA	fluticasone propionate/ salmeterol	2	QL (1/month)
ATROVENT HFA	ipratropium bromide	2	
<i>atrovent nasal</i>	<i>ipratropium bromide</i>	1	(g)
<i>atrovent solution</i>	<i>ipratropium bromide</i>	1	(g) / PA
COMBIVENT	albuterol sulfate/ipratropium bromide	2	
DALIRESP	roflumilast	3	
DULERA	formoterol fumarate dihydrate/mometasone furoate	2	QL (1/month)
<i>duoneb</i>	<i>albuterol sulfate/ipratropium bromide</i>	1	M / PA
<i>gastrocrom</i>	<i>cromolyn sodium</i>	1	M
<i>intal solution</i>	<i>cromolyn sodium</i>	1	(g) / PA
<i>mucomyst</i>	<i>acetylcysteine</i>	1	(g) / PA
PATANASE	olopatadine hydrochloride	3	
PULMOZYME	dornase alfa	5	PA
SINGULAIR	montelukast sodium	2	
SPIRIVA HANDIHALER	tiotropium bromide	2	QL (1/day)
SYMBICORT	budesonide/formoterol fumarate dihydrate	2	QL (1/month)
TYZINE	tetrahydrozoline	2	
XOLAIR	omalizumab	5	
ZYFLO CR	zileuton	3	

Oral Beta-Agonists

Brand Name	Generic Name	Drug Tier	Notes
<i>alupent</i>	<i>metaproterenol sulfate</i>	1	(g)
<i>brethine</i>	<i>terbutaline sulfate</i>	1	(g)
<i>proventil oral</i>	<i>albuterol sulfate</i>	1	(g)
<i>vospire er</i>	<i>albuterol sulfate</i>	1	(g)

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RESPIRATORY AND ALLERGY

Theophyllines

Brand Name	Generic Name	Drug Tier	Notes
<i>elixophyllin</i>	<i>theophylline</i>	1	(g)
THEO-24	theophylline	3	QL (1/day)
<i>theochron</i>	<i>theophylline</i>	1	(g)
<i>theophylline</i>	<i>theophylline</i>	1	(g)
<i>uniphyl</i>	<i>theophylline</i>	1	(g)

Xanthines

Brand Name	Generic Name	Drug Tier	Notes
<i>aminophylline</i>	<i>aminophylline</i>	1	(g) / I
LUFYLLIN	dyphylline	3	

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RHEUMATOLOGY AND MUSCULOSKELETAL

Gout Therapy

Brand Name	Generic Name	Drug Tier	Notes
COLCRYS	colchicine	2	
<i>probenecid</i>	<i>probenecid</i>	1	(g)
<i>probenecid/colchicine</i>	<i>colchicine/probenecid</i>	1	(g)
ULORIC	febuxostat	2	QL (1/day) / ST
<i>zyloprim</i>	<i>allopurinol</i>	1	(g) / I

Miscellaneous Rheumatologic Agents

Brand Name	Generic Name	Drug Tier	Notes
<i>arava</i>	<i>leflunomide</i>	1	(g)
CUPRIMINE	penicillamine	2	
DEPEN TITRATABS	penicillamine	3	
KRYSTEXXA	pegloticase	5	
RIDAURA	auranofin	2	

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RHEUMATOLOGY AND MUSCULOSKELETAL

Osteoporosis/Bone Resorption

Brand Name	Generic Name	Drug Tier	Notes
ACTONEL 150MG	risedronate sodium	2	QL (1/month) / ST
ACTONEL 35MG	risedronate sodium	2	QL (1/week) / ST
ACTONEL 5MG, 30MG	risedronate sodium	2	QL (1/day) / ST
ATELVIA	risedronate sodium	3	QL (1/week) / ST
BONIVA IV	ibandronate sodium	4	PA
BONIVA TABLET	ibandronate sodium	3	PA / QL (1/month) / ST
<i>didronel</i>	<i>etidronate disodium</i>	1	(g)
EVISTA	raloxifene hydrochloride	2	
FORTEO	teriparatide	5	PA / QL (1/month)
FORTICAL	calcitonin, salmon (rdna)	2	
<i>fosamax</i>	<i>alendronate sodium</i>	1	(g)
<i>fosamax 35mg, 70mg</i>	<i>alendronate sodium</i>	1	(g) / QL (1/week)
FOSAMAX PLUS D	alendronate sodium/cholecalciferol	3	QL (1/week)
FOSAMAX SOLUTION	alendronate sodium	3	QL (4/month)
<i>miacalcin</i>	<i>calcitonin, salmon</i>	1	(g)
MIACALCIN INJECTION	calcitonin, salmon	5	PA
PROLIA	denosumab	4	PA
RECLAST	zoledronic acid monohydrate	4	
ZOMETA	zoledronic acid monohydrate	5	

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UROLOGY

BPH Treatment

Brand Name	Generic Name	Drug Tier	Notes
AVODART	dutasteride	2	
<i>flomax</i>	<i>tamsulosin hydrochloride</i>	1	(g) / QL (2/day)
JALYN	dutasteride/tamsulosin hydrochloride	3	QL (1/day)
<i>proscar</i>	<i>finasteride</i>	1	(g)
RAPAFLO 4MG	silodosin	3	QL (2/day)
RAPAFLO 8MG	silodosin	3	QL (1/day)
<i>uroxatral</i>	<i>alfuzosin</i>	1	(g) / QL (1/day)

Miscellaneous Urologicals

Brand Name	Generic Name	Drug Tier	Notes
CYSTAGON	cysteamine bitartrate	3	
ELMIRON	pentosan polysulfate	2	
ENABLEX	darifenacin hydrobromide	3	QL (1/day)
<i>potassium citrate extended-release</i>	<i>potassium citrate</i>	1	(g)
<i>urecholine</i>	<i>bethanechol chloride</i>	1	(g)

Urinary Antispasmodics

Brand Name	Generic Name	Drug Tier	Notes
DETROL	tolterodine tartrate	2	
DETROL LA	tolterodine tartrate	2	
<i>ditropan</i>	<i>oxybutynin chloride</i>	1	(g)
<i>ditropan xl</i>	<i>oxybutynin chloride</i>	1	(g) / QL (2/day)
<i>ditropan xl 5mg</i>	<i>oxybutynin chloride</i>	1	(g) / QL (1/day)
GELNIQUE	oxybutynin chloride	3	QL (1/day)
OXYTROL	oxybutynin	3	QL (2/week)
<i>sanctura</i>	<i>trospium chloride</i>	1	(g)
SANCTURA XR	trospium chloride	3	QL (1/day)
TOVIAZ 4MG	fesoterodine fumarate	3	QL (2/day)
TOVIAZ 8MG	fesoterodine fumarate	3	QL (1/day)
<i>urispas</i>	<i>flavoxate hydrochloride</i>	1	(g)
VESICARE	solifenacin succinate	3	

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VITAMINS AND SUPPLEMENTS

Electrolytes and Misc. Nutrients

Brand Name	Generic Name	Drug Tier	Notes
AMMONIUM CHLORIDE	ammonium chloride	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	chloride ion/dextrose (anhydrous)/lactate anion/magnesium (+2)/phosphate/potassium (+1)/sodium (+1)	4	
IONOSOL	chloride ion/dextrose (anhydrous)/lactate anion/magnesium (+2)/phosphate/potassium (+1)/sodium (+1)	4	
ISOLYTE	acetate/chloride ion/dextrose (anhydrous)/magnesium (+2)/potassium (+1)/sodium (+1)	4	
MAGNESIUM SULFATE	magnesium sulfate, heptahydrate	4	
MAGNESIUM SULFATE IN D5W	dextrose (anhydrous)/magnesium sulfate, heptahydrate	4	
NORMOSOL	acetate/chloride ion/gluconate anion/magnesium (+2)/potassium (+1)/sodium (+1)	4	
PLASMA-LYTE	acetate/chloride ion/gluconate anion/magnesium (+2)/potassium (+1)/sodium (+1)	4	
<i>sodium bicarbonate</i>	<i>sodium bicarbonate</i>	4	
<i>sodium lactate</i>	<i>sodium lactate</i>	4	
<i>tpn electrolytes ftv</i>	<i>acetate/calcium (+2)/chloride ion/magnesium (+2)/potassium (+1)/sodium (+1)</i>	4	

IV Fat Emulsions

Brand Name	Generic Name	Drug Tier	Notes
<i>intralipid</i>	<i>glycerin/soybean oil</i>	4	PA
LIPOSYN	glycerin/safflower oil/soybean oil	4	PA

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VITAMINS AND SUPPLEMENTS

IV Solutions: Dextrose and Lactated Ringers

Brand Name	Generic Name	Drug Tier	Notes
LACTATED RINGERS	calcium (+2)/chloride ion/lactate anion/potassium (+1)/sodium (+1)	4	
<i>potassium/dextrose/lactated ringers</i>	<i>calcium (+2)/chloride ion/dextrose (anhydrous)/lactate anion/potassium (+1)/sodium (+1)</i>	4	
<i>ringers injection</i>	<i>calcium (+2)/chloride ion/potassium (+1)/sodium (+1)</i>	4	

IV Solutions: Dextrose-Saline

Brand Name	Generic Name	Drug Tier	Notes
DEXTROSE 10%/NAACL 0.2%	dextrose (anhydrous)/sodium chloride	4	
<i>dextrose 2.5%/nacl 0.45%</i>	<i>dextrose (anhydrous)/sodium chloride</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	<i>dextrose (anhydrous)/sodium chloride</i>	4	
DEXTROSE 5%/NAACL 0.33%	dextrose (anhydrous)/sodium chloride	4	
<i>dextrose 5%/nacl 0.45%</i>	<i>dextrose (anhydrous)/sodium chloride</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	<i>dextrose (anhydrous)/sodium chloride</i>	4	

IV Solutions: Dextrose-Water

Brand Name	Generic Name	Drug Tier	Notes
<i>dextrose 10%</i>	<i>dextrose (anhydrous)</i>	4	PA
<i>dextrose 5%</i>	<i>dextrose (anhydrous)</i>	4	

IV Solutions: Saline

Brand Name	Generic Name	Drug Tier	Notes
<i>sodium chloride 0.45%</i>	<i>sodium chloride</i>	4	
<i>sodium chloride 0.9%</i>	<i>sodium chloride</i>	4	

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QL - Quantity Limit Restriction **ST** - Step Therapy Required. **I** - Injectable formulation is Tier 4.

L - Drug may be available only at certain pharmacies (see page vi).

M - Brand name drug is Tier 3, generic drug is Tier 1.

VITAMINS AND SUPPLEMENTS

Potassium Replacement

Brand Name	Generic Name	Drug Tier	Notes
<i>klor-con</i>	<i>potassium chloride</i>	1	(g)
K-TABS 10MEQ	potassium chloride	3	
<i>micro-k</i>	<i>potassium chloride</i>	1	(g)
POTASSIUM CHLORIDE	dextrose (anhydrous)/potassium chloride	4	
<i>potassium chloride iv</i>	<i>potassium chloride</i>	4	
<i>potassium chloride/d5w/nacl</i>	<i>dextrose (anhydrous)/potassium chloride/sodium chloride</i>	4	
POTASSIUM CHLORIDE/NACL	potassium chloride/sodium chloride	4	

Protein Replacement

Brand Name	Generic Name	Drug Tier	Notes
AMINOSYN	amino acids formula	4	PA
CLINIMIX 2.75%/DEXTROSE 5%	amino acids formula	4	PA
<i>clinisol sf 15%</i>	<i>amino acids formula</i>	4	PA
FREAMINE III 3%	amino acids formula	4	PA
HEPATAMINE	amino acids formula	4	PA
HEPATASOL	amino acids formula	4	PA
NEPHRAMINE	amino acids formula	4	PA
<i>premasol</i>	<i>amino acids formula</i>	4	PA
PROCALAMINE	amino acids formula	4	PA
PROSOL	amino acids formula	4	PA
<i>travasol</i>	<i>amino acids formula</i>	4	PA
TROPHAMINE	amino acids formula	4	PA

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VITAMINS AND SUPPLEMENTS

Vitamins and Minerals

Brand Name	Generic Name	Drug Tier	Notes
HECTOROL	doxercalciferol	3	I / PA
POLY-VI-FLOR	multivitamin/iron/fluoride	3	
POLY-VI-FLOR W/ IRON	multivitamin/iron/fluoride/iron	3	
<i>prenatal vitamins rx</i>	<i>prenatal vit/fe/fa</i>	1	M
<i>sodium fluoride</i>	<i>sodium fluoride</i>	1	(g)
TRI-VITAMIN W/ FLUORIDE	multivitamin/fluoride	1	(g)
ZEMPLAR	paricalcitol	3	I / PA

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WOMEN'S HEALTH

Estrogen/Progestin Combinations

Brand Name	Generic Name	Drug Tier	Notes
<i>activella 0.5mg/0.1mg</i>	<i>estradiol/norethindrone acetate</i>	1	M
<i>activella 1mg/0.5mg</i>	<i>estradiol/norethindrone acetate</i>	1	(g)
ANGELIQ	drospirenone/estradiol	3	
CLIMARA PRO	estradiol/levonorgestrel	3	QL (1/week)
COMBIPATCH	estradiol/norethindrone acetate	3	QL (2/week)
<i>femhrt</i>	<i>ethinyl estradiol/norethindrone acetate</i>	1	(g)
FEMHRT LOW DOSE	ethinyl estradiol/norethidrone acetate	2	
NUVARING	ethinyl estradiol/etonogestrel	3	QL (1/month)
PREFEST	estradiol/norgestimate	3	
PREMPHASE	estrogens, conjugated/ medroxyprogesterone acetate	2	
PREMPRO	estrogens, conjugated/ medroxyprogesterone acetate	2	

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WOMEN'S HEALTH

Estrogens

Brand Name	Generic Name	Drug Tier	Notes
ALORA	estradiol	2	QL (2/week)
CENESTIN	estrogens, conjugated synthetic a	3	
<i>climara</i>	<i>estradiol</i>	1	(g) / QL (1/week)
<i>delestrogen</i>	<i>estradiol valerate</i>	4	
DEPO-ESTRADIOL	estradiol cypionate	4	
DIVIGEL	estradiol	3	
ELESTRIN	estradiol	3	
ENJUVIA	estrogens, conjugated synthetic, b	2	
ESTRACE CREAM	estradiol	3	
<i>estrace tablet</i>	<i>estradiol</i>	1	(g)
ESTRADERM	estradiol	2	QL (2/week)
ESTRING	estradiol	2	QL (1/90 days)
EVAMIST	estradiol	3	
FEMRING	estradiol acetate	3	QL (1/90 days)
FEMTRACE	estradiol acetate	3	
MENEST	estrogens, esterified	3	
MENOSTAR	estradiol	3	QL (1/week)
<i>ogen</i>	<i>estropipate</i>	1	(g)
PREMARIN	estrogens, conjugated	2	I
PREMARIN W/APPLICATOR	estrogens, conjugated	2	
VAGIFEM	estradiol hemihydrate	3	
VIVELLE-DOT	estradiol	2	QL (2/week)

Miscellaneous Women's Health

Brand Name	Generic Name	Drug Tier	Notes
LUPRON DEPOT 3.75MG, 11.25MG	leuprolide acetate	3	
LYSTEDA	tranexamic acid	2	QL (30/month)
METHERGINE	methylergonovine maleate	2	
<i>methylergonovine</i>	<i>methylergonovine maleate</i>	1	
SYNAREL	nafarelin acetate	2	

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WOMEN'S HEALTH

Oral Contraceptives

Brand Name	Generic Name	Drug Tier	Notes
<i>alesse</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
BEYAZ	drospirenone/ethinyl estradiol/levomefolate calcium (l-methylfolate ca)	3	
<i>demulen 1/35</i>	<i>ethinyl estradiol/ethynodiol diacetate</i>	1	(g)
<i>demulen 1/50</i>	<i>ethinyl estradiol/ethynodiol diacetate</i>	1	(g)
<i>desogen</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
ELLA	ulipristal acetate	3	QL (2/month)
<i>estrostep fe</i>	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate</i>	1	(g)
<i>femcon fe</i>	<i>ethinyl estradiol/ferrous fumarate/norethindrone</i>	1	(g)
GENERESS FE	noreth-ethinyl estradiol/iron	3	
<i>loestrin</i>	<i>ethinyl estradiol/norethindrone acetate</i>	1	(g)
<i>loestrin 24 fe</i>	<i>ethinyl estradiol/ferrous fumarate/norethindrone acetate</i>	1	M
<i>lo-ovral</i>	<i>ethinyl estradiol/norgestrel</i>	1	(g)
<i>loseasonique</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	M
LYBREL	ethinyl estradiol/levonorgestrel	2	
<i>mirrette</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
<i>modicon 0.5/35-28</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
<i>nordette-28</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
<i>norinyl 1/35</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
ORTHO EVRA	ethinyl estradiol/norelgestromin	2	QL (1/week)
<i>ortho micronor</i>	<i>norethindrone</i>	1	(g)
ORTHO TRI-CYCLEN LO	ethinyl estradiol/norgestimate	3	
<i>ortho-cept</i>	<i>desogestrel/ethinyl estradiol</i>	1	(g)
<i>ortho-cyclen</i>	<i>ethinyl estradiol/norgestimate</i>	1	(g)
<i>ortho-novum</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
<i>ovcon-35</i>	<i>ethinyl estradiol/norethindrone</i>	1	(g)
OVCON-50	ethinyl estradiol/norethindrone	3	
<i>plan b</i>	<i>levonorgestrel</i>	1	(g)

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WOMEN'S HEALTH

Oral Contraceptives (continued)

Brand Name	Generic Name	Drug Tier	Notes
SAFYRAL	drospir/eth estra/levomefol ca	3	
<i>seasonale</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g) / QL (1/day)
<i>seasonique</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	QL (1/day) / M
<i>tri-levlen</i>	<i>ethinyl estradiol/levonorgestrel</i>	1	(g)
<i>yaz</i>	<i>drospirenone/ethinyl estradiol</i>	1	(g)

Progestins

Brand Name	Generic Name	Drug Tier	Notes
<i>aygestin</i>	<i>norethindrone acetate</i>	1	(g)
CRINONE	progesterone	2	
<i>depo-provera 150mg</i>	<i>medroxyprogesterone acetate</i>	1	(g)
DEPO-PROVERA 400MG	medroxyprogesterone acetate	2	
DEPO-SUBQ PROVERA 104MG	medroxyprogesterone acetate	2	
EDOMETRIN	progesterone	2	
MAKENA	hydroxyprogesterone caproate	5	
PROMETRIUM	progesterone	2	
<i>provera</i>	<i>medroxyprogesterone acetate</i>	1	(g)

Vaginal Anti-Infective/Anti-Fungal

Brand Name	Generic Name	Drug Tier	Notes
CLEOCIN SUPPOSITORY	clindamycin phosphate	3	
<i>cleocin vaginal</i>	<i>clindamycin phosphate</i>	1	(g)
CLINDESSE	clindamycin phosphate	3	
GYNAZOLE-1	butoconazole nitrate	3	
<i>metrogel</i>	<i>metronidazole</i>	1	(g)
<i>monistat 3</i>	<i>miconazole nitrate</i>	1	(g)
<i>terazol</i>	<i>terconazole</i>	1	(g)

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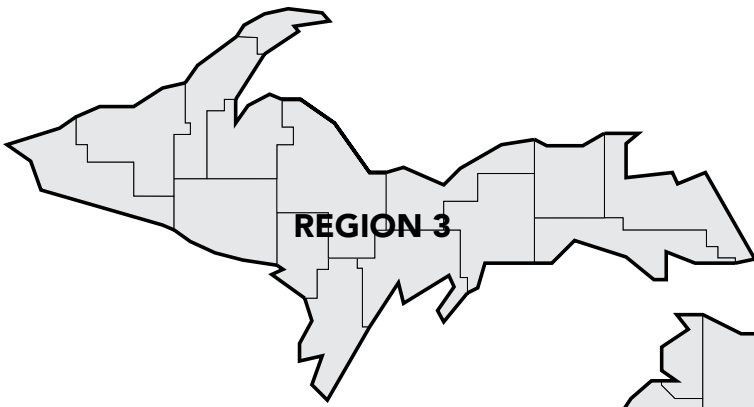
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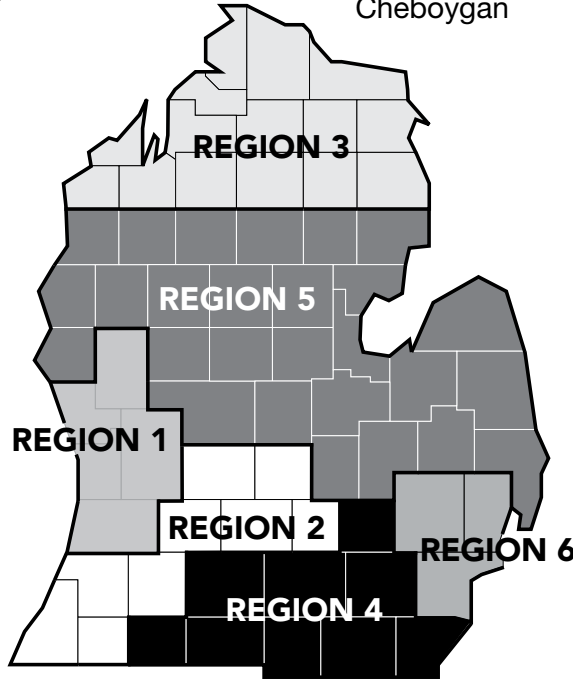
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| Alpena | Delta | Mackinac |
| Antrim | Dickinson | Marquette |
| Baraga | Emmet | Menominee |
| Benzie | Gogebic | Montmorency |
| Charlevoix | Grand Traverse | Ontonagon |
| Cheboygan | Houghton | Oscoda |
| | Iron | Otsego |
| | Kalkaska | Presque Isle |
| | Keweenaw | Schoolcraft |

REGION 1

- Allegan
Kent
Muskegon
Newaygo
Ottawa

REGION 2

- Barry
Berrien
Cass
Clinton
Eaton
Ingham
Ionia
Kalamazoo
Van Buren



REGION 5

- | | |
|----------|------------|
| Arenac | Midland |
| Bay | Missaukee |
| Clare | Montcalm |
| Genesee | Oceana |
| Gladwin | Ogemaw |
| Gratiot | Osceola |
| Huron | Roscommon |
| Iosco | Saginaw |
| Isabella | Sanilac |
| Lake | Shiawassee |
| Lapeer | St. Clair |
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| Mason | Wexford |
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REGION 4

- | | |
|-----------|------------|
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| Hillsdale | St. Joseph |
| Jackson | Washtenaw |
| Lenawee | |

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