



# Member/Physician Drug Formulary

## Alphabetical Listing 2011

Altius Health Plans, Inc.  
 Care Management Resources  
 Carelink Health Plans, Inc.  
 Coventry Health Care plans  
 Coventry Health and Life Insurance Company  
 Group Health Plan, Inc.  
 HealthAmerica Pennsylvania, Inc.  
 HealthAssurance Pennsylvania, Inc.  
 PersonalCare Insurance of Illinois, Inc.  
 Preferred Health Systems  
 WellPath Select, Inc.

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.

<b>A</b>			
Accolate	Altace capsules* (tab non-form)	Apriso	benazepril HCT
AccuNeb*	Altoprev (Tier 1 copay)	Aralen*	Benicar
Accupril*	aluminum chloride	Aranelle*	Benicar HCT
Accuretic*	amantadine	Arava*	Bentyl*
acebutolol	Amaryl*	Aricept (23mg non-form)	Benzamycin*
acetazolamide	Ambien* (CR non-form, ST, STS)	Arimidex* (PA, PAS)	benzonatate
acetic acid-aluminum acetate	(ODT not covered) ☒	Aromasin (PA, PAS)	benzoyl peroxide/erythromycin
acetic acid ear drops	Amerge* ☒	Artane*	benztropine
acetylcysteine	Amicar*	Asacol, HD	Betagan*
Aclovote*	amiloride	aspirin/butalbitol/caffeine ☒	betamethasone (cream/oint.)
Actigall*	amiloride/HCTZ	aspirin/caff/butalbitol/codeine ☒	Betapace*
Actinex	aminocaproic acid	Asmanex	Betapace AF*
Actos (ST)	amiodarone	Astelin	betaxolol (ophth)
acyclovir (not ointment)	amitriptyline	Atarax*	bethanechol
Adalat CC*	amlodipine (ODT not covered)	atenolol	Betimol
Adcirca (PA, PAS) (SP) ☒	amlodipine/benazepril	atenolol/chlorthalidone	Betoptic*
Adderall* (XR (PA) non-form) ☒	amoxapine	Ativan* ☒	Biaxin*, XL* ☒
Adrenalin*	amoxicillin ☒	atropine	bicalutamide
Advair	amoxicillin-pot clavulanate ☒	Atrovent soln., inhaler, HFA	Bicitra*
Aggrenox	Amoxil* ☒	A/T/S*	Biltricide ☒
Agrylin*	amphetamine/dextroamphet	Augmentin*, ES*, XR* ☒	bisoprolol fumarate
Alavert* (Requires Doctor's Prescription)	(XR non-form, PA) ☒	Avelox ☒	bisoprolol HCTZ
Tier 1 copay	ampicillin	Aviane*	Bleph-10*
Alaway* (Requires Doctor's Prescription)	Anafranil*	Axid*	Blephamide
Tier 1 copay	anagrelide	Aygestin*	Brethine*
albuterol soln	Anakit ☒	azathioprine ☒	Brevicon*
albuterol/ipratropium	Analpram HC*	Azelex	Bromfed*, PD*, DM* ☒
alclometasone dipropionate	Anaprox*, DS*	azithromycin ☒	bromocriptine
Aldactazide*	Anaspaz*	Azopt	bumetanide
Aldactone *	anastrozole (PA, PAS)	Azulfidine*, EN*	Bumex *
Aldara	Androgel (PA, PAS) ☒	<b>B</b>	bupropion, SR, XL
Aldomet*	Android* ☒	bacitracin ophthalmic*	Buspar*
alendronate	Ansaid*	baclofen	buspirone
Allesse*	Antabuse	Bactrim*, DS* ☒	<b>C</b>
Alkeran (SP) ☒	antipyrene/benzocaine otc	Bactroban oint* Bactroban cream	Cafergot* ☒
allopurinol	Anusol-HC*	balsalazide	Calan*, SR*
Alphagan* (P non-form)	APAP/Butalbitol/Caffeine	Balziva	Calciferol*
alprazolam, XR ☒	apraclonidine	benazepril	calcitonin nasal spray ☒
	Apresoline*		calcitriol
	Apri*		

**Please Note:** 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, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply  
 \* 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.

chlordiazepoxide ☒ (tab non-form)  
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 ☒  
Clinoril\*  
clobetasol ointment  
clomipramine  
clonazepam ☒  
clonidine (TTS non-form)  
clorazepate (SD non-form) ☒  
clotrimazole troche  
clozapine ☒  
Clozaril\* ☒  
codeine ☒  
Cogentin\*  
Colazal\*  
colchicine  
Colestid\*  
Colestid granules\*  
colestipol  
Colyte\*  
Combivent  
Compazine\*  
Comtan  
Concerta ☒  
Condyllox Gel, Soln\*  
Copegus\* (PA, PAS) (SP) ☒  
Cordarone\*  
Coreg\* (CR non-form, ST)  
Corgard\*  
Cortef\*  
Cortifoam  
Cortisporin\*  
Coumadin\*  
Crestor (5mg ST)  
Crixivan (SP) ☒  
Crolom\*  
cromolyn sodium (ophth)

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

## D

Dalmane\* ☒  
danazol\*  
Dantrium\*  
dantrolene  
dapson  
Daranide  
Daraprim  
Darvocet N-50\* ☒  
Darvocet N-100\* ☒  
Darvon\* ☒  
Daypro\*  
DDAVP\*  
Decadron\*  
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\*  
Daraprim  
doxazosin mesylate  
doxepin  
doxycycline (20mg, Adoxa, Doryx  
not covered) (Oracea non-form)  
doxycycline susp\* (syrup non-form)  
Dritho-Scalp  
Drysol\*  
Duoneb\*  
Duragesic\* ☒  
Duricef\* ☒  
Dyazide\*

## E

Dynacin Capsules\* (tabs not covered)  
EC-Naprosyn\*  
econazole cream/oint  
EES\* ☒  
Effexor\*, XR\* (ST)  
Efudex\*  
Elavil\*  
Eldepryl\*  
Elimite\*  
Elmiron  
Elocon\*  
Emcvt ☒  
Emla\* ☒  
Emtriva (SP) ☒  
enalapril  
enalapril HCTZ  
Enpresse\*  
Entocort EC  
epinephrine HCl ☒  
Epipen, Jr ☒  
Epivir (SP) ☒  
Epivir HBV (SP) ☒  
ergocalciferol  
Errin\*

Ery-Tab\* ☒  
Eryc\* ☒  
Erythrocin\* ☒  
erythromycin ☒  
Estrace tab\*  
Estrace Cream  
Estraderm  
estradiol  
estropipate  
Estrostep FE  
ethosuximide  
etodolac, XL  
etoposide (SP) ☒  
Eurax ☒  
Evista  
Evoxic  
Exelderm

## F

famciclovir ☒  
famotidine  
Famvir\* ☒  
Fareston  
FastTake Test Strips  
Feldene\*  
felodipine  
Femara (PA, PAS)  
fenofibrate  
fenopropfen  
fentanyl patch ☒  
finasteride  
Fioricet\*  
Fiorinal\* ☒  
Fiorinal w/Codeine\* ☒  
Flagyl\* (Flagyl ER non-form) ☒  
flavoxate  
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 (20mg tablet non-form)  
fluphenazine  
flurazepam ☒  
flurbiprofen  
fluorometholone  
Fluoroplex  
flurbiprofen sodium  
flutamide  
fluticasone propionate  
fluticasone propionate nasal spray  
fluvoxamine maleate  
FML\*, FML Forte  
folic acid 1 mg  
Fosamax\*

Fosamax Plus D  
fosinopril  
fosinopril/HCTZ  
Furadantin\* ☒  
furosemide

## G

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

## H

Halcion\* ☒  
Haldol\*  
halobetasol cream/oint  
haloperidol  
Hectorol  
Heparin\*  
Hepsera (SP) ☒  
Hexalen (SP) ☒  
Humalog  
Humulin (pens/cartridges - PA)  
hydalazine  
Hydrea\*  
hydrochlorothiazide  
hydrocodone/APAP ☒  
hydrocodone/ibuprofen ☒  
hydrocodone/homatropine ☒  
hydrocortisone tablets  
hydromorphone HCl ☒  
hydroxychloroquine  
hydroxyurea  
hydroxyaine HCL, pamoate  
hyoscyamine  
Hytrin\*

## I

ibuprofen  
Imdur\*  
imipramine (PM non-form)  
Imitrex\* ☒  
ipratropium nasal soln  
Imuran\*

**Please Note:** 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, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply  
\* 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.

indapamide  
 Inderal\*, LA\*  
 Indocin, SR\* (suppositories non-form)  
 indomethacin, SR  
 Insulin, Only Lilly Brands (Humulin pens/cartridges PA, Humalog)  
 Intal Inhaler  
 Intal Neb\*  
 Intelence (SP) ☒  
 Invirase (SP) ☒  
 lopidine\*  
 isentress (SP) ☒  
 ISMO\*  
 isonarif  
 isoniazid  
 Ioptin\*  
 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) ☒  
 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  
 Levoxyl\*  
 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  
 Luride\*  
 Luter\*  
 Luvox\* (CR non-form, ST)  
 Lysodren

## M

Macrobid\*  
 Macrochantin\*  
 Mandelamine\*  
 maprotiline  
 Matulane (SP) ☒  
 Mavik\*  
 Maxalt, MLT ☒  
 Maxitrol\*  
 Maxzide\*  
 mebendazole ☒  
 meclizolam  
 Meclomen\*  
 Medrol\*  
 medroxyprogesterone  
 Megace\*  
 megestrol acetate  
 Mellaril\*  
 meloxicam  
 Menest\*  
 meperidine ☒  
 Mephyton  
 Meproton  
 mercaptopurine  
 Mestinon\*  
 Metadate ER\* ☒  
 Metaglip\*  
 metaproterenol  
 metformin, XR  
 metformin/glyburide  
 methadone ☒  
 methazolamide  
 methenamine  
 Methergine  
 methimazole  
 methocarbamol  
 methotrexate (oral, inj)  
 methylidopa  
 methylidopa/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\*  
 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\*  
 Ocuflax\*  
 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\*  
 Ortho-Tri-Cyclen LO  
 Ovcon-35\*  
 Ovcon-50  
 oxaprozin  
 oxazepam ☒  
 oxcarbazepine  
 Oxsoralen, Ultra ☒  
 oxybutynin  
 oxycodone IR ☒  
 OxyIR\* ☒

## P

P1E1, P2E2  
 Pamelor\*

**Please Note:** 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, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply  
 \* 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.

Parlodel\*  
 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) ☒  
 Plaquenil\*  
 Plavix  
 Pletal\*  
 podofilox solution  
 polyethylene glycol 3350  
 Polyhistine CS, D, DM\*  
 Poly-Pred  
 Poly-Vi-Flor\*  
 Polytrim\*  
 Portia\*  
 potassium chloride  
 potassium citrate (15mEq not covered)  
 potassium citrate/citric acid  
 pramoxine/HC  
 Pravachol\*  
 pravastatin  
 prazosin  
 PreCare Chewables  
 PreCare Conceive  
 PreCare Premier  
 Precose\*  
 Pred G, 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\*  
 Proamatine\*  
 probenecid  
 Procardia XL\*  
 prochlorperazine  
 Proctocort\*  
 Proctocream-HC\*  
 Proctofoam-HC\*  
 Prograf\* (SP) ☒  
 promethazine  
 Prometrium  
 propafenone HCl  
 propantheline  
 propoxyphene ☒  
 propoxyphene hcl/APAP ☒  
 propoxyphene napsylate/APAP ☒  
 propranolol, LA  
 propylthiouracil  
 Proscar\*  
 Prostigmin  
 protriptyline  
 Provera\*  
 Prozac\* (20mg non-form)  
 (weekly non-form,ST)

**Q**  
 Psoriatec  
 Pulmicort Respules (PA, PAS >4yrs)  
 Pulmozyme (PA, PAS) (SP) ☒  
 Purinethol\* ☒  
 Pyrazinamide\* ☒  
 Pyridium\*

**R**  
 ramipril capsules\* (tab non-form)  
 ranitidine (Gel & efferdose non-form)  
 Ranexa  
 Rapamune (SP) ☒  
 Rebetal\* (PA, PAS) (SP) ☒  
 Reglan\*  
 Remeron\* (Sol Tab non-form)  
 Renvela  
 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 (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\*  
 Rynatan\* ☒  
 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  
 sertraline  
 Silvadene\* ☒  
 silver sulfadiazine ☒  
 Simcor  
 simvastatin  
 Sinemet\*, CR\*  
 Singulair (ST)  
 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)  
 sucralfate  
 Sulamyd\*  
 Sular\*  
 sulfacetamide 10%  
 sulfacetamide sod-pred  
 sulfacetamide sod/sulfur  
 sulfasalazine (enteric coated non-form)  
 sulindac  
 sumatriptan ☒  
 SureStep Test Strips  
 Sustiva (SP) ☒  
 Symbicort  
 Synarel  
 Synthroid\*

**T**  
 tacrolimus (SP) ☒  
 Tagamet\*  
 Tambocor\*  
 tamoxifen  
 tamsulosin  
 Tapazole\*  
 Tarceva (PA, PAS) (SP) ☒  
 Targretin (SP) ☒  
 Tazorac  
 Tegretol\*, XR\*  
 temazepam (7.5, 22.5mg non-form) ☒  
 Temodar (PA, PAS) (SP) ☒  
 Temovate\*  
 Tenex\*  
 Tenoretic\*  
 Tenormin\*  
 Terazol\*  
 terazosin  
 terbinafine (tabs only)  
 (4rx/yr then PA required) ☒  
 terbutaline sulfate  
 terconazole  
 Tessalon Perles\* ☒  
 testosterone inj ☒  
 tetracycline ☒  
 Thalomid (PA, PAS) (SP) ☒  
 Theo-24  
 theophylline, XR  
 thioguanine ☒  
 thioridazine  
 thiothixene  
 Tiazac\*  
 Ticlid\*  
 ticlopidine  
 Tigan\*  
 Tikosyn  
 timolol  
 Timoptic\*, XE\*  
 tizanidine  
 Tobi (PA, PAS) (SP) ☒  
 TobraDex\*  
 tobramycin  
 Tobrex\*  
 Tofranil\* (PM non-form)  
 tolazamide  
 tolbutamide  
 tolmetin

**U**  
 Ultracet\*  
 Ultram\* (ER non-form, ST)  
 Ultravate\* cream/oint  
 Uniphyl\*  
 Uniretic\*  
 Univas\*  
 urea/sod propionate/methionine ☒  
 Urecholine\*  
 Urocit K\* (15 mEq not covered)  
 Uroxatral  
 ursodiol

**V**  
 Vagifem  
 Valcyte ☒  
 Valium\* ☒  
 valproic acid  
 Valtrex\* ☒  
 Vancocin\* inj. ☒  
 vancomycin inj. ☒  
 Vaseretic\*  
 Vasotec\*  
 Velivet\*  
 venlafaxine IR (ST)

Topamax\*  
 Topicort\*  
 topiramate  
 Toprol XL\*  
 torsemide  
 Tracleer (PA, PAS) (SP) ☒  
 tramadol  
 tramadol-acetaminophen  
 Trandate\*  
 trandolapril  
 Tranxene\* (SD, T non-form) ☒  
 tranlycypromine  
 Travatan  
 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\*  
 Trisoralen ☒  
 Tri-Sprintec\*  
 Trivora\*  
 Trusopt\*  
 Twinject ☒  
 Tylenol 2, 3, 4\* ☒  
 Tylox\* ☒

**Please Note:** 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, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply  
 \* 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.



Creon  
Cymbalta (PA, PAS) Zenpep, Ultrase  
Celexa\*, Prozac\*, Zoloft\*,  
Paxil\*, Effexor\* (ST), Effexor  
XR\* (ST)

## D

Daytrana (PA, PAS > 17yrs) ☒ Adderall\* ☒, Ritalin\* ☒,  
Ritalin SR\* ☒, Metadate  
ER\* ☒, Concerta ☒  
Detrol/Detrol LA (ST) Ditropan\*, Sanctura,  
Sanctura XR  
Dexilant (PA) Prilosec OTC™ (requires  
doctor's prescription),  
omeprazole\*, Prevacid  
24HR™ (requires doctor's  
prescription), Nexium  
D.H.E. 45 Amerge\* ☒, Migranal ☒,  
Imitrex\* ☒, Maxalt ☒  
Differin Retin-A\*  
Diovan (PA, PAS) Benicar, Micardis  
Diovan HCT (PA, PAS) Benicar HCT, Micardis HCT  
Dipentum Azulfidine\*, Asacol  
Ditropan XL<sup>π</sup> Ditropan\*, Sanctura,  
Sanctura XR  
Duac OTC Benzoyl Peroxide plus  
Topical Clindamycin\*  
Duetact (ST) Actos (ST) plus Amaryl\*  
Dynacirc CR Norvasc\*

## E

Edex (ST) ☒ no alternative available  
Effient Plavix  
Elidel (PA) ☒ Kenalog\*, Diprosone\*,  
Topicort\*, Locoid\*,  
Wescort\*, Elocon\*  
Embeda (PA, PAS) ☒ Dolophine\* ☒, MS Contin\* ☒,  
Kadian\* ☒, Duragesic\* ☒,  
Opana ER\* ☒  
Emsam (PA) Celexa\*, Prozac\*, Zoloft\*,  
Paxil\*  
Enblex (ST) Ditropan\*, Sanctura,  
Sanctura XR  
Exelon Aricept, Namenda  
Exforge (PA, PAS) Norvasc\* plus Benicar,  
Norvasc\* plus Micardis  
Exjade (SP) Requires Prior Auth

## F

Fanapt (PA) Risperdal\*, Seroquel,  
Seroquel XR  
Femcon Desogen\*, Necon\*,  
Nordette\*, Norinyl\*, Ortho  
Cept\*, Ortho Cyclen\*, Ortho  
Novum\*, Yasmin\*, Yaz  
Prempro, Premphase  
FemHRT Estraderm\*, Vivelle  
FemPatch Lofibra\*, Trilipix  
Fenoglide Morphine oral sol, OxyLR\*  
Fentora (PA, PAS) Adderall\* ☒, Ritalin\* ☒,  
Concerta ☒  
Focalin XR (PA > 17yrs) ☒ Adderall\* ☒, Ritalin\* ☒,  
Ritalin SR\* ☒, Metadate  
ER\* ☒, Concerta ☒  
Foradil Serevent  
Frova ☒ Amerge\* ☒, 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\* ☒  
HyperRho ☒ no alternative available  
Hyzaar<sup>π</sup> Benicar HCT, Micardis HCT

## I

Innopran XL Inderal LA\*, Toprol XL\*,  
Lopressor\*, Coreg\*  
Lilly Brand Insulins  
Insulins  
Novo Brand  
Intuniv Ritalin\* ☒, Adderall\* ☒,  
Concerta ☒  
Invega (PA) Risperdal\*, Seroquel,  
Seroquel XR  
Iressa (SP) ☒ Tarceva (PA, PAS) (SP) ☒

## J

## K

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 Lamictal\*, Neurontin\*,  
(PA), Starter Pack ☒ Keppra\*, Trileptal\*,  
Tegretol\*, Tegretol XR\*,  
Topamax\*, Depakene\*,  
Depakote\*, Depakote ER\*  
Lamisil Granules (PA) ☒ Lamisil\* tab  
Lescol, XL (ST) Zocor\*, Pravachol\*,  
Mevacor\*  
Letairis (PA, PAS) (SP) ☒ Tracleer (PA, PAS) (SP) ☒  
Levaquin ☒ Cipro\* ☒, Avelox ☒  
Levitra ☒ no alternative available  
Lialda (ST) Colazal\*, Apriso, Asacol,  
Asacol HD  
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<sup>π</sup> Nizoral\* ☒ or Nystatin\* ☒  
Lotemax Pred Forte\*, Decadron\*,  
FML Liquifilm\*  
Lovaza (PA) Lofibra\*, Tilipix, Niaspan  
Lunesta (ST, STS) ☒ Halcion\* ☒, oxazepam ☒,  
Restoril\* ☒, Sonata\* ☒  
Luvox CR (ST) Luvox\*, Celexa\*, Prozac\*,  
Paxil\*, Zoloft\*, Lexapro (ST)  
Lyrica (PA, PAS) ☒ Neurontin\*, Keppra\*,  
Lamictal\*, Trileptal\*,  
Tegretol\*, Tegretol XR\*,  
Topamax\*, Depakene\*,  
Depakote\*, Depakote ER\*

## M

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

Miacalcin Injection (PA) Miacalcin Nasal Spray\*  
Mirapex Requip\*  
Multaq Cordarone\*  
Myfortic (SP) ☒ CellCept\* ☒

## N

Naprelan<sup>π</sup> Motrin\*, Naprosyn\*,  
Voltaren\*, Clinoril\*,  
Disalcid\*, Relafen\*,  
Mobic\*  
Nasacort (ST, STS) Flonase\*, Nasalide\*,  
Nasonex  
Neevo Multiple prenatal vitamins  
on formulary Tier 1  
Neevo DHA Multiple prenatal vitamins  
on formulary Tier 1  
Nexavar (PA, PAS) (SP) ☒ Requires Prior Auth  
Niravam (ST) ☒ Xanax\* ☒  
Noroxin ☒ Cipro\* ☒, Avelox ☒  
Norgesic/Norflex Flexeril\*, Lioresal\*,  
Robaxin\*, Soma\* (250mg  
not covered)  
Novo Brand  
Insulins Lilly Brand Insulins  
Noxafil (PA, PAS) ☒ Requires Prior Auth  
Nucynta (PA, PAS) ☒ MSIR\* ☒, Oxycodone IR\* ☒  
Nuvigil (PA, PAS) ☒ Ritalin\* ☒, Dexedrine\* ☒,  
Adderall\* ☒

## O

Oforta (PA) (SP) ☒ Requires Prior Auth  
Omnaris (ST, STS) Flonase\*, Nasalide\*, Nasonex  
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

Pancreaze Zenpep, Ultrase  
Parafon Forte Flexeril\*, Lioresal\*,  
DSC<sup>π</sup> Robaxin\*, Soma\* (250 mg  
not covered)  
Pataday Alaway\*, Zaditor OTC  
(covered with a  
prescription for tier 1  
copy)  
Patanol Alaway\*, Zaditor OTC  
(covered with a  
prescription for tier 1  
copy)  
Paxil CR<sup>π</sup> (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  
Prenate DHA Multiple prenatal vitamins  
on formulary Tier 1  
Prenate Elite Multiple prenatal vitamins  
on formulary Tier 1  
Prevacid (Solutab  
not covered) Prilosec OTC™ (covered  
with a prescription for tier  
1 copay), omeprazole\*,  
Prevacid24HR™ (covered  
with a prescription for tier  
1 copay), Nexium

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

<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. 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.

Prevpac	<i>Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin</i>
Pristiq (ST)	<i>Effexor*(ST), Effexor XR (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox*</i>
ProAir HFA	<i>Ventolin HFA</i>
Procardia Capsules <sup>π</sup>	<i>Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL*</i>
Protonix <sup>π</sup> (PA)	<i>Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for tier 1 copay), Nexium</i>
Protopic <input checked="" type="checkbox"/>	<i>Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*</i>
Proventil HFA	<i>Ventolin HFA</i>
Provigil (PA, PAS) <input checked="" type="checkbox"/>	<i>Ritalin* <input checked="" type="checkbox"/>, Dexedrine* <input checked="" type="checkbox"/>, Adderall* <input checked="" type="checkbox"/></i>
Prozac Weekly (ST)	<i>Prozac Capsules*</i>
Pulmicort Flexhaler/ Turbuhaler	<i>Flovent, QVAR, Asmanex</i>

## Q

Quaaliquin (PA, PAS) <input checked="" type="checkbox"/>	<i>Aralen*, Lariam*, Plaquenil*, Primaquine*</i>
--	--

## R

Renagel	<i>Phoslo*, Renvela</i>
Regranex (PA, PAS)	<i>Requires Prior Auth</i>
Relistor (PA, PAS)	<i>Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)</i>
Relpax <input checked="" type="checkbox"/>	<i>Maxalt <input checked="" type="checkbox"/>, Imitrex* <input checked="" type="checkbox"/></i>
Remeron Soltab <sup>π</sup>	<i>Remeron*, Celexa*, Ludiomil*, Desyrel*</i>
Razadyne	<i>Aricept, Namenda</i>
Requip XL (ST)	<i>Requip*</i>
Rescula	<i>Lumigan, Travatan</i>
Restasis	<i>Various OTC artificial tears available</i>
Restoril 7.5mg, 22mg <input checked="" type="checkbox"/>	<i>Restoril* 15mg <input checked="" type="checkbox"/> &amp; 30mg <input checked="" type="checkbox"/>, Ambien* <input checked="" type="checkbox"/>, Halcion* <input checked="" type="checkbox"/></i>
Revatio (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Adcirca (PA, PAS) (SP) <input checked="" type="checkbox"/></i>
Revlimid (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Rhinocort (ST, STS)	<i>Flonase*, Nasalide*, Nasonex</i>
Rhogam <input checked="" type="checkbox"/>	<i>no alternative available</i>
Ritalin LA (PA > 17yrs) <input checked="" type="checkbox"/>	<i>Adderall* <input checked="" type="checkbox"/>, Ritalin* <input checked="" type="checkbox"/>, Ritalin SR* <input checked="" type="checkbox"/>, Metadate ER* <input checked="" type="checkbox"/>, Concerta <input checked="" type="checkbox"/></i>
Rogaine	<i>Benefit exclusion</i>
Rozerem (ST, STS) <input checked="" type="checkbox"/>	<i>Ambien* <input checked="" type="checkbox"/>, Sonata* <input checked="" type="checkbox"/></i>
Ryzolt (ST)	<i>Ultram*</i>

## S

Saphris (ST)	<i>Clozaril* <input checked="" type="checkbox"/>, Risperdal*, Seroquel, Seroquel XR</i>
Sarafem (tabs not covered) <sup>π</sup>	<i>Prozac Capsules*</i>
Serzone <sup>π</sup>	<i>Celexa*, Prozac*, Zoloft*, Paxil*</i>
Skelaxin <sup>π</sup>	<i>Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)</i>
Sprycel (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Stadol NS <sup>π</sup> <input checked="" type="checkbox"/>	<i>Tylenol with Codeine* <input checked="" type="checkbox"/>, Darvocet-N 100* <input checked="" type="checkbox"/>, Ultram*</i>
Starlix <sup>π</sup>	<i>Diabeta*, Glucotrol*, Amaryl*</i>
Striant (PA, PAS) <input checked="" type="checkbox"/>	<i>Androgel <input checked="" type="checkbox"/> (PA, PAS)</i>
Strattera	<i>Ritalin* <input checked="" type="checkbox"/>, Adderall* <input checked="" type="checkbox"/>, Concerta <input checked="" type="checkbox"/></i>
Suboxone (PA, PAS)	<i>Requires Prior Auth</i>
Subutex (PA, PAS)	<i>Requires Prior Auth</i>
Sutent (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Symbyax (ST)	<i>Prozac* plus Risperdal*</i>
Symlin (PA, PAS)	<i>Humulin, Humalog, Lantus, Levemir</i>

## T

Tamiflu <input checked="" type="checkbox"/>	
Tarka	<i>Mavik* plus Calan SR*</i>
Tasigna (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Tasmar	<i>Comtan</i>
Tekturma (PA, PAS)	<i>Benicar, Micardis</i>
Tekturma HCT (PA, PAS)	<i>Benicar HCT, Micardis HCT</i>
Testim (not covered) <input checked="" type="checkbox"/>	<i>Androgel (PA, PAS) <input checked="" type="checkbox"/></i>
Teveten (PA, PAS)	<i>Benicar, Micardis</i>
Teveten HCT (PA, PAS)	<i>Benicar HCT, Micardis HCT</i>
Tofranil PM	<i>Tofranil*</i>
Toviaz	<i>Ditropan*, Sanctura, Sanctura XR</i>
Tricor	<i>Lofibra*, Trilipix</i>
Triglide	<i>Lofibra*, Trilipix</i>
Tussionex <input checked="" type="checkbox"/>	<i>Robitussin AC <input checked="" type="checkbox"/></i>
Twynsta (PA, PAS)	<i>Benicar plus amlodipine, Micardis plus amlodipine</i>
Tykerb (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Tyzeka (SP) <input checked="" type="checkbox"/>	<i>Epivir HBV (SP) <input checked="" type="checkbox"/>, Hepsera (SP) <input checked="" type="checkbox"/></i>

## U

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

## V

Valturna (PA, PAS)	<i>Benicar, Micardis</i>
Ventavis (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Veramyst (ST, STS)	<i>Flonase*, Nasalide*, Nasonex</i>
Verelan PM	<i>Calan*, SR*, Cardizem CD*, Adalat CC*, Procardia XL*</i>

Vesicare (ST)	<i>Ditropan*, Sanctura, Sanctura XR</i>
Viagra <input checked="" type="checkbox"/>	<i>no alternative available</i>
Victoza (PA, PAS)	<i>Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage* Tobrex* <input checked="" type="checkbox"/>, Gentamicin* <input checked="" type="checkbox"/>, Ciloxan* <input checked="" type="checkbox"/>, Ocuflax* <input checked="" type="checkbox"/></i>
Vigamox <input checked="" type="checkbox"/>	
Vimpat	<i>Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*</i>
Vyvanse (ST, STS) <input checked="" type="checkbox"/>	<i>Adderall* <input checked="" type="checkbox"/>, Ritalin* <input checked="" type="checkbox"/>, Ritalin SR* <input checked="" type="checkbox"/>, Metadate ER* <input checked="" type="checkbox"/>, Concerta <input checked="" type="checkbox"/></i>

## W

Welchol	<i>Questran/Colestid*</i>
WinRho <input checked="" type="checkbox"/>	

## X

Xalatan	<i>Lumigan, Travatan</i>
Xifaxan (550mg PA, PAS) <input checked="" type="checkbox"/>	<i>Lactulose</i>
Xopenex, HFA	<i>Ventolin HFA, albuterol neb</i>
Xyrem (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Adderall* <input checked="" type="checkbox"/>, Ritalin* <input checked="" type="checkbox"/></i>
Xyzal (ST)	<i>Claritin OTC or Zyrtec OTC (covered with a prescription for a tier 1 copay)</i>

## Z

Zantac Efferdose (not covered)	<i>Zantac tab/cap*, Tagamet*, Pepcid*</i>
Zavesca (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Zegerid (PA)	<i>Prilosec OTC™ (covered with a prescription for a tier 1 copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for a tier 1 copay), Nexium</i>
Zelapar ODT (ST)	<i>Eldepryl*</i>
ZMax <input checked="" type="checkbox"/>	<i>Zithromax* <input checked="" type="checkbox"/></i>
Zetia	<i>Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan</i>
Zolinza (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Zomig <input checked="" type="checkbox"/>	<i>Imitrex* <input checked="" type="checkbox"/>, Maxalt <input checked="" type="checkbox"/></i>
Zovirax Ointment <input checked="" type="checkbox"/>	<i>Oral Zovirax*</i>
Zyban <sup>π</sup>	<i>Benefit exclusion</i>
Zylet	<i>Tobradex*</i>
Zymar <input checked="" type="checkbox"/>	<i>Tobrex* <input checked="" type="checkbox"/>, Gentamicin* <input checked="" type="checkbox"/>, Ciloxan* <input checked="" type="checkbox"/>, Ocuflax* <input checked="" type="checkbox"/></i>
Zyprexa (ST)	<i>Risperdal*, Seroquel, Seroquel XR</i>

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

<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. 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.

## 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.

## 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\*♦  
 Neupogen  
 Omnitrope❖  
 Pegasys  
 Procrit  
 Sandostatin\* (LAR under medical)

### Non-Formulary

Aranesp  
 Arixtra♦  
 Betaseron  
 Cimzia  
 Epogen  
 Extavia  
 Forteo  
 Genotropin❖  
 Hizentra  
 Humatrope❖  
 Ilaris  
 Increlex  
 Infergen  
 Innohep♦  
 Kineret  
 Neulasta  
 Norditropin❖  
 Peg-Intron (not covered)  
 Rebif  
 Saizen❖  
 Serostim❖  
 Simponi  
 Somavert  
 Stelara  
 Tev-Tropin❖  
 Valtropin❖  
 Zorbtive

### Formulary Alternatives

Procrit  
 Fragmin♦, Lovenox♦  
 Avonex, Copaxone  
 Enbrel, Humira  
 Procrit  
 Avonex, Copaxone  
 Fosamax\*, Fosamax plus D, miacalcin nasal spray\*  
 Omnitrope❖  
 (refer to medical benefits for IVIG)  
 Omnitrope❖  
 Arcalyst  
 Pegasys  
 Fragmin♦, Lovenox♦  
 Enbrel, Humira  
 Neupogen  
 Omnitrope❖  
 Pegasys  
 Avonex, Copaxone  
 Omnitrope❖  
 Enbrel, Humira  
 Sandostatin  
 Enbrel, Humira  
 Omnitrope❖  
 Omnitrope❖

\* 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.

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](http://www.CoventryHealth.com)

CHCH 5010-11 (08-16-10)