

2008 Aetna Preferred Drug Guide

3-Tier/Open Formulary Plan



Includes generic
and brand-name
medications on
Aetna's Preferred
Drug List

Questions?

Call the toll-free Member Services number listed on your Member ID card.

Member Services representatives are available to take your call

Monday – Friday, 9:00 am – 5:00 pm.*

Visit www.aetna.com for the most up-to-date information.

TDD for hearing or speech impaired please call **1-800-628-3323**.

*Depending on your geographic location, some Member Services call centers may offer extended hours for your convenience.

Dear Member:

To help you know which medications are covered by your plan, we are pleased to provide you with a copy of our **2008 Preferred Drug Guide**. The drugs on the Preferred Drug List were selected based on their effectiveness, quality, safety, cost and other factors.

This book provides helpful information on the Aetna Preferred Drug List and your pharmacy benefit plan. You may want to take this guide with you when you see your doctor, to talk about what is covered under your pharmacy benefit plan.

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

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

For members in Texas, additions to the 2008 Preferred Drug list will be effective no later than January 1, 2008. In accordance with state law, full-risk members in Texas who receive coverage for medications that are removed from the Preferred Drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date.

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

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What Pharmacy Benefits Plan Do I Have?

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

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

Copay Tier**	Type of Drug
Tier 1 (Low Copay)	Covered generic medications ***
Tier 2 (Middle Copay)	Covered preferred brand-name medications
Tier 3 (High Copay)	Covered non-preferred generic or brand-name medications***

Your plan may have a “mandatory generic cost-sharing requirement,” which means that if you receive a brand-name medication when a generic is available, you pay the difference in cost between the brand-name and generic medication, in addition to your copay. For a summary of your pharmacy benefits plan, including copay amounts, please log in to Aetna Navigator™, your secure member website, at www.aetna.com or call the Member Services number on your ID card.

What is the Preferred Drug List?

The Preferred Drug List (also known as a formulary) is a list of medications selected by Aetna in consultation with a team of health-care providers. Aetna will generally cover the drugs listed in our Preferred Drug List as long as the drug is medically necessary and plan rules are followed. For more information on the Preferred Drug List, please review your plan documents or call the Member Services number listed on your ID card. Drugs that appear on Aetna’s Preferred Drug List have been chosen on the basis of sound medical data, safety and cost.

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

**If your plan has a deductible or copay levels based on a percentage of Aetna’s negotiated charge with the participating pharmacy, rebates that Aetna receives from drug manufacturers do not reduce the amount you pay to the pharmacy for an individual prescription drug. Also, in some cases, if you need to pay a percentage of the cost of a drug or an amount to meet a deductible, your costs may be higher for a preferred drug than they would be for a non-preferred drug.

***If you are enrolled in a PPO plan, all covered generic medications available at the lowest copay (tier one), regardless of whether they are preferred. In most HMO plans, non-preferred generic medications are available at the highest copay (tier three). Refer to your plan documents, visit Aetna Navigator or call Member Services for information about your benefits plan.

- Both brand-name and generic medications are on Aetna's Preferred Drug List.
- All medications on the Preferred Drug list have been approved by the Food and Drug Administration (FDA).
- The Preferred Drug List is updated on an ongoing basis and is subject to change.
- Many medications on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications.

Please visit the Aetna website at www.aetna.com/formulary for a more complete and current listing of medications that may be covered by your plan. It is important to note that you and your physician are responsible for making the final decision on your drug therapy. For a complete description of your pharmacy benefit, see your plan documents or call the Member Services number on your ID card for further information.

Who Reviews Medications for the Preferred Drug List?

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

How is the Preferred Drug List Developed?

Our P&T Committee reviews drugs for possible inclusion on our Preferred

Drug List. Although the committee includes staff from Aetna, most of the members are practicing doctors or pharmacists who are chosen to represent various clinical specialties. All committee members must disclose any factors that may create a real or apparent conflict of interest or financial stake related to any of the manufacturers whose products are being reviewed.

The P&T's clinical determinations are based on the strength of scientific evidence from a number of sources including but not limited to: DrugPoints, American Hospital Formulary Service Drug Information (AHFS-DI), DrugDex, Medline and other databases, including relevant findings of federal government agencies, the pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

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

Why is the Preferred Drug List Subject to Change?

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

- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment. **Medications likely to become available generically in 2008 are identified in this booklet with a # symbol.**
- The Preferred Drug List may change because the FDA approves many new medications throughout the year. Open formulary plans generally cover new FDA-approved medications before they have completed Aetna's new drug review process. Depending on their plan, some members may pay a higher copayment. The medication also may be subject to precertification or step-therapy requirements.
- The Preferred Drug List also may change if a medication is withdrawn from the market or becomes available without a prescription. **When an over-the-counter (OTC) equivalent becomes available, the prescription medication may no longer be covered under many of Aetna's pharmacy benefits.**

Why Do Some Medications Require Prior Authorization or Precertification?

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

Reasons for precertification include:

- Age or gender of the member if outside of recommended dosing guidelines
- Duplicate therapies and
- To help health-care providers check that a medication is being used based on generally accepted medical criteria.

The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information and cost and manufacturer rebate arrangements.

- If your plan includes our precertification program, your doctor must request approval from Aetna for coverage of the medication. If we approve the request, we will notify your doctor. The medication will then be covered at the applicable copay under your plan. You will also be notified of approvals where the state requires notification of members. If the request is denied, you and your doctor will be notified.
- Some medications in this guide may require prior authorization or precertification before they will be covered under your pharmacy benefits. For information on whether precertification applies to your plan,

please refer to your plan documents or call the Member Services number on your ID card. Refer to pages 33-34 for further details on which medications require precertification.

- The list of medications requiring precertification is subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

Why Do Some Medications Have Quantity Limits?

Quantity limits are included as part of our precertification program. They are designed to help promote safe, appropriate and efficient medication use.

Quantity limits are based on generally accepted pharmaceutical guidelines, efficient dosing regimens and dosing recommendations. Three types of quantity limits are in place:

- Dose Efficiency Edits – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- Maximum Daily Dose – Informational message is sent to the pharmacy if prescription lies outside recommended minimum and maximum doses.
- Quantity Limits Over Time – Limits coverage of prescriptions to a specific number of units over a defined amount of time.

Quantity limit medications may be covered up to the quantity indicated.

In order to receive coverage for amounts in excess of the quantity listed, the prescribing physician must request a medical exception. Refer to pages 35-41 for further details on which medications have quantity limits. The list of medications with quantity limits is subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

What is Step-Therapy?

Step-therapy means you must first try one or more “prerequisite” medications before we cover the step-therapy medication.

Step-therapy is based upon current medical findings, FDA-approved manufacturer labeling information and cost and manufacturer rebate arrangements.

- Prerequisite medications and their corresponding step-therapy medications are FDA-approved and are used to treat the same conditions.
- If it is medically necessary, you can obtain coverage for a step-therapy medication without trying a prerequisite medication first. In this case, your doctor must request coverage for a step-therapy medication as a medical exception. If the request is approved, we will notify your doctor. The medication will then be covered at the applicable copay under your plan. You will also be notified of approvals where states require it. If the request is denied, we will notify you and your doctor.

- For information on whether step-therapy applies to your plan, please refer to your plan documents or call the Member Services number on your ID card.
- Refer to page 42-46 for further details on which medications require step-therapy.

The list of medications requiring step-therapy is subject to change. Refer to our website at www.aetna.com/formulary or call the Member Services number on your ID card for the most up-to-date information.

What is Therapeutic Duplication?

Therapeutic Duplication is when two drugs from the same therapeutic category are used at the same time by the same person. Rarely are two drugs from the same category necessary to treat a medical condition. Sometimes therapeutic duplication results when two physicians are prescribing medications for the same person or when a physician changes from one medication to another within the same therapeutic class, but does not discontinue the first medication. In either situation, the person may end up taking two drugs with similar actions unnecessarily, potentially leading to serious side effects.

If a therapeutic duplication is identified by our claims system, your pharmacist may ask you and/or your physician about the medications you are supposed to be taking. He or she can then help determine if both medications are

necessary, or whether one of the medications should be discontinued.

Medications subject to the therapeutic duplication program include:

- Selective Serotonin Reuptake Inhibitors (SSRI) used to treat depression
- Proton Pump Inhibitors used to treat ulcers
- “Triptan” drugs used to treat migraine headaches
- Inhaled steroids for the treatment of asthma
- “Statin” medications used to treat high cholesterol

What are Generic Medications?

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

Generic medications have been approved by the FDA. They contain the same active ingredients in the same amounts as the brand-name products, although generics may be a different color, shape or size than brand-name products.

Your pharmacist generally can substitute a generic medication for a brand-name medication when filling your prescription when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor.

How Can I Save Money on Prescriptions?

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

In many plans, covered generic medications on the Preferred Drug List are available at the lowest copay.

Ask your doctor or pharmacist whether generic medications are appropriate for you.


What is Aetna Rx Home Delivery?


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

How Do I Contact Aetna Rx Home Delivery?

Aetna Rx Home Delivery has two pharmacy locations – Florida and Missouri. Not sure which pharmacy you should use? Contact Member Services at the toll-free phone number on your ID card. If you know which one serves your pharmacy plan, contact that facility as shown below:

Florida Mail-order Pharmacy


 Aetna Rx Home Delivery
P.O. Box 829518
Pembroke Pines, FL
33082-9913

 1-800-227-5720

 www.Aetna.com/AetnaRxHomeDelivery

Hours: Monday – Friday,
7:00 am – 11:00 pm EST
Saturday, 8:00 am – 9:30 pm EST
Sunday, 8:00 am – 6:00 pm EST

Missouri Mail-order Pharmacy

 Aetna Rx Home Delivery
P.O. Box 417019
Kansas City, MO 64179-9892

 1-866-612-3862

 www.AetnaRxHomeDelivery.com

Hours: Monday – Friday,
7:00 am – 11:00 pm EST
Saturday, 7:00 am – 9:30 pm EST
Sunday, 8:00 am – 5:30 pm EST

What is Aetna Specialty Pharmacy?

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

Aetna Specialty Pharmacy provides convenient mail-order services for specialty medications that are not always available at retail pharmacies. Aetna Specialty Pharmacy also offers educational and clinical support services to help members manage their medications and health condition.

Depending on your benefits plan, you may have a copay for specialty injectable medications. Please refer to your plan documents or contact Member Services at the number on your ID card for further information. For more information on Aetna Specialty Pharmacy, call toll free at 1-866-782-ASRX (2779) or visit www.AetnaSpecialtyRx.com.

THERAPEUTIC CLASS LIST KEY

UPPERCASE – Brand-name medication

lower case italics – Generic medication

PR – Precertification required under most plans

ST – Step-therapy applies under most plans

QL – Quantity limit applies under most plans

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

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

– Brand-name medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment. The brand-name medication may also be subject to precertification and/or step-therapy.

3-Tier Commercial Member Guide

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

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
Antineoplastic Enzyme Inhibitors				
GLEEVEC	2			
IRESSA	3			
NEXAVAR	2			
SPRYCEL	3			
SUTENT	2			
TARCEVA	2			
Antineoplastics - Miscellaneous				
ACTIMMUNE	3			
ALFERON N	3			
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	3			
MATULANE	2			
MYLOCEL	3			
PHOTOFRIN	MED			
PROLEUKIN	MED			
ROFERON-A	3			
TARGETIN	3			
THERACYS	MED			
TICE BCG	MED			
<i>tretinoin 10 mg</i>	1			
TYKERB	3			
UVADEX	MED			
VESANOID	2			
ZOLINZA	3			
Chemotherapy Rescue/Antidote Agents				
<i>leucovorin calcium</i>	1			
MESNEX	3			
Immunomodulators				
REVLIMID	3			
THALOMID	3			
Mitotic Inhibitors				
<i>etoposide</i>	1			
VEPESID	3			
Blood Products- Modifiers- Volume Expanders				
Anticoagulants - Coumarin				
COUMADIN	3			
<i>warfarin</i>	1			
Anticoagulants - Heparins				
ARIXTRA	3			
FRAGMIN	3			

3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Anticoagulants - Heparins (continued)				
<i>heparin sodium</i>	PMED			
INNOHEP	3			
LOVENOX	3			
Antiinhibitor Coagulant Complex				
FEIBA	3			
Blood Clotting Factor VIIa				
NOVOSEVEN	3		✓	
Blood Clotting Factor VIII Human				
ALPHANATE	3		✓	
HEMOFIL M	3		✓	
HUMATE-P	3		✓	
KOATE-DVI	3		✓	
MONARC-M	3		✓	
MONOCLATE-P	3		✓	
Blood Clotting Factor VIII Recombinant				
ADVATE	3		✓	
HELIXATE FS	3		✓	
KOGENATE FS	3		✓	
RECOMBINATE	3		✓	
REFACTO	3		✓	
Blood Clotting Factor IX Non-Recombinant				
ALPHANINE SD	3		✓	
MONONINE	3		✓	
PROFILNINE	3		✓	
Blood Clotting Factor IX Complex				
BEBULIN	3		✓	
PROPLEX	3		✓	
Blood Clotting Factor IX Recombinant				
BENEFIX	3		✓	
Gaucher Disease				
CEREDASE	MED			
CEREZYME	MED			
ZAVESCA	3		✓	
Hematopoietic Growth Factors				
ARANESP	PMED		✓	
EPOGEN	MED		✓	
PROCRIT	PMED		✓	
LEUKINE	MED			
NEULASTA	PMED			
NEUPOGEN	MED			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Platelet Aggregation Inhibitors				
AGGRENEX	2			
AGRYLIN	3			
<i>anagrelide</i>	1			
<i>cilostazol</i>	1			
<i>dipyridamole</i>	1			
PERSANTINE	3			
PLAVIX #	2			
PLETAL	3			✓
TICLID	3			
<i>ticlopidine</i>	1			
Cardiovascular System				
Alpha-Beta Blockers				
COREG # (See page 42 for step-therapy note)	2			✓
COREG CR	2			
<i>labetalol</i>	1			
TRANDATE	3			
Anaphylaxis Therapy Agents				
EPIPEN	2			
TWINJECT	3			
EPIPEN-JR	2			
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations				
ACCUPRIL	3	✓		✓
ACCURETIC	3			✓
ACEON #	3	✓		
ALTACE #	2	✓		
<i>benazepril</i>	1	✓		
<i>benazepril/hydrochlorothiazide</i>	1			
CAPOTEN	3	✓		
CAPOZIDE	3			
<i>captopril</i>	1	✓		
<i>captopril/hydrochlorothiazide</i>	1			
<i>enalapril</i>	1	✓		
<i>enalapril/hydrochlorothiazide</i>	1			
<i>fosinopril</i>	1	✓		
<i>fosinopril/hydrochlorothiazide</i>	1			
<i>lisinopril</i>	1	✓		
<i>lisinopril/hydrochlorothiazide</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations (continued)				
<i>moexipril</i>	1	✓		
<i>moexipril/hydrochlorothiazide</i>	1			
LOTENSIN	3	✓		
LOTENSIN HCT	3			
MAVIK	3	✓		
MONOPRIL	3	✓		
MONOPRIL HCT	3			
PRINIVIL	3	✓		
PRINZIDE	3			
<i>quinapril</i>	1	✓		
<i>quinaretic</i>	1			
<i>trandolapril</i>	1	✓		
UNIRETIC	3			
UNIVASC	3	✓		
VASERETIC	3			
VASOTEC	3	✓		
ZESTORETIC	3			
ZESTRIL	3	✓		
Angiotensin II Receptor Antagonists and Combinations				
ATACAND	3	✓		✓
ATACAND HCT	3	✓		✓
AVAPRO	3	✓		✓
AVALIDE	3	✓		✓
BENICAR	3	✓		
BENICAR HCT	3	✓		
COZAAR	2	✓		
DIOVAN	2	✓		
DIOVAN HCT	2	✓		
HYZAAR	2	✓		
MICARDIS	3	✓		
MICARDIS HCT	3	✓		
TEVETEN	3	✓		
TEVETEN HCT	3			
Antiadrenergic Antihypertensives				
CARDURA	3			
CARDURA XL	3			
CATAPRES	3			
CATAPRES-TTS	3			
<i>clonidine</i>	1			
<i>doxazosin</i>	1			
<i>guanabenz</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Antiadrenergic Antihypertensives (continued)				
<i>guanfacine</i>	1			
HYTRIN	3			
<i>methyldopa</i>	1			
MINIPRESS	3			
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			
Antianginals - Nitrates				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISMO	3			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
MONOKET	3			
NITROBID	3			
NITRO-DUR	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	3			
NITROSTAT	2			
<i>nitro-transderm</i>	1			
Antianginals - Other				
RANEXA	3	✓		✓
Antiarrhythmics Type I-A				
<i>disopyramide</i>	1			
NORPACE	3			
<i>procainamide</i>	1			
<i>procainamide ER</i>	1			
PROCANBID	3			
PRONESTYL	3			
PRONESTYL SR	3			
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			
Antiarrhythmics Type I-B				
<i>mexiletine</i>	1			
Antiarrhythmics Type I-C				
<i>flecainide</i>	1			
<i>propafenone</i>	1			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antiarrhythmics Type I-C (continued)				
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			
Antiarrhythmics Type III				
<i>amiodarone</i>	1			
CORDARONE	3			
PACERONE	3			
TIKOSYN	3			
Antihyperlipidemics - Bile Sequestrants				
<i>cholestyramine</i>	1			
COLESTID	3			
<i>colestipol</i>	1			
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			
Antihyperlipidemics - Fibric Acid Derivatives				
ANTARA	2			
<i>gemfibrozil</i>	1			
<i>fenofibrate</i>	1			
LOFIBRA	3			
LOPID	3			
TRICOR #	2			
TRIGLIDE	3			
Antihyperlipidemics - HMG CoA Reductase Inhibitors				
ADVICOR	2	✓		
ALTOPREV	3	✓		✓
CADUET	3	✓		✓
CRESTOR 5 mg	2	✓		✓
CRESTOR (all other strengths)	2	✓		
LESCOL	2	✓		
LESCOL XL	2	✓		
LIPITOR	3	✓		✓
<i>lovastatin</i>	1	✓		
MEVACOR	3	✓		✓
PRAVACHOL	3	✓		✓
<i>pravastatin</i>	1	✓		
<i>simvastatin</i>	1	✓		
VTORIN 10 mg / 10 mg	2	✓		✓
VTORIN (all other strengths)	2	✓		
ZOCOR	3	✓		✓

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antihyperlipidemics - Intestinal Cholesterol Absorption Inhibitors				
ZETIA	2	✓		
Antihyperlipidemics - Miscellaneous				
LIPEX	3			
LOVAZA	3			
Antihyperlipidemics - Nicotinic Acid Derivatives				
NIASPAN	2			
Beta Blockers Cardioselective and Combinations				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>atenolol/chlorthalidone</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol fumarate</i>	1			
<i>bisoprolol/ hydrochlorothiazide</i>	1			
KERLONE	3			
LOPRESS HCT	3			
LOPRESSOR	3			
<i>metoprolol</i>	1			
<i>metoprolol succinate SR</i>	3			
SECTRAL	3			
TENORMIN	3			
TENORETIC	3			
TOPROL XL	3			✓
ZEBETA	3			
ZIAC	3			
Beta Blockers Non-Selective and Combinations				
BETAPACE	3			
BETAPACE AF	3			
CARTROL	3			
CORGARD	3			
CORZIDE	3			
INDERAL	3			
INDERAL LA	3			
INDERIDE	3			
INNOPRAN XL	3			
LEVATOL	3			
<i>metoprolol/ hydrochlorothiazide</i>	1			
<i>nadolol</i>	1			
<i>pindolol</i>	1			
<i>propranolol</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Beta Blockers Non-Selective and Combinations (continued)				
<i>propranolol SR</i>	1			
<i>propranolol/hydrochlorothiazide</i>	1			
<i>sorine</i>	1			
<i>sotalol AF</i>	1			
<i>sotalol hcl</i>	1			
TIMOLIDE	3			
<i>timolol maleate</i>	1			
Calcium Blockers				
ADALAT CC	3	✓		✓
<i>afeditab</i>	1	✓		
<i>amlodipine</i>	1	✓		
CALAN	3			✓
CALAN SR	3	✓		✓
CARDENE	3			✓
CARDENE SR	3			
CARDIZEM	3			✓
CARDIZEM CD	3	✓		✓
CARDIZEM LA	2	✓		
<i>cartia XT</i>	1	✓		
COVERA HS	3	✓		✓
DILACOR XR	3	✓		✓
<i>diltia XT</i>	1	✓		
<i>diltiazem</i>	1			
<i>diltiazem CD/ER/CR/XT</i>	1	✓		
<i>diltiazem extended release beads SR</i>	1	✓		
DYNACIRC CR	3			
<i>felodipine</i>	1	✓		
ISOPTIN SR	3	✓		✓
<i>isradipine</i>	1			
<i>nicardipine</i>	1			
<i>nifediac CC</i>	1	✓		
<i>nifedical XL</i>	1	✓		
<i>nifedipine</i>	1			
<i>nifedipine CR/ER/SR</i>	1	✓		
<i>nimodipine</i>	1			
NIMOTOP	3			
NORVASC	3	✓		✓
PLENDIL	3	✓		
PROCARDIA	3			✓
PROCARDIA XL	3	✓		✓
SULAR	3	✓		
<i>taztia XT</i>	1	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Calcium Blockers (continued)				
TIAZAC	3	✓		✓
<i>verapamil</i>	1	✓		
<i>verapamil CR/ER/SR</i>	1	✓		
VERELAN	3	✓		✓
VERELAN PM	3	✓		
Cardiac Glycosides				
<i>digitek</i>	1			
<i>digoxin</i>	1			
LANOXICAPS	3			
LANOXIN	3			
Cardiovascular Combinations - Miscellaneous				
<i>amlodipine/benazepril</i>	1			
BIDIL	3			
CLORPRES	3			
<i>hydralazine/hydrochlorothiazide</i>	1			
LEXXEL	3			
LOTREL	3			✓
<i>methyldopa/hydrochlorothiazide</i>	1			
<i>rauwolfia/bendroflumethiazide</i>	1			
TARKA	3			
Direct Renin Inhibitor				
TEKTURNA	3	✓		✓
Diuretics - Carbonic Anhydrase Inhibitors				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
Diuretics - Loop				
<i>bumetanide</i>	1			
BUMEX	3			
DEMADEX	3			
EDECIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torsemide</i>	1			
Diuretics - Potassium Sparing and Combinations				
ALDACTAZIDE	3			
ALDACTONE	3			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Diuretics - Potassium Sparing and Combinations (continued)				
<i>amiloride</i>	1			
<i>amiloride/hydrochlorothiazide</i>	1			
DYAZIDE	3			
DYRENIUM	3			
MAXZIDE	3			
<i>spironolactone</i>	1			
<i>spironolactone/hydrochlorothiazide</i>	1			
<i>triamterene/hydrochlorothiazide</i>	1			
Diuretics - Selective Aldosterone Receptor Antagonists (SARAs)				
INSPRA	3			
Diuretics - Thiazide and Thiazide-Like				
<i>chlorothiazide</i>	1			
<i>chlorthalidone</i>	1			
DIURIL	3			
<i>hydrochlorothiazide</i>	1			
<i>indapamide</i>	1			
<i>methychlothiazide</i>	1			
<i>metolazone</i>	1			
MICROZIDE	3			
NATURETIN	3			
THALITONE	3			
ZAROXOLYN	3			
Erectile Dysfunction				
CAVERJECT	3	✓	✓	
EDEX	3	✓	✓	
MUSE	3	✓	✓	
<i>papaverine inj.</i>	1			
Pheochromocytoma Agents				
DEMSER	3			
DIBENZYLINE	2			
<i>phenolamine</i>	1			
Pulmonary Hypertension Agents				
LETAIRIS	3			
REVATIO	2		✓	
TRACLEER	2			
VENTAVIS	2			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Vasodilators				
<i>hydralazine</i>	1			
<i>isosuprine</i>	1			
<i>minoxidil</i>	1			
<i>papaverine ER</i>	1			
VASODILAN	3			
Central Nervous System				
ALS Agents				
RILUTEK	3		✓	
Alzheimer's Disease - Antidementia				
ARICEPT #	3			
ARICEPT ODT	3			
COGNEX	3			
EXELON	2			
NAMENDA	2			
RAZADYNE #	3			
RAZADYNE ER	3			
Antianxiety - Benzodiazepines				
<i>alprazolam</i>	1			
<i>alprazolam ER</i>	1			
<i>chlordiazepoxide</i>	1			
<i>clorazepate</i>	1			
<i>diazepam</i>	1			
<i>lorazepam</i>	1			
NIRAVAM	3			
<i>oxazepam</i>	1			
XANAX XR	3			
Antianxiety - Miscellaneous				
<i>buspirone</i>	1			
<i>hydroxyzine hcl</i>	1			
<i>hydroxyzine pamoate</i>	1			
<i>meprobamate</i>	1			
Anticonvulsants - Benzodiazepines				
<i>clonazepam</i>	1			
<i>clonazepam orally disintegrating tab</i>	1			
DIASTAT	3			
KLONOPIN	3			
KLONOPIN WAFER	3			
Anticonvulsants - Carbamates				
FELBATOL	3			
Anticonvulsants - GABA Modulators				
GABITRIL	3			

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
Anticonvulsants - Hydantoin				
<i>phenytoin extended</i>	1			
<i>phenytoin sodium</i>	1			
Anticonvulsants - Miscellaneous				
<i>carbamazepine</i>	1			
<i>gabapentin</i>	1	✓		
GABARONE	3	✓		✓
KEPPRA	2			
LAMICTAL	2			
<i>lamotrigine chew</i>	1			
LYRICA	3	✓		✓
NEURONTIN	3	✓		✓
<i>primidone</i>	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX #	3			
TRILEPTAL	2			
ZONEGRAN	3			
<i>zonisamide</i>	1			
Anticonvulsants - Succinimides				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
Anticonvulsants - Valproic Acid				
DEPAKOTE #	2			
DEPAKOTE ER #	2			
DEPAKOTE SPRINKLE #	2			
Antidepressants - Alpha-2 Receptor Antagonists				
<i>mirtazapine</i>	1	✓		
<i>mirtazapine ODT</i>	1	✓		
REMERON	3	✓		✓
REMERON SOLUTAB	3	✓		✓
Antidepressants - MAO Inhibitors				
EMSAM	3	✓		
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<i>tranylcypromine sulfate</i>	1			
Antidepressants - Miscellaneous				
<i>budeprion</i>	1	✓		
<i>budeprion XL</i>	1	✓		
<i>bupropion</i>	1	✓		
<i>bupropion SR</i>	1	✓		

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
Antidepressants - Miscellaneous (continued)				
<i>maprotiline</i>	1	✓		
WELLBUTRIN	3	✓		✓
WELLBUTRIN SR	3	✓		✓
WELLBUTRIN XL #	2	✓		✓
Antidepressants - Modified Cyclics				
DESYREL	3			✓
<i>nefazodone</i>	3			✓
<i>trazodone</i>	1			
Antidepressants - Serotonin-Norepinephrine Reuptake Inhibitors				
CYMBALTA	2	✓		✓
EFFEXOR	3	✓		✓
EFFEXOR XR	2	✓		✓
<i>venlafaxine</i>	1	✓		
Antidepressants - Selective Serotonin Reuptake Inhibitors				
CELEXA	3	✓		✓
<i>citalopram</i>	1	✓		
<i>fluoxetine</i>	1	✓		
<i>fluvoxamine</i>	1	✓		
LEXAPRO	3	✓		✓
<i>paroxetine</i>	1	✓		
PAXIL	3	✓		✓
PAXIL CR	3			✓
PEXEVA	3	✓		✓
PROZAC	3	✓		✓
PROZAC WEEKLY	3	✓		✓
RAPIFLUX	3	✓		✓
<i>sertraline</i>	1	✓		
ZOLOFT	3	✓		✓
Antidepressants - Tricyclic Agents				
<i>amitriptyline</i>	1			
<i>amoxapine</i>	1			
<i>clomipramine</i>	1			
<i>desipramine</i>	1			
<i>doxepin hcl</i>	1			
<i>imipramine hcl</i>	1			
<i>nortriptyline</i>	1			
<i>vanatrip</i>	1			
Antiparkinsonian Adjuvants				
LODOSYN	3			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antiparkinsonian Anticholinergic				
AKINETON	3			
<i>benztropine</i>	1			
COGENTIN	3			
KEMADRIN	3			
<i>trihexyphenidyl</i>	1			
Antiparkinsonian COMT Inhibitors				
COMTAN	2			
TASMAR	3			
Antiparkinsonian Dopaminergic				
<i>amantadine</i>	1			
APOKYN	3			
<i>atamet</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			
<i>carbidopa/levodopa SR</i>	1			
MIRAPEX #	2			
NEUPRO	3	✓		
PARCOPA	3			
PARLODEL	3			
REQUIP #	2			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	3			
Antiparkinsonian Monoamine Oxidase Inhibitor				
AZILECT	3			
ELDEPRYL	3			
<i>selegiline</i>	1			
Antipsychotics - Atypical				
ABILIFY	3	✓		
ABILIFY DISC	3	✓		
<i>clozapine</i>	1	✓		
CLOZARIL	3	✓		
FAZACLO	3	✓		
GEODON #	3	✓		
INVEGA	3	✓		✓
RISPERDAL # (See page 43 for step-therapy note)	2	✓		✓
RISPERDAL CONSTA	MED			
RISPERDAL M	2	✓		
SEROQUEL	2	✓		
SEROQUEL XR	2	✓		
ZYPREXA #	2	✓		
ZYPREXA ZYDIS	2	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antipsychotics - Combinations				
<i>chlordiazepoxide/ amitriptyline</i>	1			
<i>perphenazine/ amitriptyline</i>	1			
SYMBYAX	3	✓		
Antipsychotics - First Generation				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>haloperidol</i>	1			
<i>loxapine</i>	1			
<i>perphenazine</i>	1			
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>thiothixene</i>	1			
<i>trifluoperazine</i>	1			
Antipsychotics - Miscellaneous				
EQUETRO	3			
Chemical Dependency				
ANTABUSE	3			
CAMPRAL	3			
<i>naltrexone</i>	1			
Lithium				
<i>lithium carbonate</i>	1			
<i>lithium carbonate CR</i>	1			
<i>lithium citrate</i>	1			
LITHOBID	3			
Migraine Products				
AMERGE	2	✓		
AXERT	3	✓		
FROVA	3	✓		
IMITREX inj. #	2	✓		
IMITREX tab/spray #	2	✓		
MAXALT	2	✓		
MAXALT MLT	2	✓		
MIGRANAL	3	✓		
RELPAX	3	✓		
ZOMIG	3	✓		
ZOMIG ZMT	3	✓		
Multiple Sclerosis Agents				
AVONEX	2			
BETASERON	3			
COPAXONE	2			
REBIF	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Narcotic Agonists				
ACTIQ	3	✓	✓	
AVINZA	3			
codeine phosphate	1			
codeine sulfate	1			
DARVON-N	3			
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3	✓		✓
fentanyl transmucosal lozenge	1	✓	✓	
fentanyl transdermal	1	✓		
FENTORA	3	✓	✓	✓
hydromorphone	1			
KADIAN	2			
levorphanol	1			
meperidine	1			
methadone	1			
methadose	1			
morphine sulfate	1			
morphine sulfate CR	1			
MS CONTIN	3			
OPANA	3			
OPANA ER	2			
ORAMORPH SR	3			
oxycodone	1			
OXYCONTIN CR #	2	✓		
oxyfast	1			
OXYIR	3			
propoxyphene	1			
tramadol hcl	1			
ULTRAM	3			✓
ULTRAM ER	3			✓
Narcotic Combinations				
acetaminophen/codeine	1			
ALCET	3			✓
aspirin/codeine	1			
butalbital/acetaminophen/caffeine/codeine	1			
butalbital/aspirin/caffeine/codeine	1			
CAPITAL/CODEINE	3			✓
COMBUNOX	3	✓		✓
DARVOCEP-N	3			✓
FIORICET/CODEINE	3			✓
FIORINAL/CODEINE	3			✓

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Narcotic Combinations (continued)				
hydrocodone/acetaminophen	1			
hydrocodone/ibuprofen	1			
LIQUICET	3			✓
LORCET	3			✓
LORCET PLUS	3			✓
LORTAB	3			✓
LYNOX	3			✓
MAGNACET	3			✓
MAXIDONE	3			✓
meperidine/promethazine	1			
meprozine	1			
NORCO	3			✓
oxycodone/acetaminophen	1			
oxycodone/aspirin	1			
pentazocine/acetaminophen	1			
PERCOCET	3			✓
PERCODAN	3			✓
phrenilin/caffeine/codeine	1			
propoxyphene/acetaminophen	1			
propoxyphene-N/acetaminophen	1			
REPREXAIN	3			✓
ROXICET	3			✓
STAGESIC	1			
STAFLEX	3			
SYNALGOS DC	3			
TALACEN	3			✓
tramadol/acetaminophen	1			
TRYCET	3			✓
TYLENOL/CODEINE	3			✓
TYLOX	3			✓
ULTRACET	3			
VICODIN	3			✓
VICODIN ES	3			✓
vicodin HP	1			
VICOPROFEN	3			✓
VOPAC	3			✓
XODOL	3			✓
ZYDONE	3			✓

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LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
Narcotic Partial Agonists				
<i>butorphanol</i>	1	✓		
<i>pentazocine/naloxone</i>	1	✓		
SUBOXONE	3			
SUBUTEX	3			
TALWIN NX	3			
Premenstrual Dysphoric Disorder				
SARAFEM	3	✓		
Psychotherapeutic and Neurological Agents				
<i>ergoloid mesylate</i>	1			
ORAP	3			
PROVIGIL	3	✓	✓	
STRATTERA	3	✓		✓
XYREM	3		✓	
Sedative/Hypnotics - Barbiturate				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>mephobarbital</i>	1			
<i>phenobarbital</i>	1			
SECONAL	3			
Sedative/Hypnotics - Nonbarbiturates				
AMBIEN	3	✓		✓
AMBIEN CR	2	✓		✓
<i>chloral hydrate</i>	1			
DORAL	3			
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
LUNESTA	3	✓		✓
<i>midazolam</i>	1			
ROZEREM	3	✓		✓
SONATA #	3	✓		✓
<i>temazepam</i>	1			
<i>triazolam</i>	1			
<i>zolpidem</i>	1	✓		
Stimulants - Amphetamines				
ADDERALL	3	✓		
ADDERALL XR #	2	✓		
<i>amphetamine/ dextroamphetamine</i>	1	✓		
DESOXYN	3	✓		✓
DEXEDRINE	3	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
<i>dextrostat</i>	3	✓		
VYVANSE	2	✓		

LABEL NAME	Copay Tier	Quantity Limits	Pre-cert	Step-Therapy
Stimulants - Methylphenidate				
CONCERTA #	3	✓		✓
DAYTRANA	2	✓		
<i>dexmethylphenidate</i>	1	✓		
FOCALIN	3	✓		✓
FOCALIN XR	3	✓		✓
METADATE CD #	2	✓		
METADATE ER	3	✓		✓
<i>methylin</i>	1	✓		
METHYLIN chew/soln	3	✓		✓
<i>methylin ER</i>	1	✓		
<i>methylphenidate</i>	1	✓		
<i>methylphenidate ER</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
RITALIN	3	✓		✓
RITALIN LA	3	✓		✓
RITALIN SR	3	✓		✓
Dermatological Agents				
Acne Products				
ACCUTANE	3	✓	✓	✓
AKNE-MYCIN	3			
<i>amnestem</i>	1	✓	✓	
AVAR	3			
AVAR GREEN	3			
AVITA	1		✓	
AZELEX	3			
BENZACLIN	2			
BENZAMYCIN	3			
BENZIQU	3			
BENZIQU LS	3			
BENZIQU wash	3			
<i>benzoyl peroxide</i>	1			
<i>benzoyl peroxide/ urea cream</i>	1			
BINORA	3			
CLARIFOAM EF	3			
<i>claravis</i>	1	✓	✓	
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
DIFFERIN gel/cream	2			
DUAC	2			
<i>erythromycin</i>	1			
<i>erythromycin/benzoyl peroxide</i>	1			
EVOCLIN	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Acne Products (continued)				
INOVA	3			
<i>isotretinoin</i>	1	✓	✓	
KLARON	3			
LAVOCLEN	3			
METROCREAM	3			
METROGEL 1% only	2			
METROLOTION	3			
<i>metronidazole</i>	1			
NEOBENZ MICRO	3			
NORITATE	3			
NUOX	3			
PLEXION cloth	3			
PLEXION emulsion	3			
PLEXION SCT	3			
PLEXION TS	3			
RETIN-A	3		✓	
RETIN-A MICRO	2		✓	
ROSAC	3			
ROSULA	3			
ROZEX	3			
<i>sodium sulfacetamide/sulfur</i>	1			
<i>sotret</i>	1	✓	✓	
SULFACET-R	3			
<i>sulfatol</i>	1			
SULFOXYL	3			
<i>tretinoin</i>	1		✓	
TRIAZ	3			
Z-CLINZ	3			
ZIANA	2		✓	
ZODERM	3			
Antibiotics - Topical				
ALTABAX	3			
BACTROBAN	3			
CENTANY	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
Antifungals - Topical				
<i>ciclopirox</i>	1			
<i>clotrimazole/ betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
<i>hydrocortisone/clioquinol</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antifungals - Topical (continued)				
<i>hydrocortisone/iodoquinol</i>	1			
<i>ketoconazole</i>	1			
LOPROX cream/lotion/suspension	3			
LOPROX gel/shampoo #	2			
LOTRISONE	3			
NAFTIN	3			
<i>nystatin</i>	1			
<i>nystatin/triamcinolone</i>	1			
OXISTAT	3			
PENLAC #	3		✓	
VUSION	3			
Antineoplastics and Keratolytics - Topical				
CARAC	3			
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
PANRETIN	2			
SOLARAZE	3			
TARGETIN	2			
Antipruritics and Topical Anesthetics				
<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM	2			
<i>pradoxin</i>	1			
SYNERA	3			
ZONALON	3			
Antipsoriatics				
8-MOP	3			
AMEVIVE	3			
<i>anthralin</i>	1			
DOVONEX #	3			
DRITHO-SCALP	3			
OXSORALEN-UL	3			
PSORiatec	3			
RAPTIVA	3			
SORIATANE	2			
TAZORAC	2			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antiseborrheic Products				
CAPITROL lotion/shampoo/spray	3			
OVACE	3			
ROSULA NS	3			
SEBIZON	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
Antiviral - Topical				
DENAVIR	3			
ZOVIRAX	3			
Corticosteroids - Topical				
<i>alclometasone</i>	1			
<i>amcinonide</i>	1			
<i>augmented betamethasone dipropionate</i>	1			
<i>betamethasone valerate</i>	1			
<i>clobetasol</i>	1			
<i>clobevate</i>	1			
CLOBEX lotion/shampoo/spray	2			
CLODERM	3			
CORDRAN	3			
DERMATOP	3			
DESONATE	3			
<i>desonide</i>	1			
<i>desoximetasone</i>	1			
<i>diflorasone</i>	1			
DIPROLENE AF	3			
ELOCON	3			
<i>fluocinolone acetonide</i>	1			
<i>fluocinonide</i>	1			
<i>fluticasone</i>	1			
HALOG	3			
<i>hydrocortisone</i>	1			
<i>hydrocortisone butyrate</i>	1			
<i>hydrocortisone valerate</i>	1			
<i>hydrocortisone/pramoxine</i>	1			
<i>lacticare/hydrocortisone</i>	1			
<i>lidocaine/hydrocortisone</i>	1			
LUXIQ	2			
<i>mometasone</i>	1			
NUZON	3			
OLUX	2			
OLUX-E	2			
<i>prednicarbate</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Corticosteroids - Topical (continued)				
TACLONEX	3			✓
<i>triamcinolone</i>	1			
ULTRAVATE	3			
VANOS	2			
VERDESO	3			
Immunomodulating Agents - Topical				
ALDARA	2			
ELIDEL	2			✓
PROTOPIC	2			✓
Rosacea Agents				
FINACEA	3			
ORACEA	3	✓	✓	
Scabicides & Pediculicides				
EURAX	3			
<i>lindane</i>	1			
<i>permethrin</i>	1			
<i>sulfurated lime solution</i>	1			
Endocrine System				
Antidiabetics - Alpha-Glucosidase Inhibitors				
GLYSET	3			
PRECOSE	3			
Antidiabetics - Biguanides and Combinations				
FORTAMET	3			
<i>glipizide/metformin</i>	1			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
GLUCOVANCE	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<i>metformin</i>	1			
<i>metformin ER</i>	1			
RIOMET	3			
Antidiabetics - DPP-IV Inhibitors and Combinations				
JANUVIA	2			
JANUMET	2			
Antidiabetics - Insulin				
APIDRA	3			
BYETTA	2	✓		
EXUBERA	3	✓	✓	✓

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Antidiabetics - Insulin (continued)				
HUMALOG products	2			
HUMULIN products	2			
LANTUS	2			
LEVEMIR	2			
NOVOLIN products	3			✓
NOVOLOG products	2			
RELION products	3			✓
SYMLIN	2			
Antidiabetics - Meglitinides				
STARLIX	2			
PRANDIN	2			
Antidiabetics - Sulfonylureas				
AMARYL	3			
<i>chlorpropamide</i>	1			
<i>glimepiride</i>	1			
<i>glipizide</i>	1			
<i>glipizide ER</i>	1			
<i>glipizide XL</i>	1			
<i>glyburide</i>	1			
<i>glyburide micronized</i>	1			
<i>glycron</i>	1			
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			
Antidiabetics - Thiazolidinediones (TZDs) and Combinations				
ACTOS	2			
ACTOPLUS MET	2			
AVANDAMET	2			
AVANDARYL	2			
AVANDIA	2			
DUETACT	2			
Antidiuretic Agents				
DDAVP	3			✓
<i>desmopressin</i>	1			
STIMATE	3			
Contraceptives - Injectable Progestins				
<i>medroxyprogesterone</i>	1			
DEPO-PROVERA	3			
Contraceptives - Oral				
ALESSE	3	✓		
<i>apri</i>	1	✓		
<i>aranelle</i>	1	✓		
<i>aviane</i>	1	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Contraceptives - Oral (continued)				
BREVICON	3	✓		
<i>cesia</i>	1	✓		
<i>cryselle</i>	1	✓		
CYCLESSA	3	✓		
DEMULEN 1/35	3	✓		
DEMULEN 1/50	3	✓		
DESOGEN	3	✓		
<i>enpresse</i>	1	✓		
ESTROSTEP FE	3	✓		
FEMCON	3	✓		
<i>jolessa</i>	1	✓		
<i>junel 1.5/30</i>	1	✓		
<i>junel 1/20</i>	1	✓		
<i>junel FE 1.5/30</i>	1	✓		
<i>junel FE 1/20</i>	1	✓		
<i>kariva</i>	1	✓		
<i>kelnor</i>	1	✓		
<i>leena</i>	1	✓		
<i>lessina</i>	1	✓		
LEVLEN	3	✓		
LEVLITE	3	✓		
<i>levora</i>	1	✓		
LO/OVRAL	3	✓		
LOESTRIN 1.5/30	3	✓		
LOESTRIN 1/20	3	✓		
LOESTRIN FE	3	✓		
LOESTRIN FE 1.5/30	3	✓		
LOESTRIN-24	3	✓		
<i>low-ogestrel</i>	1	✓		
<i>lutera</i>	1	✓		
LYBREL	3	✓		
<i>microgestin 1.5/30</i>	1	✓		
<i>microgestin 1/20</i>	1	✓		
<i>microgestin FE 1.5/30</i>	1	✓		
<i>microgestin FE1/20</i>	1	✓		
MIRCETTE	3	✓		
MODICON 0.5/35	3	✓		
<i>mononessa</i>	1	✓		
<i>necon 0.5/35</i>	1	✓		
<i>necon 1/35</i>	1	✓		
<i>necon 1/50</i>	1	✓		
<i>necon 10/11</i>	1	✓		
<i>necon 7/7/7</i>	1	✓		
NORDETTE	3	✓		
NORINYL 1+35	3	✓		

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Contraceptives - Oral (continued)				
NORINYL 1+50	3	✓		
<i>nortrel 0.5/35</i>	1	✓		
<i>nortrel 1/35</i>	1	✓		
<i>nortrel 7/7/7</i>	1	✓		
<i>ogestrel</i>	1	✓		
ORTHO TRI-CYCLEN	3	✓		
ORTHO TRI-CYCLEN LO	3	✓		
ORTHO-CEPT	3	✓		
ORTHO-CYCLEN	3	✓		
ORTHO-NOVUM 1/35	3	✓		
ORTHO-NOVUM 1/50	3	✓		
ORTHO-NOVUM 10/11	3	✓		
ORTHO-NOVUM 7/7/7	3	✓		
OVCON 50	3	✓		
OVCON-35	3	✓		
<i>portia</i>	1	✓		
<i>previfem</i>	1	✓		
<i>quasense</i>	1	✓		
<i>reclipsen</i>	1	✓		
SEASONALE	3			
SEASONIQUE	2			
<i>solia</i>	1	✓		
<i>sprintec</i>	1	✓		
<i>sronyx</i>	1	✓		
TRI-LEVLEN	3	✓		
<i>trinessa</i>	1	✓		
TRI-NORINYL	3	✓		
TRIPHASIL	3	✓		
<i>tri-previfem</i>	1	✓		
<i>tri-sprintec</i>	1	✓		
<i>trivora</i>	1	✓		
<i>velivet</i>	1	✓		
YAZ	3	✓		
YASMIN	3	✓		
<i>zovia 1/35E</i>	1	✓		
<i>zovia 1/50E</i>	1	✓		
Contraceptives - Oral Progestins				
<i>camila</i>	1	✓		
<i>errin</i>	1	✓		
<i>jolivette</i>	1	✓		
<i>nora-be</i>	1	✓		
NOR-QD	3	✓		
ORTHO MICRONOR	3	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Contraceptives - Transdermal				
ORTHO EVRA	3			
Contraceptives - Vaginal				
NUVARING	3			
Diabetic Supplies				
alcohol swabs	NC			
BD insulin syringes	2			
FREESTYLE glucose test strips	2			
FREESTYLE LITE glucose test strips	2			
gauze pad	NC			
glucose test strips (all other brands)	3			✓
insulin syringes (all syringes other than BD brand)	3			
ONE TOUCH BASIC/ PROFILE/ONE TOUCH II glucose test strips	2			
ONE TOUCH FAST TAKE glucose test strips	2			
ONE TOUCH SURE STEP glucose test strips	2			
ONE TOUCH ULTRA glucose test strips	2			
PRECISION Q-I-D glucose test strips	2			
PRECISION SOF-TACT glucose test strips	2			
PRECISION XTRA glucose test strips	2			
PRECISION XTRA ketone test strips	2			
Fertility Agents				
BRAVELLE	2		✓	
CETROTIDE	3		✓	
<i>chorionic gonadotropin</i>	1		✓	
FOLLISTIM	2		✓	
FOLLISTIM AQ	2		✓	
GANIRELIX	3		✓	
GONAL-F	2		✓	
LUVERIS	3		✓	
MENOPUR	2		✓	
NOVAREL	3		✓	
OVIDREL	3		✓	
REPRONEX	2		✓	

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Glucose Elevating Agents				
GLUCAGON	3			
PROGLYCEM	2			
Growth Hormone Agents				
GENOTROPIN	3		✓	
GEREF	3		✓	
HUMATROPE	2		✓	
NORDITROPIN	3		✓	
NUTROPIN	2		✓	
NUTROPIN AQ	2		✓	
OMNITROPE	3		✓	
PROTROPIN	3		✓	
SAIZEN	3		✓	
SEROSTIM	3		✓	
SOMAVERT	3		✓	
TEV-TROPIN	3		✓	
Growth Factors, Insulin-like				
INCRELEX	3		✓	
IPLIX	3		✓	
Hormone Replacement - Androgens				
ANDRODERM	2			
ANDROGEL	2			
<i>danazol</i>	1			
FIRST-TESTOSTERONE	3			✓
STRIANT	3			✓
TESTIM	3			✓
<i>testosterone inj.</i>	PMED			
Hormone Replacement - Estrogens				
ALORA	3	✓		
CENESTIN	2			
CLIMARA	3	✓		
DIVIGEL	2			
ELESTRIN	3			
ENJUVIA	2			
ESCLIM	3	✓		
ESTRACE	3			
ESTRADERM	3	✓		
<i>estradiol tab</i>	1			
<i>estradiol patch</i>	1	✓		
ESTRASORB	2			
ESTROGEL	3			
<i>estropipate</i>	1			
<i>gynodiol</i>	1			
MENEST	2			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Hormone Replacement - Estrogens (continued)				
MENOSTAR	3	✓		
OGEN	3			
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE	3	✓		
VIVELLE-DOT	3	✓		
Hormone Replacement - Estrogen Combinations				
ACTIVELLA #	3			
ANGELIQ	3			
CLIMARA PRO	3	✓		
COMBIPATCH	3	✓		
ESTRATEST	3			
ESTRATEST HS	3			
FEMHRT	3			
FEMHRT LOW DOSE	3			
FEMTRACE	3			
PREFEST	3			
PREMPHASE	3			
PREMPRO	3			
<i>syntest D.S.</i>	1			
<i>syntest H.S.</i>	1			
Hormone Replacement - Progestins				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
PROMETRIUM	2			
Metabolic Modifiers				
ADAGEN	MED			
ALDURAZYME	3			
BUPHENYL	3			
CARNITOR	3			
CYSTADANE	3			
ELAPRASE	MED			
FABRAZYME	3			
HECTOROL	3			
MYOZYME	3			
NAGLAZYME	MED			
ORFADIN	2		✓	
SENSIPAR	3			
SUCRAID	3			
ZEMPLAR	2			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Steroids - Glucocorticosteroids				
CELESTONE	3			
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3			
<i>hydrocortisone</i>	1			
<i>methylprednisolone</i>	1			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
Steroids - Mineralocorticoids				
<i>fludrocort</i>	1			
Thyroid Hormones				
ARMOUR THYROID	3			
BIO-THROID	3			
<i>levothroid</i>	1			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
SYNTHROID	3			
THYROLAR	3			
<i>unithroid</i>	1			
Thyroid - Antithyroid Agents				
<i>methimazole</i>	1			
<i>propylthiouracil</i>	1			
TAPAZOLE	3			
Gastrointestinal System				
Acid Suppressants - H-2 Antagonists				
AXID	3			
<i>cimetidine</i>	1			
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			
PEPCID RPD	3			
<i>ranitidine</i>	1			
TAGAMET	3			
ZANTAC (all other forms)	3			
ZANTAC syrup	2			
Acid Suppressants - Proton Pump Inhibitors				
ACIPHEX	3	✓	✓	✓
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
PREVACID #	2	✓	✓	
PREVACID SOLUTAB	2	✓	✓	

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Acid Suppressants - Proton Pump Inhibitors (continued)				
PRIOLESEC	3	✓	✓	✓
PROTONIX #	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
Antiemetics - 5-HT3 Receptor Antagonists				
ANZEMET	3	✓		✓
KYTRIL #	3	✓		✓
<i>ondansetron</i>	1	✓		
ZOFRAN	3	✓		✓
ZOFRAN ODT	3	✓		✓
Antiemetics - Anticholinergic				
<i>maldemar</i>	1			
TRANSDERM-SCOP	3			
<i>trimethobenzamide</i>	1			
Antiemetics - Miscellaneous				
CESAMET	3	✓		
EMEND	2	✓		
<i>tebamide</i>	1			
Anti-Ulcer Drugs				
<i>misoprostol</i>	1			
<i>sucralfate</i>	1			
Bowel Evacuants				
COLYTE	3			
GOLYTELY	3			
HALFLYTELY	3			
NULYTELY	3			
OSMOPREP	3			
<i>peg 3350</i>	1			
<i>polyethylene glycol</i>	1			
<i>trilyte</i>	1			
VISICOL	3			
Chronic Constipation Agent				
AMITIZA	3		✓	
Gallstone Solubilizing Agents				
URSO 250	2			
URSO FORTE	2			
<i>ursodiol</i>	1			
GI Antiallergy Agents				
GASTROCROM	3			
GI Stimulants				
<i>metoclopramide hcl</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
H. pylori Agents				
HELIDAC	3	✓		
PREVPAC	2	✓		
PYLERA	3	✓		
Inflammatory Bowel Agents				
ASACOL	2	✓		
AZULFIDINE	3	✓		
AZULFIDINE ENTABS	3	✓		
CANASA	2	✓		
COLAZAL #	2	✓		
DIPENTUM	3	✓		
LIALDA	2	✓		
<i>mesalamine</i>	1			
PENTASA	3	✓		
ROWASA (enema only)	2			
<i>sulfasalazine</i>	1	✓		
<i>sulfasalazine ER</i>	1	✓		
<i>sulfazine</i>	1	✓		
<i>sulfazine EC</i>	1	✓		
Irritable Bowel Syndrome (IBS) Agents				
LOTRONEX	3		✓	
Laxatives				
<i>glycolax</i>	1			
KRISTALOSE	3			
<i>lactulose</i>	1			
Pancreatic Enzymes				
CREON	2			
DIGEX	3			
KU-ZYME	3			
KU-ZYME-HP	3			
LIPRAM	3			
LIPRAM CR	3			
LIPRAM PN	3			
PALCAPS	3			
<i>pancreatin</i>	1			
<i>pancrelipase</i>	1			
PANOCAPS	3			
ULTRACAPS	3			
ULTRASE	2			
ULTRASE MT	2			
VIOKASE	2			
Rectal Steroids				
<i>colocort</i>	1			
CORTIFOAM	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Genitourinary System				
Cystinosis Agents				
CYSTAGON	3			
Interstitial Cystitis Agents				
ELMIRON	3			
RIMSO	3			
Phosphate Binders				
FOSRENOL	2			
PHOSLO	2			
RENAGEL	2			
Prostatic Hypertrophy Agents				
AVODART	3		✓	
<i>finasteride</i>	1		✓	
FLOMAX	2		✓	
PROSCAR	3		✓	
UROXATRAL	2		✓	
Urinary Antispasmodics				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL	3			✓
ENABLEX	2			
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>oxybutynin</i>	1			
<i>oxybutynin SR</i>	1			
OXYTROL	2			
SANCTURA	3			✓
URECHOLINE	3			
URISPAS	3			
VESICARE	2			
Urinary Anti-infectives and Combinations				
MACROBID	3			
<i>methenamine hippurate</i>	1			
<i>methenamine mandelate</i>	1			
MONUROL	3			
<i>nitrofurantoin</i>	1			
<i>nitrofurantoin monohydrate macrocrystal</i>	1			
UREX	3			
URELLE	3			
UTA	3			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Vaginal Anti-infectives				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
CLINDESSE	3			
GYNAZOLE-1	3			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			
<i>terconazole</i>	1			
<i>tioconazole</i>	1			
<i>vandazole</i>	1			
<i>zazole</i>	1			
Vaginal Estrogens				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	2			
PREMARIN VAGINAL	3			
VAGIFEM	3			
Vaginal Progestins				
CRINONE	3			
PROCHIEVE	3			
PROGESTERONE VAGINAL	3			
Immunological Agents				
Immunosuppressive Agents				
ATGAM	MED			
AZASAN	3			
<i>azathioprine</i>	1			
CELLCEPT	2			
<i>cyclosporine</i>	1			
<i>cyclosporine modified</i>	1			
<i>gengraf</i>	1			
IMURAN	3			
MYFORTIC	3			
NEORAL	3			
ORTHOCLONE	MED			
PROGRAF	2			
RAPAMUNE	3			
SANDIMMUNE	3			
SIMULECT	MED			
THYMOGLOBULIN	MED			
ZENAPAX	MED			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Infections and Infestations				
Antibacterials - Aminoglycosides				
<i>neomycin</i>	1			
<i>paramomycin</i>	1			
TOBI	3			
Antibacterials - Ampicillins and Combinations				
<i>amoxicillin</i>	1			
<i>amoxicillin/K clavulanate</i>	1			
AMOXIL	3			
<i>ampicillin</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
DISPERMOX	3			
<i>principen</i>	1			
<i>trimox</i>	1			
Antibacterials - Cephalosporins, 1st Generation				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
DURICEF	3			
PANIXINE	3			
Antibacterials - Cephalosporins, 2nd Generation				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
CEFZIL	3			
RANICLOR	3			
Antibacterials - Cephalosporins, 3rd Generation				
CEDAX	3			
<i>cefdinir</i>	1			
<i>cefepodoxime</i>	1			
OMNICEF	2			
SPECTRACEF	3			
SUPRAX	3			
VANTIN	3			
Antibacterials - Fluoroquinolones				
AVELOX	2		✓	
AVELOX ABC	2		✓	

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antibacterials - Fluoroquinolones (continued)				
CIPRO	3		✓	
CIPRO XR	3		✓	
<i>ciprofloxacin</i>	1		✓	
<i>ciprofloxacin ER</i>	1		✓	
FACTIVE	3		✓	
LEVAQUIN	3		✓	
NOROXIN	3		✓	
<i>ofloxacin</i>	1		✓	
PROQUIN XR	3		✓	
TEQUIN #	3		✓	
Antibacterials - Ketolides				
KETEK	3			
Antibacterials - Macrolides				
<i>azithromycin</i>	1			
BIAXIN	3			
BIAXIN XL	3			
<i>clarithromycin</i>	1			
<i>clarithromycin SR</i>	1			
DYNABAC	3			
e.e.s.	1			
<i>erythrocine</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			
<i>erythromycin ethylsuccinate</i>	1			
PCE	3			
ZITHROMAX	3			
ZMAX	3			
Antibacterials - Miscellaneous				
<i>clindamycin</i>	1			
<i>metronidazole</i>	1			
<i>metronidazole SR</i>	1			
NEBUPENT	2			
TINDAMAX	3			
<i>trimethoprim</i>	1			
XIFAXAN	3	✓	✓	
ZYVOX	2		✓	
Antibacterials - Penicillins				
<i>dicloxacillin sodium</i>	1			
GEOCILLIN	3			
<i>penicillin VK</i>	1			
<i>veetids</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antibacterials - Sulfonamides				
<i>sulfadiazine</i>	1			
<i>sulfisoxazole</i>	1			
Antibacterials - Tetracyclines				
ADOXA	3		✓	
ALODOX	3		✓	
DECLOMYCIN	3		✓	
<i>demeclocycline hcl</i>	1		✓	
DORYX	3		✓	
<i>doxy-caps</i>	1		✓	
<i>doxycycline hyclate</i>	1		✓	
<i>doxycycline monohydrate</i>	1		✓	
DYNACIN	3		✓	
MINOCIN	3		✓	
<i>minocycline</i>	1		✓	
MONODOX	3		✓	
<i>myrac</i>	1		✓	
PERIOSTAT	3		✓	
SOLODYN	3		✓	
SUMYCIN	3		✓	
<i>tetracycline</i>	1		✓	
VIBRAMYCIN	3		✓	
VIBRATAB	3		✓	
Antifungals				
ANCOBON	3			
BIO-STATIN	3			
DIFLUCAN (all other strengths)	3		✓	
DIFLUCAN 150mg	3	✓		
<i>fluconazole</i> (all other strengths)	1		✓	
<i>fluconazole 150mg</i>	1	✓		
GRIFULVIN V	3			
GRIS-PEG	3			
<i>itraconazole</i>	1		✓	
<i>ketonazole</i>	1			
LAMISIL	3		✓	
NOXAFIL	3		✓	
<i>nystatin</i>	1			
SPORANOX caps	3		✓	
SPORANOX kit/soln	3		✓	
<i>terbinafine</i>	1		✓	
VFEND	3		✓	

3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antimalarials and Combinations				
ARALEN	3		✓	
<i>chloroquine</i>	1		✓	
DARAPRIM	3		✓	
FANSIDAR	3		✓	
<i>hydroxychloroquine sulfate</i>	1		✓	
LARIAM	3		✓	
MALARONE	3		✓	
<i>mefloquine</i>	1		✓	
<i>primaquine</i>	1			
<i>quinerva</i>	1			
<i>quinine sulfate</i>	1			
Antimycobacterial Agents				
<i>dapsone</i>	1			
<i>ethambutol</i>	1			
<i>isonarif</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
RIFAMATE	3			
<i>rifampin</i>	1			
RIFATER	3			
Antiprotozoal Agents				
ALINIA	3			
MEPRON	2			
Antiretrovirals - Fusion Inhibitors				
FUZEON	3			
Antiretrovirals - NNRTI Combination				
ATRIPLA	3			
Antiretrovirals - Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)				
RESCRIPTOR	3			
SUSTIVA	2			
VIRAMUNE	2			
Antiretrovirals - Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs				
COMBIVIR	2			
<i>didanosine delayed release</i>	1			
EMTRIVA	2			
EPIVIR	2			
EPZICOM	3			
RETROVIR caps/tabs	3			
RETROVIR inj.	MED			
RETROVIR syrup	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Antiretrovirals - Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs (continued)				
TRIZIVIR	3			
TRUVADA	2			
VIDEX	2			
VIDEX EC	3			
VIREAD	2			
ZERIT #	2			
ZIAGEN #	2			
<i>zidovudine</i>	1			
Antiretrovirals - Protease Inhibitors				
AGENERASE	3			
APTIVUS	3			
CRIXIVAN	2			
INVIRASE	2			
KALETRA	2			
LEXIVA	2			
NORVIR	2			
PREZISTA	3			
REYATAZ	2			
VIRACEPT	2			
Antivirals -CMV Agents				
<i>ganciclovir</i>	1			
VALCYTE	2			
Antivirals -Hepatitis Agents				
BARACLUDE	3	✓		
COPEGUS	3			
EPIVIR HBV	2			
HEPSERA	2			
INFERGEN	3		✓	
PEGASYYS	2		✓	
PEG-INTRON	2		✓	
REBETOL	3			
<i>ribasphere</i>	1			
<i>ribavirin</i>	1			
TYZEKA	3	✓		
Antivirals -Herpes Agents				
<i>acyclovir</i>	1			
FAMVIR	3			
VALTREX	2			
ZOVIRAX	3			
Antivirals - Influenza Agents				
FLUMADINE	3			
RELENZA	3	✓		

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
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Antivirals - Influenza Agents (continued)				
<i>rimantadine</i>	1			
TAMIFLU	3	✓		

Antivirals -Respiratory Syncytial Virus (RSV) Agents				
VIRAZOLE	3			

Musculoskeletal System

Antimyasthenic Agents				
MESTINON	2			
MESTINON TIMESPAN	2			
<i>pyridostigmine</i>	1			

Antirheumatic Agents				
ARAVA	3			✓
<i>leflunomide</i>	1			
RHEUMATREX	3			
RIDAURA	3			

Calcium Regulators

ACTONEL	2	✓		
ACTONEL with CALCIUM	2	✓		
AREDIA	MED			
BONIVA	3	✓		✓
DIDRONEL	3			
FORTEO	2			
<i>fortical</i>	1			
FOSAMAX # (See page 44 for step-therapy note)	2	✓		✓
FOSAMAX PLUS D # (See page 44 for step-therapy note)	2	✓		✓
MIACALCIN inj.	3			
MIACALCIN NASAL	3			
<i>pamidronate</i>	1			
RECLAST	MED			
SKELID	3			
ZOMETA	MED			

Immunomodulators

ENBREL	2			
HUMIRA	2			
KINERET	2			
ORENCIA	MED			
REMICADE	PMED			
RITUXAN	MED			

Muscle Relaxants and Combinations

<i>baclofen</i>	1			
<i>carisoprodol</i>	1			

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
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Muscle Relaxants and Combinations (continued)

<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/aspirin/codeine</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine hcl</i>	1			
DANTRIUM	3			
FEXMID	3			
<i>methocarbamol</i>	1			
<i>orphenadrine cpd</i>	1			
<i>orphenadrine ER</i>	1			
<i>orphenadrine/aspirin/caffeine</i>	1			
<i>orphengesic</i>	1			
<i>orphengesic forte</i>	1			
SKELAXIN #	2			
<i>tizanidine</i>	1			
ZANAFLEX	3			

NSAIDs

ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			
<i>diclofenac sodium XR</i>	3			
<i>etodolac</i>	1			
<i>etodolac ER</i>	3			
<i>fenoprofen</i>	1			
<i>flurbiprofen</i>	1			
<i>ibuprofen</i>	1			
<i>indomethacin</i>	1			
<i>indomethacin ER</i>	1			
<i>ketoprofen</i>	1			
<i>ketoprofen ER</i>	3			
<i>ketorolac</i>	1	✓		
<i>meclufenamate sodium</i>	1			
<i>mefenamic acid</i>	1			
<i>meloxicam</i>	1			
MOBIC	3			✓
<i>nabumetone</i>	3			
NAPRELAN	3			✓
<i>naproxen</i>	1			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PONSTEL	3			
PREVACID NAPRAPAC	3		✓	
<i>sulindac</i>	1			

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LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
NSAIDs (continued)				
<i>tolmetin sodium</i>	3			
VOLTAREN	3			
VOLTAREN XR	3			
Selective Estrogen Receptor Modulator (SERM)				
EVISTA	2			
Ophthalmic Agents				
Glaucoma - Adrenergic Agents				
ALPHAGAN P	2			
<i>brimonidine</i>	1			
<i>dipivefrin</i>	1			
IOPIDINE	3			
PROPINE	3			
Glaucoma -Beta-blockers				
<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	3			
<i>carteolol</i>	1			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
Glaucoma - Carbonic Anhydrase Inhibitors				
AZOPT	2			
COSOPT #	2			
TRUSOPT #	2			
Glaucoma - Miotics				
<i>carboprost</i>	1			
ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocar</i>	1			
<i>pilocarpine</i>	1			
PILOPINE HS	3			
<i>piloptic</i>	1			
REV-EYES	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Glaucoma - Prostaglandins				
LUMIGAN	2			
TRAVATAN	2			
TRAVATAN Z	2			
XALATAN	3			
Ophthalmic Antihistamines and NSAIDs				
ACULAR	3			
ACULAR LS	3			
ACULAR PF	3			
ALAMAST	3			
ALOCRIAL #	3			
ALOMIDE	3			
<i>cromolyn sodium ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen</i>	1			
NEVANAC	3			
OPTIVAR	2			
PATADAY	2			
PATANOL #	2			
VOLTAREN	2			
XIBROM	3			
Ophthalmic Anti-infectives				
AZASITE	3			
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/ polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
<i>ciprofloxacin</i>	1			
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
<i>neomycin/polymyxin/ gramicidin</i>	1			
<i>ofloxacin</i>	1			
<i>polymyxin B/trimethoprim</i>	1			
QUIXIN	3			
<i>sulfacetamide sodium</i>	1			
<i>tobramycin</i>	1			
<i>trifluridine</i>	1			
<i>triple antibiotic</i>	1			
VIGAMOX	2			
ZYMAR	3			
Ophthalmic Immunomodulators				
RESTASIS	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Ophthalmic Steroidal Anti-inflammatory Drugs				
<i>ak-pred</i>	1			
ALREX	2			
<i>bacitracin/polymyxin/ neomycin/hydrocortisone</i>	1			
BLEPHAMIDE S.O.P.	3			
<i>dexacidin</i>	1			
<i>dexamethasone phosphate</i>	1			
<i>dexamethasone/ neomycin/polymyxin</i>	1			
<i>dexasol</i>	1			
<i>dexasporin</i>	1			
<i>fluorometholone</i>	1			
<i>fluor-op</i>	1			
FML FORTE	3			
FML LIQUIFILM	3			
FML S.O.P.	3			
HMS	3			
LOTEMAX	2			
<i>neomycin/polymyxin/ hydrocortisone</i>	1			
<i>poly-dex</i>	1			
POLY-PRED	3			
PRED-G	3			
PRED-G S.O.P	3			
<i>prednisolone</i>	1			
<i>sulfacetamide sodium/ prednisolone</i>	1			
TOBRADEX	3			
VEXOL	3			
ZYLET	3			
Otic Agents				
Otic Anti-infectives				
FLOXIN OTIC	2			
Otic Combinations				
<i>antipyrine/benzocaine</i>	1			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN-S	3			
<i>cortomyacin</i>	1			
<i>neomycin/polymyxin/ hydrocortisone</i>	1			
ZINOTIC	3			

LABEL NAME	Copay Tier	Quantity Limits	Precept	Step-Therapy
Respiratory Tract Agents				
Antiasthmatics - Anticholinergics				
ATROVENT HFA	3			
<i>ipratropium inhaler</i>	1			
SPIRIVA	2			
Antiasthmatic - Monoclonal Antibodies				
XOLAIR	MED			
Anti-Inflammatory Agents (nebulizer)				
<i>cromolyn sodium nebulizer</i>	1			
INTAL inhaler	3			
INTAL nebulizer	3			
TILADE	3			
Bronchodilators - Sympathomimetics				
ACCUNEB	3			
ADVAIR DISKUS #	2			
ADVAIR HFA	2			
<i>albuterol</i>	1			
<i>albuterol/ipratropium</i>	1			
ALUPENT	3			
BROVANA	3			✓
COMBIVENT	2			
DUONEB	2			
FORADIL	2			✓
MAXAIR AUTOHALER	2			
<i>metaproterenol nebulizer</i>	3			
<i>metaproterenol tab/syrup</i>	3			
<i>micronefrin</i>	1			
PROAIR	2			
PROVENTIL HFA #	2			
SEREVENT DISKUS #	2			✓
SYMBICORT	2			
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
VOSPIRE ER	3			
XOPENEX	3			✓
XOPENEX HFA	3			
Bronchodilators - Xanthines				
<i>aminophylline</i>	1			
BRONCAP	3			
THEO-24	3			
<i>theocap</i>	1			

3-Tier Commercial Member Guide

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Bronchodilators - Xanthines (continued)				
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
UNIPHYL	3			
Inhaled Corticosteroids				
AEROBID	3			
AEROBID-M	3			
ASMANEX	2			
AZMACORT	3			
FLOVENT HFA #	2			
FLOVENT DISKUS #	2			
PULMICORT RESPULES	2			
PULMICORT FLEXHALER	3			
QVAR	3			
Leukotriene Modulators				
ACCOLATE	3	✓		
SINGULAIR	2	✓		
ZYFLO	3	✓		
Mouth and Throat Products				
EVOXAC	2			
<i>pilocarpine</i>	1			
SALAGEN	3			
Nasal Antiallergy				
ASTELIN NASAL	2			
Nasal Anti-infectives				
BACTROBAN NASAL	3			
Nasal Anticholinergics				
ATROVENT NASAL	3			
<i>ipratropium nasal</i>	1			
Nasal Steroids				
BECONASE AQ	3			
FLONASE	3			
<i>flunisolide</i>	1			
<i>fluticasone propionate nasal</i>	1			
NASACORT AQ	3			✓
NASAREL	3			
NASONEX	2			
RHINOCORT AQ	3			✓
VERAMYST	3			✓

LABEL NAME	Copay Tier	Quantity Limits	Precert	Step-Therapy
Non-Sedating Antihistamines and Combinations				
ALLEGRA	3	✓	✓	✓
ALLEGRA-D	3	✓	✓	✓
CLARINEX	3	✓	✓	✓
CLARINEX-D	3	✓	✓	✓
CLARINEX REDITABS	3	✓	✓	✓
<i>fenofenadine</i>	3	✓	✓	✓
XYZAL	3	✓	✓	✓
ZYRTEC	3	✓	✓	✓
ZYRTEC-D	3	✓	✓	✓
Upper Respiratory - Cough/Cold/Allergy Combinations				
SEMPREX-D	3	✓	✓	✓
TUSSIONEX	2			

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
Acid Suppressants - Proton Pump Inhibitors	ACIPHEX NEXIUM <i>omeprazole</i>	PREVACID PRILOSEC	PROTONIX ZEGERID
Acne Products	ACCUTANE <i>amnesteem</i> AVITA PR ≥ 36 yr old <i>claravis</i> <i>isotretinoin</i> RETIN-A MICRO gel PR ≥ 36 yr old	RETIN-A PR ≥ 36 yr old <i>sotret</i> tretinoin PR ≥ 36 yr old TRETIN-X cream kit PR ≥ 36 yr old ZIANA PR ≥ 36 yr old	
ALS Agents	RILUTEK		
Antibacterials - Fluoroquinolones PR ≤ 10 yr old	AVELOX AVELOX ABC CIPRO CIPRO XR <i>ciprofloxacin</i>	<i>ciprofloxacin ER</i> FACTIVE FLOXIN LEVAQUIN	NOROXIN <i>ofloxacin</i> PROQUIN XR TEQUIN
Antibacterials - Miscellaneous	XIFAXAN ZYVOX		
Antibacterials - Tetracyclines PR ≤ 8 yr old	ADOXA ALODOX CLEERAVUE-M kit DECLOMYCIN <i>demeclocycline</i> DORYX <i>doxycycline</i> ----- SOLODYN	DYNACIN MINOCIN MIINOCIN PAK kit <i>minocycline</i> MONODOX <i>myrac</i> ORACEA	PERIOSTAT SOLODYN SUMYCIN <i>tetracycline</i> VIBRAMYCIN VIBRATAB
Antidiabetics - Insulins	EXUBERA		
Antifungals	DIFLUCAN <i>fluconazole</i> <i>itraconazole</i>	LAMISIL tab NOXAFIL SPORANOX	<i>terbinafine tab</i> VFEND
Antifungals - Topical	PENLAC NAIL LACQUER		
Antimalarials and Combinations covered for active treatment only - not covered for prophylactic treatment	ARALEN <i>chloroquine</i> DARAPRIM FANSIDAR	<i>hydroxychloroquine</i> LARIAM MALARONE	<i>mefloquine</i> PLAQUENIL
Antineoplastic- Hormonal Agents PR for females only	CASODEX		
Antivirals - Hepatitis Agents	INFERGEN	PEGASYS	PEG-INTRON
Blood Clotting Factors VIIa	NOVOSEVEN		
Blood Clotting Factors VIII	ADVATE ALPHANATE HELIXATE HELIXATE FS HEMOFIL M	HUMATE-P HYATE:C KOATE-HP KOATE-DVI KOGENATE	KOGENATE FS MONARC-M MONOCLATE-P RECOMBINATE REFACTO
Blood Clotting Factors IX	ALPHANINE SD BEBULIN VH BENEFIX	KONYNE 80 MONONINE PROFILNINE	PROFILNINE SD PROPLEX T

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)		
Chronic Constipation	AMITIZA		
Gaucher Disease	ZAVESCA		
Growth Factors - Insulin-Like	INCRELEX	IPLEX	
Growth Hormone	GENOTROPIN GEREF HUMATROPE NORDITROPIN	NUTROPIN NUTROPIN AQ OMNITROPE PROTROPIN	SAIZEN SEROSTIM SOMAVERT TEV-TROPIN
Hematopoietic Growth Factors	ARANESP	EPOGEN	PROCRIT
Immune Globulin	IV IMMUNE GLOBULIN (IVIG)		
Irritable Bowel Syndrome (IBS) Agents	LOTRONEX		
Metabolic Modifiers	ELAPRASE	ORFADIN	
Narcotic Agonists	ACTIQ <i>fentanyl transmucosal lozenges</i>	FENTORA	
Non-Sedating Antihistamines and Combinations	ALLEGRA ALLEGRA-D CLARINEX CLARINEX REDITABS	CLARINEX-D <i>fexofenadine</i> SEMPREX-D	XYZAL ZYRTEC ZYRTEC-D
NSAIDs	CELEBREX	PREVACID NAPRAPAC	
Prostatic Hypertrophy Agents <i>PR for females only</i>	AVODART <i>finasteride</i>	FLOMAX PROSCAR	UROXATRAL
Prostatic Hypertrophy Agents <i>PR ≤ 50 yr old</i>	<i>finasteride</i>	PROSCAR	
Psychotherapeutic and Neurological Agents	PROVIGIL	XYREM	
Pulmonary Hypertension	REVATIO		
Respiratory Syncytial Virus	SYNAGIS		
Rosacea Agents	ORACEA		
Typhoid	VIVOTIF BERNIA EC		

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Acid Suppressants - Proton Pump Inhibitors	ACIPHEX PRILOSEC	All strengths = 1 tablet or capsule/day	
	NEXIUM PROTONIX		
	<i>omeprazole</i> ZEGERID		
	PREVACID		
	PREVACID SOLUTAB		
	ZEGERID packets	20 mg and 40 mg packets = 1 packet/day	
Acne Products	ACCUTANE <i>isotretinoin</i>	All strengths = 30 day supply	
	<i>amnesteem</i> <i>sotret</i>		
	<i>claravis</i>		
Angiotensin Converting Enzyme (ACE) Inhibitors	ACCUPRIL <i>quinapril</i>	5 mg, 10 mg and 20 mg = 2 tablets/day	
	ACEON #	2 mg and 4 mg = 2 tablets/day	
	ALTACE #	1.25 mg, 2.5 mg and 5 mg = 2 capsules/day	
	CAPOTEN <i>captopril</i>	12.5 mg, 25 mg and 50 mg = 3 tablets/day	
	LOTENSIN <i>benazepril</i>	5 mg, 10 mg, and 20 mg = 2 tablets/day	
	MAVIK <i>trandolapril</i>	1 mg and 2 mg = 2 tablets/day	
	MONOPRIL <i>fosinopril</i>	10 mg and 20 mg = 2 tablets/day	
	PRINIVIL ZESTRIL	2.5 mg, 5 mg, 10 mg, 20 mg and 30 mg = 2 tablets/day	
	<i>lisinopril</i>		
	UNIVASC <i>moexipril</i>	7.5 mg = 2 tablets/day	
	VASOTEC <i>enalapril</i>	2.5 mg, 5 mg and 10 mg = 2 tablets/day	
Angiotensin II Receptor Antagonist	ATACAND	4 mg, 8 mg and 16 mg = 2 tablets/day	
	ATACAND HCT	16-12.5 mg = 2 tablets/day	
	AVALIDE	150-12.5 mg = 1 tablet/day	
	AVAPRO	75 mg and 150 mg = 1 tablet/day	
	BENICAR	5 mg and 20 mg = 1 tablet/day	
	BENICAR HCT	20-12.5 mg = 1 tablet/day	
	COZAAR	25 mg and 50 mg = 2 tablets/day	
	DIOVAN	40 mg, 80 mg and 160 mg = 2 capsules or tablets/day	
	DIOVAN HCT	80-12.5 mg, 160-12.5 mg, and 160-25 mg = 1 tablet/day	
	HYZAAR	50-12.5 mg = 1 tablet/day	
	MICARDIS	20 mg and 40 mg = 1 tablet/day	
	MICARDIS HCT	40-12.5 mg = 1 tablet/day	
	TEVETEN	400 mg = 2 tablets/day	
	Antianginals - Other	RANEXA	500 mg = 4 tablets/day 1000 mg = 2 tablets/day
		XIFAXAN	9 capsules/ 30 day supply
Antibacterials - Miscellaneous			

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Anticonvulsants - Miscellaneous	<i>gabapentin</i> NEURONTIN GABARONE	All strengths = 180 tablets/30 day supply
	LYRICA	All strengths (except 225 mg and 300 mg) = 3 capsules/day 225 mg and 300 mg = 2 capsules/day
Antidepressants - MAO Inhibitors	EMSAM	1 patch/day
Antidepressants - Selective Serotonin Reuptake Inhibitors/ Serotonin- Norepinephrine Reuptake Inhibitors/ Miscellaneous	<i>bupropion</i> <i>budeprion</i> WELLBUTRIN	75 mg = 6 tablets/day 100 mg = 6 tablets/day
	<i>bupropion ER/SR</i> <i>budeprion ER/SR</i> WELLBUTRIN SR	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>budeprion XL</i> WELLBUTRIN XL	All strengths = 1 tablet/day
	CELEXA <i>citalopram</i>	10 mg, 20 mg and 40 mg = 1 tablet/day
	CYMBALTA	20 mg and 30 mg = 2 capsules/day 60 mg = 1 capsule/day
	EFFEXOR <i>venlafaxine</i>	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day
	EFFEXOR XR	37.5 mg and 75 mg = 1 capsule/day 150 mg = 2 capsules/day
	<i>fluoxetine</i> RAPIFLUX PROZAC	10 mg = 1 tablet or capsule/day 20 mg = 4 tablets or capsules/day 40 mg = 2 tablets or capsules/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28 day supply
	<i>fluvoxamine</i>	25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day
	LEXAPRO	5 mg, 10 mg and 20 mg = 1 tablet/day 5 mg/5 ml solution = 20 ml/day
	<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day
	<i>mirtazapine</i> REMERON <i>mirtazapine ODT</i> SOLUTAB REMERON	All strengths = 1 tablet/day
	<i>paroxetine</i> PEXEVA PAXIL	10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day
ZOLOFT <i>sertraline</i>	25 mg = 1 tablet/day 50 mg = 1 1/2 tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day	

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Antidiabetics - Insulin	BYETTA	Limit = 1 pen/30 day supply
	EXUBERA	Combination kit (all sizes) = 1 kit/ 30 day supply Starter kit = 1 kit/year
Antiemetics - 5-HT3 Receptor Antagonists	ANZEMET	Total quantity any strength = 5 tablets/ 30 day supply
	KYTRIL	1 mg = 10 tablets/30 day supply Liquid = 5 bottles/30 day supply
	<i>ondansetron</i> ZOFRAN	4 mg and 8 mg = 12 tablets/ 30 day supply
	ZOFRAN ODT	24 mg = 5 tablets/30 day supply Liquid = 1 bottle (50 ml)/30 day supply
Antiemetics - Miscellaneous	CESAMET	20 capsules/30 day supply
	EMEND	40 mg = 5 tablets/30 day supply 80 mg and 125 mg = 5 tablets/ 30 day supply 80 mg/125 mg combo pack = 2 packages (6 tablets)/30 day supply
Antifungals	DIFLUCAN <i>fluconazole</i>	150 mg only = 1 dose/30 day supply
Antihyperlipidemics - HMG CoA Reductase Inhibitors	ADVICOR	All strengths = 2 tablets/day
	ALTOPREV	All strengths = 1 tablet/day
	CADUET	All strengths = 1 tablet/day
	CRESTOR	All strengths = 1 tablet/day
	LESCOL	All strengths = 2 tablets/day
	LESCOL XL	80 mg = 1 tablet /day
	LIPITOR	All strengths = 1 tablet/day
	MEVACOR <i>lovastatin</i>	All strengths = 2 tablets/day
	PRAVACHOL <i>pravastatin</i>	10 mg, 20mg, 80 mg = 1 tablet/day 40 mg = 2 tablets/day
	VYTORIN	All strengths = 1 tablet/day
ZOCOR <i>simvastatin</i>	All strengths = 1 tablet/day	
Antihyperlipidemics - Intestinal Cholesterol Absorption Inhibitors	ZETIA	10 mg = 1 tablet/day
Antiparkinsonian Dopaminergic	NEUPRO	1 patch/day
Antipsychotics - Atypical	ABILIFY	All strengths = 1 tablet/day Solution = 30 ml/day Disintegrating tabs = 1 tablet/day
	<i>clozapine</i> FAZACLO CLOZARIL	12.5 mg = 1 tablet/day 25 mg and 50 mg = 3 tablets/day 100 mg = 9 tablets/day
	GEODON	All strengths = 2 capsules/day
	INVEGA	3 mg and 6 mg = 2 tablets/day 9 mg = 1 tablet/day

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Antipsychotics - Atypical (continued)	RISPERDAL # RISPERDAL M	4 mg = 4 tablets/day All other strengths = 2 tablets/day	
	SEROQUEL	25 mg = 6 tablets/day 50 mg and 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg and 400 mg = 2 tablets/day	
	SEROQUEL XR	All strengths = 1 tablet/day	
	ZYPREXA ZYPREXA ZYDIS	2.5mg = 2 tablets/day All other strengths = 1 tablet/day	
	Antipsychotics - Combination	SYMBYAX	All strengths = 1 tablet/day
Antivirals - Hepatitis Agents	BARACLUDE	All strengths = 1 tablet/day, Solution = 20ml/day	
	TYZEKA	600 mg = 1 tablet/day	
Antivirals - Influenza Agents	RELENZA TAMIFLU	2 treatments (units)/year 2 treatments (20 capsules)/year	
Calcium Blockers	ADALAT CC <i>afeditab</i> <i>nifediac CC</i> <i>nifedical XL</i> <i>nifedipine CR/ER/SR</i> PROCARDIA XL	30 mg = 1 tablet/day 60 mg = 2 tablets/day	
	<i>amlodipine</i> NORVASC	2.5 mg and 5 mg = 1 tablet/day	
	CALAN SR ISOPTIN SR <i>verapamil CR/ER/SR</i> VERELAN SR	120 mg = 1 capsule or tablet/day 180 mg = 2 capsules or tablets/day	
	CARDIZEM CD <i>taztia XT</i> CARDIZEM LA TIAZAC <i>cartia XT</i> DILACOR XR <i>diltia XT</i> <i>diltiazem CD/CR/ER/XT</i> <i>diltiazem extended release beads SR</i>	120 mg = 1 capsule/day 180 mg = 3 capsules/day	
	COVERA HS <i>felodipine</i> PLENDIL	180 mg = 2 tablets/day 2.5 mg and 5 mg = 1 tablet/day	
	SULAR	10 mg and 20 mg = 1 tablet/day 30 mg = 2 tablets /day	
	VERELAN PM	100 mg = 1 capsule/day 200 mg = 2 capsules/day	
	Calcium Regulators	ACTONEL	35 mg = 4 tablets/28 day supply 75 mg = 2 tablets/28 day supply
		ACTONEL with CALCIUM	1 tablet/day
		BONIVA	2.5 mg = 1 tablet/day 150 mg = 3 tablets/ 90 day supply

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Calcium Regulators (continued)	FOSAMAX #	35 mg = 4 tablets/28 day supply 70 mg = 4 tablets/28 day supply 70 mg/75 ml solution = 4 doses (75ml each)/28 day supply increments	
	FOSAMAX PLUS D #	All strengths = 4 tablet/28 day supply	
Contraceptives - Oral	All (except SEASONALE and SEASONIQUE)	Limit = 1.4 tablets/day or 28 day supply LYBREL = 1 tablet/day	
Direct Renin Inhibitor	TEKTURNA	All strengths = 1 tablet/day	
H. pylori Agents	HELIDAC PREVPAC	1 pack/day for 14 days	
	PYLERA	12 capsules/day for 10 days	
Hormone Replacement - Estrogens and Combinations	ALORA ESTRADERM COMBIPATCH VIVELLE ESCLIM VIVELLE DOT	All strengths = 8 patches/28 day supply	
	CLIMARA CLIMARA PRO WEEKLY <i>estradiol patch</i> MENOSTAR	All strengths = 4 patches/28 day supply	
Inflammatory Bowel Agents	ASACOL	400 mg = 12 tablets/day	
	AZULFIDINE AZULFIDINE ENTABS <i>sulfasalazine</i> <i>sulfazine</i> <i>sulfazine EC</i> <i>sulfasalazine ER</i>	500 mg = 12 tablets/day	
	CANASA	500 mg = 3 suppositories/day 1000 mg = 2 suppositories/day	
	COLAZAL	750 mg = 9 capsules/day	
	DIPENTUM	250 mg = 12 capsules/day	
	LIALDA	1.2 g = 4 tablets/day	
	PENTASA	250 mg = 20 capsules/day 500 mg = 10 capsules/day	
	Leukotriene Modulators	ACCOLATE	10 mg and 20 mg = 2 tablets/day
		SINGULAIR	4 mg granules = 1 granule pack/day 10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
		ZYFLO	Limit = 4 tablets/day
Migraine Products	AMERGE	Any strength = 9 tablets/30 day supply	
	AXERT	All strengths = 6 tablets/30 day supply	
	FROVA	2.5 mg = 9 tablets/30 day supply	
	IMITREX #	Nasal = 6 sprays/30 day supply Injection = 4 kits/30 days or 10 vials/30 day supply Tablets (all strengths) = 18 tablets/30 day supply	

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Migraine Products (continued)	MAXALT MAXALT MLT	All forms and strengths = 12 tablets/ 30 day supply
	MIGRANAL	2 boxes (12 doses)/30 day supply
	RELPAK	20 mg = 12 tablets/30 day supply 40 mg = 6 tablets/30 day supply
	ZOMIG ZOMIG ZMT	2.5 mg = 12 tablets/30 day supply 5 mg = 6 tablets/30 day supply Nasal = 6 sprays/30 day supply
	Narcotic Agonists and Combinations	ACTIQ <i>fentanyl transmucosal lozenge</i>
COMBUNOX		Limit = 4 tablets/day
DURAGESIC <i>fentanyl patches</i>		20 patches/30 day supply
FENTORA		Limit (all strengths) = 15 tablets/ 30 day supply
OXYCONTIN CR		Quantities up to a total dosage of 320 mg/day or 120 tablets/30 day supply
Narcotic Partial Agonists	<i>butorphanol nasal</i> STADOL NS	2 vials/30 day supply
Non-Sedating Antihistamines and Combinations	ALLEGRA <i>fexofenadine</i>	30 mg and 60 mg = 2 tablets/day 180 mg = 1 tablet/day Suspension = 10 ml/day
	ALLEGRA-D	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	CLARINEX	5 mg = 1 tablet/day Syrup = 10 ml/day
	CLARINEX REDITABS	2.5 mg and 5 mg = 1 tablet/day
	CLARINEX-D	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	SEMPREX-D	4 capsules/day
	XYZAL	1 tablet/day
	ZYRTEC	5 mg and 10 mg = 1 tablet/day Syrup = 10 ml/day
	ZYRTEC-D	1 tablet/day
	NSAIDs	CELEBREX
<i>ketorolac</i> TORADOL		20 tablets/28 day supply
Premenstrual Dysphoric Disorder	SARAFEM	10 mg = 1 tablet/day 20 mg = 4 tablets/day
Psychotherapeutic and Neurological Agents	PROVIGIL	100 mg and 200 mg = 2 tablets/day
	STRATTERA	10 mg, 18 mg, 25 mg, 40 mg, and 60 mg = 2 capsules/day 80 mg and 100 mg = 1 capsule/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Rosacea Agents	ORACEA	40 mg = 1 capsule/day
Sedative/Hypnotics - Nonbarbiturates	AMBIEN <i>zolpidem</i>	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	AMBIEN CR	6.25 mg and 12.5 mg = 1 tablet/day
	LUNESTA	All strengths = 1 tablet/day
	ROZEREM	8 mg = 1 tablet/day
	SONATA	5 mg = 4 tablets/day 10 mg = 2 tablets/day
Stimulants - Amphetamines	ADDERALL <i>amphetamine/dextroamphetamine</i>	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR	All strengths = 2 capsules/day
	DESOXYN	All strengths = 4 tablets/day
	DEXEDRINE <i>dextrostat dextroamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day
	VYVANSE	All strengths = 1 capsule/day
	Stimulants - Methylphenidate	CONCERTA
DAYTRANA <i>dexmethylphenidate</i>		All strengths = 1 patch/day 2.5 mg, 5 mg and 10mg = 2 tablets/day
FOCALIN		
FOCALIN XR		All strengths = 1 capsule/day
METADATE CD #		10 mg, 40mg, 50 mg and 60 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day
METADATE ER <i>methylin methylin ER methylphenidate methylphenidate CR/ER/SR</i> RITALIN RITALIN SR		5 mg, 10mg and 20 mg = 3 tablets/day
METHYLIN chewable and solution		2.5 mg, 5 mg and 10 mg = 6 tablets/day 5 mg/ 5 ml solution = 60 ml/day 10 mg/ 5 ml solution = 30 ml/day
RITALIN LA		10 mg, 20 mg, 30 mg and 40 mg = 2 capsules/day

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Acid Suppressants - Proton Pump Inhibitors	ACIPHEX PROTONIX PRILOSEC ZEGERID	NEXIUM and PREVACID
Acne Products	ACCUTANE	Any one of: <i>isotretinoin, claravis, sotret</i>
Alpha-Beta Blockers	COREG (step-edit will not be implemented until sometime after generic becomes available)	<i>carvedilol</i>
Angiotensin Converting Enzyme Inhibitors	ACCUPRIL ACCURETIC	<i>quinapril</i> <i>quinaretic</i>
Angiotensin II Receptor Antagonist	ATACAND AVAPRO ATACAND HCT AVALIDE	COZAAR and DIOVAN DIOVAN HCT and HYZAAR
Antianginals- Other	RANEXA	<i>nitrates and beta blockers (except sotalol) and amlodipine</i>
Anticonvulsants - Miscellaneous	NEURONTIN GABARONE LYRICA	<i>gabapentin</i> <i>gabapentin or CYMBALTA</i>
Antidepressants - Selective Serotonin Reuptake Inhibitors/ Serotonin-Norepinephrine Reuptake Inhibitors/ Miscellaneous	CELEXA DESYREL EFFEXOR CYMBALTA PAXIL CR EFFEXOR XR PEXEVA LEXAPRO RAPIFLUX <i>nefazodone</i> PAXIL PROZAC PROZAC WEEKLY REMERON REMERON SOULTAB WELLBUTRIN WELLBUTRIN SR WELLBUTRIN XL ZOLOFT	<i>citalopram</i> <i>trazodone</i> <i>venlafaxine</i> Any one of: <i>budeprion, budeprion XL, bupropion, bupropion SR, citalopram, fluoxetine, fluvoxamine, paroxetine, mirtazapine, sertraline, venlafaxine</i> <i>paroxetine</i> <i>fluoxetine</i> <i>mirtazapine</i> <i>budeprion</i> <i>bupropion SR</i> <i>budeprion XL</i> <i>sertraline</i>
Antidiabetics - Insulin	EXUBERA NOVOLIN 70/30 NOVOLIN N RELION N NOVOLIN R RELION R	HUMALOG, NOVOLOG, HUMULIN R, NOVOLIN R RELION 70/30 HUMULIN 70/30 HUMULIN N HUMULIN R
Antidiuretic Agents	DDAVP	<i>desmopressin</i>

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Antiemetics - 5-HT3 Receptor Antagonists	ANZEMET (step-edit will not be implemented until sometime after generic becomes available)	Any one of: <i>granisetron or ondansetron</i>
	KYTRIL (step-edit will not be implemented until sometime after generic becomes available)	<i>granisetron</i>
	ZOFRAN ZOFRAN ODT	<i>ondansetron</i>
Antihyperlipidemics - HMG CoA Reductase Inhibitors	ALTOPREV MEVACOR	<i>lovastatin</i>
	CADUET	amlodipine and one of: <i>simvastatin, CRESTOR, VYTORIN</i>
	CRESTOR 5 mg only VYTORIN 10 mg/10 mg only ZOCOR	<i>simvastatin</i>
	PRAVACHOL	<i>pravastatin</i>
	LIPITOR 10 mg and 20 mg	Any one of: <i>pravastatin ≥ 40 mg, simvastatin ≥ 40 mg, CRESTOR, VYTORIN</i>
	LIPITOR ≥ 40 mg	CRESTOR ≥ 10 mg and VYTORIN ≥ 10/10 mg
Antipsychotics - Atypical	INVEGA	RISPERDAL #
	RISPERDAL # RISPERDAL M (step-edit will not be implemented until sometime after generic becomes available)	<i>risperidone</i>
Antirheumatic Agents	ARAVA	<i>leflunomide</i>
Beta-Blockers Cardioselective	TOPROL XL	<i>metoprolol succinate SR</i>
Bronchodilators - Sympathomimetics	BROVANA	FORADIL or SEREVENT
	FORADIL SEREVENT	Any one of: <i>ASMANEX, FLOVENT HFA, PULMICORT</i>
	XOPENEX solution and concentrate	<i>albuterol nebulas or concentrate</i>
Calcium Blockers	ADALAT PROCARDIA	<i>nifedipine</i>
	ADALAT CC PROCARDIA XL	<i>nifedical XL, nifedipine CR/ER</i>
	CALAN	<i>verapamil</i>
	CALAN SR ISOPTIN SR COVERA HS VERELAN SR	<i>verapamil extended release</i>
	CARDENE	<i>nicardipine</i>
	CARDIZEM	<i>diltiazem</i>
	CARDIZEM CD DILACOR XR	Any one of: <i>cartia XT, diltia XT, diltiazem CD/CR/ER/XT</i>
	NORVASC	<i>amlodipine</i>
	TIAZAC	<i>diltiazem extended release beads SR or taztia XT</i>

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Calcium Regulators	BONIVA	<i>alendronate, alendronate plus D, FOSAMAX #, or FOSAMAX PLUS D # and ACTONEL or ACTONEL with CALCIUM</i>
	FOSAMAX # (step-edit will not be implemented until sometime after generic becomes available)	<i>alendronate</i>
	FOSAMAX PLUS D # (step-edit will not be implemented until sometime after generic <i>alendronate plus D</i> becomes available)	<i>alendronate or alendronate plus D</i>
Cardiovascular Combinations - Miscellaneous	LOTREL	<i>amlodipine/benazepril</i>
Corticosteroids-Topical	TACLONEX	TAZORAC and <i>betamethasone</i>
Diabetic Supplies	All preferred blood glucose test strips other than those made by Abbott Diabetes Care or Lifescan	Any preferred blood glucose test strip: FAST TAKE, FREESTYLE, FREESTYLE LITE, ONE TOUCH BASIC/PROFILE, ONE TOUCH ULTRA, PRECISION Q-I-D, PRECISION SOF-TACT, PRECISION XTRA, SURESTEP
Direct Renin Inhibitor	TEKTURNA	Any one of: <i>amlodipine/benazepril, benazepril, benazepril/hydrochlorothiazide, captopril, captopril/hydrochlorothiazide, enalapril, enalapril/hydrochlorothiazide, fosinopril, fosinopril/hydrochlorothiazide, lisinopril, lisinopril/hydrochlorothiazide, moexipril, moexipril/hydrochlorothiazide, quinapril, quinapril, trandolapril, ALTACE</i> and one of: COZAAR, DIOVAN, DIOVAN HCT, HYZAAR
Hormone Replacement - Androgens	FIRST-TESTOSTERONE TESTIM STRIANT	ANDRODERM or ANDROGEL
Immunomodulating Agents - Topical	ELIDEL PROTOPIC	Any topical corticosteroid

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)	
Narcotic Agonists and Combinations	ALCET PERCOCET MAGNACET TYLOX LYNOX ROXICET	<i>oxycodone/acetaminophen</i>	
	CAPITAL/CODEINE TYLENOL #3 VOPAC	<i>codeine/acetaminophen</i>	
	COMBUNOX	Any <i>oxycodone</i> combinations	
	DARVO CET-N	<i>propoxyphene-N/acetaminophen</i>	
	DURAGESIC	<i>fentanyl patches</i>	
	FENTORA	<i>fentanyl transmucosal lozenge</i>	
	FIORICET/CODEINE	<i>butalbital/acetaminophen/ caffeine/codeine</i>	
	FIORINAL/CODEINE	<i>butalbital/aspirin/caffeine/codeine</i>	
	LIQUICET NORCO LORCET VICODIN LORCET PLUS VICODIN ES LORTAB XODOL MAXIDONE ZYDONE	<i>hydrocodone/acetaminophen</i>	
	PERCODAN	<i>oxycodone/aspirin</i>	
	TALACEN	<i>pentazocine/acetaminophen</i>	
	ULTRAM ULTRAM ER	<i>tramadol</i>	
	VICOPROFEN REPRESXAIN	<i>hydrocodone/ibuprofen</i>	
	Nasal Steroids	NASACORT AQ VERAMYST RHINOCORT AQ	<i>fluticasone</i> and NASONEX
	Non-Sedating Antihistamines and Combinations	ALLEGRA <i>fexofenadine</i> ALLEGRA-D SEMPREX-D CLARINEX XYZAL CLARINEX ZYRTEC REDITABS ZYRTEC-D CLARINEX-D	<i>fluticasone</i> and NASONEX or ASTELIN
NSAIDs	MOBIC NAPRELAN	<i>meloxicam</i> Use of two (2) preferred generic <i>nsaid's</i>	
Psychotherapeutic and Neurological Agents	STRATTERA	Any one of: <i>dexamethylphenidate,</i> <i>methylphenidate,</i> <i>methylphenidate SR,</i> <i>amphetamine/dextroamphetamine,</i> ADDERALL XR, METADATE CD #, VYVANSE	
Sedative/Hypnotics - Nonbarbiturates	AMBIEN ROZEREM AMBIEN CR SONATA LUNESTA	<i>zolpidem</i>	
Stimulants - Amphetamines	DESOXYN	Any one of: <i>methylphenidate,</i> <i>methylphenidate SR,</i> <i>amphetamine/dextroamphetamine,</i> ADDERALL XR, METADATE CD #, VYVANSE	

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Stimulants - Methylphenidate	CONCERTA RITALIN FOCALIN RITALIN LA FOCALIN XR RITALIN SR METADATE ER METHYLIN chew/soln	Any one of: <i>amphetamine/dextroamphetamine, dexamethylphenidate, methylphenidate, methylphenidate SR, ADDERALL XR, METADATE CD #, VYVANSE</i>
Urinary Antispasmodics	DETROL DITROPAN XL DETROL LA SANCTURA	Any one of: <i>oxybutynin, ENABLEX, VESICARE, OXYTROL</i>

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<i>tramadol/acetaminophen</i>	17	URELLE	25	VOPAC	17, 45
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The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully-insured HMO and PPO members.

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

Aetna has established a policy to allow exceptions or overrides to certain refill-too-soon limitations. Requests for such exceptions or overrides will be evaluated on a case-by-case basis. While this material is believed to be accurate as of the print date, it is subject to change.

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