

# KAISER PERMANENTE OF GEORGIA

## KPIF FORMULARY



This document includes Kaiser Permanente Georgia's formulary as of **December 21, 2011**. For an updated formulary, please visit our Web site at ***members.kp.org*** or call **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

## What is the Kaiser Permanente Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide optimal care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

## Does the formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

The enclosed formulary is current as of **January 1, 2011**. To get updated information about the drugs covered by Kaiser Permanente, please visit our Web site at [members.kp.org](http://members.kp.org) or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical condition 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, simply look for the category name in the list that begins on page 6. Then look under the category name for your drug.

### Alphabetical Listing

If you are not sure what category to look under, you can look for the 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 Preferred Brand-name drugs and generic drugs are listed in the Index. If a drug is available as a generic, it is only listed with the generic name. Look in the Index and find the drug. Next to the 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 the drug on the list. You may also use the search function on your computer to search for the medication by name.

## What are generic drugs?

Kaiser Permanente covers both brand-name drugs and generic drugs.

Preferred Brand-name drugs are drugs that are produced and sold under the original manufacturer's Preferred Brand name.

Generic drugs are produced and sold under their chemical names after the patent of the Preferred Brand-name drug expires. Although the price is lower, the quality and effectiveness of generic drugs

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is the same as Preferred Brand-name drugs. The Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the Preferred Brand-name drug. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the FDA and the experts in experts in our quality assurance program.

Generic drugs are listed in lower-case italics (e.g., *amoxicillin*) within the formulary on page 6. Preferred Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on the formulary and the Preferred Brand is not. Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification.

## How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage.

Preventative generics are those covered at the lowest co-payment amount defined as Tier 1. Preferred generics are those covered at the 2<sup>nd</sup> lowest co-pay amount defined as Tier 2. Preferred Brands are those brands which will be covered at your preferred brand co-payment amount defined as Tier 3. Specialty medications are covered at the specialty cost share defined as Tier 4.

Coverage for prescription drugs is limited to drugs for which a prescription is required by law and those that are listed on the Kaiser Permanente drug formulary. Certain diabetic supplies do not require a prescription, but must still be listed in our formulary in order to be covered under the benefit.

Each prescription refill is provided on the same basis as the original prescription. Copayments are applied on a per prescription basis, for up to the lesser of the dispensing amount listed in the "Schedule of Benefits" or the standard prescription amount, including maintenance drugs as determined by Health Plan.

The standard prescription amount for the following items is:

- Migraine medications — the smallest package size commercially available
- Ophthalmic and otic medications — the smallest package size commercially available
- Oral and nasal inhalers — the smallest standard package unit

## Are there any other restrictions on coverage?

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

- **Quantity Limits (QL):** For certain drugs, Kaiser Permanente limits the amount of the drug that will be covered.
- **Age Restriction (Age):** For certain drugs, Kaiser Permanente limits coverage based on a designated age.

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- **Quality Restricted Medication (QRM):** For certain drugs, Kaiser Permanente requires review and authorization prior to dispensing. Your Provider must obtain this review and authorization. The list of prescription drugs requiring review and authorization is subject to periodic review and modification by our Pharmacy and Therapeutics Committee.

You can find out if the drug has any additional requirements or limits by looking in the formulary that begins on page 6.

### What if my drug is not on the Formulary?

If the drug is not on the formulary and your benefit does not provide non-formulary coverage, you have two options:

- You can contact Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered under the Kaiser Permanente Drug Formulary.
- You can request an exception for coverage of your non-formulary drug. *(See below for information about how to request an exception.)*
  - You can request coverage for a drug, even though it is not on our formulary.
  - You can request that we waive coverage restrictions or limits

on your drug. For example, for certain drugs, we limit the amount of the drug that we will cover. If your drug has a quantity limit, you can request ask us to waive the limit and cover more.

### What if I want or my doctors prescribes a non-formulary drug?

If you request a non-formulary drug, you will be responsible for the full cost of that drug unless your prescribing physician identified a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as an allergy to the formulary alternative, your physician may request an exception for coverage of a non-formulary drug. In that case your regular pharmacy copay would apply. Certain prescriptions require expert review before they can be dispensed.

Generally, Kaiser Permanente will only approve your request for an exception if the alternative drugs included on the plan's formulary 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 your physician to initiate the request for exception process. When you are requesting a formulary or utilization restriction exception, you should submit a statement from your physician supporting your request.

### For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your *Evidence of*

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*Coverage* and other plan materials.

If you have questions about Kaiser Permanente, please call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

Or visit ***members.kp.org***.

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Kaiser Permanente of Georgia KPIF Formulary  
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Restrictions	Drug Tier	Drug Name	Coverage Status
<b>Analgesics</b>			
<b>Non-Opioid Analgesics</b>			
	1	<i>acetaminophen, isometheptene and dichloralphenazone</i>	Preventive Generic
	2	<i>butalbital, acetaminophen and caffeine</i>	Preferred Generic
	2	<i>butalbital, aspirin and caffeine</i>	Preferred Generic
	2	<i>diclofenac</i>	Preferred Generic
	3	ELMIRON ( <i>pentosan polysulfate sodium</i> )	Preferred Brand
	2	<i>etodolac</i>	Preferred Generic
	2	<i>ibuprofen</i>	Preferred Generic
	2	<i>indomethacin</i>	Preferred Generic
	2	<i>meloxicam</i>	Preferred Generic
	2	<i>nabumetone</i>	Preferred Generic
	2	<i>naproxen</i>	Preferred Generic
	2	<i>salsalate</i>	Preferred Generic
	2	<i>sulindac</i>	Preferred Generic
	2	<i>tolmetin</i>	Preferred Generic
<b>Opioid Analgesics</b>			
	2	<i>codeine and acetaminophen</i>	Preferred Generic
	2	<i>codeine, caffeine, aspirin and butalbital</i>	Preferred Generic
	2	<i>fentanyl</i>	Preferred Generic
	2	<i>hydrocodone and acetaminophen</i>	Preferred Generic
	2	<i>hydrocodone and homatropine</i>	Preferred Generic
	2	<i>hydromorphone</i>	Preferred Generic
	2	<i>meperidine</i>	Preferred Generic
	2	<i>meperidine and promethazine</i>	Preferred Generic
	2	<i>methadone</i>	Preferred Generic
	2	<i>morphine</i>	Preferred Generic
	2	<i>oxycodone and acetaminophen</i>	Preferred Generic
	2	<i>oxycodone and aspirin</i>	Preferred Generic
	2	<i>oxycodone immediate release</i>	Preferred Generic
	2	<i>tramadol</i>	Preferred Generic
<b>Anesthetics</b>			
<b>Anesthetics, miscellaneous</b>			
	2	<i>lidocaine and prilocaine cream</i>	Preferred Generic
	2	<i>lidocaine hydrochloride viscous</i>	Preferred Generic
	2	<i>lidocaine ointment</i>	Preferred Generic
<b>Antibacterials</b>			
<b>Antibacterials, Others</b>			
	2	<i>clindamycin</i>	Preferred Generic
	2	<i>clindamycin palmitate (solution)</i>	Preferred Generic
	2	<i>metronidazole</i>	Preferred Generic
	2	<i>neomycin</i>	Preferred Generic
	2	<i>nitrofurantoin macrocrystals</i>	Preferred Generic
	2	<i>nitrofurantoin macrocrystals/monohydrate</i>	Preferred Generic
	2	<i>paromomycin</i>	Preferred Generic
	2	<i>trimethoprim</i>	Preferred Generic
	4	VANCOCIN ( <i>vancomycin</i> )	Specialty
QL	4	ZYVOX ( <i>linezolid</i> )	Specialty
<b>Beta-Lactam, Cephalosporins</b>			
	2	<i>cefaclor</i>	Preferred Generic

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	2	<i>cefdinir</i>	Preferred Generic
	2	<i>cefuroxime</i>	Preferred Generic
	2	<i>cephalexin</i>	Preferred Generic
<b>Beta-Lactam, Penicillins</b>			
	2	<i>amoxicillin</i>	Preferred Generic
	2	<i>amoxicillin and clavulanic acid</i>	Preferred Generic
	2	<i>ampicillin</i>	Preferred Generic
	2	<i>dicloxacillin</i>	Preferred Generic
	2	<i>penicillin V potassium</i>	Preferred Generic
<b>Macrolides</b>			
	2	<i>azithromycin</i>	Preferred Generic
	2	<i>clarithromycin</i>	Preferred Generic
	2	<i>erythromycin</i>	Preferred Generic
<b>Quinolones</b>			
	2	<i>ciprofloxacin</i>	Preferred Generic
	2	<i>levofloxacin</i>	Preferred Generic
<b>Sulfonamide Related</b>			
	2	<i>erythromycin-sulfisoxazole</i>	Preferred Generic
	2	<i>sulfamethoxazole and trimethoprim</i>	Preferred Generic
<b>Tetracyclines</b>			
	2	<i>doxycycline</i>	Preferred Generic
	2	<i>minocycline</i>	Preferred Generic
	2	<i>tetracycline</i>	Preferred Generic
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
	2	<i>phenobarbital</i>	Preferred Generic
	2	<i>primidone</i>	Preferred Generic
	2	<i>topiramate</i>	Preferred Generic
<b>Calcium Channel Modifying Agents</b>			
	2	<i>ethosuximide</i>	Preferred Generic
	3	CELONTIN ( <i>methsuximide</i> )	Preferred Brand
<b>GABA Augmenting Agents</b>			
	2	<i>gabapentin</i>	Preferred Generic
	2	<i>primidone</i>	Preferred Generic
	2	<i>valproic acid and derivatives</i>	Preferred Generic
<b>Glutamate Reducing Agents</b>			
	2	<i>lamotrigine</i>	Preferred Generic
<b>Sodium Channel Inhibitors</b>			
	2	<i>carbamazepine</i>	Preferred Generic
	3	DILANTIN ( <i>phenytoin</i> )	Preferred Brand
	2	<i>levetiracetam</i>	Preferred Generic
	2	<i>levetiracetam extended-release</i>	Preferred Generic
<b>Antidementia Agents</b>			
<b>Cholinesterase Inhibitors</b>			
	3	COGNEX ( <i>tacrine</i> )	Preferred Brand
	2	<i>donepezil hydrochloride</i>	Preferred Generic
	2	<i>galantamine IR, ER</i>	Preferred Generic
	2	<i>rivastigmine</i>	Preferred Generic
<b>Glutamate Pathway Modifiers</b>			
	3	NAMENDA ( <i>memantine hydrochloride</i> )	Preferred Brand

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<b>Antidementia Agents, Other</b>			
	2	<i>ergoloid mesylate</i>	Preferred Generic
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
	2	<i>bupropion IR, SR, XL</i>	Preferred Generic
	2	<i>mirtazapine</i>	Preferred Generic
	1	<i>trazodone</i>	Preventive Generic
<b>MAOIs</b>			
	2	<i>phenelzine sulfate</i>	Preferred Generic
	2	<i>tranylcypromine sulfate</i>	Preferred Generic
<b>Reuptake Inhibitors</b>			
	2	<i>amitriptyline</i>	Preferred Generic
	2	<i>citalopram</i>	Preventive Generic
	2	<i>clomipramine</i>	Preferred Generic
	2	<i>desipramine</i>	Preferred Generic
	2	<i>doxepin</i>	Preferred Generic
	2	<i>fluoxetine</i>	Preventive Generic
	2	<i>imipramine</i>	Preferred Generic
	2	<i>nortriptyline</i>	Preventive Generic
	2	<i>sertraline</i>	Preferred Generic
	2	<i>venlafaxine</i>	Preferred Generic
	2	<i>venlafaxine extended-release capsules</i>	Preferred Generic
<b>Antiemetics</b>			
<b>Antiemetics, miscellaneous</b>			
	2	<i>chlorpromazine</i>	Preferred Generic
	2	<i>dronabinol</i>	Preferred Generic
	2	<i>hydroxyzine</i>	Preferred Generic
	3	ISOPTO HYOSCINE ( <i>scopolamine</i> ) ophthalmic solution	Preferred Brand
	2	<i>metoclopramide</i>	Preferred Generic
	2	<i>ondansetron</i>	Preferred Generic
	2	<i>perphenazine</i>	Preferred Generic
	2	<i>prochlorperazine</i>	Preferred Generic
	2	<i>promethazine</i>	Preferred Generic
	2	<i>promethazine and codeine</i>	Preferred Generic
	2	<i>promethazine and codeine and phenylephrine</i>	Preferred Generic
<b>Antifungals</b>			
<b>Antifungals, Miscellaneous</b>			
	4	ANCOBON ( <i>flucytosine</i> )	Specialty
	2	<i>clotrimazole lozenge</i>	Preferred Generic
<b>QL</b>	2	<i>fluconazole</i>	Preferred Generic
	2	<i>griseofulvin</i>	Preferred Generic
	2	<i>itraconazole</i>	Preferred Generic
	2	<i>ketoconazole</i>	Preferred Generic
	2	<i>nystatin</i>	Preferred Generic
	2	<i>nystatin and triamcinolone</i>	Preferred Generic
<b>Antigout Agents</b>			
<b>Antigout Agents, miscellaneous</b>			
	2	<i>allopurinol</i>	Preferred Generic
	2	<i>colchicine</i>	Preferred Generic
	2	<i>probenecid</i>	Preferred Generic

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Restrictions	Drug Tier	Drug Name	Coverage Status
<b>Anti-inflammatories</b>			
<b>Glucocorticoids</b>			
	2	<i>betamethasone</i>	Preferred Generic
	2	<i>clobetasol</i>	Preferred Generic
	2	<i>desonide</i>	Preferred Generic
	2	<i>dexamethasone</i>	Preferred Generic
	3	FLOVENT ( <i>fluticasone</i> )	Preferred Brand
	2	<i>fludrocortisone</i>	Preferred Generic
	2	<i>flunisolide (nasal spray)</i>	Preferred Generic
	2	<i>fluocinolone (solution)</i>	Preferred Generic
	2	<i>fluocinonide</i>	Preferred Generic
	2	<i>fluticasone (nasal spray)</i>	Preferred Generic
	2	<i>hydrocortisone</i>	Preferred Generic
	3	MAXIDEX ( <i>dexamethasone</i> ) <i>ophthalmic suspension</i>	Preferred Brand
	2	<i>methylprednisolone</i>	Preferred Generic
	2	PRED-G ( <i>prednisolone and gentamicin</i> )	Preferred Brand
	2	<i>prednisolone</i>	Preferred Generic
	2	<i>prednisolone and sodium sulfacetamide</i>	Preferred Generic
	2	<i>prednisone</i>	Preferred Generic
	3	PROCTOFOAM ( <i>hydrocortisone and pramoxine</i> )	Preferred Brand
	3	PULMICORT ( <i>budesonide</i> ) <i>inhalation solution</i>	Preferred Brand
	2	<i>triamcinolone</i>	Preferred Generic
<b>Non-Steroidals</b>			
	2	<i>diclofenac</i>	Preferred Generic
	3	ELMIRON ( <i>pentosan polysulfate sodium</i> )	Preferred Brand
	2	<i>etodolac</i>	Preferred Generic
	2	<i>ibuprofen</i>	Preferred Generic
	2	<i>indomethacin</i>	Preferred Generic
	2	<i>meloxicam</i>	Preferred Generic
	2	<i>nabumetone</i>	Preferred Generic
	2	<i>naproxen</i>	Preferred Generic
	2	<i>salsalate</i>	Preferred Generic
	2	<i>sulindac</i>	Preferred Generic
<b>Antimigraine Agents</b>			
<b>Abortive</b>			
	3	CAFERGOT ( <i>ergotamine and caffeine</i> )	Preferred Brand
	3	MIGRANAL ( <i>dihydroergotamine</i> )	Preferred Brand
QL	2	<i>naratriptan</i>	Preferred Generic
QL	2	<i>sumatriptan</i>	Preferred Generic
<b>Prophylactic</b>			
	2	<i>divalproex sodium</i>	Preferred Generic
	2	<i>divalproex sodium ER</i>	Preferred Generic
	1	<i>propranolol</i>	Preventive Generic
<b>Antimycobacterials</b>			
<b>Antimycobacterials, other</b>			
	2	<i>dapsone</i>	Preferred Generic
	3	MYCOBUTIN ( <i>rifabutin</i> )	Preferred Brand
<b>Antituberculars</b>			
	2	<i>ethambutol</i>	Preferred Generic
	2	<i>isoniazid</i>	Preferred Generic

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	2	<i>pyrazinamide</i>	Preferred Generic
	2	<i>rifampin</i>	Preferred Generic
<b>Antineoplastic</b>			
<b>Alkylating Agent</b>			
	3	ALKERAN ( <i>melphalan</i> )	Preferred Brand
	2	<i>cyclophosphamide</i>	Preferred Generic
	3	LEUKERAN ( <i>chlorambucil</i> )	Preferred Brand
	4	MATULANE ( <i>procarbazine</i> )	Specialty
	3	MYLERAN ( <i>busulfan</i> )	Preferred Brand
	3	TEMODAR ( <i>temozolomide</i> )	Preferred Brand
<b>Antimetabolites</b>			
	3	DROXIA ( <i>hydroxyurea</i> )	Preferred Brand
	2	<i>fluorouracil</i>	Preferred Generic
	2	<i>hydroxyurea</i>	Preferred Generic
	2	<i>mercaptopurine</i>	Preferred Generic
	2	<i>methotrexate</i>	Preferred Generic
	3	XELODA ( <i>capecitabine</i> )	Preferred Brand
<b>Molecular Target Inhibitor</b>			
	4	GLEEVEC ( <i>imatinib mesylate</i> )	Specialty
	4	SPRYCEL ( <i>dasatinib</i> )	Specialty
	4	SUTENT ( <i>sunitinib</i> )	Specialty
	3	<i>tretinoin</i>	Preferred Generic
	4	TYKERB ( <i>lapatinib</i> )	Specialty
<b>Protective Agents</b>			
	2	<i>leucovorin calcium</i>	Preferred Generic
<b>Topoisomerase Inhibitors</b>			
	2	<i>etoposide</i>	Preferred Generic
<b>Antineoplastic, miscellaneous</b>			
	4	TARGRETIN ( <i>bexarotene</i> )	Specialty
<b>Antiparasitics</b>			
<b>Anthelminths</b>			
	3	ALBENZA ( <i>albendazole</i> )	Preferred Brand
	2	<i>mebendazole</i>	Preferred Generic
<b>Antiprotozoals</b>			
	3	DARAPRIM ( <i>pyrimethamine</i> )	Preferred Brand
	2	<i>hydroxychloroquine</i>	Preferred Generic
	4	MEPRON ( <i>atovaquone</i> )	Specialty
	3	PRIMAQUINE ( <i>primaquine</i> )	Preferred Brand
<b>Pediculicides/Scabicides</b>			
	2	<i>lindane</i>	Preferred Generic
	2	<i>permethrin</i>	Preferred Generic
<b>Antiparkinson Agents</b>			
<b>Antiparkinson Agent, other</b>			
	1	<i>benztropine mesylate</i>	Preventive Generic
	2	<i>bromocriptine mesylate</i>	Preferred Generic
	2	<i>selegiline</i>	Preferred Generic
	3	STALEVO ( <i>levodopa/carbidopa/entacapone</i> )	Preferred Brand
	2	<i>trihexyphenidyl</i>	Preferred Generic
<b>COMT Inhibitors</b>			
	3	COMTAN ( <i>entacapone</i> )	Preferred Brand

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<b>Dopamine Agonist</b>			
	2	<i>amantadine</i>	Preferred Generic
	2	<i>carbidopa-levodopa</i>	Preferred Generic
	2	<i>pramipexole</i>	Preferred Generic
	2	<i>ropinirole</i>	Preferred Generic
<b>Antipsychotics</b>			
<b>Non-Phenothiazines</b>			
	2	<i>haloperidol</i>	Preferred Generic
	2	<i>thiothixene</i>	Preferred Generic
<b>Non-Phenothiazines/Atypicals</b>			
	3	ABILIFY ( <i>aripiprazole</i> )	Preferred Brand
	2	<i>chlorpromazine</i>	Preferred Generic
	2	<i>clozapine</i>	Preferred Generic
	3	GEODON ( <i>ziprasidone</i> )	Preferred Brand
	2	<i>fluphenazine</i>	Preferred Generic
	2	<i>perphenazine</i>	Preferred Generic
	2	<i>prochlorperazine</i>	Preferred Generic
	2	<i>risperidone</i>	Preferred Generic
	3	SEROQUEL ( <i>quetiapine</i> )	Preferred Brand
	2	<i>trifluoperazine</i>	Preferred Generic
	2	<i>olanzapine</i>	Preferred Generic
	2	<i>olanzapine ODT</i>	Preferred Generif
<b>Antivirals</b>			
<b>Anti-CMV Agents</b>			
	4	VALCYTE ( <i>valganciclovir</i> )	Specialty
<b>Antiherpetic Agents</b>			
	2	<i>acyclovir</i>	Preferred Generic
<b>Anti-HIV, CCR5 Antagonist</b>			
	4	SELZENTRY ( <i>maraviroc</i> )	Specialty
<b>Anti-HIV, Fusion Inhibitors</b>			
	4	FUZEON ( <i>enfuvirtide</i> )	Specialty
<b>Anti-HIV, Integrase Inhibitors</b>			
	4	ISENTRESS ( <i>raltegravir</i> )	Specialty
<b>Anti-HIV, NNRTI</b>			
	3	INTELENCE ( <i>etravirine</i> )	Preferred Brand
	3	RESCRIPTOR ( <i>delavirdine</i> )	Preferred Brand
	3	SUSTIVA ( <i>efavirenz</i> )	Preferred Brand
	3	VIRAMUNE ( <i>nevirapine</i> )	Preferred Brand
<b>Anti-HIV, NRTI</b>			
	3	ATRIPLA ( <i>efavirenz, emtricitabine and tenofovir</i> )	Preferred Brand
	3	BARACLUDE ( <i>entecavir</i> )	Preferred Brand
	3	COMBIVIR ( <i>zidovudine and lamivudine</i> )	Preferred Brand
	2	<i>didanosine</i>	Preferred Generic
	3	EMTRIVA ( <i>emtricitabine</i> )	Preferred Brand
	3	EPIVIR ( <i>lamivudine</i> )	Preferred Brand
	3	EPZICOM ( <i>abacavir and lamivudine</i> )	Preferred Brand
	2	<i>stavudine</i>	Preferred Generic
	3	TRIZIVIR ( <i>abacavir and lamivudine and zidovudine</i> )	Preferred Brand
	4	TRUVADA ( <i>emtricitabine and tenofovir</i> )	Specialty
	3	VIDEX ( <i>didanosine delayed release</i> )	Preferred Brand

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	3	VIREAD ( <i>tenofovir</i> )	Preferred Brand
	3	ZIAGEN ( <i>abacavir</i> )	Preferred Brand
	2	<i>zidovudine</i>	Preferred Generic
<b>Anti-HIV, Protease Inhibitors</b>			
	3	AGENERASE ( <i>amprenavir</i> )	Preferred Brand
	3	APTIVUS ( <i>tipranavir</i> )	Preferred Brand
	3	CRIXIVAN ( <i>indinavir</i> )	Preferred Brand
	3	INVIRASE ( <i>saquinavir</i> )	Preferred Brand
	3	KALETRA ( <i>lopinavir and ritonavir</i> )	Preferred Brand
	3	LEXIVA ( <i>fosamprenavir</i> )	Preferred Brand
	3	NORVIR ( <i>ritonavir</i> )	Preferred Brand
	3	PREZISTA ( <i>darunavir</i> )	Preferred Brand
	3	REYATAZ ( <i>atazanavir</i> )	Preferred Brand
	3	VIRACEPT ( <i>nelfinavir</i> )	Preferred Brand
<b>Antiinfluenza</b>			
	2	<i>amantadine</i>	Preferred Generic
QL	3	FLUMADINE ( <i>rimantadine</i> )	Preferred Brand
QL	3	RELENZA ( <i>zanamivir</i> )	Preferred Brand
QL	3	TAMIFLU ( <i>oseltamivir</i> )	Preferred Brand
<b>Antivirals other</b>			
	3	HEPSERA ( <i>adefovir dipivoxil</i> )	Preferred Brand
	2	<i>ribavirin</i>	Preferred Generic
<b>Anxiolytics</b>			
<b>Antidepressants</b>			
	2	<i>doxepin</i>	Preferred Generic
<b>Anxiolytics, other</b>			
	2	<i>alprazolam</i>	Preferred Generic
	1	<i>bupirone</i>	Preventive Generic
	2	<i>chlordiazepoxide</i>	Preferred Generic
	2	<i>clonazepam</i>	Preferred Generic
	2	<i>clorazepate</i>	Preferred Generic
	2	<i>diazepam</i>	Preferred Generic
	2	<i>lorazepam</i>	Preferred Generic
	2	<i>meprobamate</i>	Preferred Generic
	2	<i>oxazepam</i>	Preferred Generic
	2	<i>temazepam</i>	Preferred Generic
<b>Autonomic Agents</b>			
<b>Parasympatholytics</b>			
	2	<i>atropine (ophthalmic solution)</i>	Preferred Generic
	2	<i>belladonna and phenobarbital and ergotamine</i>	Preferred Generic
	2	<i>dicyclomine</i>	Preferred Generic
	2	<i>glycopyrrolate</i>	Preferred Generic
	2	<i>hyoscyamine</i>	Preferred Generic
	3	ISOPTO HYOSCINE ( <i>scopolamine</i> ) ophthalmic solution	Preferred Brand
	2	<i>propantheline</i>	Preferred Generic
<b>Parasympathomimetic</b>			
	3	MESTINON TIMESPAN ( <i>pyridostigmine sustained-release</i> )	Preferred Brand
	2	<i>pyridostigmine</i>	Preferred Generic
<b>Sympatholytics</b>			
	2	<i>acebutolol</i>	Preferred Generic

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	1	<i>atenolol</i>	Preventive Generic
	2	<i>betaxolol</i>	Preferred Generic
	3	BETOPTIC S ( <i>betaxolol</i> )	Preferred Brand
	2	<i>bisoprolol</i>	Preferred Generic
	1	<i>carvedilol</i>	Preventive Generic
	2	<i>labetalol</i>	Preferred Generic
	2	<i>metoprolol</i>	Preferred Generic
	2	<i>metoprolol sustained release</i>	Preferred Generic
	1	<i>nadolol</i>	Preventive Generic
	1	<i>prazosin</i>	Preventive Generic
	1	<i>propranolol</i>	Preventive Generic
	1	<i>sotalol</i>	Preventive Generic
	1	<i>terazosin</i>	Preventive Generic
	2	<i>timolol</i>	Preferred Generic
<b>Sympathomimetics</b>			
	3	ALBUTEROL SULFATE ( <i>salbutamol</i> )	Preferred Brand
	1	<i>clonidine</i>	Preventive Generic
	1	<i>methyldopa</i>	Preventive Generic
	2	<i>phenylephrine (ophthalmic solution)</i>	Preferred Generic
<b>Bipolar Agents</b>			
<b>Bipolar Agents, miscellaneous</b>			
	2	<i>divalproex sodium</i>	Preferred Generic
	2	<i>divalproex sodium ER</i>	Preferred Generic
	2	<i>lithium</i>	Preferred Generic
	2	<i>valproic acid and derivatives</i>	Preferred Generic
<b>Blood Glucose Regulators</b>			
<b>Antihypoglycemics</b>			
	2	GLUCAGON ( <i>glucagon</i> )	Preferred Brand
	2	PROGLYCEM ( <i>diazoxide</i> )	Preferred Brand
<b>Blood Sugar Diagnostics</b>			
<b>QL</b>	2	ONE TOUCH ULTRA TEST STRIPS	Preferred Generic
<b>Diabetic Supplies</b>			
	2	ONE TOUCH ULTRA 2 ( <i>blood glucose meter</i> )	Preferred Generic
<b>Hypoglycemics, Oral</b>			
	3	ACTOS ( <i>pioglitazone</i> )	Preferred Brand
	2	<i>glipizide</i>	Preventive Generic
	2	<i>glyburide</i>	Preferred Generic
	2	<i>metformin</i>	Preventive Generic
	2	<i>metformin ER</i>	Preventive Generic
	3	PRECOSE ( <i>acarbose</i> )	Preferred Brand
<b>Insulins</b>			
	2	NOVOLIN 70/30	Preferred Generic
	2	NOVOLIN-N ( <i>insulin isophane (human)</i> )	Preferred Generic
	2	NOVOLIN-R ( <i>insulin regular</i> )	Preferred Generic
<b>Syringes &amp; Accessories</b>			
<b>QL</b>	2	B-D INSULIN SYRINGE ( <i>syringe w-ndl, disp.</i> )	Preferred Generic
<b>Blood Products/Modifiers/Volume Expanders</b>			
<b>Anti-Coagulants</b>			
	2	<i>enoxaparin</i>	Preferred Generic
	1	<i>warfarin sodium</i>	Preventive Generic

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<b>Blood Formation Products</b>			
	3	ARANESP ( <i>darbepoetin alfa</i> )	Preferred Brand
	3	LEUKINE ( <i>sargramostim</i> )	Preferred Brand
	4	NEUMEGA ( <i>oprelvekin</i> )	Specialty
	4	NEUPOGEN ( <i>filgrastim</i> )	Specialty
	3	PROCRIT ( <i>epoetin alfa</i> )	Preferred Brand
<b>Blood, Other</b>			
	2	<i>anagrelide</i>	Preferred Generic
<b>Coagulants</b>			
	2	<i>aminocaproic acid</i>	Preferred Generic
	2	<i>desmopressin</i>	Preferred Generic
	3	MEPHYTON ( <i>phytonadione</i> )	Preferred Brand
<b>Hemorrhologic Agents</b>			
	2	<i>pentoxifylline</i>	Preferred Generic
<b>Iron Overload Products</b>			
	4	EXJADE ( <i>deferasirox</i> )	Specialty
<b>Platelet Aggregation Inhibitors</b>			
	3	AGGRENOX ( <i>aspirin and dipyridamole</i> )	Preferred Brand
	2	<i>cilostazol</i>	Preferred Generic
	2	<i>dipyridamole</i>	Preferred Generic
	3	PLAVIX ( <i>clopidogrel</i> )	Preferred Brand
<b>Cardiovascular Agents</b>			
<b>Alpha-Adrenergic Agonists</b>			
	1	<i>clonidine</i>	Preventive Generic
	1	<i>guanfacine</i>	Preventive Generic
	2	<i>methyldopa</i>	Preferred Generic
	2	<i>phenylephrine</i>	Preferred Generic
<b>Alpha-Adrenergic Blocking Agents</b>			
	1	<i>doxazosin</i>	Preventive Generic
	1	<i>prazosin</i>	Preventive Generic
	1	<i>terazosin</i>	Preventive Generic
<b>Anti-Arrhythmics</b>			
	2	<i>acebutolol</i>	Preferred Generic
	2	<i>amiodarone</i>	Preferred Generic
	1	<i>diltiazem</i>	Preventive Generic
	2	<i>disopyramide phosphate</i>	Preferred Generic
	2	<i>flecainide</i>	Preferred Generic
	2	<i>lidocaine</i>	Preferred Generic
	2	<i>mexiletine</i>	Preferred Generic
	3	NORPACE CR ( <i>disopyramide phosphate sustained release</i> )	Preferred Brand
	2	<i>procainamide</i>	Preferred Generic
	2	<i>propafenone</i>	Preferred Generic
	1	<i>propranolol</i>	Preventive Generic
	2	<i>quinidine</i>	Preferred Generic
	1	<i>sotalol</i>	Preventive Generic
	3	TIKOSYN ( <i>dofetilide</i> )	Preferred Brand
	1	<i>verapamil</i>	Preventive Generic
<b>Beta-Adrenergic Blocking Agents</b>			
	2	<i>acebutolol</i>	Preferred Generic
	1	<i>atenolol</i>	Preventive Generic

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	1	<i>atenolol/chlorthalidone</i>	Preventive Generic
	2	<i>betaxolol</i>	Preferred Generic
	2	<i>bisoprolol</i>	Preferred Generic
	1	<i>bisoprolol and hydrochlorothiazide</i>	Preventive Generic
	1	<i>carvedilol</i>	Preventive Generic
	2	<i>labetalol</i>	Preferred Generic
	1	<i>metoprolol</i>	Preventive Generic
	2	<i>metoprolol sustained release</i>	Preferred Generic
	1	<i>nadolol</i>	Preventive Generic
	1	<i>propranolol</i>	Preventive Generic
	1	<i>sotalol</i>	Preventive Generic
	2	<i>timolol</i>	Preferred Generic
<b>Calcium Channel Blocking Agents</b>			
	1	<i>amlodipine</i>	Preventive Generic
	1	<i>diltiazem</i>	Preventive Generic
	2	<i>felodipine</i>	Preferred Generic
	2	<i>nifedipine</i>	Preferred Generic
	2	<i>nimodipine</i>	Preferred Generic
	1	<i>verapamil</i>	Preventive Generic
<b>Direct Cardiac Inotropics</b>			
	1	<i>digoxin</i>	Preventive Generic
<b>Diuretics</b>			
	2	<i>acetazolamide</i>	Preferred Generic
	1	<i>amiloride/hydrochlorothiazide</i>	Preventive Generic
	1	<i>bumetanide</i>	Preventive Generic
	1	<i>chlorthalidone</i>	Preventive Generic
	1	<i>furosemide</i>	Preventive Generic
	1	<i>hydrochlorothiazide</i>	Preventive Generic
	1	<i>indapamide</i>	Preventive Generic
	2	<i>methazolamide</i>	Preferred Generic
	2	<i>metolazone</i>	Preferred Generic
	1	<i>spironolactone</i>	Preventive Generic
	1	<i>triamterene and hydrochlorothiazide</i>	Preventive Generic
<b>Dyslipidemics</b>			
	2	<i>cholestyramine resin</i>	Preferred Generic
	2	<i>colestipol</i>	Preferred Generic
	2	<i>fenofibrate</i>	Preferred Generic
	2	<i>gemfibrozil</i>	Preferred Generic
	1	<i>lovastatin</i>	Preventive Generic
	2	<i>pravastatin</i>	Preferred Generic
	1	<i>simvastatin</i>	Preventive Generic
<b>Renin-Angiotension-Aldosterone System Inhibitors</b>			
	1	<i>benazepril</i>	Preventive Generic
	1	<i>captopril</i>	Preventive Generic
	1	<i>enalapril</i>	Preventive Generic
	1	<i>lisinopril</i>	Preventive Generic
	1	<i>lisinopril and hydrochlorothiazide</i>	Preventive Generic
	2	<i>losartan</i>	Preferred Generic
	2	<i>losartan and hydrochlorothiazide</i>	Preferred Generic
	2	<i>ramipril</i>	Preferred Generic

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<b>Vasodilators</b>			
	1	<i>hydralazine</i>	Preventive Generic
	2	<i>isosorbide dinitrate</i>	Preferred Generic
	1	<i>isosorbide mononitrate</i>	Preventive Generic
	2	<i>minoxidil</i>	Preferred Generic
	2	<i>nitroglycerin</i>	Preferred Generic
	4	REMODULIN ( <i>trepostinil</i> )	Specialty
<b>Central Nervous System Agents</b>			
<b>Amphetamines</b>			
	2	<i>amphetamine and dextroamphetamine</i>	Preferred Generic
	2	<i>amphetamine and dextroamphetamine extended-release</i>	Preferred Generic
	2	<i>dextroamphetamine sulfate</i>	Preferred Generic
<b>Non-Amphetamines</b>			
	2	<i>methylphenidate extended-release</i>	Preferred Generic
	2	<i>methylphenidate</i>	Preferred Generic
	3	RILUTEK ( <i>riluzole</i> )	Specialty
<b>Contraceptive Devices</b>			
	3	ALL FLEX ( <i>diaphragm</i> )	Preferred Brand
	3	PARAGARD ( <i>intrauterine</i> )	Preferred Brand
<b>Dental and Oral Agents</b>			
<b>Dental and Oral Agents</b>			
	2	<i>chlorhexidine</i>	Preferred Generic
	2	<i>doxycycline</i>	Preferred Generic
	2	<i>minocycline</i>	Preferred Generic
	2	<i>triamcinolone</i>	Preferred Generic
<b>Dermatologic Agents</b>			
<b>Dermatologic Anesthetics</b>			
	2	<i>lidocaine ointment</i>	Preferred Generic
	3	PRAMOSONE ( <i>pramoxine and hydrocortisone</i> )	Preferred Brand
<b>Dermatologic Antibacterials</b>			
	2	<i>clindamycin phosphate</i>	Preferred Generic
	2	<i>erythromycin</i>	Preferred Generic
	2	<i>erythromycin and benzoyl peroxide</i>	Preferred Generic
	2	<i>metronidazole</i>	Preferred Generic
	2	<i>mupirocin</i>	Preferred Generic
	2	<i>silver sulfadiazine</i>	Preferred Generic
<b>Dermatologic Antifungal</b>			
	2	<i>iodoquinol and hydrocortisone</i>	Preferred Generic
	2	<i>ketoconazole</i>	Preferred Generic
	2	<i>nystatin</i>	Preferred Generic
	2	<i>nystatin and triamcinolone</i>	Preferred Generic
<b>Dermatologic Antiinflammatories</b>			
	2	<i>betamethasone</i>	Preferred Generic
	2	<i>clobetasol</i>	Preferred Generic
	2	<i>desonide</i>	Preferred Generic
	2	<i>fluocinolone solution</i>	Preferred Generic
	2	<i>hydrocortisone</i>	Preferred Generic
	2	<i>mometasone furoate</i>	Preferred Generic
	2	<i>triamcinolone</i>	Preferred Generic
<b>Dermatologic Antipruritic</b>			

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	2	<i>betamethasone</i>	Preferred Generic
	2	<i>clobetasol</i>	Preferred Generic
	2	<i>desonide</i>	Preferred Generic
	1	<i>doxepin</i>	Preventive Generic
	2	<i>fluocinolone</i>	Preferred Generic
	2	<i>hydrocortisone</i>	Preferred Generic
	3	PROCTOFOAM ( <i>hydrocortisone and pramoxine</i> )	Preferred Brand
	2	<i>triamcinolone</i>	Preferred Generic
<b>Dermatologic Antivirals</b>			
	2	<i>acyclovir</i>	Preferred Generic
<b>Dermatologic Keratolytics</b>			
	3	CONDYLOX ( <i>podofilox</i> )	Preferred Brand
	3	DRITHOCREME ( <i>anthralin</i> )	Preferred Brand
	1	<i>sulfacetamide sodium w/ sulfur lotion</i>	Preferred Generic
	1	<i>sulfacetamide sodium w/ sulfur wash</i>	Preferred Generic
<b>Dermatologic Mitotic Inhibitors</b>			
	3	CONDYLOX ( <i>podofilox</i> )	Preferred Brand
	2	<i>selenium sulfide</i>	Preferred Generic
<b>Dermatologic Other</b>			
	2	<i>aluminum chloride hexahydrate</i>	Preferred Generic
<b>Dermatologic Photochemotherapy Agents</b>			
	3	OXSORALEN ( <i>methoxsalen</i> )	Preferred Brand
	3	TRISORALEN ( <i>trioxsalen</i> )	Preferred Brand
<b>Dermatologic Retinoids</b>			
	2	<i>isotretinoin</i>	Preferred Generic
Limited to age </=35	2	<i>tretinoin</i>	Preferred Generic
<b>Dermatologic Tar Derivatives</b>			
	2	<i>coal tar</i>	Preferred Generic
	3	DRITHO-SCALP ( <i>anthralin</i> )	Preferred Brand
<b>Dermatologic Vitamin-D Analog</b>			
	3	VECTICAL ( <i>calcitriol</i> )	Preferred Brand
<b>Dermatologic Wound Care Agents</b>			
	3	SANTYL ( <i>collagenase</i> )	Preferred Brand
	3	REGRANEX ( <i>becaplermin</i> )	Preferred Brand
<b>Deterrants/Replacements</b>			
<b>Alcohol Deterrants</b>			
	2	<i>disulfiram</i>	Preferred Generic
<b>Electrolyte, Caloric and Water Balance</b>			
<b>Alkalinizing Agents</b>			
	2	<i>potassium citrate</i>	Preferred Generic
	2	<i>sod/potass/k cit/sodium cit/ca</i>	Preferred Generic
<b>Ion Removing Agents</b>			
	3	RENVELA ( <i>sevelamer carbonate</i> )	Preferred Brand
	2	<i>sodium polystyrene sulfonate</i>	Preferred Generic
<b>Enzyme Replacements/Modifiers</b>			
<b>Enzyme Replacements/Modifiers, other</b>			
	3	PANCREAZE ( <i>pancrelipase</i> )	Preferred Brand
	3	ZENPEP ( <i>pancrelipase</i> )	Preferred Brand
<b>Gastrointestinal Agents</b>			

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<b>Antispasmodics, Gastrointestinal</b>			
	2	<i>clidinium and chlordiazepoxide</i>	Preferred Generic
	2	<i>dicyclomine</i>	Preferred Generic
	2	<i>hyoscyamine</i>	Preferred Generic
	2	<i>phenobarbital and belladonna alkaloids</i>	Preferred Generic
	2	<i>propantheline</i>	Preferred Generic
<b>H2 Blocking Agents</b>			
	2	<i>cimetidine</i>	Preferred Generic
	2	<i>ranitidine</i>	Preferred Generic
<b>Gastrointestinal Agents, other</b>			
	3	COLYTE ( <i>polyethylene glycol-electrolyte solution</i> )	Preferred Brand
	2	<i>diphenoxylate and atropine</i>	Preferred Generic
	3	HELICOBACTER PYLORI TREATMENT PACK	Preferred Brand
	2	<i>lactulose</i>	Preferred Generic
	2	<i>ursodiol</i>	Preferred Generic
<b>Protectants</b>			
	2	<i>misoprostol</i>	Preferred Generic
	2	<i>sucralfate</i>	Preferred Generic
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
	2	<i>hyoscyamine</i>	Preferred Generic
	2	<i>oxybutynin</i>	Preferred Generic
	2	<i>oxybutynin XL</i>	Preferred Generic
	3	OXYTROL ( <i>oxybutynin</i> )	Preferred Brand
	2	<i>propantheline</i>	Preferred Generic
<b>Benign Prostatic Hypertrophy Agents</b>			
	2	<i>finasteride</i>	Preferred Generic
	1	<i>terazosin</i>	Preventive Generic
<b>Spasmodics, Urinary</b>			
	2	<i>bethanechol</i>	Preferred Generic
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>			
<b>Adrenal</b>			
	2	<i>betamethasone</i>	Preferred Generic
	2	<i>clobetasol</i>	Preferred Generic
	2	<i>desonide</i>	Preferred Generic
	2	<i>dexamethasone</i>	Preferred Generic
	3	FLOVENT ( <i>fluticasone</i> )	Preferred Brand
	2	<i>fluocinolone</i>	Preferred Generic
	2	<i>fluocinonide</i>	Preferred Generic
	2	<i>hydrocortisone</i>	Preferred Generic
	2	<i>methylprednisolone</i>	Preferred Generic
	3	PRED-G ( <i>prednisolone and gentamicin</i> )	Preferred Brand
	2	<i>prednisolone and sodium sulfacetamide</i>	Preferred Generic
	2	<i>prednisone</i>	Preferred Generic
	3	PULMICORT ( <i>budesonide</i> ) inhalation solution	Preferred Brand
	2	<i>triamcinolone</i>	Preferred Generic
	2	<i>triamcinolone acetonide</i>	Preferred Generic
<b>Parathyroid/Metabolic Bone Disease Agents</b>			
	1	<i>alendronate</i>	Preventive Generic
	2	<i>calcitonin</i>	Preferred Generic

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	2	<i>etidronate</i>	Preferred Generic
<b>Pituitary</b>			
	2	<i>bromocriptine mesylate</i>	Preferred Generic
	2	<i>desmopressin</i>	Preferred Generic
	3	PROFASI ( <i>chorionic gonadotropin</i> )	Preferred Brand
<b>Prostaglandins</b>			
	2	<i>misoprostol</i>	Preferred Generic
<b>Sex Hormones/Modifier</b>			
	3	ANDRODERM ( <i>testosterone</i> )	Preferred Brand
	2	AVIANE ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic
	2	CLIMARA ( <i>estradiol</i> )	Preferred Generic
	2	<i>danazol</i>	Preferred Generic
	3	ELLA ( <i>ulipristal</i> )	Preferred Brand
	2	<i>estradiol</i>	Preferred Generic
	2	<i>estrogens and methyltestosterone</i>	Preferred Generic
	2	<i>estropipate</i>	Preferred Generic
	2	<i>ethinyl estradiol and ethynodiol diacetate</i>	Preferred Generic
	3	EVISTA ( <i>raloxifene</i> )	Preferred Brand
	2	<i>fluoxymesterone</i>	Preferred Generic
	3	IMPLANON ( <i>etonogestrel</i> )	Preferred Brand
	2	LEVORA ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic
	2	<i>medroxyprogesterone</i>	Preferred Generic
	2	<i>megestrol</i>	Preferred Generic
	2	<i>methyltestosterone</i>	Preferred Generic
	2	MICROGESTIN FE ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic
	2	NECON ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic
	2	NECON ( <i>mestranol and norethindrone</i> )	Preferred Generic
	2	NORA-BE ( <i>norethindrone</i> )	Preferred Generic
<b>Age</b>	3	PLAN B ( <i>levonorgestrel</i> )	Preferred Brand
	2	PREMARIN ( <i>conjugated estrogen</i> )( <i>vaginal cream</i> )	Preferred Brand
	2	RECLIPSEN ( <i>ethinyl estradiol and desogestrel</i> )	Preferred Generic
	2	SPRINTEC ( <i>ethinyl estradiol and norgestimate</i> )	Preferred Generic
	2	<i>testosterone cypionate</i>	Preferred Generic
	2	TRI-NORINYL ( <i>ethinyl estradiol and norethindrone</i> )	Preferred Generic
	2	TRI-SPRINTEC ( <i>ethinyl estradiol and norgestimate</i> )	Preferred Generic
	2	TRIVORA ( <i>ethinyl estradiol and levonorgestrel</i> )	Preferred Generic
	3	VAGIFEM ( <i>estradiol</i> ) ( <i>vaginal tablets</i> )	Preferred Brand
<b>Thyroid</b>			
	2	<i>levothyroxine</i>	Preferred Generic
	2	<i>liothyronin</i>	Preferred Generic
	3	SENSIPAR ( <i>cinacalcet</i> )	Preferred Brand
<b>Hormonal Agents, Suppressant</b>			
<b>Adrenal</b>			
	2	LYSODREN ( <i>mitotane</i> )	Preferred Brand
<b>Pituitary</b>			
	2	<i>bromocriptine mesylate</i>	Preferred Generic
	2	<i>cabergoline</i>	Preferred Generic
	3	SYNAREL ( <i>nafarelin</i> )	Preferred Brand
<b>Sex Hormones/Modifiers</b>			
	2	<i>anastrozole</i>	Preferred Generic

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Restrictions	Drug Tier	Drug Name	Coverage Status
	2	<i>bicalutamide</i>	Preferred Generic
	3	EMCYT ( <i>estramustine</i> )	Preferred Brand
	3	FEMARA ( <i>letrozole</i> )	Preferred Brand
	2	<i>finasteride</i>	Preferred Generic
	2	<i>flutamide</i>	Preferred Generic
	2	<i>tamoxifen</i>	Preferred Generic
<b>Thyroid</b>			
	2	<i>methimazole</i>	Preferred Generic
	2	<i>propylthiouracil</i>	Preferred Generic
<b>Immunological Agents</b>			
<b>Immune Stimulants</b>			
	4	ACTIMMUNE ( <i>interferon gamma-1b</i> )	Specialty
	4	AVONEX ( <i>interferon beta-1a</i> )	Specialty
	2	EXTAVIA ( <i>interferon beta-1b</i> )	Preferred Generic
	4	INTRON-A ( <i>interferon alfa-2b vaccine</i> )	Specialty
	4	PEGASYS ( <i>peginterferon alfa 2a</i> )	Specialty
	4	PEG-INTRON ( <i>peginterferon alfa-2b</i> )	Specialty
	4	REBIF ( <i>interferon beta-1a</i> )	Specialty
<b>Immune Suppressants</b>			
	2	<i>azathioprine</i>	Preferred Generic
	3	CUPRIMINE ( <i>penicillamine</i> )	Preferred Brand
	2	<i>cyclosporine</i>	Preferred Generic
	3	DEPEN ( <i>penicillamine</i> )	Preferred Brand
	4	ENBREL ( <i>etanercept</i> )	Specialty
	4	HUMIRA ( <i>adalimumab</i> )	Specialty
	2	<i>methotrexate</i>	Preferred Generic
	2	<i>mycophenolate mofetil</i>	Preferred Generic
	3	MYFORTIC ( <i>mycophenolic acid</i> )	Preferred Brand
	4	RAPAMUNE ( <i>sirolimus</i> )	Specialty
	2	<i>tacrolimus</i>	Preferred Generic
<b>Immunomodulator</b>			
	4	COPAXONE ( <i>glatiramer</i> )	Specialty
	3	ELIDEL ( <i>pimecrolimus</i> )	Preferred Brand
	2	<i>imiquimod</i>	Preferred Generic
	2	<i>leflunomide</i>	Preferred Generic
	3	RIDAURA ( <i>auranofin</i> )	Preferred Brand
	2	<i>tacrolimus</i>	Preferred Generic
	4	THALOMID ( <i>thalidomide</i> )	Specialty
<b>Inflammatory Bowel</b>			
<b>Glucorticoids</b>			
	2	<i>dexamethasone</i>	Preferred Generic
	2	<i>hydrocortisone</i>	Preferred Generic
	2	<i>methylprednisolone</i>	Preferred Generic
	2	<i>prednisolone</i>	Preferred Generic
	2	<i>prednisone</i>	Preferred Generic
	2	<i>triamcinolone</i>	Preferred Generic
<b>Salicylates</b>			
	3	ASACOL ( <i>mesalamine</i> )	Preferred Brand
	2	<i>balsalazide</i>	Preferred Generic
	3	CANASA ( <i>mesalamine</i> )	Preferred Brand

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	2	<i>mesalamine enema</i>	Preferred Generic
	3	PENTASA ( <i>mesalamine</i> )	Preferred Brand
<b>Sulfonamides</b>			
	2	<i>sulfasalazine</i>	Preferred Generic
<b>Ophthalmic Agents</b>			
<b>Ophthalmics, Antibacterial</b>			
	2	<i>bacitracin</i>	Preferred Generic
	2	<i>bacitracin and neomycin and polymyxin B</i>	Preferred Generic
	2	<i>bacitracin and neomycin and polymyxin B and Hydrocortisone</i>	Preferred Generic
	2	<i>bacitracin and polymyxin B</i>	Preferred Generic
	2	<i>erythromycin</i>	Preferred Generic
	2	<i>gentamicin</i>	Preferred Generic
	2	<i>neomycin and polymyxin and gramicidin</i>	Preferred Generic
	2	<i>ofloxacin</i>	Preferred Generic
	2	<i>sodium sulfacetamide</i>	Preferred Generic
	3	TOBRADEX ( <i>tobramycin and dexamethasone</i> ) ointment	Preferred Brand
	2	<i>tobramycin and dexamethasone suspension</i>	Preferred Generic
	2	<i>tobramycin solution</i>	Preferred Generic
	3	TOBEX ( <i>tobramycin</i> ) solution	Preferred Brand
	2	<i>trimethoprim and polymyxin B (ophthalmic solution)</i>	Preferred Generic
	3	ZYMAR ( <i>gatifloxacin</i> )	Preferred Brand
<b>Ophthalmics, Antifungal</b>			
	3	NATACYN ( <i>natamycin</i> )	Preferred Brand
<b>Ophthalmics, Antiglaucoma Agents</b>			
	2	<i>acetazolamide</i>	Preferred Generic
	2	<i>betaxolol</i>	Preferred Generic
	2	<i>brimonidine</i>	Preferred Generic
	2	<i>dipivefrin</i>	Preferred Generic
	2	<i>dorzolamide</i>	Preferred Generic
	2	<i>dorzolamide/timolol</i>	Preferred Generic
	3	IOPIDINE ( <i>apraclonidine</i> )	Preferred Brand
	3	ISOPTO-CARBACHOL ( <i>carbachol</i> )	Preferred Brand
	2	<i>latanoprost</i>	Preferred Generic
	2	<i>levobunolol</i>	Preferred Generic
	2	<i>methazolamide</i>	Preferred Generic
	3	PHOSPHOLINE IODIDE ( <i>echothiophate</i> )	Preferred Brand
	2	<i>pilocarpine</i>	Preferred Generic
	2	<i>timolol</i>	Preferred Generic
<b>Ophthalmics, Anti-inflammatories</b>			
	2	<i>dexamethasone ophthalmic solution</i>	Preferred Generic
	2	<i>diclofenac</i>	Preferred Generic
	2	<i>fluoromethalone</i>	Preferred Generic
	2	<i>ketorolac</i>	Preferred Generic
	3	MAXIDEX ( <i>dexamethasone</i> ) ophthalmic suspension	Preferred Brand
	3	PRED-G ( <i>prednisolone and gentamicin</i> )	Preferred Brand
<b>Ophthalmics, Antivirals</b>			
	2	<i>trifluridine</i>	Preferred Generic
<b>Ophthalmics, Other</b>			
	2	<i>cyclopentolate</i>	Preferred Generic
	3	ISOPTO HOMATROPINE ( <i>homatropine</i> )	Preferred Brand

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Restrictions	Drug Tier	Drug Name	Coverage Status
	2	<i>proparacaine</i>	Preferred Generic
	3	RESTASIS ( <i>cyclosporine</i> )	Preferred Brand
<b>Otic Agents</b>			
<b>Otic, Antibacterials</b>			
	2	<i>acetic acid</i>	Preferred Generic
	2	<i>ofloxacin</i>	Preferred Generic
	2	<i>neomycin and polymyxin B and hydrocortisone</i>	Preferred Generic
	3	PRED-G ( <i>prednisolone and gentamicin</i> )	Preferred Brand
	2	<i>tobramycin and dexamethasone</i>	Preferred Generic
<b>Otic, Anti-inflammatories</b>			
	2	<i>antipyrine and benzocaine</i>	Preferred Generic
	3	CIPRODEX ( <i>dexamethasone and ciprofloxacin</i> )	Preferred Brand
	2	<i>dexamethasone</i>	Preferred Generic
	2	<i>neomycin and polymyxin B and hydrocortisone</i>	Preferred Generic
<b>Otic, Other</b>			
	2	<i>aluminum acetate and acetic acid</i>	Preferred Generic
<b>Respiratory Tract Medications</b>			
<b>Antihistamines</b>			
	2	<i>cyproheptadine</i>	Preferred Generic
	2	<i>hydroxyzine</i>	Preferred Generic
	2	<i>promethazine</i>	Preferred Generic
	2	<i>promethazine and codeine</i>	Preferred Generic
	2	<i>promethazine and codeine and phenylephrine</i>	Preferred Generic
<b>Bronchodilators, Anticholinergic</b>			
	3	COMBIVENT ( <i>ipratropium and albuterol</i> )	Preferred Brand
	2	<i>ipratropium bromide</i>	Preventive Generic
	3	SPIRIVA ( <i>tiotropium</i> )	Preferred Brand
<b>Bronchodilators, Anti-inflammatories</b>			
	3	ASMANEX ( <i>mometasone</i> )	Preferred Brand
	2	<i>dexamethasone</i>	Preferred Generic
	3	FLOVENT ( <i>fluticasone</i> )	Preferred Brand
	3	PULMICORT ( <i>budesonide</i> ) inhalation solution	Preferred Brand
	3	QVAR ( <i>beclomethasone</i> )	Preferred Brand
<b>Bronchodilators, Sympathomimetic</b>			
	1	<i>albuterol</i>	Preventive Generic
	2	<i>epinephrine</i>	Preferred Generic
	2	<i>epinephrine injection auto injector</i>	Preferred Generic
	2	<i>metaproterenol</i>	Preferred Generic
	3	SEREVENT ( <i>salmeterol</i> )	Preferred Brand
	2	<i>terbutaline</i>	Preferred Generic
<b>Bronchodilators, Xanthines</b>			
	2	<i>aminophylline</i>	Preferred Generic
	2	<i>theophylline</i>	Preferred Generic
<b>Mast Cell Stabilizers</b>			
	2	<i>cromolyn sodium</i>	Preferred Generic
<b>Mucolytics</b>			
	2	<i>acetylcysteine</i>	Preferred Generic
	4	PULMOZYME ( <i>dornase alfa</i> )	Specialty
<b>Respiratory Tract Agents, other</b>			
	2	<i>benzonatate</i>	Preferred Generic

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Restrictions	Drug Tier	Drug Name	Coverage Status
	2	<i>codeine and guaifenesin</i>	Preferred Generic
	3	FLOLAN ( <i>epoprostenol</i> )	Preferred Brand
	2	<i>guaifenesin and pseudoephedrine and codeine</i>	Preferred Generic
	4	TRACLEER ( <i>bosentan</i> )	Specialty
<b>Sedative/Hypnotic</b>			
<b>Sedative/Hypnotic, miscellaneous</b>			
	2	<i>chloral hydrate</i>	Preferred Generic
	2	<i>zaleplon</i>	Preferred Generic
	2	<i>zolpidem</i>	Preferred Generic
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants, miscellaneous</b>			
	2	<i>baclofen</i>	Preferred Generic
	2	<i>carisoprodol</i>	Preferred Generic
	2	<i>chlorzoxazone</i>	Preferred Generic
	2	<i>cyclobenzaprine hydrochloride</i>	Preferred Generic
	2	<i>methocarbamol</i>	Preferred Generic
	2	<i>tizanidine</i>	Preferred Generic
<b>Therapeutic Nutrients/Mineral Electrolytes</b>			
<b>Electrolyte Minerals</b>			
	3	ELIPHOS ( <i>calcium acetate</i> )	Preferred Brand
	2	<i>fluoride sodium</i>	Preferred Generic
	3	FLUORITAB ( <i>fluoride</i> )	Preferred Brand
	3	FLURA-DROP ( <i>fluoride</i> )	Preferred Brand
	3	PHOSLO ( <i>calcium acetate</i> )	Preferred Brand
	3	PHOSLYRA ( <i>calcium acetate</i> )	Preferred Brand
	3	PHOSPHA ( <i>potassium phosphate dibasic and monobasic</i> )	Preferred Brand
	2	<i>potassium acid phosphate</i>	Preferred Generic
	2	<i>potassium chloride</i>	Preferred Generic
	2	<i>potassium phosphate and sodium phosphate</i>	Preferred Generic
<b>Toxicologic Agents</b>			
<b>Opioid Antagonist</b>			
	2	<i>buprenorphine</i>	Preferred Generic
	2	<i>naltrexone hydrochloride</i>	Preferred Generic
	3	SUBOXONE ( <i>naloxone and buprenorphine</i> )	Preferred Brand
<b>Uterine-active Agents</b>			
	3	METHERGINE ( <i>methylergonovine maleate</i> )	Preferred Brand
<b>Vitamin/ Vitamin Analog</b>			
	2	<i>calcitriol</i>	Preferred Generic
	2	<i>ergocalciferol</i>	Preferred Generic

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