

2006

# Aetna Preferred Drug Guide

## 3-Tier/Open Formulary Plan



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**Take this booklet with you when you see your doctor.**

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Dear Member:

Insurance coverage for prescription drugs continues to be one of the most important benefits in a health care plan. To help you determine which medications are covered by your plan, we are pleased to provide you with a copy of our **2006 Preferred Drug Guide**. The drugs that appear on the Preferred Drug List were selected based on their effectiveness, quality, safety and value.

This book is designed to provide you with easy to understand and accessible information on the Aetna Preferred Drug List, as well as details on your pharmacy benefit design. We encourage you to take this guide with you when you see your doctor, so you can discuss whether any medications recommended by your physician are covered under your pharmacy benefit.

Many commonly prescribed medications, along with their preferred drug status are listed in this book. Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most commonly prescribed ones.

In accordance with state law, California HMO members who are receiving coverage for medications that are added to the Precertification or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

For members in Texas, additions to the 2006 Preferred Drug list will be effective no later than January 1, 2006. In accordance with state law, full-risk member in Texas who receive coverage for medications that are removed from the Preferred Drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date.

Step-therapy, precertification and quantity limits do not apply in all service areas. For example, step-therapy does not apply to fully insured members in New Jersey and Indiana. Please refer to your plan documents or call the Member Service number on your ID card for further information.

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## What Pharmacy Benefits Plan Do I Have?

### You are enrolled in a three-tier/open formulary plan.\*

Open formulary means your pharmacy benefit covers medications that are on the Preferred Drug List (formulary), as well as many that are not. Your plan may not cover certain medications, even though some are listed in this booklet, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies. Please see your plan documents for a complete description of your pharmacy benefit, or call the Member Services number on your ID card.

Three-tier means there are three copay tiers or levels for covered prescription medications. The three copay tiers are:

Copay Tier**	Type of Drug
Tier One (Low Copay)	Covered generic medications on the Preferred Drug List***
Tier Two (Middle Copay)	Covered preferred brand-name medications on the Preferred Drug List
Tier Three (High Copay)	Covered non-preferred generic or brand-name medications on the Preferred Drug List

Your plan may have a “mandatory generic cost-sharing requirement,” which means that if you receive a brand-name medication when a generic medication is available, you will pay the difference in cost between the brand-name and generic medication, in addition to your copay.

For a summary of your pharmacy benefits plan, including copay amounts, please visit Aetna Navigator at [www.aetna.com](http://www.aetna.com) or call the Member Services number on your ID card.

## What is the Preferred Drug List?

The Preferred Drug List (also known as a formulary) is a list of medications selected by Aetna in consultation with a team of health care providers. Aetna will generally cover the drugs listed in our Preferred Drug List as long as the drug is medically necessary and plan rules are followed. For more information on the Preferred Drug List, please review your plan documents or call the Member Services number listed on your ID card.

Drugs that appear on Aetna’s Preferred Drug List have been chosen on the basis of sound medical data, safety and cost.

\* Your enrollment in an Aetna three-tier/open formulary plan was based on information at the time of this mailing. If your pharmacy benefits plan changes, the copays and coverage of certain medications detailed in this booklet may no longer apply.

\*\* If your plan has copay levels based on a percentage of Aetna’s negotiated charge with the participating pharmacy, this charge does not include and is not reduced by any manufacturer rebate amounts Aetna receives from drug manufacturers. Also, in some cases, if you need to pay a percentage of the cost of a drug or an amount to meet a deductible, your costs may be higher for a preferred drug than they would be for a non-preferred drug.

\*\*\* If you are enrolled in a PPO plan, all covered generic medications are available at the lowest copay (tier one), regardless of whether they are on the Preferred Drug List. In most HMO plans, non-preferred generic medications are available at the highest copay (tier three).

- Both brand-name and generic medications are on Aetna's Preferred Drug List.
- All medications on the Preferred Drug list have been approved by the Food and Drug Administration (FDA) as safe and effective.
- The Preferred Drug List is updated on an ongoing basis and may be subject to change without prior notification.
- Many medications on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications.

This Preferred Drug Guide is an abbreviated list of some of the most commonly prescribed drugs. Your pharmacy benefit may cover many more medications that are not listed in this Preferred Drug Guide. However, certain medications listed in this booklet – such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies – may not be covered by your particular plan. Please check out the Aetna website at [www.aetna.com/formulary](http://www.aetna.com/formulary) for a more complete listing of medications that may be covered by your plan.

It is important to note that you and your physician are responsible for making the final decision on your drug therapy. For a complete description of your pharmacy benefit see your plan documents or call the Member Services number on your ID card for further information.

## Who Reviews Medications for the Preferred Drug List?

Aetna's Pharmaceutical and Therapeutics (P&T) Committee reviews available clinical literature for medications that have been approved by the FDA.

- The P&T Committee also includes pharmacists and doctors who are employees of Aetna.

## How is the Preferred Drug List Developed?

Our Pharmaceutical and Therapeutics (P&T) Committee is responsible for reviewing drugs for possible inclusion on our Preferred Drug Lists. Although the committee includes staff from Aetna, the majority of the members are practicing doctors and/or pharmacists who are chosen to represent various clinical specialties. All committee members must disclose any factors that may create a real or apparent conflict of interest or financial stake related to any of the manufacturers whose products are being considered in Preferred Drug List determinations.

The P&T's clinical determinations are based on the strength of scientific evidence from literature and database searches from a number of sources and includes, but is not limited to: United States Pharmacopeia-Drug Information (USP-DI), American Hospital Formulary Service Drug Information (AHFS-DI),

DrugDex, Medline and other databases, including relevant findings of federal government agencies, the pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

The P&T committee meets regularly to evaluate new drug indications and new clinical information on existing Preferred Drugs to verify that they continue to meet the criteria for safety, effectiveness, current use in therapy and overall value. Once the P&T completes its clinical review, Aetna conducts additional reviews of medications based on P&T's clinical determinations and information regarding overall value (including cost and manufacturer rebate arrangements) and other factors before a decision on Preferred Drug List status is made.

## The Preferred Drug List is Subject to Change

Aetna periodically reviews our Preferred Drug List to make sure it meets the criteria for safety, effectiveness and overall value. The list is subject to change. Medications may be covered at a higher copayment and/or removed from the Preferred Drug List at any time.

- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment. Medications likely to become available generically in 2006 are identified in this booklet with a symbol.

- The Preferred Drug List may change because the FDA approves many new medications throughout the year. Open formulary plans generally cover new FDA-approved medications before they have completed Aetna's new drug review process. Depending on their plan, some members may pay a higher copayment, and the medication also may be subject to precertification or step-therapy requirements
- The Preferred Drug List also may change if a medication is withdrawn from the market or becomes available without a prescription. When an over-the-counter (OTC) equivalent becomes available, the prescription medication may no longer be covered under many of Aetna's pharmacy benefits.

## Why Do Some Medications Require Prior Authorization or Precertification?

Precertification encourages the appropriate and cost-effective use of medications by allowing coverage only when certain conditions are met.

- The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.
- If your plan includes our precertification program, your doctor must request authorization for the medication. If the request is approved, your doctor is notified and the medication will then be covered at

the applicable copay under your plan. If the request is denied, you and your doctor will be notified.

- Certain medications noted in this guide require prior authorization or precertification before they will be covered under some pharmacy benefits plans. For information on whether precertification applies to your plan, please refer to your plan documents or call the Member Services number on your ID card. Refer to pages 31 – 32 for further details on which medications require precertification.
- The medications requiring precertification are subject to change. Refer to our website at [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

## Why Do Some Medications Have Quantity Limits?

Quantity limits are included as part of our precertification program and are designed to help promote appropriate and efficient medication use and enhance patient safety.

- Quantity limits are based on generally accepted pharmaceutical guidelines, efficient dosing regimens and dosing recommendations. Three types of quantity limits are in place. They are:
  - Dose Efficiency Edits – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
  - Maximum Daily Dose – Informational message is sent to the

pharmacy if prescription lies outside recommended minimum and maximum doses.

- Quantity limits over time – Limits coverage of prescriptions to a specific number of units per a defined amount of time.

Quantity limit medications may be covered for quantities up to those indicated. In order to receive coverage for amounts in excess of the quantity listed, the prescribing physician must request a medical exception. Refer to pages 35 – 40 for further details on which medications apply quantity limits.

The medications that have quantity limits are subject to change. Refer to our website at [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

## What is Step-Therapy?

Step-therapy means you must first try one or more “prerequisite” medications before the step-therapy medication will be covered. If your plan includes our step-therapy program, you need to try one or more prerequisite medications first before the “step-therapy” medication will be covered under your pharmacy benefit.

- Prerequisite medications and their corresponding step-therapy medications are FDA-approved and are used to treat the same conditions.
- If it is medically necessary, you can obtain coverage for a step-therapy medication without trying a prerequisite medication first. In this

case, your doctor must request coverage for a step-therapy medication as a medical exception. If the request is approved, your doctor will be notified and the medication will then be covered at the applicable copay under your plan. If the request is denied, you and your doctor will be notified.

- Step-therapy is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.
- For information on whether step-therapy applies to your plan, please refer to your plan documents or call the Member Services number on your ID card.
- Refer to page 33 – 34 for further details on which medications require step-therapy.

The medications requiring step-therapy are subject to change. Refer to our website at [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

## What are Generic Medications?

Generic drugs are identical to brand-name drugs in dosage, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically the same as their branded counterparts, they are typically sold at substantial discounts from the branded price.

- Generic medications have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as the brand-name products, although generics may be a different color, shape or size than brand-name products.
- Your pharmacist can substitute a generic medication for a brand-name medication when filling your prescription when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor.

## How Can I Save Money on Prescriptions?

Ask your doctor to consider prescribing medications on the Preferred Drug List whenever appropriate. Medications on the Preferred Drug List generally cost you less money with a lower copayment.

- In many plans covered generic medications on the Preferred Drug List are available at the lowest copay.
- Ask your doctor or pharmacist whether generic medications are appropriate for you.

## What is Aetna Rx Home Delivery?

Aetna Rx Home Delivery® is our mail-order prescription service. Aetna Rx Home Delivery is an ideal way to obtain your medications that are taken regularly to treat a chronic condition such as arthritis, diabetes or heart disease.

These medications are delivered right to your door.

## How Do I Contact Aetna Rx Home Delivery?

For a specific question about the status of a prescription requested or filled by Aetna Rx Home Delivery:

Call 1-866-612-3862

Weekdays 7 a.m. – 11 p.m. ET

Saturday 8 a.m. – 9:30 p.m. ET

Sunday 8 a.m. – 6 p.m. ET

Or, check the status of your order online at [www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com).

You may contact Member Services at the toll-free 800 number listed on the back of your ID card for questions about eligibility, benefits, copays, forms or other general information.

## What is Aetna Specialty Pharmacy?

Aetna Specialty Pharmacy<sup>SM</sup> is available to fill your specialty injectable medication needs. Some injectable medications, as well as other disease-specific drugs, require special handling, storage or shipping. These drugs are often referred to as specialty medications and are often used to treat certain conditions such as hemophilia, hepatitis and multiple sclerosis.

Aetna Specialty Pharmacy provides convenient mail-order services for specialty medications that are not always available at retail pharmacies. The

network also offers educational and clinical support services to help members manage their medications and health condition.

Depending on your benefits plan, you may have a copay for specialty injectable medications. Please refer to your plan documents or contact Member Services at the number on your ID card for further information.

For more information on Aetna Specialty Pharmacy, call toll free at 1-866-782-2779 (ASRX) or visit [www.AetnaSpecialtyPharmacy.com](http://www.AetnaSpecialtyPharmacy.com).

### THERAPEUTIC CLASS LIST KEY

**UPPERCASE** – Brand-name medication

**lower case italics** – Generic medication

**PR** – Precertification required under most plans

**ST** – Step-therapy applies under most plans

**QL** – Quantity limit applies under most plans

**#** – Brand-name medication expected to become available generically during the year. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment and/or removed from the Preferred Drug List.

**MED** – Injectable medication that may be covered under the medical benefit

**PMED** – Preferred injectable medication that may be covered under the medical benefit

## 3-Tier Commercial Member Guide

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antineoplastic Agents</b>				
<b>Adrenal Steroid Inhibitors</b>				
CYTADREN	3			
<b>Alkylating Agents</b>				
ALKERAN	2			
CEENU	2			
<i>cyclophosphamide</i>	1			
CYTOXAN	3			
HEXALEN	2			
LEUKERAN	2			
MYLERAN	2			
TEMODAR	2			
<b>Antimetabolites</b>				
<i>mercaptopurine</i>	1			
<i>methotrexate</i>	1			
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA	2			
<b>Antineoplastic - Hormonal Agents</b>				
ARIMIDEX	2			
AROMASIN	2			
CASODEX	2	✓		
DEPO-PROVERA	MED			
EMCYT	2			
EULEXIN	3			
FARESTON	2			
FASLODEX	MED			
FEMARA	2			
<i>flutamide</i>	1			
<i>leuprolide</i>	MED			
LUPRON	PMED			
LYSODREN	3			
MEGACE	3			
MEGACE ES	3			
<i>megestrol</i>	1			
NILANDRON	2			
NOLVADEX	3			
<i>tamoxifen</i>	1			
TESLAC	3			
ZOLADEX	MED			
<b>Antineoplastic Enzyme Inhibitors</b>				
GLEEVEC	2		✓	

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antineoplastic Enzyme Inhibitors (continued)</b>				
IRESSA	2		✓	
TARCEVA	3		✓	
<b>Antineoplastics Misc.</b>				
ACTIMMUNE	MED			
ALFERON N	MED			
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	MED		✓	
MATULANE	2			
MYLOCEL	3			
PHOTOFRIN	MED			
PROLEUKIN	MED			
ROFERON-A	MED		✓	
TARGETIN	3			
THERACYS	MED			
TICE BCG	MED			
UVADEX	MED			
VESANOID	2			
<b>Chemotherapy Rescue/Antidote Agents</b>				
<i>leucovorin calcium</i>	1			
MESNEX	3			
<b>Mitotic Inhibitors</b>				
<i>etoposide</i>	1			
VEPESID	3			
<b>Blood Products - Modifiers - Volume Expander</b>				
<b>Agents for Gaucher Disease</b>				
CEREDASE	MED			
CEREZYME	MED			
ZAVESCA	3		✓	
<b>Agents for Sickle Cell Anemia</b>				
DROXIA	3			
<b>Coumarin Anticoagulants</b>				
COUMADIN	3			
<i>warfarin</i>	1			
<b>Hematopoietic Growth Factors</b>				
PROCRIT	2			
ARANESP	2			
NEULASTA	2			
<b>Hematopoietic Mixtures</b>				
TRINSICON	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Heparins and Heparinoid-Like Agents</b>				
ARIXTRA	3			
FRAGMIN	3			
<i>heparin sodium</i>	MED			
INNOHEP	3			
LOVENOX	3			
<b>Platelet Aggregation Inhibitors</b>				
AGGRENOX	2			
AGRYLIN	3			
ANAGRELIDE	3			
<i>cilostazol</i>	1			
<i>dipyridamole</i>	1			
PERSANTINE	3			
PLAVIX #	2			
PLETAL	3			✓
TICLID	3			
<i>ticlopidine</i>	1			
<b>Cardiovascular System</b>				
<b>ACE Inhibitors</b>				
ACCUPRIL	3	✓		✓
ACEON	3	✓		
ALTACE	2	✓		
<i>benazepril</i>	1	✓		
CAPOTEN	3	✓		✓
<i>captopril</i>	1	✓		
<i>enalapril</i>	1	✓		
<i>fosinopril</i>	1	✓		
<i>lisinopril</i>	1	✓		
LOTENSIN	3	✓		✓
MAVIK	3	✓		
MONOPRIL	3	✓		✓
PRINIVIL	3	✓		✓
<i>quinapril</i>	1	✓		
UNIVASC	3	✓		
VASOTEC	3	✓		✓
ZESTRIL	3	✓		✓
<b>Agents for Pheochromocytoma</b>				
DEMSER	3			
DIBENZYLINE	2			
<i>phentolamine</i>	MED			
<b>Alpha-Beta Blockers</b>				
COREG	2			
<i>labetalol</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Alpha-Beta Blockers (continued)</b>				
TRANDATE	3			
<b>Anaphylaxis Therapy Agents</b>				
EPIPEN	2			
EPIPEN-JR	2			
<b>Angiotensin II Receptor Antagonist</b>				
ATACAND	3	✓		✓
AVAPRO	3	✓		✓
BENICAR	3	✓		
COZAAR	2	✓		
DIOVAN	2	✓		
MICARDIS	3	✓		
TEVETEN	3	✓		
<b>Antiadrenergic Antihypertensives</b>				
CARDURA	3			
CATAPRES	3			
CATAPRES-TTS	3			
<i>clonidine</i>	1			
<i>doxazosin</i>	1			
<i>guanabenz</i>	1			
<i>guanfacine</i>	1			
HYTRIN	3			
<i>methyldopa</i>	1			
MINIPRESS	3			
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			
<b>Antiarrhythmics Type I - Nonspecific</b>				
ETHMOZINE	2			
<b>Antiarrhythmics Type I-A</b>				
<i>disopyramide</i>	1			
NORPACE	3			
<i>procainamide</i>	1			
<i>procainamide ER</i>	1			
PROCANBID	3			
PRONESTYL	3			
PRONESTYL SR	3			
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			
<b>Antiarrhythmics Type I-B</b>				
<i>mexiletine</i>	1			

## 3-Tier Commercial Member Guide

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antiarrhythmics Type I-C</b>				
<i>flecainide</i>	1			
<i>propafenone</i>	1			
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			
<b>Antiarrhythmics Type III</b>				
<i>amiodarone</i>	1			
CORDARONE	3			
PACERONE	3			
TIKOSYN	3			
<b>Antihyperlipidemic Combinations</b>				
ADVICOR	2	✓		
VYTORIN	2	✓		
<b>Antihypertensive Combinations</b>				
ACCURETIC	3			✓
ALDORIL	3			
ATACAND HCT	3	✓		✓
<i>atenolol/chlorthalidone</i>	1			
AVALIDE	3	✓		✓
<i>benazepril/hydrochlorothiazide</i>	1			
BENICAR HCT	3	✓		
<i>bisoprolol/hydrochlorothiazide</i>	1			
CAPOZIDE	3			✓
<i>captopril/hydrochlorothiazide</i>	1			
CLOPRES	3			
CORZIDE	3			
DIOVAN HCT	2	✓		
<i>enalapril/hydrochlorothiazide</i>	1			
ENDURONYL FORTE	3			
<i>fosinopril/hydrochlorothiazide</i>	1			
<i>hydralazine/hydrochlorothiazide</i>	1			
HYZAAR	2	✓		
INDERIDE	3			
LEXXEL	3			
<i>lisinopril/hydrochlorothiazide</i>	1			
LOPRESS HCT	3			
LOTENSIN HCT	3			✓

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antihypertensive Combinations (continued)</b>				
LOTREL #	2			
<i>methylodopa/hydrochlorothiazide</i>	1			
<i>metoprolol/hydrochlorothiazide</i>	1			
MICARDIS HCT	3	✓		
MINIZIDE	3			
MONOPRIL HCT	3			✓
PRINZIDE	3			✓
<i>propranolol/hydrochlorothiazide</i>	1			
<i>quinaretic</i>	1			
<i>rauwolfia/bendroflumethiazide</i>	1			
TARKA	3			
TENORETIC	3			
TEVETEN HCT	3			
TIMOLIDE	3			
UNIRETIC	3			
UNI-SERP	3			
VASERETIC	3			✓
ZESTORETIC	3			✓
ZIAC	3			
<b>Beta Blockers Cardio-Selective</b>				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol fumarate</i>	1			
KERLONE	3			
LOPRESSOR	3			
<i>metoprolol</i>	1			
SECTRAL	3			
TENORMIN	3			
TOPROL XL	3			
ZEBETA	3			
<b>Beta Blockers Non-Selective</b>				
BETAPACE	3			
BETAPACE AF	3			
BLOCADREN	3			
CARTROL	3			
CORGARD	3			
INDERAL	3			
INDERAL LA	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Beta Blockers Non-Selective (continued)</b>				
INNOPRAN XL	3			
LEVATOL	3			
<i>nadolol</i>	1			
<i>pindolol</i>	1			
<i>propranolol</i>	1			
<i>sorine</i>	1			
<i>sotalol AF</i>	1			
<i>sotalol hcl</i>	1			
<i>timolol maleate</i>	1			
<b>Bile Sequestrants</b>				
<i>cholestyramine</i>	1			
COLESTID	3			
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			
<b>Calcium Blockers</b>				
ADALAT CC	3	✓		✓
<i>afeditab</i>	1	✓		
CALAN	3			✓
CALAN SR	3	✓		✓
CARDENE	3			✓
CARDENE SR	3			
CARDIZEM	3			✓
CARDIZEM CD	3	✓		✓
CARDIZEM LA	2	✓		
<i>cartia XT</i>	1	✓		
COVERA-HS	3	✓		✓
DILACOR XR	3	✓		✓
<i>dilt-CD</i>	1	✓		
<i>diltia XT</i>	1	✓		
<i>diltiazem CD</i>	1	✓		
<i>diltiazem ER</i>	1	✓		
<i>diltiazem extended release beads SR</i>	1	✓		
DYNACIRC	3			
DYNACIRC CR	3			
<i>felodipine</i>	1	✓		
ISOPTIN SR	3	✓		✓
<i>nicardipine</i>	1			
<i>nifedipine</i>	1			
<i>nifedipine SR</i>	1	✓		
NIMOTOP #	2			
NORVASC	3	✓		

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Calcium Blockers (continued)</b>				
PLENDIL	3	✓		
PROCARDIA	3			✓
PROCARDIA XL	3	✓		✓
SULAR	3	✓		
<i>taztia XT</i>	1	✓		
TIAZAC	3	✓		✓
<i>verapamil</i>	1	✓		
<i>verapamil SR</i>	1	✓		
VERELAN	3	✓		✓
VERELAN PM	3	✓		
<b>Carbonic Anhydrase Inhibitors</b>				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
<b>Cardiac Glycosides</b>				
<i>digitek</i>	1			
<i>digoxin</i>	1			
LANOXICAPS	3			
LANOXIN	3			
<b>Combination Diuretics</b>				
ALDACTAZIDE	3			
<i>amiloride/hydrochlorothiazide</i>	1			
DYAZIDE	3			
MAXZIDE	3			
MODURETIC	3			
<i>spironolactone/hydrochlorothiazide</i>	1			
<i>triamterene/hydrochlorothiazide</i>	1			
<b>Fibric Acid Derivatives</b>				
ANTARA	2			
<i>gemfibrozil</i>	1			
LOFIBRA	3			
LOPID	3			
TRICOR #	2			
TRIGLIDE	3			
<b>HMG CoA Reductase Inhibitors</b>				
ALTOPREV	3	✓		✓
CRESTOR	3	✓		✓
LESCOL	2	✓		
LESCOL XL	2	✓		
LIPITOR	3	✓		✓

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>HMG CoA Reductase Inhibitors (continued)</b>				
<i>lovastatin</i>	1	✓		
MEVACOR	3	✓		✓
PRAVACHOL	3	✓		✓
PRAVIGARD	3	✓		✓
ZOCOR #	2	✓		
<b>Impotence Agents</b>				
<i>aphrodyne</i>	1			
CAVERJECT	3	✓	✓	
CIALIS	3	✓		
EDEX	3	✓		
LEVITRA	3	✓		
MUSE	3	✓		
<i>testomar</i>	1			
VIAGRA	3	✓		
<b>Intestinal Cholesterol Absorption Inhibitors</b>				
ZETIA	3	✓	✓	
<b>Loop Diuretics</b>				
<i>bumetanide</i>	1			
BUMEX	3			
DEMADEX	3			
EDECRIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torseamide</i>	1			
<b>Misc. Antihyperlipidemics</b>				
LIPEX	3			
<b>Misc. Cardiovascular Combination</b>				
BIDIL	3		✓	
CADUET	3	✓		✓
<b>Nicotinic Acid Derivatives</b>				
NIASPAN	2			
<b>Nitrates</b>				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISMO	3			
<i>isochron</i>	1			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
<i>minitran</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Nitrates (continued)</b>				
MONOKET	3			
<i>nitrek</i>	1			
NITROBID	3			
NITRO-DUR	3			
NITROGARD	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin SL</i>	1			
<i>nitroglycerin SR</i>	1			
NITROLINGUAL	3			
<i>nitroquick</i>	1			
NITROSTAT	2			
<i>nitrotab</i>	1			
<i>nitro-time</i>	1			
<i>nitro-transderm</i>	1			
<b>Peripheral Vasodilators</b>				
<i>isoxsuprine</i>	1			
<i>papaverine ER</i>	1			
<i>para-time</i>	1			
VASODILAN	3			
<b>Potassium Sparing Diuretics</b>				
ALDACTONE	3			
<i>amiloride</i>	1			
DYRENIUM	3			
MIDAMOR	3			
<i>spironolactone</i>	1			
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>				
TRACLEER	2		✓	
<b>Selective Aldosterone Receptor Antagonists (SARAs)</b>				
INSPRA	3			
<b>Thiazides and Thiazide-Like Diuretics</b>				
<i>chlorothiazide</i>	1			
<i>chlorthalidone</i>	1			
DIURIL	3			
<i>hydrochlorothiazide</i>	1			
<i>indapamide</i>	1			
LOZOL	3			
<i>methychlothiazide</i>	1			
<i>metolazone</i>	1			
MICROZIDE	3			
NATURETIN	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Thiazides and Thiazide-Like Diuretics (continued)</b>				
THALITONE	3			
ZAROXOLYN	3			
<b>Vasodilators</b>				
<i>hydralazine</i>	1			
<i>minoxidil</i>	1			
<b>Central Nervous System</b>				
<b>Agents for Chemical Dependency</b>				
ANTABUSE	3			
CAMPRAL	3			
<b>Alpha-2 Receptor Antagonists</b>				
<i>mirtazapine</i>	1	✓		
<i>mirtazapine ODT</i>	1	✓		
REMERON	3	✓		✓
REMERON SOLUTAB	3	✓		✓
<b>ALS Agents</b>				
RILUTEK	3			
<b>Amphetamines</b>				
ADDERALL	3	✓		
ADDERALL XR #	2	✓		
<i>amphetamine/dextroamphetamine</i>	1	✓		
DESOXYN	3	✓		✓
DEXEDRINE	3	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
DEXTROSTAT	3	✓		
<i>methamphetamine</i>	1	✓		
<b>Analgesic Combinations</b>				
<i>acetaminophen/salicylamide/phenyltoloxamine</i>	1			
<i>butalbital CPD</i>	1			
<i>butalbital/acetaminophen</i>	1			
<i>butalbital/acetaminophen/caffeine</i>	1			
<i>butalbital/aspirin/caffeine</i>	1			
<b>Anti-Cataleptic Agents</b>				
XYREM	3		✓	
<b>Anticonvulsant - Benzodiazepines</b>				
<i>clonazepam</i>	1			
DIASTAT	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Anticonvulsant - Benzodiazepines (continued)</b>				
KLONOPIN	3			
KLONOPIN WAFER	3			
<b>Antidementia</b>				
ARICEPT	3			
ARICEPT ODT	3			
COGNEX	3			
EXELON	2			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
<b>Antiparkinsonian Adjuvants</b>				
LODOSYN	3			
<b>Antiparkinsonian Anticholinergic</b>				
AKINETON	3			
<i>benztropine</i>	1			
KEMADRIN	3			
<i>trihexyphenidyl</i>	1			
<b>Antiparkinsonian COMT Inhibitors</b>				
COMTAN	2			
TASMAR	3			
<b>Antiparkinsonian Dopaminergic</b>				
<i>amantadine</i>	1			
<i>atamet</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			
<i>carbidopa/levodopa SR</i>	1			
LARODOPA	3			
MIRAPEX	2			
PARCOPA	3			
PARLODEL	3			
<i>pergolide</i>	1			
PERMAX	3			
REQUIP	2			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	3			
<b>Antiparkinsonian Monoamine Oxidase Inhibitor</b>				
ELDEPRYL	3			
<i>selegiline</i>	1			

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Attention-Deficit/Hyperactivity Disorder Agents</b>				
CONCERTA	3	✓		✓
FOCALIN	3	✓		✓
FOCALIN XR	3	✓		✓
METADATE CD	2	✓		
METADATE ER	2	✓		
<i>methylin</i>	1	✓		
METHYLIN CHEW/SOLN	3	✓		✓
<i>methylin ER</i>	1	✓		
<i>methylphenidate</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
PROVIGIL	3	✓	✓	
RITALIN	3	✓		✓
RITALIN LA	3	✓		✓
RITALIN SR	3	✓		✓
STRATTERA	3	✓		✓
<b>Barbiturate Hypnotics</b>				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>phenobarbital</i>	1			
SECONAL	3			
<b>Benzisoxazoles</b>				
RISPERDAL	2	✓		
RISPERDAL CONSTA	MED			
RISPERDAL M	2	✓		
<b>Benzodiazepines</b>				
<i>alprazolam</i>	1			
<i>chlordiazepoxide</i>	1			
<i>clorazepate</i>	1			
<i>diazepam</i>	1			
<i>lorazepam</i>	1			
<i>oxazepam</i>	1			
<b>Butyrophenones</b>				
<i>haloperidol</i>	1			
<b>Carbamates</b>				
FELBATOL	3			
<b>Combination Psychotherapeutics</b>				
<i>chlordiazepoxide/ amitriptyline</i>	1			
<i>perphenazine/amitriptyline</i>	1			
SYMBYAX	3	✓		

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Dibenzapines</b>				
<i>clozapine</i>	1	✓		
CLOZARIL	3	✓		
FAZACLO	3	✓		
<i>loxapine</i>	1			
SEROQUEL	2	✓		
ZYPREXA	2	✓		
ZYPREXA ZYDIS	2	✓		
<b>GABA Modulators</b>				
GABITRIL	3			
<b>Hydantoins</b>				
<i>phenytoin extended</i>	1			
<i>phenytoin sodium</i>	1			
<b>Lithium</b>				
<i>lithium carbonate</i>	1			
<i>lithium carbonate CR</i>	1			
<i>lithium citrate</i>	1			
LITHOBID	3			
<b>MAO Inhibitors</b>				
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<b>Migraine Products</b>				
MIGRANAL	3	✓		
<b>Misc. Psychotherapeutic and Neurological Agents</b>				
<i>ergoloid mesylate</i>	1			
ORAP	3			
<b>Misc. Antianxiety Agents</b>				
<i>bupirone</i>	1			
<i>hydroxyzine hcl</i>	1			
<i>hydroxyzine pamoate</i>	1			
<i>meprobamate</i>	1			
<b>Misc. Anticonvulsants</b>				
<i>carbamazepine</i>	1			
<i>gabapentin</i>	1	✓		
KEPPRA	2			
LAMICTAL	2			
<i>lamotrigine</i>	1			
NEURONTIN	3	✓		✓
<i>primidone</i>	1			
TEGRETOL	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Misc. Anticonvulsants (continued)</b>				
TEGRETOL XR	3			
TOPAMAX	3			
TRILEPTAL	2			
ZONEGRAN	3			
<b>Misc. Antidepressants</b>				
<i>bupropion</i>	1	✓		
<i>bupropion SR</i>	1	✓		
<i>maprotiline</i>	1	✓		
WELLBUTRIN	3	✓		✓
WELLBUTRIN SR	3	✓		✓
WELLBUTRIN XL	2			✓
<b>Misc. Antipsychotics</b>				
GEODON #	3	✓		
<b>Modified Cyclics</b>				
DESYREL	3			✓
<i>nefazodone</i>	3			✓
<i>trazodone</i>	1			
<b>Multiple Sclerosis Agents</b>				
AVONEX	2			
BETASERON	3			
COPAXONE	2			
REBIF	3			
<b>Narcotic Agonists</b>				
ACTIQ	3	✓		
AVINZA	3			
<i>codeine phosphate</i>	1			
<i>codeine sulfate</i>	1			
DARVON	3			✓
DARVON-N	3			
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3	✓		✓
<i>fentanyl</i>	1	✓		
<i>hydromorphone</i>	1			
KADIAN	2			
<i>levorphanol</i>	1			
<i>meperidine</i>	1			
<i>methadone</i>	1			
<i>methadose</i>	1			
<i>morphine sulfate</i>	1			
<i>morphine sulfate CR</i>	1			
MS CONTIN	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Narcotic Agonists (continued)</b>				
<i>msir</i>	1			
ORAMORPH SR	3			
<i>oxycodone SR</i>	1	✓		
OXYCONTIN CR	2	✓		
<i>oxyfast</i>	1			
OXYIR	3			
<i>percolone</i>	1			
<i>propoxyphene</i>	1			
<i>tramadol</i>	1			
ULTRAM	3			✓
<b>Narcotic Combinations</b>				
<i>acetaminophen/codeine</i>	1			
ANEXSIA	3			✓
<i>aspirin/codeine</i>	1			
<i>butalbital/acetaminophen/caffeine/codeine</i>	1			
<i>butalbital/aspirin/caffeine/codeine</i>	1			
CAPITAL/CODEINE	3			✓
COMBUNOX	3	✓		✓
DARVOCET	3			
DARVOCET-N	3			✓
DARVON COMPOUND	3			✓
FIORICET/CODEINE	3			✓
FIORINAL/CODEINE	3			✓
<i>hydrocodone/acetaminophen</i>	1			
<i>hydrocodone/ibuprofen</i>	1			
LORCET	3			✓
LORCET PLUS	3			✓
LORCET-HD	3			✓
LORTAB	3			✓
MAXIDONE	3			✓
<i>meperidine/promethazine</i>	1			
<i>meprozine</i>	1			
NORCO	3			✓
<i>oxycodone/acetaminophen</i>	1			
<i>oxycodone/aspirin</i>	1			
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			✓
PERCODAN	3			✓
<i>phrenilin/caffeine/codeine</i>	1			
<i>propoxyphene/acetaminophen</i>	1			

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Narcotic Combinations (continued)</b>				
<i>propoxyphene-N/acetaminophen</i>	1			
REPREXAIN	3			✓
ROXICET	3			✓
SYNALGOS DC	3			✓
TALACEN	3			✓
<i>tramadol/acetaminophen</i>	1			
TYLENOL/CODEINE	3			✓
TYLOX	3			✓
ULTRACET	3			
VICODIN	3			✓
VICODIN ES	3			✓
<i>vicodin HP</i>	1			✓
VICOPROFEN	3			✓
VOPAC	3			✓
XODOL	3			
ZYDONE	3			✓
<b>Narcotic Partial Agonists</b>				
<i>butorphanol</i>	1	✓		
<i>pentazocine/naloxone</i>	1			
SUBOXONE	3			
SUBUTEX	3			
TALWIN NX	3			
<b>Non-Barbiturate Hypnotics</b>				
AMBIEN #	3	✓		
<i>chloral hydrate</i>	1			
DORAL	3			
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
LUNESTA	3	✓		
<i>midazolam</i>	1			
SONATA #	2	✓		
<i>temazepam</i>	1			
<i>triazolam</i>	1			
<b>Phenothiazines</b>				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>perphenazine</i>	1			
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>trifluoperazine</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Quinolinone Derivatives</b>				
ABILIFY	3	✓		
<b>Selective Serotonin Reuptake Inhibitors</b>				
CELEXA	3	✓		✓
<i>citalopram</i>	1	✓		
<i>fluoxetine</i>	1	✓		
<i>fluvoxamine</i>	1	✓		
LEXAPRO	3	✓		✓
<i>paroxetine</i>	1	✓		
PAXIL	3	✓		✓
PAXIL CR	2			✓
PEXEVA	3	✓		✓
PROZAC	3	✓		✓
PROZAC WEEKLY	3	✓		✓
RAPIFLUX	3	✓		✓
SARAFEM	3	✓		✓
ZOLOFT #	3	✓		✓
<b>Serotonin Agonists</b>				
AMERGE	2	✓		
AXERT	3	✓		
FROVA	3	✓		
IMITREX #	2	✓		
MAXALT	2	✓		
MAXALT-MLT	2	✓		
RELPAX	3	✓		
ZOMIG	3	✓		
ZOMIG ZMT	3	✓		
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>				
CYMBALTA	3	✓	✓	✓
EFFEXOR	3	✓		✓
EFFEXOR XR	2		✓	✓
<b>Succinimides</b>				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
<b>Thioxanthenes</b>				
<i>thiothixene</i>	1			
<b>Tricyclic Agents</b>				
<i>amitriptyline</i>	1			
<i>amoxapine</i>	1			
<i>clomipramine</i>	1			
<i>desipramine</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Tricyclic Agents (continued)</b>				
<i>doxepin hcl</i>	1			
<i>imipramine hcl</i>	1			
<i>nortriptyline</i>	1			
<i>vanatrip</i>	1			
<b>Valproic Acid</b>				
DEPAKOTE #	2			
DEPAKOTE ER	2			
DEPAKOTE SPRINKLE	2			
<b>Dermatological Agents</b>				
<b>Acne Products</b>				
ACCUTANE	3	✓	✓	✓
AKNE-MYCIN	3			
<i>amnesteem</i>	1	✓	✓	
AVAR	3			
AVAR GREEN	3			
<i>avar-E green</i>	1			
AVITA	1		✓	
AZELEX	3			
BENZACLIN	3			
BENZAMYCIN	3			
<i>benzoyl peroxide</i>	1			
<i>claravis</i>	1	✓	✓	
<i>clenia</i>	1			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
DIFFERIN	2			
DUAC	3			
<i>erythromycin</i>	1			
<i>erythromycin/ benzoyl peroxide</i>	1			
<i>ethexderm</i>	1			
<i>isotretionoin</i>	1	✓	✓	
KLARON	3			
METROCREAM #	2			
METROGEL	2			
METROLOTION	2			
<i>metronidazole</i>	1			
NORITATE	3			
NUOX	3			
<i>panoxyl</i>	1			
<i>panoxyl AQ</i>	1			
PLEXION CLOTH	2			
PLEXION EMULSION	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Acne Products (continued)</b>				
PLEXION SCT	3			
PLEXION TS	3			
<i>prascion</i>	1			
RETIN-A	3		✓	
RETIN-A MICRO	2		✓	
ROSAC	3			
<i>rosaderm</i>	1			
<i>rosanil</i>	1			
ROSULA	3			
ROZEX	2			
<i>sodium sulfacetamine/ sulfur</i>	1			
SOTRET	1		✓	
SULFACET-R	3			
<i>sulfatol</i>	1			
SULFOXYL	3			
<i>suphera</i>	1			
<i>tretinoin</i>	1		✓	
TRIAZ	3			
VANOXIDE-HC	3			
Z-CLINZ	3			
ZODERM	3			
<b>Antibiotics - Topical</b>				
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
<b>Antifungals - Topical</b>				
<i>ciclopirox</i>	1			
<i>clotrimazole/ betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
<i>hydrocortisone/ clioquinol</i>	1			
<i>hydrocortisone/ iodoquinol</i>	1			
<i>ketoconazole</i>	1			
LOPROX CREAM/LOTION/ SUSPENSION	3			
LOPROX GEL/SHAMPOO #	2			
LOTRISONE	3			
NAFTIN	3			
<i>nystatin</i>	1			
<i>nystatin/ triamcinolone</i>	1			
OXISTAT	3			
PENLAC	3		✓	

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antineoplastic or Premalignant Lesions - Topical</b>				
CARAC	3			
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
PANRETIN	2			
SOLARAZE	3			
TARGRETIN	2			
<b>Antipruritics</b>				
<i>pradoxin</i>	1			
ZONALON	3			
<b>Antipsoriatics</b>				
8-MOP	3			
AMEVIVE	MED			
<i>anthralin</i>	1			
DOVONEX	3			✓
DRITHO-SCALP	3			
OXSORALEN-UL	3			
PSORiatec	3			
RAPTIVA	MED			
SORIATANE	2			
TAZORAC	2			
<b>Antiseborrheic Products</b>				
CAPITROL	3			
OVACE	3			
ROSULA NS	3			
SEBIZON	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
<b>Antiviral - Topical</b>				
DENAVIR	3			
ZOVIRAX	3			
<b>Corticosteroids - Topical</b>				
<i>alclometasone</i>	1			
<i>amcinonide</i>	1			
<i>augmented betamethasone</i>	1			
<i>betamethasone dipropionate</i>	1			
<i>betamethasone valerate</i>	1			
<i>clobetasol</i>	1			
<i>clobexate</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Corticosteroids - Topical (continued)</b>				
CLOBEX	2			
CLODERM	3			
CORDRAN	3			
<i>desonide</i>	1			
<i>desoximetasone</i>	1			
<i>diflorasone</i>	1			
DIPROLENE AF	3			
<i>fluocinolone acetonide</i>	1			
<i>fluocinonide</i>	1			
<i>fluticasone</i>	1			
HALOG	3			
<i>hydrocortisone</i>	1			
<i>hydrocortisone butyrate</i>	1			
<i>hydrocortisone valerate</i>	1			
<i>hydrocortisone/pramoxine</i>	1			
<i>lacticare/hydrocortisone</i>	1			
<i>lidocaine/hydrocortisone</i>	1			
LUXIQ	2			
<i>mometasone</i>	1			
OLUX	2			
<i>triamcinolone</i>	1			
ULTRAVATE	3			
<b>Immunomodulating Agents - Topical</b>				
ALDARA	2			
ELIDEL	2			
PROTOPIC	2			
<b>Keratolytics/Antimitotics</b>				
<i>podocon</i>	1			
<i>podofilox</i>	1			
<b>Local Anesthetics - Topical</b>				
<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM	2			
<b>Rosacea Agents</b>				
FINACEA	3			
<b>Scabicides &amp; Pediculicides</b>				
EURAX	3			
<i>lindane</i>	1			
<i>permethrin</i>	1			
<i>sulfurated lime solution</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Endocrine System</b>				
<b>Alpha-Glucosidase Inhibitors</b>				
GLYSET	3			
PRECOSE	3			
<b>Androgens</b>				
ANDRODERM	2			
ANDROGEL #	2			
<i>danazol</i>	1			
FIRST-TESTOSTERONE	3			
STRIANT	3			
TESTIM	3			
<i>testosterone</i>	MED			
<b>Antidiabetic - Amino Acid Derivatives</b>				
STARLIX	2			
<b>Antidiabetic Combinations</b>				
AVANDAMET	2			
GLUCOVANCE	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<b>Antithyroid Agents</b>				
<i>methimazole</i>	1			
<i>propylthiouracil</i>	1			
TAPAZOLE	3			
<b>Biguanides</b>				
FORTAMET	3			
GLUCOPHAGE	3			✓
GLUCOPHAGE XR	3			✓
<i>metformin</i>	1			
<i>metformin SR</i>	1			
RIOMET	3			
<b>Combination Contraceptives - Transdermal</b>				
ORTHO EVRA	3			
<b>Combination Contraceptives - Vaginal</b>				
NUVARING	3			
<b>Combinations OC's</b>				
ALESSE	3	✓		
<i>apri</i>	1	✓		
<i>aranelle</i>	1	✓		
<i>aviane</i>	1	✓		
BREVICON	3	✓		
<i>cesia</i>	1	✓		

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Combinations OC's (continued)</b>				
<i>cryselle</i>	1	✓		
CYCLESSA	3	✓		
DEMULEN 1/35	3	✓		
DEMULEN 1/50	3	✓		
DESOGEN	3	✓		
<i>enpresse</i>	1	✓		
ESTROSTEP FE	3	✓		
<i>junel 1.5/30</i>	1	✓		
<i>junel 1/20</i>	1	✓		
<i>junel FE 1.5/30</i>	1	✓		
<i>junel FE 1/20</i>	1	✓		
<i>kariva</i>	1	✓		
<i>leena</i>	1	✓		
<i>lessina</i>	1	✓		
LEVLEN	3	✓		
LEVLITE	3	✓		
<i>levora</i>	1	✓		
LO/OVRAL	3	✓		
LOESTRIN 1.5/30	3	✓		
LOESTRIN 1/20	3	✓		
LOESTRIN FE	3	✓		
LOESTRIN FE 1.5/30	3	✓		
<i>low-ogestrel</i>	1	✓		
<i>lutera</i>	1	✓		
<i>microgestin 1.5/30</i>	1	✓		
<i>microgestin 1/20</i>	1	✓		
<i>microgestin FE 1.5/30</i>	1	✓		
<i>microgestin FE1/20</i>	1	✓		
MIRCETTE	3	✓		
MODICON 0.5/35	3	✓		
<i>mononessa</i>	1	✓		
<i>necon 0.5/35</i>	1	✓		
<i>necon 1/35</i>	1	✓		
<i>necon 1/50</i>	1	✓		
<i>necon 10/11</i>	1	✓		
<i>necon 7/7/7</i>	1	✓		
NORDETTE	3	✓		
NORINYL 1+35	3	✓		
NORINYL 1+50	3	✓		
<i>nortrel 0.5/35</i>	1	✓		
<i>nortrel 1/35</i>	1	✓		
<i>nortrel 7/7/7</i>	1	✓		
<i>ogestrel</i>	1	✓		
ORTHO TRI-CYCLEN	3	✓		

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Combinations OC's (continued)</b>				
ORTHO TRI-CYCLEN LO	3	✓		
ORTHO-CEPT	3	✓		
ORTHO-CYCLEN	3	✓		
ORTHO-NOVUM 1/35	3	✓		
ORTHO-NOVUM 1/50	3	✓		
ORTHO-NOVUM 10/11	3	✓		
ORTHO-NOVUM 7/7/7	3	✓		
OVCON 50	3	✓		
OVCON-35	3	✓		
OVRAL	3	✓		
<i>portia</i>	1	✓		
<i>previfem</i>	1	✓		
<i>reclipsen</i>	1	✓		
SEASONALE	2			
<i>solia</i>	1	✓		
<i>sprintex</i>	1	✓		
TRI-LEVELN	3	✓		
<i>trinessa</i>	1	✓		
TRI-NORINYL	3	✓		
TRIPHASIL	3	✓		
<i>tri-previfem</i>	1	✓		
<i>tri-sprintec</i>	1	✓		
<i>trivora</i>	1	✓		
<i>velivet</i>	1	✓		
YASMIN	3	✓		
<i>zovia1/35E</i>	1	✓		
<i>zovia1/50E</i>	1	✓		
<b>Diabetic Other</b>				
GLUCAGON	MED			
PROGLYCEM	2			
<b>Diabetic Supplies</b>				
<i>alcohol swabs</i>	NC			
B & D INSULIN SYRINGES	2			
<i>gauze pad</i>	NC			
INSULIN SYRINGES (all other brands)	3			
ONE TOUCH BASIC/PROFILE/ONE TOUCH II TEST STRIPS	2			
ONE TOUCH FAST TAKE TEST STRIPS	2			
ONE TOUCH SURE STEP TEST STRIPS	2			
ONE TOUCH ULTRA TEST STRIPS	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Diabetic Supplies (continued)</b>				
PRECISION Q-I-D TEST STRIPS	2			
PRECISION SOF-TACT TEST STRIPS	2			
PRECISION XTRA KETONE TEST STRIPS	2			
PRECISION XTRA TEST STRIPS	2			
TEST STRIPS (all other brands)	3			
<b>Emergency Contraceptives</b>				
PLAN B	3			
<b>Estrogen Combinations</b>				
ACTIVEVILLA	3			
CLIMARA PRO	3	✓		
COMBIPATCH	3	✓		
ESTRATEST	3			
ESTRATEST HS	3			
FEMHRT	3			
PREFEST	2			
PREMPHASE	3			
PREMPRO	3			
<i>syntest D.S.</i>	1			
<i>syntest H.S.</i>	1			
<b>Estrogens</b>				
ALORA	3	✓		
CENESTIN	2	✓		
CLIMARA	3	✓		
ESCLIM	3	✓		
ESTRACE	3	✓		
ESTRADERM	2	✓		
<i>estradiol</i>	1	✓		
ESTRASORB	3			
ESTROGEL	3			
<i>estropipate</i>	1			
<i>gynodiol</i>	1	✓		
MENEST	2	✓		
MENOSTAR	3	✓		
OGEN	3			
<i>ortho-est</i>	1			
PREMARIN	3	✓		
VIVELLE	2	✓		
VIVELLE-DOT	2	✓		

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Fertility Regulators</b>				
GONAL-F	PMED			
FOLLISTIM	PMED			
FOLLISTIM AQ	PMED			
BRAVELLE	PMED			
REPRONEX	PMED			
MENOPUR	PMED			
<b>Glucocorticosteroids</b>				
<i>bubli-pred</i>	1			
CELESTONE	3			
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3			
<i>hydrocortisone</i>	1			
<i>methylpred</i>	1			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
<b>Growth Hormone</b>				
GENOTROPIN	3		✓	
HUMATROPE	2		✓	
NORDITROPIN	3		✓	
NUTROPIN	2		✓	
NUTROPIN AQ	2		✓	
SAIZEN	3		✓	
SEROSTIM	3		✓	
TEV-TROPIN	2		✓	
<b>Growth Hormone Receptor Antagonist</b>				
SOMAVERT	3		✓	
<b>Growth Hormone Releasing Hormones</b>				
GEREF	3		✓	
<b>Insulin</b>				
HUMALOG	2			
HUMALOG MIX 75/25	2			
HUMULIN 50/50	2			
HUMULIN 70/30	2			
HUMULIN L	2			
HUMULIN N	2			
HUMULIN R	2			
HUMULIN U	2			
ILETIN II LENTE	3			
ILETIN II NPH	3			
ILETIN II RG	3			
LANTUS	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Insulin (continued)</b>				
NOVOLIN 70/30	3			✓
NOVOLIN N	3			✓
NOVOLIN R	3			✓
NOVOLOG	2			
NOVOLOG MIX 70/30	2			
<b>Insulin Sensitizing Agents</b>				
ACTOS	2			
AVANDIA	2			
<b>Meglitinide Analogues</b>				
PRANDIN	2			
<b>Metabolic Modifiers</b>				
CARNITOR	3			
CYSTADANE	3			
HECTOROL	3			
ORFADIN	2		✓	
SENSIPAR	3			
ZEMPLAR	3			
<b>Mineralocorticoids</b>				
<i>fludrocort</i>	1			
<b>Posterior Pituitary</b>				
DDAVP	3			✓
<i>desmopressin</i>	1			
<b>Progestin Contraceptives- Injectables</b>				
<i>medroxyprogesterone progesterone</i>	1			
DEPO-PROVERA	3			
<b>Progestin OC's</b>				
<i>camila</i>	1	✓		
<i>errin</i>	1	✓		
<i>jolivette</i>	1	✓		
<i>nora-be</i>	1	✓		
NOR-QD	3	✓		
ORTHO MICRONOR	3	✓		
OVRETTE	3	✓		
<b>Progestins</b>				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
PROMETRIUM	2			
<b>Sulfonylureas</b>				
AMARYL	3			

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Sulfonylureas (continued)</b>				
<i>chlorpropamide</i>	1			
<i>glimepiride</i>	1			
<i>glipizide</i>	1			
<i>glipizide ER</i>	1			
<i>glipizide XL</i>	1			
<i>glyburide</i>	1			
<i>glyburide micronized</i>	1			
<i>glycron</i>	1			
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			
<b>Thyroid Hormones</b>				
ARMOUR THYROID	3			
BIO-THROID	3			
<i>levothyroid</i>	3			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
SYNTHROID	3			
THYROLAR	3			
UNITHROID	3			
<b>Gastrointestinal System</b>				
<b>5-HT3 Receptor Antagonists</b>				
ANZEMET	3	✓		
KYTRIL	3	✓		
ZOFRAN	2	✓		
ZOFRAN ODT	2	✓		
<b>Antiemetics - Anticholinergic</b>				
<i>maldemar</i>	1			
MENI-D	3			
TRANSDERM SCOPOLAMINE	3			
<i>trimethobenzamide</i>	1			
<b>Antiemetics Miscellaneous</b>				
<i>tebamide</i>	1			
<b>Antiperistaltic Agents</b>				
<i>diphenoxylate/atropine</i>	1			
<i>paregoric</i>	1			
<b>Antispasmodics</b>				
<i>belladonna alkaloids</i>	1			
<i>belladonna alkaloids/ opium</i>	1			
<i>belladonna alkaloids/ phenobarbital</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antispasmodics (continued)</b>				
<i>clidinium/chlordiazepoxide</i>	1			
<i>hyoscyamine</i>	1			
<i>hyoscyamine CR</i>	1			
<i>propanthelin</i>	1			
SYMAX DUOTAB	3			
<i>symax SL</i>	3			
<i>symax SR</i>	3			
<b>Digestive Aids - Mixtures</b>				
CREON	2			
KU-ZYME	3			
KU-ZYME-HP	3			
<i>lipram</i>	1			
<i>lipram CR</i>	1			
<i>lipram PN</i>	1			
<i>lipram UL</i>	1			
<i>pancrelipase</i>	1			
ULTRASE	2			
ULTRASE MT	2			
VIKASE	2			
<b>Digestive Enzymes</b>				
<i>digex</i>	1			
<i>pancreatin</i>	1			
<b>Gallstone Solubilizing Agents</b>				
URSO 250	2			
URSO FORTE	2			
ursodiol	1			
<b>GI Antiallergy Agents</b>				
GASTROCROM	3			
<b>GI Stimulants</b>				
<i>metoclopramide hcl</i>	1			
<b>H-2 Antagonists</b>				
AXID	3			✓
<i>cimetidine</i>	1			
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			✓
PEPCID RPD	3			✓
<i>ranitidine</i>	1			
TAGAMET	3			✓
ZANTAC	3			✓
<b>Inflammatory Bowel Agents</b>				
ASACOL	2	✓		

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Inflammatory Bowel Agents (continued)</b>				
AZULFIDINE	3	✓		
AZULFIDINE ENTABS	3	✓		
CANASA	2	✓		
COLAZAL	3	✓		✓
DIPENTUM	3	✓		
<i>mesalamine</i>	1			
PENTASA	3	✓		✓
REMICADE	PMED			
ROWASA (enema only)	2	✓		
<i>sulfasalazine</i>	1	✓		
<i>sulfasalazine ER</i>	1	✓		
<i>sulfazine</i>	1	✓		
<i>sulfazine EC</i>	1	✓		
<b>Intestinal Acidifiers</b>				
<i>lactulose</i>	1			
<b>Intrarectal Steroids</b>				
<i>colocort</i>	1			
CORTIFOAM	3			
<b>Irritable Bowel Syndrome (IBS) Agents</b>				
LOTROXEX	3		✓	
ZELNORM	3		✓	
<b>Laxative Combinations</b>				
COLYTE	3			
GOLYTELY	3			
HALFLYTELY	3			
NULYTELY	3			
<i>peg 3350</i>	1			
<i>trilyte</i>	1			
<b>Misc. Anti-Ulcer</b>				
<i>sucralfate</i>	1			
<b>Miscellaneous Laxatives</b>				
<i>glycolax</i>	1			
KRISTALOSE	2			
<i>lactulose</i>	1			
MIRALAX	3			
<i>polyethylene glycol</i>	1			
<b>Proton Pump Inhibitors</b>				
ACIPHEX	2	✓	✓	
NEXIUM	3	✓	✓	✓
<i>omeprazole</i>	1	✓	✓	
PREVACID	2	✓	✓	
PREVACID SOLUTAB	2	✓	✓	

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Proton Pump Inhibitors (continued)</b>				
PRIOLESEC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
<b>Rectal Combinations</b>				
<i>hc pramoxine</i>	1			
<i>lidazone</i>	1			
<i>lidocaine/hydrocortisone</i>	1			
<b>Rectal Steroids</b>				
<i>hydrocortisone acetate</i>	1			
<i>proctocream hc</i>	1			
<i>proctosert</i>	1			
<i>proctosol</i>	1			
<i>proctosol hc</i>	1			
<b>Substance P/Neurokinin 1 (NK1) Receptor Antagonist</b>				
EMEND	3	✓		
<b>Ulcer Drugs - Prostaglandins</b>				
<i>misoprostol</i>	1			
<b>Ulcer Therapy Combinations</b>				
HELIDAC	3	✓		
PREVPAC	2	✓		
<b>Genitourinary System</b>				
<b>Combination Urinary Anti-infectives</b>				
URELLE	3			
<i>urimar T</i>	1			
<i>urin DIS</i>	1			
<i>uriseptic</i>	1			
<i>uro blue</i>	1			
<i>urogesic blue</i>	1			
UTA	3			
<b>Cystinosis Agents</b>				
CYSTAGON	3			
<b>Interstitial Cystitis Agents</b>				
DMSO	1			
ELMIRON	2			
RIMSO	3			
<b>Phosphate Binders</b>				
FOSRENOL	2			
PHOSLO	2			
RENAGEL	2			

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LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Prostatic Hypertrophy Agents</b>				
AVODART	3	✓	✓	
FLOMAX	2		✓	
PROSCAR #	3		✓	
UROXATRAL	2		✓	
<b>Urinary Analgesics</b>				
<i>phenazopyridine hcl</i>	1			
<b>Urinary Anti-infectives</b>				
MACROBID	3			
<i>methenamine hippurate</i>	1			
<i>methenamine mandelate</i>	1			
MONUROL	3			
<i>nitrofurantoin</i>	1			
<i>nitrofurantoin monohydrate macrocrystal</i>	1			
UREX	3			
<b>Urinary Antispasmodics</b>				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL #	3			✓
ENABLEX	2			
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>hyospaz</i>	1			
<i>oxybutynin</i>	1			
OXYTROL	2			
SANCTURA	3			✓
URECHOLINE	3			
URISPAS	3			
VESICARE	2			
<b>Vaginal Anti-infectives</b>				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
GYNAZOLE-1	3			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			
<i>terconazole</i>	1			
<i>tioconazole</i>	1			
ZAZOLE	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Vaginal Estrogens</b>				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	3			
PREMARIN VAGINAL	3			
VAGIFEM	3			
<b>Vaginal Progestins</b>				
CRINONE	3			
PROCHIEVE	3			
PROGESTERONE VAGINAL	3			
<b>Immunological Agents</b>				
<b>Immunomodulators</b>				
THALOMID	3			
<b>Immunosuppressive Agents</b>				
AZASAN	3			
<i>azathioprine</i>	1			
CELLCEPT	2			
<i>cyclosporine</i>	1			
<i>cyclosporine modified</i>	1			
<i>engraf</i>	1			
IMURAN	3			
MYFORTIC	3			
NEORAL	3			
PROGRAF	2			
RAPAMUNE	3			
SANDIMMUNE	3			
<b>Infections and Infestations</b>				
<b>Amebicides</b>				
YODOXIN	3			
<b>Aminoglycosides</b>				
<i>neomycin</i>	1			
<i>paromomycin</i>	1			
TOBI	3			
<b>Ampicillins</b>				
<i>amoxicillin</i>	1			
AMOXIL	3			
<i>ampicillin</i>	1			
DISPERMOX	3			
<i>principen</i>	1			
<i>trimox</i>	1			
<b>Anthelmintic</b>				
<i>mebendazole</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Anti TB Combinations</b>				
RIFAMATE	3			
RIFATER	3			
<b>Antifungals</b>				
ANCOBON	3			
BIO-STATIN	3			
GRIFULVIN V	3			
GRIS-PEG	3			
LAMISIL #	2		✓	
<i>nystatin</i>	1			
<b>Antimalarial</b>				
ARALEN	3		✓	
<i>chloroquine</i>	1		✓	
DARAPRIM	3		✓	
<i>hydroxychloroquine sulfate</i>	1		✓	
LARIAM	3		✓	
<i>mefloquine</i>	1		✓	
<i>primaquine</i>	1		✓	
<i>quinerva</i>	1		✓	
<i>quinine sulfate</i>	1		✓	
<b>Antimalarial Combinations</b>				
FANSIDAR	3		✓	
MALARONE	3		✓	
<b>Antimycobacterial Agents</b>				
<i>ethambutol</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
<i>rifampin</i>	1			
<b>Antiprotozoal Agents</b>				
ALINIA	3			
MEPRON	2			
<b>Antiretrovirals</b>				
AGENERASE	3			
APTIVUS	3			
COMBIVIR	2			
CRIXIVAN	2			
<i>didanosine delayed release</i>	1			
EMTRIVA	2			
EPIVIR	2			
EPIVIR HBV	2			
EPZICOM	3			
FORTOVASE	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antiretrovirals (continued)</b>				
FUZEON	3			
HIVID	2			
INVIRASE	2			
KALETRA #	2			
LEXIVA	2			
NORVIR	2			
RESCRIPTOR	3			
RETROVIR	2			
REYATAZ	3			
SUSTIVA	2			
TRIZIVIR	3			
TRUVADA	3			
VIDEX	2			
VIDEX EC	2			
VIRACEPT	2			
VIRAMUNE	2			
VIREAD	3			
ZERIT	2			
ZIAGEN	2			
<b>Antiviral Combinations</b>				
REBETRON	3		✓	
<b>Azithromycin</b>				
<i>azithromycin</i>	1			
ZITHROMAX	3			
ZMAX	3			
<b>Cephalosporins - 1st Generation</b>				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
DURICEF	3			
PANIXINE	3			
<b>Cephalosporins - 2nd Generation</b>				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
CEFZIL	3			
RANICLOR	3			
<b>Cephalosporins - 3rd Generation</b>				
CEDAX	3			
<i>cefepodoxime</i>	1			
OMNICEF	2			
SPECTRACEF	2			

## 3-Tier Commercial Member Guide

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Cephalosporins - 3rd Generation (continued)</b>				
SUPRAX	3			
VANTIN	3			
<b>Clarithromycin</b>				
BIAXIN	3			
BIAXIN XL	2			
<i>clarithromycin</i>	1			
<b>CMV Agents</b>				
CYTOVENE #	2			
<i>ganciclovir</i>	1			
VALCYTE	2			
<b>Dirithromycin</b>				
DYNABAC	3			
<b>Erythromycins</b>				
e.e.s.	1			
<i>erythrocin</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			
<i>erythromycin ethylsuccinate</i>	1			
PCE	3			
<b>Extended Spectrum Penicillins</b>				
GEOCILLIN	3			
<b>Fluoroquinolones</b>				
AVELOX	2		✓	
AVELOX ABC	2		✓	
CIPRO	3		✓	
CIPRO XR	3		✓	
<i>ciprofloxacin</i>	1		✓	
FACTIVE	3		✓	
FLOXIN	3		✓	
LEVAQUIN	3		✓	
MAXAQUIN	3		✓	
NOROXIN	3		✓	
<i>ofloxacin</i>	1		✓	
TEQUIN	3		✓	
<b>Hepatitis Agents</b>				
BARACLUDE	3	✓		
COPEGUS	3			
HEPSERA	2			
INFERGEN	3		✓	
PEGASYS	2		✓	

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Hepatitis Agents (continued)</b>				
PEG-INTRON	2		✓	
REBETOL	3			
<i>ribasphere</i>	1			
<i>ribavirin</i>	1			
<b>Herpes Agents</b>				
<i>acyclovir</i>	1			
FAMVIR	3			
VALTREX	2			
ZOVIRAX	3			
<b>Imidazole-Related Antifungals</b>				
DIFLUCAN (all other strengths)	3		✓	
DIFLUCAN 150 mg	3	✓		
<i>fluconazole</i> (all other strengths)	1		✓	
<i>fluconazole 150 mg</i>	1	✓		
<i>itraconazole</i>	1		✓	
<i>ketoconazole</i>	1		✓	
SPORANOX	3		✓	
VFEND	3		✓	
<b>Influenza Agents</b>				
FLUMADINE	3			
RELENZA	3	✓		
<i>rimantadine</i>	1			
TAMIFLU	3	✓		
<b>Ketolides</b>				
KETEK	2			
<b>Leprostatics</b>				
<i>dapsone</i>	1			
<b>Lincosamides</b>				
<i>clindamycin</i>	1			
<b>Misc. Anti-infectives</b>				
LORABID	2			
<i>metronidazole</i>	1			
<i>metronidazole SR</i>	1			
NEBUPENT	2			
<i>trimethoprim</i>	1			
XIFAXAN	3			
<b>Natural Penicillins</b>				
<i>penicillin VK</i>	1			
<i>veetids</i>	1			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Oxazolidinones</b>				
ZYVOX	2			
<b>Penicillin Combinations</b>				
<i>amoxicillin/K clavulanate</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
<b>Penicillinase-resistant</b>				
<i>dicloxacillin sodium</i>	1			
<b>Respiratory Syncytial Virus (RSV) Agents</b>				
VIRAZOLE	3			
<b>Sulfonamides</b>				
<i>sulfadiazine</i>	1			
<i>sulfisoxazole</i>	1			
<b>Tetracyclines</b>				
ADOXA	3		✓	
DECLOMYCIN	3		✓	
<i>demeclocycline</i>	1		✓	
<i>doxy-caps</i>	1		✓	
<i>doxycycline hyclate</i>	1		✓	
<i>doxycycline monohydrate</i>	1		✓	
DYNACIN	3		✓	
MINOCIN	3		✓	
<i>minocycline</i>	1		✓	
MONODOX	3		✓	
<i>tetracycline</i>	1		✓	
<b>Musculoskeletal System</b>				
<b>Antimyasthenic Agents</b>				
MESTINON	2			
<i>pyridostigme</i>	1			
<b>Antirheumatic Antimetabolite</b>				
RHEUMATREX	3			
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>				
HUMIRA	3			
<b>Calcium Regulators</b>				
ACTONEL	2	✓		
ACTONEL with CALCIUM	2	✓		
BONIVA	3	✓		
DIDRONEL	3			
FORTEO	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Calcium Regulators (continued)</b>				
<i>fortical</i>	1			
FOSAMAX	2	✓		
FOSAMAX PLUS D	2	✓		
MIACALCIN NASAL	3			
SKELID	3			
<b>Central Muscle Relaxants</b>				
<i>baclofen</i>	1			
<i>carisoprodol</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine hcl</i>	1			
<i>methocarbamol</i>	1			
<i>orphenadrine ER</i>	1			
SKELAXIN	2			
<i>tizanidine</i>	1			
<b>Combination Gout Drugs</b>				
<i>probenecid/colchicine</i>	1			
<b>Direct Muscle Relaxants</b>				
DANTRIUM	3			
<b>Gold Compounds</b>				
RIDAURA	3			
<b>Gout</b>				
<i>allopurinol</i>	1			
<i>colchicine</i>	1			
<b>Hormone Receptor Modulators</b>				
EVISTA	2			
<b>Muscle Relaxant Combinations</b>				
<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/aspirin/codeine</i>	1			
<i>orphenadrine cpd</i>	1			
<i>orphenadrine/aspirin/caffeine</i>	1			
<i>orphengesic</i>	1			
<i>orphengesic forte</i>	1			
<b>NSAID's</b>				
ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			
<i>diclofenac sodium XR</i>	3			
<i>etodolac</i>	1			

## 3-Tier Commercial Member Guide

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>NSAID's (continued)</b>				
<i>etodolac ER</i>	3			
<i>fenoprofen</i>	1			
<i>flurbiprofen</i>	1			
<i>ibuprofen</i>	1			
<i>indomethacin</i>	1			
<i>indomethacin ER</i>	1			
<i>ketoprofen</i>	1			
<i>ketoprofen ER</i>	3			
<i>ketorolac</i>	1	✓		
LODINE XL	3			
<i>meclofenamate sodium</i>	1			
MOBIC	3			✓
<i>nabumetone</i>	3			
NAPRELAN	3			✓
<i>naproxen</i>	1			
ORUVAIL ER	3			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PONSTEL	3			
PREVACID NAPRAPAC	3		✓	
RELAFEN	3			
<i>sulindac</i>	1			
TOLECTIN	3			
<i>tolmetin sodium</i>	3			
TORADOL ORAL	3	✓		
VOLTAREN	3			
VOLTAREN XR	3			
<b>Pyrimidine Synthesis Inhibitors</b>				
ARAVA	3			
<i>leflunomide</i>	1			
<b>Salicylates</b>				
<i>amigesic</i>	1			
<i>aspirin CR</i>	1			
<i>aspirin CR EC</i>	1			
<i>choline/magnesium salicylates</i>	1			
<i>diflunisal</i>	1			
<i>mst 600</i>	1			
<i>salflex</i>	1			
<i>salsalate</i>	1			
<i>tricosal</i>	1			
<i>zero-order</i>	1			
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>				
ENBREL	MED			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Ophthalmic Agents</b>				
<b>Adrenergic Agents</b>				
ALPHAGAN P	2			
<i>brimonidine</i>	1			
<i>dipivefrin</i>	1			
IOPIDINE	3			
PROPINE	3			
<b>Beta Blockers - Ophthalmic</b>				
<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	2			
<i>carteolol</i>	1			
COSOPT	2			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
<b>Miotics</b>				
<i>carboxptic</i>	1			
ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocar</i>	1			
<i>pilocarpine</i>	1			
PILOPINE HS	3			
<i>piloptic</i>	1			
REV-EYES	3			
<b>Misc. Ophthalmics</b>				
ACULAR	3			
ACULAR LS	3			
ACULAR PF	3			
<i>akorn balanc</i>	1			
ALAMAST	3			
ALOCRIAL	3			
ALOMIDE	2			
AZOPT	2			
<i>bal salt</i>	1			
<i>cromolyn sodium ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen</i>	1			
OPTIVAR	2			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Misc. Ophthalmics (continued)</b>				
PATANOL	2			
TRUSOPT	2			
VOLTAREN	2			
XIBROM	3			
ZADITOR	2			
<b>Ophthalmic Anti-infectives</b>				
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
<i>ciprofloxacin</i>	1			
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
<i>neomycin/bacitracin/polymyxin</i>	1			
<i>neomycin/polymyxin/gramicidin ophth</i>	1			
<i>ofloxacin</i>	1			
<i>polymyxin B/trimethoprim</i>	1			
QUIXIN	3			
<i>sulfacetamide sodium ophth</i>	1			
<i>tobramycin</i>	1			
<i>trifluridine</i>	1			
<i>triple antibiotic</i>	1			
VIGAMOX	2			
ZYMAR	2			
<b>Ophthalmic Immunomodulators</b>				
RESTASIS	3			
<b>Ophthalmic Steroids</b>				
<i>ak-pred</i>	1			
ALREX	2			
<i>bacitracin/polymyxin/neomycin/hydrocortisone</i>	1			
BLEPHAMIDE S.O.P.	3			
<i>dexacidin</i>	1			
<i>dexamethasone phosphate</i>	1			
<i>dexamethasone/neomycin/polymyxin</i>	1			
<i>dexasol</i>	1			
<i>dexasporin</i>	1			
<i>fluorometholone</i>	1			
<i>fluor-op</i>	1			
FML-S	3			

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Ophthalmic Steroids (continued)</b>				
HMS	3			
LOTEMAX	2			
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1			
<i>neomycin/polymyxin/dexamethasone</i>	1			
<i>neomycin/polymyxin/hydrocortisone</i>	1			
<i>poly-dex</i>	1			
POLY-PRED	3			
PRED-G	3			
PRED-G S.O.P	3			
<i>prednisolone</i>	1			
<i>sulfacetamide sodium/prednisolone</i>	1			
TOBRADEX	3			
VEXOL	3			
<b>Prostaglandins - Ophthalmic</b>				
LUMIGAN	2			
TRAVATAN	2			
XALATAN #	3			
<b>Otic Agents</b>				
<b>Otic Anti-infectives</b>				
FLOXIN OTIC	2			
<b>Otic Combinations</b>				
<i>antipyrine/benzocaine</i>	1			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN-S	3			
<i>cortomycin</i>	1			
<i>neomycin/polymyxin/hydrocortisone</i>	1			
<b>Respiratory Tract Agents</b>				
<b>Antiasthmatic- Monoclonal Antibodies</b>				
XOLAIR	3			
<b>Antiasthmatics - Anticholinergics</b>				
ATROVENT	3			
ATROVENT HFA	3			
<i>ipratropium</i>	1			
SPIRIVA	2			
<b>Antihistamines - Alkylamines</b>				
<i>chlorpheniramine ER</i>	1			

## 3-Tier Commercial Member Guide

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Antihistamines - Alkylamines (continued)</b>				
<i>dexchlorpheniramine</i>	1			
<b>Antihistamines - Non-Sedating</b>				
ALLEGRA	3	✓	✓	
CLARINEX	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
TRINALIN	3			
ZYRTEC	3	✓	✓	
<b>Antihistamines - Phenothiazines</b>				
<i>phenadoz</i>	1			
<i>promethazine</i>	1			
<i>promethegan</i>	1			
<b>Antihistamines - Piperidines</b>				
<i>cyproheptadine</i>	1			
<b>Anti-Inflammatory Agents</b>				
<i>cromolyn sodium nebulizer</i>	1			
INTAL	3			
TILADE	3			
<b>Cough/Cold/Allergy Combinations</b>				
ALLEGRA-D	3	✓	✓	
CLARINEX D	3	✓	✓	
SEMPREX D	3	✓	✓	
TUSSIONEX	2			
ZYRTEC D	3	✓	✓	
<b>Leukotriene Modulators</b>				
ACCOLATE	3	✓		
SINGULAIR	2	✓		
<b>Mucolytics</b>				
<i>acetylcyst</i>	1			
MUCOMYST	3			
<b>Nasal Antiallergy</b>				
ASTELIN NASAL	2			
<b>Nasal Anticholinergics</b>				
ATROVENT NASAL	3			
<i>ipratropium</i>	1			
<b>Nasal Anti-infectives</b>				
BACTROBAN NASAL	3			
<b>Nasal Steroids</b>				
BECONASE AQ	3			
FLONASE #	2			
<i>flunisolide</i>	1			
NASACORT AQ	3			✓

LABEL NAME	Copay Level	Quantity Limits	Pre-cert	Step-Therapy
<b>Nasal Steroids (continued)</b>				
NASAREL	3			
NASONEX	2			
RHINOCORT AQ	3			✓
<b>Steroid Inhalants</b>				
AEROBID	3			
AEROBID-M	3			
ASMANEX	2			
AZMACORT	3			
FLOVENT #	2			
FLOVENT HFA	2			
FLOVENT ROTADISC	2			
PULMICORT RESPULES	2			
PULMICORT TURBUHALER	3			
QVAR	3			
<b>Sympathomimetics</b>				
ACCUNEB	3			
ADVAIR DISKUS	2			
<i>airt</i>	1			
<i>albuterol</i>	1			
<i>albuterol HFA</i>	1			
ALUPENT	3			
<i>asthmanefrin</i>	1			
COMBIVENT	2			
DUONEB	2			
FORADIL	2			
<i>isoetharine</i>	1			
MAXAIR AUTOHALER	2			
<i>metaproterenol nebulizer</i>	3			
<i>metaproterenol tab/syrup</i>	3			
<i>micronefrin</i>	1			
PROVENTIL HFA #	2			
SEREVENT DISKUS	2			
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
<i>vospire ER</i>	1			
XOPENEX	3			
<b>Throat Products - Misc.</b>				
EVOXAC	2			
<b>Xanthines</b>				
<i>aminophylline</i>	1			
<i>theocap</i>	1			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
UNIPHYL #	2			

## Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
<b>Acne Products</b>	ACCUTANE <i>amneesteem</i> AVITA <b>PR ≥ 36 yr old</b> <i>claravis</i> <i>isotretinoin</i>	RETIN-A MICRO gel <b>PR ≥ 36 yr old</b> RETIN-A <b>PR ≥ 36 yr old</b> SOTRET <i>tretinoin PR ≥ 36 yr old</i>	
<b>Agents for Gaucher Disease</b>	ZAVESCA		
<b>Anti-Cataleptic Agents</b>	XYREM		
<b>Antihistamines - Non-Sedating</b>	ALLEGRA ALLEGRA-D CLARINEX	CLARINEX REDITAB CLARINEX-D <i>fexofenadine</i>	SEMPREX-D ZYRTEC ZYRTEC-D
<b>Antifungals - Topical</b>	PENLAC NAIL LACQUER		
<b>Antimalarial</b> <i>(covered for active treatment only - not covered for prophylactic treatment)</i>	ARALEN <i>chloroquine</i> DARAPRIM FANSIDAR	<i>hydroxychloroquine</i> LARIAM MALARONE <i>mefloquine</i>	PLAQUENIL <i>primaquine</i>
<b>Antineoplastic Enzyme Inhibitors</b>	GLEEVEC	IRESSA	TARCEVA
<b>Antineoplastics Misc.</b>	INTRON-A	ROFERON-A	
<b>Attention-Deficit/Hyperactivity Disorder Agents</b>	PROVIGIL		
<b>Blood Clotting Factor VIIa</b>	NOVOSEVEN		
<b>Blood Clotting Factor VIII</b>	ADVATE ALPHANATE HELIXATE FS HEMOFIL M	HUMATE-P HYATE:C KOATE-DVI KOGENATE FS	MONARC-M MONOCLATE-P RECOMBINATE REFACTO
<b>Blood Clotting Factor IX</b>	ALPHANINE SD BEBULIN VH	BENEFIX MONONINE	PROFILNINE PROPLEX T
<b>Fluoroquinolones <b>PR ≤ 10 yr old</b></b>	AVELOX CIPRO CIPRO XR <i>ciprofloxacin</i>	FACTIVE FLOXIN LEVAQUIN MAXAQUIN	NOROXIN <i>ofloxacin</i> TEQUIN ZAGAM
<b>Growth Hormone</b>	GENOTROPIN HUMATROPE NORDITROPIN NUTROPIN	NUTROPIN AQ PROTROPIN SAIZEN SEROSTIM	TEV-TROPIN ZORBITIVE
<b>Hepatitis Agents</b>	INFERGEN PEG-INTRON	PEGASYS	REBETRON
<b>Imidazole-Related Antifungals</b>	DIFLUCAN <i>fluconazole</i>	<i>itraconazole</i> LAMISIL TAB	SPORANOX VFEND
<b>Immune Globulin</b>	IV IMMUNE GLOBULIN (IVIG)		
<b>Intestinal Cholesterol Absorption Inhibitors</b>	ZETIA		
<b>Irritable Bowel Syndrome (IBS) Agents</b>	LOTRONEX	ZELNORM	
<b>Oxazolidinones</b>	ZYVOX		

## Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
<b>Prostatic Hypertrophy Agents</b> <i>(PR for females only)</i>	AVODART CASODEX	FLOMAX PROSCAR	UROXATRAL
<b>Metabolic Modifiers</b>	ORFADIN		
<b>NSAID's</b>	CELEBREX	PREVACID NAPRAPAC	
<b>Pulmonary Hypertension</b>	TRACLEER REVATIO	VENTAVIS	
<b>Proton Pump Inhibitors</b>	ACIPHEX NEXIUM <i>omeprazole</i>	PREVACID PRILOSEC	PROTONIX ZEGERID
<b>Respiratory Syncytial Virus</b>	SYNAGIS		
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>	CYMBALTA	EFFEXOR XR	
<b>Tetracyclines PR ≤ 8 yr old</b>	ADOXA DECLOMYCIN <i>demeclocycline</i> <i>doxycycline</i>	DYNACIN MINOCIN <i>minocycline</i> MONODOX	<i>tetracycline</i> VIBRATAB
<b>Typhoid</b>	VIVOTIF BERNIA EC		

## Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
<b>Acne Products</b>	ACCUTANE	<i>isotretinoin</i>
<b>ACE Inhibitors</b>	ACCUPRIL	<i>quinapril</i>
	ACCURETIC	<i>quinapril/hctz</i>
	CAPOTEN	<i>captopril</i>
	CAPOZIDE	<i>captopril/hctz</i>
	LOTENSIN	<i>benazapril</i>
	LOTENSIN HCT	<i>benazapril/hctz</i>
	MONOPRIL	<i>fosinopril</i>
	MONOPRIL HCT	<i>fosinopril/hctz</i>
	PRINIVIL      ZESTRIL	<i>lisinopril</i>
	PRINZIDE      ZESTORETIC	<i>lisinopril/hctz</i>
	VASERETIC	<i>enalapril/hctz</i>
	VASOTEC	<i>enalapril</i>
<b>Angiotensin II Receptor Antagonist</b>	ATACAND      AVAPRO	COZAAR and DIOVAN
	ATACAND HCT      AVALIDE	DIOVAN HCT and HYZAAR
<b>Antipsoriatics</b>	DOVONEX	TAZORAC
<b>Attention-Deficit/Hyperactivity Disorder Agents</b>	CONCERTA <i>pemoline</i>	Any one of: <i>methylphenidate SR</i> , ADDERALL XR, METADATE CD, METADATE ER
	DESOXYN      RITALIN LA	
	FOCALIN      RITALIN SR	
	FOCALIN XR      STRATTERA	
<b>Biguanides</b>	GLUCOPHAGE	<i>metformin</i>
	GLUCOPHAGE XL	<i>metformin SR</i>
<b>Calcium Blockers</b>	ADALAT      PROCARDIA	<i>nifedipine</i>
	ADALAT CC      PROCARDIA XL	<i>nifedipine extended release</i>
	CALAN      ISOPTIN	<i>verapamil</i>
	CALAN SR      ISOPTIN SR	<i>verapamil extended release</i>
	COVERA-HS      VERELAN	
	CARDENE	<i>nicardipine</i>
	CARDIZEM      DILACOR	<i>diltiazem</i>
	CARDIZEM CD      TIAZAC	<i>diltiazem extended release</i>
	DILACOR XR	
<b>H-2 Antagonists</b>	AXID	<i>nizatidine</i>
	PEPCID	Suspension = ZANTAC syrup Tablet or Chewable = <i>famotidine</i>
	TAGAMET	<i>cimetidine</i>
	ZANTAC	<i>ranitidine</i>
<b>HMG CoA Reductase Inhibitors</b>	ALTOPREV      MEVACOR	<i>lovastatin</i> , LESCOL, LESCOL XL, VYTORIN and ZOCOR
	CADUET      PRAVACHOL	
	CRESTOR      PRAVIGARD	
	LIPITOR	
<b>Inflammatory Bowel Agents</b>	COLAZAL      PENTASA	<i>sulfasalazine</i> or ASACOL
<b>Insulin</b>	NOVOLIN 70/30	RELION 70/30      HUMULIN 70/30
	NOVOLIN N      RELION N	HUMULIN N
	NOVOLIN R      RELION R	HUMULIN R
<b>Misc. Anticonvulsants</b>	NEURONTIN	<i>gabapentin</i>

## Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)	
<b>Misc. Antidepressants/ Selective Serotonin Reuptake Inhibitors/ Serotonin-Norepinephrine Reuptake Inhibitors</b>	CELEXA      PROZAC CYMBALTA    PROZAC DESYREL      WEEKLY EFFEXOR      REMERON EFFEXOR XR   REMERON LEXAPRO      SOLUTAB LUVOX        WELLBUTRIN PAXIL         WELLBUTRIN SR PAXIL CR     WELLBUTRIN XL PEXEVA      ZOLOFT	Any one of: <i>bupropion, bupropion SR, citalopram, fluoxetine, paroxetine, mirtazapine, trazodone</i>	
	LUVOX	<i>fluvoxamine</i>	
	SARAFEM	PAXIL CR	
	<b>Narcotic Combinations</b>	ANEXSIA      MAXIDONE LORCET        NORCO LORCET HD    VICODIN ES LORCET PLUS <i>vicodin hp</i> LORTAB        ZYDONE	<i>hydrocodone/acetaminophen</i>
		COMBUNOX	<i>Any oxycodone combinations</i>
		CAPITAL/CODEINE TYLENOL #3 VOPAC	<i>codeine/acetaminophen</i>
		DARVOCET-N   TRYCET	<i>propoxyphene-N/acetaminophen</i>
		DARVON DARVON COMPOUND	<i>propoxyphene/aspirin/caffeine</i>
		DURAGESIC	<i>fentanyl patch</i>
		FIORICET/CODEINE	<i>butalbital/acetaminophen/caffeine/ codeine</i>
FIORINAL/CODEINE		<i>butalbital/aspirin/caffeine/codeine</i>	
MEPERGAN FORTIS		<i>mepredine/promethazine</i>	
OXYCET        ROXICET PERCOCET     TYLOX		<i>oxycodone/acetaminophen</i>	
PERCODAN		<i>oxycodone/aspirin</i>	
TALACEN		<i>pentazocine/acetaminophen</i>	
ULTRAM		<i>tramadol</i>	
VICOPROFEN		<i>hydrocodone/ibuprofen</i>	
WYGESIC		<i>propoxyphene/acetaminophen</i>	
<b>Nasal Steroids</b>		NASACORT AQ RHINOCORT AQ	FLONASE and NASONEX
<b>NSAID's</b>		MOBIC        NAPRELAN	Use of two (2) preferred generic NSAID's
<b>Platelet Aggregation Inhibitors</b>		PLETAL	<i>cilostazol</i>
<b>Posterior Pituitary</b>		DDAVP	<i>desmopressin</i>
<b>Proton Pump Inhibitors</b>	NEXIUM        PROTONIX PRILOSEC      ZEGERID	ACIPHEX and PREVACID	
<b>Urinary Antispasmodics</b>	DETROL        DITROPAN XL DETROL LA     SANCTURA	Any one of: ENABLEX, VESICARE, OXYTROL	

## Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
<b>ACE Inhibitors</b>	ACCUPRIL <i>quinapril</i>	5 mg, 10 mg and 20 mg = 1 tablet/day
	ACEON	2 mg and 4 mg = 1 tablet/day
	ALTACE	1.25 mg, 2.5 mg and 5 mg = 1 capsule/day
	CAPOTEN <i>captopril</i>	12.5 mg, 25 mg and 50 mg = 3 tablets/day
	LOTENSIN <i>benazepril</i>	5 mg, 10 mg, and 20 mg = 1 tablet/day
	MAVIK	1 mg and 2 mg = 1 tablet/day
	MONOPRIL <i>fosinopril</i>	10 mg and 20 mg = 1 tablet/day
	PRINIVIL <i>lisinopril</i>	2.5 mg, 5 mg, 10 mg, 20 mg and 30 mg = 1 tablet/day
	UNIVASC	7.5 mg = 1 tablet/day
	VASOTEC <i>enalapril</i>	2.5 mg, 5 mg and 10 mg = 1 tablet/day
<b>Acne Products</b>	ACCUTANE <i>isotretinoin</i>	10 mg, 20 mg, and 40 mg = 30-day supply
<b>Amphetamines</b>	ADDERALL <i>amphetamine/dextro- amphetamine</i>	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR	All strengths = 2 capsules/day
	DESOXYN <i>dextrostat dextroamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE	
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day
<b>Angiotensin II Receptor Antagonist</b>	ATACAND	4 mg, 8 mg and 16 mg = 1 tablet/day
	ATACAND HCT	16-12.5 mg = 1 tablet/day
	AVALIDE	150-12.5 mg = 1 tablet/day
	AVAPRO	75 mg and 150 mg = 1 tablet/day
	BENICAR	5 mg and 20 mg = 1 tablet/day
	BENICAR HCT	20-12.5 mg = 1 tablet/day
	COZAAR	25 mg and 50 mg = 1 tablet/day
	DIOVAN	40 mg, 80 mg and 160 mg = 1 capsule or tablet/day
	DIOVAN HCT	80-12.5 mg = 1 tablet/day
	HYZAAR	50-12.5 mg = 1 tablet/day
	MICARDIS	20 mg and 40 mg = 1 tablet/day
	MICARDIS HCT	40-12.5 mg = 1 tablet/day
	TEVETEN	400 mg = 2 tablets/day
	<b>Antihistamines - Non-Sedating</b>	ALLEGRA <i>fexofenadine</i>
ALLEGRA-D		12 hour = 2 tablets/day 24 hour = 1 tablet/day
CLARINEX		5 mg = 1 tablet/day Syrup = 10 ml/day

## Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
<b>Antihistamines - Non-Sedating</b> (continued)	CLARINEX REDITAB	2.5 mg and 5 mg= 1 tablet/day
	CLARINEX-D	24 hour = 1 tablet/day
	SEMPREX-D	4 capsules/day
	ZYRTEC	5 mg and 10 mg = 1 tablet or chewable/day 5 mg/5 ml syrup = 10 ml/day
	ZYRTEC-D	2 tablets/day
<b>Antihyperlipidemic Combinations</b>	ADVICOR	All strengths = 2 tablets/day
	VYTORIN	All strengths = 1 tablet/day
<b>Attention-Deficit/ Hyperactivity Disorder Agents</b>	CONCERTA	18 mg = 3 tablets/day; 27 mg, 36 mg and 54 mg = 2 tablets/day
	FOCALIN	2.5 mg, 5 mg and 10 mg = 2 tablets/day
	FOCALIN XR	All strengths = 1 capsule/day
	METADATE CD	10 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day
	METADATE ER <i>methylin</i> <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate SR</i>	RITALIN RITALIN SR 5 mg, 10 mg and 20 mg= 3 tablets/day
	METHYLIN chewable and solution	2.5 mg, 5 mg and 10 mg = 6 tablets/day 5 mg/ 5 ml solution = 60 ml/day 10 mg/ 5 ml solution = 30 ml/day
	PROVIGIL	100 mg and 200 mg = 2 tablets/day
	RITALIN LA	10 mg, 20 mg, 30 mg and 40 mg = 2 capsules/day
	STRATTERA	All strengths = 2 capsules/day
<b>Benzisoxazoles</b>	RISPERDAL	4 mg = 4 tablets/day
	RISPERDAL M	All other strengths = 2 tablets/day
<b>Calcium Blockers</b>	ADALAT CC <i>nifedical XL</i> <i>nifedipine SR</i> PROCARDIA XL	30 mg = 1 tablet/day 60 mg = 2 tablets/day
	CALAN SR	ISOPTIN SR 120 mg = 1 tablet/day 180 mg = 2 tablets/day
	CARDIZEM CD CARDIZEM LA <i>cartia XT</i> DILACOR XR <i>diltia XT</i> <i>diltiazem extended</i> <i>release beads SR</i> <i>diltiazem SR</i>	<i>taztia XT</i> TIAZAC 120 mg = 1 capsule/day 180 mg = 3 capsules/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
<b>Calcium Blockers</b> (continued)	COVERA-HS	180 mg = 2 tablets/day	
	NORVASC	2.5 mg and 5 mg = 1 tablet/day	
	PLENDIL	2.5 mg and 5 mg = 1 tablet/day	
	SULAR	10 mg and 20 mg = 1 tablet/day 30 mg = 2 tablets /day	
	<i>verapamil SR</i> VERELAN SR	120 mg = 1 capsule or tablet/day 180 mg = 2 capsules or tablets/day	
	VERELAN PM	100 mg = 1 capsule/day 200 mg = 2 capsules/day	
<b>Calcium Regulators</b>	ACTONEL ACTONEL with CALCIUM	35 mg = 4 tablets/28-day supply	
	BONIVA	150 mg = 3 tablets/90-day supply 2.5 mg = 1 tablet/day	
	FOSAMAX	35 mg = 4 tablets/28-day supply 70 mg = 4 tablets/28-day supply 70 mg/75 ml solution = 4 doses (75ml each)/28-day supply increments	
	FOSAMAX PLUS D	4 tablet/28-day supply	
<b>Combinations OC's</b>	All (except SEASONALE)	Limit = 1.4 tablets/day or 28-day supply	
<b>Dibenzapines</b>	<i>clozapine</i> FAZACLO CLOZARIL	12.5 mg = 1 tablet/day 25 mg = 3 tablets/day 100 mg = 9 tablets/day	
	SEROQUEL	25 mg = 6 tablets/day 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg = 2 tablets/day	
	SYMBYAX	All strengths = 1 tablet/day	
	ZYPREXA ZYPREXA ZYDIS	2.5mg = 2 tablets/day All other strengths = 1 tablet/day	
	<b>Estrogens</b>	ALORA VIVELLE COMBIPATCH VIVELLE- ESCLIM DOT ESTRADERM	All strengths = 8 patches/28-day supply
CENESTIN GYNODIOL ESTRACE MENEST <i>estradiol</i> PREMARIN ESTRATAB		All strengths = 1 tablet/day	
CLIMARA <i>estradiol</i> CLIMARA <i>patch</i> PRO WEEKLY MENOSTAR		All strengths = 4 patches/28-day supply	
<b>Hepatitis Agents</b>		BARACLUDE	All strengths = 1 tablet/day, soln = 20 ml/day
<b>HMG CoA Reductase Inhibitors</b>		ALTOPREV	All strengths = 1 tablet/day
		CADUET	All strengths = 1 tablet/day
	CRESTOR	All strengths = 1 tablet/day	

## Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
<b>HMG CoA Reductase Inhibitors</b> (continued)	LESCOL	All strengths = 2 tablets/day
	LESCOL XL	80 mg = 1 tablet/day
	LIPITOR	All strengths = 1 tablet/day
	MEVACOR <i>lovastatin</i>	All strengths = 2 tablets/day
	PRAVACHOL	All strengths = 1 tablet/day
	PRAVIGARD	All strengths = 1 tablet/day
	ZOCOR	All strengths = 1 tablet/day
<b>Imidazole-Related Antifungals</b>	DIFLUCAN <i>fluconazole</i>	150 mg only = 1 dose/30-day supply
<b>Influenza Agents</b>	RELENZA	2 treatments (units)/year
	TAMIFLU	2 treatments (20 capsules)/year
<b>Intestinal Cholesterol Absorption Inhibitors</b>	ZETIA	10 mg = 1 tablet/day
<b>Inflammatory Bowel Agents</b>	ASACOL	400 mg = 12 tablets/day
	AZULFIDINE <i>sulfazine</i>	500 mg = 12 tablets/day
	AZULFIDINE <i>sulfazine</i>	
	ENTABS <i>entab</i>	
	CANASA      ROWASA	500 mg = 3 suppositories/day 1000 mg = 1 suppository/day
	COLAZAL	750 mg = 9 capsules/day
	DIPENTUM	250 mg = 12 capsules/day
	PENTASA	250 mg = 20 capsules/day
<b>Leukotriene Modulators</b>	ACCOLATE	10 mg and 20 mg = 2 tablets/day
	SINGULAIR	4 mg granules = 1 granule/day
		10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
<b>Migraine Products 5-HT3 Receptor Antagonists</b>	MIGRANAL	4 kits/30-day supply
	ANZEMET	Total quantity any strength = 5 tablets/30-day supply
	KYTRIL	1 mg = 10 tablets/30-day supply
		Liquid = quantity > 5 bottles/ 30-day supply
	ZOFRAN ZOFRAN ODT	4 mg and 8 mg = 12 tablets/ 30-day supply 24 mg = 5 tablets/30-day supply Liquid = 1 bottle (50 ml)/30-day supply
<b>Misc. Antidepressants</b>	<i>bupropion</i>	75 mg = 6 tablets/day
	WELLBUTRIN	100 mg = 6 tablets/day
	<i>bupropion SR</i> <i>budeprion</i> WELLBUTRIN SR	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>maprotiline</i>	25 mg = 1 tablet/day
		50 mg = 2 tablets/day
75 mg = 3 tablets/day		

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Misc. Antipsychotics	GEODON	All strengths = 2 capsules/day
Misc. Anticonvulsants	<i>gabapentin</i> NEURONTIN GABARONE LYRICA	All strengths = 180 tablets/30-day supply All strengths = 3 capsules/day
Narcotic Agonists	ACTIQ <i>butorphanol nasal</i> STADOL NS COMBUNOX DURAGESIC <i>fentanyl patch</i> <i>ketorolac</i> TORADOL <i>oxycodone SR</i> OXYCONTIN CR	All strengths = 6 lollipops/day 2 vials/30-day supply Limit = 4 tablets/day 20 patches/30-day supply 20 tablets/30-day supply Quantities up to a total dosage of 320 mg/day or 120 tablets/ 30-day supply
Non-Barbiturate Hypnotics	AMBIEN AMBIEN CR LUNESTA SONATA	5 mg = 2 tablets/day 10 mg = 1 tablet/day 6.25 mg and 12.5 mg = 1 tablet/day All strengths = 1 tablet/day 5 mg = 4 tablets/day 10 mg = 2 tablets/day
NSAID's	CELEBREX	100 mg = 60 capsules/30-day supply 200 mg = 30 capsules/30-day supply 400 mg = 60 capsules/30-day supply
Prostatic Hypertrophy Agents	AVODART	0.5 mg = 1 capsule/day
Quinolinone Derivatives	ABILIFY	All strengths = 1 tablet/day Solution = 30 ml/day
Selective Serotonin Reuptake Inhibitors	CELEXA <i>citalopram</i> <i>fluoxetine</i> RAPIFLUX PROZAC <i>fluvoxamine</i> LEXAPRO <i>paroxetine</i> PEXEVA PAXIL SARAFEM ZOLOFT	10 mg, 20 mg and 40 mg = 1 tablet/day 10 mg = 1 tablet/day 20 mg = 4 tablets/day 40 mg = 2 tablets/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28-day supply 25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day 5 mg, 10 mg and 20 mg = 1 tablet/day 5 mg/5 ml solution – 20 ml/day 10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day 10 mg = 1 tablet/day 20 mg = 2 tablets/day 25 mg = 1 tablet/day 50 mg = 1 1/2 tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day

## Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Serotonin- Norepinephrine Reuptake Inhibitors	EFFEXOR	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day	
Serotonin Agonists	AMERGE	Total quantity any strength = 9 tablets/ 30-day supply	
	AXERT	All strengths = 6 tablets/30-day supply	
	FROVA	2.5 mg = 9 tablets/30-day supply	
	IMITREX	Nasal = 6 sprays/30-day supply Injection = 2 kits/30-days or 10 vials/ 30-day supply Tablets (All strengths) = 18 tablets/ 30-day supply	
	MAXALT MAXALT MLT	Total quantity any strength = 12 tablets/ 30-day supply	
	RELPAK	20 mg = 12 tablets/30-day supply 40 mg = 6 tablets/30-day supply	
	ZOMIG ZOMIG ZMT	2.5 mg = 12 tablets/30-day supply 5 mg = 6 tablets/30-day supply Nasal = 6 sprays/30-day supply	
Substance P/Neurokinin 1 (NK1) Receptor Antagonist	EMEND	80 mg and 125 mg = 5 tablets/ 30-day supply 80 mg/125 mg combo pack= 2 packages (6 tablets)/30-day supply	
Proton Pump Inhibitors	ACIPHEX NEXIUM <i>omeprazole</i> PREVACID	PREVACID SOLUTAB PRILOSEC PROTONIX	All strengths = 1 tablet or capsule/day
	ZEGERID		
Ulcer Therapy Combinations	HELIDAC	PREVPAC	1pack/day for 14-days

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