

2011 MEDICA PREFERRED DRUG LIST
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MEDICA®

Prior authorization may be required to obtain coverage for select drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters. Generic drugs will be dispensed when available. Brand name drugs may be subject to the non-preferred benefit if the generic becomes available. Select drugs on this list may be excluded under your specific plan design. Please refer to your coverage document to determine specific benefit levels.
If you have questions, please call the Medica Customer Service number listed on the back of your ID card.

ANTIBACTERIALS

	Tier	Notes
Penicillins		
amoxicillin (Amoxil)	1	
amoxicillin/potassium clavulanate (Augmentin)	1	
amoxicillin/potassium clavulanate er (Augmentin XR)	1	
ampicillin (Principen)	1	
dicloxacillin (Dynapen)	1	
penicillin (Veetids)	1	
Cephalosporins		
cefaclor (Ceclor)	1	
cefadroxil (Duricef)	1	
cefdinir (Omnicef)	1	
cefditoren (Spectracef)	1	
cefepime (Maxipime)	1	
cefepodoxime (Vantin)	1	
cefprozil (Cefzil)	1	
CEFTIN suspension only	2	
cefuroxime axetil (Ceftin)	1	
cephalexin (Keflex)	1	
SUPRAX, QL	2	1 tab per fill
Ketolides		
KETEK	2	
Macrolides		
azithromycin (Zithromax)	1	
CAYSTON, ❖	Specialty Tier 1	Specialty formulary
clarithromycin (Biaxin, Biaxin XL)	1	
erythromycin (Ery-tab, Eryc)	1	
erythromycin ethylsuccinate (EES)	1	
erythromycin stearate	1	
erythromycin/sulfisoxazole (Pediazole)	1	
Quinolones		
ciprofloxacin (Cipro)	1	
levofloxacin (Levaquin)	1	
ofloxacin (Floxin)	1	
Tetracyclines		
demeclocycline (Declomycin)	1	

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Tetracyclines continued	Tier	Notes
doxycycline (Adoxa, Doryx, Monodox, Vibramycin)	1	
minocycline (Minocin, Solodyn)	1	
tetracycline hcl (Sumycin)	1	
Sulfonamides/Sulfones		
dapsone	1	
GANTRISIN	2	
sulfamethoxazole/trimethoprim (Bactrim)	1	
sulfadiazine	1	
sulfisoxazole	1	
Aminoglycosides		
neomycin	1	
TOBI, ❖	Specialty Tier 1	Specialty formulary
Miscellaneous		
clindamycin (Cleocin)	1	
clindamycin palmitate (Cleocin Pediatric)	1	
colistimethate sodium, ❖	Specialty Tier 1	Specialty formulary
FUROXONE	2	
methenamine mandelate (Mandelamine)	1	
metronidazole tabs (Flagyl)	1	
nitrofurantoin (Macrochantin, Macrobid, Furadantin)	1	
trimethoprim (Trimplex)	1	
VANCOGIN	2	
XIFAXAN 200MG, QL	3	9 tabs/fill
XIFAXAN 550MG, PA, QL	3	2 tabs/day
ZYVOX	2	
Mycobacterium tuberculosis		
cycloserine (Seromycin)	1	
ethambutol (Myambutol)	1	
isoniazid	1	
MYCOBUTIN	2	
PRIFTIN	2	
pyrazinamide	1	
rifampin (Rifadin)	1	
rifampin/isoniazid (Rifamate)	1	
RIFATER	2	

ANTIFUNGALS, ORAL SYSTEMIC AND TOPICALS

	Tier	Notes
clotrimazole (Mycelex)	1	
fluconazole (Diflucan)	1	
griseofulvin suspension (Grifulvin V susp)	1	

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griseofulvin ultramicrosize tablets (Gris-Peg)	1	
itraconazole (Sporanox) capules, PA	1	
ketoconazole (Extina)	1	2% Foam
ketoconazole (Nizoral)	1	
NOXAFIL, <i>infectious disease specialist</i>	2	
nystatin (Mycostatin)	1	
SPORANOX, oral solution, PA	2	
terbinafine (Lamisil), QL	1	120 therapy days/calendar year
voriconazole (Vfend), QL	1	50 mg tabs - 180 tabs/month x 3 fill 200 mg tabs - 60 tabs/month x 3 fill

ANTIVIRALS

	Tier	Notes
Hepatitis B		
BARACLUDE, ❖	Specialty Tier 1	Specialty formulary
EPIVIR HBV, ❖	Specialty Tier 1	Specialty formulary
HEPSERA, ❖	Specialty Tier 1	Specialty formulary
INTRON A, ❖	Specialty Tier 1	Specialty formulary
Hepatitis C		
INCIVEK, ❖/PA	Specialty Tier 1	Specialty formulary
INFERGEN, ❖	Specialty Tier 1	Specialty formulary
INTRON A, ❖	Specialty Tier 1	Specialty formulary
PEGASYS, ❖/PA	Specialty Tier 1	Specialty formulary
PEG-INTRON, ❖/PA	Specialty Tier 1	Specialty formulary
REBETRON, ❖	Specialty Tier 1	Specialty formulary
ribavirin (Ribasphere, Copegus), ❖	Specialty Tier 1	Specialty formulary
RIBASPHERE, ❖	Specialty Tier 1	Specialty formulary
REBETOL SOLN, ❖	Specialty Tier 1	Specialty formulary
ROFERON-A, ❖	Specialty Tier 1	Specialty formulary
VICTRELIS, ❖/PA	Specialty Tier 2	Specialty formulary
Herpes		
acyclovir (Zovirax)	1	
famciclovir (Famvir), QL	1	125mg, 500mg tabs – 21 tabs/month 250mg tabs – 68 tabs/month
valacyclovir (Valtrex), QL	1	90 tabs/month

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HIV	Tier	Notes
Drugs in this category are limited to a one month supply for the first fill only. Subsequent fills are allowed up to the maximum outlined in your benefit document.		
AGENERASE	2	
APTIVUS	2	
ATRIPLA	2	
COMPLERA, QL	2	1 tablet per day
CRIVIVAN	2	
didanosine (Videx, Videx EC)	1	
EDURANT	2	
EMTRIVA	2	
EPZICOM	2	
FUZEON, PA/❖	Specialty Tier 1	Specialty formulary
HIVID	2	
INTELENCE	2	
INVIRASE	2	
ISENTRESS	2	
KALETRA	2	
lamivudine/zidovudine (Combivir)	1	
lamivudine (Epivir)	1	
LEXIVA tablet/suspension	2	
NORVIR	2	
PREZISTA	2	
RESCRIPTOR	2	
REYATAZ	2	
SELZENTRY	2	
stavudine (Zerit)	1	
SUSTIVA	2	
TRIZIVIR	2	
TRUVADA	2	
VIRACEPT	2	
VIRAMUNE	2	
VIRAMUNE XR	2	
VIREAD	2	
ZIAGEN	2	
ziduvudine (Retrovir)	1	
Influenza		
amantadine	1	
rimantadine (Flumadine)	1	

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Influenza continued	Tier	Notes
RELENZA, QL	2	20 blisters per Rx
TAMIFLU, QL	2	30 mg tab (Members <13 years 10 units in 30 days, all others 20 units in 30 days) 75 mg tab (Members <12 years 10 units in 30 days, all others 50 units in 30 days)
Others	Tier	Notes
ganciclovir (Cytovene)	1	
VALCYTE tablets/suspension	2	

ANTIMALARIAL/ANTIPARASITICS/ANTIPROTOZOALS

	Tier	Notes
chloroquine phosphate (Aralen)	1	
DARAPRIM	2	
FANSIDAR	2	
HALFAN	2	
atovaquone/ proguanil (Malarone)	1	
mebendazole (Vermox)	1	
mefloquine (Lariam)	1	
MEPRON	2	
MINTEZOL	2	
NEBUPENT	2	
paromomycin (Humatin)	1	
PRIMAQUINE	2	
STROMECTOL	2	
tinidazole (Tindamax)	1	
YODOXIN	2	

OTHERS

	Tier	Notes
ACTIMMUNE ❖	Specialty Tier 1	Specialty formulary
THALOMID ❖/QL/⊙	2	Specialty formulary, 50mg, 100mg – 1 unit/day 200mg – 4 units/day

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Chapter 2 – Antineoplastics/Immunosuppressants

Oral drugs for the treatment of cancer that are included on the Specialty Pharmacy benefit are restricted to the Specialty Pharmacy Network but are not subject to the specialty prescription drug copay. They will collect the applicable outpatient prescription drug copay as outlined in member Certificate of Coverage.

	Tier	Notes
Alkylating Agents		
ALKERAN	2	
CEENU	2	
cyclophosphamide (Cytoxan)	1	
HEXALEN, ❖/⓪	2	Specialty formulary
LEUKERAN	2	
MYLERAN	2	
TEMODAR, ❖/⓪	2	Specialty formulary
Antimetabolites		
hydroxyurea (Hydrea)	1	
methotrexate injection/tablets (Rheumatrex)	1	
mercaptopurine (Purinethol)	1	
OFORTA, ❖/QL/⓪	2	Specialty formulary, 60 tabs per 28 days
THIOGUANINE	2	
XELODA, ❖/⓪	2	Specialty formulary
Antineoplastic enzyme inhibitor		
SPRYCEL, ❖/⓪	2	Specialty formulary
TASIGNA, ❖/⓪	2	Specialty formulary
ZELBORAF, ❖/PA/⓪	2	Specialty formulary
XALKORI, ❖/QL/PA/⓪	2	Specialty formulary
Histone Deacetylase inhibitor		
ZOLINZA, ❖/⓪	2	Specialty formulary
Hormone agonists, antagonists and related agents		
bicalutamide (Casodex)	1	
FARESTON	2	
FEMARA	3	
flutamide (Eulexin)	1	
letrozole (Femara)	1	
LUPRON, ❖	Specialty Tier 2	Specialty formulary
leuprolide acetate (Lupron), ❖	Specialty Tier 1	Specialty formulary
LUPRON DEPOT, ❖	Specialty Tier 1	Specialty formulary
megestrol acetate (Megace)	1	
NILANDRON, ❖/⓪	2	Specialty formulary
tamoxifen (Nolvadex)	1	
TARCEVA, ❖/⓪	2	Specialty formulary

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Hormone agonists, antagonists and related agents continued	Tier	Notes
TESLAC	2	
Miscellaneous		
AFINITOR, ❖/PA/⊙	2	Specialty formulary
anastrozole (Arimidex)	1	
CARAC	2	
EMCYT	2	
ERGAMISOL	2	
etoposide (Vepesid)	1	
exemestane (Aromasin)	1	
GLEEVEC, ❖/⊙	2	Specialty formulary
HYCANTIN, ❖/⊙	2	Specialty formulary
IRESSA, ❖/oncologists only/⊙	2	Specialty formulary
LYSODREN, ❖/⊙	2	Specialty formulary
MATULANE, ❖/⊙	2	Specialty formulary
REVLIMID, ❖/QL/⊙	2	Specialty formulary, 5mg, 15mg, 25mg – 1 unit/day 10mg – 4 units/day
SYLATRON, ❖/PA	Specialty Tier 1	Specialty formulary
SUTENT, ❖/⊙	2	Specialty formulary
TARGRETIN, ❖/⊙	2	Specialty formulary
tretinoin capsules (Vesanoid)	1	
TYKERB, ❖/QL/⊙	2	Specialty formulary, 150 units per 30 days
VOTRIENT, ❖/QL/⊙	2	Specialty formulary, 4 units/day
ZYTIGA, ❖/⊙	2	Specialty formulary
Adjunctive agents		
leucovorin	1	
mesna injection (Mesnex)	1	
MESNEX tabs	2	
octreotide acetate, ❖	Specialty Tier 1	Specialty formulary
SANDOSTATIN, ❖	Specialty Tier 1	Specialty formulary
SANDOSTATIN LAR, ❖	Specialty Tier 1	Specialty formulary
Immunosuppressants		
azathioprine (Imuran)	1	
cyclosporine (Neoral)	1	
cyclosporine	1	
mycophenolate (CELLCEPT)	1	
NEXAVAR, ❖/⊙	2	Specialty formulary
RAPAMUNE	2	
SANDIMMUNE	2	

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Immunosuppressants continued	Tier	Notes
tacrolimus (Prograf)	1	
ZORTRESS	2	

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Chapter 3 – Cardiovascular

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

	Tier	Notes
benazepril (Lotensin)	1	
benazepril/amlodipine (Lotrel)	1	
benazepril/hydrochlorothiazide (Lotensin-HCT)	1	
captopril (Capoten)	1	
captopril/hydrochlorothiazide (Capozide)	1	
enalapril (Vasotec)	1	
enalapril/hydrochlorothiazide (Vaseretic)	1	
fosinopril (Monopril)	1	
fosinopril/hydrochlorothiazide (Monopril HCT)	1	
lisinopril (Prinivil, Zestril)	1	
lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)	1	
moexipril (Univasc)	1	
moexipril/hydrochlorothiazide (Uniretic)	1	
perindopril (Aceon)	1	
quinapril (Accupril)	1	
quinapril/hydrochlorothiazide (Accuretic)	1	
ramipril (Altace)	1	
trandolapril (Mavik)	1	
trandolapril/verapamil (Tarka)	1	

ANGIOTENSIN II RECEPTOR BLOCKERS AND COMBINATIONS

	Tier	Notes
AVAPRO	3	
BENICAR	3	
DIOVAN ST	2	
DIOVAN HCT ST	2	
EDARBYCLOR ST	3	
eprosartan (Teveten)	1	600mg strength
losartan (Cozaar)	1	
losartan-/hydrochlorothiazide (Hyzaar)	1	

DIRECT RENIN INHIBITORS

	Tier	Notes
AMTURNIDE, ST	2	
TEKAMLO ST	2	
TEKURNA ST	2	
TEKURNA HCT ST	2	

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SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS

	Tier	Notes
eplerenone (Inspra)	1	

ANTIARRHYTHMICS

	Tier	Notes
Class 1A		
disopyramide (Norpace)	1	
disopyramide extended-release (Norpace CR)	1	
procainamide extended-release (Pronestyl-SR)	1	
PROCANBID	2	
quinidine gluconate	1	
quinidine sulfate	1	
Class 1B		
mexiletine (Mexitil)	1	
Class 1C		
flecainide (Tambocor)	1	
propafenone (Rythmol, Rythmol SR)	1	
Others		
amiodarone (Pacerone)	1	
sotalol (Betapace, Betapace AF)	1	
MULTAQ	2	
TIKOSYN	2	

BETA BLOCKERS AND COMBINATIONS

	Tier	Notes
Cardioselective		
acebutolol (Sectral)	1	
atenolol (Tenormin)	1	
atenolol/chlorthalidone (Tenoretic)	1	
betaxolol (Kerlone)	1	
bisoprolol (Zebeta)	1	
bisoprolol/hydrochlorothiazide (Ziac)	1	
BYSTOLIC	3	
metoprolol (Lopressor)	1	
metoprolol succinate (Toprol XL)	1	
metoprolol/hydrochlorothiazide (Lopressor HCT)	1	
Non-Cardioselective		
nadolol (Corgard)	1	
nadolol/bendroflumethiazide (Corzide)	1	
pindolol (Visken)	1	

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Non-Cardioselective continued	Tier	Notes
propranolol (Inderal, Inderal LA)	1	
propranolol/hydrochlorothiazide (Inderide)	1	
timolol (Blocadren)	1	
Combination Alpha-Beta Antagonists	Tier	Notes
carvedilol (Coreg)	1	
labetalol (Normodyne, Trandate)	1	

CARDIAC GLYCOSIDES

	Tier	Notes
digoxin not capsules (Lanoxin)	1	

CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

	Tier	Notes
amlodipine (Norvasc)	1	
amlodipine/atorvastatin (Caduet)	3	
amlodipine/benazepril (Lotrel)	1	
diltiazem (Cardizem)	1	
diltiazem extended-release 12-hour (Cardizem SR)	1	
diltiazem extended-release 24-hour (Cardizem CD, Tiazac, Dilacor XR)	1	
felodipine (Plendil)	1	
isradipine (Dynacirc)	1	
nicardipine (Cardene)	1	
nifedipine (Procardia)	1	
nifedipine extended-release (Adalat CC, Procardia XL)	1	
nisoldipine (Sular)	1	
verapamil (Calan)	1	
verapamil extended-release (Calan SR, Verelan PM)	1	
verapamil/trandolapril (Tarka)	1	

CHOLESTEROL LOWERING AGENTS

	Tier	Notes
Bile Acid Sequestrants		
cholestyramine (Questran, Questran Light)	1	
colestipol (Colestid)	1	
HMG-CoA Reductase Inhibitors and COMBINATIONS		
atorvastatin (Lipitor)	3	
CRESTOR	2	
lovastatin (Mevacor)	1	
pravastatin (Pravachol)	1	
simvastatin (Zocor)	1	
VYTORIN	2	
Others		
fenofibrate (Lofibra)	1	

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Others continued	Tier	Notes
fenofibric acid (Fibracor)	1	
gemfibrozil (Lopid)	1	
LOVAZA	3	
NIASPAN	2	
Others continued	Tier	Notes
TRICOR	3	
ZETIA	2	

DIURETICS

	Tier	Notes
Loop		
bumetanide (Bumex)	1	
EDECRIN	2	
furosemide (Lasix)	1	
toremide (Demadex)	1	
Thiazides		
chlorothiazide (Diuril)	1	
chlorthalidone (Hygroton)	1	
hydrochlorothiazide (Hydrodiuril)	1	
indapamide (Lozol)	1	
methyclothiazide (Aquatensen)	1	
metolazone (Zaroxolyn)	1	
Potassium Sparing		
amiloride (Midamor)	1	
amiloride/hydrochlorothiazide (Moduretic)	1	
spironolactone (Aldactone)	1	
spironolactone/hydrochlorothiazide (Aldactazide)	1	
triamterene/hydrochlorothiazide (Dyazide, Maxzide-25)	1	

NITRATES

	Tier	Notes
isosorbide dinitrate (Isordil)	1	
isosorbide dinitrate extended-release	1	
isosorbide mononitrate (Ismo)	1	
isosorbide mononitrate extended-release (Imdur)	1	
nitroglycerin caps	1	
nitroglycerin ointment (Nitro-Bid)	1	
nitroglycerin spray (Nitrolingual)	1	
nitroglycerin tabs (Nitrostat)	1	
nitroglycerin transdermal (Minitran, Nitrek, Nitro-Dur)	1	

OTHERS

	Tier	Notes
clonidine patches (Catapres-TTS), QL	1	4 patches/month

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Others continued	Tier	Notes
clonidine tablets (Catapres)	1	
clonidine/chlorthalidone (Combipres, Clorpres)	1	
doxazosin (Cardura)	1	
guanfacine (Tenex)	1	
hydralazine (Apresoline)	1	
hydralazine/hydrochlorothiazide (Apresazide)	1	
INTUNIV, QL	3	1 tab/day
KAPVAY	3	
methyl dopa (Aldomet)	1	
methyl dopa/hydrochlorothiazide (Aldoril)	1	
midodrine (Proamatine)	1	
minoxidil (Loniten)	1	
papaverine capsule	1	
prazosin (Minipress)	1	
terazosin (Hytrin)	1	

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ANTICOAGULANTS

	Tier	Notes
BRILINTA, QL	3	2 units per day
enoxaparin (Lovenox)	1	
Fondaparinux (Arixtra)	1	
FRAGMIN	2	
heparin	1	
PRADAXA, QL	2	2 units per day
warfarin (Coumadin)	1	
XARELTO, QL	2	1 unit per day

HEMATOPOIETIC AGENTS

	Tier	Notes
ARANESP ❖/PA	Specialty Tier 1	Specialty formulary
EPOGEN ❖/PA	Specialty Tier 1	Specialty formulary
LEUKINE ❖	Specialty Tier 1	Specialty formulary
NEULASTA ❖	Specialty Tier 1	Specialty formulary
NEUMEGA ❖	Specialty Tier 1	Specialty formulary
NEUPOGEN ❖	Specialty Tier 1	Specialty formulary
PROCRIT ❖/PA	Specialty Tier 1	Specialty formulary
PROMACTA ❖/PA	Specialty Tier 1	Specialty formulary

BLOOD DETOXICANTS

	Tier	Notes
lactulose syrup (Cephulac)	1	
RENAGEL	2	
RENVELA	2	

OTHERS

	Tier	Notes
aminocaproic acid (Amicar)	1	
anagrelide (Agrylin)	1	
cilostazol (Pletal)	1	
CINRYZE, ❖/PA	Specialty Tier 1	Specialty formulary
dipyridamole (Persantine)	1	
EFFIENT, QL	2	1 unit/day
LYSTEDA, QL	2	30 units per fill
pentoxifylline extended-release (Trental)	1	
PLAVIX, QL (300mg tablets)	2	300mg tabs only – 2 tabs per Rx
ticlopidine (Ticlid)	1	

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ANXIETY

	Tier	Notes
alprazolam (Xanax)	1	
alprazolam ext-rel (Xanax XR)	1	
alprazolam rapid dissolve (Niravam)	1	
bupirone (Buspar)	1	
chlordiazepoxide (Librium)	1	
clorazepate (Tranxene)	1	
diazepam (Valium)	1	
diazepam injection	1	
lorazepam (Ativan)	1	
lorazepam injection (Ativan)	1	
LUNESTA, QL	3	1 tab/day
oxazepam (Serax)	1	

SEDATIVE/HYPNOTICS

	Tier	Notes
chloral hydrate	1	
estazolam (Prosom)	1	
flurazepam (Dalmene)	1	
ROZEREM, QL	3	1 tab/day
temazepam (Restoril)	1	
triazolam (Halcion)	1	
XYREM, ❖	Specialty Tier 1	Specialty formulary
zaleplon (Sonata)	1	
zolpidem (Ambien)	1	
zolpidem extended-release (Ambien CR), ST,QL	1	1 tab/day

LITHIUM

	Tier	Notes
lithium carbonate capsules (Eskalith)	1	
lithium carbonate extended-release (Eskalith CR, Lithobid)	1	
lithium carbonate tablets	1	

ANTICONVULSANTS

	Tier	Notes
BANZEL	2	
carbamazepine (Tegretol, Equetro)	1	
carbamazepine ER (Carbatrol)		
carbamazepine XR (Tegretol XR)	1	
CELONTIN	2	
clonazepam (Klonopin)	1	

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Anticonvulsants continued	Tier	Notes
DIASTAT, QL	2	1 kit per Rx
DILANTIN Infatab, capsules (30mg dose only)	2	
divalproex sodium delayed release (Depakote)	1	
divalproex sodium extended release (Depakote ER)	1	
divalproex sprinkle capsules (Depakote Sprinkle)	1	
ethosuximide (Zarontin)	1	
felbamate tablets (Felbatol)	1	
felbamate suspension (Felbatol susp.)	1	
gabapentin (Neurontin)	1	
HORIZANT, QL	3	1 unit/day
GABITRIL	2	
Lamictal XR	3	250 & 300mg: 2 units/day
lamotrigine tablets/solution (Lamictal)	1	
lamotrigine chewable 5mg, 25mg (Lamictal chewable tablets)	1	
levetiracetam tabs/solution (Keppra)	1	
levetiracetam er (Keppra XR)	1	
LYRICA, QL	3	3 tabs/day
MEBARAL	2	
oxcarbazepine (Trileptal)	1	
PEGANONE	2	
phenobarbital	1	
phenytoin sodium extended (Dilantin, Phenytek)	1	
primidone (Mysoline)	1	
SABRIL, ❖, PA, QL	Specialty Tier 1	Specialty formulary, 6 packets/day
topiramate (Topamax)	1	
valproic acid (Depakene)	1	
VIMPAT, QL	2	2 units/day
zonisamide (Zonegran)	1	

DEPRESSION

	Tier	Notes
Tricyclics		
amitriptyline (Elavil)	1	
amitriptyline/chlordiazepoxide (Limbitrol)	1	
amitriptyline/perphenazine (Triavil)	1	
amoxapine (Asendin)	1	
clomipramine (Anafranil)	1	
desipramine (Norpramin)	1	
doxepin (Sinequan)	1	
imipramine (Tofranil)	1	
maprotiline (Ludiomil)	1	
nortriptyline (Pamelor)	1	
protriptyline (Vivactil)	1	
trimipramine (Surmontil)	1	

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Selective Serotonin Reuptake Inhibitors	Tier	Notes
citalopram (Celexa)	1	
escitalopram (Lexapro), ST	3	
fluoxetine (Prozac, Sarafem)	1	
fluoxetine delayed-release (Prozac Weekly), ST	1	
fluvoxamine (Luvox)	1	
paroxetine (Paxil)	1	
paroxetine extended release (Paxil CR)	1	
sertraline (Zoloft)	1	
Mixed Reuptake Inhibitors	Tier	Notes
bupropion (Wellbutrin)	1	
bupropion extended-release (Wellbutrin SR, Wellbutrin XL)	1	
CYMBALTA, ST	2	
mirtazapine (Remeron)	1	
nefazodone	1	
PRISTIQ, ST, QL	2	50mg – 1 tab/day 100mg – 4 tabs/day
venlafaxine (Effexor)	1	
venlafaxine XR/ER (Effexor XR)	1	
Others		
phenelzine (Nardil)	1	
tranylcypromine (Parnate)	1	
trazodone (Desyrel)	1	

PARKINSONS

	Tier	Notes
amantadine (Symmetrel)	1	
APOKYN, PA, ❖	Specialty Tier 1	Specialty formulary
AZILECT	2	
benztropine (Cogentin)	1	
bromocriptine (Parlodel)	1	
carbidopa/levodopa (Sinemet, Parcopa)	1	
carbidopa/levodopa extended-release (Sinemet CR)	1	
COMTAN	2	
pramipexole (Mirapex)	1	
ropinirole (Requip)	1	
selegiline (Eldepryl)	1	
trihexyphenidyl (Artane)	1	

ANTIPSYCHOTIC DRUGS

	Tier	Notes
Typical		
chlorpromazine (Thorazine)	1	
chlorpromazine injection	1	
fluphenazine decanoate	1	

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Typical continued	Tier	Notes
fluphenazine hcl	1	
haloperidol (Haldol)	1	
haloperidol decanoate	1	
loxapine (Loxitane)	1	
MOBAN	2	
ORAP	2	
perphenazine	1	
thioridazine (Mellaril)	1	
thiothixene (Navane)	1	
trifluoperazine (Stelazine)	1	
Atypical		
ABILIFY, QL	2	2mg,5mg,10mg,15mg tabs – 1 tab/day 20mg,30mg tabs – 2 tabs/day
clozapine (Clozaril)	1	
GEODON injection	2	
INVEGA, QL	3	1 tab/day
INVEGA INJECTION	3	
LATUDA, QL	3	1 tab/day
olanzapine injection (Zyprexa)	1	
olanzapine oral (Zyprexa), QL	1	2.5mg,5mg tabs – 1 tab/day 10mg tabs – 4 tabs/day 15mg,20mg tabs – 2 tabs/day
olanzapine rapid dissolve (Zyprexa Zydis), QL	2	2.5mg,5mg tabs – 1 tab/day 10mg tabs – 4 tabs/day 15mg,20mg tabs – 2 tabs/day
quetiapine (Seroquel), QL	1	200mg tabs – 2 tabs/day Other strengths – 3 tabs/day
risperidone oral (Risperdal), QL	1	2mg tabs – 2 tabs/day 3mg tabs – 5 tabs/day 4mg tabs – 4 tabs/day All other strengths – 3 tabs/day
RISPERDAL CONSTA injection	2	
SAPHRIS, QL	3	2 tabs/day
<i>Continued next page...</i>		

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Atypical continued	Tier	Notes
SEROQUEL XR, QL	2	50mg tabs – 2 tabs/day 150mg,200mg tabs – 1 tab/day 300mg, 400mg tabs – 3 tabs/day
VIIBRYD, QL, ST	2	2 units per day
ziprasidone (Geodon), QL	1	80mg caps – 3 caps/day Other strengths – 2 caps/day

STIMULANTS/NARCOLEPSY

	Tier	Notes
ADDERALL XR	1	
CONCERTA	3	
DAYTRANA, QL	3	1 patch/day
dexamethylphenidate (Focalin)	1	
dextroamphetamine (Dexedrine, Dextrostat)	1	
FOCALIN XR	2	
METADATE CD	2	
methamphetamine (Desoxyn)	1	
methylphenidate (Ritalin, Methylin)	1	
methylphenidate Ext Rel (Concerta, Metadate ER, Ritalin SR/LA)	1	
mixed amphetamine salts (Adderall)	1	
NUVIGIL, QL	3	50mg – 3 tabs/day; 150 & 250mg – 1 tab/day
pemoline (Cylert)	1	
PROVIGIL, QL, PA	3	100mg – 2 tabs/day; 200mg – 1 tab/day
RITALIN LA	2	10mg Strength
STRATTERA, QL	2	80mg, 100mg caps – 1 caps/daily All other strengths – 2 caps/day
VYVANSE	2	

ALZHEIMER'S DISEASE

	Tier	Notes
donepezil (Aricept, Aricept ODT)	1	
EXELON patches	2	
galantamine (Razadyne)	1	
galantamine 24h capsule (Razadyne ER)	1	
galantamine tabs/solution (Razadyne, Reminyl)	1	
NAMENDA	2	
rivastigmine caps (Exelon)	1	

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TOBACCO CESSATION

	Tier	Notes
Below is a list of Preferred medications indicated in this category; Preferred status does not imply coverage. Benefit limitations apply and members should refer to their coverage documents.		
bupropion extended-release (Zyban) QL	1	6 fills/year
CHANTIX QL	2	1 starter pack per year, 2 tabs/day, limit of 6 prescription units per calendar year
Nicotine lozenge QL (Commit OTC)	1	3 prescriptions per year
nicotine polacrilex (Nicorette Gum OTC) QL	1	3 prescriptions per year
nicotine transdermal (OTC only) QL	1	1 patch daily, limit of one 12-week course of treatment
NICOTROL INHALER QL	2	16 cartridges per day, limit of 6 prescriptions per calendar year
NICOTROL NASAL SPRAY QL	2	4ml/day, limit of 3 prescriptions per calendar year

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Chapter 6 – Ear, Nose and Throat

	Tier	Notes
Ear		
acetic acid (Volsol)	1	
acetic acid/aluminum acetate (Otic Domeboro)	1	
acetic acid/hydrocortisone (Vosol HC)	1	
antipyrine/benzocaine (Auralgan original formula)	1	
antipyrine/benzocaine/acetic acid/polycosanol (Auralgan)	1	
CERUMENEX	2	
CIPRODEX	2	
ofloxacin (Floxin Otic)	1	
neomycin/polymyxin b/hydrocortisone (Cortisporin)	1	
hydrocortisone/pramoxine/chloroxylenol (Cortamox, Cortane-B)	1	
PEDIOTIC	2	
pramoxine/chloroxylenol (Pramotic)	1	
pramoxine/chloroxylenol/zinc (Zinotic)	1	
Nose		
ASTEPRO	2	
azelastine nasal spray (Astelin)	1	
flunisolide (Nasalide, Nasarel)	1	
fluticasone (Flonase)	1	
ipratropium (Atrovent)	1	
triamcinolone nasal spray (Nasacort AQ)	1	
NASONEX	2	
Mouth and Throat		
chlorhexadine gluconate (Peridex)	1	
doxycycline (Periostat)	1	
EVOXAC	2	
lidocaine viscous (Xylocaine)	1	
pilocarpine (Salagen)	1	
triamcinolone paste (Kenalog in Orabase)	1	

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ALLERGY

	Tier	Notes
ALAMAST	2	
azelastine (Optivar)	1	
cromolyn sodium (Crolom)	1	
epinastine (Elestat)	1	
PATADAY	2	
PATANOL	2	

ANTIINFECTIVES

	Tier	Notes
Antibacterial and Combinations		
bacitracin	1	
bacitracin/polymyxin b (Polysporin)	1	
BLEPHAMIDE	2	
CHLOROPTIC	2	
ciprofloxacin (Ciloxan)	1	
erythromycin base (Eryc, Ery-Tab)	1	
FML-S	2	
gentamicin (Gentak)	1	
levofloxacin (Quixin)	1	
MOXEZA	2	
neomycin/polymyxin b/dexamethasone (Maxitrol)	1	
neomycin/polymyxin b/hydrocortisone (Cortisporin)	1	
ofloxacin (Ocuflox)	1	
POLY-PRED	2	
sulfacetamide sodium (Bleph-10)	1	
sulfacetamide/prednisolone (Vasocidin)	1	
TOBRADEX ointment	2	
tobramycin (Tobrex)	1	
tobramycin/dexamethasone (Tobradex)	1	
trimethoprim/polymyxin b (Polytrim)	1	
VIGAMOX	2	
Antiviral		
trifluridine (Viroptic)	1	
VIRA-A	2	
ZIRGAN, QL	2	1 tube per fill

ANTI-INFLAMMATORY

	Tier	Notes
bromfenac (Xibrom)	1	

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Anti-inflammatory continued	Tier	Notes
dexamethasone (Decadron)	1	
diclofenac (Voltaren)	1	
FLAREX	2	
fluorometholone (FML)	1	
HMS	2	
ketorolac (Acular, Acular LS)	1	
LOTEMAX	2	
NEVANAC	2	
PRED MILD	2	
prednisolone acetate (Pred Forte)	1	
prednisolone sodium phosphate 1% (Inflamase Forte)	1	
prednisolone sodium phosphate 0.125% (Inflamase Mild)	1	

GLAUCOMA

	Tier	Notes
Ophthalmic		
<i>Beta-Blockers</i>		
BETOPTIC S	2	
carteolol (Ocupress)	1	
levobunolol (Betagan)	1	
timolol maleate (Timoptic, Timoptic-XE)	1	
<i>Miotics, direct-acting</i>		
ISOPTO CARBACHOL	2	
pilocarpine (Isopto Carpine)	1	
PILOPINE H.S.	2	
<i>Prostaglandin analogs</i>		
latanoprost (Xalatan)	1	
TRAVATAN Z	2	
<i>Combinations</i>		
dorzolamide/timolol (Cosopt)	1	
PHOSPHOLINE IODIDE	2	
<i>Miscellaneous</i>		
apraclonidine (Iopidine)	1	
atropine sulfate (Isopto Atropine)	1	
AZOPT	2	
brimonidine (Alphagan, Alphagan P)	1	
cyclopentolate (Cyclogyl)	1	
dipivfrin (Propine)	1	
dorzolamide (Trusopt)	1	
EPIFRIN	2	
EPINAL	2	
homatropine (Isopto Homatropine)	1	

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Miscellaneous continued	Tier	Notes
IOPIDINE	2	
MYDRIACYL	2	
Oral		
acetazolamide (Diamox, Diamox Sequels)	1	
methazolamide (Neptazane)	1	
OSMOGLYN	2	
OTHERS		
naphazoline hcl (AK-Con)	1	
naphazoline hcl/pheniramine (AK-Con-A)	1	
phenylephrine hcl (Neo-Synephrine)	1	
RESTASIS, QL	2	64 vials/month

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Chapter 8 – Hormones: Diabetes, Birth Control & Related Agents

ANDROGENS

	Tier	Notes
ANDRODERM	2	
ANDROGEL	2	
AXIRON	2	
danazol (Danocrine)	1	
flouxymesterone (Androxy)	1	
METHITEST	2	
oxandrolone (Oxandrin)	1	
testosterone cypionate (Depo-testosterone)	1	

CORTICOSTEROIDS

	Tier	Notes
Glucocorticoid		
dexamethasone (Decadron, Dexpak)	1	
hydrocortisone (Cortef)	1	
methylprednisolone (Medrol)	1	
prednisolone (Prelone)	1	
prednisone (Deltasone)	1	
Mineralocorticoid		
fludrocortisone acetate (Florinef)	1	

CONTRACEPTIVES

	Tier	Notes
Oral Monophasic		
generic for Alesse-28, including aviane, lessina, lutera, sronyx	1	
generic for Demulen 1/35, including kelnor 1/35, zovia 1/35e	1	
generic for Demulen 1/50, including zovia 1/50 e	1	
generic for Desogen, including apri, reclipson, solia	1	
generic for Femcon FE, including zeosa	1	
generic for Levlite-28, including aviane, lessina, lutera, sronyx	1	
generic for Lo/Ovral-28, including cryselle, low-ogestrel	1	
generic for LoEstrin, including junel, microgestin	1	
generic for LoEstrin FE 1-0.02, including junel fe 1-0.02, microgestin fe 1-0.02	1	
generic for LoEstrin FE 1.5-0.03, including junel fe 1.5-0.03, microgestin fe 1.5-0.03	1	
generic for Lybrel, including amethyst	1	
generic for Mircette, including kariva	1	
generic for Modicon, including brevicon, necon, nortrel 0.5-0.035	1	

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Oral Monophasic continued	Tier	Notes
generic for Nordette-28, including levora-28, portia	1	
generic for Norinyl 1+35, including necon 1-0.035, nortrel 1-0.035	1	
generic for Norinyl 1+50, including necon 1-0.05	1	
generic for Ortho-Cept, including apri, reclipfen, solia	1	
generic for Ortho-Cyclen, including mononessa, previfem, sprintec	1	
generic for Ortho-Novum 1/35, including necon 1-0.035, nortrel 1-0.035	1	
generic for Ortho-Novum 1/50, including necon 1-0.05	1	
generic for Ovcon-35, including balziva, zenchent	1	
generic for Ovral-28, including ogestrel	1	
generic for Seasonale, including jolessa, quasense	1	
generic for Yasmin, including ocella	1	
generic for Yaz, including Gianvi	1	
generess fe	1	
Oral Biphasic		
generic for Ortho-Novum 10/11, including necon 10/11	1	
generic for Seasonique	1	
Oral Triphasic		
generic for Cyclessa, including cesia, velivet	1	
generic for Estrostep FE, including tilia fe, tri-legest fe	1	
generic for Ortho Tri-Cyclen, including trinessa, tri-previfem, tri-sprintec	1	
generic for Ortho-Novum 7/7/7, including necon 7/7/7, nortrel 7/7/7	1	
generic for Tri-Norinyl, including aranelle, leena	1	
generic for Triphasil, including enpresse, trivora-28	1	
Oral Progestin		
generic for Nor-QD, including camila, errin, jolivette, nora-be	1	
generic for Ortho Micronor, including camila, errin, jolivette, nora-be	1	
Emergency Contraception		
ELLA, QL	2	1 tablet per fill
levonorgestrel (Next Choice, Plan B) (ages 17 and younger)	1	Ages 17 and younger
Non-Oral Contraception		
NUVARING	2	
ORTHO EVRA	2	

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DIABETES MELLITUS

	Tier	Notes
Insulin		
<i>Vial</i>		
HUMALOG	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 75/25	2	
HUMULIN 50/50, OTC	2	OTC
HUMULIN 70/30, OTC	2	OTC
HUMULIN L, OTC	2	OTC
HUMULIN N, OTC	2	OTC
HUMULIN R, OTC	2	OTC
HUMULIN U, OTC	2	OTC
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	3	
NOVOLIN 70/30, OTC	2	OTC
NOVOLIN N, OTC	2	OTC
NOVOLIN R, OTC	2	OTC
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
VELOSULIN BR, OTC	2	OTC
<i>Disposable Syringe</i>		
NOVOLIN 70/30, OTC	2	OTC
NOVOLIN N, OTC	2	OTC
NOVOLIN R, OTC	2	OTC
<i>Pen</i>		
HUMALOG	2	
HUMALOG 75/25	2	
HUMULIN 70/30, OTC	2	OTC
HUMULIN N, OTC	2	OTC
NOVOLOG MIX	2	
NOVOLOG MIX 70/30	2	
<i>Cartridge</i>		
HUMALOG	2	
LANTUS	2	
NOVOLIN 70/30, OTC	2	OTC
NOVOLIN N, OTC	2	OTC
NOVOLIN R, OTC	2	OTC
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
Glucose Elevating Agents		
GLUCAGON	2	

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Incretin Mimetic	Tier	Notes
BYETTA	2	
VICTOZA	2	
Oral Agents		
acarbose (Precose)	1	
ACTOS, <i>ST</i>	2	
ACTOPLUS MET, <i>ST</i>	2	
AVANDAMET, <i>ST</i>	2	
AVANDIA, <i>ST</i>	2	
glimepiride (Amaryl)	1	
glipizide (Glucotrol)	1	
glipizide extended-release (Glucotrol XL)	1	
glipizide/metformin (Metaglip)	1	
glyburide (Diabeta, Micronase)	1	
glyburide, micronized (Glynase)	1	
glyburide/metformin (Glucovance)	1	
GLYSET	2	
JANUMET, <i>ST</i>	2	
JANUMET XR, <i>ST</i>	2	
JANUVIA, <i>ST</i>	2	
JENTADUETO, <i>ST</i>	2	
JUVISYNC, <i>ST</i>	2	
metformin (Glucophage)	1	
metformin extended-release (Glucophage XR)	1	
nateglinide (Starlix)	1	
PRANDIN	2	
TRADJENTA, <i>ST</i>	2	
Blood Glucose Meters and Strips		
Diabetic supplies may not be a covered component of the prescription benefit. Medica members should refer to their coverage document. The Medica List of Preferred Drugs includes Accu-Chek and Bayer meters, Accu-Chek, Bayer, and Chemstrip blood glucose test strips, and Chemstrip urine test strips.		
ACCU-CHEK ACTIVE	2	
ACCU-CHEK ADVANTAGE	2	
ACCU-CHEK AVIVA	2	
ACCU-CHEK COMFORT CURVE	2	
ACCU-CHEK COMPACT	2	
BAYER BREEZE2	2	
BAYER CONTOUR	2	
CHEMSTRIP BG	2	
ONE TOUCH ULTRA	3	
Urine Strips		
CHEMSTRIP K	2	
CHEMSTRIP UG	2	
CHEMSTRIP UGK	2	

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Urine Strips continued	Tier	Notes
KETOSTIX	2	

ESTROGENS, ESTROGENS/PROGESTINS, AND PROGESTINS

	Tier	Notes
Estrogens		
DIVIGEL, QL	2	1 packet/day
esterified estrogens/methyltestosterone (Estratest/HS)	1	
ESTRADERM, QL	2	8 patches/28 days
estradiol transdermal (Climara), QL	1	8patches/28 days
estradiol (Estrace)	1	
ESTRING	2	
estropipate (Ortho-Est)	1	
GYNODIOL 1.5 mg	2	
PREMARIN	2	
VAGIFEM	3	
VIVELLE-DOT, QL	2	0.05mg patch – 4 patches/month All other strengths – 8 patches/28 days
Estrogen/Progestin Combination		
COMBIPATCH	2	
estradiol/norethindrone (Activella)	1	
ethinyl estradiol/norethindrone (FemHRT)	1	
PREMPHASE	2	
PREMPRO	2	
Progestins		
CRINONE	2	
ENDOMETRIN	2	
FIRST-PROGESTERONE	2	
medroxyprogesterone acetate (Provera)	1	
norethindrone acetate (Aygestin)	1	
PROCHIEVE	2	
progesterone in oil	1	
progesterone micronized (Prometrium)	1	

GONADOTROPIN-RELEASING AGENTS

	Tier	Notes
leuprolide acetate (Lupron) ❖	Specialty Tier 1	Specialty formulary
LUPRON DEPOT ❖	Specialty Tier 1	Specialty formulary
SYNAREL ❖	Specialty Tier 1	Specialty formulary

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GROWTH HORMONES

	Tier	Notes
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NORDITROPIN PA/❖	Specialty Tier 1	Specialty formulary
NORDITROPIN FLEXPRO PA/❖	Specialty Tier 1	Specialty formulary
NORDITROPIN NORDIFLEX PA/❖	Specialty Tier 1	Specialty formulary
OMNITROPE PA/❖	Specialty Tier 1	Specialty formulary

INSULIN-LIKE GROWTH FACTOR

	Tier	Notes
INCRELEX PA/❖	Specialty Tier 1	Specialty formulary

INFERTILITY

	Tier	Notes
Below is a list of Preferred medications indicated in this category; Preferred status does not imply coverage. Benefit limitations apply and members should refer to their coverage documents.		
BRAVELLE ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary
CETROTIDE ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary
clomiphene (Clomid, Serophene)	Specialty Tier 1	Specialty formulary
FOLLISTIM AQ ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary
chorionic gonadotropin (Novarel) ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary
MENOPUR ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary
REPRONEX ❖ <i>reproductive specialists only</i>	Specialty Tier 1	Specialty formulary

THYROID REPLACEMENT AND ANTITHYROID AGENTS

	Tier	Notes
Thyroid Replacement		
levothyroxine (Synthroid)	1	
LEVOXYL	2	
liothyronine (Cytomel)	1	
thyroid, pork (Nature Throid)	1	
NP thyroid (Armour Thyroid)	2	
thyroid, pork	1	
Antithyroid Agents		
methimazole (Tapazole)	1	
PROPYLTHIOURACIL	2	

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OTHERS

	Tier	Notes
ACTONEL, QL	3	150mg tabs – 1 tab/28 days 5mg & 30mg tabs – 1 tab/day 35mg tabs – 4 tabs/28 days
alendronate (Fosamax), QL	1	5mg,10mg tabs – 30 tabs/month 35mg,70mg tabs – 4 tabs/28days
calcitonin salmon nasal spray (Miacalcin Nasal Spray)	1	
CARBAGLU, PA/❖	Specialty Tier 1	Specialty formulary
CYTADREN	2	
desmopressin acetate (DDAVP), injection/nasal/tabs	1	
etidronate (Didronel)	1	
EVISTA	2	
FORTEO, PA/QL/❖	Specialty Tier 1	1 pen/month, Specialty formulary
FOSAMAX PLUS D, QL	2	4 tabs/28 days
ibandronate (Boniva), QL	3	1 tab/28 days
MIACALCIN, injection only	2	
octreotide acetate, ❖	Specialty Tier 1	Specialty formulary
PROLIA, PA/QL/❖	Specialty Tier 1	1 injection per 6 months, Specialty formulary
SANDOSTATIN, ❖	Specialty Tier 1	Specialty formulary
SANDOSTATIN LAR, ❖	Specialty Tier 1	Specialty formulary
SOMATULINE DEPOT, ❖	Specialty Tier 1	Specialty formulary
STIMATE	2	
XGEVA, PA/❖	Specialty Tier 1	Specialty formulary

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ANTIDIARRHEAL

	Tier	Notes
diphenoxylate/atropine (Lomotil)	1	
loperamide (Imodium), capsule	1	
octreotide acetate, ❖	Specialty Tier 1	Specialty formulary
opium tincture	1	
SANDOSTATIN, ❖	Specialty Tier 1	Specialty formulary
SANDOSTATIN LAR, ❖	Specialty Tier 1	Specialty formulary

ANTISPASMODICS

	Tier	Notes
belladonna/phenobarbital (Donnatal)	1	
chlordiazepoxide/clidinium (Librax)	1	
dicyclomine (Bentyl)	1	
glycopyrrolate (Robinul), tablets	1	
hyoscyamine (Levsin, Levsin SL)	1	
hyoscyamine extended-release (Levsinex, Levbid, Symax Duotab)	1	
methscopolamine bromide (Pamine)	1	
propantheline (Pro-Banthine)	1	

GERD/ULCER DRUGS

	Tier	Notes
H2 Antagonists		
cimetidine (Tagamet)	1	
famotidine (Pepcid) 40 mg tablets only	1	
nizatidine (Axid), capsules only	1	
ranitidine (Zantac)	1	

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Proton Pump Inhibitors	Tier	Notes
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FIRST-LANSOPRAZOLE, QL	2	2 units/day
FIRST-OMEPRAZOLE, QL	2	2 units/day
lansoprazole (Prevacid), QL	1	2 tabs/day, 6 tabs/day for ZE syndrome
NEXIUM, ST, QL	3	2 caps/day
omeprazole (Prilosec), QL	1	2 caps/day, 6 caps/day for ZE syndrome
omeprazole OTC (Prilosec OTC), QL	1	4 caps/day
omeprazole/sod bicarbonate (Zegerid), QL/ST	1	2 tabs/day, 6 tabs/day for ZE syndrome
pantoprazole (Protonix), QL	1	2 tabs/day, 6 tabs/day for ZE syndrome
PREVACID SOLUTAB, QL/ST	2	2 tabs/day, 6 tabs/day for ZE syndrome
PREVPAC, QL	2	14 dose packs per copay
Others		
metoclopramide (Reglan)	1	
misoprostol (Cytotec)	1	
sucralfate (Carafate)	1	

EMESIS

	Tier	Notes
dronabinol (Marinol), QL, PA	1	2 units/day
EMEND 40mg QL	2	1 unit per Rx
EMEND 80mg, 125mg <i>oncologists/hematologists only</i> , QL	2	80mg – 4 caps/month 125mg – 2 caps/month
granisetron tablets/oral liquid (Kytril, Granisol), QL	1	2 tabs/Rx or 30ml/Rx
meclizine	1	
ondansetron (Zofran)	1	
prochlorperazine (Compazine)	1	
promethazine (Phenergan)	1	
trimethobenzamide (Tigan)	1	

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INFLAMMATORY BOWEL

	Tier	Notes
ASACOL, QL	2	Asacol HD-6 tabs/day
balsalazide disodium (Colazal)	1	
budesonide EC (Entocort EC)	1	
CANASA	2	
CIMZIA, PA,ST/❖	Specialty Tier 1	Specialty formulary
CORTIFOAM	2	
DIPENTUM	2	
hydrocortisone enema (Cortenema)	1	
mesalamine enema (Rowasa)	1	
PENTASA	3	
sulfasalazine (Azulfidine)	1	
sulfasalazine delayed-release (Azulfidine EN-tab)	1	

PANCREATIC ENZYMES

	Tier	Notes
CREON DR	2	
pancrelipase 5000 (Zenpep)	1	

BILE SALTS

	Tier	Notes
URSO FORTE	2	
ursodiol (Actigall, URSO)	1	

LAXATIVES

	Tier	Notes
GOLYTELY packets	2	
lactulose syrup (Chronulac)	1	
MOVIPREP	2	
PEG 3350/electrolyte solution (Colyte, Golytely)	1	
polyethylene glycol 3350 powder/packets (Miralax)	1	

MISCELLANEOUS

	Tier	Notes
hydrocortisone (Anusol HC) suppositories	1	
hydrocortisone 2.5% (Anusol HC) cream	1	
hydrocortisone/lidocaine 2%/2% (Peranex HC)	1	
hydrocortisone/pramoxine cream/oint (Analpram-HC, Pramosome)	1	
PROCTOFOAM-HC	2	
RELISTOR, ❖	Specialty Tier 1	Specialty formulary

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ARTHRITIS: DISEASE MODIFYING DRUGS

	Tier	Notes
AMEVIVE, PA,ST/❖	Specialty Tier 1	Specialty formulary
CIMZIA, PA,ST/❖	Specialty Tier 1	Specialty formulary
CUPRIMINE	Specialty Tier 1	
ENBREL, PA/❖	Specialty Tier 1	Specialty formulary
HUMIRA , PA/❖	Specialty Tier 1	Specialty formulary
hydroxychloroquine (Plaquenil)	1	
KINERET, PA, ST/❖	Specialty Tier 1	Specialty formulary
leflunomide (Arava), QL	1	30 tabs/month
methotrexate	1	
ORENCIA SQ, PA/❖	Specialty Tier 1	Specialty formulary
RIDAURA	2	

GOUT

	Tier	Notes
allopurinol (Zyloprim)	1	
colchicine	1	
colchicine/probenecid (Col-Probenecid)	1	
COLCRYS	2	
probenecid	1	
sulfinpyrazone	1	
ULORIC	3	

MIGRAINE/HEADACHE

	Tier	Notes
acetaminophen/caffeine/butalbital (Esgic Plus, Fioricet)	1	
acetaminophen/caffeine/butalbital/codeine (Fioricet w/Codeine)	1	
acetaminophen/phenyltolamine (Flextra-650. Vistra 650)	1	
aspirin/caffeine/butalbital (Fiorinal)	1	
aspirin/codeine/butalbital/caffeine (Fiorinal w/Codeine)	1	
butalbital/acetaminophen (Phrenilin)	1	
butorphanol (Stadol NS), QL	1	7 bottles/month
CAFERGOT supps	2	
Cafgesic Forte (Durabac Forte)	1	
dihydroergotamine inj (D.H.E. 45)	1	
ergotamine/belladonna/phenobarbital (Bellergal-S)	1	
ergotamine/caffeine (Cafergot)	1	
isometheptene/acetaminophen/dichloralphenazone (Midrin)	1	
MAXALT, MAXALT MLT, ST, QL	2	18 tabs/month,
MIGRANAL, QL	2	4 pumps/month

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Migraine/Headache continued	Tier	Notes
naratriptan (Amerge), QL	1	18 tabs/month
RELPAX, ST, QL	3	12 tabs/month
sumatriptan injection/nasal spray/tablets (Imitrex), QL	1	6 injections/month, 12 inhalers/month, 18 tabs/month
ZOMIG, ST, QL	3	12 tabs/month

PAIN, ANTI-INFLAMMATORY ANALGESICS

	Tier	Notes
CELEBREX, ST	2	
choline magnesium trisalicylate (Trilisate)	1	
diclofenac extended-release (Voltaren XR)	1	
diclofenac potassium (Cataflam)	1	
diclofenac sodium (Voltaren)	1	
diflunisal (Dolobid)	1	
etodolac (Lodine)	1	
etodolac extended-release (Lodine XL)	1	
fenoprofen (Nalfon)	1	
flurbiprofen (Ansaid)	1	
ibuprofen (Motrin)	1	
indomethacin (Indocin)	1	
indomethacin extended-release (Indocin SR)	1	
ketoprofen (Orudis)	1	
ketoprofen extended-release (Oruvail)	1	
ketorolac tabs (Toradol), QL	1	20 tabs/Rx
meclofenamate	1	
mefenamic acid (Ponstel)	1	
meloxicam (Mobic)	1	
nabumetone (Relafen)	1	
naproxen (Naprosyn, Anaprox)	1	
naproxen delayed-release (EC Naprosyn, Napreelan)	1	
oxaprozin (Daypro)	1	
piroxicam (Feldene)	1	
PREVACID NAPRAPAC, QL/ST	2	84 caps/month
salsalate (Disalcid)	1	
sulindac (Clinoril)	1	
tolmetin sodium (Tolectin)	1	
VIMOVO, ST	2	

PAIN, OPIOID AND OTHER ANALGESICS

	Tier	Notes
Opioid Analgesics		
codeine sulfate	1	
codeine/acetaminophen (Tylenol #2/3/4)	1	
codeine/aspirin (Empirin #2/3/4)	1	

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Opioid Analgesics continued	Tier	Notes
fentanyl transdermal (Duragesic), QL	1	1 patch/3 days
fentanyl lollipop (Actiq), PA/QL	1	4 units/day
hydrocodone/acetaminophen 10-300/15ml solution	1	
hydrocodone/acetaminophen 10/325 tablets/solution (Norco)	1	
hydrocodone/acetaminophen 10/500 (Lortab)	1	
hydrocodone/acetaminophen 10/650 (Lorcet)	1	
hydrocodone/acetaminophen 10/660 (Vicodin HP)	1	
hydrocodone/acetaminophen 2.5/500 (Vicodin)	1	
hydrocodone/acetaminophen 5/300 (Xodol)	1	
hydrocodone/acetaminophen 5/325 (Norco)	1	
hydrocodone/acetaminophen 5/500 (Vicodin)	1	
hydrocodone/acetaminophen 7.5/300 (Xodol)	1	
hydrocodone/acetaminophen 7.5/325 (Norco)	1	
hydrocodone/acetaminophen 7.5/500 (Lortab)	1	
hydrocodone/acetaminophen 7.5/650 (Lorcet Plus)	1	
hydrocodone/acetaminophen 7.5/750 (Vicodin ES)	1	
hydrocodone/acetaminophen 10/300 (Xodol)	1	
hydrocodone/ibuprofen (Reprexain, Ibudone)	1	
hydromorphone (Dilaudid)	1	
meperidine (Demerol)	1	
methadone	1	
morphine sulfate tablets/solution/supps (MSIR, OMS, RMS)	1	
morphine sulfate ER (MS Contin)	1	
NUCYNTA	3	
NUCYNTA ER	2	
oxycodone (Oxyfast, Roxicodone)	1	
oxycodone extended release (Oxycontin), QL	1	10mg,15mg,20mg,30mg, 40mg,60mg,80mg – 4 tabs/day
oxycodone/acetaminophen 10/325 (Percocet)	1	
oxycodone/acetaminophen 10/650(Percocet)	1	
oxycodone/acetaminophen 2.5/325 (Percocet)	1	
oxycodone/acetaminophen 5/325 (Percocet)	1	
oxycodone/acetaminophen 7.5/325 (Percocet)	1	
oxycodone/acetaminophen 7.5/500 (Percocet)	1	
oxycodone/acetaminophen caps 5/500 (Tylox)	1	
oxycodone/aspirin (Percodan)	1	
oxycodone/ibuprofen (Combunox)	1	
OXYCONTIN, QL	2	10mg,15mg,20mg,30mg, 40mg,60mg,80mg – 4 tabs/day; 160mg – 2 tabs/day
oxymorphone (Opana)	1	
oxymorphone er (Opana ER)	1	7.5mg and 15mg strengths

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Muscle Relaxants	Tier	Notes
baclofen (Lioresal)	1	
carisoprodol (Soma)	1	
chlorzoxazone (Parafon Forte DSC)	1	
cyclobenzaprine (Flexeril)	1	
cyclobenzaprine (Fexmid)	1	
cyclobenzaprine ER (Amrix)	1	
dantrolene (Dantrium)	1	
diazepam (Valium)	1	
metaxalone (Skelaxin)	1	
methocarbamol (Robaxin)	1	
orphenadrine citrate (Norflex)	1	
orphenadrine/aspirin/caffeine (Norgesic, Norgesic Forte)	1	
tizanidine (Zanaflex)	1	
Others		
LIDODERM, QL	3	4 units/day
pentazocine/naloxone (Talwin NX)	1	
tramadol (Ultram)	1	
tramadol ext release (Ultram ER)	1	
tramadol/acetaminophen (Ultracet)	1	

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PRENATAL VITAMINS

	Tier	Notes
<i>The list of preferred drugs includes all generic prescription prenatal vitamins such as:</i>		
CR Natal	1	
natacare Plus	1	
prenatal Plus	1	
prenatal Rx	1	
pruet DHA	1	

VITAMINS, MINERALS, AND RELATED PRODUCTS

	Tier	Notes
<i>Multi-vitamins – NOT included in the List of Preferred Drugs, as various OTC products are available.</i>		
folic acid/niacinamide/copper/zinc (Nicomide)	1	
calcitriol (Rocaltrol)	1	
cyanocobalamin tablets	1	
fluoride with multivitamin with or without iron (Poly-Vi-Flor, Tri-Vi-Flor, Vi-Daylin Plus Iron, with ADC)	1	
folic acid	1	
folic acid/multivitamin (Vicon Forte, Re Fac-X, Diatx Zn)	1	
folic acid/vitamin B complex (Nephrocaps, Metanx)	1	
iron/b12/intrinsic factor (Multigen, Chromagen)	1	
levocarnitine (Carnitor)	1	
MEPHYTON	2	
potassium aminobenzoate (Potaba)	1	
Fluoride Products		
sodium fluoride (Luride)	1	
stannous fluoride (Gel-Kam)	1	

POTASSIUM SUPPLEMENTS

	Tier	Notes
<i>The List of Preferred Drugs includes all generic prescription potassium supplements such as:</i>		
potassium bicarbonate tablets(K-lyte)	1	
potassium chloride caps/tabs (Micro-K,K-lyte/Cl, K-Dur, Klor-Con)	1	
potassium chloride powder/liquid (Klor-Con, K-Lor, Kaochlor SF)	1	
potassium citrate tabs/solution (Urocit-K, Polycitra-K)	1	
potassium gluconate liquid (Kaon)	1	

POTASSIUM REMOVING RESINS

	Tier	Notes
sodium polystyrene sulfonate (Kayexalate)	1	

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TOPICAL ANTI-INFECTIVES

	Tier	Notes
Antibacterial		
gentamicin	1	
iodocortisone aloe (Alcortin)	1	
mupirocin (Bactroban)	1	
silver sulfadiazine (Silvadene)	1	
SULFAMYLON	2	
Antifungal		
ciclopirox cream/gel/lotion/shampoo/suspension (Loprox)	1	
ciclopirox nail lacquer (Penlac, CNL 8 Kit)	1	
clotrimazole/betamethasone cream/lotion (Lotrisone)	1	
econazole (Spectazole)	1	
ketoconazole (Nizoral)	1	
nystatin (Mycostatin)	1	
nystatin/triamcinolone (Mycolog II)	1	
Antiviral		
ZOVIRAX oint	2	

TOPICAL CORTICOSTEROIDS

	Tier	Notes
Group I – Very High Potency		
augmented betamethasone dipropionate gel/lotion/oint, 0.05% (Diprolene)	1	
clobetasol cream/foam/gel/oint/soln, 0.05% (Temovate, Olux)	1	
CLOBEX LOTION/SHAMPOO, <i>dermatologists only</i>	2	
diflorasone diacetate oint, 0.05% (Psorcon)	1	
halobetasol prop cream/oint, 0.05%(Ultravate, Halonate PAC)	1	
Group II – High Potency		
amcinonide cream/oint/lotion, 0.1% (Cyclocort)	1	
augmented betamethasone dipropionate cream, 0.05% (Diprolene AF)	1	
betamethasone dipropionate cream/oint/gel, 0.05% (Diprosone, Diprolene)	1	
betamethasone valerate oint, 0.1% (Valisone)	1	
desoximetasone cream/oint, 0.25%, gel, 0.05% (Topicort)	1	
diflorasone diacetate cream/oint, 0.05% (Psorcon)	1	
fluocinonide cream/oint/gel/soln, 0.05% (Lidex)	1	
TACLONEX, <i>dermatologists only</i>	2	
TACLONEX SCALP, <i>dermatologists only</i>	2	

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High Potency continued	Tier	Notes
triamcinolone cream/oint/lotion, 0.5% (Aristocort)	1	
Group III – Medium Potency		
betamethasone dipropionate lotion, 0.05% (Diprosone)	1	
betamethasone valerate cream/lotion, 0.1% (Valisone)	1	
desoximetasone cream, 0.05% (Topicort LP)	1	
fluocinolone acetonide cream/oint, 0.025% (Synalar)	1	
fluticasone propionate 0.05% cream/ 0.005% oint, (Cutivate)	1	
hydrocortisone butyrate cream/soln/oint 0.1% (Locoid)	1	
hydrocortisone valerate cream/oint, 0.2% (Westcort)	1	
mometasone furoate cream/lotion/oint (Elocon)	1	
prednicarbate cream/oint (Dermatop)	1	
triamcinolone acetonide cream/oint/lotion, 0.1% (Aristocort)	1	
Group IV- Low Potency		
alclometasone (Aclovate)	1	
desonide cream/oint/lotion, 0.05% (Desowen)	1	
fluocinolone acetonide cream/solution, 0.01% (Synalar)	1	
hydrocortisone cream/oint/lotion, 2.5% (Hytone, Lacticare HC)	1	

ACNE

	Tier	Notes
Benzoyl Peroxide Products		
benzoyl peroxide gel/cream (Brevoxyl, Neobenz Micro)	1	
benzoyl peroxide/hydrocortisone susp	1	
Topicals		
<i>Single entity</i>		
adapalene gel/cream (Differin)	1	
clindamycin 1% (Cleocin T, Evoclin)	1	
clindamycin solution 1% (Cleocin T)	1	
erythromycin topical gel/soln/pledgets (Emgel, Eryderm, Erycette, Staticin)	1	
FINACEA	2	
FINACEA PLUS	2	
metronidazole 0.75% cream/gel (Metrocream, Metrogel)	1	
RETIN-A MICRO, PA	2	
tretinoin cream/gel (Retin-A), PA	1	
Combination		
clindamycin/benzoyl peroxide (Benzaclin, Duac)	1	
erythromycin/benzoyl peroxide (Benzamycin)	1	
hydrocortisone/benzoyl peroxide (Vanoxide HC)	1	

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<i>Combination continued</i>	Tier	Notes
sulfacetamide/sulfur cleanser/foam (Sumaxin, Sulfacet-R, Rosac, Clarifoam EF)	1	
sodium sulfacetamide/sulfur/meratan kit (Rosula CLK)	1	
SULFOXYL	2	
Orals		
isotretinoin (Accutane)	1	

KERATOLYTICS

	Tier	Notes
CONDYLOX gel	2	
PODOCON-25	2	
podofilox solution (Condylox)	1	
salicylic acid 25% (Durasal)	1	
salicylic acid 6% cream/foam/shampoo/kit (Salex, Salkera)	1	

PSORIASIS, SEBORRHEA AND ECZEMA

	Tier	Notes
AMEVIVE, PA,ST/❖	Specialty Tier 1	Specialty formulary
anthralin (Psoriatec)	1	
calcipotriene soln/oint (Dovonex)	1	
CAPITROL	2	
DOVONEX cream	2	
ELIDEL, QL	2	100gm/Rx
ENBREL, ❖ <i>dermatologist/rheumatologist only</i>	Specialty Tier 1	Specialty formulary
OXSORALEN-ULTRA	2	
PROTOPIC, QL	2	100gm/Rx
selenium sulfide shampoo 2.5% (Selsun)	1	
sulfacetamide sodium (Klaron)	1	
sulfacetamide sodium/urea (Rosula NS)	1	
sulfacetamide/sulfur wash (Rosula)	1	
TAZORAC	2	

SCABIES AND PEDICULOCIDES

	Tier	Notes
EURAX	2	
lindane (Lindane)	1	
malathion lotion (Ovide)	1	
permethrin cream, 5% (Elimite)	1	

MISCELLANEOUS

	Tier	Notes
ALFERON N, ❖	Specialty Tier 1	Specialty formulary
aluminum chloride 20% (Drysol)	1	
ammonium lactate 12% (Lac-Hydrin)	1	

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Miscellaneous continued	Tier	Notes
DERMA-SMOOTHIE/FS 0.01% KIT	2	
doxepin cream (Zonalon)	1	
fluorouracil (Efudex)	1	
GRANULEX	2	
hyaluronate gel (Hylira, Bionect)	1	
imiquimod (Aldara)	1	
pramoxine 1% gel (Pramegel)	1	
PANRETIN	2	
pruclair cream (Atopiclair)	1	
protect emulsion(Biafine)	1	
REGRANEX, QL	2	15gm/Rx
SANTYL	2	
TBC	2	
urea 35% foam/lotion (Hydro 35, Keralac)	1	
urea 40% cream/lotion/gel/emulsion/suspension (Carmol, Umecta)	1	
urea 42% towlette (Kerol)	1	
urea 45% gel/cream/lotion (Uramaxin)	1	
urea 50% gel/suspension (Keralac, Kerol, Kerol ZX)	1	

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ASTHMA/COPD

	Tier	Notes
Inhalers		
<i>Beta-2 Agonist Inhalers</i>		
FORADIL	2	
MAXAIR	2	
PROAIR HFA, QL	2	2 inhalers/month
PROVENTIL HFA, QL	3	2 inhalers/month
SEREVENT DISKUS	2	
VENTOLIN HFA, QL	3	200 count – 2 inhalers/month
<i>Steroid Inhalers</i>		
ASMANEX	2	
FLOVENT	2	
PULMICORT TURBUHALER	2	
QVAR	2	
<i>Other Inhalers</i>		
ADVAIR & ADVAIR HFA, ST	3	
ATROVENT	2	
COMBIVENT	2	
DULERA	2	
INTAL	2	
SPIRIVA	2	
SYMBICORT, ST	3	
<i>Inhalation Solutions</i>		
albuterol nebulizer solutions (Accu-Neb, Proventil)	1	
BROVANA, age>40, QL	2	Age >40, 2 vials/day
budesonide (Pulmicort)	1	
CAYSTON, ❖	Specialty Tier 1	Specialty formulary
cromolyn sodium (Intal)	1	
ipratropium (Atrovent)	1	
ipratropium/albuterol (Duoneb)	1	
levalbuterol (Xopenex) 1.25mg/0.5ml strength only	1	
metaproterenol (Alupent)	1	
PULMICORT	2	
sodium chloride neb solution, 10%	1	Non-OTC formulations
TOBI, ❖	Specialty Tier 1	Specialty formulary
Oral Agents		
albuterol (Proventil)	1	

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Oral Agents continued	Tier	Notes
albuterol extended-release (Vospire ER)	1	
AMINOPHYLLINE	2	
DALIRESP, ST	2	
metaproterenol (Alupent)	1	
SINGULAIR, ST	2	
terbutaline (Brethine)	1	
theophylline extended-release (Slo-Bid, Uniphyll, Elixophyllin)	1	

ANTI-HISTAMINE AND COMBINATION COUGH & COLD

	Tier	Notes
Nonsedating Antihistamines and Decongestants		
Below is a list of Preferred medications in this category; Preferred status does not imply coverage. Benefit limitations apply and members should refer to their coverage documents.		
loratadine (Claritin), QL/OTC	1	1 unit daily
loratadine/pseudoephedrine (Claritin D), QL, OTC	1	12 hr – 2 units daily; 24 hr – 1 unit daily
Sedating Antihistamines and Decongestants		
brompheniramine/phenylephrine (Tanabid DA, Respahist-II)	1	
brompheniramine/pseudoephedrine (Brovex PD)	1	
chlorpheniramine/phenylephrine (Histex SR)	1	
chlorpheniramine/pseudoephedrine (Deconamine SR, AccuHist)	1	
clemastine (Tavist)	1	
cyproheptadine (Periactin)	1	
dexchlorpheniramine/pseudoephedrine (Sutan, Allerdur)	1	
hydroxyzine hcl (Atarax)	1	
hydroxyzine pamoate (Vistaril)	1	
phenyltoloxamine/acetaminophen (Staflex)	1	
phenyltoloxamine/phenylephrine/acetaminophen (Trital SR, Norel SR)	1	
phenyltoloxamine/pyrilamine/pheniramine (Poly-hist)	1	
promethazine (Phenergan)	1	
triprolidine/pseudoephedrine (Triphist D, Zymine-D)	1	
Antitussives, Expectorants & Combinations		
Most generic versions of prescription single entity and combination products typically used for short-term management of cough and cold-related symptoms are preferred by Medica. This list of products represents those agents most commonly prescribed:		
benzonatate (Tessalon)	1	
brompheniramine/codeine soln (Nalex AC)	1	
brompheniramine/codeine/pseudoephedrine (Mar-Cof BP)	1	
carbetapentane/pseudoephedrine (Pseudacarb, Respi-Tann)	1	
chlorpheniramine/dextromethorphan/pseudoephedrine (M-End DM)	1	
chlorpheniramine/hydrocodone (Tussionex)	1	
chlorpheniramine/methscopolamine (Allerx DF, Respivent DF)	1	
chlorpheniramine/methscopolamine/phenylephrine (Drymax)	1	

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Antitussives, Expectorants & Combinations continued	Tier	Notes
codeine/dexchlorpheniramine/phenylephrine (Dexphen W-C)	1	
codeine/diphenhydramine	1	
extromethorphan/phenylephrine/brompheniramine (Alacol DM)	1	
dextromethorphan/phenylephrine/chlorpheniramine (Nasohist DM)	1	
dextromethorphan/phenylephrine/dexbrompheniramine (Tussall)	1	
dextromethorphan/phenylephrine/dextromethorphan	1	
dextromethorphan/phenylephrine/guaifenesin (Maxifed DM)	1	
dextromethorphan/pseudoephedrine/brompheniramine (Dallergy DM, PBM Allergy)	1	
dextromethorphan/pseudoephedrine/chlorpheniramine (Accuhist PDX)	1	
dextromethorphan/pseudoephedrine/dexchlorpheniramine (Sutan-DM, Tandur DM)	1	
dihydrocodeine/phenylephrine/brompheniramine (Poly-Tussin DHC)	1	
guaifenesin/carbetapentane (Oratus)	1	
guaifenesin/carbetapentane/pseudoephedrine (Exall-D)	1	
guaifenesin/codeine (Robitussin DAC, Pro-Clear caps)	1	
guaifenesin/dextromethorphan/phenylephrine (Exetuss-DM, Aquatab-C)	1	
guaifenesin/dyphylline (Difil-G)	1	
guaifenesin/hydrocodone (Hycosin, Relasin-HCX)	1	
guaifenesin/phenylephrine (Entex LA)	1	
guaifenesin/pseudoephedrine (Duratus)	1	
homatropine/hydrocodone bit (Tussigon)	1	
phenylephrine (Phenyl-T, Nasop)	1	
phenylephrine/dihydrocodeine/chlorpheniramine (Novahistine DH)	1	
phenylephrine/carbetapentane (Levall-12)	1	
promethazine/codeine (Phenergan w/Codeine)	1	
promethazine/phenylephrine/codeine (Phenergan VC w/Codeine)	1	
pseudoephedrine/brompheniramine/codeine (CPB WC)	1	
OTHERS		
acetylcysteine (Mucomyst)	1	
caffeine citrate (Cafcit)	1	
PULMOZYME, ❖	Specialty Tier 1	Specialty formulary
XOLAIR, PA/❖	Specialty Tier 1	Specialty formulary

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Chapter 14 – Urological Medications

ANTISPASMODICS

	Tier	Notes
belladonna/opium suppositories (B&O)	1	
bethanechol (Urecholine)	1	
DETROL	2	
DETROL LA	2	
flavoxate (Urispas)	1	
oxybutynin (Ditropan)	1	
oxybutynin XL (Ditropan XL)	1	
TOVIAZ, <i>QL</i>	2	1 unit/day
VESICARE	2	

BENIGN PROSTATIC HYPERPLASIA

	Tier	Notes
alfuzosin (Uroxatral) <i>males only</i>	1	Males only
AVODART, <i>males > 46 years</i>	2	
doxazosin (Cardura)	1	
finasteride (Proscar), <i>for non-cosmetic use only</i>	1	For non-cosmetic use only
tamsulosin (Flomax)	1	
terazosin (Hytrin)	1	

ERECTILE DYSFUNCTION

	Tier	Notes
Below is a list of Preferred medications indicated in this category. Preferred status does not imply coverage. Benefit limitations apply and members should refer to their coverage documents.		
CAVERJECT, <i>QL</i>	2	8 vials or kits/month
CIALIS, <i>ST/QL</i>	3	6 tablets/month
LEVITRA, <i>ST/QL</i>	3	6 tablets/month
MUSE, <i>QL</i>	2	8 suppositories/month
VIAGRA, <i>ST/QL</i>	3	6 tablets/month

VAGINAL ANTIINFECTIVES

	Tier	Notes
acetic acid/oxyquinoline/ricinoleic acid/glycerin (Aci-Jel)	1	
CLEOCIN vaginal	2	
metronidazole gel 0.75% (Metrogel)	1	
terconazole (Terazol)	1	
triple sulfa vaginal	1	

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MISCELLANEOUS

	Tier	Notes
ELMIRON	2	
methenamine/mblu/ba/asa/hyoscyamine (Prosed-DS)	1	
methenamine/mblu/ba/sal/atp (Urised)	1	
ORACIT	2	
phenazopyridine (Pyridium)	1	
potassium citrate soln/tabs (Polycitra-K, Urocit-K)	1	
potassium/sodium citrate soln (Polycitra-LC)	1	
potassium/sodium phosphate (Uro-Kp-neutral)	1	
RENACIDIN	2	
sodium citrate soln (Bicitra)	1	
sodium propionate/amino acid/urea (Amino-Cerv)	1	
TRAC 2X	2	
a/a (Uroqid-Acid No. 2)	1	

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AMYOTROPHIC LATERAL SCLEROSIS

	Tier	Notes
RILUTEK	2	

ALCOHOL DETERRENTS

	Tier	Notes
CAMPRAL	2	
disulfiram (Antabuse)	1	
naltrexone (Revia)	1	

ANAPHYLAXIS

	Tier	Notes
epinephrine (Twinject)	1	
EPIPEN Jr., QL	2	4 pens/Rx
EPIPEN 2 PAK AUTO INJECTOR, QL	2	4 pens/Rx
EPIPEN , QL	2	4 pens/Rx

CHELATING AGENTS

	Tier	Notes
CHEMET	2	
CUPRIMINE	2	

ELECTROLYTE REGULATION

	Tier	Notes
calcium acetate (Phoslo)	1	
RENAGEL	2	
REVELA	2	
SENSIPAR	2	

HUNTINGTON'S CHOREA

	Tier	Notes
XENAZINE PA ❖	Specialty Tier 1	Specialty formulary

MULTIPLE SCLEROSIS

	Tier	Notes
AMPYRA ❖ /PA/QL	Specialty Tier 1	2 units/day, Specialty formulary
AVONEX ❖ /ST	Specialty Tier 1	Specialty formulary,

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Multiple Sclerosis continued	Tier	Notes
BETASERON QL/ST/❖	Specialty Tier 1	15 vials/month, Specialty formulary
COPAXONE ❖	Specialty Tier 1	Specialty formulary
EXTAVIA ❖/ST	Specialty Tier 1	Specialty formulary
GILENYA, PA/QL/❖	Specialty Tier 1	1 capsule per day, Specialty formulary
REBIF ❖	Specialty Tier 1	Specialty formulary

MYASTHENIA GRAVIS

	Tier	Notes
MESTINON	2	
PROSTIGMIN	2	

OPIOID DETERRENTS

	Tier	Notes
SUBOXONE PA	2	
buprenorphine (Subutex) PA	1	

OXYTOCICS

	Tier	Notes
methylergonovine (Methergine)	1	

PHENYLKETONURIA

	Tier	Notes
KUVAN ❖	Specialty Tier 1	Specialty formulary

PHEOCHROMOCYTOMA

	Tier	Notes
DIBENZYLINE	2	

PULMONARY HYPERTENSION

	Tier	Notes
ADCIRCA PA/❖	Specialty Tier 1	Specialty formulary
LETAIRIS ❖	Specialty Tier 1	Specialty formulary
REVATIO PA/❖	Specialty Tier 1	Specialty formulary
TRACLEER ❖	Specialty Tier 1	Specialty formulary

SUBARACHNOID HEMORRHAGE

	Tier	Notes
nimodipine (NIMOTOP)	1	

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OTHER MISCELLANEOUS

	Tier	Notes
ARCALYST PA/❖	Specialty Tier 1	Specialty formulary
ILARIS PA/❖	Specialty Tier 1	Specialty formulary
SAVELLA ST, QL	2	1 start-up kit/month or 2 units/day

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Chapter 16 – Preventive Drug List

This limited list of preventive drugs was created pursuant to health care reform. Prescribed drugs on this list will be covered with no copayment or coinsurance whether or not you have met your deductible when filled at a participating pharmacy. Members should refer to their coverage documents for further information.

ANTIPLATELET AGENTS

	Tier	Notes
aspirin	1	

VITAMINS, MINERALS, AND RELATED PRODUCTS

	Tier	Notes
folic acid	1	
ferrous sulfate (for ages 6-12 months only)	1	
Fluoride Products		
sodium fluoride (Luride)	1	
stannous fluoride (Gel-Kam)	1	
fluoride with multivitamin with or without iron (Poly-Vi-Flor, Tri-Vi-Flor, Vi-Daylin Plus Iron, with ADC)	1	

TOBACCO CESSATION

	Tier	Notes
bupropion extended-release (Zyban) QL	1	6 fills/year
CHANTIX QL	2	1 starter pack per year, 2 tabs/day, limit 6 prescriptions per benefit year
nicotine lozenge (Commit OTC) QL	1	3 prescriptions/year
nicotine polacrilex (Nicorette Gum OTC) QL	1	3 prescriptions/year
nicotine transdermal (OTC only) QL	1	1 patch/day, limit of a 12 week course of treatment
NICOTROL INHALER QL	2	16 cartridges per day, limit 6 prescriptions per benefit year
NICOTROL NASAL SPRAY QL	2	4ml/day, limit 3 prescriptions per benefit year

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