

With our prescription drug plan, you have three options when a doctor gives you a prescription.

**Generic** (Tier One) - includes most generic and a few selected OTC (Over The Counter) drugs.

**Formulary brand** (Tier Two) - formulary brand name drugs.

**Non-formulary** (Tier Three) - Non-formulary brand name, and a few non-formulary generic drugs. These drugs may have a lower cost alternative on Tier One or Tier Two.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

### Tier One

#### A

Acebutolol  
 Acetazolamide  
 Acetic acid ear drops  
 Acetic acid-aluminum acetate  
 Acetohexamide  
 Acetylcysteine  
 Acyclovir (not ointment)  
 Alaway\* (Requires Doctor's Prescription - generic copay)  
 Albuterol  
 Allopurinol  
 Alprazolam (XR Tier Three, ST)  
 Altprev  
 Aluminum chloride  
 Amantadine  
 Amiloride  
 Amiloride/HCTZ  
 Amino acid - urea  
 Aminocaproic acid  
 Amiodarone  
 Amitriptyline  
 Amlodipine (ODT not covered)  
 amlodipine/benazepril  
 Amoxapine  
 Amoxicillin  
 Amoxicillin-potassium clavulanate  
 Amphetamine  
 Ampicillin  
 Anagrelide  
 Anthralin  
 Apri  
 Aranelle  
 Aspirin/butalbital/caffeine  
 Aspirin/caff/butalbital/codeine  
 Atenolol  
 Atenolol/chlorthalidone  
 Atropine  
 Aviane

Azithromycin, XL

#### B

Baclofen  
 Balziva  
 Benazepril  
 Benazepril HCTZ  
 Benzonatate  
 Benztropine  
 Brompheniramin-Pseudoeph  
 Bupropion, SR (XL Tier Three, ST)

#### C

Calcitriol  
 Camila  
 Captopril  
 Captopril/HCTZ  
 Carbamazepine  
 Carbidopa/levodopa  
 Carboptic  
 Carisoprodol  
 Carisoprodol/aspirin  
 Carvedilol (CR non-form, ST)  
 Cefaclor  
 Cefadroxil  
 Cefdinir  
 Cefuroxime  
 Cephalixin  
 Cesia  
 cetirizine (Requires Doctor's Prescription)  
 cetirizine D (Requires Doctor's Prescription)  
 Chloral hydrate  
 Chlordiazepoxide  
 Chlordiazepoxide/clidinium  
 Chloroquine  
 Chlorothiazide  
 Chlorphen/phenyleph/methscop  
 Chlorpromazine  
 Chlorpropamide  
 Chlorthalidone

Cholestyramine  
 Choline & magnesium  
 Ciclopirox  
 Ciproflaxin soln.  
 Citalopram  
 Citrate/citric acid  
 Clarithromycin, XL  
 Clemastine 2.68mg  
 Clindamycin  
 Clobetasol  
 Clomipramine  
 Clonazepam  
 Clonidine  
 Clorazepate (SD Tier Three)  
 Clotrimazole Troche  
 Clozapine  
 Codeine  
 Colchicine  
 Colestipol  
 Cromolyn sodium  
 Cryselle  
 Cyclobenzaprine (5mg Tier Three)  
 Cyclopentolate  
 Cyclophosphamide  
 Cyclosporine  
 Cyproheptadine

#### D

Danocrine  
 Dantrolene  
 Desipramine  
 Desmopressin acetate  
 Desonide  
 Desoximetasone  
 Dexamethasone  
 Dexchlorpheniramine  
 Dextroamphetamine  
 Diazepam  
 Diclofenac sodium, XR  
 Dicloxacillin  
 Dicyclomine  
 Didanosine  
 Diethylstilbestrol  
 Diflorasone diacetate

Diflunisal  
 Digoxin  
 Diltiazem  
 Diphenoxylate-atropine  
 Dipivefrin  
 Dipyridamole  
 Disopyramide  
 Disulfiram  
 Doxazosin mesylate (XL non-form)  
 Doxepin  
 Doxycycline (20mg, Adoxa, Doryx not covered) (Oracea - Tier Three)

#### E

econazole cream/oint  
 Enalapril  
 Enalapril HCTZ  
 Enpresse  
 Epinephrine HCl  
 Ergocalciferol  
 Errin  
 Erythromycin/Benzoyl Peroxide  
 Est estrogen/methyltest  
 Estradiol  
 Estropipate  
 Ethosuximide  
 Etodolac (XL Tier Three)

#### F

Famciclovir  
 Famotidine  
 Felodipine  
 Fenofibrate  
 Fenopropfen  
 Fentanyl patch  
 Fexofenadine  
 Finasteride  
 Flavoxate  
 Flecainide  
 Fluconazole (PA)  
 Fludrocortisone acetate

Flunisolide  
 Fluocinolone (topical)  
 Fluocinonide (topical)  
 Fluoride/polyvitamins for children  
 Fluoride/vitamins A,D,C for children  
 Fluorometholone  
 Fluorouracil  
 Fluoxetine (20mg tablet Tier Three)  
 Fluphenazine  
 Flurazepam  
 Flurbiprofen  
 Flurbiprofen sodium (ophth)  
 Flutamide  
 Fluticasone propionate nasal spray\*  
 Fluvoxamine maleate  
 Folic acid 1 mg  
 Fosinopril  
 Foscipril/HCTZ  
 Furosemide

#### G

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

#### H

halobetasol cream/oint  
 Haloperidol  
 Hydralazine  
 Hydralazine/HCTZ  
 Hydrochlorothiazide

Hydrocodone/APAP  
Hydrocortisone tablets  
Hydromorphone HCl  
Hydroxychloroquine  
Hydroxyzine pamoate  
Hyoscyamine

**I**  
Ibuprofen  
Imipramine  
Indapamide  
Indomethacin, SR (not suppos.)  
Ipratropium (not inhaler)  
Isonarif  
Isoniazid  
Isosorbide dinitrate  
Isosorbide mononitrate  
Isotretinoin (PA)  
Itraconazole capsules (PA)

**J**  
Jolivet  
Junel FE

**K**  
Kariva  
Ketoconazole  
Ketoprofen (not ER)  
Ketorolac

**L**  
Labetalol  
Lactulose  
Leena  
Lessina  
Levobunolol  
Levodopa/carbidopa  
Levora  
Levothyroxine  
Lidocaine viscous  
Lidocaine-prilocaine  
Lindane  
Liothyronine  
Lisinopril  
Lisinopril/HCTZ  
Lithium  
Loratadine D-24\* (Requires Doctor's Prescription)  
Loratadine OTC (Requires Doctor's Prescription)  
Lorazepam  
Lovastatin  
Low-Ogestrel  
Loxapine  
Lutera

**M**  
Maprotiline  
Mebendazole (tablets, cream) (ER Tier Three)  
Meclofenamate  
Medroxyprogesterone (tab, inj.)  
Megestrol acetate  
meloxicam  
Meperidine  
Mercaptopurine  
Mesalamine enema  
Metaproterenol  
Metformin/Glyburide  
Metformin, XR  
Methadone  
Methazolamide  
Methenamine  
Methimazole  
Methocarbamol  
Methotrexate (oral)  
Methylidopa  
Methylidopa/HCTZ  
Methylphenidate  
Methylprednisolone  
Metipranolol (ophth)  
Metoclopramide  
Metolazone  
Metoprolol, XL  
Metronidazole tablets, cream, lotion (ER Tier Three)  
Mexiletine  
Microgestin Fe  
Minocycline (tabs and Solodyn not covered)  
Minoxidil (not soln)  
Mirtazapine  
Misoprostol  
Moexipril  
MonaNessa  
Morphine IR, SIR  
MPH-A  
Muciprocin oint

**N**  
Nabumetone  
Nadolol  
Naltrexone  
Naproxen  
Naproxen sodium  
Necon  
Nelova  
Neomycin  
Neomycin/bacitracin  
Nephazoline ophth  
Nifedipine XL  
Nimodipine  
Nitrofurantoin

Nitroglycerin, all forms  
nizatidine  
Nor-BE  
Norethindrone acetate  
Norgestrel-ethinyl estradiol  
Nortrel  
Nortriptyline  
Nystatin

**O**  
Ofloxacin  
Omeprazole (40mg non-form) (see Prilosec OTC)  
Ondansetron  
Oxaprozin  
Oxazepam  
Ogestrel  
Oxybutynin (XL Tier Three)  
Oxycodone IR (SR Tier Three, PA)

**P**  
Pancrelipase  
Papain-urea  
Penicillin VK  
Pentoxifylline  
Permethrin  
Perphenazine  
Phenazopyridine  
Phenobarbital  
Phenytoin  
Phenytoin Sodium Extended  
Physostigmine sulfate  
Pilocarpine (Ocuser) Tier Three)  
Pindolol  
Piroxicam  
Podofilox solution  
Polyethylene glycol 3350  
Portia  
Potassium chloride  
Potassium citrate  
Pramoxine/HC  
Pravastatin (80mg non-form)  
Prazosin  
Prednisolone  
Prednisone  
Prenatal vitamins (prescription forms only)  
Prilosec OTC 20mg (Requires Doctor's Prescription (Prilosec 40mg Not Covered))  
Primidone  
ProAir (generic copay)  
Probenecid  
Prochlorperazine  
Promethazine

Propafenone HCl  
Propantheline  
Propoxyphene  
Propoxyphene HCl/APAP  
Propoxyphene napsylate/APAP  
Propranolol, LA  
Propylthiouracil  
Protriptyline

**Q**  
Quasense  
Quinapril  
Quinapril/HCTZ  
Quinidine

**R**  
Ranitidine (Gel & efferdose Tier Three)  
Ribasphere (PA)  
Ribavirin (PA)  
Rifampin  
Rimantadine

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

**T**  
Tamoxifen citrate  
Temazepam  
Terazosin  
Terbinafine (tabs only) (4rx/yr then PA required)  
Terbutaline sulfate  
Terconazole

Tetracycline  
Theophylline, XR  
Thioridazine  
Thiothixene  
Ticlopidine  
Timolol  
Timolol maleate  
Tizanidine  
Tobramycin  
Tolazamide  
Tolbutamide  
Tolmetin  
Torsemide  
Tramadol  
Tranlycypromine  
Trazodone  
Tretinoin  
Triamcinolone topical (cream, lot., oint.)  
Triamterene/HCTZ  
Triazolam  
Trifluoperazine  
Trifluridine  
Trihexyphenidyl  
Trimethobenzamide  
Trimethoprim  
Trimethoprim-polymyxinB  
Trinessa  
Triple sulfa  
TriPrevifem  
Tri-Sprintec  
Trivora

**U**  
Ursodiol

**V**  
Valproic acid  
Vancomycin (susp)  
Velivet  
Venlafaxine IR (ST)  
Verapamil, SR (long acting)

**W**  
Warfarin

**Z**  
Zaditor OTC (Requires Doctor's Prescription - generic copay) (Prescription Zaditor\* not covered)  
Zolpidem (CR non-form, ST)  
Zovia

(PA) Prior Authorization Required

# Tier Two

## A

Accolate  
AccuNeb  
Aceon  
Actinex  
Actos (PA)  
Advair  
Advicor  
Agenerase (PA)  
Aggrenox  
Alamast  
Aldara  
Alesse  
Alkeran  
Allegra D (ODT non-form)  
Alomide  
Anakit  
Arava  
Aricept  
Arimidex  
Aromasin  
Asacol  
Asmanex  
Astelin  
Atrovent Inhaler, HFA  
Augmentin XR  
Avandamet (PA)  
Avandia (PA)  
Avelox  
Azelex  
Azopt

## B

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

## C

Capex Shampoo  
Capitol  
Carbatol  
Casodex  
CeeNu  
CellCept (PA)  
Celontin  
Ciloxan oint.  
Ciprodex  
Combivent  
Combivir (PA)  
Comtan  
Concerta  
Coreg (CR non-form, ST)  
Cortifoam  
Coumadin  
Creon  
Crestor  
Crestor 5mg (ST)  
Crixivan (PA)  
Cuprimine  
Cyclessa  
Cytadren

## D

Dantrium

Dapsone  
Daranide  
Daraprim  
Demulen  
Depakote, ER  
Depen  
Derma-Smoother/FS  
Desogen  
Diasat  
Dibenzyline  
Dilantin  
Dostinex  
Dovonex  
Dritho-Scalp  
Dynacirc CR

## E

Effexor XR (ST)  
Elmiron  
Emcyt  
Emtriva (PA)  
Entocort EC  
Epifrin  
Epipen, Jr  
Epivir HBV (PA)  
Esclim

## F

Fareston  
FastTake Test Strips  
Femara  
Flovent, Rotadisk, HFA  
Flunisolide  
Fluoroplex  
Fortovase (PA)  
Fosamax  
Furoxone

## G

Gleevec (PA)  
Grifulvin V  
Grisactin Ultra  
Gris-Peg

## H

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

## I

Imitrex  
InnoPran XL  
Insulin, only Lilly Brands  
Humulin, Humalog Pens/  
Cartridges (PA)  
Invirase (PA)  
Iopidine

## J

Janumet (PA)  
Januvia (PA)  
Jenest

## K

Kadian  
Kaletra (PA)

## L

Lanoxin  
Lantus  
Lantus SoloStar (PA)  
Lessina  
Leukeran  
Levlen  
Levlite  
Levothroid  
Lexapro (ST)  
Lexiva (PA)  
LifeScan Test Strips  
Locoid  
Loestrin  
Lo/Ovral  
Lopressor HCT  
Lotronex  
Lumigan  
Lunesta (ST)  
Lysodren

## M

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

## N

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

## O

One Touch Test Strips  
One Touch Ultra Test Strips  
Opana ER  
Ortho Cept  
Ortho Cyclen  
Ortho Evra  
Ortho Micronor  
Ortho Novum  
Ortho Tri-Cyclen

Ortho Tri-Cyclen LO  
Ovcon-50  
Ovral  
Oxsoralen, Ultra

## P

PhosLo  
Phospholine Iodide  
Plan B (Requires Doctor's  
Prescription)  
Plavix  
Poly-Pred  
PreCare Chewables  
PreCare Conceive  
PreCare Premier  
Precose  
Premarin  
Premesis RX  
Premphase  
Prempo  
Prenate Elite  
Prevpac  
PrimaCare  
PrimaCare ONE  
Procanbid  
Prograf (PA)  
Prometrium  
Prostigmin  
Protonix  
Pulmicort Respules (only  
patients < 5 yrs) (PA)  
Pulmozyme

## Q

Quaalun (PA)  
Quixin  
QVAR

## R

Rapamune (PA)  
Renagel  
Renvela  
Requip  
Rescriptor (PA)  
Retin A Micro  
Retrovir (PA)  
Reyataz (PA)  
Ridaura  
Rifamate  
Risperdal  
Rowasa Supp

## S

Seasonale  
Seasonique  
Sensipar (PA)  
Serevent  
Seroquel, XR  
Singulair (ST)  
Solia  
Soriatane  
Spiriva  
Sporanox soln. (PA)  
SSKI  
Sular  
Suprax  
SureStep Test Strips  
Sustiva (PA)  
Synarel

## T

Tarceva (PA)  
Tazorac  
Tegretol  
Tegretol XR  
Temodar (PA)  
Teslac  
Testim (PA)  
Thalomid (PA)  
Theo-24  
Theolair  
Thioguanine  
Tikosyn  
Tilade  
Tobi  
TobraDex  
Tonocard  
Torecan  
Tracleer (PA)  
Travatan  
TravatanZ  
Triglide  
Tri-Levlen  
Tri-Norinyl  
Tri-Phasil  
Trisoralen  
Tri-Vi-Flor  
Trizivir (PA)  
Twinject

## U

UroXatral

## V

Valcyte  
Valtrex  
Vexol  
Vfend (PA)  
Videx (PA)  
Viokase  
Vira-A  
Viracept (PA)  
Viramune (PA)  
Vivelle  
Voltaren ophthalmic  
Vytorin  
Vytorin 10/10mg (ST)

## X

Xeloda (PA)

## Y

Yasmin  
Yaz  
Yodoxin

## Z

Zemplar  
Zerit (PA)  
Ziagen (PA)  
Zolofit  
Zylet  
Zyvox (PA)

(PA) Prior Authorization Required

## Brand with Generic Equivalent

\*The following brand name drugs have generic equivalents available. The generic equivalents are available at a Tier One copay. If you chose to receive the brand name version, the appropriate copay (normally a Tier Two) plus the cost difference between the generic and brand drug will be charged.

A/T/S*	Benzamycin*	Demadox*	Furadantin*	Lortab*
Accupril*	Betagan*	Demerol*	Gantrisin*	Lotensin HCT*
Accuretic*	Betapace AF*	Depakene*	Garamycin*	Lotensin*
Accutane* (PA)	Betoptic*	Desowen*	Genoptic*	Lotrel*
Accuzyme*	Biaxin*, XL*	Desyrel*	Glucophage*, XR*	Lotrisone Cream*
Actigall*	Bicitra*	Dexedrine*	Glucotrol*, XL*	Loxitane*
Adalat CC*	Bleph10*	DextroStat*	Glucovance*	Lozol *
Adderall* (XR Tier Three)	Blocadren*	Diabeta*	Glynase*	Ludiomil*
Adrenalin*	Brethine*	Diabinese*	Golytely*	Luride*
Agrylin*	Bromfed*, PD*, DM*	Diamox*	Grifulvin V*	Macrobid *
Aldactazide*	Bumex *	Diflucan*	Guiatuss AC*	Macrodantin *
Aldactone *	Buspar*	Dilacor XR*	Halcion*	Mandelamine*
Aldomet*	Cafergot*	Dilaudid*	Haldol *	Maxitrol *
Aldoril*	Calan*, SR*	Diprolene*, AF*	Histussin HC*	Maxzide*
Allegra*	Calciferol *	Diprosone*	Humatin*	Meclomen*
Alphagan* (P non-form)	Capoten *	Disalcid*	Hycodan*	Medrol *
Alupent*	Capozide*	Ditropan* (XL* Tier Three)	Hycomine*	Megace*
Amaryl*	Carafate*	Diuril*	Hycotuss*	Mellaril *
Ambien* (CR non-form, ST) (ODT not covered)	Cardizem*, SR*, CD*	Dolobid*	Hydrea*	Menest*
Amicar*	Cardura (XL non-form)	Dolophine*	Hydrodiuril*	Mestinson*
Amino-Cerv*	Cartia XT*	Domeboro Otic*	Hydroxyurea*	Metadate ER*
Amoxil *	Catapres* (TTS non-form)	Donnatal (caps Tier Three)*	Hygroton*	Metaglip*
Anafranil *	Ceclor*, CD*	Drysol*	Hytrin*	Metimyd*
Analpram HC*	Ceftin*	Duragesic*	Ilotycin*	MetroCream*
Anaprox*, DS*	Celexa*	Duricef*	Imdur*	MetroLotion*
Anaspaz*	Cetamide*	Dyazide*	Imuran*	Mevacor*
Android *	Cheracol*	Dymelor*	Inderal*, LA*	Mexitil*
Ansaid*	Ciloxan Soln*	Dynacin* capsules (tabs not covered)	Indocin, SR* (suppositories Tier Three)	Micronase*
Antabuse*	Cipro* (XR Tier Three)	EC-Naprosyn*	Inflamase*, Forte*	Microzide*
Anusol-HC*	Claritin* (Requires Doctor's Prescription)	Econopred, Plus*	Intal *	Midodrine*
Apresazide*	Claririn D* (Requires Doctor's Prescription)	EES*	Intal *	Midamor*
Apresoline*	Cleocin, Vag, T*	Effexor* (ST)	ISMO*	Midrin *
Aralen*	Climara *	Efudex*	Isoptin*Moduretic*	Minipress*
Artane*	Clinoril*	Elavil*	Isopto Atropine*	Minocin*
Atarax*	Clozaril*	Eldepryl*	Isopto Carbachol*	Miralax*
Ativan*	Colectid*	Elimite*	Isopto Carpine*	Mobic*
Antrovent Soln*	Cogentin*	Elocon*	Isordil*	Moduretic*
Augmentin ES*	Colyte*	Emla*	Karidium *	Monodox* (75mg not covered)
Augmentin*	Compazine*	Empirin 2, 3, 4*	Kayexalate*	Monopril*
Auralgan*	Condylox Gel, Soln*	E-Mycin*	K-Dur*	Monopril HCT*
Aventyl*	Cordarone*	Eryc*	Keflex*	Motrin*
Axid*	Coreg* (CR non-form, ST)	Ery-Derm*	Kenalog*	MS Contin*
Aygestin*	Corgard *	Erymax*	Klaron*	MSIR*
Azathioprine*	Cortef*	Ery-Tab*	Klonopin*	Mucomyst*
Azulfidine*, EN*	Cortisporin*	Erythrocin*	K-Lor*	Myambutol *
Bacitracin ophthalmic*	Crolom *	Eserine*	K-Lyte*	Mycelex Troche*
Bactrim*, DS*	Cyclogyl*	Eskalith*, CR	K-Phos Neutral*	Mycolog II*
Bactroban Oint.*	Cydrin*	Estrace*	Kristalose*	Mycostatin*
Bentyl*	Cylert*	Estraderm*	Kwell*	Mysoline*
	Cystospaz*	Estratest, HS*	Lamisil* (tabs only) (4rx/yr then PA required)	Nalfon*
	Cytomel*	Eulexin*	Lasix*	Naprosyn* (Naprelan Tier Three)
	Cytotec*	Extendryl*	Levoxyl *	Natalins*
	Cytovene*	Famvir*	Levsin*	Navane*
	Cytoxan*	Feldene*	Levsinex*	Neoral* (PA)
	Dalmane*	Fioricet *	Librax*	Neosporin ophthalmic*
	Danazol*	Fiorinal w/Codeine*	Librium*	Neptazane*
	Dantrium*	Fiorinal*	Lidex*	Neurontin*
	Darvocet N100*	Flagyl* (ER Tier Three)	Lioresal*	Nilstat*
	Darvocet N50*	Flexeril*	Locoid*	Nimotop*
	Darvon *	Flonase*	Lofibra*	Nitrobid *
	DDAVP*	Florinef*	Lomotil*	NitroDur*
	Decadron*	Floxin*	Loniten*	Nitrol*
	Deconamine SR*	Flumadine*	Lopid *	Nizoral *
	Deltasone*	FML, FML Forte, FML S*	Lopressor*	Nolvadex*
		Fulvicin P/G*		

\*Generic equivalent available at Tier One copay. If you chose the brand name version, the appropriate copay (normally a Tier Two) plus the cost difference between the generic and brand drug will be charged

(PA) Prior Authorization Required

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Normodyne*	Polysporin Ophth.*	Rocaltrol*	Tolinase*	Voltaren, XR*
Norpace*, CR*	Polytrim *	Rondec, DM*	Topicort*	Vosol*, HC*
Norpramin *	Poly-Vi-Flor*	Rowasa Enema*	Toprol XL*	Wellbutrin*, SR* (XL*, non-form ST)
Norvasc* (ODT not covered)	Pravachol*	Rynatan*	Toradol *	Westcort*
NovahistineDH*	Pred G, Forte, & Mild*	Rythmol* (SR Tier Three)	Trandate*	Wigraine*
Nulytely*	Prelone*	Salagen*	Tranxene* (SD, T Tier Three)	Wytensin*
Ocufen*	Prevalite*	Sandimmune* (PA)	Trental*	Xanax* (XR Tier Three, ST)
Ocuflox*	Primaquine*	Seasonal*	Triavil*	Xeloda* (PA)
Ogen*	Principen*	Sectral*	Trilafon*	Xerac AC*
Omnicef*	Prinivil*	Selsun*	Trilisate*	Xylocaine*
Optipranolol*	Prinzide*	Septra, DS*	Trimox*	Zaditor*
Orasone*	Pro Amatine*	Serax*	Trimpex*	Zanaflex*
Orinase*	Probanthine*	Silvadene*	Tri-Vi-Flor*	Zantac* (Gel caps & efferdose Tier Three)
Ortho Est*	Procardia XL*	Sinemet*, CR*	T-Stat*	Zarontin*
Orudis*	Proctocort*	Sinequan*	Tylenol 2, 3, 4*	Zaroxolyn*
Ovcon-35*	Proctocream-HC*	Slow-K*	Tylox*	Ziac*
OxyIR*	Proctofoam-HC*	Soma Compound*	Ultram* (ER Tier Three)	Zithromax
Pamelor*	Prolixin*	Soma* (250mg not covered)	Ultravate* cream/oint	Zocor*
Pancrease*	Pronesty]*, SR*	Sporanox capsules* (PA)	Uniphyl*	Zofran*
Pancrease MT*	Propine*	Stelazine*	Univasc*	Zolofit*
Parlodel *	Proscar*	Sulamyd*	Urecholine*	Zovirax* (oint. Tier Three)
Parnate*	Proventil* (Not HFA)	Sulfacet-R*	Urised*	Zyloprim *
Paxil* (CR Tier Three, ST)	Provera*	Symmetrel*	Urispas*	Zyrtec* (Requires Doctor's Prescription)
Pediazole*	Prozac* (20mg tablet & weekly Tier Three)	Synalar*	Urocit K*	Zyrtec D* (Requires Doctor's Prescription)
Pemoline*	Psorcon*	Synthroid*	Ursodiol*	
Penlac*	Psoriatec*	Tagamet*	Valisone*	
PENVK*	Questran, Light*	Tambocor*	Valium*	
Pepcid* (RPD Tier Three)	Quinaglute*	Tapazole*	Vancocin*	
Percocet *	Quinidex*	Tavist 2.68mg*	Vaseretic*	
Percodan*	Rebetol* (PA)	Temovate*	Vasocidin*	
Periactin *	Reglan*	Tenex*	Vasosulf*	
Permitil*	Remeron* (sol Tab Tier Three)	Tenoretic*	Vasotec*	
Persantine*	Restoril*	Tenormin*	VePesid*	
Phenergan Codeine, DM, VC, & VC/Codeine*	Retin A*	Terazol*	Vermox*	
Phenergan *	Revvia*	Tessalon Perles*	Vesanoid*	
Phenytek*	Rifadi*	Theodur*	Vibramycin*	
Pilocar*	Rifamate*	Thorazine*	Vibra-Tabs*	
Plaquenil*	Rilutek*	Tiazac*	Vicodin*, ES*	
Plendil*	Ritalin, SR*	Ticlid*	Videx EC* (PA)	
Pletal*	RMS suppositories*	Tigan*	Viroptic*	
Polaramine*	Robaxin*	Timoptic*, XE*	Visken*	
Polyhistine CS, D, DM*	Robitussin AC, DAC*	Tobrex*	Vistaril*	
		Tofranil* (PM Tier Three)	Vivactil*	
		Tolectin*, DS*	Volmax*	

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# Tier Three

## Alternative Tier One or Tier Two Drugs

### A

Abilify (ST)	<i>Clozaril* Risperdal, Seroquel</i>
Accu-check brand test strips	<i>One Touch Test Strips</i>
Aciphex (ST)	<i>Prilosec OTC™*, omeprazole*, Protonix</i>
Aclovate <sup>π</sup>	<i>Hydrocortisone*, Synalar*, Desowen*</i>
Actiq (PA)	<i>Oxy IR*, MSIR*, Dilaudid*</i>
Activella	<i>Prempro, Premphase</i>
Actonel	<i>Fosamax</i>
ACTOplusmet (PA)	<i>Actos (PA) plus Glucophage*</i>
Acular	<i>Ocufen*, Voltaren Ophthalmic*</i>
Adderall XR (PA > 17yrs)	<i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i>
Aerobid	<i>Flovent, QVAR, Asmanex</i>
Altace	<i>Prinivil*, Lotensin*, Accupril*, Vasotec*</i>
Alocril	<i>Zaditor OTC*, Alaway*, Crolom*, Alamast, Alomide</i>
Alphagan-P	<i>Alphagan*</i>
Ambien CR (ST)	<i>Ambien*, Ativan*, Halcion*, Serax*, Restoril*</i>
Amerge	<i>Imitrex, Maxalt</i>
Amitiza	<i>Miralax*, Chronulac*, Colyte*</i>
Androderm (PA)	<i>Testim (PA)</i>
Androgel (PA)	<i>Testim (PA)</i>
Anzemet	<i>Compazine*, Phenergan*, Tigan*, Zofran*</i>
Arthrotec	<i>Voltaren* plus Cytotec*</i>
Ascensia brand test strips	<i>One Touch Test Strips</i>
Atacand	<i>Benicar, Micardis</i>
Atacand HCT	<i>Benicar HCT, Micardis HCT</i>
Avalide	<i>Benicar HCT, Micardis HCT</i>
Avapro	<i>Benicar, Micardis</i>
Avita Gel	<i>Retin A*, Retin A Micro</i>
Avodart	<i>Proscar*, Uroxatral</i>
Axert	<i>Imitrex, Maxalt</i>
Axid	<i>Zantac*, Tagamet*, Pepcid*</i>
Azmacort	<i>QVAR, Asmanex, Flovent</i>
Azor (ST)	<i>Amlodipine plus Benicar, Amlodipine plus Micardis</i>

### B

Baraclude	<i>Epivir HBV, Hepsera (PA)</i>
BD Test Strips	<i>One Touch Test Strips</i>
Beclovent	<i>Flovent, QVAR, Asmanex</i>
Beconase	<i>Flonase, Nasonex, Nasalide*</i>
Benzaclin	<i>OTC Benzoyl Peroxide plus Topical Clindamycin*</i>
Boniva	<i>Fosamax</i>
Byetta (PA)	<i>Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*</i>

### C

Cardizem LA	<i>Cardizem CD*</i>
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Cataflam	<i>Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*</i>
Catapres TTS	<i>Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*</i>
Cefzil	<i>Ceftin*, Ceclor*</i>
Celebrex (ST)	<i>Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*</i>
Cenestin	<i>Premarin, Ogen*</i>
Cialis (2.5mg not covered)	<i>Generic over-the-counter</i>
Clarinet (ST)	<i>loratadine and cetirizine are covered with a Doctor's prescription</i>

Colazal	<i>Azulfidine*, Asacol</i>
Copegus (PA)	<i>Ribasphere (PA)</i>
Coreg CR (ST)	<i>Coreg*</i>
Cosopt	<i>Timoptic* plus Azopt</i>
Cozaar	<i>Benicar, Micardis</i>
Cutivate	<i>Valisone*, Kenalog*, Diprosone*, Topicort*, Synalar*, Locoid*, Westcort*, Elocon*</i>
Cymbalta (PA)	<i>Celexa*, Prozac*, Zoloft*, Paxil*</i>

### D

Daytrana (PA > 17yrs)	<i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i>
Detrol/Detrol LA	<i>Ditropan*</i>
Differin	<i>Retin-A*</i>
Diovan	<i>Benicar, Micardis</i>
Diovan HCT	<i>Benicar HCT, Micardis HCT</i>
Dipentum	<i>Azulfidine*, Asacol</i>
Ditropan XL	<i>Ditropan*</i>
Duac	<i>Clindamycin Topical plus OTC Benzoyl Peroxide</i>

### E

Elidel (PA)	<i>Valisone*, Kenalog*, Diprosone*, Topicort*, Synalar*, Locoid*, Wescort*, Elocon*</i>
Enablex	<i>Ditropan IR*</i>
Exelon	<i>Aricept, Namenda</i>
Exforge	<i>Amlodipine plus Benicar, Amlodipine plus Micardis</i>

### F

FemHRT	<i>Prempro, Premphase</i>
FemPatch	<i>Estraderm*, Vivelle*</i>
Flomax	<i>Cardura*, Hytrin*, Uroxatral</i>
Focalin	<i>Adderall*, Ritalin*, Concerta</i>
Focalin XR (PA > 17yrs)	<i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i>
Foradil	<i>Serevent</i>
Frova	<i>Imitrex, Maxalt</i>

### G

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

### H

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

### I

Insulins	<i>Lilly Brand Insulins</i>
Novo Brand	
Invega (ST)	<i>Seroquel, Risperdal</i>
Iressa (PA)	<i>Tarceva (PA)</i>

### K

Keppra	<i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*</i>
Ketek	<i>First Line Generic Antibiotics</i>
Kytril	<i>Zofran*</i>

### L

Lamictal	<i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*</i>
Lescol, XL (ST)	<i>Zocor*, Pravachol*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)</i>
Letairis (PA)	<i>Tracleer (PA)</i>
Levaquin	<i>Cipro*, Avelox</i>
Levemir	<i>Lantus</i>
Levitra	
Lipitor 10mg, 20mg (ST)	<i>Zocor*, Pravachol*, AltoPrev*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)</i>
Lipitor 40mg, 80mg	<i>Zocor*, Pravachol*, AltoPrev*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)</i>
Loprox	<i>Nizoral* or Nystatin*</i>
Lorabid	<i>Ceclor*</i>
Lovaza	<i>Lofibra*, Lopid*, Niaspan*, Triglide</i>
Lyrica (PA)	<i>Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*</i>

### M

Metadate CD (PA > 17yrs)	<i>Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta</i>
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### N

Naprelan <sup>π</sup>	<i>Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic*</i>
Nasacort	<i>Flonase*, Nasonex, Nasalide*</i>
Nexium (ST)	<i>Prilosec OTC™*, omeprazole*, Protonix</i>
Niravam (ST)	<i>Xanax*</i>
Noroxin	<i>Cipro*, Floxin*, Avelox</i>

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

<sup>π</sup> Brand name medications with a generic equivalent are covered at the Tier 3 copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the Tier 3 copay.

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Norgesic/Norflex *Flexeril\**, *Lioresal\**, *Robaxin\**, *Soma\**  
 Novo Brand Insulins *Lilly Brand Insulins*

## O

Opana IR (PA) *MSIR\**, *Oxycodone IR\**  
 Oxistat *Nizoral\** or *Nystatin\**  
 OxyContin (PA) *Dolophine\**, *MS Contin\**, *Duragesic\**, *Opana ER*  
 Oxytrol *Ditropan\**

## P

Parafon Forte DSC<sup>π</sup> *Flexeril\**, *Lioresal\**, *Robaxin\**, *Soma\**  
 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*  
 Prandin *Diabeta\**, *Glucotrol\**, *Amaryl\**  
 Prefest *Prempro*, *Premphase*  
 Prevacid Solutab (ST) *Prilosec OTC™\**, *omeprazole\**, *Protonix*  
 Prevacid Capsules *Prilosec OTC™\**, *omeprazole\**, *Protonix*  
 (Not Covered)  
 Procardia<sup>π</sup> Capsules *Calan SR\**, *Cardizem CD\**, *Adalat CC\**, *Procardia XL\**  
 Protopic *Hydrocortisone\**, *Betamethasone\**, *Triamcinolone\**, *Elocon\**, *Temovate\**, *Sinalar\**, *Topicort\**  
 Proventil HFA *Proventil\**, *ProAir HFA* (generic copay)  
 Provigil (PA) *Ritalin\**, *Dexedrine\**, *Adderall\**  
 Prozac Weekly (ST) *Prozac Capsules\**  
 Pulmicort Turbuhaler *Flovent*, *QVAR*, *Asmanex*

## R

Ralivia ER (ST) *Ultram\**  
 Relpax *Maxalt*, *Imitrex*  
 Remeron Soltab<sup>π</sup> *Remeron\**, *Celexa\**, *Prozac\**, *Zoloft\**, *Paxil\**  
 Reminyl *Aricept*, *Namenda*  
 Rescula *Lumigan*, *Travatan*  
 Restoril 7.5mg, 22mg *Restoril\* 15mg & 30mg*, *Ambien\**, *Halcion\**  
 Rhinocort *Flonase\**, *Nasonex*, *Nasalide\**  
 Ritalin LA (PA > 17yrs) *Adderall\**, *Ritalin\**, *Ritalin SR\**, *Metadate ER\**, *Concerta*

Rogaine *Benefit exclusion*  
 Rozerem (ST) *Ambien\**, *Ativan\**, *Halcion\**, *Serax\**, *Restoril\**

## S

Sarafem *Prozac Capsules\**  
 Serzone<sup>π</sup> *Celexa\**, *Prozac\**, *Zoloft\**, *Paxil\**  
 Skelaxin *Flexeril\**, *Lioresal\**, *Robaxin\**, *Soma\**  
 Sonata (ST) *Ambien\**, *Ativan\**, *Halcion\**, *Serax\**, *Restoril\**  
 Spectazole<sup>π</sup> *Nizoral\** or *Nystatin\**  
 Stadol NS<sup>π</sup> *Tylenol with Codeine\**, *Darvocet-N 100\**, *Ultram\**  
 Starlix *Diabeta\**, *Glucotrol\**, *Amaryl\**  
 Striant (PA) *Testim (PA)*  
 Strattera *Ritalin\**, *Adderall\**, *Concerta*  
 Symbyax (ST) *Prozac\* plus Zyprexa (PA)*  
 Symlin (PA) *Humulin*, *Humalog*, *Lantus*

## T

Tamiflu *Amantadine\**  
 Tarka *Mavik plus Verapamil\**  
 Tasmar *Comtan*  
 Testoderm (PA) *Testim (PA)*  
 Teveten *Benicar*, *Micardis*  
 Teveten HCT *Benicar HCT*, *Micardis HCT*  
 Tofranil PM *Tofranil\**  
 Topamax *Phenobarbital\**, *Tegretol\**, *Tegretol XR*, *Carbatrol*, *Dilantin\**, *Mysoline\**, *Klonopin\**, *Zarontin\**, *Depakene\**, *Depakote*, *Depakote ER*, *Neurontin\**  
 Tricor *Lofibra\**, *Lopid\**, *Triglide\**  
 Trileptal<sup>π</sup> *Phenobarbital\**, *Tegretol\**, *Tegretol XR*, *Carbatrol*, *Dilantin\**, *Mysoline\**, *Klonopin\**, *Zarontin\**, *Depakene\**, *Depakote*, *Depakote ER*, *Neurontin\**  
 Trusopt *Azopt*  
 Tussionex *Robitussin AC*, *Hycodan\**

## U

Ultracet<sup>π</sup> *Ultram plus Tylenol\**  
 Ultram ER (ST) *Ultram\**  
 Ultravate *Temovate\**, *Psorcon*, *Diprolene\**  
 Uniretic *Prinzide\**, *Lotensin HCT\**, *Vaseretic\**, *Accuretic\**

## V

Vagifem *Premarin Cream*, *Estrace Cream*, *Ogen Cream*  
 Ventolin HFA *ProAir (generic copay)*  
 Veramyst *Flonase\**  
 Verelan<sup>π</sup>, SR *Calan\**, *SR\**, *Cardizem CD\**, *Adalat CC\**, *Procardia XL\**  
 Vesicare *Ditropan IR\**  
 Viagra  
 Vicoprofen<sup>π</sup> *Vicodin\* plus Ibuprofen\**  
 Vigamox *Tobrex\**, *Gentamicin\**, *Ciloxan\**, *Ocuflox\**  
 Vyvanse (PA > 17yrs) *Adderall\**, *Ritalin\**, *Ritalin SR\**, *Metadate ER\**, *Concerta*

## W

Welchol *Questran/Colestid\**  
 Wellbutrin XL\* (ST) *Wellbutrin SR\**, *Wellbutrin\**

## X

Xalatan *Lumigan*, *Travatan*  
 Xanax XR (ST) *Xanax\**  
 Xopenex, HFA *Albuterol Inhaler\**, *ProAir (generic copay)*, *Maxair Inhaler*, *Albuterol Nebulizer Solution\**  
 Xyrem (PA) *Adderall\**, *Ritalin\**  
 Xyzal (ST) *Generic over-the-counter loratadine and cetirizine are covered with a Doctor's prescription*

## Z

Zantac Gelcap and Efferdose *Zantac Tablet\**, *Tagamet\**, *Pepcid\**  
 Zavesca  
 Zegerid *Prilosec OTC™\**, *omeprazole\**, *Protonix*  
 ZMax *Zithromax*  
 Zetia *Zocor\**, *Pravachol\**, *Vytorin (10/10mg ST)*, *Niaspan*  
 Zomig *Imitrex*, *Maxalt*  
 Zovirax Ointment *Oral Zovirax\**  
 Zyban<sup>π</sup> *Benefit exclusion*  
 Zymar *Tobrex\**, *Gentamicin\**, *Ciloxan\**, *Ocuflox\**  
 Zyprexa (ST) *Risperdal*, *Seroquel*  
 Zyrtec *Generic over-the-counter Loratadine is covered with a physician's prescription.*  
 Zyrtec D *Generic over-the-counter Loratadine is covered with a physician's prescription.*

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For more updated information, visit our web site at:

www.CoventryHealth.com



(PA) Prior Authorization Required

## 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).

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).

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) or (ST), make sure your doctor knows that this medication requires prior authorization. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100.

## Self-Administered Injectable Formulary

### Tier Two

Actimmune  
 Apokyn  
 Avonex  
 Copaxone  
 Enbrel  
 Forteo  
 Fragmin◆  
 Fuzeon  
 Heparin\*  
 Humira  
 Intron-A  
 Leukine  
 Lovenox★  
 Methotrexate\*  
 Neupogen  
 Norditropin❖  
 Pegasys  
 Procrit  
 Sandostatin\* (LAR under medical)

### Tier Three

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

### Tier Two Alternatives

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

All self administered injectables require prior authorization.

\* Generic is on the Formulary

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

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

❖ Some plans cover only one company's growth hormone product, Norditropin. The comparable agents are excluded from coverage under these designs.

Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen and Tev-Tropin are not covered. Please contact your Customer Service Representative with questions if you are prescribed a non-covered growth hormone agent.

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.