

Member/Physician Drug Formulary Alphabetical Listing 2010

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: Plavix.

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.

<p>A</p> <p>Accolate AccuNeb* Accupril* Accuretic* Accutane* (PA, PAS) ☒ acebutolol acetazolamide acetic acid-aluminum acetate acetic acid ear drops acetylcysteine Actigall* Actinex Actos (PA) acyclovir (not ointment) Adalat CC* Adcirca (PA, PAS) (SP) Adderall* (XR (PA) non-form) ☒ Adrenalin* Advair Aggrenox Agrylin* Alamast Alavert* (Requires Doctor's Prescription) Tier 1 copay Alaway* (Requires Doctor's Prescription) Tier 1 copay albuterol soln albuterol/ipratropium Aclovate* alclometasone dipropionate Aldactazide* Aldactone* Aldara Aldomet* Aldoril* alendronate Alesse* Alkeran (SP) ☒ Allegra*, D (ODT not covered)</p>	<p>allopurinol Alphagan* (P non-form) alprazolam, XR ☒ Altace capsules* (tab non-form) Altprev (Tier 1 copay) aluminum chloride Alupent* amantadine Amaryl* Ambien* (CR non-form, ST, STS) (ODT not covered) ☒ Amicar* amiloride amiloride/HCTZ aminocaproic acid amiodarone amitriptyline amlodipine (ODT not covered) amlodipine/benazepril amoxapine amoxicillin ☒ amoxicillin-pot clavulanate ☒ Amoxil* ☒ amphetamine/dextroamphetamine (XR non-form, PA) ☒ ampicillin Anafranil* anagrelide Anakit ☒ Analpram HC* Anaprox*, DS* Anaspaz* Androgel (PA, PAS) ☒ Android* ☒ Ansaid* Antabuse antipyrine/benzocaine otic Anusol-HC* APAP/Butalbitol/Caffeine apraclonidine Apresazide*</p>	<p>Apresoline* Apri* Aralen* Aranelle* Arava* Aricept Arimidex Aromasin Artane* Asacol aspirin/butalbitol/caffeine aspirin/caff/butalbitol/codeine ☒ Asmanex Astelin Atarax* atenolol atenolol/chlorthalidone Ativan* ☒ atropine Atrovent soln., inhaler, HFA A/T/S* Augmentin*, ES*, XR Avandamet (PA) Avandia (PA) Avelox ☒ Aventyl* Aviane* Axid* Aygestin* azathioprine Azelex azithromycin ☒ Azopt Azulfidine*, EN*</p> <p>B</p> <p>bacitracin ophthalmic* baclofen Bactrim*, DS* Bactroban oint*</p>	<p>Bactroban cream Balziva benazepril benazepril HCT Benicar Benicar HCT Benty* Benzamycin* benzonatate benztropine Betagan* betamethasone (cream/oint.) Betapace* Betapace AF* betaxolol (ophth) bethanechol Betimol Betoptic* Biaxin*, XL* ☒ bicalutamide Bicitra* Biltricide bisoprolol fumarate bisoprolol HCTZ Bleph-10* Blephamide Blocadren* Brethine* Brevicon* Bromfed*, PD*, DM* ☒ bromocriptine bumetanide Bumex* bupropion, SR (XL non-form) Buspar* buspirone</p> <p>C</p> <p>Cafergot* ☒ Calan*, SR* Calciferol*</p>	<p>calcitonin nasal spray calcitriol Camila* Capex Shampoo Capoten* Capozide* captopril captopril/HCTZ Carafate* carbamazepine, XR Carbatrol carbidopa/levodopa carboplatin Cardizem*, SR*, CD* Cardura* (XL non-form) carisoprodol carisoprodol/aspirin carteolol soln Cartia XT* carvedilol (CR non-form, ST) Casodex* Cataflam* Catapres* (TTS patch non-form) Ceclor*, CD* ☒ CeeNu (SP) ☒ cefaclor ☒ cefadroxil ☒ cefdinir ☒ Ceftin* ☒ cefprozil ☒ cefuroxime ☒ Cefzil* ☒ Celexa* CellCept (SP)* Celontin cephalixin ☒ Cesia* Cetamide* cetirizine (Requires Doctor's Prescription)</p>
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☒ Not available as 90-day supply

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cetirizine D (Requires Doctor's Prescription)
chloral hydrate ☒
chlordiazepoxide ☒
chlordiazepoxide/clidinium
chloroquine
chlorothiazide
chlorphen/phenyleph/methscop
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 ☒
Cliniril*
lobetasol ointment
clomipramine
clonazepam ☒
clonidine (TTS non-form)
clorazepate (SD non-form) ☒
clotrimazole troche
clozapine ☒
Clozaril* ☒
codeine ☒
Cogentin*
colchicine
Colestid*
Colestid granules*
colestipol
Colyte*
Combivent
Combivir (SP)
Compazine*
Comtan
Concerta ☒
Condylox Gel, Soln*
Copegus* (PA, PAS) (SP) ☒
Cordarone*
Coreg* (CR non-form, ST)
Corgard*
Cortef*
Cortifoam
Cortisporin*
Coumadin*
Creon
Crestor (5mg ST)

Crixivan (SP)
Crolom*
cromolyn sodium (ophth)
Cryselle*
Cuprimine
Cutivate* cr, oint (lot non-form)
cyclobenzaprine (Amrix not covered)
Cyclogyl*
cyclopentolate
cyclophosphamide (SP) ☒
cyclosporine (SP) ☒
Cycin*
Cylert*
Cyclessa*
cyproheptadine
Cystospaz*
Cytadren
Cytomel*
Cytotec*
Cytovene* ☒
Cytoxan* (SP) ☒

D

Dalmane* ☒
danazol*
Danocrine
Dantrium*
dantrolene
dapson
Daranide
Daraprim
Darvocet N-50* ☒
Darvocet N-100* ☒
Darvon* ☒
Daypro*
DDAVP*
Decadron*
Deconamine SR*
Deltason*
Demadex*
Demerol* ☒
Demulen*
Depakene*
Depakote*, ER
Depen
Derma-Smoother/FS
desipramine
desmopressin acetate
Desogen*
desogestrel-ethinyl estradiol
desonide
Desowen*
desoximetasone
Desyrel*
dexamethasone
dexchlorpheniramine
Dexedrine* ☒
dextroamphetamine ☒
DextroStat* ☒
Diabeta*
Diabinese*
Diamox*
Diastat ☒
diazepam ☒

Dibenzyline
diclofenac potassium
diclofenac sodium, XR
dicloxacillin ☒
dicyclomine
diethylstilbestrol
diflorasone diacetate
Diflucan* ☒
diflunisal
digoxin
Dilacor XR*
Dilantin*
Dilaudid* (oral soln non-form) ☒
diltiazem
diphenoxylate-atropine ☒
dipivefrin
Diprolene*, AF*
Diprosone*
dipyridamole
Disalcid*
disopyramide
Ditropan* (XL* non-form)
Diuril*
divalproex sodium
Dolobid*
Dolophine* ☒
Domeboro Otic*
Donnatal (caps non-form)*
dorzolamide
Dostinex
Dovonex
doxazosin mesylate
doxepin
doxycycline (20mg, Adoxa, Doryx not covered) (Oracea non-form)
doxycycline susp* (syrup non-form)

E

Driitho-Scalp
Drysol*
Duoneb*
Duragesic* ☒
Duricef* ☒
Dyazide*
Dynacin Capsules* (tabs not covered)
E-Mycin* ☒
EC-Naprosyn*
Econopred, Plus*
econazole cream/ointment
EES* ☒
Effexor* (ST)
Effexor XR (ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elmiron
Elocon*
Emcyt ☒
Emla* ☒
Empirin 2, 3, 4* ☒
Emtriva (SP)
enalapril
enalapril HCTZ

Enpresse*
Entocort EC
Epirin
epinephrine HCl ☒
Epipen, Jr ☒
Epiriv (SP) ☒
Epiriv HBV (SP) ☒
ergocalciferol
Errin*
Ery-Derm*
Ery-Tab* ☒
Eryc* ☒
Erymax*
Erythrocin* ☒
erythromycin/benzoyl peroxide
Esclim
Eserine*
Eskalith*, CR
Estrace*
Estraderm*
estradiol
estropipate
Estrostep
ethosuximide
etodolac, XL
etoposide (SP) ☒
Eulexin*
Eurax ☒
Evista
Evoxac
Exelderm
Extendryl*

F

famciclovir ☒
famotidine
Famvir* ☒
Fareston
FastTake Test Strips
Feldene*
felodipine
Femara
fenofibrate
Fenoglide
fenopropfen
fentanyl patch ☒
fexofenadine
finasteride
Fioricet*
Fiorinal* ☒
Fiorinal w/Codeine* ☒
Flagyl* (Flagyl ER non-form) ☒
flavoxate
flecainide
Flexeril*
Flonase*
Florinef*
Flovent, Rotadisk, HFA
Floxin* ☒
fluconazole ☒
fludrocortisone acetate
Flumadine*
flunisolide
fluocinolone

fluocinonide
fluoride/polyvitamins for children
fluoride/vitamins A,D,C for children
fluorouracil
fluoxetine (20mg tablet non-form)
fluphenazine
flurazepam ☒
flurbiprofen
fluorometholone
Fluoroplex
flurbiprofen sodium
flutamide
fluticasone propionate
fluticasone propionate nasal spray
flvoxamine maleate
FML, FML Forte, FML S*
folic acid 1 mg
Fosamax*
Fosamax Plus D
fosinopril
fosinopril/HCTZ
Fulvicin P/C* ☒
Furadantin* ☒
furosemide
Furoxone

G

gabapentin
ganciclovir
Gantrisin*
Garamycin*
gemfibrozil
Genoptic*
gentamicin
Gleevec (PA, PAS) (SP) ☒
glimepiride
glipizide, XL
glipizide/metformin
Glucophage, XR*
Glucotrol*, XL*
Glucovance*
glyburide
Glynase*
Golytely* ☒
Grifulvin V* ☒
Gris-Peg ☒
Grisactin Ultra ☒
griseofulvin ☒
guaifenesin/codeine ☒
guanabenz acetate
guanfacine
Guiatuss AC* ☒

H

Halcion* ☒
Haldol*
halobetasol cream/ointment
haloperidol
Hectorol
Heparin*
Hepsera (SP) ☒
Hexalen (SP) ☒
Histussin HC* ☒
Humalog

☒ Not available as 90-day supply

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Humulin (pens/cartridges - PA)
Hycodan* ~~☒~~
Hycomine* ~~☒~~
Hycotuss* ~~☒~~
hydralazine
hydralazine/HCTZ
Hydrea*
hydrochlorothiazide
hydrocodone/APAP ~~☒~~
hydrocodone/ibuprofen ~~☒~~
hydrocortisone tablets
Hydrodiuril*
hydromorphone HCl ~~☒~~
hydroxychloroquine
hydroxyurea
hydroxyzine hcl & pamoate
Hygroton*
hyoscyamine
Hytrin*

I

ibuprofen
Ilotycin* ~~☒~~
Imdur*
imipramine (PM non-form)
Imitrex* ~~☒~~
ipratropium nasal soln
Imuran*
indapamide
Inderal*, LA*
Indocin, SR* (suppositories non-form)
indomethacin, SR
Inflamase*, Forte*
Insulin, Only Lilly Brands (Humulin pens/cartridges PA, Humalog)
Intal Inhaler
Intal Neb*
Intelence (SP)
Invirase (SP)
lopidine*
ISMO*
isonarif
isoniazid
Isoptin*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
isosorbide dinitrate
isosorbide mononitrate
isotretinoin (PA, PAS) ~~☒~~
itraconazole (PA, PAS) ~~☒~~

J

Januvia (PA)
Janumet (PA)
Jenest*
Jolivet*
Junel*

K

Kadian ~~☒~~
Kaletra (SP)

Karidium*
Kariva*
Kayexalate* ~~☒~~
K-Dur*
Keflex* ~~☒~~
Kenalog*
Keppra* (XR non-form, PA)
ketoconazole ~~☒~~
ketoprofen
ketorolac
Klaron*
Klonopin* ~~☒~~
K-Lor*
Klorvess*
K-Lyte*
K-Phos Neutral*
Kristalose*
Kwell* ~~☒~~

L

labetalol
lactulose
Lamictal* (Starter pack, non-form, ODT (PA) non-form, XR (PA) non-form))
Lamisil* (tabs only) (4rx/yr then PA, PAS required) ~~☒~~
lamotrigine (ODT (PA), XR (PA), starter pack, non-form)
Lanoxin*
Lantus
Lantus SoloStar (PA)
Lasix*
Leena*
Lessina-28*
Leukeran
Levemir (pens/cartridges - PA)
levetiracetam (XR non-form, PA)
Levlen*
Levlite*
levobunolol
levodopa/carbidopa
Levora*
Levothroid
levothyroxine
Levoxy*
Levsin* (SL non-form)
Levsinex*
Lexapro (ST)
Lexiva (SP)
Librax*
Librium* ~~☒~~
Lidex*
lidocaine/HCl
lidocaine-prilocaine ~~☒~~
lidocaine viscous
Lidoderm
LifeScan Test Strips
lindane ~~☒~~
Lioresal*
liothyronine
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*
loratadine (Requires Doctor's Prescription)
loratadine D-24 (Requires Doctor's Prescription)
lorazepam ~~☒~~
Lortab* ~~☒~~
Lotensin*
Lotensin HCT*
Lotrel*
Lotrisone Cream*, Lotion*
Lotronex ~~☒~~
lovastatin
loxapine
Loxitane*
Lozol*
Ludiomil*
Lumigan
Lunesta (ST, STS) ~~☒~~
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
Meproton
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 ~~☒~~
methylprednisolone
methyltestosterone
Metimyd*
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*
Moduretic*
moexipril
moexipril-hydrochlorothiazide
mometasone Cr, Oint, Lot
MonaNessa*
Monodox* (75mg not covered)
Monopril*
Monopril HCT*
morphine, IR ~~☒~~
Motrin*
MSIR* ~~☒~~
MS Contin* ~~☒~~
Mucomyst*
mupirocin oint
Myambutol*

Mycexel Troche*
Mycobutin
Mycolog II*
mycophenolate
Mycostatin*
Myleran (SP)
Mysoline*

N

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

~~☒~~ Not available as 90-day supply

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O

ocella
 Ocufer*
 Ocuflox*
 Ocupress*
 ofloxacin
 Ogen*
 Ogestrel*
 omeprazole (40mg not covered)
 Omnicel*
 ondansetron, ODT
 One Touch Test Strips
 One Touch Ultra Test Strips
 Opana ER
 Optipranolol*
 Orasone*
 Orinase*
 Ortho-Cept*
 Ortho-Cyclen*
 Ortho Est*
 Ortho Micronor*
 Ortho-Novum*
 Ortho-Tri-Cyclen*
 Ortho-Tri-Cyclen LO
 Orudis*
 Ovcon-35*
 Ovcon-50
 Ovral*
 oxaprozin
 oxazepam
 oxcarbazepine
 Oxsoalene, Ultra
 oxybutynin
 oxycodone IR
 OxyLR*

P

P1E1, P2E2
 Pamelor*
 Pancrease MT*
 pancrelipase
 papain-urea
 Parlodel*
 Pamate*
 paromomycin
 paroxetine (CR non-form, ST)
 Paxil* (CR non-form, ST)
 Pediazole*
 PEG - electrolyte soln*
 Pemoline*
 PEN VK*
 penicillin VK
 Penlac*
 pentoxifylline
 Pepcid* (RPD non-form)
 Percocet*
 Percodan*
 Periactin*
 permethrin
 Permitil*
 perphenazine
 Persantine*
 phenazopyridine

Phenergan*
 Phenergan Codeine, DM, VC,
 & VC/Codeine*
 phenobarbital
 Phenytek*
 phenytoin
 phenytoin sodium extended
 PhosLo*
 Phospholine Iodide
 physostigmine sulfate
 Pilocar*
 pilocarpine
 pindolol
 piroxicam
 Plan B (requires Doctor's prescription)
 Plaquenil*
 Plavix
 Plendil*
 Pletal*
 podofilox solution
 Polaramine*
 PolyCitra K*
 polyethylene glycol 3350
 Polyhistine CS, D, DM*
 Poly-Pred
 Poly-Vi-Flor*
 Polysporin ophthalmic*
 Polytrim*
 Portia*
 potassium chloride
 potassium citrate
 pramoxine/HC
 Pravachol*
 pravastatin
 prazosin
 PreCare Chewables
 PreCare Conceive
 PreCare Premier
 Precose
 Pred C, Forte, & Mild*
 prednisolone
 prednisone
 Prelone*
 Premarin tabs (cream non-form)
 Premesis RX
 Premphase
 Prempro
 prenatal vitamins (prescription
 forms only)
 Prenate Elite
 Prevalite*
 Prilosec* (40mg Not Covered)
 Prilosec OTC 20mg - (Tier 1 copay)
 (Requires Doctor's Prescription)
 PrimaCare
 PrimaCare ONE
 Primaquine*
 primidone
 Principen*
 Prinivil*
 Prinzide*
 Pro-Amatine*
 Probanthine*
 probenecid

Procambid
 Procardia XL*
 prochlorperazine
 Proctocort*
 Proctocream-HC*
 Proctofoam-HC*
 Prograf* (SP)
 Prolixin*
 promethazine
 Prometrium
 Pronestyl*, SR*
 propafenone HCl
 propantheline
 Propine*
 propoxyphene
 propoxyphene hcl/APAP
 propoxyphene napsylate/APAP
 propranolol, LA
 propylthiouracil
 Proscar*
 Prostigmin
 protriptyline
 Provera*
 Prozac* (20mg tablet & weekly non-form)
 Psoriatec
 Psorcon*
 Pulmicort Respules (PA, PAS >4yrs)
 Pulmozyme (PA, PAS) (SP)
 Purinethol*
 Pyrazinamide*
 Pyridium*

Q

quasense
 Questran, Light*
 Quinaglute*
 quinapril
 quinapril/HCTZ
 Quinidex*
 quinidine
 Quixin
 QVAR

R

ramipril capsules* (tab non-form)
 ranitidine (Gel & efferdose non-form)
 Rapamune (SP)
 Rebetal* (PA, PAS) (SP)
 Reglan*
 Relafen*
 Remeron* (Sol Tab non-form)
 Renvela
 Requip*
 Rescriptor (SP)
 Restoril* (7.5 mg & 22.5 mg
 non-form)
 Retin A*
 Retin A Micro
 Retrovir* (SP)
 Revia*
 Reyataz (SP)
 Ribasphere (SP)
 ribavirin (SP)
 Ridaura

Rifadin*
 Rifamate*
 rifampin
 Rilutek*
 riluzole
 rimantadine
 Risperdal* (M-Tab non-form)
 risperidone
 Ritalin, SR*
 RMS suppositories*
 Robaxin*
 Robitussin AC, DAC*
 Rocaltrol*
 Rondec, DM*
 ropinorole (XR non-form, ST)
 Rowasa Enema*
 Rowasa Supp
 Rynatan*
 Rythmol* (SR non-form)

S

Salagen*
 salsalate
 Sanctura, XR
 Sandimmune* (SP)
 Seasonale*
 Seasonique
 Sectral*
 selegiline (patch non-form)
 selenium sulfide 2.5%
 Selsun*
 Sensipar
 Septra*, DS*
 Serax*
 Serevent
 Seroquel, XR
 sertraline
 Silvadene*
 silver sulfadiazine
 Simcor
 simvastatin
 Sinemet*, CR*
 Sinequan*
 Singulair (ST)
 Slow-K*
 sod citrate-citric acid
 sodium fluoride
 sodium polystyrene sulfonate
 Solia*
 Soma* (250mg not covered)
 Soma Compound*
 Sonata*
 Soriatane
 sotalol
 Spectazole* Cr/Oint
 Spiriva
 spironolactone
 spironolactone/HCTZ
 Sporanox capsules* (PA, PAS)
 Sporanox Soln. (PA, PAS)
 Sprintec*
 SSKI
 stavudine* (SP)
 Stelazine*

sucralfate
 Sulamyd*
 Sular*
 Sulfacet-R*
 sulfacetamide 10%
 sulfacetamide sod-pred
 sulfacetamide sod/sulfur
 sulfasalazine (enteric coated non-form)
 sulfisoxazole
 sulindac
 sumatriptan
 SureStep Test Strips
 Sustiva (SP)
 Symbicort
 Symmetrel*
 Synalar*
 Synarel
 Synthroid*

T

tacrolimus (SP)
 Tagamet*
 Tambocor*
 tamoxifen
 Tapazole*
 Tarceva (PA, PAS) (SP)
 Targretin cap (SP)
 Tavist 2.68mg*
 Tazorac
 Tegretol*, XR*
 temazepam
 Temodar (PA, PAS) (SP)
 Temovate*
 Tenex*
 Tenoretic*
 Tenormin*
 Terazol*
 terazosin
 terbinafine (tabs only)
 (4rx/yr then PA required)
 terbutaline sulfate
 terconazole
 Teslac
 Tessalon Perles*
 testosterone inj
 tetracycline
 Thalomid (PA, PAS) (SP)
 Theo-24
 Theodur*
 Theolair
 theophylline, XR
 thioguanine
 thioridazine
 thiothixene
 Thorazine* (spansule non-form)
 Tiazac*
 Ticlid*
 ticlopidine
 Tigan*
 Tikosyn
 Tilade
 timolol
 Timoptic*, XE*
 tizanidine

* Not available as 90-day supply

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* A generic equivalent is available at the lowest copay (Tier 1). 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.

Anzemet ☒	Compazine*, Phenergan*, Tigan*, Zofran* ☒
Apidra	Humalog
Arthrotec	Voltaren* plus Cytotec*
Ascensia Brand	
Test Strips (PA, PAS)	One Touch Test Strips
Atacand (PA, PAS)	Benicar, Micardis
Atacand HCT (PA, PAS)	Benicar HCT, Micardis HCT
Auralgan	A/B Otic Soln
Avalide (PA, PAS)	Benicar HCT, Micardis HCT
Avandaryl (PA)	Avandia (PA) plus Amaryl*
Avapro (PA, PAS)	Benicar, Micardis
Avita Gel	Retin A*, Retin A Micro
Avodart	Proscar*, Uroxatral
Axert ☒	Imitrex* ☒ , Maxalt ☒
Azmecort	QVAR, Asmanex, Flovent
Azor (PA, PAS)	Norvasc* plus Benicar, Norvasc* plus Micardis

B

Baraclude (SP) ☒	Epivir HBV (SP) ☒ , Hepsara (SP) ☒
Bedclovent	Flovent, QVAR, Asmanex
Beconase	Flonase*, Nasonex, Nasalide*
Benzaclin [†]	OTC Benzoyl Peroxide plus Topical Clindamycin*
Betoptic S	Betoptic*, Timoptic*, Timoptic XE*, Betagan*
Boniva	Fosamax*
Brovana (PA)	Spiriva, Advair, Symbicort, Serevent
Buphenyl (PA)	no alternative available
Byetta (PA, PAS)	Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*

C

Caduet (not covered)	Norvasc* plus Zocor*
Cardizem LA	Cardizem CD*
Catapres TTS [†]	Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*
Celebrex (ST)	Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*
Cenestin	Premarin, Ogen*
Cialis ☒ (2.5mg not covered)	
Clarinet (ST)	Claritin* OTC or Zyrtec* OTC are covered with a Doctor's prescription
Clarinet D (ST)	Claritin D* OTC or Zyrtec D* OTC are covered with a Doctor's prescription
Colazal [†]	Azulfidine*, Asacol
Colcrys	Colchicine*
Coreg CR (ST)	Coreg*
Cosopt [†]	Timoptic* plus Azopt
Cozaar	Benicar, Micardis
Cymbalta (PA, PAS)	Celexa*, Prozac*, Zoloft*, Paxil*

D

Daytrana (PA, PAS > 17yrs) ☒	Adderall* ☒ , Ritalin* ☒ , Ritalin SR* ☒ , Metadate ER* ☒ , Concerta ☒
Detrol/Detrol LA (ST)	Ditropan*, Sanctura, Sanctura XR
Differin	Retin-A*

Diovan (PA, PAS)	Benicar, Micardis
Diovan HCT (PA, PAS)	Benicar HCT, Micardis HCT
Dipentum	Azulfidine*, Asacol
Ditropan XL [†]	Ditropan*, Sanctura, Sanctura XR
Duac	OTC Benzoyl Peroxide plus Topical Clindamycin*
Duetact (PA)	Actos (PA) plus Amaryl*
Dynacirc CR	Norvasc*

E

Effient	Plavix
Elidel (PA) ☒	Valisone*, Kenalog*, Diprosone*, Topicort*, Synalar*, Locoid*, Wescort*, Elocon*
Emsam (PA)	Celexa*, Prozac*, Zoloft*, Paxil*
Enablex (ST)	Ditropan*, Sanctura, Sanctura XR
Exelon	Aricept, Namenda
Exforge (PA, PAS)	Norvasc* plus Benicar, Norvasc* plus Micardis
Exjade (PA, PAS) (SP)	Requires Prior Auth

F

Femcon	Desogen*, Necon*, Nordette*, Norinyl*, Ortho Cept*, Ortho Cyclen*, Ortho Novum*, Yasmin*, Yaz
FemHRT	Prempro, Premphase
FemPatch	Estraderm*, Vivelle
Fentora (PA, PAS)	Morphine oral sol, OxyLR*
Flomax	Cardura*, Hytrin*, Uroxatral
Focalin ☒	Adderall* ☒ , Ritalin* ☒ , Concerta ☒
Focalin XR (PA > 17yrs) ☒	Adderall* ☒ , Ritalin* ☒ , Ritalin SR* ☒ , Metadate ER* ☒ , Concerta ☒
Foradil	Serevent
Frova ☒	Imitrex* ☒ , Maxalt ☒

G

Gabitril	Nuerontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Geodon (PA)	Risperdal*, Seroquel, Seroquel XR

H

HalfLyte ☒	CoLyte* ☒
Hyzaar	Benicar HCT, Micardis HCT

I

Innopran XL	Inderal LA*, Toprol XL*, Lopressor*, Coreg*
Insulins	Lilly Brand Insulins
Novo Brand	
Invega (PA)	Risperdal*, Seroquel, Seroquel XR
Iressa (PA, PAS) (SP) ☒	Tarceva (PA, PAS) (SP) ☒
Isetress (PA, PAS) (SP) ☒	Requires Prior Auth

K

Kapidex (ST)	Prilosec OTC™*, omeprazole*, Nexium
Keppra XR (PA)	Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Ketek ☒	First Line Generic Antibiotics
Kuvan (PA, PAS) (SP) ☒	Requires Prior Auth
Kytril ☒	Zofran* ☒

L

Lamictal ODT (PA), XR (PA), Starter Pack	Lamictal*, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Lamisil Granules	Lamisil* tab
Lescol, XL (ST)	Zocor*, Pravachol*, Mevacor*
Letairis (PA, PAS) (SP) ☒	Tracleer (PA, PAS) (SP) ☒
Levaquin ☒	Cipro* ☒ , Avelox ☒
Levitra ☒	
Lipitor 10mg, 20mg (ST)	Zocor*, Pravachol*
Lipitor 40mg, 80mg (ST)	Crestor (5mg ST), Vytorin (10/10mg ST)
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, Triglide, Niaspan
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

Marinol (PA, PAS)	Requires Prior Auth
Maxair	Ventolin HFA
Metadate CD (PA > 17yrs) ☒	Adderall* ☒ , Ritalin* ☒ , Ritalin SR* ☒ , Metadate ER* ☒ , Concerta ☒
Metrogel 1% (ST)	Metronidazole 0.75% Gel
Mirapex	Requip*
Multaq	Cordarone*

N

Naprelan [†]	Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic*
Nasacort	Flonase*, Nasonex, Nasalide*
Nexavar (PA, PAS) (SP) ☒	Requires Prior Auth
Niravam (ST) ☒	Xanax* ☒
Noroxin ☒	Cipro* ☒ , Floxin* ☒ , Avelox ☒
Norgesic/Norflex	Flexeril*, Liorsesal*, Robaxin*, Soma* (250mg not covered)
Novo Brand Insulins	Lilly Brand Insulins

* A generic equivalent is available at the lowest copay (Tier 1) for formulary drugs.

[†] 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.

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

~~☒~~ Not available as 90-day supply

(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. 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.

Noxafil (PA, PAS) *Requires Prior Auth*
 Nucynta (PA, PAS) ~~MSIR*~~, ~~Oxycodone IR*~~
 Nuvigil (PA, PAS) ~~Ritalin*~~, ~~Dexedrine*~~,
 Adderall*

O

Onglyza (PA) *Januvia (PA)*
 Opana IR (PA, PAS) ~~MSIR*~~, ~~Oxycodone IR*~~
 Ortho Evra *Several 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

Parafon Forte DSC[†] *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[†] (ST) *Celexa**, *Prozac**, *Zoloft**,
*Paxil**
 Pentasa *Asacol*
 Perforomist (PA) *Spiriva*, *Advair*, *Symbicort*,
Serevent
 Prandin *Diabeta**, *Glucotrol**,
*Amaryl**
 Prefest *Prempro*, *Premphase*
 Premarin Vag Cream *Estrace Vag Crm*, *Vagifem*
 Prevacid (ST) *Prilosec OTC*[™]*,
*omeprazole**, *Nexium*
 Prevpac *Prilosec OTC*[™] * 20mg plus amoxicillin and clarithromycin
 Pristiq (ST) *Effexor*(ST)*, *Effexor XR (ST)*,
*Celexa**, *Prozac**, *Paxil**,
*Zoloft**, *Lexapro (ST)*, *Luvox**
 ProAir HFA *Ventolin HFA*
 Procardia Capsules[†] *Calan SR**, *Cardizem CD**,
*Adalat CC**, *Procardia XL**
 Protonix[†] (ST) *Omeprazole**, *Prilosec OTC** (Require's Doctors Prescription), *Nexium*
 Protopic~~†~~ *Hydrocortisone**,
*Betamethasone**,
*Triamcinolone**, *Elocon**,
*Temovate**, *Sinalar**,
*Topicort**
 Proventil HFA *Ventolin HFA*
 Provigil (PA, PAS) ~~Ritalin*~~, ~~Dexedrine*~~,
 Adderall*
 Prozac Weekly (ST) *Prozac Capsules**
 Pulmicort Flexhaler/
 Turbuhaler *Flovent*, *QVAR*, *Asmanex*

Q

Quaquin (PA, PAS) *Aralen**, *Lariam**,
*Plaquenil**, *Primaquine**

R

Renagel *Phoslo**, *Renvela*
 Ranexa (PA, PAS) *Requires Prior Auth*
 Regranex (PA, PAS) *Requires Prior Auth*
 Relistor (PA, PAS) *Lactulose**, *Miralax* OTC* (tier 1 copay)
 Relpax~~†~~ *Maxalt**, *Imitrex**
 Remeron Soltab[†] *Remeron**, *Celexa**,
*Ludiomil**, *Desyrel**
 Reminyl *Aricept*, *Namenda*
 Requip XL (ST) *Requip**
 Rescula *Lumigan*, *Travatan*
 Restasis *Various OTC artificial tears available*
 Restoril 7.5mg, 22mg~~†~~ *Restoril* 15mg** & *30mg**
*Ambien**, *Halcion**
 Revatio (PA, PAS) (SP) ~~†~~ *Adcirca (PA, PAS) (SP)*
 Revlimid (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*
 Ritalin LA (PA > 17yrs) ~~†~~ *Adderall**, *Ritalin**,
*Ritalin SR**, *Metadate ER**,
*Concerta**
 Rogaine *Benefit exclusion*
 Rozerem (ST, STS) ~~†~~ *Ambien**, *Sonata**
 Ryzolt (ST) *Ultram**

S

Sarafem (tabs not covered)[†] *Prozac Capsules**
 Serzone[†] *Celexa**, *Prozac**, *Zoloft**,
*Paxil**
 Skelaxin *Flexeril**, *Lioresal**,
*Robaxin**, *Soma** (250 mg not covered)
 Sprycel (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*
 Stadol NS[†] ~~†~~ *Tylenol with Codeine**
*Darvocet-N 100**, *Ultram**
 Starlix[†] *Diabeta**, *Glucotrol**,
*Amaryl**
 Striant (PA, PAS) ~~†~~ *Androge** (PA, PAS) (not covered)
 Straterra *Ritalin**, *Adderall**,
*Concerta**
 Suboxone (PA, PAS) *Requires Prior Auth*
 Subutex (PA, PAS) *Requires Prior Auth*
 Sutent (PA, PAS) (SP) *Requires Prior Auth*
 Symbyax (PA) *Prozac* plus Risperdal**
 Symlin (PA, PAS) *Humulin*, *Humalog*,
Lantus, *Levemir*

T

Tamiflu~~†~~ *Mavik* plus Calan SR**
 Tarka *Requires Prior Auth*
 Tasigna (PA, PAS) (SP) *Comtan*
 Tasmar *Benicar*, *Micardis*
 Tekturna (PA, PAS) *Benicar HCT*, *Micardis HCT*
 Tekturna HCT (PA, PAS) *Benicar (PA, PAS)*
 Testim (not covered) *Benicar*, *Micardis*
 Teveten (PA, PAS) *Benicar HCT*, *Micardis HCT*
 Teveten HCT (PA, PAS) *Tofranil**
 Tofranil PM *Ditropan**, *Sanctura*,
Sanctura XR
 Toviaz *Lofibra**, *Trilipix*, *Fenoglide*,
Triglide
 Tricor *Robitussin AC**,
*Hycodan**
 Tussionex~~†~~ *Requires Prior Auth*
 Tykerb (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*

U

Uloric (ST) *Zyloprim**
 Ultram ER (ST) *Ultram**

V

Ventavis (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*
 Veramyst *Flonase**, *Nasonex*
 Verelan PM *Calan**, *SR**, *Cardizem CD**,
*Adalat CC**, *Procardia XL**
 Vesicare (ST) *Ditropan**, *Sanctura*,
Sanctura XR
 Viagra~~†~~ *Tobrex**, *Gentamicin**,
*Ciloxan**, *Ocuflox**
 Vigamox~~†~~ *Neurontin**, *Keppra**,
*Lamictal**, *Trileptal**,
*Tegretol**, *Tegretol XR**,
*Topamax**, *Depakene**,
*Depakote**, *Depakote ER**
 Vyvanse (PA > 17yrs) ~~†~~ *Adderall**, *Ritalin**,
*Ritalin SR**, *Metadate ER**,
*Concerta**

W

Welchol *Questran/Colestid**
 Wellbutrin XL[†] *Wellbutrin SR**,
*Wellbutrin**

X

Xalatan *Lumigan*, *Travatan*
 Xopenex, HFA *Ventolin HFA*, *albuterol neb*
 Xyrem (PA, PAS) (SP) ~~†~~ *Adderall**, *Ritalin**
 Xyzal (ST) *Generic over-the-counter loratadine and cetirizine are covered with a Doctor's prescription*

Z

Zantac Efferdose *Zantac tab/cap**, *Tagamet**,
 (not covered) *Pepcid**
 Zavesca (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*
 Zegerid *Prilosec OTC*[™]*,
*omeprazole**, *Nexium*
 Zelapar ODT (ST) *Eldepryl**
 ZMax~~†~~ *Zithromax**
 Zetia *Zocor**, *Pravachol**,
Vytorin (10/10mg ST),
Niaspan
 Zolinza (PA, PAS) (SP) ~~†~~ *Requires Prior Auth*
 Zomig~~†~~ *Imitrex**, *Maxalt**
 Zovirax Ointment~~†~~ *Oral Zovirax**
 Zyban[†] *Benefit exclusion*
 Zylet *Tobradex**
 Zymar~~†~~ *Tobrex**, *Gentamicin**,
*Ciloxan**, *Ocuflox**
 Zyprexa (PA) *Risperdal**, *Seroquel*,
Seroquel XR

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~~†~~ Not available as 90-day supply

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

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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 and (PAS) for members with the RxSelect 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), (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.

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 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
Arcalyst
Avonex
Copaxone
Enbrel
Fragmin◆
Fuzeon
Humira
Intron-A
Leukine
Lovenox◆
Neupogen
Norditropin※
Pegasys
Procrit
Sandostatin* (LAR under medical)

Non-Formulary

Aranesp
Arixtra◆
Betaseron
Caverject
Cimzia
D.H.E 45
Edex
Epogen
Extavia
Genotropin※
Humatrope※
Ilaris
Increlex
Infergen
Innohep◆
Kineret
Miacalcin Injection
Neulasta
NutropinAQ※
Peg-Intron (not covered)
Rebif
Saizen※
Serostim※
Simponi
Somavert
Tev-Tropin※
Valtropin※
Vivaglobin
Zorbtive

Formulary Alternatives

Procrit
Fragmin◆, Lovenox◆
Avonex, Copaxone
Erectile Dysfunction Medications on 3rd tier
Enbrel, Humira
Migranal, Imitrex, Maxalt*
Erectile Dysfunction Medications on 3rd tier
Procrit
Avonex, Copaxone
Norditropin※
Norditropin※
Arcalyst

Pegasys
Fragmin◆, Lovenox◆
Enbrel, Humira
Miacalcin Nasal Spray*
Neupogen
Norditropin※
Pegasys
Avonex, Copaxone
Norditropin※

Enbrel, Humira
Sandostatin
Norditropin※
Norditropin※
(refer to medical benefit for IVIG)

* 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 -- Norditropin. 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.

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.

For more updated
information, visit
our web site at: