

Aetna Preferred Drug Guide

3-Tier/Open Formulary Plan



2007

Take this booklet with you when you see your doctor.

Do you have a question or need more information?

Call the Member Services number on your ID card. Customer Service representatives are available to take your calls during the following hours:

Weekdays 7 a.m. – 11 p.m. ET

Saturday 8 a.m. – 9:30 p.m. ET

Sunday 8 a.m. – 6 p.m. ET

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

Dear Member:

Insurance coverage for prescription drugs continues to be one of the most important benefits in a health care plan. To help you determine which medications are covered by your plan, we are pleased to provide you with a copy of our **2007 Preferred Drug Guide**. The drugs that appear on the Preferred Drug List were selected based on their effectiveness, quality, safety and value.

This book is designed to provide you with easy to understand and accessible information on the Aetna Preferred Drug List, as well as details on your pharmacy benefit design. We encourage you to take this guide with you when you see your doctor, so you can discuss whether any medications recommended by your physician are covered under your pharmacy benefit.

Many commonly prescribed medications, along with their preferred drug status are listed in this book. 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 benefit, we only list the most commonly prescribed ones.

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 2007 Preferred Drug list will be effective no later than January 1, 2007. 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 Service 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 certain medications, even though some are listed in this booklet, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies. Please see your plan documents for a complete description of your pharmacy benefit, or call the Member Services number on your ID card.

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

Copay Tier**	Type of Drug
Tier One (Low Copay)	Covered generic medications ***
Tier Two (Middle Copay)	Covered preferred brand-name medications
Tier Three (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 medication is available, you will 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 visit Aetna Navigator™ at www.aetna.com or call the Member Services number on your ID card.

What is the Preferred Drug List?

The Preferred Drug List (also known as a formulary) is a list of medications selected by Aetna in consultation with a team of health care providers. Aetna will generally cover the drugs listed in our Preferred Drug List as long as the drug is medically necessary and plan rules are followed. For more information on the Preferred Drug List, please review your plan documents or call the Member Services number listed on your ID card.

Drugs that appear on Aetna’s Preferred Drug List have been chosen on the basis of sound medical data, safety and cost.

* 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 booklet 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 are available at the lowest copay (tier one), regardless of whether they are on the Preferred Drug List. In most HMO plans, non-preferred generic medications are available at the highest copay (tier three).

- Both brand-name and generic medications are on Aetna's Preferred Drug List.
- All medications on the Preferred Drug list have been approved by the Food and Drug Administration (FDA) as safe and effective.
- The Preferred Drug List is updated on an ongoing basis and may be subject to change without prior notification.
- Many medications on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications.

This Preferred Drug Guide is an abbreviated list of some of the most commonly prescribed drugs. Your pharmacy benefit may cover many more medications that are not listed in this Preferred Drug Guide. However, certain medications listed in this booklet, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies may not be covered by your particular plan. Please visit the Aetna website at www.aetna.com/formulary for a more complete listing of medications that may be covered by your plan.

It is important to note that you and your physician are responsible for making the final decision on your drug therapy. For a complete description of your pharmacy benefit, see your plan documents or call the Member Services number on your ID card for further information.

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?

Our Pharmaceutical and Therapeutics (P&T) Committee is responsible for reviewing drugs for possible inclusion on our Preferred Drug Lists. Although the committee includes staff from Aetna, the majority of the members are practicing doctors and/or pharmacists who are chosen to represent various clinical specialties. All committee members must disclose any factors that may create a real or apparent conflict of interest or financial stake related to any of the manufacturers whose products are being reviewed.

The P&T's clinical determinations are based on the strength of scientific evidence from literature and database searches from a number of sources and includes, but is not limited to: United States Pharmacopeia - Drug Information (USP-DI), American Hospital Formulary Service Drug Information (AHFS-DI), DrugDex, Medline and other databases, including relevant findings of federal government agencies, the pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

The P&T committee meets regularly to evaluate new drug indications and new clinical information on existing preferred drugs to verify that they continue to meet the criteria for safety, effectiveness, current use in therapy and overall value. Once the P&T completes its clinical review, Aetna conducts additional reviews of medications based on P&T's clinical determinations and information regarding overall value (including cost and manufacturer rebate arrangements) and other factors before a decision on Preferred Drug List status is made.

The Preferred Drug List is Subject to Change

Aetna periodically reviews our Preferred Drug List to make sure it meets the criteria for safety, effectiveness and overall value. The list is subject to change. Medications may be covered at a higher copayment and/or removed from the Preferred Drug List at any time.

- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment. Medications likely to become available generically in 2007 are identified in this booklet 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. Depending on their plan, some members may pay a higher

copayment, and the 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. When an over-the-counter (OTC) equivalent becomes available, the prescription medication may no longer be covered under many of Aetna's pharmacy benefits.

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. Reasons for precertification include age or gender of the member if outside of recommended dosing guidelines, duplicate therapies, and to help health care providers ensure 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 includes our precertification program, your doctor must request authorization for the medication. If the request is approved, your doctor is notified and 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 of

members. If the request is denied, you and your doctor will be notified.

- Certain medications noted in this guide require prior authorization or precertification before they will be covered under some pharmacy benefits plans. 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 apply precertification.
- The medications requiring precertification are subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

Why Do Some Medications Have Quantity Limits?

Quantity limits are included as part of our precertification program and are designed to help promote appropriate and efficient medication use and enhance patient safety.

- Quantity limits are based on generally accepted pharmaceutical guidelines, efficient dosing regimens and dosing recommendations. Three types of quantity limits are in place. They are:
 - Dose Efficiency Edits – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.

- Maximum Daily Dose – Informational message is sent to the pharmacy if prescription lies outside recommended minimum and maximum doses.
- Quantity limits over time – Limits coverage of prescriptions to a specific number of units per a defined amount of time

Quantity limit medications may be covered for quantities up to those indicated. In order to receive coverage for amounts in excess of the quantity listed, the prescribing physician must request a medical exception. Refer to pages 35 – 40 for further details on which medications apply quantity limits.

The medications that have quantity limits are subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

What is Step-Therapy?

Step-therapy means you must first try one or more “pre-requisite” medications before the step-therapy medication will be covered. If your plan includes our step-therapy program, you need to try one or more pre-requisite medications first before the “step-therapy” medication will be covered under your pharmacy benefit.

- Pre-requisite medications and their corresponding step-therapy medications are FDA-approved and are used to treat the same conditions.

- If it is medically necessary, you can obtain coverage for a step-therapy medication without trying a prerequisite medication first. In this case, your doctor must request coverage for a step-therapy medication as a medical exception. If the request is approved, your doctor will be notified and the medication will then be covered at the applicable copay under your plan. You will also be notified of approvals where state requires notification of members. If the request is denied, you and your doctor will be notified.
- Step-therapy is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.
- 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 41 – 42 for further details on which medications apply step-therapy.

The medications requiring step-therapy are subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

What is Therapeutic Duplication?

Therapeutic Duplication is when two drugs from the same therapeutic category are used at the same time by the same person. 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 unnecessarily, potentially leading to serious side effects.

In 2007 Aetna will implement a Therapeutic Duplication program within its fully insured population in an effort to help health care providers avoid these situations.

- If a therapeutic duplication is identified by our claims system, your pharmacist may ask you and/or your physician about the medications you are supposed to be taking. He 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 in 2007 include:
 - Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants
 - 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?

Generic drugs are identical to brand-name drugs in dosage, strength, route of administration, performance characteristics and intended use. Although generic drugs are chemically the same as their branded counterparts, they are typically sold at substantial discounts from the branded price.

- Generic medications have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as the brand-name products, although generics may be a different color, shape or size than brand-name products.
- Your pharmacist generally can substitute a generic medication for a brand-name medication when filling your prescription 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.

How Do I Contact Aetna Rx Home Delivery?

For a specific question about the status of a prescription requested or filled by Aetna Rx Home Delivery:

Call 1-866-612-3862

Weekdays 7 a.m. – 11 p.m. ET

Saturday 8 a.m. – 9:30 p.m. ET

Sunday 8 a.m. – 6 p.m. ET

Or, check the status of your order online at www.aetnarxhomedelivery.com.

You may contact Member Services at the toll-free 800 number listed on the back of your ID card for questions about eligibility, benefits, copays, forms or other general information.

What is Aetna Specialty Pharmacy?

Aetna Specialty Pharmacy® is available to fill your specialty injectable medication needs. Some injectable medications, as well as other disease-specific drugs, require special handling, storage or shipping. These drugs are often referred to as specialty medications and are often used to treat certain conditions such as hemophilia, hepatitis and multiple sclerosis.

Aetna Specialty Pharmacy provides convenient mail-order services for specialty medications that are not always available at retail pharmacies. Aetna Specialty Pharmacy also offers educational and clinical support services to help members manage their medications and health condition.

Depending on your benefits plan, you may have a copay for specialty injectable medications. Please refer to 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 1-866-782-2779 (ASRX) or visit www.AetnaSpecialtyPharmacy.com.

THERAPEUTIC CLASS LIST KEY

UPPERCASE – Brand-name medication

lower case italics – Generic medication

PR – Precertification required under most plans

ST – Step-therapy applies under most plans

QL – Quantity limit applies under most plans

– Brand-name medication expected to become available generically during the year. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment and/or removed from the Preferred Drug List.

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

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

3-Tier Commercial Member Guide

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Antineoplastic Agents				
Adrenal Steroid Inhibitors				
CYTADREN	3			
Alkylating Agents				
ALKERAN	2			
CEENU	2			
<i>cyclophosphamide</i>	1			
CYTOXAN	3			
HEXALEN	2			
LEUKERAN	2			
MYLERAN	2			
TEMODAR	2			
Antimetabolites				
<i>mercaptopurine</i>	1			
<i>methotrexate</i>	1			
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA	2			
Antineoplastic - Hormonal Agents				
ARIMIDEX	2			
AROMASIN	2			
CASODEX	2		✓	
DEPO-PROVERA	MED			
EMCYT	2			
EULEXIN	3			
FARESTON	3			
FASLODEX	MED			
FEMARA	2			
<i>flutamide</i>	1			
<i>leuprolide</i>	MED			
LUPRON	PMED			
LYSODREN	3			
MEGACE	3			
MEGACE ES	3			
<i>megestrol</i>	1			
NILANDRON	2			
NOLVADEX	3			
<i>tamoxifen</i>	1			
TESLAC	3			
ZOLADEX	MED			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Antineoplastic Enzyme Inhibitors				
GLEEVEC	2			
IRESSA	3			
NEXAVAR	2			
SUTENT	2			
TARCEVA	2			
Antineoplastics Misc.				
ACTIMMUNE	MED			
ALFERON N	MED			
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	MED		✓	
MATULANE	2			
MYLOCEL	3			
PHOTOFRIN	MED			
PROLEUKIN	MED			
ROFERON-A	MED		✓	
TARGETIN	3			
THERACYS	MED			
TICE BCG	MED			
UVADEX	MED			
VESANOID	2			
Chemotherapy Rescue/Antidote Agents				
<i>leucovorin calcium</i>	1			
MESNEX	3			
Immunomodulators				
REVLEMID	3			
THALOMID	3			
Mitotic Inhibitors				
<i>etoposide</i>	1			
VEPESID	3			
Blood Products- Modifiers- Volume Expanders				
Agents for Gaucher Disease				
CEREDASE	MED			
CEREZYME	MED			
ZAVESCA	3		✓	
Agents for Sickle Cell Anemia				
DROXIA	3			
Coumarin Anticoagulants				
COUMADIN	3			
<i>warfarin</i>	1			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Hematopoietic Growth Factors				
PROCRIT	2			
ARANESP	2			
NEULASTA	2			
Hematopoietic Mixtures				
TRINSICON	2			
Heparins And Heparinoid-Like Agents				
ARIXTRA	3			
FRAGMIN	3			
<i>heparin sodium</i>	MED			
INNOHEP	3			
LOVENOX	3			
Platelet Aggregation Inhibitors				
AGGRENOX	2			
AGRYLIN	3			
<i>anagrelide</i>	1			
<i>cilostazol</i>	1			
<i>dipyridamole</i>	1			
PERSANTINE	3			
PLAVIX #	2			
PLETAL	3			✓
Cardiovascular System				
ACE Inhibitors				
ACCUPRIL	3	✓		✓
ACEON	3	✓		
ALTACE	2	✓		
<i>benazepril</i>	1	✓		
CAPOTEN	3	✓		
<i>captopril</i>	1	✓		
<i>enalapril</i>	1	✓		
<i>fosinopril</i>	1	✓		
<i>lisinopril</i>	1	✓		
LOTENSIN	3	✓		
LYTENSOPRIL	3			
MAVIK	3	✓		
MONOPRIL	3	✓		
PRINIVIL	3	✓		
<i>quinapril</i>	1	✓		
UNIVASC	3	✓		
VASOTEC	3	✓		
ZESTRIL	3	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Agents for Pheochromocytoma				
DEMSEER	3			
DIBENZYLIN	2			
<i>phentolamine</i>	MED			
Alpha-Beta Blockers				
COREG	2			
<i>labetalol</i>	1			
TRANDATE	3			
Anaphylaxis Therapy Agents				
EPIPEN	2			
TWINJECT	3			
EPIPEN-JR	2			
Angiotensin II Receptor Antagonist				
ATACAND	3	✓		✓
AVAPRO	3	✓		✓
BENICAR	3	✓		
COZAAR	2	✓		
DIOVAN	2	✓		
MICARDIS	3	✓		
TEVETEN	3	✓		
Antiadrenergic Antihypertensives				
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>methyldopa</i>	1			
MINIPRESS	3			
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			
Antianginals- Other				
RANEXA	3	✓		✓
Antiarrhythmics Type I - Nonspecific				
ETHMOZINE	2			
Antiarrhythmics Type I-A				
<i>disopyramide</i>	1			
NORPACE	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Antiarrhythmics Type I-A (continued)				
<i>procainamide</i>	1			
<i>procainamide ER</i>	1			
PROCANBID	3			
PRONESTYL	3			
PRONESTYL SR	3			
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			
Antiarrhythmics Type I-B				
mexiletine	1			
Antiarrhythmics Type I-C				
<i>flecainide</i>	1			
<i>propafenone</i>	1			
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			
Antiarrhythmics Type III				
<i>amiodarone</i>	1			
CORDARONE	3			
PACERONE	3			
TIKOSYN	3			
Antihyperlipidemic Combinations				
ADVICOR	2	✓		
VYTORIN 10 mg / 10 mg	2	✓		✓
VYTORIN (all other strengths)	2	✓		
Antihypertensive Combinations				
ACCURETIC	3			✓
ALDORIL	3			
ATACAND HCT	3	✓		✓
<i>atenolol/chlorthalidone</i>	1			
AVALIDE	3	✓		✓
<i>benazepril/ hydrochlorothiazide</i>	1			
BENICAR HCT	3	✓		
<i>bisoprolol/ hydrochlorothiazide</i>	1			
CAPOZIDE	3			
<i>captopril/ hydrochlorothiazide</i>	1			
CLORPRES	3			
CORZIDE	3			
DIOVAN HCT	2	✓		
<i>enalapril/ hydrochlorothiazide</i>	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Antihypertensive Combinations (continued)				
<i>fosinopril/ hydrochlorothiazide</i>	1			
<i>hyralazine/ hydrochlorothiazide</i>	1			
HYZAAR	2	✓		
INDERIDE	3			
LEXXEL	3			
<i>lisinopril/ hydrochlorothiazide</i>	1			
LOPRESS HCT	3			
LOTENSIN HCT	3			
LOTREL	2			
<i>methylodopa/ hydrochlorothiazide</i>	1			
<i>metoprolol/ hydrochlorothiazide</i>	1			
MICARDIS HCT	3	✓		
MINIZIDE	3			
MONOPRIL HCT	3			
PRINZIDE	3			
<i>propranolol/ hydrochlorothiazide</i>	1			
QUINARETIC	1			
<i>rauwolfia/ bendroflumethiazide</i>	1			
TARKA	3			
TENORETIC	3			
TEVETEN HCT	3			
TIMOLIDE	3			
UNIRETIC	3			
UNI-SERP	3			
VASERETIC	3			
ZESTORETIC	3			
ZIAC	3			
Beta Blockers Cardio-Selective				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol fumarate</i>	1			
KERLONE	3			
LOPRESSOR	3			
<i>metoprolol</i>	1			
SECTRAL	3			
TENORMIN	3			
TOPROL XL	3			
ZEBETA	3			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Beta Blockers Non-Selective				
BETAPACE	3			
BETAPACE AF	3			
BLOCADREN	3			
CARTROL	3			
CORGARD	3			
INDERAL	3			
INDERAL LA	3			
INNOPRAN XL	3			
LEVATOL	3			
<i>nadolol</i>	1			
<i>pindolol</i>	1			
<i>propranolol</i>	1			
<i>sorine</i>	1			
<i>sotalol AF</i>	1			
<i>sotalol hcl</i>	1			
<i>timolol maleate</i>	1			
Bile Sequestrants				
<i>cholestyramine</i>	1			
COLESTID	3			
<i>colestipol</i>	1			
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			
Calcium Blockers				
ADALAT CC	3	✓		✓
<i>afeditab</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</i>	1	✓		
<i>diltiazem ER</i>	1	✓		
<i>diltiazem extended release beads SR</i>	1	✓		
DYNACIRC	3			
DYNACIRC CR	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Calcium Blockers (continued)				
<i>felodipine</i>	1	✓		
ISOPTIN SR	3	✓		✓
<i>isradipine</i>	1			
<i>nicardipine</i>	1			
<i>nifediac CC</i>	1	✓		
<i>nifedical</i>	1	✓		
<i>nifedipine</i>	1			
<i>nifedipine ER/CR/SR</i>	1	✓		
NIMOTOP #	2			
NORVASC	3	✓		
PLENDIL	3	✓		
PROCARDIA	3			✓
PROCARDIA XL	3	✓		✓
SULAR	3	✓		
<i>taztia XT</i>	1	✓		
TIAZAC	3	✓		✓
<i>verapamil</i>	1	✓		
<i>verapamil SR</i>	1	✓		
VERELAN	3	✓		✓
VERELAN PM	3	✓		
Carbonic Anhydrase Inhibitors				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
Cardiac Glycosides				
<i>digitek</i>	1			
<i>digoxin</i>	1			
LANOXICAPS	3			
LANOXIN	3			
Combination Diuretics				
ALDACTAZIDE	3			
<i>amiloride/hydrochlorothiazide</i>	1			
DYAZIDE	3			
MAXZIDE	3			
MODURETIC	3			
<i>spironolactone/hydrochlorothiazide</i>	1			
<i>triamterene/hydrochlorothiazide</i>	1			
Fibric Acid Derivatives				
ANTARA	2			
<i>gemfibrozil</i>	1			
<i>fenofibrate</i>	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Fibric Acid Derivatives (continued)				
LOFIBRA	3			
LOPID	3			
TRICOR #	2			
TRIGLIDE	3			
HMG CoA Reductase Inhibitors				
ALTOPREV	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	✓		
<i>simvastatin</i>	1	✓		
ZOCOR	3	✓		✓
Impotence Agents				
CAVERJECT	3	✓	✓	
CIALIS	3	✓		
EDEX	3	✓		
LEVITRA	3	✓		
MUSE	3	✓		
VIAGRA	3	✓		
Intestinal Cholesterol Absorption Inhibitors				
ZETIA	2	✓		
Loop Diuretics				
<i>bumetanide</i>	1			
BUMEX	3			
DEMADEX	3			
EDECIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torseamide</i>	1			
Misc. Antihyperlipidemics				
LIPEX	3			
OMACOR	3			
VANACHOL	3			
Misc. Cardiovascular Combinations				
BIDIL	3			
CADUET	3	✓		✓

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Nicotinic Acid Derivatives				
NIASPAN	2			
Nitrates				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISMO	3			
<i>isochron</i>	1			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
<i>minitran</i>	1			
MONOKET	3			
<i>nitrek</i>	1			
NITROBID	3			
NITRO-DUR	3			
NITROGARD	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	3			
<i>nitroquick</i>	1			
NITROSTAT	2			
<i>nitrotab</i>	1			
<i>nitro-time</i>	1			
<i>nitro-transderm</i>	1			
Peripheral Vasodilators				
<i>isoxsuprine</i>	1			
<i>papaverine ER</i>	1			
VASODILAN	3			
Potassium Sparing Diuretics				
ALDACTONE	3			
<i>amiloride</i>	1			
DYRENIUM	3			
MIDAMOR	3			
<i>spironolactone</i>	1			
Prostaglandin Vasodilators				
VENTAVIS	2		✓	
Pulmonary Hypertension - Endothelin Receptor Antagonists				
TRACLEER	2		✓	
Pulmonary Hypertension-Phosphodiesterase Inhibitors				
REVATIO	2		✓	

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Selective Aldosterone Receptor Antagonists (SARAs)				
INSPRA	3			
Thiazides and Thiazide-Like Diuretics				
<i>chlorothiazide</i>	1			
<i>chlorthalidone</i>	1			
DIURIL	3			
<i>hydrochlorothiazide</i>	1			
<i>indapamide</i>	1			
LOZOL	3			
<i>methychlothiazide</i>	1			
<i>metolazone</i>	1			
MICROZIDE	3			
NATURETIN	3			
THALITONE	3			
ZAROXOLYN	3			
Vasodilators				
<i>hydralazine</i>	1			
<i>minoxidil</i>	1			
Central Nervous System				
Agents for Chemical Dependency				
ANTABUSE	3			
CAMPRAL	3			
<i>naltrexone</i>	1			
Alpha-2 Receptor Antagonists				
<i>mirtazapine</i>	1			
<i>mirtazapine ODT</i>	1			
REMERON	3			✓
REMERON SOLUTAB	3			✓
ALS Agents				
RILUTEK	3			
Amphetamines				
ADDERALL	3	✓		
ADDERALL XR #	2	✓		
<i>amphetamine/dextroamphetamine</i>	1	✓		
DESOXYN	3	✓		✓
DEXDRINE	3	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
DEXTROSTAT	3	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Analgesic Combinations				
<i>acetaminophen/salicylamide/phenyltoloxamine</i>	1			
<i>butalbital CPD</i>	1			
<i>butalbital/acetaminophen</i>	1			
<i>butalbital/acetaminophen/caffeine</i>	1			
<i>butalbital/aspirin/caffeine</i>	1			
Anti-Cataleptic Agents				
XYREM	3		✓	
Anticonvulsant - Benzodiazepines				
<i>clonazepam</i>	1			
<i>clonazepam orally disintegrating tab</i>	1			
DIASTAT	3			
KLONOPIN	3			
KLONOPIN WAFER	3			
Antidementia				
ARICEPT	3			
ARICEPT ODT	3			
COGNEX	3			
EXELON	2			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
Antiparkinsonian Adjuvants				
LODOSYN	3			
Antiparkinsonian Anticholinergic				
AKINETON	3			
<i>benztropine</i>	1			
KEMADRIN	3			
<i>trihexphenidyl</i>	1			
Antiparkinsonian COMT Inhibitors				
COMTAN	2			
TASMAR	3			
Antiparkinsonian Dopaminergic				
<i>amantadine</i>	1			
<i>atamet</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			
<i>carbidopa/levodopa SR</i>	1			
MIRAPEX #	2			
PARCOPA	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Antiparkinsonian Dopaminergic (continued)				
PARLODEL	3			
<i>pergolide</i>	1			
PERMAX	3			
REQUIP #	2			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	3			
Antiparkinsonian Monoamine Oxidase Inhibitor				
ELDEPRYL	3			
<i>selegiline</i>	1			
Barbiturate Hypnotics				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>mephobarbital</i>	1			
<i>phenobarbital</i>	1			
SECONAL	3			
Benzisoxazoles				
RISPERDAL #	2	✓		
RISPERDAL CONSTA	MED			
RISPERDAL M	2	✓		
Benzodiazepines				
<i>alprazolam</i>	1			
<i>alprazolam ER</i>	1			
<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			
Butyrophenones				
<i>haloperidol</i>	1			
Carbamates				
FELBATOL	3			
Combination Psychotherapeutics				
<i>chlordiazepoxide/ amitriptyline</i>	1			
<i>perphenazine/amitriptyline</i>	1			
SYMBYAX	3	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Dibenzapines				
<i>clozapine</i>	1	✓		
CLOZARIL	3	✓		
FAZACLO	3	✓		
<i>loxapine</i>	1			
SEROQUEL	2	✓		
ZYPREXA	2	✓		
ZYPREXA ZYDIS	2	✓		
GABA Modulators				
GABITRIL	3			
Hydantoin				
<i>phenytoin extended</i>	1			
<i>phenytoin sodium</i>	1			
Lithium				
<i>lithium carbonate</i>	1			
<i>lithium carbonate CR</i>	1			
<i>lithium citrate</i>	1			
LITHOBID	3			
MAO Inhibitors				
EMSAM	3			
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<i>tranylcypromine sulfate</i>	1			
Migraine Products				
MIGRANAL	3	✓		
Misc Psychotherapeutic and Neurological Agents				
<i>ergoloid mesylate</i>	1			
ORAP	3			
Misc. Antianxiety Agents				
<i>bupirone</i>	1			
<i>hydroxyzine hcl</i>	1			
<i>hydroxyzine pamoate</i>	1			
<i>meprobamate</i>	1			
Misc. Anticonvulsants				
<i>carbamazepine</i>	1			
<i>gabapentin</i>	1	✓		
GABARONE	3	✓		✓
KEPPRA	2			
LAMICTAL	2			
<i>lamotrigine</i>	1			
LYRICA	3	✓		✓

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Misc. Anticonvulsants (continued)				
NEURONTIN	3	✓		✓
primidone	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	3			
TRILEPTAL	2			
ZONEGRAN	3			
zonisamide	1			
Misc. Antidepressants				
bupropion	1	✓		
bupropion	1	✓		
bupropion SR	1	✓		
maprotiline	1	✓		
WELLBUTRIN	3	✓		✓
WELLBUTRIN SR	3	✓		✓
WELLBUTRIN XL #	2	✓		✓
Misc. Antipsychotics				
EQUETRO	3			
GEODON	3	✓		
Modified Cyclics				
DESYREL	3			✓
nefazodone	3			✓
TRAZAMINE	3			
trazodone	1			
Multiple Sclerosis Agents				
AVONEX	2			
BETASERON	3			
COPAXONE	2			
REBIF	3			
Narcotic Agonists				
ACTIQ	3	✓		
AVINZA	3			
codeine phosphate	1			
codeine sulfate	1			
DARVON-N	3			
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3	✓		✓
fentanyl	1	✓		
hydromorphone	1			
KADIAN	2			
levorphanol	1			
mepidine	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Narcotic Agonists (continued)				
methadone	1			
methadose	1			
morphine sulfate	1			
morphine sulfate CR	1			
MS CONTIN	3			
OPANA	3			
OPANA ER	3	✓		
ORAMORPH SR	3			
oxycodone SR	1	✓		
OXYCONTIN CR #	3	✓		✓
oxyfast	1			
OXYIR	3			
percolone	1			
propoxyphene	1			
tramadol hcl	1			
ULTRAM	3			✓
ULTRAM ER	3			✓
Narcotic Combinations				
acetaminophen/codeine	1			
ALCET	3			
ANEXSIA	3			✓
aspirin/codeine	1			
bupropion/acetaminophen/ caffeine/codeine	1			
bupropion/aspirin/caffeine/ codeine	1			
CAPITAL/CODEINE	3			✓
COMBUNOX	3	✓		✓
DARVOCET A500	3			✓
DARVOCET-N	3			✓
FIORICET/CODEINE	3			✓
FIORINAL/CODEINE	3			✓
hydrocodone/ acetaminophen	1			
hydrocodone/ibuprofen	1			
LORCET	3			✓
LORCET PLUS	3			✓
LORTAB	3			✓
LYNOX	3			✓
MAXIDONE	3			✓
mepidine/promethazine	1			
meprozine	1			
NORCO	3			✓
oxycodone/acetaminophen	1			
oxycodone/aspirin	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Narcotic Combinations (continued)				
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			✓
PERCODAN	3			✓
<i>phrenilin/caffeine/codeine</i>	1			
<i>propoxyphene/acetaminophen</i>	1			
<i>propoxyphene-N/acetaminophen</i>	1			
REPREXAIN	3			✓
ROXICET	3			✓
STAGESIC	3			✓
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			✓
Narcotic Partial Agonists				
<i>butorphanol</i>	1	✓		
<i>pentazocine/naloxone</i>	1			
SUBOXONE	3			
SUBUTEX	3			
TALWIN NX	3			
Non-Barbiturate Hypnotics				
AMBIEN	3	✓		✓
AMBIEN CR	3	✓		✓
<i>chloral hydrate</i>	1			
DORAL	3			
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
LUNESTA	3	✓		✓
<i>midazolam</i>	1			
SONATA	3	✓		✓
STRAZEPAM	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Non-Barbiturate Hypnotics (continued)				
<i>temazepam</i>	1			
<i>triazolam</i>	1			
Phenothiazines				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>perphenazine</i>	1			
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>trifluoperazine</i>	1			
Quinolinone Derivatives				
ABILIFY	3	✓		
ABILIFY DISC	3	✓		
Selective Melatonin Receptor Agonists				
ROZEREM	3	✓		✓
Selective Serotonin Reuptake Inhibitors				
CELEXA	3	✓		✓
<i>citalopram</i>	1	✓		
<i>fluoxetine</i>	1	✓		
<i>fluvoxamine</i>	1	✓		
LEXAPRO	3	✓		✓
<i>paroxetine</i>	1	✓		
PAXIL	3	✓		✓
PAXIL CR	3			✓
PEXEVA	3	✓		✓
PROZAC	3	✓		✓
PROZAC WEEKLY	3	✓		✓
RAPIFLUX	3	✓		✓
SARAFEM	3	✓		
<i>sertraline</i>	1	✓		
ZOLOFT	3	✓		✓
Serotonin Agonists				
AMERGE	2	✓		
AXERT	3	✓		
FROVA	3	✓		
IMITREX #	2	✓		
MAXALT	2	✓		
MAXALT MLT	2	✓		
RELPAX	3	✓		
ZOMIG	3	✓		
ZOMIG ZMT	3	✓		

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Serotonin-Norepinephrine Reuptake Inhibitors				
CYMBALTA	2	✓		✓
EFFEXOR	3	✓		✓
EFFEXOR XR	2	✓		✓
<i>venlafaxine</i>	1	✓		
Stimulants- Misc.				
CONCERTA	3	✓		✓
DAYTRANA	2	✓		
FOCALIN	3	✓		✓
FOCALIN XR	3	✓		✓
METADATE CD	2	✓		
METADATE ER	3	✓		
<i>methylin</i>	1	✓		
METHYLIN chew/soln	3	✓		✓
<i>methylin ER</i>	1	✓		
<i>methylphenidate</i>	1	✓		
<i>methylphenidate ER</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
PROVIGIL	3	✓	✓	
RITALIN	3	✓		✓
RITALIN LA	3	✓		✓
RITALIN SR	3	✓		✓
STRATTERA	3	✓		✓
Succinimides				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
Thioxanthenes				
<i>thiothixene</i>	1			
Tricyclic Agents				
<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			
Valproic Acid				
DEPAKOTE #	2			
DEPAKOTE ER #	2			
DEPAKOTE SPRINKLE #	2			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Dermatological Agents				
Acne Products				
ACCUTANE	3	✓	✓	✓
AKNE-MYCIN	3			
<i>amnesteem</i>	1	✓	✓	
AVAR	3			
AVAR GREEN	3			
<i>avar-E green</i>	1			
AVITA	1		✓	
AZELEX	3			
BENZACLIN	3			
BENZAMYCIN	3			
BENZIQU	3			
BENZIQU LS	3			
BENZIQU wash	3			
<i>benzoyl peroxide</i>	1			
<i>benzoyl peroxide/ urea cream</i>	1			
BINORA	3			
<i>claravis</i>	1	✓	✓	
<i>clenia</i>	1			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
DIFFERIN gel/cream	2			
DUAC	3			
<i>erythromycin</i>	1			
<i>erythromycin/benzoyl peroxide</i>	1			
<i>ethexderm</i>	1			
EVOCLIN	3			
<i>isotretinoin</i>	1	✓	✓	
KLARON	3			
METROCREAM	3			
METROGEL 1% only	2			
METROLOTION	3			
<i>metronidazole</i>	1			
NEOBENZ MICRO	3			
NORITATE	3			
NUOX	3			
<i>panoxyl</i>	1			
<i>panoxyl AQ</i>	1			
PLEXION cloth	2			
PLEXION emulsion	3			
PLEXION SCT	3			
PLEXION TS	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Acne Products (continued)				
<i>prascion</i>	1			
RETIN-A	3		✓	
RETIN-A MICRO	2		✓	
ROSAC	3			
<i>rosaderm</i>	1			
<i>rosanil</i>	1			
ROSULA	3			
ROZEX	3			
<i>sodium sulfacetamide/ sulfur</i>	1			
<i>sotret</i>	1	✓	✓	
SULFACET-R	3			
<i>sulfatol</i>	1			
SULFOXYL	3			
<i>suphera</i>	1			
<i>tretinoin</i>	1		✓	
TRIAZ	3			
VANOXIDE-HC	3			
Z-CLINZ	3			
ZODERM	3			
Antibiotics - Topical				
BACTROBAN	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
Antifungals - Topical				
<i>ciclopirox</i>	1			
<i>clotrimazole/ betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
<i>hydrocortisone/clioquinol</i>	1			
<i>hydrocortisone/iodoquinol</i>	1			
<i>ketoconazole</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			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Pre-cert	Step-Therapy
Antineoplastic or Premalignant Lesions - Topical				
CARAC	3			
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
PANRETIN	2			
SOLARAZE	3			
TARGRETIN	2			
Antipruritics				
<i>prudoxin</i>	1			
ZONALON	3			
Antipsoriasis				
8-MOP	3			
AMEVIVE	MED			
<i>anthralin</i>	1			
DOVONEX	3			
DRITHO-SCALP	3			
OXSORALEN-UL	3			
PSORiatec	3			
RAPTIVA	MED			
SORIATANE	2			
TAZORAC	2			
Antiseborrheic Products				
CAPITROL	3			
OVACE	3			
ROSULA NS	3			
SEBIZON	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
Antiviral - Topical				
DENAVIR	3			
ZOVIRAX	3			
Corticosteroids - Topical				
<i>alclometasone</i>	1			
<i>amcinonide</i>	1			
<i>augmented betamethasone dipropionate</i>	1			
<i>betamethasone valerate</i>	1			
<i>clobetasol</i>	1			
<i>clovebate</i>	1			
CLOBEX lotion/ shampoo/spray	2			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Corticosteroids - Topical (continued)				
CLODERM	3			
CORDRAN	3			
desonide	1			
desoximetasone	1			
diflorasone	1			
DIPROLENE AF	3			
ELOCON	3			
fluocinolone acetonide	1			
fluocinonide	1			
flucicasone	1			
HALOG	3			
hydrocortisone butyrate	1			
hydrocortisone	1			
hydrocortisone valerate	1			
hydrocortisone/pramoxine	1			
lacticare/hydrocortisone	1			
lidocaine/hydrocortisone	1			
LUXIQ	2			
mometasone	1			
NUZON	3			
OLUX	2			
TACLONEX	3			✓
triamcinolone	1			
ULTRAVATE	3			
VANOS	2			
Immunomodulating Agents - Topical				
ALDARA	2			
ELIDEL	2			✓
PROTOPIC	2			✓
Keratolytics/Antimitotics				
podocon	1			
podofilox	1			
Local Anesthetics - Topical				
cocaine hcl	1			
lidocaine	1			
lidocaine/prilocaine	1			
LIDODERM	2			
SYNERA	3			
Rosacea Agents				
FINACEA	3			
ORACEA	3	✓	✓	
Scabicides & Pediculicides				
EURAX	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Scabicides & Pediculicides (continued)				
lindane	1			
permethrin	1			
sulfurated lime solution	1			
Endocrine System				
Alpha-Glucosidase Inhibitors				
GLYSET	3			
PRECOSE	3			
Androgens				
ANDRODERM	2			
ANDROGEL	2			
danazol	1			
FIRST-TESTOSTERONE	3			
STRIANT	3			
TESTIM	3			
testosterone	MED			
Antidiabetic - Amino Acid Derivatives				
STARLIX	2			
Antidiabetic Combinations				
ACTOPLUS MET	2			
AVANDAMET	2			
AVANDARYL	2			
GLUCOVANCE	3			
glipizide/metformin	1			
glyburide/metformin	1			
METAGLIP	3			
Antithyroid Agents				
methimazole	1			
propylthiouracil	1			
TAPAZOLE	3			
Biguanides				
FORTAMET	3			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
metformin	1			
metformin ER	1			
RIOMET	3			
Combination Contraceptives - Transdermal				
ORTHO EVRA	3			
Combination Contraceptives - Vaginal				
NUVARING	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Combinations OC's				
ALESSE	3	✓		
<i>apri</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	✓		
<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>kariya</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	✓		
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	✓		
<i>microgestin 1.5/30</i>	1	✓		
<i>microgestin 1/20</i>	1	✓		
<i>microgestin FE 1.5/30</i>	1	✓		
<i>microgestin FE1/20</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	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Combinations OC's (continued)				
<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	✓		
<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			
<i>solia</i>	1	✓		
<i>sprintex</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	✓		
YAZ	3	✓		
YASMIN	3	✓		
<i>zovia1/35E</i>	1	✓		
<i>zovia1/50E</i>	1	✓		
Diabetic Other				
GLUCAGON	MED			
PROGLYCEM	2			
Diabetic Supplies				
<i>alcohol swabs</i>	NC			
BD insulin syringes	2			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Diabetic Supplies (continued)				
FREESTYLE test strips	2			
<i>gauze pad</i>	NC			
INSULIN SYRINGES (all syringes other than BD brand)	3			
ONE TOUCH BASIC/ PROFILE/ONE TOUCH II test strips	2			
ONE TOUCH FAST TAKE test strips	2			
ONE TOUCH SURE STEP test strips	2			
ONE TOUCH ULTRA test strips	2			
PRECISION Q-I-D test strips	2			
PRECISION SOF-TACT test strips	2			
PRECISION XTRA KETONE test strips	2			
PRECISION XTRA test strips	2			
TEST STRIPS (all other brands)	3			
Estrogen Combinations				
ACTIVELLA	3			
CLIMARA PRO	3	✓		
COMBIPATCH	3	✓		
ESTRATEST	3			
ESTRATEST HS	3			
FEMHRT	3			
FEMHRT LOW DOSE	3			
FEMTRACE	3			
PREFEST	3			
PREMPHASE	3			
PREMPRO	3			
<i>syntest D.S.</i>	1			
<i>syntest H.S.</i>	1			
Estrogens				
ALORA	3	✓		
CENESTIN	2			
CLIMARA	3	✓		
ESCLIM	3	✓		
ESTRACE	3			
ESTRADERM	3	✓		
<i>estradiol</i>	1	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Estrogens (continued)				
ESTRASORB	3			
ESTROGEL	3			
<i>estropipate</i>	1			
<i>gynodiol</i>	1			
MENEST	2			
MENOSTAR	3	✓		
OGEN	3			
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE	3	✓		
VIVELLE DOT	3	✓		
Fertility Regulators				
GONAL-F	PMED			
FOLLISTIM	PMED			
FOLLISTIM AQ	PMED			
BRAVELLE	PMED			
REPRONEX	PMED			
MENOPUR	PMED			
Glucocorticosteroids				
<i>bubpli-pred</i>	1			
CELESTONE	3			
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3			
<i>hydrocortisone</i>	1			
<i>methylpred</i>	1			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
Growth Hormone				
GENOTROPIN	3		✓	
HUMATROPE	2		✓	
NORDITROPIN	3		✓	
NUTROPIN	2		✓	
NUTROPIN AQ	2		✓	
SAIZEN	3		✓	
SEROSTIM	3		✓	
TEV-TROPIN	2		✓	
Growth Hormone Receptor Antagonist				
SOMAVERT	3		✓	
Growth Hormone Releasing Hormones				
GEREF	3		✓	

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Insulin				
APIDRA	3			
BYETTA	2	✓		
HUMALOG	2			
HUMALOG MIX 75/25	2			
HUMULIN 50/50	2			
HUMULIN 70/30	2			
HUMULIN N	2			
HUMULIN R	2			
LANTUS	2			
LEVEMIR	2			
NOVOLIN 70/30	3			✓
NOVOLIN N	3			✓
NOVOLIN R	3			✓
NOVOLOG	2			
NOVOLOG MIX 70/30	2			
RELION 70/30	3			✓
RELION N	3			✓
RELION R	3			✓
SYMLIN	2			
Insulin Like Growth Factors				
INCRELEX	3		✓	
Insulin Sensitizing Agents				
ACTOS	2			
AVANDIA	2			
Meglitinide Analogues				
PRANDIN	2			
Metabolic Modifiers				
CARNITOR	3			
CYSTADANE	3			
HECTOROL	3			
ORFADIN	2		✓	
SENSIPAR	3			
ZEMPLAR	2			
Mineralocorticoids				
<i>fludrocort</i>	1			
Posterior Pituitary				
DDAVP	3			✓
<i>desmopressin</i>	1			
STIMATE	3			
Progestin Contraceptives- Injectables				
<i>medroxyprogesterone</i>	1			
DEPO-PROVERA	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Progestin OC's				
<i>camila</i>	1	✓		
<i>errin</i>	1	✓		
<i>jolivette</i>	1	✓		
<i>nora-be</i>	1	✓		
NOR-QD	3	✓		
ORTHO MICRONOR	3	✓		
Progestins				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
PROMETRIUM	2			
Sulfonylureas				
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			
Thyroid Hormones				
ARMOUR THYROID	3			
BIO-THROID	3			
<i>levothyroid</i>	3			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
SYNTHROID	3			
THYROLAR	3			
UNITHROID	3			
Gastrointestinal System				
5-HT3 Receptor Antagonists				
ANZEMET	3	✓		
KYTRIL	3	✓		
ZOFRAN # <i>(see page 41 for ST note)</i>	2	✓		✓
ZOFRAN ODT #	2	✓		
Antiemetics - Anticholinergic				
<i>maldemar</i>	1			
MENI-D	3			
TRANSDERM SCOPOLAMINE	3			
<i>trimethobenzamide</i>	1			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Antiemetics Miscellaneous				
<i>tebamide</i>	1			
Antiperistaltic Agents				
<i>diphenoxylate/atropine</i>	1			
<i>paregoric</i>	1			
Antispasmodics				
<i>belladonna alkaloids</i>	1			
<i>belladonna alkaloids/opium</i>	1			
<i>belladonna alkaloids/phenobarbital</i>	1			
<i>clidinium/chlordiazepoxide</i>	1			
<i>hyoscyamine</i>	1			
<i>hyoscyamine CR</i>	1			
<i>propanthelin</i>	1			
SYMAX DUOTAB	3			
<i>symax SL</i>	3			
<i>symax SR</i>	3			
Digestive Aids - Mixtures				
CREON	2			
KU-ZYME	3			
KU-ZYME-HP	3			
<i>lipram</i>	1			
<i>lipram CR</i>	1			
<i>lipram PN</i>	1			
<i>lipram UL</i>	1			
PALCAPS	3			
<i>pancrelipase</i>	1			
PANOCAPS	3			
ULTRACAPS	3			
ULTRASE	2			
ULTRASE MT	2			
VIOKASE	2			
Digestive Enzymes				
DIGEX	3			
<i>pancreatin</i>	1			
Gallstone Solubilizing Agents				
URSO 250	2			
URSO FORTE	2			
<i>ursodiol</i>	1			
Gastrointestinal Chloride Channel Activators				
AMITIZA	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
GI Antiallergy Agents				
GASTROCROM	3			
GI Stimulants				
<i>metoclopramide hcl</i>	1			
H-2 Antagonists				
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			
Inflammatory Bowel Agents				
ASACOL	2	✓		
AZULFIDINE	3	✓		
AZULFIDINE ENTABS	3	✓		
CANASA	2	✓		
COLAZAL	2	✓		
DIPENTUM	3	✓		
<i>mesalamine</i>	1			
PENTASA	3	✓		✓
REMICADE	PMED			
ROWASA (enema only) #	2			
<i>sulfasalazine</i>	1	✓		
<i>sulfasalazine ER</i>	1	✓		
<i>sulfazine</i>	1	✓		
<i>sulfazine EC</i>	1	✓		
Intestinal Acidifiers				
<i>lactulose</i>	1			
Intrarectal Steroids				
<i>colocort</i>	1			
CORTIFOAM	3			
Irritable Bowel Syndrome (IBS) Agents				
LOTRONEX	3		✓	
ZELNORM	3			
Laxative Combinations				
COLYTE	3			
GOLYTELY	3			
HALFLYTELY	3			
NULYTELY	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Laxative Combinations (continued)				
OSMOPREP	3			
<i>peg 3350</i>	1			
<i>trilyte</i>	1			
VISICOL	3			
Misc. Anti-Ulcer				
<i>sucralfate</i>	1			
Miscellaneous Laxatives				
<i>glycolax</i>	1			
KRISTALOSE	3			
<i>lactulose</i>	1			
MIRALAX	3			
<i>polyethylene glycol</i>	1			
Proton Pump Inhibitors				
ACIPHEX	3	✓	✓	✓
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
PREVACID	2	✓	✓	
PREVACID SOLUTAB	2	✓	✓	
PRIOLOSEC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
Rectal Combinations				
<i>hc pramoxine</i>	1			
<i>lidazone</i>	1			
<i>lidocaine/hydrocortisone</i>	1			
Rectal Steroids				
<i>hydrocortisone acetate</i>	1			
<i>proctocream hc</i>	1			
<i>proctosert</i>	1			
<i>proctosol</i>	1			
<i>proctosol hc</i>	1			
Substance P/Neurokinin 1 (NK1) Receptor Antagonist				
EMEND	2	✓		
Ulcer Drugs - Prostaglandins				
<i>misoprostol</i>	1			
Ulcer Therapy Combinations				
HELIDAC	3	✓		
PREVPAC	2	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Genitourinary System				
Combination Urinary Anti-infectives				
URELLE	3			
<i>urimar T</i>	1			
<i>urin DIS</i>	1			
<i>uriseptic</i>	1			
<i>uro blue</i>	1			
<i>urogesic blue</i>	1			
UTA	3			
Cystinosis Agents				
CYSTAGON	3			
Interstitial Cystitis Agents				
DMSO	1			
ELMIRON	3			
RIMSO	3			
Phosphate Binders				
FOSRENOL	2			
PHOSLO	2			
RENAGEL	2			
Prostatic Hypertrophy Agents				
AVODART	3		✓	
<i>finasteride</i>	1		✓	
FLOMAX	2		✓	
PROSCAR	3		✓	
UROXATRAL	2		✓	
Urinary Analgesics				
<i>phenazopyridine hcl</i>	1			
Urinary Anti-infectives				
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			
Urinary Antispasmodics				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL	3			✓
ENABLEX	2			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Urinary Antispasmodics (continued)				
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>hyospaz</i>	1			
<i>oxybutynin</i>	1			
OXYTROL	2			
SANCTURA	3			✓
URECHOLINE	3			
URISPAS	3			
VESICARE	2			
Vaginal Anti-infectives				
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			
ZAZOLE	3			
Vaginal Estrogens				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	3			
PREMARIN VAGINAL	3			
VAGIFEM	3			
Vaginal Progestins				
CRINONE	3			
PROCHIEVE	3			
PROGESTERONE VAGINAL	3			
Immunological Agents				
Immunosuppressive Agents				
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			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Immunosuppressive Agents (continued)				
PROGRAF	2			
RAPAMUNE	3			
SANDIMMUNE	3			
Infections and Infestations				
Amebicides				
YODOXIN	3			
Aminoglycosides				
<i>neomycin</i>	1			
<i>paramomycin</i>	1			
TOBI	3			
Ampicillins				
<i>amoxicillin</i>	1			
AMOXIL	3			
<i>ampicillin</i>	1			
DISPERMOX	3			
<i>principen</i>	1			
<i>trimox</i>	1			
Anthelmintic				
<i>mebendazole</i>	1			
Anti TB Combinations				
<i>isonarif</i>	1			
RIFAMATE	3			
RIFATER	3			
Antifungals				
ANCOBON	3			
BIO-STATIN	3			
GRIFULVIN V	3			
GRIS-PEG	3			
LAMISIL #	2			✓
<i>nystatin</i>	1			
Antimalarial				
ARALEN	3			✓
<i>chloroquine</i>	1			✓
DARAPRIM	3			✓
<i>hydroxychloroquine sulfate</i>	1			✓
LARIAM	3			✓
<i>mefloquine</i>	1			✓
<i>primaquine</i>	1			
<i>quinerva</i>	1			
<i>quinine sulfate</i>	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Antimalarial Combinations				
FANSIDAR	3		✓	
MALARONE	3		✓	
Antimycobacterial Agents				
<i>ethambutol</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
<i>rifampin</i>	1			
Antiprotozoal Agents				
ALINIA	3			
MEPRON	2			
Antiretrovirals				
AGENERASE	3			
APTIVUS	3			
ATRIPLA	3			
COMBIVIR	2			
CRIXIVAN	2			
<i>didanosine delayed release</i>	1			
EMTRIVA	2			
EPIVIR	2			
EPIVIR HBV	2			
EPZICOM	3			
FUZEON	3			
HIVID	3			
INVIRASE	2			
KALETRA	2			
LEXIVA	2			
NORVIR	2			
PREZISTA	3			
RESCRIPTOR	3			
RETROVIR	3			
REYATAZ	2			
SUSTIVA	2			
TRIZIVIR	3			
TRUVADA	2			
VIDEX	2			
VIDEX EC	3			
VIRACEPT	2			
VIRAMUNE	2			
VIREAD	2			
ZERIT	2			
ZIAGEN #	2			
<i>zidovudine</i>	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precept	Step-Therapy
Azithromycin				
<i>azithromycin</i>	1			
ZITHROMAX	3			
ZMAX	3			
Cephalosporins - 1st Generation				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
DURICEF	3			
PANIXINE	3			
Cephalosporins - 2nd Generation				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
CEFZIL	3			
RANICLOR	3			
Cephalosporins - 3rd Generation				
CEDAX	3			
<i>cefpodoxime</i>	1			
OMNICEF	2			
SPECTRACEF	3			
SUPRAX	3			
VANTIN	3			
Clarithromycin				
BIAXIN	3			
BIAXIN XL #	2			
<i>clarithromycin</i>	1			
CMV Agents				
<i>ganciclovir</i>	1			
VALCYTE	2			
Dirithromycin				
DYNABAC	3			
Erythromycins				
<i>e.e.s.</i>	1			
<i>erythrocin</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			
<i>erythromycin ethylsuccinate</i>	1			
PCE	3			
Extended Spectrum Penicillins				
GEOCILLIN	3			

3-Tier Commercial Member Guide

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Fluoroquinolones				
AVELOX	2		✓	
AVELOX ABC	2		✓	
CIPRO	3		✓	
CIPRO XR	3		✓	
<i>ciprofloxacin</i>	1		✓	
FACTIVE	3		✓	
LEVAQUIN	3		✓	
NOROXIN	3		✓	
<i>ofloxacin</i>	1		✓	
PROQUIN XR	3		✓	
TEQUIN	3		✓	
Hepatitis Agents				
BARACLUDE	3	✓		
COPEGUS	3			
HEPSERA	2			
INFERGEN	3		✓	
PEGASYS	2		✓	
PEG-INTRON	2		✓	
REBETOL	3			
<i>ribasphere</i>	1			
<i>ribavirin</i>	1			
Herpes Agents				
<i>acyclovir</i>	1			
FAMVIR	3			
VALTREX	2			
ZOVIRAX	3			
Imidazole-Related Antifungals				
DIFLUCAN (all other strengths)	3		✓	
DIFLUCAN 150mg	3	✓		
<i>fluconazole</i> (all other strengths)	1		✓	
<i>fluconazole 150mg</i>	1	✓		
<i>itraconazole</i>	1		✓	
<i>ketoconazole</i>	1			
SPORANOX	3		✓	
VFEND	3		✓	
Influenza Agents				
FLUMADINE	3			
RELENZA	3	✓		
<i>rimantadine</i>	1			
TAMIFLU	3	✓		

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Ketolides				
KETEK	3			
Leprostatics				
dapsone	1			
Lincosamides				
<i>clindamycin</i>	1			
Misc. Anti-infectives				
LORABID	2			
<i>metronidazole</i>	1			
<i>metronidazole SR</i>	1			
NEBUPENT	2			
TINDAMAX	3			
<i>trimethoprim</i>	1			
XIFAXAN	3	✓	✓	
Natural Penicillins				
<i>penicillin VK</i>	1			
<i>veetids</i>	1			
Oxazolidinones				
ZYVOX	2		✓	
Penicillin Combinations				
<i>amoxicillin/K clavulanate</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
Penicillinase-resistant				
<i>dicloxacillin sodium</i>	1			
Respiratory Syncytial Virus (RSV) Agents				
VIRAZOLE	3			
Sulfonamides				
<i>sulfadiazine</i>	1			
<i>sulfisoxazole</i>	1			
Tetracyclines				
ADOXA	3		✓	
DECLOMYCIN	3		✓	
<i>demeclocycline hcl</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		✓	

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Tetracyclines (continued)				
MONODOX	3		✓	
<i>myrac</i>	1		✓	
PERIOSTAT	3		✓	
SOLODYN	3		✓	
SUMYCIN	3		✓	
<i>tetracycline</i>	1		✓	
VIBRAMYCIN	3		✓	
VIBRATAB	3		✓	

Musculoskeletal System

Antimyasthenic Agents

MESTINON	2			
<i>pyridostigmine</i>	1			

Antirheumatic Antimetabolite

RHEUMATREX	3			
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Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA	PMED			
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Calcium Regulators

ACTONEL	2	✓		
ACTONEL with CALCIUM	2	✓		
BONIVA	3	✓		
DIDRONEL	3			
FORTEO	2			
<i>fortical</i>	1			
FOSAMAX	2	✓		
FOSAMAX PLUS D	2	✓		
MIACALCIN NASAL	3			
SKELID	3			

Central Muscle Relaxants

<i>baclofen</i>	1			
<i>carisoprodol</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine hcl</i>	1			
<i>methocarbamol</i>	1			
<i>orphenadrine ER</i>	1			
PRAZOLAMINE	3			
SKELAXIN #	2			
<i>tizanidine</i>	1			
ZANAFLEX	3			

Combination Gout Drugs

<i>probenecid/colchicine</i>	1			
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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Direct Muscle Relaxants				
DANTRIUM	3			
Gold Compounds				
RIDAURA	3			
Gout				
<i>allopurinol</i>	1			
<i>colchicine</i>	1			
Hormone Receptor Modulators				
EVISTA	2			
Muscle Relaxant Combinations				
<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/aspirin/codeine</i>	1			
<i>orphenadrine cpd</i>	1			
<i>orphenadrine/aspirin/caffeine</i>	1			
<i>orphengesic</i>	1			
<i>orphengesic forte</i>	1			
NSAID's				
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			
<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	✓		
LODINE XL	3			
<i>meclufenamate sodium</i>	1			
<i>meloxicam</i>	1			
MOBIC	3			✓
<i>nabumetone</i>	3			
NAPRELAN	3			✓
<i>naproxen</i>	1			
ORUVAIL ER	3			
<i>oxaprozin</i>	3			

3-Tier Commercial Member Guide

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
NSAID's (continued)				
<i>piroxicam</i>	1			
PONSTEL	3			
PREVACID NAPRAPAC	3		✓	
RELAFEN	3			
<i>sulindac</i>	1			
THERAPROXEN	3			
TOLECTIN	3			
<i>tolmetin sodium</i>	3			
VOLTAREN	3			
VOLTAREN XR	3			
Pyrimidine Synthesis Inhibitors				
ARAVA	3			✓
<i>leflunomide</i>	1			
Salicylates				
<i>amigesic</i>	1			
<i>aspirin CR</i>	1			
<i>aspirin CR EC</i>	1			
<i>choline/magnesium salicylates</i>	1			
<i>diflunisal</i>	1			
<i>mst 600</i>	1			
<i>salflex</i>	1			
<i>salsalate</i>	1			
<i>tricosal</i>	1			
<i>zero-order</i>	1			
Soluble Tumor Necrosis Factor Receptor Agents				
ENBREL	PMED			
Ophthalmic Agents				
Adrenergic Agents				
ALPHAGAN P	2			
<i>brimonidine</i>	1			
<i>dipivefrin</i>	1			
IOPIDINE	3			
PROPINE	3			
Beta-blockers - Ophthalmic				
<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	2			
<i>carteolol</i>	1			
COSOPT	2			
ISTALOL	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Beta-blockers - Ophthalmic (continued)				
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
Miotics				
<i>carbotpic</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			
Misc. Ophthalmics				
ACULAR	3			
ACULAR LS	3			
ACULAR PF	3			
<i>akorn balanc</i>	1			
ALAMAST	3			
ALOCRIAL	3			
ALOMIDE	2			
AZOPT	2			
<i>bal salt</i>	1			
<i>cromolyn sodium ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen</i>	1			
<i>ketotifen fumarate</i>	1			
NEVANAC	3			
OPTIVAR	2			
PATANOL	2			
TRUSOPT	2			
VOLTAREN	2			
XIBROM	3			
ZADITOR #	2			
Ophthalmic Anti-infectives				
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/ polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
<i>ciprofloxacin</i>	1			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Ophthalmic Anti-infectives (continued)				
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
<i>neomycin/bacitracin/polymyxin</i>	1			
<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	2			
Ophthalmic Immunomodulators				
RESTASIS	3			
Ophthalmic Steroids				
<i>ak-pred</i>	1			
ALREX	2			
<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>fluorometholone</i>	1			
<i>fluor-op</i>	1			
FML-S	3			
HMS	3			
LOTEMAX	2			
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1			
<i>neomycin/polymyxin/dexamethasone</i>	1			
<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			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Ophthalmic Steroids (continued)				
<i>sulfacetamide sodium/prednisolone</i>	1			
TOBRADEX	3			
VEXOL	3			
ZYLET	3			
Prostaglandins - Ophthalmic				
LUMIGAN	2			
TRAVATAN	2			
XALATAN	3			
Otic Agents				
Otic Anti-infectives				
FLOXIN OTIC	2			
Otic Combinations				
<i>antipyrine/benzocaine</i>	1			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN-S	3			
<i>cortomycin</i>	1			
<i>neomycin/polymyxin/hydrocortisone</i>	1			
Respiratory Tract Agents				
Antiasthmatic- Monoclonal Antibodies				
XOLAIR	3			
Antiasthmatics - Anticholinergics				
ATROVENT	3			
ATROVENT HFA	3			
<i>ipratropium</i>	1			
SPIRIVA	2			
Antihistamines - Alkylamines				
<i>chlorpheniramine ER</i>	1			
<i>dexchlorpheniramine</i>	1			
Antihistamines - Non-Sedating				
ALLEGRA	3	✓	✓	
CLARINEX	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
<i>Texofenadine</i>	3	✓	✓	
ZYRTEC	3	✓	✓	
Antihistamines - Phenothiazines				
<i>phenadoz</i>	1			
<i>promethazine</i>	1			
<i>promethegan</i>	1			

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LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Antihistamines - Piperidines				
<i>cyproheptadine</i>	1			
Anti-Inflammatory Agents				
<i>cromolyn sodium nebulizer</i>	1			
INTAL	3			
TILADE	3			
Cough/Cold/Allergy Combinations				
ALLEGRA D	3	✓	✓	
CLARINEX D	3	✓	✓	
SEMPREX D	3	✓	✓	
TRINALIN	3			
TUSSIONEX	2			
ZYRTEC D	3	✓	✓	
Leukotriene Modulators				
ACCOLATE	3	✓		
SINGULAIR	2	✓		
ZYFLO	3	✓		
Mucolytics				
<i>acetylcyst</i>	1			
MUCOMYST	3			
Nasal Antiallergy				
ASTELIN NASAL	2			
Nasal Anticholinergics				
ATROVENT NASAL	3			
<i>ipratropium</i>	1			
Nasal Anti-infectives				
BACTROBAN NASAL	3			
Nasal Steroids				
BECONASE AQ	3			
FLONASE	3			
<i>flunisolide</i>	1			
<i>fluticasone propionate nasal</i>	1			
NASACORT AQ	3			✓
NASAREL	3			
NASONEX	2			
RHINOCORT AQ	3			✓
Steroid Inhalants				
AEROBID	3			
AEROBID-M	3			
ASMANEX	2			
AZMACORT	3			

LABEL NAME	3-Tier Open Formulary	Quantity Limits	Precert	Step-Therapy
Steroid Inhalants (continued)				
FLOVENT HFA	2			
FLOVENT ROTADISC	2			
PULMICORT RESPULES	2			
PULMICORT TURBUHALER	3			
QVAR	3			
Sympathomimetics				
ACCUNEB	3			
ADVAIR DISKUS	2			
ADVAIR HFA	2			
<i>airt</i>	1			
<i>albuterol</i>	1			
<i>albuterol HFA</i>	1			
ALUPENT	3			
COMBIVENT	2			
DUONEB	2			
FORADIL	2			✓
<i>isoetharine</i>	1			
MAXAIR AUTOHALER	2			
<i>metaproterenol nebulizer</i>	3			
<i>metaproterenol tabs/syrup</i>	3			
<i>micronefrin</i>	1			
PROVENTIL HFA #	2			
SEREVENT DISKUS	2			✓
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
<i>vospire ER</i>	1			
XOPENEX	3			✓
XOPENEX HFA	3			
Throat Products- Misc.				
EVOXAC	2			
<i>pillocarpine</i>	1			
SALAGEN	3			
Xanthines				
<i>aminophylline</i>	1			
BRONCAP	3			
SENOPHYLLINE	3			
THEO-24	3			
<i>theocap</i>	1			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
UNIPHYL	3			

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
Acne Products	AC CUTANE <i>amneesteem</i> AVITA PR ≥ 36 yr old <i>claravis</i> <i>isotretinoin</i>	RETIN-A MICRO gel PR ≥ 36 yr old RETIN-A PR ≥ 36 yr old <i>sotret</i> <i>tretinoin PR ≥ 36 yr old</i> <i>tretinoin-x cream kit PR ≥ 36 yr old</i>	
Agents for Gaucher Disease	ZAVESCA		
Anti-Cataleptic Agents	XYREM		
Antifungals - Topical	PENLAC NAIL LACQUER		
Antihistamines - Non-Sedating	ALLEGRA ALLEGRA D CLARINEX	CLARINEX REDITAB CLARINEX D <i>fexofenadine</i>	SEMPREX D ZYRTEC ZYRTEC D
Antimalarial <i>(covered for active treatment only – not covered for prophylactic treatment)</i>	ARALEN <i>chloroquine</i> DARAPRIM FANSIDAR	<i>hydroxychloroquine</i> LARIAM MALARONE <i>mefloquine</i>	PLAQUENIL
Antineoplastics Misc.	INTRON-A ROFERON-A		
Attention-Deficit/Hyperactivity Disorder Agents	PROVIGIL		
Blood Clotting Factor VIIa	NOVOSEVEN		
Blood Clotting Factor VIII	ADVATE ALPHANATE HELIXATE HELIXATE FS HEMOFIL M	HUMATE-P HYATE:C KOATE-HP KOATE-DVI KOGENATE	KOGENATE FS MONARC-M MONOCLATE-P RECOMBINATE REFACTO
Blood Clotting Factor IX	ALPHANINE SD BEBULIN VH BENEFIX	KONYNE 80 MONONINE PROFILNINE	PROFILNINE SD PROPLEX T
Fluoroquinolones PR ≤ 10 yr old	AVELOX CIPRO CIPRO XR <i>ciprofloxacin</i>	FACTIVE FLOXIN LEVAQUIN NOROXIN	<i>ofloxacin</i> PROQUIN XR TEQUIN
Growth Hormone	GENOTROPIN HUMATROPE NORDITROPIN	NUTROPIN NUTROPIN AQ PROTROPIN	SAIZEN SEROSTIM TEV-TROPIN
Hepatitis Agents	INFERGEN PEGASYS PEG-INTRON		
Imidazole-Related Antifungals	DIFLUCAN <i>fluconazole</i>	<i>itraconazole</i> LAMISIL tab	SPORANOX VFEND
Immune Globulin	IV IMMUNE GLOBULIN (IVIG)		
Insulin Like Growth Factors	INCRELEX		
Irritable Bowel Syndrome (IBS) Agents	LOTRONEX		
Metabolic Modifiers	ORFADIN		
Misc. Anti-Infectives	XIFAXAN		

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
Oxazolidinones	ZYVOX		
Prostatic Hypertrophy Agents <i>(PR for females only)</i>	AVODART CASODEX	<i>finasteride</i> FLOMAX	PROSCAR UROXATRAL
NSAID's	CELEBREX	PREVACID NAPRAPAC	
Pulmonary Hypertension	TRACLEER REVATIO	VENTAVIS	
Proton Pump Inhibitors	ACIPHEX NEXIUM <i>omeprazole</i>	PREVACID PRILOSEC	PROTONIX ZEGERID
Respiratory Syncytial Virus	SYNAGIS		
Rosacea Agents	ORACEA		
Tetracyclines PR ≤ 8 yr old	ADOXA DECLOMYCIN <i>demeclocycline</i> DORYX <i>doxycycline</i> DYNACIN	MINOCIN <i>minocycline</i> MONODOX <i>myrac</i> ORACEA <i>oxytetracycline</i>	PERIOSTAT SOLODYN SUMYCIN <i>tetracycline</i> VIBRAMYCIN VIBRATAB
Typhoid	VIVOTIF BERNIA EC		

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
5-HT3 Receptor Antagonists	ANZEMET	Total quantity any strength = 5 tablets/30 day supply
	KYTRIL	1 mg = 10 tablets/30 day supply Liquid = quantity > 5 bottles/30 day supply
	ZOFRAN ZOFRAN ODT	4 mg and 8 mg = 12 tablets/30 day supply 24 mg = 5 tablets/30 day supply Liquid = 1 bottle (50 ml)/30 day supply
ACE Inhibitors	ACCUPRIL <i>quinapril</i>	5 mg, 10 mg and 20 mg = 2 tablets/day
	ACEON	2 mg and 4 mg = 2 tablets/day
	ALTACE	1.25 mg, 2.5 mg and 5 mg = 2 capsules/day
	CAPOTEN <i>captopril</i>	12.5 mg, 25 mg and 50 mg = 3 tablets/day
	LOTENSIN <i>benazepril</i>	5 mg, 10 mg, and 20 mg = 2 tablets/day
	MAVIK	1 mg and 2 mg = 2 tablets/day
	MONOPRIL <i>fosinopril</i>	10 mg and 20 mg = 2 tablets/day
	PRINIVIL ZESTRIL <i>lisinopril</i>	2.5 mg, 5 mg, 10 mg, 20 mg and 30 mg = 2 tablets/day
	UNIVASC	7.5 mg = 2 tablets/day
	VASOTEC <i>enalapril</i>	2.5 mg, 5 mg and 10 mg = 2 tablets/day
Acne Products	ACCUTANE <i>isotretinoin</i> <i>amnestem</i> <i>claravis</i>	all strengths = 30 day supply
Amphetamines	ADDERALL <i>amphetamine/dextro- amphetamine</i>	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR	all strengths = 2 capsules/day
	DESOXYN	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
Antianginals- Other	RANEXA	500 mg = 4 tablets/day
Angiotensin II Receptor Antagonists	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
	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 capsules or tablets/day

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Angiotensin II Receptor Antagonists <i>(continued)</i>	DIOVAN HCT	80-12.5 mg, 160-12.5 mg, and 160-25 mg = 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
	TEVETEN	400 mg = 2 tablets/day
Antidiarrheals	XIFAXAN	9 capsules = 30 day/supply
Antiemetics- Misc.	CESAMET	20 capsules = 30 day/supply
Antihistamines - Non-Sedating	ALLEGRA <i>fexofenadine</i>	30 mg and 60 mg = 2 tablets/day 180 mg = 1 tablet/day
	ALLEGRA D	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	CLARINEX	5 mg = 1 tablet/day Syrup = 10 ml/day
Antihistamines - Non-Sedating <i>(continued)</i>	CLARINEX REDITAB	2.5 mg and 5 mg = 1 tablet/day
	CLARINEX D	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	SEMPREX D	4 capsules/day
	ZYRTEC	5 mg and 10 mg = 1 tablet or chewable/day 5 mg/ 5 ml syrup = 10 ml/day
	ZYRTEC D	2 tablets/day
Antihyperlipidemic Combinations	ADVICOR	all strengths = 2 tablets/day
	VYTORIN	all strengths = 1 tablet/day
Benzisoxazoles	RISPERDAL RISPERDAL M	4 mg = 4 tablets/day all other strengths = 2 tablets/day
Calcium Blockers	ADALAT CC <i>afeditab</i> <i>nifediac CC</i> <i>nifedical XL</i> <i>nifedipine CR/ER/SR</i> PROCARDIA XL	30 mg = 1 tablet/day 60 mg = 2 tablets/day
	CALAN SR VERELAN SR	120 mg = 1 capsule or tablet/day
	ISOPTIN SR <i>verapamil ER/SR</i>	180 mg = 2 capsules or tablets/day
	CARDIZEM CD <i>taztia XT</i> CARDIZEM LA TIAZAC <i>cartia XT</i>	120 mg = 1 capsule/day 180 mg = 3 capsules/day
	DILACOR XR <i>diltia XT</i> <i>diltiazem CD/CR/ER/XT</i> <i>diltiazem extended release beads SR</i>	
	COVERA-HS	180 mg = 2 tablets/day
	<i>felodipine</i> PLENDIL	2.5 mg and 5 mg = 1 tablet/day
	NORVASC	2.5 mg and 5 mg = 1 tablet/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Calcium Blockers <i>(continued)</i>	SULAR	10 mg and 20 mg = 1 tablet/day 30 mg = 2 tablets /day	
	VERELAN PM	100 mg = 1 capsule/day 200 mg = 2 capsules/day	
Calcium Regulators	ACTONEL ACTONEL with CALCIUM	35 mg = 4 tablets/28 day supply	
	BONIVA	2.5 mg = 1 tablet/day 150 mg = 3 tablets/ 90 day supply	
	FOSAMAX	35 mg = 4 tablets/28 day supply 70 mg = 4 tablets/28 day supply 70 mg/75 ml solution = 4 doses (75ml each)/28 day supply increments	
	FOSAMAX PLUS D	4 tablet/28 day supply	
Dibenzapines	<i>clozapine</i> FAZACLO	12.5 mg = 1 tablet/day	
	CLOZARIL	25 mg and 50 mg = 3 tablets/day 100 mg = 9 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	
	SYMBYAX	all strengths = 1 tablet/day	
	ZYPREXA ZYPREXA ZYDIS	2.5mg = 2 tablets/day all other strengths = 1 tablet/day	
	Estrogens	ALORA ESTRADERM COMBIPATCH VIVELLE ESCLIM VIVELLE DOT	all strengths = 8 patches/28 day supply
CLIMARA MENOSTAR CLIMARA PRO WEEKLY <i>estradiol patch</i>		all strengths = 4 patches/28 day supply	
Hepatitis Agents		BARACLUDE	all strengths = 1 tablet/day, soln = 20ml/day
		HMG CoA Reductase Inhibitors	ALTOPREV
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		
MEVACOR <i>lovastatin</i>	all strengths = 2 tablets/day		
PRAVACHOL <i>pravastatin</i>	all strengths = 1 tablet/day		
<i>simvastatin</i> ZOCOR	all strengths = 1 tablet/day		
Imidazole-Related Antifungals	DIFLUCAN <i>fluconazole</i>		150 mg only = 1 dose/30 day supply
	Influenza Agents	RELENZA	2 treatments (units)/year
TAMIFLU		2 treatments (20 capsules)/year	
Insulin	BYETTA	Limit = 1 pen/30 day supply	

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Intestinal Cholesterol Absorption Inhibitors	ZETIA	10 mg = 1 tablet/day
Inflammatory Bowel Agents	ASACOL	400 mg = 12 tablets/day
	AZULFIDINE AZULFIDINE ENTABS <i>sulfasalazine</i> <i>sulfazine</i> <i>sulfazine EC</i> <i>sulfasalazine EC</i>	500 mg = 12 tablets/day
	CANASA	500 mg = 3 suppositories/day 1000 mg = 2 suppositories/day
	COLAZAL	750 mg = 9 capsules/day
	DIPENTUM	250 mg = 12 capsules/day
	PENTASA	250 mg = 20 capsules/day 500 mg = 10 capsules/day
Leukotriene Modulators	ACCOLATE	10 mg and 20 mg = 2 tablets/day
	SINGULAIR	4 mg granules = 1 granule pack/day 10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
	ZYFLO	Limit = 4 tablets/day
Migraine Products	MIGRANAL	2 boxes (12 doses)/30 day supply
Misc. Antidepressants	<i>bupropion</i> WELLBUTRIN	75 mg = 6 tablets/day
	<i>budeprion</i>	100 mg = 6 tablets/day
	<i>bupropion ER/SR</i> <i>budeprion ER/SR</i> WELLBUTRIN SR	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day
	WELLBUTRIN XL	All strengths = 1 tablet/day
Misc. Antipsychotics	GEODON	all strengths = 2 capsules/day
Misc. Anticonvulsants	<i>gabapentin</i> NEURONTIN	all strengths = 180 tablets/30 day supply
	<i>gabarone</i>	
	LYRICA	all strengths = 3 capsules/day
Narcotic Agonists	ACTIQ	all strengths = 6 lollipops/day
	<i>butorphanol nasal</i> STADOL NS	2 vials/30 day supply
	COMBUNOX	Limit = 4 tablets/day
	DURAGESIC <i>fentanyl patch</i>	20 patches/30 day supply
	<i>ketorolac</i>	20 tablets/30 day supply
	OPANA ER	Limit = 4 tablets/day
	<i>oxycodone SR</i> OXYCONTIN CR	Quantities up to a total dosage of mg/day or 120 tablets/30 day supply
Non-Barbiturate Hypnotics	AMBIEN	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	AMBIEN CR	6.25 mg and 12.5 mg = 1 tablet/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Non-Barbiturate Hypnotics (continued)	LUNESTA	all strengths = 1 tablet/day	
	ROZEREM	8 mg = 1 tablet/day	
	SONATA	5 mg = 4 tablets/day 10 mg = 2 tablets/day	
NSAID's	CELEBREX	100 mg = 60 capsules/30 day supply 200 mg = 30 capsules/30 day supply 400 mg = 60 capsules/30 day supply	
Oral Contraceptives	all (except SEASONALE)	Limit = 1.4 tablets/day or 28 day supply	
Proton Pump Inhibitors	ACIPHEX PRILOSEC	all strengths = 1 tablet or capsule/day	
	NEXIUM PROTONIX		
	omeprazole ZEGERID		
	PREVACID		
	PREVACID SOLUTAB		
	ZEGERID packets	20 mg and 40 mg packets = 1 packet/day	
Quinolinone Derivatives	ABILIFY	all strengths = 1 tablet/day Solution = 30 ml/day	
Rosacea Agents	ORACEA	40 mg = 1 capsule/day	
Selective Serotonin Reuptake Inhibitors	CELEXA <i>citalopram</i>	10 mg, 20 mg and 40 mg = 1 tablet/day	
	<i>fluoxetine</i> RAPIFLUX	10 mg = 1 tablet or capsule/day	
	PROZAC	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	
	<i>paroxetine</i> PEXEVA	10 mg and 20 mg = 1 tablet/day	
	PAXIL	30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day	
	SARAFEM	10 mg = 1 tablet/day 20 mg = 4 tablets/day	
	ZOLOFT	25 mg = 1 tablet/day 50 mg = 1 1/2 tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day	
	Serotonin-Norepinephrine Reuptake Inhibitors	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
EFFEXOR XR		37.5 mg and 75 mg = 1 capsule/day 150 mg = 2 capsules/day	
Serotonin Agonists	AMERGE	Total quantity any strength = 9 tablets/30 day supply	

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Serotonin Agonists <i>(continued)</i>	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	All forms and strengths = 12 tablets/ 30 day supply	
	RELPAK	20 mg = 12 tablets/30 day supply 40 mg = 6 tablets/30 day supply	
	ZOMIG ZOMIG ZMT	5 mg = 6 tablets/30 day supply 2.5 mg = 12 tablets/30 day supply Nasal = 6 sprays/30 day supply	
	Stimulants- Misc.	CONCERTA	18 mg = 3 tablets/day; 27 mg, 36 mg and 54 mg = 2 tablets/day
DAYTRANA		all strengths = 1 patch/day	
FOCALIN		2.5 mg, 5 mg and 10mg = 2 tablets/day	
FOCALIN XR		all strengths = 1 capsule/day	
METADATE CD		10 mg, 40mg, 50 mg and 60 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day	
METADATE ER <i>methylin</i> <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate CR/ER/SR</i>		RITALIN RITALIN SR	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 capsules/day	
STRATTERA		10 mg, 18 mg, 25 mg, 40 mg, and 60 mg = 2 capsules/day 80 mg and 100 mg = 1 capsule/day	
Substance P/Neurokinin 1 (NK1) Receptor Antagonist	EMEND	40 mg = 5 tablets/30 day supply 80 mg and 125 mg = 5 tablets/ 30 day supply 80 mg/125 mg combo pack = 2 packages (6 tablets)/30 day supply	
Ulcer Therapy Combinations	HELIDAC PREVPAK	1 pack/day for 14 days	

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
5-HT3 Receptor Antagonists <i>(step-edit will not be implemented until sometime after generic equivalent becomes available)</i>	ZOFRAN	<i>ondansetron</i>
Acne Products	ACCUTANE	<i>isotretinoin, claravis, sotret</i>
ACE Inhibitors	ACCUPRIL	<i>quinapril</i>
	ACCURETIC	<i>quinapril/hctz</i>
Angiotensin II Receptor Antagonist	ATACAND AVAPRO	COZAAR and DIOVAN
	ATACAND HCT AVALIDE	DIOVAN HCT and HYZAAR
Antianginals- Other	RANEXA	<i>nitrates and beta blockers and NORVASC</i>
Anticonvulsant	LYRICA	<i>gabapentin</i> or CYMBALTA
Antipsoriatics-Combination	TACLONEX	TAZORAC and <i>betamethasone</i>
Beta-2 Agonist	FORADIL SEREVENT	Any one of: ASMANEX, FLOVENT HFA, PULMICORT
	XOPENEX solution/concentrate	<i>albuterol nebulas or concentrate</i>
Calcium Blockers	ADALAT PROCARDIA	<i>nifedipine</i>
	ADALAT CC PROCARDIA XL	<i>nifedipine extended release</i>
	CALAN ISOPTIN	<i>verapamil</i>
	CALAN SR ISOPTIN SR	<i>verapamil extended release</i>
	COVERA-HS VERELAN	
	CARDENE	<i>nicardipine</i>
	CARDIZEM DILACOR	<i>diltiazem</i>
	CARDIZEM CD DILACOR XR	<i>diltiazem extended release</i>
	CARDIZEM SR TIAZAC	
HMG CoA Reductase Inhibitors	ALTOPREV MEVACOR	<i>lovastatin</i>
	CADUET	NORVASC and <i>simvastatin</i> or CRESTOR or VYTORIN
	CRESTOR 5 mg only VYTORIN 10 mg/10 mg only ZOCOR	<i>simvastatin</i>
	LIPITOR	<i>pravastatin</i> or <i>simvastatin</i> and CRESTOR or VYTORIN
	PRAVACHOL	<i>pravastatin</i>
Immunomodulating Agents - Topical	ELIDEL PROTOPIC	Any topical corticosteroid
Insulin	NOVOLIN 70/30 RELION 70/30	HUMULIN 70/30
	NOVOLIN N RELION N	HUMULIN N
	NOVOLIN R RELION R	HUMULIN R
Misc. Anticonvulsants	NEURONTIN	<i>gabapentin</i>
Misc. Antidepressants/ Selective Serotonin Reuptake Inhibitors/ Serotonin-Norepinephrine Reuptake Inhibitors	CELEXA LUVOX CYMBALTA PAXIL DESYREL PAXIL CR EFFEXOR PEPEVA EFFEXOR XR PROZAC LEXAPRO	Any one of: <i>bupropion, bupropion SR, citalopram, fluvoxamine, fluoxetine, paroxetine, mirtazapine, sertraline, trazodone, venlafaxine</i>

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Misc. Antidepressants/ Selective Serotonin Reuptake Inhibitors/ Serotonin-Norepinephrine Reuptake Inhibitors <i>(continued)</i>	PROZAC WEEKLY REMERON REMERON SOLUTAB WELLBUTRIN WELLBUTRIN SR WELLBUTRIN XL ZOLOFT	Any one of: <i>bupropion, bupropion SR, citalopram, fluvoxamine, fluoxetine, paroxetine, mirtazapine, sertraline, trazodone, venlafaxine</i>
Narcotic Combinations	ANEXSIA NORCO LORCET VICODIN LORCET HD VICODIN ES LORCET PLUS <i>vicodin HP</i> LORTAB XODOL LORTAB ELIXIR ZYDONE MAXIDONE ----- COMBUNOX ----- CAPITAL/CODEINE TYLENOL #3 VOPAC ----- DARVOCET-N TRYCET ----- DURAGESIC ----- FIORICET/CODEINE ----- FIORINAL/CODEINE ----- OXYCONTIN ----- LYNEX ROXICET PERCOCET TYLOX ----- PERCODAN ----- TALACEN ----- ULTRAM ULTRAM ER ----- VICOPROFEN REPREXAIN	<i>hydrocodone/acetaminophen</i> <i>Any oxycodone combinations</i> <i>codeine/acetaminophen</i> <i>propoxyphene-N/acetaminophen</i> <i>fentanyl patch</i> <i>butalbital/acetaminophen/caffeine/ codeine</i> <i>butalbital/aspirin/caffeine/codeine</i> <i>oxycodone SR</i> <i>oxycodone/acetaminophen</i> <i>oxycodone/aspirin</i> <i>pentazocine/acetaminophen</i> <i>tramadol</i> <i>hydrocodone/ibuprofen</i>
Nasal Steroids	NASACORT AQ RHINOCORT AQ	<i>fluticasone and NASONEX</i>
Non-Barbiturate Hypnotics <i>(step-edit will not be implemented until sometime after generic equivalent becomes available)</i>	AMBIEN ROZEREM AMBIEN CR SONATA LUNESTA	<i>zolpidem</i>
NSAID's	MOBIC NAPRELAN	Use of two (2) preferred generic <i>NSAID's</i>
Posterior Pituitary	DDAVP	<i>desmopressin</i>
Proton Pump Inhibitors	ACIPHEX PROTONIX PRILOSEC ZEGERID	NEXIUM and PREVACID
Stimulants- Misc.	CONCERTA RITALIN LA DESOXYN RITALIN SR FOCALIN STRATTERA FOCALIN XR METHYLIN chew/soln	Any one of: <i>amphetamine/dextroamphetamine, methylphenidate, methylphenidate SR, ADDERALL XR, METADATE CD</i>
Urinary Antispasmodics	DETROL DITROPAN XL DETROL LA SANCTURA	Any one of: ENABLEX, VESICARE, OXYTROL

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