



Member/Physician Reference 2012 Prescription Drug List

With our prescription drug plan, you have four options when a doctor gives you a prescription.

Tier One - most preferred generic and a few selected OTC (Over The Counter) drugs.

Tier Two - preferred brand-name drugs.

Tier Three - non-preferred brand-name and a few non-preferred generic drugs. These drugs may have a lower-cost alternative on Tier One or Tier Two.

Tier Four - self-administered injectable drugs and some specialty medications.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed below are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Tier One

A

Acarbose
Acebutolol
Acetazolamide
Acetic acid ear drops
Acetic acid-aluminum acetate
Acetohexamide
Acetylcysteine
Aclomethasone (cream/ lotion)
Acyclovir (not ointment)
Alavert (Requires Doctor's Prescription)
Alaway (Requires Doctor's Prescription)
Albuterol
Albuterol/ipratropium
Alendronate
Alfuzosin
Allegra Allergy OTC (Requires Doctor's Prescription) Tier-One copay
Allegra-D Allergy OTC (Requires Doctor's Prescription) Tier-One copay
Allopurinol
Alprazolam, XR ☒
Aluminum chloride
Amantadine
Amiloride
Amiloride/HCTZ
Aminocaproic acid
Amiodarone
Amitriptyline
Amlodipine
Amlodipine/benazepril
Amoxapine
Amoxicillin ☒
Amoxicillin-potassium clavulanate ☒
Amphetamine/Dextroamphetamine (XR Tier Three, PA) ☒
Ampicillin ☒
Anagrelide

Anastrozole (PA, PAS)
Anthralin
APAP/Butalbital/Caffeine ☒
Apraclonidine
Apri
Aranelle
Aspirin/butalbital/caffeine ☒
Aspirin/caff/butalbital/codeine ☒
Atenolol
Atenolol/chlorthalidone
Atorvastatin
Atropine
Aviane
Azathioprine
Azelastrine
Azithromycin, XL ☒

B

Baclofen
Balsalazide
Balziva
Benazepril
Benazepril HCTZ
Benzonate
Benzoyl peroxide/erythromycin
Benztrapine
Betamethasone (cream/oint/lotion)
Betaxolol (ophth)
Bethanechol
Bicalutamide
Bisoprolol
Bisoprolol HCTZ
Brimonidine
Bromocriptine
Brompheniramine-Pseudoephedrine ☒
Budesonide respules (PA, PAS > 4yrs)
Bumetanide
Bupropion, SR, XL
Buspiron

C

Cabergoline
Calcitonin nasal spray
Calcitriol

Camila
Camrese
Captopril
Captopril/HCTZ
Carbamazepine, XR
Carbidopa/levodopa
Carboprost
Carisoprodol
Carisoprodol/aspirin
Carteolol (ophth)
Carvedilol (CR Tier Three, ST)
Cefaclor, CD ☒
Cefadroxil ☒
Cefdinir ☒
Cefprozil ☒
Cefuroxime ☒
Cephalexin ☒
Cesia
Cetirizine OTC (Requires Doctor's Prescription)
Cetirizine D OTC (Requires Doctor's Prescription)
Chloral hydrate ☒
Chlordiazepoxide ☒
Chlordiazepoxide/clidinium
Chloroquine ☒
Chlorothiazide ☒
Chlorpromazine (spansule Tier Three)
Chlorpropamide
Chlorthalidone
Cholestyramine
Choline & magnesium
Ciclopirox ☒
Cilostazol
Cimetidine
Ciprofloxacin soln. ☒
Ciprofloxacin (XR Tier Three) ☒
Citalopram
Citrate/citric acid
Clarithromycin, ER ☒
Claritin OTC (Requires Doctor's Prescription)
Claritin D-24 OTC (Requires Doctor's Prescription)
Clemastine 2.68mg
Clindamycin ☒
Clobetasol (cream, oint)

Clomipramine
Clonazepam ☒
Clonidine (TTS Tier Three)
Clorazepate (SD Tier Three) ☒
Clotrimazole Troche
Clozapine ☒
Codeine ☒
Colchicine
Colestipol
Cromolyn sodium ophth
Cryselle
Cyclobenzaprine
Cyclopentolate
Cyclophosphamide (SP) ☒
Cyclosporine (SP) ☒
Cyproheptadine

D

Dantrolene
Desipramine
Desmopressin acetate
Desogestrel-Ethinyl Estradiol
Desonide
Desoximetasone
Dexamethasone
Dexchlorpheniramine
Dexmethylphenidate ☒
Dextroamphetamine ☒
Diazepam ☒
Diclofenac ophth soln
Diclofenac potassium
Diclofenac sodium, XR
Dicloxacillin ☒
Dicyclomine
Didanosine (SP) ☒
Diflurasone diacetate
Diflunisal
Digoxin
Diltiazem
Diphenoxylate-atropine ☒
Dipyridamole
Disopyramide
Disulfiram
Divalproex Sodium (DR, ER)
Donepezil 5mg, 10mg (23mg Tier Three, ST)
Dorzolamide
Doxazosin mesylate (XL Tier Three)

Doxepin
Doxycycline ☒(20mg, Adoxa, Doryx not covered) (Oracea - Tier Three)
Doxycycline susp (syrup Tier Three)

E

Econazole cream
Enalapril
Enalapril HCTZ
Enpresse
Epinephrine HCl
Ergocalciferol
Errin
Erythromycin ☒
Erythromycin/Benzoyl Peroxide
Estradiol
Ethinyl Estradiol/Norethindrone
Estropipate
Ethosuximide
Etodolac, XR
Etoposide (SP) ☒
Exemestane

F

Famciclovir ☒
Famotidine
Felodipine
Fenofibrate
Fenoprofen
Fentanyl patch ☒
Finasteride
Flavoxate
Flecainide
Fluconazole (Susp PA) ☒
Fludrocortisone acetate
Flunisolide
Fluocinonide (topical)
Fluoride/polyvitamins for children
Fluoride/Vitamins A,D,C for children
Fluorometholone
Fluorouracil
Fluoxetine
Fluphenazine

☒ Not available as 90-day supply

Flurazepam ☒
Flurbiprofen
Flurbiprofen sodium (ophth)
Flutamide
Fluticasone Propionate (nasal, cream, oint) (lotion Tier Three)
Fluvoxamine
Folic acid 1 mg
Fosinopril
Fosinopril/HCTZ
Furosemide

G

Gabapentin
Ganciclovir (SP) ☒
Gemfibrozil
Gentamicin (not IV) ☒
Glimepiride
Glipizide, XL
Glipizide/metformin
Glyburide
Griseofulvin ☒
Guafenesin/codeine ☒
Guanabenz acetate
Guanfacine

H

Halobetasol cream/ointment
Haloperidol
Heparin inj ☒
Hydralazine
Hydrochlorothiazide
Hydrocodone/APAP ☒
Hydrocodone/homatropine ☒
Hydrocodone/ibuprofen ☒
Hydrocortisone Ace-Pramoxine
Hydrocortisone tablets
Hydromorphone HCl ☒
Hydroxychloroquine ☒
Hydroxyurea ☒
Hydroxyzine, pamoate
Hyoscyamine

I

Ibuprofen
Imipramine (PM Tier Three)
Imiquimod cream
Indapamide
Indomethacin, SR (not suppos.)
Iodoquinol ☒
Ipratropium (not inhaler)
Isonarif ☒
Isoniazid ☒
Isosorbide dinitrate
Isosorbide mononitrate
Itraconazole capsules (PA, PAS) ☒

J

Jolivet
Junel FE

K

Kariva
Ketoconazole ☒
Ketoprofen, ER
Ketorolac ☒

L

Labetalol
Lactulose
Lamotrigine (Starter Pack Tier Three, ODT (PA) Tier

Three, XR (PA) Tier Three))
Latanoprost
Leena
Lessina
Letrozole (PA, PAS)
Levetiracetam (XR Tier Three, PA, PAS)
Levobunolol
Levodopa/carbidopa
Levofloxacin ☒
Levora
Levothyroxine
Lidocaine viscous
Lidocaine/HC
Lidocaine-prilocaine ☒
Lindane lotion ☒
Liothyronine
Lisinopril
Lisinopril/HCTZ
Lithium
Loratadine D-24 OTC (Requires Doctor's Prescription)
Loratadine OTC (Requires Doctor's Prescription)
Lorazepam ☒
Losartan
Losartan HCTZ
Lovastatin
Low-Ogestrel
Loxapine
Lutera

M

Maprotiline
Mebendazole (tablets, cream) (ER Tier Three) ☒
Meclofenamate
Medroxyprogesterone (tab, inj.)
Megestrol acetate
Meloxicam
Meperidine ☒
Mercaptopurine ☒
Mesalamine enema
Metaproterenol
Metformin/Glipizide
Metformin/Glyburide
Metformin, XR
Methadone ☒
Methazolamide
Methenamine
Methimazole
Methocarbamol
Methotrexate (oral, inj) ☒
Methyldopa
Methyldopa/HCTZ
Methylphenidate ☒
Methylphenidate ER (PA ≥ 19yrs) ☒
Methylprednisolone
Metipranolol (ophth)
Metoclopramide
Metolazone
Metoprolol, XL
Metronidazole tablets, cream, lotion, gel 0.75% (ER Tier Three) ☒
Mexiletine
Minocycline (tabs and Solodyn not covered) ☒
Minoxidil (not soln)
Miralax OTC (Requires Doctor's Prescription)
Mirtazapine (Sol Tab

Tier Three)
Misoprostol
Moexipril
Moexipril-hydrochlorothiazide
MonaNessa
Morphine IR ☒
MPH-A
Mupirocin oint
Mycophenolate (SP) ☒

N

Nabumetone
Nadolol
Naltrexone ☒
Naproxen
Naproxen sodium
Naratriptan ☒
Necon
Neomycin
Neomycin/bacitracin
Nephazoline ophth
Next Choice (Requires Doctor's Prescription)
Nifedipine, XL
Nimodipine
Nisoldipine
Nitrofurantoin
Nitroglycerin, all forms
Nizatidine
Nor-BE
Norethindrone acetate
Norgestrel-ethinyl estradiol
Nortrel
Nortriptyline
Nystatin ☒

O

Ocella
Ofloxacin ☒
Ogestrel
Omeprazole (See Prilosec OTC)
Ondansetron, ODT ☒
Oxaprozin
Oxazepam ☒
Oxcarbazepine
Oxybutynin (XL Tier Three)
Oxycodone IR (SR Tier Three, PA, PAS) ☒

P

Pantoprazole
Paromomycin ☒
Paroxetine (CR Tier Three, ST)
Penicillin VK ☒
Pentoxifylline
Permethrin ☒
Perphenazine
Phenazopyridine
Phenobarbital ☒
Phenytoin
Phenytoin Sodium Extended
Physostigmine sulfate
Pilocarpine
Pindolol
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate (15 mEq not covered)
Pramoxine/HC
Pravastatin
Prazosin
Prednisolone
Prednisolone Acetate

Prednisone
Prenatal Vitamins (prescription forms only) (Prenate and Neevo brands Tier Three)
Prevacid 24HR™ (Requires Doctor's Prescription)
Prilosec
Prilosec OTC 20mg (Requires Doctor's Prescription)
Primidone
Probenecid
Prochlorperazine
Promethazine
Propafenone HCl
Propranolol, LA
Propylthiouracil
Protriptyline

Q

Quasense
Quinapril
Quinapril/HCTZ
Quinidine

R

Ramipril
Ranitidine (Gel & efferdose Tier Three)
Ribasphere (PA, PAS, PAF) ☒ (400mg and 600mg Tier Three)
Ribavirin (PA, PAS, PAF) (SP) ☒
Rifampin ☒
Rimantadine ☒
Risperidone
Ropinirole (XL Tier Three, ST)

S

Salsalate
Selegiline (patch Tier Three)
Selenium sulfide 2.5%
Sertraline
Silver sulfadiazine ☒
Simvastatin (80mg PA, PAS, PAF)
Sodium fluoride (drops, tablets)
Sodium polystyrene sulfonate
Sotalol, AF
Spironolactone
Spironolactone/HCTZ
Sprintec
Stavudine (SP) ☒
Sucralfate
Sulfacetamide
Sulfacetamide/phenylephrine
Sulfacetamide prednisolone
Sulfacetamide/sulfur
Sulfamethoxazole/trimethoprim ☒
Sulfasalazine, EC
Sulfisoxazole ☒
Sulindac
Sumatriptan ☒

T

Tacrolimus (SP) ☒
Tamoxifen citrate
Tamsulosin
Temazepam (7.5mg, 22.5mg Tier Three) ☒
Terazosin

Terbinafine (tabs only) ☒
Terbutaline sulfate
Terconazole
Testosterone inj ☒
Tetracycline ☒
Theophylline, SR (soln Tier Three)
Thioridazine
Thiothixene
Ticlopidine
Timolol
Timolol maleate
Tizanidine (caps not covered)
Tobramycin
Tobramycin-Dexamethasone (Tobra-Dex ST Susp Tier Three)
Tolazamide
Tolbutamide
Tolmetin
Topiramate
Torseamide
Tramadol
Tramadol-acetaminophen
Trandolapril
Tranylcypromine
Trazodone
Tretinoin
Triamcinolone topical (cream, lot., oint.)
Triamterene/HCTZ
Triazolam ☒
Trifluoperazine
Trifluridine
Trihexyphenidyl
Trimethobenzamide
Trimethoprim
Trimethoprim-polymyxinB
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora
Tropium

U

Ursodiol

V

Valacyclovir HCl ☒
Valproic acid
Vancomycin inj. ☒
Velivet
Venlafaxine IR (XR, ST)
Verapamil, SR, PM
Viconazole (PA, PAS) ☒

W

Warfarin

Z

Zaditor OTC (Requires Doctor's Prescription) (Prescription Zaditor not covered)
Zafirlukast
Zaleplon ☒
Zegerid OTC™ (covered with a prescription for a Tier-One copay) (prescription Zegerid not covered)
Zidovudine (SP) ☒
Zolpidem (CR Tier Three, ST, STS) ☒
Zonisamide
Zovia
Zyrtec OTC (Requires Doctor's Prescription)

☒ Not available as 90-day supply

Tier Two

A

Actinex
Actos (ST)
Actoplus Met, XR (ST)
Adecirca (PA, PAS, PAF)
(SP) ☒
Advair
Aggrenox
Alesse
Alkeran (SP) ☒
Altprev
Ana-Kit ☒
Apriso
Asacol, HD
Asmanex
Atrovent HFA
Avelox ☒
Azelex
Azopt

B

Bactroban Cream
Benicar
Benicar HCT
Betimol
Biltricide ☒
Blephamide
Brevicon

C

Capex Shampoo
Carafate Susp
CeeNu (SP) ☒
Celontin
Ciloxan oint.
Ciprodex
Coartem (PA, PAS) ☒
Combivent
Comtan
Cortifoam
Coumadin
Crestor
Crestor 5mg (ST)
Crixivan (SP) ☒
Cuprimine
Cyclessa
Cytadren

D

Dapsone
Daranide
Daraprim
Demulen
Depen
Derma-Smoother/FS
Desogen
Diastat ☒
Dibenzyliline
Dilantin
Dritho-Scalp
Duetact (ST)

E

Elmiron

Emcyt ☒
Emtriva (SP) ☒
Epipen, Jr ☒
Epivir (SP) ☒
Epivir HBV (SP) ☒
Estrace Cream
Estraderm
Eurax ☒
Evista
Evoxac
Exelderm

F

Fareston
FastTake Test Strips
Flovent Diskus, HFA
Fluoroplex
FML Forte

G

Gleevec (PA, PAS, PAF)
(SP) ☒
Grifulvin V tabs ☒
Gris-Peg ☒

H

Hectorol
Hepsera (SP) ☒
Hexalen (SP) ☒
Humalog
Humulin (pens/cartridges
- PA)

I

Insulin (Lilly Brands
Humulin, Humalog)
Intal Inhaler
Intelence (SP) ☒
Invirase (SP) ☒
Isentress (SP) ☒

J

Janumet (ST)
Januvia (ST)
Jenest

K

Kadian ☒
Kaletra (SP) ☒
Kombiglyze XR (ST)

L

Lanoxin
Lessina
Leukeran
Levemir
Levlen
Levlite
Levotherid
Lexiva (SP) ☒
Lidoderm
LifeScan Test Strips
Lindane Shampoo
Locoid
Loestrin (24 FE Tier Three)
Lo/Ovral
Lotronex ☒
Lysodren

M

Matulane (SP) ☒
Maxalt, MLT ☒
Mefphyton
Mepron ☒
Methergine
Micardis
Micardis HCT
Migranal ☒
Mircette
Modicon
Mycobutin ☒
Myleran (SP) ☒

N

Namenda
Nardil
Nasonex
Nebupent
Nexium
Niaspan
Nilandron
Nitrolingual Translingual
Spray
Nitrostat SL
Nordette
Norinyl
Norvir (SP) ☒
NuvaRing

O

One Touch Test Strips
One Touch Ultra Test Strips
Onglyza (ST)
Opana ER ☒
Ortho Cept
Ortho Cyclen
Ortho Micronor
Ortho Novum
Ortho Tri-Cyclen
Oxsoralen, Ultra ☒

P

P1E1, P2E1
Phospholine Iodide
Plan B (Requires Doctor's
Prescription) ☒
Plavix
Pred G
Premarin tabs (Cream
Tier Three)
Premphase
Prempo
Prezista (SP) ☒
PrimaCare
PrimaCare ONE
Proair HFA
Prometrium
Prostigmin
Pulmozyme (PA, PAS) (SP) ☒

Q

Quixin
QVAR

R

Ranexa
Rapamune (SP) ☒
Renvela (packets Tier Three)
Retin A Micro

Reyataz (SP) ☒
Ridaura
Rilutek ☒

S

Sanctura XR
Sensipar
Serevent
Seroquel, XR (<150mg per
day PA, PAS)
Simcor
Singulair (PA)
Solia
Soriatane ☒
Spiriva
Sporanox soln. (PA, PAS) ☒
SSKI
Stimate (PA, PAS, PAF)
(SP) ☒
SureStep Test Strips
Sustiva (SP) ☒
Sutent (PA, PAS, PAF)
(SP) ☒
Symbicort
Synarel

T

Tabloid ☒
Tarceva (PA, PAS, PAF)
(SP) ☒
Targretin (SP) ☒
Temodar (PA, PAS, PAF)
(SP) ☒
Testim (PA) ☒
Thalomid (PA, PAS, PAF)
(SP) ☒
Theo-24
Theolair
Tikosyn
Tobi (PA, PAS, PAF) (SP) ☒
Torecan
Tracleer (PA, PAS, PAF)
(SP) ☒
TravatanZ
Trilipix
Tri-Norinyl
Twinject ☒

U

V

Vagifem
Valcyte ☒
Ventolin HFA
Vexol
Viracept (SP) ☒
Viramune (SP) ☒
Viread (SP) ☒
Vivelle-Dot

X

Xarelto
Xeloda (PA, PAS, PAF)
(SP) ☒
Xenazine (PA, PAS, PAF)
(SP) ☒

Y

Yasmin
Yaz

Z

Zemplar
Zenpep
Ziagen (SP) ☒
Zyvox (PA, PAS)

Tier Three Brand with Generic Equivalent

*The following brand-name drugs
have generic equivalents available.
The generic equivalents are available
at a Tier-One copay. If you chose to
receive the brand-name version, a
Tier-Three copay will be charged.

A/T/S*
Accolate*
Accuneb*
Accupril*
Accuretic*
Aclovate*
Actigall*
Activella*
Adalat CC*
Adderall* (XR* (PA) Tier Three) ☒
Adrenalin*
Agrylin*
Aldactazide*
Aldactone *
Aldara*
Aldomet*
Alphagan* (P Tier Three)
Altace*
Amaryl*
Ambien* (CR* Tier Three,
ST, STS) (SL tab and oral
spray not covered) ☒
Amerge* ☒
Amethia*
Amicar*
Amoxil * ☒
Anafranil *
Analpram HC*
Anaprox*, DS*
Anaspaz*
Android * ☒
Ansaid*
Antabuse*
Antipyrine/Benzocaine Otic
Anusol-HC*
Apresoline*
Aralen* ☒
Arava*
Aricept* (23mg Tier Three)
Arimidex* (PA, PAS) ☒
Aromasin* (PA, PAS) ☒
Artane*
Astelin*
Atarax*
Ativan* ☒
Atrovent Soln*
Atrovent soln*, nasal soln*
Augmentin ES* ☒
Augmentin ES*, XR* ☒
Axid*

☒ Not available as 90-day supply

Aygestin*	Dalmane* ☒	Glucotrol*, XL*	Lotrel*	OxyIR* ☒
Azulfidine*, EN*	Danazol*	Glucovance*	Lotrisone Cream*, Lotion*	Pamelor*
Bacitracin ophthalmic*	Dantrium*	Glynase*	Loxitane*	Parlodel *
Bactrim* ☒, DS* ☒	Daypro*	Golytely* ☒	Lozol *	Parnate*
Bactroban Oint.*	DDAVP*	Grifulvin V susp* ☒	Ludiomil*	Paxil* (CR Tier Three, ST)
Bentyl*	Decadron*	Halcion* ☒	Luride*	PEG - electrolyte soln* ☒
Benzamycin*	Demadox*	Haldol *	Luvox* (CR Tier Three, ST)	Penlac* ☒
Betagan*	Demerol* ☒	Heparin* ☒	Macrobid *	Pepcid* (RPD Tier Three)
Betapace*, AF*	Depakene*	Hiprex*	Macrochantin *	Percocet * ☒
Betoptic*	Depakote*, ER*	Humatin*	Mavik*	Percodan* ☒
Biaxin* ☒, XL* ☒	Desowen*	Hydrea* ☒	Maxitrol *	Persantine*
Bicitra*	Desyrel*	Hytrin*	Maxzide*	Phenergan Codeine, DM, VC, & VC/Codeine* ☒
Bleph10*	Dexedrine* ☒	Hyzaar*	Meclomen*	Phenergan*
Brethine*	DextroStat* ☒	Imdur*	Medrol *	Phenyletke*
Bromfed*, PD*, DM* ☒	Diatat*	Imitrex* ☒	Megace*	Phoslo*
Bumex*	Diabinese*	Imuran*	Mellaril *	Plan B 0.75mg*
Buspar*	Diamox*	Inderal*, LA*	Menest*	Plaquenil*
Cafergot* ☒	Diflucan* ☒	Indocin, SR* (suppositories Tier Three)	Mestion*	Pletal*
Calan*, SR*	Dilacor XR*	Intal Neb*	Metadate ER* ☒	Polyhistine CS, D, DM*
Calciferol *	Dilaudid* (oral soln Tier Three) ☒	Iopidine*	Metaglip*	Polytrim *
Calcitonin Nasal Spray ☒	Diprolene*, AF*	ISMO*	MetroCream*	Poly-Vi-Flor*
Capoten *	Diprosone*	Isoptin*, SR*	MetroLotion*	Potassium Citrate/Citric Acid*
Capozide*	Disalcid*	Isopto Atropine*	Mevacor*	Pravachol*
Carafate tabs*	Ditropan* (XL* Tier Three)	Isopto Carbachol*	Mexitil*	Precose*
Carbatrol*	Diuril*	Isopto Carpine*	Miacalcin nasal spray*	Pred Forte*
Cardizem*, SR*, CD* (LA* Tier Three)	Dolobid*	Isordil*	Microgestin*, FE*	Pred Mild*
Cardura* (XL Tier Three)	Dolophine* ☒	Kayexalate* ☒	Micronase*	Prednisolone, Acetate, Sod Phos*
Cartia XT*	Domeboro Otic*	K-Dur*	Microzide*	Prelone*
Casodex*	Donnatal (caps Tier Three)*	Keflex* ☒	Midodrine*	Prevalite*
Cataflam*	Dostinex*	Kenalog*	Midamor*	Primaquine* ☒
Catapres* (TTS* patch Tier Three)	Dovonex*	Keppra* (XR* Tier Three, PA, PAS)	Midrin* ☒	Principen* ☒
Ceclor*, CD* ☒	Drysol*	Klaron*	Minipress*	Prinivil*
Ceftin* ☒	Duoneb*	Klonopin* ☒	Minocin*	Prinzide*
Cefzil* ☒	Duragesic* ☒	K-Lor*	Miralax*	Proamatine*
Celexa*	Duricef* ☒	Klorvess*	Mobic*	Pro-Banthine*
Cellcept* (SP) ☒	Dyazide*	K-Lyte*	Monodox* (75mg not covered)	Procardia*, XL*
Cheracol*	Dynacin* capsules (tabs not covered) ☒	K-Phos Neutral*	Motrin*	Proctocort*
Ciloxan Soln*	EC-Naprosyn*	Kristalose*	MS Contin* ☒	Proctocream-HC*
Cipro* (XR* Tier Three) ☒	EES* ☒	Kwell* ☒	MSIR* ☒	Proctofoam-HC*
Cleocin* ☒, T* ☒, Vag* ☒	Effvor* (XR* ST)	Lamictal* (Starter Pack, Tier Three, ODT (PA, PAS) Tier Three, XR (PA, PAS) Tier Three)	Myambutol *	Prograf* (SP) ☒
Climara *	Efudex*	Lamisil* (tabs only)	Mycelex Troche*	Propafenone (SR* Tier Three)
Clinoril*	Elavil*	Lasix*	Mycostatin* ☒	Proscar*
Clozaril* ☒	Eldepryl*	Levaquin* ☒	Mysoline*	Protonix* (packets Tier Three)
Cogentin*	Elimite*	Levoxyl *	Nalfon*	Proventil* (Not HFA)
Colazal*	Elocon*	Levsin* (SL Tier Three)	Naprosyn* (Naprelan Tier Three)	Provera*
Colestid*	Emla* ☒	Levsinex*	Navane*	Prozac* (weekly Tier Three)
Colyte*	Entocort EC*	Librax*	Neoral* (SP) ☒	Pulmicort Respules* (PA, PAS > 4yrs)
Compazine*	Ery-Tab* ☒	Librium* ☒	Neosporin ophthalmic*	Purinethol* ☒
Concerta (PA ≥ 19yrs) ☒	Erythrocin* ☒	Lidex*	Neurontin*	Pyrazinamide* ☒
Condylox Gel*, Soln*	Estrace tabs*	Lioresal*	Nimotop*	Pyridium*
Copegus* (PA, PAS, PAF) (SP) ☒	Estrostep FE*	Lipitor*	Nitrobid *	Questran, Light*
Cordarone*	Famvir* ☒	Locoid*	NitroDur*	Rebetol* (PA, PAS, PAF) (SP) ☒
Coreg* (CR Tier Three, ST)	Feldene*	Lodine*, XL*	Nizoral * ☒	Reglan*
Corgard *	Femara* (PA, PAS)	Lofibra*	Nolvadex*	Remeron* (sol Tab Tier Three)
Cortef*	Fioricet *	Lomotil* ☒	Norpace*, CR*	Requip*, (XL Tier Three, ST)
Cortisporin*	Fiorinal w/Codeine* ☒	Loniten*	Norpramin *	Restoril* (7.5 & 22.5mg Tier Three) ☒
Cozaar*	Fiorinal* ☒	Lopid *	Norvasc* (ODT not covered)	Retin A*
Crolom *	Flagyl* (ER Tier Three) ☒	Lopressor*	Nulytely* ☒	Retrovir* (SP) ☒
Cutivate* cream, oint (lotion Tier Three)	Flexeril*	Loprox Cream* (gel and shampoo Tier Three)	Ocufen*	Revia* ☒
Cyclogyl*	Flomax*	Lortab* ☒	Ocuflox*	Rifadin* ☒
Cyrcrin*	Flumadine* ☒	Lotensin HCT*	Ocupress*	
Cytome!*	FML*	Lotensin*	Omnicef* ☒	
Cytotec*	Focalin IR* ☒		Optipranolol*	
Cytovene* (SP) ☒	Furadantin* ☒		Orasone*	
Cytoxan* (SP)	Garamycin*		Orinase*	
	Glucophage*, XR*		Ortho Est*	

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Rifamate* ☒	Sulamyd*	Trandate*	Vfend* (PA, PAS) ☒	(Prescription Zador* not covered)
Risperdal* (M-Tab Tier Three)	Sular*	Tranxene* ☒	Vibramycin* ☒	Zanaflex (caps not covered)
Ritalin* ☒, SR* ☒ (LA Tier Three, PA, PAS) ☒	Synthroid*	Trental*	Vibramycin Susp* (syrup Tier Three) ☒	Zantac* (efferdose not covered)
RMS suppositories* ☒	Tagamet*	Trileptal*	Vicodin*, ES* ☒	Zarontin*
Robaxin*	Tambacor*	Trimethobenazmid	Vicoprofen* ☒	Zaroxolyn*
Robitussin AC*, DAC* ☒	Tapazole*	Trimethoprim ☒	Videx EC* (SP) ☒	Zebeta*
Rocaltrol*	Tegretol*, XR*	Trusopt*	Viroptic*	Zerit* (SP) ☒
Rowasa Enema*	Temovate*	Tylenol 3, 4* ☒	Vistaril*	Ziac*
Rythmol* (SR Tier Three)	Tenex*	Tylox* ☒	Vivactil*	Zithromax* ☒
Salagen*	Tenoretic*	Ultracet*	Voltaren, XR*	Zocor* (80mg* PA, PAS, PAF)
Sanctura*	Tenormin*	Ultram* (ER* Tier Three, ST)	Voltaren Ophthalmic*	Zofran* ☒
Sandimmune* (SP) ☒	Terazol*	Ultravate* cream/oint	Vosol*, HC*	Zolof* ☒
Seasonale*	Tessalon Perles* ☒	Uniphyl*	Wellbutrin*, SR* (XL*)	Zonegran*
Seasonique*	Tiazac*	Uniretic*	Westcort*	Zovirax* (oint. Tier Three)
Sectral*	Ticlid*	Univasc*	Xalatan*	Zyloprim*
Sepra DS* ☒	Tigan* ☒	Urecholine*	Xanax*, XR* ☒	
Silvadene*	Timoptic*, XE*	Urocit K* (15 mEq Tier Three)	Xeloda (PA, PAS, PAF) (SP) ☒	
Sinemet*, CR*	Tobradex (Tobra-Dex ST Susp Tier Three)	Uroxatral*	Xylocaine*	
Soma Compound*	Tobrex*	Valium* ☒	Yodoxin* ☒	
Soma* (250mg not covered)	Tofranal* (PM Tier Three)	Valtrex* ☒	Zaditor* OTC (Requires Doctor's Prescription - generic copay)	
Sonata* ☒	Topamax*	Vancocin* inj. ☒		
Spectazole*	Topicort*	Vaseretic*		
Sporanox capsules* (PA, PAS) ☒	Toprol XL*	Vasotec*		
		Verelan SR*, PM*		

Tier Three

Alternative Tier-One or Tier-Two Drugs

Non Formulary Drugs Formulary Alternative

A

Abilify (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR
Accu-chek brand test strips (PA, PAS)	One Touch Test Strips
Accutane* (PA, PAS, PAF) ☒	Doxycycline ☒, Minocycline ☒
Aceon [†]	Zestril*, Prinivil*, Lotensin*, Accupril*
Aciphex (PA)	Zegerid OTC™ (covered with a prescription for Tier-One copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium
Actiq* (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln Tier Three) ☒
Actonel (PA, PAS)	Fosamax*
Acular	Ocufen*, Voltaren Ophthalmic*
Adderall XR [‡] (PA ≥ 19yrs)	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta (PA ≥ 19yrs) ☒
Advicor	Zocor*, Simcor
Aerobid	Flovent, QVAR, Asmanex
Agenerase (SP) ☒	Lexiva (SP) ☒
Alamast	Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*
Allegra [‡] , ODT (not covered)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a Tier-One copay)

Allegra D [‡] (not covered)	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra-D* Allergy (covered with a prescription for a Tier-One copay)
Alocril	Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom*
Alomide	Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom*
Alphagan-P	Alphagan*
Ambien CR [‡] (ST, STS)	Ambien* ☒, Ativan* ☒, Halcion* ☒, oxazepam* ☒, Restoril* ☒, Sonata* ☒
Amitiza (ST, STS) ☒	Miralax OTC*, Chronulac*, Colyte*
Ampyra (PA, PAS, PAF) ☒	Requires Prior Auth
Androderm (PA, PAS) ☒	Testim (PA, PAS) ☒
Anzemet ☒	Compazine*, Phenergan*, Tigan* ☒, Zofran* ☒
Apidra	Humalog
Arthrotec	Voltaren* plus Cytotec*
Ascensia Brand Test Strips (PA, PAS)	One Touch Test Strips
Atacand (PA, PAS)	Cozaar*, Benicar, Micardis
Atacand HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Atelvia (PA, PAS)	Fosamax*
Atralin Gel (ST)	Retin-A*, Retin-A Micro
Auralgan	A/B Otic Soln
Avalide (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Avandamet (PA, PAS, PAF)	Actos (ST) Glucophage*
Avandaryl (PA, PAS, PAF)	Actos (ST)
Avandia (PA, PAS, PAF)	Actos (ST)
Avapro (PA, PAS)	Cozaar*, Benicar, Micardis
Avita Gel	Retin-A*, Retin-A Micro
Avodart (ST, STS)	Proscar*
Axert ☒	Imitrex* ☒, Maxalt ☒, Amerge* ☒
Azmacort	QVAR, Asmanex, Flovent
Azor (PA, PAS)	Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis

B

Baraclude (SP) ☒	Epivir HBV (SP) ☒, Hepsara (SP) ☒
Beconase (ST, STS)	Flonase*, Nasalide*, Nasonex
Benzaclin [‡]	Cleocin-T*, Bezamycin*
Betoptic S	Betoptic*, Timoptic*, Timoptic XE*, Betagan*
Boniva (PA, PAS)	Fosamax*
Brovana (PA)	Spiriva, Advair, Symbicort, Serevent
Buphenyl (PA, PAS, PAF) (SP) ☒	no alternative available
Byetta (PA, PAS)	Amaryl*, Glucophage*, Actos (ST)
Bystolic	Inderal LA*, Toprol XL*, Lopressor*, Coreg*

C

Caduet (not covered)	Norvasc* plus Lipitor*, Norvasc* plus Zocor*
Caprelsa (PA, PAS, PAF) (SP) ☒	no alternative available
Cardizem LA [‡]	Cardizem CD*
Catapres TTS [‡]	Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*
Caverject ☒	no alternative available
Cayston (PA, PAS, PAF) (SP) ☒	Tobi (PA, PAS, PAF) (SP) ☒
Celebrex (ST)	Motrin*, Naprosyn*, Mobic*, Voltaren*, Clinoril*, Disalcid*, Relafen*
Kenestin	Premarin, Ogen*
Chenodal (PA, PAS, PAF) (SP)	Actigall*
Cialis ☒ (2.5mg not covered)	no alternative available
Clarinet [‡] (ST)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a Tier-One copay)
Clarinet D (ST)	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a Tier-One copay)
Colcrys (PA, PAS) ☒	Colchicine*, Zyloprim*, Probenecid*

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[‡] Brand name medications and the generic equivalent are covered at a higher member cost.

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Combivir (SP) ☒ *Retrovir* (SP) ☒, plus Epiriv (SP) ☒*
 Coreg CR (ST) *Coreg**
 Cosopt[†] *Timoptic* plus Azopt*
 Creon *Zenpep*
 Cymbalta (PA, PAS) *Celexa*, Prozac*, Zoloft*, Paxil*, Effexor*, Effexor XR* (ST)*

D

Daliresp (PA, PAS) *Spiriva, Advair, Symbicort, Serevent*
 Daytrana (PA ≥ 19yrs) ☒ *Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR ☒, Concerta* (PA ≥ 19yrs) ☒*
 Detrol/Detrol LA (ST) *Ditropan*, Sanctura*, Sanctura XR*
 Dexilant (PA) *Zegerid OTC™ (covered with a prescription for Tier-One copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium*
 D.H.E. 45[†] ☒ *Amerge* ☒, Migranal ☒, Imitrex* ☒, Maxalt ☒*
 Differin[†] (ST) *Retin-A*, Retin-A Micro*
 Difucid (PA) ☒ *Flagyl*, Vancocin*
 Diovan (PA, PAS) *Cozaar*, Benicar, Micardis*
 Diovan HCT (PA, PAS) *Hyzaar*, Benicar HCT, Micardis HCT*
 Dipentum *Azulfidine*, Asacol*
 Ditropan XL[†] *Ditropan*, Sanctura*, Sanctura XR*
 Duac *OTC Benzoyl Peroxide plus Topical Clindamycin**
 Dynacirc CR *Norvasc**

E

Edex ☒ *no alternative available*
 Effient *Plavix*
 Elidel ☒ *Kenalog*, Diprosone*, Topicort*, Locoid*, Wescort*, Elocon**
 Emsam (PA) *Celexa*, Prozac*, Zoloft*, Paxil**
 Enablex (ST) *Ditropan*, Sanctura*, Sanctura XR*
 Exelon *Aricept*, Namenda*
 Exforge (PA, PAS) *Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis*
 Exjade (PA, PAS, PAF) (SP) ☒ *no alternative available*

F

Fanapt (ST) *Risperdal*, Seroquel, Seroquel XR*
 Femcon *Desogen*, Necon*, Nordette*, Norinyl*, Ortho Cept*, Ortho Cyclen*, Ortho Novum*, Yasmin*, Yaz*
 FemHRT *Prempro, Premphase*
 Fenoglide *Lofibra*, Trilipix*
 Fentora (PA, PAS) ☒ *Morphine oral sol ☒, OxyIR* ☒*
 Focalin XR (PA ≥ 19yrs) ☒ *Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒*
 Foradil *Serevent*
 Fosamax Plus D (PA, PAS) *Fosamax**
 Frova ☒ *Amerge* ☒, Imitrex* ☒, Maxalt ☒*

G

Gabitril *Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
 Geodon (ST) *Risperdal*, Seroquel, Seroquel XR*
 Gilenya (PA, PAS, PAF) ☒ *no alternative available*

H

HalfLyte ☒ *CoLyte* ☒*
 HyperRho ☒ *no alternative available*

I

Incivek (PA, PAS, PAF) (SP) ☒ *no alternative available*
 Innopran XL *Inderal LA*, Toprol XL*, Lopressor*, Coreg**
 Insulins *Lilly Brand Insulins*
 Novo Brand Intuniv (ST) *Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs**
 Invega (ST) *Risperdal*, Seroquel, Seroquel XR*
 Iressa (SP) ☒ *Tarceva (PA, PAS) (SP) ☒*

J

Jalyn (ST, STS) *Proscar**

K

Kapvay (ST) *Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs**
 Keppra XR[†] (PA, PAS) *Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
 Kuvan (PA, PAS, PAF) (SP) ☒ *Requires Prior Auth*
 Kytril[†] ☒ *Zofran* ☒*

L

Lamictal ODT (PA, PAS), XR (PA, PAS), Starter Pack ☒ *Lamictal*, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
 Lamisil Granules (PA) ☒ *Lamisil* tab*
 Lantus (ST, STS) *Levemir*
 Lantus Solostar (ST) *Levemir Flexpen*
 Lariam[†] *Coartem (PA)*
 Lescol, XL (ST) *Zocor*, Pravachol*, Mevacor*, Lipitor**
 Letairis (PA, PAS, PAF) (SP) ☒ *Tracleer (PA, PAS, PAF) (SP) ☒*
 Levitra ☒ *no alternative available*
 Lexapro (ST) *Celexa*, Paxil*, Prozac*, Zoloft**
 Lialda (ST) *Colazal*, Apriso, Asacol, Asacol HD*
 Loestrin 24 FE *Yaz, Several other oral contraceptives are available on the Formulary*
 Loprox[†] ☒ *Nizoral* ☒ or Nystatin* ☒*
 Lotemax *Pred Forte*, Decadron*, FML Liquifilm**
 Lovaza (PA) *Lofibra*, Tilipix, Niaspan*
 Lumigan (PA, PAS) *Xalatan*, Travatan Z*
 Lunesta (ST, STS) ☒ *Ambien* ☒, Halcion* ☒, oxazepam ☒, Restoril* ☒, Sonata* ☒*
 Luvox CR (ST) *Luvox*, Celexa*, Prozac*,*

Paxil, Zoloft*, Lexapro (ST) Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**

M

Malarone (PA, PAS) ☒ *Coartem (PA), Aralen*, Daraprim, Plaquenil*, Primaquine**
 Marinol (PA, PAS) ☒ *Requires Prior Auth*
 Maxair *Ventolin HFA, Proair HFA*
 Metadate CD (PA ≥ 19yrs) ☒ *Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒*
 Metrogel 1% (ST) *Metronidazole 0.75% Gel*
 Miacalcin Injection (PA) *Miacalcin Nasal Spray**
 Mirapex *Requip**
 Multaq *Cordarone**
 Myfortic (SP) ☒ *CellCept* ☒*

N

Naprelan *Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic*, Orudis**
 Nasacort (ST, STS) *Flonase*, Nasalide*, Nasonex*
 Neevo *Multiple prenatal vitamins on formulary Tier One*
 Neevo DHA *Multiple prenatal vitamins on formulary Tier One*
 Nexavar (PA, PAS, PAF) (SP) ☒ *Requires Prior Auth*
 Niravam[†] (ST) ☒ *Xanax* ☒*
 Noroxin ☒ *Cipro* ☒, Avelex ☒, Levaquin* ☒*
 Norgescic/Norflex[†] *Flexeril*, Lioresal*, Robaxin*, Soma* (250mg not covered)*
 Novo Brand Insulins *Lilly Brand Insulins*
 Noxafil (PA, PAS) ☒ *Requires Prior Auth*
 Nucynta (PA, PAS) ☒ *MSIR* ☒, Oxycodone IR* ☒*
 Nuvigil (PA, PAS) ☒ *Ritalin* ☒, Dexedrine* ☒, Adderall* ☒*

O

Oforta (PA, PAS, PAF) (SP) ☒ *Requires Prior Auth*
 Olepro (ST, STS) *trazodone*
 Omnaris (ST, STS) *Flonase*, Nasalide*, Nasonex*
 Opana IR (PA, PAS) ☒ *MSIR* ☒, Oxycodone IR* ☒*
 Oravig (PA, PAS) ☒ *Diffucan* ☒, Mycelex* ☒, Mycostatin* ☒*
 Ortho Evra *Multiple oral contraceptives are available on the Formulary*
 Ortho Tri Cyclen Lo *Multiple oral contraceptives are available on the Formulary*
 Ovcon *Multiple oral contraceptives are available on the Formulary*
 Oxistat ☒ *Nizoral* ☒ or Nystatin* ☒*
 Oxycontin (PA, PAS) ☒ *MS Contin* ☒, Duragesic* ☒, Kadian ☒, Opana ER ☒*
 Oxytrol (ST) *Ditropan*, Sanctura*, Sanctura XR*

P

Pancreaze *Zenpep*
 Parafon Forte DSC[†] *Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)*
 Pataday *Alaway*, Zaditor OTC (covered with a prescription)*

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Patanol	for Tier-One copay) Alaway*, Zaditor OTC (covered with a prescription for Tier-One copay)
Paxil CR [®] (ST)	Celexa*, Prozac*, Zoloft*, Paxil*
Pentasa	Asacol
Perforomist (PA)	Spiriva, Advair, Symbicort, Serevent
Pradaxa	Coumadin*
Prandin	Diabeta*, Glucotrol*, Amaryl*
Prefest	Prempro, Premphase
Premarin Vag Cream	Estrace Vag Crm, Vagifem
Prenate DHA	Multiple prenatal vitamins on formulary Tier One
Prenate Elite	Multiple prenatal vitamins on formulary Tier One
Prevacid (PA), Solutab (PA)	Zegerid OTC™ (covered with a prescription for Tier-One copay), Prilosec OTC™ (covered with a prescription for Tier-One copay), omeprazole*, Prevacid24HR™ (covered with a prescription for Tier-One copay), Protonix*, Nexium
Prevpac	Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin
Pristiq (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Luvox*
Protonix Packets (PA)	Protonix* tablets
Protopic <input checked="" type="checkbox"/>	Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*
Proventil HFA (PA, PAS)	Ventolin HFA, Proair HFA
Provigil (PA, PAS) <input checked="" type="checkbox"/>	Ritalin* <input checked="" type="checkbox"/> , Dexedrine* <input checked="" type="checkbox"/> , Adderall* <input checked="" type="checkbox"/>
Prozac Weekly	Prozac Capsules*
Pulmicort Flexhaler/ Turbuhaler	Flovent, QVAR, Asmanex

Q

Qualaquin (PA, PAS, PAF) <input checked="" type="checkbox"/>	Aralen*, Plaquenil*, Primaquine*
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R

Razadyne [™]	Aricept*, Namenda
Regranex (PA, PAS)	Requires Prior Auth
Relistor (PA, PAS)	Lactulose*, Miralax* OTC (covered with a prescription for Tier-One copay)
Relpax <input checked="" type="checkbox"/>	Maxalt <input checked="" type="checkbox"/> , Imitrex* <input checked="" type="checkbox"/> , Amerge* <input checked="" type="checkbox"/>
Remeron Soltab [™]	Remeron*, Celexa*, Ludomil*, Desyrel*
Renagel	Phoslo*, Renvela
Requip XL (ST)	Requip*
Restasis	Various OTC artificial tears available
Restoril 7.5mg, 22mg <input checked="" type="checkbox"/>	Restoril* 15mg <input checked="" type="checkbox"/> & 30mg <input checked="" type="checkbox"/> , Ambien* <input checked="" type="checkbox"/> , Halcion* <input checked="" type="checkbox"/>
Revatio (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Adcirca (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>
Revimid (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Rhinocort (ST, STS)	Flonase*, Nasalide*,

Rhogam <input checked="" type="checkbox"/>	Nasonex
Ritalin LA (PA ≥ 19yrs) <input checked="" type="checkbox"/>	no alternative available Adderall* <input checked="" type="checkbox"/> , Ritalin* <input checked="" type="checkbox"/> , Ritalin SR* <input checked="" type="checkbox"/> , Metadate ER* <input checked="" type="checkbox"/> , Focalin IR* <input checked="" type="checkbox"/> , Concerta* (PA ≥ 19yrs) <input checked="" type="checkbox"/>
Rogaine	Benefit exclusion
Rozerem (ST, STS) <input checked="" type="checkbox"/>	Ambien* <input checked="" type="checkbox"/> , Sonata* <input checked="" type="checkbox"/>
Ryzolt (not covered)	Ultram*

S

Saphris (ST)	Clozaril* <input checked="" type="checkbox"/> , Risperdal*, Seroquel, Seroquel XR
Sarafem tabs	Prozac*, Serafem caps*
Serzone [™]	Celexa*, Prozac*, Zoloft*, Paxil*
Skelaxin [™] <input checked="" type="checkbox"/>	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)
Skelid (PA, PAS)	Fosamax*
Sprix (ST, STS) <input checked="" type="checkbox"/>	Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic*
Sprycel (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Stadol NS [™] <input checked="" type="checkbox"/>	Tylenol with Codeine* <input checked="" type="checkbox"/> , Ultram*
Starlix [™]	Diabeta*, Glucotrol*, Amaryl*
Striant (PA, PAS) <input checked="" type="checkbox"/>	Testim(PA, PAS) <input checked="" type="checkbox"/>
Strattera [™] <input checked="" type="checkbox"/>	Adderall* <input checked="" type="checkbox"/> , Ritalin* <input checked="" type="checkbox"/> , Ritalin SR* <input checked="" type="checkbox"/> , Metadate ER* <input checked="" type="checkbox"/> , Focalin IR* <input checked="" type="checkbox"/> , Concerta* (PA ≥ 19yrs) <input checked="" type="checkbox"/>
Suboxone (PA, PAS)	Requires Prior Auth
Subutex [™] (PA, PAS)	Requires Prior Auth
Symbyax (ST)	Prozac* plus Risperdal*
Symlin (PA, PAS)	Humulin, Humalog, Levemir

T

Tamiflu <input checked="" type="checkbox"/>	no alternative available
Tarka [™]	Mavik* plus Calan SR*
Tasigna (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Tasmar	Comtan
Tazorac (ST)	Retin-A*, Retin-A Micro
Tekturma (PA, PAS)	Cozaar*, Benicar, Micardis
Tekturma HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Teveten (PA, PAS)	Cozaar*, Benicar, Micardis
Teveten HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Tofranil PM	Tofranil*
Toviaz	Ditropan*, Sanctura*, Sanctura XR
Tradjenta (ST)	Glucophage*, Actos (ST), Duetact (ST), Janumet (ST), Januvia, Onglyza (ST), Kombiglyze XR (ST)
Tricor	Lofibra*, Trilipix
Triglide	Lofibra*, Trilipix
Tussionex <input checked="" type="checkbox"/>	Robitussin AC <input checked="" type="checkbox"/>
Twynsta (PA, PAS)	Benicar plus Norvasc*, Micardis plus Norvasc*, Cozaar* plus Norvasc*
Tykerb (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Tyzeka (SP) <input checked="" type="checkbox"/>	Epivir HBV (SP) <input checked="" type="checkbox"/> , Hepsera (SP) <input checked="" type="checkbox"/>

U

Ulesfia	Elimite*, Lindane*
Uloric (ST)	Zyloprim*
Ultram ER [™] (ST)	Ultram*

V

Valturna (PA, PAS)	Cozaar*, Benicar, Micardis
Ventavis (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Veramyst (ST, STS)	Flonase*, Nasalide*, Nasonex
Vesicare (ST)	Ditropan*, Sanctura*, Sanctura XR
Viagra <input checked="" type="checkbox"/>	no alternative available
Victoza (PA, PAS)	Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*
Victrelis (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	no alternative available
Vigamox <input checked="" type="checkbox"/>	Tobrex* <input checked="" type="checkbox"/> , Gentamicin* <input checked="" type="checkbox"/> , Ciloxan* <input checked="" type="checkbox"/> , Ocuflax* <input checked="" type="checkbox"/>
Viibyrd (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox*
Vimpat	Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Vytorin (ST) (80mg PA, PAS, PAF)	Zocor*, Mevacor*, Pravachol*, Lipitor*, Crestor
Vyvanse (PA, PAS ≥ 19yrs) <input checked="" type="checkbox"/>	Adderall* <input checked="" type="checkbox"/> , Ritalin* <input checked="" type="checkbox"/> , Ritalin SR* <input checked="" type="checkbox"/> , Metadate ER*, Focalin IR* <input checked="" type="checkbox"/> , Concerta* (PA ≥ 19yrs) <input checked="" type="checkbox"/>

W

Welchol	Questran/Colestid*
WinRho <input checked="" type="checkbox"/>	no alternative available

X

Xifaxan (550mg PA, PAS) <input checked="" type="checkbox"/>	Lactulose
Xopenex, HFA (PA, PAS)	Ventolin HFA, Proair HFA, albuterol neb
Xyrem (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Adderall* <input checked="" type="checkbox"/> , Ritalin* <input checked="" type="checkbox"/>
Xyzal (ST)	Claritin* OTC, Allegra* Allergy, Zyrtec* OTC (covered with a prescription for a Tier-One copay)

Z

Zantac Efferdose (not covered)	Zantac tab/cap*, Tagamet*, Pepcid*
Zavesca (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Zegerid (not covered)	Zegerid OTC™ (covered with a prescription for a Tier-One copay), Prilosec OTC™ (covered with a prescription for a Tier-One copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for a Tier-One copay), Protonix*, Nexium
Zelapar ODT (ST)	Eldepryl*
ZMax <input checked="" type="checkbox"/>	Zithromax* <input checked="" type="checkbox"/>
Zetia	Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan
Zolinza (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	Requires Prior Auth
Zomig <input checked="" type="checkbox"/>	Imitrex* <input checked="" type="checkbox"/> , Maxalt <input checked="" type="checkbox"/> , Amerge* <input checked="" type="checkbox"/>
Zovirax Ointment <input checked="" type="checkbox"/>	Oral Zovirax*
Zyban [™]	Benefit exclusion
Zylet	Tobradex*
Zymar <input checked="" type="checkbox"/>	Tobrex* <input checked="" type="checkbox"/> , Gentamicin* <input checked="" type="checkbox"/> , Ciloxan* <input checked="" type="checkbox"/> , Ocuflax* <input checked="" type="checkbox"/>
Zyprexa (ST)	Risperdal*, Seroquel, Seroquel XR
Zytiga (PA, PAS, PAF) (SP) <input checked="" type="checkbox"/>	no alternative available

* A generic equivalent is available at the Tier-One copay for formulary drugs.

[™] Brand name medications and the generic equivalent are covered at a higher member cost.

The lower cost alternatives are listed only as suggestions. Please discuss their appropriateness with your Doctor.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Not available as 90-day supply

Tier Four

All self-administered injectables require prior authorization unless otherwise indicated.

Preferred		Non-Preferred	Preferred Alternatives
Actimmune Apokyn (no prior auth) Arcalyst Avonex Copaxone Enbrel Fragmin◆ Fuzeon (no prior auth) Humira Intron-A Leukine Lovenox*◆ Lupron* 1mg/0.2ml (refer to medical benefits for Depot) Neupogen Omnitrope❖ Pegasys Procrit Sandostatin* (LAR under medical)		Extavia Forteo Gamunex-C Genotropin❖ Hizentra Humatrope❖ Illaris Increlex Infergen Iprivask■ Kineret Neulasta Norditropin❖ Nutropin (AQ) Orencia Peg-Intron (not covered) Rebif Saizen❖ Serostim❖ Simponi Somatuline Depot Somavert Stelara Sylatron Tev-Tropin❖ Valtropin❖ Zorbtive	Avonex, Copaxone Fosamax*, miacalcin nasal spray* (refer to medical benefits for IVIG) Omnitrope❖ (refer to medical benefits for IVIG) Omnitrope❖ Arcalyst Pegasys Lovenox*◆, Fragmin◆ Enbrel, Humira Neupogen Omnitrope❖ Omnitrope❖ Enbrel, Humira Pegasys Avonex, Copaxone Omnitrope❖ Enbrel, Humira Sandostatin* Sandostatin Enbrel, Humira Stelara is intended for subcutaneous administration under the supervision of a physician. Intron-A Omnitrope❖ Omnitrope❖
Non-Preferred	Preferred Alternatives		
Aranesp Arixtra◆ Betaseron Cimzia Egrifta Epogen	Procrit Fragmin◆, Lovenox*◆ Avonex, Copaxone Enbrel, Humira Procrit		

* Generic is on the Formulary

◆ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

❖ Some plans cover only one growth hormone product -- Omnitrope. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Customer Service with questions if your doctor prescribes a growth hormone agent that is not covered.

■ Initial therapy of 10 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

Self-Administered Injectable Drugs

The medications listed above require prior authorization and are covered through our contracted specialty pharmacy. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100 to request prior authorization. We limit these drugs to a one-month supply at a time or the quantity prescribed in the prescription order, whichever is less. Please note that you may see a cost savings by choosing a Preferred Tier-Four drug.

Specialty Medications

Specialty medications are typically high-cost drugs, including but not limited to the oral, topical, inhaled, inserted or implanted, and injected routes of administration. Specialty medications are identified by (SP) in the Drug Formulary listing. Included characteristics of specialty medications are:

- drugs that are used to treat and diagnose rare or complex diseases;
- drugs that require close clinical monitoring and management;
- drugs that frequently require special handling;
- drugs that may have limited access or distribution.

Except in urgent situations, all specialty medications are distributed through a participating specialty pharmacy. Please call the Customer Service number on your member ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefits.

Prior Authorization

Coventry Health Care has two broad goals for the prescription drug benefit we offer. One is to never compromise the quality or effectiveness of treatment. The second is to provide a comprehensive, affordable pharmacy benefit. One of the tools we use to help control prescription drug costs is to require prior approval, or authorization, before our organization will cover the cost of certain medications. These medications include those that (1) are not suggested for first-line therapy, (2) may require special tests before starting them or (3) have very limited approval for use. Drugs that could require Prior Authorization are identified by (PA) for members with the Standard Prior Authorization Program, (PAS) for members with the RxSelect Prior Authorization Program and (PAF) for members with the Freedom Prior Authorization Program.

Step Therapy is an automated form of Prior Authorization based on previous pharmaceutical treatment. Drugs designated as stepped therapy will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim. Drugs that could require Step Therapy are identified by (ST) for members with the Standard Step Therapy Program and (STS) for members with the RxSelect Step Therapy Program.

Only your physician can provide the information necessary to complete the prior authorization process. If you have been prescribed one of the drugs identified by (PA), (PAS), (PAF), (ST) or (STS), make sure your doctor knows that this medication requires prior authorization. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100.

Some of the drugs listed in this formulary are subject to Quantity limits. For a complete list of drugs that are subject to quantity limits for your benefit plan, please refer to your health plan website or the customer service number which is listed on your member ID card.

For more updated information, visit our website at:

www.chcga.com