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## MULTI-TIER PRESCRIPTION DRUG FORMULARY

FOR THE MOST CURRENT, UP-TO-DATE  
INFORMATION, PLEASE REFER TO THE  
PRESCRIPTION DRUG FORMULARY FOUND ON  
OUR WEB SITE AT [WWW.BCIDAHO.COM](http://WWW.BCIDAHO.COM).

If you cannot find a drug you are using on the formulary, call the Customer Service number on the back of your member ID card or log onto our Web site using your unique login and password. Once you are logged in, clicking on the MyRxBenefits link will give you access to additional drug information. If you have questions about any of your medications, please discuss them with your doctor or pharmacist. You can also refer to your group's contract provisions for more information about the terms and conditions of your prescription drug benefit.

**This formulary is not an all-inclusive listing, and is subject to change as new products and information become available.**

# THINGS TO KNOW ABOUT BLUE CROSS OF IDAHO'S MULTI-TIER PRESCRIPTION DRUG FORMULARY

The Blue Cross of Idaho formulary is a list of drugs approved for coverage under your pharmacy benefit. The formulary includes brand name and generic drugs that have undergone rigorous testing and are approved by the Food and Drug Administration (FDA).

## HOW DOES A MULTI-TIER FORMULARY WORK?

In most cases you will be responsible for a portion of the cost of each prescription you have filled. The portion you pay is your copay, and depending on the drug prescribed, your cost can vary. The Blue Cross of Idaho formulary has 3 tiers, with the first tier costing you the least and the third tier costing you the most. Asking your doctor to prescribe drugs listed in the first or second tier of the formulary can save you money.

1st Tier Copay	(\$)	➤	Covered formulary generic drugs. You will pay the least when your doctor prescribes generic drugs.
2nd Tier Copay	(\$\$)	➤	Covered formulary brand name drugs. You will pay more for a brand name drug on Blue Cross of Idaho's formulary than for generics.
3rd Tier Copay	(\$\$\$)	➤	Covered non-formulary brand name drugs. You pay the highest copay when your doctor prescribes a drug that is not on the Blue Cross of Idaho formulary.

## GENERIC INITIATIVE PROGRAM

The Generic Initiative program was designed to save you money. At the back of this formulary you will find the Generic Listing which contains the names of covered, non-formulary brand name and their generic equivalents. These brand name drugs have a corresponding generic drug with identical active ingredients. The non-formulary brand name drugs can also be found in bold print throughout the third column of the formulary. When you are prescribed a covered, non-formulary brand name drug, asking your pharmacist to fill your prescription with the generic equivalent will cost you less. By choosing an equivalent generic drug you are responsible for your first tier copay only. If you choose the brand name drug instead, you will be responsible for the cost difference between the generic and the brand name drug plus you will have to pay the brand copayment or your third tier copayment amount.

## NEWLY APPROVED PRESCRIPTION DRUGS

As brand name drugs are approved by the FDA they will automatically be added to the 3rd tier of Blue Cross of Idaho's formulary. The Blue Cross of Idaho Pharmacy and Therapeutics Committee meets quarterly to review new FDA drug approvals, determine if they will be included in the formulary and which tier they will fall into. The committee is comprised of practicing board certified physicians and licensed pharmacists from across the state of Idaho.

## **PRIOR AUTHORIZATION (PA)**

Certain drugs found on the formulary require prior authorization. These can be identified by the small, bold PA that follows the drug name. Your physician or pharmacist will tell you if your medication requires prior authorization. If prior authorization is required, your physician must provide documentation showing that the prescription is medically necessary. A determination will be made within 15 days of the request for prior authorization, or a request for additional information will be made to your physician. If prior authorization is not obtained, you may be held responsible for the entire cost of the drug. Please refer to the guidelines for prior authorization found in your contract or policy for more information.

## **QUANTITY LIMITS (QL)**

Certain drugs found on the formulary can only be dispensed in limited quantities. They can be identified by the small, bold QL that follows the drug name. Your pharmacist can only dispense these drugs up to the predetermined limit. These drugs have been found to be less effective or even dangerous when taken at higher than normal doses. The quantity limit restrictions on these drugs are consistent with usage recommendations from the manufacturers.

## **NARROW THERAPEUTIC INDEX**

Narrow Therapeutic Index medications are identified in the formulary with an asterisk (\*) following the drug name. The Narrow Therapeutic Index medications will not be added to the Generic Listing or become available under the Generic Initiative program, even if a generic equivalent becomes available.

**Generic Drugs 1st Tier Copay (\$)  
Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
<b>Allergy / Cough &amp; Cold – Nasal Medications</b>			
Astelin	2(\$\$)	None	
Atrovent Nasal Spray <sup>GE</sup>	3(\$\$\$)	Ipratropium Spray	1(\$)
Beconase AQ	3(\$\$\$)	None	
Flonase <sup>GE</sup>	3(\$\$\$)	Fluticasone Spray	1(\$)
Flunisolide	1(\$)	None	
Nasacort AQ	3(\$\$\$)	None	
Nasarel	3(\$\$\$)	None	
Nasonex	2(\$\$)	None	
Omnaris	3(\$\$\$)	None	
<b>Allergy / Cough &amp; Cold – Oral Medications</b>			
Allegra <sup>GE</sup>		Fexofenadine	1(\$)
Allegra D	3(\$\$\$)	None	
Allegra Suspension	3(\$\$\$)	None	
Brontex <sup>GE</sup>	3(\$\$\$)	Guafenesin/Codeine	1(\$)
Hydroxyzine	1(\$)	None	
Periactin <sup>GE</sup>	3(\$\$\$)	Cyproheptadine	1(\$)
Phenergan <sup>GE</sup>	3(\$\$\$)	Promethazine	1(\$)
Phenergan/Codeine <sup>GE</sup>	3(\$\$\$)	Promethazine/Codeine	1(\$)
Rondec <sup>GE</sup>	3(\$\$\$)	Phenylephrine/ Chlorpheniramine	1(\$)
Tessalon <sup>GE</sup>	3(\$\$\$)	Benzonatate	1(\$)
Vistaril	3(\$\$\$)	Hydoxyzine Pamoate	1(\$)
<b>Alzheimer Agents</b>			
Aricept	2(\$\$)	None	
Cognex	3(\$\$\$)	None	
Exelon	2(\$\$)	None	
Namenda	2(\$\$)	None	
Razadyne <sup>GE</sup>	3(\$\$\$)	Galantamine	1(\$)
Razadyne ER	2(\$\$)	None	
<b>Bladder / Kidney (Urinary Agents)</b>			
Detrol	2(\$\$)	None	
Detrol LA	2(\$\$)	None	
Ditropan <sup>GE</sup>	3(\$\$\$)	Oxybutynin	1(\$)
Ditropan XL <sup>GE</sup>	3(\$\$\$)	Oxybutynin XL	1(\$)
Enablex	3(\$\$\$)	None	
Oxytrol	3(\$\$\$)	None	
Pyridium <sup>GE</sup>	3(\$\$\$)	Phenazopyridine	1(\$)
Sanctura XR	3(\$\$\$)	None	
Urecholine <sup>GE</sup>	3(\$\$\$)	Bethanechol	1(\$)
Urispas	3(\$\$\$)	None	
VESIcare	2(\$\$)	None	
<b>Blood Modifiers</b>			
Aranesp	2(\$\$)	None	
Epogen	2(\$\$)	None	
Leukine	3(\$\$\$)	None	
Neulasta	2(\$\$)	None	

\* Narrow Therapeutic Index Medications

**QL** - Quantity Limit

**PA** - Prior Authorization required

**GE** - Generic Equivalent (Member Pay the Difference)

**Generic Drugs 1st Tier Copay (\$)**  
**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

Drug Name	Tier	Generic Alternative Drug	Tier
Neupogen	2(\$\$)	None	
Procrit	2(\$\$)	None	
<b>Cancer Drugs</b> <span style="float:right"><b>Anti-Neoplastic Agents</b></span>			
<b>(All On Label FDA-approved oral anti-neoplastic agents may be eligible for coverage under the prescription drug benefit)</b>			
Gleevec <sup>PA</sup>	2(\$\$)	None	
Iressa <sup>PA</sup>	2(\$\$)	None	
Nexavar <sup>PA</sup>	2(\$\$)	None	
Revlimid <sup>PA</sup>	2(\$\$)	None	
Sutent <sup>PA</sup>	2(\$\$)	None	
Tarceva <sup>PA</sup>	2(\$\$)	None	
Temodar <sup>PA</sup>	2(\$\$)	None	
Tykerb <sup>PA</sup>	2(\$\$)	None	
<b>Corticosteroids (Steroids) – Anti-Inflammatory</b>			
Decadron <sup>GE</sup>	3(\$\$\$)	Dexamethasone	1(\$)
Florinef <sup>GE</sup>	3(\$\$\$)	Fludrocortisone	1(\$)
Medrol <sup>GE</sup>	3(\$\$\$)	Methylprednisolone	1(\$)
Orapred <sup>GE</sup>	3(\$\$\$)	Prednisolone	1(\$)
Pediapred <sup>GE</sup>	3(\$\$\$)	Prednisolone	1(\$)
Prednisone	1(\$)	None	
Prelone <sup>GE</sup>	3(\$\$\$)	Prednisolone	1(\$)
<b>Diabetes</b>			
Accu-Chek	2(\$\$)	None	
Ascensia	3(\$\$\$)	None	
BD	3(\$\$\$)	None	
Exactech	3(\$\$\$)	None	
Fast Take	2(\$\$)	None	
Freestyle	3(\$\$\$)	None	
Glucometer Brand Test Strips	3(\$\$\$)	None	
One Touch	2(\$\$)	None	
Precision	3(\$\$\$)	None	
Prestige	3(\$\$\$)	None	
Sof-Tact	3(\$\$\$)	None	
True Track	3(\$\$\$)	None	
<b>Diabetes (Endocrine Agents) – Insulins / Injectables</b>			
Apidra	2(\$\$)	None	
Byetta	3(\$\$\$)	None	
Humalog	2(\$\$)	None	
Humulin 50-50	2(\$\$)	None	
Humulin 70-30	2(\$\$)	None	
Humulin L/R/N/U	2(\$\$)	None	
Lantus	2(\$\$)	None	
Levemir	2(\$\$)	None	
Novolin 70-30	2(\$\$)	None	
Novolin N/R	2(\$\$)	None	
Novolog	2(\$\$)	None	
* Narrow Therapeutic Index Medications <b>QL</b> - Quantity Limit <b>PA</b> - Prior Authorization required <b>GE</b> - Generic Equivalent (Member Pay the Difference)			

**Generic Drugs 1st Tier Copay (\$)  
Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Novolog 70-30	2(\$\$)	None	
Symlin	3(\$\$\$)	None	
<b>Diabetes (Endocrine Agents) – Oral Agents</b>			
Actoplus Met	2(\$\$)	None	
Actos	2(\$\$)	None	
Amaryl <sup>GE</sup>	3(\$\$\$)	Glimepiride	1(\$)
Avandamet	2(\$\$)	None	
Avandaryl	2(\$\$)	None	
Avandia	2(\$\$)	None	
Diabeta <sup>GE</sup>	3(\$\$\$)	Glyburide	1(\$)
DuetAct	2(\$\$)	None	
Glucophage <sup>GE</sup>	3(\$\$\$)	Metformin	1(\$)
Glucophage XR <sup>GE</sup>	3(\$\$\$)	Metformin XL	1(\$)
Glucotrol <sup>GE</sup>	3(\$\$\$)	Glipizide	1(\$)
Glucotrol XL <sup>GE</sup>	3(\$\$\$)	Glipizide ER	1(\$)
Glucovance <sup>GE</sup>	3(\$\$\$)	Glyburide/Metformin	1(\$)
Glyrase <sup>GE</sup>	3(\$\$\$)	Glyburide (Micronized)	1(\$)
Glyset	3(\$\$\$)	None	
Janumet	3(\$\$\$)	None	
Januvia	3(\$\$\$)	None	
Metaglip <sup>GE</sup>	3(\$\$\$)	Glipizide/Metformin	1(\$)
Micronase <sup>GE</sup>	3(\$\$\$)	Glyburide	1(\$)
Prandin	2(\$\$)	None	
Precose <sup>GE</sup>	3(\$\$\$)	Acarbose	1(\$)
Starlix	3(\$\$\$)	None	
<b>Diabetes (Endocrine Agents) – Other Agents</b>			
Glucagon	2(\$\$)	None	
Proglycem	2(\$\$)	None	
<b>Ear (Otic Agents)</b>			
Acetic Acid/HC	1(\$)	None	
Antipyrine/Benz/Glycerin	1(\$)	None	
Cerumenex	2(\$\$)	None	
Cipro HC	3(\$\$\$)	None	
Ciprodex	2(\$\$)	None	
Coly-Mycin S	3(\$\$\$)	None	
Cortisporin solution <sup>GE</sup>	3(\$\$\$)	Polymyxin-B /Neomycin/HC	1(\$)
Cortisporin suspension <sup>GE</sup>	3(\$\$\$)	Polymyxin-B /Neomycin/HC	1(\$)
Cortisporin-TC	3(\$\$\$)	None	
Floxin <sup>GE</sup>	3(\$\$\$)	Ofloxacin	1(\$)
Pediotic	2(\$\$)	None	
<b>Eye (Ophthalmics) – Anti-Allergic/Anti-Inflammatory Agents</b>			
(Many anti-allergic/anti-inflammatory agents are available generically)	1(\$)	None	
Acular	3(\$\$\$)	None	
Alamast	3(\$\$\$)	None	
Alomide	2(\$\$)	None	

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Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Elastat	3(\$\$\$)	None	
FML <sup>GE</sup>	3(\$\$\$)	Fluorometholone	1(\$)
FML Forte	2(\$\$)	None	
Optivar	3(\$\$\$)	None	
Pataday	2(\$\$)	None	
Patanol	2(\$\$)	None	
Voltaren <sup>GE</sup>	3(\$\$\$)	Diclofenac Sodium	1(\$)
Zaditor <sup>GE</sup>	3(\$\$\$)	Ketotifen Fumarate	1(\$)
<b>Eye (Ophthalmics) – Anti-Glaucoma Agents</b>			
Alphagan P	2(\$\$)	None	
Azopt	2(\$\$)	None	
Betagan <sup>GE</sup>	3(\$\$\$)	Levobunolol	1(\$)
Betoptic <sup>GE</sup>	3(\$\$\$)	Betaxolol	1(\$)
Betoptic S	3(\$\$\$)	None	
Brimonidine Tartrate	1(\$)	None	
Combigan	3(\$\$\$)	None	
Cosopt	3(\$\$\$)	None	
Lumigan	3(\$\$\$)	None	
Pilocarpine generics	1(\$)	None	
Propine <sup>GE</sup>	3(\$\$\$)	Dipivefrin	1(\$)
Timoptic <sup>GE</sup>	3(\$\$\$)	Timolol	1(\$)
Timoptic XE <sup>GE</sup>	3(\$\$\$)	Timolol XE	1(\$)
Travatan	2(\$\$)	None	
Travatan Z	2(\$\$)	None	
Trusopt	3(\$\$\$)	None	
Xalatan	2(\$\$)	None	
<b>Eye (Ophthalmics) – Anti-Infective Agents</b>			
(Many anti-infectives are available generically)	1(\$)	None	
Azasite	3(\$\$\$)	None	
Ciloxan Ointment	3(\$\$\$)	None	
Ciloxan Solution <sup>GE</sup>	3(\$\$\$)	Ciprofloxacin Solution	1(\$)
Erythromycin	1(\$)	None	
Gentamicin	1(\$)	None	
Iquix	3(\$\$\$)	None	
Ocuflox <sup>GE</sup>	3(\$\$\$)	Ofloxacin	1(\$)
Quixin	3(\$\$\$)	None	
Tobrex <sup>GE</sup>	3(\$\$\$)	Tobramycin	1(\$)
Vigamox	2(\$\$)	None	
Zymar	3(\$\$\$)	None	
<b>Gout Agents</b>			
Colchicine	1(\$)	None	
Probenecid	1(\$)	None	
Zyloprim <sup>GE</sup>	3(\$\$\$)	Allopurinol	1(\$)
<b>Heart – Antiarrhythmics</b>			
Betapace <sup>GE</sup>	3(\$\$\$)	Sotalol	1(\$)

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**Generic Drugs 1st Tier Copay (\$)**  
**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Betapace AF *	2(\$\$)	Sotalol AF *	1(\$)
Cordarone *	2(\$\$)	Amiodarone *	1(\$)
Lanoxicap *	2(\$\$)	None	
Lanoxin *	2(\$\$)	Digoxin *	1(\$)
Mexilitl <sup>GE</sup>	3(\$\$\$)	Mexiletine	1(\$)
Norpace <sup>GE</sup>	3(\$\$\$)	Dysopyramide	1(\$)
Norpace CR <sup>GE</sup>	3(\$\$\$)	Disopyramide CR	1(\$)
Pacerone *	2(\$\$)	Amiodarone *	1(\$)
Procainamide	1(\$)	None	
Pronestyl	3(\$\$\$)	None	
Quinidine Gluconate/SR	1(\$)	None	
Quinidine Sulfate	1(\$)	None	
Rythmol <sup>GE</sup>	3(\$\$\$)	Propafenone	1(\$)
Rythmol SR	3(\$\$\$)	None	
Tambocor <sup>GE</sup>	3(\$\$\$)	Flecainide	
<b>Heart (Blood Pressure) – Angiotensin Converting Enzyme (ACE) Inhibitors</b>			
Accupril <sup>GE</sup>	3(\$\$\$)	Quinapril	1(\$)
Aceon	3(\$\$\$)	None	
Altace <sup>GE</sup>	3(\$\$\$)	Ramipril	1(\$)
Capoten <sup>GE</sup>	3(\$\$\$)	Captopril	1(\$)
Lotensin <sup>GE</sup>	3(\$\$\$)	Benazepril	1(\$)
Mavik <sup>GE</sup>	3(\$\$\$)	Trandolapril	1(\$)
Monopril <sup>GE</sup>	3(\$\$\$)	Fosinopril	1(\$)
Prinivil <sup>GE</sup>	3(\$\$\$)	Lisinopril	1(\$)
Univasc <sup>GE</sup>	3(\$\$\$)	Moexipril	1(\$)
Vasotec <sup>GE</sup>	3(\$\$\$)	Enalapril	1(\$)
Zestril <sup>GE</sup>	3(\$\$\$)	Lisinopril	1(\$)
<b>Heart (Blood Pressure) – Angiotensin II Receptor Blockers (ARB)</b>			
Atacand	3(\$\$\$)	None	
Avapro	2(\$\$)	None	
Benicar	3(\$\$\$)	None	
Cozaar	3(\$\$\$)	None	
Diovan	2(\$\$)	None	
Micardis	3(\$\$\$)	None	
Teveten	3(\$\$\$)	None	
<b>Heart (Blood Pressure) – Anti-Adrenergic Blockers</b>			
Aldomet <sup>GE</sup>	3(\$\$\$)	Methyldopa	1(\$)
Cardura <sup>GE</sup>	3(\$\$\$)	Doxazosin	1(\$)
Catapres tablets <sup>GE</sup>	3(\$\$\$)	Clonidine tablets	1(\$)
Catapres TTS patches	2(\$\$)	None	
Minipress <sup>GE</sup>	3(\$\$\$)	Prazosin	1(\$)
<b>Heart (Blood Pressure) – Beta Blockers</b>			
Bystolic	3(\$\$\$)	None	
Coreg <sup>GE</sup>	3(\$\$\$)	Carvedilol	1(\$)
Coreg CR	2(\$\$)	None	
Inderal <sup>GE</sup>	3(\$\$\$)	Propranolol	1(\$)

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**Generic Drugs 1st Tier Copay (\$)**  
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**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

Drug Name	Tier	Generic Alternative Drug	Tier
Inderal LA <sup>GE</sup>	3(\$\$\$)	Propranolol SA	1(\$)
Innopran XL	2(\$\$)	None	
Lopressor <sup>GE</sup>	3(\$\$\$)	Metoprolol	1(\$)
Pindolol	1(\$)	None	
Sectral <sup>GE</sup>	3(\$\$\$)	Acebutolol	1(\$)
Tenormin <sup>GE</sup>	3(\$\$\$)	Atenolol	1(\$)
Toprol XL <sup>GE</sup>	3(\$\$\$)	Metoprolol XL	1(\$)
Trandate <sup>GE</sup>	3(\$\$\$)	Labetalol	1(\$)
Zebeta <sup>GE</sup>	3(\$\$\$)	Bisoprolol	1(\$)

**Heart (Blood Pressure) – Calcium Channel Blockers**

Adalat CC <sup>GE</sup>	3(\$\$\$)	Nifedipine CC	1(\$)
Calan <sup>GE</sup>	3(\$\$\$)	Verapamil	1(\$)
Calan SR <sup>GE</sup>	3(\$\$\$)	Verapamil SR	1(\$)
Cardizem <sup>GE</sup>	3(\$\$\$)	Diltiazem	1(\$)
Cardizem CD <sup>GE</sup>	3(\$\$\$)	Diltiazem SA	1(\$)
Covera HS	3(\$\$\$)	None	
Dilacor XR	3(\$\$\$)	None	
Dyncirc CR	3(\$\$\$)	None	
Isoptin SR <sup>GE</sup>	3(\$\$\$)	Verapamil SR	1(\$)
Norvasc <sup>GE</sup>	3(\$\$\$)	Amlodipine	1(\$)
Plendil <sup>GE</sup>	3(\$\$\$)	Felodipine	1(\$)
Procardia <sup>GE</sup>	3(\$\$\$)	Nifedipine	1(\$)
Procardia XL <sup>GE</sup>	3(\$\$\$)	Nifedipine XL	1(\$)
Tiazac <sup>GE</sup>	3(\$\$\$)	Diltiazem SA	1(\$)
Verelan <sup>GE</sup>	3(\$\$\$)	Verapamil	1(\$)
Verelan PM <sup>GE</sup>	3(\$\$\$)	Verapamil	1(\$)

**Heart (Blood Pressure) – Combination Agents**

Accuretic <sup>GE</sup>	3(\$\$\$)	Quinapril/HCTZ	1(\$)
Atacand HCT	3(\$\$\$)	None	
Avalide	2(\$\$)	None	
Azor	3(\$\$\$)	None	
Benicar HCT	3(\$\$\$)	None	
Caduet	3(\$\$\$)	None	
Capozide <sup>GE</sup>	3(\$\$\$)	Captopril/HCTZ	1(\$)
Diovan HCT	2(\$\$)	None	
Exforge	2(\$\$)	None	
Hyzaar	3(\$\$\$)	None	
Inderide <sup>GE</sup>	3(\$\$\$)	Propranolol/HCTZ	1(\$)
Lopressor HCT <sup>GE</sup>	3(\$\$\$)	Metoprolol/HCTZ	1(\$)
Lotensin HCT <sup>GE</sup>	3(\$\$\$)	Benazepril/HCTZ	1(\$)
Lotrel <sup>GE</sup>	3(\$\$\$)	Amlodipine/Benazepril	1(\$)
Micardis HCT	3(\$\$\$)	None	
Monopril HCT <sup>GE</sup>	3(\$\$\$)	Fosinopril/HCTZ	1(\$)
Prinzide <sup>GE</sup>	3(\$\$\$)	Lisinopril/HCTZ	1(\$)
Tarka	3(\$\$\$)	None	
Tekturna HCT	3(\$\$\$)	None	

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**Generic Drugs 1st Tier Copay (\$)**  
**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Tenoretic <sup>GE</sup>	3(\$\$\$)	Atenolol/Chlorthalidone	1(\$)
Uniretic <sup>GE</sup>	3(\$\$\$)	Moexipril/HCTZ	1(\$)
Vaseretic <sup>GE</sup>	3(\$\$\$)	Enalapril/HCTZ	1(\$)
Zestoretic <sup>GE</sup>	3(\$\$\$)	Lisinopril/HCTZ	1(\$)
Ziac <sup>GE</sup>	3(\$\$\$)	Bisoprolol/HCTZ	1(\$)
<b>Heart (Blood Pressure) – Direct Renin Inhibitor</b>			
Tekturna	3(\$\$\$)	None	
Heart (Blood Pressure) - Diuretics			
Aldactone <sup>GE</sup>	3(\$\$\$)	Spironolactone	1(\$)
Demadex <sup>GE</sup>	3(\$\$\$)	Torsemide	1(\$)
Dyazide <sup>GE</sup>	3(\$\$\$)	Triamterene/HCTZ	1(\$)
Lasix <sup>GE</sup>	3(\$\$\$)	Furosemide	1(\$)
Lozol <sup>GE</sup>	3(\$\$\$)	Indapamide	1(\$)
Maxzide <sup>GE</sup>	3(\$\$\$)	Triamterene/HCTZ	1(\$)
Microzide <sup>GE</sup>	3(\$\$\$)	Hydrochlorothiazide (HCTZ)	1(\$)
Zaroxolyn <sup>GE</sup>	3(\$\$\$)	Metolazone	1(\$)
<b>Heart (Blood Pressure) – Vasodilators</b>			
Hydralazine	1(\$)	None	
Imdur <sup>GE</sup>	3(\$\$\$)	Isosorbide Mononitrate	1(\$)
ISMO <sup>GE</sup>	3(\$\$\$)	Isosorbide Mononitrate	1(\$)
Isordil <sup>GE</sup>	3(\$\$\$)	Isosorbide Dinitrate (Oral/SL)	1(\$)
Isordil 40mg	2(\$\$)	None	
Minitran <sup>GE</sup>	3(\$\$\$)	Nitroglycerin (Oral/SL/Topical/Patches)	1(\$)
Minoxidil	1(\$)	None	
Monoket <sup>GE</sup>	3(\$\$\$)	Isosorbide Mononitrate	1(\$)
Nitro-Bid Ointment	2(\$\$)	None	
Nitro-Dur <sup>GE</sup>	3(\$\$\$)	Nitroglycerin (Oral/SL/Topical/Patches)	1(\$)
Nitrolingual Spray	2(\$\$)	None	
NitroStat <sup>GE</sup>	3(\$\$\$)	Nitroglycerin (Oral/SL/Topical/Patches)	1(\$)
<b>Heart (Blood Thinning) – Anticoagulants/Antithrombotics</b>			
Aggrenox	2(\$\$)	None	
Agrylin <sup>GE</sup>	3(\$\$\$)	Anagrelide	1(\$)
Arixtra	2(\$\$)	None	
Coumadin *	2(\$\$)	Warfarin *	1(\$)
Innohep	3(\$\$\$)	None	
Lovenox	2(\$\$)	None	
Persantine <sup>GE</sup>	3(\$\$\$)	Dipyridamole	1(\$)
Plavix	2(\$\$)	None	
Pletal <sup>GE</sup>	3(\$\$\$)	Cilostazol	1(\$)
Ticlid <sup>GE</sup>	3(\$\$\$)	Ticlopidine	1(\$)
Trental <sup>GE</sup>	3(\$\$\$)	Pentoxifylline	1(\$)
<b>Heart (Cholesterol) – Cholesterol Lowering Agents</b>			
Advicor	3(\$\$\$)	None	
Colestid <sup>GE</sup>	3(\$\$\$)	Colestipol	1(\$)

\* Narrow Therapeutic Index Medications

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**Generic Drugs 1st Tier Copay (\$)  
Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

Drug Name	Tier	Generic Alternative Drug	Tier
Crestor	2(\$\$)	None	
Fenoglide	3(\$\$\$)	None	
Lescol	3(\$\$\$)	None	
Lescol XL	3(\$\$\$)	None	
Lipitor	2(\$\$)	None	
Lipofen	3(\$\$\$)	None	
Lopid <sup>GE</sup>	3(\$\$\$)	Gemfibrozil	1(\$)
Lovasa	3(\$\$\$)	None	
Mevacor <sup>GE</sup>	3(\$\$\$)	Lovastatin	1(\$)
Niaspan	2(\$\$)	None	
Pravachol <sup>GE</sup>	3(\$\$\$)	Pravastatin	1(\$)
Questran <sup>GE</sup>	3(\$\$\$)	Cholestyramine	1(\$)
Simcor	3(\$\$\$)	None	
Tricor	2(\$\$)	None	
Vytorin	3(\$\$\$)	None	
Welchol	3(\$\$\$)	None	
Zetia	2(\$\$)	None	
Zocor <sup>GE</sup>	3(\$\$\$)	Simvastatin	1(\$)

**HIV All On Label FDA-approved oral HIV agents may be eligible for coverage under the prescription drug benefit section of each policy.**

These drugs are not listed here

**Immunosuppressive Agents All On Label FDA-approved oral immunosuppressive agents (anti-rejection drugs) may be eligible for coverage under the prescription drug benefit**

**Immunosuppressive Agents - Oral Transplant Drugs**

Neoral	2(\$\$)	Cyclosporine	1(\$)
Sandimmune	2(\$\$)	Cyclosporine	1(\$)

**Infection - Anti-Fungal agents (Oral)**

Diflucan <sup>GE</sup>	3(\$\$\$)	Fluconazole	1(\$)
Gris-Peg	2(\$\$)	None	
Griseofulvin	1(\$)	None	
Ketoconazole	1(\$)	None	
Lamisil <sup>GE</sup>	3(\$\$\$)	Terbinafine	1(\$)
Mycelex <sup>GE</sup>	3(\$\$\$)	Clotrimazole	1(\$)
Mycostatin <sup>GE</sup>	3(\$\$\$)	Nystatin	1(\$)
Sporanox <sup>GE</sup>	3(\$\$\$)	Itraconazole	1(\$)
Vfend	2(\$\$)	None	

**Infection - Anti-Viral Agents**

Cytovene <sup>GE</sup>	3(\$\$\$)	Ganciclovir	1(\$)
Famvir <sup>GE</sup>	3(\$\$\$)	Famciclovir	1(\$)
Flumadine <sup>GE</sup>	3(\$\$\$)	Rimantadine	1(\$)
Flumist	3(\$\$\$)	None	
Relenza <sup>QL</sup>	3(\$\$\$)	None	
Symmetrel <sup>GE</sup>	3(\$\$\$)	Amantadine	1(\$)
Tamiflu <sup>QL</sup>	2(\$\$)	None	
Valcyte	2(\$\$)	None	
Valtrex	2(\$\$)	None	

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**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

Drug Name	Tier	Generic Alternative Drug	Tier
Zovirax <sup>GE</sup>	3(\$\$\$)	Acyclovir	1(\$)
<b>Infection – Hepatitis (Oral &amp; Injectable)</b>			
Baraclude	3(\$\$\$)	None	
Copegus <sup>GE</sup>	3(\$\$\$)	Ribavirin	1(\$)
Epivir HBV	2(\$\$)	None	
Hepsera	2(\$\$)	None	
Infergen	2(\$\$)	None	
Intron A	2(\$\$)	None	
Pegasys	2(\$\$)	None	
Pet-Intron	2(\$\$)	None	
Rebetol	3(\$\$\$)	Ribavirin	1(\$)
<b>Infection – Other Anti-Infectives</b>			
Cleocin <sup>GE</sup>	3(\$\$\$)	Clindamycin	1(\$)
Flagyl Tablets <sup>GE</sup>	3(\$\$\$)	Metronidazole Tablets	1(\$)
Macrobid <sup>GE</sup>	3(\$\$\$)	Nitrofurantoin	1(\$)
Macrocrantin <sup>GE</sup>	3(\$\$\$)	Nitrofurantoin Macrocrystal	1(\$)
Meproon	2(\$\$)	None	
Metrogel Vaginal <sup>GE</sup>	3(\$\$\$)	Metronidazole Vaginal	1(\$)
TOBI	2(\$\$)	None	
<b>Infection (Antibiotic) – Cephalosporins (Oral)</b>			
Ceclor <sup>GE</sup>	3(\$\$\$)	Cefaclor	1(\$)
Ceftin Suspension <sup>GE</sup>	3(\$\$\$)	Cefuroxime Suspension	1(\$)
Ceftin Tablets <sup>GE</sup>	3(\$\$\$)	Cefuroxime Tablets	1(\$)
Cefzil <sup>GE</sup>	3(\$\$\$)	Cefprozil	1(\$)
Duricef <sup>GE</sup>	3(\$\$\$)	Cefadroxil	1(\$)
Keflex <sup>GE</sup>	3(\$\$\$)	Cephalexin	1(\$)
Omnicef <sup>GE</sup>	3(\$\$\$)	Cefdinir	1(\$)
Spectracef	3(\$\$\$)	None	
Suprax	2(\$\$)	None	
Vantin <sup>GE</sup>	3(\$\$\$)	Cefpodoxime	1(\$)
Velosef 500mg	3(\$\$\$)	None	
<b>Infection (Antibiotic) – Macrolides/Ketolides (Oral)</b>			
Biaxin <sup>GE</sup>	3(\$\$\$)	Clarithromycin	1(\$)
Biaxin XL <sup>GE</sup>	3(\$\$\$)	Clarithromycin ER	1(\$)
E-mycin <sup>GE</sup>	3(\$\$\$)	Erythromycin base	1(\$)
E.E.S. (Erythromycin Ethylsuccinate)	1(\$)	None	
Ery-tab <sup>GE</sup>	3(\$\$\$)	Erythromycin base EC	1(\$)
Erythromycin	1(\$)	None	
Ketek	2(\$\$)	None	
Pediazole <sup>GE</sup>	3(\$\$\$)	Erythromycin/Sulfisoxazole	1(\$)
Zithromax <sup>GE</sup>	3(\$\$\$)	Azithromycin	1(\$)
Zmax	3(\$\$\$)	None	
<b>Infection (Antibiotic) – Penicillins (Oral)</b>			
Amoxicillin	1(\$)	None	
Amoxil Pediatric Drops	2(\$\$)	None	
Ampicillin	1(\$)	None	

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<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Augmentin <sup>GE</sup>	3(\$\$\$)	Amoxicillin/Potassium Clavulanate	1(\$)
Augmentin XR	3(\$\$\$)	None	
Dicloxacillin	1(\$)	None	
Penicillin V Potassium	1(\$)	None	
Veetids	1(\$)	None	
<b>Infection (Antibiotic) – Quinolones (Oral)</b>			
Avelox	3(\$\$\$)	None	
Cipro Suspension	2(\$\$)	None	
Cipro Tablets <sup>GE</sup>	3(\$\$\$)	Ciprofloxacin	1(\$)
Cipro XR <sup>GE</sup>	3(\$\$\$)	Ciprofloxacin XR	1(\$)
Factive	3(\$\$\$)	None	
Floxin <sup>GE</sup>	3(\$\$\$)	Ofloxacin	1(\$)
Levaquin	2(\$\$)	None	
<b>Infection (Antibiotic) – Sulfonamides (Oral)</b>			
Bactrim <sup>GE</sup>	3(\$\$\$)	Sulfamethoxazole/Trimethoprim (SMX-TMP)	1(\$)
Bactrim DS <sup>GE</sup>	3(\$\$\$)	Sulfamethoxazole/Trimethoprim DS (SMX-TMP DS)	1(\$)
Gantrisin Suspension	2(\$\$)	None	
Sepra <sup>GE</sup>	3(\$\$\$)	Sulfamethoxazole/Trimethoprim (SMX-TMP)	1(\$)
Sepra DS <sup>GE</sup>	3(\$\$\$)	Sulfamethoxazole/Trimethoprim DS (SMX-TMP DS)	1(\$)
<b>Infection (Antibiotic) – Tetracyclines (Oral)</b>			
Dynacin <sup>GE</sup>	3(\$\$\$)	Minocycline	1(\$)
Minocin <sup>GE</sup>	3(\$\$\$)	Minocycline	1(\$)
Oracea	3(\$\$\$)	None	
Sumycin Suspension <sup>GE</sup>	2(\$\$)	None	
Tetracycline	1(\$)	None	
Vibramycin <sup>GE</sup>	3(\$\$\$)	Doxycycline	1(\$)
<b>Men's Health</b>			
Androderm	2(\$\$)	None	
Androgel	2(\$\$)	None	
Avodart	2(\$\$)	None	
Cardura <sup>GE</sup>	3(\$\$\$)	Doxazosin	1(\$)
Flomax	2(\$\$)	None	
Hytrin <sup>GE</sup>	3(\$\$\$)	Terazosin	1(\$)
Proscar <sup>GE QL</sup>	3(\$\$\$)	Finasteride (α <sup>1</sup> )	1(\$)
Testim	2(\$\$)	None	
Uroxatral	3(\$\$\$)	None	
<b>Mental Health – ADHD/ADD</b>			
Adderall <sup>GE</sup>	3(\$\$\$)	Amphetamine Mixture	1(\$)
Adderall XR	2(\$\$)	None	
Concerta	2(\$\$)	None	
Daytrana	3(\$\$\$)	None	
Desoxyn	3(\$\$\$)	None	
Dexedrine <sup>GE</sup>	3(\$\$\$)	Dextroamphetamine	1(\$)

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Drug Name	Tier	Generic Alternative Drug	Tier
Focalin <sup>GE</sup>	3(\$\$\$)	Dexmethylphenidate	1(\$)
Focalin XR	3(\$\$\$)	None	
Liquadd	3(\$\$\$)	None	
Metadate CD	3(\$\$\$)	None	
Ritalin <sup>GE</sup>	3(\$\$\$)	Methylphenidate	1(\$)
Ritalin LA	2(\$\$)	None	
Ritalin SR <sup>GE</sup>	3(\$\$\$)	Methylphenidate/SR	1(\$)
Strattera	2(\$\$)	None	
Vyvanse	2(\$\$)	None	

**Mental Health – Antidepressants**

Celexa <sup>GE</sup>	3(\$\$\$)	Citalopram	1(\$)
Cymbalta	3(\$\$\$)	None	
Desyrel <sup>GE</sup>	3(\$\$\$)	Trazodone	1(\$)
Effexor <sup>GE</sup>	3(\$\$\$)	Venlafaxine	1(\$)
Effexor XR	2(\$\$)	None	
Elavil <sup>GE</sup>	3(\$\$\$)	Amitriptyline	1(\$)
Emsam	3(\$\$\$)	None	
Lexapro	2(\$\$)	None	
Luvox CR	3(\$\$\$)	None	
Norpramin <sup>GE</sup>	3(\$\$\$)	Desipramine	1(\$)
Pamelor <sup>GE</sup>	3(\$\$\$)	Nortriptyline	1(\$)
Paxil <sup>GE</sup>	3(\$\$\$)	Paroxetine	1(\$)
Paxil CR <sup>GE</sup>	3(\$\$\$)	Paroxetine CR	1(\$)
Pristiq	3(\$\$\$)	None	
Prozac <sup>GE</sup>	3(\$\$\$)	Fluoxetine	1(\$)
Prozac Weekly 90mg <sup>QL</sup>	3(\$\$\$)	None	
Remeron <sup>GE</sup>	3(\$\$\$)	Mirtazapine	1(\$)
Sarafem	3(\$\$\$)	None	
Serzone <sup>GE</sup>	3(\$\$\$)	Nefazodone	1(\$)
Sinequan <sup>GE</sup>	3(\$\$\$)	Doxepin	1(\$)
Tofranil <sup>GE</sup>	3(\$\$\$)	Imipramine	1(\$)
Venlafaxine Extended Release	3(\$\$\$)	None	
Wellbutrin <sup>GE</sup>	3(\$\$\$)	Bupropion	1(\$)
Wellbutrin SR <sup>GE</sup>	3(\$\$\$)	Bupropion SR	1(\$)
Wellbutrin XL <sup>GE</sup>	3(\$\$\$)	Bupropion XL	1(\$)
Zoloft <sup>GE</sup>	3(\$\$\$)	Sertraline	1(\$)

**Mental Health – Antimanic Agents**

Eskalith *	2(\$\$)	Lithium Carbonate	1(\$)
Eskalith CR *	2(\$\$)	Lithium Carbonate SA	1(\$)
Lithium Carbonate/SR *	2(\$\$)	None	
Lithium Citrate	1(\$)	None	
Lithobid *	2(\$\$)	Lithium Carbonate SA	1(\$)

**Mental Health – Antipsychotic Agents**

Abilify	2(\$\$)	None	
Clozaril *	2(\$\$)	Clozapine *	1(\$)
Compazine <sup>GE</sup>	3(\$\$\$)	Prochlorperazine	1(\$)

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<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
FazaClo ODT	2(\$\$)	None	
Geodon	2(\$\$)	None	
Haldol <sup>GE</sup>	3(\$\$\$)	Haloperidol	1(\$)
Invega	3(\$\$\$)	None	
Loxitane <sup>GE</sup>	3(\$\$\$)	Loxapine	1(\$)
Mellaril <sup>GE</sup>	3(\$\$\$)	Thioridazine	1(\$)
Navane <sup>GE</sup>	3(\$\$\$)	Thiothixene	1(\$)
Perphenazine	1(\$)	None	
Prolixin <sup>GE</sup>	3(\$\$\$)	Fluphenazine	1(\$)
Risperdal <sup>GE</sup>	3(\$\$\$)	Risperidone	1(\$)
Risperdal Consta	2(\$\$)	None	
Risperdal M-Tab	2(\$\$)	None	
Seroquel	2(\$\$)	None	
Seroquel XR	2(\$\$)	None	
Symbyax	3(\$\$\$)	None	
Thorazine <sup>GE</sup>	3(\$\$\$)	Chlorpromazine	1(\$)
Trifluoperazine	1(\$)	None	
Zyprexa	2(\$\$)	None	
Zyprexa Zydis	2(\$\$)	None	
<b>Mental Health – Anxiolytics</b>			
Ativan <sup>GE</sup>	3(\$\$\$)	Lorazepam	1(\$)
Buspar <sup>GE</sup>	3(\$\$\$)	Buspirone	1(\$)
Librium <sup>GE</sup>	3(\$\$\$)	Chlordiazepoxide	1(\$)
Meprobamate	1(\$)	None	
Tranxene SD	3(\$\$\$)	None	
Tranxene T-Tab <sup>GE</sup>	3(\$\$\$)	Clorazepate	1(\$)
Valium <sup>GE</sup>	3(\$\$\$)	Diazepam	1(\$)
Xanax <sup>GE</sup>	3(\$\$\$)	Alprazolam	1(\$)
<b>Mental Health – Narcolepsy</b>			
Cylert <sup>GE</sup>	3(\$\$\$)	Pemoline	1(\$)
Provigil	2(\$\$)	None	
Xyrem <sup>PA</sup>	2(\$\$)	None	
<b>Miscellaneous Agents</b>			
DDAVP <sup>GE</sup>	3(\$\$\$)	Desmopressin	1(\$)
Epi-Pen	2(\$\$)	None	
Epi-Pen Jr.	2(\$\$)	None	
Fosrenol	3(\$\$\$)	None	
Inspira <sup>GE</sup>	3(\$\$\$)	Eplerenone	1(\$)
Lupron	2(\$\$)	None	
Lupron Depot	2(\$\$)	None	
PhosLo	2(\$\$)	None	
Renagel	2(\$\$)	None	
Sensipar	2(\$\$)	None	
Synarel	2(\$\$)	None	
<b>Multiple Sclerosis Agents (DMARDS)</b>			
Avonex	2(\$\$)	None	

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<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Betaseron	2(\$\$)	None	
Capaxone	2(\$\$)	None	
Rebif	2(\$\$)	None	
<b>Osteoporosis</b>			
Actonel	2(\$\$)	None	
Actonel with Calcium	2(\$\$)	None	
Boniva <sup>QL</sup>	2(\$\$)	None	
Didronel	3(\$\$\$)	None	
Evista	2(\$\$)	None	
Forteo <sup>PA</sup>	3(\$\$\$)	None	
Fosamax <sup>GE</sup>	3(\$\$\$)	Alendronate	1(\$)
Fosamax 35mg and 70mg <sup>GE QL</sup>	3(\$\$\$)	Alendronate 35mg and 70mg ( <sup>QL</sup> )	1(\$)
Fosamax Plus D <sup>QL</sup>	2(\$\$)	None	
Fosamax Solution	2(\$\$)	None	
Miacalcin Injection	2(\$\$)	None	
Miacalcin Nasal Spray	2(\$\$)	None	
<b>Pain - Migraine</b>			
Amerge <sup>QL</sup>	3(\$\$\$)	None	
Axert <sup>QL</sup>	3(\$\$\$)	None	
Cafergot <sup>GE</sup>	3(\$\$\$)	Ergotamine/Caffeine	1(\$)
Esgic <sup>GE</sup>	3(\$\$\$)	Acetaminophen(APAP)/ Caffeine/ Butalbital	1(\$)
Fioricet/Codeine <sup>GE</sup>	3(\$\$\$)	Acetaminophen(APAP)/ Caffeine/ Butalbital/Codeine	1(\$)
Fiorinal/Codeine <sup>GE</sup>	3(\$\$\$)	Aspirin(ASA)/Caffeine/ Butalbital/ Codeine	1(\$)
Frova <sup>QL</sup>	3(\$\$\$)	None	
Imitrex <sup>QL</sup>	2(\$\$)	None	
Maxalt <sup>QL</sup>	2(\$\$)	None	
Maxalt MLT <sup>QL</sup>	2(\$\$)	None	
Midrin <sup>GE</sup>	3(\$\$\$)	Acetaminophen(APAP)/ Isometheptene/Dichlphen	1(\$)
Migranal	2(\$\$)	None	
Relpax <sup>QL</sup>	3(\$\$\$)	None	
Zomig <sup>QL</sup>	2(\$\$)	None	
<b>Pain - Muscle Relaxants</b>			
Dantrium <sup>GE</sup>	3(\$\$\$)	Dantrolene	1(\$)
Flexeril <sup>GE</sup>	3(\$\$\$)	Cyclobenzaprine	1(\$)
Lioresal <sup>GE</sup>	3(\$\$\$)	Baclofen	1(\$)
Norflex <sup>GE</sup>	3(\$\$\$)	Orphenadrine	1(\$)
Robaxin <sup>GE</sup>	3(\$\$\$)	Methocarbamol	1(\$)
Skelaxin	3(\$\$\$)	None	
Soma <sup>GE</sup>	3(\$\$\$)	Carisoprodol	1(\$)
Zanaflex <sup>GE</sup>	3(\$\$\$)	Tizanidine	1(\$)
<b>Pain - Neuropathic Pain</b>			
Cymbalta	3(\$\$\$)	None	
Lyrica	3(\$\$\$)	None	

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Drug Name	Tier	Generic Alternative Drug	Tier
<b>Pain/Arthritis – Analgesics, Narcotic</b>			
Actiq Lozenge <sup>GE</sup>	3(\$\$\$)	Fentanyl Lozenge	1(\$)
Codeine	1(\$)	None	
Combunox <sup>GE</sup>	3(\$\$\$)	Oxycodone/Ibuprofen	1(\$)
Darvocet N-100 <sup>GE</sup>	3(\$\$\$)	Propoxyphene N-100/APAP	1(\$)
Darvon <sup>GE</sup>	3(\$\$\$)	Propoxyphene	1(\$)
Dazidox <sup>GE</sup>	3(\$\$\$)	Oxycodone	1(\$)
Demerol <sup>GE</sup>	3(\$\$\$)	Meperidine	1(\$)
Dilaudid <sup>GE</sup>	3(\$\$\$)	Hydromorphone	1(\$)
Dolophine <sup>GE</sup>	3(\$\$\$)	Methadone	1(\$)
Duragesic <sup>GE</sup>	3(\$\$\$)	Fentanyl Patch	1(\$)
Duragesic 12mcg	2(\$\$)	None	
Empirin/Codeine <sup>GE</sup>	3(\$\$\$)	Aspirin (ASA) / Codeine	1(\$)
Fentora <sup>PA</sup>	3(\$\$\$)	None	
Kadian	2(\$\$)	None	
Levorphanol	1(\$)	None	
Lorcet <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Lortab <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Morphine	1(\$)	None	
MS Contin <sup>GE</sup>	3(\$\$\$)	Morphine Sulfate SA	1(\$)
Norco <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Opana	3(\$\$\$)	None	
Opana ER	3(\$\$\$)	None	
Oramorph SR	3(\$\$\$)	None	
Oxycodone	1(\$)	None	
Oxycodone HCL SR	1(\$)	None	
Oxycontin	2(\$\$)	None	
Percocet <sup>GE</sup>	3(\$\$\$)	Oxycodone/Acetaminophen (APAP)	1(\$)
Percodan <sup>GE</sup>	3(\$\$\$)	Oxycodone/Aspirin (ASA)	1(\$)
Roxicodone <sup>GE</sup>	3(\$\$\$)	Oxycodone	1(\$)
Stadol Nasal Spray <sup>GE</sup>	3(\$\$\$)	Butorphanol Nasal Spray	1(\$)
Tylenol/Codeine <sup>GE</sup>	3(\$\$\$)	Acetaminophen (APAP) / Codeine	1(\$)
Vicodin <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Vicodin ES <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Vicodin HP	3(\$\$\$)	Hydrocodone/Acetaminophen (APAP)	1(\$)
Vicoprofen <sup>GE</sup>	3(\$\$\$)	Hydrocodone/Ibuprofen	1(\$)
<b>Pain/Arthritis – Analgesics, Nonsteroidal Anti-Inflammatory (NSAID)</b>			
Anaprox <sup>GE</sup>	3(\$\$\$)	Naproxen Sodium	1(\$)
Ansaid <sup>GE</sup>	3(\$\$\$)	Flurbiprofen	1(\$)
Arthrotec	3(\$\$\$)	None	
Clinoril <sup>GE</sup>	3(\$\$\$)	Sulindac	1(\$)
Daypro <sup>GE</sup>	3(\$\$\$)	Oxaprozin	1(\$)
Feldene <sup>GE</sup>	3(\$\$\$)	Piroxicam	1(\$)
Indocin <sup>GE</sup>	3(\$\$\$)	Indomethacin	1(\$)
Indocin SR <sup>GE</sup>	3(\$\$\$)	Indomethacin SR	1(\$)
Lodine <sup>GE</sup>	3(\$\$\$)	Etodolac	1(\$)
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**Generic Drugs 1st Tier Copay (\$)  
Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Lodine XL <sup>GE</sup>	3(\$\$\$)	Etodolac SR	1(\$)
Mobic <sup>GE</sup>	3(\$\$\$)	Meloxicam	1(\$)
Motrin <sup>GE</sup>	3(\$\$\$)	Ibuprofen	1(\$)
Naprosyn <sup>GE</sup>	3(\$\$\$)	Naproxen	1(\$)
Orudis <sup>GE</sup>	3(\$\$\$)	Ketoprofen	1(\$)
Relafen <sup>GE</sup>	3(\$\$\$)	Nabumetone	1(\$)
Tolectin <sup>GE</sup>	3(\$\$\$)	Tolmetin	1(\$)
Toradol <sup>GE QL</sup>	3(\$\$\$)	Ketorolac ( <sup>QL</sup> )	1(\$)
Voltaren <sup>GE</sup>	3(\$\$\$)	Diclofenac	1(\$)
Voltaren XR <sup>GE</sup>	3(\$\$\$)	Diclofenac XR	1(\$)
<b>Pain/Arthritis – Analgesics, Salicylates, Non-Narcotic</b>			
Choline Mag Trisalicylate	1(\$)	None	
Dolobid	2(\$\$)	None	
Dolobid 500mg <sup>GE</sup>	3(\$\$\$)	Diflunisal	1(\$)
Salsalate	1(\$)	None	
Ultracet <sup>GE</sup>	3(\$\$\$)	Tramadol/Acetaminophen (APAP)	1(\$)
Ultram <sup>GE</sup>	3(\$\$\$)	Tramadol	1(\$)
Ultram ER	3(\$\$\$)	None	
<b>Pain/Arthritis – Anti-Rheumatics</b>			
Arava <sup>GE</sup>	3(\$\$\$)	Leflunomide	1(\$)
Azulfidine <sup>GE</sup>	3(\$\$\$)	Sulfasalazine	1(\$)
Enbrel <sup>PA</sup>	2(\$\$)	None	
Humira <sup>PA</sup>	2(\$\$)	None	
Imuran <sup>GE</sup>	3(\$\$\$)	Azathioprine	1(\$)
Kineret <sup>PA</sup>	3(\$\$\$)	None	
Plaquenil <sup>GE</sup>	3(\$\$\$)	Hydroxychloroquine	1(\$)
Rheumatrex <sup>GE</sup>	3(\$\$\$)	Methotrexate	1(\$)
Ridaura	2(\$\$)	None	
<b>Pain/Arthritis – Cox-2's</b>			
Celebrex <sup>PA</sup>	3(\$\$\$)	None	
<b>Parkinson's Disease</b>			
Apokyn	3(\$\$\$)	None	
Artane <sup>GE</sup>	3(\$\$\$)	Trihexyphenidyl	1(\$)
Benztrapine	1(\$)	None	
COMTan	2(\$\$)	None	
Eldepryl <sup>GE</sup>	3(\$\$\$)	Selegiline	1(\$)
Mirapex	2(\$\$)	None	
Parlodel <sup>GE</sup>	3(\$\$\$)	Bromocriptine	1(\$)
Permax <sup>GE</sup>	3(\$\$\$)	Pergolide	1(\$)
Requip <sup>GE</sup>	3(\$\$\$)	Ropinirole	1(\$)
Requip XL	3(\$\$\$)	None	
Sinemet <sup>GE</sup>	3(\$\$\$)	Carbidopa/Levodopa	1(\$)
Sinemet CR <sup>GE</sup>	3(\$\$\$)	Carbidopa/Levodopa SR	1(\$)
Stalevo	3(\$\$\$)	None	
Symmetrel <sup>GE</sup>	3(\$\$\$)	Amantadine	1(\$)
Tasmar	3(\$\$\$)	None	

\* Narrow Therapeutic Index Medications

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**Generic Drugs 1st Tier Copay (\$)**  
**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

Drug Name	Tier	Generic Alternative Drug	Tier
<b>Potassium Replacements</b>			
K-Dur <sup>GE</sup>	3(\$\$\$)	Potassium Chloride (KCL) SA	1(\$)
K-Tab <sup>GE</sup>	3(\$\$\$)	Potassium Chloride (KCL) SA	1(\$)
Micro-K 10 <sup>GE</sup>	3(\$\$\$)	Potassium Chloride (KCL)	1(\$)
Uroci-K <sup>GE</sup>	3(\$\$\$)	Potassium Citrate SA	1(\$)
<b>PreNatal Vitamins</b>			
(Many Prenatal Vitamins are available generically)	1(\$)	None	
Advanced Natalcare	1(\$)	None	
Duet Stuart Natal	3(\$\$\$)	None	
Natalcare Plus	1(\$)	None	
Natalcare RX	1(\$)	None	
Natalcare Three	1(\$)	None	
Nestabs RX <sup>GE</sup>	3(\$\$\$)	Natatab	1(\$)
Prenatal Advantage	1(\$)	None	
Prenatal Optima Advance	1(\$)	None	
Prenate Elite	3(\$\$\$)	None	
Prenate Ultra <sup>GE</sup>	3(\$\$\$)	Ultra Natalcare	1(\$)
Stuart Natal 3 <sup>GE</sup>	3(\$\$\$)	Prenatal Formula 3	1(\$)
Tricare <sup>GE</sup>	3(\$\$\$)	Prenatal Plus	1(\$)
<b>Respiratory – COPD</b>			
Atrovent HFA	2(\$\$)	None	
Brovana	3(\$\$\$)	None	
Combivent	2(\$\$)	None	
Duoneb <sup>GE</sup>	3(\$\$\$)	Albuterol sulfate/Ipratropium	1(\$)
Perforomist	2(\$\$)	None	
Spiriva	2(\$\$)	None	
<b>Respiratory/Asthma – Combination Products</b>			
Advair Diskus	2(\$\$)	None	
Advair HFA	2(\$\$)	None	
Symbicort	2(\$\$)	None	
<b>Respiratory/Asthma – Corticosteroids</b>			
Aerobid	3(\$\$\$)	None	
Alvesco	3(\$\$\$)	None	
Asmanex	2(\$\$)	None	
Azmacort	2(\$\$)	None	
Flovent HFA	2(\$\$)	None	
Medrol <sup>GE</sup>	3(\$\$\$)	Methylprednisolone	1(\$)
Pediapred <sup>GE</sup>	3(\$\$\$)	Prednisolone	1(\$)
Prednisone	1(\$)	None	
Pulmicort	2(\$\$)	None	
QVAR	2(\$\$)	None	
<b>Respiratory/Asthma – Other Agents</b>			
Accolate	3(\$\$\$)	None	
Cromolyn solution	1(\$)	None	
Intal	2(\$\$)	None	

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Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Singulair	3(\$\$\$)	None	
Xolair <sup>PA</sup>	2(\$\$)	None	
<b>Respiratory/Asthma – Sympathomimetics</b>			
Alupent MDI	3(\$\$\$)	None	
Foradil	2(\$\$)	None	
Ipratropium solution	1(\$)	None	
Maxair Autohaler	3(\$\$\$)	None	
Metaproterenol solution	1(\$)	None	
ProAir HFA	2(\$\$)	None	
Proventil <sup>GE</sup>	3(\$\$\$)	Albuterol (oral, MDI, solution)	1(\$)
Proventil HFA	2(\$\$)	None	
Serevent Diskus	2(\$\$)	None	
Ventolin HFA	3(\$\$\$)	None	
Vospire ER <sup>GE</sup>	3(\$\$\$)	Albuterol	1(\$)
Xopenex	3(\$\$\$)	None	
Xopenex HFA	2(\$\$)	None	
<b>Respiratory/Asthma – Xanthine Derivatives</b>			
Theo-24 *	2(\$\$)	None	
Uniphyl *	2(\$\$)	Theophylline *	
<b>Seizures – Anticonvulsants</b>			
Carbatrol *	2(\$\$)	None	
Depakene *	2(\$\$)	Valproic Acid *	1(\$)
Depakote *	2(\$\$)	Divalproex	1(\$)
Depakote ER *	2(\$\$)	None	
Depakote Sprinkle *	2(\$\$)	None	
Dilantin *	2(\$\$)	Phenytoin *	1(\$)
Felbatol	2(\$\$)	None	
Gabitril	2(\$\$)	None	
Keppra	2(\$\$)	None	
Klonopin <sup>GE</sup>	3(\$\$\$)	Clonazepam	1(\$)
Lamictal <sup>GE</sup>	3(\$\$\$)	Lamotrigine	1(\$)
Lamictal chewable <sup>GE</sup>	3(\$\$\$)	Lamotrigine chewable	1(\$)
Lyrica	3(\$\$\$)	None	
Mysoline <sup>GE</sup>	3(\$\$\$)	Primidone	1(\$)
Neurontin <sup>GE</sup>	3(\$\$\$)	Gabapentin	1(\$)
Phenobarbital	1(\$)	None	
Phenytek *	2(\$\$)	None	
Stavzor	3(\$\$\$)	None	
Tegretol *	2(\$\$)	Carbamazepine *	1(\$)
Tegretol XR *	2(\$\$)	None	
Topamax	2(\$\$)	None	
Trileptal <sup>GE</sup>	3(\$\$\$)	Oxcarbazepine	1(\$)
Zarontin *	2(\$\$)	Ethosuximide *	1(\$)
Zonegran *	2(\$\$)	Zonisamide *	1(\$)
<b>Skin (Dermatologicals) – Acne</b>			

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Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Accutane <sup>GE</sup>	3(\$\$\$)	Isotretinoin (Amnesteem, Claravis, Sotret)	1(\$)
All other Retin-A	3(\$\$\$)	None	
Atralin	3(\$\$\$)	None	
Avita	2(\$\$)	None	
Azelex	3(\$\$\$)	None	
Benzac AC gel	1(\$)	None	
Benzac AC Liquid <sup>GE</sup>	3(\$\$\$)	Benzoyl Peroxide	1(\$)
Benzac W gel	1(\$)	None	
Benzac W Wash <sup>GE</sup>	3(\$\$\$)	Bezoyl Peroxide wash	1(\$)
Benzaclin	2(\$\$)	None	
Benzamycin <sup>GE</sup>	3(\$\$\$)	Erythromycin/Benzoyl Peroxide	1(\$)
Cleocin T <sup>GE</sup>	3(\$\$\$)	Clindamycin	1(\$)
Del-Aqua <sup>GE</sup>	3(\$\$\$)	Benzoyl Peroxide	1(\$)
Desquam E gel	1(\$)	None	
Desquam X Bar <sup>GE</sup>	3(\$\$\$)	Benzoyl Peroxide	1(\$)
Desquam X gel	1(\$)	None	
Desquam X liquid	1(\$)	None	
Differin	2(\$\$)	None	
Doxycycline	1(\$)	None	
Duac CS	2(\$\$)	None	
Erycette <sup>GE</sup>	3(\$\$\$)	Erythromycin pledgets	1(\$)
Erythromycin	1(\$)	None	
Klaron	3(\$\$\$)	None	
Minocin <sup>GE</sup>	3(\$\$\$)	Minocycline	1(\$)
Panoxyl-AQ gel	1(\$)	None	
Peroxin <sup>GE</sup>	3(\$\$\$)	Benzoyl Peroxide	1(\$)
Retin-A <sup>GE</sup>	3(\$\$\$)	Tretinoin	1(\$)
Retin-A Micro	2(\$\$)	None	
Rosanil Kit	3(\$\$\$)	None	
Solaraze	3(\$\$\$)	None	
Tazorac	2(\$\$)	None	
Triaz <sup>GE</sup>	3(\$\$\$)	Benzoyl Peroxide	1(\$)

**Skin (Dermatologicals) - Miscellaneous Dermatologicals**

Aldara	2(\$\$)	None	
Bactroban <sup>GE</sup>	3(\$\$\$)	Mupirocin ointment	1(\$)
Bactroban cream	2(\$\$)	None	
Carac	2(\$\$)	None	
Condylox	2(\$\$)	None	
Dovonex <sup>GE</sup>	3(\$\$\$)	Calcipotriene	1(\$)
Efudex	3(\$\$\$)	None	
Elidel	3(\$\$\$)	None	
Emla <sup>GE</sup>	3(\$\$\$)	Lidocaine/Prilocaine	1(\$)
Finacea	2(\$\$)	None	
Lindane	3(\$\$\$)	None	
Metrocream <sup>GE</sup>	3(\$\$\$)	Metronidazole cream	1(\$)

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Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
MetroGel	2(\$\$)	None	
Metrolotion <sup>GE</sup>	3(\$\$\$)	Metronidazole lotion	1(\$)
Noritate	2(\$\$)	None	
Oxsoralen	2(\$\$)	None	
Protopic	3(\$\$\$)	None	
Raptiva <sup>PA</sup>	2(\$\$)	None	
Regranex <sup>PA</sup>	2(\$\$)	None	
Rosac	3(\$\$\$)	None	
Silvadene <sup>GE</sup>	3(\$\$\$)	Silver Sulfadiazine	1(\$)
Sodium Sulfacetamide/Sulfur	1(\$)	None	
<b>Skin (Dermatologicals) – Topical Anti-Fungals</b>			
Ertaczo	3(\$\$\$)	None	
Exelderm	3(\$\$\$)	None	
Extina	3(\$\$\$)	None	
Lamisil Spray	3(\$\$\$)	None	
Loprox <sup>GE</sup>	3(\$\$\$)	Ciclopirox	1(\$)
Loprox Gel	2(\$\$)	None	
Loprox Shampoo	2(\$\$)	None	
Nizoral <sup>GE</sup>	3(\$\$\$)	Ketoconazole	1(\$)
Oxistat	3(\$\$\$)	None	
Spectazole <sup>GE</sup>	3(\$\$\$)	Econazole	1(\$)
<b>Skin (Dermatologicals) – Topical Anti-Inflammatory Agents</b>			
Acloate <sup>GE</sup>	3(\$\$\$)	Alclometasone	1(\$)
Aristocort <sup>GE</sup>	3(\$\$\$)	Triamcinolone	1(\$)
Aristocort HP <sup>GE</sup>	3(\$\$\$)	Triamcinolone	1(\$)
Capex Shampoo	2(\$\$)	None	
Cutivate <sup>GE</sup>	3(\$\$\$)	Fluticasone	1(\$)
Desowen <sup>GE</sup>	3(\$\$\$)	Desonide	1(\$)
Desoximetasone	1(\$)	None	
Difforasone	1(\$)	None	
Diprolene AF <sup>GE</sup>	3(\$\$\$)	Betamethasone	1(\$)
Elocon <sup>GE</sup>	3(\$\$\$)	Mometasone	1(\$)
Hytone <sup>GE</sup>	3(\$\$\$)	Hydrocortisone	1(\$)
Kenalog <sup>GE</sup>	3(\$\$\$)	Triamcinolone	1(\$)
Lidex <sup>GE</sup>	3(\$\$\$)	Fluocinonide	1(\$)
Lidex E <sup>GE</sup>	3(\$\$\$)	Fluocinonide	1(\$)
Luxiq	2(\$\$)	None	
Olux <sup>GE</sup>	3(\$\$\$)	Clobetasol	1(\$)
Olux-E	3(\$\$\$)	None	
Psorcon	3(\$\$\$)	None	
Psorcon E	3(\$\$\$)	None	
Soriatane	3(\$\$\$)	None	
Synalar <sup>GE</sup>	3(\$\$\$)	Fluocinolone	1(\$)
Taclonex	3(\$\$\$)	None	
Taclonex Scalp	3(\$\$\$)	None	
Temovate	3(\$\$\$)	None	

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**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Topicort	3(\$\$\$)	None	
Tridesilon <sup>GE</sup>	3(\$\$\$)	Desonide	1(\$)
Ultravate <sup>GE</sup>	3(\$\$\$)	Halobetasol	1(\$)
Voltaren Emulgel	3(\$\$\$)	None	
<b>Sleep Agents – Sedatives and Hypnotics</b>			
Ambien <sup>GE QL</sup>	3(\$\$\$)	Zolpidem <sup>(QL)</sup>	1(\$)
Dalmane <sup>GE QL</sup>	3(\$\$\$)	Flurazepam <sup>(QL)</sup>	1(\$)
Halcion <sup>GE QL</sup>	3(\$\$\$)	Triazolam <sup>(QL)</sup>	1(\$)
Lunesta <sup>QL</sup>	3(\$\$\$)	None	
Prosom <sup>GE QL</sup>	3(\$\$\$)	Estazolam <sup>(QL)</sup>	1(\$)
Restoril <sup>GE QL</sup>	3(\$\$\$)	Temazepam <sup>(QL)</sup>	1(\$)
Serax <sup>GE QL</sup>	3(\$\$\$)	Oxazepam <sup>(QL)</sup>	1(\$)
Sonata <sup>GE QL</sup>	3(\$\$\$)	Zaleplon <sup>(QL)</sup>	1(\$)
<b>Stomach/Gastrointestinal – Other GI Products</b>			
Actigall <sup>GE</sup>	3(\$\$\$)	Ursodiol	1(\$)
Asacol	2(\$\$)	None	
Azulfadine <sup>GE</sup>	3(\$\$\$)	Sulfasalazine	1(\$)
Bowel Evacuants (Colyte, GoLYTELY, Nulytely, Trilyte)	2(\$\$)	None	
Canasa	2(\$\$)	None	
Colazal <sup>GE</sup>	3(\$\$\$)	Balsalazide	1(\$)
Cortifoam	2(\$\$)	None	
Dipentum	2(\$\$)	None	
Entocort EC	2(\$\$)	None	
Halflytely	2(\$\$)	None	
Hydrocortisone/Pramoxine	1(\$)	None	
Lialda	2(\$\$)	None	
Moviprep	3(\$\$\$)	None	
Pentasa	2(\$\$)	None	
Polyethylene Glycol	1(\$)	None	
Proctocort Cream <sup>GE</sup>	3(\$\$\$)	Hydrocortisone	1(\$)
Proctocort Suppository	1(\$)	None	
Proctofoam	3(\$\$\$)	None	
Rowasa Enema <sup>GE</sup>	3(\$\$\$)	Mesalamine	1(\$)
URSO	2(\$\$)	None	
URSO Forte	2(\$\$)	None	
<b>Stomach/Ulcer - Antiemetic/Antivertigo</b>			
Antivert <sup>GE</sup>	3(\$\$\$)	Meclizine	1(\$)
Anzemet <sup>QL</sup>	3(\$\$\$)	None	
Compazine <sup>GE</sup>	3(\$\$\$)	Prochlorperazine	1(\$)
Emend <sup>QL</sup>	2(\$\$)	None	
Kytril <sup>GE QL</sup>	3(\$\$\$)	Granisetron <sup>(QL)</sup>	1(\$)
Phenergan <sup>GE</sup>	3(\$\$\$)	Promethazine	1(\$)
Phenergan/Codeine <sup>GE</sup>	3(\$\$\$)	Promethazine/Codeine	1(\$)
Reglan <sup>GE</sup>	3(\$\$\$)	Metoclopramide	1(\$)
Sancuso Patch <sup>QL</sup>	3(\$\$\$)	None	

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<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Tigan <sup>GE</sup>	3(\$\$\$)	Trimethobenzamide	1(\$)
Zofran <sup>QL</sup>	3(\$\$\$)	Ondansetron ( <sup>QL</sup> )	1(\$)
Zofran ODT <sup>GE QL</sup>	3(\$\$\$)	Ondansetron ODT ( <sup>QL</sup> )	1(\$)
<b>Stomach/Ulcer – Antispasmodic/GI Motility</b>			
Bentyl <sup>GE</sup>	3(\$\$\$)	Dicyclomine	1(\$)
Donnatal <sup>GE</sup>	3(\$\$\$)	Belladonna Alkaloids/Phenobarbital	1(\$)
Levbid <sup>GE</sup>	3(\$\$\$)	Hyoscyamine Sulfate	1(\$)
Levsin <sup>GE</sup>	3(\$\$\$)	Hyoscyamine Sulfate	1(\$)
Librax <sup>GE</sup>	3(\$\$\$)	Clidinium/Chlordiazepoxide	1(\$)
Lomotil <sup>GE</sup>	3(\$\$\$)	Diphenoxylate/Atropine	1(\$)
Nulev <sup>GE</sup>	3(\$\$\$)	Hyoscyamine Sulfate	1(\$)
Pro-Banthine 7.5mg	3(\$\$\$)	None	
Propantheline 15mg	1(\$)	None	
Reglan <sup>GE</sup>	3(\$\$\$)	Metoclopramide	1(\$)
Relistor	3(\$\$\$)	None	
<b>Stomach/Ulcer – Antiulcer</b>			
Axid <sup>GE</sup>	3(\$\$\$)	Nizatidine	1(\$)
Carafate <sup>GE</sup>	3(\$\$\$)	Sucralfate	1(\$)
Cytotec <sup>GE</sup>	3(\$\$\$)	Misoprostol	1(\$)
Omeprazole	1(\$)	None	
Prevacid	2(\$\$)	None	
Prevpac	2(\$\$)	None	
Tagamet <sup>GE</sup>	3(\$\$\$)	Cimetadine	1(\$)
<b>Stomach/Ulcer Digestants</b>			
Creon *	2(\$\$)	None	
Pancrease MT *	2(\$\$)	None	
Pancrelipase	1(\$)	None	
Ultrasec *	2(\$\$)	None	
Viokase	2(\$\$)	None	
<b>Thyroid Agents – Anti-thyroid</b>			
Propylthiouracil	1(\$)	None	
Tapazole <sup>GE</sup>	3(\$\$\$)	Methimazole	1(\$)
<b>Thyroid Agents – Thyroid</b>			
Armour Thyroid *	2(\$\$)	None	
Cytomel	2(\$\$)	None	
Levothyroid *	1(\$)	None	
Levoxyl *	1(\$)	None	
Synthroid *	2(\$\$)	Levothyroxine *	1(\$)
Unithroid *	1(\$)	None	
<b>Tobacco Cessation (For Plans with Tobacco Cessation Coverage. May have limited benefits)</b>			
Bupropion (Generic for Zyban)	1(\$)	None	
Chantix	2(\$\$)	None	
<b>Women's Health – Contraceptives</b>			
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**Generic Drugs 1st Tier Copay (\$)  
Formulary Brand Name Drugs 2nd Tier Copay (\$\$)  
Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
(Many oral contraceptives are available generically. All generic products are included on the formulary, even though they do not appear on this list.)	1(\$)	None	
Alesse <sup>GE</sup>	3(\$\$\$)	Aviane, Lessina	1(\$)
Brevicon <sup>GE</sup>	3(\$\$\$)	Nortrel	1(\$)
Demulen <sup>GE</sup>	3(\$\$\$)	Zovia	1(\$)
Desogen <sup>GE</sup>	3(\$\$\$)	Solia	1(\$)
Enpresse	1(\$)	None	
Eurostep/FE	2(\$\$)	None	
Lo/Ovral <sup>GE</sup>	3(\$\$\$)	Low-Ogestrel	1(\$)
Loestrin FE <sup>GE</sup>	3(\$\$\$)	Microgestin FE	1(\$)
lybrel	3(\$\$\$)	None	
Mircette <sup>GE</sup>	3(\$\$\$)	Kariva	1(\$)
Modicon <sup>GE</sup>	3(\$\$\$)	Nortrel	1(\$)
Nor-Q-D <sup>GE</sup>	3(\$\$\$)	Camila, Errin, Jolivette	1(\$)
Nora-BE	1(\$)	None	
Nordette <sup>GE</sup>	3(\$\$\$)	Levora	1(\$)
Norinyl <sup>GE</sup>	3(\$\$\$)	Nortrel, Necon	1(\$)
NuvaRing	2(\$\$)	None	
Ortho-Novum 777 <sup>GE</sup>	3(\$\$\$)	Necon	1(\$)
Ortho Evra Patch	2(\$\$)	None	
Ortho Micronor <sup>GE</sup>	3(\$\$\$)	Camila, Errin, Jolivette	1(\$)
Ortho-Cept <sup>GE</sup>	3(\$\$\$)	Apri	1(\$)
Ortho-Cyclen <sup>GE</sup>	3(\$\$\$)	Mononessa, Sprintec	1(\$)
Ortho-Novum 1/35 <sup>GE</sup>	3(\$\$\$)	Necon	1(\$)
Ortho-Novum 1/50 <sup>GE</sup>	3(\$\$\$)	Necon 1/50	1(\$)
Ortho-Tri-Cyclen <sup>GE</sup>	3(\$\$\$)	Trinessa	1(\$)
Ortho-Tri-Cyclen Lo	3(\$\$\$)	None	
Ovcon	3(\$\$\$)	None	
Ovral <sup>GE</sup>	3(\$\$\$)	Ogestrel	1(\$)
Plan B	2(\$\$)	None	
Seasonale <sup>GE</sup>	3(\$\$\$)	Quasense, Jolesa	1(\$)
Seasonique	2(\$\$)	None	
Tri-Levlen <sup>GE</sup>	3(\$\$\$)	Trivora	1(\$)
Tri-Norinyl <sup>GE</sup>	3(\$\$\$)	Leena, Junel	1(\$)
Tri-Sprintec	1(\$)	None	
Triphasil <sup>GE</sup>	3(\$\$\$)	Trivora	1(\$)
Yasmin <sup>GE</sup>	3(\$\$\$)	Ocella	1(\$)
Yaz	2(\$\$)	None	

**Women's Health - Hormones**

Activella <sup>GE</sup>	3(\$\$\$)	Estradiol/Norethindrone	1(\$)
Alora	2(\$\$)	None	
Aygestin <sup>GE</sup>	3(\$\$\$)	Norethindrone	1(\$)
Cenestin	2(\$\$)	None	
Climara <sup>GE</sup>	3(\$\$\$)	Estradiol Patch	1(\$)

\* Narrow Therapeutic Index Medications

**QL** - Quantity Limit

**PA** - Prior Authorization required

**GE** - Generic Equivalent (Member Pay the Difference)

**Generic Drugs 1st Tier Copay (\$)**  
**Formulary Brand Name Drugs 2nd Tier Copay (\$\$)**  
**Non-Formulary Brand Name Drugs 3rd Tier Copay (\$\$\$)**

<b>Drug Name</b>	<b>Tier</b>	<b>Generic Alternative Drug</b>	<b>Tier</b>
Climara Pro	2(\$\$)	None	
Combipatch	3(\$\$\$)	None	
Crinone	3(\$\$\$)	None	
Divigel	3(\$\$\$)	None	
EEMT DS	2(\$\$)	None	
EEMT HS	2(\$\$)	None	
Enjuvia	3(\$\$\$)	None	
Esclim	1(\$)	None	
Estrace <sup>GE</sup>	3(\$\$\$)	Estradiol	1(\$)
Estraderm	2(\$\$)	None	
Estratest	2(\$\$)	None	
Estratest H.S.	2(\$\$)	None	
Estring	2(\$\$)	None	
Estrogens (Esterified)	1(\$)	None	
Ethinyl Estradiol	1(\$)	None	
Evamist	3(\$\$\$)	None	
FemHRT	2(\$\$)	None	
Femring	3(\$\$\$)	None	
Megestrol	1(\$)	None	
Ogen <sup>GE</sup>	3(\$\$\$)	Estropipate	1(\$)
Ortho-Est <sup>GE</sup>	3(\$\$\$)	Estropipate	1(\$)
Prefest	2(\$\$)	None	
Premarin	2(\$\$)	None	
Premarin Vaginal Cream	2(\$\$)	None	
Premphase	2(\$\$)	None	
Prempro	2(\$\$)	None	
Prometrium	2(\$\$)	None	
Provera <sup>GE</sup>	3(\$\$\$)	Medroxyprogesterone	1(\$)
Vagifem	2(\$\$)	None	
Vivelle-Dot	2(\$\$)	None	

\* Narrow Therapeutic Index Medications  
**QL** - Quantity Limit  
**PA** - Prior Authorization required  
**GE** - Generic Equivalent (Member Pay the Difference)

# GENERIC LISTING

The Generic Listing contains the names of covered, non-formulary brand name and their generic equivalents. These brand name drugs have a corresponding generic drug with identical active ingredients. They can also be found in **bold print** throughout the third column of the formulary. When you are prescribed a covered, non-formulary brand name drug, asking your pharmacist to fill your prescription with the generic equivalent will cost you less. By choosing an equivalent generic drug you are responsible for your first tier copay only. If you choose the brand name drug instead, you will be responsible for the cost difference between the generic and the brand name drug *plus* you will have to pay the brand copayment or your third tier copayment amount.

Narrow Therapeutic Index medications are identified in the formulary with an asterisk (\*) following the drug name. The Narrow Therapeutic Index medications will not be added to the Generic Listing or become available under the Generic Initiative program, even if a generic equivalent becomes available.

Please remember, this is not an all-inclusive listing, and is subject to change as new products and information become available.

Brand Name	Generic Name
Accupril	Quinapril
Accuretic	Quinapril/HCTZ
Accutane	Isotretinoin (Amnesteem, Claravis, Sotret)
Aclovate	Alclometasone
Actigall	Ursodiol
Actiq	Fentanyl Citrate
Adalat CC	Nifedipine CC
Adderall	Amphetamine Mixed Salts
Adoxa	Doxycycline Monohydrate
Agrylin	Anagrelide
Aldactone	Spiroonolactone
Aldomet	Methyldopa
Allesse	Aviane, Lessina, Levlite, Lutera
Allegra	Fexofenadine
Altace	Ramipril
Amaryl	Glimepiride
Ambien	Zolpidem
Anaprox	Naproxen
Ansaid	Flurbiprofen
Antivert	Meclizine
Arava	Leflunomide
Aristocort HP	Triamcinolone
Artane	Trihexyphenidyl
Ativan	Lorazepam
Atrovent Nasal Spray	Ipratropium Nasal Spray
Augmentin	Amoxicillin/Clavulanate
Axid	Nizatidine
Aygestin	Norethindrone Acetate
Azulfidine	Sulfasalazine
Bactrim	Sulfamethoxazole/Trimethoprim
Bactroban ointment	Mupirocin ointment
Bentyl	Dicyclomine HCL
Benzac AC Liquid	Benzoyl Peroxide
Benzac W Wash	Benzoyl Peroxide
Benzamycin	Erythromycin/Benzoyl Peroxide
Betagan	Levobunolol HCL
Betapace	Sotalol

<b>Brand Name</b>	<b>Generic Name</b>
Betapace AF	Sotalol AF
Biaxin	Clarithromycin
Biaxin XL	Clarithromycin ER
Breviceon	N.E.E. 0.5/35, NORTREL 0.5/35
Brontex	Codeine/Guaifenesin
Buspar	Buspirone HCL
Cafergot	Ergotamine/Caffeine
Calan	Verapamil
Calan SR	Verapamil SR
Capoten	Captopril
Capozide	Captopril/HCTZ
Carafate	Sucralfate
Cardizem	Diltiazem
Cardizem CD	Diltiazem SA
Cardura	Doxazosin Mesylate
Catapres tablets	Clonidine
Ceclor	Cefaclor
Ceffin tablets & suspension	Cefuroxime
Cefzil	Cefprozil
Celexa	Citalopram
Ciloxan solution	Ciprofloxan solution
Cipro	Ciprofloxacin
Cleocin	Clindamycin HCL
Cleocin T	Clindamycin HCL
Climara	Estradiol patch
Clinoril	Sulindac
Colestid	Colestipol HCL
Colyte	Sod Sulf/Sodium/Sodium Bicarb/KCL/PEG
Combunox	Ibuprofen/Oxycodone
Compazine	Prochlorperazine
Copegus	Ribavirin
Coreg	Carvedilol
Cortisporin Otic Sol/Susp	Polymyxin-B/Neomycin/HC Otic Sol/Susp
Cutivate	Fluticasone
Cytotec	Misoprostol
Cytovene	Ganciclovir
Dalmane	Flurazepam
Dantrium	Dantrolene
Darvocet N-100	Propoxyphene N-100/Apap
Darvon	Propoxyphene
Daypro	Oxaprozin
DDAVP Nasal Spray	Desmopressin Nasal Spray
DDAVP tablets	Desmopressin
Decadron	Dexamethasone
Del-Aqua	Benzoyl Peroxide
Demadex	Torsemide
Demerol	Meperidine
Demulen	Zovia
Depakote	Divalproex Sodium
Desogen	Apri, Solia
Desowen	Desonide (Lokara)
Desquam X Bar	Benzoyl Peroxide
Desyrel	Trazodone
Dexadrine	Dextroamphetamine
Diabeta	Glyburide
Diflucan	Fluconazole
Dilaudid	Hydromorphone
Diprolene AF	Betamethasone
Ditropan	Oxybutynin

<b>Brand Name</b>	<b>Generic Name</b>
Dolobid 500mg	Diflunisal
Dolophine	Methadone
Donnatal	Belladonna Alkaloids/Phenobarb
Duoneb	Ipratropium/Albuterol
Duragesic patch	Fentanyl
Duricef	Cefadroxil
Dyazide	Triamterene/HCTZ
Dynacin	Minocycline
Effexor	Venlafaxine HCL
Elavil	Amitriptyline
Eldepryl	Selegiline
Elocon	Mometasone
Emla	Lidocaine/Prilocaine
Empirin/Codeine	Aspirin (ASA)/Codeine
E-mycin	Erythromycin Base
Ery-Tab	Erythromycin Base
Esgic	Acetaminophen/Caffeine/Butalbital
Estrace	Estradiol
Feldene	Piroxicam
Famvir	Famciclovir
Fioricet/Codeine	Acetaminophen/Caffeine/Butalbital/Codeine
Fiorinal/Codeine	Aspirin/Caffeine/Butalbital/Codeine
Flagyl	Metronidazole
Flexeril	Cyclobenzaprine
Flonase	Fluticasone Nasal Spray
Florinef	Fludrocortisone
Floxin	Ofloxacin
FML	Fluorometholone
Focalin	Dexmethylphenidate HCL
Fosamax	Alendronate
Glucophage	Metformin
Glucophage XR	Metformin XR
Glucotrol	Glipizide
Glucotrol XL	Glipizide ER
Glucovance	Glyburide/Metformin
Glynase	Glyburide (micronized)
Halcion	Triazolam
Haldol	Haloperidol
Hydrodiuril	Hydrochlorothiazide (HCTZ)
Hytone	Hydrocortisone
Hytrin	Terazosin
Imdur	Isosorbide Mononitrate
Imuran	Azathioprine
Inderal	Propranolol
Inderide	Propranolol/HCTZ
Indocin	Indomethacin
Indocin SR	Indomethacin SR
ISMO	Isosorbide Mononitrate
Isoptin SR	Verapamil
Isordil	Isosorbide Dinitrate
K-Dur	Potassium Chloride (KCL)
Keflex	Cephalexin
Kenalog	Triamcinolone
Klonopin	Clonazepam
K-Tab	Potassium Chloride (KCL)
Kytril	Granisetron
Lamictal chew tabs	Lamotrigine
Lamisil	Terbinafine HCL
Lasix	Furosemide

<b>Brand Name</b>	<b>Generic Name</b>
Levbid	Hyoscyamine Sulfate
Levsin	Hyoscyamine Sulfate
Librax	Clindinium/Chlordiazepoxide
Librium	Chlordiazepoxide
Lidex	Fluocinonide
Lidex E	Fluocinonide Emollient
Lioresal	Baclofen
Lo/Ovral	Cryselle, Low-Ogestrel
Lodine	Etodolac
Lodine XL	Etodolac SA
Loestrin FE	Junel FE, Microgestin FE
Lofibra	Fenofibrate
Lomotil	Diphenoxylate HCL/Atropine
Lopid	Gemfibrozil
Lopressor	Metoprolol
Lopressor HCT	Metoprolol/HCTZ
Loprox	Ciclopirox
Lorcet	Hydrocodone/APAP
Lortab	Hydrocodone/APAP
Lotensin	Benzapril
Lotensin HCT	Benzapril/HCTZ
Lotrel	Amlodipine/Benazepril
Loxitane	Loxapine
Lozol	Indapamide
Macrobid	Nitrofurantoin
Macrodantin	Nitrofurantoin
Mavik	Trandolapril
Maxzide	Triamterene/HCTZ
Medrol	Methylprednisolone
Mellaril	Thioridazine
Metaglip	Glipizide/Metformin
Metrocream	Metronidazole cream
Metrogel Vaginal	Vandazole Vaginal
Metro lotion	Metronidazole lotion
Mevacor	Lovastatin
Mexitil	Mexiletine
Micro-K 10	Potassium Chloride (KCL)
Micronase	Glyburide
Microzide	Triamterene/HCTZ
Midrin	APAP/Isometheptene/Dichloralphenazone
Minipress	Prazosin
Minitran	Nitroglycerin Patches
Minocin	Minocycline
Mircette	Kariva
Mobic	Meloxicam
Modicon	N.E.E. 0.5/35, NORTREL 0.5/35
Monoket	Isosorbide Mononitrate
Monopril	Fosinopril
Monopril HCT	Fosinopril/HCTZ
Motrin	Ibuprofen
MS Contin	Morphine Sulfate SA
Mycelex	Clotrimazole
Mycostatin	Nystatin
Naprosyn	Naproxen
Navane	Thiothixene
Neurontin	Gabapentin
Nitro-Dur	Nitroglycerin Patches
NitroStat	Nitroglycerin sublingual
Nizoral	Ketoconazole

<b>Brand Name</b>	<b>Generic Name</b>
Norco	Hydrocodone/APAP
Nordette	Levora, Portia
Norflex	Orphenadrine
Norpace	Disopyramide
Norpace CR	Disopyramide SA
Norpramin	Desipramine
Nor-Q-D	Camila, Errin, Jolivette, Nora-BE
Norvasc	Amlodipine
Nulev	Hyoscyamine Sulfate
Ocuflox	Ofloxacin
Ogen	Estropipate
Olux	Clobetasol
Omnicef	Cefdinir
Orapred	Prednisolone
Ortho Micronor	Camila, Errin, Jolivette, Nora-BE
Ortho-Cept	Apri, Solia
Ortho-Cyclen	Monessa, Previfem, Sprintec
Ortho-Est	Estropipate
Ortho-Novum 1/35	Necon 1/35, Nortrel 1/35
Ortho-Novum 1/50	Necon 1/50, Norinyl 1+50
Ortho-Novum 7/7	Necon 7/7/7, Nortrel 7/7/7
Ortho-Tri-Cyclen	Tri-Previfem, Tri-Sprintec, Trinessa
Orudis	Ketoprofen
Pamelor	Nortriptylline
Parlodel	Bromocriptine
Paxil	Paroxetine
Pediapred	Prednisolone
Pediazole	Erythromycin/Sulfisoxazole
Percocet	Oxycodone/APAP
Percodan	Oxycodone/Aspirin (ASA)
Periostat	Doxycycline
Permax	Pergolide
Peroxin	Benzoyl Peroxide
Persantine	Dipyridamole
Phenergan	Promethazine
Phenergan w/Codeine	Promethazine W/Codeine
Plaquenil	Hydroxychloroquine
Plendil	Felodipine
Pletal	Cilostazol
Pravachol	Pravastatin Sodium
Prilosec	Omeprazole
Prinivil	Lisinopril
Prinizide	Lisinopril/HCTZ
Procardia	Nifedipine
Procardia XL	Nifedipine XL
Proctocort Cream	Hydrocortisone
Prolixin	Fluphenazine
Proscar	Finasteride
ProSom	Estazolam
Proventil Oral Solution	Albuterol Oral Solution
Provera	Medroxyprogesterone
Prozac	Fluoxetine
Pyridium	Phenazopyridine
Questran	Cholestyramine
Rebetol	Ribavirin
Reglan	Metoclopramide
Relafen	Nabumetone
Remeron	Mirtazapine
Restoril	Temazepam

<b>Brand Name</b>	<b>Generic Name</b>
Rheumatrex	Methotrexate
Ritalin	Methylphenidate
Ritalin SR	Methylphenidate SR
Robaxin	Methocarbamol
Rowasa	Mesalamine
Roxicodone	Oxycodone
Rythmol	Propafenone
Seasonale	Jolesa, Quasense
Sectral	Acebutolol
Septra	Sulfamethoxazole/Trimethoprim
Serax	Oxazepam
Serzone	Nefazodone
Silvadene	Silver Sulfadiazine
Sinemet	Carbidopa/Levodopa
Sinemet CR	Carbidopa/Levodopa CR
Sinequan	Doxepin HCL
Soma	Carisoprodol
Sonata	Zaleplon
Spectazole	Econazole
Sporanox	Itraconazole
Stadol Nasal Spray	Butorphanol Nasal Spray
Sumycin	Tetracycline
Surmontil	Trimipramine Maleate
Symmetrel	Amantadine
Tambocor	Flecainide
Tapazole	Methimazole
Tenormin	Atenolol
Tessalon	Benzonatate
Thorazine	Chlorpromazine
Tiazac	Diltiazem SA
Ticlid	Ticlopidine
Tigan	Trimethobenzamide
Timoptic	Timolol
Timoptic XE	Timolol XE
Tofranil	Imipramine
Tolectin	Tolmetin
Toprol XL	Metoprolol XL
Toradol	Ketorolac
Trandate	Labetalol
Tranxene	Chlorazepate
Trental	Pentoxifylline
Triaz	Benzoyl Peroxide
Tridesilon	Desonide (Lokara)
Trileptal	Oxcarbazepine
Tri-Levlen	Enpresse, Trivora
Triphasil	Enpresse, Trivora
Tylenol/Codeine	Acetaminophen (APAP)/Codeine
Ultram	Tramadol
Ultravate	Halobetasol
Univasc	Moexipril
Urecholine	Bethanechol
Uroci-K	Potassium Citrate
Valium	Diazepam
Vantin tablets	Cefpodoxime
Vaseretic	Enalapril HCTZ
Vasotec	Enalapril Maleate
Verelan	Verapamil
Verelan PM	Verapamil ER
Vibramycin	Doxycycline

<b>Brand Name</b>	<b>Generic Name</b>
Vicodin	Hydrocodone/APAP
Vicodin ES	Hydrocodone/APAP
Vicodin HP	Hydrocodone/APAP
Vicoprofen	Hydrocodone/Ibuprofen
Vistaril	Hydroxyzine Pamoate
Voltaren	Diclofenac Sodium
VoSol HC	Acetic Acid/Hydrocortisone
Wellbutrin	Bupropion
Wellbutrin SR	Bupropion SR
Wellbutrin XL	Bupropion XL
Xanax	Alprazolam
Yasmin	Ocella
Zaditor	Ketotifen Fumarate
Zanaflex	Tizanidine
Zaroxolyn	Metolazone
Zebeta	Bisoprolol
Zestoretic	Lisinopril/HCTZ
Zestril	Lisinopril
Ziac	Bisoprolol/HCTZ
Zithromax	Azithromycin
Zocor	Simvastatin
Zofran	Ondansetron
Zofran ODT	Ondansetron ODT
Zoloft	Sertraline HCL
Zonegran	Zonisamide
Zovirax	Acyclovir
Zyloprim	Allopurinol



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