COVENTRY Health Care

Altius Health Plans, Inc.
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HealthAmerica Pennsylvania, Inc.
HealthAssurance Pennsylvania, Inc.
Preferred Health Systems
WellPath Select, Inc.

# Member/Physician Drug Formulary Alphabetical Listing 2012

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

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

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

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

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

## A

Accolate*
AccuNeb*
Accupril*
Accuretic*
acebutolol
acetazolamide
acetic acid-aluminum acetate
acetic acid ear drops
acetylcysteine
Aclovate*
Actigall*
Actinex
Activella*
Actos (ST)
Actoplus Met, XR (ST)
acyclovir (not ointment)
Adalat CC*
Adcirca (PA, PAS, PAF) (SP) ☒
Adderall* ☒
Adderall XR* (brand name non-form) (PA ≥ 19yrs) ☒
Adrenalin*
Advair
Aggrenox
Agrylin*
Alavert* (Requires Doctor's Prescription) Tier 1 copay
Alaway* (Requires Doctor's Prescription) Tier 1 copay
albuterol soln
albuterol/ipratropium
Allegra* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay
Allegra-D* Allergy OTC (Requires Doctor's Prescription) Tier 1 copay
alclometasone dipropionate
Aldactazide*
Aldactone *
Aldara*
Aldomet*
alendronate
Alesse*
alfuzosin
Alkeran (SP) ☒
allopurinol
Alphagan* (P non-form)
alprazolam, XR ☒
Altace*
Altoprev
aluminum chloride
amantadine
Amaryl*
Ambien* (CR* non-form ST, STS) (SL tab and oral spray not covered) (PA ≤ 17yrs) ☒
Amerge* ☒
Amicar*
amiloride
amiloride/HCTZ
aminocaproic acid
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amoxapine
amoxicillin ☒
amoxicillin-pot clavulanate ☒
Amoxil* ☒
amphetamine/dextroamphet, XR (brand name XR non-form) (PA ≥ 19yrs) ☒
ampicillin ☒
Amethia*
Anafranil*
anagrelide
Ana-Kit ☒
Analpram HC*
Anaprox*, DS*
Anaspaz*
anastrozole (PA, PAS)
Android* ☒
Ansaid*
Antabuse*
antipyrine/benzocaine otic
Anusol-HC*
APAP/Butalbital/Caffeine
apraclonidine
Apresoline*
Apri*
Apriso
Aralen*
Aranelle*
Arava*
Aricept* (PA < 40yrs) (23mg non-form, ST)
Arimidex* (PA, PAS)
Aromasin* (PA, PAS)
Artane*
Asacol, HD
aspirin/butalbital/caffeine ☒
aspirin/caff/butalbital/codeine ☒
Asmanex
Astelin*
Atarax*
atenolol
atenolol/chlorthalidone
Ativan* ☒
atorvastatin
atropine
Atrovent soln*, nasal soln*, HFA
A/T/S*
Augmentin*, ES*, XR* ☒
Avelox ☒
Aviane*
Axid*
Aygestin*
azathioprine
azelastine
Azelex
azithromycin ☒
Azopt
Azulfidine*, EN*

## B

bacitracin ophthalmic*
baclofen
Bactrim*, DS* ☒
Bactroban oint*
Bactroban cream
balsalazide
Balziva*
benazepril
benazepril HCT
Benicar
Benicar HCT
Bentyl*
Benzamycin*
benzonatate
benzoyl peroxide/erythromycin
benztropine
Betagan*
betamethasone (cream/oint/lotion)
Betapace*
Betapace AF*
betaxolol (ophth)
bethanechol
Betimol
Betoptic*
Biaxin*, XL* ☒
bicalutamide
Bicitra*
Biltricide ☒
bisoprolol
bisoprolol HCTZ
Bleph-10*
Blephamide
Brethine*
Brevicon*
brimonidine
Bromfed*, PD*, DM* ☒
bromocriptine
budesonide respules (PA,PAS > 4yrs)
bumetanide
Bumex*
bupropion, SR, XL
Buspar*
buspirone

## C

cabergoline
Cafergot* ☒
Calan*, SR*
Calciferol*
calcitonin nasal spray ☒
calcitriol
Camila*
Camrese*
Capex Shampoo
Capoten*
Capozide*
captopril
captopril/HCTZ
Carafate, tabs*, susp
carbamazepine, XR
Carbatrol*
carbidopa/levodopa
carboptic
Cardizem*, SR*, CD* (LA* non-form)
Cardura* (XL non-form)
carisoprodol ☒
carisoprodol/aspirin ☒
carteolol (ophth)
Cartia XT*
carvedilol (CR non-form, ST)
Casodex*
Cataflam*
Catapres* (TTS* patch non-form)
Ceclor*, CD* ☒
CeeNu (SP) ☒
cefaclor ☒
cefadroxil ☒
cefdinir ☒
Ceftin* ☒
cefprozil ☒
cefuroxime ☒
Cefzil* ☒
Celexa*
CellCept* (SP) ☒
Celontin

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

## D

Dalmane* (PA ≤ 14yrs) ☒
danazol*
Dantrium*
dantrolene
dapsone
Daranide
Daraprim
Daypro*
DDAVP*
Decadron*
Demadex*
Demerol* ☒
Demulen*
Depakene*
Depakote*, ER*
Depen
Derma-Smoothe/FS
desipramine
desmopressin acetate
Desogen*
desogestrel-ethinyl estradiol
desonide
Desowen*
desoximetasone
Desyrel*
dexamethasone
dexchlorpheniramine
Dexedrine* ☒
dexmethylphenidate ☒
dextroamphetamine ☒
DextroStat* ☒
Diabeta*
Diabinese*
Diamox*
Diastat ☒
diazepam ☒
Dibenzyline
diclofenac potassium
diclofenac sodium, XR
dicloxacillin ☒
dicyclomine
diflorasone diacetate
Diflucan* ☒
diflunisal
digoxin
Dilacor XR*
Dilantin*
Dilaudid* (oral soln non-form) ☒
diltiazem
diphenoxylate-atropine ☒
Diprolene*, AF*
Diprosone*
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)
Dritho-Scalp
Drysol*
Duetact (ST)
Duoneb*
Duragesic* ☒
Duricef* ☒
Dyazide*
Dynacin Capsules* (tabs not covered)

## E

EC-Naprosyn*
econazole cream
EES* ☒
Effexor* (XR* ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elmiron
Elocon*
Emcyt ☒
Emla* ☒
Emtriva (SP) ☒
enalapril
enalapril HCTZ
Enpresse*
Entocort EC*
epinephrine HCI ☒
Epipen, Jr ☒
Epivir (SP) ☒
Epivir 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
fentanyl 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
fluorouracil
fluoxetine
fluphenazine
flurazepam (PA ≤ 14yrs) ☒
flurbiprofen
fluorometholone
flurbiprofen sodium
flutamide
fluticasone propionate
fluticasone propionate nasal spray
fluvoxamine maleate
FML*, FML Forte
Focalin IR* ☒
folic acid 1 mg
Fosamax*
fosinopril
fosinopril/HCTZ
Furadantin* ☒
furosemide

## G

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

## H

Halcion* (PA ≤ 17yrs) ☒
Haldol *
halobetasol cream/oint
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 HCI ☒
hydroxychloroquine
hydroxyurea
hydroxzine 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

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non-form)
indomethacin, SR
Insulin (Lilly Brands Humulin, Humalog)
Intal Inhaler
Intal Neb*
Intelence (SP) ☒
Invirase (SP) ☒
iodoquinol ☒
Iopidine*
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*
Jolivette*
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*
Levlite*
levobunolol
levodopa/carbidopa
levofloxacin ☒
Levora*
Levothroid
levothyroxine
Levoxyl*
Levsin* (SL non-form)
Levsinex*
Lexiva (SP) ☒
Librax*
Librium* (PA ≤ 5yrs) ☒
Lidex*
lidocaine/HC
lidocaine-prilocaine ☒
lidocaine viscous
Lidoderm
LifeScan Test Strips (VeriolQ 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
Mepron ☒
mercaptopurine ☒
Mestinon*
Metadate ER* ☒
Metaglip*
metaproterenol
metformin, XR
metformin/glyburide
methadone ☒
methazolamide
methenamine
Methergine
methimazole
methocarbamol
methotrexate (oral, inj)
methyldopa
methyldopa/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 ☒
OxyIR* ☒

## P

P1E1, P2E2
Pamelor*
pantoprazole
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

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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/HC
Pravachol*
pravastatin
prazosin
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*
Proair HFA
Proamatine*
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) ☒
Rebetol* (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) ☒
tranylcypromine
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*
Univasc*
urea/sod propionate/methionine ☒
Urecholine*
Urocit K* (15 mEq non-form)
Uroxatral*
ursodiol

## V

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

## W

warfarin
Wellbutrin*, SR*, XL*
Westcort*

## X

# 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

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

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)
Zarontin*
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* ☒
Zoloft*
zolpidem (CR non-form, ST, STS) ☒

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# Common Non Formulary Drugs and their Formulary Alternatives

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

| Non Formulary Drugs | *Formulary Alternative* |
|---|---|
| **A** | |
| Abilify (PA) | *Clozaril*☒, Risperdal*, Seroquel, Seroquel XR* |
| Accu-chek brand test strips (PA, PAS) | *One Touch Test Strips* |
| Accutane$^{\pi}$ (PA, PAS, PAF) ☒ | *Doxycycline ☒, Minocycline ☒* |
| Aceon$^{\pi}$ | *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 pre-scription for a tier1copay)* |
| 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 ≤ 5yrs) ☒, Restoril* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒* |
| Amitiza (ST, STS) ☒ | *Miralax OTC*, Chronulac*, Colyte** |
| Ampyra (PA, PAS, PAF) (SP) ☒ | *Requires Prior Auth* |
| Androderm (PA, PAS) ☒ (not covered) | *Testim (PA, PAS) ☒* |
| Androgel (PA, PAS) ☒ (not covered) | *Testim (PA, PAS) ☒* |
| 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* ☒* |
| Azmacort | *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$^{\pi}$ | *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$^{\pi}$ | *Cardizem CD** |
| Catapres TTS$^{\pi}$ | *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$^{\pi}$ (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*, Zyloprim, Probenecid** |
| Combivir (SP) ☒ | *Retrovir* (SP) ☒, plus Epivir (SP) ☒* |
| Coreg CR (ST) | *Coreg** |
| Cosopt$^{\pi}$ | *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

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| | |
|---|---|
| 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) ☒* |
| Detrol/Detrol LA (ST) | *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 | *Azulfidine*, 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 ☒, OxyIR* ☒* |
| 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** |
| Insulins Novo Brand | *Lilly Brand Insulins* |
| Intuniv (ST) | *Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs** |
| Invega (ST) | *Risperdal*, Seroquel, Seroquel XR* |
| Iressa (SP) ☒ | *Tarceva (PA, PAS, PAF) (SP) ☒* |

## J

| | |
|---|---|
| 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), XR (PA, PAS), Starter Pack ☒ | *Lamictal*, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER** |
| Lamisil Granules (PA) ☒ | *Lamisil* tab* |
| Lantus (ST, STS) | *Levemir* |
| Lantus Solostar (ST) | *Levemir Flexpen* |
| 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* ☒* |

## O

| | |
|---|---|
| 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* ☒* |

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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$^{\pi}$ | *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$^{\pi}$ (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 | *Hydorcortisone*, 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$^{\pi}$ (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$^{\pi}$ | *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$^{\pi}$ | *Celexa*, Prozac*, Zoloft*, Paxil** |
| Skelaxin$^{\pi}$ ☒ | *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$^{\pi}$ ☒ | *Tylenol with Codeine* ☒, Ultram** |
| Starlix$^{\pi}$ | *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$^{\pi}$ | *Mavik* plus Calan SR** |
| Tasigna (PA, PAS, PAF) (SP) ☒ | *Requires Prior Auth* |
| Tasmar | *Comtan* |
| Tazorac (ST) | *Retin-A*, Retin-A Micro* |
| Tekturna (PA, PAS) | *Cozaar*, Benicar, Micardis* |
| Tekturna 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$^{\pi}$ ☒ | *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$^{\pi}$ (ST) | *Ultram** |

## V

| | |
|---|---|
| Valturna (not covered) | *Cozaar*, Benicar, Micardis* |
| Ventavis (PA, PAS, PAF) (SP) ☒ | *Requires Prior Auth* |
| Veramyst (ST, STS) | *Flonase*, Nasalide*, Nasonex* |
| VeriolQ 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* ☒, Ocuflox* ☒* |
| Viibryd (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

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|---|---|
| Welchol | *Questran/Colestid** |
| WinRho ☒ | *no alternative available* |

## X

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

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☒ Not available as 90-day supply

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| | |
|---|---|
| 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$^{\pi}$ | *Benefit exclusion* |
| Zylet | *Tobradex** |
| Zymar ☒ | *Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒* |
| Zyprexa (ST) | *Risperdal*, Seroquel, Seroquel XR* |
| Zytiga (PA, PAS, PAF) (SP) ☒ | *no alternative available* |

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# Prior Authorization

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

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

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

# Quantity Limits

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

# Specialty Medications

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

# Self-Administered Injectable Formulary

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

## Formulary Agents

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

| Non-Formulary | Formulary Alternatives |
|---|---|
| Aranesp | *Procrit* |
| Arixtra✦ | *Fragmin✦, Lovenox*✦* |
| Betaseron | *Avonex, Copaxone* |
| Cimzia | *Enbrel, Humira* |
| Epogen | *Procrit* |
| Egrifta | |

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

* 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.

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For more updated information, visit our web site at:

www.CoventryHealth.com