

2009 National Prescription Drug List

Envision's Preferred Drug List (PDL) is a list of commonly prescribed drugs eligible for coverage under your prescription drug benefit program. This list is reviewed from time to time as new drugs and new prescribing information becomes available.

The Envision Pharmacy and Therapeutics Committee is responsible for the development and maintenance of the Preferred Drug List. The Committee is comprised of independent, practicing physicians and pharmacists from a wide variety of medical specialties. The Preferred Drug List is reviewed and updated from time to time as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the Preferred Drug List include safe use, clinical efficacy, and therapeutic need. Cost factors are considered only after a review of safe use, clinical efficacy and therapeutic need. Decisions are reached by a committee's simple majority vote. Committee members remain free from conflict of interest, or abstain from voting on particular issues for which they have a conflict of interest. Compliance with the Preferred Drug List is important for improving quality of care and restraining health care costs.

You may be able to obtain a drug not included on the Preferred Drug List. Drugs used for cosmetic purposes may not be covered under your prescription drug plan. If your plan covers injectable medications, maintenance specialized injectable drugs may only be available through a preferred specialty pharmacy provider. In the case of an emergency or a first time fill, you will be able to fill these at your local retail pharmacy. *Plans may charge either a Tier 2 or Tier 4 copay for Specialty Medications depending on benefit design.

Co-payment Tiers may vary with individual plans, but generally follow these guidelines.

Tier 1: Most Generic Drugs

Tier 2: Preferred Branded Drugs

Tier 3: Non-Preferred Branded Drugs

Tier 4: Specialty Injectable drugs-not all plans cover injectable drugs.

Prior Authorizations and Quantity Limits may be in place for certain medications and will vary by plan.

Check with member services to see if your plan has these limitations in place.

IMPORTANT: If you have any questions regarding the coverage of any particular drug under your benefit program, please call the member services number located on the back of your prescription drug identification card (800-361-4542), refer to your plan-specific documents or contact your plan administrator for further information.

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
(If the product is available generically, the brand name is listed after the generic name for reference)	Generics	Preferred Brand	Non Preferred Brand	Specialty	
Anesthetics					
Topical Anesthetics					
LIDODERM		2			
LMX4		2			
LMX5		2			
Antiinfectives					
Penicillins					
amoxicillin (AMOXIL)	1				
amoxicillin/clavulanate (AUGMENTIN)	1				
amoxicillin/clavulanate ex (AUGMENTIN ES)	1				
ampicillin	1				
AUGMENTIN XR			3		Amoxicillin & K Clavulanate Preferred
cloxacillin	1				
dicloxacillin	1				
penicillin	1				
Cephalosporins					
CEDAX			3		Generic Keflex
cefaclor (CECLOR)	1				
cefadroxil (DURICEF)	1				
cefpodoxime proxetil tabs (VANTIN)	1				
cefprozil (CEFZIL)	1				
cefuroxime axetil susp (CEFTIN susp)	1				
cefuroxime axetil tabs (CEFTIN)	1				
cephalexin (KEFLEX)	1				
LORABID		2			
cefдинир (OMNICEF)	1				
SUPRAX			3		Generic Keflex
VELOSEF			3		Generic Keflex
Clindamycins					
clindamycin hcl (CLEOCIN)	1				
CLEOCIN PEDIATRIC		2			
Ketolides					
KETEK			3		
Macrolides					
azithromycin tabs (ZITHROMAX)	1				
clarithromycin (BIAXIN/BIAXIN XL)	1				
DYNABAC			3		
erythromycin base (E-MYCIN)	1				
erythromycin ethylsuccinate (E.E.S.)	1				
erythromycin ethylsuccinate (ERYPED)	1				Some strengths available as generic

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
erythromycin stearate	1				
PCE			3		
ZITHROMAX Susp		2			
ZMAX SUS 2GM		2			
Sulfonamides & Combinations					
erythromycin/sulfisoxazole (PEDIAZOLE)	1				
sulfamethoxazole/trimethoprim (SEPTRA DS/BACTRIM DS)	1				
Tetracyclines					
DORYX			3		
doxycycline hyclate (VIBRATABS)	1				
minocycline (DYNACIN, MINOCIN)	1				
tetracycline (ACHROMYCIN)	1				
Urinary Antiinfectives					
FURADANTIN			3		
nitrofurantoin macrocrystal (MACRODANTIN)	1				
nitrofurantoin/nitrofurantoin mac (MACROBID)	1				
trimethoprim (TRIPEX)	1				
Quinolones					
ofloxacin (FLOXIN)	1				
AVELOX		2			
ciprofloxacin (CIPRO)	1				
ciprofloxacin sr 24hr (CIPRO XR)	1				
TEQUIN			3		ciprofloxacin
LEVAQUIN			3		ciprofloxacin
MAXAQUIN			3		ciprofloxacin
NOROXIN			3		ciprofloxacin
PENETREX			3		ciprofloxacin
Topical Antibacterial Drugs					
bacitracin	1				
BACTROBAN CREAM		2			
gentamicin (GARAMYCIN)	1				
mupirocin oint (BACTROBAN)	1				
silver sulfadiazine (SILVADENE)	1				
SULFAMYLON		2			
Oral Antifungal Drugs					
clotrimazole troche (MYCELEX)	1				
fluconazole (DIFLUCAN)	1				
GRIFULVIN V		2			
GRIS-PEG		2			
itraconazole (SPORANOX)			3		
ketoconazole (NIZORAL)	1				
terbinafine (LAMISIL)	1				
nystatin (MYCOSTATIN)	1				
Topical Antifungal Drugs					
ciclopirox cream and susp (LOPROX)	1				
clotrimazole (MYCELEX)	1				
clotrimazole/betamethasone dipropionate (LOTRISONE)	1				
econazole nitrate (SPECTAZOLE)	1				
EXELDERM			3		OTC Lamisil
ketoconazole (NIZORAL)	1				
LOPROX Shampoo and Gel			3		OTC Lamisil
MENTAX		2			
miconazole nitrate (MONISTAT-DERM)	1				
nystatin (MYCOSTATIN)	1				
nystatin/triamcinolone (MYCOLOG)	1				
OXISTAT			3		OTC Lamisil
PENLAC		2			
Oral Antiviral Drugs					
acyclovir (ZOVIRAX)	1				
AGENERASE		2			
amantadine (SYMMETREL)	1				
ATRIPLA		2			
COMBIVIR		2			

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
CRIXIVAN		2			
EPIVIR/HBV		2			
famciclovir (FAMVIR)	1				
FORTOVASE		2			
ganciclovir (CYTOVENE)	1				
HIVID		2			
INVIRASE		2			
KALETRA		2			
NORVIR		2			
RELENZA			3		
RESCRIPTOR		2			
RETROVIR		2			
REYATAZ		2			
rimantadine (FLUMADINE)	1				
SUSTIVA		2			
TAMIFLU			3		
TRIZIVIR		2			
VALTREX		2			
VIDEX/EC		2			
VIRACEPT		2			
VIRAMUNE		2			
VIREAD		2			
ZERIT		2			
ZIAGEN		2			
Topical Antiviral Drugs					
DENAVIR		2			
ZOVIRAX OINTMENT		2			
Antiinfectives Specialized Indications					
ALBENZA		2			
ALINIA		2			
bacitracin	1				
BILTRICIDE		2			
chloroquine phosphate (ARALEN)	1				
DAPSONE		2			
DARAPRIM		2			
ethambutol (MYAMBUTOL)	1				
FANSIDAR		2			
FUROXONE		2			
HALFAN		2			
hydroxychloroquine (PLAQUENIL)	1				
isoniazid (ISONIAZID)	1				
LAMPRENE		2			
mebendazole (VERMOX)	1				
mefloquine (LARIAM)	1				
MEPRON		2			
metronidazole (FLAGYL ER)	1				
metronidazole (FLAGYL)	1				
MINTEZOL		2			
MYCOBUTIN		2			
NEBUPENT		2			
NIAZID-B6		2			
paromomycin (HUMATIN)	1				
PASER		2			
PRIFTIN		2			
primaquine	1				
pyrazinamide	1				
quinine sulfate	1				
RIFAMATE		2			
rifampin (RIFADIN)	1				
RIFATER		2			
SEROMYCIN		2			
STROMECTOL		2			
TOBI		2			
TRECATOR-SC		2			
VANCOCIN			3		Metronidazole preferred

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
VFEND		2			
YODOXIN		2			
ZYVOX				4	
Antineoplastic/Immunosuppressant Drugs					
Antineoplastic/Immunosuppressant Drugs					
ALKERAN		2			
anagrelide (AGRYLIN)	1				
ARIMIDEX		2			
AROMASIN		2			
azathioprine (IMURAN)	1				
CASODEX		2			
CEENU		2			
CELLCEPT		2			
cyclophosphamide (CYTOXAN)	1				
cyclosporine (NEORAL, SANDIMMUNE)	1				
EMCYT		2			
etoposide (VEPESID)	1				
FARESTON		2			
FEMARA		2			
flutamide (EULEXIN)	1				
GLEEVEC		2			
HEXALEN		2			
hydroxyurea (HYDREA)	1				
IRESSA		2			
LEUCOVORIN		2			
LEUKERAN		2			
LYSODREN		2			
MATULANE		2			
MEGACE ES SUSP			3		
megestrol (MEGACE)	1				
MESNEX		2			
methotrexate (RHEUMATREX)	1				
MYLERAN		2			
NEXAVAR		2			
NILANDRON		2			
PROGRAF		2			
PURINETHOL		2			
RAPAMUNE*		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
REVLIMID		2			
SPRYCEL		2			
SUTENT		2			
tamoxifen (NOLVADEX)	1				
TARCEVA		2			
TARGRETIN		2			
TEMODAR		2			
TESLAC		2			
THALOMID		2			
thioguanine	1				
TREXALL		2			
VESANOID		2			
XELODA		2			
Cardiovascular Medications					
Cardiac Glycosides					
digoxin (LANOXIN)	1				
Calcium Antagonists					
CARDENE SR			3		Generic diltiazem extended release, generic verapamil extended release, amlodipine, DYNACIRC CR
CARDIZEM LA			3		Generic diltiazem extended release
COVERA-HS			3		Generic diltiazem extended release, generic verapamil extended release, amlodipine, DYNACIRC CR
diltiazem (CARDIZEM, DILACOR)	1				
diltiazem (TIAZAC)	1				
DYNACIRC CR		2			

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
felodipine (PLENDIL)	1				Generic diltiazem extended release, generic verapamil extended release, amlodipine
nicardipine (CARDENE)	1				
nifedipine (PROCARDIA)	1				
nifedipine extended-release (ADALAT CC)	1				
nifedipine extended-release (PROCARDIA XL)	1				
NIMOTOP		2			
amlodipine besylate (NORVASC)	1				
SULAR		2			
verapamil (CALAN SR)	1				
VERELAN-PM			3		
Diuretics					
spironolactone/hctz (ALDACTAZIDE)	1				
spironolactone (ALDACTONE)	1				
methyclothiazide (AQUATENSEN, ENDURON)	1				
bumetanide (BUMEX)	1				
torsemide (DEMADEX)	1				
chlorothiazide (DIURIL)	1				
hctz/triamterene (DYAZIDE, MAXZIDE)	1				
hydrochlorothiazide (ESIDRIX, HYDRODIURIL)	1				
chlorthalidone (HYGROTON)	1				
furosemide (LASIX)	1				
indapamide (LOZOL)	1				
hctz/amiloride (MODURETIC)	1				
metolazone (ZAROXYLN)	1				
Beta-Adrenergic Antagonist Drugs					
acebutolol (SECTRAL)	1				
atenolol (TENORMIN)	1				
betaxolol (KERLONE)	1				
bisoprolol (ZEBETA)	1				
BYSTOLIC		2			
carvedilol (COREG)	1				
COREG CR		2			
INDERAL LA			3		Innopran XL preferred
INNOPRAN XL		2			
labetalol (NORMODYNE, TRANDATE)	1				
metoprolol succinate er (TOPROL XL)	1				
metoprolol tartrate (LOPRESSOR)	1				
nadolol (CORCARD)	1				
pindolol (VISKEN)	1				
propranolol (INDERAL)	1				
timolol (BLOCADREN)	1				
Ace Inhibitors					
ACEON			3		Generic ACEI preferred
ramipril (ALTACE)	1				
benazepril (LOTENSIN)	1				
captopril (CAPOTEN)	1				
enalapril (VASOTEC)	1				
fosinopril (MONOPRIL)	1				
lisinopril (PRINIVIL)	1				
lisinopril (ZESTRIL)	1				
trandolapril (MAVIK)	1				
quinapril (ACCUPRIL)	1				
UNIVASC			3		Generic ACEI Preferred
Angiotensin II Receptor Antagonists					
AVAPRO			3		Diovan, Micardis preferred
BENICAR			3		Diovan, Micardis preferred
ATACAND			3		Diovan, Micardis preferred
COZAAR			3		Diovan, Micardis preferred
DIOVAN		2			
MICARDIS		2			
TEVETEN			3		Diovan, Micardis preferred
Antihypertensive And Combination Drugs					
ATACAND HCT			3		DIOVAN HCT, MICARDIS HCT
AVALIDE			3		DIOVAN HCT, MICARDIS HCT

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
benazepril/hctz (LOTENSIN HCT)	1				
BENICAR HCT			3		DIOVAN HCT, MICARDIS HCT
captopril/hctz (CAPOZIDE)	1				
CATAPRES TTS			3		
clonidine (CATAPRES)	1				
clonidine hcl/chlorthalidone (COMBIPRES)	1				
DIOVAN HCT		2			
doxazosin (CARDURA)	1				
enalapril/hctz (VASERETIC)	1				
EXFORGE		2			
fosinopril/hctz (MONOPRIL HCT)	1				
guanabenz (WYTENSIN)	1				
guanfacine (TENEX)	1				
hctz/atenolol (TENORETIC)	1				
hctz/bisoprolol (ZIAC)	1				
hctz/propranolol (INDERIDE)	1				
hydralazine (APRESOLINE)	1				
hydralazine/hctz (APRESAZIDE)	1				
HYZAAR			3		DIOVAN HCT, MICARDIS HCT
LEXXEL			3		
lisinopril/hctz (PRINZIDE)	1				
lisinopril/hctz (ZESTORETIC)	1				
amlodipine besylate-benazepril (LOTREL)	1				
methyl dopa (ALDOMET)	1				
methyl dopa/hctz (ALDORIL)	1				Some strengths available as generic
MICARDIS HCT		2			
minoxidil (LONITEN)	1				
prazosin (MINIPRESS)	1				
quinapril/hctz (ACCURETIC)	1				
TARKA		2			
terazosin (HYTRIN)	1				
TEKTURNA		2			
TEVETEN HCT			3		Generic lisinopril, generic moexepiril, generic enalapril, generic captopril with hctz
UNIRETIC			3		Generic lisinopril/hctz
Drugs For Pheochromocytoma					
DIBENZYLINE		2			
Vasodilating Drugs					
isosorbide mononitrate (IMDUR)	1				
isosorbide dinitrate (ISORDIL, SORBITRATE)	1				
nitroglycerin (NITROSTAT, NITRO-BID, NITRO-DUR)	1				
NITROLINGUAL		2			
Antiarrhythmic Drugs					
Class 1 - Membrane Stabilizing					
ETHMOZINE		2			
Class 1A					
disopyramide cr (NORPACE/CR)	1				
PRONESTYL/SR, PROCANBID	1				
QUINAGLUTE DURA-TAB	1				
QUINDEX	1				
Class 1B					
mexiletine (MEXITIL)	1				
TONOCARD		2			
Class 1C					
flecainide (TAMBOCOR)	1				
propafenone (RYTHMOL)	1				
Other Antiarrhythmics					
amiodarone (CORDARONE)	1				
sotalol (BETAPACE/AF)	1				
TIKOSYN		2			
Antilipidemic Drugs					
ADVICOR			3		
ANTARA		2			
cholestyramine/aspartame (QUESTRAN LIGHT)	1				
cholestyramine/sucrose (QUESTRAN)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
colestipol (COLESTID)	1				
gemfibrozil (LOPID)	1				
LOFIBRA			3		
LOVAZA		2			
NIACIN-RX, NIASPAN		2			
TRICOR		2			
TRIGLIDE		2			
VYTORIN			3		
WELCHOL			3		
ZETIA			3		
HMG-COA Reductase Inhibitors					
ALTOCOR			3		use lovastatin plus niacin
CRESTOR		2			
LESCOL, XL			3		LIPITOR, CRESTOR
LIPITOR		2			
lovastatin (MEVACOR)	1				
pravastatin (PRAVACHOL)	1				
PRAVIGARD			3		LIPITOR, CRESTOR and OTC aspirin
simvastatin (ZOCOR)	1				
Other Cardiovascular Drugs					
CADUET		2			
pentoxifylline (TRENTAL)	1				
RANEXA		2			
Autonomic and CNS Medications					
Analgesics					
AVINZA		2			
codeine phosphate/apap (TYLENOL W/CODEINE)	1				
codeine phosphate/aspirin	1				
codeine sulfate	1				
COMBUNOX			3		
DARVON COMPOUND		2			
fentanyl (ACTIQ)	1				
fentanyl (DURAGESIC)	1				
hydrocodone bitartrate/apap (LORTAB tab)	1				
hydrocodone bitartrate/apap (VICODIN/VICODIN ES)	1				
hydrocodone bitartrate/ibuprofen (VICOPROFEN)	1				
hydromorphone (DILAUDID)	1				
KADIAN			3		Use generic Morphine Sulfate ER tabs
levorphanol	1				
LORTAB Elixir		2			
meperidine (DEMEROL)	1				
methadone (DOLOPHINE)	1				
morphine (MS CONTIN, MS IR, ROXANOL)	1				
OPANA		2			
OPANA ER		2			
opium/belladonna alkaloids (B&O)	1				
oxycodone ir (OXY IR)	1				
oxycodone/acetaminophen	1				
oxycodone/aspirin	1				
OXYCONTIN		2			
pentazocine/naloxone (TALWIN NX)	1				
propoxyphene hcl/acetaminophen (WYGESIC)	1				
propoxyphene hcl/asa/caffeine (DARVON)	1				
propoxyphene napsylate/apap (DARVOCET N)	1				
SYNALGOS DC		2			
tramadol (ULTRAM)	1				
tramadol/acetaminophen (ULTRACET)	1				
Drugs to Prevent and Treat Headaches					
acetaminophen/caffeine/butalb (ESGIC/PLUS, FIORCET)	1				
acetaminophen/butalbital (PHRENLIN/FORTE)	1				
apap/isometheptene/dichlphen (MIDRIN)	1				
aspirin/caffeine/butalbital (FIORINAL)	1				
butorphanol (STADOL)	1				
CAFERGOT, ERCAF		2			

2009 National Prescription Drug List

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codeine/apap/caffeine/butalb (FIORICET w/CODEINE)	1				
codeine/asa/caffeine/butalb (FIORINAL w/CODEINE)	1				
DEPAKOTE ER		2			
ERGOMAR		2			
ergotamine/belladonna/pb (BELLERGAL-S)	1				
ergotamine/caff/bella/p-barb (BELCOMP-PB)	1				
MIGRANAL		2			
Triptan Agents					
IMITREX		2			
TREXIMET		2			
ZOMIG		2			
ZOMIG ZMT		2			
AMERGE			3		
AXERT			3		IMITREX, RELPAX, ZOMIG
FROVA			3		IMITREX, RELPAX, ZOMIG
MAXALT			3		IMITREX, RELPAX, ZOMIG
RELPAX		2			
Anxiolytics					
alprazolam/xr (XANAX/XR)	1				
buspirone (BUSPAR)	1				
chlordiazepoxide hcl (LIBRIUM)	1				
clorazepate (TRANXENE)	1				
diazepam (VALIUM)	1				
lorazepam (ATIVAN)	1				
oxazepam (SERAX)	1				
TRANXENE SD		2			
Sedative/Hypnotic Drugs					
AMBIEN CR		2			
chloral hydrate (AQUACHLORAL)	1				
estazolam (PROSOM)	1				
flurazepam (DALMANE)	1				
LUNESTA		2			
SONATA			3		Generic triazolam, temazepam, flurazepam, RESTORIL 7.5 mg
temazepam (RESTORIL)	1				
triazolam (HALCION)	1				
zolpidem (AMBIEN)	1				
Antimania Drugs					
lithium carbonate (LITHOBID, ESKALITH/CR)	1				
lithium citrate	1				
Anticonvulsant Drugs					
carbamazepine (TEGRETOL)	1				
CARBATROL		2			
CELONTIN		2			
clonazepam (KLONOPIN)	1				
DEPAKOTE		2			
DIASTAT		2			
ethosuximide (ZARONTIN)	1				
FELBATOL		2			
gabapentin (NEURONTIN)	1				
GABITRIL		2			
KEPPRA		2			
KLONOPIN WAFERS			3		Generic clonazepam
lamotrigine (LAMICTAL)	1				
LYRICA		2			
MEBARAL		2			
NEURONTIN solt'n		2			
PEGANONE		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
phenobarbital	1				
PHENURONE		2			
PHENYTEK		2			
phenytoin (DILANTIN)	1				
priimidone (MYSOLINE)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
TEGRETOL XR		2			
TOPAMAX		2			
oxcarbazepine (TRILEPTAL)	1				
valproic acid (DEPAKENE)	1				
zonisamide (ZONEGRAN)	1				
Tricyclic Antidepressants					
amitriptyline (ELAVIL)	1				
amitriptyline hcl/perphenazine (TRIAVIL)	1				
amitriptyline/chlordiazepoxide (LIMBITROL)	1				
amoxapine (ASENDIN)	1				
clomipramine (ANAFRANIL)	1				
desipramine (NORPRAMIN)	1				
doxepin (SINEQUAN)	1				
imipramine hcl (TOFRANIL)	1				
maprotilie (LUDIOMIL)	1				
nortriptyline (PAMELOR)	1				
SURMONTIL		2			
TOFRANIL PM		2			
trazodone (DESYREL)	1				
VIVACTIL		2			
SSRI Antidepressants					
citalopram (CELEXA)	1				
CYMBALTA		2			
fluoxetine (PROZAC)	1				
fluvoxamine (LUVOX)	1				
LEXAPRO		2			
paroxetine (PAXIL)	1				
paroxetine cr (PAXIL CR)	1				
PROZAC ONCE WEEKLY			3		Generic fluoxetine, generic paroxetine
SARAFEM			3		Generic fluoxetine
Other Antidepressants					
mirtazapine (REMERON)	1				
nefazodone (SERZONE)	1				
bupropion (WELLBUTRIN)	1				
bupropion sr (WELLBUTRIN SR)	1				
bupropion sr 24hr (WELLBUTRIN XL)	1				
EFFEXOR XR		2			
REMERON SOLTAB		2			
venlafaxine (EFFEXOR)	1				
MAO Inhibitors					
NARDIL		2			
tranylcypromine sulfate (PARNATE)	1				
Antivertigo and Antiemetic Drugs					
ANZEMET		2			
EMEND		2			
KYTRIL			3		ZOFRAN or ANZEMET Preferred
meclizine hcl (ANTIVERT)	1				
prochlorperazine edisylate (COMPAZINE)	1				
promethazine (PHENERGAN)	1				
TORECAN		2			
trimethobenzamide (TIGAN)	1				
ZOFRAN		2			
Antiparkinson Drugs					
AKINETON		2			
benztropine (COGENTIN)	1				
bromocriptine mesylate (PARLODEL)	1				
carbidopa/levodopa (SINEMET/CR)	1				
COMTAN		2			
KEMADRIN		2			
LARODOPA		2			
LODOSYN		2			
MIRAPEX		2			
QUARZAN		2			
REQUIP XL		2			
ropinirole (REQUIP)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
selegiline (ELDERPRYL)	1				
TASMAR		2			
trihexyphenidyl (ARTANE)	1				
Antipsychotics					
ABILIFY		2			
chlorpromazine (THORAZINE)	1				
clozapine (CLOZARIL)	1				
fluphenazine hcl (PROLIXIN)	1				
GEODON		2			
haloperidol (HALDOL)	1				
loxapine succinate (LOXITANE)	1				
MOBAN		2			
ORAP		2			
perphenazine (TRILAFON)	1				
RISPERDAL M-TAB			3		
risperidone (RISPERDAL)	1				
SERENTIL			3		
SEROQUEL		2			
SEROQUEL XR		2			
SYMBYAX		2			
thioridazine (MELLARIL, MELLARIL S)	1				
thiothixene (NAVANE)	1				
trifluoperazine (STELAZINE)	1				
ZYPREXA		2			
ZYPREXA ZYDIS		2			
CNS Stimulant Drugs					
ADDERALL XR			3		
amphetamine/dextroamphetamine (ADDERALL)	1				
CONCERTA			3		
dextroamphetamine (DEXEDRINE, DEXTROSTAT)	1				
FOCALIN			3		
METADATE CD			3		
methamphetamine (DESOXYN)	1				
methylphenidate er (METADATE ER)	1				
methylphenidate/er (RITALIN/RITALIN SR)	1				
pemoline (CYLERT)	1				
PROVIGIL			3		
RITALIN LA		2			
STRATTERA		2			
XYREM		2			
Drugs to Treat Multiple Sclerosis					
AVONEX		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
BETASERON		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
COPAXONE		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
REBIF		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
Other CNS/Autonomic Drugs					
ANTABUSE		2			
ARICEPT/ARICEPT ODT		2			
COGNEX			3		
EXELON		2			
EXELON patches		2			
MYTELASE			3		
NAMENDA		2			
neostigmine bromide (PROSTIGMIN)	1				
pyridostigmine (MESTINON)	1				Some strengths available as generic

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
REMINYL			3		
Dermatological Medications					
Topical Antiacne Drugs					
AKNE-MYCIN, STATICIN		2			
AZELEX, FINACEA		2			
BENZACLIN		2			
benzoyl peroxide (BENZAC AC, BENZAGEL, DESQUAM)	1				
benzoyl peroxide - erythromycin gel (BENZAMYCIN)	1				
clindamycin phosphate (CLEOCIN T)	1				
DIFFERIN (Age Limit May Apply)		2			age limit may apply
DUAC			3		
erythromycin base (A/T/S, EMGEL, ERYGEL, T-STAT)	1				
erythromycin base/benzoyl peroxide (BENZAMYCIN)	1				
isotretinoin (ACUTANE)	1				
RETIN-A MICRO (Age Limit May Apply)		2			age limit may apply
sulfacetamide/sulfur, sublimed (NOVACET, PLEXION, SULF)	1				
SULFOXYL/STRONG		2			
tretinoin (AVITA)	1				
tretinoin (RETIN A)	1				age limit may apply
TRIAZ, BREVOXYL		2			Some strengths available as generic
Keratolytic Drugs					
KLARON, SEBIZON		2			
Antipsoriasis and Antieczema Drugs					
AMEVIVE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
CAPITROL SHAMPOO		2			
DOVONEX		2			
DRITHO-SCALP, DRITHOCREME/HP		2			
ELIDEL		2			
selenium sulfide (EXSEL, SELSUN)	1				
PROTOPIC		2			
SORIATANE		2			
TAZORAC		2		PA	
Anti-Mitotic					
CONDYLOX		2			
Topical Corticosteroid Drugs					
ACLOVATE			3		Multiple generic topical steroids
amcinonide (CYCLOCORT)	1				
betameth/propylene glycol (DIPROLENE AF)	1				
betameth/propylene glycol (DIPROLENE)	1				
betamethasone dipropionate (DIPROSONE)	1				
betamethasone valerate (VALISONE)	1				
CAPEX		2			
clobetasol propionate (TEMOVATE/E)	1				
CLODERM			3		Multiple generic topical steroids
CORDRAN			3		Multiple generic topical steroids
CORTANE		2			
CUTIVATE			3		Multiple generic topical steroids
DERMA-SMOOTH/FS		2			
DERMATOP		2			
desonide (DESOWEN, TRIDESILON)	1				
desoximetasone (TOPICORT/LP)	1				
diflorasone (PSORCON/E)	1				
diflorasone diacetate cr (FLORONE/E)	1				
fluocinolone acetonide (SYNALAR)	1				
fluocinonide (LIDEX/E)	1				
halobetasol propionate (ULTRAVATE)	1				
HALOG/E			3		Multiple generic topical steroids
hydrocortisone (HYTONE, NUTRACORT, PENECORT)	1				
hydrocortisone valerate (WESTCORT)	1				
LOCOID Cr/Oint/Solt'n		2			Multiple generic topical steroids
LOCOID LIPOCREAM		2			Multiple generic topical steroids
mometasone furoate (ELOCON)	1				Some strengths available as generic
OLUX		2			
PANDEL			3		Multiple generic topical steroids

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
triacinolone acetonide (KENALOG, ARISTOCORT)	1				
Topical Corticosteroid Combination Drugs					
clioquinol/hydrocortisone (HYSONE)	1				
EPIFOAM		2			
hydrocortisone acetate/urea (CARMOL HC)	1				
iodoquinol/hydrocortisone (VYTONE)	1				
neomycin sulfate/hc	1				
pramoxine/hydrocortisone (PRAMOSONE)	1				
Other Dermatological Drugs					
ALDARA			3		
aluminum chloride hexahydrate (DRYSOL)	1				
CARAC		2			
EFUDEX, FLUOROPLEX		2			
EURAX		2			
LINDANE		2			
metronidazole (METROCREAM, METROGEL VAG, METROGEL, METROLOTION)	1				
OVIDE		2			
OXSORALEN-ULTRA, 8-MOP		2			
permethrin (ELIMITE)	1				
REGRANEX		2			
Ear-Nose-Throat Medications					
Drugs Affecting the Ear					
acetic acid (VOSOL)	1				
acetic acid/aluminum acetate (DOMEBORO OTIC)	1				
acetic acid/hydrocortisone (VOSOL HC)	1				
antipyrine/benzocaine (AURALGAN)	1				
CERUMENEX		2			
CIPRO HC		2			
CIPRODEX		2			
FLOXIN OTIC		2			
neomycin suf/polymy/buffers/hc (PEDIOTIC)	1				
neomycin sulfate/polymyxin/hc (CORTISPORIN)	1				
Nasal Corticosteroids					
BECONASE/AQ, VANCENASE AQ/DS			3		Fluticasone, NASONEX, NASACORT AQ
fluticasone propionate (FLONASE)	1				
NASACORT, AQ		2			
NASONEX		2			
RHINOCORT AQUA			3		Fluticasone, NASONEX, NASACORT AQ
TRI-NASAL			3		Fluticasone, NASONEX, NASACORT AQ
VERAMYST		2			
Other Drugs Affecting the Nose					
ASTELIN		2			
ipratropium (ATROVENT NASAL SPRAY)	1				
Drugs Affecting the Throat and Mouth					
chlorhexidine (PERIDEX, PERIOGARD)	1				
EVOXAC		2			
PERIOSTAT			3		
SALAGEN		2			
triamcinolone acetonide (KENALOG IN ORABASE)	1				
XYLOCAINE ORAL SPRAY		2			
Endocrine Medications					
Antidiabetic Agents					
ACTOPLUS MET		2			
ACTOS		2			
AVANDAMET		2			
AVANDIA		2			
AVANDARYL		2			
BYETTA		2			
DUET ACT		2			
FORTAMET		2			
gliimepiride (AMARYL)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
glipizide & metformin (METAGLIP)	1				
glipizide (GLUCOTROL XL)	1				
glipizide (GLUCOTROL)	1				
GLUCOVANCE		2			
glyburide (DIABETA, GLYNASE, MICRONASE)	1				
GLYSET			3		
JANUVIA			3		
JANUMET			3		
metformin (GLUCOPHAGE)	1				
metformin (GLUCOPHAGE/XR)	1				
PRANDIN		2			
PRECOSE			3		
STARLIX		2			
Insulins					
APIDRA		2			
BYETTA		2			
HUMALOG		2			
HUMULIN PRODUCTS		2			
LANTUS/LANTUS SOLOSTAR		2			
LEVEMIR		2			
NOVOLIN PRODUCTS (ALL)		2			
NOVOLIN R		2			
NOVOLIN N		2			
NOVOLIN 70/30		2			
NOVOLIN L		2			
NOVOLOG		2			
SYMLIN			3		
Hypoglycemia					
GLUCAGON		2			
Adrenal Corticosteroid Drugs					
dexamethasone (DECADRON)	1				
fludrocortisone (FLORINEF)	1				
hydrocortisone (CORTEF)	1				
methylprednisolone (MEDROL)	1				Some strengths available as generic
ORAPRED		2			
prednisolone (PRELONE)	1				
prednisolone sod phosphate (PEDIAPRED)	1				
prednisone (DELTASONE)	1				
Thyroid and Antithyroid Drugs					
CYTOMEL		2			
IODINE STRONG		2			
levothyroxine (LEVOTHROID)	1				
levothyroxine (SYNTHROID)	1				
levothyroxine (UNITHROID)	1				
LEVOXYL		2			
methimazole (TAPAZOLE)	1				
propylthiouracil	1				
Other Endocrine Drugs					
ACTONEL		2			
ACTONEL WITH CALCIUM		2			
desmopressin acetate (DDAVP)	1				
DIDRONEL		2			
FOSAMAX			3		ACTONEL Preferred
GENTROPIN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
GROWTH HORMONE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
HUMATROPE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NEUMEGA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NORDITROPIN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NUTROPIN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NUTROPIN AQ*				4	*Not all plans cover this drug. Check with member services regarding coverage.
SAIZEN*				4	*Not all plans cover this drug. Check with member services regarding coverage.

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
TEVTROPIN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
MIACALCIN		2			
SENSIPAR		2			
SKELID			3		ACTONEL Preferred
Gastrointestinal Medications					
Antispasmodics/Drugs Affect GI Motility					
belladonna alkaloids (DONNATAL)	1				
CANTIL		2			
clidinium/chlordiazepoxide (LIBRAX)	1				
dicyclomine (BENTYL)	1				
disphenoxylate/atropine sulfate (LOMOTIL)	1				
DONNATAL EXTENTAB		2			
glycopyrolate (ROBINUL/FORTE)	1				
hyoscyamine (ANASPAZ, LEVSIN/SL, LEVSINEX)	1				
hyoscyamine sulfate/phenobarb (LEVSIN/PB)	1				
loperamide	1				
LOTRONEX		2			
metoclopramide (REGLAN)	1				
PAMINE/FORTE		2			
PRO-BANTHINE		2			
ROBINUL FORTE		2			
ROBINUL TABLET		2			
Antiulcer Drugs					
CARAFATE SUSPENSION		2			
cimetidine (TAGAMET)	1				
famotidine (PEPCID)	1				
misoprostol (CYTOTEC)	1				
nizatidine (AXID)	1				
ranitidine (ZANTAC)	1				
sucralfate tabs (CARAFATE)	1				
Proton Pump Inhibitors					
ACIPHEX			3		PRILOSEC OTC* (not all plans cover Prilosec OTC), Omeprazole, Pantoprazole, NEXIUM, PREVACID
NEXIUM		2			
omeprazole (PRILOSEC)	1				
OTC PRILOSEC	1				*not all plans cover this drug-check with member services
pantoprazole (PROTONIX)	1				
PREVACID (all forms)		2			
PREVACID NAP PAK		2			
ZEGERID			3		PRILOSEC OTC* (not all plans cover Prilosec OTC), Omeprazole, Pantoprazole, NEXIUM, PREVACID
Helicobacter Pylori Combination Agents					
HELIDAC			3		Generic bismuth, metronidazole, tetracycline
PREVPAC		2			
Other GI					
AMITIZA		2			
amylase./lipase/protease (PANCREASE/MT, PANCRON, VIC)	1				
ANALPRAM HC		2			
ASACOL		2			
COLAZAL		2			
CORTIFOAM		2			Generic ANUSOL-HC
DIPENTUM			3		
electrolyte sol'n/peg's (COLYTE, GOLYTELY)	1				
ENTOCORT EC		2			
ENZYMAX		2			
hydrocortisone (PROCTOCORT HC, CORTENEMA)	1				
hydrocortisone acetate (ANUSOL-HC)	1				
NULYTELY		2			Generic COLYTE, generic GOLYTELY
PANGES		2			
PENTASA			3		ASACOL Preferred
PROCTOCREAM-HC		2			
ROWASA			3		ASACOL Preferred
SUCRAID		2			
sulfasalazine (AZULFIDINE)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
URSO		2			
ursodiol (ACTIGALL)	1				
Immunologicals					
Immunomodulators					
COPEGUS		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
ENBREL*				4	*Not all plans cover this drug. Check with member services regarding coverage.
HEPSERA		2			
HUMIRA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
INFERGEN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
INTRON A		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
KINERET*				4	*Not all plans cover this drug. Check with member services regarding coverage.
ORENCIA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
PEG INTRON*		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
PEGASYS*		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
RAPTIVA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
REBETOL*		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
REBETRON*		2		4	*If your plan covers injectable medications, this medication may be available as either a Tier 2 or as a Tier 4 drug depending on benefit design. Not all plans cover this medication. Check with member services regarding individual group coverage
ROFERON-A*				4	not all plans cover this drug-check with member services
Musculoskeletal Medications					
Salicylates and Related Drugs					
choline/magnesium salicylate (TRILISATE)	1				
salsalate (DISALCID)	1				
Non-Steroidal Antiinflammatory Agents					
diclofenac potassium (CATAFLAM)	1				
diclofenac sodium (VOLTAREN/XR)	1				
etodolac (LODINE/XL)	1				
flurbiprofen (ANSAID)	1				
ibuprofen (MOTRIN)	1				
indomethacin (INDOCIN/SR)	1				
ketoprofen (ORUDIS)	1				
ketorolac (TORADOL)	1				
meclofenamate	1				
nabumetone (RELAFEN)	1				
NAPRELAN			3		Generic NSAIDs
naproxen (NAPROSYN, EC-NAPROSYN)	1				
naproxen sodium (ANAPROX/DS)	1				
oxaprozin (DAYPRO)	1				
piroxicam (FELDENE)	1				
PONSTEL			3		Generic NSAIDs
sulindac (CLINORIL)	1				
tolmetin (TOLECTIN/DS)	1				
COX-2 Selective Non-Steroidal Antiinflammatory Agents					
CELEBREX		2			
neloxicam (MOBIC)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
Other Drugs for Arthritis					
DEPEN TITRATABS		2			
leflunomide (ARAVA)	1				
RIDAURA		2			
Drugs to Prevent and Treat Gout					
allopurinol	1				
colchicine	1				
colchicine & probenecid	1				
probenecid	1				
sulfinpyrazone	1				
Skeletal Muscle Relaxants					
baclofen (LIORESAL)	1				
carisoprodol & aspirin (SOMA CMPD)	1				
carisoprodol (SOMA)	1				
chlorzoxazone (PARADON FORTE)	1				
cyclobenzaprine (FLEXERIL)	1				
dantrolene (DANTRIUM)	1				
methocarbamol & aspirin (ROBAXISAL)	1				
methocarbamol (ROBAXIN)	1				
orphenadrine (NORFLEX)	1				
orphenadrine/aspirin/caffeine (NORGESIC)	1				
SKELAXIN		2			
tizanidine (ZANAFLEX)	1				
Other Musculoskeletal Drugs					
RILUTEK		2			
Nutrition, Blood Modifiers, Electrolytes					
Vitamins & Minerals & Related Products					
calcitriol (ROCALTROL)	1				
DHT, HYTAKEROL		2			
ergocalciferol (DRISDOL)	1				
folic acid	1				
HECTOROL			3		Zemplar Preferred
multivitamins w/flouride	1				
multivitamins w/fluor & iron	1				
NASCOBAL		2			
PHOSLO		2			
TRINSICON		2			
triple vitamins w/fluoride	1				
triple vits w/fluor & iron	1				
VICON FORTE		2			
Fluoride Products					
sodium fluoride (LURIDE)	1				
Potassium Supplements					
K PHOS		2			
K-LYTE DS		2			
phosphorus (K PHOS NEUTRAL)	1				
pot bicarb/pot chloride/ca (K-LYTE)	1				
potassium bicarb/ca (KLOR-CON)	1				
potassium chloride (K-DUR, K-TAB, MICRO K)	1				
potassium gluconate	1				
sodium citrate/citric acid (BICITRA)	1				
TRI-K		2			
URO-KP-NEUTRAL		2			
Potassium Removing Resins					
sodium polystyrene sulfonate (KAYEXELATE)	1				
Drugs and Vitamins Affecting Coagulation					
AGGRENOX		2			
cilostazol (PLETAL)	1				
COUMADIN		2			
dipyridamole (PERSANTINE)	1				
MEPHYTON		2			
PLAVIX		2			
ticlopidine (TICLID)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
warfarin sodium (COUMADIN)	1	2			
Low Molecular Weight Heparins					
ARIXTRA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
FRAGMIN			3		
INNOHEP		2			
LOVENOX		2			
Hematopoietic Agents					
ARANESP*				4	*Not all plans cover this drug. Check with member services regarding coverage.
EPOGEN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
LUKINE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NEULASTA*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NEUPOGEN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
PROCRIT*				4	*Not all plans cover this drug. Check with member services regarding coverage.
Hemostatics					
aminocaproic acid (AMICAR)	1				
CYKLOKAPRON		2			
Hemophilia					
ADVATE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
ALPHANATE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
ALPHANINE S*				4	*Not all plans cover this drug. Check with member services regarding coverage.
AUTOPLEX T*				4	*Not all plans cover this drug. Check with member services regarding coverage.
BAYGAM*				4	*Not all plans cover this drug. Check with member services regarding coverage.
BAYRHO D*				4	*Not all plans cover this drug. Check with member services regarding coverage.
BEBULIN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
BENEFIX*				4	*Not all plans cover this drug. Check with member services regarding coverage.
BIOCLATE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
FEIBA VH*				4	*Not all plans cover this drug. Check with member services regarding coverage.
HELIXATE FS*				4	*Not all plans cover this drug. Check with member services regarding coverage.
HUMATE-P*				4	*Not all plans cover this drug. Check with member services regarding coverage.
HYATE-C*				4	*Not all plans cover this drug. Check with member services regarding coverage.
KOATE DVI*				4	*Not all plans cover this drug. Check with member services regarding coverage.
KOGENATE-FS*				4	*Not all plans cover this drug. Check with member services regarding coverage.
MONARC-M*				4	*Not all plans cover this drug. Check with member services regarding coverage.
MONOCLATE-P*				4	*Not all plans cover this drug. Check with member services regarding coverage.
MONOINE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
NOVOSEVEN*				4	*Not all plans cover this drug. Check with member services regarding coverage.
PROFILNINE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
PROPLEX T*				4	*Not all plans cover this drug. Check with member services regarding coverage.
RECOMBINATE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
REFACTO*				4	*Not all plans cover this drug. Check with member services regarding coverage.
STIMATE*				4	*Not all plans cover this drug. Check with member services regarding coverage.
Blood Detoxicants					
lactulose (CHRONULAC, ENULOSE, DUPHALAC)	1				
KRISTALOSE		2			
RENAGEL		2			
Shock Vasopressors					
ANA-KITS		2			
EPI-PEN/EPI-PEN Jr.		2			
Obstetrical & Gynecological Medications					
Prenatal Vitamins					
PRENATE ELITE		2			

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
All Prenatal Vitamins are on the Envision Pharmaceutical Services Formulary					
Specialized OB/GYN Drugs					
SYNAREL		2			
OB/GYN Topical Antiinfectives					
AVC		2			
clindamycin phosphate (CLEOCIN VAG)	1				
metronidazole (METROGEL VAG)	1				
TRIPLE SULFA CREAM		2			
Androgen Drugs					
ANDRODERM		2			
ANDROGEL			3		ANDRODERM
ANDROID, TESTRED, ANDRODERM		2			
DANAZOL			3		
fluoxymesterone (HALOTESTIN)	1				
OXANDRIN, ANADROL			3		
TESTODERM			3		ANDRODERM
WINSTROL			3		
Oral Estrogen Drugs					
CENESTIN			3		PREMARIN/ESTRACE Preferred
estradiol (ESTRACE)	1				
ESTRATAB			3		PREMARIN/ESTRACE Preferred
ESTRATEST/HS			3		PREMARIN/ESTRACE Preferred
estropipate (OGEN, ORTHO-EST)	1				
MENEST		2			
PREMARIN		2			
PREMARIN LOW DOSE		2			
Estrogen Patches					
ALORA			3		CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
CLIMARA CLIMARA PRO		2			
ESCLIM			3		CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
ESTRADERM		2			
ESTRADIOL TRANSDERMAL SYSTEM	1				0.05MG and 0.1MG patches are available as a generic
MENOSTAR		2			
VIVELLE DOT		2			
Other Estrogen Products					
ESTRACE VAGINAL CREAM			3		
ESTRING		2			
FEMRING			3		
PREMARIN VAGINAL CREAM		2			
VAGIFEM		2			
Estrogen/Progestin Combinations					
ACTIVELLA		2			
COMBIPATCH		2			
FEMHRT			3		PREMPRO, PREMPHASE Preferred
ORTHO-PREFEST			3		PREMPRO, PREMPHASE Preferred
PREMPHASE		2			
PREMPRO		2			
PREMPRO LOW DOSE		2			
Selective Estrogen Receptor Modulator					
EVISTA		2			
Progestin Drugs					
CRINONE		2			
DEPO-PROVERA		2			
medroxyprogesterone (PROVERA)	1				
norethindrone acetate (AYGESTIN)	1				
PROMETRUIM			3		
Contraceptives					
ESTROSTEP/FE			3		
apri (DESOGEN)	1				
ethinyl estradiol-norgestrel (LO-OVRAL)	1				
ethinyl estradiol-desogestrel (MIRCETTE)	1				
ethinyl estradiol-norgestrel (OVRAL)	1				
ethinyl estradiol-ethynodiol diacetate (DEMULEN)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
ethinyl estradiol-levonorgestrel (ALESSE)	1				
ethinyl estradiol-levonorgestrel (NORDETTE)	1				
ethinyl estradiol-levonorgestrel (TRIPHASIL)	1				
LEVLEN		2			Tier 2 = BRAND
LEVLITE		2			Tier 2 = BRAND
levonorgestrel-ethin estradiol (TRI-LEVLEN)	1				
Levonorgestrel & Ethinyl Estradiol (SEASONALE)	1				
LYBREL		2			
noreth a-et estra/fe fumarate (LOESTRIN FE)	1				
norethindrone (NOR QD)	1				
norethindrone (ORTHO MICRONOR)	1				
norethindrone-ethin estradiol (MODICON)	1				
norethindrone-mestranol (ORTHO NOVUM)	1				
norgestimate-ethinyl estradiol (ORTHO CYCLEN)	1				
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1				
NUVARING		2			
ORTHO TRI-CYCLEN LO			3		
ORTHO-EVRA		2			
OVCON			3		
OVRETTE			3		
SEASONIQUE		2			
TRI-NORINYL			3		
velivet (CYCLESSA)	1				
YASMIN		2			
YAZ		2			
Oxytocics					
METHERGINE		2			
Ophthalmic Medications					
Ophthalmic Topical Antibacterial Drugs					
bacitracin (AK-TRACIN)	1				
CHIBROXIN			3		CILOXAN, VIGAMOX
chloramphenicol (CHLOROMYCETIN)	1				
ciprofloxacin (CILOXAN)	1				
erythromycin base - generic	1				
gentamicin (GARAMYCIN, GENOPTIC)	1				
ofloxacin (OCUFLOX)	1				
QUIXIN		2			
sulfacetamide sodium (BLEPH-10)	1				
tobramycin (TOBREX)	1				
VIGAMOX		2			
ZYMAR			3		CILOXAN, VIGAMOX
Ophthalmic Topical Antiviral Drugs					
trifluridine (VIROPTIC)	1				
Ophthalmic Corticosteroid Drugs					
dexamethasone sod phosphate (DECADRON)	1				
ECONOPRED, PRED MILD		2			
fluorometholone (FML)	1				
FML FORTE, S.O.P.		2			
HMS LIQUIFILM		2			
LOTEMAX		2			
MAXIDEX		2			
PRED-G		2			
prednisolone acetate (ECONOPRED PLUS, PRED FORTE)	1				
prednisolone sod phosphate (INFLAMASE/FORTE)	1				
VEXOL		2			
Ophthalmic Antiinfective/Corticosteroid Drugs					
FML-S		2			
neomycin/bacitracin/poly/hc (CORTISPORIN)	1				
neomycin/bacitracin/polymyxin (NEOSPORIN)	1				
neomycin/polymyxin/dexameth (DEXACIDIN, MAXITROL)	1				
polymyxin b sulfate/tmp (POLYTRIM)	1				
POLY-PRED		2			
sulfacetamide/prednis sp (VASOCIDIN)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
sulfacetamide/prednisolone ac (BLEPHAMIDE)	1				
TOBRADEX		2			
ZYLET		2			
Glaucoma Agents					
acetazolamide (DIAMOX/SEQUELS)	1				
ALPHAGAN P			3		
AZOPT		2			
BETIMOL		2			
BETOPTIC, S		2			
bromonidine tartrate	1				
carbachol (ISOPTO CARBACHOL)	1				Some strengths available as generic
carteolol (OCUPRESS)	1				
COSOPT			3		
dipivefrin (PROPINE)	1				
EPIFRIN		2			
EPINAL		2			
homatropine hbr (ISOPTO HOMATROPINE)	1				
IOPIDINE		2			
levobunolol (BETAGAN)	1				
LUMIGAN			3		
methazolamide (NEPTAZANE)	1				
metipranolol (OPTIPRANOLOL)	1				
PHOSPHOLINE IODIDE		2			
pilocarpine hcl (PILOCAR)	1				
pilocarpine hcl/epinephrine (E-PILO)	1				
PILOPINE H.S.		2			
RESCULA			3		
timolol (TIMPOTIC/XE)	1				
TRAVATAN		2			
TRAVATAN Z		2			
TRUSOPT			3		
XALATAN		2			
Other Ophthalmic Drugs					
ACULAR LS		2			
ALAMAST		2			
ALAWAY OTC	1				*not all plans cover Alaway OTC-check with member services
ALOCRIAL			3		Alamast Preferred
ALOMIDE		2			
ALREX		2			
atropine sulfate (ISOPTO ATROPINE)	1				
cromolyn (CROLOM)	1				
CYCLOGYL		2			Some strengths available as generic
EMADINE			3		
ketotifen fumarate oph sol (ZADITOR)	1				
LIVOSTIN			3		
NEVANEC		2			
OPTIVAR		2			
PATADAY		2			
PATANOL		2			
phenylephrine hcl (NEO-SYNEPHRINE)	1				
RESTASIS		2			
tropicamide (MYDRIACYL)	1				
VOLTAREN		2			
Respiratory Medications					
Bronchodilators and Related Drugs					
**Number of inhalers may vary depending on the size of the inhaler/unit					
ACCUNEB		2			
acetylcysteine (MUCOMYST)	1				
ADVAIR Disc/ADVAIR HFA		2			
albuterol (PROVENTIL)	1				
aminophylline	1				
ATROVENT HFA INHALER			3		SPIRIVA Preferred
BRETHINE INHALER		2			

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
BRNCOMAR		2			
COMBIVENT			3		
cromolyn (INTAL neb)	1				
DUONEB		2			
dyphylline (LUFYLLIN)	1				
ELIXOPHYLLIN-GG		2			
ephedrine sulfate	1				
FORADIL		2			
INTAL INHALER		2			
isoetharine hcl	1				
MAXAIR, AUTOHALER			3		albuterol hfa
metaproterenol	1				
metaproterenol (ALUPENT)			3		albuterol hfa
PROVENTIL HFA		2			
SEREVENT DISKUS		2			
sodium chloride	1				
SPIRIVA		2			
terbutaline sulfate (BRETHINE)	1				
THEO-24		2			
theophylline (SLO-BID, THEO-DUR, UNI-DUR, QUIBRON)	1				
TILADE		2			
UNIPHYL		2			
VENTOLIN HFA		2			
VOLMAX			3		
XOPENEX		2			
Pulmonary Corticosteroids **Number of inhalers may vary depending on the size of the inhaler/unit					
AEROBID, -M			3		FLOVENT, PULMICORT
ASMANEX		2			
AZMACORT		2			
FLOVENT ROTADISK		2			
FLOVENT/FLOVENT HFA		2			
PULMICORT RESPULES		2			
PULMICORT TURBUHALER/FLEXHALER		2			
QVAR			3		FLOVENT, PULMICORT
Leukotriene Modifiers					
ACCOLATE		2			
SINGULAIR			3		For Allergic Rhinitis
SINGULAIR		2			For Asthma
ZYFLO			3		ACCOLATE
Miscellaneous Products					
EZ VENT		2			
Antihistamine and Decongestant Drugs					
ALLERX/ALLERX-D/ALLERX DOSEPAK		2			
AQUATAB C/D/DM/DOSEPAK		2			
azatadine (OPTIMINE)	1				
benzonatate (TESSALON PERLES)	1				
cod/pro (PHENERGAN w/CODEINE)	1				
cypheptadine	1				
dexchlorpheniramine maleate (POLARAMINE)	1				
gua/hym (DILAUDID COUGH)	1				
gua/pse (DECONSAL II, ENTEX PSE)	1				
gua/pse (GUAFED/PD)	1				
hyd/ht (HYCODAN)	1				
KRONOFED-A		2			
KRONOFED-A JR		2			
PBZ-SR		2			
pe/cod/pro (PHENERGAN VC/CODEINE)	1				
pe/cpm/scop (EXTENDRYL/SR/JR/CHEW)	1				
promethazine (PHENERGAN)	1				
pse/bpm (BROMFED/PD)	1				
pse/dbm	1				
pse/tri	1				
pyrillamine/phenyltolox/phenir (POLY-HISTINE)	1				

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
TUSSIONEX		2			
Non-Sedating Antihistamines					
ALLEGRA-D		2			
CLARINEX			3		OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE, ALLEGRA, ZYRTEC
CLARITIN					OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE
CLARITIN-D					OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE
CLARITIN-D 24 HOUR					OTC VERSIONS OF CLARITIN, CLARITIN-D, ALAVERT, GENERIC LORATIDINE
fexofenadine (ALLEGRA)	1				
LORATADINE OTC	1				
ZYRTEC					OTC VERSIONS OF ZYRTEC D
ZYRTEC/D					OTC VERSIONS OF ZYRTEC D
Pulmonary Hypertension					
Revatio			3		
Pulmonary Hypertension					
PULMOZYME*					*Not all plans cover this drug. Check with member services regarding coverage.
Urological Medications					
Anticholinergic Antispasmodics					
DETROL/LA		2			
DITROPAN XL			3		
ENABLEX		2			
flavoxate (URISPAS)	1				
oxybutynin (DITROPAN)	1				
OXYTROL			3		
VESICARE		2			
Cholinergic Stimulants					
bethanechol (URECHOLINE)	1				
Benign Prostatic Hypertrophy Drugs					
AVODART		2			
doxazosin mesylate (CARDURA)	1				
FLOMAX		2			
finasteride (PROSCAR)	1				
terazosin (HYTRIN)	1				
UROXATRAL			3		
Other Genitourinary Products					
citric acid/k-na citrates (CYTRA-3)	1				
citric acid/potassium citrate (POLYCITRA-K, CYTRA-K)	1				
CYSTADANE		2			
ELMIRON		2			
K-PHOS MODIFIED		2			
K-PHOS ORIGINAL		2			
meth/me blue/ba/salol/atp/hyos (URISED)	1				
phenazopyridine (PYRIDIUM)	1				
potassium citrate er (UROCIT-K)	1				
RENACIDIN		2			
sodium citrate & citric acid solution (BICITRA)	1				
Drugs for Erectile Dysfunction - Coverage for these products will vary by benefit					
CAVERJECT			3		
CIALIS		2			
EDEX			3		
LEVITRA			3		
MUSE			3		
VIAGRA		2			
Diabetic Supplies					
ACCU-CHEK ADVANTAGE			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK COMPLETE CARE KIT			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK EASY			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK III			3		FREESTYLE and Bayer Products Preferred
ASCENCIA Products		2			
BAYER DIAGNOSTICS		2			

2009 National Prescription Drug List

Drug Name	Tier 1	Tier 2	Tier 3	Tier 4	Preferred Alternatives/Comments
CHEMSTRIP BG			3		FREESTYLE and Bayer Products Preferred
FAST TAKE			3		FREESTYLE and Bayer Products Preferred
LIFESCAN			3		FREESTYLE and Bayer Products Preferred
ONE TOUCH BASIC SYSTEM			3		FREESTYLE and Bayer Products Preferred
ONE TOUCH PROFILE SYSTEM			3		FREESTYLE and Bayer Products Preferred
SURE STEP			3		FREESTYLE and Bayer Products Preferred
TRACER BG			3		FREESTYLE and Bayer Products Preferred
FREESTYLE METERS		2			
PRECISION Q-I-D		2			
Glucose Test Strips					
ACCU-CHEK ADVANTAGE			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK COMFORT CURVE			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK EASY			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK INSTANT			3		FREESTYLE and Bayer Products Preferred
ACCU-CHEK STRIPS			3		FREESTYLE and Bayer Products Preferred
ASCENCIA Products		2			
BAYER DIAGNOSTICS		2			
CHEMSTRIP BG			3		FREESTYLE and Bayer Products Preferred
FAST TAKE			3		FREESTYLE and Bayer Products Preferred
FREESTYLE STRIPS		2			
ONE TOUCH TEST STRIP			3		FREESTYLE and Bayer Products Preferred
SURE STEP			3		FREESTYLE and Bayer Products Preferred
TRACER BG			3		FREESTYLE and Bayer Products Preferred
PRECISION Q-I-D		2			See above
MISC Diabetic Supplies					
NOVOFINE		2			
PRECISION SYRINGES		2			
MEDISENSE SYRINGES		2			

Benefits for smoking cessation products varies widely by individual plan. Please refer to your prescription drug benefit coverage document for your particular coverage parameters. In general, most plans will cover a single continuous 90 day supply of a prescription smoking cessation product when taken in conjunction with a behavioral stop smoking class. Other smoking cessation products (patches and gum) are available over the counter and do not require a prescription.

Fertility Treatment

Benefits for the work up and treatment of infertility vary by plan as well as state law. Please refer to your health benefit coverage document for your coverage as it relates to fertility treatment products. If covered by your plan, Envision Pharmaceutical Services preferred fertility products are those manufactured by Organon and include Follistim, Pregnyl, and Antagon along with other products as needed such as Clomiphene Citrate.