



**BlueCross BlueShield
of North Carolina**

Your plan for better health.SM | bcbsnc.com

Member Formulary Guide

Fall 2009

This guide lists common brand-name and generic prescription drugs that have been reviewed by Blue Cross and Blue Shield of North Carolina.

Please present this guide to your doctor if you or another covered family member requires a prescription.



Member Guide to Commonly Prescribed Medications

This guide lists common brand-name and generic prescription drugs that have been reviewed by Blue Cross and Blue Shield of North Carolina (BCBSNC). Please refer to this formulary benefit guide for information about the availability of frequently prescribed medications covered by BCBSNC and present this guide to your doctor if you or another covered family member requires a prescription. This guide is not meant to be comprehensive but to provide a list of the most commonly prescribed drugs.

This guide was current at the time of printing and is subject to change. If you are unable to find a particular drug in this guide, it does not necessarily mean that it is not covered. For a more complete listing of drug coverage and costs, you may use our Prescription Drug Search at bcbnsnc.com. You may also call BCBSNC Customer Service at the number listed on your ID card to confirm a drug's tier status or verify prescription drug benefits.

A formulary is a list of prescription drugs recommended by a health plan. BCBSNC Pharmacy & Therapeutics (P&T) Committee reviews medications listed on the formulary at least quarterly. This includes ongoing reviews of clinical information about new drugs and reviews of new safety and efficacy information about older drugs. The majority of BCBSNC's P&T Committee is composed of practicing physicians and pharmacists independent of BCBSNC.

Formulary Tiers

The 3-Tier and 4-Tier Formularies cover most medications approved by the United States Food & Drug Administration (FDA), within existing benefits. The plan design determines the member's payment obligation. Some members have a two-tiered benefit structure (Tier 1 and Tier 2), some members have a three-tiered benefit structure (Tier 1, Tier 2, and Tier 3), and some members have a four-tiered benefit structure (Tier 1, Tier 2, Tier 3, and Tier 4) depending on the plan in which they are enrolled. Please refer to your benefit booklet to determine which type of prescription drug coverage your plan provides.

4-Tier Formulary

Here are the definitions of each tier for a four-tiered benefit structure:

- **Tier 1:** Generic medications. **Medications listed in Tier 1 have the lowest co-payment.**
- **Tier 2:** Includes select brand-name drugs determined by the BCBSNC P&T Committee to be preferred brand-name products based on safety, efficacy, and cost. **Medications listed in Tier 2 have the second-lowest co-payment.**
- **Tier 3:** Contains 1) brand-name products that, as determined by the P&T Committee, usually have preferred and often less costly therapeutic alternatives at a lower tier, 2) brands with therapeutically equivalent generics, and 3) preferred specialty brand-name drugs. **Medications listed in Tier 3 have the second-highest co-payment.**
- **Tier 4:** Specialty drugs: Those medications, as classified by BCBSNC, that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies. **Medications listed in Tier 4 generally have the highest co-payment or co-insurance amount.**

3-Tier Formulary

Definitions for a three-tiered benefit structure:

- **Tier 1:** Generic medications. **Medications listed in Tier 1 have the lowest co-payment.**
- **Tier 2:** Includes select brand-name drugs determined by the BCBSNC P&T Committee to be preferred products based on safety, efficacy, and cost. **Medications listed in Tier 2 have the second-lowest co-payment.**
- **Tier 3:** Contains brand-name products that often have preferred and less costly therapeutic alternatives at a lower tier, brands with therapeutically equivalent generics, and certain specialty drugs. **Medications listed in Tier 3 have the highest co-payment.**

2-Tier Formulary

For a two-tiered benefit structure, the following definitions apply:

- **Tier 1:** Generic medications. **Medications listed in Tier 1 have a lower co-payment.**

- **Tier 2:** Includes all brand-name products.

For BCBSNC members participating in the 2-Tier Formulary, there is no distinction or preference between Tier 2, Tier 3, and Tier 4 drugs.

Generic Drugs

In most cases choosing a generic drug equivalent, when available, will mean significant savings to you. We encourage you to discuss with your physician whether a generic alternative is available as these drugs represent safe, effective treatment options. Especially for drugs that are taken daily and refilled frequently, you will experience the long-term savings of a lower drug co-payment month after month. For some benefit plans, if you choose a brand name prescription drug and a generic equivalent is available, you may be subject to a reduced benefit and a higher out-of-pocket expense.

Prior Review and Quantity Limitations

Under some benefit plans, certain medications may be subject to Prior Review (PR) or Quantity Limitations (QL) programs. Drugs that have PR requirements must be reviewed by BCBSNC before coverage can be authorized; they are indicated as "PR" in this guide. Certain medications may also have limitations on the quantity and days' supply coverage; they are indicated as "QL" in this guide. Quantities in excess of the coverage limit must be reviewed and approved by BCBSNC before coverage can be authorized for amounts in excess of the limits. BCBSNC's P&T Committee reviews clinical criteria for the PR and QL programs.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. BCBSNC's PR and QL programs follow FDA-approved uses for these drugs. However, BCBSNC recognizes that in many cases, "off-label" (non-FDA-approved) uses of prescription drugs may be acceptable. In determining the acceptability of off-label uses, BCBSNC utilizes several sources of clinical information including but not limited to 1) nationally recognized clinical references including American Hospital Formulary Service Drug Information; 2) the results of at least two randomized controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals; and 3) consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

COMMONLY PRESCRIBED THERAPEUTIC DRUG CATEGORIES

ORAL ANTI-INFECTIVES

(Antibiotics/Antifungals/Antivirals)

Antifungals

Tier 1 = generic versions only*

clotrimazole troche (Mycelex)
 fluconazole (Diflucan)
 griseofulvin susp (Grifulvin V)
 itraconazole (Sporanox) – PR
 ketoconazole tab
 nystatin (Mycostatin)
 terbinafine tab (Lamisil) – PR

Tier 3

Ancobon
 Gris-PEG
 Lamisil granules - PR

Tier 4

Noxafil
 Vfend

Cephalosporin Antibiotics

Tier 1 = generic versions only*

cefactor (Ceclor)
 cefadroxil
 cefdinir (Omnicef)
 cefpodoxime proxetil (Vantin)
 cefprozil (Cefzil)
 cefuroxime axetil (Ceftin)
 cephalixin (Keflex)

Tier 2

Suprax

Tier 3

Spectracef

Penicillin Antibiotics

Tier 1 = generic versions only*

amoxicillin (Amoxil)
 amoxicillin/clavulanate (Augmentin)
 dicloxacillin
 penicillin VK

Tier 3

Augmentin XR
 Dispermox
 Moxatag

Sulfa Antibiotics

Tier 1 = generic versions only*

sulfamethoxazole/trimethoprim
 (Bactrim, Septra)
 sulfadiazine
 sulfisoxazole/erythromycin (Pediazole)

Tier 2

Gantrisin

Tetracycline Antibiotics

Tier 1 = generic versions only*

doxycycline (Adoxa, Periostat, Vibramycin)
 minocycline (Minocin)
 tetracycline (Sumycin)

Tier 3

Oracea
 Solodyn

Macrolide Antibiotics

Tier 1 = generic versions only*

azithromycin (Zithromax)
 clarithromycin (Biaxin/XL)
 erythromycin base (ERYC, Ery-Tab)
 erythromycin ethylsuccinate (E.E.S.)
 erythromycin/sulfisoxazole (Pediazole)

Tier 3

PCE
 Zmax

Quinolone Antibiotics

Tier 1 = generic versions only*

ciprofloxacin (Cipro/XR)
 ofloxacin (Floxin)

Tier 2

Avelox

Tier 3

Factive
 Levaquin

Antivirals

Tier 1 = generic versions only*

acyclovir oral (Zovirax)
 amantadine (Symmetrel)
 famciclovir (Famvir)
 ganciclovir (Cytovene)
 ribavirin (Copegus, Rebetol)
 rimantadine (Flumadine)

Tier 2

Valtrex

Tier 3

Baraclude
 Epivir HBV
 Hepsera
 Relenza
 Tamiflu
 Tyzeka
 Valcyte

Tier 4

Copegus (brand only)
 Cytovene (brand only)
 Rebetol (brand only)

HIV/AIDS Therapy

Tier 1 = generic versions only*

didanosine cap (Videx EC)
 stavudine (Zerit)
 zidovudine (Retrovir)

Tier 2

Aptivus
 Atripla
 Combivir
 Crixivan
 Emtriva
 Epivir
 Epzicom
 Intelence
 Invirase
 Isentress
 Kaletra
 Lexiva
 Norvir
 Prezista
 Rescriptor
 Reyataz
 Selzentry
 Sustiva
 Trizivir
 Truvada
 Viracept
 Viramune
 Viread
 Ziagen

Tier 3

Fuzeon

Urinary Tract Agents

Tier 1 = generic versions only*

methenamine (Hiprex, Mandelamine)
 nitrofurantoin (Macrobid, Macrochantin)
 phenazopyridine (Pyridium)
 trimethoprim (Proloprim)

Miscellaneous Anti-Infective Agents

Tier 1 = generic versions only*

clindamycin (Cleocin)
 neomycin sulfate

Tier 2

Dapsone

Tier 3

Ketek
 Xifaxan
 Zyvox

Vaginal Anti-Infectives

Tier 1 = generic versions only*

clindamycin cream (Cleocin)
 fluconazole 150 mg (Diflucan)
 metronidazole (MetroGel Vaginal)
 terconazole (Terazol)

Tier 2

Cleocin vaginal supp

Tier 3

Clindesse
 Gynazole-I

CARDIOVASCULAR

(Blood Pressure/Heart/Cholesterol)

ACE Inhibitors & Combinations

Tier 1 = generic versions only*

benazepril (Lotensin)
 benazepril/amlodipine (Lotrel)
 benazepril/HCTZ (Lotensin HCT)
 captopril (Capoten)
 captopril/HCTZ (Capozide)
 enalapril (Vasotec)
 enalapril/HCTZ (Vaseretic)
 fosinopril (Monopril)
 fosinopril/HCTZ (Monopril HCT)
 lisinopril (Prinivil, Zestril)
 lisinopril/HCTZ (Prinzide, Zestoretic)
 moexipril (Univasc)
 moexipril/HCTZ (Uniretic)
 quinapril (Accupril)
 quinapril/HCTZ (Accuretic)
 ramipril cap (Altace)
 trandolapril (Mavik)

Tier 2

Aceon
 Altace
 Tarka

Angiotensin Receptor Blockers/Renin Inhibitor

Tier 2

Atacand/HCT
 Avalide
 Avapro
 Azor
 Benicar/HCT
 Cozaar
 Diovan/HCT
 Exforge/HCT
 Hyzaar
 Micardis/HCT
 Tekturna/HCT
 Teveten/HCT

Beta Blockers & Combinations

Tier 1 = generic versions only*

acebutolol (Sectral)
atenolol (Tenormin)
atenolol/chlorthalidone (Tenoretic)
betaxolol (Kerlone)
bisoprolol (Zebeta)
bisoprolol/HCTZ (Ziac)
carvedilol (Coreg)
labetalol (Trandate)
metoprolol succinate (Toprol XL)
metoprolol tartrate (Lopressor)
metoprolol/HCTZ (Lopressor HCT)
nadolol (Corgard)
nadolol/bendroflumethiazide (Corzide)
pindolol (Visken)
propranolol (Inderal/LA)
propranolol/HCTZ (Inderide)
timolol (Blocadren)

Tier 2

Bystolic
Coreg CR
Innopran XL

Calcium Channel Blockers

Tier 1 = generic versions only*

amlodipine (Norvasc)
amlodipine/benazepril (Lotrel)
diltiazem (Cardizem/CD/SR, Tiazac)
felodipine (Plendil)
isradipine (DynaCirc)
nicardipine (Cardene)
nifedipine ER (Adalat CC, Procardia XL)
nisoldipine 20, 30, 40 mg
verapamil (Calan/SR, Verelan/PM)

Tier 2

Azor
Caduet
Cardizem LA
Covera-HS
DynaCirc CR
Exforge
Sular
Tarka

Diuretics

Tier 1 = generic versions only*

bumetanide (Bumex)
chlorthalidone (Hygroton)
eplerenone (Inspra)
furosemide (Lasix)
hydrochlorothiazide (HydroDIURIL)
indapamide (Lozol)
metolazone (Zaroxolyn)
spironolactone (Aldactone)
torsemide (Demadex)
triamterene/HCTZ (Dyazide, Maxzide)

Miscellaneous Antihypertensives

Tier 1 = generic versions only*

clonidine (Catapres, -TTS)
doxazosin (Cardura)
guanfacine (Tenex)
hydralazine (Apresoline)
hydralazine/HCTZ
methyldopa (Aldomet)
prazosin (Minipress)
reserpine
terazosin (Hytrin)

Miscellaneous Cardiovascular Drugs

Tier 1 = generic versions only*

digoxin (Lanoxin)
isosorbide dinitrate (Isordil)
isosorbide mononitrate (Imdur, Ismo)
nitroglycerin (Nitrostat)
nitroglycerin patch (Transderm-Nitro)

Tier 2

BiDil
Lanoxin
Minitran
Nitro-Dur
Ranexa

Tier 3

Nitrolingual spray

Anticoagulants & Antiplatelets

Tier 1 = generic versions only*

cilostazol (Pletal)
dipyridamole (Persantine)
heparin sodium
pentoxifylline (Trental)
ticlopidine (Ticlid)
warfarin (Coumadin)

Tier 2

Coumadin
Plavix

Tier 3

Aggrenox
Effient
Lovenox

Tier 4

Arixtra
Fragmin

Antiarrhythmic Agents

Tier 1 = generic versions only*

amiodarone (Cordarone)
disopyramide (Norpace/CR)
flecainide (Tambocor)
mexiletine (Mexitil)
procainamide (Pronestyl)
propafenone (Rythmol)
quinidine gluconate
quinidine sulfate
sotalol/AF (Betapace/AF)

Tier 2

Norpace CR 100 mg
Rythmol SR

Tier 3

Multaq
Tikosyn

Cholesterol-Lowering Agents

Tier 1 = generic versions only*

cholestyramine (Questran)
colestipol (Colestid)
fenofibrate/micronized
gemfibrozil (Lopid)
lovastatin (Mevacor)
pravastatin (Pravachol)
simvastatin (Zocor)

Tier 2

Advicor
Altoprev
Antara
Caduet
Crestor
Fenoglide
Lescol/XL
Lipitor
Lipofen
Lovaza
Niaspan
Simcor
Tricor
Triglide
Vytorin
Welchol
Zetia

Tier 3

Trilipix

ENDOCRINE

(Diabetes/Hormones/Contraceptives)

Insulin Therapy

Tier 2

Apidra/Solostar
Humalog, Humalog Mix
Humulin N
Humulin R
Lantus/Solostar
Levemir
Novolin N, Innolet
Novolin R, Innolet
NovoLog, NovoLog Mix

Diabetes Agents

Tier 1 = generic versions only*

acarbose (Precose)
chlorpropamide (Diabinese)
glimepiride (Amaryl)
glipizide (Glucotrol/XL)
glipizide/metformin (Metaglip)
glyburide (DiaBeta, Micronase)
glyburide, micronized (Glynase)
glyburide/metformin (Glucoavance)
metformin (Glucophage/XR)
nateglinide (Starlix)
tolazamide (Tolinase)
tolbutamide (Orinase)

Tier 2

Actoplus Met
Actos
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Fortamet
Glumetza
Glyset
Janumet
Januvia
Prandimet
Prandin
Symlin/Pen

Tier 3

Onglyza

Blood Glucose

Monitoring Strips/Lancets

All Brands 25% coinsurance

Accu-Chek Active
Accu-Chek Advantage
Accu-Chek Aviva
Accu-Chek Compact Plus
Accu-Chek Multiclix
Accu-Chek Softclix
Accu-Chek Soft Touch
Fast Take Monitoring System
One Touch Basic System
One Touch Profile System
One Touch Ultra 2
One Touch Ultra Smart
One Touch Ultra System
One Touch Ultramini
Surestep
Surestep Pro

Thyroid Hormones & Antithyroid

Tier 1 = generic versions only*

levothyroxine (Synthroid, various)
Levoxyl
liothyronine (Cytomel)
methimazole (Tapazole)
propylthiouracil
Unithroid

Tier 2

Synthroid

Tier 3

Armour Thyroid
Thyrolar

Adrenal Hormones

Tier 1 = generic versions only*

dexamethasone (Decadron)
fludrocortisone (Florinef)
hydrocortisone (Cortef)
methylprednisolone (Medrol)
medroxyprogesterone (Provera)
prednisolone (Orapred, Prelone)
prednisone (Deltasone)

Tier 3

Flo-Pred
Millipred

Hormone Replacement Therapy

Tier 1 = generic versions only*

estradiol (Estrace)
estradiol patch (Climara)
estradiol/norethindrone acetate (Activella)
estrogens/methyltestosterone (Estratest/HS)
estropipate (Ogen)
medroxyprogesterone (Provera)
norethindrone (Micronor, Nor-QD)
norethindrone acetate (Aygestin)

Tier 2

Premarin
Premphase
Prempo
Prometrium
Vivelle

Tier 3

Alora
Angeliq
Cenestin
Climara Pro
Combipatch
Divigel
Elestrin
Enjuvia
Esclim
Estraderm
Estrasorb
Estring
EstroGel
Evamist
Femhrt
Femring
Femtrace
Menostar
Prefest
Vagifem

Birth Control

Tier 1 = generic versions only*

desogestrel/ethinyl est
(Cyclessa, Mircette, Ortho-Cept)
drospirenone/ethinyl est (Yasmin)
ethynodiol diacetate/ethinyl est (Demulen)
levonorgestrel/ethinyl est
(Levlen, Alesse, LevLite, Seasonale)
norethindrone/ethinyl est
(Ortho-Novum, Norinyl)
norethindrone acetate/ethinyl est
(Loestrin, Estrostep Fe)
norgestimate/ethinyl est
(Ortho-Cyclen/Tri-Cyclen)
norgestrel/ethinyl est (Lo/Ovral, Ovral)

Tier 2

Alesse
Cyclessa
Loestrin/Fe/24 Fe
Lo/Ovral
Mircette
Nordette
NuvaRing
Ortho Evra
Triphasil
Yaz

Tier 3

Femcon Fe
LoSeasonique
Lybrel
Ortho Tri-Cyclen Lo
Ovcon
Seasonique

Drugs to Treat Infertility

Benefit Limits may apply

Tier 1 = generic versions only*

clomiphene (Clomid)
human chorionic gonadotropin (Profasi)

Tier 4

Bravelle
Cetrotide
Fertinex
Follistim/AQ
Ganirelix Acetate
Gonal-F/RF
Luveris
Menopur
Novarel
Ovidrel
Repronex

Androgens

Tier 1 = generic versions only*

danazol (Danocrine)

Tier 2

AndroGel
Testim

Tier 3

Androderm
Android
Striant

Miscellaneous Endocrine Agents

Tier 1 = generic versions only*

calcitriol (Rocaltrol)
desmopressin acetate (DDAVP)
cabergoline

Tier 3

Hectorol
Sensipar
Stimate
Zemplar

Tier 4

Kuvan

GASTROINTESTINAL

Ulcer Drugs

Tier 1 = generic versions only*

cimetidine (Tagamet)
famotidine¹ (Pepcid)
metoclopramide (Reglan)
misoprostol (Cytotec)
nizatidine (Axid)
omeprazole (Prilosec)
pantoprazole (Protonix)
ranitidine¹ (Zantac)
sucralfate (Carafate)

Tier 2

Axid solution
Nexium
Pylera

Tier 3

Aciphex²
Helidac
Kapidex²
Prevacid²
Prevpac
Prilosec susp²
Protonix susp²
Zegerid²

Antivertigo & Antiemetic Agents

Tier 1 = generic versions only*

dronabinol (Marinol)
granisetron tab (Kytril)
meclizine (Antivert Rx)
ondansetron (Zofran/ODT)
prochlorperazine (Compazine)
promethazine (Phenergan)
trimethobenzamide (Tigan)

Tier 3

Cesamet
Emend
Transderm-Scop

Tier 4

Anzemet
Kytril (brand only)
Sancuso

Miscellaneous Gastrointestinal Drugs

Tier 1 = generic versions only*

amylase/lipase/protease (various)
balsalazide (Colazal)
hydrocortisone acetate suppository (Anusol-HC)
hydrocortisone enema (Cortenema)
lactulose
Lipram
mesalamine enema (Rowasa)
metoclopramide (Reglan)
PEG/electrolyte solution (Colyte)
polyethylene glycol
sulfasalazine (Azulfidine/EN)
ursodiol (Actigall, Urso/Forse)

Tier 2

Asacol/HD
Canasa
Cortifoam
Creon
Dipentum
Entocort EC
Ku-Zyme
Lialda
Nulytely
Pancrease MT
Pancrecarb
Pentasa
ProctoFoam-HC
UltrasE/MT
Viokase

Tier 3

Amitiza
Analpram-HC
Apriso
GoLyteLy
Halflytely
MoviPrep
OsmoPrep
Pramosone
Proctocort
Visicol

Tier 4

Cimzia – PR
Relistor

PSYCHOTHERAPEUTICS

(Anxiety/Depression)

Tricyclic Antidepressants

Tier 1 = generic versions only*

amitriptyline
clomipramine (Anafranil)
desipramine (Norpramin)
doxepin (Sinequan)
imipramine (Tofranil)
nortriptyline (Pamelor)
protriptyline (Vivactil)
trimipramine (Surmontil)

Tier 3

Tofranil PM

¹Pepcid 20 mg, Zantac 150 mg, famotidine 20 mg, and ranitidine 150 mg are available over-the-counter and are not covered under the prescription drug benefit.

²Non-preferred proton pump inhibitors may require physician certification for coverage.

Miscellaneous Antidepressants

Tier 1 = generic versions only*

bupropion (Wellbutrin/SR)
bupropion XL (Wellbutrin XL)
mirtazapine (Remeron)
trazodone
venlafaxine (Effexor)

Tier 2

Effexor XR
Venlafaxine ER, (osmotic) tabs

Tier 3

Aplenzin
Cymbalta
Pristiq

SSRI Antidepressants

Tier 1 = generic versions only*

citalopram (Celexa)
fluoxetine (Prozac)
fluvoxamine (Luvox)
paroxetine (Paxil/CR)
sertraline (Zoloft)

Tier 3

Lexapro
Luvox CR
Prozac Weekly
Sarafem

MAOI Antidepressants

Tier 1 = generic versions only*

tranylcypromine (Parnate)

Tier 3

Emsam
Nardil

Anxiety Treatment

Tier 1 = generic versions only*

alprazolam (Xanax/XR, Niravam)
buspirone (BuSpar)
chlordiazepoxide (Librium)
clorazepate (Tranxene)
diazepam (Valium)
lorazepam (Ativan)
oxazepam (Serax)

Antipsychotics

Tier 1 = generic versions only*

chlorpromazine
clozapine (Clozaril) 25, 50, 100 mg
fluphenazine (Prolixin)
haloperidol (Haldol)
loxapine (Loxitane)
perphenazine (Trilafon)
risperidone (Risperdal)
thiothixene (Navane)
trifluoperazine (Stelazine)

Tier 2

Abilify
Clozapine 12.5, 200 mg
Geodon
Seroquel
Zyprexa

Tier 3

Abilify Discmelt
Fazaclo
Invega
Moban
Orap
Saphris
Seroquel XR
Symbyax
Zyprexa Zydis

Insomnia Treatment

Benefit Limits may apply

Tier 1 = generic versions only*

chloral hydrate
estazolam
flurazepam (Dalmene)
temazepam (Restoril)
triazolam (Halcion)
zaleplon (Sonata)
zolpidem (Ambien)

Tier 3

Ambien CR
Edluar
Lunesta
Restoril 7.5mg
Rozerem

ADHD & Miscellaneous Psychotherapeutic Agents

Tier 1 = generic versions only*

amphetamine combination salts (Adderall/XR)
dexmethylphenidate (Focalin)
dextroamphetamine sulfate/SR (Dexedrine)
lithium carbonate
lithium citrate
methylphenidate/SR (Ritalin/SR)

Tier 2

Eskalith/CR
Lithobid

Tier 3

Concerta
Daytrana
Equetro
Focalin XR
Liquadd
Metadate CD
Metadate ER
Nuvigil
Provigil
Ritalin LA
Strattera
Vyvanse

NEUROLOGIC DRUGS

Anticonvulsants

Tier 1 = generic versions only*

carbamazepine (Tegretol)
clonazepam (Klonopin)
divalproex sodium (Depakote/ER/Sprinkle)
ethosuximide (Zarontin)
gabapentin (Neurontin)
lamotrigine (Lamictal)
levetiracetam (Keppra)
oxcarbazepine (Trileptal)
phenobarbital
phenytoin (Dilantin)
primidone (Mysoline)
topiramate (Topamax)
valproic acid (Depakene)
zonisamide (Zonegran)

Tier 2

Carbatrol
Dilantin
Gabitril
Phenytek
Tegretol/XR

Tier 3

Banzel
Diasat
Keppra XR
Lamictal ODT/XR
Lyrica
Sabril
Stavzor
Vimpat

Drugs for Parkinson's Disease

Tier 1 = generic versions only*

amantadine (Symmetrel)
benztropine (Cogentin)
bromocriptine (Parlodel)
carbidopa-levodopa (Sinemet/CR, Parcopa)
ropinirole (Requip)
trihexyphenidyl (Artane)

Tier 2

Comtan
Mirapex

Tier 3

Azilect
Requip XL
Stalevo
Zelapar

Drugs for Dementia/Alzheimers

Tier 1 = generic versions only*

galantamine (Razadyne/ER)

Tier 2

Aricept/ODT
Exelon cap/patch

Tier 3

Namenda

PAIN RELIEVERS/ARTHRITIS/HEADACHE

NSAIDs

Tier 1 = generic versions only*

diclofenac potassium (Cataflam)
diclofenac sodium (Voltaren/XR)
diflunisal (Dolobid)
EC-naproxen (EC-Naprosyn)
etodolac
flurbiprofen (Ansaid)
ibuprofen (Motrin)
indomethacin (Indocin/SR)
ketoprofen SR (Oruvail)
ketorolac tab (Toradol)
meclofenamate (Meclomen)
meloxicam (Mobic)
nabumetone (Relafen)
naproxen (Naprosyn)
naproxen sodium (Anaprox/DS, Naprelan)
oxaprozin (Daypro)
piroxicam (Feldene)
salsalate (Salflex)
sulindac (Clinoril)
tolmetin (Tolectin/DS)

Tier 3

Celebrex – PR
Flector
Voltaren Gel
Zipsor

Headache Therapy

Tier 1 = generic versions only*

acetaminophen/butalbital (Phrenilin)
acetaminophen/butalbital/caffeine (Fioricet)
aspirin/butalbital/caffeine (Fiorinal)
dihydroergotamine mesylate (D.H.E. 45)
ergotamine/caffeine (Cafergot)
isometheptene/dichloralphenazone/
acetaminophen (Midrin)
sumatriptan (Imitrex) – QL

Tier 2

Amerge – QL
Axert – QL
Frova – QL
Maxalt/MLT – QL
Relpax – QL
Zomig/ZMT – QL

Tier 3

Migranal
Treximet - QL

Tier 4

D.H.E.45 (brand only)

Narcotic & Miscellaneous Analgesics

Tier 1 = generic versions only*

acetaminophen/codeine (Tylenol #3)
acetaminophen/hydrocodone (Vicodin, others)
acetaminophen/oxycodone (Percocet)
butorphanol tartrate nasal spray
fentanyl citrate lozenge (Actiq) – PR, QL
fentanyl patch (Duragesic)
ibuprofen/hydrocodone (Vicoprofen)
meperidine (Demerol)
methadone (Dolophine)
morphine sulfate (MS Contin, others)
oxycodone (Roxicodone, others)
oxycodone/ibuprofen (Combunox)
propoxyphene (Darvon)
propoxyphene/acetaminophen (Darvocet)
tramadol (Ultram)
tramadol/acetaminophen (Ultracet)

Tier 2

OxyContin
Suboxone
Subutex

Tier 3

Avinza
Embeda
Kadian
Nucynta
Opana/ER
Ryzolt
Ultram ER

Tier 4

Actiq (brand only) – PR, QL
Fentora – PR, QL
Onsolis – PR, QL

Muscle Relaxants

Tier 1 = generic versions only*

baclofen (Lioresal)
carisoprodol (Soma)
chlorzoxazone (Parafon Forte DSC)
cyclobenzaprine (Flexeril)
dantrolene sodium (Dantrium)
diazepam (Valium)
methocarbamol (Robaxin)
orphenadrine (Norflex)
orphenadrine/aspirin/caffeine (Norgesic)
tizanidine tab (Zanaflex)

Tier 2

Skelaxin

Tier 3

Amrix
Zanaflex cap

Rheumatologicals

Tier 1 = generic versions only*

azathioprine (Imuran)
hydroxychloroquine (Plaquenil)
leflunomide (Arava)
methotrexate
sulfasalazine (Azulfidine/EN)

Tier 2

Cuprimine
Depen
Ridaura

Tier 3

Enbrel – PR
Savella

Tier 4

Arava (brand only)
Humira – PR
Kineret – PR
Simponi – PR

Gout Therapy

Tier 1 = generic versions only*

allopurinol (Zyloprim)
colchicine
probenecid
probenecid w/ colchicine

Tier 3

Colcrys
Uloric

UROLOGICALS

Drugs for Urinary Incontinence

Tier 1 = generic versions only*

flavoxate (Urispas)
oxybutynin (Ditropan/XL)
proprantheline bromide

Tier 3

Detrol/LA
Gelnique
Enables
Oxytrol
Sanctura/XR
Toviaz
Vesicare

Drugs for Prostatic Hypertrophy

Tier 1 = generic versions only*

doxazosin mesylate (Cardura)
finasteride 5 mg (Proscar)
terazosin (Hytrin)

Tier 2

Avodart
Flomax

Tier 3

Cardura XL
Rapaflo
Uroxatral

Miscellaneous Urologicals

Benefit Limits may apply

Tier 1 = generic versions only*

citric acid/potassium citrate (Polycitra-K)
citric acid/sodium citrate (Bicitra)
potassium citrate (Urocit K)

Tier 2

K-Phos Original
Viagra

Tier 3

Caverject
Cialis
Edex
Elmiron
Levitra
Muse
Urised

DERMATOLOGICALS/TOPICAL THERAPY

Topical Corticosteroids

Tier 1 = generic versions only*

aclometasone (Aclovate)
amcinonide (Cyclocort)
betamethasone dipropionate
(Diprolene, Diprosone)
betamethasone valerate (Betatrex)
clobetasol propionate (Temovate, Cormax, Olux)
desonide (DesOwen)
desoximetasone (Topicort)
diflorasone diacetate (Psorcon)
fluocinonide acetonide (Synalar)
fluocinonide (Lidex)
fluticasone propionate (Cutivate)
halobetasol (Ultravate)
hydrocortisone (Hytone)
hydrocortisone butyrate (Locoid)
hydrocortisone valerate (Westcort)
mometasone furoate (Elocon)
prednicarbate (Dermatop)
triamcinolone acetonide (Kenalog, Aristocort)

Tier 2

Capex shampoo

Tier 3

Clobex
Cloderm
Cordran
Derma-Smoother F/S
Desonate
Locoid Lipocream
Luxiq
Olux/E
Pandel
Verdeso
Vanos

Therapy for Acne

Tier 1 = generic versions only*

benzoyl peroxide
clindamycin (Cleocin T)
erythromycin sol, gel (A/T/S, EryDerm, Emgel)
erythromycin/benzoyl peroxide (Benzamycin)
isotretinoin (Accutane)
metronidazole
(MetroCream, MetroGel, MetroLotion)
sulfacetamide/sulfur (Plexion, Sulfacet-R)
tretinoin (Retin-A, Avita)

Tier 2

Differin
Duac

Tier 3

Acanya
Aczone
Atralin
Avita gel
Azelex
Benzacclin
Epiduo
Evoclin
Finacea
Noritate
Retin-A Micro
Tazorac
Vanoxide-HC
Ziana

Tier 4

Accutane (brand only)

Psoriasis/Seborrhea

Tier 1 = generic versions only*

calcipotriene solution (Dovonex)
methotrexate
selenium sulfide 2.5% (Selsun Rx)

Tier 2

Soriatane/CK

Tier 3

Dovonex cream, ointment
Enbrel – PR
Taclonex/Scalp
Tazorac
Vectical

Tier 4

Humira – PR

Topical Antifungals/Anti-Infectives

Tier 1 = generic versions only*

ciclopirox (Loprox, Penlac)
econazole (Spectazole)
gentamicin
ketoconazole (Nizoral)
mupirocin (Bactroban oint)
nystatin (Mycostatin)
silver sulfadiazine (Silvadene)

Tier 3

Altabax
Denavir
Ertaczo
Exelderm
Extina
Naftin
Oxistat
Vusion
Xolegel
Zovirax

Miscellaneous Dermatologicals

Tier 1 = generic versions only*

aluminum chloride (Drysol)
ammonium lactate lotion (Lac-Hydrin)
fluorouracil (Efudex)
ketoconazole shampoo (Nizoral)
podoxiflox solution (Condylox)
urea (Carmol 40)

Tier 3

Aldara
Carac
Condylox gel
Elidel
Oxsoalene
Protopic
Solaraze
Veregen

RESPIRATORY (Allergy/Asthma)

Antihistamines

Tier 1 = generic versions only*

clemastine (Tavist)
cyproheptadine (Periactin)
fexofenadine tab (Allegra)
hydroxyzine (Atarax)
hydroxyzine pamoate (Vistaril)
promethazine (Phenergan)

Tier 3

Allegra-D
Allegra ODT
Clarinet
Clarinet-D
Xyzal

Adrenergics

Tier 2

Epipen/Jr/Auto-Injector
Twinject

Nasal Allergy Products

Tier 1 = generic versions only*

flunisolide (Nasalide, Nasarel)
fluticasone propionate (Flonase)
ipratropium bromide nasal (Atrovent)

Tier 2

Astelir
Astepro
Nasonex

Tier 3

Beconase AQ¹
Nasacort AQ¹
Omnanis¹
Patanase
Rhinocort Aqua¹
Veramyst¹

Beta-Agonists

Tier 1 = generic versions only*

albuterol neb sol (AccuNeb, Proventil)
albuterol oral (Proventil, Vospire ER)
metaproterenol
terbutaline (Brethine)

Tier 2

Foradil
Maxair
ProAir HFA
Proventil HFA
Serevent Diskus
Ventolin HFA

Tier 3

Alupent inhaler
Brovana
Perforomist
Xopenex/HFA

Inhaled Steroids

Tier 2

Asmanex
Azmacort
Flovent HFA
Pulmicort inhaler
Pulmicort respules
QVAR

Tier 3

Aerobid/M
Alvesco

Miscellaneous Pulmonary Agents

Tier 1 = generic versions only*

acetylcysteine (Mucomyst)
albuterol/ipratropium neb sol (DuoNeb)
aminophylline
cromolyn neb sol
ipratropium bromide neb sol (Atrovent)
theophylline ER (Uniphyll, various)

Tier 2

Advair Diskus/HFA
Atrovent HFA
Combivent
Spiriva
Symbicort
Uniphyll

Tier 3

Accolate
Intal inhaler
Letairis
Revatio
Singulair
Theo-24
Tracleer
Zyflo CR

Tier 4

Adcirca

EYE & EAR PRODUCTS

Drugs for Glaucoma

Tier 1 = generic versions only*

acetazolamide (Diamox/Sequels)
apraclonidine (Iopidine)
brimonidine tartrate 0.2%
carteolol (Ocupress)
dipivefrin (Propine)
dorzolamide (Trusopt)
levobunolol (Betagan)
methazolamide
metipranolol (OptiPranolol)
timolol (Timoptic/XE)
timolol/dorzolamide (Cosopt)

Tier 2

Alphagan P
Azopt
Betimol
Betoptic S
Lumigan
Pilopine HS
Travatan/Z
Xalatan

Tier 3

Combigan
Isopto Carbachol
Istalol

Ophthalmic Antibiotics

Tier 1 = generic versions only*

bacitracin
ciprofloxacin soln (Ciloxan)
erythromycin (Ilotycin)
gentamicin (Garamycin, Gentacidin)
neomycin/bacitracin/polymyxin (Neosporin oint)
neomycin/polymyxin/dexamethasone (Maxitrol)
neomycin/polymyxin/hydrocortisone
(Cortisporin)
ofloxacin (Ocuflox)
polymyxin B/trimethoprim (Polytrim)
sulfacetamide (Bleph-10)
sulfacetamide/prednisolone (Vasocidin, Metimyd)
tobramycin (Tobrex)
tobramycin/dexamethasone (TobraDex)

Tier 3

AzaSite
Besivance
Blephamide
Ciloxan oint
Iquix
Poly-Pred
Quixin
Vigamox
Zylet
Zymar

Miscellaneous Ophthalmics

Tier 1 = generic versions only*

cromolyn (Crolom)
diclofenac sodium (Voltaren)
flurbiprofen (Ocufen)
ketotifen fumarate

Tier 2

Lacrisert

Tier 3

Acular
Acuvail
Alamast
Alocril
Alomide
Elestat
Nevanac
Optivar
Pataday
Patanol
Restasis
Xibrom

Otic Products

Tier 1 = generic versions only*

acetic acid (Acetasol)
acetic acid/aluminum acetate (Domeboro)
antipyrine/benzocaine
HC/acetic acid
HC/pramoxine/chloroxylonol (Cortane-B)
neomycin/polymyxin/HCl (Cortisporin)
ofloxacin (Floxin)

Tier 3

Cetralax
Ciprodex
Cipro HC

IMMUNOLOGY & BIOTECHNOLOGY

Erythroid/Myeloid Stimulants

Tier 3

Aranesp
Neupogen

Tier 4

Epogen
Leukine
Mozobil
Neulasta
Procrit

¹Non-preferred intranasal steroids may require physician certification for coverage.

Interferons

Tier 2

Intron A

Tier 3

Actimmune
Avonex
Betaseron
Copaxone
Infergen
Pegasys
PEG-Intron/Pen
Rebif

Growth Hormones

Tier 3

Humatrope – PR
Norditropin – PR
Nutropin/AQ/Pen – PR

Tier 4

Genotropin – PR
Saizen – PR
Serostim – PR
Tev-Tropin – PR
Zorbtive – PR

VITAMINS/MINERALS/ELECTROLYTES

Tier 1 = generic versions only*

folic acid
multivitamins, prenatal
multivitamins w/ fluoride
multivitamins w/ fluoride & iron
potassium chloride tabs, pwd, liquid
sodium fluoride (Luride)
vitamin B-12 (Cyanocobalamin)

Tier 2

Foltx

Tier 3

Calomist
K-Tab 10 meq
Mephyton
Nascobal

IMMUNOSUPPRESSANT DRUGS

Tier 1 = generic versions only*

azathioprine (Imuran)
cyclosporine (Sandimmune)
cyclosporine, modified (Neoral)
mycophenolate mofetil (Cellcept)
prednisone

Tier 2

Neoral
Prograf
Rapamune
Sandimmune

Tier 3

Azasan
Myfortic

ANTINEOPLASTIC AGENTS

Tier 1 = generic versions only*

bicalutamide (Casodex)
cyclophosphamide (Cytoxan)
etoposide (VePesid)
flutamide (Eulexin)
hydroxyurea (Hydrea)
leucovorin calcium 5, 25 mg tab
leuprolide acetate (Lupron)
megestrol acetate (Megace)
methotrexate
mercaptopurine (Purinethol)
octreotide acetate (Sandostatin)
tamoxifen citrate
tretinoin cap (Vesanoid)

Tier 2

Arimidex
Aromasin
Femara

Tier 3

Alkeran
CeeNU
Fareston
Gleevec
Leucovorin calcium 10, 15 mg tab
Leukeran
Matulane
Megace ES
Mesnex
Nexavar
Revlimid
Sprycel
Sutent
Tarceva
Targretin
Temodar
Thalomid
Trexall
Tykerb
Xeloda

Tier 4

Afinitor
Hycamtin capsule
Lupron (brand only)
Tasigna
VePesid (brand only)
Zolanza

MISCELLANEOUS AGENTS

Tier 1 = generic versions only*

anagrelide (Agrylin)
calcium acetate (PhosLo)
etidronate disodium (Didronel)
levocarnitine (Carnitor)
midodrine (ProAmatine)
naltrexone (ReVia)
pilocarpine tablet (Salagen)

Tier 2

Antabuse
Campral
Evoxac
Fosrenol
Renagel
Renvela

Tier 3

Chemet
Rilutek

Tier 4

Exjade
Increlex – PR
ReVia (brand only)
Xenazine

Drugs for Osteoporosis

Tier 1 = generic versions only*

alendronate (Fosamax)
calcitonin nasal spray (Miacalcin)

Tier 2

Boniva
Fosamax Plus D

Tier 3

Actonel¹
Actonel w/Calcium¹
Evista
Menostar

Tier 4

Forteo

Smoking Deterrents

Benefit Limits may apply

Tier 1 = generic versions only*

bupropion SR (Zyban)
nicotine patch (Rx)

Tier 2

Chantix

Tier 3

Nicotrol Inhaler
Nicotrol NS

*Listed brand names are for reference only. Brands for which generic equivalents are available are covered on Tier 3 unless indicated otherwise.
¹Non-preferred oral bisphosphonates may require physician certification for coverage.