



Please Note

This abbreviated drug guide is intended to assist prescribers in the selection of cost-effective drug therapy. Medications available as generics are listed in bold and highlighted in yellow. Some covered medications may require prior authorization before they will be covered by the plan. Consider using over-the-counter (OTC) products as first-line agents when appropriate.

Tier Level	Definition
\$0	No Copay
I	Preferred Generic
II	Perferred Brand
III	Non-Preferred Brands and Generics
IV	Specialty Drugs (Biologicals, High Cost Brands, Injectables)
V	Specialty Drugs (Biologicals, High Cost)

G	Generic
B	Brand
PA	Prior Authorization is required
EST	Electronic Step Therapy is in place
QL	Quantity Limit
EXCLUSION	Part D Excluded Benefit
NF	Non-Formulary

SCAN's formulary tiers: I (Preferred generic drugs), II (generic drugs), III (Preferred Brand drugs), IV (Brand drugs), V (Specialty drugs)

Not all medications available as generic are listed
All dosage forms of a medication are covered unless specified otherwise

Some medications may require Prior Authorization or Step therapy. Prior Authorization may be obtained by calling the following numbers.

Anthem Blue Cross	Tel: 1-800-678-3784, Fax: 1-888-831-2243
Blue Shield	Tel: 1-800-535-9481, Fax: 1-888-697-8122
Care1st	Tel: 1-877-792-2731, Fax: 1-877-791-2731
Caremore	Tel: 1-800-965-1235, Fax: 1-800-589-3149
Health Net	Tel: 1-800-548-5524, Fax: 1-818-676-8086
SCAN	Tel: 1-800-417-8164, Fax: 1-877-837-5922
Pacificare	Tel 1-800-711-4555, Fax: 1-800-527-0531

Injectable Medications listed on the formulary are covered under the Part D prescription drug benefit when one of the following criteria are met:

- The medication is considered a "self-injectable" medication, meaning that the drug is self-administered more than 50% of the time. Some "self-administered" medications (e.g., Epogen, Procrit, Aranesp, Neupogen, Neulasta), continue to fall under Medicare Part B coverage when given "incident to" a physician visit.
- The medication is given by IV drip or push in the home or long term care setting to a "home-bound" patient. Medications administered via an infusion pump in the home setting are covered under Medicare Part B.
- Vaccine other than pneumococcal, influenza, or Hepatitis B for patients at high or intermediate risk.
- The injectable medication is not covered under Medicare Part B for a specific diagnosis, use or place of service. Examples of injectable medications covered under Medicare Part B: immunosuppressants for Medicare covered transplants, injectable drugs administered incident to a physicians visit, parenteral nutrition for a non-functioning d(G)estive tract, IVI(G) for primary immune deficiency syndrome, or erythropoietin for anemia of chronic renal failure in patients on dialysis.

NOTE: Generically available drugs are bolded and highlighted in yellow.	Blue Cross	Blue Shield	Care 1st	Caremore	Health Net	SCAN	Secure Horizons
Antipsychotics Continued							
Aripiprazole Tablet (Ablify)	III QL	III	II(QL)	V,QL	II	IV (EST)	III
Olanzapine (Zyprexa / Zyprexa Zydis)	III QL	II	20mg IV(QL), others I(QL) / I(PA), QL	IV,QL	II	IV (EST, QL)	II
Risperidone (Risperdal)	II QL / B NF	I	I(QL)	II, QL	I	II(G)	I
Paliperidone (Invega)	IV QL	III(PA)	II	V,QL	II	IV (EST)	III
Ziprasidone (Geodon)	III QL	III	II(QL)	IV,QL	II	IV (EST, QL)	II
Anxiety Drugs							
Bupropion (Bupsar)	I	I	I	II	I	III(G)	I
Antimigraine Agents							
Ergotamine/Caffeine (Cafergot)	I	I	I	NF	II	II(G)	I
Rizatriptan (Maxalt / Maxalt MLT)	III QL	II(QL)	II(QL)	V,QL	III	III (EST, QL)	II(QL)
Ergotamine Tartrate (Ergomar)	NF	III	II	V,QL	II	NF	V
Zolmitriptan NS (Zomig NS)	NF	III(QL)	NF	IV,QL	III	IV (QL)	V
Zolmitriptan (Zomig / Zomig ZMT)	NF	III(QL)	NF	IV,QL	III	III (EST, QL)	V
Sumatriptan (Imitrex)	II QL	III(QL)	I(QL)	II, QL	I	II(G)	I(QL)
Sumatriptan Inj (Imitrex Kit)	V QL	IV(QL)	I(QL)	NF	IV	II(G)	II(QL)
Mood Stabilizers							
Lithium Carbonate (Eskalith, Lithobid)	I	I	I	II	I		I(G), II(B)
Lithium Citrate	II	I	I	II	II	II(G)	I
Parkinson's Disease							
Amantadine (Symmetrol)	II	I	I	II	I	II(G)	I
Carbidopa-Levodopa (Sinemet)	II	I	I	II	I	II(G)	I
Selegiline (Eldepryl)	II	I	I	II	I	II(G)	I
Benztrropine (Cogentin)	I	I	I	II	I	I	I
Carbidopa-Levodopa (Sinemet CR)	II	I	I	II	I	II(G)	I
Entacapone (Comtan)	III	II(EST)	III(EST)	IV,QL	II	IV	II
Ropinrole (Requip)	II	I	I	II	I	II(QL)	I
Pramipexole (Mirapex)	III	I	I (G)	II, QL	I	II (G)	II (B/G)
Carbidopa-Levodopa-Entacapone (Stalevo)	III	II	II(EST)	IV	II	IV	II
Sleep Aids							
Eszopiclone (Lunesta)	IV PA, QL	III(EST,QL)	NF	NF	III (EST)	IV (EST, QL)	II(QL)
Zaleplon (Sonata)	II QL	I(QL)	I(PA)	NF	I		I(QL)
Zolpidem (Ambien)	II QL	I(QL)	I(QL)	II, QL	I	II(G)	I
Zolpidem (Ambien CR)	IV PA, QL	I(G,EST,QL), II (B,EST,QL)	NF	NF	II (EST)	NF	V (B/G)
Ramelteon (Rozerem)	NF	III(EST,QL)	NF	V,QL	II (EST)	NF	III(QL)
Seizure Control Drugs							
Ethosuximide (Zarontin)	II	I	I	II	I	II(G)	II
Gabapentin Cap, Tab (Neurontin)	II QL	I	I	II, QL	I	I	I
Primidone (Mysoline)	II	I	I	II	I	II(G)	I
Carbamazepine (Tegretol)	II	I	I	II	I	II(G), III(B)	I
Phenytoin Extended Cap (Dilantin) 100mg	II	I	I	II	I	II(G), II(B)	I
Divalproex Sodium (Depakote)	II QL	I	I	II(G)	I	II(G)	I
Lamotrigine Tab (Lamictal)	II QL	I	I	II	I	II(G)	II
Lamotrigine extended release (Lamictal XR)	IV QL, PA	NF	NF	II	III	NF	V
Phenytoin (Dilantin) Suspension	II	I	I	II	I	II(G), III(B)	I
Valgabatrin (Sabril)	IV	V(QL)	IV(PA)	VI, PA	IV	V	IV(PA)(QL)
Phenytoin Extended Cap (Phenytek)	III	I	II	II	I	II(G)	II
Carbamazepine SR (Tegretol XR)	G II	II	II	II(G)	I	II(G), III(B)	II
Divalproex Sodium (Depakote ER)	II QL	I	I	II	I	II(G)	II
Gabapentin O al Sol (N urontin)	B III QL	II	II	V	II	IV	III
Pr g balin (Lyrica)	IV PA, QL	III(PA,QL)	III	IV	II	IV (PA)	II(QL)
M h uximide C lontan		I	I				
C rbamaz pi e C C rba rol	III QL	II	II	V	III	NF	
E h t in P gan	I						
Felbam te (Felbat)	III	II	III(PA)	V	I	IV	I I
Le e l acetam (Keppra)	I	III	I	II	I	II(G)	II
Lev ti ac tam ex ended rel as (Keppra XR)	NF	NF	NF	NF	III	NF	V
Oxc rbax pine Trilep t)	II QL	III(PA)	I	II	I	II(G), IV(B)	II
Lamotrigine Chewable Dispersible Tab (La	II	I	I	II	I	II(G)	II
Valproate Sodium (Depakene)	II	I	I	II	I	II(G)	I
Valproic Acid Cap (Depakene)	II	I	I	II	I	II(G)	I
Tiagabine (Gabitril)	III	III(PA)	III(PA)	V	II	IV	III(QL)
Zonisamide (Zonegran)	II	I	I(PA)	II	I	II(G)	I
OPHTHALMIC AGENTS							
Glaucoma Drugs							
Acetazolamide (Diamox)	II	I	I	II	I	II(G)	I
Betaxolol (Betoptic)	II QL	I	I	II	I	II(G)	I
Brimonidine (Alphagan)	II	I	I(QL)	II	I	II(G)	I
Levobunolol (Betagan)	II QL	I	\$0(QL)	II	I	I	I
Methazolamide (Neptazane)	II	I	I	II	I	II(G)	I
Metipranolol (Optipranolol)	II	I	I	II	I	II(G)	I
Timolol Maleate (Timoptic, Timoptic XE)	II QL	I	Timoptic \$0(G)(QL); Timoptic XE I (G) (QL)	II	I	I(G), II(G)	I
Betaxolol (Betoptic-S)	NF	II	NF	II	II	III (QL)	III
Bimatoprost (Lumigan)	IV QL	II(QL)	NF	V,QL	II	III (QL)	II(QL)
Brimonidine (Alphagan P)	II	I(G), II(B)	I(QL)	IV (B)	I	II(G)	I

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Glaucoma Drugs Continued							
Brinzolamide (Azopt)	NF	II	II(QL)	IV	II	III (QL)	II
Travoprost (Travatan Z)	III	II(QL)	II(QL)	IV,QL	II	NF	II(QL)
Dorzolamide/Timolol (Cosopt)	II QL	I	I(QL)	II	III	II (QL)	II(QL)
Dorzolamide (Trusopt)	II QL	I	I(QL)	II	III	II (QL)	II(QL)
Latanoprost (Xalatan)	III	III	II(QL)	IV,QL	III	III (QL)	III (QL)
Pilocarpine Gel (Pilopine HS)	IV	II	II(QL)	V	II	III	II
Brimonidine/Timolol (Combigan)	III	NF	NF	IV	III	III (EST, QL)	II
Timolol (Betimol)	G II QL	II	NF	V	II	NF	III
EAR, NOSE, THROAT (ENT) & RESPIRATORY AGENTS							
Allergy Drugs							
Cyproheptadine (Peritactin)	II	I	I	II	I	III(G)	I
Fexofenadine (Allegra)	II QL	I(QL)	I(EST,QL)	II, QL	III	II (QL)	I
Flutisolid (Nasarel)	II QL	I(QL)	I(QL)	II, QL	I	II (QL)	I
Ipratropium Bromide Nasal Solution (Atrovent)	II QL	I(QL)	I(EST,QL)	II, QL	I	II (QL)	I
Azelastine (Astelin Nasal Spray)	II QL	III(QL)	I(QL)	II	I	II(G)	II(QL)
Azelastine (Astepro Nasal Spray)	III QL	II(QL)	NF	IV	II	NF	II(QL)
Beclomethasone Dipropionate (Beconase AQ)	NF	III(QL)	NF	NF	III	NF	V
Budesonide (Rhinocort Aqua)	NF	III(EST,QL)	NF	NF	III	NF	V
Fluticasone (Flonase)	II QL	I(QL)	I	II, QL	I	II (QL)	I
Mometasone (Nasonex)	III QL	II(QL)	NF	NF	III	III (QL)	II(QL)
Desloratadine (Clarinet)	NF	III(EST,QL)	III(EST)	NF	III	NF	V
Desloratadine-Pseudoephedrine (Clarinet-D)	NF	III(EST,QL)	III(EST)	NF	III	NF	V
Desloratadine (Clarinet Redtabs)	NF	III(EST,QL)	NF	NF	III	NF	V
Fexofenadine-Pseudoephedrine (Allegra-D)	NF	III(EST)	NF	NF	III	II (QL)	V
Triamcinolone Acetonide (Nasacort AQ)	NF	III(EST,QL)	NF	NF	III	NF	V
Fluticasone furoate (Veramyst)	III QL	NF	NF	NF	II	NF	V
Ciclesonide (Omnaris)	NF	III(QL)	NF	NF	III	NF	V
Olopatadine (Patanase)	IV QL	NF	NF	NF	III	NF	II(QL)
Asthma / Lung Drugs							
Albuterol Sulfate (ProAir HFA)	III QL	II(QL)	II(QL)	IV,QL	II	III (QL)	II
Albuterol Sulfate (Proventil HFA)	III QL	NF	II(QL)	NF	II	III (QL)	V
Albuterol (Ventolin HFA)	NF	II(QL)	NF	V,QL	III	III	V
Levalbuterol (Xopenex HFA)	NF	III(QL)	NF	IV	III	III (QL)	V
Albuterol Neb Solution (AccuNeb, Proventil)	II	Part B*	I (BvD)	\$0 (Part B)	I (PA -B/D)	II (PA)	I(PA)
Cromolyn Neb Solution (Intal)	II	Part B*	I(BvD)	\$0 (Part B)	I (PA -B/D)	II (PA)	II(PA)
Aminophylline	II	I	I	II	I	II(G)	I
Theophylline (Sto-Bid Gyro, TheoCap, Theocron, Uniphy)	II	I	I	II	I	II(G)	I
Beclomethasone (QVAR)	III QL	II(QL)	II	IV,QL	II	III (QL)	II(QL)
Fluticasone-Salmeterol (Advair Diskus)	III QL	II(QL)	II(EST, QL)	IV,QL	II	III	II(QL)
Budesonide-Formoterol (Symbicort)	III QL	II(QL)	NF	IV	II	III	II(QL)
Formoterol (Foradil)	NF	II	NF	V,QL	II	III (QL)	II(QL)
Ipratropium Inhaler Aerosol (Atrovent HFA)	III QL	II(QL)	II	IV, QL	II	III (QL)	III
Ipratropium Neb Solution (Atrovent)	II	Part B*	I(BvD)	\$0 (Part B)	I (PA -B/D)	NF	I(PA)
Montelukast (Singulair)	II QL	II(QL)	III(EST)	V,QL	II	III (QL)	II(QL)
Ipratropium/Albuterol (Combivent)	III QL	III(QL)	II(EST)	IV,QL	II	III (QL)	II
Tiotropium (Spiriva Handihaler)	III QL	II(QL)	III(QL)	IV,QL	II	III (QL)	II(QL)
Fluticasone propionate (Flovent HFA, Diskus)	III QL	II(QL)	HFA only II	IV	II	III (QL)	II(QL)
Salmeterol (Serevent)	III QL	II(QL)	II(PA)	IV,QL	II	III	II(QL)
Zafirlucast (Accolate)	III QL	III	II(EST,QL)	IV,QL	I	NF	III(QL)

2011							
NOTE: Generically available drugs are bolded and highlighted in yellow.	Blue Cross	Blue Shield	Care 1st	Caremore	Health Net	SCAN	Secure Horizons
ANTI-INFECTIVES							
1st Line Antibiotics							
Amoxicillin, Bactrim generic, Cephalexin, Dicloxacillin, Doxycycline, Erythromycin, Metronidazole, Penicillin	I, II	I	I	II	I	I(G), II(G)	I
2nd Line Antibiotics							
Ciprofloxacin (Cipro)	I QL	I	I	II	I	II(G)	I
Amoxicillin-Clavulanate (Augmentin)	II	I	I	II	I	II(G)	I
Amoxicillin-Clavulanate extended release (Augmentin XR)	B NF	III	NF	NF	I	II(G)	III
Cefuroxime (Cefin)	II	I	I	II	I	II(G)	I
Cefaclor (Ceclor, Ceclor ER)	II	I(QL)	I	II	VIII (ER)	II(G)	I
Azithromycin (Zithromax)	II QL	I(QL)	I(QL)	II, QL	I	II(G)	I
Clarithromycin (Biaxin)	II QL	I(QL)	I	II, QL	I	II(G)	I
Clarithromycin (Biaxin XL)	II QL	I(QL)	I	II, QL	I	II(G)	I
Tellithromycin (Ketek Pak)	III QL	II(QL)	III(EST)	NF	III	NF	III(PA)
Clindamir (Omnicef)	II	III	I	NF	I	II(G)	I
Cefixime (Suprax)	IV QL	III	NF	V	III	III	III
Amoxicillin-Clavulanate (Augmentin ES)	G II	I	I	II	I	II(G)	I
Moxifloxacin (Avelox)	NF	II(QL)	III	IV,QL	II	III	II
Levofloxacin (Levaquin)	IV QL	III(QL)	II	IV,QL	II	III	II
Vancomycin (Vancoin)	NJ V, ORAL VI PA, QL	II	III	VI, PA	V (PA)	V	IV(PA)
Linezolid (Zyvox)	VI (PA OR ORAL)	II(PA)	IV(PA)	V (PA)	V (PA)	V	IV(PA)
Antifungals							
Clotrimazole, Nystatin	II	I	I	II	I	II(G)	I
Griseofulvin	II	I	II(PA)	II	VIII (tabs)	II(G)	II
Fluconazole (Diflucan)	I	I	I				

NOTE: Generically available drugs are bolded and highlighted in yellow.	Blue Cross	Blue Shield	Care 1st	Caremore	Health Net	SCAN	Secure Horizons
Beta Blockers							
Atenolol (Tenormin / Tenoretic)	I	I	\$0	\$0	I	I	I
Metoprolol (Lopressor)	I	I	\$0	\$0	I	I	I
Acetazolol (Sectral)	II	I	I	II	I	II(G)	I
Betaxolol (Kerlone)	II	I	I	II	III	II(G)	I
Bisoprolol (Zebeta)	II	I	I	II	I	II(G)	I
Labeltalol (Normodyne, Trandate)	II	I	I	II	I	II(G)	I
Nadolol (Corgard)	II	I	\$0	\$0	I	I	I
Timolol (Blocadren)	II	I	I	II	I	I	I
Pindolol (Visken)	II	I	\$0	\$0	I	NF	I
Propranolol (Inderal LA)	II	I	I	II	I	I	I
Metoprolol XL (Toprol XL)	II	I	I	I	I	II(G)	I,II(B)
Carvedilol (Coreg)	II	I	\$0	II, QL	I	II(G)	I
Carvedilol (Coreg CR)	NF	III(EST)	NF	IV, QL	III	NF	5
Nebivolol (Bystolic)	III	NF	NF	IV	II	NF	II, QL
Propranolol (Innocpran XL)	NF	III	NF	II	III	NF	III
Calcium Channel Blockers							
Verapamil SR (Calan SR)	II	I	I	II	I	II(G)	I
Diltiazem Long Acting	II	I	I	II	I	II(G)	I, II(QL)
Nifedipine LA	II	I	I	II	I	II(G)	I
Felodipine (Plendil)	II	I	I	II	I	II(G)	I
Amlodipine/Olmesartan (Azor)	NF	NF	NF	NF	II	III	II(QL)
Amlodipine/Valsartan (Exforge)	III QL	II(EST, QL)	NF	IV, QL	III	III	III
Nisoldipine (Sular) 8.5, 17, 25.5, 34mg	NF	II	NF	NF	III	III(EST)	II(G), II(QL), V(B)
Amlodipine (Norvasc)	I QL	I	\$0	\$0	I	II(G)	I
Lipid Lowering Agents							
Lovastatin (Mevacor)	II QL	I(QL)	\$0	II	I	I	I
Gemfibrozil (Lopid)	II	I	I	I	I	II(G)	I
Cosolevelam (Welchol)	NF	II	NF	NF	III	IV	II
Cholestyramine (Questran / Questran Light)	II	I	I	II	III	II(G)	I
Simvastatin/Ezetimibe (Vytorin)	NF	II(EST, QL)	NF	IV	II	III(QL)	III(QL)
Niacin/Simvastatin (Simcor)	III QL	II(QL)	NF	NF	II	III	V
Lovastatin / Niacin (Advicor)	NF	II(QL)	NF	NF	III	II(QL)	V
Simvastatin (Zocor)	I QL	I(QL)	\$0	II	I	I	I
Niacin (Niaspan)	II	II	III(PA)	IV	II	III(QL)	II
Colestipol (Colestid) 7.5mg-brand	GENERIC II / BRAND NF	I; NF(7.5gm packet)	I(G), NF(B)	II(G), NF(B)	I	II(G)	SGM II(G), V(B); 1GM I(G), V(B)
Omega 3 (Lovaza)	III	III(PA)	III(PA)	IV	II	III	III
Fluvastatin (Lescol / Lescol XL)	NF	III(QL)	NF	NF	III	NF	V
Fenofibrate (Tricor)	NF	II	II(G), V(B), QL	II	III	II	II
Fenofibrate (Trilixip)	III	II(QL)	NF	NF	II	NF	II
Rosuvastatin (Crestor)	IV QL	III(PA, QL)	NF	NF	II	NF	II(QL)
Atorvastatin (Lipitor)	III QL	III(PA, QL)	II	IV	II	III(EST) NF (10, 20, 40mg)	II(QL)
pitavastatin (Livalo)	NF	NF	NF	NF	III	NF	V
Ezetimibe (Zetia)	III PA, QL	III(QL)	II(PA)	V(QL)	II	III(QL)	II(QL)
Chest Pain Drugs							
Isoorbide Dinitrate (Isordil, Isochron)	I	I	\$0	II	I	I	I
Isoorbide Mononitrate (Imdur, Ismo)	II	I	I	II	I	I	I
Nitroglycerin (NitroStat, NitroDur, Minitran)	II / III	I, II(B)	I(G)	\$0 (NitroStat)	I	II(G), III(B)	MINITRAN: NITRO-DUR 3.3mg ALL OTHERS: NITROSTAT 4
Heart Regulation Drugs - See Full Formulary							
CHEMOTHERAPY AGENTS - See Full Formulary							
DENTAL AND ORAL AGENTS - See Full Formulary							
DERMATOLOGICAL AGENTS							
Psoriasis Drugs							
Calcipotriene (Dovonex)	II QL	I, II(B)	I	II	III	II(G sol), IV (B cream)	CREAM-III, SOLN-V
Methoxsalen (Oxsoralen Ultra)	VI	II	II(PA)	V(PA)	II	IV	1% LOT# IL ULTRA#R; 2%MG-V
Tazarotene (Tazorac)	NF	III(PA)	NF	NF	II	IV(QL)	III
Acitretin (Soriatane CK)	VI	II	NF	NF	III/IV	NF	III
Acne Antibiotics, Antifungals, Steroids, Viral Infection, Wart Removal, Wound Care Drugs-See Full Formulary							
GASTROINTESTINAL AGENTS							
Bowel Treatment Drugs							
Dicyclomine (Bentyl) Caps, Tabs	II	I	I	NF	I	II(G)	I
Hyoscyamine sulfate	Exclusion	Exclusion	I	NF	Exclusion	Exclusion	V(B), (G)
Loxalox (Loxol)	II	I	I	II	I	II	I
Eluxipazine (Eluxin)	II	I	I	II	I	II(G)	I
Alfoseron (Lotronex)	III QL, PA	II(PA)	III(PA)	IV, QL	III	IV, (PA), QL	
Balsalazide (Colazal)	II	I	III	II	I	II(G)	II
Mesalazine (Asacol)	III HD NF	II	II	IV	II	IV(QL)	II
Mesalazine (Canasa)	III	II	II	V	II	NF	II
Mesalazine enema (Rowasa)	II	I	II(G)	II	I	II(G)	II(G), III(B)
Digestive Drugs							
Amylase-Lipase Protease (Creon)	III	II	III	IV	II	NF	II
Gallstone Drugs							
Chenodiol (Chenodal)	NF						
Ursodiol (Actigall)	II	I	I(PA)	II	I	II(G)	V(B), 300MG-II(G); 250, 500MG-IV(G)
Antiemetics							
Meclozine (Antivert)	II	I, III(B)	I	II	I	II(G)	I
Metoclopramide (Reglan)	I	I	I	II	I	I	I

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Bowel Treatment Drugs Continued							
Prochlorperazine (Compazine)	II	I	I	I	I	II(G)	I
Promethazine (Phenergan)	II	I	I	I	I	I	I
Ondansetron (Zofran ODT)	II B vs D, QL	I(PA, QL)	I(PA)	II(PA, QL)	I(PA)	II(G), PA, QL	I(PA), QL
Ondansetron (Zofran) Tab/ Inj, Soln	II for oral, QL/ tier V for inj	I(PA, QL), IV(PA)	I(PA)	II(PA, QL)	I(PA)	II(G), PA, QL	TAB-(PA), INJ-II, II(G), PA, QL
Dolasetron (Anzemet)	NF	II(PA, QL)	NF	IV(PA, QL)	III(PA)	NF	50MG-III(PA), QL; 100MG-IV(PA), QL, IV, V
Granisetron (Kytril) Tab	II QL	I(PA, QL)	III(PA)	NF	III(PA)	II(G), PA	II-(G), PA, QL
Dronabinol (Marinol) Tab	II	III(PA)	III(PA)	II	III(PA)	II(G)	2.5 MG-III(PA), QL; 5MG-IV(PA), QL; 10MG-IV(PA), BRAND IS SAME AS GENERIC EXCEPT 2.5MG-III(B)
Ulcer and Stomach Acid Drugs							
Cimetidine (Tagamet)	I	I	I	II	I	II(G)	I
Misoprostol (Cytotec)	II	I	I	II	I	II(G)	I
Ranitidine (Zantac)	I	I, III	I	\$0	I	Caps & Tabs I(G) Inj & Syr II(G)	I
Esomeprazole (Prevacid)	II QL	I	I(QL)	\$0	I	II(G)	I(QL)
Sucralfate (Carafate) Tab	II	III	I	II	I	II(G)	I
Esomeprazole (Nexium)	II QL	NF	NF	IV	III(EST)	NF	II(QL)
Pantoprazole (Protonix) Tab	II QL	III	I(EST)	II, QL	I	NF	II(G), QL
Dexlansoprazole (Kapidex)	III QL	II(QL)	NF	IV, EST	III(EST)	NF	III(QL)
Rabeprazole (Aciphex)	NF	NF	NF	NF	NF	NF	V
Lansoprazole (Prevacid)	III QL	III	I(EST)	II	III(EST)	II(G), (EST, QL)	II(QL)
Pantoprazole (Protonix) Injection	V	IV(PA)	II(PA)	NF	IV(QL)	IV	III
Hemorrhoid Drugs - See Full Formulary							
GENITOURINARY AGENTS							
Bladder Control Drugs							
Oxybutynin (Ditropan)	II	I	I	II	I	II(G)	I
Bethanechol (Urecholine)	II	I	I	II	I	II(G)	I
Oxybutynin (Ditropan XL)	II	III	I(EST)	II, QL	III	II(G), QL	I(QL)
Oxybutynin (Oxytrol)	NF	II(EST, QL)	NF	II	III	III	II(QL)
Tolterodine (Detrol)	III	III(EST, QL)	II(PA, QL)	IV, QL	II	NF	V
Tolterodine (Detrol LA)	III	III(EST, QL)	II(PA, QL)	IV, QL	II	III(QL)	V
Trospium (Sanctura)	NF	III(EST, QL)	NF	V, QL	III(QL)	NF	III(QL)
Solfenacin (Vesicare)	III	III(EST, QL)	NF	V, QL	II	III	III
Fesoterodine (Toviaz)	III	III(EST, QL)	NF	NF	II	NF	V
Prostate Drugs							
Doxazosin (Cardura)	I	I	\$0	\$0	I	I	I
Terazosin (Hytrin)	II	I	I	II	I	I	I
Finasteride (Proscar)	II	I	I(QL)	II, QL	I	II(G)	I
Alfuzosin (Uroxatral)	NF	III(EST, QL)	NF	IV, QL	III	NF	II(QL)
Tamsulosin (Flomax)	III	II(EST, QL)	II(QL, EST)	III(QL)	II	III(B)	I(G), V(B)
Dutasteride (Avodart)	III	III(EST, QL)	III(QL)	IV, QL	II	III	II(QL)
Renal Disease Drugs - See Full Formulary							
HEMATOLOGICAL AGENTS							
Blood Formation Drugs							
Darbepoetin Alfa (Aranesp) 25mcg	V PA	IV(PA)	II(PA)	V PA	IV PA	III PA	III(PA), QL
Darbepoetin Alfa (Aranesp) other than 25mcg	V & VI PA	40mcg IV(PA), all others IV(PA)	40mcg II PA all other IV(PA)	VI, PA	V(PA)	IV & V(PA)	IV(PA), QL
Epoetin Alpha (Procrit) 2000u/ml	V PA	II(PA)	II(PA)	IV, PA	II(PA)	IV(PA)	III(PA), QL
Epoetin Alpha (Procrit) 3000 4000u/ml	V PA	IV(PA)	II(PA)	IV, PA	II(PA)	IV(PA)	III(PA), QL
E. olin Alpha (Procrit) all other strengths	V & VI PA	V(PA)	10,000u/ml II(PA) all other IV(PA)	IV, PA	II(PA)	V(PA)	2000u/ml-IV(PA), QL; 4000u/ml-I,IV(PA)
Eltrombopag (Eprex)	VI PA	V(PA)	IV(PA)	VI, PA	V(PA)	V(PA)	IV(PA)
Blood Thinners							
Pentoxifylline ER (Trental)	II	I	I	II	I	II(G)	I
Warfarin (Coumadin)	I	I(G), III(B)	\$0 (G) II(B)	\$0(G), IV(B)	I	II(G), III(B)	TAB-I(G), II(B), INJ II
Dipyridamol w ASA (Aggrenox)		I	I	V		IV QL	
Eptidyl (Eptidyl)	III QL	III(QL)	NF				II(QL)
Clopidogrel (Plavix)	III QL	II	II	IV	II	IV	II(QL)
Dabigatran (Pradaxa)		NF	III(PA)	NF	III	NF	IV
Enoxaparin (Lovenox)	V and VI	30mg, 40mg IV(PA) all others V(PA)	II(PA) (G)	II(G)	IV	IV, V	30&40MG-I(QL), ALL OTHERS-II(QL)
IMMUNOLOGICAL AGENTS							
Multiple Sclerosis							
Glatiramer (Copaxone)	I		IV (V	V A)	
Interferon Beta-1A (Rebif)	V I PA	V QL	IV(PA)	VI, PA	V(PA)	NF	IV(PA), QL
Interferon Beta-1B (Betaseron)	VI PA	V(PA, QL)	IV(PA)	VI, PA	V	V(PA)	IV(PA), QL
Immune Globulin, Organ Transplant Drugs, Vaccines - See Full Formulary							
METABOLIC AND ENDOCRINE AGENTS							
Diabetic Drugs, Oral							
Glipizide (Glucotrol)	I	I	\$0	\$0	I	I	I
Glyburide (Diabeta, Micronase)	III FOR MICRO	I	\$0	\$0	I	I	I
Glipizide ER (Glucotrol XL)	II	I	\$0	\$0	I	I	I
Metformin (Glucophage)	II	I	\$0	\$0	I	I	I
Diabetic Drugs, Oral Continued							
Metformin (Glucophage XR)	II	I	\$0	\$0	I	I	I
Metformin/Glyburide (Glucovance)	II	I	\$0	\$0	I	III(G)	I
Glimpiride (Amaryl)	I	I	\$0	\$0	I	I	I
Tolbutamide (Orinase)	II	I	I	NF	I	NF	I
Metformin/Glipizide (Metaglip)	II	I	\$0	II	I	II(G)	I
Acarbose (Precose)	II	III	I	II	I	II(G)	I
Metformin/Rosiglitazone (Avandamet)	III QL	NF	NF	IV, QL	II	III	III(ST)
Sitagliptin (Januvia)	III QL	II(EST, QL)	III(PA)	IV, QL	II	IV	II(QL)
Sitagliptin/Met o min (Janumet)	III QL	II(EST, QL)	NF	IV, QL	II	IV	II(QL)
Saxagliptin Onglyza	III QL	NF	III(PA)	NF	II	IV	II(QL)
Rosiglitazone (Avandia)	III QL	NF	II(PA)	IV, QL	II	III	III(ST)
Migliptin (Glyset)	NC	III	I	V	II	NF	III
Repaglinide (Prandin)	NC	II(QL)	II(PA)	V, QL	II	III(EST)	III(QL)
Nateglinone (Starlix)	III QL	III QL	I PA	II G	III	II(G)	II(QL)
Pioglitazone/metformin (ActoPlusMet)	III QL BUT NOT XR)	II(EST)	NF	IV, QL	II	NF	II
Pioglitazone (Actos)	III QL	II(EST)	II(EST)	IV, QL	II	III(QL)	II
Insulins							
Humalog (vial/pen)	III	II(vial)/NF(pen)	II	III	II	III	II
Humulin R or N (vial/pen)	III	II(vial)/NF(pen)	II	III	II	III	II
Humulin 70/30 (vial pen)	III	II(vial) NF(pen)	II	III	II	III	II
Lantus (vial/pen)	III	II(vial)/NF(pen)	II	III	II	III	II
No olin R or N (vial/pen)	III	III(vial)/NF(pen)	II	III	II	III	II
No olin 70/30 (vial/pen)	III	I vs / p n)			I		
No olin 70/30 (vial/pen)	III	III(vial)/NF(pen)	vial only II	III	III	III	II
No olin Mix (vial/pen)	III	NF	NF	III	II	III	II
Levemir (vial/pen)	III	NF	NF	III	II	III	II
Apidra (vial/pen)	III	III	NF	III	II	NF	II
Symlin (vial/pen)	III	IV(PA, QL)	III(PA)	V, QL	IV(PA)	IV(PA)	III(PA), QL
Incretin Mimetic							
Exenatide (Byetta)	III QL	IV(PA)	III(PA)	V, QL	IV(PA)	IV(PA)	II(QL)
Liraglutide (Victoza)	NF	NF	III(PA)	NF	IV(PA)	NF	V
Gout Drugs							
Allopurinol (Zyloprim)	I	I	\$0	V	I	I	I
Colicline (Colcyr)	IV PA	II(QL)	II	V	II	IV(QL)	II(QL)
Felbunolol (Uloric)	III PA	II(EST, QL)	NF	NF	II	NF	II(QL)
Probenecid	II	I	II	I	II(G)	I	
Hormone Replacement Drugs							
Estrogen (Estron, Orth							