

Member/Physician Drug Formulary Alphabetical Listing 2012

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

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

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

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

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

A				C
Accolate*	Aldomet*	Antabuse*	baclofen	cabergoline
AccuNeb*	alendronate	antipyrine/benzocaine otic	Bactrim*, DS* ☒	Cafergot* ☒
Accupril*	Allesse*	Anusol-HC*	Bactroban oint*	Calan*, SR*
Accuretic*	alfuzosin	APAP/Butalbital/Caffeine	Bactroban cream	Calciferol*
acebutolol	Alkeran (SP) ☒	apraclonidine	balsalazide	calcitonin nasal spray ☒
acetazolamide	allopurinol	Apresoline*	Balziva*	calcitriol
acetic acid-aluminum acetate	Alphagan* (P non-form)	Apri*	benazepril	Camila*
acetic acid ear drops	alprazolam, XR ☒	Apriso	benazepril HCT	Camrese*
acetylcysteine	Altace*	Aralen*	Benicar	Capex Shampoo
Aclovate*	Altoprev	Aranelle*	Benicar HCT	Capoten*
Actigall*	aluminum chloride	Arava*	Bentyl*	Capozide*
Actinex	amantadine	Aricept* (PA < 40yrs)	Benzamycin*	captopril
Activella*	Amaryl*	(23mg non-form, ST)	benzonatate	captopril/HCTZ
Actos (ST)	Ambien* (CR* non-form ST, STS)	Arimidex* (PA, PAS)	benzoyl peroxide/erythromycin	Carafate, tabs*, susp
Actoplus Met, XR (ST)	(SL tab and oral spray not covered) (PA ≤ 17yrs) ☒	Aromasin* (PA, PAS)	benztropine	carbamazepine, XR
acyclovir (not ointment)	Amerge* ☒	Artane*	Betagan*	Carbatrol*
Adalat CC*	Amicar*	Asacol, HD	betamethasone (cream/ointment/lotion)	carbidopa/levodopa
Adcirca (PA, PAS, PAF) (SP) ☒	amiloride	aspirin/butalbital/caffeine ☒	Betapace*	carboprost
Adderall* ☒	amiloride/HCTZ	aspirin/caff/butalbital/codeine ☒	Betapace AF*	Cardizem*, SR*, CD* (LA* non-form)
Adderall XR* (brand name non-form) (PA ≥ 19yrs) ☒	aminocaproic acid	Asmanex	betaxolol (ophth)	Cardura* (XL non-form)
Adrenalin*	amiodarone	Astelin*	bethanechol	carisoprodol ☒
Advair	amitriptyline	Atarax*	Betimol	carisoprodol/aspirin ☒
Aggrenox	amlodipine	atenolol	Betoptic*	carteolol (ophth)
Agrylin*	amlodipine/benazepril	atenolol/chlorthalidone	Biaxin*, XL* ☒	Cartia XT*
Alavert* (Requires Doctor's Prescription) Tier 1 copay	amoxapine	Ativan* ☒	bicalutamide	carvedilol (CR non-form, ST)
Alaway* (Requires Doctor's Prescription) Tier 1 copay	amoxicillin ☒	atorvastatin	Bicitra*	Casodex*
albuterol soln	amoxicillin-pot clavulanate ☒	atropine	Biltricide ☒	Cataflam*
albuterol/ipratropium	Amoxil* ☒	Atrovent soln*, nasal soln*, HFA	bisoprolol	Catapres* (TTS* patch non-form)
Allegra* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay	amphetamine/dextroamphet, XR (brand name XR non-form) (PA ≥ 19yrs) ☒	A/T/S*	bisoprolol HCTZ	Ceclor*, CD* ☒
Allegra-D* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay	ampicillin ☒	Avelox ☒	Bleph-10*	CeeNu (SP) ☒
alclometasone dipropionate	Amethia*	Aviane*	Blephamide	cefaclor ☒
Aldactazide*	Anafranil*	Axid*	Brethine*	cefadroxil ☒
Aldactone *	anagrelide	Aygestin*	Brevicon*	cefdinir ☒
Aldara*	Ana-Kit ☒	azathioprine	brimonidine	Ceftin* ☒
	Analpram HC*	azelastine	Bromfed*, PD*, DM* ☒	cefprozil ☒
	Anaprox*, DS*	Azelex	bromocriptine	cefuroxime ☒
	Anaspaz*	azithromycin ☒	budesonide respules (PA,PAS > 4yrs)	Cefzil* ☒
	anastrozole (PA, PAS)	Azopt	bumetanide	Celexa*
	Android* ☒	Azulfidine*, EN*	Bumex*	CellCept* (SP) ☒
	Ansaid*		bupropion, SR, XL	Celontin
		B	Buspar*	
		bacitracin ophthalmic*	buspiron	

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

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 and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

☒ Not available as 90-day supply
* A generic equivalent is available. You will pay more for brand name medications. If you need more information, ask your employer, read your prescription drug rider, or call Member Services at the number on the back of your member ID card.

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

Cozaar*
Crestor (5mg ST)
Crixivan (SP) ☑
Crolom*
cromolyn sodium (ophth)
Crysell*
Cuprimine
Cutivate* cream, oint (lotion non-form)
cyclobenzaprine (Amrix not covered)
Cyclogyl*
cyclopentolate
cyclophosphamide (SP) ☑
cyclosporine (SP) ☑
Cycin*
Cyclessa*
cyproheptadine
Cytadren
Cytomel*
Cytotec*
Cytovene* (SP) ☑
Cytoxan* (SP) ☑

D

Dalmane* (PA ≤ 14yrs) ☑
danazol*
Dantrium*
dantrolene
dapson
Daranide
Daraprim
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* ☑
dexmethylphenidate ☑
dextroamphetamine ☑
DextroStat* ☑
Diabeta*
Diabinese*
Diamox*
Diastat ☑
diazepam ☑
Dibenzyline
diclofenac potassium
diclofenac sodium, XR
dicloxacillin ☑
dicyclomine
diflorasone diacetate

Diflucan* ☑
diflunisal
digoxin
Dilacor XR*
Dilantin*
Dilaudid* (oral soln non-form) ☑
diltiazem
diphenoxylate-atropine ☑
Diprolene*, AF*
Diprosone*
dipyridamole
Disalcid*
disopyramide
disulfiram
Ditropan* (XL* non-form)
Diuril*
divalproex sodium
Dolobid*
Dolophine* ☑
Domeboro Otic*
donepezil (23mg non-form, ST) (PA ≤ 40yrs)
Donnatal (caps non-form)*
dorzolamide
Dostinex*
Dovonex*
doxazosin mesylate
doxepin
doxycycline ☑ (20mg, Adoxa, Doryx not covered) (Oracea non-form)
doxycycline susp* (syrup non-form)
Driitho-Scalp
Drysol*
Duetact (ST)
Duoneb*
Duragesic* ☑
Duricef* ☑
Dyazide*
Dynacin Capsules* (tabs not covered)

E

EC-Naprosyn*
econazole cream
EES* ☑
Effexor* (XR* ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elmiron
Elocon*
Emcyt ☑
Emla* ☑
Emtriva (SP) ☑
enalapril
enalapril HCTZ
Enpresse*
Entocort EC*
epinephrine HCl ☑
Epipen, Jr ☑
Epiriv (SP) ☑
Epiriv HBV (SP) ☑
ergocalciferol
Errin*

Ery-Tab* ☑
Erythrocin* ☑
erythromycin ☑
Estrace tab*
Estrace Cream
Estraderm
estradiol
Estradiol/Norethindrone
estropipate
Estrostep FE*
ethosuximide
etodolac, XL
etoposide (SP) ☑
Eurax ☑
Evista
Evoxac
Exelderm
exemestane

F

famciclovir ☑
famotidine
Famvir* ☑
Fareston
FastTake Test Strips
Feldene*
felodipine
Femara* (PA, PAS)
fenofibrate
fenoprofen
fantanyl patch ☑
finasteride
Fioricet*
Fiorinal* ☑
Fiorinal w/Codeine* ☑
First Lansoprazole
First Omeprazole
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
flurouracil
fluoxetine
fluphenazine
flurazepam (PA ≤ 14yrs) ☑
flurbiprofen
fluorometholone
flurbiprofen sodium
flutamide
fluticasone propionate
fluticasone propionate nasal spray
flouxamine maleate
FML*, FML Forte
Focalin IR* ☑
folic acid 1 mg
Fosamax*

fosinopril
fosinopril/HCTZ
Furadantin* ☑
furosemide

G

gabapentin
ganciclovir (SP) ☑
Garamycin*
gemfibrozil
gentamicin (not IV) ☑
Gleevec (PA, PAS, PAF) (SP) ☑
glimepiride
glipizide, XL
glipizide/metformin
Glucophage, XR*
Glucotrol*, XL*
Glucovance*
glyburide
Glynase*
Golytely* ☑
Grifulvin V tabs, susp* ☑
Cris-Peg ☑
griseofulvin ☑
guaifenesin/codeine ☑
guanabenz acetate
guanfacine

H

Halcion* (PA ≤ 17yrs) ☑
Haldol*
halobetasol cream/ointment
haloperidol
Hectorol
Heparin* ☑
Hepsera (SP) ☑
Hexalen (SP) ☑
Hiprex*
Humalog
Humulin (pens/cartridges - PA)
hydralazine
Hydrea*
hydrochlorothiazide
hydrocodone/APAP ☑
hydrocodone/ibuprofen ☑
hydrocodone/homatropine ☑
hydrocortisone tablets
hydromorphone HCl ☑
hydroxychloroquine
hydroxyurea
hydroxyzine HCL, pamoate
hyoscyamine
Hytrin*
Hyzaar*

I

ibuprofen
Imdur*
imipramine (PM non-form)
imiquimod cream
Imitrex* ☑
ipratropium nasal soln
Imuran*
indapamide
Inderal*, LA*
Indocin, SR* (suppositories)

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☑ Not available as 90-day supply

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 and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

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

non-form)
indomethacin, SR
Insulin (Lilly Brands Humulin,
Humalog)
Intal Inhaler
Intal Neb*
Intelence (SP) ☒
Invirase (SP) ☒
iodoquinol ☒
lopidine*
isentress (SP) ☒
ISMO*
isonarif ☒
isoniazid
Isoptin*, SR*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
isosorbide dinitrate
isosorbide mononitrate
itraconazole (PA, PAS) ☒

J

Januvia (ST)
Janumet, XR (ST)
Jenest*
Jolivet*
Junel*

K

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

L

labetalol
lactulose
Lamictal* (Starter pack, non-form,
ODT (PA, PAS) non-form,
XR (PA, PAS) non-form)
Lamisil* (tabs only)
lamotrigine (ODT (PA), XR (PA),
starter pack, non-form)
Lanoxin*
Lasix*
latanoprost
Leena*
Lessina-28*
letrozole (PA, PAS)

Leukeran
Levaquin* ☒
Levemir
levetiracetam (XR non-form, PA,
PAS)
Levlen*
Levlete*
levobunolol
levodopa/carbidopa
levofloxacin ☒
Levora*
Levothroid
levothyroxine
Levoxyl*
Levsin* (SL non-form)
Levsinex*
Lexiva (SP) ☒
Librax*
Librium* (PA ≤ 5yrs) ☒
Lidex*
lidocaine/HCl
lidocaine-prilocaine ☒
lidocaine viscous
Lidoderm
LifeScan Test Strips (VerioIQ Gold
Test Strips non-form, PA)
Lindane ☒
Lioresal*
liothyronine
Lipitor[#]
lisinopril
lisinopril/HCTZ
lithium
Locoid*
Lodine*, XL*
Loestrin*
Loestrin FE* (24 FE non-form)
LoFibra*
Lomotil* ☒
Loniten*
Lo-Ogestrel*
Lo/Ovral*
Lopid *
Lopressor*
Lopressor HCT*
Loprox Cream* (gel and shampoo
non-form)
loratadine (Requires Doctor's
Prescription)
loratadine D-24 (Requires Doctor's
Prescription)
lorazepam ☒
Lortab* ☒
losartan
losartan HCTZ
Lotensin*
Lotensin HCT*
Lotrel*
Lotrisone Cream*, Lotion*
Lotronex ☒
lovastatin
loxapine
loxitane*
Lozol *
Ludiomil*
Luride*

Lutera*
Luvox* (CR non-form, ST)
Lysodren

M

Macrobid*
Macrodantin*
mandelamine
maprotiline
Matulane (SP) ☒
Mavik*
Maxalt, MLT ☒
Maxitrol*
Maxzide*
mebendazole ☒
meclofenamate
Meclomen*
Medrol*
medroxyprogesterone
Megace*
megestrol acetate
Mellaril*
meloxicam
Menest*
meperidine ☒
Mephyton
Meproton ☒
mercaptapurine ☒
Mestinon*
Metadate ER* ☒
Metaglip*
metaproterenol
metformin, XR
metformin/glyburide
methadone ☒
methazolamide
methenamine
Methergine
methimazole
methocarbamol
methotrexate (oral, inj)
methyl dopa
methyl dopa/HCTZ
methylphenidate ☒
methylphenidate ER (PA ≥ 19yrs) ☒
methylprednisolone
methyltestosterone
metipranolol
metoclopramide
metolazone
metoprolol, XL
MetroCream*
MetroLotion*
metronidazole gel 0.75%
metronidazole ☒
Mevacor*
mexiletine
Mexitil*
Miacalcin nasal spray*
Micardis
Micardis HCT
Microgestin*
Microgestin FE*
Micronase*
Microzide*
Midamor*

midodrine*
Midrin* ☒
Migranal ☒
Minipress*
Minocin* ☒
minocycline (tabs and Solodyn
not covered) ☒
minoxidil tab
Mintezol
Miralax* OTC (Requires Doctor's
Prescription) Tier 1 copay
Mircette*
mirtazapine
misoprostol
Mobic*
Modicon*
moexipril
moexipril-hydrochlorothiazide
mometasone Cr, Oint, Lot
MonaNessa*
Monodox* (75mg not covered)
morphine, IR ☒
Motrin*
MSIR* ☒
MS Contin* ☒
mupirocin oint
Myambutol*
Mycelex Troche*
Mycobutin
mycophenolate (SP) ☒
Mycostatin*
Myleran (SP) ☒
Mysoline*

N

nabumetone
nadolol
Nalfon*
naltrexone ☒
Namenda (PA < 40yrs)
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
Ocufen*
Ocuflox*
Ocupress*
ofloxacin
Ogestrel*
omeprazole
Omnicef* ☒
ondansetron, ODT ☒
One Touch Test Strips
One Touch Ultra Test Strips
Onglyza (ST)
Opana ER ☒
Optipranolol*
Orasone*
Orinase*
Ortho-Cept*
Ortho-Cyclen[#]
Ortho Est*
Ortho Micronor[#]
Ortho-Novum 777[#]
Ortho-Tri-Cyclen[#]
oxaprozin
oxazepam (PA ≤ 5yrs) ☒
oxcarbazepine
Oxsoralen, Ultra ☒
oxybutynin
oxycodone IR ☒
OxylIR* ☒

P

P1E1, P2E2
Pamelor*
pantoprazole
Parlodel*
Pamate*
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

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

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 and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

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

Persantine*
 phenazopyridine
 Phenergan*
 Phenergan Codeine*, DM*, VC*, & VC/Codeine* ☒
 phenobarbital ☒
 Phenytek*
 phenytoin
 phenytoin sodium extended
 PhosLo*
 Phospholine Iodide
 physostigmine sulfate
 Picato ☒
 pilocarpine
 pindolol
 piroxicam
 Plan B (requires Doctor's prescription) ☒
 Plaquenil*
 Plavix
 Pletal*
 podofilox solution
 polyethylene glycol 3350
 Polyhistine CS, D, DM*
 Poly-Vi-Flor*
 Polytrim*
 Portia*
 potassium chloride
 potassium citrate (15 mEq not covered)
 potassium citrate/citric acid
 pramoxine/HCl
 Pravachol*
 pravastatin
 prazosin
 Precose*
 Pred C, Forte*, & Mild*
 prednisolone, acetate, sod phos
 prednisone
 Prelone*
 Premarin tabs (cream non-form)
 Premesis RX
 Premphase
 Prempo
 prenatal vitamins (prescription forms only) (Prenate and Neevo brands non-form)
 Prevacid 24HR™ (requires doctor's prescription)
 Prevalite*
 Prezista (SP)
 Prilosec*
 Prilosec OTC 20mg - (Tier 1 copay) (Requires Doctor's Prescription)
 PrimaCare
 PrimaCare ONE
 Primaquine* ☒
 primidone
 Principen* ☒
 Prinivil*
 Prinzide*
 Proair HFA
 Proamate*
 Pro-Banthine*
 probenecid
 Procardia*, XL*
 prochlorperazine
 Proctocort*

Proctocream-HC*
 Proctofoam-HC*
 Prograf* (SP) ☒
 promethazine
 Prometrium
 propafenone (SR* non-form)
 propantheline
 propranolol, LA
 propylthiouracil
 Proscar*
 Prostigmin
 Protonix* (packets non-form)
 protriptyline
 Provera*
 Prozac* (weekly non-form)
 Pulmicort Respules* (PA, PAS >4yrs)
 Pulmozyme (PA, PAS, PAF) (SP) ☒
 Purinethol* ☒
 Pyrazinamide* ☒
 Pyridium*

Q

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

R

ramipril
 ranitidine (Gel & efferdose non-form)
 Ranexa
 Rapamune (SP) ☒
 Rebetal* (PA, PAS, PAF) (SP) ☒
 Reglan*
 Remeron* (Sol Tab non-form)
 Renvela (packets non-form)
 Requip*, (XL non-form, ST)
 Restoril* (7.5mg & 22.5mg Tier Three) (PA ≤ 17yrs) ☒
 Retin A*
 Retin A Micro
 Retrovir* (SP) ☒
 Revia* ☒
 Reyataz (SP) ☒
 Ribasphere (PA, PAS, PAF) ☒ (400mg and 600mg non-form)
 ribavirin (PA, PAS, PAF) (SP) ☒
 Ridaura
 Rifadin* ☒
 Rifamate* ☒
 rifampin ☒
 Rilutek ☒
 rimantadine ☒
 Risperdal* (M-Tab non-form)
 risperidone
 Ritalin, SR*, (LA non-form) ☒
 RMS suppositories* ☒
 Robaxin*
 Robitussin AC, DAC* ☒
 Rocaltrol*
 ropinirole (XL non-form, ST)
 Rowasa Enema*
 Rythmol* (SR non-form)

S

Salagen*
 salsalate
 Sanctura*, XR
 Sandimmune* (SP) ☒
 Seasonale*
 Seasonique*
 Sectral*
 selegiline (patch non-form)
 selenium sulfide 2.5%
 Sensipar
 Septra DS* ☒
 Serevent
 Seroquel, XR (<150mg per day PA, PAS)
 sertraline
 Silvadene*
 silver sulfadiazine ☒
 Simcor
 simvastatin (80mg* PA, PAS, PAF)
 Sinemet*, CR*
 Singulair (PA)
 sod citrate-citric acid
 sodium fluoride
 sodium polystyrene sulfonate ☒
 Solia*
 Soma* (250mg not covered)
 Soma Compound*
 Sonata* (PA ≤ 17yrs) ☒
 Soriatane ☒
 sotalol, AF
 Spectazole* Cr/Oint
 Spiriva
 spironolactone
 spironolactone/HCTZ
 Sporanox capsules* (PA, PAS) ☒
 Sporanox Soln. (PA, PAS) ☒
 Sprintec*
 SSKI
 stavudine (SP) ☒
 Stimate (PA, PAS, PAF) (SP) ☒
 sucralfate
 Sulamyd*
 Sular*
 sulfacetamide 10%
 sulfacetamide sod-pred
 sulfacetamide sod/sulfur
 sulfasalazine
 sulindac
 sumatriptan ☒
 SureStep Test Strips
 Sustiva (SP) ☒
 Sutent (PA, PAS, PAF) (SP) ☒
 Symbicort
 Synarel
 Synthroid*

T

Tabloid
 tacrolimus (SP) ☒
 Tagamet*
 Tambocor*
 tamoxifen
 tamsulosin
 Tapazole*

Tarceva (PA, PAS, PAF) (SP) ☒
 Targretin (SP) ☒
 Tegretol*, XR*
 temazepam (7.5, 22.5mg non-form) ☒
 Temodar (PA, PAS, PAF) (SP) ☒
 Temovate*
 Tenex*
 Tenoretic*
 Tenormin*
 Terazol*
 terazosin
 terbinafine (tabs only) ☒
 terbutaline sulfate
 terconazole
 Tessalon Perles* ☒
 Testim (PA, PAS) ☒
 testosterone inj ☒
 tetracycline ☒
 Thalomid (PA, PAS) (SP) ☒
 Theo-24
 theophylline, XR (soln non-form)
 thioridazine
 thiothixene
 Tiazac*
 Ticlid*
 ticlopidine
 Tigan* ☒
 Tikosyn
 timolol
 Timoptic*, XE*
 tizanidine
 Tobi (PA, PAS, PAF) (SP) ☒
 TobraDex*
 tobramycin
 Tobrex*
 Tofranil* (PM non-form)
 tolazamide
 tolbutamide
 tolmetin
 Topamax*
 Topicort*
 topiramate
 Toprol XL*
 torsemide
 Tracleer (PA, PAS, PAF) (SP) ☒
 tramadol
 tramadol-acetaminophen
 Trandate*
 trandolapril
 Tranxene* (PA ≤ 8yrs) ☒
 tranlycypromine
 Travatan Z
 trazodone
 Trental*
 tretinoin
 triamcinolone topical
 triamterene/hctz
 triazolam ☒
 trifluoperazine
 trifluridine
 trihexyphenidyl
 Trileptal*
 Trilipix
 trimethobenzamide ☒
 trimethoprim ☒
 trimethoprim-polymyxin B

Trinessa*
 Tri-Norinyl*
 Tri-Previfem*
 Tri-Sprintec*
 Trivora*
 trospium
 Trusopt*
 Twinject ☒
 Tylenol 3*, 4* ☒
 Tylox* ☒

U

Ultracet*
 Ultram* (ER* non-form, ST)
 Ultravate* cream/oint
 Uniphyl*
 Uniretic*
 Univas*
 urea/sod propionate/methionine ☒
 Urecholine*
 Urocit K* (15 mEq non-form)
 Uroaxtral*
 ursodiol

V

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

W

warfarin
 Wellbutrin*, SR*, XL*
 Westcort*

X

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

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 and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

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

Xalatan*
 Xanax*, XR* (PA ≤ 17yrs) ☒
 Xarelto
 Xeloda (PA, PAS, PAF) (SP) ☒
 Xenazine (PA, PAS, PAF) (SP) ☒
 Xylocaine*

Y

Yasmin#
 Yaz#
 Yodoxin* ☒

Z

Zaditor* OTC (Requires Doctor's

Prescription - generic copay)
 (Prescription Zaditor* not covered)
 zafirlukast
 zaleplon ☒
 Zanaflex* (capsules not covered)
 Zantac* (efferdose not covered)
 Zaronin*
 Zaroxolyn*

Zebeta*
 Zegerid OTC™ (covered with a
 prescription for a tier 1 copay)
 (prescription Zegerid not
 covered)
 Zemplar
 Zenpep
 Zerit* (SP) ☒

Ziac*
 Ziagen (SP) ☒
 zidovudine (SP) ☒
 Zithromax* ☒
 Zocor* (80mg* PA, PAS, PAF)
 Zofran* ☒
 Zolof*
 zolpidem (CR non-form, ST, STS) ☒

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

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.

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

Common Non Formulary Drugs and their Formulary Alternatives

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

Non Formulary Drugs Formulary Alternative

Non Formulary Drugs	Formulary Alternative
A	
Abilify (PA)	Clozaril*☒, Risperdal*, Seroquel, Seroquel XR
Accu-chek brand test strips (PA, PAS)	One Touch Test Strips
Accutane ^π (PA, PAS, PAF) ☒	Doxycycline ☒, Minocycline ☒
Aceon ^π	Zestril*, Prinivil*, Lotensin*, Accupril*
Aciphex (PA)	Zegerid OTC™ (covered with a prescription for a tier 1 copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium
Actiq* (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln non-form) ☒
Actonel (PA, PAS)	Fosamax*
Acular	Ocufen*, Voltaren Ophthalmic*
Adderall XR* (PA ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Advicor	Zocor*, Simcor
Aerobid	Flovent, QVAR, Asmanex
Agenerase (SP) ☒	Lexiva (SP) ☒
Alamast	Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*
Allegra, ODT (not covered)	OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a tier 1 copay)
Allegra D (not covered)	OTC Claritin D*, OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a tier 1 copay)
Alocril	Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolom*
Alomide	Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolom*
Alphagan-P	Alphagan*
Ambien CR (ST, STS) (PA ≤ 17yrs) ☒	Ambien* (PA ≤ 17yrs) ☒, Ativan* ☒, Halcion* (PA ≤ 17yrs) ☒, Oxazepam* (PA
Amitiza (ST, STS) ☒	Miralax OTC*, Chronulac*, Colyte*
Ampyra (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Androderm (PA, PAS) ☒	Testim (PA, PAS) ☒ (not covered)
Androgel (PA, PAS) ☒	Testim (PA, PAS) ☒ (not covered)
Anzemet ☒	Compazine*, Phenergan*, Tigan* ☒, Zofran* ☒
Apidra	Humalog
Arthrotec	Voltaren* plus Cytotec*
Ascensia Brand Test Strips (PA, PAS)	One Touch Test Strips
Atacand (PA, PAS)	Cozaar*, Benicar, Micardis
Atacand HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Atelvia (PA, PAS)	Fosamax*
Atralin Gel (ST)	Retin-A*, Retin-A Micro
Auralgan	A/B Otic Soln
Avalide (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Avandamet (PA, PAS, PAF)	Actos (ST) plus Glucophage*
Avandaryl (PA, PAS, PAF)	Actos (ST)
Avandia (PA, PAS, PAF)	Actos (ST)
Avapro (PA, PAS)	Cozaar*, Benicar, Micardis
Avita Gel	Retin-A*, Retin-A Micro
Avodart (ST, STS)	Proscar*
Axert ☒	Imitrex* ☒, Maxalt ☒, Amerge* ☒
Azmecort	QVAR, Asmanex, Flovent
Azor (PA, PAS)	Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis

B

Baraclude (SP) ☒ Epivir HBV (SP) ☒, Hepsera (SP) ☒
 Beconase (ST, STS) Flonase*, Nasalide*, Nasonex
 Benzaclin^π Cleocin-T*, Benzamycin*
 Betoptic S Betoptic*, Timoptic*, Timoptic XE*, Betagan*
 Boniva (PA, PAS) Fosamax*

Brovana (PA) Spiriva, Advair, Symbicort, Serevent
 Buphenyl (PA, PAS, PAF) (SP) ☒ no alternative available
 Bydureon (PA, PAS) Amaryl*, Glucophage*, Actos (ST)
 Byetta (PA, PAS) Amaryl*, Glucophage*, Actos (ST)
 Bystolic Inderal LA*, Toprol XL*, Lopressor*, Coreg*

C

Caduet (not covered) Norvasc* plus Lipitor#, Norvasc* plus Zocor*
 Cambia (ST) Amerge* ☒, Imitrex* ☒, Maxalt ☒
 Caprelsa (PA, PAS, PAF) (SP) ☒ no alternative available
 Cardizem LA^π Cardizem CD*
 Catapres TTS^π Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*
 Caverject ☒ no alternative available
 Cayston (PA, PAS, PAF) (SP) ☒ Tobi (PA, PAS, PAF) (SP) ☒
 Celebrex (ST) Motrin*, Naprosyn*, Mobic*, Voltaren*, Clinoril*, Disalcid*, Relafen*
 Cenestin Premarin, Ogen*
 Chenodal (PA, PAS, PAF) (SP) ☒ Actigall*
 Cialis (2.5mg not covered) ☒ no alternative available
 Clarinex^π (ST) OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a tier 1 copay)
 Clarinex D (ST) OTC Claritin D* or OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a tier 1 copay)
 Colcrys (PA, PAS) ☒ Colchicine*, Zoloprim, Probenecid*
 Combivir (SP) ☒ Retrovir* (SP) ☒, plus Epivir (SP) ☒
 Coreg CR (ST) Coreg*
 Cosopt^π Timoptic* plus Azopt
 Creon Zenpep

* A generic equivalent is available.

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

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

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Cymbalta (PA, PAS) *Celexa**, *Prozac**, *Zoloft**, *Paxil**, *Effexor**, *Effexor XR** (ST)

D

Daliresp (PA, PAS) *Spiriva*, *Advair*, *Symbicort*, *Serevent*
Daytrana (PA ≥ 19yrs) ☒ *Adderall** ☒, *Ritalin** ☒, *Ritalin SR** ☒, *Metadate ER** ☒, *Focalin IR** ☒, *Concerta** (PA ≥ 19yrs) ☒
Ditropan* (PA ≥ 19yrs) ☒ *Ditropan**, *Sanctura**, *Sanctura XR*
Dexilant (PA) *Zegerid OTC™* (covered with a prescription for a tier 1 copay), *Prilosec OTC™* (requires doctor's prescription), *omeprazole**, *Prevacid 24HR™* (requires doctor's prescription), *Protonix**, *Nexium*
D.H.E. 45π ☒ *Amerge** ☒, *Migranal* ☒, *Imitrex** ☒, *Maxalt* ☒
Differinπ (ST) *Retin-A**, *Retin-A Micro*
Dificid (PA) ☒ *Flagyl**, *Vancocin*
Diovan (PA, PAS) *Cozaar**, *Benicar*, *Micardis*
Diovan HCT (PA, PAS) *Hyzaar**, *Benicar HCT*, *Micardis HCT*
Dipentum *Azulidine**, *Asacol*
Ditropan XLπ *Ditropan**, *Sanctura**, *Sanctura XR*
Duac *OTC Benzoyl Peroxide plus Topical Clindamycin**
Dynacirc CR *Norvasc**

E

Edex ☒ *no alternative available*
Effient *Plavix*
Elidel ☒ *Kenalog**, *Diprosone**, *Topicort**, *Locoid**, *Wescort**, *Elocon**
Emsam (PA) *Celexa**, *Prozac**, *Zoloft**, *Paxil**
Enablex (ST) *Ditropan**, *Sanctura**, *Sanctura XR*
Erivedge (PA, PAS) (SP) ☒ *no alternative available*
Exelon (PA < 40yrs) *Aricept** (PA < 40yrs), *Namenda* (PA < 40yrs)
Exforge (PA, PAS) *Norvasc* plus Cozaar**, *Norvasc* plus Benicar*, *Norvasc* plus Micardis*
Exjade (PA, PAS, PAF) (SP) ☒ *no alternative available*

F

Fanapt (ST) *Risperdal**, *Seroquel*, *Seroquel XR*
Femcon *Desogen**, *Necon**, *Nordette**, *Norinyl**, *Ortho Cept**, *Ortho Cyclen#*, *Ortho Novum**, *Yasmin#*, *Yaz#*
FemHRT *Prempro*, *Premphase*
FemPatch *Estraderm**, *Vivelle*
Fenoglide *Lofibra**, *Trilipix*
Fentora (PA, PAS) ☒ *Morphine oral sol* ☒, *OxylR** ☒
Ferriprox (PA, PAS) (SP) ☒ *no alternative available*
Focalin XR (PA ≥ 19yrs) ☒ *Adderall** ☒, *Ritalin** ☒, *Ritalin SR** ☒, *Metadate ER** ☒, *Focalin IR** ☒, *Concerta** (PA ≥ 19yrs) ☒
Foradil *Serevent*
Fosamax Plus D (PA, PAS) *Fosamax**

Frova ☒ *Amerge** ☒, *Imitrex** ☒, *Maxalt* ☒

G

Gabitril *Neurontin**, *Keppra**, *Lamictal**, *Trileptal**, *Tegretol**, *Tegretol XR**, *Topamax**, *Depakene**, *Depakote**, *Depakote ER**
Geodon (ST) *Risperdal**, *Seroquel*, *Seroquel XR*
Gilenya (PA, PAS, PAF) (SP) ☒ *no alternative available*

H

HalfLyte ☒ *CoLyte** ☒
HyperRho ☒ *no alternative available*

I

Incivek (PA, PAS, PAF) (SP) ☒ *no alternative available*
Inlyta (PA, PAS) (SP) ☒ *no alternative available*
Innopran XL *Inderal LA**, *Toprol XL**, *Lopressor**, *Coreg**, *Lilly Brand Insulins*
Insulins Novo Brand *Ritalin** ☒, *Adderall** ☒, *Tenex**, *Catapres tabs**
Intuniv (ST) *Risperdal**, *Seroquel*, *Seroquel XR*
Invega (ST) *Tarceva* (PA, PAS, PAF) (SP) ☒

J

Jakafi (PA, PAS) (SP) ☒ *no alternative available*
Jalyn (ST, STS) *Proscar**
Jentadueto (PA, PAS) (SP) ☒ *Glucophage**, *Actos* (ST), *Duetact* (ST), *Janumet* (ST), *Januvia*, *Onglyza* (ST), *Kombiglyze XR* (ST)

K

Kalydeco (PA, PAS) (SP) ☒ *no alternative available*
Kapvay (ST) *Ritalin** ☒, *Adderall** ☒, *Tenex**, *Catapres tabs**
Keppra XR* (PA, PAS) *Keppra**, *Neurontin**, *Lamictal**, *Trileptal**, *Tegretol**, *Tegretol XR**, *Topamax**, *Depakene**, *Depakote**, *Depakote ER**
Kuvan (PA, PAS, PAF) (SP) ☒ *Requires Prior Auth*
Kytrilπ ☒ *Zofran** ☒

L

Lamictal ODT (PA, PAS), *Lamictal**, *Neurontin**, *XR* (PA, PAS), *Starter Pack* ☒ *Keppra**, *Trileptal**, *Tegretol**, *Tegretol XR**, *Topamax**, *Depakene**, *Depakote**, *Depakote ER**
Lamisil Granules (PA) ☒ *Lamisil* tab*
Lantus (ST, STS) *Levemir*
Lantus Solostar (ST) *Levemir Flexpen*
Lariamπ *Coartem* (PA)
Lescol, XL (ST) *Lipitor#*, *Zocor**, *Pravachol**, *Mevacor**
Letairis (PA, PAS, PAF) (SP) ☒ *Tracleer* (PA, PAS, PAF) (SP) ☒
Levitra ☒ *no alternative available*
Lexaproπ (ST) *Celexa**, *Paxil**, *Prozac**, *Zoloft**

Lialda (ST) *Colazal**, *Apriso*, *Asacol*, *Asacol HD*
Loestrin 24 FE *Yaz#*, *Multiple other oral contraceptives are available on the Formulary*
Loproxπ ☒ *Nizoral** ☒ or *Nystatin** ☒
Lotemax *Pred Forte**, *Decadron**, *FML Liquifilm**
Lovaza (PA) *Lofibra**, *Tilipix*, *Niaspan*
Lumigan (PA, PAS) *Xalatan**, *Travatan Z*
Lunesta (ST, STS) (PA ≤ 17yrs) ☒ *Ambien** (PA ≤ 17yrs) ☒, *Halcion** (PA ≤ 17yrs) ☒, *Oxazepam** (PA ≤ 5yrs) ☒, *Restoril** (PA ≤ 17yrs) ☒, *Sonata** (PA ≤ 17yrs) ☒
Luvox CR (ST) *Luvox**, *Celexa**, *Prozac**, *Paxil**, *Zoloft**
Lyrica (PA, PAS) ☒ *Neurontin**, *Keppra**, *Lamictal**, *Trileptal**, *Tegretol**, *Tegretol XR**, *Topamax**, *Depakene**, *Depakote**, *Depakote ER**

M

Malarone (PA, PAS) ☒ *Coartem* (PA), *Aralen**, *Daraprim*, *Plaquenil**, *Primaquine**
Marinolπ (PA, PAS) ☒ *Requires Prior Auth*
Maxair *Ventolin HFA*, *Proair HFA*
Metadate CD (PA ≥ 19yrs) ☒ *Adderall** ☒, *Ritalin** ☒, *Ritalin SR** ☒, *Metadate ER** ☒, *Focalin IR** ☒, *Concerta** (PA ≥ 19yrs) ☒
Metrogel 1% (ST) *Metronidazole 0.75% Gel*
Miacalcin Injection (PA) *Miacalcin Nasal Spray**
Mirapex *Requip**
Multaq *Cordarone**
Myfortic (SP) ☒ *CellCept* (SP) ☒

N

Naprelan *Motrin**, *Naprosyn**, *Voltaren**, *Clinoril**, *Disalcid**, *Relafen**, *Mobic**
Nasacortπ (ST, STS) *Flonase**, *Nasalide**, *Nasonex*
Neevo *Multiple prenatal vitamins on formulary Tier 1*
Neevo DHA *Multiple prenatal vitamins on formulary Tier 1*
Nexavar (PA, PAS, PAF) (SP) *Requires Prior Auth*
Niravamπ (ST) (PA ≤ 17yrs) ☒ *Xanax** (PA ≤ 17yrs) ☒
Noroxin ☒ *Cipro** ☒, *Avelox* ☒, *Levaquin** ☒
Norgesic/Norflexπ *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** ☒
Oforta (PA, PAS, PAF) (SP) ☒ *Requires Prior Auth*
Oleptro (ST, STS) *trazadone*
Omnaris (ST, STS) *Flonase**, *Nasalide**, *Nasonex*
Opana IRπ (PA, PAS) ☒ *MSIR** ☒, *Oxycodone IR** ☒

O

* A generic equivalent is available.

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

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

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Oravig (PA, PAS) ☒	Diflucan* ☒, Mycelex* ☒, Mycostatin* ☒
Ortho Evra	Multiple oral contraceptives are available on the Formulary
Ortho Tri Cyclen Lo	Multiple oral contraceptives are available on the Formulary
Ovcon	Multiple oral contraceptives are available on the Formulary
Oxistat ☒	Nizoral* ☒ or Nystatin* ☒
Oxycontin (PA, PAS) ☒	MS Contin* ☒, Duragesic* ☒, Kadian ☒, Opana ER ☒
Oxytrol (ST)	Ditropan*, Sanctura*, Sanctura XR

P

Pancreaze	Zenpep
Parafon Forte DSC [†]	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg 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
Pradaxa	Coumadin*
Prandin	Diabeta*, Glucotrol*, Amaryl*
Prefest	Prempro, Premphase
Premarin Vag Cream	Estrace Vag Crm, Vagifem
Prenate DHA	Multiple prenatal vitamins on formulary Tier 1
Prenate Elite	Multiple prenatal vitamins on formulary Tier 1
Prevacid (PA), Solutab (PA)	Zegerid OTC™ (covered with a prescription for a tier 1 copay), Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR™ (covered with a prescription for tier 1 copay), Protonix*, Nexium
Prevpac	Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin
Pristiq (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Luvox*
Protonix Packets (PA)	Protonix* tablets
Protopic	Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*
Proventil HFA (PA, PAS)	Ventolin HFA, Proair HFA
Provigil (PA, PAS) ☒	Ritalin* ☒, Dexedrine* ☒, Adderall* ☒
Prozac Weekly	Prozac Capsules*
Pulmicort Flexhaler/ Turbuhaler	Flovent, QVAR, Asmanex

Q

Qualaquin (PA, PAS, PAF) ☒	Aralen* ☒, Plaquenil* ☒, Primaquine* ☒
----------------------------	--

R

Razadyne [†] (PA < 40yrs)	Aricept* (PA < 40yrs), Namenda (PA < 40yrs)
Regranex (PA, PAS)	Requires Prior Auth
Relistor (PA, PAS)	Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)
Relpax ☒	Maxalt ☒, Imitrex* ☒, Amerge* ☒
Remeron Soltab [†]	Remeron*, Celexa*, Ludiomil*, Desyrel*
Renagel	Phoslo*, Renvela
Requip XL (ST)	Requip*
Restasis	Various OTC artificial tears available
Restoril 7.5mg, 22mg (PA ≤ 17yrs)	Restoril* 15mg & 30mg (PA ≤ 17yrs) ☒, Ambien* (PA ≤ 17yrs) ☒, Halcion* (PA ≤ 17yrs) ☒
Revatio (PA, PAS, PAF) (SP) ☒	Adcirca (PA, PAS, PAF) (SP) ☒
Revlimid (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Rhinocort (ST, STS)	Flonase*, Nasalide*, Nasonex
Rhogam ☒	no alternative available
Ritalin LA (PA ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Rogaine	Benefit exclusion
Rozerem (ST, STS) (PA ≤ 17yrs) ☒	Ambien* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒
Ryzolt (not covered)	Ultram*

S

Saphris (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR
Sarafem tabs	Prozac*, Sarafem caps*
Serzone [†]	Celexa*, Prozac*, Zoloft*, Paxil*
Skelaxin [†] ☒	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)
Skelid (PA, PAS)	Fosamax*
Sprix (ST, STS) ☒	Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic*
Sprycel (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Stadol NS [†] ☒	Tylenol with Codeine* ☒, Ultram*
Starlix [†]	Diabeta*, Glucotrol*, Amaryl*
Striant (PA, PAS) ☒	Testim (PA, PAS) ☒
Strattera ☒	Ritalin* ☒, Adderall* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Suboxone (PA, PAS)	Requires Prior Auth
Subsys (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln tier 3) ☒
Subutex (PA, PAS)	Requires Prior Auth
Symbyax (ST)	Prozac* plus Risperdal*
Symlin (PA, PAS)	Humulin, Humalog, Levemir

T

Tamiflu ☒	no alternative available
Tarka [†]	Mavik* plus Calan SR*
Tasigna (PA, PAS, PAF)	Requires Prior Auth

(SP) ☒	
Tasmar	Comtan
Tazorac (ST)	Retin-A*, Retin-A Micro
Tekturma (PA, PAS)	Cozaar*, Benicar, Micardis
Tekturma HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Teveten (PA, PAS)	Cozaar*, Benicar, Micardis
Teveten HCT (PA, PAS)	Hyzaar*, Benicar HCT, Micardis HCT
Tofranil PM	Tofranil*
Toviaz	Ditropan*, Sanctura*, Sanctura XR
Tradjenta (ST)	Glucophage*, Actos (ST), Duetact (ST), Janumet (ST), Januvia, Onglyza (ST), Kombiglyze XR (ST)
Tricor	Lofibra*, Trilipix
Triglide	Lofibra*, Trilipix
Tussionex [†] ☒	Robitussin AC ☒
Twynsta (PA, PAS)	Benicar plus Norvasc*, Micardis plus Norvasc*, Cozaar plus Norvasc*
Tykerb (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Tyzeka (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒

U

Ulesfia	Elimite*, Lindane*
Uloric (ST)	Zyloprim*
Ultram ER [†] (ST)	Ultram*

V

Valturna (not covered)	Cozaar*, Benicar, Micardis
Ventavis (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Veramyst (ST, STS)	Flonase*, Nasalide*, Nasonex
VerioIQ Meter and Verio IQ Gold Test Strips (PA)	One Touch Meter and Strips
Vesicare (ST)	Ditropan*, Sanctura*, Sanctura XR
Viagra ☒	no alternative available
Victoza (PA, PAS)	Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*
Victrelis (PA, PAS, PAF) (SP) ☒	no alternative available
Vigamox ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocflox* ☒
Viiibryd (PA)	Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexepro (ST), Luvox*
Vimpat	Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Vytorin (ST) (80mg PA, PAS, PAF)	Zocor*, Mevacor*, Pravachol*, Lipitor [†] , Crestor
Vyvanse (PA, PAS ≥ 19yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒

W

Welchol	Questran/Colestid*
WinRho ☒	no alternative available

X

Xifaxan (550mg PA, PAS) ☒	Lactulose
---------------------------	-----------

* A generic equivalent is available.

Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

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

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

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

Z

Zantac Efferdose (not covered)	Zantac tab/cap*, Tagamet*, Pepcid*
Zavesca (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Zegerid (not covered)	Protonix*, Nexium, Zegerid OTC™ (covered with a prescription for a tier 1 copay), Prilosec OTC™ (covered with a prescription for a tier 1 copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for a tier 1 copay)
Zelapar ODT (ST)	Eldepryl*
ZMax ☒	Zithromax* ☒
Zetia	Zocor*, Pravachol*, Lipitor [#] , Crestor, Niaspan
Zioptan (PA, PAS)	Xalatan*, Travatan Z
Zolinza (PA, PAS, PAF) (SP) ☒	Requires Prior Auth
Zomig ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒
Zovirax Ointment ☒	Oral Zovirax*
Zyban ^π	Benefit exclusion
Zylet	Tobradex*
Zymar ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒
Zyprexa (ST)	Risperdal*, Seroquel, Seroquel XR
Zytiga (PA, PAS, PAF) (SP) ☒	no alternative available

* A generic equivalent is available.

[#] Available at a Tier One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

^π 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
(PA) Prior Authorization Required

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

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Prior Authorization

Coventry Health Care has two broad goals for the prescription drug benefit we offer. One is to never compromise the quality or effectiveness of treatment. The second is to provide a comprehensive, affordable pharmacy benefit. One of the tools we use to help control prescription drug costs is to require prior approval, or authorization, before our organization will cover the cost of certain medications. These medications include those that (1) are not suggested for first-line therapy, (2) may require special tests before starting them or (3) have very limited approval for use. Drugs that could require Prior Authorization are identified by (PA) for members with the Standard Prior Authorization Program, (PAS) for members with the RxSelect Prior Authorization Program and (PAF) for members with the Freedom Prior Authorization Program.

Step Therapy is an automated form of Prior Authorization based on previous pharmaceutical treatment. Drugs designated as stepped therapy will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim. Drugs that could require Step Therapy are identified by (ST) for members with the Standard Step Therapy Program and (STS) for members with the RxSelect Step Therapy Program.

Only your physician can provide the information necessary to complete the prior authorization process. If you have been prescribed one of the drugs identified by (PA), (PAS), (PAF), (ST) or (STS), make sure your doctor knows that this medication requires prior authorization. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100.

Quantity Limits

Some of the drugs listed in this formulary are subject to Quantity limits. For a complete list of drugs that are subject to quantity limits for your benefit plan, please refer to your health plan website or the customer service number which is listed on your member ID card.

Specialty Medications

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

Self-Administered Injectable Formulary

The following medications require prior authorization unless otherwise indicated and are covered through our contracted Specialty Pharmacy. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100 to request prior authorization. We limit these drugs to a one month supply at a time or the quantity prescribed in the prescription order, whichever is less.

Formulary Agents

Actimmune
 Apokyn (no prior auth)
 Arcalyst
 Avonex
 Copaxone
 Enbrel
 Fragmin◆
 Fuzeon (no prior auth)
 Humira
 Intron-A
 Leukine
 Lovenox*◆
 Lupron* 1mg/0.2ml (refer to medical benefits for Depot)
 Neupogen
 Omnitrope❖
 Pegasys
 Procrit
 Sandostatin* (LAR under medical)

Non-Formulary Formulary Alternatives

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

Non-Formulary

Extavia
 Forteo
 Gamunex-C
 Genotropin❖
 Hizentra
 Humatrope❖
 Ilaris
 Increlex
 Infergen
 Iprivask■
 Kineret
 Neulasta
 Norditropin❖
 Nutropin (AQ)
 Orencia
 Peg-Intron (not covered)
 Rebif
 Saizen❖
 Serostim❖
 Simponi
 Somatuline Depot
 Somavert
 Stelara
 Stelara is intended for subcutaneous administration under the supervision of a physician.
 Sylatron
 Tev-Tropin❖
 Valtropin❖
 Zorbtive

Formulary Alternatives

Avonex, Copaxone
 Fosamax*, micalcalin nasal spray*
 (refer to medical benefits for IVIG)
 Omnitrope❖
 (refer to medical benefits for IVIG)
 Omnitrope❖
 Arcalyst
 Pegasys
 Lovenox* ◆, Fragmin ◆
 Enbrel, Humira
 Neupogen
 Omnitrope❖
 Omnitrope❖
 Enbrel, Humira
 Pegasys
 Avonex, Copaxone
 Omnitrope❖
 Enbrel, Humira
 Sandostatin*
 Sandostatin
 Enbrel, Humira
 Intron-A
 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.

■ Initial therapy of 10 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

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

All self administered injectables require prior authorization, unless otherwise indicated.

Page intentionally left blank.

Page intentionally left blank.

For more updated
information, visit
our web site at:

www.CoventryHealth.com

