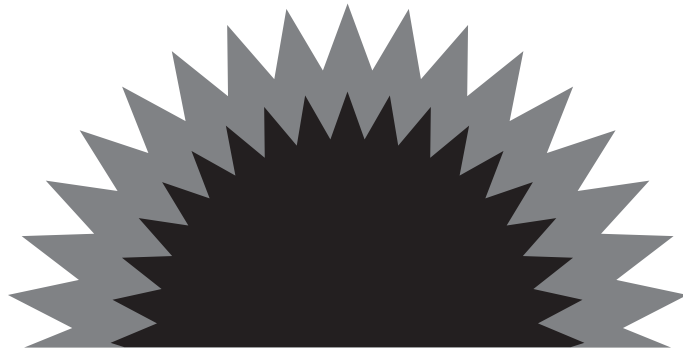


# 2010 3-TIER FORMULARY



**ADVANTAGE**

*...rising above the service you expect<sup>SM</sup>*



# 2010 ADVANTAGE 3-TIER FORMULARY

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## ADVANTAGE 3-TIER FORMULARY

The information provided in this document pertains to your Prescription Benefit Plan. ADVANTAGE Health Solutions, Inc. uses this formulary to assist prescribers in managing your prescriptions and cost. Please take a copy of this formulary to your physician so he/she can make an informed decision regarding your prescription needs. You can link to this formulary by logging on to [www.advantageplan.com](http://www.advantageplan.com) as a member. **The formulary and quantity limitation listing are subject to change.**

Please note that this list contains the Tier 1, 2, and 3 drugs. **Any brand name drug not shown on this list should be considered a Tier 3 (a non-preferred drug and subject to the non-preferred copay).** For all Tier 2 and 3 drugs, if the generic is available and you choose the brand name drug, you will be responsible for both the applicable copay PLUS the cost difference between the original brand name drug and the generic alternative. If no generic drug is available, you will only be responsible for the applicable copay; however, your copay will not exceed the cost of the drug.

Brand Name medications are listed in ALL CAPS. Generic medications are listed in lowercase.

### **INCLUSION ON LIST DOES NOT GUARANTEE COVERAGE**

Your Prescription Benefit Plan does not cover all drugs. ADVANTAGE operates in accordance with The Ethical and Religious Directives for Catholic Health Care Services and strives to ensure our services and products are consistent with the medical ethics or precepts of the Catholic Church. For example, oral contraceptives are not covered unless your employer purchased a separate Family Planning Rider.

Certain medications may require prior approval and are noted on the attached list with "PA". Some drugs have quantity limits and are listed with "QL". **Some non-preferred drugs that are not listed may also have quantity limits.**

### **PARTICIPATING NETWORK PHARMACY PROVIDERS**

The following national chains participate in the ADVANTAGE Pharmacy Provider Network. In addition, many local independent retailers participate, as well as Orchard Pharmaceutical Services, our contracted Mail Order pharmacy.

Costco	Meijer
CVS	Target
K-Mart	Wal-Mart/Sam's
Kroger	Walgreens
Marsh	

### **SMOKING CESSATION**

ADVANTAGE covers the following smoking cessation drugs:

- buproban (generic for ZYBAN®) – Generic Tier
- CHANTIX (varenicline) – Brand Non-Preferred Tier
- ZYBAN (bupropion) – Brand Non-Preferred Tier

Members receiving CHANTIX may utilize [www.GETQUIT.com](http://www.GETQUIT.com) for addition information.

*Note: These medications will be covered for a single once lifetime maximum per member of no more than one hundred twenty (12) days of therapy of any single or combination of the above products.*

### **MAIL ORDER IS AVAILABLE**

You may save as much as one copay by using the mail order for maintenance medications. If you have a **flat dollar** copay, you normally pay 2-times the retail pharmacy copay for a 3 month (90 day) supply (saving the 3<sup>rd</sup> copay). If you have a **percentage copay, you will pay the same percentage.** For prescription refills by telephone, the mail order pharmacy can be reached at 866.909.5170. Mail order also offers online services and you can visit their website at [www.orchardrx.com](http://www.orchardrx.com) 24 hours a day. **Use of the mail order pharmacy is not a guarantee of savings.**

### **OVER-THE-COUNTER MEDICATIONS**

ADVANTAGE covers certain over-the-counter (OTC) medications as part of their Prescription Benefit Plan. OTC items listed on the formulary are covered, however, in order to be covered; they must be prescribed by your physician and obtained from a participating pharmacy or our contracted mail order pharmacy. Covered OTC items will be designated as "OTC" in the Tier column on the attached list.

### **LIFESTYLE MEDICATIONS**

Lifestyle medications (noted as "LS") are medications not routinely covered by your Prescription Benefit Plan. As an ADVANTAGE member you may receive a discount on purchases of these medications. Examples of lifestyle drugs include, but are not limited to Caverject, Cialis, Levitra, Meridia, Muse, Viagra, Xenical. For safety reasons, some lifestyle drugs may have quantity limits.

### **BIOTECHNOLOGY MEDICATIONS/DRUGS**

This section applies if your benefit includes the ADVANTAGE biotech drug coverage. Biotechnology medications are those medications that typically are injectable, but not always, and often require significant education, training, special injection services, or must be administered in your physician's office. Copayment/coinsurance for biotech agents, when applicable, apply regardless of whether the medication is obtained through your physician's office, through a participating pharmacy, or from our contracted specialty pharmacy provider. Drugs subject to Biotech Copayment will be designated as "BT" in the Tier column on the attached list. Please note, not all biotech agents are listed.

### **Care-ADVANTAGE**

Care-ADVANTAGE is a program developed by ADVANTAGE to help you deal with long-term health problems; often called "chronic" conditions or illnesses. When you join the program you may be eligible for reduced prescription copays on medicines you take for your chronic health problem(s) through the ADVANTAGE prescription mail order program.

Eligible medications are noted on the attached list with a "CA" and are subject to change.

## ADVANTAGE STEP THERAPY REQUIREMENTS

For some conditions, your doctor will need to prescribe one medication before trying another—to use “Drug A” before trying “Drug B”. Step Therapy is a program that encourages the use of safe and effective first-line medications. First-line drugs are well established and known to be both safe and effective. These drugs are preferred therapy for most people. Clinical committees select first-line and second-line drugs after careful review of medical literature, manufacturer product information, and consultation with medical professionals. These steps are taken to ensure that protocols reflect current and appropriate drug therapy recommendations. Medications that have a Step Therapy requirement are noted on the attached list with an “ST”. **Please note that not all medications requiring Step Therapy are included on this listing, and physician-provided samples will not satisfy a step therapy requirement.**

If you are a new member or just enrolling with ADVANTAGE and are currently taking or have taken one of the second line medications listed below within the past six months, please ask for a “**Step Therapy Plan Exception Request Form**”. Have your physician or pharmacist complete the form and fax it to the fax number listed on the form.

ANGIOTENSIN-2 INHIBITORS (A2)	
First Line Medications	Second Line Medications
benazapril (LOTENSIN)	amlodipine/olmesartan (AZOR)
benazapril/amlodipine (LOTREL)	amlodipine/valsartan (EXRFORGE)
benazapril/HCTZ (LOTENSIN HCT)	candesartan (ATACAND)
captopril (CAPOTEN, CAPOZIDE)	candesartan/HCTZ (ATACAND HCT)
enalapril (VASOTEC)	eprosartan (TEVETAN)
enalapril/diltiazem (TECZEM)	eprosartan /HCTZ (TEVETEN HCT)
enalapril/felodipine (LXXEL)	irbesartan (AVAPRO)
enalapril/HCTZ (VASERETIC)	irbesartan/HCTZ (AVALIDE)
fosinopril (MONOPRIL, MONPRIL HCT)	losartan (COZAAR)
fosinopril/HCTZ (MONOPRIL HCT)	losartan/HCTZ (HYZAAR)
lisinopril (PRINIVIL, ZESTRIL)	olmesartan (BENICAR)
lisinopril/HCTZ (PRINZIDE, ZESTORETIC)	olmesartan/HCTZ (BENICAR HCT)
moexipril (UNIVASC, UNIRETIC)	telmisartan (MICARDIS)
perindopril (ACEON)	telmisartan/HCTZ (MICARDIS HCT)
quinapril (ACCUPRIL, ACCURETIC)	valsartan (DIOVAN)
ramipril (ALTACE)	valsartan/HCTZ (DIOVAN HCT)
trandolapril (MAVIK)	aliskiren (TEKTURNA)
trandolapril/Verapamil (TARKA)	aliskiren/HCTZ (TEKTURNA HCT)
COX-2 INHIBITORS (COX-2)	
First Line Medications*	Second Line Medications
diclofenac potassium (CATAFLAM)	celecoxib (CELEBREX) *
diclofenac sodium (VOLTAREN)	* warfarin
EC naproxen (NAPRALEN)	* Any Proton Pump Inhibitor
etodolac (LODINE)	* Age Greater than equal to 60
fenoprofen (NALFON)	
flurbiprofen (ANSAID)	
ibuprofen (MOTRIN)	
indomethacin (INDOCIN/SR)	
ketoprofen (ORUDIS), ketoprofen SR (ORUVAIL)	
ketorolac (TORADOL)	
meclfenamate (MECLOMEN)	
nabumetone (RELAFEN)	
naproxen (NAPROSYN, ANAPROX)	
oxaprozin (DAYPRO)	
piroxicam (FELDENE)	
sulindac (CLINORIL)	
tolmetin (TOLECTIN DS)	

LEUKOTRIENE MODIFIERS	
First Line Medications	Second Line Medications
albuterol (Any formulation)	zafirlukast (ACCOLATE)
albuterol/ipratropium bromide (COMBIVENT)	montelukast (SINGULAIR)
albuterol/ipratropium bromide (DUONEB)	zileutin (ZYFLO)
beclomethasone (BECONASE AQ)	zileutin (ZYFLO CR)
budesonide (RHINOCORT AQ)	
cetirizine (ZYRTEC)	
fexofenadine (ALLEGRA, ALLEGRA D)	
flunisolide (NASAREL)	
fluticasone (FLONASE, VERAMYST)	
fluticasone/salmeterol (ADVAIR)	
loratadine (CLARITIN, CLARITIN D)	
pirbuterol (MAXAIR)	
triamcinolone (NASACORT AQ)	
PROTON PUMP INHIBITORS (PPI) (Some plans do not cover PPI's)	
First Line Medications	Second Line Medications
omeprazole (OTC or Rx Generic)	deslansoprazole (KAPIDEX)
pantoprazole (Generic PROTONIX)	esomeprazole (NEXIUM)
prilosec OTC (on a prescription)	lansoprazole (PREVACID/PREVACID SoluTab)
	lansoprazole/naproxen (PREVPAC)
	omeprazole brand only (PRILOSEC RX)
	omeprazole/Sod Bicarb (ZEGERID)
	pantoprazole (PROTONIX)
	rabeprazole (ACIPHEX)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
First Line Medications	Second Line Medications
citalopram (CELEXA)	escitalopram (LEXAPRO)
fluoxetine (PROZAC)	fluoxetine (PROZAC, PROZAC WEEKLY)
fluvoxamine (LUVOX)	fluoxetine (SARAFEM)
paroxetine, paroxetine CR (PAXIL)	fluoxetine/olanzapine (SYMBYAX)
sertraline (ZOLOFT)	paroxetine mesylate (PEXEVA)
SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITORS	
First Line Medications	Second Line Medications
venlafaxine ir (EFFEXOR)	desvenlafaxine (PRISTIQ)
venlafaxine sr (EFFEXOR)	duloxetine (CYMBALTA)*
venlafaxine xr (EFFEXOR XR)	* duloxetine may be used first line with a confirmed diagnosis of Diabetic Neuropathic Pain

## 2010 QUANTITY LIMITS

<b>Envision Pharmaceutical Services</b>			
<b>Quantity Limits on Prescription Drugs</b>			
<b>Brand Drug Name</b>	<b>Generic Drug Name</b>	<b>Retail quantity</b>	<b>Mailorder Quantity</b>
Actiq	Fentanyl Citrate Lollipop	120 units	360 units
Aerobid & Aerobid M Inh 250mcg/7ml	Flunisolide	7 ml (1 inh)	21 ml (3 inh)
Alendronate (Fosamax) 35mg tabs	Alendronate	8 tabs	24 tabs
Alendronate (Fosamax) 70mg tabs	Alendronate	4 tabs	12 tabs
Alupent Inh/refill 650mcg/14ml	Metaproterenol Sulfate	28 ml (2 inh)	84 ml (6 inh)
Amerge 1mg, 9s	Naratriptan	9 tabs	27 tabs
Amerge 2.5mg, 9s	Naratriptan	9 tabs	27 tabs
Anzemet tabs	Dolasetron	21 tabs	63 tabs
Anzemet vial for oral use	Dolasetron	10 ml	30 ml
Axert 12.5mg tabs	Almotriptan	9 tabs	27 tabs
Axert 6.25mg tabs	Almotriptan	9 tabs	27 tabs
Azmacort 100mcg/20ml	Triamcinolone	40 ml (2 inh)	120 ml (6 inh)
Butorphanol NS 2.5ml	Butorphanol Tartrate	6 ml (2 units)	18 ml (6 units)
Cialis tabs	Tadalafil	6 tabs	18 tabs
Combivent Inh 15ml	Albuterol Sulf/Ipratropium	30 ml (2 inh)	90 ml (6 inh)
Edex & Caverject	Alprostadil	6 inj	18 inj
Fentanyl patches	Fentanyl TD Patch	10 patches	30 patches
Fentora buccal tab	Fentanyl Citrate Buccal Tab	120 tabs	360 tabs
Flovent HFA 110 mcg inh 12gm	Fluticasone Propionate HFA Inh Aer	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 220 mcg inh 12gm	Fluticasone Propionate HFA Inh Aer	24 gm (2 inh)	72 gm (6 inh)
Flovent HFA 44 mcg inh 10.6gm	Fluticasone Propionate HFA Inh Aer	22 gm (2 inh)	66 gm (6 inh)
Flovent Rotadisk 50mcg, 100mcg, 250mcg,	Fluticasone Propionate	4 pak (60 discs)	180 discs
Foradil Inhalant Caps/Aerolizer, 60s	Formoterol Fum.	60 caps	90 caps
Frova 2.5mg tabs 9's	Frovatriptan	9 tabs	27 tabs
Granisetron (Kytril) 1mg tab	Granisetron	21 tabs	63 tabs
Granisol (Kytril) 2mg/10ml soln	Granisetron	30 ml	90 ml
Hydrocodone/APAP (Vicodin ES) 7.5/750 mg tab	Hydrocodone/acetaminophen tab	150 tabs	450 tabs
Hydrocodone/APAP (Vicodin HP) 10/660 mg tab	Hydrocodone/acetaminophen tab	180 tabs	540 tabs
Hydrocodone/APAP (Vicodin) 5/500 mg tab	Hydrocodone/acetaminophen tab	240 tabs	720 tabs
Intal Inhaler 14.2 gm	Cromolyn Sodium	14.2 gm (1inh)	42.6 gm (3 inh)
Intal Inhaler 8.1 gm	Cromolyn Sodium	16.2 gm (2 inh)	48.6 gm (6 inh)
Levitra Tabs	Vardenafil	6 tabs	18 tabs
Maxair Autoinhaler 14gm	Pirbuterol	28 gm (2 inh)	84 gm (6 inh)
Maxalt 5mg, 10mg, 5mg MLT, 10mg MLT tab	Rizatriptan	9 tabs	27 tabs
Ondansetron (Zofran) 4mg, 8mg 24mg tab	Ondansetron	21 tabs	63 tabs

## 2010 QUANTITY LIMITS

Brand Drug Name	Generic Drug Name	Retail quantity	Mailorder Quantity
Ondansetron (Zofran) 4mg/5ml soln	Ondansetron	50 ml	150 ml
Ondansetron ODT (Zofran ODT) 4 & 8 mg tab	Ondansetron	21 tabs	63 tabs
Oxycodone ER (Oxycontin)	Oxycodone-sustained release	60 tabs	180 tabs
Percocet 10/650 mg tab	Tab	180 tabs	540 tabs
Percocet 5/325 mg tab	Tab	360 tabs	1080 tabs
Perocet 7.5/500 mg tab	Tab	240 tabs	720 tabs
ProAir HFAProAir HFA	Albuterol Sulfate Inhal Aero	17 gm (2 inh)	51 gm ( 6 inh)
Proventil HFA	Albuterol Sulfate Inhal Aero	20.1 gm (3 inh)	60.3 gm (9 inh)
Pulmicort Turbinaler Pwd 200mcg	Budesonide	2 inh	6 inh
Pulmozyme	Dornase Alfa Inhal Soln	2 boxes (150 units)	6 boxes (450 units)
QVAR 40MCG, 80MCG	Budesonide	14.6 gm (2 inh)	43.8 gm (6 inh)
Relpax 20mg tabs, 40mg tabs	Eletriptan	9 tabs	27 tabs
Serevent diskus 50mcg	Salmeterol	60 blisters	180 blisters
Sumatriptan (Imitrex) 4 mg/0.5ml 6mg/0.5ml Inj	Sumatriptan	2 kits (4 doses)	6 kits (12 doses)
Sumatriptan (Imitrex) NS 20mg/6ml	Sumatriptan	1 bx (6 doses) 6ml	3 boxes (18ml)
Sumatriptan (Imitrex) 25mg, 50mg 100mg tabs	Sumatriptan	9 tabs	27 tabs
Sumatriptan (Imitrex) 6mg/.05ml Injectable Vial	Sumatriptan	5 vials (5 doses) 2.5ml	15 vials
Sumatriptan (Imitrex) NS 5mg	Sumatriptan	3 bx (18 doses) 18ml	6 bx (54 doses) 54ml
Tilade	Aerosol	49 gm (3 inh)	146 gm (9 inh)
Tobi	Tobramycin Nebu Soln	280 ml(56 amps)	840 ml(168 amps)
Ventolin HFA 18 gm inhaler	Albuterol Sulfate Inhal Aero	36 gm (2 inh)	108 gm (6 inh)
Ventolin HFA 8gm inhaler	Albuterol Sulfate Inhal Aero	56 gm (7 inh)	168 gm (21 inh)
Viagra Tabs	Sildenafil	6 tabs	18 tabs
Zomig 2.5mg, 2.5mg ZMT, 5mg, 5mg ZMT Tabs	Zolmitriptan	9 tabs	27 tabs
Zomig Nasal Spray 5mg	Zolmitriptan	6 units (1 pak)	18 units (3 paks)
		<b>Maximum Per Year</b>	
Terbinafine (Lamisil) 250mg tabs	Terbinafine	90 tabs per year	
Lotronex 1mg tabs	Alosetron	84 tabs per year	
Itraconazole (Sporanox) 100mg	Itraconazole	240 per year	
		<b>Other Maximum</b>	
Relenza	Zanamivir	10 days therapy	
Ketorolac (Toradol)	Ketorolac Tromethamine	20 tabs	
Tamiflu	Oseltamivir	10 days therapy	

## ADVANTAGE NON-PREFERRED FORMULARY ALTERNATIVES

As part of ADVANTAGE's commitment to helping our members and clients utilize the tools of the benefits they choose, we have developed the following list to assist members in working with their physicians to choose alternative drug therapies when they are using a Brand Non-Preferred Product.

Below you will find a listing of the most commonly prescribed and utilized Brand Non-Preferred agents for ADVANTAGE. Next to each agent you will find a potential alternative that you might wish to discuss with your treating physician. In some instances, Over-the-Counter (OTC) medications may be the preferred alternative and are a covered benefit when prescribed by your physician and obtained through a participating retail or mail order pharmacy.

Please note that inclusion on the listing below does not eliminate the need for required generic substitution, or Step Therapy requirements. This listing is subject to change and is not all-inclusive.

It is important to note that the alternatives in some cases are not generic drugs, but rather, other brand name agents often used to treat the same conditions. Remember, changing your medications at any time should only be done after consulting your prescriber.

NON-PREFERRED AGENT	POSSIBLE ALTERNATIVE(S)
ACCU-CHEK PRODUCTS	FreeStyle or Bayer Products
ACIPHEX	PRILOSEC OTC, omeprazole, omeprazole OTC, pantoprazole
ADDERALL XR	amphetamine salts, methylphenidate
AEROBID	FLOVENT, PULMICORT
ALOCRIAL	ALAMAST
ALORA	CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
AMERGE	IMITREX, IMITREX NASAL, RELPAX, sumatriptan
ANDROGEL	ANDRODERM
ATACAND	DIOVAN, MICARDIS, BENICAR
ATACAND HCT	DIOVAN HCT, MICARDIS HCT, BENICAR HCT
ATROVENT HFA INHALER	SPIRIVA
AUGMENTIN XR	amoxicillin & K clavulanate
AVALIDE	DIOVAN HCT, MICARDIS HCT, BENICAR HCT
AVAPRO	DIOVAN, MICARDIS, BENICAR
AXERT	IMITREX, RELPAX, ZOMIG
AZOR	DIOVAN, MICARDIS, BENICAR, enalapril, fosinopril, lisinopril
BECONASE/AQ	FLONASE, NASONEX, NASACORT AQ
BONIVA	alendronate, EVISTA
CARDENE SR	diltiazem ER, verapamil extended release, NORVASC
CENESTIN	PREMARIN, ESTRACE
CHEMSTRIP BG	FreeStyle or Bayer Products
CHIBROXIN	CILOXAN, VIGAMOX
COMBIVENT	FLOVENT, PULMICORT
COVERA-HS	diltiazem ER verapamil extended release, NORVASC
COZAAR	DIOVAN, MICARDIS, BENICAR
ESCLIM	CLIMARA, VIVELLE, MENOSTAR, ESTRADERM
FAST TAKE	FreeStyle or Bayer Products
FROVA	IMITREX, RELPAX, sumatriptan, ZOMIG
HECTOROL	ZEMPLAR
HELIDAC	Generic bismuth, metronidazole, tetracycline
HYZAAR	DIOVAN HCT, MICARDIS HCT, BENICAR HCT
JANUMET	ACTOS, AVANDIA
JANUVIA	ACTOS, AVANDIA
KETEK	azithromycin, cephalexin, erythromycin
KLONOPIN WAFERS	clonazepam
KYTRIL	ZOFRAN or ANZEMET

NON-PREFERRED AGENT	POSSIBLE ALTERNATIVE(S)
LANOXICAPS	digoxin liquid or tablets
LESCOL XL	lovastatin, pravastatin, simvastatin
LEVAQUIN	ciprofloxacin
MAXALT	IMITREX, RELPAX, sumatriptan, ZOMIG
MAXAQUIN	ciprofloxacin
METADATE CD	amphetamine salts, methylphenidate
NAPRELAN	Generic NSAIDs
NOROXIN	ciprofloxacin
ONE TOUCH PRODUCTS	FreeSyle or Bayer Products
ORTHO-PREFEST	PREMPRO, PREMPHASE
PANDEL	Multiple generic topical steroids
PENETREX	ciprofloxacin
PENTASA	ASACOL
PONSTEL	Generic NSAIDs
PRAVIGARD	lovastatin, pravastatin, simvastatin
PRILOSEC	PRILOSEC OTC, omeprazole, omeprazole OTC, pantoprazole
PROVENTIL HFA	VENTOLIN HFA
PROZAC ONCE WEEKLY	fluoxetine, paroxetine
RHINOCORT AQUA	FLONASE, NASONEX, NASACORT AQ
ROWASA	ASACOL
SARAFEM	fluoxetine
SKELID	ACTONEL
SONATA	triazolam, temazepam, flurazepam, RESTORIL 7.5 mg
SUPRAX	keflex
SURE STEP	FreeSyle or Bayer Products Preferred
TESTODERM	ANDRODERM, ANDROGEL
TEVETEN	DIOVAN, MICARDIS, BENICAR, lisinopril, moexepiril, enalapril, captopril w/ hctz
TEVETEN HCT	DIOVAN, MICARDIS, BENICAR, lisinopril, moexepiril, enalapril, captopril w/ hctz
TRI-NASAL	FLONASE, NASONEX, NASACORT AQ
TRUSOPT	betaxolol, brimonidine, carteolol
UROXATRAL	doxazosin, FLOMAX, terazosin
VANCENASE AQ/DS	FLONASE, NASONEX, NASACORT AQ
VANCOCIN	metronidazole
VANTIN	keflex
VELOSEF	keflex
WELCHOL	lovastatin, pravastatin, simvastatin
ZYFLO	ACCOLATE or SINGULAIR
ZYMAR	CILOXAN, VIGAMOX

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

If a drug is available generically, the brand name is listed after the generic name for reference.

Drug Name	Tier	Comments
8-MOP	2	
<b>A</b>		
ABILIFY	2	
ACCOLATE	2	ST; CA
ACCU-CHEK PRODUCTS	3	
ACCUNEB	2	CA
ACCUPRIL	3	CA
acebutolol (SECTRAL)	1	CA
ACEON	3	CA
acetaminiphen/caffeine/butalb (ESGIC/PLUS) (FIORCET) (ZEBUTAL)	1	
acetaminophen/butalbital (AXOCET) (PHRENILINE/FORTE)	1	
acetazolamide (DIAMOX)	1	
acetic acid (VOSOL)	1	
acetic acid/aluminum acetate (BOROFAIR OTIC) (DOMEBORO OTIC)	1	
acetic acid/hydrocortisone (VOSOL HC)	1	
acetylcysteine (MUCOMYST)	1	PA
ACIPHEX	3	ST
ACLOVATE	3	
acticin (ELIMITE)	1	
ACTIQ (fentanyl)	3	PA; QL
ACTIVEVILLA	2	
ACTONEL	2	
ACTONEL WITH CALCIUM	2	
ACTOPLUS MET	2	CA
ACTOS	2	CA
ACULAR LS	2	
acyclovir (ZOVIRAX)	1	
ADDERALL XR	3	
ADVAIR Disc/ADVAIR HFA	2	CA
ADVATE	BT	PA
ADVICOR	3	CA
AEROBID-M	3	CA; QL
AFINITOR	2	
AGENERASE	2	
AGGRENOX	2	
AKINETON	2	

Drug Name	Tier	Comments
AKNE-MYCIN	2	
ALAMAST	2	
ALAWAY OTC	OTC	
ALBENZA	2	
albuterol (PROVENTIL)	1	CA
ALDARA	2	
alendronate (FOSAMAX0)	1	QL
ALINIA	2	
ALKERAN	2	
ALLEGRA-D	2	
allopurinol	1	
ALOCRIAL	3	
ALOMIDE	2	
ALORA	3	
ALPHAGAN P	2	
ALPHANATE	BT	PA
ALPHANINE S	BT	PA
alprazolam (XANAX)	1	
alprazolam/er (XANAX/ER)	1	
alprazolam/xr (XANAX/XR)	1	
ALREX	2	
ALTOCOR	3	CA
aluminum chloride hexahydrate (DRYSOL)	1	
amantadine (SYMMETREL)	1	
AMBIEN CR	2	
amcinonide (CYCLOCORT)	1	
AMERGE	3	QL
AMEVIVE	BT	PA
aminocaproic acid (AMICAR)	1	
aminophylline	1	
amiodarone (CORDARONE)	1	CA
AMITIZA	2	
amitriptyline (ELAVIL)	1	
amitriptyline hcl/perphenazine (ETRAFONE/FORTE) (TRIAVIL)	1	
amitriptyline/chlordiazepoxide (LIMBITROL)	1	
amlodipine besylate (NORVASC)	1	CA
amlodipine besylate-benazepril (LOTREL)	1	CA

Drug Name	Tier	Comments
amoxapine (ASENDIN)	1	
amoxicillin & k clavulanate (AUGMENTIN)	1	
amoxicillin (AMOXIL)	1	
amphetamine salt combo (ADDERALL, ADDERALL XR)	1	
amphetamine/dextroamphetamine (ADDERALL)	1	
ampicillin	1	
amylase./lipase/protease (COTAZYM) (CREON) (KU-ZYME HP) (PANCREASE/MT) (PANCRON) (PROTILASE) (ULTRASE/MT) (VIOKASE)	1	
ANADROL	3	
anagrelide (AGRYLIN)	1	
ANA-KITS	2	QL
ANALPRAM HC	2	
ANDRODERM	2	PA
ANDROGEL	3	PA
ANDROID	2	
ANTABUSE	2	
ANTARA	2	CA
antipyrine/benzocaine (AURAGLAN)	1	
ANZEMET	2	QL
apap/isometheptene/dichlphen (MIDRIN)	1	
APIDRA	2	CA
apri (DESOGEN)	1	PA
ARANESP	BT	PA
ARICEPT/ARICEPT ODT	2	
ARIMIDEX	2	
ARIXTRA	3	PA
AROMASIN	2	
ASACOL	2	
ASCENSIA PRODUCTS	2	
ascomp/codeine (FIORINAL W/CODEINE)	1	
ASMANEX	2	CA
aspirin/caffeine/butalbital (FIORINAL)	1	
ASTELIN	2	
ASTEPRO	2	
ATACAND	3	ST; CA

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

If a drug is available generically, the brand name is listed after the generic name for reference.

Drug Name	Tier	Comments
ATACAND HCT	3	ST; CA
atenolol (TENORMIN)	1	CA
ATRIPLA	2	
atropine sulfate (ISOPTO ATROPINE)	1	
ATROVENT HFA INHALER	3	CA
AUGMENTIN XR	3	
AUTOPLEX	BT	PA
AVALIDE	3	ST; CA
AVANDAMET	2	CA
AVANDARYL	2	CA
AVANDIA	2	CA
AVAPRO	3	ST; CA
AVC	2	
AVELOX	2	
aviane (LEVLITE)	1	PA
AVINZA	2	
AVODART	2	
AVONEX	BT	PA
AXERT	3	QL
azatadine (OPTIMINE)	1	
azathioprine (IMURAN)	1	
AZELEX	2	
AZILECT	2	
azithromycin (ZITHROMAX)	1	
AZMACORT	2	CA; QL
AZOPT	2	
AZOR	3	ST, CA
azurette (MIRCETTE)	1	PA
<b>B</b>		
bacitracin	1	
baclofen (LIORESAL)	1	
BACTROBAN CREAM	2	
BAYGAM	BT	PA
BAYRHO D	BT	PA
BEBULIN	BT	PA
BECONASE/AQ	3	
belladonna alkaloids (ANTI-SPAS) (DONNATAL)	1	

Drug Name	Tier	Comments
benazepril/hctz (LOTENSIN HCT)	1	CA
benazepril (LOTENSIN)	1	CA
BENEFIX	BT	PA
BENICAR	2	CA; ST
BENICAR HCT	2	CA; ST
BENZACLIN	2	
benzonatate (TESSALON PEARLS)	1	
benzoyl peroxide - erythromycin gel (BENZAMYCIN)	1	
benzoyl peroxide (BENZAC/AC/W) (BENZAGEL) (DESQUAME/X) (PANOXYL/AQ)	1	
benztropine (COGENTIN)	1	
betameth/propylene glycol (DIPROLENE AF) (DIPROLENE)	1	
betamethasone dipropionate (DIPROSONE) (MAXIVATE)	1	
betamethasone valerate (VALISONE)	1	
BETASERON	BT	PA
betaxolol (KERLONE)	1	CA
bethanechol (URECHOLINE)	1	
BETIMOL	2	
BETOPTIC S	2	
BILTRICIDE	2	
BIOCULATE	BT	PA
bisoprolol (ZEBETA)	1	CA
BOTOX	BT	PA
BREVOXYL	2	
bromocriptine mesylate (PARLODEL)	1	
bromonidine tartrate (ALPHAGAN)	1	
BRONCOMAR	2	
bromfenex-pd (BROMFED PD)	1	
bumetanide (BUMEX)	1	
buproban (ZYBAN)	1	QL
bupropion (WELLBUTRIN)	1	
bupropion sr (WELLBUTRIN SR)	1	
bupropion sr (WELLBUTRIN XL)	1	
buspirone (BUSPAR)	1	
butorphanol (STADOL NS)	1	QL
BYETTA	2	PA; CA

Drug Name	Tier	Comments
BYSTOLIC	2	CA
<b>C</b>		
cabergoline (DOSTINEX)	1	
CADUET	2	CA
CAFERGOT	2	
calcitriol (ROCATROL)	1	
CANTIL	2	
CAPEX	2	
CAPITROL SHAMPOO	2	
captopril (CAPOTEN)	1	CA
captopril/hctz (CAPOZIDE)	1	CA
CARAC	2	
CARAFATE SUSPENSION	2	
carbachol (ISOPTO CARBACHOL)	1	
carbamazepine (TEGRETOL)	1	
CARBATROL	2	
carbidopa/levodopa (SINEMET/CR)	1	
CARDENE SR	3	CA
CARDIZEM LA	3	CA
CARDURA	3	CA
carisoprodol & aspirin (SOMA CMP)	1	
carisoprodol (SOMA)	1	
carteolol (OCUPRESS)	1	
cartia xt (CARDIZEM CD)	1	CA
carvedilol (COREG)	1	CA
CASODEX	2	
CATAPRES TTS	3	CA
CAVERJECT	3	LS; QL
CEDAX	3	
CEENU	2	
cefaclor (CECLOR)	1	
cefadroxil (DURICEF)	1	
cefdinir (OMNICEF)	1	
cefepodoxime proxetil (VANTIN)	1	
cefprozil (CEFZIL)	1	
cefuroxime axetil (CEFTIN)	1	
cefuroxime axetil susp (CEFTIN susp)	1	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

If a drug is available generically, the brand name is listed after the generic name for reference.

Drug Name	Tier	Comments
CEFZIL	3	
CELEBREX	2	ST
CELLCEPT	2	
CELONTIN	2	
CENESTIN	3	
cephalexin (KEFLEX)	1	
CERUMENEX	2	
CHANTIX	3	QL
CHEMSTRIP BG	3	CA
CHIBROXIN	3	
chloral hydrate (AQUA CHLORAL)	1	
chloramphenicol (CHLOROMYCETIN)	1	
chlordiazepoxide hcl (LIBRIUM)	1	
chlorhexidine (PERIDEX)	1	
chlorhexidine (PERIOSTAT)	1	
chloroquine phosphate (ARALEN)	1	
chlorothiazide (DIURIL)	1	CA
chlormpromazine (THORAZINE)	1	
chlorthalidone (HYGROTON)	1	CA
chlorzoxazone (PARAFON FORTE DSC)	1	
cholestyramine/aspartame (QUESTRAN LT)	1	CA
cholestyramine/sucrose (QUESTRAN)	1	CA
choline/magnesium salicylate (TRILISATE)	1	
CIALIS	2	LS; QL
ciclopirox (LOPROX) (PENLAC)	1	
cilostazol (PLETAL)	1	CA
cimetidine (TAGAMET)	1	
CIMZIA	BT	PA
CIPRO HC	2	QL
CIPRODEX	2	
ciprofloxacin (CIPRO) (CILOXAN)	1	
ciprofloxacin sr 24hr (CIPRO XR)	1	
citalopram (CELEXA)	1	
citric acid/k-na citrates (CTYRA-3) (POLYCITRA/LC)	1	
citric acid/potassium citrate (CYTRA-K) (POLYCITRA-K)	1	
claravis (AC CUTANE)	1	
CLARINEX	3	

Drug Name	Tier	Comments
clarithromycin (BIAXIN/BIAXIN XL)	1	
CLARITIN	OTC	
CLARITIN-D	OTC	
CLARITIN-D 24 HOUR	OTC	
clemastine fumarate (TAVIST)	1	
CLEOCIN PEDIATRIC	2	
clidinium/chlordiazepoxide (LIBRAX)	1	
CLIMARA CLIMARA PRO	2	
clindamycin hcl (CLEOCIN)	1	
clindamycin phosphate (CLEOCIN T) (CLEOCIN VAG)	1	
clindamycin phosphate (CLINDA-DERM)	1	
clioquinol/hydrocortisone (HYSONE)	1	
clobetasol propionate (TEMOVATE/E)	1	
CLODERM	3	
clomipramine (ANAFRANIL)	1	
clonazepam (KLONOPIN)	1	
clonidine (CATAPRES)	1	CA
clonidine hcl/chlorthalidone (COMBIPRES)	1	CA
clopidogrel bisulfate (PLAVIX)	1	CA
clorazepate (TRANXENE)	1	
clotrimazole (MYCELEX)	1	
clotrimazole/betamethasone dipropionate (LOTRIMIN) (LOTRISONE)	1	
cloxacillin	1	
clozapine (CLOZARIL)	1	
cod/pro (PHENERGAN/CODEINE)	1	
codeine phosphate/apap (TYLENOL W/CODEINE)	1	
codeine phosphate/aspirin	1	
codeine sulfate	1	
codeine/apap/caffeine/butalb (FIORICET W/CODEINE)	1	
codeine/asa/caffeine/butalb (FIORINAL W/CODEINE)	1	
COGNEX	3	
COLAZAL	2	
colchicine	1	
colchicine & probenecid	1	
colestipol (COLESTID)	1	CA
COMBIGAN	2	

Drug Name	Tier	Comments
COMBIPATCH	2	
COMBIVENT	3	CA; QL
COMBIVIR	2	
COMBUNOX	3	
COMTAN	2	
CONCERTA	3	
CONDYLOX	2	
COPAXONE	BT	PA
COPEGUS	2	PA
CORDRAN	3	
COREG CR	2	CA
CORTANE	2	
CORTIFOAM	2	
COSOPT	3	
COUMADIN	2	
COVERA-HS	3	CA
COZAAR	3	ST; CA
CRESTOR	2	CA
CRINONE	2	
CRIVAN	2	
cromolyn (CROLOM)	1	CA
cromolyn (INTAL nebulization)	1	CA
CUTIVATE	3	
cyclobenzaprine (FLEXERIL)	1	
CYCLOGYL	2	
cyclophosphamide (CYTOXAN)	1	
cyclosporine (NEORAL)	1	
cyclosporine (SANDIMMUNE)	1	
CYKLOKAPRON	2	
CYMBALTA	2	ST
cyproheptadine	1	
CYSTADANE	2	
CYTOMEL	2	
<b>D</b>		
DANAZOL	3	
dantrolene (DANTRIUM)	1	
DAPSONE	2	
DARAPRIM	2	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

If a drug is available generically, the brand name is listed after the generic name for reference.

Drug Name	Tier	Comments
DARVON COMPOUND	2	
DDAVP TABLETS	2	
DENAVIR	2	
DEPAKOTE	2	CA
DEPAKOTE ER	2	CA
DEPEN TITRATABS	2	
DEPO-PROVERA*	2	PA
DERMA-SMOOTHIE/FS	2	
DERMATOP	2	
desipramine (NORPRAMIN)	1	
desmopressin acetate (DDAVP NASAL SPRAY)	1	
DESOGEN	3	PA
desonide (DESOWEN) (TRIDESILON)	1	
desoximetasone (TOPICORT/LP)	1	
DETROL/LA	2	
dexamethasone (DECADRON) (HEXADROL)	1	
dexchlorpheniramine maleate (POLARAMINE)	1	
dextroamphetamine (DEXADRINE) (DEXSTROSTAT)	1	
DHT	2	
DIASTAT	2	
diazepam (VALIUM)	1	
DIBENZYLINE	2	
diclofenac potassium (CATAFLAM)	1	
diclofenac sodium (VOLTAREN/XR)	1	
dicloxacillin	1	
dicyclomine (BENTYL)	1	
DIDRONEL	2	
DIFFERIN	2	Age Limit May Apply
diflorasone (PSORCON/E)	1	
diflorasone diacetate cr (FLOROSONE/E)	1	
DIFLUCAN	3	
digoxin (LANOXIN)	1	CA
diltiazem (CARDIZEM/SR/CD) (DILACOR XR) (TIZAC)	1	
DIOVAN	2	ST; CA
DIOVAN HCT	2	ST; CA
DIPENTUM	3	

Drug Name	Tier	Comments
dipivefrin (PROPINE)	1	
dipyridamole (PERSANTINE) (NORPACE/CR)	1	
disphenoxylate/atropine sulfate (LOMOTIL)	1	
DITROPAN XL	3	
DONNATAL EXTENTAB	2	
DORYX	3	
DOVONEX	2	
doxazosin (CARDURA)	1	CA
doxepin (SINEQUAN)	1	CA
doxycycline monohydrate (MONODOX, ADOXA)	1	
doxycycline hyclate (VIBRAMYCIN) (VIBRATABS)	1	
DRITHO-SCALP	2	
DUAC	3	
DUET ACT	2	CA
DUONEB	2	CA
DURAGESIC (fentanyl)	3	
DYNABAC	3	
DYNACIRC CR	3	CA
dyphylline (LUFYLLIN)	1	CA
<b>E</b>		
EASIVENT	2	
econazole nitrate (SPECTAZOLE)	1	
ECONOPRED	2	
EDEX	3	LS; QL
EFFEXOR XR	2	
EFUDEX	2	
electrolyte sol'n/peg's (COLYTE) (GOLYTELY)	1	
ELIDEL	2	
ELIXOPHYLLIN-GG	2	CA
ELMIRON	2	
EMADINE	3	
EMCYT	2	
EMEND	2	
ENABLEX	2	
endocet (PERCOCET)	1	
enalapril (VASOTEC)	1	CA
enalapril/hctz (VASERETIC)	1	CA

Drug Name	Tier	Comments
ENBREL	BT	PA
ENTOCORT EC	2	
ENZYMAS	2	
ephedrine sulfate	1	
EPIFOAM	2	
EPIFRIN	2	
EPINAL	2	
EPI-PEN/EPI-PEN Jr	2	QL
EPIVIR/HBV	2	PA
EPOGEN	BT	PA
ERCAF	2	
ergocalciferol (DRISDOL)	1	
ERGOMAR	2	
ergotamine/belladonna/pb (BELLAMINE-S) (BELLERGA-S)	1	
ergotamine/caff/bella/p-barb (BELCOMP-PB)	1	
erythromycin base - generic	1	
erythromycin base (EMGEL) (E-MYCIN) (ERYCETTE) (ERYDERM) (ERYGEL) (ERYMAX) (T-STAT)	1	
erythromycin base/benzoyl peroxide (BENZAMYCIN)	1	
erythromycin ethylsuccinate (E.E.S.)	1	
erythromycin ethylsuccinate (ERY-PED)	1	
erythromycin stearate	1	
erythromycin/sulfisoxazole (PEDIAZOLE)	1	
ESCLIM	3	
estazolam (PROSOM)	1	
ESTRACE Vag Cr	3	
ESTRADERM	2	
estradiol (ESTRACE Tabs)	1	
ESTRADIOL TRANSDERMAL SYSTEM	1	
ESTRATAB	3	
ESTRATEST/HS	3	
ESTRING	2	
estropipate (OGEN)	1	
estropipate (ORTHO-EST)	1	
ESTROSTEP/FE	3	PA
ethambutol (MYAMBUTOL)	1	
ethinyl estradiol-ethynodiol diacetate (DEMULEN)	1	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

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Drug Name	Tier	Comments
ethinyl estradiol-levonorgestrel (ALESSE)	1	
ethinyl estradiol-levonorgestrel (NORDETTE)	1	
ethinyl estradiol-levonorgestrel (TRIPHASIL)	1	
ethinyl estradiol-norgestrel (LO/OVRAL)	1	
ethinyl estradiol-norgestrel (OVRAL)	1	
ETHMOZINE	2	
ethosuximide (ZARONTIN)	1	
etodolac (LODINE/XL)	1	
etoposide (VEPESID)	1	
EURAX	2	
EVISTA	2	
EVOXAC	2	
EXELDERM	3	
EXELON	2	
EXELON Patches	2	
EXFORGE	2	CA; ST
EXFORGE HCT	2	CA; ST
<b>F</b>		
famciclovir (FAMVIR)	1	
famotidine (PEPCID)	1	
FANSIDAR	2	
FARESTON	2	
FAST TAKE	3	CA
FEIBA VH	BT	PA
FELBATOL	2	
felodipine (PLENDIL)	1	CA
FEMARA	2	PA
FEMHRT	3	
FEMRING	3	
fenofibrate (LOFIBRA)	1	CA
FENOGLIDE	2	CA
fentanyl (ACTIQ)	1	PA; QL
fentanyl (DURAGESIC)	1	PA; QL
fentora (fentanyl)	1	PA; QL
FERTILITY MEDICATIONS	BT	PA
fexofenadine (ALLEGRA)	1	
FINACEA	2	
finasteride (PROSCAR)	1	

Drug Name	Tier	Comments
flavoxate (URISPAS)	1	
FLEBOGAMMA	BT	PA
flecainide (TAMBOCOR)	1	CA
FLOMAX	2	
FLOVENT ROTADISK	2	CA; QL
FLOVENT/FLOVENT HFA	2	CA; QL
FLOXIN OTIC	3	
fluconazole (DIFLUCAN)	1	
fludrocortisone (FLORINEF)	1	
fluocinolone acetonide (SYNALAR)	1	
fluocinonide (LIDEX/E)	1	
fluorometholone (FML LIQUIFILM)	1	
FLUOROPLEX	2	
fluoxetine (PROZAC)	1	
flouxymesterone (HALOTESTIN)	1	
fluphenazine hcl (PERMITIL) (PROLIXIN)	1	
flurazepam (DALMANE)	1	
flurbiprofen (ANSAID)	1	
flutamide (EULEXIN)	1	
fluticasone propionate (FLONASE)	1	
fluvoxamine (LUVOX)	1	
FML FORTE, S.O.P.	2	
FML-S	2	
FOCALIN, FOCALIN XR	3	
folic acid	1	
FORADIL	2	CA; QL
FORTAMET	2	CA
FORTEO	BT	
fortical (MIACALCIN)	1	
FORTOVASE	2	
FOSAMAX	1	
fosinopril (MONOPRIL)	1	CA
fosinopril hct (MONOPRIL HCT)	1	CA
FRAGMIN	3	PA
FREESTYLE PRODUCTS	2	CA
FROVA	3	QL
FURADANTIN	3	
furosemide (LASIX)	1	CA

Drug Name	Tier	Comments
FUROXONE	2	
<b>G</b>		
gabapentin (NEURONTIN)	1	
GABITRIL	2	
GAMUNEX	BT	PA
ganciclovir (CYTOVENE)	1	
gemfibrozil (LOPID)	1	CA
GENOTROPIN	BT	PA
gentamicin (GARAMYCIN) (GENOPTIC)	1	
GEODON	2	
GLUCUOPHAGE XR	3	CA
GLEEVEC	2	PA
glimepiride (AMARYL)	1	CA
glipizide & metformin (METAGLIP)	1	CA
glipizide (GLUCOTROL)	1	CA
glipizide er (GLUCOTROL XL)	1	CA
GLUCAGON	2	CA
GLUCOTROL	3	CA
GLUCOVANCE	2	CA
GLUMETZA	3	CA
glyburide (DIABETA) (GLYCRON) (GLYNASE) (MICRONASE)	1	CA
glycopyrrolate (ROBINUL/FORTE)	1	
GLYSET	3	CA
GRIFULVIN V	2	
GRIS-PEG	2	
GROWTH HORMONE	BT	PA
gua/hym (DILAUDID COUGH SYRUP)	1	
gua/pse (DECONSAL) (ENTEX PSE) (GUAIBID D) (GUAIFED/PD) (GUAIMAX-D)	1	
guanabenz (WYTENSIN)	1	CA
guanfacine (TENEX)	1	CA
<b>H</b>		
HALFAN	2	
halobetasol propionate (ULTRAVATE)	1	
HALOG/E	3	
haloperidol (HALDOL)	1	
hctz/amiloride (MODURETIC)	1	CA
hctz/atenolol (TENORETIC)	1	CA

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

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Drug Name	Tier	Comments
hctz/bisoprolol (ZIAC)	1	CA
hctz/propranolol (INDERIDE)	1	CA
hctz/triamterene (DYAZIDE) (MAXZIDE)	1	CA
HECTOROL	3	
HELIDAC	3	
HELIXATE FS	BT	PA
heperin sodium	1	PA
HEPSERA	2	
HEXALEN	2	
hista-vent da	1	
histinex hc	1	
HIVID	2	
HMS LIQUIFILM	2	
homatropine hbr (ISOPTO HOMATROPINE)	1	
HUMALOG	2	CA
HUMATE-P	BT	PA
HUMATROPE	BT	PA
HUMIRA	BT	PA
HUMULIN PRODUCTS	2	CA
HYALGAN	MD	Medical benefit
HYATE-C	BT	PA
hyd/ht (HYCODON)	1	
hydralazine (APRESOLINE)	1	CA
hydralazine/hctz (APRESAZIDE)	1	CA
hydrochlorothiazide (ESIDRIX) (HYDRODIURIL)	1	CA
hydrocodone bitartrate/apap (LORTAB TAB) (VICODIN/ES)	1	QL
hydrocodone bitartrate/ibuprofen (VICOPROFEN)	1	QL
hydrocortisone (CORTEF) (CORTENEMA) (HTYONE) (LACTICARE-HC) (NUTRACORT) (PENECORT) (PROCTOCORT HC)	1	
hydrocortisone acetate (ANUSOL HC)	1	
hydrocortisone acetate/urea (CARMOL HC)	1	
hydrocortisone valerate (WESTCORT)	1	
hydromorphone (DILAUDID)	1	
hydroxychloroquine (PLAQUENIL)	1	
hydroxyurea (HYDREA)	1	
hyoscyamine (ANASPAZ) (CYSTOSPAZ) (LEVSIN/SL) (LEVSINEX)	1	

Drug Name	Tier	Comments
HYTAKEROL	2	
HYZAAR	3	ST, CA
<b>I</b>		
ibuprofen (MOTRIN)	1	
IMDUR	3	CA
imipramine hcl (TOFRANIL)	1	
IMITREX	2	QL
indapamide (LOZOL)	1	CA
INDERAL LA	3	CA
indomethacin (INDOCIN/SR)	1	
INFERGEN	BT	PA
INNOHEP	3	PA
INNOPRAN XL	3	CA
INTAL INHALER	2	CA; QL
INTRON-A	BT	PA
INVIRASE	2	
IODINE STRONG	2	
iodoquinol/hydrocortisone (VYTONE)	1	
IOPIDINE	2	
ipratropium (ATROVENT NASAL SPRAY)	1	CA
IRESSA	2	PA
isoetharine hcl	1	
isoniazid (ISONAZID) (NYDRAZID)	1	
isosorbide dinitrate (DILATRATE-SR) (ISORDIL) (SORBITRATE)	1	CA
isosorbide mononitrate (IMDUR)	1	CA
isotretinoin (AC CUTANE)	1	
itraconazole (SPORANOX)	1	QL
<b>J</b>		
jantoven	1	CA
JANUMET	3	CA
JANUVIA	3	CA
jolivet (ORTHO MICRON)	1	PA
junel (LO-ESTRIN)	1	PA
<b>K</b>		
K PHOS	2	
KADIAN	3	
KALETRA	2	

Drug Name	Tier	Comments
KAPIDEX	2	ST
kariva (MIRCETTE)	1	PA
KEMADRIN	2	
KETEK	3	
ketoconazole (NIZORAL CR) (NIZORAL TAB)	1	
ketorolac (TORADOL)	1	QL
ketotifen fumarate oph sol (ZADITOR)	1	
ketoprofen (ORUDIS)	1	
KINERET	BT	PA
KLARON	2	
KLONOPIN WAFERS	3	
K-LYTE DS	2	
KOATE DVI	BT	PA
KOGENATE FS	BT	PA
K-PHOS MODIFIED	2	
K-PHOS ORIGINAL	2	
KRISTALOSE	2	
KRONOFED-A	2	
KRONOFED-A JR	2	
KYTRIL	3	QL
<b>L</b>		
labetalol (NORMODYNE) (TRANDATE)	1	CA
lactulose (CEPHULAC) (CHRONULAC) (DUPHALAC) (ENULOSE)	1	
LAMICTAL	3	
LAMISIL	3	QL
lamotrigine (LAMICTAL)	1	
LAMPRENE	2	
LANOXICAPS	3	CA
LANTUS/LANTUS SOLOSTAR	2	CA
LARODOPA	2	
LASIX	3	CA
leflunomide (ARAVA)	1	
LESCOL XL	3	CA
lessina (LEVLITE, ALESSE)	1	PA
LETAIRIS	2	
LEUCOVORIN	2	
LEUKERAN	2	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

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Drug Name	Tier	Comments
LEUKINE	BT	PA
LEVAQUIN	3	
LEVEMIR	2	CA
levetiracetam (KEPPRA)	1	
LEVITRA	3	LS; QL
LEVLEN	2	PA
LEVLITE	2	PA
levobunolol (BETAGAN)	1	
levonorgestrel & Ethinyl Estradiol (SEASONALE)	1	PA
levonorgestrel-ethin estradiol (TRI-LEVLEN)	1	PA
levorphanol	1	
levothyroxine (LEVOTHROID) (SYNTHROID) (UNITHROID)	1	
LEVOXYL	2	
LEVSIN/PB	1	
LEXAPRO	2	ST
LEXXEL	3	CA
LIDODERM	2	
LIFESCAN	3	
LINDANE	2	
LIPITOR	2	CA
lisinopril (PRINIVIL) (ZESTRIL)	1	CA
lisinopril/hctz (PRINZIDE) (ZESTORETIC)	1	CA
lithium carbonate (ESKALITH/CR) (LITHOBID) (LITHONATE)	1	
lithium citrate	1	
LIVOSTIN	3	
LMX4	2	
LMX5	2	
LOCOID Cr/Oint/Solt'n	2	
LOCOID LIPOCREAM	2	
LODOSYN	2	
LO-ESTRIN	3	PA
LOFIBRA	3	
loperamide	1	
LOPID	3	CA
LOPRESSOR	3	CA
LOPROX	3	
LORABID	3	

Drug Name	Tier	Comments
LORATADINE OTC	OTC	
lorazepam (ATIVAN)	1	
LORTAB Elixir	2	
LOTEMAX	2	
LOTENSIN	3	CA
LOTRONEX	2	QL
lovastatin (MEVACOR)	1	CA
LOVAZA	2	CA
LOVENOX	2	PA
loxapine succinate (LOXITANE)	1	
LUMIGAN	3	
LUNESTA	2	PA
LUPRON DEPOT	MD	Medical benefit
lutera (ALESSE, LEVLITE)	1	PA
LYBREL	2	PA
LYRICA	2	
LYSODREN	2	
<b>M</b>		
MACROBID	3	
maprotilie (LUDIOMIL)	1	
MATULANE	2	
MAVIK	3	CA
MAXAIR	3	CA; QL
MAXALT	3	QL
MAXAQUIN	3	
MAXIDEX	2	
MEBARAL	2	
mebendazole (VERMOX)	1	
meclizine hcl (ANTIVERT)	1	
meclofenamate	1	
MEDISENSE SYRINGES	2	
medroxyprogesterone (PROVERA)	1	
mefloquine (LARIAM)	1	
MEGACE ES SUSP	3	
megestrol (MEGACE)	1	
meloxicam (MOBIC)	1	
MENEST	2	

Drug Name	Tier	Comments
MENOSTAR	2	
MENTAX	2	
meperidine (DEMEROL)	1	
meprobamate (MILTOWN)	1	
mercaptopurine (PURINETHOL)	2	
MEPRON	2	
mercaptopurine (PURINETHOL)	1	
MESNEX	2	
METADATE CD	3	
METAGLIP	3	CA
metaproterenol nebulizer solution (ALUPENT)	1	CA; QL
metformin (GLUCOPHAGE)	1	CA
metformin XR (GLUCOPHAGE XR)	1	CA
meth/me blue/ba/salol/atp/hyos (URISED)	1	
methadone (DOLOPHINE)	1	
methadose	1	
methamphetamine (DESOXYN)	1	
methazolamide (NEPTAZANE)	1	CA
METHERGINE	2	
methimazole (TAPAZOLE)	1	
methocarbamol & aspirin (ROBAXISAL)	1	
methocarbamol (ROBAXIN)	1	
methotrexate (RHEUMATREX)	1	
methotrexate injection	MD	Medical Benefit Only
methyclothiazide (AQUATENSEN) (ENDURON)	1	CA
methyl dopa (ALDOMET)	1	CA
methyl dopa/hctz (ALDORIL)	1	CA
methylphenidate (METADATE ER) (METHYLIN ER) (RITALIN/SR)	1	
methylin (RITALIN)	1	
methylin er (RITALIN SR)	1	
methylprednisolone (MEDROL)	1	
metipranolol (OPTIPRANOLOL)	1	
metoclopramide (REGLAN)	1	
metolazone (ZAROXOLYN)	1	CA
metoprolol succinate er (TOPROL XL)	1	CA
metoprolol tartrate (LOPRESSOR)	1	CA
metronidazole (FLAGYL/ER)	1	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

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Drug Name	Tier	Comments
metronidazole cr (METROCREAM)	1	
metronidazole cr and vag (METROGEL, METROGEL VAG)	1	
metronidazole lotion (METROLOTION)	1	
mexiletine (MEXITIL)	1	CA
MIACALCIN	2	
MICARDIS	2	ST, CA
MICARDIS HCT	2	ST, CA
miconazole nitrate (MONISTAT-DERM)	1	
microgestin (LOESTRIN)	1	PA
midazolam hcl syr (VERSED)	1	
midodrine hcl (PROAMATINE)	1	
minocycline (DYNACIN) (MINOCIN)	1	
minoxidil (LONITEN)	1	CA
MINTEZOL	2	
MIRAPEX	2	
MIRCETTE	3	PA
mirtazapine (REMERON)	1	
misoprostol (CYTOTEC)	1	
MOBAN	2	
moexetil (UNIVASC)	1	CA
mometasone furoate (ELOCON)	1	
MONARC-M	BT	PA
MONOCLATE-P	BT	PA
MONOINE	BT	PA
mononessa (ORTHO CYCLEN)	1	PA
MONOPRIL	3	CA
morphine (MS CONTIN) (MS IR) (RMS-SUPP) (ROXANOL)	1	
multivitamins w/flouride	1	
multivitamins w/fluor & iron	1	
mupirocin (BACTROBAN OINT)	1	
MUSE	3	LS
MYCELEX TROCHE	2	
MYCOBUTIN	2	
mycophenolate mofetil (CELLCEPT)	1	
MYLERAN	2	
MYOBLOC	BT	PA
MYTELASE	3	

Drug Name	Tier	Comments
<b>N</b>		
nabumetone (RELAFEN)	1	
nadolol (CORCARD)	1	CA
naltrexone hcl oral tab (REVIA)	1	
NAMENDA	2	
NAPRELAN	3	
naproxen (EC-NAPROSYN) (NAPROSYN)	1	
naproxen sodium (ANAPROX DS)	1	
NARDIL	2	
NASACORT AQ	2	
NASCOBAL	2	
NASONEX	2	
NEBUPENT	2	
nefazodone (SERZONE)	1	
neomycin suf/polymy/buffers/hc (PEDIOTIC)	1	
neomycin sulfate/hc	1	
neomycin sulfate/polymyxin/hc (CORTISPORIN)	1	
neomycin/bacitracin/polymyxin (NEOSPORIN)	1	
neomycin/polymyxin/dexameth (DEXACIDIN) (MAXITROL)	1	
neostigmine bromide (PROSTIGMIN)	1	
NEULASTA	BT	PA
NEUMEGA	BT	PA
NEUPOGEN	BT	PA
NEURONTIN	2	
NEVANAC	2	
NEXAVAR	2	
NEXIUM	2	ST
NIACIN-RX	2	
NIASPAN	2	CA
NIAZID-B6	2	
nicardipine extended-release (CARDENE)	1	CA
nifediac cc (ADALAT CC)	1	CA
nifedical xl (PROCARDIA XL)	1	CA
nifedipine (PROCARDIA)	1	CA
nifedipine extended-release (ADALAT CC) (PROCARDIA XL)	1	CA
NILANDRON	2	
NIMOTOP	2	

Drug Name	Tier	Comments
nitrofurantoin macrocrystal (MACRODANTIN)	1	
nitroglycerin (NITRO-BID) (NITRO-DUR) (NITROL) (NITROSTAT)	1	CA
NITROLINGUAL	2	CA
nizatidine (AXID)	1	
NORDITROPIN	BT	PA
noreth a-et estra/fe fumarate (LOESTRIN/FE)	1	PA
norethindrone (NOR QD) (ORTHO MICRONOR)	1	PA
norethindrone acetate (AYGESTIN)	1	PA
norethindrone-ethin estradiol (BREVICON) (MODICON)	1	PA
norethindrone-mestranol (NORYINYL) (ORTHO NOVUM)	1	PA
norgestimate-ethinyl estradiol (ORTHO CYCLEN)	1	PA
norgestimate-ethinyl estradiol (ORTHO TRI-CYCLEN)	1	PA
NORITATE	2	
NOROXIN	3	
nortriptyline (AVENTYL) (PAMELOR)	1	CA
NORVIR	2	
NOVOFINE	2	CA
NOVOLIN PRODUCTS (all)	2	CA
NOVOLOG	2	CA
NOVOSEVEN	BT	PA
NULYTELY	2	
NUTROPIN/NUTROPIN AQ	BT	PA
NUVARING	2	PA
nystatin (MYCOSTATIN) (NILSTAT)	1	
<b>O</b>		
ofloxacin (FLOXIN) (OCUFLOX)	1	
OLUX	2	
omeprazole OTC (OTC PRILOSEC)	OTC	
omeprazole RX (PRILOSEC)	1	
ONE TOUCH PRODUCTS	3	CA
OPANA	2	
OPANA ER	2	
opium/belladonna alkaloids (B&O)	1	
OPTICHAMBER	3	
OPTIHALER	3	
OPTIVAR	2	

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

**If a drug is available generically, the brand name is listed after the generic name for reference.**

Drug Name	Tier	Comments
ORAP	2	
ORAPRED	2	
ORENCIA	BT	PA
orphenadrine (NORFLEX)	1	
orphenadrine/aspirin/caffeine (NORGESIC)	1	
ORTHO CEPT	3	PA
ORTHO CYCLEN	3	PA
ORTHO MICRON	3	PA
ORTHO NOVUM	3	PA
ORTHO TRI-CYCLEN LO	3	PA
ORTHO-EVRA	2	PA
ORTHO-PREFEST	3	
ORUDIS	2	
OVCON	3	PA
OVIDE	2	
OVRETTE	3	PA
OXANDRIN	3	PA
oxaprozin (DAYPRO)	1	
oxazepam (SERAX)	1	
oxcarbazepine (TRILEPTAL)	1	
OXISTAT	3	
OXSORALEN-ULTRA	2	
oxybutynin (DITROPAN)	1	
oxycodone (OXY IR)	1	
oxycodone/acetaminophen (PERCOCET)	1	QL
oxycodone/aspirin	1	
OXYCONTIN	2	QL
oxyfast conc (ROXICODONE CONC)	1	
OXYTROL	3	
<b>P</b>		
PAMINE/FORTE	2	
pancrelipase (PANCREASE MT, CREON)	1	
PANDEL	3	
PANGES	2	
pantoprazole (PROTONIX)	1	ST
paromomycin (HUMATIN)	1	
paroxetine (PAXIL)	1	
paroxetine cr (PAXILCR)	1	

Drug Name	Tier	Comments
PASER	2	
PATADAY	2	
PATANOL	2	
PBZ-SR	2	
PCE	3	
pe/cod/pro (PHENERGRAN VC/CODEINE)	1	
pe/cpm/scop (EXTENDRYL SR/JR/CHEW)	1	
PEG INTRON	BT	PA
PEGANONE	BT	PA
PEGASYS	BT	PA
pemoline (CYLERT)	1	
PENETREX	3	
penicillin	1	
PENLAC	2	
PENTASA	3	
pentazocine/naloxone (TALWIN NX)	1	
pentoxifylline (TRENTAL)	1	
PERIOSTAT	3	
permethrin (ELIMITE)	1	
perphenazine (TRILAFON)	1	
phenazopyridine (PYRIDIUM)	1	
phenobarbital	1	
PHENURONE	2	
phen chlor-tan (RYNATAN)	1	
phenylephrine hcl (NEO-SYNEPHRINE)	1	
PHENYTEK	2	
phenytoin (DILANTIN)	1	
PHOSLO	2	
PHOSPHOLINE IODIDE	2	
phosphorus (K PHOS NEUTRAL)	1	
pilocarpine hcl (PILOCAR)	1	
pilocarpine hcl/epinephrine (E-PILO)	1	
PILOPINE H.S.	2	
pindolol (VISKEN)	1	CA
piroxicam (FELDENE)	1	
PLAVIX	2	CA
polymyxin b sulfate/tmp (POLYTRIM)	1	
POLY-PRED	2	

Drug Name	Tier	Comments
PONSTEL	3	
pot bicarb/pot chloride/ca (K-LYTE CL)	1	
potassium bicarb/ca (KLOR-CON)	1	
potassium chloride (KAOCHLOR/SF) (KAYCIEL) (K-DUR) (K-LOR) (KLOTRIX) (K-TAB) (MICRO-K)	1	
potassium citrate er (UROCIT-K)	1	
potassium gluconate	1	
PRAMOSONE Cr/Oint/Lotion	2	
pramoxine/hydrocortisone	1	
PRANDIN	2	CA
pravastatin (PRAVACHOL)	1	CA
PRAVIGARD	3	CA
prazosin (MINIPRESS)	1	CA
PRECISION Q-I-D PRODUCTS	2	CA
PRECOSE	3	CA
PRED MILD	2	
PRED-G	2	
prednisolone (PRELONE)	1	
prednisolone acetate (ECONPRED PLUS) (PRED FORTE)	1	
prednisolone sod phosphate (INFLAMASE/FORTE) (PEDIAPRED)	1	
prednisone (DELTASONE)	1	
PREMARIN	2	
PREMARIN LOW DOSE	2	
PREMARIN VAGINAL CR	2	
PREMPHASE	2	
PREMPRO	2	
PREMPRO LOW DOSE	2	
prenatal vitamins	1	
PRENATAL VITAMINS	2	
PRENATE ELITE	2	
PREVACID (all forms)	3	ST
PREVACID NAP PAK	3	ST
PREVACID OTC	OTC	
PREVPAC	3	ST
PRIFTIN	2	
priimidone (MYSOLINE)	1	
PRILOSEC	3	ST

**ADVANTAGE PRESCRIPTION DRUG 3-TIER LISTING**

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Drug Name	Tier	Comments
primaquine	1	
PRISTIQ	2	ST
PROAIR HFA	2	CA; QL
PRO-BANTHINE	2	
probenecid	1	
procainamide (PONESTYL/SR) (PROCANBID)	1	
prochlorperazine edisylate (COMPAZINE)	1	
PROCRIT	BT	PA
PROCTOCREAM-HC	2	
PROCTOFOAM	2	
proctosol-hc (ANUSOL HC)	1	
PROFILNINE	BT	PA
PROGRAF	2	
promethazine (PHENERGAN)	1	
PROMETRUIM	3	
propafenone (RYTHMOL)	1	CA
PROPLEX T	BT	PA
propoxyphene hcl/acetaminophen (WYGESIC)	1	QL
propoxyphene hcl/asa/caffeine (DARVON)	1	
propoxyphene napsylate/apap (DARVOCET-N)	1	
propranolol (INDERAL)	1	CA
propylthiouracil	1	
PROTONIX	1	ST
PROTOPIC	2	
PROVENTIL HFA	3	CA
PROVIGIL	3	
PROZAC ONCE WEEKLY	3	ST; QL
pse/bpm (BROMFED/PD)	1	
pse/dbm	1	
pse/tri	1	
PULMICORT RESPULES	2	CA
PULMICORT TURBUHALER/FLEXHALER	2	CA; QL
PULMOZYME	BT	PA; QL
PURINETHOL	2	
pyrazinamide	1	
pyridostigmine (MESTINON)	1	
pyrillamine/phenyltolox/phenir (POLY-HISTINE)	1	

Drug Name	Tier	Comments
<b>Q</b>		
QUARZAN	2	
quinapril (ACCUPRIL)	1	CA
quinapril and hctz (ACCURETIC)	1	CA
quinidine gluconate (QUINAGLUTE)	1	CA
quinidine sulfate (QUINIDEX)	1	CA
quinine sulfate	1	
QUIXIN	2	
QVAR	3	CA; QL
<b>R</b>		
ramipril (ALTACE)	1	CA
RANEXA	2	CA
ranitidine (ZANTAC)	1	
RAPAMUNE	BT	PA
RAPTIVA	BT	PA
RAZADYNE	3	
REBETOL	2	PA
REBETRON	BT	PA
REBIF	BT	PA
RECOMBINATE	BT	PA
REFACTO	BT	PA
REGRANEX	2	PA, QL
RELENZA	3	QL
RELPAK	2	QL
REMICADE	BT	PA
RENACIDIN	2	
RENAGEL	2	
REQUIP XL	2	
RESCRIPTOR	2	
RESCULA	3	
RESTASIS	2	
RETIN-A MICRO	2	Age Limit May Apply
RETROVIR	2	
REVATIO	2	PA
REVLIMID	BT	PA
REYATAZ	2	
RHINOCORT AQUA	3	

Drug Name	Tier	Comments
RIDAURA	2	
ribavirin (COPEGUS) REBETOL (RIBASPHERE)	1	
RIFAMATE	2	
rifampin (RIFADIN) (RIMACTANE)	1	
RIFATER	2	
RILUTEK	2	
rimantadine (FLUMADINE)	1	
RISPERDAL M-TAB	3	
risperidone (RISPERDAL)	1	
RITALIN LA	2	
ROBINUL FORTE	2	
ROBINUL TABLET	2	
ROFERON-A	BT	PA
ropinirole (REQUIP)	1	
ROWASA	3	
<b>S</b>		
SAIZEN	BT	PA
SALAGEN	2	
salsalate (DISALCID) (SALFLEX)	1	
SARAFEM	3	ST
SEASONIQUE	2	PA
SEBIZON	2	
selegiline (ELDERPRYL)	1	
selenium sulfide (EXSEL) (SELSUN)	1	
SENSIPAR	2	
SERENTIL	3	
SEREVENT DISKUS	2	CA; QL
SEROMYCIN	2	
SEROQUEL	2	
SEROQUEL XR	2	
sertraline (ZOLOFT)	1	
silver sulfadiazine (SILVADENE)	1	
simvastatin (ZOCOR)	1	CA
SINGULAIR	2	ST; CA
SKELAXIN	2	
SKELID	3	
sodium chloride	1	

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Drug Name	Tier	Comments
sodium citrate & citric acid solution (BICITRA)	1	
sodium citrate/citric acid (CYTRA-2)	1	
sodium fluoride (KARIDIUM) (LURIDE/SF)	1	
sodium polystyrene sulfonate (KAYEXELATE) (KIONEX)	1	
SONATA	3	
SORIATANE	2	
sotalol (BETAPACE/AF)	1	CA
SPIRIVA	2	CA
spironolactone (ALDACTONE)	1	CA
spironolactone/hctz (ALDACTAZIDE)	1	CA
SPRYCEL	2	
STALEVO	2	
STARLIX	2	CA
STATICIN	2	
STELAZINE	3	
STIMATE	BT	PA
STRATTERA	2	
STROMECTOL	2	
SUBOXONE	2	PA, QL
SUCRAID	2	
sucralfate (CARAFATE)	1	
SULAR	2	CA
sulfacetamide sodium (BLEPH 10)	1	
sulfacetamide/prednis sp (VASOCIDIN)	1	
sulfacetamide/prednisolone ac (BLEPHAMIDE)	1	
sulfacetamide/sulfur, sublimed (NOVACET) (PLEXION) (SULFACET-R)	1	
sulfamethoxazole/trimethoprim (BACTRIM/BACTRIM DS) (SEPTRA/DS)	1	
SULFAMYLON	2	
sulfasalazine (AZULFADINE)	1	
sulfatrim (BACTRIM, SEPTRA)	1	
sulfipyrazone	1	
SULFOXYL	2	
sulindac (CLINORIL)	1	
SUPRAX	3	
SURE STEP	3	CA
SURMONTIL	2	
SUSTIVA	2	

Drug Name	Tier	Comments
SUTENT	2	PA
SYMBICORT	2	CA
SYMBYAX	2	
SYMLIN & SYMLIN PEN	3	CA
SYNAGIS	BT	PA
SYNALGOS DC	2	
SYNAREL	2	
syntest (ESTRATEST, ESTRATEST HS)	1	
SYNTHROID	3	
SYNVISC	MD	Medical benefit
<b>T</b>		
TAMIFLU	2	QL
tamoxifen (NOLVADEX)	1	
tannate 12 s	1	
tannic 12	1	
TARCEVA	2	
TARGRETIN	2	
TARKA	2	CA
TASMAR	2	
TAZORAC	2	
TEGRETOL XR	2	
TEKURNA	2	ST; CA
TEKURNA HCT	2	ST; CA
temazepam (RESTORIL)	1	
TEMODAR	2	PA
TEQUIN	3	
terazosin (HYTRIN)	1	CA
terbinafine (LAMISIL)	1	QL
terbutaline sulfate (BRETHINE)	1	CA
TESLAC	2	
TESTODERM	3	
TESTOSTERONE	1	
TESTRED	2	
tetracycline (ACHROMYCIN)	1	
TEVETEN	3	ST, CA
TEVETEN HCT	3	ST; CA
TEVTROPIN	BT	PA,

Drug Name	Tier	Comments
THALOMID	2	PA
THEO-24	2	CA
theophylline (ELIXOPHYLLINE/SR) (QUIBRON-T/SR) (SLO-BID) (THEO-DUR) (UNI-DUR)	1	CA
thioguanine	1	
thioridazine (MELLARIL) (MELLARIL-S)	1	
thiothixene (NAVANE)	1	
ticlopidine (TICLID)	1	
TIKOSYN	2	CA
TILADE	2	QL
timolol (BLOCADREN) (TIMOPTIC/XE)	1	
tizanidine (ZANAFLEX)	1	
TOBI	3	PA
TOBRADEX	2	
tobramycin (TOBREX)	1	
TOFRANIL PM	2	
tolmetin (TOLECTIN/DS)	1	
TONOCARD	2	
TOPAMAX	2	
topiramate (TOPAMAX)	1	
TORECAN	2	
torsemide (DEMADEX)	1	CA
TRACER BG	3	CA
TRACLEER	3	PA
tramadol (ULTRAM)	1	
tramadol and apap (ULTRACET)	1	
trandolapril (MAVIK)	1	CA
TRANXENE SD	2	
tranylcypromine sulfate (PARNATE)	1	CA
TRAVATAN	2	
TRAVATAN Z	2	
trazodone (DESYREL)	1	
TRECTOR-SC	2	
tretinoin (RETIN-A) (AVITA)	1	Age limit may apply
TREXALL	2	
TREXIMET	2	
triacinolone acetonide (ARISTOCORT) (KENALOG)	1	

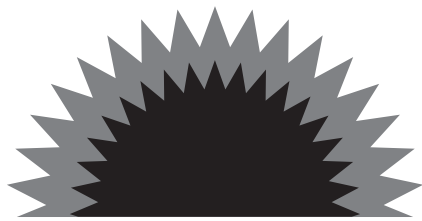
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Drug Name	Tier	Comments
triamcinolone acetonide (KENALOG W/ORABASE)	1	
TRIAZ	2	
triazolam (HALCION)	1	
TRICOR	2	CA
trifluoperazine (STELAZINE)	1	
trifluridine (VIROPTIC)	1	
TRIGLIDE	2	CA
trihexyphenidyl (ARTANE)	1	
TRI-K	2	
TRILIPIX	2	CA
trimethobenzamide (TIGAN)	1	
trimethoprim (PROLOPRIM) (TRIMPEX)	1	
TRI-NASAL	3	
TRI-NORINYL	3	
TRINSICON	2	
TRIPLE SULFA CREAM	2	
triple vitamins w/fluoride	1	
triple vits w/fluor & iron	1	
TRIZIVIR	2	
tropicamide (MYDRIACYL)	1	
TRUSOPT	3	
TUSSIONEX	2	
TWINJECT	2	
<b>U</b>		
ULTRASE (All Forms)	2	
UNIPHYL	2	CA
UNIRETIC	3	CA
unithroid (SYNTHROID)	1	
UNIVASC	3	CA
urea	1	
URO-KP-NEUTRAL	2	
UROXATRAL	3	
URSO	2	
ursodiol (ACTIGALL)	1	
<b>V</b>		
VAGIFEM	2	
valproic acid (DEPAKENE)	1	

Drug Name	Tier	Comments
VALTREX	2	
VANCENASE AQ/DS	3	
VANCOCIN	3	
VANTIN	3	
velivet (CYCLESSA)	1	PA
VELOSEF	3	
venlafaxine (EFFEXOR)	1	
VENTOLIN HFA	2	CA; QL
VERAMYST	2	
verapamil (CALAN/SR)	1	CA
verapamil extended-release (ISOPTIN/SR)	1	CA
VERELAN-PM	3	CA
VESANOID	2	
VESICARE	2	
VEXOL	2	
VFEND	2	PA
VIAGRA	2	LS; QL
VICON FORTE	2	
VIDEX/EC	2	
VIGAMOX	2	
VIRACEPT	2	
VIRAMUNE	2	
VIREAD	2	
VISICOL	2	
VIVACTIL	2	CA
VIVELLE DOT	2	
VOLMAX	3	
VOLTAREN	2	
VYTORIN	3	CA
<b>W</b>		
warfarin (COUMADIN)	1	CA
WELCHOL	3	CA
<b>X</b>		
XALATAN	2	
XANAX	3	
XELODA	2	PA
XOLAIR	BT	PA

Drug Name	Tier	Comments
XOPENEX SOL	2	CA; QL
XYLOCAINE ORAL SPRAY	2	
XYREM	2	PA
<b>Y</b>		
YASMIN	2	PA
YAZ	2	PA
YODOXIN	2	
<b>Z</b>		
ZEGERID	3	ST
ZEMPLAR	2	
ZERIT	2	
ZETIA	3	CA
ZIAGEN	2	
ZITHROMAX Susp	2	
ZMAX SUS 2GM	2	
ZOFRAN	2	QL
zolpidem (AMBIEN)	1	QL
ZOMIG	2	QL
ZOMIG ZMT	2	QL
ZONEGRAN	3	
zonisamide (ZONEGRAN)	1	
ZOVIRAX OINTMENT	2	
ZYFLO	3	ST; CA
ZYLET	2	
ZYMAR	3	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
ZYRTEC	OTC	
ZYRTEC D	OTC	
ZYVOX	3	PA



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Health Solutions, Inc.<sup>SM</sup>  
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