

	A	B	C	D	E	F	G
1	VCH VENTURA						
2			TIER			SUGGESTED PREFERRED ALTERNATIVES	
3	DRUG NAME	PA/QLL/ST	1	2	3		
4	CHAPTER 1: ANESTHETICS						
5	1. TOPICAL ANESTHETICS						
6		Lidocaine HCl Viscous		•			
7	CHAPTER 2: ANTIINFECTIVES						
8	1. CEPHALOSPORINS						
9		Cefaclor		•			
10		Cefaclor ER		•			
11		Cefadroxil		•			
12		Cefdinir		•			
13		cefepodoxime proxetil		•			
14		Cefuroxime (tab)		•			
15	2. CLINDAMYCINS						
16		Clindamycin HCl		•			
17	3. OTHER MACROLIDES						
18		Azithromycin	QL= 8 tabs(250mg); 4 tabs (500mg); 15ml suspension (100mg/5ml) - 2 bottles; 15, 22.5, 30ml susp 200mg/5ml - 3 bottles, 1000mg powder pack for Chlamydia	•			
19		Clarithromycin		•			
20	4. PENICILLINS						
21		Amox Tr/Potassium Clavulanate (susp)		•			
22	5. SULFONAMIDES						
23		Erythromycin w/Sulfisoxazole		•			
24	6. URINARY ANTIINFECTIVES						
25		nitrofurantoin macrocrystal (100 mg)		•			
26	7. QUINOLONES						
27		levofloxacin		•			
28	8. ORAL ANTIFUNGAL DRUGS						
29		clotrimazole trochus		•			
30		nystatin		•			
31	9. VAGINAL ANTIFUNGALS						
32		terconazole		•			
33	10. OTHER TOPICAL ANTIFUNGALS						
34		ciclopirox (cream)		•			
35		ciclopirox (lotion)		•			
36		econazole nitrate		•			
37		ketoconazole		•			
38	11. OTHER ANTIVIRAL DRUGS						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
39		TAMIFLU	QL=20 caps (30mg), 10 caps (45 or 70mg), 25 ml oral susp=3 bottles			•	ACE may cover with PAR
40	12. ANTITUBERCULOSIS DRUGS						
41		rifampin		•			
42	13. PLASMODICIDES						
43		hydroxychloroquine sulfate		•			
44		quinine sulfate		•			
45	CHAPTER 3: ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS						
46	1. ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS						
47		azathioprine		•			
48		cyclosporine		•			
49		megestrol acetate		•			
50		mercaptopurine		•			
51		methotrexate		•			
52		tamoxifen citrate		•			
53		DEPO-PROVERA (INJ)	PAR			•	May cover with PAR
54		ARAVA	PAR			•	May cover with PAR
55	CHAPTER 4: CARDIOVASCULAR MEDICATIONS						
56	1. CALCIUM ANTAGONISTS						
57		amlodipine besylate		•			
58		felodipine er		•			
59		nicardipine hcl		•			
60		nifedipine er		•			
61	2. THIAZIDE AND RELATED DRUGS						
62		metolazone		•			
63	3. BETA-ADRENERGIC ANTAGONIST DRUGS						
64		metoprolol succ er		•			
65	4. ANGIOTENSIN II RECEPTOR ANTAGONISTS						
66		DIOVAN			•		2 months only, PAP
67		COZAAR			•		2 months only, PAP
68	5. NITRATES						
69		isosorbide dinitrate		•			
70	6. CLASS 1A						
71		quinidine gluconate		•			
72	7. CLASS 1C						
73		flecainide acetate		•			
74		propafenone hcl		•			
75	8. AMIODARONES						
76		amiodarone hcl		•			
77	9. OTHER ANTIARRHYTHMICS						
78		sotalol		•			
79	10. HYPOLIPOPROTEINEMICS						
80		cholestyramine		•			
81		colestipol		•			
82		gemfibrozil		•			
83	11. HMG-COA REDUCTASE INHIBITORS						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
84		simvastatin			•		2 months, then PAP-Zocor
85	12. OTHER CARDIOVASCULAR DRUGS						
86		pentoxifylline		•			
87	CHAPTER 5: AUTONOMIC AND CNS MEDICATIONS						
88	1. ANALGESICS						
89		Tramadol HCl		•			
90	2. CLASS II NARCOTICS						
91		hydromorphone HCl	120tabs/30days	•			
92		morphine sulfate ER	120tabs/30days	•			
93		morphine sulfate IR		•			
94		oxycodone hcl	120tabs/30days	•			
95		fentanyl transdermal patches				•	ACE may cover with PAR
96		Roxanol (morphine elixir)	PAR			•	ACE may cover with PAR
97	3. CLASS III NARCOTICS						
98		acetaminophen w/codeine	QL = 120tabs/30days	•			
99		acetaminophen w/hydrocodone	QL = 120tabs/30days	•			
100		hydrocodone bit-ibuprofen	QL = 120tabs/30days	•			
101	4. DRUGS TO PREVENT AND TREAT HEADACHES						
102		butalbital compound		•			
103		butalbital/acetaminophen/caffeine		•			
104	5. ANXIOLYTICS						
105		alprazolam		•			
106		chlordiazepoxide hcl		•			
107		clorazepate dipotassium		•			
108		diazepam		•			
109		lorazepam		•			
110		klonopin (clonazepam)		•			
111		serax (oxazepam)		•			
112		tranxene (clorazepate)		•			
113	6. SEDATIVE/HYPNOTIC DRUGS						
114		chloral hydrate		•			
115		temazepam		•			
116		triazolam		•			
117		zolpidem	QL = 30 tabs	•			
118	7. ANTIMANIA DRUGS						
119		lithium citrate		•			
120	8. ANTICONVULSANT BENZODIAZEPINES						
121		clonazepam		•			
122	9. HYDANTOINS						
123		phenytoin			•		2 months then apply for Dilantin on PAP
124		phenytoin sodium, extended			•		2 months then Dilantin on PAP
125	10. VALPROIC ACID AND DERIVATIVES						
126		Depakote		•			
127		Depakote ER		•			

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
128		11. ANTICONVULSANT BARBITURATES					
129		phenobarbital		•			
130		primidone		•			
131		12. OTHER ANTICONVULSANTS					
132		gabapentin			•		2 months then apply for Neurontin on PAP
133		KEPPRA			•		2 months for seizures only then PAP
134		Lamotrigine			•		2 months for seizures only then PAP
135		TOPAMAX			•		2 months for seizures only then PAP
136		13. ANTIDEPRESSANTS					
137		imipramine hcl		•			
138		desipramine hcl		•			
139		protriptyline		•			
140		clomipramine		•			
141		fluvoxamine maleate		•			
142		venlafaxine		•			
143		bupropion hcl		•			
144		14. ANTIPARKINSON ANTICHOLINERGIC DRUGS					
145		benztropine mesylate		•			
146		amantadine		•			
147		trihexphenidyl		•			
148		15. OTHER ANTIPARKINSON DRUGS					
149		bromocriptine mesylate		•			
150		carbidopa/levodopa		•			
151		16. ANTIPSYCHOTIC DRUGS					
152		Abilify			•		2 months then PAP
153		chlorpromazine		•			
154		clozapine		•			
155		fluphenazine		•			
156		fluphenazine decanoate injectable		•			
157		GEODON			•		2 months, then PAP
158		haloperidol decanoate injectable		•			
159		INVEGA				•	ACE may cover with PAR
160		loxapine		•			
161		mesoridazine		•			
162		molindone		•			
163		perfenazine		•			
164		risperidone			•		2 months, then PAP-Risperdal
165		SEROQUEL			•		2 months, then PAP
166		thiothixene		•			
167		trifluoperazine		•			
168		Zyprexa			•		2 months, then PAP
169		17. CNS STIMULANT DRUGS					
170		amphetamine salt combo		•			
171		methylin		•			
172		methylin er		•			

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
173		methylphenidate er		•			
174		methylphenidate hcl		•			
175	CHAPTER 6: DERMATOLOGICAL MEDICATIONS						
176	1. TOPICAL CORTICOSTEROID DRUGS						
177		clobetasol propionate		•			
178		fluocinonide		•			
179		fluticasone propionate (oint)		•			
180	2. ANTIACNE DRUGS						
181		clindamycin phosphate		•			
182		erythromycin base		•			
183		metronidazole (0.75%)		•			
184		sod.sulfacetamide/sulfur tf		•			
185		tretinoin		•			
186	3. ANTIPSORIASIS AND ANTIECZEMA DRUGS						
187		selenium sulfide		•			
188	CHAPTER 7: EAR-NOSE-THROAT MEDICATIONS						
189	1. DRUGS AFFECTING THE EAR						
190		a/b otic		•			
191		Ciprodex Otic				•	ACE may cover with PAR
192	2. DRUGS AFFECTING THE NOSE						
193		fluticasone propionate		•			
194	3. DRUGS AFFECTING THE THROAT AND MOUTH						
195		chlorhexidine gluconate		•			
196	CHAPTER 8: ENDOCRINE MEDICATIONS						
197	1. INSULIN						
198		HUMALOG (vial only)			•		2 months, then PAP
199		HUMALOG MIX 75/25 (vial only)			•		2 months, then PAP
200		HUMULIN 50/50 (vial only)			•		2 months, then PAP
201		HUMULIN 70/30 (vial only)			•		2 months, then PAP
202		HUMULIN L (vial only)			•		2 months, then PAP
203		HUMULIN N (vial only)			•		2 months, then PAP
204		HUMULIN R (vial only)			•		2 months, then PAP
205		HUMULIN U (vial only)			•		2 months, then PAP
206		NOVOLIN 70/30 (vial only)			•		2 months, then PAP
207		NOVOLIN L (vial only)			•		2 months, then PAP
208		NOVOLIN N (vial only)			•		2 months, then PAP
209		NOVOLIN R (vial only)			•		2 months, then PAP
210		NOVOLOG (vial only)			•		2 months, then PAP
211		NOVOLOG MIX 70/30 (vial only)			•		2 months, then PAP
212		APIDRA			•		2 months, then PAP
213		LANTUS			•		2 months, then PAP
214		LEVEMIR (vial only)			•		2 months, then PAP
215		Lantus ® SoloSTAR insulin pen			•		2 months, then PAP
216		Humalog KwikPen			•		2 months, then PAP
217	2. INSULIN SENSITIZERS						
218		ACTOS	QL= 34 tabs			•	PAR with medical justification
219	3. GLUCOCORTICOID DRUGS						
220		hydrocortisone		•			
221		prednisolone		•			

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
222	4.	MINERALOCORTICOID DRUGS					
223		fludrocortisone acetate		•			
224	5.	ANTITHYROID DRUGS					
225		methimazole		•			
226		propylthiouracil		•			
227	6.	OTHER ENDOCRINE DRUGS					
228		desmopressin		•			
229		alendronate (FOSAMAX)	QL= 34 tabs (5mg, 10mg & 40mg); 5 tabs (35 & 70mg)	•			
230	CHAPTER 9: GASTROINTESTINAL MEDICATIONS						
231	1.	ANTIDIARRHEAL DRUGS					
232		diphenoxylate w/atropine		•			
233		loperamide hcl		•			
234	2.	OTHER ANTIULCER DRUGS					
235		misoprostol		•			
236		sucralfate		•			
237	3.	PROTON PUMP INHIBITORS					
238		omeprazole	QL = 34 (20mg)			•	ACE may cover with PAR
239	4.	LAXATIVES AND CATHARTICS					
240		glycolax		•			
241	5.	OTHER GI DRUGS					
242		hydrocortisone enema		•			
243		sulfasalazine		•			
244		ASACOL				•	ACE may cover with PAR
245		PENTASA			•		2 months, then PAP
246	CHAPTER 11: MUSCULOSKELETAL MEDICATIONS						
247	1.	SALICYLATES AND RELATED DRUGS					
248		diflunisal		•			
249	2.	NON-STEROIDAL ANTIINFLAMMATORY AGENTS					
250		etodolac				•	ACE may cover with PAR
251		oxaprozin		•			
252	3.	DRUGS TO PREVENT AND TREAT GOUT					
253		probenecid		•			
254	4.	DIRECT MUSCLE RELAXANTS					
255							
256	5.	CNS MUSCLE RELAXANTS					
257		orphenadrine citrate		•			
258	CHAPTER 12: NUTRITION, BLOOD						
259	1.	ANTIPLATELET DRUGS					
260		cilostazol		•			
261		PLAVIX			•		2 months then PAP
262		dipyridamole		•			
263		ticlopidine hcl		•			
264	6.	BLOOD DETOXICANTS					
265		lactulose		•			
266	CHAPTER 13: OBSTETRICAL & GYNECOLOGICAL MEDICATIONS						
267	1.	PROGESTIN DRUGS					

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
268		norethindrone acetate		•			
269		DEPO-PROVERA (INJ)				•	ACE may cover with PAR
270	2. CONTRACEPTIVES - covered under family pact						
271		plan B		•			
272	CHAPTER 14: OPHTHALMIC MEDICATIONS						
273	1. OPHTHALMIC TOPICAL ANTIBACTERIAL DRUGS						
274		ciprofloxacin hcl (ophth drops)		•			
275		gentamicin sulfate		•			
276		ofloxacin (eye drops)		•			
277	2. OPHTHALMIC CORTICOSTEROID DRUGS						
278		prednisolone acetate		•			
279	3. OTHER OPHTHALMIC DRUGS						
280		cromolyn sodium		•			
281	CHAPTER 15: RESPIRATORY MEDICATIONS						
282	1. BETA-2 ADRENERGIC DRUGS-- Albuterol or MDI						
283		Proventil HFA	QL=3 inh		•		2 months, then PAP
284		albuterol sulfate sol.		•			
285	2. METHYL XANTHINE DRUGS						
286		theophylline		•			
287		theophylline anhydrous		•			
288	3. OTHER DRUGS FOR ASTHMA						
289		ipratropium bromide		•			
290		Pulmicort Respules	QL= 70 (.25 & .5mg), 35 (1mg)	•			
291		Pulmicort Flexhaler	QL= 2 inhalers (90mcg), 3 inhlaers (180mg)	•			
292		SPIRIVA	QL= 1 package (6 capsules); 2 packages (30 capsules)		•		2 months, then PAP
293		Qvar		•			
294		Epipen		•			
295	4. ANTIHISTAMINES						
296		cyproheptadine hcl		•			
297		promethazine hcl		•			
298	5. ANTIHISTAMINE/DECONGESTANT COMBINATIONS						
299		promethazine vc		•			
300	6. ANTITUSSIVE AND EXPECTORANT DRUGS						
301		benzonatate		•			
302		guaifenesin w/codeine		•			
303		hydrocodone w/guaifenesin		•			
304		promethazine w/codeine		•			
305		promethazine w/dm		•			
306	CHAPTER 16: UROLOGICAL MEDICATIONS						
307	1. OTHER GENITOURINARY PRODUCTS						
308		finasteride		•			
309	CHAPTER 17: MEDICAL (MISCELLANEOUS) SUPPLIES						
310	1. DIABETIC SUPPLIES						

	A	B	C	D	E	F	G
2				TIER			
3		DRUG NAME	PA/QLL/ST	1	2	3	SUGGESTED PREFERRED ALTERNATIVES
311		INSULIN SYRINGES		•			