

## Member/Physician Drug Formulary Alphabetical Listing 2012

The Member Drug Formulary is an alphabetical list of approved medicines covered by your benefit plan. In the Member Drug Formulary, generic drugs are listed by their generic name and begin with lower case letters. You will pay the lowest copay (Tier 1) when you buy formulary generic drugs. For example: Generic name - quinapril.

Formulary brand drugs are listed alphabetically by brand name. The names of brand name drugs begin with upper case letters. You will pay a higher copay (Tier 2) for formulary brand drugs. For example: Brand name with no generic available: Advair.

Brand name drugs followed by an asterisk have a generic available. Ask your doctor if you can substitute a generic on your prescription. If so, you will receive the generic and pay the lowest copay. For example: Brand name with generic available- Accupril\*.

Please consult your Plan coverage documents for more information on your specific benefit design. Some benefit plans allow you to get nonformulary drugs at the highest copay level (Tier 3). Some benefit plans do not cover nonformulary drugs.

We have included a list of common nonformulary drugs with their formulary alternatives. Formulary drugs generally will cost you less than nonformulary drugs. This list follows the formulary drug list. We strongly recommend that you take the formulary with you to every doctor visit. Sharing the formulary with your doctor will help ensure that your doctor considers a drug from our formulary when prescribing a medicine for you.

A				
Accolate*	alfuzosin	apraclonidine	balsalazide	Calan*, SR*
AccuNeb*	Alkeran (SP) ☒	Apresoline*	Balziva*	Calciferol*
Accupril*	allopurinol	Apri*	benazepril	calcitonin nasal spray ☒
Accuretic*	Alphagan* (P non-form)	Apriso	benazepril HCT	calcitriol
acebutolol	alprazolam, XR ☒	Aralen*	Benicar	Camila*
acetazolamide	Altace*	Aranelle*	Benicar HCT	Camrese*
acetic acid-aluminum acetate	Altoprev	Arava*	Bentyl*	Capex Shampoo
acetic acid ear drops	aluminum chloride	Aricept 5mg*, 10mg* (23mg non-form, ST)	Benzamycin*	Capoten*
acetylcysteine	amantadine	Arimidex* (PA, PAS)	benzonatate	Capozide*
Aclovate*	Amaryl*	Aromasin* (PA, PAS)	benzoyl peroxide/erythromycin	captopril
Actigall*	Ambien* (CR* non-form, ST, STS) (SL tab and oral spray not covered) ☒	Artane*	benztropine	captopril/HCTZ
Actinex	Amerge* ☒	Asacol, HD	Betagan*	Carafate, tabs*, susp
Activella*	Amicar*	aspirin/butalbital/caffeine ☒	betamethasone (cream/oint/lotion)	carbamazepine, XR
Actos (ST)	Amiloride	aspirin/caff/butalbital/codeine ☒	Betapace*	Carbatrol*
Actoplus Met, XR (ST)	amiloride	Asmanex	Betapace AF*	carbidopa/levodopa
acyclovir (not ointment)	amiloride/HCTZ	Astelin*	betaxolol (ophth)	carbotopic
Adalat CC*	aminocaproic acid	Atarax*	Betimol	Cardizem*, SR*, CD* (LA* non-form)
Adcirca (PA, PAS, PAF) (SP) ☒	amiodarone	atenolol	Betoptic*	Cardura* (XL non-form)
Adderall* (XR* (PA) non-form) ☒	amitriptyline	atenolol/chlorthalidone	Biaxin*, XL* ☒	carisoprodol
Adrenalin*	amlodipine	Ativan* ☒	bicalutamide	carisoprodol/aspirin
Advair	amlodipine/benazepril	atorvastatin	Bicitra*	carteolol (ophth)
Aggrenox	amoxapine	atropine	Biltricide ☒	Cartia XT*
Agrylin*	amoxicillin ☒	Atrovent soln*, nasal soln*, HFA	bisoprolol	carvedilol (CR non-form, ST)
Alavert* (Requires Doctor's Prescription) Tier 1 copay	amoxicillin-pot clavulanate ☒	A/T/S*	bisoprolol HCTZ	Casodex*
Alaway* (Requires Doctor's Prescription) Tier 1 copay	Amoxil* ☒	Augmentin*, ES*, XR* ☒	Bleph-10*	Cataflam*
albuterol soln	amphetamine/dextroamphetamine (XR non-form, PA) ☒	Avelox ☒	Blephamide	Catapres* (TTS* patch non-form)
albuterol/ipratropium	ampicillin ☒	Aviane*	Brethine*	Ceclor*, CD* ☒
Allegra* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay	Amethia*	Axid*	Brevicon*	CeeNu (SP) ☒
Allegra-D* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay	Anafranil*	Aygestin*	brimonidine	cefaclor ☒
alclometasone dipropionate	anagrelide	azathioprine	Bromfed*, PD*, DM* ☒	cefadroxil ☒
Aldactazide*	Ana-Kit ☒	azelastine	bromocriptine	cefdinir ☒
Aldactone *	Analpram HC*	Azelex	budesonide respules (PA,PAS > 4yrs)	Ceftin* ☒
Aldara*	Anaprox*, DS*	azithromycin ☒	bumetanide	cefprozil ☒
Aldomet*	Anaspaz*	Azopt	Bumex*	cefuroxime ☒
alendronate	anastrozole (PA, PAS)	Azulfidine*, EN*	bupropion, SR, XL	Cefzil* ☒
Alesse*	Android* ☒		Buspar*	Celexa*
	Ansaid*	<b>B</b>	buspirone	CellCept* (SP) ☒
	Antabuse*	bacitracin ophthalmic*		Celontin
	antipyrine/benzocaine otic	baclofen	<b>C</b>	cephalexin ☒
	Anusol-HC*	Bactrim*, DS* ☒	cabergoline	Cesia*
	APAP/Butalbital/Caffeine	Bactroban oint*	Cafegot* ☒	cetirizine (Requires Doctor's Prescription)
		Bactroban cream		☒ Not available as 90-day supply

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cetirizine D (Requires Doctor's Prescription)  
 chloral hydrate ☒  
 chlordiazepoxide ☒  
 chlordiazepoxide/clidinium  
 chloroquine ☒  
 chlorothiazide  
 chlorpromazine (Spansule non-form)  
 chlorpropamide  
 chlorthalidone  
 choline & magnesium salicylates  
 cholestyramine  
 ciclopirox ☒  
 cilostazol  
 Ciloxan oint  
 Ciloxan Soln\*  
 cimetidine  
 Cipro\* (XR\* non-form) ☒  
 Ciprodex  
 ciprofloxacin (XR\* non-form) ☒  
 ciprofloxacin soln  
 citalopram  
 clarithromycin ☒  
 Claritin\* (Requires Doctor's Prescription) Tier 1 copay  
 Claritin D-24\* (Requires Doctor's Prescription) Tier 1 copay  
 Cleocin\*, Vag\*, T\* ☒  
 clemastine 2.68mg  
 Climara\*  
 clindamycin ☒  
 Clinoril\*  
 clobetasol ointment  
 clomipramine  
 clonazepam ☒  
 clonidine (TTS\* non-form)  
 clorazepate (SD non-form) ☒  
 clotrimazole troche  
 clozapine ☒  
 Clozaril\* ☒  
 Coartem (PA, PAS) ☒  
 codeine ☒  
 Cogentin\*  
 Colazal\*  
 colchicine  
 Colestid\*  
 Colestid granules\*  
 colestipol  
 Colyte\*  
 Combivent  
 Compazine\*  
 Comtan  
 Concerta\* (PA ≥ 19yrs) ☒  
 Condylox Gel, Soln\*  
 Copegus\* (PA, PAS, PAF) (SP) ☒  
 Cordarone\*  
 Coreg\* (CR non-form, ST)  
 Corgard\*  
 Cortef\*  
 Cortifoam  
 Cortisporin\*  
 Coumadin\*  
 Cozaar\*  
 Crestor (5mg ST)  
 Crixivan (SP) ☒  
 Crolom\*  
 cromolyn sodium (ophth)

Cryselles\*  
 Cuprimine  
 Cutivate\* cream, oint (lotion non-form)  
 cyclobenzaprine (Amrix not covered)  
 Cyclogyl\*  
 cyclopentolate  
 cyclophosphamide (SP) ☒  
 cyclosporine (SP) ☒  
 Cyocrin\*  
 Cyclessa\*  
 cyproheptadine  
 Cytadren  
 Cytomel\*  
 Cytotec\*  
 Cytovene\* (SP) ☒  
 Cytoxan\* (SP) ☒

## D

Dalmane\* ☒  
 danazol\*  
 Dantrium\*  
 dantrolene  
 dapsone  
 Daranide  
 Daraprim  
 Daypro\*  
 DDAVP\*  
 Decadron\*  
 Demadex\*  
 Demerol\* ☒  
 Demulen\*  
 Depakene\*  
 Depakote\*, ER\*  
 Depen  
 Derma-Smoothe/FS  
 desipramine  
 desmopressin acetate  
 Desogen\*  
 desogestrel-ethinyl estradiol  
 desonide  
 Desowen\*  
 desoximetasone  
 Desyrel\*  
 dexamethasone  
 dexchlorpheniramine  
 Dexedrine\* ☒  
 dexmethylphenidate ☒  
 dextroamphetamine ☒  
 DextroStat\* ☒  
 Diabeta\*  
 Diabinese\*  
 Diamox\*  
 Diastat ☒  
 diazepam ☒  
 Dibenzyline  
 diclofenac potassium  
 diclofenac sodium, XR  
 dicloxacillin ☒  
 dicyclomine  
 diflorasone diacetate  
 Diflucan\* ☒  
 diflunisal  
 digoxin  
 Dilacor XR\*  
 Dilantin\*  
 Dilaudid\* (oral soln non-form) ☒

diltiazem  
 diphenoxylate-atropine ☒  
 Diprolene\*, AF\*  
 Diprosone\*  
 dipyrnidamole  
 Disalcid\*  
 disopyramide  
 disulfiram  
 Ditropan\* (XL\* non-form)  
 Diuril\*  
 divalproex sodium  
 Dolobid\*  
 Dolophine\* ☒  
 Domeboro Otic\*  
 donepezil 5mg\*, 10mg\* (23mg non-form, ST)  
 Donnatal (caps non-form)\*  
 dorzolamide  
 Dostinex\*  
 Dovonex\*  
 doxazosin mesylate  
 doxepin  
 doxycycline ☒ (20mg, Adoxa, Doryx not covered) (Oracea non-form)  
 doxycycline susp\* (syrup non-form)  
 Dritho-Scalp  
 Drysol\*  
 Duetact (ST)  
 Duoneb\*  
 Duragesic\* ☒  
 Duricef\* ☒  
 Dyazide\*  
 Dynacin Capsules\* (tabs not covered)

## E

EC-Naprosyn\*  
 econazole cream  
 EES\* ☒  
 Effexor\* (XR\* ST)  
 Efudex\*  
 Elavil\*  
 Eldepryl\*  
 Elimate\*  
 Elmiron  
 Elocon\*  
 Emcyt ☒  
 Emla\* ☒  
 Emtriva (SP) ☒  
 enalapril  
 enalapril HCTZ  
 Entresse\*  
 Entocort EC\*  
 epinephrine HCl ☒  
 Epipen, Jr ☒  
 Epivir (SP) ☒  
 Epivir HBV (SP) ☒  
 ergocalciferol  
 Errin\*  
 Ery-Tab\* ☒  
 Erythrocine\* ☒  
 erythromycin ☒  
 Estrace tab\*  
 Estrace Cream  
 Estraderm  
 estradiol  
 Estradiol/Norethindrone

estropipate  
 Estrostep FE\*  
 ethosuximide  
 etodolac, XL  
 etoposide (SP) ☒  
 Eurax ☒  
 Evista  
 Evoxac  
 Exelderm  
 exemestane

## F

famciclovir ☒  
 famotidine  
 Famvir\* ☒  
 Fareston  
 FastTake Test Strips  
 Feldene\*  
 felodipine  
 Femara\* (PA, PAS)  
 fenofibrate  
 fenoprofen  
 fentanyl patch ☒  
 finasteride  
 Fioricet\*  
 Fiorinal\* ☒  
 Fiorinal w/Codeine\* ☒  
 Flagyl\* (Flagyl ER non-form) ☒  
 fleroxate  
 flecainide  
 Flexeril\*  
 Flomax\*  
 Flonase\*  
 Flovent Diskus, HFA  
 fluconazole ☒  
 fludrocortisone acetate  
 Flumadine\*  
 flunisolide  
 fluocinonide  
 fluoride/polyvitamins for children  
 fluoride/vitamins A,D,C for children  
 fluorouracil  
 fluoxetine  
 fluphenazine  
 flurazepam ☒  
 flurbiprofen  
 fluorometholone  
 flurbiprofen sodium  
 flutamide  
 fluticasone propionate  
 fluticasone propionate nasal spray  
 flvoxamine maleate  
 FML\*, FML Forte  
 Focalin IR\* ☒  
 folic acid 1 mg  
 Fosamax\*  
 fosinopril  
 fosinopril/HCTZ  
 Furadantin\* ☒  
 furosemide

## G

gabapentin  
 ganciclovir (SP) ☒  
 Garamycin\*  
 gemfibrozil  
 gentamicin (not IV) ☒

Gleevec (PA, PAS, PAF) (SP) ☒  
 glimepiride  
 glipizide, XL  
 glipizide/metformin  
 Glucophage, XR\*  
 Glucotrol\*, XL\*  
 Glucovance\*  
 glyburide  
 Glynase\*  
 Golytely\* ☒  
 Grifulvin V tabs, susp\* ☒  
 Gris-Peg ☒  
 griseofulvin ☒  
 guaifenesin/codeine ☒  
 guanabenz acetate  
 guanfacine

## H

Halcion\* ☒  
 Haldol\*  
 halobetasol cream/ointment  
 haloperidol  
 Hectorol  
 Heparin\* ☒  
 Hepsera (SP) ☒  
 Hexalen (SP) ☒  
 Hiprex\*  
 Humalog  
 Humulin (pens/cartridges - PA)  
 hydralazine  
 Hydreia\*  
 hydrochlorothiazide  
 hydrocodone/APAP ☒  
 hydrocodone/ibuprofen ☒  
 hydrocodone/homatropine ☒  
 hydrocortisone tablets  
 hydromorphone HCl ☒  
 hydroxychloroquine  
 hydroxyurea  
 hydroxyzine HCL, pamoate  
 hyoscyamine  
 Hytrin\*  
 Hyzaar\*

## I

ibuprofen  
 Imdur\*  
 imipramine (PM non-form)  
 imiquimod cream  
 Imitrex\* ☒  
 ipratropium nasal soln  
 Imuran\*  
 indapamide  
 Inderal\*, LA\*  
 Indocin, SR\* (suppositories non-form)  
 indomethacin, SR  
 Insulin (Lilly Brands Humulin, Humalog)  
 Intal Inhaler  
 Intal Neb\*  
 Intelence (SP) ☒  
 Invirase (SP) ☒  
 iodoquinol ☒  
 loperidine\*  
 isentress (SP) ☒

☒ Not available as 90-day supply

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ISMO\*  
isonarif   
isoniazid  
Isoptin\*, SR\*  
Isopto Atropine\*  
Isopto Carbachol\*  
Isopto Carpine\*  
Isordil\*  
isosorbide dinitrate  
isosorbide mononitrate  
itraconazole (PA, PAS)

## J

Januvia (ST)  
Janumet (ST)  
Jenest\*  
Jolivet\*  
Junel\*

## K

Kadian   
Kaletra (SP)   
Kariva\*  
Kayexalate\*   
K-Dur\*  
Keflex\*   
Kenalog\*  
Keppra\* (XR\* non-form, PA, PAS)  
ketoconazole   
ketoprofen  
ketorolac  
Kombiglyze XR (ST)  
Klaron\*  
Klonopin\*   
K-Lor\*  
Klorvess\*  
K-Lyte\*  
K-Phos Neutral\*  
Kristalose\*

## L

labetalol  
lactulose  
Lamictal\* (Starter pack, non-form, ODT (PA, PAS) non-form, XR (PA, PAS) non-form)  
Lamisil\* (tabs only)  
lamotrigine (ODT (PA), XR (PA), starter pack, non-form)  
Lanoxin\*  
Lasix\*  
latanoprost  
Leena\*  
Lessina-28\*  
letrozole (PA, PAS)  
Leukeran  
Levaquin\*   
Levemir  
levetiracetam (XR non-form, PA, PAS)  
Levlen\*  
Levite\*  
levobunolol  
levodopa/carbidopa  
levofloxacin   
Levora\*  
Levotherid

levothyroxine  
Levoxyl\*  
Levsin\* (SL non-form)  
Levsinex\*  
Lexiva (SP)   
Librax\*  
Librium\*   
Lidex\*  
lidocaine/HCl  
lidocaine-prilocaine   
lidocaine viscous  
Lidoderm  
LifeScan Test Strips  
Lindane   
Lioresal\*  
liothyronine  
Lipitor\*  
lisinopril  
lisinopril/HCTZ  
lithium  
Locoid\*  
Lodine\*, XL\*  
Loestrin\*  
Loestrin FE\* (24 FE non-form)  
LoFibra\*  
Lomotil\*   
Loniten\*  
Lo-Ogestrel\*  
Lo/Ovral\*  
Lopid\*  
Lopressor\*  
Lopressor HCT\*  
Loprox Cream\* (gel and shampoo non-form)  
loratadine (Requires Doctor's Prescription)  
loratadine D-24 (Requires Doctor's Prescription)  
lorazepam   
Lortab\*   
losartan  
losartan HCTZ  
Lotensin\*  
Lotensin HCT\*  
Lotrel\*  
Lotrisone Cream\*, Lotion\*  
Lotronex   
lovastatin  
loxapine  
Loxitane\*  
Lozol\*  
Ludiomil\*  
Luride\*  
Lutera\*  
Luvox\* (CR non-form, ST)  
Lysodren

## M

Macrobid\*  
Macrodantin\*  
mandelamine  
maprotiline  
Matulane (SP)   
Mavik\*  
Maxalt, MLT   
Maxitrol\*  
Maxzide\*

mebendazole   
meclofenamate  
Meclomen\*  
Medrol\*  
medroxyprogesterone  
Megace\*  
megestrol acetate  
Mellaril\*  
meloxicam  
Menest\*  
meperidine   
Mephyton  
Mepron   
mercaptapurine   
Mestison\*  
Metadate ER\*   
Metaglip\*  
metaproterenol  
metformin, XR  
metformin/glyburide  
methadone   
methazolamide  
methenamine  
Methergine  
methimazole  
methocarbamol  
methotrexate (oral, inj)  
methyl dopa  
methyl dopa/HCTZ  
methylphenidate   
methylphenidate ER (PA ≥ 19yrs)   
methylprednisolone  
methyltestosterone  
metipranolol  
metoclopramide  
metolazone  
metoprolol, XL  
MetroCream\*  
MetroLotion\*  
metronidazole gel 0.75%  
metronidazole   
Mevacor\*  
mexiletine  
Mexitil\*  
Miacalcin nasal spray\*  
Micardis  
Micardis HCT  
Microgestin\*  
Microgestin FE\*  
Micronase\*  
Microzide\*  
Midamor\*  
midodrine\*  
Midrin\*   
Migranal   
Minipress\*  
Minocin\*   
minocycline (tabs and Solodyn not covered)   
minoxidil tab  
Mintezol  
Miralax\* OTC (Requires Doctor's Prescription) Tier 1 copay  
Mircette\*  
mirtazapine  
misoprostol  
Mobic\*

Modicon\*  
moexipril  
moexipril-hydrochlorothiazide  
mometasone Cr, Oint, Lot  
MonaNessa\*  
Monodox\* (75mg not covered)  
morphine, IR   
Motrin\*  
MSIR\*   
MS Contin\*   
mupirocin oint  
Myambutol\*  
Mycelex Troche\*  
Mycobutin  
mycophenolate (SP)   
Mycostatin\*  
Myleran (SP)   
Mysoline\*

## N

nabumetone  
nadolol  
Nalfon\*  
naltrexone   
Namenda  
Naprosyn\*  
naproxen  
naratriptan   
Nardil  
Nasonex  
Navane\*  
Nebupent  
Necon  
neomycin  
Neoral\* (SP)   
Neosporin ophthalmic\*  
Neurontin\*  
Nexium  
Niaspan  
nifedipine, XL  
Nilandron  
nimodipine  
Nimotop\*  
nisoldipine  
Nitro-Dur\*  
Nitrobid\*  
nitrofurantoin  
nitroglycerin, all forms  
Nitrolingual Translingual Spray  
Nitrostat SL  
nizatidine  
Nizoral\*   
Nolvadex\*  
Nordette\*  
norethindrone acetate  
norgestrel-ethinyl estradiol  
Norinyl\*  
Norpace\*, CR\*  
Norpramin\*  
Nor-QD\*  
Nortrel\*  
nortriptyline  
Norvasc\*  
Norvir (SP)   
Nulytely\*   
NuvaRing  
nystatin

## O

ocella  
Ocufer\*  
Ocuflox\*  
Ocupress\*  
ofloxacin  
Ogestrel\*  
omeprazole  
Omnicef\*   
ondansetron, ODT   
One Touch Test Strips  
One Touch Ultra Test Strips  
Onglyza (ST)  
Opana ER   
Optipranolol\*  
Orasone\*  
Orinase\*  
Ortho-Cept\*  
Ortho-Cyclen\*  
Ortho Est\*  
Ortho Micronor\*  
Ortho-Novum\*  
Ortho-Tri-Cyclen\*  
oxaprozin  
oxazepam   
oxcarbazepine  
Oxsoralen, Ultra   
oxybutynin  
oxycodone IR   
OxylIR\*

## P

P1E1, P2E2  
Pamelor\*  
pantoprazole  
Parlodol\*  
Parnate\*  
paromomycin   
paroxetine (CR non-form, ST)  
Paxil\* (CR non-form, ST)  
PEG - electrolyte soln\*   
penicillin VK   
Penlac\*   
pentoxifylline  
Pepcid\* (RPD non-form)  
Percocet\*   
Percodan\*   
permethrin   
perphenazine  
Persantine\*  
phenazopyridine  
Phenergan\*  
Phenergan Codeine\*, DM\*, VC\*, & VC/Codeine\*   
phenobarbital   
Phenytek\*  
phenytoin  
phenytoin sodium extended  
PhosLo\*  
Phospholine Iodide  
physostigmine sulfate  
pilocarpine  
pindolol  
piroxicam  
Plan B (requires Doctor's prescription)

Not available as 90-day supply

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Plaquenil\*  
 Plavix  
 Pletal\*  
 podofilox solution  
 polyethylene glycol 3350  
 Polyhistine CS, D, DM\*  
 Poly-Vi-Flor\*  
 Polytrim\*  
 Portia\*  
 potassium chloride  
 potassium citrate (15 mEq not covered)  
 potassium citrate/citric acid  
 pramoxine/HCl  
 Pravachol\*  
 pravastatin  
 prazosin  
 Precose\*  
 Pred C, Forte\*, & Mild\*  
 prednisolone, acetate, sod phos  
 prednisone  
 Prelone\*  
 Premarin tabs (cream non-form)  
 Premesis RX  
 Premphase  
 Prempro  
 prenatal vitamins (prescription  
 forms only) (Prenate and Neevo  
 brands non-form)  
 Prevacid 24HR™ (requires doctor's  
 prescription)  
 Prevalite\*  
 Prezista (SP)  
 Prilosec\*  
 Prilosec OTC 20mg - (Tier 1 copay)  
 (Requires Doctor's Prescription)  
 PrimaCare  
 PrimaCare ONE  
 Primaquine\* ☒  
 primidone  
 Principen\* ☒  
 Prinivil\*  
 Prinzide\*  
 Proair HFA  
 Proamate\*  
 Pro-Banthine\*  
 probenecid  
 Procardia\*, XL\*  
 prochlorperazine  
 Proctocort\*  
 Proctofoam-HC\*  
 Proctofoam-HC\*  
 Prograf\* (SP) ☒  
 promethazine  
 Prometrium  
 propafenone (SR\* non-form)  
 propantheline  
 propranolol, LA  
 propylthiouracil  
 Proscar\*  
 Prostigmin  
 Protonix\* (packets non-form)  
 protriptyline  
 Provera\*  
 Prozac\* (weekly non-form)  
 Pulmicort Respules\* (PA, PAS >4yrs)  
 Pulmozyme (PA, PAS, PAF) (SP) ☒  
 Purinethol\* ☒

Pyrazinamide\* ☒  
 Pyridium\*  
**Q**  
 quasense  
 Questran, Light\*  
 quinapril  
 quinapril/HCTZ  
 quinidine  
 Quixin  
 QVAR

**R**  
 ramipril  
 ranitidine (Gel & efferdose non-form)  
 Ranexa  
 Rapamune (SP) ☒  
 Rebetol\* (PA, PAS, PAF) (SP) ☒  
 Reglan\*  
 Remeron\* (Sol Tab non-form)  
 Renvela (packets non-form)  
 Requip\*, (XL non-form, ST)  
 Restoril\* (7.5 mg & 22.5 mg  
 non-form) ☒  
 Retin A\*  
 Retin A Micro  
 Retrovir\* (SP) ☒  
 Revia\* ☒  
 Reyataz (SP) ☒  
 Ribasphere (PA, PAS, PAF) ☒  
 (400mg and 600mg non-form)  
 ribavirin (PA, PAS, PAF) (SP) ☒  
 Ridaura  
 Rifadin\* ☒  
 Rifamate\* ☒  
 rifampin ☒  
 Rilutek ☒  
 rimantadine ☒  
 Risperdal\* (M-Tab non-form)  
 risperidone  
 Ritalin, SR\*, (LA non-form) ☒  
 RMS suppositories\* ☒  
 Robaxin\*  
 Robitussin AC, DAC\* ☒  
 Rocaltrol\*  
 ropinirole (XL non-form, ST)  
 Rowasa Enema\*  
 Rythmol\* (SR non-form)

**S**  
 Salagen\*  
 salsalate  
 Sanctura\*, XR  
 Sandimmune\* (SP) ☒  
 Seasonale\*  
 Seasonique\*  
 Sectral\*  
 selegiline (patch non-form)  
 selenium sulfide 2.5%  
 Sensipar  
 Septra DS\* ☒  
 Serevent  
 Seroquel, XR (<150mg per day PA,  
 PAS)  
 sertraline  
 Silvadene\*  
 silver sulfadiazine ☒

Simcor  
 simvastatin (80mg\* PA, PAS, PAF)  
 Sinemet\*, CR\*  
 Singulair (PA)  
 sod citrate-citric acid  
 sodium fluoride  
 sodium polystyrene sulfonate ☒  
 Solia\*  
 Soma\* (250mg not covered)  
 Soma Compound\*  
 Sonata\* ☒  
 Soriatane ☒  
 sotalol, AF  
 Spectazole\* Cr/Oint  
 Spiriva  
 spironolactone  
 spironolactone/HCTZ  
 Sporanox capsules\* (PA, PAS) ☒  
 Sporanox Soln. (PA, PAS) ☒  
 Sprintec\*  
 SSKI  
 stavudine (SP) ☒  
 Stimate (PA, PAS, PAF) (SP) ☒  
 sucralfate  
 Sulamyd\*  
 Sular\*  
 sulfacetamide 10%  
 sulfacetamide sod-pred  
 sulfacetamide sod/sulfur  
 sulfasalazine  
 sulindac  
 sumatriptan ☒  
 SureStep Test Strips  
 Sustiva (SP) ☒  
 Sutent (PA, PAS, PAF) (SP) ☒  
 Symbicort  
 Synarel  
 Synthroid\*

**T**  
 Tabloid  
 tacrolimus (SP) ☒  
 Tagamet\*  
 Tambocor\*  
 tamoxifen  
 tamsulosin  
 Tapazole\*  
 Tarceva (PA, PAS, PAF) (SP) ☒  
 Targretin (SP) ☒  
 Tegretol\*, XR\*  
 temazepam (7.5, 22.5mg non-form) ☒  
 Temodar (PA, PAS, PAF) (SP) ☒  
 Temovate\*  
 Tenex\*  
 Tenoretic\*  
 Tenormin\*  
 Terazol\*  
 terazosin  
 terbinafine (tabs only) ☒  
 terbutaline sulfate  
 terconazole  
 Tessalon Perles\* ☒  
 Testim (PA, PAS) ☒  
 testosterone inj ☒  
 tetracycline ☒  
 Thalomid (PA, PAS) (SP) ☒  
 Theo-24

theophylline, XR (soln non-form)  
 thioridazine  
 thiothixene  
 Tiazac\*  
 Ticlid\*  
 ticlopidine  
 Tigan\* ☒  
 Tikosyn  
 timolol  
 Timoptic\*, XE\*  
 tizanidine  
 Tobi (PA, PAS, PAF) (SP) ☒  
 TobraDex\*  
 tobramycin  
 Tobrex\*  
 Tofranil\* (PM non-form)  
 tolazamide  
 tolbutamide  
 tolmetin  
 Topamax\*  
 Topicort\*  
 topiramate  
 Toprol XL\*  
 torsemide  
 Tracleer (PA, PAS, PAF) (SP) ☒  
 tramadol  
 tramadol-acetaminophen  
 Trandate\*  
 trandolapril  
 Tranxene\* ☒  
 tranlycypromine  
 Travatan Z  
 trazodone  
 Trental\*  
 tretinoin  
 triamcinolone topical  
 triamterene/hctz  
 triazolam ☒  
 trifluoperazine  
 trifluridine  
 trihexyphenidyl  
 Trileptal\*  
 Trilipix  
 trimethobenzamide ☒  
 trimethoprim ☒  
 trimethoprim-polymyxin B  
 Trinessa\*  
 Tri-Norinyl\*  
 Tri-Previfem\*  
 Tri-Sprintec\*  
 Trivora\*  
 trospium  
 Trusopt\*  
 Twinject ☒  
 Tylenol 3\*, 4\* ☒  
 Tylox\* ☒

**U**  
 Ultracet\*  
 Ultram\* (ER\* non-form, ST)  
 Ultravate\* cream/oint  
 Uniphy\*  
 Uniretic\*  
 Univasc\*  
 urea/sod propionate/methionine ☒  
 Urecholine\*  
 Uroic K\* (15 mEq non-form)

Uroxatral\*  
 ursodiol  
**V**  
 Vagifem  
 valacyclovir ☒  
 Valcyte ☒  
 Valium\* ☒  
 valproic acid  
 Valtrex\* ☒  
 Vancocin\* inj. ☒  
 vancomycin inj. ☒  
 Vaseretic\*  
 Vasotec\*  
 Velivet\*  
 venlafaxine IR (XR\*, ST)  
 Ventolin HFA  
 verapamil, SR, PM  
 Verelan SR\*, PM\*  
 Vexol  
 Vfend\* (PA, PAS) ☒  
 Vibramycin\* ☒  
 Vibramycin Susp\* (syrup non-  
 form) ☒  
 Vicodin\*, ES\* ☒  
 Vicoprofen\* ☒  
 Videx\*, EC\* (SP) ☒  
 Viracept (SP) ☒  
 Viramune (SP) ☒  
 Viread (SP) ☒  
 Viroptic\*  
 Vistaril\*  
 Vivactil\*  
 Vivelle-Dot  
 Voltaren\*, XR\*  
 Voltaren ophthalmic\*  
 voriconazole (PA, PAS) ☒  
 Vosol\*, HC\*

**W**  
 warfarin  
 Wellbutrin\*, SR\*, XL\*  
 Westcort\*  
**X**  
 Xalatan\*  
 Xanax\*, XR\* ☒  
 Xarelto  
 Xeloda (PA, PAS, PAF) (SP) ☒  
 Xenazine (PA, PAS, PAF) (SP) ☒  
 Xylocaine\*

**Y**  
 Yasmin\*  
 Yaz\*  
 Yodoxin\* ☒  
**Z**  
 Zaditor\* OTC (Requires Doctor's  
 Prescription - generic copay)  
 (Prescription Zaditor\* not covered)  
 zafirlukast  
 zaleplon ☒  
 Zanaflex\* (capsules not covered)  
 Zantac\* (efferdose not covered)

☒ Not available as 90-day supply

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\* A generic equivalent is available. You will pay more for brand name medications. If you need more information, ask your employer, read your prescription drug rider, or call Member Services at the number on the back of your member ID card.

Zarontin*	covered)	zidovudine (SP) ☒	Zonegran*	Prescription) Tier 1 copay
Zaroxolyn*	Zemplar	Zithromax* ☒	zonisamide	Zyrtec D OTC* (Requires Doctor's
Zebeta*	Zenpep	Zocor* (80mg* PA, PAS, PAF)	Zovia*	Prescription) Tier 1 copay
Zegerid OTC™ (covered with a prescription for a tier 1 copay)	Zerit* (SP) ☒	Zofran* ☒	Zovirax* (oint. non-form)	Zyvox (PA, PAS) ☒
(prescription Zegerid not	Ziac*	Zoloft*	Zyloprim*	
	Ziagen (SP) ☒	zolpidem (CR non-form, ST, STS) ☒	Zyrtec OTC* (Requires Doctor's	

☒ Not available as 90-day supply

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## Common Non Formulary Drugs and their Formulary Alternatives

Listed below are some common nonformulary drugs and their formulary alternatives. Some benefit plans allow you to get nonformulary drugs at the highest copay level. If you do not know which plan you have or need more information, ask your employer or read your prescription drug rider.

Non Formulary Drugs	Formulary Alternative			
<b>A</b>				
Abilify (ST)	Clozaril*☒, Risperdal*, Seroquel, Seroquel XR	Ampyra (PA, PAS, PAF) ☒	Requires Prior Auth	
Accu-chek brand test strips (PA, PAS)	One Touch Test Strips	Androderm (PA, PAS) ☒	Testim (PA, PAS) ☒	
Accutane <sup>®</sup> (PA, PAS, PAF) ☒	Doxycycline ☒, Minocycline ☒	Androgel (PA, PAS) ☒	Testim (PA, PAS) ☒	
Aceon <sup>®</sup>	Zestril*, Prinivil*, Lotensin*, Accupril*	Anzemet ☒	Compazine*, Phenergan*, Tigan* ☒, Zofran* ☒	
Aciphex (PA)	Zegerid OTC™ (covered with a prescription for a tier 1 copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium	Apidra	Humalog	
Actiq* (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln non-form) ☒	Arthrotec	Voltaren* plus Cytotec*	
Actonel (PA, PAS)	Fosamax*	Ascensia Brand Test Strips (PA, PAS)	One Touch Test Strips	
Acular	Ocufen*, Voltaren Ophthalmic*	Atacand (PA, PAS)	Cozaar*, Benicar, Micardis	
Adderall XR <sup>†</sup> (PA ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒	Atacand HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT	
Advicor	Concerta* (PA ≥ 19yrs) ☒	Atelvia (PA, PAS)	Fosamax*	
Aerobid	Zocor*, Simcor	Atralin Gel (ST)	Retin-A*, Retin-A Micro	
Agenerase (SP) ☒	Flovent, QVAR, Asmanex	Auralgan	A/B Otic Soln	
Alamast	Lexiva (SP) ☒	Avalide (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT	
Allegra, ODT (not covered)	Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*	Avandamet (PA, PAS, PAF)	Actos (ST) plus Glucophage*	
Allegra D (not covered)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a tier 1 copay)	Avandaryl (PA, PAS, PAF)	Actos (ST)	
Alocril	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a tier 1 copay)	Avandia (PA, PAS, PAF)	Actos (ST)	
Alomide	Alaway*, Crolo <sup>®</sup> Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolo <sup>®</sup>	Avapro (PA, PAS)	Cozaar*, Benicar, Micardis	
Alphagan-P	Alphagan*	Avita Gel	Retin-A*, Retin-A Micro	
Ambien CR <sup>®</sup> (ST, STS) ☒	Ambien* ☒, Ativan* ☒, Halcion* ☒, oxazepam* ☒, Restoril* ☒, Sonata* ☒	Avodart (ST, STS)	Proscar*	
Amitiza (ST, STS) ☒	Miralax OTC*, Chronulac*, Colyte*	Axert ☒	Imitrex* ☒, Maxalt ☒, Amerge* ☒	
		Azmecort	QVAR, Asmanex, Flovent	
		Azor (PA, PAS)	Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis	
		<b>B</b>		
		Baraclude (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒	
		Beconase (ST, STS)	Flonase*, Nasalide*, Nasonex	
		Benzaclin <sup>†</sup>	Cleocin-T*, Benzamycin*	
		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*	
		<b>C</b>		
		Caduet (not covered)	Norvasc* plus Lipitor*, Norvasc* plus Zocor*	
		Caprelsa (PA, PAS, PAF) (SP) ☒	no alternative available	
		Cardizem LA <sup>†</sup>	Cardizem CD*	
		Catapres TTS <sup>†</sup>	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 <sup>®</sup> (ST)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a tier 1 copay)	
		Clarinet D (ST)	OTC Claritin D* or OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a tier 1 copay)	
		Colcrys (PA, PAS) ☒	Colchicine*, Zolofram, Probenecid*	
		Combivir (SP) ☒	Retrovir* (SP) ☒, plus Epivir (SP) ☒	
		Coreg CR (ST)	Coreg*	
		Cosopt <sup>®</sup>	Timoptic* plus Azopt	
		Creon	Zenpep	
		Cymbalta (PA, PAS)	Celexa*, Prozac*, Zoloft*, Paxil*, Effexor*, Effexor XR* (ST)	
		<b>D</b>		
		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 a tier 1 copay), Prilosec	

\* A generic equivalent is available.

<sup>†</sup> Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

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	OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium
D.H.E. 45 <sup>π</sup> ☒	Amerge* ☒, Migranal ☒, Imitrex* ☒, Maxalt ☒
Differin <sup>π</sup> (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 <sup>π</sup>	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*, Zolofit*, 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
FemPatch	Estraderm*, Vivelle
Fenoglide	Lofibra*, Trilipix
Fentora (PA, PAS) ☒	Morphine oral sol ☒, OxylIR* ☒
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) (SP) ☒	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 Novo Brand	Lilly Brand Insulins
Intuniv (ST)	Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs*
Invega (ST)	Risperdal*, Seroquel, Seroquel XR
Iressa (SP) ☒	Tarceva (PA, PAS, PAF) (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 <sup>π</sup> ☒	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 <sup>π</sup>	Coartem (PA)
Lescol, XL (ST)	Lipitor*, Zocor*, Pravachol*, Mevacor*
Letairis (PA, PAS, PAF) (SP) ☒	Tracleer (PA, PAS, PAF) (SP) ☒
Levitra ☒	no alternative available
Lexapro (ST)	Celexa*, Paxil*, Prozac*, Zolofit*
Lialda (ST)	Colazal*, Apriso, Asacol, Asacol HD
Loestrin 24 FE	Yaz, Multiple other oral contraceptives are available on the Formulary
Loprox <sup>π</sup> ☒	Nizoral* ☒ or Nystatin* ☒
Lotemax	Pred Forte*, Decadron*, FML Liquifilm*
Lovaza (PA)	Lofibra*, Tilipix, Niaspan
Lumigan (PA, PAS)	Xalatan*, Travatan Z
Lunesta (ST, STS) ☒	Halcion* ☒, Ambien* ☒, Restoril* ☒, Sonata* ☒
Luvox CR (ST)	Luvox*, Celexa*, Prozac*, Paxil*, Zolofit*
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 <sup>π</sup> (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)	Miconazole 0.75% Gel
Miacalcin Injection (PA)	Miacalcin Nasal Spray*
Mirapex	Requip*
Multaq	Cordarone*
Myfortic (SP) ☒	CellCept (SP) ☒

## N

Naprelan	Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic*
Nasacort <sup>π</sup> (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 <sup>π</sup> (ST) ☒	Xanax* ☒
Noroxin ☒	Cipro* ☒, Avelox ☒, Levaquin* ☒
Norgesic/Norflex <sup>π</sup>	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
Oleptro (ST, STS)	trazadone
Omnaris (ST, STS)	Flonase*, Nasalide*, Nasonex
Opana IR <sup>π</sup> (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 <sup>π</sup>	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)
Pataday	Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)
Patanol	Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)
Paxil CR <sup>π</sup> (ST)	Celexa*, Prozac*, Zolofit*, Paxil*

\* A generic equivalent is available.

<sup>π</sup> Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

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.

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 1
Prenate Elite	Multiple prenatal vitamins on formulary Tier 1
Prevacid (PA), Solutab (PA)	Zegerid OTC™ (covered with a prescription for a 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
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	Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*
Proventil HFA (PA, PAS)	Ventolin HFA, Proair HFA
Provigil (PA, PAS) ☒	Ritalin* ☒, Dexedrine* ☒, Adderall* ☒
Prozac Weekly	Prozac Capsules*
Pulmicort Flexhaler/ Turbuhaler	Flovent, QVAR, Asmanex

## Q

Quaiaquin (PA, PAS, PAF) ☒	Aralen* ☒, Plaquenil* ☒, Primaquine* ☒
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## R

Razadyne <sup>†</sup>	Aricept*, Namenda
Regranex (PA, PAS)	Requires Prior Auth
Relistor (PA, PAS)	Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)
Relpax ☒	Maxalt ☒, Imitrex* ☒, Amerge* ☒
Remeron Soltab <sup>†</sup>	Remeron*, Celexa*, Ludiomil*, Desyrel*
Renagel	Phoslo*, Renvela
Requip XL (ST)	Requip*
Restasis	Various OTC artificial tears available
Restoril 7.5mg, 22mg	Restoril* 15mg & 30mg ☒, Ambien* ☒, Halcion* ☒
Revatio (PA, PAS, PAF) (SP) ☒	Adcirca (PA, PAS, PAF) (SP) ☒
Revlimid (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Rhinocort (ST, STS)	Flonase*, Nasalide*, Nasonex
Rhogam ☒	no alternative available
Ritalin LA (PA ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Rogaine	Benefit exclusion
Rozerem (ST, STS) ☒	Ambien* ☒, Sonata* ☒
Ryzolt (not covered)	Ultram*

## S

Saphris (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR
Sarafem tabs	Prozac*, Sarafem caps*
Serzone <sup>†</sup>	Celexa*, Prozac*, Zoloft*, Paxil*
Skelaxin <sup>†</sup> ☒	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)
Skelid (PA, PAS)	Fosamax*
Sprix (ST, STS) ☒	Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic*
Sprycel (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Stadol NS <sup>†</sup> ☒	Tylenol with Codeine* ☒, Ultram*
Starlix <sup>†</sup>	Diabeta*, Glucotrol*, Amaryl*
Striant (PA, PAS) ☒	Testim (PA, PAS) ☒
Strattera ☒	Ritalin* ☒, Adderall* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
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 ☒	no alternative available
Tarka <sup>†</sup>	Mavik* plus Calan SR*
Tasigna (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Tasmar	Comtan
Tazorac (ST)	Retin-A*, Retin-A Micro
Tektuma (PA, PAS)	Cozaar*, Benicar, Micardis
Tektuma 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 <sup>†</sup> ☒	Robitussin AC ☒
Twynsta (PA, PAS)	Benicar plus Norvasc*, Micardis plus Norvasc*, Cozaar plus Norvasc*
Tykerb (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Tyzeka (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒

## U

Ulesfia	Elimite*, Lindane*
Uloric (ST)	Zyloprim*
Ultram ER <sup>†</sup> (ST)	Ultram*

## V

Valturna (PA, PAS)	Cozaar*, Benicar, Micardis
Ventavis (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Veramyst (ST, STS)	Flonase*, Nasalide*, Nasonex
Vesicare (ST)	Ditropan*, Sanctura*,

Viagra ☒	Sanctura XR
Victoza (PA, PAS)	no alternative available
	Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*
Victrelis (PA, PAS, PAF) (SP) ☒	no alternative available
Vigamox ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflax* ☒
Viiibryd (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexepro (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) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒

## W

Welchol	Questran/Colestid*
WinRho ☒	no alternative available

## X

Xifaxan (550mg PA, PAS) ☒	Lactulose
Xopenex, HFA (PA, PAS)	Ventolin HFA, Proair HFA, albuterol neb
Xyrem (PA, PAS, PAF) (SP) ☒	Adderall* ☒, Ritalin* ☒
Xyzal (ST)	Claritin* OTC, Allegra* Allergy, Zyrtec* OTC (covered with a prescription for a tier 1 copay)

## Z

Zantac Efferdose (not covered)	Zantac tab/cap*, Tagamet*, Pepcid*
Zavesca (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Zegerid (not covered)	Protonix*, Nexium, 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)
Zelapar ODT (ST)	Eldepryl*
ZMax ☒	Zithromax* ☒
Zetia	Zocor*, Pravachol*, Lipitor*, Crestor, Niaspan
Zolinza (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Zomig ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒
Zovirax Ointment ☒	Oral Zovirax*
Zyban <sup>†</sup>	Benefit exclusion
Zylet	Tobradex*
Zymar ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflax* ☒
Zyprexa (ST)	Risperdal*, Seroquel, Seroquel XR
Zytiga (PA, PAS, PAF) (SP) ☒	no alternative available

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## 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.

## Quantity Limits

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 Formulary Alternatives

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

\* 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, Norditropin, 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.

### Non-Formulary Formulary Alternatives

Extavia	Avonex, Copaxone
Forteo	Fosamax*, miacalcin nasal spray* (refer to medical benefits for IVIG)
Gamunex-C	
Genotropin❖	Omnitrope❖
Hizentra	(refer to medical benefits for IVIG)
Humatrope❖	Omnitrope❖
Ilaris	Arcalyst
Increlex	
Infergen	Pegasys
Iprivask■	Lovenox* ◆, Fragmin ◆
Kineret	Enbrel, Humira
Neulasta	Neupogen
Norditropin❖	Omnitrope❖
Nutropin (AQ)	Omnitrope❖
Orencia	Enbrel, Humira
Peg-Intron (not covered)	Pegasys
Rebif	Avonex, Copaxone
Saizen❖	Omnitrope❖
Serostim❖	
Simponi	Enbrel, Humira
Somatuline Depot	Sandostatin*
Somavert	Sandostatin
Stelara	Enbrel, Humira
Stelara is intended for subcutaneous administration under the supervision of a physician.	
Sylatron	Intron-A
Tev-Tropin❖	Omnitrope❖
Valtropin❖	Omnitrope❖
Zorbtive	

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