



**NEW WEST  
HEALTH SERVICES**

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

Effective: April 2010

## DEVELOPMENT OF THE DRUG FORMULARY

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

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

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

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

## HOW TO USE THIS DOCUMENT

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

## LEGEND

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

This document also indicates how each medication is covered, meaning which copay tier the medication falls into: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup>.

These categories are defined as follows:

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

note that the information provided is not intended to substitute the physician's independent medical judgment based on the member's specific needs.

- **Tier 4:** Medications that require special handling, and/or are for certain conditions that require frequent monitoring. These medications are only available through New West's specialty medication program.

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

## **PRESCRIPTION MEDICATION POLICIES**

### **Outpatient medications:**

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

### **Non-Prescription Medication (OTC) Policy:**

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

### **Generic Medication Policy:**

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

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

### **Unapproved or Off-label Use of Formulary Medications:**

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

### **Compound Drug:**

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

### **Prescriptions for Non-Formulary Medications:**

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

**Out of Pocket Costs for the Member:**

The member will pay the indicated 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> tier copay for the prescription unless one of the following conditions applies:

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

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

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

**Prior Authorization:**

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

**Specialty Drug:**

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

**Quantity Level Limits:**

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

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

NWHS Medical Services  
130 Neill Avenue  
Helena, MT 59601

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

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

## New West Health Services Prescribing Guide

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
<b>CHAPTER 1: ANESTHETICS</b>						
1.2 TOPICAL ANESTHETICS						
lidocaine-prilocaine		X				
LIDODERM			X			
<b>CHAPTER 2: ANTI-INFECTIVES</b>						
2.1.1 CEPHALOSPORINS						
cefaclor, -er		X				
cefadroxil		X				
cefdinir		X				
cefpodoxime proxetil		X				
cefprozil		X				
cefuroxime		X				
cephalexin		X				
CEDAX				X		generics
SPECTRACEF				X		generics
SUPRAX				X		generics
2.1.3 CLINDAMYCINS						
clindamycin hcl		X				
clindamycin phosphate		X				
2.1.4 ERYTHROMYCINS						
erythromycin		X				
2.1.4.1 OTHER MACROLIDES						
azithromycin		X				
clarithromycin, -er		X				
2.1.5 PENICILLINS						
amox tr-potassium clavulanate		X				
amoxicillin		X				
penicillin v potassium		X				
AUGMENTIN XR				X		generics
MOXATAG				X		generics
2.1.6 SULFONAMIDES						
sulfamethoxazole-trimethoprim		X				
2.1.7 TETRACYCLINES						
doxycycline hyclate		X				
doxycycline monohydrate		X				
minocycline hcl		X				
tetracycline hcl		X				
DORYX				X		generics
ORACEA				X		generics
SOLODYN				X		generics
2.1.8 URINARY ANTIINFECTIVES						
nitrofurantoin, -mono-macro		X				
trimethoprim		X				
2.1.9 QUINOLONES						
ciprofloxacin er		X				
ciprofloxacin hcl		X				
ofloxacin		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
AVELOX, -ABC PACK				X		generics, LEVAQUIN
FACTIVE				X		generics, LEVAQUIN
LEVAQUIN			X			
NOROXIN				X		generics, LEVAQUIN
PROQUIN XR				X		generics, LEVAQUIN
<b>2.2 TOPICAL ANTIBACTERIAL DRUGS</b>						
gentamicin sulfate		X				
mupirocin		X				
silver sulfadiazine		X				
ALTABAX				X		generics
BACTROBAN, -NASAL				X		generics
CENTANY				X		generics
<b>2.3 ORAL ANTIFUNGAL DRUGS</b>						
fluconazole		X				
itraconazole		X				
ketoconazole		X				
nystatin		X				
terbinafine hcl		X				
<b>2.4.1 VAGINAL ANTIFUNGALS</b>						
clotrimazole		X				
nystatin		X				
<b>2.4.2 OTHER TOPICAL ANTIFUNGALS</b>						
ciclopirox		X				
clotrimazole		X				
econazole nitrate		X				
ketoconazole		X				
nystatin		X				
ERTACZO				X		generics
EXELDERM				X		
LOPROX				X		generics
OXISTAT				X		
<b>2.4.3 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>						
clotrimazole-betamethasone		X				
nystatin-triamcinolone		X				
<b>2.5.1 ANTIRETROVIRALS &amp; PROTEASE INHIBITORS</b>						
COMBIVIR	X		X			
EPIVIR	X		X			
<b>2.5.2 OTHER ANTIVIRAL DRUGS</b>						
acyclovir		X				
amantadine		X				
famciclovir		X				
ribapak	X	X				
ribavirin	X	X				
EPIVIR HBV	X			X		
RELENZA				X		
TAMIFLU				X		
VALTREX			X			
<b>2.6 TOPICAL ANTIVIRAL DRUGS</b>						
ZOVIRAX				X		
<b>2.7.2 ANTITUBERCULOSIS DRUGS</b>						
ethambutol hcl		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
isoniazid		X				
rifampin		X				
MYCOBUTIN				X		generics
2.7.3 PLASMODICIDES						
hydroxychloroquine sulfate		X				
MALARONE				X		generics
QUALAQUIN				X		generics
2.7.4 SULFONES						
DAPSONE			X			
2.7.5 TRICHOMONOCIDES						
metronidazole		X				
2.8 OTHER ANTIINFECTIVE DRUGS						
bacitracin		X				
polymyxin b sulfate		X				
MEPRON				X		
NEBUPENT				X		
VANCOGIN HCL				X		
ZYVOX				X		
2.8.2 AMINOGLYCOSIDES						
gentamicin sulfate		X				
tobramycin sulfate		X				
TOBI					X	specialty
<b>CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>						
3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS						
anagrelide hcl	X	X				
azathioprine	X	X				
cyclosporine caps	X	X				
hydroxyurea	X	X				
leflunomide	X	X				
leucovorin calcium	X	X				Note: leucovorin calcium injectable is specialty tier 2
megestrol acetate	X	X				
mercaptopurine	X	X				
methotrexate tabs	X	X				Note: methotrexate injectable is specialty tier 2
tamoxifen citrate	X	X				
tretinoin	X	X				
ARIMIDEX	X			X		
CELLCEPT	X				X	specialty – mycophenolate preferred
CIMZIA	X				X	specialty
ELIGARD	X				X	specialty
ENBREL	X				X	specialty
FEMARA	X				X	specialty
FIRMAGON	X				X	specialty
GLEEVEC	X				X	specialty
HUMIRA	X				X	specialty
MEGACE ES	X			X		megestrol acetate
MYFORTIC	X			X		tacrolimus anhy
PROGRAF	X				X	specialty
REVLIMID	X				X	specialty
SANDOSTATIN LAR	X				X	specialty
SIMPONI	X				X	specialty

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
SOMATULINE DEPOT	X				X	specialty
SPRYCEL	X				X	specialty
SUTENT	X				X	specialty
TARCEVA	X				X	specialty
TEMODAR	X				X	specialty
TRELSTAR DEPOT, LA	X				X	specialty
TYKERB	X				X	specialty
XELODA	X				X	specialty
ZOLADEX	X				X	specialty
<b>CHAPTER 4: CARDIOVASCULAR MEDICATIONS</b>						
<b>4.1 CARDIAC GLYCOSIDES</b>						
digoxin		X				
LANOXIN				X		generics
LANOXIN PEDIATRIC				X		generics
<b>4.2 CALCIUM ANTAGONISTS</b>						
amlodipine besylate		X				
cartia xt		X				
diltiazem, er		X				
felodipine er		X				
nifediac cc		X				
nifedical xl		X				
nifedipine er		X				
nisoldipine		X				
verapamil		X				
CARDENE SR				X		generics
CARDIZEM LA				X		generics
COVERA-HS				X		generics
DYNACIRC CR				X		generics
SULAR				X		generics
<b>4.3.1 LOOP DIURETICS</b>						
furosemide		X				
toremide		X				
<b>4.3.2 THIAZIDE AND RELATED DRUGS</b>						
chlorthalidone		X				
hydrochlorothiazide		X				
indapamide		X				
metolazone		X				
<b>4.3.3 POTASSIUM SPARING DIURETICS</b>						
spironolactone		X				
spironolactone-hctz		X				
triamterene-hctz		X				
<b>4.4 BETA-ADRENERGIC ANTAGONIST DRUGS</b>						
acebutolol hcl		X				
atenolol		X				
bisoprolol fumarate		X				
carvedilol		X				
labetalol hcl		X				
metoprolol succinate		X				
metoprolol tartrate		X				
nadolol		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
<b>pindolol</b>		X				
<b>propranolol hcl</b>		X				
<b>timolol maleate</b>		X				
BYSTOLIC				X		<b>generics</b>
COREG CR			X			
INNOPRAN XL				X		<b>generics</b>
TOPROL XL				X		<b>generics</b>
<b>4.5.1 VASODILATOR ANTIHYPERTENSIVES</b>						
<b>doxazosin mesylate</b>		X				
<b>prazosin hcl</b>		X				
<b>terazosin hcl</b>		X				
CARDURA XL				X		<b>doxazosin mesylate</b>
<b>4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES</b>						
<b>clonidine hcl</b>		X				
<b>guanfacine hcl</b>		X				
<b>methyldopa</b>		X				
<b>4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>						
<b>benazepril hcl</b>		X				
<b>captopril</b>		X				
<b>enalapril maleate</b>		X				
<b>fosinopril sodium</b>		X				
<b>lisinopril</b>		X				
<b>moexipril hcl</b>		X				
<b>quinapril hcl</b>		X				
<b>ramipril</b>		X				
<b>trandolapril</b>		X				
ACEON				X		<b>generics</b>
ALTACE				X		<b>generics</b>
<b>4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>						
ATACAND			X			
ATACAND HCT			X			
AVALIDE			X			
AVAPRO			X			
BENICAR			X			
BENICAR, -HCT			X			
COZAAR				X		BENICAR, ATACAND, MICARDIS
DIOVAN				X		BENICAR, ATACAND, MICARDIS
DIOVAN HCT				X		BENICAR HCT, AVALIDE, MICARDIS HCT
HYZAAR				X		BENICAR HCT, AVALIDE, MICARDIS HCT
MICARDIS			X			
MICARDIS HCT			X			
TEVETEN				X		BENICAR, ATACAND, MICARDIS
TEVETEN HCT				X		BENICAR HCT, AVALIDE, MICARDIS HCT
<b>4.5.6 OTHER ANTIHYPERTENSIVES</b>						
<b>amlodipine besylate-benazepril</b>		X				
<b>atenolol-chlorthalidone</b>		X				
<b>benazepril hcl-hctz</b>		X				
<b>bisoprolol fumarate-hctz</b>		X				
<b>captopril-hydrochlorothiazide</b>		X				
<b>enalapril maleate-hctz</b>		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
<b>fosinopril-hydrochlorothiazide</b>		X				
<b>lisinopril-hctz</b>		X				
<b>metoprolol-hydrochlorothiazide</b>		X				
<b>moexipril-hydrochlorothiazide</b>		X				
<b>propranolol hcl-hctz</b>		X				
<b>quinapril-hydrochlorothiazide</b>		X				
<b>quinaretic</b>		X				
AZOR				X		<b>amlodipine+BENICAR</b>
EXFORGE				X		<b>amlodipine + ARB</b>
EXFORGE HCT				X		<b>amlodipine+ARB+HCT</b>
LOTREL			X			
TARKA				X		<b>verapamil+TRANDA</b>
TEKTURNA, -HCT				X		<b>generics</b>
<b>4.6.1 NITRATES</b>						
<b>isosorbide, -dinitrate</b>		X				
<b>nitroglycerin, -patch</b>		X				
<b>nitroquick</b>		X				
<b>4.6.2 OTHER VASODILATING DRUGS</b>						
ADCIRCA					X	specialty
REVATIO					X	specialty
<b>4.6.3 ENDOTHELIN RECEPTOR ANTAGONIST</b>						
LETAIRIS					X	specialty
TRACLEER					X	specialty
<b>4.7.1.3 CLASS 1C</b>						
<b>flecainide acetate</b>		X				
<b>propafenone hcl</b>		X				
RYTHMOL SR				X		<b>generics</b>
<b>4.7.3 AMIODARONES</b>						
<b>amiodarone hcl</b>		X				
PACERONE				X		<b>generics</b>
<b>4.7.5 OTHER ANTIARRHYTHMICS</b>						
<b>sotalol</b>		X				
MULTAQ				X		<b>amiodarone hcl</b>
<b>4.8.1 HYPOLIPOPROTEINEMICS</b>						
<b>cholestyramine</b>		X				
<b>colestipol hcl</b>		X				
<b>fenofibrate</b>		X				
<b>gemfibrozil</b>		X				
ANTARA				X		<b>fenofibrate, TRICOR</b>
FENOGLIDE				X		<b>fenofibrate, TRICOR</b>
LIPOFEN				X		<b>fenofibrate, TRICOR</b>
LOVAZA				X		OTC Omega-3 combination products
NIASPAN				X		
OMACOR				X		OTC Omega-3 combination products
TRICOR				X		
TRIGLIDE				X		<b>fenofibrate, TRICOR</b>
TRILIPIX				X		<b>fenofibrate, TRICOR</b>
WELCHOL				X		<b>cholestyramine</b>
ZETIA				X		<b>generic antihyperlipidemic agents</b>
<b>4.8.2 HMG-COA REDUCTASE INHIBITORS</b>						
<b>lovastatin</b>		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
pravastatin sodium		X				
pravastatin sodium		X				
simvastatin		X				
ALTOPREV				X		generic, LIPITOR
LESCOL, -XL				X		generic, LIPITOR
LIPITOR			X			
4.8.2.1 HMG-COA COMBINATIONS						
ADVICOR			X			
CADUET				X		amlodipine + LIPITOR
SIMCOR				X		simvastatin + niacin
VYTORIN				X		generic, LIPITOR
4.9 OTHER CARDIOVASCULAR DRUGS						
pentoxifylline		X				
RANEXA				X		other anti-anginal
<b>CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS</b>						
5.1.1 ANALGESICS						
tramadol hcl, -acetaminophen		X				
5.1.1.1 CLASS II NARCOTICS						
endocet		X				
fentanyl		X				
hydromorphone hcl		X				
methadone hcl		X				
morphine sulfate		X				
oxycodone, -acetaminophen		X				
roxicet		X				
AVINZA				X		morphine sulfate, OXYCONTIN
KADIAN				X		morphine sulfate, OXYCONTIN
OPANA, ER				X		morphine sulfate, OXYCONTIN
OXYCONTIN				X		
OXYIR				X		oxycodone
5.1.1.2 CLASS III NARCOTICS						
acetaminophen-codeine		X				
hydrocodone bit-ibuprofen		X				
hydrocodone-acetaminophen		X				
reprexain		X				
zamicet		X				
REPREXAIN				X		
SUBOXONE				X		
ZAMICET				X		
5.1.1.3 CLASS IV NARCOTICS						
propoxyphene napsylate-apap		X				
5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES						
butalbital compound-codeine		X				
butalbital-apap-caffeine		X				
butalbital-aspirin-caffeine		X				
butalbital-caff-apap-codeine		X				
isometh-d-chloralphenaz-apap		X				
sumatriptan		X				
AMERGE				X		sumatriptan, ZOMIT/ZMT, MAXALT/MLT
AXERT				X		sumatriptan, ZOMIT/ZMT, MAXALT/MLT

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
FROVA				X		sumatriptan, ZOMIT/ZMT, MAXALT/MLT
IMITREX				X		sumatriptan, ZOMIT/ZMT, MAXALT/MLT
MAXALT, -MLT			X			
RELPAX				X		sumatriptan, ZOMIT/ZMT, MAXALT/MLT
TREXIMET				X		sumatriptan plus naproxen sod
ZOMIG, -ZMT			X			
5.2.1 ANXIOLYTICS						
alprazolam		X				
bupirone hcl		X				
chlordiazepoxide hcl		X				
clorazepate dipotassium		X				
diazepam		X				
lorazepam		X				
oxazepam		X				
5.2.2 SEDATIVE/HYPNOTIC DRUGS						
estazolam		X				
flurazepam hcl		X				
temazepam		X				
triazolam		X				
zaleplon		X				
zolpidem tartrate		X				
AMBIEN, -CR				X		zolpidem, Lunesta
EDLUAR				X		zolpidem, Lunesta
LUNESTA				X		
ROZEREM				X		zolpidem, Lunesta
5.3 ANTIMANIA DRUGS						
lithium carbonate		X				
5.4.1 CARBAMAZEPINES						
carbamazepine		X				
oxcarbazepine		X				
CARBATROL				X		carbamazepine
TEGRETOL XR			X			
5.4.2 ANTICONVULSANT BENZODIAZEPINES						
clonazepam		X				
5.4.3 HYDANTOINS						
phenytoin sodium extended		X				
DILANTIN				X		phenytoin sodium
PHENYTEK				X		phenytoin sodium
5.4.4 VALPROIC ACID AND DERIVATIVES						
divalproex sodium, -er		X				
valproic acid		X				
DEPAKOTE ER				X		generics
5.4.5 SUCCINIMIDES						
ethosuximide		X				
CELONTIN				X		ethosuximide
5.4.6 ANTICONVULSANT BARBITURATES						
phenobarbital		X				
primidone		X				
5.4.7 OTHER ANTICONVULSANTS						
gabapentin		X				
lamotrigine		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
levetiracetam		X				
topiramate		X				
zonisamide		X				
KEPPRA				X		generics
KEPPRA XR				X		generics
LAMICTAL, -ODT, -XR				X		generics
LYRICA				X		generics
TOPAMAX				X		generics
VIMPAT				X		generics
5.5.1.1 TERTIARY AMINES						
amitriptyline hcl		X				
clomipramine hcl		X				
doxepin hcl		X				
imipramine hcl		X				
5.5.1.2 SECONDARY AMINES						
desipramine hcl		X				
nortriptyline hcl		X				
5.5.1.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS						
citalopram		X				
citalopram hbr		X				
fluoxetine hcl		X				
fluvoxamine maleate		X				
paroxetine hcl		X				
sertraline hcl		X				
LEXAPRO				X		generic SSRI
LUVOX CR				X		generic SSRI
PROZAC WEEKLY				X		generic SSRI
5.5.1.4 OTHER ANTIDEPRESSANTS						
bupropion hcl, sr		X				
bupropion xl		X				
mirtazapine		X				
nefazodone hcl		X				
trazodone hcl		X				
venlafaxine hcl		X				
CYMBALTA				X		venlafaxine, EFFEXOR XR
EFFEXOR XR				X		
PRISTIQ				X		venlafaxine, EFFEXOR XR
SAVELLA				X		
VENLAFAXINE HCL ER				X		venlafaxine, EFFEXOR XR
WELLBUTRIN XL				X		bupropion xl
5.5.2 MAO INHIBITORS						
tranylcypromine sulfate		X				
NARDIL				X		tranylcypromine sulfate
5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS						
granisetron hcl		X				
meclizine hcl		X				
ondansetron hcl		X				
ondansetron odt		X				
prochlorperazine maleate		X				
promethazine hcl		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
<b>promethegan</b>		X				
<b>trimethobenzamide hcl</b>		X				
ANZEMET				X		<b>granisetron hcl, ondansetron hcl</b>
EMEND				X		<b>granisetron hcl, ondansetron hcl</b>
TRANSDERM-SCOP				X		<b>meclizine, dramamine</b>
<b>5.7.1 ANTIPARKINSON ANTICHOLINERGIC DRUGS</b>						
<b>benztropine mesylate</b>		X				
<b>trihexyphenidyl hcl</b>		X				
<b>5.7.2 OTHER ANTIPARKINSON DRUGS</b>						
<b>carbidopa-levodopa</b>		X				
<b>ropinirole hcl</b>		X				
AZILECT				X		<b>selegine</b>
MIRAPEX			X			
REQUIP XL				X		<b>ropinirole hcl</b>
STALEVO				X		
<b>5.8 ANTIPSYCHOTIC DRUGS</b>						
<b>clozapine</b>		X				
<b>fluphenazine hcl</b>		X				
<b>haloperidol</b>		X				
<b>perphenazine</b>		X				
<b>risperidone</b>		X				
<b>thioridazine hcl</b>		X				
ABILIFY, -DISCMELT				X		<b>risperidone, SEROQUEL, ZYPREXA</b>
GEODON				X		<b>risperidone, SEROQUEL, ZYPREXA</b>
INVEGA				X		<b>risperidone, SEROQUEL, ZYPREXA</b>
RISPERDAL				X		<b>generics</b>
SAPHRIS				X		<b>risperidone, SEROQUEL, ZYPREXA</b>
SEROQUEL			X			
SEROQUEL XR				X		<b>risperidone, SEROQUEL, ZYPREXA</b>
ZYPREXA, -ZYDIS			X			
<b>5.8.1 ALIPHATIC PHENOTHIAZINES</b>						
<b>chlorpromazine hcl</b>		X				
<b>5.8.1.1 PSYCHOTHERAPEUTIC COMBINATIONS</b>						
SYMBYAX				X		<b>fluoxetine + Zyprexa (non-Zydis)</b>
<b>5.9.1 CNS STIMULANT DRUGS</b>						
<b>amphetamine salt combo</b>		X				
<b>dexmethylphenidate hcl</b>		X				
<b>dextroamphetamine sulfate</b>		X				
<b>dextroamphetamine-amphetamine</b>		X				
<b>methylin, er</b>		X				
<b>methylphenidate hcl</b>		X				
ADDERALL XR				X		<b>generics</b>
CONCERTA				X		<b>generics</b>
DAYTRANA				X		<b>methylphenidate</b>
FOCALIN XR				X		<b>dexmethylphenidate hcl</b>
METADATE CD				X		<b>methylphenidate hcl</b>
NUVIGIL				X		Provigil
PROVIGIL			X			
RITALIN LA				X		<b>methylphenidate hcl</b>
VYVANSE				X		<b>methylphenidate hcl</b>
<b>5.9.2 OTHER CNS/AUTONOMIC DRUGS</b>						

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
atropine sulfate		X				
XYREM					X	specialty
<b>5.9.3 ANTIDEMENTIA DRUGS</b>						
galantamine hbr		X				
ARICEPT, -ODT			X			
EXELON				X		ARICEPT
NAMENDA				X		ARICEPT
RAZADYNE ER				X		galantamine ER
<b>5.9.5 SMOKING CESSATION PRODUCTS</b>						
bupropion hcl sr		X				
CHANTIX			X			
<b>5.9.6 OTHER DRUGS FOR ADHD</b>						
STRATTERA				X		methylphenidate hcl, amphetamine salt combo
<b>CHAPTER 6: DERMATOLOGICAL MEDICATIONS</b>						
<b>6.1 TOPICAL CORTICOSTEROID DRUGS</b>						
betamethasone dipropionate		X				
betamethasone valerate		X				
clobetasol propionate		X				
desonide		X				
desoximetasone		X				
fluocinolone acetonide		X				
fluocinonide		X				
fluticasone propionate		X				
halobetasol propionate		X				
hydrocortisone		X				
hydrocortisone valerate		X				
mometasone furoate		X				
triamcinolone acetonide		X				
<b>6.2 ANTIPRURITIC DRUGS</b>						
hydroxyzine		X				
<b>6.3 ANTIACNE DRUGS</b>						
benzoyl peroxide		X				
clindamycin phosphate		X				
erythromycin		X				
erythromycin-benzoyl peroxide		X				
metronidazole		X				
sodium sulfacetamide-sulfur		X				
tretinoin	X	X				
ACANYA				X		OTC benzoyl peroxide
ATRALIN				X		tretinoin
AZELEX				X		tretinoin
BENZACLIN				X		OTC benzoyl peroxide
BENZAMYCINPAK				X		erythromycin-benzoyl peroxide
DIFFERIN				X		tretinoin
DUAC CS				X		OTC benzoyl peroxide
EPIDUO				X		tretinoin
FINACEA, -PLUS				X		tretinoin
METROGEL				X		metronidazole
NORITATE				X		metronidazole

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
RETIN-A MICRO, -PUMP	X			X		tretinoin
ZIANA	X			X		OTC benzoyl peroxide
6.3.1 ACCUTANES						
isotretinoin		X				
6.7 KERATOLYTIC DRUGS						
CONDYLOX				X		podofilox solution
6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS						
calcipotriene		X				
selenium sulfide		X				
sulfacetamide sodium		X				
TAZORAC			X			
VECTICAL				X		selenium sulfide, Tazorac
6.9.1 ORAL DERMATOLOGICAL DRUGS						
PROPECIA				X		
6.9.2 TOPICAL DERMATOLOGICAL DRUGS						
fluorouracil		X				
tretinoin		X				
ALDARA				X		
CARAC				X		fluorouracil
ELIDEL				X		PROTOPIC
PROTOPIC			X			
SANTYL				X		
SOLARAZE				X		fluorouracil
VEREGEN				X		podofilox
6.9.3 SCABICIDES						
permethrin		X				
ULESFIA				X		permethrin
<b>CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS</b>						
7.1 DRUGS AFFECTING THE EAR						
antipyrine/benzocaine otic		X				
antipyrine-benzocaine		X				
neomycin-polymyxin-hc		X				
ofloxacin		X				
CETRAXAL				X		generics
CIPRO HC				X		generics
CIPRODEX				X		generics
FLOXIN				X		generics
7.2 DRUGS AFFECTING THE NOSE						
flunisolide		X				
fluticasone propionate		X				
ipratropium bromide		X				
ASTELIN			X			
ASTEPRO				X		ASTELIN
BECONASE AQ				X		generics, NASACORT, NASONEX
NASACORT AQ			X			
NASONEX			X			
OMNARIS				X		generics, NASACORT, NASONEX
PATANASE				X		ASTELIN
RHINOCORT AQUA			X			
VERAMYST				X		generics, NASACORT, NASONEX

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
<b>7.3 DRUGS AFFECTING THE THROAT AND MOUTH</b>						
<b>pilocarpine hcl</b>		X				
<b>triamcinolone acetonide</b>		X				
<b>CHAPTER 8: ENDOCRINE MEDICATIONS</b>						
<b>8.1.1 INSULIN</b>						
APIDRA, -SOLOSTAR				X		HUMALOG, NOVOLOG
HUMALOG products			X			
HUMULIN products			X			
LANTUS, -SOLOSTAR			X			
LEVEMIR				X		LANTUS
NOVOLIN products			X			
NOVOLOG products			X			
<b>8.1.2 ORAL HYPOGLYCEMIC DRUGS</b>						
<b>acarbose</b>		X				
<b>glimepiride</b>		X				
<b>glipizide/er</b>		X				
<b>glipizide-metformin</b>		X				
<b>glyburide, -micronized</b>		X				
<b>glyburide-metformin hcl</b>		X				
<b>metformin hcl, -er</b>		X				
FORTAMET				X		<b>metformin</b>
PRANDIMET				X		<b>nateglinide</b>
PRANDIN				X		<b>nateglinide</b>
STARLIX				X		<b>generics</b>
<b>8.1.3 INSULIN SENSITIZERS</b>						
ACTOPLUS MET			X			
ACTOS			X			
AVANDAMET			X			
AVANDARYL			X			
AVANDIA			X			
DUETACT				X		<b>glimepiride + ACTOS</b>
<b>8.1.4 AMYLIN ANALOGUES</b>						
SYMLIN				X		preferred oral hypoglycemic drugs
SYMLINPEN				X		preferred oral hypoglycemic drugs
<b>8.1.5.1 INCRETIN MIMETICS</b>						
BYETTA			X			
<b>8.1.5.2 DIPEPTIDYL PEPTIDASE-IV INHIBITORS</b>						
JANUMET				X		preferred oral hypoglycemic drugs
JANUVIA				X		preferred oral hypoglycemic drugs
ONGLYZA				X		preferred oral hypoglycemic drugs
<b>8.2 GLUCOSE ELEVATING DRUGS</b>						
GLUCAGEN				X		
<b>8.3.1 GLUCOCORTICOID DRUGS</b>						
<b>dexamethasone</b>		X				
<b>hydrocortisone</b>		X				
<b>methylprednisolone</b>		X				
<b>prednisolone</b>		X				
<b>prednisolone sodium phosphate</b>		X				
<b>prednisone</b>		X				
<b>triamcinolone acetonide</b>		X				

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
veripred 20		X				
8.3.2 MINERALOCORTICOID DRUGS						
fludrocortisone acetate		X				
8.4.1 THYROID SUPPLEMENTS						
levothyroxine sodium		X				
levoxyl		X				
thyroid		X				
ARMOUR THYROID				X		
CYTOMEL				X		
SYNTHROID				X		
8.4.2 ANTITHYROID DRUGS						
methimazole		X				
propylthiouracil		X				
8.6 OTHER ENDOCRINE DRUGS						
alendronate sodium		X				
calcitonin nasal spray		X				
desmopressin acetate		X				
etidronate disodium		X				
ACTONEL, -WITH CALCIUM				X		alendronate
BONIVA tablet				X		alendronate (note: Boniva injectable is tier 4 specialty)
FORTEO	X				X	specialty
FOSAMAX, -PLUS D				X		alendronate
<b>CHAPTER 9: GASTROINTESTINAL MEDICATIONS</b>						
9.1.2 OTC H2 ANTAGONISTS						
famotidine		X				
9.2 ANTIDIARRHEAL DRUGS						
diphenoxylate-atropine		X				
loperamide		X				
9.3 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY						
chlordiazepoxide-clidinium		X				
dicyclomine hcl		X				
hyoscyamine sulfate		X				
metoclopramide hcl		X				
BENTYL				X		dicyclomine hcl
NULEV				X		hyoscyamine sulfate
9.4 ANTIULCER DRUGS						
cimetidine		X				
famotidine		X				
nizatidine		X				
ranitidine hcl		X				
AXID				X		generics
ZANTAC 25				X		generics
9.4.1 OTHER ANTIULCER DRUGS						
misoprostol		X				
sucralfate		X				
CARAFATE				X		generics
9.4.2 PROTON PUMP INHIBITORS						
omeprazole		X				
pantoprazole sodium		X				
NEXIUM				X		

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
PREVACID				X		generics
9.4.2.1 PROTON PUMP INHIBITORS - OTC						
<b>Omeprazole (Over the counter)</b>		X				\$5 co-pay for one month supply (for tiered co-pay plans only)
9.4.3 HELICOBACTER PYLORI DRUGS						
HELIDAC			X			
PREVPAC				X		HELIDAC
PYLERA				X		HELIDAC
9.5 LAXATIVES AND CATHARTICS						
OSMOPREP				X		peg-electrolyte
9.6 OTHER GI DRUGS						
<b>anucort-hc</b>		X				
<b>balsalazide disodium</b>		X				
<b>hydrocortisone</b>		X				
<b>hydrocortisone acetate</b>		X				
<b>peg 3350-electrolyte</b>		X				
<b>proctosol-hc</b>		X				
<b>proctozone-hc</b>		X				
<b>sulfasalazine</b>		X				
<b>ursodiol</b>		X				
ANALPRAM HC				X		generics
APRISO				X		generics
ASACOL			X			
ASACOL HD				X		Asacol
CANASA				X		Asacol, Pentasa
COLYTE WITH FLAVOR PACKETS				X		peg-electrolyte
CREON, -5, -10, -20				X		peg-electrolyte
DIPENTUM			X			
GOLYTELY				X		peg-electrolyte
HALFLYTELY-BISACODYL				X		peg-electrolyte
LIALDA				X		Asacol, Pentasa
MOVIPREP				X		peg-electrolyte
NULYTELY, -WITH FLAVOR PACKS				X		peg-electrolyte
PENTASA			X			
TRILYTE WITH FLAVOR PACKETS				X		peg-electrolyte
ULTRASE, -MT				X		
URSO			X			
URSO FORTE				X		ursodiol
VIOKASE				X		
9.7 IRRITABLE BOWEL DRUGS						
AMITIZA				X		
<b>CHAPTER 10: IMMUNOLOGICALS AND VACCINES</b>						
10.0 IMMUNOLOGICALS AND VACCINES						
HYPERHEP B S-D					X	specialty
NABI-HB					X	specialty
RHOPHYLAC					X	specialty
SYNAGIS	X				X	specialty
WINRHO SDF					X	specialty
10.2.1 MYELOID STIMULANTS						
NEULASTA	X				X	specialty

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
NEUPOGEN	X			X		specialty
<b>10.2.2 ERYTHROID STIMULANTS</b>						
ARANESP	X				X	specialty - PROCIT preferred
PROCIT	X			X		specialty
<b>10.2.3 INTERFERONS</b>						
AVONEX, -ADMINISTRATION PACK	X			X		specialty
BETASERON	X				X	specialty - AVONEX, COPAXONE, REBIF preferred
COPAXONE	X			X		specialty
PEGASYS	X				X	specialty
PEGINTRON, -REDIPEN	X				X	specialty
REBIF	X			X		specialty
<b>10.2.4 GROWTH HORMONES AND RELATED DRUGS</b>						
GENOTROPIN	X				X	specialty - SAIZEN preferred
HUMATROPE	X				X	specialty - SAIZEN preferred
NORDITROPIN, -NORDIFLEX	X				X	specialty - SAIZEN preferred
NUTROPIN, -AQ	X				X	specialty - SAIZEN preferred
OMNITROPE	X				X	specialty - SAIZEN preferred
SAIZEN	X			X		specialty
TEV-TROPIN	X				X	specialty - SAIZEN preferred
<b>10.2.6 INTERLEUKIN RECEPTOR ANTAGONIST</b>						
KINERET	X				X	specialty
<b>10.2.7 IMMUNOGLOBULIN ANTIBODIES</b>						
XOLAIR	X				X	specialty
<b>CHAPTER 11: MUSCULOSKELETAL MEDICATIONS</b>						
<b>11.1.1 SALICYLATES AND RELATED DRUGS</b>						
choline mag trisalicylate		X				
diflunisal		X				
salsalate		X				
<b>11.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>						
diclofenac potassium		X				
diclofenac sodium		X				
etodolac		X				
ibuprofen		X				
indomethacin		X				
ketorolac tromethamine		X				
meloxicam		X				
nabumetone		X				
naproxen, -sodium		X				
oxaprozin		X				
piroxicam		X				
sulindac		X				
CELEBREX			X			
<b>11.2 DRUGS TO PREVENT AND TREAT GOUT</b>						
allopurinol		X				
colchicine		X				
probenecid		X				
<b>11.3.1 DIRECT MUSCLE RELAXANTS</b>						
baclofen		X				
tizanidine hcl		X				
<b>11.3.2 CNS MUSCLE RELAXANTS</b>						

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
carisoprodol		X				
chlorzoxazone		X				
cyclobenzaprine hcl		X				
methocarbamol		X				
orphenadrine citrate		X				
SKELAXIN			X			
SOMA				X		carisoprodol
<b>CHAPTER 12: NUTRITION, BLOOD</b>						
<b>12.1.2 VITAMINS &amp; MINERALS &amp; RELATED PRODUCTS</b>						
CEREFOLIN, -NAC				X		generics
FOLTX				X		generics
METANX				X		generics
<b>12.1.3 THERAPEUTIC VITAMINS &amp; MINERALS</b>						
calcitriol		X				
calcium acetate		X				
eliphos		X				
folic acid		X				
vitamin d		X				
DEPLIN				X		folic acid
HECTOROL				X		calcitriol
PHOSLO				X		calcium acetate
ZEMPLAR				X		calcitriol
<b>12.1.4 FLUORIDE PRODUCTS</b>						
fluor-a-day		X				
sodium fluoride		X				
<b>12.2 POTASSIUM SUPPLEMENTS</b>						
potassium chloride		X				
<b>12.2.1 POTASSIUM REMOVING RESINS</b>						
sodium polystyrene sulfonate		X				
<b>12.3.1 ORAL ANTICOAGULANTS, VITAMIN K</b>						
warfarin sodium		X				
COUMADIN				X		warfarin sodium
<b>12.3.2 HEPARIN AND HEPARIN ANTAGONISTS</b>						
ARIXTRA					X	specialty - LOVENOX preferred
FRAGMIN					X	specialty - LOVENOX preferred
INNOHEP					X	specialty - LOVENOX preferred
LOVENOX				X		specialty
<b>12.4 ANTIPLATELET DRUGS</b>						
cilostazol		X				
dipyridamole		X				
AGGRENOX				X		dipyridamole + aspirin
EFFIENT				X		PLAVIX
PLAVIX			X			
<b>12.7 BLOOD DETOXICANTS</b>						
enulose		X				
lactulose		X				
FOSRENOL				X		
KRISTALOSE				X		lactulose
RENAGEL				X		
RENVELA				X		

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
12.8 NUTRITIONAL/SUPPLEMENT PRODUCTS						
XYLAREX				X		
<b>CHAPTER 13: OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>						
13.1.1 PRENATAL VITAMINS						
NEEVO				X		generic prenatal vitamins
PRECARE PREMIER				X		generic prenatal vitamins
PRENATE DHA				X		generic prenatal vitamins
PRENATE ELITE				X		generic prenatal vitamins
13.1.2 SPECIALIZED OB/GYN DRUGS						
<b>chorionic gonadotropin</b>		X				
leuprolide acetate	X		X			specialty
novarel			X			specialty
CETROTIDE				X		specialty
GANIRELIX ACETATE				X		specialty
LUPRON DEPOT, -PED	X			X		specialty
OVIDREL				X		specialty – novarel preferred
13.1.3 OB/GYN TOPICAL ANTIINFECTIVES						
clindamycin phosphate		X				
metronidazole		X				
vandazole		X				
13.2 OVULATORY STIMULANTS						
clomiphene citrate		X				
BRAVELLE				X		specialty
FERTINEX				X		specialty
FOLLISTIM AQ				X		specialty
GONAL-F, -RFF				X		specialty
MENOPUR				X		specialty
REPRONEX				X		specialty
13.3 ANDROGEN DRUGS						
testosterone cypionate		X				
ANDRODERM			X			
ANDROGEL			X			
TESTIM				X		Androderm,Androgel
13.4 ESTROGEN DRUGS						
estradiol		X				
estrogen & methyltestosterone		X				
estropipate		X				
ALORA			X			generics, ESTRADERM
CENESTIN			X			PREMARIN, MENEST
DIVIGEL			X			generic top patch, ESTRADERM
ELESTRIN			X			generic top patch, ESTRADERM
ENJUVA			X			PREMARIN, MENEST
ESTRACE			X			generics
ESTRADERM			X			
ESTRASORB			X			generic top patch, ESTRADERM
ESTRATEST, -H.S.			X			estrogen & methyltestosterone
ESTROGEL			X			generic top patch, ESTRADERM
EVAMIST			X			generic top patch, ESTRADERM
FEMTRACE			X			PREMARIN, MENEST
MENEST			X			

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
MENOSTAR				X		generics, ESTRADERM
PREMARIN				X		
VAGIFEM				X		
VIVELLE-DOT				X		
<b>13.4.1 ESTROGEN/PROGESTIN COMBINATIONS</b>						
ACTIVELLA				X		PREMPRO
ANGELIQ				X		PREMPRO
CLIMARA PRO				X		
COMBIPATCH				X		CLIMARA
FEMHRT				X		PREMPRO
PREFEST				X		PREMPRO
PREMPHASE				X		PREMPRO
PREMPRO				X		
<b>13.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR</b>						
EVISTA				X		
<b>13.5 PROGESTIN DRUGS</b>						
camila			X			
errin			X			
jolivette			X			
medroxyprogesterone acetate			X			
nora-be			X			
norethindrone acetate			X			
progesterone in oil			X			
PROMETRIUM				X		
<b>13.7 CONTRACEPTIVES</b>						
apri			X			
aranelle			X			
aviane			X			
balziva			X			
cesia			X			
cryselle			X			
enpresse			X			
jolessa			X			
junel, fe			X			
kariva			X			
kelnor 1-35			X			
leena			X			
lessina			X			
levora-28			X			
low-ogestrel			X			
lutra			X			
microgestin			X			
microgestin fe			X			
mononessa			X			
necon			X			
nortrel			X			
ocella			X			
ogestrel			X			
portia			X			
previfem			X			

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
quasense		X				
reclipsen		X				
solia		X				
sprintec		X				
sronyx		X				
tilia fe		X				
tri-legest fe		X				
trinessa		X				
tri-previfem		X				
tri-sprintec		X				
trivora-28		X				
velivet		X				
zenchent		X				
zovia 1-35e, 1-50e		X				
CYCLESSA				X		generics
FEMCON FE				X		generics
LOESTRIN 24 FE				X		generics
LOSEASONIQUE				X		generics
LYBREL				X		generics
NUVARING			X			
ORTHO EVRA			X			
ORTHO TRI-CYCLEN, -LO				X		generics
SEASONIQUE				X		generics
YASMIN 28				X		generics
YAZ				X		generics
<b>CHAPTER 14: OPHTHALMIC MEDICATIONS</b>						
<b>14.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>						
bacitracin		X				
ciprofloxacin hcl		X				
erythromycin		X				
gentamicin sulfate		X				
ofloxacin		X				
polymyxin b sul-trimethoprim		X				
sulfacetamide sodium		X				
tobramycin sulfate		X				
AZASITE				X		ciprofloxacin
BESIVANCE				X		ciprofloxacin
IQUIX				X		ciprofloxacin
QUIXIN				X		ciprofloxacin
VIGAMOX				X		ciprofloxacin
ZYMAR				X		ciprofloxacin
<b>14.1.2 OPHTHALMIC TOPICAL ANTIVIRAL DRUGS</b>						
trifluridine		X				
<b>14.2 OPHTHALMIC CORTICOSTEROID DRUGS</b>						
fluorometholone		X				
prednisolone acetate		X				
ALREX				X		generics
DUREZOL				X		generic steroids, LOTEMAX
FML FORTE				X		generic steroids, LOTEMAX
LOTEMAX			X			

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
VEXOL				X		generic steroids, LOTEMAX
<b>14.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</b>						
neomycin-polymyxin-dexameth		X				
tobramycin-dexamethasone		X				
TOBRADEX			X			
ZYLET				X		generics, TOBRADEX
<b>14.5 ANTIGLAUCOMA DRUGS</b>						
acetazolamide		X				
brimonidine tartrate		X				
dorzolamide hcl		X				
dorzolamide-timolol		X				
levobunolol hcl		X				
pilocarpine hcl		X				
timolol maleate		X				
ALPHAGAN P			X			
AZOPT				X		generics, ALPHAGAN P
BETIMOL			X			
COMBIGAN				X		generics, ALPHAGAN P
COSOPT				X		generics
ISTALOL				X		generics, ALPHAGAN P
LUMIGAN			X			
TRAVATAN				X		LUMIGAN, XALATAN
TRAVATAN Z				X		LUMIGAN, XALATAN
TRUSOPT				X		generics
XALATAN			X			
<b>14.6 OTHER OPHTHALMIC DRUGS</b>						
atropine sulfate		X				
diclofenac sodium		X				
ACULAR			X			
ACULAR LS				X		diclofenac, ACULAR
ACUVAIL				X		diclofenac, ACULAR
ALAMAST				X		generics
ALOCRIIL				X		generics
ALOMIDE				X		generics
ELESTAT				X		generics
EMADINE				X		generics
NEVANAC				X		diclofenac, ACULAR
OPTIVAR				X		generics
PATADAY				X		generics
PATANOL				X		generics
XIBROM				X		diclofenac, ACULAR
<b>CHAPTER 15: RESPIRATORY MEDICATIONS</b>						
<b>15.1.1 BETA-2 ADRENERGIC DRUGS</b>						
albuterol sulfate		X				
metaproterenol sulfate		X				
terbutaline sulfate		X				
BROVANA				X		albuterol
FORADIL				X		SEREVENT
MAXAIR AUTOHALER				X		PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
PERFORMIST				X		albuterol

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

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
guaifenesin-codeine		X				
promethazine vc-codeine		X				
promethazine-codeine		X				
promethazine-dm		X				
TUSSICAPS				X		generic antitussive combination
TUSSIONEX				X		guaifenesin/hydrocodine syrup
15.4 OTHER RESPIRATORY DRUGS						
PULMOZYME					X	specialty
<b>CHAPTER 16: UROLOGICAL MEDICATIONS</b>						
16.1.1 ANTICHOLINERGIC ANTISPASMODICS						
oxybutynin chloride, er		X				
DETROL, -LA			X			
ENABLEX			X			
GELNIQUE				X		generics
OXYTROL				X		generics
SANCTURA, -XR				X		oxybutynin, ENABLEX, VESICARE, DETROL/LA
TOVIAZ				X		oxybutynin, ENABLEX, VESICARE, DETROL/LA
VESICARE			X			
16.1.2 CHOLINERGIC STIMULANTS						
bethanechol chloride		X				
16.1.3 URINARY ANESTHETICS						
phenazopyridine hcl		X				
16.1.4 OTHER GENITOURINARY PRODUCTS						
finasteride		X				
potassium citrate		X				
AVODART				X		finasteride
CIALIS				X		VIAGRA
FLOMAX			X			
LEVITRA				X		VIAGRA
MUSE			X			
RAPAFLO				X		doxazosin, FLOMAX
UROXATRAL				X		doxazosin, FLOMAX
VIAGRA				X		
<b>CHAPTER 17: DIAGNOSTIC &amp; MISCELLANEOUS MEDICATIONS</b>						
17.1 DIAGNOSTIC PRODUCTS						
PARADIGM REAL-TIME				X		
SOF-SENSOR				X		
THYROGEN				X		
17.2 MISCELLANEOUS DRUGS						
THALOMID					X	specialty
17.3.1 APPETITE SUPPRESSANTS						
phentermine hcl	X	X				
MERIDIA	X			X		
17.3.2 OTHER WEIGHT LOSS PRODUCTS						
XENICAL	X			X		OTC Alli
<b>CHAPTER 18: MEDICAL (MISCELLANEOUS) SUPPLIES</b>						
18.0 MEDICAL (MISCELLANEOUS) SUPPLIES						
AEROCHAMBER				X		
CONCEIVEX CONCEPTION				X		

DRUG NAME	Prior- Authorization Required	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
OMNITROPE PEN 5				X		
OPTICHAMBER				X		
PARADIGM				X		
PARADIGM INFUSION				X		
PARADIGM SILHOUETTE				X		
POLYFIN,QR				X		
SOF-SET, MICRO				X		
18.1 DIABETIC SUPPLIES						
ACCU-CHEK				X		
ASCENSIA AUTODISC/BREEZE2DISC Strip				X		
ASCENSIA ELITE/CONTOUR Test Strip				X		
FAST TAKE				X		
FREESTYLE FLASH SYSTEM				X		ACCU-CHEK, ONE TOUCH
FREESTYLE FREEDOM				X		ACCU-CHEK, ONE TOUCH
FREESTYLE FREEDOM LITE				X		ACCU-CHEK, ONE TOUCH
FREESTYLE LITE METER				X		ACCU-CHEK, ONE TOUCH
FREESTYLE SYSTEM				X		ACCU-CHEK, ONE TOUCH
GUARDIAN RT STARTER KIT				X		ACCU-CHEK, ONE TOUCH
NOVOFINE, 32				X		BD insulin syringes and needles
NOVOFINE AUTOCOVER				X		BD insulin syringes and needles
ONE TOUCH BASIC SYSTEM				X		
ONE TOUCH ULTRA 2				X		
ONE TOUCH ULTRA SMART				X		
ONE TOUCH ULTRA SYSTEM				X		
ONE TOUCH ULTRAMINI				X		
PRECISION, -XTRA				X		ACCU-CHEK, ONE TOUCH
SURESTEP				X		
TRUETRACK SMART SYSTEM				X		

## INDEX

ABILIFY, -DISCMELT, 14  
ACANYA, 15  
acarbose, 17  
ACCOLATE, 26  
ACCU-CHEK, 27, 28  
acebutolol hcl, 8  
ACEON, 9  
acetaminophen-codeine, 11  
acetazolamide, 24  
ACTIVELLA, 22  
ACTONEL, -WITH CALCIUM, 18  
ACTOPLUS MET, 17  
ACTOS, 17  
ACULAR, 25  
ACULAR LS, 25  
ACUVAIL, 25  
acyclovir, 6  
ADCIRCA, 10  
ADDERALL XR, 14  
ADVAIR DISKUS, 26  
ADVICOR, 11  
AEROBID, -M, 26  
AEROCHAMBER, 27  
AGGRENOX, 21  
ALAMAST, 25  
albuterol sulfate, 25  
ALDARA, 16  
alendronate sodium, 18  
ALLEGRA, 26  
allopurinol, 20  
ALOCRIL, 25  
ALOMIDE, 25  
ALORA, 22  
ALPHAGAN P, 25  
alprazolam, 12  
ALREX, 24  
ALTABAX, 6  
ALTACE, 9  
ALTOPREV, 11  
ALVESCO, 26  
amantadine, 6  
AMBIEN, -CR, 12  
AMERGE, 11  
aminophylline, 25  
amiodarone hcl, 10  
AMITIZA, 19  
amitriptyline hcl, 13  
amlodipine besylate, 8, 9  
amlodipine besylate-benazepril, 9  
amox tr-potassium clavulanate, 5  
amoxicillin, 5  
amphetamine salt combo, 14  
anagrelide hcl, 7  
ANALPRAM HC, 19  
ANDRODERM, 22  
ANDROGEL, 22  
ANGELIQ, 22  
ANTARA, 10  
antipyrine/benzocaine otic, 16  
antipyrine-benzocaine, 16  
anucort-hc, 19  
ANZEMET, 13  
APIDRA, -SOLOSTAR, 16  
apri, 23  
APRISO, 19  
aranelle, 23  
ARANESP, 19  
ARICEPT, -ODT, 15  
ARIMIDEX, 7  
ARIXTRA, 21  
ARMOUR THYROID, 18  
ASACOL, 19  
ASACOL HD, 19  
ASMANEX, 26  
ASTELIN, 16  
ASTEPRO, 16  
ATACAND, 9  
ATACAND HCT, 9  
atenolol, 8, 9  
atenolol-chlorthalidone, 9  
ATRALIN, 15  
atropine sulfate, 14, 25  
AUGMENTIN XR, 5  
AVALIDE, 9  
AVANDAMET, 17  
AVANDARYL, 17  
AVANDIA, 17  
AVAPRO, 9  
AVELOX, -ABC PACK, 5  
aviane, 23  
AVINZA, 11  
AVODART, 27  
AVONEX, -ADMINISTRATION PACK, 19  
AXERT, 11  
AXID, 18  
AZASITE, 24  
azathioprine, 7  
AZELEX, 15  
AZILECT, 14  
azithromycin, 5  
AZMACORT, 26  
AZOPT, 25  
AZOR, 10  
bacitracin, 7, 24  
baclofen, 20  
BACTROBAN, -NASAL, 6  
balsalazide disodium, 19  
balziva, 23  
BECONASE AQ, 16  
benazepril hcl, 9

benazepril hcl-hctz, 9  
BENICAR, 9, 10  
BENICAR HCT, 9  
BENTYL, 18  
BENZACLIN, 15  
BENZAMYCINPAK, 15  
benzonatate, 26  
benzoyl peroxide, 15  
bentropine mesylate, 14  
BESIVANCE, 24  
betamethasone dipropionate, 15  
betamethasone valerate, 15  
BETASERON, 19  
bethanechol chloride, 27  
BETIMOL, 25  
bisoprolol fumarate, 8, 9  
bisoprolol fumarate-hctz, 9  
BONIVA, 18  
BRAVELLE, 22  
BREEZE 2, 27  
brimonidine tartrate, 24  
BROVANA, 25  
budesonide, 25  
bupropion hcl, 13, 15  
bupropion hcl sr, 15  
bupropion xl, 13  
buspirone hcl, 12  
butalbital compound-codeine, 11  
butalbital-apap-caffeine, 11  
butalbital-aspirin-caffeine, 11  
butalbital-caff-apap-codeine, 11  
BYETTA, 17  
BYSTOLIC, 9  
CADUET, 11  
calcipotriene, 16  
calcitonin nasal spray, 18  
calcitriol, 21  
calcium acetate, 21  
camila, 23  
CANASA, 19  
captopril, 9  
captopril-hydrochlorothiazide, 9  
CARAC, 16  
CARAFATE, 18  
carbamazepine, 12  
CARBATROL, 12  
carbidopa-levodopa, 14  
CARDENE SR, 8  
CARDIZEM LA, 8  
CARDURA XL, 9  
carisoprodol, 20  
cartia xt, 8  
carvedilol, 8  
CEDAX, 5  
cefaclor, -er, 5  
cefadroxil, 5  
cefdinir, 5  
cefpodoxime proxetil, 5  
cefprozil, 5  
cefuroxime, 5  
CELEBREX, 20  
CELLCEPT, 7  
CELONTIN, 12  
CENESTIN, 22  
CENTANY, 6  
cephalexin, 5  
CEREFOLIN, -NAC, 20  
cesia, 23  
cetirizine, 26  
CETRAXAL, 16  
CETROTIDE, 22  
CHANTIX, 15  
chlordiazepoxide hcl, 12  
chlordiazepoxide-clidinium, 18  
chlorpromazine hcl, 14  
chlorthalidone, 8  
chlorzoxazone, 20  
cholestyramine, 10  
choline mag trisalicylate, 20  
chorionic gonadotropin, 21  
CIALIS, 27  
ciclopirox, 6  
cilostazol, 21  
cimetidine, 18  
CIMZIA, 7  
CIPRO HC, 16  
CIPRODEX, 16  
ciprofloxacin er, 5  
ciprofloxacin hcl, 5, 24  
citalopram, 13  
citalopram hbr, 13  
CLARINEX, 26  
clarithromycin, -er, 5  
CLIMARA PRO, 22  
clindamycin hcl, 5  
clindamycin phosphate, 5, 15, 22  
clobetasol propionate, 15  
clomiphene citrate, 22  
clomipramine hcl, 13  
clonazepam, 12  
clonidine hcl, 9  
clorazepate dipotassium, 12  
clotrimazole, 6  
clotrimazole-betamethasone, 6  
clozapine, 14  
colchicine, 20  
colestipol hcl, 10  
COLYTE WITH FLAVOR PACKETS, 19  
COMBIGAN, 25  
COMBIPATCH, 22  
COMBIVENT, 26  
COMBIVIR, 6  
CONCEIVEX CONCEPTION, 27  
CONCERTA, 14  
CONDYLOX, 16  
CONTOUR, 27

COPAXONE, 19  
 COREG CR, 9  
 COSOPT, 25  
 COUMADIN, 21  
 COVERA-HS, 8  
 COZAAR, 9  
 CREON, -5, -10, -20, 19  
 cryselle, 23  
 CYCLESSA, 24  
 cyclobenzaprine hcl, 20  
 cyclosporine, 7  
 CYMBALTA, 13  
 cyproheptadine hcl, 26  
 CYTOMEL, 18  
 DAPSONE, 7  
 DAYTRANA, 14  
 DEPAKOTE ER, 12  
 DEPLIN, 21  
 desipramine hcl, 13  
 desmopressin acetate, 18  
 desonide, 15  
 desoximetasone, 15  
 DETROL, -LA, 26  
 dexamethasone, 17  
 dexmethylphenidate hcl, 14  
 dextroamphetamine sulfate, 14  
 dextroamphetamine-amphetamine, 14  
 diazepam, 12  
 diclofenac potassium, 20  
 diclofenac sodium, 20, 25  
 dicyclomine hcl, 18  
 DIFFERIN, 15  
 diflunisal, 20  
 digoxin, 8  
 DILANTIN, 12  
 DIOVAN, 9  
 DIOVAN HCT, 9  
 DIPENTUM, 19  
 diphenhydramine hcl, 26  
 diphenoxylate-atropine, 18  
 dipyridamole, 21  
 divalproex sodium, -er, 12  
 DIVIGEL, 22  
 DORYX, 5  
 dorzolamide hcl, 24  
 dorzolamide-timolol, 24  
 doxazosin mesylate, 9  
 doxepin hcl, 13  
 doxycycline hyclate, 5  
 doxycycline monohydrate, 5  
 DUAC CS, 15  
 DUETACT, 17  
 DUREZOL, 24  
 DYNACIRC CR, 8  
 econazole nitrate, 6  
 EDLUAR, 12  
 EFFEXOR XR, 13  
 EFFIENT, 21  
 ELESTAT, 25  
 ELESTRIN, 22  
 ELIDEL, 16  
 ELIGARD, 7  
 eliphos, 21  
 EMADINE, 25  
 EMEND, 13  
 ENABLEX, 26, 27  
 enalapril maleate, 9  
 enalapril maleate-hctz, 9  
 ENBREL, 7  
 endocet, 11  
 ENJUVIA, 22  
 enpresse, 23  
 enulose, 21  
 EPIDUO, 15  
 EPIPEN, -JR, 26  
 EPIVIR, 6  
 EPIVIR HBV, 6  
 errin, 23  
 ERTACZO, 6  
 erythromycin, 5, 15, 24  
 erythromycin-benzoyl peroxide, 15  
 estazolam, 12  
 ESTRACE, 22  
 ESTRADERM, 22  
 estradiol, 22  
 ESTRASORB, 22  
 ESTRATEST, -H.S., 22  
 ESTROGEL, 22  
 estrogen & methyltestosterone, 22  
 estropipate, 22  
 ethambutol hcl, 6  
 ethosuximide, 12  
 etidronate disodium, 18  
 etodolac, 20  
 EVAMIST, 22  
 EVISTA, 23  
 EXELDERM, 6  
 EXELON, 15  
 EXFORGE, 10  
 EXFORGE HCT, 10  
 FACTIVE, 6  
 famciclovir, 6  
 famotidine, 18  
 FAST TAKE, 27, 28  
 felodipine er, 8  
 FEMARA, 7  
 FEMCON FE, 24  
 FEMHRT, 22  
 FEMTRACE, 22  
 fenofibrate, 10  
 FENOGLIDE, 10  
 fentanyl, 11  
 FERTINEX, 22  
 fexofenadine hcl, 26

FINACEA, -PLUS, 15  
finasteride, 27  
FIRMAGON, 7  
flecainide acetate, 10  
FLOMAX, 27  
FLOVENT DISKUS, 26  
FLOVENT HFA, 26  
FLOXIN, 16  
fluconazole, 6  
fludrocortisone acetate, 17  
flunisolide, 16  
fluocinolone acetonide, 15  
fluocinonide, 15  
fluor-a-day, 21  
fluorometholone, 24  
fluorouracil, 16  
fluoxetine hcl, 13  
fluphenazine hcl, 14  
flurazepam hcl, 12  
fluticasone propionate, 15, 16  
flvoxamine maleate, 13  
FML FORTE, 24  
FOCALIN XR, 14  
folic acid, 21  
FOLLISTIM AQ, 22  
FOLTX, 21  
FORADIL, 25  
FORTAMET, 17  
FORTEO, 18  
FOSAMAX, -PLUS D, 18  
fosinopril sodium, 9  
fosinopril-hydrochlorothiazide, 9  
FOSRENOL, 21  
FRAGMIN, 21  
FREESTYLE FLASH SYSTEM, 27  
FREESTYLE FREEDOM, 27, 28  
FREESTYLE FREEDOM LITE, 28  
FREESTYLE LITE METER, 28  
FREESTYLE SYSTEM, 28  
FROVA, 11  
furosemide, 8  
gabapentin, 12  
galantamine hbr, 14  
GANIRELIX ACETATE, 22  
GELNIQUE, 27  
gemfibrozil, 10  
GENOTROPIN, 20  
gentamicin sulfate, 6, 7, 24  
GEODON, 14  
GLEEVEC, 7  
glimepiride, 17  
glipizide/er, 17  
glipizide-metformin, 17  
GLUCAGEN, 17  
glyburide, -micronized, 17  
glyburide-metformin hcl, 17  
GOLYTELY, 19  
GONAL-F, -RFF, 22  
granisetron hcl, 13  
guaifenesin/codiene, 26  
guaifenesin-codeine, 26  
guanfacine hcl, 9  
GUARDIAN RT STARTER KIT, 28  
HALFLYTELY-BISACODYL, 19  
halobetasol propionate, 15  
haloperidol, 14  
HECTOROL, 21  
HELIDAC, 18  
HUMALOG products, 17  
HUMATROPE, 20  
HUMIRA, 7  
HUMULIN products, 17  
hydrochlorothiazide, 8  
hydrocodone bit-ibuprofen, 11  
hydrocodone-acetaminophen, 11  
hydrocortisone, 15, 17, 19  
hydrocortisone acetate, 19  
hydrocortisone valerate, 15  
hydromorphone hcl, 11  
hydroxychloroquine sulfate, 7  
hydroxyurea, 7  
hydroxyzine, 15  
hyoscyamine sulfate, 18  
HYPERHEP B S-D, 19  
HYZAAR, 9  
ibuprofen, 20  
imipramine hcl, 13  
IMITREX, 11  
indapamide, 8  
indomethacin, 20  
INNOHEP, 21  
INNOPRAN XL, 9  
INTAL, 26  
INVEGA, 14  
ipratropium bromide, 16, 26  
ipratropium-albuterol, 26  
IQUIX, 24  
isometh-d-chloralphenaz-apap, 11  
isoniazid, 6  
isosorbide, -dinitrate, 10  
isotretinoin, 15  
ISTALOL, 25  
itraconazole, 6  
JANUMET, 17  
JANUVIA, 17  
jolessa, 23  
jolivette, 23  
junel, 23  
KADIAN, 11  
kariva, 23  
kelnor 1-35, 23  
KEPPRA, 13  
ketoconazole, 6  
ketorolac tromethamine, 20  
KINERET, 20  
KRISTALOSE, 21

labetalol hcl, 8  
 lactulose, 21  
 LAMICTAL, -ODT, -XR, 13  
 lamotrigine, 12  
 LANOXIN, 8  
 LANOXIN PEDIATRIC, 8  
 LANTUS, -SOLOSTAR, 17  
 leena, 23  
 leflunomide, 7  
 LESCOL, 11  
 LESCOL, -XL, 11  
 lessina, 23  
 LETAIRIS, 10  
 leucovorin calcium, 7  
 leuprolide acetate, 22  
 LEVAQUIN, 5, 6  
 LEVEMIR, 17  
 levetiracetam, 12  
 LEVITRA, 27  
 levobunolol hcl, 24  
 levora-28, 23  
 levothyroxine sodium, 17  
 levoxyl, 17  
 LEXAPRO, 13  
 LIALDA, 19  
 lidocaine-prilocaine, 5  
 LIDODERM, 5  
 LIPITOR, 11  
 LIPOFEN, 10  
 lisinopril, 9  
 lisinopril-hctz, 9  
 lithium carbonate, 12  
 LOESTRIN 24 FE, 24  
 loperamide, 18  
 LOPROX, 6  
 loratadine, 26  
 lorazepam, 12  
 LOSEASONIQUE, 24  
 LOTEMAX, 24  
 LOTREL, 10  
 lovastatin, 10  
 LOVAZA, 10  
 LOVENOX, 21  
 low-ogestrel, 23  
 LUMIGAN, 25  
 LUNESTA, 12  
 LUPRON DEPOT, -PED, 22  
 luteru, 23  
 LUVOX CR, 13  
 LYBREL, 24  
 LYRICA, 13  
 MALARONE, 7  
 MAXAIR AUTOHALER, 25  
 MAXALT, -MLT, 11  
 meclizine hcl, 13  
 medroxyprogesterone acetate, 23  
 MEGACE ES, 7  
 megestrol acetate, 7  
 meloxicam, 20  
 MENEST, 22  
 MENOPUR, 22  
 MENOSTAR, 22  
 MEPRON, 7  
 mercaptopurine, 7  
 MERIDIA, 27  
 METADATE CD, 14  
 METANX, 21  
 metaproterenol sulfate, 25  
 metformin hcl, -er, 17  
 methadone hcl, 11  
 methimazole, 18  
 methocarbamol, 20  
 methotrexate, 7  
 methyl dopa, 9  
 methylin, 14  
 methylphenidate hcl, 14  
 methylprednisolone, 17  
 metoclopramide hcl, 18  
 metolazone, 8  
 metoprolol succinate, 8  
 metoprolol tartrate, 8  
 metoprolol-hydrochlorothiazide, 9  
 METROGEL, 15  
 metronidazole, 7, 15, 22  
 MICARDIS, -HCT, 9  
 microgestin, 23  
 minocycline hcl, 5  
 MIRAPEX, 14  
 mirtazapine, 13  
 misoprostol, 18  
 moexipril hcl, 9  
 moexipril-hydrochlorothiazide, 10  
 mometasone furoate, 15  
 mononessa, 23  
 morphine sulfate, 11  
 MOVIPREP, 19  
 MOXATAG, 5  
 MULTAQ, 10  
 mupirocin, 6  
 MUSE, 27  
 MYCOBUTIN, 7  
 MYFORTIC, 7  
 NABI-HB, 19  
 nabumetone, 20  
 nadolol, 8  
 NAMENDA, 15  
 naproxen, -sodium, 20  
 NARDIL, 13  
 NASACORT AQ, 16  
 NASONEX, 16  
 NEBUPENT, 7  
 necon, 23  
 NEEVO, 21  
 nefazodone hcl, 13

neomycin-polymyxin-dexameth, 24  
neomycin-polymyxin-hc, 16  
NEULASTA, 19  
NEUPOGEN, 19  
NEVANAC, 25  
NEXIUM, 18  
NIASPAN, 10  
nifediac cc, 8  
nifedical xl, 8  
nifedipine er, 8  
nisoldipine, 8  
nitrofurantoin, -mono-macro, 5  
nitroglycerin, -patch, 10  
nitroquick, 10  
nizatidine, 18  
nora-be, 23  
NORDITROPIN, -NORDIFLEX, 20  
norethindrone acetate, 23  
NORITATE, 15  
NOROXIN, 6  
nortrel, 23  
nortriptyline hcl, 13  
novarel, 22  
NOVOFINE, 28  
NOVOFINE AUTOCOVER, 28  
NOVOLIN products, 17  
NOVOLOG products, 17  
NULEV, 18  
NULYTELY, -WITH FLAVOR PACKS, 19  
NUTROPIN, -AQ, 20  
NUVARING, 24  
NUVIGIL, 14  
nystatin, 6  
nystatin-triamcinolone, 6  
ocella, 23  
ofloxacin, 5, 16, 24  
ogestrel, 23  
OMACOR, 10  
omeprazole, 18  
OMNARIS, 16  
OMNITROPE, 20, 27  
OMNITROPE PEN 5, 27  
ondansetron hcl, 13  
ondansetron odt, 13  
ONE TOUCH BASIC SYSTEM, 28  
ONE TOUCH LANCETS, 28  
ONE TOUCH ULTRA 2, 28  
ONE TOUCH ULTRA SMART, 28  
ONE TOUCH ULTRA SYSTEM, 28  
ONE TOUCH ULTRAMINI, 28  
ONGLYZA, 17  
OPANA, 11  
OPTICHAMBER, 27  
OPTIVAR, 25  
ORACEA, 5  
orphenadrine citrate, 20  
ORTHO EVRA, 24  
ORTHO TRI-CYCLEN, -LO, 24  
OSMOPREP, 19  
OVIDREL, 22  
oxaprozin, 20  
oxazepam, 12  
oxcarbazepine, 12  
OXISTAT, 6  
oxybutynin chloride, 26  
oxycodone, -acetaminophen, 11  
OXYCONTIN, 11  
OXYIR, 11  
OXYTROL, 27  
PACERONE, 10  
pantoprazole sodium, 18  
PARADIGM, 27  
PARADIGM INFUSION, 27  
PARADIGM REAL-TIME, 27  
PARADIGM SILHOUETTE, 27  
paroxetine hcl, 13  
PATADAY, 25  
PATANASE, 16  
PATANOL, 25  
peg 3350-electrolyte, 19  
PEGASYS, 19  
PEGINTRON, -REDIPEN, 20  
penicillin v potassium, 5  
PENTASA, 19  
pentoxifylline, 11  
PERFOROMIST, 25  
permethrin, 16  
perphenazine, 14  
phenazopyridine hcl, 27  
phenobarbital, 12  
phentermine hcl, 27  
PHENYTEK, 12  
phenytoin sodium extended, 12  
PHOSLO, 21  
pilocarpine hcl, 16, 24  
pindolol, 8  
piroxicam, 20  
PLAVIX, 21  
POLYFIN, 27  
polymyxin b sulfate, 7  
polymyxin b sul-trimethoprim, 24  
portia, 23  
potassium chloride, 21  
potassium citrate, 27  
PRANDIMET, 17  
PRANDIN, 17  
pravastatin sodium, 10  
prazosin hcl, 9  
PRECARE PREMIER, 21  
PRECISION, -XTRA, 28  
prednisolone, 17, 24  
prednisolone acetate, 24  
prednisolone sodium phosphate, 17  
prednisone, 17  
PREFEST, 22  
PREMARIN, 22

PREMPHASE, 23  
 PREMPRO, 22, 23  
 PRENATE DHA, 21  
 PRENATE ELITE, 21  
 PREVACID, 18  
 previfem, 23  
 PREVPAC, 18  
 primidone, 12  
 PRISTIQ, 13  
 PROAIR HFA, 25  
 probenecid, 20  
 prochlorperazine maleate, 13  
 PROCIT, 19  
 proctosol-hc, 19  
 proctozone-hc, 19  
 progesterone in oil, 23  
 PROGRAF, 7  
 promethazine hcl, 13, 26  
 promethazine vc-codeine, 26  
 promethazine-codeine, 26  
 promethazine-dm, 26  
 promethegan, 13  
 PROMETRIUM, 23  
 propafenone hcl, 10  
 PROPECIA, 16  
 propoxyphene napsylate-apap, 11  
 propranolol hcl, 8, 10  
 propranolol hcl-hctz, 10  
 propylthiouracil, 18  
 PROQUIN XR, 6  
 PROTOPIC, 16  
 PROVENTIL HFA, 25  
 PROVIGIL, 14  
 PROZAC WEEKLY, 13  
 PULMICORT, 26  
 PULMICORT FLEXHALER, 26  
 PULMOZYME, 26  
 PYLERA, 18  
 QUALAQUIN, 7  
 quasense, 23  
 quinapril hcl, 9  
 quinapril-hydrochlorothiazide, 10  
 quinaretic, 10  
 QUIXIN, 24  
 QVAR, 26  
 ramipril, 9  
 RANEXA, 11  
 ranitidine hcl, 18  
 RAPAFLO, 27  
 RAZADYNE ER, 15  
 REBIF, 19, 20  
 reclusen, 23  
 RELENZA, 6  
 RELPAX, 12  
 RENAGEL, 21  
 RENVELA, 21  
 reprexain, 11  
 REPREXAIN, 11  
 REPRONEX, 22  
 REQUIP XL, 14  
 RETIN-A MICRO, -PUMP, 15  
 REVATIO, 10  
 REVLIMID, 7  
 RHINOCORT AQUA, 16  
 RHOPHYLAC, 19  
 ribapak, 6  
 ribavirin, 6  
 rifampin, 7  
 RISPERDAL, 14  
 risperidone, 14  
 RITALIN LA, 14  
 ropinirole hcl, 14  
 roxicet, 11  
 ROZEREM, 12  
 RYTHMOL SR, 10  
 SAIZEN, 20  
 salsalate, 20  
 SANCTURA, -XR, 27  
 SANDOSTATIN LAR, 7  
 SANTYL, 16  
 SAPHRIS, 14  
 SAVELLA, 13  
 SEASONIQUE, 24  
 selenium sulfide, 16  
 SEREVENT DISKUS, 25  
 SEROQUEL, 14  
 SEROQUEL XR, 14  
 sertraline hcl, 13  
 silver sulfadiazine, 6  
 SIMCOR, 11  
 SIMPONI, 7  
 simvastatin, 10, 11  
 SINGULAIR, 26  
 SKELAXIN, 20  
 sodium fluoride, 21  
 sodium polystyrene sulfonate, 21  
 sodium sulfacetamide-sulfur, 15  
 SOF-SENSOR, 27  
 SOF-SET, 27  
 SOLARAZE, 16  
 solia, 23  
 SOLODYN, 5  
 SOMA, 20  
 SOMATULINE DEPOT, 7  
 sotalol, 10  
 SPECTRACEF, 5  
 SPIRIVA, 26  
 spironolactone, 8  
 spironolactone-hctz, 8  
 sprintec, 23  
 SPRYCEL, 8  
 sronyx, 23  
 STALEVO, 14  
 STARLIX, 17

STRATTERA, 15  
SUBOXONE, 11  
sucralfate, 18  
SULAR, 8  
sulfacetamide sodium, 16, 24  
sulfamethoxazole-trimethoprim, 5  
sulfasalazine, 19  
sulindac, 20  
sumatriptan, 11, 12  
SUPRAX, 5  
SURESTEP, 28  
SUTENT, 8  
SYMBICORT, 26  
SYMBYAX, 14  
SYMLIN, -PEN, 17  
SYNAGIS, 19  
SYNTHROID, 18  
TAMIFLU, 6  
tamoxifen citrate, 7  
TARCEVA, 8  
TARKA, 10  
TAZORAC, 16  
TEGRETOL XR, 12  
TEKURNA, -HCT, 10  
temazepam, 12  
TEMODAR, 8  
terazosin hcl, 9  
terbinafine hcl, 6  
terbutaline sulfate, 25  
TESTIM, 22  
testosterone cypionate, 22  
tetracycline hcl, 5  
TEVETEN, 9  
TEVETEN HCT, 9  
TEV-TROPIN, 20  
THALOMID, 27  
theophylline, 25  
theophylline anhydrous, 25  
thioridazine hcl, 14  
THYROGEN, 27  
thyroid, 17  
timolol maleate, 9, 25  
tizanidine hcl, 20  
TOBI, 7  
TOBRADEX, 24  
tobramycin sulfate, 7, 24  
tobramycin-dexamethasone, 24  
TOPAMAX, 13  
topiramate, 12  
TOPROL XL, 9  
torsemide, 8  
TOVIAZ, 27  
TRACLEER, 10  
tramadol hcl, -acetaminophen, 11  
trandolapril, 9  
TRANSDERM-SCOP, 14  
tranylcypromine sulfate, 13  
TRAVATAN, 25

TRAVATAN Z, 25  
trazodone hcl, 13  
TRELSTAR DEPOT, 8  
tretinoin, 7, 15, 16  
TREXIMET, 12  
triamcinolone acetonide, 15, 16, 17  
triamterene-hctz, 8  
triazolam, 12  
TRICOR, 10  
trifluridine, 24  
TRIGLIDE, 10  
trihexyphenidyl hcl, 14  
tri-legest fe, 23  
TRILIPIX, 10  
TRILYTE WITH FLAVOR PACKETS, 19  
trimethobenzamide hcl, 13  
trimethoprim, 5  
trinessa, 23  
tri-previfem, 23  
tri-sprintec, 23  
trivora-28, 23  
TRUETRACK SMART SYSTEM, 28  
TRUSOPT, 25  
TUSSICAPS, 26  
TUSSIONEX, 26  
TWINJECT, 26  
TYKERB, 8  
ULESFIA, 16  
ULTRASE, -MT, 19  
UNIPHYL, 25  
UROXATRAL, 27  
URSO, 19  
URSO FORTE, 19  
ursodiol, 19  
VAGIFEM, 22  
valproic acid, 12  
VALTREX, 6  
VANCOCIN HCL, 7  
vandazole, 22  
VECTICAL, 16  
velivet, 23  
venlafaxine hcl, 13  
VENLAFAXINE HCL ER, 13  
VENTOLIN HFA, 25  
VERAMYST, 16  
verapamil, 8, 10  
VEREGEN, 16  
veripred 20, 17  
VESICARE, 27  
VEXOL, 24  
VIAGRA, 27  
VIGAMOX, 24  
VIMPAT, 13  
VIOKASE, 19  
vitamin d, 21  
VIVELLE-DOT, 22  
VYTORIN, 11  
VYVANSE, 14

warfarin sodium, 21  
WELCHOL, 10  
WELLBUTRIN XL, 13  
WINRHO SDF, 19  
XALATAN, 25  
XELODA, 8  
XENICAL, 27  
XIBROM, 25  
XOLAIR, 20  
XOPENEX, 25  
XOPENEX HFA, 25  
XYLAREX, 21  
XYREM, 14  
XYZAL, 26  
YASMIN 28, 24  
YAZ, 24  
zaleplon, 12  
zamicet, 11

ZAMICET, 11  
ZANTAC 25, 18  
ZEMPLAR, 21  
zenchent, 24  
ZETIA, 10  
ZIANA, 15  
ZOLADEX, 8  
zolpidem tartrate, 12  
ZOMIG, -ZMT, 12  
zonisamide, 12  
zovia 1-35e, 24  
ZOVIRAX, 6  
ZYLET, 24  
ZYMAR, 24  
ZYPREXA, -ZYDIS, 14  
ZYRTEC, 26  
ZYRTEC-D, 26  
ZYVOX, 7

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