



**BlueCross BlueShield
of Illinois**

Blue MedicareRxSM Employer Group Health Plan FORMULARY

(LIST OF COVERED DRUGS)

This document includes Blue MedicareRx's partial formulary as of January 1, 2006. For a complete, updated formulary, please visit our Website at www.bcbsil.com or call 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816.

What is the Blue MedicareRx Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by Blue MedicareRx. For a complete listing of all prescription drugs covered by Blue MedicareRx, please visit our Website at www.bcbsil.com or call 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816.

Can the Formulary change?

Yes, Blue MedicareRx may add or remove drugs from our formulary during the year. The enclosed formulary is current as of January 1, 2006. To get updated information about the drugs covered by Blue MedicareRx, please visit our Website at www.bcbsil.com or call Customer Service at 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify members who take the drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 4. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 24. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How much will I pay for Blue MedicareRx Covered Drugs?

Please refer to your Evidence of Coverage, Summary of Benefits or call Customer Service to find out what your drug costs are.

You can ask Blue MedicareRx to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Blue MedicareRx List of Covered Drugs?", for information about how to request and exception.

Are there any other restrictions on coverage?

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

- **Prior Authorization:** Blue MedicareRx requires

you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from Blue MedicareRx before you fill your prescriptions. If you don't get approval, Blue MedicareRx may not cover the drug.

- **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that Blue MedicareRx will cover. For example, Blue MedicareRx provides 60 capsules per month per prescription for CELEBREX(celecoxib). This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue MedicareRx may not cover drug B unless you try Drug A first. If Drug A does not work for you, Blue MedicareRx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4.

You can ask Blue MedicareRx to make an exception to these restrictions or limits. See the section, "How do I request an exception to the Blue MedicareRx formulary?", on page 2 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so Blue MedicareRx may cover your drug. You can contact Customer Service at 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816.

If you learn that Blue MedicareRx does not cover your drug, you have two options:

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

How do I request an exception to the Blue MedicareRx Formulary?

You can ask Blue MedicareRx to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a highest drug level drug, you can ask us to cover it as a lower drug level instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of your request.

What are generic drugs?

Blue MedicareRx covers both brand-name drugs and generic drugs. Generic drugs have the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs.

Generic drugs are listed in lower-case italics (e.g., *morphine sulfate*) within the formulary on page 4. Brand-name drugs are capitalized in the formulary (e.g., CODEINE SULFATE).

For more information

For more detailed information about your Blue MedicareRx prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about Blue MedicareRx, please call Customer Service at 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816 or visit www.bcbsil.com. If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

The formulary that begins on the next page provides coverage information about some of the drugs covered by Blue MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 24. Remember: This is only a partial list of drugs covered by Blue MedicareRx. If your prescription is not in this partial formulary, please visit our Website at www.bcbsil.com or call Customer Service at 877-838-3833, 7a.m. to 7p.m. CT Monday through Friday. TTY/TDD users should call 800-693-3816 for additional help.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug.

KEY

caps = capsules
conc = concentrate
crm = cream
DR = delayed-release
ER = extended-release
inj = injection
IR = immediate release
liq = liquid
NF = non-formulary
oint = ointment
soln = solution
supp = suppositories
susp = suspension
tabs = tablets

The brand name shown with generic drug entries is for reference only. The reference brand will not have a generic Drug Tier.

Infrequently, a specific strength or form of the listed drug will not be available as a generic and will be at a different Drug Tier than indicated.

For some generic products, the name shown will be the proprietary name of the generic, rather than the generic name.
Examples: Apri, Microgestin.

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
ANALGESICS		
<i>acetaminophen/codeine</i> (TYLENOL with CODEINE)	generic	
CELEBREX (<i>celecoxib</i>)	preferred brand	quantity limit
CODEINE SULFATE	preferred brand	
<i>diclofenac sodium DR</i> (VOLTAREN)	generic	
<i>diclofenac sodium ER</i> (VOLTAREN-XR)	generic	
<i>fentanyl transdermal</i> (DURAGESIC)	generic	
<i>hydrocodone/acetaminophen</i> (LORCET, LORTAB, VICODIN)	generic	
<i>ibuprofen</i> (MOTRIN)	generic	
<i>indomethacin</i> (INDOCIN)	generic	
<i>indomethacin ER</i> (INDOCIN SR)	generic	
KADIAN (<i>morphine sulfate ER 24hr</i>)	brand	
<i>morphine sulfate</i>	generic	
<i>morphine sulfate ER 12hr</i> (MS CONTIN)	generic	
<i>morphine sulfate supp</i> (RMS)	generic	
<i>nabumetone</i> (RELAFEN)	generic	
<i>naproxen</i> (NAPROSYN)	generic	
<i>naproxen DR</i> (EC-NAPROSYN)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>naproxen sodium</i> (ANAPROX)	generic	
<i>oxycodone</i> (ROXICODONE)	generic	
<i>oxycodone ER 12hr</i> (OXYCONTIN)	generic	
<i>oxycodone/acetaminophen</i> (PERCOCET)	generic	
<i>oxycodone/acetaminophen</i> (TYLOX)	generic	
<i>propoxyphene napsylate/acetaminophen</i> (DARVOCET-N)	generic	
<i>tramadol</i> (ULTRAM)	generic	
<i>tramadol/acetaminophen</i> (ULTRACET)	generic	
ANESTHETICS		
<i>bupivacaine inj</i> (MARCAINE)	generic	
<i>lidocaine inj</i> (XYLOCAINE)	generic	
ANTIBACTERIALS		
<i>amoxicillin</i>	generic	
<i>amoxicillin/clavulanate</i> (AUGMENTIN)	generic	
<i>ampicillin</i> (Principen)	generic	
AUGMENTIN XR (<i>amoxicillin/clavulanate ER</i>)	brand	
BIAXIN XL (<i>clarithromycin ER</i>)	brand	
CEFTIN susp (<i>cefuroxime</i>)	preferred brand	
<i>cefuroxime tabs</i> (CEFTIN)	generic	
<i>cephalexin</i> (KEFLEX)	generic	
<i>ciprofloxacin</i> (CIPRO)	generic	
<i>clarithromycin</i> (BIAXIN)	generic	
CLEOCIN caps 75 mg (<i>clindamycin</i>)	preferred brand	
<i>clindamycin</i> (CLEOCIN)	generic	
<i>dicloxacillin</i>	generic	
DISPERMOX	brand	
<i>doxycycline hyclate</i> (VIBRAMYCIN)	generic	
ERY-TAB (<i>erythromycin DR</i>)	brand	
<i>erythromycin DR</i> (ERYC)	generic	
ERYTHROMYCIN FILMTAB (<i>erythromycin</i>)	brand	
<i>erythromycin/sulfisoxazole</i> (PEDIAZOLE)	generic	
LEVAQUIN (<i>levofloxacin</i>)	brand	
LORABID (<i>loracarbef</i>)	preferred brand	
<i>metronidazole</i> (FLAGYL)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin sulfate</i>	generic	
<i>nitrofurantion macrocrystalline</i> (MACRODANTIN)	generic	
<i>nitrofurantoin monohydrate macrocrystalline</i> (MACROBID)	generic	
OMNICEF (<i>cefdinir</i>)	preferred brand	
<i>penicillin V potassium</i>	generic	
<i>sulfamethoxazole/trimethoprim</i> (SEPTRA)	generic	
TEQUIN (<i>gatifloxacin</i>)	preferred brand	
<i>tetracycline</i>	generic	
<i>trimethoprim</i> (PROLOPRIM)	generic	
ZITHROMAX (<i>azithromycin</i>)	preferred brand	
ZYVOX (<i>linezolid</i>)	preferred brand	
ANTICONVULSANTS		
<i>carbamazepine</i> (TEGRETOL)	generic	
DEPAKOTE (<i>divalproex sodium DR</i>)	preferred brand	
DILANTIN caps 30 mg (<i>phenytoin sodium extended</i>)	preferred brand	
<i>ethosuximide</i> (ZARONTIN)	generic	
<i>gabapentin</i> (NEURONTIN)	generic	
KEPPRA (<i>levetiracetam</i>)	preferred brand	
LAMICTAL (<i>lamotrigine</i>)	preferred brand	
NEURONTIN oral soln (<i>gabapentin</i>)	preferred brand	
<i>phenytoin sodium extended</i> (DILANTIN)	generic	
<i>phenytoin susp</i> (DILANTIN)	generic	
TOPAMAX (<i>topiramate</i>)	preferred brand	step therapy
<i>valproic acid</i> (DEPAKENE)	generic	
ZONEGRAN (<i>zonisamide</i>)	preferred brand	step therapy
ANTIDEMENTIA AGENTS		
ARICEPT (<i>donepezil</i>)	preferred brand	
ARICEPT ODT (<i>donepezil</i>)	preferred brand	
<i>ergoloid mesylates</i> (HYDERGINE)	generic	
EXELON (<i>rivastigmine</i>)	preferred brand	
NAMENDA (<i>memantine</i>)	preferred brand	
ANTIDEPRESSANTS		
<i>amitriptyline</i>	generic	
<i>bupropion</i> (WELLBUTRIN)	generic	step therapy

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>bupropion ER 12hr</i> (WELLBUTRIN SR)	generic	step therapy
<i>citalopram</i> (CELEXA)	generic	
<i>doxepin</i> (SINEQUAN)	generic	
EFFEXOR (<i>venlafaxine</i>)	preferred brand	step therapy
EFFEXOR XR (<i>venlafaxine ER</i>)	preferred brand	step therapy
<i>fluoxetine</i> (PROZAC)	generic	
LEXAPRO (<i>escitalopram</i>)	brand	
<i>mirtazapine</i> (REMERON)	generic	
NARDIL (<i>phenelzine</i>)	preferred brand	
<i>nortriptyline</i> (PAMELOR)	generic	
PARNATE (<i>tranylcypromine</i>)	preferred brand	
<i>paroxetine</i> (PAXIL)	generic	
PAXIL CR (<i>paroxetine ER</i>)	preferred brand	
PAXIL oral susp (<i>paroxetine</i>)	preferred brand	
<i>trazodone</i> (DESYREL)	generic	
WELLBUTRIN XL (<i>bupropion ER 24hr</i>)	preferred brand	
ZOLOFT (<i>sertraline</i>)	preferred brand	

ANTIEMETICS

<i>chlorpromazine</i>	generic	
<i>hydroxyzine hcl</i> (ATARAX)	generic	
<i>hydroxyzine pamoate</i> (VISTARIL)	generic	
<i>prochlorperazine</i> (COMPAZINE)	generic	
<i>promethazine</i> (PHENERGAN)	generic	
ZOFRAN (<i>ondansetron</i>)	preferred brand	
ZOFRAN ODT (<i>ondansetron</i>)	preferred brand	

ANTIFUNGALS

<i>fluconazole</i> (DIFLUCAN)	generic	
GRIFULVIN V (<i>griseofulvin microsize</i>)	brand	
<i>griseofulvin microsize susp</i> (GRIFULVIN V susp)	generic	
GRIS-PEG (<i>griseofulvin ultramicrosize</i>)	preferred brand	
LAMISIL (<i>terbinafine</i>)	preferred brand	
<i>nystatin susp</i>	generic	

ANTIGOUT AGENTS

<i>allopurinol</i> (ZYLOPRIM)	generic	
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DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>colchicine</i>	generic	
<i>probenecid</i>	generic	
ANTI-INFLAMMATORIES		
CELEBREX (<i>celecoxib</i>)	preferred brand	quantity limit
<i>diclofenac sodium DR</i> (VOLTAREN)	generic	
<i>diclofenac sodium ER</i> (VOLTAREN-XR)	generic	
<i>ibuprofen</i> (MOTRIN)	generic	
<i>indomethacin</i> (INDOCIN)	generic	
<i>indomethacin ER</i> (INDOCIN SR)	generic	
<i>nabumetone</i> (RELAFEN)	generic	
PREVACID NAPRAPAC (<i>naproxen/lansoprazole DR</i>)	brand	
<i>naproxen</i> (NAPROSYN)	generic	
<i>naproxen DR</i> (EC-NAPROSYN)	generic	
<i>naproxen sodium</i> (ANAPROX)	generic	
ANTIMIGRAINE AGENTS		
IMITREX inj (<i>sumatriptan</i>)	preferred brand	quantity limit
IMITREX nasal (<i>sumatriptan</i>)	preferred brand	quantity limit
IMITREX tabs (<i>sumatriptan</i>)	preferred brand	quantity limit
MIGRANAL nasal (<i>dihydroergotamine</i>)	preferred brand	quantity limit
ZOMIG nasal (<i>zolmitriptan</i>)	preferred brand	quantity limit
ZOMIG tabs (<i>zolmitriptan</i>)	preferred brand	quantity limit
ZOMIG ZMT (<i>zolmitriptan</i>)	preferred brand	quantity limit
ANTIMYCOBACTERIALS		
DAPSONE	preferred brand	
<i>ethambutol</i> (MYAMBUTOL)	generic	
<i>isoniazid</i>	generic	
MYCOBUTIN (<i>rifabutin</i>)	preferred brand	
<i>pyrazinamide</i>	generic	
<i>rifampin</i> (RIFADIN)	generic	
ANTINEOPLASTICS		
ARIMIDEX (<i>anastrozole</i>)	preferred brand	
AROMASIN (<i>exemestane</i>)	preferred brand	
BUSULFEX (<i>busulfan</i>)	brand	
CASODEX (<i>bicalutamide</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
GLEEVEC (<i>imatinib</i>)	preferred brand	
INTRON-A (<i>interferon alfa-2b</i>)	preferred brand	
leucovorin	generic	
LEUKERAN (<i>chlorambucil</i>)	preferred brand	
mercaptopurine (PURINETHOL)	generic	
MESNEX (<i>mesna</i>)	brand	
methotrexate	generic	
NILANDRON (<i>nilutamide</i>)	preferred brand	
tamoxifen (NOLVADEX)	generic	
TARCEVA (<i>erlotinib</i>)	brand	
TARGRETIN (<i>bexarotene</i>)	preferred brand	
ANTIPARASITICS		
BILTRICIDE (<i>praziquantel</i>)	preferred brand	
<i>chloroquine phosphate</i> (ARALEN)	generic	
<i>hydroxychloroquine</i> (PLAQUENIL)	generic	
<i>lindane shampoo</i>	generic	
MALARONE (<i>atovaquone/proguanil</i>)	preferred brand	
<i>mebendazole</i>	generic	
<i>mefloquine</i> (LARIUM)	generic	
<i>permethrin</i> (ELIMITE)	generic	
<i>quinine sulfate</i>	generic	
ANTIPARKINSON AGENTS		
<i>amantadine</i> (SYMMETREL)	generic	
<i>benztropine</i>	generic	
<i>carbidopa/levodopa</i> (SINEMET)	generic	
<i>carbidopa/levodopa ER</i> (SINEMET CR)	generic	
COMTAN (<i>entacapone</i>)	preferred brand	
MIRAPEX (<i>pramipexole</i>)	preferred brand	
TASMAR (<i>tolcapone</i>)	preferred brand	
<i>trihexyphenidyl</i>	generic	
ANTIPSYCHOTICS		
<i>chlorpromazine</i>	generic	
<i>clozapine 25 mg, 100 mg</i> (CLOZARIL)	generic	
CLOZARIL 12.5 mg, 50 mg (<i>clozapine</i>)	brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
FAZACLO (<i>clozapine</i>)	brand	
<i>fluphenazine</i> (PROLIXIN)	generic	
GEODON (<i>ziprasidone</i>)	preferred brand	
<i>haloperidol</i>	generic	
HALOPERIDOL 10 mg, 20 mg	brand	
<i>loxapine</i> (LOXITANE)	generic	
NAVANE 20 mg (<i>thiothixene</i>)	brand	
<i>perphenazine</i>	generic	
RISPERDAL (<i>risperidone</i>)	preferred brand	
RISPERDAL M-TAB (<i>risperidone</i>)	preferred brand	
SEROQUEL (<i>quetiapine</i>)	preferred brand	
<i>thiothixene</i> (NAVANE)	generic	
<i>trifluoperazine</i>	generic	
ZYPREXA (<i>olanzapine</i>)	brand	

ANTIVIRALS

<i>acyclovir</i> (ZOVIRAX)	generic	
<i>amantadine</i> (SYMMETREL)	generic	
COMBIVIR (<i>lamivudine-zidovudine</i>)	preferred brand	
COPEGUS (<i>ribavirin</i>)	brand	prior authorization
CRIXIVAN (<i>indinavir</i>)	preferred brand	
<i>didanosine DR</i> (VIDEX EC)	generic	
EPIVIR (<i>lamivudine</i>)	preferred brand	
EPIVIR HBV (<i>lamivudine</i>)	brand	
EPZICOM (<i>abacavir/lamivudine</i>)	preferred brand	
FUZEON (<i>enfuvirtide</i>)	preferred brand	
<i>ganciclovir</i> (CYTOVENE)	generic	
LEXIVA (<i>fosamprenavir</i>)	preferred brand	
PEG-INTRON (<i>peginterferon alfa-2b</i>)	preferred brand	prior authorization
RETROVIR (<i>zidovudine</i>)	preferred brand	
REYATAZ (<i>atazanavir</i>)	preferred brand	
<i>ribavirin</i> (REBETOL)	generic	prior authorization
<i>rimantadine</i> (FLUMADINE)	generic	
SUSTIVA (<i>efavirenz</i>)	preferred brand	
TRIZIVIR (<i>abacavir/lamivudine/zidovudine</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
VALCYTE (<i>valganciclovir</i>)	preferred brand	
VALTREX (<i>valacyclovir</i>)	preferred brand	
VIDEX chew tabs (<i>didanosine</i>)	preferred brand	
VIDEX oral soln (<i>didanosine</i>)	preferred brand	
VIRAMUNE (<i>nevirapine</i>)	preferred brand	
ZIAGEN (<i>abacavir</i>)	preferred brand	

ANXIOLYTICS

<i>bupirone</i> (BUSPAR)	generic	
<i>doxepin</i> (SINEQUAN)	generic	
<i>hydroxyzine hcl</i> (ATARAX)	generic	
<i>hydroxyzine pamoate</i> (VISTARIL)	generic	
LEXAPRO (<i>escitalopram</i>)	brand	
<i>meprobamate</i>	generic	
<i>paroxetine</i> (PAXIL)	generic	
PAXIL CR (<i>paroxetine ER</i>)	preferred brand	
PAXIL oral susp (<i>paroxetine</i>)	preferred brand	
ZOLOFT (<i>sertraline</i>)	preferred brand	

AUTONOMIC AGENTS

<i>clonidine</i> (CATAPRES)	generic	
<i>doxazosin</i> (CARDURA)	generic	
EPIPEN (<i>epinephrine inj</i>)	preferred brand	
GUANIDINE	preferred brand	
MESTINON syrup (<i>pyridostigmine</i>)	brand	
MESTINON TIMESPAN (<i>pyridostigmine ER</i>)	brand	
PROSTIGMIN (<i>neostigmine</i>)	preferred brand	
<i>pyridostigmine</i> (MESTINON)	generic	
<i>terazosin</i> (HYTRIN)	generic	

BIPOLAR AGENTS

DEPAKOTE tabs (<i>divalproex sodium DR tabs</i>)	preferred brand	
GEODON (<i>ziprasidone</i>)	preferred brand	
<i>lithium carbonate</i>	generic	
<i>lithium carbonate ER</i>	generic	
<i>lithium citrate syrup</i>	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
BLOOD GLUCOSE REGULATORS		
ACTOS (<i>pioglitazone</i>)	preferred brand	
AMARYL (<i>glimepiride</i>)	brand	
AVANDAMET (<i>rosiglitazone/metformin</i>)	preferred brand	
AVANDIA (<i>rosiglitazone</i>)	preferred brand	
<i>glipizide</i> (GLUCATROL)	generic	
<i>glipizide ER</i> (GLUCATROL XL)	generic	
GLUCAGON KIT	preferred brand	
<i>glyburide</i> (MICRONASE)	generic	
<i>glyburide/metformin</i> (GLUCOVANCE)	generic	
HUMALOG (<i>insulin lispro</i>)	brand	
HUMALOG MIX 75/25 (<i>insulin lispro protamine/insulin lispro</i>)	brand	
HUMULIN L (<i>insulin zinc</i>)	brand	
HUMULIN U (<i>insulin zinc extended</i>)	brand	
LANTUS (<i>insulin glargine</i>)	preferred brand	
<i>metformin</i> (GLUCOPHAGE)	generic	
<i>metformin ER</i> (GLUCOPHAGE XR)	generic	
NOVOLIN 70/30 (<i>insulin isophane/insulin regular</i>)	preferred brand	
NOVOLIN N (<i>insulin isophane</i>)	preferred brand	
NOVOLIN R (<i>insulin regular</i>)	preferred brand	
NOVOLOG (<i>insulin aspart</i>)	preferred brand	
NOVOLOG MIX 70/30 (<i>insulin aspart protamine/insulin aspart</i>)	preferred brand	
PRANDIN (<i>repaglinide</i>)	preferred brand	
PROGLYCEM (<i>diazoxide oral susp</i>)	preferred brand	
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
<i>aminocaproic acid</i> (AMICAR)	generic	
ARANESP (<i>darbepoetin alfa</i>)	preferred brand	
<i>dipyridamole</i> (PERSANTINE)	generic	
<i>heparin sodium inj</i>	generic	
LOVENOX (<i>enoxaparin</i>)	preferred brand	
MEPHYTON (<i>phytonadione</i>)	brand	
NEUPOGEN (<i>filgrastim</i>)	brand	
PLAVIX (<i>clopidogrel</i>)	preferred brand	
PROCRIT (<i>epoetin alfa</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>warfarin sodium</i> (COUMADIN)	generic	
CARDIOVASCULAR AGENTS		
<i>acetazolamide</i>	generic	
ALTACE (<i>ramipril</i>)	preferred brand	step therapy
<i>amiodarone</i> (CORDARONE)	generic	
ANTARA (<i>fenofibrate</i>)	brand	
ATACAND (<i>candesartan</i>)	brand	step therapy
<i>atenolol</i> (TENORMIN)	generic	
<i>atenolol/chlorthalidone</i> (TENORETIC)	generic	
AVAPRO (<i>irbesartan</i>)	brand	step therapy
<i>benazepril</i> (LOTENSIN)	generic	
<i>betaxolol</i> (KERLONE)	generic	
<i>bisoprolol</i> (ZEBETA)	generic	
<i>bisoprolol/hydrochlorothiazide</i> (ZIAC)	generic	
<i>bumetanide</i> (BUMEX)	generic	
<i>captopril</i> (CAPOTEN)	generic	step therapy
<i>chlorthalidone</i>	generic	
<i>cholestyramine resin</i> (QUESTRAN)	generic	
<i>clonidine</i> (CATAPRES)	generic	
COREG (<i>carvedilol</i>)	preferred brand	
COZAAR (<i>losartan</i>)	preferred brand	step therapy
CRESTOR (<i>rosuvastatin</i>)	preferred brand	quantity limit
<i>digoxin</i> (LANOXIN)	generic	
<i>diltiazem</i> (CARDIZEM)	generic	
<i>diltiazem ER</i> (TIAZAC)	generic	
DIOVAN (<i>valsartan</i>)	preferred brand	step therapy
DIOVAN HCT (<i>valsartan/hydrochlorothiazide</i>)	preferred brand	step therapy
<i>disopyramide phosphate</i> (NORPACE)	generic	
<i>disopyramide phosphate ER 150 mg</i> (NORPACE CR)	generic	
<i>doxazosin</i> (CARDURA)	generic	
<i>enalapril</i> (VASOTEC)	generic	
ETHMOZINE (<i>morcizine</i>)	brand	
<i>flecainide</i> (TAMBOCOR)	generic	
<i>fosinopril</i> (MONOPRIL)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>furosemide</i> (LASIX)	generic	
<i>gemfibrozil</i> (LOPID)	generic	
<i>hydralazine</i>	generic	
<i>hydrochlorothiazide caps</i> (MICROZIDE)	generic	
<i>hydrochlorothiazide tabs</i>	generic	
HYZAAR (<i>losartan/hydrochlorothiazide</i>)	preferred brand	step therapy
<i>indapamide</i> (LOZOL)	generic	
<i>isosorbide dinitrate</i> (ISORDIL)	generic	
<i>isosorbide mononitrate ER</i> (IMDUR)	generic	
<i>labetalol</i> (TRANDATE)	generic	
LESCOL (<i>fluvastatin</i>)	brand	quantity limit
LESCOL XL (<i>fluvastatin ER</i>)	brand	quantity limit
LIPITOR (<i>atorvastatin</i>)	preferred brand	quantity limit
<i>lisinopril</i> (PRINIVIL/ZESTRIL)	generic	
<i>lisinopril/hydrochlorothiazide</i> (PRINZIDE/ZESTORETIC)	generic	
LOFIBRA (<i>fenofibrate</i>)	brand	
LOTREL (<i>amlodipine/benazepril</i>)	preferred brand	
<i>lovastatin</i> (MEVACOR)	generic	quantity limit
<i>methyldopa</i> (ALDOMET)	generic	
<i>metolazone</i> (ZAROXOLYN)	generic	
<i>metoprolol tartrate</i> (LOPRESSOR)	generic	
<i>mexiletine</i>	generic	
<i>milrinone</i> (PRIMACOR)	generic	
<i>nadolol</i> (CORCARD)	generic	
NIASPAN (<i>niacin ER</i>)	preferred brand	
<i>nifedipine</i> (PROCARDIA)	generic	
<i>nifedipine ER</i> (ADALAT CC)	generic	
<i>nifedipine ER</i> (PROCARDIA XL)	generic	
NITRO-BID (<i>nitroglycerin oint</i>)	generic	
<i>nitroglycerin ER</i>	generic	
<i>nitroglycerin sublingual</i> (NITROSTAT)	generic	
<i>nitroglycerin transdermal</i> (NITRO-DUR)	generic	
NORVASC (<i>amlodipine</i>)	preferred brand	
PRAVACHOL (<i>pravastatin</i>)	brand	quantity limit

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>propafenone</i> (RYTHMOL)	generic	
<i>propranolol</i> (INDERAL)	generic	
<i>quinapril</i> (ACCUPRIL)	generic	
<i>quinidine gluconate ER</i>	generic	
<i>quinidine sulfate</i>	generic	
QUINIDINE SULFATE ER	brand	
<i>sotalol</i> (BETAPACE)	generic	
<i>sotalol AF</i> (BETAPACE AF)	generic	
<i>spironolactone</i> (ALDACTONE)	generic	
<i>terazosin</i> (HYTRIN)	generic	
<i>timolol</i> (BLOCADREN)	generic	
TOPROL XL (<i>metoprolol succinate ER</i>)	preferred brand	
<i>triamterene/hydrochlorothiazide 37.5/25 caps</i> (DYAZIDE)	generic	
<i>triamterene/hydrochlorothiazide 37.5/25 tabs</i> (MAXZIDE-25)	generic	
<i>triamterene/hydrochlorothiazide 75/50 tabs</i> (MAXZIDE)	generic	
TRICOR (<i>fenofibrate</i>)	brand	
<i>verapamil</i> (CALAN)	generic	
<i>verapamil ER</i> (CALAN SR)	generic	
<i>verapamil ER</i> (VERELAN)	generic	
ZETIA (<i>ezetimibe</i>)	preferred brand	step therapy
ZOCOR (<i>simvastatin</i>)	preferred brand	quantity limit
CENTRAL NERVOUS SYSTEM AGENTS		
<i>amphetamine/dextroamphetamine</i> (ADDERALL)	generic	
<i>dextroamphetamine</i> (DEXEDRINE)	generic	
<i>methylphenidate</i> (RITALIN)	generic	
<i>methylphenidate ER</i> (RITALIN SR)	generic	
PROVIGIL (<i>modafinil</i>)	brand	
RILUTEK (<i>riluzole</i>)	preferred brand	
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate</i> (PERIDEX)	generic	
<i>doxycycline hyclate tabs 20 mg</i> (PERIOSTAT)	generic	
DERMATOLOGICAL AGENTS		
<i>anthralin</i> (PSORiatec)	generic	
<i>betamethasone dipropionate</i> (DIPROSONE)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>betamethasone dipropionate, augmented</i> (DIPROLENE)	generic	
<i>betamethasone valerate</i>	generic	
<i>clobetasol propionate</i> (TEMOVATE)	generic	
<i>clotrimazole crm</i>	generic	
<i>clotrimazole/betamethasone dipropionate</i> (LOTRISONE)	generic	
DENAVIR (<i>penciclovir</i>)	preferred brand	
<i>desonide</i> (DESOWEN)	generic	
DOVONEX (<i>calcipotriene</i>)	preferred brand	
<i>doxepin</i> (ZONALON)	generic	
<i>econazole</i> (SPECTAZOLE)	generic	
ELIDEL (<i>pimecrolimus</i>)	brand	step therapy
ERTACZO (<i>sertaconazole</i>)	brand	
EXELDERM (<i>sulconazole</i>)	brand	
<i>fluocinolone acetonide</i> (SYNALAR)	generic	
<i>fluocinonide</i> (LIDEX)	generic	
<i>fluorouracil</i> (EFUDEX)	generic	
<i>hydrocortisone</i> (HYTONE)	generic	
<i>ketoconazole</i> (NIZORAL)	generic	
LEVULAN (<i>aminolevulinic acid hcl</i>)	preferred brand	
<i>lidocaine oint</i> (XYLOCAINE)	generic	
<i>lidocaine/hydrocortisone</i> (LIDAMANTLE)	generic	
<i>lidocaine/prilocaine</i> (EMLA)	generic	
METROGEL (<i>metronidazole</i>)	preferred brand	
METROLOTION (<i>metronidazole</i>)	preferred brand	
<i>metronidazole crm</i> (METROCREAM)	generic	
<i>mupirocin oint</i> (BACTROBAN)	generic	
<i>nystatin</i> (MYCOSTATIN)	generic	
<i>nystatin/traimcinolone</i>	generic	
OXISTAT (<i>oxiconazole</i>)	brand	
OXSORALEN-ULTRA (<i>methoxsalen soft gelatin caps</i>)	preferred brand	
<i>podofilox</i> (CONDYLOX)	generic	
PROTOPIC (<i>tacrolimus</i>)	preferred brand	step therapy
REGRANEX (<i>becaplermin</i>)	preferred brand	prior authorization
SANTYL (<i>collagenase</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>selenium sulfide</i> (SELSUN)	generic	
<i>silver sulfadiazine</i> (SILVADENE)	generic	
SOLARAZE (<i>diclofenac sodium</i>)	preferred brand	
SORIATANE (<i>acitretin</i>)	preferred brand	
<i>tretinoin</i> (RETIN-A)	generic	
<i>triamcinolone acetonide</i> (KENALOG)	generic	
ZOVIRAX (<i>acyclovir</i>)	preferred brand	
DETERRENTS/REPLACEMENTS		
ANTABUSE (<i>disulfiram</i>)	preferred brand	
CAMPRAL (<i>acamprosate DR</i>)	preferred brand	
ENZYME REPLACEMENTS/MODIFIERS		
FABRAZYME (<i>agalsidase beta</i>)	preferred brand	
ULTRASE (<i>pancrelipase DR</i>)	preferred brand	
ULTRASE MT (<i>pancrelipase DR</i>)	preferred brand	
VIOKASE (<i>pancrelipase</i>)	preferred brand	
GASTROINTESTINAL AGENTS		
ACIPHEX (<i>rabeprazole DR</i>)	brand	quantity limit
<i>dicyclomine</i> (BENTYL)	generic	
<i>diphenoxylate/atropine</i> (LOMOTIL)	generic	
<i>famotidine</i> (PEPCID)	generic	
GOLYTELY (<i>peg 3350 and electrolytes</i>)	preferred brand	
HALFLYTELY (<i>peg 3350 and electrolytes</i>)	preferred brand	
<i>hyoscyamine sulfate</i> (LEVSIN)	generic	
<i>lactulose</i>	generic	
<i>loperamide</i>	generic	
LOTRONEX (<i>alosetron</i>)	preferred brand	
<i>metoclopramide</i> (REGLAN)	generic	
MIRALAX packets (<i>polyethylene glycol 3350</i>)	preferred brand	
<i>misoprostil</i> (CYTOTEC)	generic	
NEXIUM (<i>esomeprazole DR</i>)	preferred brand	quantity limit
NULYTELY (<i>peg 3350 and electrolytes</i>)	preferred brand	
<i>omeprazole DR</i> (PRILOSEC)	generic	quantity limit
<i>peg 3350 and electrolytes</i> (TriLyte)	generic	
<i>peg 3500 packets</i> (MIRALAX)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
PROTONIX (<i>pantoprazole DR</i>)	preferred brand	
<i>ranitidine</i> (ZANTAC)	generic	
<i>sucralfate</i> (CARAFATE)	generic	
<i>ursodiol 300 mg</i> (ACTIGALL)	generic	
ZELNORM (<i>tegaserod</i>)	preferred brand	
GENITOURINARY AGENTS		
AVODART (<i>dutasteride</i>)	preferred brand	
CIALIS (<i>tadalafil</i>)	brand	quantity limit
DETROL (<i>tolterodine</i>)	preferred brand	
DETROL LA (<i>tolterodine ER</i>)	preferred brand	
DITROPAN XL (<i>oxybutynin ER</i>)	brand	
<i>doxazosin</i> (CARDURA)	generic	
FLOMAX (<i>tamsulosin</i>)	preferred brand	
LEVITRA (<i>vardeafil</i>)	brand	quantity limit
MUSE (<i>alprostadil</i>)	preferred brand	
<i>oxybutynin</i> (DITROPAN)	generic	
<i>phenazopyridine</i> (PYRIDIUM)	generic	
PROSCAR (<i>finasteride</i>)	preferred brand	
<i>terazosin</i> (HYTRIN)	generic	
VESICARE (<i>solifenacin</i>)	preferred brand	
VIAGRA (<i>sildenafil</i>)	preferred brand	quantity limit
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
ACTIVELLA (<i>estradiol/norethindrone acetate</i>)	preferred brand	
ACTONEL (<i>risedronate</i>)	preferred brand	quantity limit
alprostadil (PROSTIN VR)	generic	
ANDRODERM (<i>testosterone transdermal</i>)	preferred brand	
ANDROXY (<i>fluoxymesterone</i>)	preferred brand	
CENESTIN (<i>conjugated estrogens, synthetic A</i>)	preferred brand	
COMBIPATCH (<i>estradiol/norethindrone acetate transdermal</i>)	preferred brand	
CORTEF 5 mg, 10 mg (<i>hydrocortisone</i>)	brand	
<i>cortisone acetate</i>	generic	
CYTOMEL (<i>liothyronine sodium</i>)	preferred brand	
DANAZOL	preferred brand	
<i>desmopressin acetate inj</i> (DDAVP)	brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desmopressin acetate nasal</i> (DDAVP)	generic	
<i>desmopressin acetate tabs</i> (DDAVP)	generic	
<i>dexamethasone</i> (DECADRON)	generic	
DEXAMETHASONE 1 mg, 2 mg	brand	
<i>estradiol</i> (ESTRACE)	generic	
EVISTA (<i>raloxifene</i>)	preferred brand	
<i>fludrocortisone acetate</i> (FLORINEF)	generic	
FOSAMAX (<i>alendronate</i>)	preferred brand	quantity limit
HECTOROL (<i>doxercalciferol</i>)	preferred brand	
<i>hydrocortisone 20 mg</i> (CORTEF)	generic	
<i>levothyroxine sodium</i> (Levoxyl, SYNTHROID)	generic	
<i>medroxyprogesterone acetate</i> (PROVERA)	generic	
<i>methylprednisolone</i> (MEDROL)	generic	
MIACALCIN NASAL (<i>calcitonin, salmon</i>)	preferred brand	
misoprostil (CYTOTEC)	generic	
NUTROPIN (<i>somatropin</i>)	preferred brand	
<i>prednisolone sodium phosphate oral soln</i> (PEDIAPRED)	generic	
<i>prednisolone syrup</i> (PRELONE)	generic	
<i>prednisone</i>	generic	
PREDNISON 50 mg	brand	
PREMARIN crm (<i>conjugated estrogens</i>)	preferred brand	
PREMARIN tabs (<i>conjugated estrogens</i>)	preferred brand	
PREMPHASE (<i>conjugated estrogens/medroxyprogesterone acetate</i>)	preferred brand	
PREMPRO (<i>conjugated estrogens/medroxyprogesterone acetate</i>)	preferred brand	
<i>testosterone enanthate</i> (DELATESTRYL)	generic	
VAGIFEM (<i>estradiol</i>)	preferred brand	
VIVELLE (<i>estradiol transdermal</i>)	preferred brand	
VIVELLE-DOT (<i>estradiol transdermal</i>)	preferred brand	
HORMONAL AGENTS, SUPPRESSANT		
ARIMIDEX (<i>anastrozole</i>)	preferred brand	
AROMASIN (<i>exemestane</i>)	preferred brand	
AVODART (<i>dutasteride</i>)	preferred brand	
<i>bromocriptine</i> (PARLODEL)	generic	
CASODEX (<i>bicalutamide</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
CYTADREN (<i>aminoglutethimide</i>)	preferred brand	
LYSODREN (<i>mitotane</i>)	preferred brand	
<i>methimazole</i> (TAPAZOLE)	generic	
NILANDRON (<i>nilutamide</i>)	preferred brand	
<i>octreotide</i> (SANDOSTATIN)	generic	
propylthiouracil	generic	
PROSCAR (<i>finasteride</i>)	preferred brand	
SENSIPAR (<i>cinacalcet</i>)	preferred brand	
<i>tamoxifen</i> (NOLVADEX)	generic	
IMMUNOLOGICAL AGENTS		
AVONEX (<i>interferon beta-1a</i>)	preferred brand	
<i>azathioprine</i> (IMURAN)	generic	
BETASERON (<i>interferon beta-1b</i>)	preferred brand	
COPAXONE (<i>glatiramer</i>)	preferred brand	
<i>cyclosporine</i> (SANDIMMUNE)	generic	
<i>cyclosporine modified</i> (NEORAL)	generic	
ENBREL (<i>etanercept</i>)	preferred brand	step therapy
HAVRIX (<i>hepatitis A vaccine inactivated</i>)	brand	
M-M-R II (<i>measles, mumps, and rubella virus vaccine, live</i>)		
MYFORTIC (<i>mycophenolic acid DR</i>)	preferred brand	
PEG-INTRON (<i>peginterferon alfa-2b</i>)	preferred brand	prior authorization
PROGRAF (<i>tacrolimus</i>)	preferred brand	
RAPAMUNE (<i>sirolimus</i>)	preferred brand	
RAPTIVA (<i>efalizumab</i>)	preferred brand	step therapy
INFLAMMATORY BOWEL DISEASE AGENTS		
CANASA (<i>mesalamine supp</i>)	preferred brand	
DIPENTUM (<i>olsalazine</i>)	preferred brand	
ENTOCORT EC (<i>budesonide ER</i>)	brand	
<i>hydrocortisone enema</i> (Colocort)	generic	
PENTASA (<i>mesalamine ER</i>)	preferred brand	
<i>sulfasalazine</i> (AZULFIDINE)	generic	
<i>sulfasalazine DR</i> (AZULFIDINE EN-TABS)	generic	
OPHTHALMIC AGENTS		
ACULAR (<i>ketoralac</i>)	preferred brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
ALREX (<i>loteprednol</i>)	brand	
<i>bacitracin</i>	generic	
BETOPTIC-S (<i>betaxolol</i>)	brand	
<i>brimonidine tartrate 0.2%</i>	generic	
<i>ciprofloxacin</i> (CILOXAN)	generic	
COSOPT (<i>dorzolamide/timolol</i>)	preferred brand	
<i>cromolyn sodium</i> (CROLOM)	generic	
<i>erythromycin</i>	generic	
<i>fluorometholone</i> (FLUOR-OP)	generic	
<i>gentamicin</i>	generic	
LOTEMAX (<i>loteprednol</i>)	brand	
LUMIGAN (<i>brimatoprost</i>)	brand	
NATACYN (<i>natamycin</i>)	preferred brand	
<i>ofloxacin</i> (OCUFLOX)	generic	
PATANOL (<i>olopatadine</i>)	brand	
PRED-MILD (<i>prednisolone acetate</i>)	brand	
<i>prednisolone acetate 1%</i> (PRED-FORTE)	generic	
<i>prednisolone sodium phosphate 1%</i> (INFLAMASE)	generic	
RESTASIS (<i>cyclosporine</i>)	preferred brand	
<i>sulfacetamide sodium soln</i> (BLEPH-10)	generic	
<i>timolol maleate gel-forming soln</i> (TIMOPTIC-XE)	generic	
<i>timolol maleate soln</i> (TIMOPTIC)	generic	
TOBRADEX (<i>tobramycin/dexamethasone</i>)	preferred brand	
<i>tobramycin soln</i> (TOBREX soln)	generic	
TOBREX oint (<i>tobramycin</i>)	brand	
<i>trifluridine</i> (VIROPTIC)	generic	
TRUSOPT (<i>dorzolamide/timolol</i>)	preferred brand	
VIGAMOX (<i>moxifloxacin</i>)	brand	
XALATAN (<i>latanoprost</i>)	preferred brand	
ZADITOR (<i>ketotifen</i>)	preferred brand	
ZYMAR (<i>gatifloxacin</i>)	brand	
OTIC AGENTS		
FLOXIN OTIC (<i>ofloxacin</i>)	preferred brand	
<i>hydrocortisone/acetic acid</i> (Acetasol HC)	generic	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
<i>neomycin/polymyxin B/hydrocortisone</i> (CORTISPORIN)	generic	
RESPIRATORY TRACT AGENTS		
ACCOLATE (<i>zafirlukast</i>)	brand	step therapy
ADVAIR DISKUS (<i>fluticasone/salmeterol</i>)	preferred brand	quantity limit
<i>albuterol inhaler</i> (PROVENTIL)	generic	quantity limit
<i>albuterol sulfate tabs, syrup</i>	generic	
ALLEGRA (<i>fexofenadine</i>)	brand	
ALLEGRA-D (<i>fexofenadine/pseudoephedrine ER</i>)	preferred brand	
ATROVENT Inhaler (<i>ipratropium</i>)	preferred brand	quantity limit
AZMACORT (<i>triamcinolone acetonide</i>)	brand	quantity limit
COMBIVENT (<i>albuterol/ipratropium</i>)	preferred brand	quantity limit
<i>dyphylline</i>	generic	
<i>fexofenadine</i> (ALLEGRA)	generic	
FLOLEASE (<i>fluticasone propionate</i>)	preferred brand	quantity limit
FLOVENT HFA (<i>fluticasone</i>)	preferred brand	quantity limit
FLOVENT ROTADISK (<i>fluticasone powder for inhalation</i>)	brand	quantity limit
FORADIL (<i>formeterol</i>)	preferred brand	quantity limit
<i>guaifenesin</i>	generic	
INTAL INHALER (<i>cromolyn sodium</i>)	preferred brand	quantity limit
NASACORT (<i>triamcinolone acetonide</i>)	brand	quantity limit
NASONEX (<i>mometasone</i>)	preferred brand	quantity limit
<i>promethazine</i> (PHENERGAN)	generic	
QVAR (<i>beclomethasone</i>)	preferred brand	quantity limit
SEREVENT (<i>salmeterol</i>)	preferred brand	quantity limit
SINGULAR (<i>montelukast</i>)	preferred brand	step therapy
SPIRIVA (<i>tiotropium</i>)	brand	quantity limit
<i>theophylline ER</i>	generic	
TILADE (<i>nedocromil</i>)	preferred brand	quantity limit
TRACLEER (<i>bosentan</i>)	preferred brand	
VENTOLIN HFA (<i>albuterol sulfate</i>)	preferred brand	quantity limit
ZYRTEC (<i>cetirizine</i>)	brand	
SEDATIVES/HYPNOTICS		
AMBIEN (<i>zolpidem</i>)	preferred brand	
SONATA (<i>zaleplon</i>)	brand	

DRUG NAME (REFERENCE BRAND OR GENERIC)	DRUG TIER	REQUIREMENTS/ LIMITS
SKELATAL MUSCLE RELAXANTS		
<i>baclofen</i>	generic	
<i>cyclobenzaprine</i> (FLEXERIL)	generic	
<i>methocarbamol</i> (ROBAXIN)	generic	
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES		
MICRO-K (<i>potassium chloride ER caps 8 mEq</i>)	brand	
PHOSLO (<i>calcium acetate</i>)	brand	
K-PHOS (<i>potassium and sodium phosphates</i>)	preferred brand	
<i>potassium bicarbonate 25 mEq</i> (K-LYTE)	generic	
<i>potassium bicarbonate and chloride</i> (K-LYTE/CL)	generic	
<i>potassium chloride ER caps 10 mEq</i> (MICRO-K)	generic	
<i>potassium chloride ER tabs</i> (K-DUR)	generic	
<i>potassium chloride ER tabs</i> (Klor-Con)	generic	
<i>potassium chloride for oral soln 20 mEq</i> (K-LOR)	generic	
<i>potassium chloride oral soln 10%, 20%</i>	generic	
<i>potassium citrate/citric acid</i> (POLYCITRA-K)	generic	
<i>prenatal vitamins/iron/folic acid</i>		
RENAGEL (<i>sevelamer</i>)	brand	
<i>tricitrates</i> (POLYCITRA)	generic	
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