

# 2009 Aetna Preferred Drug Guide

## 3-Tier/Open Formulary Plan



Includes generic  
and brand-name  
medications on  
Aetna's Preferred  
Drug List

## Questions?

Call the toll-free Member Services number listed on your Member ID card. Member Services representatives are available to take your call

**Monday – Friday, 9:00 am – 5:00 pm.\***

Visit **[www.aetna.com](http://www.aetna.com)** for the most up-to-date information.

TDD for hearing or speech impaired please call **1-800-628-3323**.

\*Depending on your geographic location, some Member Services call centers may offer extended hours for your convenience.

Dear Member:

To help you know how medications are covered by your plan, we are pleased to provide you with a copy of our **2009 Preferred Drug Guide**. The drugs on the Preferred Drug List were selected based on their effectiveness, safety, cost and other factors.

This guide provides helpful information on the Aetna Preferred Drug List and your pharmacy benefits plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan.

Many commonly prescribed medications are listed in this guide. Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefits plan, we only list the most commonly prescribed ones. Visit **[www.aetna.com/formulary](http://www.aetna.com/formulary)** for the most up-to-date information.

In accordance with state law, California HMO members who are receiving coverage for medications that are added to the Precertification or Step-Therapy Lists will continue to have those medications covered for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this material shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this material be construed to prohibit generic drug substitutions.

For members in Texas, additions to the 2009 Preferred Drug List will be effective no later than January 1, 2009. In accordance with state law, full-risk members in Texas who receive coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date.

Step-therapy, precertification and quantity limits do not apply in all service areas. For example, step-therapy does not apply to fully insured members in New Jersey and Indiana. Please refer to your plan documents or call the Member Services number on your ID card for further information.

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# What Pharmacy Benefits Plan Do I Have?

## You are enrolled in a three-tier/open formulary plan.\*

Open formulary means your pharmacy benefit covers medications that are on the Preferred Drug List (formulary), as well as many that are not. Your plan may not cover some medications listed in this guide, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies. Please see your plan documents for a complete description of your pharmacy benefits, or call the Member Services number on your ID card.

Three-tier means there are three copay tiers or levels for covered prescription medications.

Copay Tier**	Type of Drug
Tier 1 (Low Copay)	Covered generic medications***
Tier 2 (Middle Copay)	Covered preferred brand-name medications
Tier 3 (High Copay)	Covered non-preferred generic or brand-name medications***

Your plan may have a “mandatory generic cost-sharing requirement,” which means that if you receive a brand-name medication when a generic is available, you pay the difference in cost between the brand-name and generic medication, in addition to your copay. For a summary of your pharmacy benefits plan, including copay amounts, please log in to Aetna Navigator®, your secure member website, at [www.aetna.com](http://www.aetna.com) or call the Member Services number on your ID card.

## What is the Aetna Preferred Drug List?

The Aetna Preferred Drug List (or formulary) is a list of preferred, drugs which have been approved by the Food and Drug Administration (FDA), and are considered safe and cost-effective. This list includes both brand-name and generic medications and is updated regularly. Aetna will generally cover the drugs listed on our Preferred Drug List as long as the drug is medically necessary and plan rules are followed. Coverage is not limited to drugs on the Preferred Drug List.

\*Your enrollment in an Aetna three-tier/open formulary plan was based on information available at the time of this mailing. If your pharmacy benefits plan changes, the copays and coverage of certain medications detailed in this guide may no longer apply.

\*\*If your plan has a deductible or copay levels based on a percentage of Aetna’s negotiated charge with the participating pharmacy, rebates that Aetna receives from drug manufacturers do not reduce the amount you pay to the pharmacy for an individual prescription drug. Also, in some cases, if you need to pay a percentage of the cost of a drug or an amount to meet a deductible, your costs may be higher for a preferred drug than they would be for a non-preferred drug.

\*\*\*If you are enrolled in a PPO plan, all covered generic medications may be available at the lowest copay (tier one), regardless of whether they are preferred. In most HMO plans, non-preferred generic medications may be available at the highest copay (tier three). Refer to your plan documents, visit Aetna Navigator or call Member Services for information about your benefits plan.

Some plans have different coverage tiers for brand-name, generic, preferred and non-preferred medications. Usually, drugs that are preferred are covered at a lower tier, which means you pay less out of pocket for those drugs.

The Preferred Drug List is subject to change. We choose drugs for the Preferred Drug List based on reliable medical data, safety and cost. Many medications, including drugs on the Preferred Drug List, are subject to rebate arrangements between Aetna and the manufacturer of those medications.\*

For the most up-to-date information, visit [www.aetna.com/formulary](http://www.aetna.com/formulary). It is important to note that you and your physician are responsible for making the final decision on your drug therapy.

## Who Reviews Medications for the Preferred Drug List?

Aetna's Pharmaceutical and Therapeutics (P&T) Committee reviews available clinical literature for medications that have been approved by the FDA.

## How is the Preferred Drug List Developed?

Aetna's Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews the scientific evidence from DrugPoints®, American Hospital Formulary Service Drug Information (AHFS-DI), DRUGDEX®, Medline and other databases, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.\*\*

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Aetna employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the Preferred Drug List.

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\*Rebates that Aetna receives from drug manufacturers do not reduce the amount you pay to the pharmacy for an individual prescription drug. Our online cost estimator tools on Aetna Navigator may help you decide which drug will cost you less.

\*\*DrugPoints® and DRUGDEX® are registered trademarks of Thomson.

## Why is the Preferred Drug List Subject to Change?

We may add or remove drugs from the Preferred Drug List at any time. We might also move a drug from one coverage tier to another.

Here are some reasons why we may make changes to the Preferred Drug List.

- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment while the generic medication may be covered at a lower copayment. **Medications likely to become available generically in 2009 are identified in this guide with a “#” symbol.**
- The Preferred Drug List may change because the FDA approves many new medications throughout the year. Open formulary plans generally cover new FDA-approved medications before they have completed Aetna’s new drug review process; however, you may pay a higher copayment. The new medication also may be subject to precertification or step-therapy requirements.
- The Preferred Drug List also may change if a medication is withdrawn from the market or becomes available without a prescription. Over-the-counter (OTC) drugs are not generally covered under a prescription plan.

## Why Do Some Medications Require Prior Authorization or Precertification?

Precertification encourages the appropriate and cost-effective use of medications by allowing coverage only when certain conditions are met. For example, precertification promotes compliance with dosing guidelines, and helps health-care providers avoid inappropriate duplicate therapies and check that a medication is being used based on generally accepted medical criteria. The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information and cost and manufacturer rebate arrangements.

If your plan requires precertification, you will find a list of drugs that are subject to precertification in the back of this guide.

- Your doctor must contact Aetna to request approval for coverage of the precertified medication.
- If we approve the request, we will notify your doctor. The medication will then be covered at the applicable copay under your plan. You will also be notified of approvals where the state requires notification to members.
- If the request is denied, you and your doctor will be notified. You can still purchase the medication for the full price.

For information on whether precertification applies to your plan, please refer to your plan documents or call the Member Services number on your ID card. Refer to pages 33-34 for further details on which medications require precertification.

## Why Do Some Medications Have Quantity Limits?

The precertification program also limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that the medications are used appropriately and promote patient safety. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limits program includes:

- **Dose Efficiency Edits** – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

To get coverage for amounts over the allowed quantity, your doctor must request a medical exception. Refer to pages 35-41 for further details on which medications have quantity limits.

## What is Step-Therapy?

With this program, trying one or more “prerequisite” drugs is required before a “step-therapy” medication will be covered under your pharmacy benefits plan. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step-therapy drugs.

Step-therapy promotes the appropriate use of equally effective but lower-cost drugs first. Your doctor can ask for an exception if it is medically necessary for you to use a drug on the step-therapy list. If the request is approved, we will notify your doctor. The medication will then be covered at the applicable copay under your plan. You will also be notified of approvals where states require it. If the request is denied, we will notify you and your doctor.

- For information on whether step-therapy applies to your plan, please refer to your plan documents or call the Member Services number on your ID card.
- Refer to page 42-44 for further details on which medications require step-therapy.

The list of medications requiring precertification, quantity limits or step-therapy is subject to change. Find the most up-to-date information at [www.aetna.com/formulary](http://www.aetna.com/formulary) or call the Member Services number on your ID card.

## What is Therapeutic Duplication?

Therapeutic duplication occurs when two drugs of the same type are prescribed at the same time. Rarely are two drugs from the same category necessary to treat a medical condition.

Sometimes therapeutic duplication results when two physicians are prescribing medications for the same person or when a physician changes from one medication to another within the same therapeutic class, but does not discontinue the first medication. In either situation, the person may end up taking two drugs with similar actions, potentially leading to serious side effects.

If a therapeutic duplication is identified, your pharmacist may ask you and/or your physician about the medications you are supposed to be taking. He or she can then help determine if both medications are necessary, or whether one of the medications should be discontinued.

Medications subject to the therapeutic duplication program include:

- Selective Serotonin Reuptake Inhibitors (SSRI) used to treat depression
- Proton Pump Inhibitors used to treat ulcers
- Triptan drugs used to treat migraine headaches
- Inhaled steroids for the treatment of asthma
- Statin medications used to treat high cholesterol

## What are Generic Medications?

Drug manufacturers develop and release new drugs under a brand name. When the patent expires, other manufacturers are free to make their own duplicate versions of the same drug. Generic drugs are chemically the same as their branded counterparts and are the same in dosage, safety, strength, form and intended use. They are only available after the FDA approves them. Generic drugs usually cost less than brand-name drugs.

When filling your prescription, your pharmacist generally can substitute a generic medication for a brand-name medication when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor.

## How Can I Save Money on Prescriptions?

Ask your doctor to consider prescribing medications on the Preferred Drug List whenever appropriate. Medications on the Preferred Drug List generally cost you less money with a lower copayment.

In many plans, covered generic medications on the Preferred Drug List are available at the lowest copay. Ask your doctor or pharmacist whether generic medications are appropriate for you.

## What is Aetna Rx Home Delivery®?

Aetna Rx Home Delivery is our mail-order prescription service. Aetna Rx Home Delivery is an ideal way to obtain your medications that are taken regularly to treat a chronic condition such as arthritis, diabetes or heart disease. These medications are delivered right to your door.


Check Aetna Navigator® or your plan documents to see if your plan includes our Aetna Rx Home Delivery mail-order service. Features include:


- **Savings** – Depending on your Aetna pharmacy benefits plan, you could save money by using Aetna Rx Home Delivery, and standard shipping is always free.
- **Convenience** – Reorder only once every three months – Aetna Rx Home Delivery’s website and automated toll-free number let you order a refill, track your order and more!
- **Privacy** – Prescriptions are sent in plain packages.
- **Peace of mind** – Pharmacists check orders for accuracy and are available to answer member questions.

## How Do I Contact Aetna Rx Home Delivery?

Aetna Rx Home Delivery has two pharmacy locations – Florida and Missouri. Not sure which pharmacy you should use? Contact Member Services at the toll-free phone number on your ID card. If you know which one serves your pharmacy plan, contact that facility as shown below:

### Florida Mail-order Pharmacy


 Aetna Rx Home Delivery  
P.O. Box 829518  
Pembroke Pines, FL 33082-9913


 1-800-227-5720

 [www.Aetna.com/AetnaRxHomeDelivery](http://www.Aetna.com/AetnaRxHomeDelivery)

Hours: Monday – Friday,  
7:00 am – 11:00 pm EST  
Saturday, 8:00 am – 9:30 pm EST  
Sunday, 8:00 am – 6:00 pm EST

### Missouri Mail-order Pharmacy

 Aetna Rx Home Delivery  
P.O. Box 417019  
Kansas City, MO 64179-9892

 1-866-612-3862

 [www.AetnaRxHomeDelivery.com](http://www.AetnaRxHomeDelivery.com)

Hours: Monday – Friday,  
7:00 am – 11:00 pm EST  
Saturday, 7:00 am – 9:30 pm EST  
Sunday, 8:00 am – 5:30 pm EST

## What is Aetna Specialty Pharmacy®?

Aetna Specialty Pharmacy is available to fill your specialty injectable medication needs. A specialty pharmacy provides self-injectable, infused, compounded and select oral drugs that require special handling or refrigeration. These drugs are for treating conditions like hemophilia, hepatitis or multiple sclerosis. They can be expensive, and retail pharmacies often do not carry them. Some specialty drugs have side effects, so a pharmacist or nurse should closely monitor their use.

With Aetna Specialty Pharmacy, you can get convenient delivery for these drugs. Plus, Aetna Specialty Pharmacy's clinical support team can help you manage your therapy and health condition.

Depending on your benefits plan, you may have a copay for specialty injectable medications. Check Aetna Navigator, your plan documents or contact Member Services at the number on your ID card for further information. For more information on Aetna Specialty Pharmacy, call toll free at 1-866-782-ASRX (2779) or visit [www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com).

### THERAPEUTIC CLASS LIST KEY

**UPPERCASE** – Brand-name medication

***lower case italics*** – Generic medication

**NC** – Not covered

**PR** – Precertification required under most plans

**ST** – Step-therapy applies under most plans

**QL** – Quantity limit applies under most plans

**PMED** – Preferred injectable medication that may be covered under the medical benefit

**MED** – Injectable medication that may be covered under the medical benefit

**#** – Brand-name medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment. The brand-name medication may also be subject to precertification and/or step-therapy.

**1, 2, 3** – The numbers found in the drug lists represent copay tiers.

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antineoplastic Agents</b>				
<b>Adrenal Steroid Inhibitors</b>				
CYTADREN	3			
<b>Alkylating Agents</b>				
ALKERAN	2			
CEENU	2			
<i>cyclophosphamide</i>	1			
HEXALEN	2			
LEUKERAN	2			
MYLERAN	2			
TEMODAR	2	✓		
<b>Antimetabolites</b>				
<i>mercaptopurine</i>	1			
<i>methotrexate</i>	1			
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA	2	✓		
<b>Antineoplastic – Hormonal Agents</b>				
ARIMIDEX	2			
AROMASIN	2			
<i>bicalutamide</i> <sup>†</sup>	1		✓	
CASODEX #	3		✓	
DEPO-PROVERA	3			
EMCYT	2			
EULEXIN	3			
FARESTON	3			
FEMARA	2			
<i>flutamide</i>	1			
<i>leuprolide</i>	1			
LUPRON	2			
LUPRON DEPOT	PMED			
LYSODREN	3			
MEGACE	3			
MEGACE ES	3			
<i>megestrol</i>	1			
NILANDRON	2			
<i>tamoxifen</i>	1			
<b>Antineoplastic Enzyme Inhibitors</b>				
GLEEVEC	2	✓		
IRESSA	3			
NEXAVAR	2	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antineoplastic Enzyme Inhibitors (continued)</b>				
SPRYCEL	3	✓	✓	
SUTENT	2	✓	✓	
TARCEVA	2	✓		
TASIGNA	3	✓	✓	
<b>Antineoplastics – Miscellaneous</b>				
ACTIMMUNE	3			
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	3			
MATULANE	2			
MYLOCEL	3			
TARGETIN	2			
<i>tretinoin 10 mg</i>	1	✓		
TYKERB	3	✓		
VESANOID	3	✓		
ZOLINZA	3	✓		
<b>Chemotherapy Rescue/Antidote Agents</b>				
<i>leucovorin calcium</i>	1			
MESNEX	3			
<b>Immunomodulators</b>				
REVLIMID	3			
THALOMID	3			
<b>Mitotic Inhibitors</b>				
<i>etoposide</i>	1			
VEPESID	3			
<b>Blood Products- Modifiers- Volume Expanders</b>				
<b>Anticoagulants – Coumarin</b>				
COUMADIN	3			
<i>warfarin</i>	1			
<b>Anticoagulants – Heparins</b>				
ARIXTRA	3			
FRAGMIN	3			
<i>heparin sodium</i>	PMED			
INNOHEP	3			
LOVENOX	3			
<b>Antithrombotic Coagulant Complex</b>				
FEIBA VH IMMUNO	2		✓	
<b>Blood Clotting Factor VIIa</b>				
NOVOSEVEN	2		✓	

<sup>†</sup>Generic expected to be available by 1/1/09.

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Blood Clotting Factor VIII Human</b>				
ALPHANATE	3		✓	
HEMOFIL M	3		✓	
HUMATE-P	3		✓	
KOATE-DVI	3		✓	
MONARC-M	3		✓	
MONOCLATE-P	2		✓	
<b>Blood Clotting Factor VIII Recombinant</b>				
ADVATE	3		✓	
HELIXATE FS	3		✓	
KOGENATE FS	3		✓	
RECOMBINATE	3		✓	
REFACTO	3		✓	
<b>Blood Clotting Factor IX Non-Recombinant</b>				
ALPHANINE SD	3		✓	
MONONINE	2		✓	
PROFILNINE	3		✓	
<b>Blood Clotting Factor IX Complex</b>				
BEBULIN VH	3		✓	
PROPLEX T	3		✓	
<b>Blood Clotting Factor IX Recombinant</b>				
BENEFIX	3		✓	
<b>Gaucher Disease</b>				
ZAVESCA	3		✓	
<b>Hematopoietic Growth Factors</b>				
ARANESP	PMED		✓	
EPOGEN	MED		✓	
PROCRIT	PMED		✓	
LEUKINE	MED			
NEULASTA	PMED			
NEUPOGEN	MED			
<b>Platelet Aggregation Inhibitors</b>				
AGGRENOX	2			
AGRYLIN	3			
<i>anagrelide</i>	1			
<i>cilostazol</i>	1			
<i>dipyridamole</i>	1			
PERSANTINE	3			
PLAVIX #	2			
PLETAL	3			
TICLID	3			
<i>ticlopidine</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Cardiovascular System</b>				
<b>Alpha-Beta Blockers</b>				
<i>carvedilol</i>	1			
COREG	3			
COREG CR	2			
<i>labetalol</i>	1			
TRANDATE	3			
<b>Anaphylaxis Therapy Agents</b>				
EPIPEN	2			
EPIPEN-JR	2			
TWINJECT	3			
<b>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations</b>				
ACCUPRIL	3			
ACCURETIC	3			
ACEON #	3			
ALTACE	3			✓
<i>benazepril</i>	1			
<i>benazepril/hydrochlorothiazide</i>	1			
CAPOTEN	3			
CAPOZIDE	3			
<i>captopril</i>	1			
<i>captopril/hydrochlorothiazide</i>	1			
<i>enalapril</i>	1			
<i>enalapril/hydrochlorothiazide</i>	1			
<i>fosinopril</i>	1			
<i>fosinopril/hydrochlorothiazide</i>	1			
<i>lisinopril</i>	1			
<i>lisinopril/hydrochlorothiazide</i>	1			
<i>moexipril</i>	1			
<i>moexipril/hydrochlorothiazide</i>	1			
LOTENSIN	3			
LOTENSIN HCT	3			
MAVIK	3			
MONOPRIL	3			
MONOPRIL HCT	3			
PRINIVIL	3			
PRINZIDE	3			
<i>quinapril</i>	1			
<i>quinaretic</i>	1			
<i>ramipril</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations (continued)</b>				
<i>trandolapril</i>	1			
UNIRETIC	3			
UNIVASC	3			
VASERETIC	3			
VASOTEC	3			
ZESTORETIC	3			
ZESTRIL	3			

Angiotensin II Receptor Antagonists and Combinations	Copay Tier	Quantity Limits	Precept	Step-Therapy
ATACAND	3	✓		✓
ATACAND HCT	3	✓		✓
AVAPRO	3	✓		✓
AVALIDE	3	✓		✓
AZOR	3	✓		
BENICAR	3	✓		
BENICAR HCT	3	✓		
COZAAR	2	✓		
DIOVAN	2	✓		
DIOVAN HCT	2	✓		
EXFORGE	2	✓		
HYZAAR	2	✓		
MICARDIS	3	✓		
MICARDIS HCT	3	✓		
TEVETEN	3	✓		
TEVETEN HCT	3			

Antiadrenergic Antihypertensives	Copay Tier	Quantity Limits	Precept	Step-Therapy
CARDURA	3			
CARDURA XL	3			
CATAPRES	3			
CATAPRES-TTS	3			
<i>clonidine</i>	1			
<i>doxazosin</i>	1			
<i>guanabenz</i>	1			
<i>guanfacine</i>	1			
HYTRIN	3			
<i>methyl dopa</i>	1			
MINIPRESS	3			
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antianginals – Nitrates</b>				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISMO	3			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
MONOKET	3			
NITROBID	3			
NITRO-DUR	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	3			
NITROSTAT	2			
<i>nitro-transderm</i>	1			

Antianginals – Other	Copay Tier	Quantity Limits	Precept	Step-Therapy
RANEXA	3	✓		✓

Antiarrhythmics Type I-A	Copay Tier	Quantity Limits	Precept	Step-Therapy
<i>disopyramide</i>	1			
NORPACE	3			
<i>procainamide</i>	1			
<i>procainamide ER</i>	1			
PRONESTYL	3			
PRONESTYL SR	3			
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			

Antiarrhythmics Type I-B	Copay Tier	Quantity Limits	Precept	Step-Therapy
<i>mexiletine</i>	1			

Antiarrhythmics Type I-C	Copay Tier	Quantity Limits	Precept	Step-Therapy
<i>flecainide</i>	1			
<i>propafenone</i>	1			
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			

Antiarrhythmics Type III	Copay Tier	Quantity Limits	Precept	Step-Therapy
<i>amiodarone</i>	1			
CORDARONE	3			
PACERONE	3			
TIKOSYN	3			

Antihyperlipidemics – Bile Sequestrants	Copay Tier	Quantity Limits	Precept	Step-Therapy
<i>cholestyramine</i>	1			
COLESTID	3			

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antihyperlipidemics – Bile Sequestrants (continued)</b>				
<i>colestipol</i>	1			
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			
<b>Antihyperlipidemics – Fibric Acid Derivatives</b>				
ANTARA	2			
<i>gemfibrozil</i>	1			
<i>fenofibrate</i>	1			
FENOGLIDE	3			
LOFIBRA	3			
LOPID	3			
LIPOFEN	3			
TRICOR #	2			
TRIGLIDE	3			
<b>Antihyperlipidemics – HMG CoA Reductase Inhibitors</b>				
ADVICOR	2	✓		
ALTOPREV	3	✓		✓
CADUET	3	✓		✓
CRESTOR 5 mg	2	✓		✓
CRESTOR (all other strengths)	2	✓		
LESCOL	2	✓		
LESCOL XL	2	✓		
LIPITOR	3	✓		✓
<i>lovastatin</i>	1	✓		
MEVACOR	3	✓		
PRAVACHOL	3	✓		
<i>pravastatin</i>	1	✓		
SIMCOR	2	✓		
<i>simvastatin</i>	1	✓		
VYTORIN 10 mg / 10 mg	2	✓		✓
VYTORIN (all other strengths)	2	✓		
ZOCOR	3	✓		
<b>Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors</b>				
ZETIA	2	✓	✓	
<b>Antihyperlipidemics – Miscellaneous</b>				
LIPEX	3			
LOVAZA	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antihyperlipidemics – Nicotinic Acid Derivatives</b>				
NIASPAN	2			
<b>Beta Blockers Cardioselective and Combinations</b>				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>atenolol/chlorthalidone</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol fumarate</i>	1			
<i>bisoprolol/ hydrochlorothiazide</i>	1			
BYSTOLIC	2			
KERLONE	3			
LOPRESS HCT	3			
LOPRESSOR	3			
<i>metoprolol</i>	1			
<i>metoprolol succinate SR</i>	3			
SECTRAL	3			
TENORETIC	3			
TENORMIN	3			
TOPROL XL	3			
ZEBETA	3			
ZIAC	3			
<b>Beta Blockers Non-Selective and Combinations</b>				
BETAPACE	3			
BETAPACE AF	3			
CARTROL	3			
CORGARD	3			
CORZIDE	3			
INDERAL	3			
INDERAL LA	3			
INDERIDE	3			
INNOPRAN XL	3			
LEVATOL	3			
<i>metoprolol/ hydrochlorothiazide</i>	1			
<i>nadolol</i>	1			
<i>nadolol bendroflumethiazide</i>	1			
<i>pindolol</i>	1			
<i>propranolol</i>	1			
<i>propranolol SR</i>	1			
<i>propranolol/ hydrochlorothiazide</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
<b>Beta Blockers Non-Selective and Combinations (continued)</b>				
<i>sorine</i>	1			
<i>sotalol AF</i>	1			
<i>sotalol hcl</i>	1			
TIMOLIDE	3			
<i>timolol maleate</i>	1			
<b>Calcium Blockers</b>				
ADALAT CC	3			
<i>afeditab</i>	1			
<i>amlodipine</i>	1			
CALAN	3			
CALAN SR	3			
CARDENE	3			
CARDENE SR	3			
CARDIZEM	3			
CARDIZEM CD	3			
CARDIZEM LA	2			
<i>cartia XT</i>	1			
COVERA-HS	3			
DILACOR XR	3			
<i>diltia XT</i>	1			
<i>diltiazem</i>	1			
<i>diltiazem CD/ER/CR/XT</i>	1			
<i>diltiazem extended release beads SR</i>	1			
DYNACIRC CR	3			
<i>felodipine</i>	1			
ISOPTIN SR	3			
<i>isradipine</i>	1			
<i>nicardipine</i>	1			
<i>nifediac CC</i>	1			
<i>nifedical XL</i>	1			
<i>nifedipine</i>	1			
<i>nifedipine CR/ER/SR</i>	1			
<i>nimodipine</i>	1			
NIMOTOP	3			
NORVASC	3			
PLENDIL	3			
PROCARDIA	3			
PROCARDIA XL	3			
SULAR	3			
<i>taztia XT</i>	1			
TIAZAC	3			
<i>verapamil</i>	1			
<i>verapamil CE/ER/SR</i>	1			
VERELAN	3			
VERELAN PM	3			

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
<b>Cardiac Glycosides</b>				
<i>digitek</i>	1			
<i>digoxin</i>	1			
LANOXICAPS	3			
LANOXIN	3			
<b>Cardiovascular Combinations – Miscellaneous</b>				
<i>amlodipine/benazepril</i>	1			
BIDIL	3			
CLORPRES	3			
<i>hydralazine/hydrochlorothiazide</i>	1			
LOTREL	3			✓
<i>methyldopa/hydrochlorothiazide</i>	1			
<i>rauwolfia/bendroflumethiazide</i>	1			
TARKA	3			
<b>Direct Renin Inhibitor</b>				
TEKTURNA	2	✓		
TEKTURNA HCT	2	✓		
<b>Diuretics – Carbonic Anhydrase Inhibitors</b>				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
<b>Diuretics – Loop</b>				
<i>bumetanide</i>	1			
BUMEX	3			
DEMADEX	3			
EDECIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torseamide</i>	1			
<b>Diuretics – Potassium Sparing and Combinations</b>				
ALDACTAZIDE	3			
ALDACTONE	3			
<i>amiloride</i>	1			
<i>amiloride/hydrochlorothiazide</i>	1			
DYAZIDE	3			
DYRENIUM	3			
MAXZIDE	3			
<i>spironolactone</i>	1			
<i>spironolactone/hydrochlorothiazide</i>	1			
<i>triamterene/hydrochlorothiazide</i>	1			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Diuretics – Selective Aldosterone Receptor Antagonists (SARAs)</b>				
INSPRA	3			
<b>Diuretics – Thiazide and Thiazide-Like</b>				
<i>chlorothiazide</i>	1			
<i>chlorthalidone</i>	1			
DIURIL	3			
<i>hydrochlorothiazide</i>	1			
<i>indapamide</i>	1			
<i>methychlothiazide</i>	1			
<i>metolazone</i>	1			
MICROZIDE	3			
NATURETIN	3			
THALITONE	3			
ZAROXOLYN	3			
<b>Pheochromocytoma Agents</b>				
DEMSEER	3			
DIBENZYLIN	2			
<b>Pulmonary Hypertension Agents</b>				
LETAIRIS	2			
REVATIO	2		✓	
TRACLEER	2			
VENTAVIS	2			
<b>Vasodilators</b>				
<i>hydralazine</i>	1			
<i>isosuprine</i>	1			
<i>minoxidil</i>	1			
<i>papaverine ER</i>	1			
VASODILAN	3			
<b>Central Nervous System</b>				
<b>ALS Agents</b>				
RILUTEK	2		✓	
<b>Alzheimer's Disease – Antidementia</b>				
ARICEPT #	3			
ARICEPT ODT	3			
COGNEX	3			
EXELON	2			
NAMENDA	2			
RAZADYNE #	3			
RAZADYNE ER	3			
<b>Antianxiety – Benzodiazepines</b>				

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antianxiety – Benzodiazepines (continued)</b>				
<i>chlordiazepoxide</i>	1			
<i>clorazepate</i>	1			
<i>diazepam</i>	1			
<i>lorazepam</i>	1			
NIRAVAM	3			
<i>oxazepam</i>	1			
XANAX XR	3			
<b>Antianxiety – Miscellaneous</b>				
<i>buspirone</i>	1			
<i>hydroxyzine hcl</i>	1			
<i>hydroxyzine pamoate</i>	1			
<i>meprobamate</i>	1			
<b>Anticonvulsants – Benzodiazepines</b>				
<i>clonazepam</i>	1			
<i>clonazepam orally disintegrating tab</i>	1			
DIASTAT	3			
KLONOPIN	3			
KLONOPIN WAFER	3			
<b>Anticonvulsants – Carbamates</b>				
FELBATOL	3			
<b>Anticonvulsants – GABA Modulators</b>				
GABITRIL	3			
<b>Anticonvulsants – Hydantoins</b>				
<i>phenytoin extended</i>	1			
<i>phenytoin sodium</i>	1			
<b>Anticonvulsants – Miscellaneous</b>				
<i>carbamazepine</i>	1			
<i>gabapentin</i>	1	✓		
GABARONE	3	✓		
KEPPRA #	2			
LAMICTAL	3			✓
<i>lamotrigine</i>	1			
LYRICA	3	✓		✓
NEURONTIN	3	✓		
<i>oxcarbazepine</i>	1			
<i>primidone</i>	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	3			✓
<i>topiramate</i> <sup>†</sup>	1			
TRILEPTAL	3			
ZONEGRAN	3			
<i>zonisamide</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Anticonvulsants – Succinimides</b>				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
<b>Anticonvulsants – Valproic Acid</b>				
DEPAKOTE	3			✓
DEPAKOTE ER	3			✓
DEPAKOTE SPRINKLE	3			✓
<i>divalproex sodium delayed release</i> <sup>†</sup>	1			
<i>divalproex sodium sprinkle</i> <sup>†</sup>	1			
<i>divalproex sodium SR</i> <sup>†</sup>	1			
<b>Antidepressants – Alpha-2 Receptor Antagonists</b>				
<i>mirtazapine</i>	1	✓		
<i>mirtazapine ODT</i>	1	✓		
REMERON	3	✓		✓
REMERON SOLTAB	3	✓		✓
<b>Antidepressants – MAO Inhibitors</b>				
EMSAM	3	✓		
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<i>tranylcypromine sulfate</i>	1			
<b>Antidepressants – Miscellaneous</b>				
<i>budeprion</i>	1	✓		
<i>budeprion XL</i>	1	✓		
<i>bupropion</i>	1	✓		
<i>bupropion SR</i>	1	✓		
<i>maprotiline</i>	1	✓		
WELLBUTRIN	3	✓		✓
WELLBUTRIN SR	3	✓		✓
WELLBUTRIN XL	2	✓		✓
<b>Antidepressants – Modified Cyclics</b>				
<i>nefazodone</i>	3			✓
<i>trazodone</i>	1			
<b>Antidepressants – Serotonin-Norepinephrine Reuptake Inhibitors</b>				
CYMBALTA	2	✓		✓
EFFEXOR	3	✓		✓
EFFEXOR XR #	2	✓		✓
PRISTIQ	2	✓		✓
<i>venlafaxine</i>	1	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antidepressants – Selective Serotonin Reuptake Inhibitors</b>				
CELEXA	3	✓		✓
<i>citalopram</i>	1	✓		
<i>fluoxetine</i>	1	✓		
<i>fluvoxamine</i>	1	✓		
LEXAPRO	3	✓		✓
LUVOX CR	3	✓		✓
<i>paroxetine</i>	1	✓		
<i>paroxetine CRIER</i>	1	✓		
PAXIL	3	✓		✓
PAXIL CR	3	✓		✓
PEXEVA	3	✓		✓
PROZAC	3	✓		✓
PROZAC WEEKLY	3	✓		✓
RAPIFLUX	3	✓		✓
<i>sertraline</i>	1	✓		
ZOLOFT	3	✓		✓
<b>Antidepressants – Tricyclic Agents</b>				
<i>amitriptyline</i>	1			
<i>amoxapine</i>	1			
<i>clomipramine</i>	1			
<i>desipramine</i>	1			
<i>doxepin hcl</i>	1			
<i>imipramine hcl</i>	1			
<i>nortriptyline</i>	1			
<i>vanatrip</i>	1			
<b>Antiparkinsonian Adjuvants</b>				
LODOSYN	3			
<b>Antiparkinsonian Anticholinergic</b>				
AKINETON	3			
<i>benztropine</i>	1			
COGENTIN	3			
KEMADRIN	3			
<i>trihexphenidyl</i>	1			
<b>Antiparkinsonian COMT Inhibitors</b>				
COMTAN	2			
TASMAR	3			
<b>Antiparkinsonian Dopaminergic</b>				
<i>amantadine</i>	1			
APOKYN	3			
<i>atamet</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			

<sup>†</sup>Generic expected to be available by 1/1/09.

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antiparkinsonian Dopaminergic (continued)</b>				
<i>carbidopa/levodopa SR</i>	1			
MIRAPEX #	2			
PARCOPA	3			
PARLODEL	3			
REQUIP	3			
REQUIP XL	3			✓
<i>ropinirole hcl</i>	1			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	3			
<b>Antiparkinsonian Monoamine Oxidase Inhibitor</b>				
AZILECT	2			
ELDEPRYL	3			
<i>selegiline</i>	1			
<b>Antipsychotics – Atypical</b>				
ABILIFY	3	✓		
ABILIFY DISC	3	✓		
<i>clozapine</i>	1	✓		
CLOZARIL	3	✓		
FAZACLO	3	✓		
GEODON	3	✓		
INVEGA	3	✓		✓
RISPERDAL	3	✓		✓
RISPERDAL M	3	✓		
<i>risperidone</i>	1	✓		
SEROQUEL	2	✓		
SEROQUEL XR	2	✓		
ZYPREXA	2	✓		
ZYPREXA ZYDIS	2	✓		
<b>Antipsychotics – Combinations</b>				
<i>chlordiazepoxide/ amitriptyline</i>	1			
<i>perphenazine/ amitriptyline</i>	1			
SYMBYAX	3	✓		
<b>Antipsychotics – First Generation</b>				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>haloperidol</i>	1			
<i>loxapine</i>	1			
<i>perphenazine</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antipsychotics – First Generation (continued)</b>				
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>thiothixene</i>	1			
<i>trifluoperazine</i>	1			
<b>Antipsychotics – Miscellaneous</b>				
EQUETRO	3			
<b>Chemical Dependency</b>				
ANTABUSE	3			
CAMPRAL	3			
<i>naltrexone</i>	1			
<b>Lithium</b>				
<i>lithium carbonate</i>	1			
<i>lithium carbonate CR</i>	1			
<i>lithium citrate</i>	1			
LITHOBID	3			
<b>Migraine Products</b>				
AMERGE	2	✓		
AXERT	3	✓		✓
FROVA	3	✓		✓
IMITREX tab/spray/injection # (Step-therapy will not be implemented until some time after generic becomes available)	2	✓		✓
MAXALT	2	✓		
MAXALT MLT	2	✓		
MIGRANAL	3	✓		✓
RELPAK	3	✓		✓
TREXIMET	3	✓		✓
ZOMIG	3	✓		✓
ZOMIG ZMT	3	✓		✓
<b>Multiple Sclerosis Agents</b>				
AVONEX	2			
BETASERON	3			
COPAXONE	2			
REBIF	3			
<b>Narcotic Agonists</b>				
ACTIQ	3	✓	✓	
AVINZA	2			
<i>codeine phosphate</i>	1			
<i>codeine sulfate</i>	1			
DARVON-N	3			
DAZIDOX	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Narcotic Agonists (continued)</b>				
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3	✓		✓
<i>fentanyl transdermal</i>	1	✓		
<i>fentanyl transmucosal lozenge</i>	1	✓	✓	
FENTORA	3	✓	✓	
<i>hydromorphone</i>	1			
KADIAN	2			
<i>levorphanol</i>	1			
<i>meperidine</i>	1			
<i>methadone</i>	1			
<i>methadose</i>	1			
<i>morphine sulfate</i>	1			
<i>morphine sulfate CR</i>	1			
MS CONTIN	3			
OPANA	3			
OPANA ER	2			
ORAMORPH SR	3			
<i>oxycodone</i>	1			
OXYCONTIN CR #	2	✓		
<i>oxyfast</i>	1			
OXYIR	3			
<i>propoxyphene</i>	1			
<i>tramadol</i>	1			
ULTRAM	3			✓
ULTRAM ER	3			✓
<b>Narcotic Combinations</b>				
<i>acetaminophen/codeine</i>	1			
ALCET	3			
<i>aspirin/codeine</i>	1			
<i>butalbital/acetaminophen/caffeine/codeine</i>	1			
<i>butalbital/aspirin/caffeine/codeine</i>	1			
CAPITAL/CODEINE	3			
COMBUNOX	3	✓		✓
DARVOCET-N	3			
FIORICET/CODEINE	3			
FIORINAL/CODEINE	3			
<i>hydrocodone/acetaminophen</i>	1			
<i>hydrocodone/ibuprofen</i>	1			
IBUDONE	3			
LIQUICET	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Narcotic Combinations (continued)</b>				
LORCET	3			
LORCET PLUS	3			
LORTAB	3			
LYNOX	3			
MAGNACET	3			
MAXIDONE	3			
<i>meperidine/promethazine</i>	1		✓	
<i>meprozine</i>	1			
NORCO	3			
<i>oxycodone/acetaminophen</i>	1			
<i>oxycodone/aspirin</i>	1			
<i>oxycodone/ibuprofen</i>	1	✓		
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			
PERCODAN	3			
<i>phrenilin/caffeine/codeine</i>	1			
PRIMALEV	3			
<i>propoxyphene/acetaminophen</i>	1			
<i>propoxyphene-N/acetaminophen</i>	1			
REPREXAIN	3			
ROXICET	3			
STAGESIC	1			
STAFLEX	3			
SYNALGOS DC	3			
TALACEN	3			
<i>tramadol/acetaminophen</i>	1			
TRYCET	3			
TYLENOL/CODEINE	3			
TYLOX	3			
ULTRACET	3			
VICODIN	3			
VICODIN ES	3			
<i>vicodin HP</i>	1			
VICOPROFEN	3			
VOPAC	3			
XODOL	3			
ZYDONE	3			
<b>Narcotic Partial Agonists</b>				
<i>butorphanol</i>	1	✓		
<i>pentazocine/naloxone</i>	1			
SUBOXONE	3			
SUBUTEX	3			
TALWIN NX	3			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Premenstrual Dysphoric Disorder</b>				
SARAFEM	3	✓		
<i>selfemra</i>	1	✓		
<b>Psychotherapeutic and Neurological Agents</b>				
<i>ergoloid mesylate</i>	1			
ORAP	3			
PROVIGIL	3	✓	✓	
STRATTERA	3	✓		✓
XYREM	3		✓	
<b>Sedative/Hypnotics – Barbiturate</b>				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>mephobarbital</i>	1			
<i>phenobarbital</i>	1			
SECONAL	3			
<b>Sedative/Hypnotics – Nonbarbiturates</b>				
AMBIEN	3	✓		✓
AMBIEN CR #	2	✓		✓
<i>chloral hydrate</i>	1			
DORAL	3			
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
LUNESTA	3	✓		✓
<i>midazolam</i>	1			
ROZEREM	3	✓		✓
SONATA	3	✓		✓
<i>temazepam</i>	1			
<i>triazolam</i>	1			
<i>zaleplon</i>	1	✓		
<i>zolpidem</i>	1	✓		
<b>Stimulants – Amphetamines</b>				
ADDERALL	3	✓		
ADDERALL XR #	2	✓		
<i>amphetamine/dextroamphetamine</i>	1	✓		
DESOXYN	3	✓		✓
DEXEDRINE	3	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
<i>dextrostat</i>	3	✓		
VYVANSE	2	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Stimulants – Methylphenidate</b>				
CONCERTA	3	✓		✓
DAYTRANA	2	✓		
<i>dexmethylphenidate</i>	1	✓		
FOCALIN	3	✓		✓
FOCALIN XR	3	✓		✓
LIQUADD	3	✓		✓
METADATE CD	3	✓		✓
METADATE ER	3	✓		✓
<i>methylin</i>	1	✓		
METHYLIN chew/soln	3	✓		✓
<i>methylin ER</i>	1	✓		
<i>methylphenidate</i>	1	✓		
<i>methylphenidate CD†</i>	1	✓		
<i>methylphenidate ER</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
RITALIN	3	✓		✓
RITALIN LA	3	✓		✓
RITALIN SR	3	✓		✓
<b>Dermatological Agents</b>				
<b>Acne Products</b>				
ACCUTANE	3		✓	✓
AKNE-MYCIN	3			
<i>amnesteem</i>	1		✓	
ATRALIN	3		✓	
AVAR	3			
AVAR GREEN	3			
<i>avita</i>	1		✓	
AZELEX	3			
BENZACLIN	2			
BENZAMYCIN	3			
BENZIQU	3			
BENZIQU LS	3			
BENZIQU wash	3			
<i>benzoyl peroxide</i>	1			
<i>benzoyl peroxide/urea cream</i>	1			
BINORA	3			
BREZE	3			
CLARIFOAM EF	3			
<i>claravis</i>	1		✓	
CLEANSE/TREAT PAD	3			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
DIFFERIN gel/cream	2			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Acne Products (continued)</b>				
DUAC	2			
<i>erythromycin</i>	1			
<i>erythromycin/ benzoyl peroxide</i>	1			
EVOCLIN	3			
INOVA	3			
<i>isotretinoin</i>	1		✓	
KLARON	3			
LAVOCLIN	3			
METROCREAM	3			
METROGEL 1% only	2			
METROLOTION	3			
<i>metronidazole</i>	1			
NEOBENZ MICRO	3			
NORITATE	3			
NUOX	3			
PLEXION cloth	3			
PLEXION emulsion	3			
PLEXION SCT	3			
PLEXION TS	3			
RETIN-A	3		✓	
RETIN-A MICRO	2		✓	
ROSAC	3			
ROSANIL KIT	3			
ROSULA	3			
ROZEX	3			
<i>sodium sulfacetamide/ sulfur</i>	1			
<i>sotret</i>	1		✓	
<i>sulfacet-sulf in urea emul &amp; sunscreen cr kit</i>	1			
SULFACET-R	3			
<i>sulfatol</i>	1			
SULFOXYL	3			
<i>tretinoin</i>	1		✓	
TRIAZ	3			
Z-CLINZ	3			
ZACARE	3			
ZIANA	2		✓	
ZODERM	3			
<b>Antibiotics – Topical</b>				
ALTABAX	3			
BACTROBAN	3			
CENTANY	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antifungals – Topical</b>				
<i>ciclopirox</i>	1		✓	
<i>clotrimazole/ betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
HALOTIN	3			
<i>hydrocortisone/clioquinol</i>	1			
<i>hydrocortisone/iodoquinol</i>	1			
<i>ketconazole</i>	1			
LOPROX cream/lotion/suspension	3			
LOPROX gel/shampoo #	2			
LOTRISONE	3			
NAFTIN	3			
<i>nystatin</i>	1			
<i>nystatin/triamcinolone</i>	1			
OXISTAT	3			
PENLAC	3		✓	
VUSION	3			
XOLEGEL	3			
<b>Antineoplastics and Keratolytics – Topical</b>				
CARAC	3			
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
PANRETIN	2			
SOLARAZE	3			
TARGETIN	2			
<b>Antipruritics and Topical Anesthetics</b>				
<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM	2			
<i>pradoxin</i>	1			
SYNERA	3			
ZONALON	3			
<b>Antipsoriatics</b>				
8-MOP	3			
AMEVIVE	3			
<i>anthralin</i>	1			
<i>calcipotriene</i>	1			

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antipsoriatics (continued)</b>				
DOVONEX	3			
DRITHO-SCALP	3			
OXSORALEN-UL	3			
PSORiatec	3			
RAPTIVA	3			
SORIATANE	2			
TAZORAC	2			
<b>Antiseborrheic Products</b>				
CAPITROL lotion/shampoo/spray	3			
EXTINA	3			
OVACE	3			
ROSULA NS	3			
SEBIZON	3			
selenium sulfide	1			
sulfacetamide sodium	1			
<b>Antiviral – Topical</b>				
DENAVIR	3			
ZOVIRAX	3			
<b>Corticosteroids – Topical</b>				
alclometasone	1			
amcinonide	1			
augmented betamethasone dipropionate	1			
betamethasone valerate	1			
clobetasol	1			
clobevate	1			
CLOBEX lotion/shampoo/spray	2			
CLODERM	3			
CORDRAN	3			
DERMATOP	3			
DESONATE	3			
desonide	1			
DESOWEN KIT	3			
desoximetasone	1			
diflorasone	1			
DIPROLENE AF	3			
ELOCON	3			
flucinolone acetonide	1			
flucinonide	1			
fluticasone	1			
HALOG	3			
hydrocortisone	1			
hydrocortisone butyrate	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Corticosteroids – Topical (continued)</b>				
hydrocortisone valerate	1			
hydrocortisone/pramoxine	1			
lacticare/hydrocortisone	1			
LIDAMANTLE HC	3			
lidocaine/hydrocortisone	1			
LUXIQ	2			
mometasone	1			
NUZON	3			
OLUX	2			
OLUX-E	2			
prednicarbate	1			
TACLONEX	3			✓
triamcinolone	1			
ULTRAVATE	3			
VANOS	2			
VERDESO	3			
<b>Immunomodulating Agents – Topical</b>				
ALDARA	2			
ELIDEL	2			✓
PROTOPIC	2			✓
<b>Rosacea Agents</b>				
FINACEA	3			
ORACEA	3	✓	✓	
<b>Scabicides &amp; Pediculicides</b>				
EURAX	3			
lindane	1			
permethrin	1			
sulfurated lime solution	1			
<b>Sinicatechins</b>				
VEREGEN	3			
<b>Endocrine System</b>				
<b>Antidiabetics – Alpha-Glucosidase Inhibitors</b>				
acarbose	1			
GLYSET #	3			
PRECOSE	3			
<b>Antidiabetics – Amylin Analogs</b>				
SYMLIN	2		✓	
<b>Antidiabetics – Biguanides and Combinations</b>				
FORTAMET	3			
glipizide/metformin	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antidiabetics – Biguanides and Combinations (continued)</b>				
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
GLUCOVANCE	3			
GLUMETZA	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<i>metformin</i>	1			
<i>metformin ER</i>	1			
RIOMET	3			
<b>Antidiabetics – DPP-IV Inhibitors and Combinations</b>				
JANUMET	2			
JANUVIA	2			
<b>Antidiabetics – Incretin Mimetic Agents</b>				
BYETTA	2	✓		
<b>Antidiabetics – Insulin</b>				
APIDRA	3			
HUMALOG products	2			
HUMULIN products	2			
LANTUS	2			
LEVEMIR	2			
NOVOLIN products	3			✓
NOVOLOG products	2			
RELION products	3			✓
<b>Antidiabetics – Meglitinides</b>				
STARLIX #	2			
PRANDIN #	2			
<b>Antidiabetics – Sulfonylureas</b>				
AMARYL	3			
<i>chlorpropamide</i>	1			
<i>glimepiride</i>	1			
<i>glipizide</i>	1			
<i>glipizide ER</i>	1			
<i>glipizide XL</i>	1			
<i>glyburide</i>	1			
<i>glyburide micronized</i>	1			
<i>glycron</i>	1			
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antidiabetics – Thiazolidinediones (TZDs) and Combinations</b>				
ACTOPLUS MET	2			
ACTOS	2			
AVANDAMET	2			
AVANDARYL	2			
AVANDIA	2			
DUETACT	2			
<b>Antidiuretic Agents</b>				
DDAVP <b>PR &lt; 17 yr old</b>	3		✓	✓
<i>desmopressin</i>				
<b>PR &lt; 17 yr old</b>	1		✓	
<i>minirin</i> <b>PR &lt; 17 yr old</b>	1		✓	
STIMATE <b>PR &lt; 17 yr old</b>	3		✓	
<b>Contraceptives – Injectable Progestins</b>				
<i>medroxyprogesterone</i>	1			
DEPO-PROVERA	3			
<b>Contraceptives – Oral</b>				
ALESSE	3			
<i>api</i>	1			
<i>aranelle</i>	1			
<i>aviane</i>	1			
BREVICON	3			
<i>cesia</i>	1			
<i>cryselle</i>	1			
CYCLESSA	3			
DEMULEN 1/35	3			
DEMULEN 1/50	3			
DESOGEN	3			
<i>enpresse</i>	1			
ESTROSTEP FE	3			
FEMCON	3			
<i>jolessa</i>	1			
<i>junel 1.5/30</i>	1			
<i>junel 1/20</i>	1			
<i>junel FE 1.5/30</i>	1			
<i>junel FE 1/20</i>	1			
<i>kariva</i>	1			
<i>kelnor</i>	1			
<i>leena</i>	1			
<i>lessina</i>	1			
LEVLEN	3			
LEVLITE	3			
<i>levora</i>	1			
LO/OVRAL	3			

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Contraceptives – Oral (continued)</b>				
LOESTRIN 1.5/30	3			
LOESTRIN 1/20	3			
LOESTRIN FE	3			
LOESTRIN FE 1.5/30	3			
LOESTRIN-24	3			
<i>low-ogestrel</i>	1			
<i>lutera</i>	1			
LYBREL	2			
<i>microgestin 1.5/30</i>	1			
<i>microgestin 1/20</i>	1			
<i>microgestin FE 1.5/30</i>	1			
<i>microgestin FE 1/20</i>	1			
MIRCETTE	3			
MODICON 0.5/35	3			
<i>mononessa</i>	1			
<i>necon 0.5/35</i>	1			
<i>necon 1/35</i>	1			
<i>necon 1/50</i>	1			
<i>necon 10/11</i>	1			
<i>necon 7/7/7</i>	1			
NORDETTE	3			
NORINYL 1+35	3			
NORINYL 1+50	3			
<i>nortrel 0.5/35</i>	1			
<i>nortrel 1/35</i>	1			
<i>nortrel 7/7/7</i>	1			
ocella	3			
<i>ogestrel</i>	1			
ORTHO TRI-CYCLEN	3			
ORTHO TRI-CYCLEN LO	3			
ORTHO-CEPT	3			
ORTHO-CYCLEN	3			
ORTHO-NOVUM 1/35	3			
ORTHO-NOVUM 1/50	3			
ORTHO-NOVUM 10/11	3			
ORTHO-NOVUM 7/7/7	3			
OVCON 50	3			
OVCON-35	3			
<i>portia</i>	1			
<i>previfem</i>	1			
<i>quasense</i>	1			
<i>reclipsen</i>	1			
SEASONALE	3			
SEASONIQUE	2			
<i>solia</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Contraceptives – Oral (continued)</b>				
<i>sprintec</i>	1			
<i>sronyx</i>	1			
TRI-LEVLEN	3			
<i>trinessa</i>	1			
TRI-NORINYL	3			
TRIPHASIL	3			
<i>tri-previfem</i>	1			
<i>tri-sprintec</i>	1			
<i>trivora</i>	1			
<i>velivet</i>	1			
YASMIN	3			
YAZ	3			
<i>zovia 1/35E</i>	1			
<i>zovia 1/50E</i>	1			
<b>Contraceptives – Oral Progestins</b>				
<i>camila</i>	1			
<i>errin</i>	1			
<i>jolivette</i>	1			
NOR-QD	3			
<i>nora-be</i>	1			
ORTHO MICRONOR	3			
<b>Contraceptives – Transdermal</b>				
ORTHO EVRA	3			
<b>Contraceptives – Vaginal</b>				
NUVARING	3			
<b>Diabetic Supplies</b>				
<i>alcohol swabs</i>	NC			
BD insulin syringes	2			
BD pen needles	2			
FREESTYLE glucose test strips	2			
FREESTYLE LITE glucose test strips	2			
<i>gauze pad</i>	NC			
glucose test strips (all other brands)	3			✓
insulin syringes (all syringes other than BD brand)	3			
ONE TOUCH BASIC/ PROFILE/ONE TOUCH II glucose test strips	2			
ONE TOUCH FAST TAKE glucose test strips	2			
ONE TOUCH SURE STEP glucose test strips	2			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Diabetic Supplies (continued)</b>				
ONE TOUCH ULTRA glucose test strips	2			
PRECISION QID glucose test strips	2			
PRECISION SOF-TACT glucose test strips	2			
PRECISION XTRA glucose test strips	2			
PRECISION XTRA ketone test strips	2			
<b>Fertility Agents</b>				
BRAVELLE	2		✓	
CETROTIDE	3		✓	
<i>chorionic gonadotropin</i>	1		✓	
FOLLISTIM	2		✓	
FOLLISTIM AQ	2		✓	
GANIRELIX	3		✓	
GONAL-F	2		✓	
GONAL-F RFF	2		✓	
<i>leuprolide</i>	1			
LUPRON	2			
LUVERIS	3		✓	
MENOPUR	2		✓	
<i>novarel</i>	1		✓	
OVIDREL	3		✓	
<i>pregnyl</i>	1		✓	
REPRONEX	3		✓	
<b>Glucose Elevating Agents</b>				
GLUCAGON	3			
PROGLYCEM	2			
<b>Growth Hormone Agents</b>				
GENOTROPIN	3		✓	
GEREF	3		✓	
HUMATROPE	2		✓	
NORDITROPIN	3		✓	
NUTROPIN	2		✓	
NUTROPIN AQ	2		✓	
OMNITROPE	3		✓	
PROTROPIN	3		✓	
SAIZEN	3		✓	
SEROSTIM	3		✓	
SOMAVERT	3		✓	
TEV-TROPIN	2		✓	
ZORBTIVE	3		✓	

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Growth Factors, Insulin-like</b>				
INCRELEX	3		✓	
<b>Hormone Replacement – Androgens</b>				
ANDRODERM	2			
ANDROGEL	2			
<i>danazol</i>	1			
FIRST-TESTOSTERONE	3			✓
STRIANT	3			✓
TESTIM	3			✓
<i>testosterone injection</i>	PMED			
<b>Hormone Replacement – Estrogens</b>				
ALORA	3	✓		
CENESTIN	3			
CLIMARA	3	✓		
DIVIGEL	2			
ELESTRIN	3			
ENJUVA	2			
ESCLIM	3	✓		
ESTRACE	3			
ESTRADERM	3	✓		
<i>estradiol tab</i>	1			
<i>estradiol patch</i>	1	✓		
ESTRASORB	3			
ESTROGEL	3			
<i>estropipate</i>	1			
EVAMIST	2			
<i>gynodiol</i>	1			
MENEST	2			
MENOSTAR	3	✓		
OGEN	3			
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE	3	✓		
VIVELLE DOT	3	✓		
<b>Hormone Replacement – Estrogen Combinations</b>				
ACTIVELLA	3			
ANGELIQ	3			
CLIMARA PRO WEEKLY	3	✓		
COMBIPATCH	3	✓		
<i>estradiol/norethindrone acetate</i>	1			
ESTRATEST	3			
ESTRATEST HS	3			
FEMHRT	3			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Hormone Replacement – Estrogen Combinations (continued)</b>				
FEMHRT LOW DOSE	3			
FEMTRACE	3			
PREFEST	3			
PREMPHASE	3			
PREMPRO	3			
<i>syntest D.S.</i>	1			
<i>syntest H.S.</i>	1			
<b>Hormone Replacement – Progestins</b>				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
PROMETRIUM	2			
<b>Metabolic Modifiers</b>				
ALDURAZYME	3			
BUPHENYL	3			
CARNITOR	3			
CYSTADANE	3			
FABRAZYME	3			
HECTOROL	3			
MYOZYME	3			
ORFADIN	2			
SENSIPAR	3			
SUCRAID	3			
ZEMPLAR	2			
<b>Steroids – Glucocorticosteroids</b>				
CELESTONE	3			
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3			
<i>hydrocortisone</i>	1			
<i>methylprednisolone</i>	1			
MILLIPRED	3			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
<b>Steroids – Mineralocorticoids</b>				
<i>fludocort</i>	1			
<b>Thyroid Hormones</b>				
ARMOUR THYROID	3			
BIO-THROID	3			
<i>levothyroid</i>	1			
<i>levothyroxine</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Thyroid Hormones (continued)</b>				
<i>levoxyol</i>	1			
SYNTHROID	3			✓
THYROLAR	3			
<i>unithroid</i>	1			
<b>Thyroid – Antithyroid Agents</b>				
<i>methimazole</i>	1			
<i>propylthiouracil</i>	1			
TAPAZOLE	3			
<b>Gastrointestinal System</b>				
<b>Acid Suppressants – H-2 Antagonists</b>				
AXID	3			
<i>cimetidine</i>	1			
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			
PEPCID RPD	3			
<i>ranitidine</i>	1			
TAGAMET	3			
ZANTAC (all other forms)	3			
ZANTAC syrup	2			
<b>Acid Suppressants – Proton Pump Inhibitors</b>				
ACIPHEX	3	✓	✓	✓
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
<i>pantoprazole</i>	3	✓	✓	
PREVACID #	2	✓	✓	
PREVACID SOLUTAB #	2	✓	✓	
PRIOSECC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
<b>Antiemetics – 5-HT3 Receptor Antagonists</b>				
ANZEMET	3	✓		
<i>granisetron</i>	1	✓		
KYTRIL	3	✓		✓
<i>ondansetron</i>	1	✓		
ZOFRAN	3	✓		
ZOFRAN ODT	3	✓		
<b>Antiemetics – Anticholinergic</b>				
<i>maldemar</i>	1			
TRANSDERM-SCOP	3			
<i>trimethobenzamide</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antiemetics – Miscellaneous</b>				
CESAMET	3	✓		
EMEND	2	✓		
tebamide	1			
<b>Anti-Ulcer Drugs</b>				
misoprostol	1			
sucralfate	1			
<b>Bowel Evacuants</b>				
COLYTE	3			
GOLYTELY	3			
HALFLYTELY	3			
NULYTELY	3			
OSMOPREP	3			
peg 3350	1			
polyethylene glycol	1			
trilyte	1			
VISICOL	3			
<b>Chronic Constipation Agent</b>				
AMITIZA	3		✓	
<b>Gallstone Solubilizing Agents</b>				
URSO 250	2			
URSO FORTE	2			
ursodiol	1			
<b>GI Antiallergy Agents</b>				
GASTROCROM	3			
<b>GI Stimulants</b>				
metoclopramide hcl	1			
<b>H. pylori Agents</b>				
HELIDAC	3	✓		
PREVPAC	2	✓		
PYLERA	2	✓		
<b>Inflammatory Bowel Agents</b>				
ASACOL	2	✓		
AZULFIDINE	3	✓		
AZULFIDINE ENTABS	3	✓		
balsalazide	1	✓		
CANASA	2	✓		
COLAZAL	3	✓		
DIPENTUM	3	✓		
LIALDA	2	✓		
mesalamine	1			
PENTASA	3	✓		
ROWASA enema	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Inflammatory Bowel Agent (continued)</b>				
sulfasalazine	1	✓		
sulfasalazine ER	1	✓		
sulfazine	1	✓		
sulfazine EC	1	✓		
<b>Irritable Bowel Syndrome (IBS) Agents</b>				
LOTRONEX	3		✓	
<b>Laxatives</b>				
glycolax	1			
KRISTALOSE	3			
lactulose	1			
<b>Pancreatic Enzymes</b>				
CREON	2			
DIGEX	3			
KU-ZYME	3			
KU-ZYME-HP	3			
LIPRAM	3			
LIPRAM CR	3			
LIPRAM PN	3			
PALCAPS	3			
pancreatin	1			
pancrelipase	1			
PANOCAPS	3			
ULTRACAPS	3			
ULTRASE	2			
ULTRASE MT	2			
VIKASE	2			
<b>Rectal Steroids</b>				
colocort	1			
CORTIFOAM	3			
<b>Genitourinary System</b>				
<b>Cystinosis Agents</b>				
CYSTAGON	3			
<b>Interstitial Cystitis Agents</b>				
ELMIRON	2			
RIMSO	3			
<b>Phosphate Binders</b>				
FOSRENOL	2			
PHOSLO	2			
RENAGEL	2			
REVELA	2			

# 3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Prostatic Hypertrophy Agents</b>				
AVODART	2		✓	
<i>finasteride</i>	1		✓	
FLOMAX #	2		✓	
PROSCAR	3		✓	
UROXATRAL	2		✓	
<b>Urinary Antispasmodics</b>				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL	3			✓
ENABLEX	2			
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>oxybutynin</i>	1			
<i>oxybutynin SR</i>	1			
OXYTROL	2			
SANCTURA	3			✓
SANCTURA XR	3			✓
URECHOLINE	3			
URISPAS	3			
VESICARE	2			
<b>Urinary Anti-infectives and Combinations</b>				
MACROBID	3			
<i>methenamine hippurate</i>	1			
<i>methenamine mandelate</i>	1			
MONUROL	3			
<i>nitrofurantoin</i>	1			
<i>nitrofurantoin monohydrate macrocrystal</i>	1			
UREX	3			
URELLE	3			
UTA	3			
<b>Vaginal Anti-infectives</b>				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
CLINDESSE	3			
GYNAZOLE-1	3			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			
<i>terconazole</i>	1			
<i>tioconazole</i>	1			
<i>vandazole</i>	1			
<i>zazole</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Vaginal Estrogens</b>				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	2			
PREMARIN VAGINAL	3			
VAGIFEM	3			
<b>Vaginal Progestins</b>				
CRINONE	3			
PROCHIEVE	3			
PROGESTERONE VAGINAL	3			
<b>Immunological Agents</b>				
<b>Immunosuppressive Agents</b>				
AZASAN	3			
<i>azathioprine</i>	1			
CELLCEPT #	2			
<i>cyclosporine</i>	1			
<i>cyclosporine modified</i>	1			
<i>gengraf</i>	1			
IMURAN	3			
MYFORTIC	3			
NEORAL	3			
PROGRAF #	2			
RAPAMUNE	3			
SANDIMMUNE	3			
<b>Infections and Infestations</b>				
<b>Antibacterials – Aminoglycosides</b>				
<i>neomycin</i>	1			
<i>paramomycin</i>	1			
TOBI	3			
<b>Antibacterials – Ampicillins and Combinations</b>				
<i>amoxicillin</i>	1			
<i>amoxicillin/K clavulanate</i>	1			
AMOXIL	3			
<i>ampicillin</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
DISPERMOX	3			
<i>principen</i>	1			
<i>trimox</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antibacterials – Cephalosporins, 1st Generation</b>				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
DURICEF	3			
PANIXINE	3			
<b>Antibacterials – Cephalosporins, 2nd Generation</b>				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
CEFZIL	3			
RANICLOR	3			
<b>Antibacterials – Cephalosporins, 3rd Generation</b>				
CEDAX	3			
<i>cefdinir</i>	1			
<i>cefpodoxime</i>	1			
OMNICEF	3			
SPECTRACEF	3			
SUPRAX	3			
VANTIN	3			
<b>Antibacterials – Fluoroquinolones</b>				
AVELOX	2		✓	
AVELOX ABC	2		✓	
CIPRO	3		✓	
CIPRO XR	3		✓	
<i>ciprofloxacin</i>	1		✓	
<i>ciprofloxacin ER</i>	1		✓	
FACTIVE	3		✓	
LEVAQUIN	3		✓	
NOROXIN	3		✓	
<i>ofloxacin</i>	1		✓	
PROQUIN XR	3		✓	
<b>Antibacterials – Ketolides</b>				
KETEK	3			
<b>Antibacterials – Macrolides</b>				
<i>azithromycin</i>	1			
BIAXIN	3			
BIAXIN XL	3			
<i>clarithromycin</i>	1			
<i>clarithromycin SR</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Antibacterials – Macrolides (continued)</b>				
DYNABAC	3			
e.e.s.	1			
<i>erythrocin</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			
<i>erythromycin ethylsuccinate</i>	1			
PCE	3			
ZITHROMAX	3			
ZMAX	3			
<b>Antibacterials – Miscellaneous</b>				
<i>clindamycin</i>	1			
<i>metronidazole</i>	1			
<i>metronidazole SR</i>	1			
NEBUPENT	2			
TINDAMAX	3			
<i>trimethoprim</i>	1			
XIFAXAN	3	✓	✓	
ZYVOX	2		✓	
<b>Antibacterials – Penicillins</b>				
<i>dicloxacillin sodium</i>	1			
<i>penicillin VK</i>	1			
<i>veetids</i>	1			
<b>Antibacterials – Sulfonamides</b>				
<i>sulfadiazine</i>	1			
<i>sulfisoxazole</i>	1			
<b>Antibacterials – Tetracyclines</b>				
ADOXA	3		✓	
ALODOX	3		✓	
DECLOMYCIN	3		✓	
<i>demeclocycline</i>	1		✓	
DORYX	3		✓	
<i>doxy-caps</i>	1		✓	
<i>doxycycline hyclate</i>	1		✓	
<i>doxycycline monohydrate</i>	1		✓	
DYNACIN	3		✓	
MINOCIN	3		✓	
<i>minocycline</i>	1		✓	
MONODOX	3		✓	
<i>myrac</i>	1		✓	
ORAXYL	3		✓	
PERIOSTAT	3		✓	
SOLODYN	3		✓	

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LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antibacterials – Tetracyclines (continued)</b>				
SUMYCIN	3		✓	
<i>tetracycline</i>	1		✓	
VIBRAMYCIN	3		✓	
VIBRATAB	3		✓	
<b>Antifungals</b>				
ANCOBON	3			
BIO-STATIN	3			
DIFLUCAN (all other strengths)	3		✓	
DIFLUCAN 150mg <i>fluconazole</i> (all other strengths)	3	✓		
<i>fluconazole 150mg</i>	1	✓		
GRIFULVIN V	3			
GRIS-PEG	3			
<i>itraconazole</i>	1		✓	
<i>ketoconazole</i>	1			
LAMISIL	3		✓	
NOXAFIL	3		✓	
<i>nystatin</i>	1			
SPORANOX	3		✓	
<i>terbinafine</i>	1		✓	
VFEND	3		✓	
<b>Anti-Infective Agents- Miscellaneous</b>				
<i>colistimethate sodium</i>	1			
COLY-MYCIN M	3			
<b>Antimalarials and Combinations</b>				
ARALEN	3		✓	
<i>chloroquine</i>	1		✓	
DARAPRIM	3		✓	
FANSIDAR	3		✓	
<i>hydroxychloroquine sulfate</i>	1		✓	
LARIAM	3		✓	
MALARONE	3		✓	
<i>mefloquine</i>	1		✓	
<i>primaquine</i>	1			
<i>quinerva</i>	1			
<i>quinine sulfate</i>	1			
<b>Antimycobacterial Agents</b>				
<i>dapsone</i>	1			
<i>ethambutol</i>	1			
<i>isonarif</i>	1			
<i>isoniazid</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antimycobacterial Agents (continued)</b>				
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
RIFAMATE	3			
<i>rifampin</i>	1			
RIFATER	3			
<b>Antiprotozoal Agents</b>				
ALINIA	3			
MEPRON	2			
<b>Antiretrovirals – Chemokine Receptor Antagonist</b>				
SELZENTRY	3			
<b>Antiretrovirals – Fusion Inhibitors</b>				
FUZEON	3			
<b>Antiretrovirals – Integrase Inhibitors</b>				
ISENTRESS	3			
<b>Antiretrovirals – NRTI/NNRTI Combination</b>				
ATRIPLA	3			
<b>Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>				
INTELENCE	3			
RESCRIPTOR	3			
SUSTIVA	2			
VIRAMUNE	2			
<b>Antiretrovirals – Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs</b>				
COMBIVIR	2			
<i>didanosine delayed release</i>	1			
EMTRIVA	2			
EPIVIR	2			
EPZICOM	3			
RETROVIR	3			
TRIZIVIR	3			
TRUVADA	2			
VIDEX	2			
VIDEX EC	3			
VIREAD	2			
ZERIT #	3			
ZIAGEN	2			
<i>zidovudine</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antiretrovirals – Protease Inhibitors</b>				
APTIVUS	3			
CRIXIVAN	2			
INVIRASE	2			
KALETRA	2			
LEXIVA	2			
NORVIR	2			
PREZISTA	3			
REYATAZ	2			
VIRACEPT	2			
<b>Antivirals -CMV Agents</b>				
<i>ganciclovir</i>	1			
VALCYTE	2			
<b>Antivirals -Hepatitis Agents</b>				
BARACLUDE	3			
COPEGUS	3			
EPIVIR HBV	3			
HEPSERA	2			
INFERGEN	3		✓	
PEG-INTRON	2		✓	
PEGASYS	2		✓	
REBETOL	3			
<i>ribasphere</i>	1			
<i>ribavirin</i>	1			
TYZEKA	2			
<b>Antivirals -Herpes Agents</b>				
<i>acyclovir</i>	1			
FAMVIR	3			
<i>famciclovir</i>	1			
VALTREX #	2			
ZOVIRAX	3			
<b>Antivirals – Influenza Agents</b>				
FLUMADINE	3			
RELENZA	3	✓		
<i>rimantadine</i>	1			
TAMIFLU	3	✓		
<b>Antivirals -Respiratory Syncytial Virus (RSV) Agents</b>				
VIRAZOLE	3			
<b>Musculoskeletal System</b>				
<b>Antimyasthenic Agents</b>				
MESTINON	2			
MESTINON TIMESPAN	2			
<i>pyridostigmine</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
<b>Antirheumatic Agents</b>				
ARAVA	3			
<i>leflunomide</i>	1			
RHEUMATREX	3			
RIDAURA	3			
<b>Calcium Regulators</b>				
ACTONEL	2	✓		
ACTONEL with CALCIUM	2	✓		
<i>alendronate</i>	1	✓		
<i>alendronate plus D<sup>+</sup></i>	1	✓		
BONIVA	3	✓		✓
DIDRONEL	3			
FORTEO	2			
<i>fortical</i>	1			
FOSAMAX	3	✓		✓
FOSAMAX PLUS D	3	✓		✓
MIACALCIN injection	3			
MIACALCIN NASAL	3			
<i>pamidronate</i>	1			
SKELID	3			
<b>Immunomodulators</b>				
ENBREL	2			
HUMIRA	2			
KINERET	3			
REMICADE	PMED			
<b>Muscle Relaxants and Combinations</b>				
<i>baclofen</i>	1			
<i>carisoprodol</i>	1			
<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/aspirin/codeine</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine hcl</i>	1			
DANTRIUUM	3			
FEXMID	3			
<i>methocarbamol</i>	1			
<i>orphenadrine cpd</i>	1			
<i>orphenadrine ER</i>	1			
<i>orphenadrine/aspirin/caffeine</i>	1			
<i>orphengesic</i>	1			
<i>orphengesic forte</i>	1			
SKELAXIN	2			
<i>tizanidine</i>	1			
ZANAFLEX	3			

\*Generic expected to be available by 1/1/09.

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>NSAIDs</b>				
ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			
<i>diclofenac sodium XR</i>	3			
<i>etodolac</i>	1			
<i>etodolac ER</i>	3			
<i>fenoprofen</i>	1			
FLECTOR	3	✓		✓
<i>flurbiprofen</i>	1			
<i>ibuprofen</i>	1			
<i>indomethacin</i>	1			
<i>indomethacin ER</i>	1			
<i>ketoprofen</i>	1			
<i>ketoprofen ER</i>	3			
<i>ketorolac</i>	1	✓		
<i>meclofenamate sodium</i>	1			
<i>mefenamic acid</i>	1			
<i>meloxicam</i>	1			
MOBIC	3			
<i>nabumetone</i>	3			
NAPRELAN	3			
<i>naproxen</i>	1			
NAPROXEN COMFORT PAC	3			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PONSTEL	3			
PREVACID NAPRAPAC	3		✓	
<i>sulindac</i>	1			
<i>tolmetin sodium</i>	3			
VOLTAREN	3			
VOLTAREN GEL	2			✓
VOLTAREN XR	3			
<b>Selective Estrogen Receptor Modulator (SERM)</b>				
EVISTA	2			
<b>Ophthalmic Agents</b>				
<b>Glaucoma – Adrenergic Agents</b>				
ALPHAGAN P	2			
<i>brimonidine</i>	1			
COMBIGAN	3			
<i>dipivefrin</i>	1			
IOPIDINE	3			
PROPINE	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Glaucoma – Beta-blockers</b>				
<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	3			
<i>carteolol</i>	1			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
<b>Glaucoma – Carbonic Anhydrase Inhibitors</b>				
AZOPT	2			
<i>dorzolamide hcl ophthalmic†</i>	1			
<i>dorzolamide/tilomol ophthalmic†</i>	1			
COSOPT	3			✓
TRUSOPT	3			✓
<b>Glaucoma – Miotics</b>				
<i>carbopitic</i>	1			
ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocar</i>	1			
<i>pilocarpine</i>	1			
PILOPINE HS	3			
<i>piloptic</i>	1			
REV-EYES	3			
<b>Glaucoma – Prostaglandins</b>				
LUMIGAN	2			
TRAVATAN	2			
TRAVATAN Z	2			
XALATAN	3			
<b>Ophthalmic Antihistamines and NSAIDs</b>				
ACULAR #	3			
ACULAR LS	3			
ACULAR PF	3			
ALAMAST	3			
ALOCRIAL #	3			
ALOMIDE	3			
<i>cromolyn sodium ophth</i>	1			
<i>diclofenac ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Ophthalmic Antihistamines and NSAIDs (continued)</b>				
NEVANAC	3			
OPTIVAR	2			
PATADAY	2			
PATANOL	2			
VOLTAREN	3			
XIBROM	3			
<b>Ophthalmic Anti-infectives</b>				
AZASITE	3			
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
<i>ciprofloxacin</i>	1			
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
IQUIX	3			
<i>neomycin/polymyxin/gramicidin</i>	1			
<i>ofloxacin</i>	1			
<i>polymyxin B/trimethoprim</i>	1			
QUIXIN	3			
<i>sulfacetamide sodium</i>	1			
<i>tobramycin</i>	1			
<i>trifluridine</i>	1			
<i>triple antibiotic</i>	1			
VIGAMOX	2			
ZYMAR	3			
<b>Ophthalmic Immunomodulators</b>				
RESTASIS	3			
<b>Ophthalmic Steroidal Anti-inflammatory Drugs</b>				
<i>ak-pred</i>	1			
ALREX	3			
<i>bacitracin/polymyxin/neomycin/hydrocortisone</i>	1			
BLEPHAMIDE S.O.P.	3			
<i>dexacidin</i>	1			
<i>dexamethasone phosphate</i>	1			
<i>dexamethasone/neomycin/polymyxin</i>	1			
<i>dexasol</i>	1			
<i>dexasporin</i>	1			
<i>fluor-op</i>	1			
<i>fluorometholone</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Ophthalmic Steroidal Anti-inflammatory Drugs (continued)</b>				
FML FORTE	3			
FML LIQUIFILM	3			
FML S.O.P.	3			
HMS	3			
LOTEMAX	3			
<i>neomycin/polymyxin/hydrocortisone</i>	1			
<i>poly-dex</i>	1			
POLY-PRED	3			
PRED-G	3			
PRED-G S.O.P	3			
<i>prednisolone</i>	1			
<i>sulfacetamide sodium/prednisolone</i>	1			
TOBRADEX	3			
VEXOL	3			
ZYLET	3			
<b>Otic Agents</b>				
<b>Otic Anti-infectives</b>				
FLOXIN OTIC	3			
<i>ofloxacin otic</i>	1			
<b>Otic Combinations</b>				
<i>antipyrine/benzocaine</i>	1			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN-S	3			
<i>cortomycin</i>	1			
<i>neomycin/polymyxin/hydrocortisone</i>	1			
ZINOTIC	3			
<b>Respiratory Tract Agents</b>				
<b>Antiasthmatics – Anticholinergics</b>				
ATROVENT HFA	3			
<i>ipratropium inhaler</i>	1			
SPIRIVA	2			
<b>Antiasthmatic – Monoclonal Antibodies</b>				
XOLAIR	2		✓	
<b>Anti-Inflammatory Agents (nebulizer)</b>				
<i>cromolyn sodium nebulizer</i>	1			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Bronchodilators – Sympathomimetics</b>				
ACCUNEB	3			
ADVAIR DISKUS #	2			
ADVAIR HFA	2			
<i>albuterol</i>	1			
<i>albuterol/ipratropium</i>	1			
ALUPENT	3			
BROVANA	3			✓
COMBIVENT	2			
DUONEB	3			
FORADIL	2			✓
MAXAIR AUTOHALER	2			
<i>metaproterenol</i>	3			
<i>micronefrin</i>	1			
PERFORMIST	2			✓
PROAIR	2			
PROVENTIL HFA #	2			
SEREVENT DISKUS #	2			✓
SYMBICORT	2			
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
VOSPIRE ER	3			
XOPENEX	3			✓
XOPENEX HFA	3			
<b>Bronchodilators – Xanthines</b>				
<i>aminophylline</i>	1			
BRONCAP	3			
THEO-24	3			
<i>theocap</i>	1			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
UNIPHYL	3			
<b>Cystic Fibrosis Agents</b>				
PULMOZYME	2			
<b>Inhaled Corticosteroids</b>				
AEROBID	3			
AEROBID-M	3			
ASMANEX	2			
AZMACORT	3			
FLOVENT DISKUS	2			
FLOVENT HFA	2			
PULMICORT FLEXHALER	3			
PULMICORT RESPULES	2			
QVAR	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
<b>Leukotriene Modulators</b>				
ACCOLATE	3	✓		
SINGULAIR	2	✓		
ZYFLO CR	3	✓		
<b>Mouth and Throat Products</b>				
EVOXAC	2			
<i>pilocarpine</i>	1			
SALAGEN	3			
<b>Nasal Antiallergy</b>				
ASTELIN NASAL	2			
PATANASE	3			
<b>Nasal Anti-infectives</b>				
BACTROBAN NASAL	3			
<b>Nasal Anticholinergics</b>				
ATROVENT NASAL	3			
<i>ipratropium nasal</i>	1			
<b>Nasal Steroids</b>				
BECONASE AQ	3			
FLONASE	3			
<i>flunisolide</i>	1			
<i>fluticasone propionate nasal</i>	1			
NASACORT AQ	3			✓
NASAREL	3			
NASONEX	2			
OMNARIS	3			✓
RHINOCORT AQ	3			✓
VERAMYST	3			✓
<b>Non-Sedating Antihistamines and Combinations</b>				
ALLEGRA	3	✓	✓	
ALLEGRA-D	3	✓	✓	
CLARINEX	3	✓	✓	
CLARINEX-D	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
<i>fexofenadine</i>	3	✓	✓	
XYZAL	3	✓	✓	
<b>Upper Respiratory – Cough/Cold/Allergy Combinations</b>				
SEMPREX-D	3	✓	✓	
TUSSIONEX	2			

# Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
Acne	AC CUTANE <i>amnesteem</i>	<i>claravis</i> <i>isotretinoin</i>	SOTRET
	ATRALIN <b>PR ≥ 36 yr old</b> avita <b>PR ≥ 36 yr old</b>		<i>tretinoin</i> <b>PR ≥ 36 yr old</b> TRETIN-X <b>PR ≥ 36 yr old</b>
	RETIN-A <b>PR ≥ 36 yr old</b>		ZIANA <b>PR ≥ 36 yr old</b>
	RETIN-A MICRO gel <b>PR ≥ 36 yr old</b>		
ALS Agents	RILUTEK		
Anti-Asthmatic – Monoclonal Antibodies	XOLAIR		
Antidiabetics – Amylin Analogs	SYMLIN		
Antihistamines and Decongestants	ALLEGRA ALLEGRA-D CLARINEX	CLARINEX-D <i>fexofenadine</i>	SEMPREX-D XYZAL
All <i>promethazine</i> containing products <b>PR ≤ 2 yr old</b>			
Antihyperlipidemics – Inhibitors Intestinal Cholesterol Absorption	ZETIA		
Bacterial Infections	<b>Fluoroquinolone antibiotics PR &lt; 10 yr old</b>		
	AVELOX	FACTIVE	NOROXIN
	CIPRO	FLOXIN	<i>ofloxacin</i>
	CIPRO XR	LEVAQUIN	PROQUIN XR
	<i>ciprofloxacin</i>	MAXAQUIN	TEQUIN
	<b>Tetracycline antibiotics PR ≤ 8 yr old</b>		
	ADOXA	<i>doxycycline</i>	ORACEA
	ALODOX kit	DYNACIN	ORAXYL
	CLEERAVUE-M kit	MINOCIN	<i>oxytetracycline</i>
	DECLOMYCIN	<i>minocycline</i>	SOLODYN
<i>demeclocycline</i>	MONODOX	<i>tetracycline</i>	
ORACEA	VIBRATAB	ZYVOX	
Benign Prostatic Hyperplasia (PR for females only)	AVODART CASODEX	FLOMAX PROSCAR <b>PR ≤ 50 yr old</b>	UROXATRAL
Blood Clotting Factors	<b>Factor VIIa</b>		
	NOVOSEVEN		
	<b>Factor VIII</b>		
	ADVATE	HUMATE-P	MONARC-M
	ALPHANATE	HYATE:C	MONOCLATE-P
	HELIXATE FS	KOATE-DVI	RECOMBINATE
	HEMOFIL M	KOGENATE FS	REFACTO
	<b>Factor IX</b>		
	ALPHANINE SD	BENEFIX	PROFILNINE SD
	BEBULIN VH	MONONINE	PROPLEX T
Cataplexy	XYREM		
Fungal Infections	<i>ciclopirox nail lacquer</i>	LAMISIL	SPORANOX
	DIFLUCAN	NOXAFIL	<i>terbinafine</i>
	<i>fluconazole</i>	PENLAC nail lacquer	VFEND
	<i>itraconazole</i>		

# Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
<b>Gaucher Disease</b>	ZAVESCA		
<b>Growth Hormone</b>	GENOTROPIN GEREF HUMATROPE INCRELEX NORDITROPIN	NUTROPIN NUTROPIN AQ OMNITROPE PROTROPIN SAIZEN	SEROSTIM TEV-TROPIN ZORBIVE
<b>Immune Globulin</b>	IV IMMUNE GLOBULIN (IVIG)		
<b>Irritable Bowel</b>	LOTRONEX		
<b>Laxatives</b>	AMITIZA		
<b>Malaria</b> (covered for active treatment only- not covered for prophylactic treatment)	ARALEN <i>chloroquine</i> DARAPRIM	FANSIDAR <i>hydroxychloroquine</i> LARIAM	MALARONE <i>mefloquine</i> PLAQUENIL
<b>Miscellaneous Anti-Infectives</b>	XIFAXAN		
<b>Miscellaneous Endocrine</b> <b>PR &lt; 17 yr old</b>	DDAVP <i>desmopressin</i>	<i>minirin</i>	STIMATE
<b>Oncology</b>	SPRYCEL	SUTENT	TASIGNA
<b>Pain (Analgesics) and Inflammation</b>	ACTIQ CELEBREX <i>fentanyl lozenges</i>	FENTORA PREVACID NAPRAPAC	
<b>Pulmonary Artery Hypertension</b>	REVATIO		
<b>Respiratory Syncytial Virus</b>	SYNAGIS		
<b>Stimulant/Attention Deficit</b>	PROVIGIL		
<b>Typhoid</b>	VIVOTIF BERNA EC		
<b>Ulcer/Heartburn/Reflux</b>	ACIPHEX NEXIUM <i>omeprazole</i>	<i>pantoprazole</i> PRILOSEC PREVACID	PROTONIX ZEGERID
<b>Viral Infections/Immune System Enhancers</b>	INFERGEN INTRON-A	PEGASYS	PEG-INTRON

# Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Anti-anginal	RANEXA	500 mg = 3 tablets/day 1000 mg = 2 tablets/day
Antidiabetics- Incretin Mimetic Agents	BYETTA	Limit = 1 per/30 day supply
Antihistamines and Decongestants	ALLEGRA <i>fexofenadine</i>	30 mg and 60 mg = 2 tablets/day 180 mg = 1 tablet/day 30 mg/5 ml = 10 ml/day
	ALLEGRA-D	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	CLARINEX	2.5 mg and 5 mg = 1 tablet or reditab/day Syrup = 10ml/day
	CLARINEX-D	2.5mg/120mg= 2 tablets/day 5mg/240mg= 1 tablet/day
	SEMPREX-D	4 capsules/day
	XYZAL	Limit = 1 tablet/day 2.5 mg/5ml solution = 10ml/day
Asthma	ACCOLATE	10 mg and 20 mg = 2 tablets/day
	SINGULAIR	4 mg granules = 1 granule/day 10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
	ZYFLO CR	Limit = 4 tablets/day
Blood Pressure and Heart Failure	ATACAND	4 mg, 8 mg and 16 mg = 2 tablets/day
	ATACAND HCT	16-12.5 mg = 2 tablets/day
	AVALIDE	150-12.5 mg = 1 tablet/day
	AVAPRO	75 mg and 150 mg = 1 tablet/day
	AZOR	All strengths = 1 tablet/day
	BENICAR	5 mg and 20 mg = 1 tablet/day
	BENICAR HCT	20-12.5 mg = 1 tablet/day
	COZAAR	25 mg and 50 mg = 2 tablets/day
	DIOVAN	40 mg, 80 mg and 160 mg = 2 caps or tablets/day
	DIOVAN HCT	80-12.5 mg, 160-12.5 mg, and 160-25 mg = 1 tablet/day
	EXFORGE	All strengths = 1 tablet/day
	HYZAAR	50-12.5 mg = 1 tablet/day
	MICARDIS	20 mg and 40 mg = 1 tablet/day
	MICARDIS HCT	40-12.5 mg = 1 tablet/day
	TEKTURNA	150 mg and 300 mg = 1 tablet/day
TEKTURNA HCT	150/12.5 mg and 150/25 mg = 1 tablet/day	
TEVETEN	400 mg = 2 tablets/day	

# Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Cholesterol Lowering	ADVICOR	All strengths = 2 tablets/day
	ALTOPREV	10 mg, 20 mg, and 60 mg = 1 tablet/day 40 mg = 2 tablets/day
	CADUET	All strengths = 1 tablet/day
	CRESTOR	All strengths = 1 tablet/day
	LESCOL	All strengths = 2 tablets/day
	LESCOL XL	80 mg = 1 tablet /day
	LIPITOR	all strengths= 1 tablet/day
	<i>lovastatin</i> MEVACOR	All strengths = 2 tablets/day
	PRAVACHOL <i>pravastatin</i>	All strengths = 1 tablet/day
	SIMCOR	All strengths = 2 tablets/day
	<i>simvastatin</i> ZOCOR	All strengths = 1 tablet/day
	VYTORIN	All strengths = 1 tablet/day
	ZETIA	10 mg = 1 tablet/day
Colon/Rectal	ASACOL	400 mg = 12 tablets/day
	AZULFIDINE <i>sulfasalazine EC</i>	500 mg = 12 tablets/day
	AZULFIDINE <i>sulfazine</i>	
	ENTABS <i>sulfazine EC</i> <i>sulfasalazine</i>	
	CANASA ROWASA	500 mg = 3 suppositories/day 1000 mg = 2 suppository/day
	COLAZAL <i>balsalazide</i>	750 mg = 9 capsules/day
	DIPENTUM	250 mg = 12 capsules/day
	LIALDA	4 tablets/day
	PENTASA	250 mg = 20 capsules/day 500 mg = 10 capsules/day
Depression	<i>budeprion</i>	75 mg = 6 tablets/day
	<i>bupropion</i>	100 mg = 6 tablets/day
	WELLBUTRIN	
	<i>budeprion ER/SR</i>	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>bupropion ER/SR</i>	
	WELLBUTRIN SR	
	<i>budeprion XL</i>	150 mg and 300 mg = 1 tablet/day
	WELLBUTRIN XL	
CELEXA <i>citalopram</i>	10 mg, 20 mg and 40 mg = 1 tablet/day	
CYMBALTA	20 mg and 30 mg = 2 capsules/day 60 mg = 1 capsule/day	
EFFEXOR <i>venlafaxine</i>	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day	

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)	
Depression (continued)	EFFEXOR XR	37.5 mg = 1 capsule/day 75 mg = 1 capsule/day 150 mg = 2 capsules/day	
	EMSAM	1 patch/day all strengths	
	<i>fluoxetine</i> PROZAC	RAPIFLUX 10 mg = 1 tablet or capsule/day 20 mg = 4 tablets or capsules/day 40 mg = 2 tablets or capsules/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28 day supply	
	<i>fluvoxamine</i>	25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day	
	LEXAPRO	5 mg, 10 mg and 20 mg = 1 tablet/day 5 mg/5 ml solution = 20 ml/day	
	LUVOX CR	100 mg and 150 mg = 2 capsules/day	
	<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day	
	<i>paroxetine</i> PAXIL	PEXEVA 10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day	
	PAXIL CR	All strengths = 2 tablets/day	
	PRISTIQ	50 mg and 100 mg = 1 tablet/day	
	<i>mirtazapine</i> SARAFEM	REMERON <i>selfemra</i> All strengths = 1 tablet/day 10 mg = 1 tablet or capsule/day 20 mg = 4 tablets or capsules/day	
	<i>sertraline</i>	ZOLOFT 25 mg = 1 tablet/day 50 mg = 1 ½ tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day	
	Estrogen/Combinations	ALORA COMBIPATCH ESCLIM ESTRADERM	VIVELLE VIVELLE DOT All strengths = 8 patches/28 day supply
		CLIMARA CLIMARA PRO WEEKLY <i>estradiol patch</i>	MENOSTAR All strengths = 4 patches/28 day supply
RELENZA		2 treatments (units)/year	
TAMIFLU		All strengths = 2 treatments (20 capsules)/year 12 mg/ml suspension = 6 bottles (150 ml)/year	
Flu			
Malaria	ARALEN <i>chloroquine</i> <i>hydroxychloroquine</i>	PLAQUENIL All strengths = 1 tablet/day	
Mania and Psychosis	ABILIFY	All strengths = 1 tablet/day Solution = 30 ml/day	
	<i>clozapine</i> CLOZARIL	FAZACLO 12.5 mg = 1 tablet/day 25 mg and 50 mg = 3 tablets/day 100 mg = 9 tablets/day	

# Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
<b>Mania and Psychosis</b> (continued)	GEODON	All strengths = 2 capsules/day	
	INVEGA	3 mg and 6 mg = 2 tablets/day 9 mg = 1 tablet/day	
	RISPERDAL <i>risperidone</i>	4 mg = 4 tablets/day	
	RISPERDAL M	All other strengths = 2 tablets/day	
	SEROQUEL	25 mg = 6 tablets/day 50 mg and 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg and 400 mg = 2 tablets/day	
	SEROQUEL XR	200 mg = 1 tablet/day 300 mg and 400 mg = 2 tablets/day	
	SYMBYAX	All strengths = 1 tablet/day	
	ZYPREXA ZYPREXA ZYDIS	2.5mg = 2 tablets/day All other strengths = 1 tablet/day	
<b>Migraine</b>	AMERGE      TREXIMET	Total quantity any strength = 9 tablets/30 day supply	
	AXERT	All strengths = 6 tablets/30-day supply	
	FROVA	2.5 mg = 9 tablets/30 day supply	
	IMITREX	Nasal = 6 sprays/30 day supply Injection = 4 kits/30 days or 10 vials/30 day supply Tablets (all strengths) = 18 tablets/30 day supply	
	MAXALT MAXALT MLT	Total quantity any strength = 12 tabs/30 day supply	
	MIGRANAL	1 box/30 day supply	
	RELPAK	20 mg = 12 tablets/30 day supply 40 mg = 6 tablets/30 day supply	
	ZOMIG ZOMIG ZMT	2.5 mg = 12 tablets/30 day supply 5 mg = 6 tablets/30 day supply Nasal = 6 sprays/30 day supply	
	<b>Misc. Anti-Infectives</b>	XIFAXAN	9 tablets/30 day supply
	<b>Nausea/vomiting</b>	ANZAMET	Total quantity any strength = 5 tablets/30 day supply
CESAMET		1 mg = 20 capsules/30 day supply	
EMEND		40, 80 mg, 125 mg = 5 tablets/30 day supply 125 mg/80 mg combo pack = 2 packages (6 tablets)/30 day supply	
KYTRIL <i>granisetron</i>		1 mg = 10 tablets/30 day supply Liquid = quantity > 5 bottles/30 day supply	
<i>ondansetron</i> <i>ondansetron ODT</i>		4 mg and 8 mg = 12 tablets/30 day supply	
ZOFRAN ZOFRAN ODT		24 mg = 5 tablets/30 day supply Liquid = 1 bottle (50 ml)/30 day supply	

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
<b>Oncology</b>	GLEEVEC NEXAVAR SPRYCEL SUTENT TARCEVA TASIGNA	TEMODAR TYKERB VESANOID <i>tratinoin</i> XELODA ZOLINZA	All strengths = 30 day supply
	<b>Osteoporosis/ Paget Disease</b>	ACTONEL	35 mg = 4 tablets/28 day supply 75 mg = 2 tablets/month 150 mg = 3 tablets/90 day supply
		ACTONEL with CALCIUM BONIVA	35 mg/1250 mg = 1 tablet/day 2.5 mg = 1 tablet/day 150 mg = 3 tablets/90 day supply
		<i>alendronate</i> FOSAMAX	35 mg = 4 tablets/28 day supply 70 mg = 4 tablets/28 day supply 70 mg/75ml solution = 4 doses (75ml each)/28 day supply
		FOSAMAX PLUS D	4 tablets/28 day supply
	<b>Pain (Analgesics) &amp; Inflammation</b>	ACTIQ <i>fentanyl lozenges</i>	All strengths = 15 lollipops/30 day supply
FENTORA		All strengths = 15 buccal tablets/ 30 day supply	
<i>butorphanol nasal</i> STADOL NS		2 vials/30 day supply	
CELEBREX		50 mg and 100 mg = 60 capsules/ 30 day supply 200 mg = 30 capsules/30 day supply 400 mg = 60 capsules/30 day supply	
COMBUNOX <i>oxycodone/ibuprofen</i>		Limit = 4 tablets/day	
DURAGESIC <i>fentanyl patch</i>		20 patches/30 day supply	
FLECTOR <i>ketorolac</i> TORADOL		Limit = 2 patches/day 20 tablets/30 day supply	
<i>oxycodone SR</i> OXYCONTIN CR		Quantities up to a total dosage of 320mg/day or 120 tablets/30-day supply	
<b>Rosacea Agents</b>		ORACEA	1 capsule/day
<b>Sedatives and Hypnotics</b>		AMBIEN	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	AMBIEN CR	6.25 mg and 12.5 mg = 1 tablet/day	
	LUNESTA	All strengths = 1 tablet/day	
	ROZEREM	8 mg = 1 tablet/day	
	SONATA <i>zaleplon</i>	5 mg = 4 capsules/day 10 mg = 2 capsules/day	

# Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Seizures	<i>gabapentin</i> GABARONE NEURONTIN	All strengths = 180 tablets or capsules/ 30 day supply
	LYRICA	25, 50, 75, 100, 150 and 200 mg = 3 caps/day 225 and 300 mg = 2 capsules/day
Stimulant/ Attention Deficit	ADDERALL <i>amphetamine/ dextroamphetamine</i>	5, 7.5, 10, 12.5, 15 and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR	All strengths = 2 capsules/day
	CONCERTA	18 mg = 3 tablets/day 27 mg, 36 mg and 54 mg = 2 tablets/day
	DAYTRANA	All strengths = 1 patch/day
	DESOXYN DESOXYN CR <i>methamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE <i>dextrostat</i> <i>dextroamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day
	<i>dexmethylphenidate</i> FOCALIN	2.5 mg, 5 mg and 10mg = 2 tablets/day
	FOCALIN XR	All strengths = 1 capsule/day
	LIQUADD	40 ml/day
	METADATE CD <i>methylphenidate CD</i>	10 mg, 40 mg, 50 mg, 60 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day
	METADATE ER RITALIN METHYLIN RITALIN SR <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate CR/ER/SR</i>	5 mg, 10mg and 20 mg = 3 tablets/day
	METHYLIN chew/soln	2.5 mg, 5 mg and 10 mg = 6 tablets/day 5 mg/5 ml solution = 60 ml/day 10 mg/5 ml solution = 30 ml/day
	PROVIGIL	100 mg and 200 mg = 2 tablets/day
	RITALIN LA	10 mg, 20 mg, 30 mg and 40 mg = 2 caps/day
	STRATTERA	10 mg, 18 mg, 25 mg, 40 mg and 60 mg = 2 caps/day 80 mg and 100 mg = 1 capsule/day
	VYVANSE	All strengths = 1 capsule/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
<b>Ulcer/Heartburn/Reflux</b>	ACIPHEX NEXIUM <i>omeprazole</i> <i>pantoprazole</i> PREVACID PREVACID SOLUTAB PRILOSEC PROTONIX	All strengths = 1 tablet, capsule or packet/day
	HELIDAC                      PREVPAC	1 pack/day for 14 days
	PYLERA	1 pack (120 capsules)/day for 10 days
	ZEGERID	20 mg and 40 mg packets = 1 packet/day 20mg/1100 mg and 40mg/1100mg = 1 cap/day
	<b>Vaginal Anti-Infectives</b>	DIFLUCAN <i>fluconazole</i>

# Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
<b>Acne</b>	ACCUTANE	<i>isotretinoin</i>
<b>Anti-Anginal</b>	RANEXA	Nitrates and <i>amlodipine</i> and Beta Blockers (except <i>sotalol</i> )
<b>Anti-Convulsant</b>	DEPAKOTE	<i>divalproex sodium delayed release</i>
	DEPAKOTE ER	<i>divalproex sodium SR</i>
	DEPAKOTE SPRINKLE	<i>divalproex sodium sprinkle</i>
	LAMICTAL	<i>lamotrigine</i>
	TOPAMAX	<i>topiramate</i>
	LYRICA	<i>gabapentin</i> or CYMBALTA
<b>Anti-Parkinson</b>	REQUIP XL	<i>ropirinoles hcl</i>
<b>Beta-2 Agonist</b>	BROVANA PERFORMIST	FORADIL or SEREVENT DISKUS
	FORADIL SEREVENT DISKUS	ASMANEX, FLOVENT HFA, PULMICORT, AEROBID-M or AZMACORT
	XOPENEX soln/conc.	<i>albuterol nebulas or concentrate</i>
<b>Blood Pressure and Heart Failure</b>	ALTACE	<i>ramipril</i>
	ATACAND AVAPRO	COZAAR and DIOVAN
	ATACAND HCT AVALIDE	DIOVAN HCT and HYZAAR
	<b>Cholesterol Lowering</b>	ALTOPREV
CADUET		NORVASC ( <i>amlodipine</i> ) and <i>simvastatin</i> or CRESTOR or VYTORIN
CRESTOR 5 mg only VYTORIN 10 mg/10 mg only		<i>simvastatin</i>
LIPITOR 10 mg and 20 mg		<i>simvastatin</i> or <i>pravastatin</i> , CRESTOR or VYTORIN
LIPITOR 40 mg and 80 mg		CRESTOR or VYTORIN
<b>Corticosteroids- topical</b>	TACLONEX	<i>betamethasone</i> and TAZORAC
	TACLONEX SCALP suspension	TAZORAC or <i>calcipotriene solution</i>
<b>Depression</b>	CELEXA	<i>citalopram</i>
	CYMBALTA EFFEXOR XR LEXAPRO <i>nefazadone</i> PEXEVA PRISTIQ RAPIFLUX WELLBUTRIN XL	<b>Any one of the following:</b> <i>budeprion, budeprion XL, bupropion, bupropion SR, bupropion SR, bupropion XL, citalopram, fluoxetine, fluvoxamine, paroxetine, mirtazapine, sertraline or vefafaxine first</i>
	EFFEXOR	<i>venlafaxine</i>
	PAXIL	<i>paroxetine</i>



# Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
<b>Osteoporosis/Paget's Disease</b>	BONIVA FOSAMAX FOSAMAX PLUS D	ACTONEL and <i>alendronate</i> <i>alendronate</i> <i>alendronate plus D</i>
<b>Pain (Analgesics) and Inflammation</b>	COMBUNOX FLECTOR ULTRAM ULTRAM ER VOLTAREN GEL	any <i>oxycodone</i> combinations Use of two (2) preferred <i>generic</i> NSAIDs <i>tramadol</i> Use of one (1) preferred <i>generic</i> NSAID
<b>Steroid-Nasal</b>	NASACORT AQ OMNARIS RHINOCORT AQ VERAMYST	<i>fluticasone</i> and NASONEX
<b>Stimulant/Attention Deficit</b>	CONCERTA DESOXYN FOCALIN FOCALIN XR LIQUADD METADATE CD METHYLIN chew/soln RITALIN RITALIN LA RITALIN SR STRATTERA	Any one of: <i>amphetamine/dextroamphetamine</i> , <i>dexmethamphetamine</i> , <i>methylphenidate</i> , <i>methylphenidate CD</i> , <i>methylphenidate SR</i> , ADDERALL XR, VYVANSE
<b>Testosterone Replacement</b>	FIRST-TESTOSTERONE STRIANT TESTIM	ANDRODERM or ANDROGEL
<b>Thyroid Hormones</b>	SYNTHROID	Try <i>levothyroxine</i> , <i>levothroid</i> , <i>levoxyl</i> , or <i>unithroid</i> first
<b>Ulcer/Heartburn/Reflux</b>	ACIPHEX PRILOSEC PROTONIX ZEGERID	NEXIUM and PREVACID
<b>Urinary Pain/Spasm</b>	DETROL DETROL LA DITROPAN XL SANCTURA SANCTURA XL	Any one of: <i>oxybutynin</i> , <i>oxybutynin XL</i> , ENABLEX, VESICARE, OXYTROL

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