



**Group Health Incorporated (GHI)
Prescription Drug Plan**

**2007 High Performance Formulary
(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE
COVER IN THIS PLAN**

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes GHI Medicare Prescription Drug Plan's partial formulary as of January 1, 2007. For a complete, updated formulary, please visit our Web site at www.ghi.com or call 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.

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Last Updated: September 2006

What is the GHI Medicare Prescription Drug Plan High Performance Formulary?

A formulary is a list of covered drugs selected by GHI Medicare Prescription Drug Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. GHI Medicare Prescription Drug Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a GHI Medicare Prescription Drug Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by GHI Medicare Prescription Drug Plan. For a complete listing of all prescription drugs covered by GHI Medicare Prescription Drug Plan's formulary, please visit our Web site at www.ghi.com or call 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.

Can the Formulary change?

Generally, if you are taking a drug on our 2006 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2007. To get updated information about the drugs covered by GHI Medicare Prescription Drug Plan, please visit our Web site at www.ghi.com or call Customer Service at 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Medications". If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 35. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

GHI Medicare Prescription Drug Plan covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** GHI Medicare Prescription Drug Plan requires you and/or your physician to get prior authorization for certain drugs. This means that you will need to get approval from GHI Medicare Prescription Drug Plan before you fill your prescriptions. If you don't get approval, GHI Medicare Prescription Drug Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, GHI Medicare Prescription Drug Plan limits the amount of the drug that GHI Medicare Prescription Drug Plan will cover. For example, GHI Medicare Prescription Drug Plan provides 90 tablets per 90-day supply prescription for Crestor® 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, GHI Medicare Prescription Drug Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, GHI Medicare Prescription Drug Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, GHI Medicare Prescription Drug Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7.

You can ask GHI Medicare Prescription Drug Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the GHI Medicare Prescription Drug Plan formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so GHI Medicare Prescription Drug Plan may cover your drug. You can contact Customer Service at 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.

If you learn that GHI Medicare Prescription Drug Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by GHI Medicare Prescription Drug Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by GHI Medicare Prescription Drug Plan.
- You can ask GHI Medicare Prescription Drug Plan to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject starting January 1, 2007. Call your Medicare Drug Plan for more information.

How do I request an exception to the GHI Medicare Prescription Drug Plan Formulary?

You can ask GHI Medicare Prescription Drug Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, GHI Medicare Prescription Drug Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

Generally, GHI Medicare Prescription Drug Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you are requesting a formulary, or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. **After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.** If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

In addition to circumstances impacting new enrollees who may enter a plan with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current enrollees could arise and in which prescribed drug regimens may not be on GHI Medicare Prescription Drug Plan's formulary. These circumstances usually involve level of care changes in which you are changing from one treatment setting to another. The exception and appeals process takes into account these special circumstances (i.e. level of care changes) to ensure that you have access to medications in these circumstances. An example of this special circumstance would include when you are discharged from a hospital.

For more information

For more detailed information about your GHI Medicare Prescription Drug Plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about GHI Medicare Prescription Drug Plan, please call Customer Service at 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114.) Or visit www.ghi.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

GHI Medicare Prescription Drug Plan's Formulary

The formulary that begins on page 7 provides coverage information about some of the drugs covered by GHI Medicare Prescription Drug Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 35. Remember: This is only a partial list of drugs covered by GHI Medicare Prescription Drug Plan. If your prescription is not in this partial formulary, please visit our Web site at www.ghi.com or call Customer Service at 1-800-585-5786, 24 hours a day, 7 days a week. TTY/TDD users should call 1-800-899-2114 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., PREVACID®) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

2007 MEDICARE HIGH PERFORMANCE (Closed) Abridged Formulary

PAR indicates that prior authorization may apply.
 QLL indicates that quantities dispensed may be limited.
 ST indicates that step therapy may apply.

DRUG NAME	GENERIC NAME	Tier	Restrictions
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ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine</i>		1	
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TOPICAL ANESTHETICS

<i>lidocaine</i>		1	
<i>lidocaine-viscous</i>		1	
LIDODERM	<i>lidocaine</i>	2	PAR

ANTIINFECTIVES

AMEBICIDES

<i>paromomycin</i>		1	
YODOXIN	<i>iodoquinol</i>	2	

AMINOGLYCOSIDES

<i>gentamicin</i>		1	
<i>neomycin</i>		1	
<i>tobramycin</i>		1	

ANTHELMINTICS

ALBENZA	<i>albendazole</i>	2	
<i>mebendazole</i>		1	
STROMECTOL	<i>ivermectin</i>	2	

ANTIINFECTIVES SPECIALIZED INDICATIONS

DRUG NAME	GENERIC NAME	Tier	Restrictions
DAPSONE	<i>dapsone</i>	2	
<i>metronidazole</i>		1	

ANTIRETROVIRALS & PROTEASE INH

COMBIVIR	<i>lamivudine / zidovudine</i>	2	
<i>didanosine</i>		1	
FUZEON	<i>enfuvirtide</i>	3	PAR
KALETRA	<i>lopinavir / ritonavir</i>	2	
ZIAGEN	<i>abacavir</i>	2	
<i>zidovudine</i>		1	

ANTITUBERCULOSIS DRUGS

<i>isoniazid</i>		1	
<i>rifampin</i>		1	

CEPHALOSPORINS

<i>cefadroxil</i>		1	
<i>cefpodoxime</i>		1	
<i>cefprozil</i>		1	
<i>cefuroxime</i>		1	
<i>cephalexin</i>		1	
LORABID	<i>loracarbef</i>	2	

CHLORAMPHENICOLS

<i>chloramphenicol</i>		1	
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CLINDAMYCINS

CLEOCIN granules	<i>clindamycin</i>	2	
<i>clindamycin</i>		1	

ERYTHROMYCINS

ERY-TAB	<i>erythromycin</i>	2	
<i>erythromycin</i>		1	
<i>erythromycin ethylsuccinate</i>		1	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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ORAL ANTIFUNGAL DRUGS

<i>clotrimazole</i>		1	
<i>fluconazole</i>		1	PAR
<i>fluconazole 150mg tab</i>		1	QLL
<i>itraconazole</i>		1	PAR QLL
<i>ketoconazole</i>		1	
LAMISIL	<i>terbinafine</i>	2	PAR
<i>nystatin</i>		1	
VFEND	<i>voriconazole</i>	3	PAR

OTHER ANTIINFECTIVE DRUGS

<i>bacitracin</i>		1	
<i>vancomycin</i>		1	

OTHER ANTIVIRAL DRUGS

<i>acyclovir</i>		1	
<i>amantadine</i>		1	
<i>ribavirin</i>		3	
<i>rimantadine</i>		1	
TAMIFLU	<i>oseltamivir</i>	2	QLL
VIRAZOLE	<i>ribavirin</i>	3	
ZOVIRAX cream, ointment	<i>acyclovir</i>	2	

OTHER MACROLIDES

<i>azithromycin</i>		1	QLL
<i>clarithromycin</i>		1	

OTHER TOPICAL ANTIFUNGALS

<i>ciclopirox</i>		1	
<i>clotrimazole</i>		1	
<i>econazole</i>		1	
<i>ketoconazole</i>		1	
<i>nystatin</i>		1	

PARENTERAL ANTIFUNGALS

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>amphotericin b</i>		1	
<i>fluconazole</i>		1	
VFEND	<i>voriconazole</i>	3	

PENICILLINS

<i>amoxicillin</i>		1	
<i>amoxicillin / clavulanate</i>		1	
<i>penicillin v potassium</i>		1	

PLASMODICIDES

<i>hydroxychloroquine</i>		1	
<i>quinine sulfate</i>		1	

QUINOLONES

AVELOX	<i>moxifloxacin</i>	2	
<i>ciprofloxacin</i>		1	
<i>ofloxacin</i>		1	

SULFONAMIDES

GANTRISIN PEDIATRIC	<i>sulfisoxazole</i>	2	
<i>sulfamethoxazole / trimethoprim</i>		1	

TETRACYCLINES

<i>doxycycline</i>		1	
<i>minocycline</i>		1	
<i>tetracycline</i>		1	

TOPICAL ANTIBACTERIAL DRUGS

CHLORHEXIDINE	<i>chlorhexidine</i>	2	
<i>gentamicin</i>		1	
<i>mupirocin</i>		1	
<i>silver sulfadiazine</i>		1	

TOPICAL ANTIFUNGAL-CORTICOSTEROID COMB.

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>clotrimazole / betamethasone</i>		1	
<i>nystatin / triamcinolone</i>		1	

URINARY ANTIINFECTIVES

<i>methenamine</i>		1	
<i>nitrofurantoin</i>		1	
<i>trimethoprim</i>		1	

VAGINAL ANTIFUNGALS

<i>miconazole</i>		1	QLL
<i>nystatin</i>		1	
<i>terconazole</i>		1	QLL

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

AMEVIVE	<i>alefacept</i>	3	PAR
ARIMIDEX	<i>anastrozole</i>	2	
<i>azathioprine</i>		1	PAR
CASODEX	<i>bicalutamide</i>	2	
CELLCEPT	<i>mycophenolate</i>	2	PAR
<i>cyclophosphamide</i>		1	PAR
<i>cyclosporine</i>		1	PAR
ELIGARD	<i>leuprolide</i>	2	PAR
ENBREL	<i>etanercept</i>	3	PAR
FEMARA	<i>letrozole</i>	2	
<i>fluorouracil</i>		1	
GLEEVEC	<i>imatinib</i>	3	
HUMIRA	<i>adalimumab</i>	3	PAR
<i>hydroxyurea</i>		1	
IRESSA	<i>gefitinib</i>	3	
<i>leflunomide</i>		1	QLL
<i>leucovorin</i>		1	
<i>megestrol</i>		1	
<i>methotrexate</i>		1	PAR
MYFORTIC	<i>mycophenolate</i>	2	PAR
NEXAVAR	<i>sorafenib</i>	3	
PROGRAF	<i>tacrolimus</i>	2	PAR
RAPAMUNE	<i>sirolimus</i>	2	PAR

DRUG NAME	GENERIC NAME	Tier	Restrictions
RAPTIVA	<i>efalizumab</i>	3	PAR
REMICADE	<i>infliximab</i>	3	PAR
<i>tamoxifen</i>		1	
TARCEVA	<i>erlotinib</i>	3	

AUTONOMIC AND CNS MEDICATIONS

ANALGESICS

<i>butorphanol</i>		1	
<i>tramadol</i>		1	
<i>tramadol / acetaminophen</i>		1	

ANTIDEMENTIA DRUGS

ARICEPT, ODT	<i>donepezil</i>	2	
EXELON	<i>rivastigmine</i>	2	
NAMENDA	<i>memantine</i>	2	

ANTIMANIA DRUGS

<i>lithium carbonate</i>		1	
<i>lithium citrate</i>		1	

ANTIPARKINSON ANTICHOLINERGIC DRUGS

<i>benztropine</i>		1	
<i>trihexyphenidyl</i>		1	

ANTIPSYCHOTIC DRUGS

ABILIFY	<i>aripiprazole</i>	2	QLL
<i>chlorpromazine</i>		1	
<i>fluphenazine</i>		1	
GEODON	<i>ziprasidone</i>	2	QLL
<i>haloperidol</i>		1	
<i>perphenazine</i>		1	
RISPERDAL, M-TAB, CONSTA	<i>risperidone</i>	2	QLL
SEROQUEL	<i>quetiapine</i>	2	QLL
<i>thioridazine</i>		1	
ZYPREXA, ZYDIS	<i>olanzapine</i>	2	QLL

DRUG NAME	GENERIC NAME	Tier	Restrictions
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ANTIVERTIGO AND ANTIEMETIC DRUGS

ALOXI	<i>palonosetron</i>	2	
EMEND	<i>aprepitant</i>	2	PAR QLL
<i>meclizine</i>		1	
<i>prochlorperazine</i>		1	
<i>promethazine</i>		1	
ZOFRAN, ODT	<i>ondansetron</i>	2	PAR QLL

ANXIOLYTICS

<i>buspirone</i>		1	
<i>meprobamate</i>		1	

CARBAMAZEPINES

<i>carbamazepine</i>		1	
TEGRETOL XR	<i>carbamazepine</i>	2	
TRILEPTAL	<i>oxcarbazepine</i>	2	

CLASS II NARCOTICS

ACTIQ	<i>fentanyl</i>	2	PAR QLL
<i>fentanyl</i>		1	
<i>hydromorphone</i>		1	
<i>methadone</i>		1	
<i>morphine</i>		1	
<i>oxycodone</i>		1	QLL
<i>oxycodone / acetaminophen</i>		1	

CLASS III NARCOTICS

<i>acetaminophen / codeine</i>		1	
<i>hydrocodone / acetaminophen</i>		1	

CLASS IV NARCOTICS

<i>propoxyphene</i>		1	
<i>propoxyphene / acetaminophen</i>		1	
<i>propoxyphene / aspirin / caffeine</i>		1	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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CNS STIMULANT DRUGS

<i>amphetamine / dextroamphetamine</i>		1	
<i>dextroamphetamine</i>		1	
METADATE CD	<i>methylphenidate</i>	2	
METADATE ER 10mg tablet	<i>methylphenidate</i>	2	
<i>metadate er 20mg tablet</i>		1	
<i>methylphenidate, er, sr</i>		1	
PROVIGIL	<i>modafinil</i>	2	PAR

DRUGS TO PREVENT AND TREAT HEADACHES

<i>acetaminophen / butalbital / caffeine / cod</i>		1	
<i>butorphanol</i>		1	QLL
IMITREX	<i>sumatriptan</i>	2	QLL
MAXALT, MLT	<i>rizatriptan</i>	2	QLL

HYDANTOINS

CEREBYX	<i>fosphenytoin</i>	2	
PEGANONE	<i>ethotoin</i>	2	
<i>phenytoin</i>		1	

MAO INHIBITORS

NARDIL	<i>phenelzine</i>	2	
<i>tranylcypromine</i>		1	

OTHER ANTICONVULSANTS

<i>gabapentin</i>		1	
<i>lamotrigine</i>		1	
LYRICA	<i>pregabalin</i>	2	ST
<i>primidone</i>		1	
TOPAMAX	<i>topiramate</i>	2	PAR
<i>zonisamide</i>		1	PAR

OTHER ANTIDEPRESSANTS

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>bupropion, er, sr</i>		1	QLL
CYMBALTA	<i>duloxetine</i>	2	QLL ST
<i>mirtazapine</i>		1	
<i>trazodone</i>		1	
<i>venlafaxine</i>		1	

OTHER ANTIPARKINSON DRUGS

<i>carbidopa / levodopa, cr</i>		1	
COMTAN	<i>entacapone</i>	2	
REQUIP	<i>ropinirole</i>	2	
<i>selegiline</i>		1	
STALEVO	<i>carbidopa / levodopa / entacapone</i>	2	
TASMAR	<i>tolcapone</i>	2	

OTHER CNS/AUTONOMIC DRUGS

ANTABUSE	<i>disulfiram</i>	2	
<i>atropine</i>		1	
<i>naltrexone</i>		1	
STRATTERA	<i>atomoxetine</i>	2	PAR
XYREM	<i>sodium oxybate</i>	3	

SECONDARY AMINES

<i>desipramine</i>		1	
<i>nortriptyline</i>		1	

SEDATIVE/HYPNOTIC DRUGS

AMBIEN	<i>zolpidem</i>	2	QLL
<i>chloral hydrate</i>		1	
SONATA	<i>zaleplon</i>	2	QLL

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

<i>citalopram</i>		1	QLL
<i>fluoxetine</i>		1	QLL
<i>fluvoxamine</i>		1	QLL
<i>paroxetine</i>		1	QLL
<i>sertraline</i>		2	QLL

DRUG NAME	GENERIC NAME	Tier	Restrictions
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SMOKING CESSATION PRODUCTS

<i>bupropion sr</i>		1	QLL
<i>nicotine patch</i>		1	

SUCCINIMIDES

CELONTIN	<i>methsuximide</i>	2	
<i>ethosuximide</i>		1	

TERTIARY AMINES

<i>amitriptyline</i>		1	
<i>doxepin</i>		1	
<i>imipramine</i>		1	

VALPROIC ACID AND DERIVATIVES

DEPAKOTE, ER, SPRINKLES	<i>divalproex sodium</i>	2	
<i>valproic acid</i>		1	

CARDIOVASCULAR MEDICATIONS

AMIODARONES

<i>amiodarone</i>		1	
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ANGIOTENSIN CONVERTING ENZYME INHIBITORS

<i>benazepril</i>		1	
<i>captopril</i>		1	
<i>enalapril</i>		1	
<i>fosinopril</i>		1	
<i>lisinopril</i>		1	
<i>quinapril</i>		1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND	<i>candesartan</i>	2	ST
MICARDIS	<i>telmisartan</i>	2	ST

DRUG NAME	GENERIC NAME	Tier	Restrictions
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ANTIDYSRHYTHMIC DRUGS

ETHMOZINE	<i>morizine</i>	2	
<i>flecainide</i>		1	
<i>mexiletine</i>		1	
<i>procainamide, er, sr</i>		1	
<i>propafenone</i>		1	

BETA-ADRENERGIC ANTAGONIST DRUGS

<i>atenolol</i>		1	
COREG	<i>carvedilol</i>	2	
INNOPRAN XL	<i>propranolol</i>	2	
<i>labetalol</i>		1	
<i>metoprolol</i>		1	
<i>propranolol</i>		1	
TOPROL XL	<i>metoprolol</i>	2	

CALCIUM ANTAGONISTS

<i>diltiazem, er, xr</i>		1	
<i>felodipine er</i>		1	
<i>nifedipine, er</i>		1	
NORVASC	<i>amlodipine</i>	2	ST
SULAR	<i>nisoldipine</i>	2	ST
<i>verapamil, sr</i>		1	

CARDIAC GLYCOSIDES

<i>digitek</i>		1	
<i>digoxin</i>		1	

CENTRALLY ACTING ANTIHYPERTENSIVES

<i>clonidine</i>		1	
<i>methyl dopa</i>		1	

DRUGS FOR PHEOCHROMOCYTOMA

DEMSER	<i>metyrosine</i>	2	
DIBENZYLINE	<i>phenoxybenzamine</i>	2	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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ENDOTHELIN RECPTOR ANTAGONIST

TRACLEER	<i>bosentan</i>	3	
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HMG-COA REDUCTASE INHIBITORS

CRESTOR	<i>rosuvastatin</i>	2	QLL ST
<i>lovastatin</i>		1	QLL
<i>pravastatin</i>		1	QLL
<i>simvastatin</i>		1	QLL
VYTORIN	<i>ezetimibe / simvastatin</i>	2	QLL ST

HYPOLIPOPROTEINEMICS

<i>cholestyramine</i>		1	
<i>gemfibrozil</i>		1	
NIASPAN	<i>niacin</i>	2	
TRIGLIDE	<i>fenofibrate</i>	2	
ZETIA	<i>ezetimibe</i>	2	ST

LOOP DIURETICS

<i>bumetanide</i>		1	
<i>furosemide</i>		1	
<i>toremide</i>		1	

NITRATES

<i>isosorbide dinitrate, er,</i>		1	
<i>isosorbide mononitrate, er</i>		1	
<i>nitroglycerin, er, td</i>		1	

OTHER ANTIARRHYTHMICS

<i>sotalol, af</i>		1	
TIKOSYN	<i>dofetilide</i>	2	

OTHER ANTIHYPERTENSIVES

ATACAND HCT	<i>candesartan / hydrochlorothiazide</i>	2	ST
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DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>benazepril / hydrochlorothiazide</i>		1	
<i>bisoprol / hydrochlorothiazide</i>		1	
<i>enalapril / hydrochlorothiazide</i>		1	
<i>fosinopril / hydrochlorothiazide</i>		1	
<i>lisinopril / hydrochlorothiazide</i>		1	
<i>metoprolol / hydrochlorothiazide</i>		1	
MICARDIS HCT	<i>telmisartan / hydrochlorothiazide</i>	2	ST
<i>propranolol / hydrochlorothiazide</i>		1	
<i>quinapril / hydrochlorothiazide</i>		1	
<i>reserpine</i>		1	

OTHER CARDIOVASCULAR DRUGS

<i>midodrine</i>		1	
<i>pentoxifylline er</i>		1	

OTHER VASODILATING DRUGS

<i>papaverine, er</i>		1	
REVATIO	<i>sildenafil</i>	2	PAROLL

POTASSIUM SPARING DIURETICS

<i>spironolactone</i>		1	
<i>triamterene / hydrochlorothiazide</i>		1	

THIAZIDE AND RELATED DRUGS

<i>chlorthalidone</i>		1	
<i>hydrochlorothiazide</i>		1	
<i>indapamide</i>		1	
<i>metolazone</i>		1	

VASODILATOR ANTIHYPERTENSIVES

<i>doxazosin</i>		1	QLL
<i>hydralazine</i>		1	
<i>minoxidil</i>		1	
<i>prazosin</i>		1	
<i>terazosin</i>		1	QLL

DRUG NAME	GENERIC NAME	Tier	Restrictions
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DERMATOLOGICAL MEDICATIONS

ANTIACNE DRUGS

<i>clindamycin</i>		1	
DIFFERIN	<i>adapalene</i>		
<i>erythromycin</i>		1	
<i>erythromycin / benzoyl peroxide</i>		1	
<i>metronidazole</i>		1	
<i>tretinoin</i>		1	PAR

ANTIPRURITIC DRUGS

<i>hydroxyzine</i>		1	
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ANTIPSORIASIS AND ANTIECZEMA DRUGS

DOVONEX	<i>calcipotriene</i>	2	
<i>selenium</i>		1	
TAZORAC	<i>tazarotene</i>	2	PAR

KERATOLYTIC DRUGS

CONDYLOX gel	<i>podofilox</i>	2	
KERALYT	<i>salicylic acid</i>	2	
<i>podofilox</i>		1	

ORAL DERMATOLOGICAL DRUGS

<i>isotretinoin</i>		1	
OXSORALEN	<i>methoxsalen</i>	2	

SCABICIDES

<i>acticin</i>		1	
<i>permethrin</i>		1	

TOPICAL CORTICOSTEROID DRUGS

<i>betamethasone</i>		1	
<i>clobetasol</i>		1	
<i>desonide</i>		1	

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>desoximetasone</i>		1	
<i>fluocinonide, e</i>		1	
<i>fluticasone</i>		1	
<i>hydrocortisone</i>		1	
<i>mometasone</i>		1	
<i>triamcinolone</i>		1	

TOPICAL DERMATOLOGICAL DRUGS

ALDARA	<i>imiquimod</i>	2	
<i>ammonium lactate</i>		1	
ELIDEL	<i>pimecrolimus</i>	2	ST
<i>fluorouracil</i>		1	
<i>lactic acid</i>		1	
PROTOPIC	<i>tacrolimus</i>	2	
SOLARAZE	<i>diclofenac</i>	2	
<i>urea</i>		1	

DIAGNOSTIC & MISCELLANEOUS MEDICATIONS

DIAGNOSTIC PRODUCTS

CHEMET	<i>succimer</i>	2	
EXJADE	<i>deferasirox</i>	2	

MISCELLANEOUS DRUGS

COPAXONE	<i>glatiramer acetate</i>	3	PAR QLL
<i>ergoloid mesylates</i>		1	
ORFADIN	<i>nitisinone</i>	3	
THALOMID	<i>thalidomide</i>	3	

EAR-NOSE-THROAT MEDICATIONS

DRUGS AFFECTING THE EAR

<i>acetic acid</i>		1	
<i>antipyrine / benzocaine</i>		1	
CIPRODEX	<i>ciprofloxacin / dexamethasone</i>	2	
<i>hydrocortisone / neomycin / polymixin b</i>		1	

DRUGS AFFECTING THE NOSE

DRUG NAME	GENERIC NAME	Tier	Restrictions
ASTELIN	<i>azelastine</i>	2	QLL
<i>flunisolide</i>		1	QLL
<i>fluticasone</i>		1	QLL
<i>ipratropium bromide</i>		1	QLL

DRUGS AFFECTING THE THROAT AND MOUTH

<i>chlorhexidine gluconate</i>		1	
<i>doxycycline hyclate</i>		1	
<i>pilocarpine</i>		1	
<i>triamcinolone</i>		1	

ENDOCRINE MEDICATIONS

AMYLIN ANALOGUES

SYMLIN	<i>pramlintide</i>	2	PAR
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ANTITHYROID DRUGS

<i>methimazole</i>		1	
<i>propylthiouracil</i>		1	

GLUCOCORTICOID DRUGS

<i>dexamethasone</i>		1	
<i>hydrocortisone</i>		1	
<i>methylprednisolone</i>		1	
<i>prednisolone</i>		1	
<i>prednisone</i>		1	

GLUCOSE ELEVATING DRUGS

GLUCAGEN	<i>glucagen</i>	2	
PROGLYCEM	<i>diazoxide</i>	2	

INCRETIN MIMETICS

BYETTA	<i>exenatide</i>	2	PARQLL
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INSULIN

DRUG NAME	GENERIC NAME	Tier	Restrictions
LANTUS vial	<i>insulin glargine</i>	2	
LEVEMIR vial	<i>insulin detemir</i>	2	
NOVOLIN 70/30	<i>insulin nph / insulin regular</i>	2	
NOVOLIN L	<i>insulin zinc</i>	2	
NOVOLIN N	<i>insulin nph</i>	2	
NOVOLIN R	<i>insulin regular</i>	2	
NOVOLOG	<i>insulin aspart</i>	2	
NOVOLOG 70/30	<i>insulin aspart / regular insulin</i>	2	

MINERALOCORTICOID DRUGS

<i>fludrocortisone</i>		1	
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ORAL HYPOGLYCEMICS & COMBOS

AVANDAMET	<i>rosiglitazone / metformin</i>	2	QLL
AVANDARYL	<i>rosiglitazone / glimepiride</i>	2	QLL
AVANDIA	<i>rosiglitazone</i>	2	QLL
<i>glimepiride</i>		1	
<i>glipizide / metformin</i>		1	
<i>glipizide, er, xl</i>		1	
<i>glyburide</i>		1	
<i>glyburide / metformin</i>		1	
<i>metformin, er</i>		1	
PRANDIN	<i>repaglinide</i>	2	
PRECOSE	<i>acarbose</i>	2	

OTHER ENDOCRINE DRUGS

<i>desmopressin</i>		1	
<i>etidronate</i>		1	
<i>fortical nasal spray</i>	<i>calcitonin</i>	1	
FOSAMAX	<i>alendronate</i>	2	QLL
FOSAMAX PLUS D	<i>alendronate / vitamin d3</i>	2	QLL
SENSIPAR	<i>cinacalcet</i>	3	
SOMAVERT	<i>pegvisomant</i>	3	PAR

THYROID SUPPLEMENTS

<i>levothroid</i>		1	
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DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>levothyroxine</i>		1	
<i>levoxyl</i>		1	
<i>thyroid</i>		1	

GASTROINTESTINAL MEDICATIONS

ANTIDIARRHEAL DRUGS

<i>diphenoxylate / atropine</i>		1	
<i>loperamide</i>		1	

ANTISPASMODICS/DRUGS AFFECT GI MOTILITY

<i>dicyclomine</i>		1	
<i>hyoscyamine sulfate, er</i>		1	
<i>metoclopramide</i>		1	
<i>propantheline</i>		1	

ANTIULCER DRUGS

<i>cimetidine</i>		1	
<i>famotidine</i>		1	
<i>nizatidine</i>		1	
<i>ranitidine</i>		1	

IRRITABLE BOWEL DRUGS

LOTRONEX	<i>alosetron</i>	2	
ZELNORM	<i>tegaserod</i>	2	

LAXATIVES AND CATHARTICS

<i>polyethylene glycol</i>		1	
VISICOL	<i>sodium phosphate salts</i>	2	

OTHER ANTIULCER DRUGS

<i>misoprostol</i>		1	
<i>sucralfate</i>		1	

OTHER GI DRUGS

DRUG NAME	GENERIC NAME	Tier	Restrictions
ASACOL	<i>mesalamine</i>	2	
CANASA	<i>mesalamine</i>	2	
CREON	<i>amylase / lipase / protease</i>	2	
<i>hydrocortisone</i>		1	
<i>peg / electrolytes</i>		1	
PENTASA	<i>mesalamine</i>	2	
ULTRASE, MT	<i>amylase / lipase / protease</i>	2	
URSO	<i>ursodiol</i>	2	
<i>ursodiol</i>		1	

PROTON PUMP INHIBITORS

<i>omeprazole</i>		1	QLL
PROTONIX	<i>pantoprazole</i>	2	QLL ST

IMMUNOLOGICALS AND VACCINES

ERYTHROID STIMULANTS

ARANESP	<i>darbepoetin</i>	3	PAR
PROCRIT	<i>epoetin</i>	3	PAR

GROWTH HORMONES AND RELATED DRUGS

NORDITROPIN	<i>somatropin</i>	3	PAR
SAIZEN	<i>somatropin</i>	3	PAR

IMMUNOLOGICALS AND VACCINES

CARIMUNE, NF	<i>immune globulin (igg)</i>	3	PAR
ENGERIX-B	<i>hepatitis b vaccine</i>	2	
FLEBOGAMMA	<i>immune globulin (igg)</i>	3	PAR
GAMMAGARD S/D	<i>immune globulin (igg)</i>	3	PAR
GAMMAR-P	<i>immune globulin (igg)</i>	3	PAR
GAMUNEX	<i>immune globulin (igg)</i>	3	PAR
<i>immune globulin</i>		3	PAR
IVEEGAM EN	<i>immune globulin (igg)</i>	3	PAR
PANGLOBULIN NF	<i>immune globulin (igg)</i>	3	PAR
POLYGAM S/D	<i>immune globulin (igg)</i>	3	PAR
TETANUS TOXOID ADSORBED	<i>tetanus toxoid, adsorbed</i>	2	
TWINRIX	<i>hep b vaccine / hep a vaccine</i>	2	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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INTERFERONS

AVONEX	<i>interferon beta-1a</i>	3	PAR QLL
BETASERON	<i>interferon beta-1b</i>	3	PAR QLL
INFERGEN	<i>interferon alfacon</i>	3	
PEGASYS	<i>peginterferon alfa-2a</i>	3	PAR QLL
REBIF	<i>interferon beta-1a</i>	3	PAR QLL

INTERLEUKINS

NEUMEGA	<i>oprelvekin</i>	3	QLL
PROLEUKIN	<i>aldesleukin</i>	3	
ZENAPAX	<i>daclizumab</i>	3	

MYELOID STIMULANTS

LEUKINE	<i>sargramostim</i>	3	
NEULASTA	<i>pegfilgrastim</i>	3	PAR
NEUPOGEN	<i>filgrastim</i>	3	PAR

MEDICAL (MISCELLANEOUS) SUPPLIES

DIABETIC SUPPLIES

ALCOHOL swab	<i>alcohol antiseptic pad</i>	2	
INSULIN needle	<i>insulin needle</i>	2	
INSULIN syringe	<i>insulin syringe</i>	2	

MUSCULOSKELETAL MEDICATIONS

CNS MUSCLE RELAXANTS

<i>carisoprodal / aspirin / codeine</i>		1	
<i>carisoprodol</i>		1	
<i>cyclobenzaprine</i>		1	
<i>methocarbamol</i>		1	
RILUTEK	<i>riluzole</i>	2	

DIRECT MUSCLE RELAXANTS

<i>baclofen</i>		1	
<i>dantrolene</i>		1	
<i>tizanidine</i>		1	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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DRUGS TO PREVENT AND TREAT GOUT

<i>allopurinol</i>		1	
<i>colchicine</i>		1	

NON-STEROIDAL ANTIINFLAMMATORY AGENTS

CELEBREX	<i>celecoxib</i>	2	ST
<i>diclofenac potassium</i>		1	
<i>diclofenac sodium er, xr</i>		1	
<i>etodolac, er</i>		1	
<i>ibuprofen</i>		1	
<i>indomethacin, er</i>		1	
<i>nabumetone</i>		1	
<i>naproxen sodium, er</i>		1	
<i>naproxen, er</i>		1	
<i>piroxicam</i>		1	
<i>sulindac</i>		1	

OTHER DRUGS FOR ARTHRITIS

<i>gold</i>		1	
<i>myochrysine</i>		1	
RIDAURA	<i>auranofin</i>	2	

SALICYLATES AND RELATED DRUGS

<i>diflunisal</i>		1	
<i>salsalate</i>		1	

NUTRITION, BLOOD MODIFIERS, ELECTROLYTES

ANTIPLATELET DRUGS

AGGRENOX	<i>aspirin / dipyridamole</i>	2	
<i>cilostazol</i>		1	
<i>dipyridamole</i>		1	
PLAVIX	<i>clopidogrel</i>	2	

BLOOD DETOXICANTS

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>lactulose</i>		1	
RENAGEL	<i>sevelamer</i>	2	

ELECTROLYTES, IRRIGATING SOLUTIONS, ETC.

<i>bacteriostatic saline</i>		1	
<i>dextrose</i>		1	
<i>sodium chloride</i>		1	

FLUORIDE PRODUCTS

<i>sodium fluoride</i>		1	
<i>stannous fluoride</i>		1	

INJECTABLE ANTICOAGULANTS

<i>heparin</i>		1	
LOVENOX	<i>enoxaparin</i>	3	

ORAL ANTICOAGULANTS, VITAMIN K

<i>jantoven</i>	<i>warfarin</i>	1	
<i>warfarin</i>			

POTASSIUM REMOVING RESINS

<i>sodium polystyrene sulfonfonate</i>		1	
SPS	<i>sodium polystyrene sulfonate</i>	2	

POTASSIUM SUPPLEMENTS

<i>citric acid / sodium citrate</i>		1	
<i>potassium acetate</i>		1	
<i>potassium chloride, cr, er</i>		1	

THERAPEUTIC VITAMINS & MINERALS

<i>calcitriol</i>		1	
HECTOROL	<i>doxercalciferol</i>	2	
<i>levocarnitine</i>		1	
PHOSLO	<i>calcium acetate</i>	2	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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VITAMINS & MINERALS & RELATED PRODUCTS

LIPOSYN	<i>fat emulsions</i>	2	
<i>multivitamin / fluoride</i>		1	
<i>multivitamin / fluoride / iron</i>		1	
<i>tri-vit / fluoride</i>		1	
<i>tri-vit / fluoride / iron</i>		1	

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

ANDROGEN DRUGS

OXANDRIN	<i>oxandrolone</i>	2	PAR
TESTIM	<i>testosterone</i>	2	
<i>testosterone</i>		1	
<i>testosterone cypionate</i>		1	
<i>testosterone enanthate</i>		1	
<i>testosterone propionate</i>		1	

CONTRACEPTIVES

<i>apri</i>	<i>desogestrel / ethinyl estradiol</i>	1	
<i>levora</i>	<i>levonorgestrel / ethinyl estradiol</i>	1	
<i>necon</i>	<i>norethidrone / ethinyl estradiol</i>	1	
<i>sprintec</i>	<i>norgestimate / ethinyl estradiol</i>	1	
<i>zovia</i>	<i>ethynodiol / ethinyl estradiol</i>	1	

ESTROGEN DRUGS

<i>estradiol</i>		1	
<i>estradiol patch</i>		1	QLL
<i>estropipate</i>		1	
MENEST	<i>estrogens, esterified</i>	2	
PREMARIN vaginal cream	<i>estrogens, conjugated</i>	2	
VAGIFEM	<i>estradiol</i>	2	

ESTROGEN/PROGESTIN COMBINATIONS

ACTIVELLA	<i>norethindrone / estradiol</i>	2	
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OB/GYN TOPICAL ANTIINFECTIVES

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>amino acid cervical</i>		1	
<i>clindamycin</i>		1	

OXYTOCICS

METHERGINE	<i>methylergonovine</i>	2	
<i>oxytocin</i>		1	

PRENATAL VITAMINS

<i>natalcare</i>	<i>prenatal vitamin</i>	1	
<i>natatab</i>	<i>prenatal vitamin</i>	1	
<i>prenatal advantage</i>	<i>prenatal vitamin</i>	1	
<i>prenatal plus</i>	<i>prenatal vitamin</i>	1	

PROGESTIN DRUGS

<i>camila</i>	<i>norethindrone</i>	1	
<i>jolivette</i>	<i>norethindrone</i>	1	
<i>medroxyprogesterone</i>		1	
<i>medroxyprogesterone injection</i>		1	QLL
<i>norethindrone</i>		1	
PROMETRIUM	<i>progesterone, micronized</i>	2	

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA	<i>raloxifene</i>	2	
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SPECIALIZED OB/GYN DRUGS

<i>leuprolide</i>		1	
LUPRON, DEPOT, DEPOT-PED	<i>leuprolide</i>	3	PAR
SYNAREL	<i>nafarelin</i>	2	

OPHTHALMIC MEDICATIONS

ANTIGLAUCOMA DRUGS

<i>acetazolamide</i>		1	
ALPHAGAN P	<i>brimonidine</i>	2	
<i>brimonidine</i>		1	
LUMIGAN	<i>bimatoprost</i>	2	

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>pilocarpine</i>		1	
<i>piloptic</i>		1	
<i>timolol</i>		1	
TRUSOPT	<i>dorzolamide</i>	2	
XALATAN	<i>latanoprost</i>	2	

OPHTHALMIC ANTIINFECTIVE/CORTICOSTEROIDS

<i>neomycin / polymyxin b / dexamethasone</i>		1	
<i>sulf-pred</i>	<i>sulfacetamide / prednisolone</i>	1	
ZYLET	<i>tobramycin / loteprednol</i>	2	

OPHTHALMIC CORTICOSTEROID DRUGS

<i>fluorometholone</i>		1	
<i>prednisolone</i>		1	

OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS

<i>bacitracin</i>		1	
<i>ciprofloxacin</i>		1	
<i>erythromycin</i>		1	
<i>gentamicin</i>		1	
<i>ofloxacin</i>		1	
<i>tobramycin</i>		1	
ZYMAR	<i>gatifloxacin</i>	2	

OPHTHALMIC TOPICAL ANTIVIRAL DRUGS

<i>trifluridine</i>		1	
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OTHER OPHTHALMIC DRUGS

<i>atropine</i>		1	
RESTASIS	<i>cyclosporine</i>	2	OLL
VOLTAREN	<i>diclofenac</i>	2	
ZADITOR	<i>ketotifen</i>	2	

RESPIRATORY MEDICATIONS

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>bromfed</i>	<i>phenylephrine / brompheniramine</i>	1	
<i>durahist</i>	<i>phenyleph / chlorphen / scop</i>	1	
<i>extendryl</i>	<i>phenyleph / chlorphen / scop</i>	1	
<i>pseudoephedrine / chlorpheniramine</i>		1	
<i>rondec</i>	<i>phenylephrine / chlorpheniramine</i>	1	

ANTIHISTAMINES

<i>cyproheptadine</i>		1	
<i>diphenhydramine</i>		1	
<i>fexofenadine</i>		1	QLL
<i>promethazine</i>		1	

ANTITUSSIVE AND EXPECTORANT DRUGS

<i>guaifenesin</i>		1	
<i>guaifenesin / phenylephrine</i>		1	
<i>guaifenesin / pseudoephedrine</i>		1	

BETA-2 ADRENERGIC DRUGS

<i>albuterol</i>		1	
<i>albuterol inhaler</i>		1	QLL
FORADIL	<i>formoterol</i>	2	QLL
PROAIR HFA	<i>albuterol</i>	2	QLL
PROVENTIL HFA	<i>albuterol</i>	2	QLL

DECONGESTANTS

<i>phenylephrine</i>		1	
<i>phenylephrine / methscopolamine</i>		1	
<i>pseudoephedrine</i>		1	

LEUKOTRIENE MODIFIERS

SINGULAIR	<i>montelukast</i>	2	ST
ZYFLO	<i>zileuton</i>	2	ST

METHYL XANTHINE DRUGS

DRUG NAME	GENERIC NAME	Tier	Restrictions
<i>aminophylline</i>		1	
<i>theophylline, er</i>		1	
UNIPHYL	<i>theophylline</i>	2	

OTHER DRUGS FOR ASTHMA

COMBIVENT	<i>albuterol / ipratropium</i>	2	QLL
EPIPEN, JR	<i>epinephrine</i>	2	QLL
INTAL	<i>cromolyn</i>	2	QLL
PULMICORT	<i>budesonide</i>	2	QLL
QVAR	<i>beclomethasone</i>	2	QLL
SPIRIVA	<i>tiotropium</i>	2	QLL
TILADE	<i>nedocromil</i>	2	QLL
TWINJECT	<i>epinephrine</i>	2	QLL
XOLAIR	<i>omalizumab</i>	3	PAR

OTHER RESPIRATORY DRUGS

ARALAST	<i>alpha-1-proteinase inhibitor</i>	3	PAR
BRONCHOLATE	<i>guaifenesin / ephedrine</i>	2	
PROLASTIN	<i>alpha-1-proteinase inhibitor</i>	3	PAR

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC ANTISPASMODICS

DITROPAN XL	<i>oxybutynin</i>	2	QLL
ENABLEX	<i>darifenacin</i>	2	
<i>flavoxate</i>		1	
<i>oxybutynin</i>		1	

CHOLINERGIC STIMULANTS

<i>bethanechol</i>		1	
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OTHER GENITOURINARY PRODUCTS

<i>finasteride</i>		1	
<i>potassium citrate / citric acid</i>		1	
UROXATRAL	<i>alfuzosin</i>	2	

DRUG NAME	GENERIC NAME	Tier	Restrictions
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URINARY ANESTHETICS

<i>phenazopyridine</i>		1	
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