

	A	B	C	D	E	F	G
1	<b>VCH VENTURA</b>						
2				<b>TIER</b>			SUGGESTED PREFERRED ALTERNATIVES
3	DRUG NAME	PA/QLL/ST	1	2	3		
4	<b>CHAPTER 1: ANESTHETICS</b>						
5	<b>1. TOPICAL ANESTHETICS</b>						
6		<b>Lidocaine HCl Viscous</b>		•			
7	<b>CHAPTER 2: ANTIINFECTIVES</b>						
8	<b>1. CEPHALOSPORINS</b>						
9		<b>Cefaclor</b>		•			
10		<b>Cefaclor ER</b>		•			
11		<b>Cefadroxil</b>		•			
12		<b>Cefdinir</b>		•			
13		<b>cefepodoxime proxetil</b>		•			
14		<b>Cefuroxime (tab)</b>		•			
15		<b>Cephalexin</b>					Pharmacy Plan
16	<b>2. CLINDAMYCINS</b>						
17		<b>Clindamycin HCl</b>		•			
18	<b>3. ERYTHROMYCINS</b>						
19		<b>Erythrocin Stearate</b>					Pharmacy Plan
20		<b>Erythromycin Ethylsuccinate</b>					Pharmacy Plan
21	<b>4. OTHER MACROLIDES</b>						
22		<b>Azithromycin</b>	QL= 8 tabs(250mg); 4 tabs (500mg); 15ml suspension (100mg/5ml) - 2 bottles; 15, 22.5, 30ml susp 200mg/5ml - 3 bottles, 1000mg powder pack for Chlamydia	•			
23		<b>Clarithromycin</b>		•			
24	<b>5. PENICILLINS</b>						
25		<b>Amox Tr/Potassium Clavulanate (susp)</b>		•			
26		<b>Amoxicillin</b>					Pharmacy Plan
27		<b>Penicillin V Potassium</b>					Pharmacy Plan
28		<b>Trimox</b>					Pharmacy Plan
29	<b>6. SULFONAMIDES</b>						
30		<b>Erythromycin w/Sulfisoxazole</b>		•			
31		<b>Tulfamethoxazole/Trimethoprim</b>					Pharmacy Plan
32	<b>7. TETRACYCLINES</b>						
33		<b>Doxycycline Hyclate</b>					Pharmacy Plan
34							
35		<b>Tetracycline HCl</b>					Pharmacy Plan
36	<b>8. URINARY ANTIINFECTIVES</b>						
37		<b>nitrofurantoin macrocrystal (100 mg)</b>		•			
38	<b>9. QUINOLONES</b>						
39		<b>ciprofloxacin hcl</b>					Pharmacy Plan
40		<b>levofloxacin</b>		•			
41	<b>10. TOPICAL ANTIBACTERIAL DRUGS</b>						
42		<b>gentamicin sulfate</b>					Pharmacy Plan

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
43		<i>silver sulfadiazine</i>					Pharmacy Plan - Ralphs
44	11. ORAL ANTIFUNGAL DRUGS						
45		<i>clotrimazole trochus</i>		•			
46		<i>fluconazole</i>					Pharmacy Plan
47		<i>ketoconazole</i>					Pharmacy Plan
48		<i>nystatin</i>		•			
49		<b>TERBINAFINE HYDROCHLORIDE</b>					Pharmacy Plan Wal-Mart
50	12. VAGINAL ANTIFUNGALS						
51		<i>terconazole</i>		•			
52	13. OTHER TOPICAL ANTIFUNGALS						
53		<i>ciclopirox (cream)</i>		•			
54		<i>ciclopirox (lotion)</i>		•			
55		<i>econazole nitrate</i>		•			
56		<i>ketoconazole</i>		•			
57		<i>nystatin cream,powder</i>					Pharmacy Plan
58	14. TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.						
59		<i>nystatin w/triamcinolone</i>					Pharmacy Plan
60	15. OTHER ANTIVIRAL DRUGS						
61		<i>acyclovir</i>					Pharmacy Plan
62							
63		<b>TAMIFLU</b>	QL=20 caps (30mg), 10 caps (45 or 70mg), 25 ml oral susp=3 bottles			•	ACE may cover with PAR
64	16. ANTITUBERCULOSIS DRUGS						
65		<i>isoniazid</i>					Pharmacy Plan
66		<i>rifampin</i>		•			
67	17. PLASMODICIDES						
68		<i>hydroxychloroquine sulfate</i>		•			
69		<i>quinine sulfate</i>		•			
70	18. TRICHOMONOCIDES						
71		<i>metronidazole</i>					Pharmacy Plan
72	<b>CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS</b>						
73	1. ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS						
74		<i>azathioprine</i>		•			
75		<i>cyclosporine</i>		•			
76		<i>megestrol acetate</i>		•			
77		<i>mercaptopurine</i>		•			
78		<i>methotrexate</i>		•			
79		<i>tamoxifen citrate</i>		•			
80		<b>DEPO-PROVERA (INJ)</b>	PAR			•	May cover with PAR
81		<b>ARAVA</b>	PAR			•	May cover with PAR
82							
83	<b>CHAPTER 4: CARDIOVASCULAR MEDICATIONS</b>						
84	1. CARDIAC GLYCOSIDES						
85		<i>Digoxin</i>					Pharmacy Plan
86	2. CALCIUM ANTAGONISTS						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
87		<b>amlodipine besylate</b>		•			
88		<b>diltiazem hcl</b>					Pharmacy Plan
89		<b>felodipine er</b>		•			
90		<b>nicardipine hcl</b>		•			
91		<b>nifedipine er</b>		•			
92		<b>verapamil hcl</b>					Pharmacy Plan
93	<b>3. LOOP DIURETICS</b>						
94		<b>bumetanide</b>					Pharmacy Plan
95		<b>furosemide</b>					Pharmacy Plan
96	<b>4. THIAZIDE AND RELATED DRUGS</b>						
97		<b>hydrochlorothiazide</b>					Pharmacy Plan
98		<b>indapamide</b>					Pharmacy Plan
99		<b>metolazone</b>		•			
100	<b>5. POTASSIUM SPARING DIURETICS</b>						
101		<b>spironolactone</b>					Pharmacy Plan
102		<b>spironolactone w/hctz</b>					Pharmacy Plan
103	<b>6. BETA-ADRENERGIC ANTAGONIST DRUGS</b>						
104		<b>atenolol</b>					Pharmacy Plan
105		<b>bisoprolol fumarate</b>					Pharmacy Plan
106		<b>carvedilol</b>					Pharmacy Plan
107		<b>metoprolol succ er</b>		•			
108		<b>metoprolol tartrate</b>					Pharmacy Plan
109		<b>nadolol</b>					Pharmacy Plan
110		<b>propranolol hcl</b>					Pharmacy Plan
111	<b>7. VASODILATOR ANTIHYPERTENSIVES</b>						
112		<b>doxazosin mesylate</b>					Pharmacy Plan
113		<b>hydralazine hcl</b>					Pharmacy Plan
114		<b>prazosin hcl</b>					Pharmacy Plan
115		<b>terazosin hcl</b>					Pharmacy Plan
116	<b>8. CENTRALLY ACTING ANTIHYPERTENSIVES</b>						
117		<b>clonidine hcl</b>					Pharmacy Plan
118							
119		<b>methyldopa</b>					Pharmacy Plan
120	<b>9. ANGIOTENSIN CONVERTING ENZYME INHIBITORS</b>						
121		<b>benazepril hcl</b>					Pharmacy Plan
122		<b>captopril</b>					Pharmacy Plan
123		<b>enalapril maleate</b>					Pharmacy Plan
124		<b>lisinopril</b>					Pharmacy Plan
125	<b>10. ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>						
126		<b>DIOVAN</b>			•		2 months only, PAP
127		<b>COZAR</b>			•		2 months only, PAP
128	<b>11. OTHER ANTIHYPERTENSIVES</b>						
129		<b>atenolol w/chlorthalidone</b>					Pharmacy Plan
130		<b>benazepril hcl-hctz</b>					Pharmacy Plan
131		<b>bisoprolol fumarate/hctz</b>					Pharmacy Plan
132		<b>captopril/hydrochlorothiazide</b>					Pharmacy Plan
133		<b>enalapril maleate/hctz</b>					Pharmacy Plan
134		<b>lisinopril-hctz</b>					Pharmacy Plan
135	<b>12. NITRATES</b>						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
136		<b>isosorbide dinitrate</b>		•			
137		<i>isosorbide mononitrate</i>					Pharmacy Plan
138		<i>nitroglycerin</i>					Pharmacy Plan
139	13. CLASS 1A						
140		<b>quinidine gluconate</b>		•			
141	14. CLASS 1C						
142		<b>flecainide acetate</b>		•			
143		<b>propafenone hcl</b>		•			
144	15. AMIODARONES						
145		<b>amiodarone hcl</b>		•			
146	16. OTHER ANTIARRHYTHMICS						
147		<b>sotalol</b>		•			
148	17. HYPOLIPOPROTEINEMICS						
149		<b>cholestyramine</b>		•			
150		<b>colestipol</b>		•			
151		<b>gemfibrozil</b>		•			
152		<b>NIASPAN</b>					PAP ONLY
153		<b>TRICOR</b>					PAP ONLY
154		<b>ZETIA</b>					PAP ONLY
155	18. HMG-COA REDUCTASE INHIBITORS						
156		<i>lovastatin</i>					Pharmacy Plan, 10mg, 20 mg
		<i>pravastatin</i>					Pharmacy Plan, 10mg, 20 mg,40
157		<b>simvastatin</b>			•		TRY OTHERS FIRST, Zocor-PAP
158							
159	19.OTHER CARDIOVASCULAR DRUGS						
160		<b>pentoxifylline</b>		•			
161	<b>CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS</b>						
162	1. ANALGESICS						
163		<b>Tramadol HCl</b>		•			
164	2. CLASS II NARCOTICS						
165		<b>hydromorphone HCl</b>	120tabs/30days	•			
166		<b>morphine sulfate ER</b>	120tabs/30days	•			
167		<b>morphine sulfate IR</b>		•			
168		<b>oxycodone hcl</b>	120tabs/30days	•			
169		<b>fentanyl transdermal patches</b>				•	ACE may cover with PAR
170		<b>Roxanol ( morphine elixir)</b>	PAR			•	ACE may cover with PAR
171	3. CLASS III NARCOTICS						
172		<b>acetaminophen w/codeine</b>	QL = 120tabs/30days	•			
173		<b>acetaminophen w/hydrocodone</b>	QL = 120tabs/30days	•			
174		<b>hydrocodone bit-ibuprofen</b>	QL = 120tabs/30days	•			
175	4. DRUGS TO PREVENT AND TREAT HEADACHES						
176		<b>butalbital compound</b>		•			
177		<b>butalbital/acetaminophen/caffeine</b>		•			

	A	B	C	D	E	F	G
2				TIER			
3	DRUG NAME		PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
178		<b>IMITREX</b>	QL= 1 kit (2 syringes); 2 vials; 6 devices (5mg & 20mg spray); 9 tabs (25mg, 50mg, & 100mg)				PAP - ONLY NO PRIOR AUTH
179	<b>5. ANXIOLYTICS</b>						
180		<b>alprazolam</b>		•			
181		<b>buspirone hcl</b>					Pharmacy Plan
182		<b>chlordiazepoxide hcl</b>		•			
183		<b>clorazepate dipotassium</b>		•			
184		<b>diazepam</b>		•			
185		<b>lorazepam</b>		•			
186		<b>klonopin (clonazepam)</b>		•			
187		<b>serax (oxazepam)</b>		•			
188		<b>tranxene (clorazepate)</b>		•			
189	<b>6. SEDATIVE/HYPNOTIC DRUGS</b>						
190		<b>chloral hydrate</b>		•			
191		<b>temazepam</b>		•			
192		<b>triazolam</b>		•			
193		<b>zolpidem</b>	QL = 30 tabs	•			
194	<b>7. ANTIMANIA DRUGS</b>						
195		<b>lithium carbonate, -er</b>					Pharmacy Plan
196		<b>lithium citrate</b>		•			
197	<b>8. CARBAMAZEPINES</b>						
198		<b>carbamazepine</b>					Pharmacy Plan
199	<b>9. ANTICONVULSANT BENZODIAZEPINES</b>						
200		<b>clonazepam</b>		•			
201	<b>10. HYDANTOINS</b>						
202		<b>phenytoin</b>			•		2 months then apply for Dilantin on PAP
203		<b>phenytoin sodium, extended</b>			•		2 months the Dilantin on PAP
204	<b>11. VALPROIC ACID AND DERIVATIVES</b>						
205		<b>Depakote</b>		•			
206		<b>Depakote ER</b>		•			
207	<b>12. ANTICONVULSANT BARBITURATES</b>						
208		<b>phenobarbital</b>		•			
209		<b>primidone</b>		•			
210	<b>13. OTHER ANTICONVULSANTS</b>						
211		<b>gabapentin</b>			•		2 months then apply for Neurontin on PAP
212		<b>Neurontin</b>					Available on PAP
213		<b>KEPPRA</b>			•		2 months for seizures only then PAP
214		<b>Lamotrigine</b>			•		2 months for seizures only then PAP
215		<b>TOPAMAX</b>			•		2 months for seizures only then PAP
216	<b>14. ANTIDEPRESSANTS</b>						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
217		<i>amitriptyline hcl</i>					Pharmacy Plan
218		<i>doxepin hcl</i>					Pharmacy Plan
219		<i>imipramine hcl</i>		•			
220		<i>desipramine hcl</i>		•			
221		<i>nortriptyline hcl</i>					Pharmacy Plan
222		<i>protriptyline</i>		•			
223		<i>clomipramine</i>		•			
224		<i>citalopram hbr</i>					Pharmacy Plan, Celexa - PAP
225		<i>fluoxetine hcl</i>					Pharmacy Plan, Prozac- PAP
226		<i>fluvoxamine maleate</i>		•			
227		<i>paroxetine hcl</i>					Pharmacy Plan
228		<i>sertraline</i>					Zoloft available on PAP
229		<i>bupropion sr (150 mg)</i>					Wellbutrin available on PAP
230		<i>bupropion hcl</i>		•			
231		<i>trazodone hcl</i>					Pharmacy Plan
232		<i>venlafaxine</i>		•			
233		<b>CYMBALTA</b>					PAP only
234		<b>LEXAPRO</b>					PAP only
235	<b>15. ANTIVERTIGO AND ANTIEMETIC DRUGS</b>						
236		<i>metoclopramide</i>					Pharmacy Plan
237		<i>prochlorperazine maleate</i>					Pharmacy Plan
238	<b>16. ANTIPARKINSON ANTICHOLINERGIC DRUGS</b>						
239		<i>benztropine mesylate</i>		•			
240		<i>amantadine</i>		•			
241		<i>trihexphenidyl</i>		•			
242	<b>17. OTHER ANTIPARKINSON DRUGS</b>						
243		<i>bromocriptine mesylate</i>		•			
244		<i>carbidopa/levodopa</i>		•			
245		<b>MIRAPEX</b>					PAP - only
246		<b>REQUIP</b>					PAP - only
247		<b>STALEVO</b>					PAP - only
248	<b>18. ANTIPSYCHOTIC DRUGS</b>						
249		<b>Abilify</b>			•		2 months then PAP
250		<i>chlorpromazine</i>		•			
251		<i>clozapine</i>		•			
252		<i>fluphenazine</i>		•			
253		<i>fluphenazine decanoate injectable</i>		•			
254		<b>GEODON</b>			•		2 months, then PAP
255		<i>haloperidol</i>					Pharmacy Plan
256		<i>haloperidol decanoate injectable</i>		•			
257		<b>INVEGA</b>				•	ACE may cover with PAR
258		<i>loxapine</i>		•			
259		<i>mesoridazine</i>		•			
260		<i>molindone</i>		•			
261		<i>perfenazine</i>		•			
262		<i>risperdone</i>			•		2 months, then PAP-Risperdal
263		<b>SEROQUEL</b>			•		2 months, then PAP
264		<i>thioridazine hcl</i>					Pharmacy Plan
265		<i>thiothixene</i>		•			

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
266		trifluoperazine		•			
267		Zyprexa			•		2 months, then PAP
268	19. CNS STIMULANT DRUGS						
269		amphetamine salt combo		•			
270		methylin		•			
271		methylin er		•			
272		methylphenidate er		•			
273		methylphenidate hcl		•			
274		Strattera					PAP only
275	20. ANTIDEMENTIA DRUGS						
276		ARICEPT					PAP only
277	<b>CHAPTER 6: DERMATOLOGICAL MEDICATIONS</b>						
278	1. TOPICAL CORTICOSTEROID DRUGS						
279		betamethasone dipropionate					PharmacyPlan
280		clobetasol propionate		•			
281		fluocinonide		•			
282		fluticasone propionate (oint)		•			
283		triamcinolone acetonide					Pharmacy Plan
284	2. ANTIPRURITIC DRUGS						
285		hydroxyzine hcl					Pharmacy Plan
286	3. ANTIACNE DRUGS						
287		clindamycin phosphate		•			
288		erythromycin base		•			
289		metronidazole (0.75%)		•			
290		sod.sulfacetamide/sulfur tf		•			
291		tretinoin		•			
292	4. ANTIPSORIASIS AND ANTIECZEMA DRUGS						
293		selenium sulfide		•			
294		TRAZORAC					PAP - only
295		DOVONEX					PAP- only
296	<b>CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS</b>						
297	1. DRUGS AFFECTING THE EAR						
298		a/b otic		•			
299		Ciprodex Otic				•	ACE may cover with PAR
300	2. DRUGS AFFECTING THE NOSE						
301		fluticasone propionate		•			
302		Atrovent					PAP only
303	3. DRUGS AFFECTING THE THROAT AND MOUTH						
304		chlorhexidine gluconate		•			
305	<b>CHAPTER 8: ENDOCRINE MEDICATIONS</b>						
306	1. INSULIN						
307		HUMALOG (vial only)			•		2 months, then PAP
308		HUMALOG MIX 75/25 (vial only)			•		2 months, then PAP
309		HUMULIN 50/50 (vial only)			•		2 months, then PAP
310		HUMULIN 70/30 (vial only)			•		2 months, then PAP
311		HUMULIN L (vial only)			•		2 months, then PAP
312		HUMULIN N (vial only)			•		2 months, then PAP
313		HUMULIN R (vial only)			•		2 months, then PAP
314		HUMULIN U (vial only)			•		2 months, then PAP

	A	B	C	D	E	F	G
2				TIER			
3	DRUG NAME		PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
315		NOVOLIN 70/30 (vial only)			•		2 months, then PAP
316		NOVOLIN L (vial only)			•		2 months, then PAP
317		NOVOLIN N (vial only)			•		2 months, then PAP
318		NOVOLIN R (vial only)			•		2 months, then PAP
319		NOVOLOG (vial only)			•		2 months, then PAP
320		NOVOLOG MIX 70/30 (vial only)			•		2 months, then PAP
321		APIDRA			•		2 months, then PAP
322		LANTUS			•		2 months, then PAP
323		LEVEMIR (vial only)			•		2 months, then PAP
324		Lantus ® SoloSTAR insulin pen			•		2 months, then PAP
325		Humalog QwikPen			•		2 months, then PAP
326	2. ORAL HYPOGLYCEMIC DRUGS						
327		glipizide					PharmacyPlan
328		glyburide					Pharmacy Plan
329		metformin er					Pharmacy Plan
330		metformin hcl					Pharmacy Plan
331		PRECOSE					PAP - only
332		STARLIX					PAP - only
333	3. INSULIN SENSITIZERS						
334		ACTOS	QL= 34 tabs			•	PAR with medication justification
335	4. DIPEPTIDYL PEPTIDASE - IV INHIB						
336		JANUMET					PAP - only
337		JANUVIA					PAP - only
338	5. GLUCOCORTICOID DRUGS						
339		dexamethasone					Pharmacy Plan
340		hydrocortisone		•			
341		methylprednisolone					Pharmacy Plan
342		prednisolone		•			
343		prednisone					Pharmacy Plan
344	6. MINERALOCORTICOID DRUGS						
345		fludrocortisone acetate		•			
346	7. THYROID SUPPLEMENTS						
347		levothyroxine sodium					Pharmacy Plan
348	8. ANTITHYROID DRUGS						
349		methimazole		•			
350		propylthiouracil		•			
351	9. OTHER ENDOCRINE DRUGS						
352		desmopressin		•			
353		ACTONEL	QL= 34 tabs (5mg & 30mg); 5 tabs (35mg)				PAP - only
354		BONIVA					PAP - only
355		alendronate (FOSAMAX)	QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg)	•			
356	CHAPTER 9: GASTROINTESTINAL MEDICATIONS						
357	1. ANTIDIARRHEAL DRUGS						
358		diphenoxylate w/atropine		•			



	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
359		<b>loperamide hcl</b>		•			
360	<b>2. ANTISPASMODICS/DRUGS AFFECT GI MOTILITY</b>						
361		<b>dicyclomine hcl</b>					Pharmacy Plan
362		<b>hyoscyamine sulfate</b>					Pharmacy Plan
363		<b>metoclopramide hcl</b>					Pharmacy Plan
364	<b>3. ANTIULCER DRUGS</b>						
365		<b>cimetidine</b>					Pharmacy Plan
366		<b>ranitidine hcl</b>					Pharmacy Plan
367	<b>4. OTHER ANTIULCER DRUGS</b>						
368		<b>misoprostol</b>		•			
369		<b>sucralfate</b>		•			
370	<b>5. PROTON PUMP INHIBITORS</b>						
371		<b>omeprazole</b>	QL = 34 (20mg)			•	2 months only, after failed H2 blockers, must have medical necessity
372		<b>PREVACID</b>	QL=34 caps				PAP - only
373	<b>6. LAXATIVES AND CATHARTICS</b>						
374		<b>glycolax</b>		•			
375	<b>7. OTHER GI DRUGS</b>						
376		<b>hydrocortisone enema</b>		•			
377		<b>sulfasalazine</b>		•			
378		<b>ASACOL</b>				•	
379		<b>PENTASA</b>			•		2 months, then PAP
380	<b>CHAPTER 10: IMMUNOLOGICALS AND VACCINES</b>						
381	<b>1. MYELOID STIMULANTS</b>						
382		<b>NEUPOGEN</b>					Obtain from VCMC Pharmacy
383		<b>NEULASTA</b>					Obtain from VCMC Pharmacy
384	<b>2. ERYTHROID STIMULANTS</b>						
385		<b>ARANESP</b>					Obtain from VCMC Pharmacy
386		<b>PROCRIT</b>					Obtain from VCMC Pharmacy
387	<b>CHAPTER 11: MUSCULOSKELETAL MEDICATIONS</b>						
388	<b>1. SALICYLATES AND RELATED DRUGS</b>						
389		<b>diflunisal</b>		•			
390		<b>salsalate</b>					Pharmacy Plan
391	<b>2. NON-STEROIDAL ANTIINFLAMMATORY AGENTS</b>						
392		<b>diclofenac sodium</b>					Pharmacy Plan
393		<b>etodolac</b>				•	Can't tolerate other NSAID
394		<b>ibuprofen</b>					Pharmacy Plan
395		<b>indomethacin</b>					Pharmacy Plan
396		<b>naproxen</b>					Pharmacy Plan
397		<b>oxaprozin</b>		•			
398		<b>piroxicam</b>					Pharmacy Plan
399		<b>CELEBRIX</b>					PAP - only
400	<b>3. DRUGS TO PREVENT AND TREAT GOUT</b>						
401		<b>allopurinol</b>					Pharmacy Plan
402		<b>colchicine</b>					Pharmacy Plan
403		<b>probenecid</b>		•			
404	<b>4. DIRECT MUSCLE RELAXANTS</b>						
405		<b>baclofen</b>					Pharmacy Plan
406	<b>5. CNS MUSCLE RELAXANTS</b>						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
407		<i>cyclobenzaprine hcl</i>					Pharmacy Plan
408		<i>methocarbamol</i>					Pharmacy Plan
409		<i>orphenadrine citrate</i>		•			
410	<b>CHAPTER 12: NUTRITION,BLOOD</b>						
411	1. THERAPEUTIC VITAMINS & MINERALS						
412		<i>folic acid (1mg)</i>					Pharmacy Plan
413	2.POTASSIUM SUPPLEMENTS						
414		<i>potassium chloride tabs</i>					Pharmacy Plan
415		<i>potassium chloride liquid</i>					Pharmacy Plan
416	3. ORAL ANTICOAGULANTS, VITAMIN K						
417		<i>warfarin sodium</i>					Pharmacy Plan
418	5. ANTIPLATELET DRUGS						
419		<i>cilostazol</i>		•			
420		<b>PLAVIX</b>			•		2 months then PAP, post stent or CVA
421		<i>dipyridamole</i>		•			
422		<i>ticlopidine hcl</i>		•			
423	6. BLOOD DETOXICANTS						
424		<i>lactulose</i>		•			
425	<b>CHAPTER 13: OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>						
426	1. PRENATAL VITAMINS						
427		<i>prenatal rx</i>					Pharmacy Plan
428	2. ANDROGEN DRUGS						
429		<b>ANDROGEL</b>					PAP - only
430	3. ESTROGEN DRUGS						
431		<i>estradiol</i>					Pharmacy Plan
432		<i>estropipate</i>					Pharmacy Plan
433	4. SELECTIVE ESTROGEN RECEPTOR MODULATOR						
434		<b>EVISTA</b>					PAP - only
435	5. PROGESTIN DRUGS						
436		<i>norethindrone acetate</i>		•			
437		<b>DEPO-PROVERA (INJ)</b>				•	ACE may cover with PAR
438	6. CONTRACEPTIVES - covered under family pact						
439		<b>apri</b>					
440		<b>aranelle</b>					
441		<b>aviane</b>					
442		<b>cesia</b>					
443		<b>cryselle</b>					
444		<b>enpresse</b>					
445		<b>junel fe</b>					
446		<b>kariva</b>					
447		<b>kelnor 1/35</b>					
448		<b>lessina</b>					
449		<b>levora-28</b>					
450		<b>low-ogestrel</b>					
451		<b>lutera</b>					
452		<b>microgestin</b>					
453		<b>microgestin fe</b>					
454		<b>mononessa</b>					

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
455		necon					
456		nortrel					
457		plan B		•			
458		previfem					
459		solia					
460		sprintec					
461		trinessa					
462		tri-previfem					
463		tri-sprintec tablet					
464		trivora-28					
465		velivet 28 day					
466		zovia 1/35e					
467	<b>CHAPTER 14: OPHTHALMIC MEDICATIONS</b>						
468	<b>1. OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS</b>						
469		ciprofloxacin hcl (ophth drops)		•			
470		erythromycin					Pharmacy Plan
471		gentamicin sulfate		•			
472		ofloxacin (eye drops)		•			
473		polymyxin b sul/trimethoprim					Pharmacy Plan
474		sulfacetamide sodium					Pharmacy Plan
475		tobramycin sulfate					Pharmacy Plan
476	<b>2. OPHTHALMIC CORTICOSTEROID DRUGS</b>						
477		prednisolone acetate		•			
478	<b>3. OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS</b>						
479		neomycin/polymyxin/dexameth					Pharmacy Plan
480	<b>4. ANTIGLAUCOMA DRUGS</b>						
481		levobunolol hcl					Pharmacy Plan
482		pilocarpine hcl					Pharmacy Plan
483		timolol maleate					Pharmacy Plan
484	<b>5. OTHER OPHTHALMIC DRUGS</b>						
485		cromolyn sodium		•			
486	<b>CHAPTER 15: RESPIRATORY MEDICATIONS</b>						
487	<b>1. BETA-2 ADRENERGIC DRUGS-- Albuterol or MDI</b>						
488		Proventil HFA	QL=3 inh		•		2 months, then PAP
489		albuterol sulfate sol.		•			
490		SEREVENT DISCUS					Advair - PAP
491	<b>2. METHYL XANTHINE DRUGS</b>						
492		theophylline		•			
493		theophylline anhydrous		•			
494	<b>3. OTHER DRUGS FOR ASTHMA</b>						
495		ipratropium bromide		•			
496		Pulmicort Respules	QL= 70 (.25 & .5mg), 35 (1mg)	•			
497		Pulmicort Flexhaler	QL= 2 inhalers (90mcg), 3 inhlaers (180mg)	•			
498		SPIRIVA	QL= 1 package (6 capsules); 2 packages (30 capsules)		•		2 months, then PAP

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
499		<b>Qvar</b>		•			
500		<b>EpiPen</b>		•			
501		<b>ADVAIR</b>					PAP - only
502	4. LEUKOTRIENE MODIFIERS						
503		<b>SINGULAIR</b>					PAP - only
504	5. ANTIHISTAMINES						
505		<b>cyproheptadine hcl</b>		•			
506		<b>promethazine hcl</b>		•			
507	6. ANTIHISTAMINE/DECONGESTANT COMBINATIONS						
508		<b>promethazine vc</b>		•			
509	7. ANTITUSSIVE AND EXPECTORANT DRUGS						
510		<b>benzonatate</b>		•			
511		<b>guaifenesin w/codeine</b>		•			
512				•			
513				•			
514		<b>hydrocodone w/guaifenesin</b>		•			
515				•			
516		<b>promethazine w/codeine</b>		•			
517		<b>promethazine w/dm</b>		•			
518	<b>CHAPTER 16: UROLOGICAL MEDICATIONS</b>						
519	1. ANTICHOLINERGIC ANTISPASMODICS						
520		<b>oxybutynin chloride</b>					Pharmacy Plan
521		<b>Detrol LA</b>					PAP - only
522	2. URINARY ANESTHETICS						
523		<b>phenazopyridine hcl</b>					Pharmacy Plan
524	3. OTHER GENITOURINARY PRODUCTS						
525		<b>finsteride</b>		•			
526	<b>CHAPTER 17: MEDICAL (MISCELLANEOUS) SUPPLIES</b>						
527	1. DIABETIC SUPPLIES						
528		<b>ACCU-CHEK AVIVA TEST STRIPS</b>					Available at clinic
529		<b>ACCU-CHEK AVIVA MULTICLIX LANCETS</b>		•			
530		<b>INSULIN SYRINGES</b>		•			