

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

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

Formulary brand (Tier Two) - Formulary brand name drugs.

Non-formulary (Tier Three) - Non-formulary brand name, and a few non-formulary generic drugs. These drugs may have a lower cost alternative on Tier One or Tier Two.

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 1 copay
Allegra-D Allergy OTC (Requires Doctor's Prescription) Tier 1 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
Azelastrone
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
Colectipol
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
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

Flurazepam ☒
Flurbiprofen
Flurbiprofen sodium (ophth)
Flutamide
Fluticasone Propionate (nasal, cream, oint) (lotion Tier 3)
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 3, ODT) (PA) Tier 3,

XR (PA) tier 3))
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
Torsipamate
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 1 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 ☒
Dibenzylamine
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 ☒
Mefpyton
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) ☒

Brand with Generic Equivalent

*The following brand name drugs have generics available at a Tier One copay. Depending on your plan, either a Tier Three copay or a Tier Two copay plus an ancillary charge will apply if the brand name drug is selected. Please refer to your certificate or evidence of coverage for your specific benefit.

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* ☒

☒ Not available as 90-day supply

Augmentin ES*, XR* ☒	Cytovene* (SP) ☒	Garamycin*	Lotensin HCT*	Orinase*
Axid*	Cytoxan* (SP)	Glucophage*, XR*	Lotensin*	Ortho Est*
Aygestin*	Dalmane* ☒	Glucotrol*, XL*	Lotrel*	OxyIR* ☒
Azulfidine*, EN*	Danazol*	Glucovance*	Lotrisone Cream*, Lotion*	Pamelor*
Bacitracin ophthalmic*	Dantrium*	Glyname*	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*	Demadex*	Haldol *	Luvox* (CR Tier Three, ST)	Penlac* ☒
Betagan*	Demerol* ☒	Heparin* ☒	Macrobid *	Pepcid* (RPD Tier Three)
Betapace*, AF*	Depakene*	Hiprex*	Macrodantin *	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 *	Phenytek*
Bromfed*, PD*, DM* ☒	Diabeta*	Imitrex* ☒	Megace*	Phoslo*
Bumex*	Diabinese*	Imuran*	Mellaril *	Plan B 0.75mg*
Buspar*	Diamox*	Inderal*, LA*	Menest*	Plaquenil*
Cafergot* ☒	Diflucan* ☒	Indocin, SR* (suppositories Tier Three)	Mestinon*	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*	Predcose*
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* ☒	Prinipen* ☒
Ceclor*, CD* ☒	Drysol*	Klaron*	Minipress*	Prinivil*
Ceftin* ☒	Duoneb*	Klonopin* ☒	Minocin*	Prinzide*
Cefzil* ☒	Duragesic* ☒	K-Lor*	Miralax*	Proamate*
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* ☒	Effexor* (XR* ST)	Lamictal* (Starter Pack, Tier Three, ODT (PA, PAS)	Myambutol *	Prograf* (SP) ☒
Climara *	Efudex*	Tier Three, XR (PA, PAS) Tier Three)	Mycelex Troche*	Propafenone (SR* Tier Three)
Clinoril*	Elavil*	Lamisil* (tabs only)	Mycostatin* ☒	Proscar*
Clozaril* ☒	Eldepryl*	Lasix*	Mysoline*	Protonix* (packets Tier Three)
Cogentin*	Elimite*	Levaquin* ☒	Nalfon*	Proventil* (Not HFA)
Colazal*	Elocon*	Levoxyl *	Naprosyn* (Naprelan Tier Three)	Provera*
Colestid*	Emla* ☒	Levsin* (SL Tier Three)	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 3)	Flexeril*	Lopressor HCT*	Ocufen*	
Cyclogyl*	Flomax*	Loprox Cream* (gel and shampoo Tier Three)	Ocuflox*	
Cytrin*	Flonase*	Lortab* ☒	Ocupress*	
CytomeI*	Flumadine* ☒		Omnicef* ☒	
Cytotec*	FML*		Optipranolol*	
	Focalin IR* ☒		Orasone*	
	Furadantin* ☒			

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

Tier Three Alternative Tier One or Tier Two Drugs

Non Formulary Drugs Formulary Alternative

A

Abilify (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR
Accu-check 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 1 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 3) ☒
Actionel (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 1 copay), Alaway*
Allegra [‡] , ODT (not covered)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a tier 1 copay)

Allegra D [‡] (not covered)	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra-D* Allergy (covered with a prescription for a tier 1 copay)
Alocril	Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolom*
Alomide	Zaditor OTC (covered with a prescription for tier 1 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) ☒
Androgel (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)
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) ☒, Hepsera (SP) ☒
Beconase (ST, STS)	Flonase*, Nasalide*, Nasonex
Benzaclin [‡]	Cleocin-T*, Bezamycin*
Betoptic S	Betoptoc*, 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*
Genestin	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 1 copay)
Clarinet D (ST)	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra D* Allergy

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

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	(covered with a prescription for a tier 1 copay)
Colcrys (PA, PAS) ☒	Colchicine*, Zylloprim*, Probenecid*
Combivir (SP) ☒	Retrovir* (SP) ☒, plus Eпивir (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 1 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
Dificid (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 ☒, OxylR* ☒
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*
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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)	Xalatin*, Travatan Z

Lunesta (ST, STS) ☒	Ambien* ☒, Halcion* ☒, oxazepam ☒, Restoril* ☒, Sonata* ☒
Luvox CR (ST)	Luvox*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST)
Lyrica (PA, PAS) ☒	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 1
Neevo DHA	Multiple prenatal vitamins on formulary Tier 1
Nexavar (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Niravam [†] (ST) ☒	Xanax* ☒
Noroxin ☒	Cipro* ☒, Avelex ☒, Levaquin* ☒
Norgesic/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
Olepto (ST, STS)	trazodone
Omnaris (ST, STS)	Flonase*, Nasalide*, Nasonex
Opana IR (PA, PAS) ☒	MSIR* ☒, Oxycodone IR* ☒
Oravig (PA, PAS) ☒	Diffucan* ☒, Myclex* ☒, 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)

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Pataday	not covered) Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)	Rhogam ☒	Nasonex no alternative available	Valturna (PA, PAS)	Cozaar*, Benicar, Micardis
Patanol	Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)	Ritalin LA (PA ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒	Ventavis (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Paxil CR [®] (ST)	Celexa*, Prozac*, Zoloft*, Paxil*	Rogaine	Benefit exclusion	Veramyst (ST, STS)	Flonase*, Nasalide*, Nasonex
Pentasa	Asacol	Rozerem (ST, STS) ☒	Ambien* ☒, Sonata* ☒	Vesicare (ST)	Ditropan*, Sanctura*, Sanctura XR
Perforomist (PA)	Spiriva, Advair, Symbicort, Serevent	Ryzolt (not covered)	Ultram*	Viagra ☒	no alternative available
Pradaxa	Coumadin*	S		Victoza (PA, PAS)	Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*
Prandin	Diabeta*, Glucotrol*, Amaryl*	Saphris (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR	Victralis (PA, PAS, PAF) (SP) ☒	no alternative available
Prefest	Prempro, Premphase	Sarafem tabs	Prozac*, Serafem caps*	Vigamox ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflax* ☒
Premarin Vag Cream	Estrace Vag Crm, Vagifem	Serzone [™]	Celexa*, Prozac*, Zoloft*, Paxil*	Viibyrd (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox*
Prenate DHA	Multiple prenatal vitamins on formulary Tier 1	Skelaxin [™] ☒	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)	Vimpat	Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakote*, Depakote ER*
Prenate Elite	Multiple prenatal vitamins on formulary Tier 1	Skelid (PA, PAS)	Fosamax*	Vytorin (ST)	Zocor*, Mevacor*, Pravachol*, Lipitor*, Crestor
Prevacid (PA), Solutab (PA)	Zegerid OTC [™] (covered with a prescription for tier 1 copay), Prilosec OTC [™] (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR [™] (covered with a prescription for tier 1 copay), Protonix*, Nexium	Sprix (ST, STS) ☒	Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic*	Vyvanse (PA, PAS ≥ 19yrs) ☒	Pravachol*, Lipitor*, Crestor Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER*, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Prevpac	Prilosec OTC [™] (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR [™] (covered with a prescription for tier 1 copay), Protonix*, Nexium	Sprycel (PA, PAS, PAF) (SP) ☒	Requires Prior Auth	W	
Pristiq (PA)	Prilosec OTC [™] * 20mg plus amoxicillin and clarithromycin	Stadol NS [™] ☒	Tylenol with Codeine* ☒, Ultram*	Welchol	Questran/Colestid*
Protonix Packets (PA)	Protonix* tablets	Starlix [™]	Diabeta*, Glucotrol*, Amaryl*	WinRho ☒	no alternative available
Protopic ☒	Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*	Striant (PA, PAS) ☒	Testim (PA, PAS) ☒	X	
Proventil HFA (PA, PAS)	Ventolin HFA, Proair HFA	Strattera [™] ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒	Xifaxan (550mg PA, PAS) ☒	Lactulose
Provigil (PA, PAS) ☒	Ritalin* ☒, Dexedrine* ☒, Adderall* ☒	Suboxone (PA, PAS)	Requires Prior Auth	Xopenex, HFA (PA, PAS)	Ventolin HFA, Proair HFA, albuterol neb
Prozac Weekly	Prozac Capsules*	Subutex [™] (PA, PAS)	Prozac* plus Risperdal*	Xyrem (PA, PAS, PAF) (SP) ☒	Adderall* ☒, Ritalin* ☒
Pulmicort Flexhaler/ Turbuhaler	Flovent, QVAR, Asmanex	Symbyax (ST)	Humulin, Humalog, Levemir	Xyzal (ST)	Claritin* OTC, Allegra* Allergy, Zyrtec* OTC (covered with a prescription for a tier 1 copay)
Q		Symlin (PA, PAS)		Z	
Quaalun (PA, PAS, PAF) ☒	Aralen*, Plaquenil*, Primaquine*	T		Zantac Efferdose (not covered)	Zantac tab/cap*, Tagamet*, Pepcid*
R		Tamiflu ☒	no alternative available	Zavesca (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Razadyne [™]	Aricept*, Namenda	Tarka [™]	Mavik* plus Calan SR*	Zegerid (not covered)	Zegerid OTC [™] (covered with a prescription for a tier 1 copay), Prilosec OTC [™] (covered with a prescription for a tier 1 copay), omeprazole*, Prevacid 24HR [™] (covered with a prescription for a tier 1 copay), Protonix*, Nexium
Regranex (PA, PAS)	Requires Prior Auth	Tasigna (PA, PAS, PAF) (SP) ☒	Requires Prior Auth	Zelapar ODT (ST)	Eldepryl*
Relistor (PA, PAS)	Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)	Tasmar	Comtan	ZMax ☒	Zithromax* ☒
Relpax ☒	Maxalt ☒, Imitrex* ☒, Amerge* ☒	Tazorac (ST)	Retin-A*, Retin-A Micro	Zetia	Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan Requires Prior Auth
Remeron Soltab [™]	Remeron*, Celexa*, Ludiomil*, Desyrel*	Tekturna (PA, PAS)	Cozaar*, Benicar, Micardis	Zolinza (PA, PAS, PAF) (SP) ☒	
Renagel	Phoslo*, Renvela	Tekturna HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT	Zomig ☒	Imitrex* ☒, Maxalt ☒, Amerge* ☒
Requip XL (ST)	Requip*	Teveten (PA, PAS)	Cozaar*, Benicar, Micardis	Zovirax Ointment ☒	Oral Zovirax*
Restasis	Various OTC artificial tears available	Teveten HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT	Zyban [™]	Benefit exclusion
Restoril 7.5mg, 22mg ☒	Restoril* 15mg ☒ & 30mg ☒, Ambien* ☒, Halcion* ☒	Tofranil PM		Zylet	Tobradex*
Revatio (PA, PAS, PAF) (SP) ☒	Adcirca (PA, PAS, PAF) (SP) ☒	Toviaz		Zymar ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflax* ☒
Revlimid (PA, PAS, PAF) (SP) ☒	Requires Prior Auth	Tradjenta (ST)		Zyprexa (ST)	Risperdal*, Seroquel, Seroquel XR
Rhinocort (ST, STS)	Flonase*, Nasalide*,	Tricor		Zytiga (PA, PAS, PAF) (SP) ☒	no alternative available
		Triglide			
		Tussionex ☒			
		Twynsta (PA, PAS)			
		Tykerb (PA, PAS, PAF) (SP) ☒			
		Tyzeka (SP) ☒			
		U			
		Ulesfia	Elimite*, Lindane*		
		Uloric (ST)	Zyloprim*		
		Ultram ER [™] (ST)	Ultram*		
		V			

* 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

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.

Specialty Medications

SP indicates specialty medications. Some plans direct distribution of specialty medications through a participating specialty pharmacy. Please call the Customer Service number on the back of your ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefit.

Self-Administered Injectable Formulary

The following medications require prior authorization unless otherwise indicated 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.

Formulary Agents

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)

Non-Formulary

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

Formulary Alternatives

Avonex, Copaxone
 Fosamax*, micalcin 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-Formulary Formulary Alternatives

Aranesp	Procrit
Arixtra◆	Fragmin◆, Lovenox*◆
Betaseron	Avonex, Copaxone
Cimzia	Enbrel, Humira
Egrifta	
Epogen	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 Member Services 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.

For some benefit plans, self-administered injectables may be included under a member's medical benefit, not the pharmacy benefit plan. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your self-administered injectable benefit.

All self administered injectables require prior authorization unless otherwise indicated.

For more updated information, visit our web site at:

www.CoventryHealth.com

