

# Denver Health Managed Care Formulary (312)

(Denver Health Medical Plan, CSA, CHP+, and Denver Health Medicaid Choice)

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## INTRODUCTION

Denver Health Medical Plan (DHMP), Denver Health Authority (DHA), Career Services Authority (CSA), Child Health Plan Plus (CHP+) and Denver Health Medicaid Choice (DHMC) plans are pleased to provide the *Denver Health Managed Care Formulary*. It is designed to be an educational reference tool. Comments and suggestions from clinical practitioners have been incorporated to ensure that the *Denver Health Managed Care Formulary* is reflective of current medical practice.

This document places strong clinical focus on better managing pharmaceutical care. The *Denver Health Managed Care Formulary* assists practitioners in selecting clinically appropriate and cost-effective medications for their patients with Denver Health Managed Care prescription drug benefits.

The information contained in the *Denver Health Managed Care Formulary* and the appendices are provided solely for the convenience of medical practitioners. Denver Health Managed Care does not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. The *Denver Health Managed Care Formulary* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical practitioner. Denver Health Managed Care does not assume responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information. National guidelines can be found on the National Guideline Clearinghouse site at <http://www.guideline.gov>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

## PREFACE

The *Denver Health Managed Care Formulary* is organized by drug class or disease state sections. Each section contains a list of drugs selected to be on this formulary. Products are listed by generic name, and brand names are included as a reference. Unless exceptions are noted, generally all applicable dosage forms and strengths of the branded drug cited are included in the *Denver Health Managed Care Formulary*. Denver Health Medical Plan does not cover over-the-counter (OTC) products with the exceptions of insulin and glucose monitoring products. Denver Health Medicaid Choice offers a few OTC products which can be seen on the Denver Health website.

### 3-TIER FORMULARY

The *Denver Health Managed Care Formulary* has 3 Tiers. The formulary structure provides more choice for our Members.

Copays vary depending upon:

1. Where the prescription is filled
2. What quantity is filled
3. The Tier status on the Denver Health Managed Care Formulary

<b>DHA</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Discounted Copay Drug List</b>
DH Pharmacies (30 days)	\$5	\$15	\$20	\$4
DH Pharmacies by Mail ( 90 days)	\$10	\$30	\$40	\$8
Non-DH Pharmacies (30 days)	\$15	\$25	\$45 <b>PAR</b>	Not available
CVS Caremark by Mail (90 days)**	\$30	\$50	\$90 <b>PAR</b>	Not available
<b>CSA</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Discounted Copay Drug List</b>
DH Pharmacies (30 days)	\$15	\$25	\$45	\$8
DH Pharmacies by Mail (90 days)	\$30	\$50	\$90	\$16
Non-DH Pharmacies (30 days)	\$25	\$45	\$65 <b>PAR</b>	Not available
<b>CHP+ and Medicaid Choice</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	
DH Pharmacies (30 days)	\$0	\$0	\$0	
Non-DH Pharmacies (30 days)	\$0	\$0	\$0 <b>PAR</b>	

**PAR** = Prior Authorization

\*\* Point of Service (POS) group only

The following are general guidelines for each of the tiers:

Tier 1: most generics or brand-name drugs dispensed as generics

Tier 2: brand-name formulary drugs

Tier 3: non-preferred drugs pre-approved for use at DH pharmacies ONLY and non-preferred drugs approved through the **PAR** (prior authorization request) process. Tier 3 applies to both brand and generic drugs.

### PREVENTIVE HEALTH (available for \$0 copay)

As outlined by Health Care Reform, the preventive health drugs listed below are available for \$0 copay when filled with a prescription as follows:

<b>Preventive Health (all drugs require a prescription)</b>	<b>Copay</b>
Aspirin - all GENERIC oral dosage forms up to and including 325 mg, OTC, MAX Qty 100, age 45 years and over to treat Cardiovascular Disease	\$0
Iron - all PEDIATRIC oral liquids, RX or OTC, age up to 1 year for iron supplementation	\$0
Fluoride - all oral dosage forms, age up to 6 years to prevent cavities	\$0
Folic Acid - 0.4 mg and 0.8 mg tabs, OTC, age up to 55 years for folic acid supplementation	\$0
<b>Smoking Cessation</b>	<b>Copay</b>
Nicotine - transdermal and gum - covered by calling the <b>Quit Line</b> at <b>800-QUIT NOW (800-784-8669)</b> or <b>PAR</b> required to obtain through your pharmacy	\$0
Chantix - <b>PAR</b> and Health Coaching Program required for 3 month approval	\$0
Zyban - on the formulary	\$0

**PAR** = Prior Authorization

### OUTPATIENT PHARMACY BENEFITS FOR ALL PLANS

The following drugs are covered under all Denver Health Managed Care plans:

- Prescription drugs as listed on the *Denver Health Managed Care Formulary*
- Compounded medication of which at least one ingredient is a prescription drug

The following drug categories are excluded from coverage under all Denver Health Managed Care plans:

- Anti-wrinkle agents (Renova)
- Cosmetic hair removal products
- Dietary Supplements (some are covered as consumable medical expenses)
- Hair growth stimulants
- Immunization agents, blood or blood plasma. Exceptions: anti-hemophilic factor VIII & IX are covered
- Infertility medications
- Pigmenting / Depigmenting Agents
- Therapeutic devices or appliances, including support garments and other non-medical substances, regardless of intended use (except for certain diabetic supplies, as listed on the *Denver Health Managed Care Formulary*)
- Charges for the administration or injection of any drug
- Rx (prescription) vitamins (except iron, fluoride, folic acid, prenatal, vitamin B-12 and vitamin D)
- Medication which is to be taken by or administered to an individual, in whole or in part, during hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home stays, or through a similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals
- Covered OTC medications require a prescription and include products listed on the formulary or meet pre-approved clinical criteria.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The DHMP P&T Committee consists of a group of physicians and pharmacists from the Denver Health and Hospital Authority (DHHA). They do not have financial interest in the DHMP, and must adhere to the DHHA Standards of Ethics Policy. The DHMP P&T Committee meets on a monthly basis. Formulary modifications are updated on the Denver Health Managed Care Provider website and written communication is sent quarterly in the provider newsletter.

## PRODUCT SELECTION CRITERIA

The DHMP P&T Committee will consider all U.S. Food and Drug Administration (FDA) approved drugs for inclusion in the formulary. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared which typically address the following information:

- Safety
- Effectiveness
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications, warnings and precautions
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion or non-formulary (NF) status of drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

All the material in the *Denver Health Managed Care Formulary* is provided as a reference for drug therapy selection. The final choice of specific drug selection for an individual patient rests solely with the prescriber.

Providers are encouraged to prescribe formulary drugs.

## FORMULARY PRODUCT DESCRIPTIONS

- Products on the formulary include all strengths associated with the dosage form of the cited brand-name product unless otherwise noted.
- When a strength or dosage form is specified, only the specified strength or dosage form is included on the formulary. Other strengths and dosage forms of the reference product are not included on the formulary.
- If the strength or dosage form is not specified, then all dosage forms, (e.g. oral liquids, orally disintegrating tablets, suppositories, etc.) are included on the formulary.
- Modified-release or combination products included on the formulary are defined by the cited brand-name product. Modified-release and combination products require their own line and are not included if only the immediate release product is listed.
- Dosage forms on the formulary will be consistent with the category and use where listed.

## DRUG AUTHORIZATION PROGRAM

Currently, the following formulary medications, as well as any medication not listed on the formulary, require a **PAR**:

<b>Brand Name</b>	<b>Generic Name</b>
Aranesp	darbepoetin alfa
Avonex	interferon beta-1a
Betaseron	interferon beta-1b
Celebrex	celecoxib
Cellcept	mycophenolate mofetil
Chantix	varenicline
Copaxone	glatiramer
Creon	pancrelipase
DDAVP	desmopressin
Dovonex	calcipotriene
Imitrex Injection	sumatriptan injection
Leukine	sargramostim
Levitra	vardenafil
Neupogen	filgrastim
Nutropin, Nutropin AQ	somatropin
Pulmozyme	dornase alfa
Regranex	becaplermin
Relpax	eletriptan
Soriatane	acitretin
Xeloda	capecitabine

### Pharmacies:

DHMP uses a network of participating pharmacies. Denver Health pharmacies are preferred therefore your copay is lower when you fill your prescriptions at a Denver Health pharmacy. If your plan qualifies, you may choose an external pharmacy (e.g., King Soopers, Walgreens, Safeway, K-Mart, Rite-Aid and Albertsons). If you would like to locate a pharmacy, please call DHMP Member Services at 303-602-2100 or 800-700-8140, or go to [www.caremark.com](http://www.caremark.com) and use the pharmacy locator option.

### Prior Authorization Request Process:

When a medication claim is processed at the pharmacy the pharmacist may receive a rejection message indicating that a **PAR** is required for approval of the drug. The prescriber should be contacted to have the prescription changed to a formulary alternative or submit a completed **PAR**. Clinical information regarding the medical necessity of the drug is required on the **PAR**.

- Completed **PARs** should be faxed or emailed by the prescriber or prescriber's designee to **303-602-2081** or [managedcarePAR@dhha.org](mailto:managedcarePAR@dhha.org).

- Questions regarding this process should be directed to the Managed Care Pharmacy Department at **303-602-2070 or 877-357-0963**.

Once received, the Medical Director, Pharmacy Manager, Clinical Pharmacist or Pharmacy Nurse Case Manager will review the **PAR**. The reviewer will recommend a therapeutic alternative, approve or deny the request. The requesting prescriber will be notified of the decision within 72 business hours. An expedited review for urgent situations may be requested and a decision provided within 24 business hours. After hours requests will be processed by the CVS Caremark Help Desk at 800-345-5413.

#### Authorizations:

- **Managed Drug Limitations (MDL):** Drugs with an **MDL** assigned are noted in the formulary. These limitations are usually based on quantity criteria. The dispensing pharmacist will receive a message that reads "Plan Limitations Exceeded". An authorization is required for drug requests outside the published limitations. The **PAR** can be faxed to the Managed Care Pharmacy Department for review at 303-602-2081.
- **Non-formulary (NF) medications:** The dispensing pharmacy will receive a message that reads "NDC Not Covered". NDC stands for National Drug Code, which is specific to a drug, strength, and manufacturer. An alternative formulary medication may be listed for the pharmacist. The pharmacist should notify the prescriber of the formulary alternative for substitution. Any other drug request will require a **PAR**.

#### Denials:

If the request is denied, the prescriber and the member will receive written notification including member rights and appeals process information.

#### Transitions:

A transitional supply for non-formulary medications and formulary medications with quantity restrictions or prior authorization requirements will be provided to all new members as their plan allows. This authorization allows the practitioner time to prescribe a formulary drug for the member or submit a **PAR** for exception. If the prescriber wishes to extend the transition authorization, he or she should notify the Pharmacy Department at 303-602-2070. If approved, an authorization will be placed in the system for an appropriate period of time. Subsequent extensions will require the prescriber to review and complete a new **PAR**, including a review of the patient status and any pertinent lab results.

- **Medicaid:** All new enrollees with special health care needs are eligible for the first 90 days of enrollment for up to a cumulative 60-day supply of medication.
- **DHA/CSA/CHP:** All new enrollees are eligible for the first 90 days of enrollment for up to a 30-day cumulative supply of medication.

## GENERIC SUBSTITUTION

Generic substitution is when a generic version of a drug is dispensed in place of a brand-name product.

**Boldface type** indicates generic availability. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In addition, boldface type may indicate that the brand name cited is a generic (e.g. Levoxyl and Trivora).

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents, and in most cases, are preferred on the *Denver Health Managed Care Formulary*. Generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream at a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When an A-rated generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

## EDITOR

Your comments and suggestions regarding this *Denver Health Managed Care Formulary* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without the written permission of Denver Health. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Denver Health.

**If viewing this formulary via the Internet, please be advised that the formulary is updated periodically and changes may appear prior to their effective date to allow for client notification.**

## LEGEND

<b>##</b>	Only the brand-name product noted is on formulary
<b>MDL</b>	Managed Drug Limitation
<b>OTC</b>	Over The Counter
<b>PAR</b>	Prior Authorization Required
<b>boldface</b>	Indicates generic availability; boldface may not apply to every strength or dosage form under the listed generic name
<b>d/c</b>	Discontinued brand, listed for reference purposes only
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

## ANALGESICS

Practice guidelines for pain management are available at:  
<http://www.asahq.org>

### NSAIDs

	<b>diclofenac sodium delayed-rel</b>	Tier 1
	<b>ibuprofen</b>	Tier 1 MOTRIN
	<b>indomethacin</b>	Tier 1
	<b>ketoprofen</b>	Tier 1
	<b>meloxicam</b>	Tier 1 MOBIC
	<b>naproxen</b>	Tier 1 NAPROSYN
	<b>salsalate</b>	Tier 1
	<b>sulindac</b>	Tier 1 CLINORIL
	indomethacin susp	Tier 2 INDOCIN susp

### COX-2 INHIBITORS

<b>MDL, PAR</b>	celecoxib	Tier 3 CELEBREX
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### CELEBREX

**MDL**

60 caps per 25 days

### GOUT

	<b>allopurinol</b>	Tier 1 ZYLOPRIM
	<b>colchicine/probenecid</b>	Tier 1
	<b>probenecid</b>	Tier 1

### NARCOTIC ANALGESICS

Practice Guidelines for Cancer Pain Management (includes World Health Organization [WHO] analgesic ladder) are available at:  
<http://www.asahq.org>  
<http://www.nccn.org>

Opioid guidelines in the management of chronic non-malignant pain are available at:  
<http://www.asipp.org/Guidelines.htm>

<b>MDL</b>	<b>codeine/acetaminophen</b>	Tier 1 TYLENOL w/CODEINE
<b>MDL</b>	<b>hydrocodone/acetaminophen 2.5/500</b>	Tier 1 LORTAB 2.5
<b>MDL</b>	<b>hydrocodone/acetaminophen 5/500</b>	Tier 1 VICODIN 5/500
<b>MDL</b>	<b>hydrocodone/acetaminophen 7.5/500</b>	Tier 2 LORTAB 7.5
<b>MDL</b>	<b>hydrocodone/ibuprofen</b>	Tier 2 VICOPROFEN

codeine/acetaminophen

**MDL**

400 tabs per 25 days

hydrocodone/acetaminophen

**MDL**

240 tabs per 25 days

hydrocodone/ibuprofen

**MDL**

40 tabs per 25 days

### NARCOTIC ANALGESICS, CII

	<b>codeine sulfate</b>	Tier 1
	<b>morphine</b>	Tier 1
<b>MDL</b>	<b>oxycodone caps 5 mg</b>	Tier 1
	<b>fentanyl transdermal</b>	Tier 2 DURAGESIC
	<b>hydromorphone</b>	Tier 2 DILAUDID
	<b>morphine ext-rel</b>	Tier 2 MS CONTIN
<b>MDL</b>	<b>oxycodone tabs</b>	Tier 2 ROXICODONE
<b>MDL</b>	<b>oxycodone/acetaminophen</b>	Tier 2 PERCOCET
<b>MDL</b>	<b>oxycodone/aspirin</b>	Tier 2 PERCODAN

oxycodone

**MDL**

180 caps/tabs per 25 days

## NON-NARCOTIC ANALGESICS

butalbital/acetaminophen/caffeine	Tier 1	FIORICET
butalbital/aspirin/caffeine	Tier 1	FIORINAL
tramadol	Tier 1	ULTRAM (NOT ER)

## ANTI-INFECTIVES

**Hepatitis:** recommendations from the Centers for Disease Control and Prevention (CDC) on the treatment of hepatitis are available at:

<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of chronic hepatitis by the American Association for the Study of Liver Disease are available at:

<http://www.aasld.org>

**HIV/AIDS:** Guidelines for the treatment of HIV patients by the U.S. Department of Health and Human Services are available at:

<http://www.aidsinfo.nih.gov>

**Infective Endocarditis:** American Heart Association recommendations for the prevention of bacterial endocarditis are available at:

<http://www.americanheart.org>

**Influenza:** Recommendations of the Advisory Committee on Immunization Practices are available at:

<http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm>

**International Travel:** CDC recommendations for international travel are available at:

<http://www.cdc.gov/travel>

**Sexually Transmitted Diseases:** CDC Sexually Transmitted Diseases Guidelines are available at:

<http://www.cdc.gov/std/treatment/default.htm>

**Respiratory Tract Infection/Antibiotic Use/Community Acquired Pneumonia/Other:** Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infection in adults are available at:

[http://www.cdc.gov/ncidod/guidelines/guidelines\\_topic\\_ar.htm](http://www.cdc.gov/ncidod/guidelines/guidelines_topic_ar.htm)

Practice guidelines and statements developed and endorsed by the Infectious Diseases Society of America are available at:

<http://www.idsociety.org>

## ANTIBACTERIALS

### Cephalosporins

#### First Generation

cephalexin	Tier 1	KEFLEX
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#### Second Generation

cefaclor	Tier 1	
cefuroxime axetil	Tier 2	CEFTIN

#### Third Generation

cefdinir	Tier 1	OMNICEF (d/c)
<b>MDL</b> cefixime	Tier 2	SUPRAX
ceftibuten	Tier 2	CEDAX

### SUPRAX

### MDL

1 tab per 25 days

### Erythromycins/Macrolides

azithromycin	Tier 1	ZITHROMAX
clarithromycin	Tier 1	BIAXIN
erythromycin delayed-rel	Tier 1	
erythromycin delayed-rel	Tier 1	ERY-TAB
erythromycin ethylsuccinate	Tier 1	E.E.S.

<b>erythromycin stearate</b>	Tier 1
<b>erythromycin/sulfisoxazole</b>	Tier 1

#### Fluoroquinolones

<b>ciprofloxacin</b>	Tier 1 CIPRO
levofloxacin	Tier 2 LEVAQUIN

#### Penicillins

<b>amoxicillin</b>	Tier 1 AMOXIL (d/c)
<b>amoxicillin/clavulanate</b>	Tier 1 AUGMENTIN 250 mg, 500 mg
<b>ampicillin</b>	Tier 1
<b>dicloxacillin</b>	Tier 1
<b>penicillin VK</b>	Tier 1

#### Tetracyclines

<b>tetracycline</b>	Tier 1
<b>doxycycline hyclate</b>	Tier 2 VIBRAMYCIN
<b>MDL minocycline, caps only</b>	Tier 3 MINOCIN

**minocycline**

**MDL**

60 caps per 25 days

#### ANTIFUNGALS

<b>clotrimazole troches</b>	Tier 1 MYCELEX (d/c)
<b>griseofulvin microsize susp</b>	Tier 1
<b>ketoconazole</b>	Tier 1 NIZORAL (d/c)
<b>nystatin</b>	Tier 1
<b>fluconazole</b>	Tier 2 DIFLUCAN
griseofulvin microsize tabs	Tier 2 GRIFULVIN V tabs
griseofulvin ultramicrosize	Tier 2 GRIS-PEG

#### ANTIMALARIALS

<b>mefloquine</b>	Tier 1
<b>chloroquine</b>	Tier 2 ARALEN
primaquine	Tier 2
pyrimethamine	Tier 2 DARAPRIM
atovaquone/proguanil	Tier 3 MALARONE

#### ANTIRETROVIRAL AGENTS

##### Antiretroviral Combinations

abacavir/lamivudine	Tier 3 EPZICOM
abacavir/lamivudine/zidovudine	Tier 3 TRIZIVIR
efavirenz/emtricitabine/tenofovir	Tier 3 ATRIPLA
emtricitabine/tenofovir	Tier 3 TRUVADA
lamivudine/zidovudine	Tier 3 COMBIVIR

##### Integrase Inhibitors

raltegravir	Tier 3 ISENTRESS
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##### Non-nucleoside Reverse Transcriptase Inhibitors

delavirdine	Tier 3 RESCRIPTOR
efavirenz	Tier 3 SUSTIVA
etravirine	Tier 3 INTELENCE
nevirapine	Tier 3 VIRAMUNE

##### Nucleoside Reverse Transcriptase Inhibitors

abacavir	Tier 3 ZIAGEN
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<b>didanosine delayed-rel</b>	Tier 3	VIDEX EC
didanosine soln	Tier 3	VIDEX soln
emtricitabine	Tier 3	EMTRIVA
lamivudine	Tier 3	EPIVIR
<b>stavudine</b>	Tier 3	ZERIT
<b>zidovudine</b>	Tier 3	RETROVIR

#### Nucleotide Reverse Transcriptase Inhibitors

tenofovir	Tier 3	VIREAD
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#### Protease Inhibitors

atazanavir	Tier 3	REYATAZ
darunavir	Tier 3	PREZISTA
fosamprenavir	Tier 3	LEXIVA
indinavir	Tier 3	CRIXIVAN
lopinavir/ritonavir	Tier 3	KALETRA
nelfinavir	Tier 3	VIRACEPT
ritonavir	Tier 3	NORVIR
saquinavir mesylate	Tier 3	INVIRASE

#### ANTITUBERCULAR AGENTS

<b>isoniazid</b>	Tier 1	
<b>pyrazinamide</b>	Tier 1	
<b>ethambutol</b>	Tier 2	MYAMBUTOL
rifabutin	Tier 2	MYCOBUTIN
<b>rifampin</b>	Tier 2	RIFADIN

#### ANTIVIRALS

##### Cytomegalovirus Agents

<b>ganciclovir</b>	Tier 1	
valganciclovir	Tier 3	VALCYTE

##### Hepatitis Agents

<b>ribavirin caps</b>	Tier 3	REBETOL
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##### Herpes Agents

<b>acyclovir</b>	Tier 1	ZOVIRAX
<b>valacyclovir</b>	Tier 2	VALTREX

##### Influenza Agents

<b>amantadine</b>	Tier 1	
influenza vaccine	Tier 2	FLUMIST
<b>MDL</b> oseltamivir	Tier 2	TAMIFLU

#### TAMIFLU

**MDL**

45 mg, 75 mg caps      10 per 25 days  
30 mg caps                20 per 25 days  
oral solution              75 mL per 25 days

#### MISCELLANEOUS

<b>dapsone</b>	Tier 1	
<b>mebendazole</b>	Tier 1	
<b>metronidazole tabs</b>	Tier 1	FLAGYL
<b>paromomycin</b>	Tier 1	
<b>sulfamethoxazole/trimethoprim</b>	Tier 1	SEPTRA (d/c)
<b>sulfamethoxazole/trimethoprim DS</b>	Tier 1	SEPTRA DS
<b>trimethoprim tabs</b>	Tier 1	

<b>clindamycin</b>	Tier 2 CLEOCIN
<b>nitrofurantoin ext-rel</b>	Tier 2 MACROBID
<b>nitrofurantoin macrocrystals</b>	Tier 2 MACRODANTIN
trimethoprim soln	Tier 2 PRIMOSOL soln
vancomycin	Tier 3 VANCOCIN

## ANTINEOPLASTIC AGENTS

Clinical practice guidelines in oncology are available at:

<http://www.asco.org>

<http://www.nccn.org>

## ALKYLATING AGENTS

<b>cyclophosphamide</b>	Tier 1
altretamine	Tier 2 HEXALEN
busulfan	Tier 2 MYLERAN
chlorambucil	Tier 2 LEUKERAN
lomustine	Tier 2 CEENU
melphalan	Tier 2 ALKERAN
temozolomide	Tier 2 TEMODAR

## ANTIMETABOLITES

<b>mercaptopurine</b>	Tier 2 PURINETHOL
thioguanine	Tier 2
<b>PAR</b> capecitabine	Tier 3 XELODA

## HORMONAL ANTINEOPLASTIC AGENTS

### Antiandrogens

<b>flutamide</b>	Tier 1
<b>bicalutamide</b>	Tier 2 CASODEX

### Antiestrogens

<b>tamoxifen</b>	Tier 1
toremifene	Tier 2 FARESTON

### Aromatase Inhibitors

<b>anastrozole</b>	Tier 2 ARIMIDEX
<b>exemestane</b>	Tier 2 AROMASIN
<b>letrozole</b>	Tier 2 FEMARA

### Progestins

<b>megestrol acetate</b>	Tier 2 MEGACE
megestrol acetate susp	Tier 2 MEGACE ES

## MISCELLANEOUS

<b>etoposide</b>	Tier 1
<b>tretinoin caps</b>	Tier 1
bexarotene caps	Tier 2 TARGRETIN caps
<b>hydroxyurea</b>	Tier 2 HYDREA
mitotane	Tier 2 LYSODREN
procarbazine	Tier 2 MATULANE

## CARDIOVASCULAR

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure is available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

Guidelines for the evaluation and management of cardiovascular diseases in adults are available at:

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.heartfailureguideline.org>

### ACE INHIBITORS

Guidelines for the use of ACE inhibitors are available at:

<http://professional.diabetes.org>

<http://www.acc.org>

<http://www.americanheart.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>MDL</b>	<b>benazepril</b>	Tier 1	LOTENSIN
	<b>captopril</b>	Tier 1	
	<b>lisinopril</b>	Tier 1	ZESTRIL

**benazepril** **MDL** 30 tabs per 25 days

### ACE INHIBITOR/DIURETIC COMBINATIONS

	<b>benazepril/hydrochlorothiazide</b>	Tier 1	LOTENSIN HCT
	<b>lisinopril/hydrochlorothiazide</b>	Tier 1	ZESTORETIC

### ADRENOLYTICS, CENTRAL

	<b>clonidine</b>	Tier 1	CATAPRES
	<b>clonidine transdermal</b>	Tier 1	CATAPRES-TTS
	<b>guanfacine</b>	Tier 1	TENEX

### ALDOSTERONE RECEPTOR ANTAGONISTS

	<b>spironolactone</b>	Tier 1	ALDACTONE
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### ALPHA BLOCKERS

Guidelines for the use of alpha blockers in various patient populations are available at:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

	<b>doxazosin</b>	Tier 1	CARDURA
	<b>prazosin</b>	Tier 1	MINIPRESS

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

Guidelines for the use of angiotensin II receptor antagonists in various patient populations are available at:

<http://professional.diabetes.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

	<b>irbesartan</b>	Tier 2	AVAPRO
	<b>irbesartan/hydrochlorothiazide</b>	Tier 2	AVALIDE

### ANTIARRHYTHMICS

Guidelines for the use of antiarrhythmics and cardiac glycosides in various patient populations are available at:

<http://www.acc.org>

	<b>amiodarone</b>	Tier 2	CORDARONE
	<b>sotalol</b>	Tier 2	BETAPACE

## ANTILIPEMICS

The Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) is available at:

<http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

### Bile Acid Resins

<b>colestipol</b>	Tier 2	COLESTID
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### Fibrates

<b>gemfibrozil</b>	Tier 1	LOPID
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### HMG-CoA Reductase Inhibitors

<b>MDL lovastatin</b>	Tier 1	MEVACOR
<b>MDL pravastatin</b>	Tier 1	PRAVACHOL
<b>MDL simvastatin</b>	Tier 1	ZOCOR
<b>MDL atorvastatin</b>	Tier 2	LIPITOR
<b>MDL rosuvastatin</b>	Tier 2	CRESTOR

<b>lovastatin</b>	<b>MDL</b>	30 tabs per 25 days
<b>pravastatin</b>	<b>MDL</b>	30 tabs per 25 days
<b>simvastatin</b>	<b>MDL</b>	30 tabs per 25 days
<b>CRESTOR</b>	<b>MDL</b>	30 tabs per 25 days
<b>LIPITOR</b>	<b>MDL</b>	30 tabs per 25 days

### Niacins

<b>niacin</b>	Tier 1	
<b>niacin ext-rel</b>	Tier 2	NIASPAN

## BETA-BLOCKERS

Guidelines for the use of beta-blockers and beta-blocker combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>atenolol</b>	Tier 1	TENORMIN
<b>carvedilol</b>	Tier 1	COREG
<b>labetalol</b>	Tier 1	TRANDATE (d/c)
<b>metoprolol</b>	Tier 1	LOPRESSOR
<b>metoprolol succinate ext-rel</b>	Tier 1	TOPROL-XL
<b>nadolol</b>	Tier 1	CORGARD
<b>pindolol</b>	Tier 1	
<b>propranolol</b>	Tier 1	
<b>propranolol ext-rel</b>	Tier 1	INDERAL LA

## BETA-BLOCKER/DIURETIC COMBINATIONS

Guidelines for the use of beta-blockers and diuretic combinations in various patient populations are available at:

<http://www.acc.org>

<http://www.nhlbi.nih.gov/guidelines/hypertension>

<b>atenolol/chlorthalidone</b>	Tier 1	TENORETIC
<b>propranolol/hydrochlorothiazide</b>	Tier 1	

## CALCIUM CHANNEL BLOCKERS

### Dihydropyridines

<b>amlodipine</b>	Tier 1	NORVASC
<b>felodipine ext-rel</b>	Tier 1	
<b>nifedipine</b>	Tier 1	PROCARDIA
<b>nifedipine ext-rel</b>	Tier 1	PROCARDIA XL

nisoldipine ext-rel		Tier 2	SULAR
<b>Nondihydropyridines</b>			
diltiazem		Tier 1	CARDIZEM
verapamil		Tier 1	CALAN
verapamil ext-rel		Tier 1	CALAN SR, VERELAN
diltiazem ext-rel		Tier 2	DILACOR XR
<b>DIGITALIS GLYCOSIDES</b>			
digoxin		Tier 1	LANOXIN
<b>DIURETICS</b>			
<b>Carbonic Anhydrase Inhibitors</b>			
acetazolamide		Tier 1	
methazolamide		Tier 1	
acetazolamide ext-rel		Tier 2	DIAMOX SEQUELS
<b>Loop Diuretics</b>			
bumetanide		Tier 1	
furosemide		Tier 1	LASIX
<b>Potassium-sparing Diuretics</b>			
<b>MDL</b>	amiloride 5 mg	Tier 1	
amiloride 5 mg	<b>MDL</b>		30 tabs per 25 days
<b>Thiazides and Thiazide-like Diuretics</b>			
chlorthalidone		Tier 1	
hydrochlorothiazide		Tier 1	
metolazone		Tier 2	ZAROXOLYN
<b>Diuretic Combinations</b>			
amiloride/hydrochlorothiazide		Tier 1	
spironolactone/hydrochlorothiazide		Tier 1	ALDACTAZIDE
triamterene/hydrochlorothiazide		Tier 1	DYAZIDE
triamterene/hydrochlorothiazide		Tier 1	MAXZIDE
<b>NITRATES</b>			
<b>Oral</b>			
isosorbide dinitrate ext-rel tabs		Tier 1	
isosorbide dinitrate tabs		Tier 1	ISORDIL
isosorbide mononitrate ext-rel		Tier 2	IMDUR
<b>Sublingual</b>			
isosorbide dinitrate sublingual		Tier 1	
nitroglycerin sublingual		Tier 1	NITROSTAT
<b>Transdermal</b>			
nitroglycerin transdermal		Tier 2	NITRO-DUR
<b>MISCELLANEOUS</b>			
hydralazine		Tier 1	
methyldopa		Tier 1	
minoxidil		Tier 1	

## CENTRAL NERVOUS SYSTEM

Practice guidelines for psychiatric disorders are available at:  
<http://www.psych.org>

### ANTIANKXIETY

#### Benzodiazepines

	<b>alprazolam</b>	Tier 1	XANAX
	<b>chlordiazepoxide</b>	Tier 1	
	<b>clonazepam tabs</b>	Tier 1	KLONOPIN
	<b>diazepam</b>	Tier 1	VALIUM
	<b>lorazepam</b>	Tier 1	ATIVAN
<b>MDL</b>	<b>alprazolam ext-rel 0.5 mg</b>	Tier 2	XANAX XR
<b>MDL</b>	<b>clorazepate 7.5 mg, 15 mg</b>	Tier 2	TRANXENE T-TAB

<b>alprazolam ext-rel</b>	<b>MDL</b>	30 tabs per 25 days
<b>clorazepate</b>	<b>MDL</b>	30 tabs per 25 days

#### Miscellaneous

	<b>bupirone</b>	Tier 1	BUSPAR (d/c)
	<b>clomipramine</b>	Tier 2	ANAFRANIL

### ANTICONVULSANTS

Practice guidelines for the treatment of epilepsy are available at:  
<http://www.aan.com>

	<b>carbamazepine</b>	Tier 1	TEGRETOL
	<b>divalproex sodium delayed-rel</b>	Tier 1	DEPAKOTE
	<b>gabapentin</b>	Tier 1	NEURONTIN
	<b>phenobarbital</b>	Tier 1	
	<b>phenytoin sodium extended</b>	Tier 1	DILANTIN caps
	<b>carbamazepine ext-rel</b>	Tier 2	TEGRETOL-XR
	<b>divalproex sodium ext-rel</b>	Tier 2	DEPAKOTE ER
	<b>ethosuximide</b>	Tier 2	ZARONTIN
	<b>felbamate</b>	Tier 2	FELBATOL
<b>MDL</b>	<b>oxcarbazepine</b>	Tier 2	TRILEPTAL
	<b>phenytoin</b>	Tier 2	DILANTIN INFATABS
	<b>primidone</b>	Tier 2	MYSOLINE
	<b>topiramate</b>	Tier 2	TOPAMAX
	<b>valproic acid</b>	Tier 2	DEPAKENE
<b>MDL</b>	<b>lamotrigine</b>	Tier 3	LAMICTAL 25 mg, 100 mg, 150 mg, 200 mg
<b>MDL</b>	<b>levetiracetam</b>	Tier 3	KEPPRA 100 mg, 250 mg, 500 mg, 750 mg, 1000mg

<b>lamotrigine</b>	<b>MDL</b>	60 tabs per 25 days
<b>levetiracetam</b>	<b>MDL</b>	60 tabs per 25 days
<b>oxcarbazepine</b>	<b>MDL</b>	60 tabs per 25 days

### ANTIDEMENTIA

Practice guidelines for the management of dementia are available at:  
<http://www.aan.com>

	<b>donepezil</b>	Tier 2	ARICEPT
	<b>donepezil orally disintegrating tabs</b>	Tier 2	ARICEPT ODT

## ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder.

Guidelines for the evaluation and management of bipolar and depressive disorders are available at:

<http://www.psych.org>

### Selective Serotonin Reuptake Inhibitors (SSRIs)

<b>citalopram</b>	Tier 1 CELEXA
<b>fluoxetine</b>	Tier 1 PROZAC
<b>paroxetine HCl</b>	Tier 1 PAXIL
<b>sertraline</b>	Tier 1 ZOLOFT

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)\*

\* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<b>venlafaxine</b>	Tier 1 EFFEXOR (d/c)
<b>venlafaxine ext-rel</b>	Tier 2 EFFEXOR XR

### Tricyclic Antidepressants (TCAs)

<b>amitriptyline</b>	Tier 1
<b>doxepin</b>	Tier 1
<b>desipramine</b>	Tier 2 NORPRAMIN
<b>imipramine HCl</b>	Tier 2 TOFRANIL
<b>nortriptyline</b>	Tier 2 PAMELOR

### Miscellaneous Agents

<b>bupropion</b>	Tier 1 WELLBUTRIN
<b>bupropion ext-rel</b>	Tier 1 WELLBUTRIN SR
<b>bupropion ext-rel</b>	Tier 1 WELLBUTRIN XL
<b>trazodone</b>	Tier 1
<b>mirtazapine</b>	Tier 2 REMERON

## ANTIPARKINSONIAN AGENTS

Practice guidelines for the diagnosis and treatment of Parkinson's disease are available at:

<http://www.aan.com>

<b>amantadine, except tabs</b>	Tier 1
<b>benztropine</b>	Tier 1
<b>carbidopa/levodopa</b>	Tier 1 SINEMET
<b>carbidopa/levodopa ext-rel</b>	Tier 1 SINEMET CR
<b>trihexyphenidyl</b>	Tier 1
<b>bromocriptine</b>	Tier 2 PARLODEL

## ANTIPSYCHOTICS

### Atypicals

<b>risperidone</b>	Tier 1 RISPERDAL
<b>clozapine</b>	Tier 2 CLOZARIL
<b>MDL</b> aripiprazole	Tier 3 ABILIFY
quetiapine	Tier 3 SEROQUEL
ziprasidone	Tier 3 GEODON

**ABILIFY**

**MDL**

Restricted to ages 10-18

### Miscellaneous

<b>chlorpromazine</b>	Tier 1
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fluphenazine	Tier 1
fluphenazine decanoate inj	Tier 1
haloperidol	Tier 1
perphenazine	Tier 1
thioridazine	Tier 1
trifluoperazine	Tier 1
haloperidol decanoate inj	Tier 2 HALDOL DECANOATE
loxapine	Tier 2 LOXITANE
thiothixene	Tier 2 NAVANE

#### ATTENTION DEFICIT HYPERACTIVITY DISORDER

Guidelines for the evaluation and management of attention deficit disorder are available at:

<http://www.aacap.org>

<http://www.aap.org>

methylphenidate	Tier 1 METHYLIN, RITALIN
dextroamphetamine	Tier 2 DEXEDRINE
<b>MDL</b> methylphenidate ext-rel	Tier 2 METADATE ER
<b>MDL</b> amphetamine/dextroamphetamine mixed salts ext-rel	Tier 3 ADDERALL XR
<b>MDL</b> methylphenidate ext-rel	Tier 3 CONCERTA

amphetamine/dextroamphetamine mixed salts ext-rel	<b>MDL</b>	30 tabs per 25 days
methylphenidate ext-rel	<b>MDL</b>	30 tabs per 25 days
<b>CONCERTA</b>	<b>MDL</b>	30 tabs per 25 days

#### HYPNOTICS

Practice parameters for the treatment of sleep disorders and clinical guidelines for the evaluation and management of chronic insomnia in adults are available at:

<http://www.aasmnet.org>

##### Benzodiazepines

flurazepam	Tier 1
temazepam	Tier 1 RESTORIL
triazolam	Tier 1 HALCION

##### Nonbenzodiazepines

<b>MDL</b> zolpidem	Tier 1 AMBIEN (NOT CR)
chloral hydrate	Tier 2

zolpidem	<b>MDL</b>	30 tabs per 25 days
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#### MIGRAINE

Guidelines for prevention and management of migraine headaches are available at:

<http://www.aan.com>

##### Ergotamine Derivatives

ergotamine/caffeine	Tier 2 CAFERGOT
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##### Selective Serotonin Agonists

<b>MDL</b> sumatriptan spray	Tier 2 IMITREX spray
<b>MDL</b> sumatriptan tabs	Tier 2 IMITREX
<b>MDL</b> zolmitriptan	Tier 2 ZOMIG/ZOMIG ZMT

<b>MDL, PAR</b>	eletriptan	Tier 3	RELPAX
<b>MDL, PAR</b>	sumatriptan inj	Tier 3	IMITREX inj

<b>sumatriptan tabs</b>	<b>MDL</b>	25 mg - 18 tabs per 25 days 50 mg - 9 tabs per 25 days 100 mg - 9 tabs per 25 days
<b>sumatriptan spray</b>	<b>MDL</b>	6 units per 25 days
<b>sumatriptan inj</b>	<b>MDL</b>	3 injections per 25 days
<b>RELPAX</b>	<b>MDL</b>	6 tabs per 25 days
<b>ZOMIG/ZOMIG ZMT</b>	<b>MDL</b>	2.5 mg - 6 tabs per 25 days 5 mg - 6 tabs per 25 days

#### Miscellaneous

<b>acetaminophen/dichloralphenazone/isometheptene</b>	Tier 1	MIDRIN
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#### MOOD STABILIZERS

<b>lithium carbonate</b>	Tier 1	
<b>lithium carbonate ext-rel tabs 450 mg</b>	Tier 1	
<b>lithium carbonate ext-rel tabs 300 mg</b>	Tier 2	LITHOBID

#### MULTIPLE SCLEROSIS AGENTS

Practice guidelines for multiple sclerosis are available at:  
<http://www.aan.com>

<b>PAR</b>	glatiramer	Tier 3	COPAXONE
<b>PAR</b>	interferon beta-1a	Tier 3	AVONEX
<b>PAR</b>	interferon beta-1b	Tier 3	BETASERON

#### MUSCULOSKELETAL THERAPY AGENTS

<b>baclofen</b>	Tier 1	
<b>cyclobenzaprine</b>	Tier 1	FLEXERIL
<b>methocarbamol</b>	Tier 1	ROBAXIN
<b>orphenadrine/aspirin/caffeine</b>	Tier 1	
<b>carisoprodol</b>	Tier 2	SOMA
<b>dantrolene</b>	Tier 2	DANTRIUM

#### MYASTHENIA GRAVIS

<b>pyridostigmine</b>	Tier 1	MESTINON
<b>pyridostigmine ext-rel</b>	Tier 2	MESTINON TIMESPAN

#### PSYCHOTHERAPEUTIC-MISCELLANEOUS

##### Alcohol Deterrents

<b>disulfiram</b>	Tier 2	ANTABUSE
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##### Narcotic Antagonists

<b>naltrexone</b>	Tier 1	
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#### ENDOCRINE AND METABOLIC

##### ANDROGENS

Clinical practice guidelines for the treatment of hypogonadism are available at:  
<http://www.aace.com>

<b>testosterone transdermal</b>	Tier 3	ANDRODERM
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## ANTIDIABETICS

Guidelines of treatment and management of diabetes are available at:

<http://professional.diabetes.org>

### Alpha-glucosidase Inhibitors

<b>acarbose</b>	Tier 2	PRECOSE
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### Biguanides

<b>metformin</b>	Tier 1	GLUCOPHAGE
<b>metformin ext-rel</b>	Tier 1	GLUCOPHAGE XR

### Biguanide/Sulfonylurea Combinations

<b>glyburide/metformin</b>	Tier 1	GLUCOVANCE
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### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

sitagliptin phosphate	Tier 3	JANUVIA
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### Incretin Mimetic Agents

exenatide	Tier 3	BYETTA
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### Insulins

<b>OTC</b>	insulin human	Tier 1	NOVOLIN R
<b>OTC</b>	insulin isophane human	Tier 1	NOVOLIN N
<b>OTC</b>	insulin isophane human 70%/regular 30%	Tier 1	NOVOLIN 70/30
	insulin aspart	Tier 2	NOVOLOG
	insulin aspart protamine 70%/insulin aspart 30%	Tier 2	NOVOLOG MIX 70/30
	insulin glargine	Tier 2	LANTUS
<b>OTC</b>	insulin human	Tier 2	HUMULIN R
<b>OTC</b>	insulin isophane human	Tier 2	HUMULIN N
<b>OTC</b>	insulin isophane human 70%/regular 30%	Tier 2	HUMULIN 70/30
	insulin lispro	Tier 2	HUMALOG
	insulin lispro protamine/insulin lispro	Tier 2	HUMALOG MIX

### Insulin Sensitizers

pioglitazone	Tier 2	ACTOS
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### Sulfonylureas

<b>glipizide</b>	Tier 1	GLUCOTROL	
<b>MDL</b>	<b>glipizide ext-rel</b>	Tier 1	GLUCOTROL XL
	<b>glyburide</b>	Tier 1	DIABETA
	<b>glyburide, micronized</b>	Tier 2	GLYNASE

**glipizide ext-rel**

**MDL**

30 tabs per 25 days

### Supplies

<b>OTC</b>	blood glucose test strips	Tier 1	TRUETRACK test strips
<b>OTC, MDL</b>	insulin injection device	Tier 2	AUTOJECT 2
<b>OTC, MDL</b>	insulin injection device	Tier 2	AUTOPEN
<b>OTC, MDL</b>	insulin injection device	Tier 2	B-D PEN
<b>OTC, MDL</b>	insulin injection device	Tier 2	B-D PEN MINI
<b>OTC, MDL</b>	insulin injection device	Tier 2	INJECT-EASE
<b>OTC, MDL</b>	insulin injection device	Tier 2	INNOVO
<b>OTC, MDL</b>	insulin injection device	Tier 2	NOVOPEN
<b>OTC, MDL</b>	insulin injection device	Tier 2	NOVOPEN JR

<b>OTC</b>	insulin syringes	Tier 2
<b>OTC</b>	lancets	Tier 2 LANCETS

**Insulin injection devices** **MDL** 2 devices per year

### CALCIUM REGULATORS

#### Bisphosphonates

Guidelines of treatment and management of osteoporosis are available at:

<http://www.aace.com>

<http://www.nof.org>

<b>alendronate</b>	Tier 1 FOSAMAX
alendronate/vitamin D3	Tier 2 FOSAMAX PLUS D
<b>etidronate</b>	Tier 2 DIDRONEL
risedronate	Tier 2 ACTONEL

#### Calcitonins

<b>calcitonin-salmon</b>	Tier 2 MIACALCIN
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### CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

#### Monophasic

##### 20 mcg Estrogen

<b>levonorgestrel/EE 0.1/20 - Aviane</b>	Tier 1
<b>drospirenone/EE 3/20</b>	Tier 2 YAZ
<b>norethindrone acetate/EE 1/20</b>	Tier 2 LOESTRIN 1/20
<b>norethindrone acetate/EE 1/20 and iron</b>	Tier 2 LOESTRIN FE 1/20

##### 30 mcg Estrogen

<b>levonorgestrel/EE 0.15/30 - Levora</b>	Tier 1
<b>norgestrel/EE 0.3/30 - Low-Ogestrel</b>	Tier 1
<b>desogestrel/EE 0.15/30</b>	Tier 2 ORTHO-CEPT
<b>drospirenone/EE 3/30</b>	Tier 2 YASMIN
<b>norethindrone acetate/EE 1.5/30</b>	Tier 2 LOESTRIN 1.5/30
<b>norethindrone acetate/EE 1.5/30 and iron</b>	Tier 2 LOESTRIN FE 1.5/30

##### 35 mcg Estrogen

<b>ethynodiol diacetate/EE 1/35 - Zovia 1/35</b>	Tier 1
<b>norethindrone/EE 0.5/35</b>	Tier 2 MODICON
<b>norethindrone/EE 1/35</b>	Tier 2 ORTHO-NOVUM 1/35
<b>norgestimate/EE 0.25/35</b>	Tier 2 ORTHO-CYCLEN

##### 50 mcg Estrogen

<b>ethynodiol diacetate/EE 1/50 - Zovia 1/50</b>	Tier 1
<b>norethindrone/ME 1/50</b>	Tier 1
<b>norgestrel/EE 0.5/50 - Ogestrel</b>	Tier 1

#### Biphasic

<b>desogestrel/EE</b>	Tier 2 MIRCETTE
<b>norethindrone/EE</b>	Tier 2 NECON 10/11

#### Triphasic

<b>levonorgestrel/EE - Trivora</b>	Tier 1
<b>desogestrel/EE</b>	Tier 2 CYCLESSA

norethindrone/EE	Tier 2	ORTHO-NOVUM 7/7/7
norethindrone/EE	Tier 2	TRI-NORINYL
norgestimate/EE	Tier 2	ORTHO TRI-CYCLEN
norgestimate/EE	Tier 2	ORTHO TRI-CYCLEN LO

#### Progestin Only

norethindrone	Tier 2	ORTHO MICRONOR
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#### Emergency Contraception

levonorgestrel - Next Choice	Tier 1	
levonorgestrel	Tier 2	PLAN B ONE-STEP

#### Injectable

<b>MDL</b> medroxyprogesterone acetate 150 mg/mL	Tier 2	DEPO-PROVERA
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medroxyprogesterone acetate 150 mg/mL **MDL** 1 injection per 84 days

#### Transdermal

norelgestromin/EE	Tier 2	ORTHO EVRA
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#### Vaginal

etonogestrel/EE ring	Tier 2	NUVARING
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### ESTROGENS

Guidelines of treatment and management of hormone therapy and menopause are available at:  
<http://www.menopause.org>

#### Oral

<b>MDL</b> estrogens, esterified/methyltestosterone	Tier 1	
estropipate	Tier 1	
estradiol	Tier 2	ESTRACE
estrogens, conjugated	Tier 2	PREMARIN
estrogens, esterified	Tier 2	MENEST

estrogens, esterified/methyltestosterone **MDL** 30 tabs per 25 days

#### Transdermal

estradiol	Tier 2	ALORA
estradiol	Tier 2	ESTRADERM

#### Vaginal

estrogens, conjugated crm	Tier 2	PREMARIN crm
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### ESTROGEN/PROGESTINS

#### Oral

estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPHASE
estrogens, conjugated/medroxyprogesterone	Tier 2	PREMPRO

### GLUCOCORTICOIDS

dexamethasone	Tier 1	
fludrocortisone	Tier 1	
prednisolone	Tier 1	
prednisone	Tier 1	
hydrocortisone	Tier 2	CORTEF
methylprednisolone	Tier 2	MEDROL
prednisolone syrup	Tier 2	PRELONE

## GLUCOSE ELEVATING AGENTS

glucagon, human recombinant	Tier 2	GLUCAGON EMERGENCY KIT
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## HUMAN GROWTH HORMONES

Guidelines for use of growth hormone are available at:

<http://www.aace.com>

<b>##, PAR</b> somatropin	Tier 3	NUTROPIN/NUTROPIN AQ
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## HYPERPARATHYROID TREATMENT, VITAMIN D ANALOGS

calcitriol (1,25-D3)	Tier 1	ROCALTROL
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## PHOSPHATE BINDER AGENTS

calcium acetate	Tier 2	PHOSLO
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## PROGESTINS

medroxyprogesterone acetate	Tier 2	PROVERA
norethindrone acetate	Tier 2	AYGESTIN

## THYROID AGENTS

### Antithyroid Agents

propylthiouracil	Tier 1	
methimazole	Tier 2	TAPAZOLE

### Thyroid Supplements

levothyroxine - Levoxyl	Tier 1	
levothyroxine	Tier 2	SYNTHROID
liothyronine	Tier 2	CYTOMEL
liotrix	Tier 2	THYROLAR

## VASOPRESSINS

<b>PAR</b> desmopressin	Tier 3	DDAVP
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## MISCELLANEOUS

methylergonovine	Tier 2	METHERGINE
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## GASTROINTESTINAL

Guidelines for the treatment and management of various gastrointestinal diseases/conditions are available at:

<http://www.acg.gi.org>

<http://www.gastro.org>

## ANTIDIARRHEALS

loperamide	Tier 1	
diphenoxylate/atropine	Tier 2	LOMOTIL

## ANTIEMETICS

meclizine	Tier 1	ANTIVERT
metoclopramide	Tier 1	REGLAN
prochlorperazine	Tier 1	
promethazine	Tier 1	
trimethobenzamide caps	Tier 2	TIGAN caps
<b>MDL</b> ondansetron	Tier 3	ZOFRAN
<b>MDL</b> ondansetron orally disintegrating tabs	Tier 3	ZOFRAN ODT

ondansetron **MDL** 30 tabs per 25 days  
ondansetron orally disintegrating tabs **MDL** 30 tabs per 25 days



## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

Guidelines for the management of BPH are available at:  
<http://www.auanet.org/guidelines>

<b>finasteride</b>	Tier 2	PROSCAR
<b>tamsulosin</b>	Tier 2	FLOMAX

### ERECTILE DYSFUNCTION

Guidelines for the management of erectile dysfunction are available at:  
<http://www.auanet.org/guidelines>

#### Phosphodiesterase Inhibitors

<b>MDL, PAR, *</b>	ildenafil	Tier 3	LEVITRA
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#### LEVITRA

\* Excluded on Medicaid Choice

MDL

6 tabs per 25 days

#### URINARY ANTISPASMODICS

<b>oxybutynin</b>	Tier 1	DITROPAN (d/c)
<b>oxybutynin ext-rel</b>	Tier 1	DITROPAN XL
tolterodine	Tier 2	DETROL
tolterodine ext-rel	Tier 2	DETROL LA

#### VAGINAL ANTI-INFECTIVES

<b>metronidazole</b>	Tier 1	METROGEL-VAGINAL
<b>terconazole</b>	Tier 1	TERAZOL 3
<b>terconazole</b>	Tier 1	TERAZOL 7

#### MISCELLANEOUS

<b>bethanechol</b>	Tier 1	URECHOLINE
<b>phenazopyridine</b>	Tier 1	PYRIDIUM
<b>potassium citrate/sodium citrate/citric acid</b>	Tier 2	POLYCITRA-K

## HEMATOLOGIC

Guidelines of treatment and management of hemophilia are available at:  
<http://www.hemophilia.org>

### ANTICOAGULANTS

#### Injectable

<b>MDL</b>	dalteparin	Tier 3	FRAGMIN
	<b>heparin sodium</b>	Tier 3	

#### FRAGMIN

MDL

7 days supply

#### Oral

<b>warfarin</b>	Tier 1	COUMADIN
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## HEMATOPOIETIC GROWTH FACTORS

Guidelines for the management of neutropenia are available at:

<http://www.asco.org>

Guidelines for the management of anemia associated with chronic kidney disease are available at:

[http://www.kidney.org/professionals/kdoqi/guidelines\\_commentaries.cfm#guidelines](http://www.kidney.org/professionals/kdoqi/guidelines_commentaries.cfm#guidelines)

<b>PAR</b>	darbepoetin alfa	Tier 3	ARANESP
<b>PAR</b>	filgrastim	Tier 3	NEUPOGEN
<b>PAR</b>	sargramostim	Tier 3	LEUKINE

## PLATELET AGGREGATION INHIBITORS

	clopidogrel	Tier 2	PLAVIX
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## IMMUNOLOGIC AGENTS

### DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

Guidelines for the management of rheumatic diseases are available at:

<http://www.rheumatology.org>

	methotrexate 2.5 mg	Tier 1	
	hydroxychloroquine	Tier 2	PLAQUENIL

## IMMUNOMODULATORS

CDC recommendations on the treatment of hepatitis are available at:

<http://www.cdc.gov/hepatitis/index.htm>

Guidelines for the management of hepatitis are available at:

<http://www.aasld.org>

### Interferons

	peginterferon alfa-2a	Tier 3	PEGASYS
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## IMMUNOSUPPRESSANTS

### Antimetabolites

	azathioprine	Tier 2	IMURAN
<b>PAR</b>	mycophenolate mofetil	Tier 3	CELLCEPT

### Calcineurin Inhibitors

	cyclosporine	Tier 2	SANDIMMUNE
	cyclosporine modified - Gengraf	Tier 2	NEORAL

## NUTRITIONAL/SUPPLEMENTS

### ELECTROLYTES

#### Potassium

	potassium chloride ext-rel	Tier 1	
	potassium chloride liquid	Tier 1	

#### Potassium-Removing Agents

	sodium polystyrene sulfonate	Tier 2	KAYEXALATE
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## VITAMINS AND MINERALS

### Folic Acid Agents

	folic acid	Tier 1	
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### Prenatal Vitamins

<b>MDL</b>	<b>prenatal vitamins/folic acid</b>	Tier 1
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**ALL NON-DHA GENERIC PRENATAL VITAMINS**      **MDL**      30 tabs per 25 days

### Miscellaneous

	<b>cyanocobalamin inj</b>	Tier 1
<b>MDL</b>	<b>ergocalciferol caps</b>	Tier 1
	<b>ergocalciferol drops</b>	Tier 1 DRISDOL DROPS
	<b>B complex + C/folic acid</b>	Tier 2 NEPHRO-VITE
	<b>phytonadione</b>	Tier 2 MEPHYTON

**ergocalciferol caps**      **MDL**      30 caps per 25 days

### RESPIRATORY

Guidelines to the management, prevention, or treatment of COPD and asthma are available at:

<http://www.aaaai.org>

<http://www.ginasthma.com>

<http://www.goldcopd.com>

<http://www.nhlbi.nih.gov>

The Allergy Report and guidelines for allergy-related conditions are available at:

<http://www.aaaai.org>

### ANAPHYLAXIS TREATMENT AGENTS

	<b>epinephrine</b>	Tier 2 EPIPEN
	<b>epinephrine</b>	Tier 2 EPIPEN JR.

### ANTICHOLINERGICS

<b>MDL</b>	<b>ipratropium soln</b>	Tier 1
<b>MDL</b>	<b>ipratropium, CFC-free aerosol</b>	Tier 2 ATROVENT HFA
<b>MDL</b>	<b>tiotropium</b>	Tier 3 SPIRIVA

**ATROVENT HFA**      **MDL**      **2 inhalers per 25 days**  
**ipratropium soln**      **MDL**      **5 packs per 25 days**  
**SPIRIVA**      **MDL**      **1 pack per 25 days**

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

<b>MDL</b>	<b>ipratropium/albuterol</b>	Tier 2 COMBIVENT
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**COMBIVENT**      **MDL**      2 inhalers per 25 days

### ANTIHISTAMINES, NONSEDATING

<b>MDL</b>	<b>fexofenadine</b>	Tier 3 ALLEGRA 60 mg
<b>MDL</b>	<b>fexofenadine</b>	Tier 3 ALLEGRA 180 mg

**fexofenadine 60 mg**      **MDL**      60 tabs per 25 days  
**fexofenadine 180 mg**      **MDL**      30 tabs per 25 days

### ANTIHISTAMINES, SEDATING

	<b>clemastine 2.68 mg</b>	Tier 1
	<b>cyproheptadine</b>	Tier 1
	<b>diphenhydramine</b>	Tier 1
	<b>hydroxyzine HCl</b>	Tier 1
	<b>hydroxyzine pamoate</b>	Tier 2 VISTARIL

**ANTITUSSIVES**

<b>MDL</b>	<b>benzonatate</b>	Tier 1	TESSALON
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<b>benzonatate</b>	<b>MDL</b>	30 tabs per 25 days
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**ANTITUSSIVE COMBINATIONS****Narcotic**

	<b>codeine/guaifenesin</b>	Tier 1
	<b>codeine/promethazine</b>	Tier 1
	<b>codeine/promethazine/phenylephrine</b>	Tier 1

**Non-narcotic**

	<b>dextromethorphan/promethazine</b>	Tier 1
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**BETA AGONISTS****Inhalants****Short Acting**

<b>MDL</b>	<b>albuterol soln</b>	Tier 1	
<b>MDL</b>	<b>albuterol soln</b>	Tier 1	ACCUNEB
<b>MDL</b>	albuterol sulfate, CFC-free aerosol	Tier 1	PROAIR HFA
<b>MDL</b>	albuterol sulfate, CFC-free aerosol	Tier 2	PROVENTIL HFA
<b>MDL</b>	pirbuterol	Tier 2	MAXAIR

<b>albuterol soln</b>	<b>MDL</b>	0.5%: 3 packs per 25 days 0.083%: 4 packs per 25 days
<b>ACCUNEB</b>	<b>MDL</b>	4 packs per 25 days
<b>MAXAIR</b>	<b>MDL</b>	1 inhaler per 25 days
<b>PROAIR HFA</b>	<b>MDL</b>	2 inhalers per 25 days
<b>PROVENTIL HFA</b>	<b>MDL</b>	2 inhalers per 25 days

**Long Acting**

<b>MDL</b>	salmeterol xinafoate	Tier 2	SEREVENT
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<b>SEREVENT</b>	<b>MDL</b>	1 pack per 25 days
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**Oral Agents**

	<b>albuterol</b>	Tier 1	
	<b>terbutaline</b>	Tier 2	BRETHINE (d/c)

**CYSTIC FIBROSIS**

<b>PAR</b>	dornase alfa	Tier 3	PULMOZYME
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**LEUKOTRIENE RECEPTOR ANTAGONISTS**

	montelukast	Tier 2	SINGULAIR
	zafirlukast	Tier 2	ACCOLATE

**MAST CELL STABILIZERS**

	<b>cromolyn soln</b>	Tier 1
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**NASAL STEROIDS**

<b>MDL</b>	<b>flunisolide spray</b>	Tier 1	NASALIDE (d/c)
<b>MDL</b>	<b>fluticasone spray</b>	Tier 1	FLONASE

<b>MDL</b>	budesonide spray		Tier 2	RHINOCORT AQUA
<b>MDL</b>	mometasone spray		Tier 2	NASONEX
	<b>flunisolide spray</b>	<b>MDL</b>		2 inhalers per 25 days
	<b>fluticasone spray</b>	<b>MDL</b>		1 inhaler per 25 days
	<b>NASONEX</b>	<b>MDL</b>		2 inhalers per 25 days
	<b>RHINOCORT AQUA</b>	<b>MDL</b>		2 inhalers per 25 days
<b>RESPIRATORY DEVICES</b>				
<b>MDL</b>	respiratory device		Tier 2	AEROCHAMBER
<b>MDL</b>	respiratory device		Tier 2	BREATHERITE
<b>MDL</b>	respiratory device		Tier 2	INSPIREASE
	<b>respiratory devices</b>	<b>MDL</b>		2 devices per year
<b>STEROID/BETA AGONIST COMBINATIONS</b>				
<b>MDL</b>	fluticasone/salmeterol		Tier 2	ADVAIR DISKUS
<b>MDL</b>	fluticasone/salmeterol, CFC-free aerosol		Tier 2	ADVAIR HFA
	<b>ADVAIR DISKUS</b>	<b>MDL</b>		1 pack per 25 days
	<b>ADVAIR HFA</b>	<b>MDL</b>		1 inhaler per 25 days
<b>STEROID INHALANTS</b>				
<b>MDL</b>	beclomethasone, CFC-free aerosol		Tier 2	QVAR
<b>MDL</b>	budesonide		Tier 2	PULMICORT FLEXHALER
<b>MDL</b>	<b>budesonide inhalation suspension</b>		Tier 2	PULMICORT RESPULES
<b>MDL</b>	fluticasone, CFC-free aerosol		Tier 3	FLOVENT HFA
	<b>FLOVENT HFA</b>	<b>MDL</b>		2 inhalers per 25 days
	<b>PULMICORT FLEXHALER</b>	<b>MDL</b>		90 mcg 4 inhalers per 25 days 180 mcg 2 inhalers per 25 days
	<b>PULMICORT RESPULES</b>	<b>MDL</b>		0.25 mg/2 mL 2 packs per 25 days 0.5 mg/2 mL 2 packs per 25 days 1 mg/2 mL 1 pack per 25 days
	<b>QVAR</b>	<b>MDL</b>		3 inhalers per 25 days
<b>XANTHINES</b>				
	<b>theophylline ext-rel tabs</b>		Tier 1	
	theophylline ext-rel caps		Tier 2	THEO-24
	theophylline ext-rel tabs		Tier 2	UNIPHYL
	theophylline liquid		Tier 2	ELIXOPHYLLIN
<b>MISCELLANEOUS</b>				
	<b>ipratropium spray</b>		Tier 2	ATROVENT spray
<b>TOPICAL</b>				
<b>DERMATOLOGY</b>				
<b>Acne</b>				
Guidelines for the care and treatment of acne vulgaris are available at:				
<a href="http://www.aad.org">http://www.aad.org</a>				
<i>Oral</i>				
	<b>isotretinoin</b>		Tier 3	
<i>Topical</i>				
	<b>erythromycin gel 2%</b>		Tier 1	

erythromycin soln	Tier 1
benzoyl peroxide	Tier 2 BENZAC AC
clindamycin gel, lotion, soln	Tier 2 CLEOCIN T
tretinoin crm	Tier 2 RETIN-A

#### Actinic Keratosis

fluorouracil	Tier 2 EFUDEX
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#### Antibiotics

gentamicin	Tier 1
mupirocin oint	Tier 1 BACTROBAN OINT
silver sulfadiazine	Tier 2 SILVADENE

#### Antifungals

clotrimazole	Tier 1
<b>MDL</b> econazole	Tier 1
ketoconazole	Tier 1 NIZORAL (d/c)
nystatin	Tier 1
nystatin/triamcinolone	Tier 1
<b>MDL</b> ciclopirox crm 0.77%	Tier 2 LOPROX

ciclopirox **MDL** 90 gm per 25 days  
econazole **MDL** 85 gm per 25 days

#### Antipsoriatics

Guidelines of care for the management and treatment of psoriasis with topical therapies are available at:  
<http://www.aad.org>

<b>PAR</b> acitretin	Tier 3 SORIATANE
<b>PAR</b> calcipotriene	Tier 3 DOVONEX

#### Antiseborrheics

ketoconazole shampoo 2%	Tier 2 NIZORAL SHAMPOO
selenium sulfide shampoo 2.5%	Tier 2 SELSUN

#### Corticosteroids

##### Low Potency

fluocinolone acetonide soln 0.01%	Tier 1
hydrocortisone crm 2.5%	Tier 1
hydrocortisone lotion 1%	Tier 1
desonide crm, lotion, oint 0.05%	Tier 2 DESOWEN

##### Medium Potency

betamethasone valerate crm, lotion, oint 0.1%	Tier 1
fluocinolone acetonide crm, oint 0.025%	Tier 1
triamcinolone acetonide crm, lotion 0.025%	Tier 1
triamcinolone acetonide crm, lotion, oint 0.1%	Tier 1
<b>MDL</b> hydrocortisone valerate crm, oint 0.2%	Tier 2 WESTCORT

hydrocortisone valerate crm, oint 0.2% **MDL** 60 gm per 25 days

##### High Potency

betamethasone dipropionate crm, lotion, oint 0.05%	Tier 1
triamcinolone acetonide crm 0.5%	Tier 1
betamethasone dipropionate augmented lotion 0.05%	Tier 2 DIPROLENE
desoximetasone crm, oint 0.25%, gel 0.05%	Tier 2 TOPICORT



<b>MDL</b>	moxifloxacin	Tier 3	VIGAMOX
<b>VIGAMOX</b>	<b>MDL</b>	1 bottle per 25 days	
<b>Anti-infective/Anti-inflammatory Combinations</b>			
	<b>neomycin/polymyxin B/hydrocortisone</b>	Tier 1	Cortisporin ophth oint, susp (d/c)
	<b>sulfacetamide/prednisolone phosphate 10%/0.25%</b>	Tier 1	
	<b>tobramycin/dexamethasone 0.1%/0.5% susp</b>	Tier 1	TOBRADEX
	<b>neomycin/polymyxin B/dexamethasone</b>	Tier 2	MAXITROL
<b>Anti-inflammatories</b>			
<i>Nonsteroidal</i>			
	<b>diclofenac sodium</b>	Tier 1	VOLTAREN SOLN
<i>Steroidal</i>			
	<b>dexamethasone sodium phosphate</b>	Tier 1	
	<b>prednisolone phosphate 1%</b>	Tier 1	
	<b>fluorometholone</b>	Tier 2	FML
	prednisolone acetate 0.12%	Tier 2	PRED MILD
	<b>prednisolone acetate 1%</b>	Tier 2	PRED FORTE
	rimexolone	Tier 2	VEXOL
<b>Antivirals</b>			
	<b>trifluridine</b>	Tier 2	VIROPTIC
<b>Beta-blockers</b>			
<i>Nonselective</i>			
	<b>carteolol</b>	Tier 1	
	<b>metipranolol</b>	Tier 2	OPTIPRANOLOL
	timolol hemihydrate	Tier 2	BETIMOL
	<b>timolol maleate</b>	Tier 2	TIMOPTIC
	<b>timolol maleate gel</b>	Tier 2	TIMOPTIC-XE
<i>Selective</i>			
	betaxolol	Tier 2	BETOPTIC S
<b>Carbonic Anhydrase Inhibitors</b>			
<i>Topical</i>			
	<b>dorzolamide</b>	Tier 2	TRUSOPT
<b>Prostaglandins</b>			
	<b>latanoprost</b>	Tier 2	XALATAN
	travoprost	Tier 2	TRAVATAN Z
<b>Sympathomimetics</b>			
	<b>brimonidine 0.2%</b>	Tier 1	
	brimonidine 0.1%	Tier 2	ALPHAGAN P
	<b>brimonidine 0.15%</b>	Tier 2	ALPHAGAN P
<b>Miscellaneous</b>			
	<b>atropine</b>	Tier 1	
	<b>cyclopentolate</b>	Tier 2	CYCLOGYL





**DENVER  
HEALTH**  
Medical Plan, Inc.

# Discount Prescription List

The following DHMP Formulary maintenance drugs are eligible at a discounted copay.



Generic Name	BRAND NAME
albuterol	ProAir HFA
allopurinol	Zyloprim
amlodipine	Norvasc
atenolol	Tenormin
atenolol / chlorthalidone	Tenoretic
beclomethasone dipropionate	QVAR
benazepril	Lotensin
benazepril / HCTZ	Lotensin HCT
bisoprolol	Zebeta
bisoprolol / HCTZ	Ziac
captopril	Capoten
carvedilol	Coreg
chlorpropamide	Diabenese
citalopram	Celexa
clonidine	Catapres
clonidine transdermal	Catapres-TTS
rosuvastatin	Crestor
digoxin	Lanoxin
diltiazem	Cardizem
enalapril	Vasotec
enalapril / HCTZ	Vaseretic
fluoxetine	Prozac
furosemide	Lasix

Generic Name	BRAND NAME
gemfibrozil	Lopid
glimepiride	Amaryl
glipizide	Glucotrol
glyburide	Micronase
glyburide micro	Glynase
guafacine	Tenex
hydrochlorothiazide (HCTZ)	Hydrodiuril
insulin aspart	NOVOLOG
insulin human	HUMULIN
insulin human	NOVOLIN
insulin lispro	HUMALOG
irbesartan	AVAPRO
irbesartan / HCTZ	AVALIDE
labetalol	Trandate
atorvastatin	Lipitor
lisinopril	Zestril
lisinopril / HCTZ	Zestoretic
lovastatin	Mevacor
metformin	Glucophage
metformin ER	Glucophage XR
metoprolol	Lopressor
metoprolol succinate ext-rel	Toprol-XL
montelukast	SINGULAIR
nadolol	Corgard
niacin ext-rel	NIASPAN
nifedipine	Procardia
nifedipine XL	Procardia XL
nitroglycerin sublingual	NITROSTAT
paroxetine	Paxil
pindolol	Visken
pravastatin	Pravachol
propranolol	Inderal
propranolol / HCTZ	Inderide
propranolol ext-rel	Inderal LA
ranitidine	Zantac
salmeterol / fluticasone	ADVAIR
simvastatin	Zocor
triamterene / HCTZ	Maxzide
verapamil	Calan
verapamil ext-rel	Calan SR

\*Highlighted are new to the list in 2011.

## WEBSITES

Agency for Healthcare Research and Quality  
<http://www.ahrq.gov>

Alzheimer's Association  
<http://www.alz.org>

American Academy of Allergy, Asthma and Immunology  
<http://www.aaaai.org>

American Academy of Child & Adolescent Psychiatry  
<http://www.aacap.org>

American Academy of Dermatology  
<http://www.aad.org>

American Academy of Neurology  
<http://www.aan.com>

American Academy of Ophthalmology  
<http://www.aao.org>

American Academy of Pediatrics  
<http://www.aap.org>

American Association for the Study of Liver Disease  
<http://www.aasld.org>

American Association of Clinical Endocrinologists  
<http://www.aace.com>

American Association of Diabetes Educators  
<http://www.diabeteseducator.org>

American Cancer Society  
<http://www.cancer.org>

American College of Allergy, Asthma and Immunology  
<http://www.acaai.org>

American College of Cardiology  
<http://www.acc.org>

American College of Chest Physicians  
<http://www.chestnet.org>

American College of Gastroenterology  
<http://www.acg.gi.org>

American College of Physicians  
<http://www.acponline.org>

American College of Rheumatology  
<http://www.rheumatology.org>

American Congress of Obstetricians and Gynecologists  
<http://www.acog.org>

American Diabetes Association  
<http://www.diabetes.org>

American Gastroenterological Association  
<http://www.gastro.org>

American Headache Society Committee for Headache Education  
<http://www.achenet.org>

American Heart Association  
<http://www.americanheart.org>

American Lung Association  
<http://www.lungusa.org>

American Medical Association  
<http://www.ama-assn.org>

American Psychiatric Association  
<http://www.psych.org>

American Society of Anesthesiologists  
<http://www.asahq.org>

American Society of Clinical Oncology  
<http://www.asco.org>

American Society of Interventional Pain Physicians  
<http://www.asipp.org>

American Urological Association  
<http://www.auanet.org>

Centers for Disease Control and Prevention  
<http://www.cdc.gov>

Centers for Disease Control and Prevention  
Guideline topics: AIDS  
<http://www.cdc.gov/hiv/resources/guidelines/index.htm>

Centers for Disease Control and Prevention  
Guideline topics: Sexually Transmitted Diseases  
<http://www.cdc.gov/std/treatment/default.htm>

CVS Caremark  
<http://www.caremark.com>

The Food and Drug Administration  
<http://www.fda.gov>

Global Initiative for Asthma  
<http://www.ginasthma.com>

Infectious Diseases Society of America  
<http://www.idsociety.org>

Institute for Safe Medication Practices  
<http://www.ismp.org>

Johns Hopkins AIDS Service  
<http://www.hopkins-aids.edu>

Juvenile Diabetes Research Foundation International  
<http://www.jdf.org>

MedWatch  
<http://www.fda.gov/medwatch>

**National Agricultural Library**  
**<http://www.nal.usda.gov>**

**National Cancer Institute**  
**<http://www.cancer.gov/cancerinformation>**

**National Comprehensive Cancer Network**  
**<http://www.nccn.org>**

**National Foundation for Infectious Diseases**  
**<http://www.nfid.org>**

**National Guideline Clearinghouse**  
**<http://www.guideline.gov>**

**National Heart, Lung and Blood Institute**  
**<http://www.nhlbi.nih.gov>**

**National Institutes of Health**  
**<http://www.nih.gov>**

**National Kidney Foundation**  
**<http://www.kidney.org>**

**National Osteoporosis Foundation**  
**<http://www.nof.org>**

**North American Menopause Society**  
**<http://www.menopause.org>**

**United States Department of Health and Human Services**  
**<http://www.hhs.gov>**

**World Health Organization**  
**<http://www.who.int>**

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