

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

Acebutolol
 Acetazolamide
 Acetic acid ear drops
 Acetic acid-aluminum acetate
 Acetohexamide
 Acetylcysteine
 Acyclovir (not ointment)
 Alavert (Requires Doctor's Prescription)
 Alaway (Requires Doctor's Prescription - generic copay)
 Albuterol
 Albuterol/ipratropium
 Alendronate
 Allopurinol
 Alprazolam, XR
 Altoprev
 Aluminum chloride
 Amantadine
 Amiloride
 Amiloride/HCTZ
 Amino acid - urea
 Aminocaproic acid
 Amiodarone
 Amitriptyline
 Amlodipine (ODT not covered)
 Amlodipine/benazepril
 Amoxapine
 Amoxicillin
 Amoxicillin-potassium clavulanate
 Amphetamine
 Ampicillin
 Anagrelide
 Anthralin
 Apri
 Aranelle
 Aspirin/butalbital/caffeine
 Aspirin/cafi/butalbital/codeine
 Atenolol

Atenolol/chlorthalidone
 Atropine
 Aviane
 Azathioprine
 Azithromycin, XL

B

Baclofen
 Balziva
 Benazepril
 Benazepril HCTZ
 Benzonatate
 Benzotropine
 Betamethasone (cream/oint)
 Betaxolol (ophth)
 Bethanechol
 Bisoprolol Fumarate
 Bisoprolol HCTZ
 Bromocriptine
 Brompheniramine-Pseudoephedrine
 Bumetanide
 Bupropion, SR (XL Tier Three, ST)
 Buspirone

C

Calcitriol
 Camila
 Captopril
 Captopril/HCTZ
 Carbamazepine
 Carbidopa/levodopa
 Carboptic
 Carisoprodol
 Carisoprodol/aspirin
 Carvedilol (CR non-form, ST)
 Cefaclor, CD
 Cefadroxil
 Cefdinir
 Cefprozil
 Cefuroxime
 Cephalixin
 Cesia
 Cetirizine OTC (Requires Doctor's Prescription)

Cetirizine D OTC (Requires Doctor's Prescription)
 Chloral hydrate
 Chlordiazepoxide
 Chlordiazepoxide/clidinium
 Chloroquine
 Chlorothiazide
 Chlorphen/phenyleph/methscop
 Chlorpromazine (spansule Tier Three)
 Chlorpropamide
 Chlorthalidone
 Cholestyramine
 Choline & magnesium
 Ciclopirox
 Cilostazol
 Cimetidine
 Ciprofloxacin soln.
 Ciprofloxacin (XR Tier Three)
 Citalopram
 Citrate/citric acid
 Clarithromycin
 Clemastine 2.68mg
 Claritin OTC (Requires Doctor's Prescription)
 Claritin D-24 OTC (Requires Doctor's Prescription)
 Clindamycin
 Cloderm
 Clonazepam
 Clonidine
 Clorazepate (SD Tier Three)
 Clotrimazole Troche
 Clozapine
 Codeine
 Colchicine
 Colestipol
 Cromolyn sodium
 Cryselles
 Cyclobenzaprine (5mg Tier Three)
 Cyclopentolate
 Cyclophosphamide

Cyclosporine
 Cyproheptadine

D

Danocrine
 Dantrolene
 Desipramine
 Desmopressin acetate
 Desogestrel-Ethinyl Estradiol
 Desonide
 Desoximetasone
 Dexamethasone
 Dexchlorpheniramine
 Dextroamphetamine
 Diazepam
 Diclofenac potassium
 Diclofenac sodium, XR
 Dicloxacillin
 Dicyclomine
 Didanosine
 Diethylstilbestrol
 Diflorasone diacetate
 Diflunisal
 Digoxin
 Diltiazem
 Diphenoxylate-atropine
 Dipivefrin
 Dipyrindamole
 Disopyramide
 Disulfiram
 Divalproex Sodium
 Doxazosin mesylate (XL Tier Three)
 Doxepin
 Doxycycline (20mg, Adoxa, Doryx not covered) (Oracea - Tier Three)
 Doxycycline susp (syrup Tier Three)

E

Econazole cream/oint
 Enalapril
 Enalapril HCTZ
 Enpresse

Epinephrine HCl
 Ergocalciferol
 Errin
 Erythromycin/Benzoyl Peroxide
 Est estrogen/methyltest
 Estradiol
 Estropipate
 Ethosuximide
 Etodolac (XL Tier Three)
 Etoposide

F

Famciclovir
 Famotidine
 Felodipine
 Fenofibrate
 Fenopropfen
 Fentanyl patch
 Fexofenadine
 Finasteride
 Flavoxate
 Flecainide
 Fluonazole (Susp PA)
 Fluocortisone acetate
 Flunisolide
 Fluocinolone (topical)
 Fluocinonide (topical)
 Fluoride/polyvitamins for children
 Fluoride/vitamins A,D,C for children
 Fluorometholone
 Fluorouracil
 Fluoxetine (20mg tablet Tier Three)
 Fluphenazine
 Flurazepam
 Flurbiprofen
 Flurbiprofen sodium (ophth)
 Flutamide
 Fluticasone propionate nasal spray
 Fluvoxamine
 Folic acid 1 mg

Fosinopril
Fosinopril/HCTZ
Furosemide

G

Gabapentin
Ganciclovir
Gemfibrozil
Gentamicin
Glimepiride
Glipizide, XL
Glipizide/metformin
Glyburide
Griseofulvin
Guaifenesin/codeine
Guanabenz acetate
Guanfacine

H

Halobetasol cream/oint
Haloperidol
Hydralazine
Hydralazine/HCTZ
Hydrochlorothiazide
Hydrocodone/APAP
Hydrocodone/ibuprofen
Hydrocortisone tablets
Hydromorphone HCl
Hydroxychloroquine
Hydroxyurea
Hydroxyzine pamoate
Hyoscyamine

I

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

J

Jolivette
Junel FE

K

Kariva
Ketoconazole
Ketoprofen (not ER)
Ketorolac

L

Labetalol
Lactulose
Lamotrigine (starter pack non-form)
Leena
Lessina
Levetiracetam (XR non-form, PA)
Levobunolol
Levodopa/carbidopa

Levora
Levothyroxine
Lidocaine viscous
Lidocaine-prilocaine
Lindane
Liothyronine
Lisinopril
Lisinopril/HCTZ
Lithium
Loratadine D-24 OTC (Requires Doctor's Prescription)
Loratadine OTC (Requires Doctor's Prescription)
Lorazepam
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/Glyburide
Metformin, XR
Methadone
Methazolamide
Methenamine
Methimazole
Methocarbamol
Methotrexate (oral)
Methyldopa
Methyldopa/HCTZ
Methylphenidate
Methylprednisolone
Metipranolol (ophth)
Metoclopramide
Metolazone
Metoprolol, XL
Metronidazole tablets, cream, lotion (ER Tier Three)
Mexiletine
Minocycline (tabs and Solodyn not covered)
Minoxidil (not soln)
Miralax* OTC (Requires Doctor's Prescription)
Mirtazapine
Misoprostol
Moexipril
Moexipril-hydrochlorothiazide
MonaNessa
Morphine IR
MPH-A
Mupirocin oint

N

Nabumetone
Nadolol
Naltrexone
Naproxen
Naproxen sodium
Necon
Neomycin
Neomycin/bacitracin
Nephazoline ophth
Nifedipine XL
Nimodipine
Nisoldipine
Nitrofurantoin
Nitroglycerin, all forms
Nizatidine
Nor-BE
Norethindrone acetate
Norgestrel-ethinyl estradiol
Nortrel
Nortriptyline
Nystatin

O

Ocella
Ofloxacin
Omeprazole (40mg not covered) (See Prilosec OTC)
Ondansetron
Oxaprozin
Oxazepam
Ogestrel
Oxybutynin (XL Tier Three)
Oxycodone IR (SR Tier Three, PA, PAS)

P

Pancrelipase
Papain-urea
Paromomycin
Paroxetine (CR Tier Three, ST)
Penicillin VK
Pentoxifylline
Permethrin
Perphenazine
Phenazopyridine
Phenobarbital
Phenytoin
Phenytoin Sodium Extended
Physostigmine sulfate
Pilocarpine (Ocuser) Tier Three)
Pindolol
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate
Pramoxine/HCl
Pravastatin
Prazosin
Prednisolone
Prednisone
Prenatal vitamins (prescription forms only)
Prilosec OTC 20mg (Requires Doctor's

Prescription) (Prilosec 40mg Not Covered)
Primidone
Probenecid
Prochlorperazine
Promethazine
Propafenone HCl
Propantheline
Propoxyphene
Propoxyphene HCl/APAP
Propoxyphene napsylate/APAP
Propranolol, LA
Propylthiouracil
Protonix (generic not covered)
Protriptyline

Q

Quasense
Quinapril
Quinapril/HCTZ
Quinidine

R

Ramipril caps (tabs Tier Three)
Ranitidine (Gel & efferdose Tier Three)
Ribasphere (PA, PAS)
Ribavirin (PA, PAS)
Rifampin
Rimantadine
Risperidone
Ropinirole

S

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

T

Tamoxifen citrate
Temazepam (7.5mg, 22.5mg Tier Three)
Terazosin

Terbinafine (tabs only) (4rx/yr then PA required)
Terbutaline sulfate
Terconazole
Tetracycline
Theophylline, XR
Thioguanine
Thioridazine
Thiothixene
Ticlopidine
Timolol
Timolol maleate
Tizanidine
Tobramycin
Tolazamide
Tolbutamide
Tolmetin
Torsemide
Tramadol
Tramadol-acetaminophen
Trandolapril
Tranlycypromine
Trazodone
Tretinoin
Triamcinolone topical (cream, lot., oint.)
Triamterene/HCTZ
Triazolam
Trifluoperazine
Trifluridine
Trihexyphenidyl
Trimethobenzamide
Trimethoprim
Trimethoprim-polymyxinB
Trinessa
Triple sulfa
TriPrevifem
Tri-Sprintec
Trivora

U

Ursodiol

V

Valproic acid
Velivet
Venlafaxine IR (ST)
Verapamil, SR (caps Tier Three)

W

Warfarin

Z

Zaditor OTC (Requires Doctor's Prescription - generic copay) (Prescription Zaditor* not covered)
Zaleplon
Zolpidem (CR Tier Three, ST, STS)
Zovia
Zyrtec OTC (Requires Doctor's Prescription)
Zyrtec D OTC (Requires Doctor's Prescription)

Tier Two

A

Accolate
Actinex
Actos (PA)
Advair
Advicor
Agenerase (PA)
Aggrenox
Alamast
Aldara
Alesse
Alkeran
Allegra D (ODT Tier Three)
Alomide
Anakit
Analpram HC
Aricept
Arimidex
Aromasin
Asacol
Asmanex
Astelin
Atrovent Inhaler, HFA
Augmentin XR
Avandamet (PA)
Avandia (PA)
Avelox
Azathioprine
Azelex
Azopt

B

Bactroban Cream
Benicar
Benicar HCT
Betimol
Betoptic-S
Biltricide
Blephamide
Brevicon

C

Capex Shampoo
Carbatrol
Casodex
CeeNu
CellCept (SP)
Celontin
Ciloxan oint.
Ciprodex
Combivent
Combivir (SP)
Comtan
Concerta
Cortifoam
Coumadin
Creon
Crestor
Crestor 5mg (ST)
Crixivan (SP)
Cuprimine
Cyclessa
Cytadren

D

Dapsone
Daranide
Daraprim
Demulen

Depakote ER
Depen
Derma-Smoother/FS
Desogen
Diastat
Dibenzyline
Dilantin
Dostinex
Dovonex
Dritho-Scalp

E

Effexor XR (ST)
Elmiron
Emcyt
Emtriva (SP)
Entocort EC
Epifrin
Epipen, Jr
Epivir (SP)
Epivir HBV (SP)
Esclim
Eurax
Evista
Evoxac
Exelderm

F

Fareston
FastTake Test Strips
Femara
Fenoglide
Flovent, Rotadisk, HFA
Fluoroplex
Fosamax D
Furoxone

G

Gleevec (PA, PAS)
Grisactin Ultra
Gris-Peg

H

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

I

Insulin, Only Lilly Brands
(Humulin pens/cartridges
PA, Humalog)
Intal Inhaler
Intelence (SP)
Invirase (SP)
Iopidine

J

Janumet (PA)
Januvia (PA)
Jenest

K

Kadian
Kaletra (SP)

L

Lanoxin
Lantus
Lantus SoloStar (PA)
Lessina
Leukeran
Levlen
Levlite
Levothroid
Lexapro (ST)
Lexiva (SP)
Lidoderm
LifeScan Test Strips
Locoid
Loestrin (24 FE Tier Three)
Lo/Ovral
Lotronex
Lumigan
Lunesta (ST, STS)
Lysodren

M

Matulane
Maxalt, MLT
Mephyton
Mepro
Methergine
MetroGel (ST)
Miacalcin nasal spray
Micardis
Micardis HCT
Migranal
Mircette
Modicon
Mycobutin
Myleran

N

Namenda
Nardil
Nasonex
Nebupent
Neo-Decadron
Niaspan
Nilandron
Nitrolingual Translingual
Spray
Nitrostat SL
Nordette
Norinyl
Nor-QD
Norvir (SP)
NuvaRing

O

One Touch Test Strips
One Touch Ultra Test Strips
Opana ER
Ortho Cept
Ortho Cyclen
Ortho Micronor
Ortho Novum
Ortho Tri-Cyclen
Ortho Tri-Cyclen LO
Ovcon-50
Ovral
Oxsoalene, Ultra

P

P1E1, P2E1
PhosLo

Phospholine Iodide
Plan B (Requires Doctor's
Prescription)
Plavix
Poly-Pred
PreCare Chewables
PreCare Conceive
PreCare Premier
Precose
Premarin
Premesis RX
Premphase
Prempro
Prenate Elite
Prevpac
PrimaCare
PrimaCare ONE
ProAir HFA
Procanbid
Prograf (SP)
Prometrium
Prostigmin
Psoriatec
Pulmicort Respules (PA,
PAS >4yrs)
Pulmozyme (PA, PAS)

Q

Quixin
QVAR

R

Rapamune (SP)
Renagel
Renvela
Rescriptor (SP)
Retin A Micro
Retrovir (SP)
Reyataz (SP)
Ridaura
Rowasa Supp

S

Sanctura, XR
Seasonale
Seasonique
Sensipar (ST, STS)
Serevent
Seroquel, XR
Simcor
Singulair (ST)
Solia
Soriatane
Spiriva
Sporanox soln. (PA, PAS)
SSKI
Suprax
SureStep Test Strips
Sustiva (SP)
Symbicort
Synarel

T

Tarceva (PA, PAS)
Tazorac
Tegretol
Tegretol XR
Temodar (PA, PAS)
Teslac
Testim (PA, PAS)
Thalomid (PA, PAS)
Theo-24

Theolair
Thioguanine
Tikosyn
Tilade
Tobi (PA, PAS)
TobraDex
Tonocard
Torecan
Tracleer (PA, PAS)
Travatan
TravatanZ
Triglide
Tri-Levlen
Tri-Norinyl
Tri-Phasil
Trisoralen
Trizivir (SP)
Twinject

U

UroXatral

V

Vagifem
Valcyte
Valtrex
Vancocin (250mg ST, STS)
Vexol
Vfend (PA, PAS)
Videx (SP)
Videx EC* (SP)
Viokase
Vira-A
Viracept (SP)
Viramune (SP)
Vivelle
Vivelle-Dot
Voltaren ophthalmic
Vytorin
Vytorin 10/10mg (ST)

X

Xeloda (PA, PAS)

Y

Yasmin
Yaz
Yodoxin

Z

Zemplar
Zerit (SP)
Ziagen (SP)
Zylet
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*
Accuneb*
Accupril*
Accuretic*
Accutane* (PA, PAS)
Accuzyme*
Actigall*
Adalat CC*
Adderall* (XR (PA) Tier Three)
Adrenalin*
Agrylin*
Aldactazide*
Aldactone*
Aldomet*
Aldoril*
Allegra*
Alphagan* (P Tier Three)
Altace* capsules (tab Tier Three)
Alupent*
Amaryl*
Ambien* (CR Tier Three, ST, STS) (ODT not covered)
Amicar*
Amino-Cerv*
Amoxil*
Anafranil*
Anaprox*, DS*
Anaspaz*
Android*
Ansaid*
Antabuse*
Anusol-HC*
Apresazide*
Apresoline*
Aralen*
Arava*
Artane*
Atarax*
Ativan*
Atrovent Soln*
Augmentin ES*
Augmentin*
Aventyl*
Axid*
Aygestin*
Azulfidine*, EN*
Bacitracin ophthalmic*
Bactrim*, DS*
Bactroban Oint.*

Bentyl*
Benzamycin*
Betagan*
Betapace*, AF*
Betoptic*
Biaxin*, XL*
Bicitra*
Bleph10*
Blocadren*
Brethine*
Bromfed*, PD*, DM*
Bumex*
Buspar*
Cafegot*
Calan*, SR*
Calciferol*
Capoten*
Capozide*
Carafate*
Cardizem*, SR*, CD*
Cardura* (XL Tier Three)
Cartia XT*
Catapres* (TTS Tier Three)
Ceclor*, CD*
Ceftin*
Cefzil*
Celexa*
Cetamide*
Cheracol*
Ciloxan Soln*
Cipro* (XR Tier Three)
Cleocin*, T*, Vag*
Climara*
Clinoril*
Clozaril*
Cogentin*
Colestid*
Colyte*
Compazine*
Condylox Gel*, Soln*
Copegus* (PA, PAS)
Cordarone*
Coreg* (CR Tier Three, ST)
Corgard*
Cortef*
Cortisporin*
Crolom*
Cyclogyl*
Cycrin*
Cylert*
Cylessa*
Cystospaz*
Cytomel*
Cytotec*
Cytovene*
Cytosan*
Dalmane*
Danazol*
Dantrium*
Darvocet N100*
Darvocet N50*
Darvon*
Daypro*
DDAVP*
Decadron*
Deconamine SR*

Deltasone*
Demadex*
Demerol*
Depakene*
Depakote*
Desowen*
Desyrel*
Dexedrine*
DextroStat*
Diabeta*
Diabinese*
Diamox*
Diflucan*
Dilacor XR*
Dilaudid* (oral soln non-form)
Diprolene*, AF*
Diprosone*
Disalcid*
Ditropan* (XL* Tier Three)
Diuril*
Dolobid*
Dolophine*
Domeboro Otic*
Donnatal (caps Tier Three)*
Drysol*
Duoneb*
Duragesic*
Duricef*
Dyazide*
Dymelor*
Dynacin* capsules (tabs not covered)
EC-Naprosyn*
Econopred*, Plus*
EES*
Effexor* (ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elocon*
Emla*
Empirin 2, 3, 4*
E-Mycin*
Eryc*
Ery-Derm*
Erymax*
Ery-Tab*
Erythrocin*
Eserine*
Eskalith*, CR*
Estrace*
Estraderm*
Estratest, HS*
Estrostep*
Eulexin*
Extendryl*
Famvir*
Feldene*
Fioricet*
Fiorinal w/Codeine*
Fiorinal*
Flagyl* (ER Tier Three)
Flexeril*
Flonase*
Florinef*

Floxin*
Flumadine*
FML, FML Forte, FML S*
Fosamax*
Fulvicin P/G*
Furadantin*
Gantrisin*
Garamycin*
Genoptic*
Glucophage*, XR*
Glucotrol*, XL*
Glucovance*
Glynase*
Golytely*
Grifulvin V*
Guiatuss AC*
Halcion*
Haldol*
Histussin HC*
Humatin*
Hycodan*
Hycomine*
Hycotuss*
Hydrea*
Hydrodiuril*
Hygroton*
Hytrin*
Ilotycin*
Imdur*
Imitrex*
Imuran*
Inderal*, LA*
Indocin, SR* (suppositories Tier Three)
Inflamase*, Forte*
Intal Neb*
ISMO*
Isoptin*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
Karidium*
Kayexalate*
K-Dur*
Keflex*
Kenalog*
Keppra* (XR non-form, PA)
Klaron*
Klonopin*
K-Lor*
Klorvess*
K-Lyte*
K-Phos Neutral*
Kristalose*
Kwell*
Lamictal* (starter pack non-form)
Lamisil* (tabs only) (4rx/yr then PA, PAS required)
Lasix*
Levoxyl*
Levsin* (SL Tier Three)
Levsinex*
Librax*
Librium*

Lidex*
Lioresal*
Locoid*
Lofibra*
Lomotil*
Loniten*
Lopid*
Lopressor*
Lopressor HCT*
Lortab*
Lotensin HCT*
Lotensin*
Lotrej*
Lotrisone Cream*, Lotion*
Loxitane*
Lozol*
Ludiomil*
Luride*
Luvox* (CR Tier Three, ST)
Macrobid*
Macrochantin*
Mandelamine*
Mavik*
Maxitrol*
Maxzide*
Meclomen*
Medrol*
Megace*
Mellaril*
Menest*
Mestinon*
Metadate ER*
Metaglip*
Metimyd*
MetroCream*
MetroLotion*
Mevacor*
Mexitil*
Microgestin*, FE*
Miconase*
Microzide*
Midodrine*
Midamor*
Midrin*
Minipress*
Minocin* (tabs not covered)
Miralax*
Mobic*
Moduretic*
Monodox* (75mg not covered)
Monopril*
Monopril HCT*
Motrin*
MS Contin*
MSIR*
Mucomyst*
Myambutol*
Mycelex Troche*
Mycolog II*
Mycostatin*
Mysoline*
Nalfon*
Naprosyn* (Naprelan Tier Three)
Natalins*

*A generic equivalent is available at the tier one copay for formulary drugs.

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Navane*	Persantine*	Tier Three)	Tenex*	Vasotec*
Neoral* (SP)	Phenergan Codeine, DM,	Restoril* (7.5 & 22.5mg	Tenoretic*	VePesid*
Neosporin ophthalmic*	VC, & VC/Codeine*	Tier Three)	Tenormin*	Verelan SR*
Neptazane*	Phenergan *	Retin A*	Terazol*	Vermox*
Neurontin*	Phenytek*	Revia*	Tessalon Perles*	Vesanoïd*
Nilstat*	Pilocar*	Rifadin*	Theodur*	Vibramycin*
Nimotop*	Plaquenil*	Rifamate*	Thorazine* (spansule	Vibramycin Susp* (syrup
Nitrobid *	Plendil*	Rilutek*	Tier Three)	Tier Three)
NitroDur*	Pletal*	Risperdal* (M-Tab Tier Three)	Tiazac*	Vibra-Tabs*
Nitrol*	Polaramine*	Ritalin*, SR*	Ticlid*	Vicodin*, ES*
Nizoral *	Polyhistine CS, D, DM*	RMS suppositories*	Tigan*	Vicoprofen*
Nolvadex*	Polysporin Ophth.*	Robaxin*	Timoptic*, XE*	Videx EC* (PA)
Normodyne*	Polytrim *	Robitussin AC*, DAC*	Tobrex*	Viroptic*
Norpace*, CR*	Poly-Vi-Flor*	Rocaltrol*	Tofranal* (PM Tier Three)	Visken*
Norpramin *	Pravachol*	Rondec, DM*	Tolectin*, DS*	Vistaril*
Norvasc* (ODT not covered)	Pred G, Forte, & Mild*	Rowasa Enema*	Tolinase*	Vivactil*
NovahistineDH*	Prelone*	Rynatan*	Topicort*	Volmax*
Nulytely*	Prevalite*	Rythmol* (SR Tier Three)	Toprol XL*	Voltaren, XR*
Ocufen*	Primaquine*	Salagen*	Toradol *	Vosol*, HC*
Ocuflox*	Principen*	Sandimmune* (PA)	Trandate*	Wellbutrin*, SR* (XL*,
Ogen*	Prinivil*	Seasonale*	Tranxene* (SD, T Tier Three)	Tier Three, ST)
Omnicef*	Prinzide*	Sectral*	Trental*	Westcort*
Optipranolol*	Pro Amatine*	Selsun*	Triavil*	Wigraine*
Orasone*	Probanthine*	Septra*, DS*	Trilafon*	Wytensin*
Orinase*	Procardia XL*	Serax*	Trilisate*	Xanax*, XR*
Ortho Est*	Proctocort*	Silvadene*	Trimox*	Xerac AC*
Orudis*	Proctocream-HC*	Sinemet*, CR*	Trimpex*	Xylocaine*
Ovcon-35*	Proctofoam-HC*	Sinequan*	Tri-Vi-Flor*	Zaditor*
OxyLR*	Prolixin*	Slow-K*	T-Stat*	Zanaflex* (caps Tier Three)
Pamelor*	Pronestyl*, SR*	Soma Compound*	Tylenol 2, 3, 4*	Zantac* (efferdose not
Pancrease*	Propine*	Soma* (250mg not covered)	Tylox*	covered)
Pancrease MT*	Proscar*	Sonata*	Ultracet*	Zarontin*
Parlodel *	Proventil* (Not HFA)	Spectazole*	Ultram* (ER Tier Three)	Zaroxolyn*
Parnate*	Provera*	Sporanox capsules* (PA, PAS)	Ultravate* cream/oint	Zebeta*
Paxil* (CR Tier Three, ST)	Prozac* (20mg tablet &	Stelazine*	Uniphyl*	Ziac*
Pediazole*	weekly Tier Three)	Sulamyd*	Uniretic*	Zithromax*
PEG - electrolyte soln*	Psorcon*	Sular*	Univasc*	Zocor*
Pemoline*	Purinethol*	Sulfacet-R*	Urecholine*	Zofran*
Penlac*	Pyrazinamide*	Symmetrel*	Urised*	Zolofit*
PENVK*	Pyridium*	Synalar*	Urispas*	Zovirax* (oint. Tier Three)
Pepcid* (RPD Tier Three)	Questran, Light*	Synthroid*	Urocit K*	Zyloprim*
Percocet *	Quinaglute*	Tagamet*	Valisone*	
Percodan*	Quinidex*	Tambocor*	Valium*	
Periactin *	Rebetol* (PA, PAS)	Tapazole*	Vaseretic*	
Permitil*	Reglan*	Tavist 2.68mg*	Vasocidin*	
	Remeron* (sol Tab	Temovate*	Vasosulf*	

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Tier Three

Alternative Tier One or Tier Two Drugs

A

Abilify (PA)	<i>Clozaril*</i> , <i>Risperdal*</i> , <i>Seroquel</i>
Accu-chek brand test strips (PA, PAS)	<i>One Touch Test Strips</i>
Aceon	<i>Zestril*</i> , <i>Prinivil*</i> , <i>Lotensin*</i> , <i>Accupril*</i>
Aciphex (ST)	<i>Prilosec OTC™*</i> , <i>omeprazole*</i> , <i>Protonix</i>
Aclovate [†]	<i>Hydrocortisone*</i> , <i>Synalar*</i> , <i>Desowen*</i>
Actiq (PA, PAS)	<i>Oxy IR*</i> , <i>MSIR*</i> , <i>Dilaudid*</i> (oral soln non-form)
Activella	<i>Prempro</i> , <i>Premphase</i>
Actonel	<i>Fosamax*</i>
ACTOplusmet (PA)	<i>Actos (PA) plus Glucophage*</i>
Acular	<i>Ocufen*</i> , <i>Voltaren Ophthalmic*</i>
Adderall XR (PA > 17yrs)	<i>Adderall*</i> , <i>Ritalin*</i> , <i>Ritalin SR*</i> , <i>Metadate ER*</i> , <i>Concerta</i>
Aerobid	<i>Flovent</i> , <i>QVAR</i> , <i>Asmanex</i>
Alocril	<i>Zaditor OTC*</i> , <i>Alaway*</i> , <i>Crolom*</i> , <i>Alamast</i> , <i>Alomide</i>
Aloxi	<i>Zofran*</i>
Alphagan-P	<i>Alphagan*</i>
Ambien CR (ST, STS)	<i>Ambien*</i> , <i>Ativan*</i> , <i>Halcion*</i> , <i>Serax*</i> , <i>Restoril*</i> , <i>Sonata*</i>
Amerge	<i>Imitrex*</i> , <i>Maxalt</i>
Amitiza (ST, STS)	<i>Miralax*</i> , <i>Chronulac*</i> , <i>Colyte*</i>
Androderm (PA, PAS)	<i>Testim (PA, PAS)</i>
Androgel (PA, PAS)	<i>Testim (PA, PAS)</i>
Anzemet	<i>Compazine*</i> , <i>Phenergan*</i> , <i>Tigan*</i> , <i>Zofran*</i>
Apidra	<i>Humalog</i>
Arthrotec	<i>Voltaren* plus Cytotec*</i>
Ascensia Brand Test Strips (PA, PAS)	<i>One Touch Test Strips</i>
Atacand	<i>Benicar</i> , <i>Micardis</i>
Atacand HCT	<i>Benicar HCT</i> , <i>Micardis HCT</i>
Auralgan	<i>A/B Otic Soln</i>
Avalide	<i>Benicar HCT</i> , <i>Micardis HCT</i>
Avandaryl (PA)	<i>Avandia (PA) plus Amaryl*</i>
Avapro	<i>Benicar</i> , <i>Micardis</i>
Avita Gel	<i>Retin A*</i> , <i>Retin A Micro</i>
Avodart	<i>Proscar*</i> , <i>Uroxatral</i>
Axert	<i>Imitrex*</i> , <i>Maxalt</i>
Azmacort	<i>QVAR</i> , <i>Asmanex</i> , <i>Flovent</i>
Azor (ST)	<i>Amlodipine plus Benicar</i> , <i>Amlodipine plus Micardis</i>

B

Baraclude	<i>Epivir HBV</i> , <i>Hepsera</i>
Beclovent	<i>Flovent</i> , <i>QVAR</i> , <i>Asmanex</i>
Beconase	<i>Flonase*</i> , <i>Nasonex</i> , <i>Nasalide*</i>
Benzaclin	<i>OTC Benzoyl Peroxide plus Topical Clindamycin*</i>
Boniva	<i>Fosamax*</i>
Brovana (PA)	<i>Spiriva</i> , <i>Advair</i> , <i>Symbicort</i> , <i>Serevent</i>
Byetta (PA, PAS)	<i>Amaryl*</i> , <i>Diabeta*</i> , <i>Glucotrol*</i> , <i>Glynae*</i> , <i>Micronase*</i> , <i>Glucophage*</i>

C

Cardizem LA	<i>Cardizem CD*</i>
Catapres TTS	<i>Catapres*</i> , <i>Aldomet*</i> , <i>Hytrin*</i> , <i>Minipress*</i> , <i>Cardura*</i>
Celebrex (ST)	<i>Motrin*</i> , <i>Naprosyn*</i> , <i>Mobic*</i> , <i>Voltaren*</i> , <i>Orudis*</i> , <i>Clinoril*</i> , <i>Disalcid*</i> , <i>Relafen*</i>
Cenestin	<i>Premarin</i> , <i>Ogen*</i>
Cialis (2.5mg not covered)	
Clarinet (ST)	<i>Claritin* OTC</i> or <i>Zyrtec*</i>
Clarinet D (ST)	<i>OTC</i> are covered with a <i>Doctor's prescription</i>
Clarinet D (ST)	<i>Claritin D* OTC</i> or <i>Zyrtec D* OTC</i> are covered with a <i>Doctor's prescription</i>
Colazal	<i>Azulfidine*</i> , <i>Asacol</i>
Coreg CR (ST)	<i>Coreg*</i>
Cosopt	<i>Timoptic* plus Azopt</i>
Cozaar	<i>Benicar</i> , <i>Micardis</i>
Cutivate [†]	<i>Valisone*</i> , <i>Kenalog*</i> , <i>Diprosone*</i> , <i>Topicort*</i> , <i>Synalar*</i> , <i>Locoid*</i> , <i>Westcort*</i> , <i>Elocon*</i>
Cymbalta (PA, PAS)	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i>

D

Daytrana (PA, PAS > 17yrs)	<i>Adderall*</i> , <i>Ritalin*</i> , <i>Ritalin SR*</i> , <i>Metadate ER*</i> , <i>Concerta</i>
Detrol/Detrol LA (ST)	<i>Ditropan*</i> , <i>Sanctura</i> , <i>Sanctura XR</i>
Differin	<i>Retin-A*</i>
Diovan	<i>Benicar</i> , <i>Micardis</i>
Diovan HCT	<i>Benicar HCT</i> , <i>Micardis HCT</i>
Dipentum	<i>Azulfidine*</i> , <i>Asacol</i>
Ditropan XL [†]	<i>Ditropan*</i> , <i>Sanctura</i> , <i>Sanctura XR</i>
Duac	<i>OTC Benzoyl Peroxide plus Topical Clindamycin*</i>
Duetact (PA)	<i>Actos (PA) plus Amaryl*</i>
Dynacirc CR	<i>Norvasc*</i>

E

Elidel (PA)	<i>Valisone*</i> , <i>Kenalog*</i> , <i>Diprosone*</i> , <i>Topicort*</i> , <i>Synalar*</i> , <i>Locoid*</i> , <i>Wescort*</i> , <i>Elocon*</i>
Emsam (PA)	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i>
Enblex (ST)	<i>Ditropan*</i> , <i>Sanctura</i> , <i>Sanctura XR</i>
Exelon	<i>Aricept</i> , <i>Namenda</i>
Exforge (ST)	<i>Amlodipine plus Benicar</i> , <i>Amlodipine plus Micardis</i>
Exjade (PA, PAS)	<i>Requires Prior Auth</i>

F

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

Frova *Imitrex**, *Maxalt*

G

Gabitril	<i>Phenobarbital*</i> , <i>Tegretol*</i> , <i>Tegretol XR</i> , <i>Carbatrol</i> , <i>Dilantin*</i> , <i>Mysoline*</i> , <i>Klonopin*</i> , <i>Zarontin*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER</i> , <i>Neurontin*</i>
Geodon (PA)	<i>Risperdal*</i> , <i>Seroquel</i>

H

HalfLyte	<i>CoLyte*</i>
Helidac	<i>Prevpac</i>
Hyzaar	<i>Benicar HCT</i> , <i>Micardis HCT</i>

I

Innopran XL	<i>Inderal LA*</i> , <i>Toprol XL*</i> , <i>Lopressor*</i> , <i>Coreg</i>
Insulins	<i>Lilly Brand Insulins</i>
Novo Brand	
Invega (PA)	<i>Risperdal*</i> , <i>Seroquel</i>
Iressa (PA, PAS)	<i>Tarceva (PA, PAS)</i>
Isentress (PA, PAS)	<i>Requires Prior Auth</i>

K

Keppra XR (PA)	<i>Phenobarbital*</i> , <i>Tegretol*</i> , <i>Tegretol XR</i> , <i>Carbatrol</i> , <i>Dilantin*</i> , <i>Mysoline*</i> , <i>Klonopin*</i> , <i>Zarontin*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER</i> , <i>Neurontin*</i>
Ketek	<i>First Line Generic Antibiotics</i>
Kuvan (PA, PAS)	<i>Requires Prior Auth</i>
Kytril	<i>Zofran*</i>

L

Lamictal Starter Pack	<i>Phenobarbital*</i> , <i>Tegretol*</i> , <i>Tegretol XR</i> , <i>Carbatrol</i> , <i>Dilantin*</i> , <i>Mysoline*</i> , <i>Klonopin*</i> , <i>Zarontin*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER</i> , <i>Neurontin*</i>
Lamisil Granules (PA)	<i>Lamisil* tab</i>
Lescol, XL (ST)	<i>Zocor*</i> , <i>Pravachol*</i> , <i>Mevacor*</i>
Letairis (PA, PAS)	<i>Tracleer (PA, PAS)</i>
Levaquin	<i>Cipro*</i> , <i>Avelox</i>
Levemir (pen - PA)	<i>Lantus (Solostar - PA)</i>
Levitra	
Lipitor 10mg, 20mg (ST)	<i>Zocor*</i> , <i>Pravachol*</i>
Lipitor 40mg, 80mg	<i>Crestor (5mg ST)</i> , <i>Vytorin (10/10mg ST)</i>
Loestrin 24 FE	<i>Yaz</i> , <i>Several other oral contraceptives are available on the Formulary</i>
Loprox [†]	<i>Nizoral*</i> or <i>Nystatin*</i>
Lorabid	<i>Ceclor*</i>
Lotemax	<i>Pred Forte*</i> , <i>Decadron*</i> , <i>FML Liquifilm*</i>
Lovaza (PA)	<i>Lofibra*</i> , <i>Triglide</i> , <i>Niaspan</i>
Luvox CR (ST)	<i>Luvox*</i> , <i>Celexa*</i> , <i>Prozac*</i> , <i>Paxil*</i> , <i>Zoloft*</i> , <i>Lexapro (ST)</i>
Lyricea (PA, PAS)	<i>Phenobarbital*</i> , <i>Tegretol*</i> , <i>Tegretol XR</i> , <i>Carbatrol</i> , <i>Dilantin*</i> , <i>Mysoline*</i> , <i>Klonopin*</i> , <i>Zarontin*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER</i> , <i>Neurontin*</i>

* 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.

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M	
Marinol (PA, PAS) Maxair Metadate CD (PA > 17yrs) Mirapex	<i>Requires Prior Auth</i> <i>ProAir HFA</i> <i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i> <i>Requip*</i>

N	
Naprelan ^π Nasacort Nexavar (PA, PAS) Nexium (ST) Niravam (ST) Noroxin Norgesic/Norflex Novo Brand Insulins Noxafil (PA, PAS)	<i>Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic*</i> <i>Flonase*, Nasonex, Nasalide*</i> <i>Requires Prior Auth</i> <i>Prilosec OTC™*, omeprazole*, Protonix</i> <i>Xanax*</i> <i>Cipro*, Floxin*, Avelox</i> <i>Flexeril*, Lioresal*, Robaxin*, Soma* (250mg not covered)</i> <i>Lilly Brand Insulins</i> <i>Requires Prior Auth</i>

O	
Opana IR (PA, PAS) Ortho Evra Oxistat Oxycontin (PA, PAS) Oxytrol (ST)	<i>MSIR*, Oxycodone IR*</i> <i>Several oral contraceptives are available on the Formulary</i> <i>Nizoral* or Nystatin*</i> <i>MS Contin*, Duragesic*, Kadian, Opana ER</i> <i>Ditropan*, Sanctura, Sanctura XR</i>

P	
Parafon Forte DSC ^π Pataday Patanol Paxil CR ^π (ST) Pentasa Perforomist (PA) Prandin Prefest Prevacid (ST) Pristiq (ST) Procardia Capsules ^π Protopic Proventil HFA Provigil (PA, PAS)	<i>Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)</i> <i>Alaway, Zaditor OTC (covered with a prescription for tier 1 copay)</i> <i>Alaway, Zaditor OTC (covered with a prescription for tier 1 copay)</i> <i>Celexa*, Prozac*, Zolof^t*, Paxil*</i> <i>Asacol</i> <i>Spiriva, Advair, Symbicort, Serevent</i> <i>Diabeta*, Glucotrol*, Amaryl*</i> <i>Prempro, Premphase</i> <i>Prilosec OTC™*, omeprazole*, Protonix</i> <i>Effexor*(ST), Effexor XR (ST), Celexa*, Prozac*, Paxil*, Zolof^t*, Lexapro (ST), Luvox*, Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL*</i> <i>Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*</i> <i>ProAir HFA</i> <i>Ritalin*, Dexedrine*, Adderall*</i>

Prozac Weekly (ST) Pulmicort Flexhaler/ Turbuhaler	<i>Prozac Capsules*</i> <i>Flovent, QVAR, Asmanex</i>
Q	
Quaaliquin (PA, PAS)	<i>Aralen*, Lariam*, Plaquenil*, Primaquine*</i>

R	
Ralivia ER (ST) Ranexa (PA, PAS) Regranex (PA, PAS) Relistor (PA, PAS) Relpax Remeron Soltab ^π Reminyl Requip XL (ST) Rescula Restasis Restoril 7.5mg, 22mg Revatio (PA, PAS) Revlimid (PA, PAS) Rhinocort Ritalin LA (PA > 17yrs) Rogaine Rozerem (ST, STS)	<i>Ultram*</i> <i>Requires Prior Auth</i> <i>Requires Prior Auth</i> <i>Lactulose*, Miralax* OTC (tier 1 copay)</i> <i>Maxalt, Imitrex*</i> <i>Remeron*, Celexa*, Prozac*, Zolof^t*, Paxil*</i> <i>Aricept, Namenda</i> <i>Requip*</i> <i>Lumigan, Travatan</i> <i>Various OTC artificial tears available</i> <i>Restoril* 15mg & 30mg, Ambien*, Halcion*</i> <i>Requires Prior Auth</i> <i>Requires Prior Auth</i> <i>Flonase*, Nasonex, Nasalide*</i> <i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i> <i>Benefit exclusion</i> <i>Ambien*, Ativan*, Halcion*, Serax*, Restoril*, Sonata*</i>

S	
Sarafem ^π Serzone ^π Skelaxin Sprycel (PA, PAS) Stadol NS ^π Starlix Striant (PA, PAS) Strattera Suboxone (PA, PAS) Subutex (PA, PAS) Sutent (PA, PAS) Symbyax (PA) Symlin (PA, PAS)	<i>Prozac Capsules*</i> <i>Celexa*, Prozac*, Zolof^t*, Paxil*</i> <i>Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)</i> <i>Requires Prior Auth</i> <i>Tylenol with Codeine*, Darvocet-N 100*, Ultram*</i> <i>Diabeta*, Glucotrol*, Amaryl*</i> <i>Testim (PA, PAS)</i> <i>Ritalin*, Adderall*, Concerta</i> <i>Requires Prior Auth</i> <i>Requires Prior Auth</i> <i>Requires Prior Auth</i> <i>Prozac* plus Zyprexa (PA)</i> <i>Humulin, Humalog, Lantus</i>

T	
Tamiflu Tarka Tasigna (PA, PAS) Tasmar Testoderm (PA, PAS) Teveten Teveten HCT Tofranil PM Topamax	<i>Mavik plus Verapamil*</i> <i>Requires Prior Auth</i> <i>Comtan</i> <i>Testim (PA, PAS)</i> <i>Benicar, Micardis</i> <i>Benicar HCT, Micardis HCT</i> <i>Tofranil*</i> <i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote*, Depakote ER, Neurontin</i>

Toviaz Tricor Trileptal ^π Triplix Trusopt Tussionex Tykerb (PA, PAS)	<i>Ditropan*, Sanctura, Sanctura XR</i> <i>Lofibra*, Lopid*, Triglide</i> <i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote*, Depakote ER, Neurontin*</i> <i>Lofibra*, Triglide, Fenoglide</i> <i>Azopt</i> <i>Robitussin AC, Hycodan*</i> <i>Requires Prior Auth</i>
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U	
Ultram ER (ST)	<i>Ultram*</i>
V	
Ventavis (PA, PAS) Ventolin HFA Veramyst Verelan PM Vesicare (ST) Viagra Vigamox Vimpat Vyvanse (PA > 17yrs)	<i>Requires Prior Auth</i> <i>ProAir HFA</i> <i>Flonase*, Nasalide*, Nasonex</i> <i>Calan*, SR*, Cardizem CD*, Adalat CC*, Procardia XL*</i> <i>Ditropan*, Sanctura, Sanctura XR</i> <i>Tobrex*, Gentamicin*, Ciloxan*, Ocuflor*</i> <i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote*, Depakote ER, Neurontin</i> <i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i>

W	
Welchol Wellbutrin XL ^π (150mg ST)	<i>Questran/Colestid*</i> <i>Wellbutrin SR*, Wellbutrin*</i>

X	
Xalatan Xopenex, HFA Xyrem (PA, PAS) Xyzal (ST)	<i>Lumigan, Travatan</i> <i>ProAir HFA, albuterol neb</i> <i>Adderall*, Ritalin*</i> <i>Generic over-the-counter loratadine and cetirizine are covered with a Doctor's prescription</i>

Z	
Zantac Efferdose (not covered) Zavesca (PA, PAS) Zegerid Zelapar ODT (ST) ZMax Zetia Zolinza (PA, PAS) Zomig Zovirax Ointment Zyban ^π Zymar Zyprexa (PA)	<i>Zantac tab/cap*, Tagamet*, Pepcid*</i> <i>Prilosec OTC™*, omeprazole*, Protonix</i> <i>Eldepryl*</i> <i>Zithromax*</i> <i>Zacor*, Pravachol*, Vytorin (10/10mg ST), Niaspan</i> <i>Requires Prior Auth</i> <i>Imitrex*, Maxalt</i> <i>Oral Zovirax*</i> <i>Benefit exclusion</i> <i>Tobrex*, Gentamicin*, Ciloxan*, Ocuflor*</i> <i>Risperdal*, Seroquel</i>

* A generic equivalent is available at the tier one copay for formulary drugs.

^π 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. 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.

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
Forteo
Fragmin♦
Fuzeon
Heparin*
Humira
Intron-A
Leukine
Lovenox★
Methotrexate*
Neupogen
Norditropin❖
Pegasys
Procrit
Sandostatin* (LAR under medical)

Non-Formulary

Aranesp
Arixtra♦
Betaseron
Caverject
D.H.E 45
Edex
Epogen
Genotropin❖
Humatrope❖
Increlex
Infergen
Innohep♦
Iplex
Kineret
Miacalcin Injection
Neulasta
NutropinAQ❖
Peg-Intron
Raptiva
Rebif
Roferon A
Saizen❖
Serostim❖
Somavert
Tevtropin❖
Valtropin❖
Vivaglobin
Zorbitive

Formulary Alternatives

Procrit
Fragmin♦, Lovenox★
Avonex, Copaxone
Erectile Dysfunction Medications on 3rd tier
Migranal, Imitrex*, Maxalt
Erectile Dysfunction Medications on 3rd tier
Procrit
Norditropin❖
Norditropin❖
Pegasys
Fragmin♦, Lovenox★
Enbrel, Humira
Miacalcin Nasal Spray
Neupogen
Norditropin❖
Pegasys
Enbrel, Humira
Avonex, Copaxone
Intron-A
Norditropin❖
Sandostatin
Norditropin❖
Norditropin❖
(refer to medical benefit for IVIC)

* Generic is on the Formulary

♦ Initial therapy of 5 doses will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

★ Initial therapy of 10 doses 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:

www.CoventryHealth.com