



2010
Drug Formulary

Current formulary available at www.uphcg.com

The University Physicians Healthcare drug formulary is subject to change, please visit our website at www.uphcg.com or call our Member Services Department at 1-800-582-8686 for the most up to date formulary.

University Physicians Healthcare Group

The Drug Formulary

The drug formulary is a list of medications covered by University Physicians Healthcare Group. It is intended for use by the plan, providers, and pharmacies. The formulary applies only to outpatient prescription medications. It does not apply to inpatient medications obtained from or administered by a physician.

The drug formulary is a generically run formulary. Medications listed on the formulary followed by an asterisk (*) must be dispensed with the generic product. The brand names are listed for all drugs for references purposes only. For medications without an asterisk, the generic must be dispensed if it becomes available. Medications followed by NTI are narrow therapeutic index medications and either generic or brand may be dispensed. If a generic NTI medication is dispensed, the member pays a tier 1 co-pay. If the brand name medication is dispensed, the member pays the tier 2 co-pay. See “Tiered Formulary and Co-Payments”.

The University Physicians Healthcare Group drug formulary and tier assignments are subject to change and may not be reflected in the printed or on-line drug formulary.

Prior Authorization

Prior authorizations are required where designated [PAR]. Please fax prior authorization requests to (866)349-0338. PAR forms are available on the web at http://www.uphcg.com/pdf/UPHP_So_AZ_PriorAuth_form.pdf . Medications not listed in the drug formulary are not covered.

Step Therapy

The drug formulary has certain medications listed as step therapy [ST]. If a medication is listed as (ST), members are required to try a formulary medication before requesting the step therapy medication. If these steps are not followed, the provider must request a prior authorization before the member is allowed to receive the prescribed medication. PAR forms are available on the web at http://www.uphcg.com/pdf/UPHP_So_AZ_PriorAuth_form.pdf

Quantity Limits

Certain medications have quantity limitations to encourage appropriate utilization. Quantity limits are based on clinically approved prescribing guidelines to ensure safe and proper use of medications. Drugs that have established quantity limits are identified by the symbol [QLL].

Tiered Formulary and Co-Payments

The drug formulary includes three tiers:

- \$ Tier 1: includes most generic and certain low cost brand medications (\$10 co-pay)
- \$\$ Tier 2: includes some preferred brand name and higher cost generics (\$35 co-pay)
- \$\$\$ Tier 3: includes non-preferred drugs and drugs requiring prior authorization (\$55 co-pay)

Excluded Medications

- Injectable medications unless listed in the drug formulary.
- Over the counter medications unless listed in the formulary.
- Non-formulary Medications

Mail Order Options

If members are taking medications for a chronic condition, they can receive a three-month supply by mail for the price of two co-pays. Please contact Express Scripts at (888) 408-2579 or at www.express-scripts.com.

Contact Information

Prior Authorization Fax (866) 349-0338 UPHP
Pharmacy Help Desk (800) 582-8686
Express Scripts Pharmacy Help Desk (800) 824-0898

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tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
ANESTHETICS				
TOPICAL ANESTHETICS				
\$	lidocaine hcl viscous *	(GEN FOR XYLOCAINE VISCOUS)	X	
\$	lidocaine prilocaine *	(GEN FOR EMLA) [PAR]	X	
ANTIINFECTIVES				
AMINOGLYCOSIDES				
\$\$\$	TOBI	[PAR]		X
CEPHALOSPORINS				
\$\$	cefadroxil *	(GEN FOR DURICEF)	X	
\$\$\$	cefdinir*	(GEN FOR OMNICEF)	X	
\$	cefuroxime tabs*	(GEN FOR CEFTIN)	X	
\$\$\$	cefuroxime suspension*	(GEN FOR CEFTIN)	X	
\$	cephalexin *	(GEN FOR KEFLEX)	X	
\$\$\$	SUPRAX	[QLL]		X
CLINDAMYCINS				
\$	clindamycin hcl*	(GEN FOR CLEOCIN)	X	
ERYTHROMYCINS				
\$	erythrocin stearate*	(GEN FOR ILOSONE)	X	
\$	erythromycin e.c. cap,tab*	(GEN FOR ERY-TAB)	X	
\$	erythromycin ethylsuccinate *	(GEN FOR EES, PEDIAZOLE)	X	
OTHER MACROLIDES				
\$	azithromycin (not powder)*	(GEN FOR ZITHROMAX) [QLL]	X	
\$\$	azithromycin powder*	(GEN FOR ZITHROMAX powder) [QLL]	X	
\$	clarithromycin *	(GEN FOR BIAXIN)	X	
PENICILLINS				
\$	amoxicillin *	(GEN FOR AMOXIL)	X	
\$	amox tr/potassium clavulanate*	(GEN FOR AUGMENTIN)	X	
\$	ampicillin *		X	
\$	dicloxacillin*	(GEN FOR DYNAPEN)	X	
\$	penicillin v potassium *	(GEN FOR VEETIDS)	X	
SULFONAMIDES				
\$	erythromycin/sulfisoxazole*	(GEN FOR PEDIAZOLE)	X	
\$	sulfisoxazole*	(GEN FOR GANTRISIN)	X	
\$	sulfamethoxazole/trimethoprim*	(GEN FOR SEPTRA DS)	X	
TETRACYCLINES				
\$	doxycycline hyclate cap 50mg, tab 100 mg*	(GEN FOR VIBRAMYCIN)	X	
\$	minocycline hcl cap*	(GEN FOR MINOCIN)	X	
\$	tetracycline hcl *	(GEN FOR ACHROMYCIN V)	X	
URINARY ANTIINFECTIVES				
\$	nitrofurantoin macrocrystal *	(GEN FOR MACRODANTIN)	X	
\$	trimethoprim *	(GEN FOR TRIMPEX)	X	
QUINOLONES				
\$	ciprofloxacin *	(GEN FOR CIPRO)	X	
\$\$\$	LEVAQUIN			X
TOPICAL ANTIBACTERIAL DRUGS				
\$	gentamicin sulfate crm, oint*	(GEN FOR GARAMYCIN)	X	
\$\$	mupirocin ointment*	(GEN FOR BACTROBAN)	X	
\$	silver sulfadiazine *	(GEN FOR SILVADENE)	X	
ORAL ANTIFUNGAL DRUGS				
\$\$	clotrimazole loz*	(GEN FOR MYCELEX)	X	
\$	fluconazole 150mg*	(GEN FOR DIFLUCAN) [QLL]	X	
	<i>(QLL) 150mg tabs—limit 2 tablets per fill/ 4 tablets per year</i>			
\$	fluconazole (not susp)*	(GEN FOR DIFLUCAN) [PAR]	X	
\$\$	fluconazole susp*	(GEN FOR DIFLUCAN) [PAR]	X	
\$\$	griseofulvin microsize*	(GEN FOR GRIFULVIN V)	X	
\$\$	griseofulvin ultramicrosize*	(GEN FOR GRIS-PEG)	X	
\$	ketoconazole *	(GEN FOR NIZORAL)	X	
\$	nystatin oral susp,tab*	(GEN FOR MYCOSTATIN)	X	
\$\$\$	terbinafine tab*	(GEN FOR LAMISIL) [PAR]	X	
VAGINAL ANTIFUNGALS				
\$	nystatin vaginal products*		X	
OTHER TOPICAL ANTIFUNGALS				
\$\$	ciclopirox *	(GEN FOR LOPROX)	X	
\$	clotrimazole cream,soln, top*	(GEN FOR LOTRIMIN)	X	
\$	ketoconazole *	(GEN FOR NIZORAL)	X	
\$\$	LOPROX gel,shampoo			X
\$	nystatin cream,oint*		X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
	TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.			
\$	nystatin-triamcinolone	(GEN FOR MYCOLOG II CRM)		
\$	clotrimazole-betamethasone *	(GEN FOR LOTRISONE)	X	
	ANTIRETROVIRALS & PROTEASE INH			
	<i>All oral antiretroviral & protease inhibitor agents are covered under the prescription benefit if FDA approved.</i>			
\$\$\$	AGENERASE			X
\$\$\$	APTIVUS			X
\$\$\$	ATRIPLA			X
\$\$\$	COMBIVIR			X
\$\$\$	CRIXIVAN			X
\$\$\$	didanosine *	(GEN FOR VIDEX EC)	X	
\$\$\$	EMTRIVA			X
\$\$\$	EPIVIR			X
\$\$\$	EPZICOM			X
\$\$\$	HIVID			X
\$\$\$	INVIRASE			X
\$\$\$	ISENTRESS			X
\$\$\$	KALETRA			X
\$\$\$	LEXIVA			X
\$\$\$	NORVIR			X
\$\$\$	PREZISTA			X
\$\$\$	RESCRIPTOR			X
\$\$\$	REYATAZ			X
\$\$\$	SELZENTRY			X
\$\$\$	SUSTIVA			X
\$\$\$	TRIZIVIR			X
\$\$\$	TRUVADA			X
\$\$\$	VIDEX			X
\$\$\$	VIRACEPT			X
\$\$\$	VIRAMUNE			X
\$\$\$	VIREAD			X
\$\$\$	ZERIT			X
\$\$\$	ZIAGEN			X
\$\$	zidovudine *	(GEN FOR RETROVIR)	X	
	OTHER ANTIVIRAL DRUGS			
\$	acyclovir oral*	(GEN FOR ZOVIRAX)	X	
\$	amantadine hcl *	(GEN FOR SYMMETREL)		X
\$\$\$	CYTOVENE			X
\$\$\$	ribavirin*	(GEN FOR REBETOL) [PAR]	X	
\$\$\$	TAMIFLU	[PAR] [QLL]		X
\$\$\$	VALCYTE	[PAR]		X
\$\$\$	VALTREX	[PAR]		X
	ANTITUBERCULOSIS DRUGS			
\$	isoniazid*		X	
\$	ethambutol*	(GEN FOR MYAMBUTOL)	X	
\$	pyrazinamide*		X	
\$	rifampin*	(GEN FOR RIMACTANE)	X	
	PLASMODICIDES			
\$	chloroquine phosphate *	(GEN FOR ARALEN)	X	
\$\$	FANSIDAR			X
\$	hydroxychloroquine sulfate *	(GEN FOR PLAQUENIL)	X	
\$\$	MALARONE			X
\$	mefloquine hcl*	(GEN FOR LARIAM)	X	
	TRICHOMONOCIDES			
\$	metronidazole tab immed release*	(GEN FOR FLAGYL)	X	
	ANTHELMINTICS			
\$	mebendazole*	(GEN FOR VERMOX)	X	
\$\$\$	STROMECTOL	[PAR]		X
	OTHER ANTIINFECTIVE DRUGS			
\$\$\$	VANCOCIN HCL	[PAR]		X
SSS	ZYVOX	[PAR]		X
	SULFONES			
\$	dapsone*		X	
	ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS			
	<i>All oral antineoplastic and immunosuppressant agents are covered under the prescription benefit if FDA approved.</i>			
\$\$\$	ALKERAN			X
\$\$\$	ARIMIDEX			X
\$\$\$	AROMASIN			X

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$	azathioprine *	(GEN FOR IMURAN)	X	
\$\$\$	bicalutamide *	(GEN FOR CASODEX)	X	
\$\$\$	CEENU			X
\$\$\$	cyclophosphamide*	(GEN FOR CYTOXAN)	X	
\$\$\$	cyclosporine*	(GEN FOR SANDIMMUNE)[PAR]	X	
\$\$\$	EMCYT			X
\$\$\$	FARESTON			X
\$\$\$	FEMARA			X
\$\$\$	GENGRAF			X
\$\$\$	GLEEVEC			X
\$\$\$	HEXALEN			X
\$\$\$	hydroxyurea *	(GEN FOR HYDREA)	X	
\$\$\$	IRESSA			X
\$\$\$	leflunomide*	(GEN FOR ARAVA)[PAR]		X
\$\$\$	leucovorin calcium*		X	
\$\$\$	LEUKERAN			X
\$\$\$	LYSODREN			X
\$\$\$	MATULANE			X
\$\$\$	megestrol acetate *	(GEN FOR MEGACE)	X	
\$\$\$	mercaptopurine *	(GEN FOR PURINETHOL)	X	
\$	methotrexate *		X	
\$\$\$	mycophenolate *	(GEN FOR CELLCEPT) [PAR]	X	
\$\$\$	MYFORTIC	[PAR]		X
\$\$\$	NEXAVAR			X
\$\$\$	NILANDRON			X
\$\$\$	PROGRAF	[PAR]		X
\$\$\$	RAPAMUNE	[PAR]		X
\$\$\$	RHEUMATREX			X
\$\$\$	SPRYCEL			X
\$\$\$	SUTENT			X
\$\$	tamoxifen citrate *	(GEN FOR NOLVADEX)	X	
\$\$\$	TARCEVA			X
\$\$\$	TEMODAR			X
\$\$\$	TESLAC			X
\$\$\$	THIOGUANINE			X
\$\$\$	TREXALL			X
\$\$\$	TYKERB			X
\$\$\$	tretinoin cap	(GEN FOR VESANOID)	X	
\$\$\$	XELODA			X

CARDIOVASCULAR MEDICATIONS

\$	CARDIAC GLYCOSIDES			
\$	digitek *		X	
-\$-\$	digoxin soln,tab*	(GEN FOR LANOXIN) [NTI]	X	
	CALCIUM ANTAGONISTS			
\$	amlodipine besylate *	(GEN FOR NORVASC)	X	
\$	cartia xt *	(GEN FOR CARDIZEM CD)	X	
\$	diltiazem er,xr, sa *	(GEN FOR CARDIZEM CD)	X	
\$	nifedipine non-er *	(GEN FOR ADALAT) [PAR]	X	
\$	nifedipine er *	(GEN FOR ADALAT CC)	X	
\$\$	nifedipine xl *	(GEN FOR PROCARDIA XL)	X	
\$	verapamil*	(GEN FOR CALAN)	X	
\$\$	verapamil hcl sa*	(GEN FOR CALAN SR)	X	
	LOOP DIURETICS			
\$	bumetanide *	(GEN FOR BUMEX)	X	
\$	furosemide*	(GEN FOR LASIX)	X	
	THIAZIDE AND RELATED DRUGS			
\$	chlorthalidone *	(GEN FOR HYGROTON)	X	
\$	hydrochlorothiazide *	(GEN FOR ESIDREX)	X	
\$	indapamide *	(GEN FOR LOZOL)	X	
\$\$	metolazone *	(GEN FOR ZAROXOLYN)	X	
	POTASSIUM SPARING DIURETICS			
\$	amiloride w/hctz *		X	
\$	spironolactone	(GEN FOR ALDACTONE)	X	
\$	spironolactone,w/hctz *	(GEN FOR ALDACTAZIDE)	X	
\$	triamterene w/hctz *	(GEN FOR DYAZIDE)	X	
	BETA-ADRENERGIC ANTAGONIST DRUGS			
\$	atenolol *	(GEN FOR TENORMIN)	X	
\$	carvedilol*	(GEN FOR COREG)	X	
\$	labetalol hcl*	(GEN FOR TRANDATE)	X	
\$	metoprolol tartrate	(GEN FOR LOPRESSOR)	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$	metoprolol succinate XL*	(GEN FOR TOPROL XL)	X	
\$	pindolol *	(GEN FOR VISKEN)	X	
\$	propranolol*	(GEN FOR INDERAL)	X	
\$	propranolol hcl cap sa*	(GEN FOR INDERAL LA)	X	
	VASODILATOR ANTIHYPERTENSIVES			
\$	doxazosin mesylate *	(GEN FOR CARDURA) [QLL]	X	
\$	hydralazine hcl*	(GEN FOR APRESOLINE)	X	
\$\$	minoxidil*	(GEN FOR LONITEN)	X	
\$	prazosin hcl *	(GEN FOR MINIPRESS)	X	
\$	terazosin hcl *	(GEN FOR HYTRIN) [QLL]	X	
	CENTRALLY ACTING ANTIHYPERTENSIVES			
\$	clonidine hcl *	(GEN FOR CATAPRES)	X	
\$	guanfacine hcl *	(GEN FOR TENEX)	X	
\$	methyl dopa *	(GEN FOR ALDOMET)	X	
	ANGIOTENSIN CONVERTING ENZYME INHIBITORS			
\$	captopril *	(GEN FOR CAPOTEN)	X	
\$	enalapril maleate *	(GEN FOR VASOTEC)	X	
\$	fosinopril sodium *	(GEN FOR MONOPRIL)	X	
\$	lisinopril *	(GEN FOR ZESTRIL)	X	
\$	quinapril hcl *	(GEN FOR ACCUPRIL)	X	
\$\$	trandolapril *	(GEN FOR MAVIK)	X	
	ANGIOTENSIN II RECEPTOR ANTAGONISTS			
\$\$\$	AVAPRO	[ST ACE FIRST]		
\$\$\$	COZAAR	[ST ACE FIRST]		
\$\$\$	DIOVAN	[ST ACE FIRST]		
	OTHER ANTIHYPERTENSIVES			
\$	atenolol/chlortalidone*	(GEN FOR TENORETIC)	X	
\$\$\$	AVALIDE	[ST ACE FIRST]		
\$	bisoprolol fumarate/hctz*	(GEN FOR ZIAC)		
\$	captopril/hctz *	(GEN FOR CAPOZIDE)	X	
\$\$\$	DIOVAN HCT	[ST ACE FIRST]		
\$\$	fosinopril/hctz *	(GEN FOR MONOPRIL HCT)	X	
\$\$\$	HYZAAR	[ST ACE FIRST]		
\$	lisinopril/hctz *	(GEN FOR ZESTORETIC)	X	
\$\$\$	amlodipine-benazepril*	(GEN FOR LOTREL)	X	
\$\$	quinaretic *	(GEN FOR ACCURETIC)	X	
	NITRATES			
\$	isosorbide dinitrate,mononitrate *	(GEN FOR ISORDIL)	X	
\$	isosorbide mononitrate er *	(GEN FOR IMDUR)	X	
\$	nitroglycerin sl,cap sa,tab*	(GEN FOR NITRO-DUR)	X	
\$\$	nitroglycerin transdermal*	(GEN FOR NITRO-DUR)	X	
\$	nitroglycerin oint*	(GEN FOR NITROBID)	X	
	CLASS 1 - MEMBRANE STABILIZING			
\$\$	ETHMOZINE			
	CLASS 1A			
\$	disopyramide, er*	(GEN FOR NORPACE)	X	
\$	procainamide*	(GEN FOR PRONMESTYL)	X	
\$\$	procainamide er*	(GEN FOR PROCANBID)	X	
\$	quinidine gluconate tab sa*	(GEN FOR QUINAGLUTE)	X	
\$	quinidine sulfate*	(GEN FOR QUINIDEX)	X	
	CLASS 2A			
\$\$	phenytoin, er*	(GEN FOR DILANTIN) [NTI]	X	
\$	mexiletine*	(GEN FOR MEXITIL)	X	
	CLASS 1C			
\$	flecainide*	(GEN FOR TAMBOCOR) [PAR]		X
\$\$	propafenone hcl *	(GEN FOR RYTHMOL)	X	
	AMIODARONES			
\$	amiodarone*	(GEN FOR CORDARONE)	X	
\$\$	pacerone tab 200 mg*		X	
	OTHER ANTIARRHYTHMICS			
\$	sotalol *	(GEN FOR BETAPACE)	X	
\$\$\$	TIKOSYN	[PAR]		X
	HYPOLIPOPROTEINEMICS			
\$\$	cholestyramine pkt*	(GEN FOR QUESTRAN)	X	
\$	cholestyramine pwd*	(GEN FOR QUESTRAN)	X	
\$\$	colestipol hcl tab, gran, not packets*	(GEN FOR COLESTID)	X	
\$	gemfibrozil *	(GEN FOR LOPID)	X	
\$	fenofibrate*	(GEN FOR LOFIBRA, TRICOR, TRIGLIDE)	X	
\$\$	NIASPAN			X

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$\$	VYTORIN	[PAR]		X
\$\$\$	ZETIA	[PAR]		X
	HMG-COA REDUCTASE INHIBITORS			
\$\$\$	LIPITOR	[PAR] [QLL]		X
\$	lovastatin *	(GEN FOR MEVACOR) [QLL]	X	
\$	pravastatin*	(GEN FOR PRAVACHOL) [QLL]	X	
\$	simvastatin *	(GEN FOR ZOCOR) [QLL]	X	
	AUTONOMIC AND CNS MEDICATIONS			
	ANALGESICS			
\$	tramadol hcl*	(GEN FOR ULTRAM)	X	
	CLASS II NARCOTICS			
\$	codeine*		X	
\$	hydromorphone hcl rectal,tab*	(GEN FOR DILAUDID)	X	
\$	meperidine hcl soln,tab*	(GEN FOR DEMEROL)	X	
\$	methadone hcl*		X	
\$	morphine sulfate*		X	
\$\$	morphine sulfate er*	(GEN FOR MS CONTIN)	X	
\$	oxycodone hcl *	(GEN FOR OXYIR)	X	
	CLASS III NARCOTICS			
\$	acetaminophen w/codeine *	(GEN FOR TYLENOL-CODEINE)	X	
\$	ASA w/codeine *		X	
\$	hydrocodone bit-APAP* (not all strengths)	(GENERIC VICODIN)	X	
\$	oxycodone-APAP (5/325 tab, 10/325 tab and 5/500 cap)*	(GEN FOR PERCOCET, TYLOX)	X	
\$	oxycodone-ASA*	(GEN FOR PERCODAN)	X	
	DRUGS TO PREVENT AND TREAT HEADACHES			
\$	butalbital-APAP-caffeine *	(GEN FOR FIORICET) (50-325-40, not ESGIC Plus 50-500-40)	X	
\$	butalbital compound*	(GEN FOR ESGIC)	X	
\$	butalbital compound-APAP*	(GEN FOR FIORICET)	X	
\$	butalbital compound-ASA *	(GEN FOR FIORINAL)	X	
\$	ergotamine/caffeine*	(GEN FOR CAFERGOT)	X	
\$\$\$	ergotamine/caffeine suppository*	(GEN FOR CAFERGOT SUPP)	X	
\$\$\$	RELPAX	[QLL]		X
	(QLL) limit 6 tabs/month			
\$\$\$	sumatriptan *	(GEN FOR IMITREX)[QLL]	X	
	(QLL) limit 9 tabs/2mo, 2 inj/mo, 6 sprays/2mo			
	ANXIOLYTICS			
\$	alprazolam *	(GEN FOR XANAX)	X	
\$	buspirone hcl *	(GEN FOR BUSPAR) [PAR]	X	
\$	diazepam*	(GEN FOR VALIUM)	X	
\$	lorazepam*	(GEN FOR ATIVAN)	X	
\$	oxazepam*	(GEN FOR SERAX)	X	
	ANTIMANIA DRUGS			
\$	lithium carbonate,citrate*			
	CARBAMAZEPINES			
\$\$-\$	carbamazepine *	(GEN FOR TEGRETOL) [NTI]	X	
\$\$	CARBATROL	[PAR] [NTI]		X
\$	epitol *	(GEN FOR TEGRETOL)	X	
\$\$\$\$	oxcarbazepine*	(GEN FOR TRILEPTAL)[PAR]	X	
\$\$	TEGRETOL XR			X
	ANTICONVULSANT BENZODIAZEPINES			
\$	clonazepam tab*	(GEN FOR KLONOPIN)	X	
\$\$\$	DIASTAT	[PAR]		X
	HYDANTOINS			
\$\$-\$	phenytoin,sodium, extended *	(GEN FOR DILANTIN) [NTI]	X	
	VALPROIC ACID AND DERIVATIVES			
\$\$	divalproex ec, tab*	(GEN FOR DEPAKOTE tab, EC) [NTI]	X	
\$\$	divalproex sodium, sprinkle, er*	(GEN FOR DEPAKOTE ER) [NTI]	X	
\$	valproic acid*	(GEN FOR DEPAKENE)		X
	SUCCINIMIDES			
\$	ethosuximide*	(GEN FOR ZARONTIN)	X	
	ANTICONVULSANT BARBITURATES			
\$	phenobarbital *	[PAR]	X	
\$	primidone *	(GEN FOR MYSOLINE)	X	
	OTHER ANTICONVULSANTS			
\$\$	gabapentin *	(GEN FOR NEURONTIN)	X	
\$\$\$	GABITRIL	[PAR]		
\$\$\$	lamotrigine *	(GEN FOR LAMICTAL DISPER)	X	
		[PAR][NTI]		
\$\$\$	levetiracetam*	(GEN FOR KEPPRA) [PAR][NTI]	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$\$	TOPAMAX	[PAR]		
\$\$\$	zonisamide *	(GEN FOR ZONEGRAN) [PAR][NTI]	X	
	TERTIARY AMINES			
\$	amitriptyline hcl *	(GEN FOR ELAVIL)	X	
\$	desipramine hcl *	(GEN FOR NORPAMIN)		
\$	doxepin hcl *	(GEN FOR ADAPIN)	X	
\$	imipramine hcl *	(GEN FOR TOFRANIL)	X	
	SECONDARY AMINES			
\$	nortriptyline hcl *	(GEN FOR AVENTYL)	X	
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
\$	citalopram *	(GEN FOR CELEXA) [QLL]	X	
\$	fluoxetine hcl *	(GEN FOR PROZAC) [QLL]	X	
\$\$\$	LEXAPRO	[QLL]		X
	<i>tablet splitting required for Lexapro</i>			
\$	paroxetine hcl*	(GEN FOR PAXIL) [QLL]	X	
\$	sertraline hcl *	(GEN FOR ZOLOFT) [QLL]	X	
\$	sertraline hcl suspension*	(GEN FOR ZOLOFT) [QLL]	X	
	OTHER ANTIDEPRESSANTS			
\$	bupropion hcl*	(GEN FOR WELLBUTRIN) [PAR]	X	
\$	bupropion hcl sa*	(GEN FOR WELLBUTRIN-SR) [PAR] [QLL]	X	
\$	trazodone hcl (not 300 mg)*	(GEN FOR DESYREL)	X	
	ANTIVERTIGO AND ANTIEMETIC DRUGS			
\$\$\$	EMEND	[PAR]		X
\$	meclizine*	(GEN FOR ANTIVERT)	X	
\$\$\$	ondansetron, ODT*	(GEN FOR ZOFTRAN, ODT) [PAR] [QLL]	X	
\$	prochlorperazine maleate *	(GEN FOR COMPAZINE) [QLL]	X	
	<i>(QLL) limit 12 suppositories per month</i>			
\$	promethazine hcl *	(GEN FOR PHENERGAN) [QLL]	X	
	ANTIPARKINSON ANTICHOLINERGIC DRUGS			
\$	amantadine*	(GEN FOR SYMMETREL)	X	
\$	benztropine mesylate *	(GEN FOR COGENTIN)	X	
\$	trihexyphenidyl *	(GEN FOR ARTANE)	X	
	OTHER ANTIPARKINSON DRUGS			
\$\$	bromocriptine mesylate *	(GEN FOR PARLODEL)	X	
\$	carbidopa/levodopa *	(GEN FOR SINEMET)	X	
\$\$\$	COMTAN	[PAR]		
\$\$\$	pergolide*	(GEN FOR PERMAX)	X	
\$\$	selegeline*	(GEN FOR ELDEPRYL)	X	
\$\$\$	TASMAR	[PAR]		
	ANTIPSYCHOTIC DRUGS			
\$	fluphenazine hcl tab*	(GEN FOR PROLIXIN) [PAR]	X	
\$	haloperidol tab 5mg tablets only*	(GEN FOR HALDOL) [PAR]	X	
\$\$\$	loxapine succinate*	(GEN FOR LOXITANE) [PAR]	X	
\$\$\$	RISPERDAL (not M-tab)	[PAR]		
\$\$\$	ZYPREXA (not ZYDIS)	[PAR]		
	ALIPHATIC PHENOTHIAZINES			
\$	chlorpromazine*	(GEN FOR THORAZINE) [PAR]	X	
	CNS STIMULANT DRUGS			
\$\$\$	ADDERALL XR			
\$\$	amphetamine salt combo*	(GEN FOR ADDERALL)		
\$	dextroamphetamine	(GEN FOR DEXDRINE)	X	
\$\$	dextroamphetamine er	(GEN FOR DEXDRINE CR)	X	
\$	metadate er tab sa 20 mg*	(GEN FOR RITALIN-SR)	X	
\$	methylin tab 5 mg,10 mg,20 mg*	(GEN FOR RITALIN)	X	
\$	methylin er *	(GEN FOR RITALIN-SR)	X	
\$	methylphenidate er *	(GEN FOR RITALIN-SR)	X	
\$	methylphenidate hcl tab*	(GEN FOR RITALIN)	X	
\$\$\$	STRATTERA	[PAR]		
	OTHER CNS/AUTONOMIC DRUGS			
\$\$\$	pyridostigmine*	(GEN FOR MESTINON)		
\$\$	PROSTIGMIN			X
	ANTIDEMENTIA DRUGS			
\$\$\$	ARICEPT	[PAR]		
\$\$\$	EXELON	[PAR]		
\$\$\$	NAMENDA	[PAR]		
\$\$\$	RAZADYNE	[PAR]		
DERMATOLOGICAL MEDICATIONS				
	TOPICAL CORTICOSTEROID DRUGS			
\$	betamethasone dipropionate *	(GEN FOR DIPROSONE)	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$	betamethasone valerate *	(GEN FOR BETA-VAL)	X	
\$	clobetasol*	(GEN FOR TEMOVATE)	X	
\$\$	desoximetasone *	(GEN FOR TOPICORT)	X	
\$	fluocinolone acetonide *	(GEN FOR SYNALAR)	X	
\$	fluocinonide *	(GEN FOR LIDEX)	X	
\$	halobetasol propionate *	(GEN FOR ULTRAVATE)	X	
\$	hydrocortisone*	(GEN FOR HYTONE)	X	
\$	triamcinolone acetonide*	(GEN FOR KENALOG)	X	
	ANTIPRURITIC DRUGS			
\$	cyproheptadine hcl *	(GEN FOR PERIACTIN)		
\$	hydroxyzine hcl*	(GEN FOR ATARAX)	X	
\$	hydroxyzine pamoate *	(GEN FOR VISTARIL)	X	
	ANTIACNE DRUGS			
\$	benzoyl peroxide 2.5%, 5%, 10% gel*	(GEN FOR DESQUAM E)	X	
\$	clindamycin phosphate*	(GEN FOR CLEOCIN T)	X	
\$	erythromycin*	(GEN FOR ERYGEL, T-STAT)	X	
\$\$\$	isotretinoin*	(GEN FOR ACCUTANE) [PAR]	X	
\$\$	metronidazole cream,lotion*	(GEN FOR METROCREAM, METROLOTION)	X	
\$\$\$	sod.sulfacetamide/sulfur tf *	(GEN FOR SULFACET-R)	X	
\$\$	tretinoin *	(GEN FOR RETIN-A) [PAR AGE>25y]	X	
	ANTIPSORIASIS AND ANTIECZEMA DRUGS			
\$\$\$	DOVONEX	[PAR]		
\$\$	sod.sulfacetamide lotion*	(GEN FOR KLARON)	X	X
\$	methotrexate oral*		X	
\$	selenium sulfide*	(GEN FOR SELSUN)	X	
\$\$\$	TAZORAC	[PAR AGE>25y]		
	SCABICIDES			
\$	acticin *		X	
\$\$	EURAX			X
\$\$	lindane*		X	
\$	permethrin cream,soln, top (1 %)*	(GEN FOR ELIMITE)	X	
	TOPICAL DERMATOLOGICAL DRUGS			
\$\$\$	ALDARA	[PAR]		X
\$\$\$	fluorouracil 5% cream*	(GEN FOR EFUDEX) [PAR]	X	
\$\$\$	REGRANEX	[PAR]		X
\$\$\$	SANTYL	[PAR]		X
EAR-NOSE-THROAT MEDICATIONS				
	DRUGS AFFECTING THE EAR			
\$	a/b otic *	(GEN FOR AURALGAN)	X	
\$\$	acetic acid*	(GEN FOR VOSOL)	X	
\$	acetic acid/aluminum*	(GEN FOR DOMEBORO)	X	
\$	acetic acid/hydrocortisone*	(GEN FOR VOSOL HC)	X	
\$	antipyrine/benzocaine OTIC *	(GEN FOR AURALGAN)	X	
\$	benzocaine/antipyrine*	(GEN FOR AURALGAN)	X	
\$	hydrocortison/neoycin/polymixin*	(GEN FOR CORTISPORIN OTIC)	X	
\$\$	CERUMENEX			X
\$	hydrocortison/neoycin/polymixin*	(GEN FOR CORTISPORIN OTIC)	X	
\$	neomycin-polymixin-HC *	(GEN FOR CORTISPORIN OTIC)	X	
\$	ofloxacin*	(GEN FOR FLOXIN)	X	
	DRUGS AFFECTING THE NOSE			
\$	cromolyn sodium nasal inhaled steroids*	(GEN FOR NASALCROM)	X	
\$	flunisolide nasal*	(GEN FOR NASAREL[QLL])	X	
\$	fluticasone propionate nasal inhaled steroids*	(GEN FOR FLONASE) [QLL]	X	
\$	ipratropium bromide nasal drops/sprays*	(GEN FOR ATROVENT)	X	
	DRUGS AFFECTING THE THROAT AND MOUTH			
\$	pilocarpine hcl *	(GEN FOR PILOCAR)(SALAGEN PAR)	X	
ENDOCRINE MEDICATIONS				
	INSULIN			
\$\$\$	HUMALOG, MIX			X
\$\$	HUMULIN			X
\$\$\$	LANTUS (not SOLOSTAR)			X
\$\$	NOVOLIN			X
\$\$\$	NOVOLOG, MIX			X
	ORAL HYPOGLYCEMICS & COMBOS			
\$\$	acarbose*	(GEN FOR PRECOSE)	X	
\$	glimepiride *	(GEN FOR AMARYL)	X	
\$	glipizide,er,xl *	(GEN FOR GLUCOTROL)	X	
\$\$	GLUCOPHAGE XR			X
\$	glyburide *	(GEN FOR DIABETA)	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$	glyburide-metformin hcl *	(GEN FOR GLUCOVANCE)	X	
\$	metformin hcl , XR*	(GEN FOR GLUCOPHAGE, XR)	X	
	INSULIN SENSITIZERS & COMBOS			
\$\$\$	ACTOS	[PAR] [QLL]		X
\$\$\$	AVANDIA	[PAR] [QLL]		X
	GLUCOSE ELEVATING DRUGS			
\$\$\$	GLUCAGON (QLL) limit 2 per year, 1 per fill			X
\$\$\$	PROGLYCEM	[PAR]		X
	DIPEPTIDYL PEPTIDASE-IV INHIB			
\$\$\$	JANUVIA	[PAR]		X
	GLUCOCORTICOID DRUGS			
\$	dexamethasone *	(GEN FOR DECADRON)	X	
\$	hydrocortisone tab*		X	
\$	methylprednisolone *	(GEN FOR MEDROL)	X	
\$	prednisolone *	(GEN FOR PRELONE SYRUP)	X	
\$	prednisone *	(GEN FOR DELTASONE)	X	
	MINERALOCORTICOID DRUGS			
\$	fludrocortisone acetate *	(GEN FOR FLORINEF)	X	
	THYROID SUPPLEMENTS			
\$	levothyroid *	(GEN FOR SYNTHROID)	X	
\$\$	levothyroxine sodium*	(GEN FOR SYNTHROID) [NTI]	X	
\$	levoxyl *	(GEN FOR SYNTHROID) [NTI]	X	
	ANTITHYROID DRUGS			
\$	methimazole *	(GEN FOR TAPAZOLE)	X	
\$	propylthiouracil *		X	
	OTHER ENDOCRINE DRUGS			
\$\$	ACTONEL	[QLL]		X
\$\$	ACTONEL WITH CALCIUM	[QLL]		X
\$	alendronate sodium (not 70mg)*	(GEN FOR FOSAMAX) [QLL]	X	
\$\$	alendronate sodium(70mg)*	(GEN FOR FOSAMAX) [QLL]	X	
\$\$	calcitonin*	(GEN FOR MIACALCIN)		
\$\$\$	desmopressin acetate *	(GEN FOR DDAVP) [PAR]	X	
\$	etidronate*	(GEN FOR DIDRONEL)		X
\$\$	fortical nasal*	(GEN FOR MIACALCIN)	X	
\$\$\$	SENSIPAR			X
GASTROINTESTINAL MEDICATIONS				
	ANTIARRHEAL DRUGS			
\$	diphenoxylate/atropine*	(GEN FOR LOMOTIL)	X	
\$	loperamide hcl*	(GEN FOR IMODIUM)	X	
	ANTISPASMODICS/DRUGS AFFECT GI MOTILITY			
\$	dicyclomine hcl*	(GEN FOR BENTYL)	X	
\$	hyoscyamine sulfate *	(GEN FOR LEVSIN)	X	
\$	metoclopramide hcl *	(GEN FOR REGLAN)	X	
	ANTIULCER DRUGS			
\$	cimetidine*	(GEN FOR TAGAMET)	X	
\$	ranitidine hcl*	(GEN FOR ZANTAC)	X	
	OTHER ANTIULCER DRUGS			
\$	sucralfate *	(GEN FOR CARAFATE)	X	
	PROTON PUMP INHIBITORS			
\$	omeprazole OTC*	(GEN FOR PRILOSEC OTC)[QLL]	X	
\$\$\$	PREVACID	[PAR]		X
\$	PRILOSEC OTC	[[QLL]		X
\$\$\$	pantoprazole sodium*	(GEN FOR PROTONIX)[PAR] [QLL]	X	
	HELICOBACTER PYLORI DRUGS			
\$\$\$	HELIDAC	[QLL]		X
\$\$\$	PREVPAC	[QLL]		X
	LAXATIVES AND CATHARTICS			
\$	glycolax*		X	
\$\$	OSMOPREP			X
	IRRITABLE BOWEL DRUGS			
\$\$\$	LOTRONEX			X
	OTHER GI DRUGS			
\$\$\$	ursodiol*	(GEN FOR ACTIGALL) [PAR]		X
\$\$\$	URSO	[PAR]		X
\$\$	pramoxine-hc*	(GEN FOR PRAMOSONE)	X	
\$\$\$	ASACOL			X
\$\$	DIPENTUM			X
\$\$	hydrocortisone rectal*	(GEN FOR COLOCORT)	X	
\$\$\$	CORTIFOAM			X

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$\$\$	mesalamine*	(GEN FOR ROWASA)		
\$\$\$	PENTASA			X
\$	polyethylene glycol *	(GEN FOR MIRALAX)	X	
\$	polyethylene glycol/electrolytes *	(GEN FOR GOLYTELY, COLYTE)	X	
\$	sulfasalazine *	(GEN FOR AZULFIDINE)	X	
\$\$	pancrelipase *	(GEN for VIOKASE)	X	X
\$\$	pancrelipase er*	(GEN for CREON)	X	X
\$\$	PROCTOFOAM-HC			
IMMUNOLOGICALS				
MYELOID STIMULANTS				
\$\$\$	NEUPOGEN <i>(covered only if patient is receiving chemotherapy)</i>	[PAR]		X
ERYTHROID STIMULANTS				
\$\$\$	EPOGEN	[PAR]		X
\$\$\$	PROCRIT <i>(covered only if patient is receiving chemotherapy)</i>	[PAR]		X
MUSCULOSKELETAL MEDICATIONS				
SALICYLATES AND RELATED DRUGS				
\$	diflunisal *	(GEN FOR DOLOBID)	X	
\$	salsalate *	(GEN FOR DISALCID)	X	
NON-STEROIDAL ANTIINFLAMMATORY AGENTS				
\$\$\$	CELEBREX	[PAR]		X
\$	diclofenac sodium	(GEN FOR VOLTAREN)	X	
\$	diclofenac sodium er *	(GEN FOR VOLTAREN-XR)	X	
\$	ibuprofen*	(GEN FOR MOTRIN)	X	
\$	indomethacin *	(GEN FOR INDOCIN)	X	
\$	nabumetone *	(GEN FOR RELAFEN)\	X	
\$	naproxen*	(GEN FOR NAPROSYN)	X	
\$	oxaprozin *	(GEN FOR DAYPRO)	X	
\$	piroxicam *	(GEN FOR FELDENE)	X	
\$	sulindac *	(GEN FOR CLINORIL)	X	
OTHER DRUGS FOR ARTHRITIS				
\$\$	CUPRIMINE			X
\$	hydroxychloroquine sulfate*	(GEN FOR PLAQUENIL)	X	
\$\$\$	RIDAURA			X
DRUGS TO PREVENT AND TREAT GOUT				
\$	allopurinol *	(GEN FOR ZYLOPRIM)	X	
\$	colchicine*		X	
\$	colchicine/probenecid*		X	
\$	probenecid *	(GEN FOR BENEMID)	X	
DIRECT MUSCLE RELAXANTS				
\$	baclofen *	(GEN FOR LIORESAL)	X	
\$\$	dantrolene*	(GEN FOR DANTRIUM)	X	
CNS MUSCLE RELAXANTS				
\$	carisoprodol *	(GEN FOR SOMA)	X	
\$	cyclobenzaprine hcl tab 10 mg*	(GEN FOR FLEXERIL)	X	
\$	methocarbamol *	(GEN FOR ROBAXIN)	X	
NUTRITION,BLOOD MODIFIERS,ELECTROLYTES				
THERAPEUTIC VITAMINS & MINERALS				
\$\$	calcitriol*		X	
\$	folic acid *		X	
\$\$	renal caps*	(GEN FOR NEPHROCAPS)	X	
\$	vitamin D*	(GEN FOR DRISDOL)	X	
\$\$	folic acid/vit B complex w/C*	(GEN FOR NEPHROCAPS)	X	
POTASSIUM SUPPLEMENTS				
\$	potassium bicarbonate/chloride*	(GEN FOR K-LYTE CL)	X	
\$	potassium bicarbonate/citrate*	(GEN FOR K-LYTE DS)	X	
\$\$	potassium chloride*	(GEN FOR K-DUR, SLOW-K)	X	
ORAL ANTICOAGULANTS, VITAMIN K				
\$\$	MEPHYTON			X
\$\$	warfarin sodium *	(GEN FOR COUMADIN) [NTI]	X	
ANTIPLATELET DRUGS				
\$\$\$	AGGRENOX	[PAR]		X
\$\$\$	cilostazol *	(GEN FOR PLETAL) [PAR]	X	
\$\$\$	PLAVIX (PA if days supply >30)	[PAR][QLL]		X
HEMOSTATICS				
\$\$	aminocaproic acid*	(GEN FOR AMICAR)	X	
BLOOD DETOXICANTS				
\$	lactulose *	(GEN FOR ENULOSE)	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
OBSTETRICAL & GYNECOLOGICAL MEDICATIONS				
PRENATAL VITAMINS				
\$	natacare plus *		X	
\$	prenatal rx *		X	
SPECIALIZED OB/GYN DRUGS				
\$\$	diaphragms			X
OB/GYN TOPICAL ANTIINFECTIVES				
\$\$	clindamycin vaginal*	(GEN FOR CLINDESSE, CLEOCIN)	X	
\$\$	metronidazole vaginal*	(GEN FOR METROGEL-VAGINAL)	X	
\$	triple sulfa vaginal*	(GEN FOR SULTRIN)	X	
ANDROGEN DRUGS				
\$\$\$	danazol*	(GEN FOR DANOCRINE)	X	
ESTROGEN DRUGS				
\$\$\$	ESTRACE vaginal cream			X
\$	estradiol adh. patch*	(GEN FOR ALORA,CLIMARA,ESTRADERM) [QLL]	X	
\$	estradiol tab*	(GEN FOR ESTACE)	X	
\$	estropipate *	(GEN FOR OGEN)	X	
\$\$	MENEST			X
\$\$	PREMARIN tab			X
\$\$\$	PREMARIN vaginal			X
ESTROGEN/PROGESTIN COMBINATIONS				
\$\$	FEMHRT			X
\$\$	PREMPHASE			X
\$\$	PREMPRO			X
PROGESTIN DRUGS				
\$	camila *	(GEN FOR ORTHO MICRONOR)	X	
\$	errin *	(GEN FOR ORTHO MICRONOR)	X	
\$	jolivette *	(GEN FOR ORTHO MICRONOR)	X	
\$	medroxyprogesterone acetate *	(GEN FOR PROVERA)	X	
\$\$	nora-be *	(GEN FOR ORTHO MICRONOR)	X	
\$\$	norethindrone acetate *		X	
\$\$	PROMETRIUM			X
CONTRACEPTIVES				
\$	apri *	(GEN FOR ORTHO-CEPT)	X	
\$	aranelle *	(GEN FOR TRI-NORINYL)	X	
\$	aviane *	(GEN FOR LEVLITE)	X	
\$	balziva	(GEN FOR OVCON-35)	X	
\$\$	cesia *	(GEN FOR CYCLESSA)	X	
\$	cryselle *	(GEN FOR LO/OVRAL)	X	
\$	enpresse *	(GEN FOR TRIPHASIL)	X	
\$\$	jolessa*	(GEN FOR SEASONALE)	X	
\$	junel fe *	(GEN FOR LOESTRIN FE)	X	
\$	kariva *	(GEN FOR MIRCETTE)	X	
\$	kelnor 1/35 *	(GEN FOR DEMULEN 1/35-28)	X	
\$\$	leena	(GEN FOR TRI-NORINYL)	X	
\$	lessina *	(GEN FOR LEVLITE)	X	
\$	levora-28 *	(GEN FOR LEVLIN)	X	
\$	low-ogestrel *	(GEN FOR LO/OVRAL)	X	
\$	lutura *	(GEN FOR LEVLITE)	X	
\$	microgestin,fe *	(GEN FOR LOESTRIN 1/20)	X	
\$	mononessa *	(GEN FOR ORTHO-CYCLEN)	X	
\$	necon *	(GEN FOR MODICON, NORINYL 1+35 and 1+50)	X	
\$	nortrel *	(GEN FOR MODICON, NORINYL 1+35 and 1+50)	X	
\$	ogestrel *	(GEN FOR OVRAL)	X	
\$\$	ORTHO EVRA			X
\$\$	PLAN B			X
\$	portia *	(GEN FOR LEVLIN)	X	
\$	previfem *	(GEN FOR NORDETTE-28)	X	
\$\$	quasense*	(GEN FOR SEASONALE)	X	
\$	reclipsen *	(GEN FOR ORTHO-CEPT)	X	
\$	solia *	(GEN FOR ORTHO-CEPT)	X	
\$	sprintec *	(GEN FOR ORTHO-CYCLEN)	X	
\$	sronyx *	(GEN FOR AVIANE)	X	
\$	tri-previfem *	(GEN FOR ORTHO TRI-CYCLEN)	X	
\$	tri-sprintec *	(GEN FOR ORTHO TRI-CYCLEN)	X	
\$	tri-legist FE*	(GEN FOR ESTROSTEP FE)	X	
\$\$	tri-lo-sprintec *	(GEN FOR ORTHO TRI-CYCLEN LO)	X	

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$	trinessa *	(GEN FOR ORTHO TRI-CYCLEN)	X	
\$	trivora-28 *	(GEN FOR TRIPHASIL)	X	
\$\$	velivet *	(GEN FOR CYCLESSA)	X	
\$\$	zenchent*	(GEN FOR OVCON-35)	X	
\$	zovia 1/35e *	(GEN FOR DEMULEN 1/35-28)	X	
	OXYTOCICS			
\$\$	METHERGINE tab			X
OPHTHALMIC MEDICATIONS				
OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS				
\$	bacitracin*	(GEN FOR AK-TRACIN)	X	
\$\$	bacitracin/polymyxin B*	(GEN FOR POLYSPORIN)	X	
\$	chloramphenicol*	(GEN FOR CHLOROMYCETIN)	X	
\$	ciprofloxacin hcl ophth drops*	(GEN FOR CILOXAN)	X	
\$	erythromycin oint*	(GEN FOR ILOTYCIN)	X	
\$	gentamicin sulfate ophth drops*	(GEN FOR GENOPTIC)	X	
\$\$	gentamicin sulfate oint (0.3 %) *	(GEN FOR GARAMYCIN)	X	
\$	neomycin/bacitracin/gramicidin*	(GEN FOR NEOCIDIN)	X	
\$\$	neomycin/bacitracin/polymyxin*	(GEN FOR NEOSPORIN)	X	
\$	ofloxacin *	(GEN FOR OCUFLOX)	X	
\$	polymyxin b sul/trimethoprim *	(GEN FOR POLYTRIM)	X	
\$\$\$	QUIXIN			X
\$	sulfacetamide sodium oint,ophth drops*	(GEN FOR BLEPH-10)	X	
\$	tobramycin sulfate ophth drops*	(GEN FOR TOBREX)	X	
\$\$	TOBREX ophth oint		X	
OPHTHALMIC CORTICOSTEROID DRUGS				
\$	dexamethasone sodium phosphate*	(GEN FOR DECADRON)	X	
\$	fluorometholone*	(GEN FOR FLUOR-OP)	X	
\$\$	PRED MILD			X
\$	prednisolone acetate *	(GEN FOR PRED FORTE)	X	
\$\$	INFLAMASE MILD			X
\$	prednisolone phosphate *	(GEN FOR INFLAMASE FORTE)	X	
OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS				
\$\$	CIPRO HC susp			X
\$\$	FML-S			X
\$	neomycin/polymyxin/dexamethasone*	(GEN FOR MAXITROL)	X	
\$\$	neomycin/polymyxin/hydrocortisone*	(GEN FOR CORTISPORIN)	X	
\$\$	PRED-G			X
\$	sulfacetamide-prednisolone *	(GEN FOR VASOCIDIN)	X	
\$\$\$	TOBRADEX			X
ANTI GLAUCOMA DRUGS				
\$	acetazolamide (not sequels)*	(GEN FOR DIAMOX)	X	
\$\$\$	ALPHAGAN P			X
\$\$\$	betaxolol*	(GEN FOR BETOPTIC)	X	
\$\$	BETIMOL			X
\$\$\$	BETOPTIC S			X
\$	brimonidine tartrate *	(GEN FOR ALPHAGAN)	X	
\$\$	dorzolamide hcl*	(GEN FOR TRUSOPT)	X	
\$\$\$	dorzolamide-timolol*	(GEN FOR COSOPT)	X	
\$	dipivefrin*	(GEN FOR PROPINE)	X	
\$	levobunolol hcl *	(GEN FOR BETAGAN)	X	
\$\$\$	LUMIGAN			X
\$	methazolamide*	(GEN FOR NEPTAZANE)	X	
\$	pilocarpine hcl *	(GEN FOR PILOCAR)	X	
\$\$	timolol maleate drops, gel*	(GEN FOR TIMOPTIC, XE)	X	
\$\$\$	XALATAN			X
OTHER OPHTHALMIC DRUGS				
\$\$\$	ACULAR,PF, LS			X
\$\$\$	ALAMAST			X
\$	atropine*	(GEN FOR ISOPTO ATROPINE)	X	
\$	cromolyn sodium ophth drops*	(GEN FOR CROLOM)	X	
\$	flurbiprofen sodium*	(GEN FOR OCUFEN)	X	
\$\$\$	ketotifen*	(GEN FOR ZADITOR)	X	
\$\$\$	LIVOSTIN			X
\$\$\$	trifluridine*	(GEN FOR VIROPTIC)	X	
RESPIRATORY MEDICATIONS				
BETA-2 ADRENERGIC DRUGS				
\$	albuterol (non-inhaler)*	(GEN FOR PROVENTIL)[QLL]	X	
\$	metaproterenol sulfate oral *	(GEN FOR ALUPENT)	X	
\$\$	PROAIR HFA	[QLL]		X
\$\$\$	SEREVENT DISKUS	[QLL]		X

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
\$	terbutaline sulfate tab*	(GEN FOR BRETHINE)	X	
\$\$\$	VOLMAX			X
	METHYL XANTHINE DRUGS			
\$	aminophylline*		X	
\$	theophylline anhydrous *	(GEN FOR THEOLAIR-SR)	X	
	OTHER DRUGS FOR ASTHMA			
\$\$\$	ADVAIR DISKUS,HFA	[QLL]		X
\$\$	ATROVENT INHALER	[QLL]		X
\$\$\$	budesonide neb (<2 years)*	(GEN FOR PULMICORT neb) [PAR][QLL]	X	
\$\$\$	COMBIVENT	[QLL]		X
\$\$	cromolyn sodium nebs*		X	
\$\$	EPIPEN	[QLL]		X
\$\$	EPIPEN JR	[QLL]		X
	<i>(QLL) limit 2 per year</i>			
\$\$\$	FLOVENT	[QLL]		X
\$\$\$	FLOVENT HFA	[QLL]		X
\$\$	INTAL	[QLL]		X
\$\$	ipratropium bromide nebs*		X	
\$\$\$	PULMICORT inhaler	[QLL]		X
\$\$	QVAR	[QLL]		X
\$	sodium chloride nebs 0.9 %*	(GEN FOR BRONCHOSALINE)	X	
\$\$\$	SPIRIVA	[QLL]		X
\$\$\$	SYMBICORT inhaler	[QLL]		X
\$\$	TILADE	[QLL]		X
	LEUKOTRIENE MODIFIERS			
\$\$\$	ACCOLATE	[ST]		X
\$\$\$	SINGULAIR	[ST]		X
	ANTI-HISTAMINES			
\$	clemastine fumarate *	(GEN FOR TAVIST)	X	
\$	cyproheptadine hcl *	(GEN FOR PERIACTIN)	X	
\$	diphenhydramine*	(GEN FOR BENADRYL)	X	
\$	promethazine hcl *	(GEN FOR PHENERGAN)	X	
	ANTI-HISTAMINE/DECONGESTANT COMBINATIONS			
\$	generic combinations of decongestants and carbinoxamine, dextbrompheniramine, tripelemnamine, phenyltoloxamine		X	
\$	brompheniramine/pseudoephedrine er*	(GEN FOR BROMPHENEX)	X	
\$	brompheniramine/phenylephrine er*	(GEN FOR BROMPHENEX PD)	X	
\$	andehist *	(GEN FOR RONDEC)	X	
\$	bromaxefed rf *	(GEN FOR RONDEC)	X	
\$	chlorpheniramine/pseudoephedrine er*	(GEN FOR DECONAMINE SR)	X	
\$	dehistine *	(GEN FOR EXTENDRYL)	X	
\$	duradryl *	(GEN FOR EXTENDRYL)	X	
\$	promethazine vc *	(GEN FOR PHEN-TUSS AD)	X	
	ANTITUSSIVE AND EXPECTORANT DRUGS			
\$	ami-tex la *	(GEN FOR ENTEX LA)	X	
\$	andehist-dm *	(GEN FOR RONDEC-DM)	X	
\$	benzonatate *	(GEN FOR TESSALON PERLE)	X	
\$	bromaxefed dm rf *	(GEN FOR RONDEC-DM)	X	
\$	brometane dx *	(GEN FOR DIMETANE-DX)	X	
\$	carbofed dm *	(GEN FOR RONDEC-DM)	X	
\$	cardec dm oral drops*	(GEN FOR RONDEX-DM)	X	
\$	cardec dm syrup*	(GEN FOR RONDEX-DM)	X	
\$	crantex la *	(GEN FOR ENTEX LA)	X	
\$	guaifenesin w/codeine *	(GEN FOR GUIATUSS AC))	X	
\$	guaifenesin dm *	(GEN FOR HUMIBID DM)	X	
\$	guaifenesin pse *	(GEN FOR MUCINEX D, ENTEX PSE)	X	
\$	h-c tussive *	(GEN FOR HISTUSSIN HC)	X	
\$	histinex hc *	(GEN FOR HISTUSSIN HC)	X	
\$	hydrocodone w/guaifenesin	(GEN FOR HYCOTUSS)	X	
\$	hydrocodone/homatropine*	(GEN FOR HYCODAN)	X	
\$	hydrocodone/chlorpheniramine/phenylephrine*	(GEN FOR HISTUSSIN HC)	X	
\$	hydrocodone/pseudoephedrine*	(GEN FOR HISTUSSIN D)	X	
\$	promethazine w/dm *	(GEN FOR PHENERGAN DM)	X	
\$	promethazine w/codeine *	(GEN FOR PHENERGAN w CODEINE)	X	
	OTHER RESPIRATORY DRUGS			
\$\$\$	PULMOZYME	[PAR]		X

tier	DRUG/CATEGORY	brand-equivalent name	Generic	Formulary Brand
UROLOGICAL MEDICATIONS				
ANTICHOLINERGIC ANTISPASMODICS				
\$	oxybutynin chloride, er *	(GEN FOR DITROPAN XL) [QLL]	X	
\$\$\$	oxybutynin chloride XL*	(GEN FOR DITROPAN XL)	X	
\$	hyoscyamine sulfate (not SA)*	(GEN FOR LEVSIN)	X	
CHOLINERGIC STIMULANTS				
\$	bethanechol*	(GEN FOR URECHOLINE)	X	
URINARY ANESTHETICS				
\$	phenazopyridine hcl *	(GEN FOR PYRIDIUM)	X	
OTHER GENITOURINARY PRODUCTS				
\$\$	citric acid/potassium citrate*	(GEN FOR POLYCITRA-K)	X	
\$\$\$	ELMIRON			X
\$\$\$	finasteride *	(GEN FOR PROSCAR) [PAR]	X	
\$	potassium citrate*	(GEN FOR K-PHOS)	X	
MEDICAL (MISCELLANEOUS) SUPPLIES				
DIABETES SUPPLIES				
\$\$	ACCU-CHEK strips	[QLL]		X
\$\$	ACCU-CHEK meter	[QLL]		X
\$\$	TRUETRACK meter	[QLL]		X
\$\$	TRUETRACK strips	[QLL]		X
\$	KETOSTIX strips (<i>only if on insulin</i>)	[QLL]		X
\$	lancets	[QLL]		X
\$	insulin syringes			X
MISCELLANEOUS SUPPLIES				
\$\$	AEROCHAMBER respiratory spacer <i>limited to age <6 years and 1 fill per year</i>	[QLL]		X
\$\$	EASIVENT respiratory spacer <i>limited to 1 fill per year any age</i>	[QLL]		X

QUANTITY LEVEL LIMITS

NAME	FORM	Quantity
ACTONEL	150MG	1/rx
ACTONEL	35MG	5/rx
ACTONEL	5MG, 30MG	34/rx
ACTONEL	75MG	2/rx
ACTONEL WITH CALCIUM	35MG-500MG	35/rx
ACTOS		34/rx
ADVAIR DISKUS		2 pkg (1 starter pkg)/rx
ADVAIR HFA		2 pkg/rx
AEROCHAMBER		1/yr
albuterol		3 pkg/rx
alendronate sodium	35MG, 70MG	5/rx
alendronate sodium	5MG, 10MG, 40MG	34/rx
alendronate sodium	oral soln	375/rx
ATROVENT HFA		2 pkg/rx
AVANDIA	2MG, 4MG	34/rx
AVANDIA	8MG	34/rx
azithromycin	250MG	8/rx
azithromycin	500MG	4/rx
azithromycin	oral susp	1 pkg/rx
Blood Glucose Monitors/Kits		1/yr
Blood test strips (not using insulin)		102/90d
Blood test strips (using insulin)		102/30d
budesonide	neb	70/rx
bupropion hcl, sa		68/rx
citalopram		34/rx
COMBIVENT		3 pkg/rx
diffucan	150MG	2/rx, 2rx/yr
doxazosin mesylate	1MG, 2MG, 4MG	34/rx
doxazosin mesylate	8MG	68/rx
EASIVENT		1/yr
EPIPEN, JR	0.15MG/0.3	2/year/rx
estradiol adh. Patch		5/rx
FLOVENT DISKUS	50MCG	120/rx
FLOVENT HFA	110MCG	1 pkg/rx
FLOVENT HFA	220MCG	3 pkg/rx
FLOVENT HFA	44MCG	2 pkg/rx
fluconazole	150MG	2/rx
fluoxetine hcl	10MG	34/rx
fluoxetine hcl	40MG	68/rx
fluticasone propionate	inh	2 pkg/rx
fluticasone propionate	nasal	3 pkg/rx
GLUCAGON		2/yr
INTAL		2 pkg/rx
IPRATROPIUM BROMIDE	nasal	2 pkg/rx
Lancet Devices		1/yr
Lancets (not using Insulin)		102/90d
Lancets (using Insulin)		102/30d
lovastatin	10MG	34/rx
lovastatin	20MG, 40MG	68/rx
miconazole nitrate vaginal	supp	3/rx
oxybutynin chloride er		34/rx
pantoprazole sodium		34/rx
paroxetine hcl	10MG, 40MG	34/rx
paroxetine hcl	20MG, 30MG	68/rx
PLAN B	0.75MG	2/rx
PLAVIX		1 rx (pre PA)
pravastatin		34/rx
PREVPAC		14/rx
PROAIR HFA		3 pkg/rx
prochlorperazine	supp	12/30 days
promethazine	supp	12/30 days

NAME	FORM	Quantity
PULMICORT	inh	2 pkg/rx
QVAR		3 pkg/rx
RELPAK		6/rx
SEREVENT DISKUS		120/rx
sertraline hcl	25MG	34/rx
sertraline hcl	50MG, 100MG	68/rx
simvastatin		34/rx
SPIRIVA		1 pkg/rx
sumatriptan	nasal	1 pkg/60d
sumatriptan	tab	9/60d
SUPRAX	200MG	2/rx
SUPRAX	400MG	1/rx
SUPRAX	susp	1 pkg/rx
SYMBICORT		2 pkg/rx
terazosin hcl	10MG	68/rx
terazosin hcl	1MG, 2MG, 5MG	34/rx
TILADE		3 pkg/rx
TWINJECT		2/year/rx
Urine Ketone strips (using insulin)		50/rx

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