

VCH VENTURA AS of: Jan.13, 2010							
DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
<b>CHAPTER 1: ANESTHETICS</b>							
<b>1.2 TOPICAL ANESTHETICS</b>							
lidocaine hcl			Green				
lidocaine hcl viscous			Green				
LIDODERM				Yellow			
<b>CHAPTER 2: ANTIINFECTIVES</b>							
<b>2.1.1 CEPHALOSPORINS</b>							
cefaclor, er			Green				
cefadroxil			Green				
cefdinir			Green				
cefpodoxime proxetil			Green				
cefuroxime (tab)			Green				
cephalexin			Green				
CEFTIN (SUSP)					Red		cefpodoxime suspension
OMNICEF					Red		cefdinir
<b>The following drugs are not covered by the Plan:</b>							
CEDAX			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SPECTRACEF			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
SUPRAX (SUSP)			N/A	N/A	N/A	N/A	amoxicillin/clavulante, cefdinir
<b>2.1.3 CLINDAMYCINS</b>							
clindamycin hcl			Green				
<b>2.1.4 ERYTHROMYCINS</b>							
erythrocin stearate			Green				
erythromycin ethylsuccinate			Green				
PCE					Red		clarithromycin, erythromycin
<b>2.1.4.1 OTHER MACROLIDES</b>							
azithromycin		QL= 8 tabs (250mg); 4 tabs (500mg); 15ml suspension (100mg/5ml) - 2 bottles; 15, 22.5, 30ml susp 200mg/5ml - 3 bottles	Green				
clarithromycin			Green				
BIAXIN, XL					Red		clarithromycin
DYNABAC					Red		clarithromycin, erythromycin
ZITHROMAX		QL= 8 tabs/caps (250mg); 4 tabs (500mg); 100mg/5ml susp - 2 bottles; 200mg/5ml susp - 3 bottles			Red		clarithromycin, erythromycin
<b>2.1.5 PENICILLINS</b>							
amox tr/potassium clavulanate (susp)			Green				
amoxicillin			Green				
penicillin v potassium			Green				
trimox			Green				
AUGMENTIN XR					Red		amox/clavulanate (immed release)
<b>2.1.6 SULFONAMIDES</b>							
erythromycin w/sulfisoxazole			Green				
sulfamethoxazole/trimethoprim			Green				
<b>2.1.7 TETRACYCLINES</b>							
doxycycline hyclate			Green				
minocycline hcl			Green				
tetracycline hcl			Green				
<b>2.1.8 URINARY ANTIINFECTIVES</b>							
nitrofurantoin macrocrystal (100 mg)			Green				
<b>2.1.9 QUINOLONES</b>							
ciprofloxacin, er			Green				
ofloxacin (tabs)			Green				
AVELOX				Yellow			
LEVAQUIN (oral)				Yellow			
FACTIVE		QL = 7 tablets			Red		ciprofloxacin/er, ofloxacin, AVELOX, LEVAQUIN
NOROXIN					Red		ciprofloxacin/er, ofloxacin, AVELOX, LEVAQUIN
LEVAQUIN (inj)		PAR w/ injectable copay				Blue	ciprofloxacin, AVELOX
<b>2.2 TOPICAL ANTIBACTERIAL DRUGS</b>							
gentamicin sulfate			Green				

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
<b>mupirocin</b>							
<b>mupirocin 2% ointment</b>							
<b>silver sulfadiazine</b>							
BACTROBAN cream, nasal ointment							
CHLORHEXIDINE GLUCONATE							
<b>2.3 ORAL ANTIFUNGAL DRUGS</b>							
<b>clotrimazole</b>							
<b>fluconazole</b>		PAR; QL = 2 tabs					
<b>itraconazole</b>		PAR; QL = 34 caps (100mg)					
<b>ketoconazole</b>		PAR					
<b>nystatin</b>							
<b>terbinafine tablet</b>							
LAMISIL tab		PAR					<b>terbinafine</b>
SPORANOX		PAR; QL = 34 caps (100mg)					<b>itraconazole</b>
<b>2.4.1 VAGINAL ANTIFUNGALS</b>							
<b>terconazole</b>		QL = 1 tube (cream); vaginal supp QL = 3					
<b>2.4.2 OTHER TOPICAL ANTIFUNGALS</b>							
<b>ciclopirox (cream)</b>							
<b>ciclopirox (lotion)</b>							
<b>econazole nitrate</b>							
<b>ketoconazole</b>							
<b>nystatin</b>							
<b>The following drugs are not covered by the Plan:</b>							
MENTAX			N/A	N/A	N/A	N/A	OTC LOTRIMIN ULTRA
<b>2.4.3 TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.</b>							
<b>clotrimazole/betamethasone</b>							
<b>nystatin w/triamcinolone</b>							
<b>2.5.1 ANTIRETROVIRALS &amp; PROTEASE INHIBITORS</b>							
EMTRIVA		PAR					
INTELENCE		PAR					
REYATAZ		PAR					
TRUVADA		PAR					
FUZEON		PAR with specialty copay					
<b>2.5.2 OTHER ANTIVIRAL DRUGS</b>							
<b>acyclovir</b>							
<b>amantadine</b>							
<b>famciclovir</b>		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg)					
DENAVIR							
RELENZA		QL = 20 blisters					
TAMIFLU		QL=10 caps (45 mg, 75 mg); 20 caps (30 mg); 25 ml oral susp=3 bottles					
TYZEKA							
FAMVIR		QL = 21 tabs (125 & 500 mg); 68 tabs (250 mg)					<b>acyclovir, famciclovir</b>
FLUMIST		PAR					
<b>ribasphere</b>		PAR with specialty copay					
<b>ribavirin</b>		PAR with specialty copay					
<b>The following drugs are not covered by the Plan:</b>							
VALTREX			N/A	N/A	N/A	N/A	<b>acyclovir, famciclovir</b>
<b>2.7.2 ANTITUBERCULOSIS DRUGS</b>							
<b>isoniazid</b>							
<b>rifampin</b>							
<b>2.7.3 PLASMODICIDES</b>							
<b>hydroxychloroquine sulfate</b>							
<b>quinine sulfate</b>							
<b>2.7.5 TRICHOMONOCIDES</b>							
<b>metronidazole</b>							
<b>2.8.2 AMINOGLYCOSIDES</b>							
GENTAMICIN SULFATE		PAR w/injectable copay					
<b>CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>							
<b>3.0 ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>							
<b>azathioprine</b>							
<b>cyclosporine softgel</b>							

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megestrol							
mercaptapurine							
methotrexate tablet							
mycophenolate mofetil							
tamoxifen							
ARIMIDEX		PAR					
CELLCEPT oral susp		PAR					
FEMARA		PAR					
MYFORTIC		PAR					
cyclosporine injection		PAR w/ specialty injectable copay					
methotrexate injection		PAR w/ specialty injectable copay					
CELLCEPT inj		PAR w/specialty copay					
CIMZIA		PAR w/ specialty injectable copay					ENBREL, HUMIRA
DEPO-PROVERA		PAR w/ injectable copay					
ELIGARD		PAR w/ specialty injectable copay					
ENBREL		PAR w/ specialty injectable copay; 50mg QL = 5 syringes/autoinjectors; 25mg QL = 10 vials/syringes					
HUMIRA		PAR, QL = 3 syringes w/specialty injectable copay					
IRESSA		PAR with specialty copay					
REVLIMID		PAR with specialty copay					
SIMPONI		PAR w/ specialty injectable copay					ENBREL, HUMIRA
SUTENT		PAR with specialty copay					
TREANDA		specialty copay					
TRELSTAR DEPOT		PAR w/ specialty injectable copay					ELIGARD
TRELSTAR LA		PAR w/ specialty injectable copay					ELIGARD
TYKERB		specialty copay					
ZOLADEX		specialty copay					
ZOLINZA		specialty copay					
<b>CHAPTER 4: CARDIOVASCULAR MEDICATIONS</b>							
<b>4.1 CARDIAC GLYCOSIDES</b>							
digitek							
digoxin							
<b>4.2 CALCIUM ANTAGONISTS</b>							
amlodipine besylate							
cartia xt							
diltiazem er							
diltiazem hcl							
diltiazem xr							
felodipine er							
nicardipine hcl							
nifedipine							
nifedipine er							
verapamil hcl							
SULAR							
<b>The following drugs are not covered by the Plan:</b>							
CARDENE SR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
CARDIZEM LA			N/A	N/A	N/A	N/A	diltiazem er
COVERA-HS			N/A	N/A	N/A	N/A	verapamil er
DYNACIRC, CR			N/A	N/A	N/A	N/A	amlodipine besylate, felodipine er, nifedipine er, SULAR
NORVASC			N/A	N/A	N/A	N/A	felodipine er, nifedipine er, SULAR
<b>4.3.1 LOOP DIURETICS</b>							
bumetanide							
furosemide							
torseamide							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
<b>4.3.2 THIAZIDE AND RELATED DRUGS</b>							
hydrochlorothiazide							
indapamide							
metolazone							
<b>4.3.3 POTASSIUM SPARING DIURETICS</b>							
amiloride hcl w/hctz							
spironolactone							
spironolactone w/hctz							
triamterene w/hctz							
<b>4.4 BETA-ADRENERGIC ANTAGONIST DRUGS</b>							
atenolol							
bisoprolol fumarate							
carvedilol							
labetalol hcl							
metoprolol succ er							
metoprolol tartrate							
nadolol							
propranolol hcl							
labetalol hcl injection		PAR w/ injectable copay					
<b>4.5.1 VASODILATOR ANTIHYPERTENSIVES</b>							
doxazosin mesylate							
hydralazine hcl							
prazosin hcl							
terazosin hcl							
<b>4.5.2 CENTRALLY ACTING ANTIHYPERTENSIVES</b>							
clonidine hcl							
guanfacine hcl							
methyldopa							
<b>4.5.4.1 ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>							
benazepril							
captopril							
enalapril							
fosinopril							
lisinopril							
quinapril							
<b>The following drugs are not covered by the Plan:</b>							
ACCUPRIL			N/A	N/A	N/A	N/A	quinapril
ACEON			N/A	N/A	N/A	N/A	generic ACE inhibitor
ALTACE			N/A	N/A	N/A	N/A	generic ACE inhibitor
MAVIK			N/A	N/A	N/A	N/A	generic ACE inhibitor
UNIVASC			N/A	N/A	N/A	N/A	generic ACE inhibitor
<b>4.5.4.2 ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>							
BENICAR		ST					
DIOVAN		ST					
ATACAND		ST					BENICAR, DIOVAN
AVAPRO		ST					BENICAR, DIOVAN
COZAAR		ST					BENICAR, DIOVAN
MICARDIS		ST					BENICAR, DIOVAN
TEVETEN		ST					BENICAR, DIOVAN
<b>4.5.6 OTHER ANTIHYPERTENSIVES</b>							
atenolol w/chlorthalidone							
benazepril-hctz							
bisoprolol fumarate/hctz							
captopril/hctz							
enalapril/hctz							
fosinopril-hctz							
lisinopril-hctz							
moexepil-hctz							
quinaretic							
AZOR		ST					
BENICAR HCT		ST					
DIOVAN HCT		ST					
EXFORGE, -HCT		ST					
LOTREL		ST					
ATACAND HCT		ST					BENICAR HCT, DIOVAN HCT
AVALIDE		ST					BENICAR HCT, DIOVAN HCT
HYZAAR		ST					BENICAR HCT, DIOVAN HCT

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MICARDIS HCT		ST					BENICAR HCT, DIOVAN HCT
TEVETEN HCT		ST					BENICAR HCT, DIOVAN HCT
<b>4.6.1 NITRATES</b>							
isosorbide dinitrate							
isosorbide mononitrate							
nitroglycerin							
<b>4.6.2 OTHER VASODILATING DRUGS</b>							
ADCIRCA		PAR w/ specialty copay					
REVATIO		PAR w/ specialty copay					
<b>4.6.3 ENDOTHELIN RECPTR ANTAGONIST</b>							
LETAIRIS		PAR w/ specialty copay					
TRACLEER		PAR w/ specialty copay					
<b>4.7.1.1 CLASS 1A</b>							
quinidine gluconate							
<b>4.7.1.3 CLASS 1C</b>							
flecainide acetate							
propafenone hcl							
<b>4.7.3 AMIODARONES</b>							
amiodarone hcl							
PACERONE (200mg only)							
PACERONE							amiodarone hcl
<b>4.7.5 OTHER ANTIARRHYTHMICS</b>							
sotalol							
<b>4.8.1 HYPOLIPOPROTEINEMICS</b>							
cholestyramine							
colestipol							
fenofibrate							
gemfibrozil							
LOVAZA							
NIASPAN							
TRILIPIX							
WELCHOL							
ZETIA							
ANTARA							
FENOGLIDE							fenofibrate, TRILIPIX
LIPOFEN							fenofibrate, TRILIPIX
TRICOR							fenofibrate, TRILIPIX
TRIGLIDE							fenofibrate, TRILIPIX
<b>4.8.2 HMG-COA REDUCTASE INHIBITORS</b>							
lovastatin							
pravastatin							
simvastatin							
CRESTOR		ST; QL = 34 tabs (40 mg)					
ALTOPREV		ST					lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
LESCOL, XL		ST					lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
LIPITOR		ST					lovastatin, pravastatin, simvastatin, CRESTOR, VYTORIN
<b>4.8.2.1 HMG-COA COMBINATIONS</b>							
ADVICOR							
SIMCOR							
VYTORIN		ST					
<b>4.9 OTHER CARDIOVASCULAR DRUGS</b>							
pentoxifylline							
RANEXA							
<b>CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS</b>							
<b>5.1.1 ANALGESICS</b>							
tramadol hcl		QL = 272 tabs					
tramadol hcl-acetaminophen		QL = 272 tabs					
<b>5.1.1.1 CLASS II NARCOTICS</b>							
fentanyl		PAR					
hydromorphone hcl		QL = 100tabs/30days					
meperidine hcl		PAR					
morphine sulfate		QL = 100tabs/30days					
oxycodone hcl		QL = 100tabs/30days					
oxycodone w/acetaminophen		QL = 100tabs/30days					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
OPANA ER		QL = 100tabs/30days					
OXYCONTIN		QL = 100tabs/30days					
ACTIQ		PAR; QL = 4/day					
AVINZA		QL = 100tabs/30days					fentanyl citrate
KADIAN		QL = 100tabs/30days					generics
METHADONE HCL (PWD)		QL = 100tabs/30days					generics
MS CONTIN		QL = 100tabs/30days					morphine sulfate
MSIR		QL = 100tabs/30days					generics
OXYIR		QL = 100tabs/30days					oxycodone hcl
fentanyl injection		PAR w/ injectable copay					
meperidine hcl injection		PAR w/ injectable copay					
<b>5.1.1.2 CLASS III NARCOTICS</b>							
acetaminophen w/codeine		QL = 100tabs/30days					
acetaminophen w/hydrocodone		QL = 100tabs/30days					
hydrocodone bit-ibuprofen		QL = 100tabs/30days					
reprexain		QL = 100tabs/30days					
zamicet							
<b>5.1.1.3 CLASS IV NARCOTICS</b>							
propoxyphene hcl		QL = 100tabs/30days					
propoxyphene hcl w/acetaminophen		QL = 100tabs/30days					
propoxyphene napsylate w/acetaminophen		QL = 100tabs/30days					
<b>5.1.2 DRUGS TO PREVENT AND TREAT HEADACHES</b>							
butalbital compound							
butalbital/acetaminophen/caffeine							
sumatriptan tab		QL= 9 tabs/30 days (25mg, 50mg, & 100mg)					
MAXALT, MLT		QL = 12 tabs/30 days					
ZOMIG, ZMT		QL= 6 tabs/30 days					
ZOMIG NASAL SPRAY		QL=6 devices/30 days					
AMERGE		QL= 9 tabs/30 days (1mg & 2.5mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
AXERT		QL= 6 tabs/30 days (6.25mg); 12 tablets/30 days (12.5 mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
FROVA		QL= 9 tabs/30 days					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX		9 tabs/30 days (25mg, 50mg, & 100mg)					sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
IMITREX nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
RELPAK							sumatriptan tab, MAXALT/MLT, ZOMIG/ZMT
SUMATRIPTAN nasal		QL= 6 devices/30 days (5mg & 20mg spray)					ZOMIG nasal
sumatriptan injection		QL= 1 kit/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					
IMITREX injection		QL= 1 kit/30 days (2 syringes); 2 vials/30 days; Injectable copay applies for injectable dosage form.					sumatriptan
<b>5.2.1 ANXIOLYTICS</b>							
alprazolam							
bupirone hcl							
chlordiazepoxide hcl							
clorazepate dipotassium							
diazepam							
lorazepam							
<b>5.2.2 SEDATIVE/HYPNOTIC DRUGS</b>							
flurazepam hcl							
temazepam							
triazolam							
zaleplon		QL= 34 caps (5mg); 68 caps (10mg)					
zolpidem		QL = 30 tabs/30 days					
AMBIEN CR		QL = 30 tabs/30 days					

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EDLUAR		QL = 34 tabs					zolpidem tartrate, AMBIEN CR
LUNESTA		QL = 34 tabs					zolpidem tartrate, AMBIEN CR
<b>5.3 ANTIMANIA DRUGS</b>							
lithium carbonate, -er							
lithium citrate							
<b>5.4.1 CARBAMAZEPINES</b>							
carbamazepine, xr							
divalproex sodium							
CARBATROL							
TRILEPTAL suspension							
<b>5.4.2 ANTICONVULSANT BENZODIAZEPINES</b>							
clonazepam							
<b>5.4.3 HYDANTOINS</b>							
phenytoin							
phenytoin sodium, extended							
PHENYTEK							phenytoin sodium, extended
<b>5.4.4 VALPROIC ACID AND DERIVATIVES</b>							
DEPAKOTE, ER							divalproex
<b>5.4.6 ANTICONVULSANT BARBITURATES</b>							
phenobarbital							
primidone							
<b>5.4.7 OTHER ANTICONVULSANTS</b>							
gabapentin							
lamotrigine							
levetiracetam							
topiramate							
zonisamide							
KEPPRA solution							
LYRICA							
VIMPAT							
KEPPRA tabs							levetiracetam
LAMICTAL							lamotrigine
NEURONTIN							gabapentin
TOPAMAX							topiramate
ZONEGRAN							zonisamide
<b>5.5.1.1 TERTIARY AMINES</b>							
amitriptyline hcl							
doxepin hcl							
imipramine hcl							
<b>5.5.1.2 SECONDARY AMINES</b>							
desipramine hcl							
nortriptyline hcl							
<b>5.5.1.3 SELECTIVE SEROTONIN REUPTAKE INHIBITORS</b>							
citalopram							
fluoxetine hcl							
fluvoxamine maleate							
paroxetine							
sertraline							
LEXAPRO		ST					
CELEXA		ST					fluoxetine (daily), citalopram, paroxetine, LEXAPRO
PAXIL, CR		ST					fluoxetine (daily), citalopram, paroxetine, LEXAPRO
PROZAC WEEKLY		ST					fluoxetine (daily), citalopram, paroxetine, LEXAPRO
ZOLOFT		ST					fluoxetine (daily), citalopram, paroxetine, LEXAPRO
<b>5.5.1.4 OTHER ANTIDEPRESSANTS</b>							
budeprion sr (150 mg)							
budeprion xl							
bupropion hcl							
bupropion sr							
mirtazapine							
nefazodone hcl							
trazodone hcl							
venlafaxine (immediate release)							
CYMBALTA		ST					

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EFFEXOR XR		ST					
PRISTIQ		ST					
APLENZIN		ST					
EFFEXOR		ST					<b>bupropion xl</b>
REMERON (M tab)							<b>venlafaxine</b>
SAVELLA - Off label		ST					<b>mirtazapine</b>
VENLAFAXINE ER		ST					LYRICA, CYMBALTA
WELLBUTRIN XL		ST					CYMBALTA, EFFEXOR XR, PRISTIQ
							<b>bupropion xl</b>
<b>5.6 ANTIVERTIGO AND ANTIEMETIC DRUGS</b>							
<b>granisetron hcl</b>		PAR, QL = 2 tabs					
<b>ondansetron hcl, -odt</b>		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution)					
<b>prochlorperazine maleate</b>							
<b>trimethobenzamide hcl</b>							
EMEND		PAR, QL = 1 cap 40 & 125mg; 2 caps 80mg, 1 pkg bifold pack; 1 pkg trifold pack; 1 vial 115 mg					
ANZEMET		PAR, QL= 1 tab					<b>granisetron, ondansetron</b>
KYTRIL		PAR, QL= 2 tab; 30ml soln					<b>granisetron</b>
ZOFRAN, ODT		PAR, QL= 12 tabs (4mg & 8mg); 1 tab (24mg); 3 bottles (solution)					<b>ondansetron hcl, -odt</b>
ZOFRAN IN DEXTROSE		PAR w/ injectable copay					<b>ondansetron in dextrose</b>
<b>5.7.1 ANTIPARKINSON ANTICHOLINERGIC DRUGS</b>							
<b>benztropine mesylate</b>							
<b>5.7.2 OTHER ANTIPARKINSON DRUGS</b>							
<b>bromocriptine mesylate</b>							
<b>carbidopa/levodopa</b>							
<b>ropinirole</b>							
MIRAPEX							
STALEVO							
REQUIP							<b>ropinirole</b>
<b>5.8 ANTIPSYCHOTIC DRUGS</b>							
<b>clozapine</b>							
<b>haloperidol</b>							
<b>risperidone, odt</b>							
<b>thioridazine hcl</b>							
ABILIFY							
SEROQUEL, XR							
ZYPREXA							
GEODON capsule							<b>risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)</b>
INVEGA							<b>risperidone, ABILIFY (regular tabs), SEROQUEL/XR, ZYPREXA (non-Zydis)</b>
RISPERDAL							<b>risperidone</b>
ZYPREXA ZYDIS		PAR					ZYPREXA (NON-ZYDIS)
GEODON injection		PAR with injectable copay					<b>RISPERDAL CONSTA</b>
RISPERDAL CONSTA		PAR with injectable copay					
ZYPREXA injection		PAR 10mg vial; with Injectable copay					
<b>5.9.1 CNS STIMULANT DRUGS</b>							
<b>amphetamine salt combo</b>		PAR age >18					
<b>dextroamphetamine-amphetamine</b>		PAR age >18					
<b>methamphetamine hcl</b>		PAR age >18					
<b>methylin</b>		PAR age >18					
<b>methylin er</b>		PAR age >18					
<b>methylphenidate er</b>		PAR age >18					
<b>methylphenidate hcl</b>		PAR age >18					
CONCERTA		PAR age >18					
PROVIGIL		PAR age >18					
VYVANSE		PAR age >18					
ADDERALL XR		PAR age >18					<b>dextroamphetamine-amphetamine</b>
FOCALIN, XR							<b>dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE</b>
		PAR age >18					

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DRUG NAME	Specialty Drug	PA/QLL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
METADATE CD		PAR age >18					dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
RITALIN LA		PAR age >18					dextroamphetamine-amphetamine, methylphenidate, CONCERTA, VYVANSE
<b>5.9.3 ANTIDEMENTIA DRUGS</b>							
ARICEPT, -ODT							
EXELON							
NAMENDA							
<b>5.9.4 DRUGS TO TREAT MULTIPLE SCLEROSIS</b>							
COPAXONE		PAR w/ specialty injectable copay; QL = 1 kit					
<b>5.9.6 OTHER DRUGS FOR ADHD</b>							
STRATTERA							
<b>CHAPTER 6: DERMATOLOGICAL MEDICATIONS</b>							
<b>6.1 TOPICAL CORTICOSTEROID DRUGS</b>							
alclometasone dipropionate							
betamethasone dipropionate							
betamethasone dp augmented							
clobetasol propionate							
desonide							
desoximetasone							
diflorasone diacetate							
fluocinonide							
fluticasone propionate (oint)							
mometasone furoate							
triamcinolone acetonide							
<b>The following drugs are not covered by the Plan:</b>							
HYDROCORTISONE			N/A	N/A	N/A	N/A	
<b>6.2 ANTIPRURITIC DRUGS</b>							
hydroxyzine hcl							
hydroxyzine pamoate							
<b>6.3 ANTIACNE DRUGS</b>							
clindamycin phosphate							
erythromycin base							
metronidazole (0.75%)							
sod.sulfacetamide/sulfur tf							
tretinoin		PAR age >34					
DIFFERIN							
FINACEA, PLUS							
ATRALIN							tretinoin, DIFFERIN
AVITA		PAR age >34					tretinoin
BENZACLIN							benzoyl peroxide + clindamycin
BENZAMYCIN							erythromycin/benzoyl peroxide
DUAC							benzoyl peroxide + clindamycin
METROGEL							metronidazole (0.75%)
METROLOTION							metronidazole (0.75%)
RETIN-A MICRO		PAR age >34					tretinoin, DIFFERIN
<b>6.7 KERATOLYTIC DRUGS</b>							
CONDYLOX							GENERIC PODOFILOX SOLUTION
<b>6.8 ANTIPSORIASIS AND ANTIECZEMA DRUGS</b>							
calcipotriene solution							
selenium sulfide							
TAZORAC							
VECTICAL							
DOVONEX solution							calcipotriene solution
KLARON							generic
<b>6.9.2 TOPICAL DERMATOLOGICAL DRUGS</b>							
ALDARA							
CARAC							
PROTOPIC							
ELIDEL							PROTOPIC
<b>6.9.3 SCABICIDES</b>							
LINDANE							
<b>CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS</b>							
<b>7.1 DRUGS AFFECTING THE EAR</b>							

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DRUG NAME	Specialty Drug	PA/QL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
<b>a/b otic</b>							
<b>ofloxacin (ear drops)</b>							
CIPRODEX OTIC							
CERUMENEX						OTC DEBROX, MURINE EAR	
CETRAXAL						CIPRODEX	
CIPRO HC						CIPRODEX	
FLOXIN (OTIC DROPS)						<b>ofloxacin</b>	
<b>7.2 DRUGS AFFECTING THE NOSE</b>							
<b>fluticasone propionate (nasal spray)</b>		QL= 2 sprays					
<b>ipratropium bromide</b>		QL= 0.03%, 2 bottles; 0.6%, 2 bottles					
ASTELIN		QL= 2 bottles					
ASTEPRO		QL= 2 bottles					
NASONEX		QL= 2 bottles					
BECONASE AQ		QL= 2 bottles				<b>flunisolide, fluticasone, NASONEX</b>	
NASACORT AQ		QL= 2 bottles				<b>flunisolide, fluticasone, NASONEX</b>	
OMNARIS		QL= 2 bottles				<b>flunisolide, fluticasone, NASONEX</b>	
PATANASE		QL= 2 bottles				ASTELIN, ASTEPRO	
RHINOCORT AQUA		QL=3 bottles				<b>flunisolide, fluticasone, NASONEX</b>	
VERAMYST		QL= 2 bottles				<b>flunisolide, fluticasone, NASONEX</b>	
<b>7.3 DRUGS AFFECTING THE THROAT AND MOUTH</b>							
<b>chlorhexidine gluconate</b>							
<b>CHAPTER 8: ENDOCRINE MEDICATIONS</b>							
<b>8.1.1 INSULIN</b>							
HUMALOG (vial only)							
HUMALOG MIX 75/25 (vial only)							
HUMULIN 50/50 (vial only)							
HUMULIN 70/30 (vial only)							
HUMULIN L (vial only)							
HUMULIN N (vial only)							
HUMULIN R (vial only)							
HUMULIN U (vial only)							
LANTUS (vial only)							
LEVEMIR, FLEXPEN							
NOVOLIN 70/30 (vial only)							
NOVOLIN L (vial only)							
NOVOLIN N (vial only)							
NOVOLIN R (vial only)							
NOVOLOG (vial only)							
NOVOLOG MIX 70/30 (vial only)							
APIDRA						HUMALOG , NOVOLOG	
LANTUS cartridges, solostar						LANTUS vials, LEVEMIR/FLEXPEN	
<b>8.1.2 ORAL HYPOGLYCEMIC DRUGS</b>							
<b>acarbose</b>							
<b>glipizide</b>							
<b>glipizide er</b>							
<b>glyburide</b>							
<b>glyburide-metformin</b>							
<b>metformin er</b>							
<b>metformin hcl</b>							
<b>nateglinide</b>							
PRANDIMET		QL = 170 tabs					
PRANDIN							
STARLIX						<b>nateglinide</b>	
<b>8.1.3 INSULIN SENSITIZERS</b>							
ACTOS		QL= 34 tabs					
ACTOPLUS MET		QL= 102 tabs					
DUETACT		QL= 34 tabs					
AVANDAMET		QL=68 tabs				ACTOPLUS MET	
AVANDARYL		QL = 34 tabs				DUETACT	
AVANDIA		QL= 68 tabs (2mg & 4mg); 34 tabs (8mg)				ACTOS	
<b>8.1.4 AMYLIN ANALOGUES</b>							
SYMLIN/SYMLINPEN		QL = 7 vials; 8 pens					
<b>8.1.5.1 INCRETIN MIMETICS</b>							
BYETTA		QL = 2 ysringes					
<b>8.1.5.2 DIPEPTIDYL PEPTIDASE - IV INHIB</b>							
JANUMET		QL= 68 tabs					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
JANUVIA		QL= 34 tabs					
ONGLYZA		QL= 34 tabs					
<b>8.2 GLUCOSE ELEVATING DRUGS</b>							
GLUCAGEN							
<b>8.3.1 GLUCOCORTICOID DRUGS</b>							
dexamethasone							
hydrocortisone							
methylprednisolone							
prednisolone							
prednisone							
<b>8.3.2 MINERALOCORTICOID DRUGS</b>							
fludrocortisone acetate							
<b>8.4.1 THYROID SUPPLEMENTS</b>							
levothroid							
levothyroxine sodium							
levoxy							
thyroid							
unithroid							
SYNTHROID							levothyroxine sodium, levoxy
<b>8.4.2 ANTITHYROID DRUGS</b>							
methimazole							
propylthiouracil							
<b>8.6 OTHER ENDOCRINE DRUGS</b>							
alendronate sodium		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg)					
desmopressin tab		PAR					
ACTONEL, -WITH CALCIUM		QL= 34 tabs (5mg & 30mg); 5 tabs (35mg); 2 tabs (75 mg); 1 tab (150 mg); 35 tabs (with Calcium)					
SENSIPAR							
BONIVA tablets		QL = 34 tabs (2.5 mg); 1 tab (150 mg)					alendronate tablet, ACTONEL
FOSAMAX		QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg); 5 bottles (oral solution)					alendronate tablet
FOSAMAX PLUS D		QL = 5 tabs					alendronate tablet
MIACALCIN Nasal Spray							alendronate, ACTONEL
desmopressin injection		PAR w/specialty injectable copay					
BONIVA injection		PAR w/specialty injectable copay					RECLAST
DDAVP		PAR w/specialty injectable copay					desmopressin
FORTEO		PAR w/specialty injectable copay; QL = 1 pen (600 mcg/2.4 mL pen					
MIACALCIN Injection		PAR with injectable copay					
RECLAST Injection		PAR w/specialty injectable copay					
<b>CHAPTER 9: GASTROINTESTINAL MEDICATIONS</b>							
<b>9.2 ANTIDIARRHEAL DRUGS</b>							
diphenoxylate w/atropine							
loperamide hcl							
<b>9.3 ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</b>							
dicyclomine hcl							
hyoscyamine sulfata							
metoclopramide hcl							
<b>9.4 ANTIULCER DRUGS</b>							
cimetidine							
famotidine							
nizatidine							
ranitidine hcl							
<b>9.4.1 OTHER ANTIULCER DRUGS</b>							
misoprostol							
sucralfate							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
<b>9.4.2 PROTON PUMP INHIBITORS</b>							
<b>omeprazole</b>		QL = 34 caps (10mg)					
PRILOSEC OTC		QL = 34 tabs					
NEXIUM		QL=34 caps/packets, ST					
ACIPHEX		ST					
KAPIDEX		QL=34 caps, ST				Prilosec OTC, omeprazole, NEXIUM	
PREVACID		QL=34 caps or tabs (15 mg), ST				Prilosec OTC, omeprazole, NEXIUM	
PRILOSEC		QL=34 caps (10 mg, 20 mg); 34 packets (10 mg susp); 68 packets (2.5 mg susp); ST				Prilosec OTC, omeprazole, NEXIUM	
PROTONIX		QL= 34 tabs (20 mg), ST				Prilosec OTC, omeprazole, NEXIUM	
ZEGERID		QL=34 pcks or caps, ST				Prilosec OTC, omeprazole, NEXIUM	
<b>9.4.3 HELICOBACTER PYLORI DRUGS</b>							
PYLERA							
HELIDAC						PYLERA	
PREVPAC		QL= 1 pkg				PYLERA	
<b>9.5 LAXATIVES AND CATHARTICS</b>							
<b>glycolax</b>							
<b>9.6 OTHER GI DRUGS</b>							
<b>balsalazide disodium</b>							
<b>hydrocortisone</b>							
<b>sulfasalazine</b>							
ANALPRAM-HC							
ASACOL, HD							
CANASA							
CREON							
LIALDA							
PENTASA							
ULTRASE, MT							
APRISO						balsalazide, ASACOL/HD, LIALDA	
COLAZAL						balsalazide disodium	
DIPENTUM						balsalazide, ASACOL/HD, LIALDA	
GOLYTELY						peg electrolyte	
NULYTELY						peg electrolyte	
URSO, -FORTE						peg electrolyte	
<b>CHAPTER 10: IMMUNOLOGICALS AND VACCINES</b>							
<b>10.0 IMMUNOLOGICALS AND VACCINES</b>							
FLEBOGAMMA		PAR w/ specialty injectable copay				GAMMAGARD S/D, GAMUNEX, PRIVIGEN	
GAMMAGARD S/D		PAR w/ specialty injectable copay					
GAMUNEX		PAR w/ specialty injectable copay					
HYPERHEP B S-D		PAR w/ specialty injectable copay					
HYPERRHO S-D		PAR w/ specialty injectable copay					
MICRHOGAM		PAR w/ specialty injectable copay				HYPERRHO S-D	
NABI-HB		PAR w/ specialty injectable copay				BAYHEP B	
PRIVIGEN		PAR w/ specialty injectable copay					
RHOGAM		PAR w/ specialty injectable copay				HYPERRHO S-D	
RHOPHYLAC		PAR w/ specialty injectable copay				HYPERRHO S-D	
WINRHO SDF		PAR w/ specialty injectable copay				HYPERRHO S-D	
<b>10.2.1 MYELOID STIMULANTS</b>							
NEULASTA		PAR w/ specialty injectable copay					
NEUPOGEN		PAR w/ specialty injectable copay					
<b>10.2.2 ERYTHROID STIMULANTS</b>							
ARANESP		PAR w/ specialty injectable copay					

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			1 (\$9)	2 (\$38+)	3 (\$45+)	4 (20%+)	
EPOGEN		PAR w/ specialty injectable copay					ARANESP, PROCRIT
PROCRIT		PAR w/ specialty injectable copay					
<b>10.2.3 INTERFERONS</b>							
AVONEX, ADMINISTRATION PACK		PAR with specialty injectable copay; QL = 4 vials/4 syringes					
BETASERON		PAR with specialty injectable copay; QL = 15 vials with prefilled diluent syringe					
INFERGEN		PAR w/ specialty injectable copay					
INTRON A		PAR w/ specialty injectable copay					
PEGASYS		PAR with specialty injectable copay; QL = 5 vials; Convenience Pack = 1 box					
PEG-INTRON, REDIPEN		PAR with specialty injectable copay; QL = 5 pens/vials					
REBIF		PAR with specialty injectable copay; QL = 15 syringes; Titration Pack = 1 package					
<b>10.2.4 GROWTH HORMONES AND RELATED DRUGS</b>							
GENOTROPIN		PAR w/ specialty injectable copay					
HUMATROPE		PAR w/ specialty injectable copay					
NORDITROPIN		PAR w/ specialty injectable copay					GENOTROPIN, HUMATROPE, NUTROPIN/AQ
NUTROPIN, AQ		PAR w/ specialty injectable copay					
OMNITROPE		PAR w/ specialty injectable copay					GENOTROPIN, HUMATROPE, NUTROPIN/AQ
SAIZEN		PAR w/ specialty injectable copay					GENOTROPIN, HUMATROPE, NUTROPIN/AQ
TEV-TROPIN		PAR w/ specialty injectable copay					GENOTROPIN, HUMATROPE, NUTROPIN/AQ
<b>10.2.5 INTERLEUKINS</b>							
NEUMEGA		PAR w/ specialty injectable copay; QL = 21 vials					
<b>CHAPTER 11: MUSCULOSKELETAL MEDICATIONS</b>							
<b>11.1.1 SALICYLATES AND RELATED DRUGS</b>							
diflunisal							
salsalate							
<b>11.1.2 NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>							
diclofenac sodium							
etodolac							
ibuprofen							
indomethacin							
ketoprofen							
meloxicam							
nabumetone							
naproxen							
oxaprozin							
piroxicam							
sulindac							
CELEBREX		ST					
MOBIC		QL = 34 Tabs, ST					meloxicam
<b>11.1.4 OTHER DRUGS FOR ARTHRITIS</b>							
supartz		PAR w/ specialty injectable copay					EUFLEXXA
EUFLEXXA		PAR w/ specialty injectable copay					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
HYALGAN		PAR w/ specialty injectable copay					EUFLEXXA
ORTHOVISC		PAR w/ specialty injectable copay					EUFLEXXA
SYNVISC, ONE		PAR w/ specialty injectable copay					EUFLEXXA
<b>11.2 DRUGS TO PREVENT AND TREAT GOUT</b>							
allopurinol							
colchicine							
probenecid							
<b>11.3.1 DIRECT MUSCLE RELAXANTS</b>							
baclofen							
tizanidine hcl							
<b>11.3.2 CNS MUSCLE RELAXANTS</b>							
carisoprodol							
cyclobenzaprine hcl							
methocarbamol							
orphenadrine citrate							
SKELAXIN							
orphenadrine citrate injectable		PAR w/injectable copay					
<b>CHAPTER 12: NUTRITION, BLOOD</b>							
<b>12.1.2 VITAMINS &amp; MINERALS &amp; RELATED PRODUCTS</b>							
METANX							
CEREFOLIN							generic vitamin supplement
<b>12.1.3 THERAPEUTIC VITAMINS &amp; MINERALS</b>							
calcitriol		PAR w/ injectable copay					
folic acid							
<b>12.2 POTASSIUM SUPPLEMENTS</b>							
klor-con							
potassium chloride		PAR w/ injectable copay					
<b>12.3.1 ORAL ANTICOAGULANTS, VITAMIN K</b>							
warfarin sodium							
COUMADIN							warfarin sodium
<b>12.3.2 HEPARIN AND HEPARIN ANTAGONISTS</b>							
ARIXTRA		PAR w/ specialty injectable copay					
FRAGMIN		PAR w/ specialty injectable copay					
INNOHEP		PAR w/ specialty injectable copay					
LOVENOX		PAR w/ specialty injectable copay					
<b>12.4 ANTIPLATELET DRUGS</b>							
cilostazol							
dipyridamole							
ticlopidine hcl							
AGGRENOX		PAR					
EFFIENT		PAR					
PLAVIX		PAR					
<b>12.5 HEMOSTATICS</b>							
ADVATE		PAR w/ specialty injectable copay					
ALPHANATE		PAR w/ specialty injectable copay					
ALPHANINE SD		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
BEBULIN VH IMMUNO		PAR w/ specialty injectable copay					
BENEFIX		PAR w/ specialty injectable copay					
HELIXATE FS		PAR w/ specialty injectable copay					
HEMOFIL-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
HUMATE-P		PAR w/ specialty injectable copay					
KOATE-DVI		PAR w/ specialty injectable copay					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
KOGENATE FS		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONARC-M		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONOCLATE-P		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
MONONINE		PAR w/ specialty injectable copay					BEBULIN, BENEFIX, PROFILNINE SD
PROFILNINE SD		PAR w/ specialty injectable copay					
RECOMBINATE		PAR w/ specialty injectable copay					
REFACTO		PAR w/ specialty injectable copay					ADVATE, ALPHANATE, HUMATE-P
XYNTHA		PAR w/ specialty injectable copay					
<b>12.7 BLOOD DETOXICANTS</b>							
<b>lactulose</b>							
RENAGEL							
REVELA							
FOSRENOL							RENAGEL, REVELA
<b>CHAPTER 13: OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>							
<b>13.1.1 PRENATAL VITAMINS</b>							
<b>natacare plus prenatal rx</b>							
PRENATE ELITE							ADVANCED-RF NATALCARE
<b>13.1.2 SPECIALIZED OB/GYN DRUGS</b>							
<b>novarel</b>		PAR w/ specialty infertility copay; QL = 3 vials					
CETROTIDE		PAR w/ specialty infertility copay					
ELIGARD		PAR w/ specialty infertility copay					
GANIRELIX ACETATE		PAR w/ specialty infertility copay					
LUPRON		PAR w/ specialty infertility copay					leuprolide acetate
LUPRON DEPOT		PAR w/ specialty infertility copay					ELIGARD
OVIDREL		PAR w/ specialty infertility copay					ch.gonadotropin, novarel
PREGNYL		PAR w/ specialty infertility copay; QL = 3 vials					ch.gonadotropin, novarel
<b>13.2 OVULATORY STIMULANTS</b>							
<b>clomiphene citrate</b>		PAR >150MG w/ infertility copay					
BRAVELLE		PAR w/ specialty infertility copay					GONAL F/RFF
FERTINEX		PAR w/ specialty infertility copay					GONAL F/RFF
FOLLISTIM AQ		PAR w/ specialty infertility copay					GONAL F/RFF
GONAL-F/RFF		PAR w/ specialty infertility copay					
MENOPUR		PAR w/ specialty infertility copay					
REPRONEX		PAR w/ specialty infertility copay					MENOPUR
<b>13.3 ANDROGEN DRUGS</b>							
ANDRODERM							
ANDROGEL							
TESTIM							ANDRODERM, ANDROGEL
<b>13.4 ESTROGEN DRUGS</b>							
<b>estradiol estradiol transdermal patch</b>		QL= 5 patches					
<b>estropipate</b>							
ALORA		QL= 10 patches					
MENEST							
PREMARIN							
VAGIFEM							

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DRUG NAME	Specialty Drug	PA/QL/ST	TIER				SUGGESTED PREFERRED ALTERNATIVES
			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
CENESTIN							estradiol, MENEST, PREMARIN
DIVIGEL		QL = 34 packets					generic patches, ALORA
ELESTRIN		QL = 1 pump					generic patches, ALORA
ENJUVA							estradiol, MENEST, PREMARIN
ESTRADERM		QL= 10 patches					generic patches, ALORA
ESTRASORB		QL = 68 packets					generic patches, ALORA
ESTROGEL		QL = 2 pump bottles					generic patches, ALORA
FEMTRACE							estradiol, MENEST, PREMARIN
MENOSTAR		QL= 5 patches					generic patches, ALORA
VIVELLE-DOT		QL= 10 patches					generic patches, ALORA
<b>13.4.1 ESTROGEN/PROGESTIN COMBINATIONS</b>							
<b>estradiol-norethindrone acetat</b>							
CLIMARA PRO		QL = 5 patches					
PREMPHASE							
PREMPRO							
ANGELIQ							PREMPRO/PREMPHASE
COMBIPATCH							CLIMARA PRO
FEMHRT							PREMPRO/PREMPHASE
PREFEST							PREMPRO/PREMPHASE
<b>13.4.3 SELECTIVE ESTROGEN RECEPTOR MODULATOR</b>							
EVISTA							
<b>13.5 PROGESTIN DRUGS</b>							
<b>camila</b>							
<b>errin</b>							
<b>jolivette</b>							
<b>medroxyprogesterone acetate</b>							
<b>nora-be</b>							
<b>norethindrone acetate</b>							
CRINONE							
PROCHIEVE							
PROMETRIUM							
NOR-Q-D							camila, nora-be
ORTHO MICRONOR							errin, jolivette
<b>medroxyprogesterone acetate injection</b>		PAR w/injectable copay					
DEPO-PROVERA contraceptive injection		PAR (Brand Only) w/injectable copay; QL = 1 vial/syringe					medroxyprogesterone acetate
<b>13.7 CONTRACEPTIVES</b>							
<b>apri</b>							
<b>aranelle</b>							
<b>aviane</b>							
<b>cesia</b>							
<b>cryselle</b>							
<b>enpresse</b>							
<b>junel fe</b>							
<b>kariva</b>							
<b>kelnor 1/35</b>							
<b>lessina</b>							
<b>levora-28</b>							
<b>low-ogestrel</b>							
<b>lutera</b>							
<b>microgestin</b>							
<b>microgestin fe</b>							
<b>mononessa</b>							
<b>necon</b>							
<b>nortrel</b>							
<b>previfem</b>							
<b>solia</b>							
<b>sprintec</b>							
<b>trinessa</b>							
<b>tri-previfem</b>							
<b>tri-sprintec tablet</b>							
<b>trivora-28</b>							
<b>velivet 28 day</b>							
<b>zovia 1/35e</b>							
ORTHO TRI-CYCLEN LO							
YAZ							
ALESSE							aviane, lessina

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
CYCLESSA							cesia, velivet
DEMULEN 1/50							zovia 1/50e
DESOGEN							apri
ESTROSTEP FE							tri-legest fe-28
LEVLEN							levora, portia
LO/OVRAL							crystelle, low-ogestrel
LOESTRIN							junel, microgestin
LOESTRIN FE							junel fe, microgestin
MIRCETTE							kariva
MODICON							necon, nortrel
NORDETTE							levora, portia
NORINYL 1/35							necon, nortrel
NORINYL 1/50							necon
NUVARING							ORTHO TRI-CYCLEN LO, YAZ
ORTHO EVRA							ORTHO TRI-CYCLEN LO, YAZ
ORTHO TRI-CYCLEN							trinessa, trisprintec
ORTHO-CEPT							apri, reclipsen
ORTHO-CYCLEN							mononessa, sprintec
ORTHO-NOVUM							necon, nortrel
OVCN-35							balziva
OVCN-50							ogestrel
SEASONALE							jolessa, quasense
TRI-NORINYL							aranelle, leena
TRIPHASIL							enpresse, trivora
YASMIN							ocella
<b>CHAPTER 14: OPHTHALMIC MEDICATIONS</b>							
<b>14.1.1 OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>							
ciprofloxacin hcl (ophth drops)							
erythromycin							
gentamicin sulfate							
ofloxacin (eye drops)							
polymyxin b sul/trimethoprim							
sulfacetamide sodium							
tobramycin sulfate							
AZASITE							
VIGAMOX							
ZYMAR							
BESIVANCE							ciprofloxacin, VIGAMOX, ZYMAR
IQUIX							ciprofloxacin, VIGAMOX, ZYMAR
QUIXIN							ciprofloxacin, VIGAMOX, ZYMAR
<b>14.2 OPHTHALMIC CORTICOSTEROID DRUGS</b>							
prednisolone acetate							
ALREX							generic ophthalmic steroids
FML FORTE							generic ophthalmic steroids
LOTEMAX							generic ophthalmic steroids
VEXOL							generic ophthalmic steroids
<b>14.3 OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</b>							
neomycin/polymyxin/dexameth							
ZYLET							
<b>14.5 ANTIGLAUCOMA DRUGS</b>							
brimonidine tartrate							
levobunolol hcl							
pilocarpine hcl							
timolol maleate							
ALPHAGAN P							
LUMIGAN							
XALATAN							
AZOPT							brimonidine tartrate, dorzolamide, ALPHAGAN P
TRAVATAN, Z							LUMIGAN, XALATAN
<b>14.6 OTHER OPHTHALMIC DRUGS</b>							
cromolyn sodium							
diclofenac							
PATADAY							
PATANOL							
RESTASIS		QL = 60 vials					
ZADITOR							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
ACULAR, LS							<b>diclofenac sodium</b>
ALAMAST							PATADAY, PATANOL
ALOCRIAL							PATADAY, PATANOL
ELESTAT							PATADAY, PATANOL
NEVANAC							<b>diclofenac sodium</b>
OPTIVAR							PATADAY, PATANOL
XIBROM							<b>diclofenac sodium</b>
<b>CHAPTER 15: RESPIRATORY MEDICATIONS</b>							
<b>15.1.1 BETA-2 ADRENERGIC DRUGS</b>							
<b>albuterol</b>		QL=3 inhs					
<b>albuterol sulfate</b>							
FORADIL		QL= 12 caps/12pk; 120 caps/60pk					
PERFOROMIST		QL = 120 vials					
PROAIR HFA		QL = 3 inhalers					
SEREVENT DISKUS		QL= 1 pkg/28 blisters; 2 pkgs/60 blisters					
VENTOLIN HFA		QL =3 inhs (18 gm); 1 inh (8 gm)					
BROVANA		QL = 3 cartons for a 34 day supply					PERFOROMIST
MAXAIR AUTOHALER		QL=2 inhs					PROAIR HFA, VENTOLIN HFA
PROVENTIL HFA		QL= 3 inhs					PROAIR HFA, VENTOLIN HFA
XOPENEX							<b>albuterol neb</b>
XOPENEX HFA		QL =3 inhs					PROAIR HFA, VENTOLIN HFA
<b>15.1.2 METHYL XANTHINE DRUGS</b>							
<b>theophylline, -er</b>							
<b>theophylline anhydrous</b>							
<b>15.1.3 OTHER DRUGS FOR ASTHMA</b>							
<b>ipratropium bromide</b>							
ADVAIR DISKUS		QL= 120 inhs/60pk; 28 inhs/28pk; 14 inhs/14pk					
ADVAIR HFA		QL = 2 inhalers					
ATROVENT HFA		QL= 2 inhalers HFA					
COMBIVENT		QL= 3 inhalers					
FLOVENT DISKUS		QL (50mcg & 100mcg) 2 inhalers; (250mcg) 5 inhalers					
FLOVENT HFA		QL = 44mcg - 2 inhalers; 110 mcg - 1 inhaler; 220 mcg - 3 inhalers					
INTAL		QL= 2 inhalers					
PULMICORT		QL= 70 ampules (0.25 mg/2 mL or 0.5 mg/2 mL); 35 ampules (1 mg/2 mL); 2 inhs					
PULMICORT FLEXHALER		QL= 2 inhs (90 mcg); 3 inhs (180 mcg)					
QVAR		QL= 3 inhalers					
SPIRIVA		QL= 1 package (6 capsules or 90 capsules); 2 packages (30 capsules)					
SYMBICORT		QL = 2 inhalers					
TILADE		QL= 3 inhalers					
AEROBID, M		QL= 3 inhalers					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ALVESCO		QL = 2 inhs (80 mcg); 3 inhs (160 mcg)					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
ASMANEX		QL = 1 inh (#14 inhalation units); 2 inhs (#30, #60, #120 inhalation units)					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
AZMACORT		QL= 3 inhalers					FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
EPIPEN		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay					
EPIPEN JR.		QL= 3 units (package size 1); 2 units (package size 2) w/injectable copay					

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
TWINJECT		QL = 3 units/pkg size 1; 4 units/pkg size 2; w/injectable copay					
<b>15.1.4 LEUKOTRIENE MODIFIERS</b>							
SINGULAIR							
ACCOLATE							SINGULAIR
<b>15.2.1 ANTIHISTAMINES</b>							
<b>cyproheptadine hcl</b>							
<b>promethazine hcl</b>							
ALLEGRA		QL=68 tabs/caps (30mg & 60mg); 34 tabs (180mg)					fexofenadine
CLARINEX		QL= 34 tabs					fexofenadine
ZYRTEC		QL= 34 tabs					fexofenadine
<b>15.2.3 ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>							
<b>promethazine vc</b>							
ALLEGRA-D		QL = 68 tabs (12 hr); 34 tabs (24 hr)					OTC cetirizine-D
ZYRTEC-D		QL= 68 tablets					OTC cetirizine-D
<b>15.3 ANTITUSSIVE AND EXPECTORANT DRUGS</b>							
<b>benzonatate</b>							
<b>guaifenesin w/codeine</b>							
<b>guaifenesin pse</b>							
<b>hydone</b>							
<b>prolex dh</b>							
<b>promethazine w/codeine</b>							
<b>promethazine w/dm</b>							
<b>promethazine vc w/codeine</b>							
TUSSIONEX							
<b>CHAPTER 16: UROLOGICAL MEDICATIONS</b>							
<b>16.1.1 ANTICHOLINERGIC ANTISPASMODICS</b>							
<b>oxybutynin chloride</b>		QL = 34 tabs (er)					
OXYTROL		QL= 10 patches					
ENABLEX							oxybutynin/er
GELNIQUE		QL = 34 sachets					oxybutynin er, OXYTROL
SANCTURA, XR							oxybutynin/er
TOVIAZ							oxybutynin/er
VESICARE							oxybutynin/er
<b>16.1.3 URINARY ANESTHETICS</b>							
<b>phenazopyridine hcl</b>							
<b>16.1.4 OTHER GENITOURINARY PRODUCTS</b>							
<b>finasteride</b>							
FLOMAX							
MUSE		PAR					
UROXATRAL							
VIAGRA		PAR, QL= 6/30 days					
CIALIS		PAR, QL= 6/30 days					VIAGRA
LEVITRA		PAR, QL= 6/30 days					VIAGRA
AVODART							finasteride
RAPAFLO							doxazosin, FLOMAX
CAVERJECT		PAR, w/ injectable copay QL= 12 vials					
EDEX		PAR, w/ injectable copay QL= 12 vials or kits					CAVERJECT
<b>CHAPTER 17: DIAGNOSTIC &amp; MISCELLANEOUS MEDICATIONS</b>							
<b>17.1 DIAGNOSTIC PRODUCTS</b>							
PRECISION XTRA							
<b>17.3.1 APPETITE SUPPRESSANTS</b>							
MERIDIA		PAR					
<b>17.3.2 OTHER WEIGHT LOSS PRODUCTS</b>							
XENICAL		PAR					OTC ALLI
<b>CHAPTER 18: MEDICAL (MISCELLANEOUS) SUPPLIES</b>							
<b>18.1 DIABETIC SUPPLIES</b>							
ACCU-CHEK							
ACCU-CHEK III							
ACCU-CHEK INSTANTPLUS							
ACCU-CHEK SIMPLICITY							
ASCENSIA AUTODISC							
ASCENSIA AUTODISC (SOLN)							

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			1 (\$9)	2 (\$30+)	3 (\$45+)	4 (20%+)	
ASCENSIA BREEZE							
ASCENSIA CONTOUR							
ASCENSIA DEX2							
ASCENSIA ELITE							
ASCENSIA ELITE (SOLN)							
ASCENSIA MICROFILL							
CHEMSTRIP BG							
GLUCOMETER DEX							
GLUCOMETER ELITE							
GLUCOMETER ENCORE							
NOVOFINE 32							
PRECISION							
PRECISION XTRA							
<b>The following drugs are not covered by the Plan:</b>							
FAST TAKE			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FAST TAKE MONITORING SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE FLASH SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE FLASH SYSTEM KIT			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE SIDEKICK II			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE TRACKER			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
FREESTYLE TRACKER SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH BASIC SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH INDUO			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH PROFILE SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH ULTRA SMART			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH ULTRA SYSTEM			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
ONE TOUCH ULTRA TEST STRIPS			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
PRECISION PCX			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
PRECISION PCX PLUS			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
PRECISION Q-I-D			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
PRECISION SOF-TACT			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
SOF-TACT			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER
SURESTEP			N/A	N/A	N/A	N/A	ACCU-CHEK, ASCENSIA/GLUCOMETER

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