

With our prescription drug plan, most drugs are covered on one of three different copay (or coinsurance) levels. For some benefit plans, specialty copays (or coinsurance) may vary. Please refer to your health plan documents regarding your specialty medication benefit.

Tier-One – Includes preferred generic and select over-the-counter (OTC) drugs.

Tier-Two – Includes preferred brand-name drugs.

Tier-Three – Includes non-preferred generic and brand-name drugs. These drugs may have a lower cost alternative on Tier-One or Tier-Two.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed below are covered. Brand names are listed for informational reference. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Prescription Drug List. 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

Abreva (Requires Doctor's Prescription)
Acarbose
Acebutolol
Acetazolamide
Acetic acid ear drops
Acetic acid-aluminum acetate
Acetylcysteine
Acitretin
Acyclovir
Alavert (Requires Doctor's Prescription)
Alaway (Requires Doctor's Prescription)
Albuterol
Albuterol/ipratropium
Alclometasone (cream/lotion)
Alendronate
Alfuzosin
Allegra Allergy OTC (Requires Doctor's Prescription)
Tier-One copay
Allegra-D OTC (Requires Doctor's Prescription)
Tier-One copay
Allopurinol
Alprazolam, XR (PA ≤ 17yrs) ☒
Altavera
Aluminum Acetate
Alyacen
Amantadine
Amiloride
Amiloride/HCTZ
Aminocaproic acid
Amiodarone
Amitriptyline
Amlodipine
Amoxapine
Amoxicillin ☒
Amoxicillin-potassium clavulanate ☒

Amphetamine/
Dextroamphetamine ☒
Amphetamine/
Dextroamphetamine XR
(PA ≥ 19 yrs) ☒
Ampicillin ☒
Anagrelide
Anastrozole (PA, PAS)
Anthralin
Antipyrine/Benzocaine Otic
APAP/Butalbital/Caffeine ☒
Apraclonidine
Apri
Aranelle
Aspirin/Butalbital/Caffeine ☒
Aspirin/Caffeine/
Butalbital/Codeine ☒
Atenolol
Atenolol/chlorthalidone
Atorvastatin
Atropine
Aviane
Azathioprine
Azelastrone
Azithromycin, XL ☒
Azurette

B

Baclofen
Bacitracin ophthalmic
Balsalazide
Balziva
Benazepril
Benazepril/HCTZ
Benzonate
Benzoyl peroxide/erythromycin
Benztropine
Betamethasone
(cream/oint/lotion)
Betaxolol (ophth)
Bethanechol
Bicalutamide
Bisoprolol
Bisoprolol/HCTZ

Briellyn
Brimonidine
Bromocriptine
Brompheniramine-
Pseudoephedrine ☒
Budesonide respules
(PA, PAS > 4yrs)
Bumetanide
Bupropion, SR, XL
Buspirone

C

Cabergoline
Caffeine/Ergotamine
Calcitonin nasal spray
Calcitriol
Camila
Captrol
Captopril/HCTZ
Carbachol
Carbamazepine, XR
Carbidopa/levodopa
(disintegrating tab non-form)
Carisoprodol (250mg
not covered) ☒
Carisoprodol/aspirin ☒
Carteolol (ophth)
Carvedilol (CR Tier-Three)
Caziant
Cefaclor, CD ☒
Cefadroxil ☒
Cefdinir ☒
Cefprozil ☒
Cefuroxime ☒
Cephalexin ☒
Cetirizine OTC (Requires
Doctor's Prescription)
Cetirizine D OTC (Requires
Doctor's Prescription)
Chlordiazepoxide (PA ≤ 5yrs) ☒
Chlordiazepoxide/clidinium ☒
Chloroquine ☒
Chlorothiazide ☒

Chlorpromazine
(spansule Tier-Three)
Chlorpropamide
Chlorthalidone
Chlorzoxazone
Cholestyramine
Choline & magnesium
Ciclopirox
(shampoo Tier-Three) ☒
Cilostazol
Cimetidine
Ciprofloxacin soln. ☒
Ciprofloxacin (XR Tier-Three) ☒
Citalopram
Citate/citric acid
Clarithromycin, ER ☒
Camila
Claritin OTC (Requires
Doctor's Prescription)
Claritin D-24 OTC (Requires
Doctor's Prescription)
Clemastine 2.68mg
clindamycin ☒
Clobetasol (cream, oint)
Clomipramine
Clonazepam ☒
Clonidine (TTS Tier-Three)
Clopidogrel
Clorazepate (PA ≤ 17yrs) ☒
Clotrimazole Cream (RX)
Clotrimazole Troche
Clozapine ☒
Codeine ☒
Colectipol
Cortisone Acetate
Cromolyn sodium ophth
Cryselle
Cyclafem 1/35
Cyclobenzaprine (caps
not covered)
Cyclopentolate
Cyproheptadine

D

Dantrolene

Dasetta
Desipramine
Desmopressin acetate
Desogestrel-Ethinyl Estradiol
Desonide (cream, oint)
Desoximetasone
Dexamethasone
Dexamethasone/Neomycin/
Polymyxin B
Dexchlorpheniramine
Dexmethylphenidate ☒
Dextroamphetamine ☒
Diazepam ☒
Diclofenac ophth soln
Diclofenac potassium
Diclofenac sodium, XR
Dicloxacillin ☒
Dicyclomine
Diflorasone diacetate
Diflunisal
Digoxin
Diltiazem
Diphenoxylate-atropine ☒
Dipyridamole
Disopyramide
Disulfiram
Divalproex Sodium (DR, ER)
Donepezil (23mg Tier-
Three) (PA < 40yrs)
Dorzolamid/Timolol
Dorzolamide
Doxazosin mesylate
(XL Tier-Three)
Doxepin
Doxycycline ☒ (20mg, Adoxa,
Doryx not covered)
Doxycycline susp
(syrup Tier-Three)

E

Econazole cream
Emoquette
Enalapril
Enalapril/HCTZ

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Enoxaparin (PA, PAS) ♦ ☒
Enpresse
Epinephrine HCl
Ergocalciferol
Errin
Erythromycin ☒
Erythromycin/Benzoyl Peroxide
Escitalopram
Estartylla
Estazolam
Estradiol
Estradiol/Norethindrone
Estropipate
Ethambutol
Ethosuximide
Etodolac, XR
Exemestane (PA, PAS)

F
Famciclovir ☒
Famotidine
Felodipine XR
Fenofibrate (67mg, 134mg, 200mg caps and 54mg, 160mg tabs only)
Fenofibric Acid
Fenoprofen
Finasteride
Flavoxate
Flecainide
Fluconazole (Susp PA) ☒
Fludrocortisone acetate
Flunisolide
Fluocinonide (topical)
Fluoride/polyvitamins for children
Fluoride/vitamins A,D,C for children
Fluorometholone
Fluorouracil
Fluoxetine
Fluphenazine
Flurazepam (PA ≤ 14yrs) ☒
Flurbiprofen
Flurbiprofen sodium (ophth)
Flutamide
Fluticasone Propionate (nasal, cream, oint) (lotion Tier-Three)
Fluvoxamine
Folic acid 1 mg
Fosinopril
Fosinopril/HCTZ
Furosemide

G
Gabapentin
Gemfibrozil
Gentamicin (not IV) ☒
Gianvi
Glimepiride
Glipizide, XL
Glipizide/Metformin
Glyburide
Griseofulvin ☒
Guaifenesin/codeine ☒
Guanfacine

H
Halobetasol cream/ointment

Haloperidol
Heparin inj ☒
Hydralazine
Hydrochlorothiazide
Hydrocodone/APAP (soln non-form) ☒
Hydrocodone/homatropine ☒
Hydrocodone/ibuprofen ☒
Hydrocortisone Ace-Pramoxine
Hydrocortisone tablets
Hydromorphone (oral soln Tier-Three) ☒
Hydroxychloroquine ☒
Hydroxyurea ☒
Hydroxyzine, pamoate
Hyoscyamine, ODT

I
Ibuprofen
Imipramine (PM Tier-Three)
Imiquimod cream
Indapamide
Indomethacin, SR (not suppos.)
Iodoquinol ☒
Ipratropium (not inhaler)
Irbesartan
Irbesartan/HCTZ
Isoniazid ☒
Isosorbide dinitrate
Isosorbide mononitrate
Itraconazole capsules (PA, PAS) ☒

J
Jencycla
Jolivet
Juno FE

K
Kariva
Ketoconazole ☒
Ketoprofen, ER
Ketorolac ☒
Ketotifen

L
Labetalol
Lactulose
Lamotrigine (Starter Pack Tier-Three, ODT (ST) Tier-Three, XR (ST) Tier-Three)

Latanoprost
Leena
Leflunomide
Lessina
Letrozole (PA, PAS)
Levetiracetam (XR Tier-Three)
Levobunolol
Levodopa/carbidopa
Levofloxacin (susp, tab, ophth) ☒
Levora
Levothyroxine
Lidocaine viscous
Lidocaine/HCl
Lidocaine-prilocaine ☒
Lindane lotion ☒
Liothyronine
Lisinopril
Lisinopril/HCTZ

Lithium
Loratadine D-24 OTC (Requires Doctor's Prescription)
Loratadine OTC (Requires Doctor's Prescription)
Lorazepam ☒
Loryna
Losartan
Losartan/HCTZ
Lovastatin
Low-Ogestrel
Loxapine
Lutera

M
Maprotiline
Meclofenamate
Medroxyprogesterone (tab, inj.-brand Tier-Three)
Megestrol acetate
Meloxicam
Meperidine ☒
Mercaptopurine ☒
Mesalamine enema
Metaproterenol
Metformin/Glipizide
Metformin/Glyburide
Metformin, XR
Methadone ☒
Methazolamide
Methenamine
Methimazole
Methocarbamol
Methotrexate (oral, inj) ☒
Methyldopa
Methyldopa/HCTZ
Methylphenidate ☒
Methylphenidate ER (PA ≥ 19yrs) ☒
Methylprednisolone
Metipranolol (ODT Tier-Three) (ophth)
Metoclopramide
Metolazone
Metoprolol, XL
Metoprolol/HCTZ
Metronidazole tablets, cream, lotion, gel 0.75% (ER Tier-Three) ☒
Mexiletine
Midodrine

P
Pantoprazole (granules Tier-Three)
Paromomycin ☒
Paroxetine (CR Tier-Three, ST)
Penicillin VK ☒
Pentoxifylline
Permethrin ☒
Phenazine
Phenazopyridine
Phenobarbital ☒
Phenytoin
Phenytoin ER
Physostigmine sulfate
Pilocarpine
Pindolol
Pioglitazone
Pioglitazone/Metformin
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate (15 mEq not covered)
Pramipexole (ER Tier-Three)
Pramoxine/HCl
Pravastatin
Prazosin
Prednisone, dosepak
Prednisolone Acetate
Prednisone

N
Nabumetone

Nadolol
Naltrexone ☒
Naproxen
Naproxen sodium
Naratriptan ☒
Neomycin ☒
Nephazoline ophth
Next Choice (Requires Doctor's Prescription) ☒
Nifedipine, XL
Nimodipine
Nisoldipine
Nitrofurantoin
Nitroglycerin, all forms
Nizatidine
Nora-be
Norethindrone acetate
Norgestrel-ethinyl estradiol
Nortriptyline
Nystatin ☒

O
Ocella
Ofloxacin ☒
Olanzapine, ODT
Omeprazole (See Prilosec OTC)
Ondansetron, ODT ☒
Orphenadrine ER
Oxaprozin
Oxazepam (PA ≤ 5yrs) ☒
Oxcarbazepine
Oxybutynin (XL Tier-Three)
Oxycodone IR (SR Tier-Three, PA, PAS) ☒

P
Pantoprazole (granules Tier-Three)
Paromomycin ☒
Paroxetine (CR Tier-Three, ST)
Penicillin VK ☒
Pentoxifylline
Permethrin ☒
Phenazine
Phenazopyridine
Phenobarbital ☒
Phenytoin
Phenytoin ER
Physostigmine sulfate
Pilocarpine
Pindolol
Pioglitazone
Pioglitazone/Metformin
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate (15 mEq not covered)
Pramipexole (ER Tier-Three)
Pramoxine/HCl
Pravastatin
Prazosin
Prednisone, dosepak
Prednisolone Acetate
Prednisone

Prenatal Vitamins (prescription forms only) (Prenate and Neevo brands Tier-Three)
Prevacid 24HR™ (Requires Doctor's Prescription)
Previfem
Prilosec
Prilosec OTC 20mg (Requires Doctor's Prescription)
Primidone
Probenecid
Prochlorperazine
Promethazine
Propafenone HCl
Propranolol
Propranolol, LA
Propranolol/HCTZ
Propylthiouracil
Protriptyline
Pyrazinamide ☒

Q
Quinapril
Quinapril/HCTZ
Quinidine
Quinidine Sulfate, ER

R
Ramipril (tab Tier-Three)
Ranitidine (Gel & efferdose Tier-Three)
Ranitidine cap
Rifampin ☒
Riluzole (PA, PAS)
Rimantadine ☒
Risperidone
Ropinirole (XL Tier-Three, ST)

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

T
Tamoxifen citrate
Tamsulosin
Temazepam (7.5mg, 22.5mg Tier-Three) ☒
Terazosin
Terbinafine (tabs only) ☒
Terbutaline sulfate

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Terconazole
 Testosterone inj ☒
 Tetracycline ☒
 Theophylline, SR
 (soln Tier-Three)
 Thioridazine
 Thiothixene
 Ticlopidine
 Timolol
 Timolol maleate
 Tizanidine (caps not covered)
 Tobramycin
 Tobramycin-Dexamethasone
 (Tobra-Dex ST Susp
 Tier-Three)
 Tolazamide
 Tolbutamide
 Tolmetin
 Topiramate
 Torsemide
 Tramadol
 Tramadol-acetaminophen
 Trandolapril
 Tranlycypromine
 Trazodone
 Tretinoin
 Triamcinolone topical
 (cream, lot., oint.)
 Triamterene/HCTZ
 Triazolam (PA ≤ 17yrs) ☒
 Tri-Estarylla
 Trifluoperazine
 Trifluridine
 Trihexyphenidyl
 Tri-Linyah
 Trimethobenzamide
 Trimethoprim
 Trimethoprim-polymyxinB
 Tri-Nessa
 Tri-Previfem
 Tri-Sprintec
 Trivora
 Trospium

U

Ursodiol (250mg tab
 and forte Tier-Three)

V

Valacyclovir HCl ☒
 Valproic acid
 (DR/EC not reimbursed)
 Valsartan
 Valsartan/HCTZ
 Vancomycin inj. ☒
 Velivet
 Venlafaxine IR, XR
 (ER tab Tier-Three)
 Verapamil, SR, PM
 Vestura
 Voriconazole ☒

W

Warfarin

Z

Zaditor OTC (Requires Doctor's
 Prescription) (Prescription
 Zaditor not covered)
 Zafirlukast
 Zaleplon (PA ≤ 17yrs) ☒

Zarah
 Zegerid OTC™ (covered with
 a prescription for a Tier-
 One copay) (prescription
 Zegerid not covered)
 Ziprasidone
 Zolpidem (CR Tier-Three,
 ST, STS) (PA ≤ 17yrs) ☒
 Zonisamide
 Zovia
 Zyrtec OTC (Requires
 Doctor's Prescription)
 Zyrtec D OTC (Requires
 Doctor's Prescription)

Tier-Two

A

Actoplus Met XR
 Aggrenox
 Altoprev
 Androgel (PA, PAS) ☒
 Android
 Apriso
 Asacol, HD
 Asmanex
 Atrovent HFA
 Avelox ☒
 Azelex
 Azopt

B

Betimol
 Biltricide ☒
 Blephamide
 Brilinta

C

Capex Shampoo
 Carafate Susp
 Celontin
 Combivent
 Comtan
 Cortifoam
 Coumadin*
 Creon
 Crestor
 Cuprimine

D

Dapsone
 Daraprim ☒
 Depen
 Delzicol
 Dibenzylamine
 Dilantin*
 Dulera

E

Elmiron
 Emcyt ☒
 Epipen, Jr ☒
 Estrace Cream
 Eurax
 Evista
 Evoxac
 Exelderm

F

FastTake Test Strips
 First Lansoprazole
 First Omeprazole
 Fluoroplex
 FML Forte
 Fragmin ♦ (PA, PAS) ☒

G

Grifulvin V tabs ☒
 Gris-Peg ☒

H

Humalog
 Humulin

I

Insulin (Lilly Brands
 Humulin, Humalog)

J

Janumet XR (ST)
 Januvia (ST)
 Juvisync (ST)

K

Kombiglyze XR (ST)

L

Lanoxin*
 Latuda (ST)
 Lessina
 Levemir
 Levothroid
 Lidoderm
 LifeScan Glucose Meters
 LifeScan Test Strips
 Lindane Shampoo
 Locoid
 Lotronex ☒
 Lysodren

M

Mephyton
 Meproton ☒
 Micardis
 Micardis HCT
 Mycobutin ☒
 Myrbetriq (ST)

N

Namenda (PA < 40yrs)
 Nardil
 Nasonex
 Nebupent ☒
 Nexium
 Niaspan
 Nilandron
 Nitrolingual Translingual Spray
 Nitrostat SL
 NuvaRing

O

One Touch Ultra Test Strips
 Onglyza (ST)
 Opana ER ☒
 Oxsoralen, Ultra

P

Phospholine Iodide
 Picato☒

Pred G

Premarin tabs (Cream
 Tier-Three)
 Premphase
 Prempro
 Proair HFA
 Prostigmin

Q

QVAR

R

Ranexa
 Renvela (packets Tier-Three)
 Ridaura

S

Serevent
 Simcor
 Solia
 Spiriva
 Sporanox soln. ☒
 SSKI
 SureStep Test Strips
 Symbicort
 Synarel

T

Tabloid ☒
 Testim (PA, PAS) ☒
 Theo-24
 Tikosyn
 TravatanZ

V

Vagifem
 Valcyte (PA, PAS) ☒
 Ventolin HFA
 Vesicare (ST)
 Vexol
 Vivelle-Dot

X

Xarelto

Z

Zemplar (ST, STS)
 Zenpep
 Zyvox ☒

Brand with Generic Equivalent

*The following brand-name drugs
 have generics available at a Tier-
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 tion may be covered at a higher
 member cost or may not be cov-
 ered for certain plans.

Accolate*
 Accuneb*
 Accupril*
 Accutec*
 Aclovate*
 Actigall*
 Activella*
 Actoplus Met* (ST)
 Actos*
 Adalat CC*
 Adderall* ☒
 Adderall XR* (PA 19yrs) ☒
 Adrenalin*
 Agrylin*
 Aldactazide*
 Aldactone*
 Aldara*
 Allesse*
 Alphagan* (P Tier-Three)
 Altace* (tabs Tier-Three)
 Amaryl*
 Ambien* (CR* Tier-Three, ST,
 STS) (SL tab and oral spray
 not covered) (PA ≤ 17yrs) ☒
 Amerge* ☒
 Amicar*
 Amoxil* ☒
 Anafranil*
 Analpram HC*
 Anaprox*, DS*
 Anaspaz*
 Ansaid*
 Antabuse*
 Anusol-HC*
 Apresoline*
 Aralen* ☒
 Arava*
 Aricept* (PA < 40yrs)
 (23mg non-form)
 Arimidex* (PA, PAS) ☒
 Aromasin* (PA, PAS) ☒
 Artane*
 Astelin*
 Atarax*
 Ativan* ☒
 Atrovent Soln*
 Atrovent soln*, nasal soln*
 Augmentin ES* ☒
 Augmentin ES*, XR* ☒
 Auralgan
 Avalide*
 Avapro*
 Axid*
 Aygestin*
 Azulfidine*, EN*
 Bactrim* ☒, DS* ☒
 Bactroban Cream*

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Bactroban Oint.*	Demadex*	Glucovance*	Lovenox* ♦ (PA, PAS) ☒	Ocufen*
Bentyl*	Demerol* ☒	Glyname*	Loxitan*	Ocuflox*
Benzamycin*	Depakene*	Golytely* ☒	Lozol*	Ocupress*
Betagan*	Depakote*, ER*	Grifulvin V susp* ☒	Ludiomil*	Omnicef* ☒
Betapace*, AF*	Derma-Smoother/FS*	Halcion* (PA ≤ 17yrs) ☒	Luride*	Optipranolol*
Betoptic*	Desowen*	Haldol*	Luvox* (CR Tier-Three, ST)	Orasone*
Biaxin* ☒, XL* ☒	Desyrel*	Heparin* ☒	Macrobid*	Orinase*
Bicitra*	Dexedrine* ☒	Hiprex*	Macrochantin*	Ortho Cept*
Bleph10*	DextroStat* ☒	Humatin*	Mavik*	Ortho Cyclen*
Brethine*	Diabeta*	Hydrea* ☒	Maxitrol*	Ortho Est*
Bumex*	Diabinese*	Hytrin*	Maxalt, MLT* ☒	Ortho Micronor*
Buspar*	Diamox*	Hyzaar*	Maxzide*	Ortho Novum*
Cafergot* ☒	Diastat* ☒	Imdur*	Meclomen*	Ortho Novum 777*
Calan*, SR*	Diflucan* (suspension- PA ≥ 5 years) ☒	Imitrex* ☒	Medrol*	Ortho TriCyclen*
Calciferol*	Dilacor XR*	Imuran* ☒	Megace* (ES Tier-Three)	Ovcon*
Calcitonin Nasal Spray ☒	Dilaudid* (oral soln Tier-Three) ☒	Inderal*, LA*	Mellaryl*	OxylIR* ☒
Capoten*	Diovan*	Indocin, SR* (suppositories Tier-Three)	Menest*	Pamelor*
Capozide*	Diovan HCT*	Intal Neb*	Mestion*	Parafon Forte DSC*
Carafate tabs*	Diprolene*, AF*	lopidine*	Metadate ER* ☒	Parlodel*
Carbatrol*	Diprosone*	ISMO*	Metaglip*	Parnate*
Cardizem*, CD* (LA* Tier-Three)	Disalcid*	Isoptin*, SR*	Methergine*	Paxil* (CR Tier-Three, ST)
Cardura* (XL Tier-Three)	Ditropan* (XL* Tier-Three, ST)	Isopto Atropine*	MetroCream*	PEG - electrolyte soln* ☒
Cartia XT*	Diuril*	Isopto Carbachol*	MetroLotion*	Penlac* ☒
Casodex*	Dolobid*	Isopto Carpine*	Mevacor*	Pepcid* (RPD Tier-Three)
Cataflam*	Dolophine* ☒	Isordil*	Mexitil*	Percocet* ☒
Catapres* (TTS* patch Tier-Three)	Domeboro Otic*	Kayexalate* ☒	Miacalcin nasal spray*	Percodan* ☒
Ceclor*, CD* ☒	Donnatal (caps Tier-Three)*	K-Dur*	Microgestin*, FE*	Persantine*
Ceftin* ☒	Dostinex*	Keflex* ☒	Micronase*	Phenergan Codeine, DM,VC, & VC/Codeine* ☒
Cefzil* ☒	Drysol*	Kenalog*	Microzide*	Phenergan*
Celexa*	Duetact*	Keppra* (XR* Tier-Three ST)	Midamor*	Phenylek*
Cheracol*	Duoneb*	Klaron*	Midrin* ☒	Phoslo*
Ciloxan Soln*	Duricef* ☒	Klonopin* ☒	Migranal* ☒	Pirmella*
Cipro* (XR* Tier-Three) ☒	Dyazide*	K-Lor*	Minipress*	Plan B (Requires Doctor's Prescription) ☒
Cleocin* (Cleocin T swab Tier-Three) ☒, T* ☒, Vag* ☒	Dynacin* capsules (tabs not covered) ☒	K-Lyve*	Minocin*	Plan B One-Step (Requires Doctor's Prescription)
Climara*	EC-Naprosyn*	K-Phos Neutral*	Miralax*	Plaquenil*
Clinoril*	EES* ☒	Kristalose*	Mirapex*	Plavix*
Clozaril* ☒	Effexor*, XR*	Kwell* ☒	Mircette*	Pletal*
Cogentin*	Efudex*	Lamictal* (Starter Pack, Tier-Three, ODT (ST) Tier- Three, XR (ST) Tier-Three)	Mobic*	Polytrim*
Colazal*	Elavil*	Lamisil* (tabs only)	Modicon*	Poly-Vi-Flor*
Colestid*	Eldepryl*	Lasix*	Monodox* (75mg not covered)	Potassium Citrate/Citric Acid*
Colyte*	Elimite*	Levaquin* ☒	Motrin*	Pravachol*
Compazine*	Elocon*	Levoxyl*	MS Contin* ☒	Precose*
Concerta* (PA ≥ 19yrs) ☒	Emla* ☒	Levsin*	MSIR* ☒	Pred Forte*
Condylox Gel*, Soln*	Entocort EC*	Levsinex*	Myambutol* ☒☉	Pred Mild*
Cardarone*	Ery-Tab* ☒	Lexapro*	Mycelex Troche*	Prednisolone, Acetate, Sod
Coreg* (CR Tier-Three)	Erythrocine* ☒	Librax*	Mycostatin* ☒	Phos*
Corgard*	Estrace tabs*	Librium* (PA ≤ 5yrs) ☒	Mysoline*	Phos*
Cortef*	Famvir* ☒	Lidex*	Nalfon*	Prelong*
Cortisporin*	Feldene*	Lioresal*	Naprosyn* (Naprelan Tier-Three)	Prevalite*
Cosopt*	Femara* (PA, PAS)	Lipitor*	Navane*	Primaquine* ☒
Cozaar*	Fioricet*	Locoid*	Neosporin ophthalmic*	Principen* ☒
Crolom*	Fiorinal w/Codeine* ☒	Lodine*, XL*	Neurontin*	Prinivil*
Cutivate* cream, oint (lotion Tier-Three)	Fiorinal* ☒	Lofibra*	Nimotop*	Prinzide*
Cyclogyl*	Flagyl* (ER Tier-Three) ☒	Lomofil*	Nitrobid*	Proamateine*
Cytrin*	Flexeril*	Loniten*	NitroDur*	Pro-Banthine*
Cytomel*	Flomax*	Lopid*	Nizoral* ☒	Procardia*, XL*
Cytotec*	Flonase*	Lopressor*	Nolvadex*	Proctocort*
Dalmane* (PA ≤ 14yrs) ☒	Flumadine* ☒	Lopressor HCT*	Nordette*	Proctocream-HC*
Danazol*	FML*	Loprox Cream* (gel and shampoo Tier-Three)	Nor-Q-D*	Proctofoam-HC*
Dantrium*	Focalin IR* ☒	Lortab* ☒	Norflex*	Prometrium*
Daypro*	Furadantin* ☒	Lotensin HCT*	Norinyl*	Propafenone (SR* Tier-Three)
Dazidox* ☒	Garamycin*	Lotensin*	Norpace*, CR*	Proscar*
DDAVP*	Geodon*	Lotrisone Cream*, Lotion*	Norpramin*	Protonix* (packets Tier-Three)
Decadron*	Glucophage*, XR*		Nortrel*	Proventil* (Not HFA)
	Glucotrol*, XL*		Norvasc* (ODT not covered)	Provera*
			Nulytely* ☒	Prozac* (weekly Tier-Three)

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans. If you need more information, read your prescription drug rider, or call Member Services at the number on the back of your member ID card.

♦ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.
☒ Not available as 90-day supply

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, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. 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.

Pulmicort Respules* (PA, PAS > 4yrs)	Sectral*	Tigan* ☒	Valium* ☒	Zaditor* OTC (Requires Doctor's Prescription - generic copay) (Prescription Zaditor* not covered)
Purinethol* ☒	Septra DS* ☒	Timoptic*, XE*	Valtrex* ☒	Zanaflex (caps not covered)
Pyridium*	Seroquel*	Tobradex (Tobra-Dex ST Susp Tier-Three)	Vancocin* inj. ☒	Zantac* (efferdose not covered)
Questran, Light*	Silvadene*	Tobrex*	Vaseretic*	Zarontin*
Reglan*	Sinemet*, CR*	Tofranol* (PM Tier-Three)	Vasotec*	Zaroxolyn*
Remeron* (sol Tab Tier-Three)	Singulair* (PA)	Topamax*	Verelan SR*, PM*	Zebeta*
Requip*, (XL Tier-Three, ST)	Soma Compound*	Topicort*	Vfend* ☒	Ziac*
Restoril* (7.5mg & 22.5mg Tier-Three) (PA ≤ 17yrs) ☒	Soma* (250mg not covered)	Toprol XL*	Vibramycin* ☒	Zithromax* ☒
Retin-A*	Sonata* (PA ≤ 17yrs) ☒	Trandate*	Vibramycin Susp* (syrup Tier-Three) ☒	Zocor*
Retin-A Micro*	Soriatane*	Tranxene* (PA ≤ 8yrs) ☒	Vicodin*, ES* ☒	Zofran* (24mg tab Tier-Three) ☒
Revia* ☒	Spectazole*	Trental*	Vicoprofen* ☒	Zoloft*
Rifadin* ☒	Sporanox capsules* ☒	Tri-Norinyl*	Viroptic*	Zonegran*
Rifamate* ☒	Sulamyd*	Trileptal*	Vistaril*	Zovirax*(oint & cream Tier-Three)
Rilutek* (PA, PAS)	Sular*	Trilipix*	Vivactil*	Zyloprim*
Risperdal* (ODT,Soln, ST) (M-Tab non-form, ST)	Synthroid*	Trimethobenazamide ☒	Voltaren, XR*	Zyprexa*, ODT*
Ritalin* ☒, SR* ☒ (LA Tier-Three, PA, PAS) ☒	Tagamet*	Trimethoprim ☒	Vosol*, HC*	
RMS suppositories* ☒	Tambocor*	Trusopt*	Wellbutrin*, SR* (XL*)	
Robaxin*	Tapazole*	Tylenol 3, 4* ☒	Westcort*	
Robitussin AC*, DAC* ☒	Tegretol*, XR*	Tylox* ☒	Xalatan*	
Rocaltrol*	Temovate*	Ultract*	Xanax*, XR* (PA ≤ 17yrs) ☒	
Rowasa Enema*	Tenex*	Ultram* (ER* Tier-Three)	Xylocaine*	
Rythmol* (SR Tier-Three)	Tenoretic*	Ultravate* cream/oint Uniphyl*	Yasmin*	
Salagen*	Tenormin*	Uniretic*	Yaz*	
Sanctura*	Terazol*	Univasc*	Yodoxin* ☒	
	Tessalon Perles* ☒	Urecholine*		
	Tiazac*	Urocit K*		
	Ticlid*	Uroxatral*		

Tier-Three Alternative Tier-One or Tier-Two Drugs

Non-Preferred Drugs Preferred Alternative

A		B	
Abilify (PA, PAS)	<i>Clozaril*, Geodon*, Risperdal*, Seroquel*</i>	Alomide	<i>Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom*</i>
Abilify ODT, Soln (ST)	<i>Abilify tabs</i>	Alphagan-P	<i>Alphagan*</i>
Abstral (PA, PAS) ☒	<i>Oxy IR* ☒, MSIR* ☒</i>	Alvesco (PA, PAS)	<i>Qvar, Asmanex</i>
Accu-check Brand Test Strips (PA, PAS)	<i>One Touch Test Strips</i>	Ambien CR (ST, STS) (PA ≤ 17yrs) ☒	<i>Ambien* (PA ≤ 17yrs) ☒, Ativan* ☒, Halcion* (PA ≤ 17yrs) ☒, Oxazepam* (PA ≤ 5yrs) ☒, Restoril* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒</i>
Aceon [†]	<i>Zestril*, Prinivil*, Lotensin*, Accupril*</i>	Amethia ^{††}	<i>Multiple preferred oral contraceptives are available</i>
Aciphex (PA, PAS)	<i>Zegerid OTC, Prilosec OTC, Prevacid 24 (OTC's covered with a prescription for Tier-One copay), Prilosec RX*, Protonix*</i>	Amitiza (ST, STS) ☒	<i>Miralax OTC*, Chronulac*, Colyte*</i>
Actiq ^{††} (PA, PAS) ☒	<i>Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln Tier-Three) ☒</i>	Amnestem ^{††} , (ST) ☒	<i>Doxycycline ☒, Minocycline ☒</i>
Actonel (PA)	<i>Fosamax*</i>	Ampyra	<i>No alternative available</i>
Acular ^{††} , LS ^{††}	<i>Ocufen*, Voltaren Ophthalmic*</i>	Androderm (PA, PAS) ☒ (not covered)	<i>Testim (PA, PAS) ☒</i>
Advicor	<i>Zocor*, Simcor</i>	Anzemet ☒	<i>Compazine*, Phenergan*, Tigan* ☒, Zofran* ☒</i>
Advair (PA, PAS)	<i>Dulera, Symbicort</i>	Apidra (ST, STS)	<i>Humalog</i>
Allegra ^{††} , ODT (not covered)	<i>OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a Tier-One copay)</i>	Arixtra ^{††} (PA, PAS) ☒	<i>Fragmin* (PA, PAS) ☒, Lovenox* (PA, PAS) ☒</i>
Allegra D ^{††} (not covered)	<i>OTC Claritin D*, OTC Zyrtec D* or OTC Allegra-D* Allergy (covered with a prescription for a Tier-One copay)</i>	Arthrotec ^{††}	<i>Voltaren*, Cytotec*</i>
Alocril	<i>Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom*</i>	Ascensia Brand Test Strips (PA, PAS)	<i>One Touch Test Strips</i>
		Atacand (PA, PAS)	<i>Avapro*, Cozaar*, Diovan*</i>
		Atacand HCT (PA, PAS)	<i>Avalide*, Diovan HCT*, Hyzaar*</i>
		Atelvia (PA)	<i>Fosamax*</i>
		Atralin Gel (ST)	<i>Retin-A*, Retin-A Micro*</i>
		Auralgan	<i>A/B Otic Soln*</i>
		Auvi-Q (PA)	<i>EpiPen, Jr</i>
		Avandamet (PA, PAS)	<i>Actos* Glucophage*</i>
		Avandaryl (PA, PAS)	<i>Actos*</i>
		Avandia (PA, PAS)	<i>Actos*</i>
			<i>Avinza (PA, PAS) ☒</i>
			<i>Avita Gel</i>
			<i>Avodart (ST)</i>
			<i>Axert (ST) ☒</i>
			<i>Axiron (PA, PAS) (not covered)</i>
			<i>Azor (PA, PAS)</i>
			<i>MS Contin* ☒, Opana ER* ☒, Methadone* ☒</i>
			<i>Retin-A*, Retin-A Micro*</i>
			<i>Proscar*</i>
			<i>Amerge* ☒, Imitrex* ☒, Maxalt* ☒, Maxalt MLT* ☒</i>
			<i>Testim (PA,PAS) ☒, Androgel (PA,PAS) ☒</i>
			<i>Avapro* Plus Norvasc*, Cozaar* Plus Norvasc*, Diovan* Plus Norvasc*</i>
			<i>Beconase (ST,STS)</i>
			<i>Benicar (PA, PAS)</i>
			<i>Benicar HCT (PA, PAS)</i>
			<i>Benzaclin^{††}</i>
			<i>Betoptic S^{††}</i>
			<i>Boniva (PA)</i>
			<i>Breo Ellipta (PA, PAS)</i>
			<i>Brevicon*</i>
			<i>Brovana</i>
			<i>Butrans (PA, PAS) ☒</i>
			<i>Bydureon (PA)</i>
			<i>Byetta (PA)</i>
			<i>Bystolic</i>
			<i>Caduet (not covered)</i>
			<i>Cambia (ST) ☒</i>
			<i>Camrese^{††}</i>
			<i>Cardizem LA^{††}</i>
			<i>Flonase*, Nasalide*, Nasonex</i>
			<i>Avapro*, Cozaar*, Diovan*</i>
			<i>Avalide*, Diovan HCT*, Hyzaar*</i>
			<i>Cleocin-T*, Bezamycin*</i>
			<i>Betoptic*, Timoptic*, Timoptic XE*, Betagan*</i>
			<i>Fosamax*</i>
			<i>Symbicort, Dulera</i>
			<i>Multiple preferred oral contraceptives are available</i>
			<i>Spiriva, Symbicort, Serevent</i>
			<i>MS Contin* ☒, Opana ER* ☒, Methadone* ☒</i>
			<i>Amaryl*, Glucophage*, Actos*</i>
			<i>Amaryl*, Glucophage*, Actos*</i>
			<i>Inderal LA*, Toprol XL*, Lopressor*, Coreg*</i>
			<i>Norvasc* plus Lipitor*, Norvasc* plus Zocor*</i>
			<i>Amerge* ☒, Imitrex* ☒, Maxalt* ☒, Maxalt MLT* ☒</i>
			<i>Multiple preferred oral contraceptives are available</i>
			<i>Cardizem CD*</i>

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans. If you need more information, read your prescription drug rider, or call Member Services at the number on the back of your member ID card.

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, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. 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.

^{††} Brand name medications and the generic equivalent are covered at a higher member cost.

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

◆ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

☒ Not available as 90-day supply

Catapres TTS [†]	<i>Catapres*</i> , <i>Aldomet*</i> , <i>Hytrin*</i> , <i>Minipress*</i> , <i>Cardura*</i>
Caverject ☒	No alternative available
Celebrex (ST)	<i>Motrin*</i> , <i>Naprosyn*</i> , <i>Mobic*</i> , <i>Voltaren*</i> , <i>Clinoril*</i> , <i>Disalcid*</i> , <i>Relafen*</i>
Cenestin	<i>Premarin</i> , <i>Ogen*</i>
Cialis ☒ (2.5mg not covered)	No alternative available
Claravis [†] , (ST) ☒	<i>Doxycycline</i> ☒, <i>Minocycline</i> ☒
Clarinet [†]	OTC <i>Claritin*</i> , OTC <i>Zyrtec*</i> or OTC <i>Allegra*</i> Allergy (covered with a prescription for a Tier-One copay)
Clarinet D (ST)	OTC <i>Claritin D*</i> , OTC <i>Zyrtec D*</i> or OTC <i>Allegra D*</i> Allergy (covered with a prescription for a Tier-One copay)
Colcrys (PA) ☒	<i>Zyloprim*</i> , <i>Probenecid*</i>
Coreg CR	<i>Coreg*</i>
Cosopt PF	<i>Cosopt*</i>
Cyclessa*	Multiple preferred oral contraceptives are available
Cymbalta (PA, PAS)	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i> , <i>Effexor*</i> , <i>Effexor XR*</i>

D

Daliresp	<i>Spiriva</i> , <i>Symbicort</i> , <i>Serevent</i>
Daytrana (PA ≥ 19yrs) ☒	<i>Adderall*</i> ☒, <i>Adderall XR*</i> (PA ≥ 19yrs) ☒, <i>Ritalin*</i> ☒, <i>Ritalin SR*</i> ☒, <i>Metadate ER*</i> ☒, <i>Focalin IR</i> ☒, <i>Concerta*</i> (PA ≥ 19yrs) ☒
Depo-Provera* Inj.	Multiple preferred oral contraceptives are available
Desogen*	Multiple preferred oral contraceptives are available
Detrol*/Detrol LA (ST)	<i>Ditropan*</i> , <i>Sanctura*</i>
Denavir	<i>Abreva</i> (Requires Doctor's prescription), <i>Zovirax*</i> oral
Dexilant (PA, PAS)	<i>Zegerid</i> OTC, <i>Prilosec</i> OTC, <i>Prevacid 24</i> (OTC's covered with a prescription for Tier-One copay), <i>Prilosec</i> RX*, <i>Protonix*</i>
D.H.E. 45 [†] ☒	<i>Amerge*</i> ☒, <i>Imitrex*</i> ☒, <i>Maxalt*</i> ☒, <i>Maxalt MLT*</i> ☒
Diclegis	<i>Zofran*</i>
Differin [†] (ST)	<i>Retin-A*</i> , <i>Retin-A Micro*</i>
Dificid ☒	<i>Flagyl*</i> , <i>Vancocin*</i>
Dipentum	<i>Azulfidine*</i> , <i>Asacol</i> , <i>Asacol HD</i>
Ditropan XL [†] (ST)	<i>Ditropan*</i> , <i>Sanctura*</i>
Dovonex [†] (ST)	<i>Kenalog*</i> , <i>Elocon*</i> , <i>Desowen*</i>
Duac	OTC <i>Benzoyl Peroxide</i> plus <i>Topical Clindamycin*</i>
Duragesic [†] ☒	<i>MS Contin*</i> ☒, <i>Opana ER</i> ☒, <i>Methadone*</i> ☒

E

Edarbi (PA, PAS)	<i>Avapro*</i> , <i>Cozaar*</i> , <i>Diovan*</i>
Edarbyclor (PA, PAS)	<i>Avalide*</i> , <i>Diovan HCT*</i> , <i>Hyzaar*</i>
Edex ☒	No alternative available
Effient	<i>Plavix*</i>
Elidel (PA, PAS) ☒	<i>Kenalog*</i> , <i>Diprosone*</i> , <i>Topicort*</i> , <i>Locoid*</i> , <i>Wescort*</i> , <i>Elocon*</i>
Embeda (PA, PAS) ☒	<i>MS Contin*</i> ☒, <i>Opana ER*</i> ☒, <i>Methadone*</i> ☒
Emend	<i>Zofran*</i>

Emsam	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i>
Enblex (ST)	<i>Ditropan*</i> , <i>Sanctura*</i>
Epaned (PA ≥13 years)	No alternative available
Epiduo (ST)	<i>Retin-A Micro*</i>
Estrostep FE*	Multiple preferred oral contraceptives are available
Exalgo (PA, PAS) ☒	<i>MS Contin*</i> ☒, <i>Opana ER*</i> ☒, <i>Methadone*</i> ☒
Exelon (PA < 40yrs)	<i>Aricept*</i> (PA < 40yrs), <i>Namenda</i> (PA < 40yrs)
Exforge (PA, PAS)	<i>Avapro* Plus Norvasc*</i> , <i>Cozaar* Plus Norvasc*</i> , <i>Diovan* Plus Norvasc*</i>

F

Fanapt (ST)	<i>Geodon*</i> , <i>Risperdal*</i> , <i>Seroquel*</i> , <i>Zyprexa*</i>
Femcon	Multiple preferred oral contraceptives are available
FemHRT	<i>Prempro</i> , <i>Premphase</i>
Fenoglide	<i>Lofibra*</i> , <i>Trilipix</i>
Fentora (PA, PAS) ☒	<i>MSIR*</i> ☒, <i>OxyIR*</i> ☒
Finacea	<i>Metronidazole 0.75% gel</i>
Flovent (PA, PAS)	<i>Asmanex</i> , <i>QVAR</i>
Focalin XR [†] (PA ≥ 19yrs) ☒	<i>Adderall*</i> ☒, <i>Adderall XR*</i> (PA ≥ 19yrs) ☒, <i>Ritalin*</i> ☒, <i>Ritalin SR*</i> ☒, <i>Metadate ER*</i> ☒, <i>Focalin IR*</i> ☒, <i>Concerta*</i> (PA ≥ 19yrs) ☒
Foradil	<i>Serevent</i>
Fortesta (PA, PAS) ☒ (not covered)	<i>Testim</i> (PA,PAS) ☒, <i>Androgel</i> (PA,PAS) ☒
Fosamax Plus D (PA)	<i>Fosamax*</i>
Frova (ST) ☒	<i>Amerge*</i> ☒, <i>Imitrex*</i> ☒, <i>Maxalt*</i> ☒, <i>Maxalt MLT*</i> ☒
Fulyzaq (PA, PAS)	<i>diphenoxylate/atropine</i>
Fycompa (PA, PAS)	<i>phenytoin</i> , <i>carbamazepine</i> , <i>valproic acid</i> , <i>levetiracetam</i>

G

Gabitril	<i>Neurontin*</i> , <i>Keppra*</i> , <i>Lamictal*</i> , <i>Trileptal*</i> , <i>Tegretol*</i> , <i>Tegretol XR*</i> , <i>Topamax*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER*</i>
Gelnique (ST)	<i>Ditropan*</i> , <i>Sanctura*</i>
Giazio (ST)	<i>balsalazide</i>
Gralise (ST)	<i>Neurontin*</i>

H

Halflytely ☒	<i>CoLyte*</i> ☒
Hectorol (ST, STS)	<i>Rocaltrol*</i>
Horizant (ST)	<i>Neurontin*</i> , <i>Requip*</i> , <i>Mirapex*</i>
HyperRho ☒	No alternative available

I

Innopran XL	<i>Inderal LA*</i> , <i>Toprol XL*</i> , <i>Lopressor*</i> , <i>Coreg*</i>
Insulins Novo Brand	<i>Lilly Brand Insulins</i>
Introvale [†]	Multiple preferred oral contraceptives are available
Intuniv	<i>Ritalin*</i> ☒, <i>Adderall*</i> ☒, <i>Tenex*</i> , <i>Catapres tabs*</i>
Invenga (ST)	<i>Geodon*</i> , <i>Risperdal*</i> , <i>Seroquel*</i> , <i>Zyprexa*</i>
Invokana (ST, STS)	<i>Metformin</i> , <i>Januvia/met</i> , <i>Onglyza/Kombi</i>
Iprivask■ (PA, PAS) ☒	<i>Fragmin♦</i> (PA, PAS) ☒, <i>Lovenox♦</i> (PA, PAS) ☒

Isotretinoin [†] (ST) ☒	<i>Doxycycline</i> ☒, <i>Minocycline</i> ☒
Jalyn (ST)	<i>Proscar*</i>
Jentaduetto (PA)	<i>Actos</i> , <i>Duetact</i> , <i>Glucophage*</i> , <i>Janumet</i> (ST), <i>Januvia</i> (ST), <i>Kombiglyze XR</i> (ST), <i>Onglyza</i> (ST)
Jolessa [†]	Multiple preferred oral contraceptives are available

K

Kadian [†] (PA, PAS)	<i>MS Contin*</i> ☒, <i>Opana ER*</i> ☒, <i>Methadone*</i> ☒
Kapvay	<i>Ritalin*</i> ☒, <i>Adderall*</i> ☒, <i>Tenex*</i> , <i>Catapres tabs*</i>
Kazano (PA)	<i>Glucophage*</i> , <i>Actos*</i> , <i>Duetact*</i> , <i>Janumet</i> (ST), <i>Januvia</i> (ST), <i>Onglyza</i> (ST), <i>Kombiglyze XR</i> (ST)
Keppra XR [†]	<i>Keppra*</i> , <i>Neurontin*</i> , <i>Lamictal*</i> , <i>Trileptal*</i> , <i>Tegretol*</i> , <i>Tegretol XR*</i> , <i>Topamax*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER*</i>

L

Lamictal ODT (ST), XR (ST), Starter Pack	<i>Lamictal*</i> , <i>Neurontin*</i> , <i>Keppra*</i> , <i>Trileptal*</i> , <i>Tegretol*</i> , <i>Tegretol XR*</i> , <i>Topamax*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER*</i>
Lamisil Granules (PA) ☒	<i>Lamisil*</i> tab ☒
Lantus (ST, STS)	<i>Levemir</i>
Lantus Solostar (ST, STS)	<i>Levemir Flexpen</i>
Lazanda (PA, PAS) ☒	<i>Oxy IR*</i> ☒, <i>MSIR*</i> ☒
Lescol, XL	<i>Zocor*</i> , <i>Pravachol*</i> , <i>Mevacor*</i> , <i>Lipitor*</i>
Levitra ☒	No alternative available
Lialda (ST)	<i>Colazal*</i> , <i>Apriso</i> , <i>Asacol HD</i> , <i>Delzicol</i>
Linzess (ST,STS)	<i>Lactulose*</i> , <i>Miralax*</i>
Liptruzet (ST)	<i>Mevacor*</i> , <i>Pravachol*</i> , <i>Lipitor*</i> , <i>Zocor*</i>
Livalo (ST)	<i>Mevacor*</i> , <i>Pravachol*</i> , <i>Zocor*</i> , <i>Liptor*</i>
Lo/Ovral*	Multiple preferred oral contraceptives are available
Loestrin*	Multiple preferred oral contraceptives are available
Loestrin 24 FE	Multiple preferred oral contraceptives are available
Loprox [†] ☒	<i>Nizoral*</i> ☒, <i>Nystatin*</i> ☒
Lotemax	<i>Pred Forte*</i> , <i>Decadron*</i> , <i>FML Liquifilm</i>
Lotrel [†]	<i>Norvasc*</i> plus <i>Lotensin*</i>
Lovaza (PA)	<i>Lofibra*</i> , <i>Trilipix</i> , <i>Niaspan</i>
Lumigan (PA, PAS)	<i>Xalatan*</i> , <i>Travatan Z</i>
Lunesta (ST, STS) (PA ≤ 17yrs) ☒	<i>Ambien*</i> (PA ≤ 17yrs) ☒, <i>Halcion*</i> (PA ≤ 17yrs) ☒, <i>Oxazepam*</i> (PA ≤ 5yrs) ☒, <i>Restoril*</i> (PA ≤ 17yrs) ☒, <i>Sonata*</i> (PA ≤ 17yrs) ☒
Luvox CR	<i>Luvox*</i> , <i>Celexa*</i> , <i>Prozac*</i> , <i>Paxil*</i> , <i>Zoloft*</i> , <i>Lexapro*</i>
Lyrice (PA, PAS) ☒	<i>Neurontin*</i> , <i>Keppra*</i> , <i>Lamictal*</i> , <i>Trileptal*</i> , <i>Tegretol*</i> , <i>Tegretol XR*</i> , <i>Topamax*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER*</i>

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[†] Brand name medications and the generic equivalent are covered at a higher member cost.

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

◆ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

☒ Not available as 90-day supply

M

Malarone ^{††} (PA, PAS)	☒ <i>Coartem (PA)</i> ☒, <i>Aralen*</i> ☒, <i>Daraprim</i> ☒, <i>Plaquenil*</i> , <i>Primaquine*</i> ☒
Marinol ^{††} (PA, PAS)	☒ <i>Requires Prior Auth</i>
Metadate CD ^{††} (PA ≥ 19yrs) ☒	<i>Adderall*</i> ☒, <i>Adderall XR*</i> (PA ≥ 19yrs) ☒, <i>Ritalin*</i> ☒, <i>Ritalin SR*</i> ☒, <i>Metadate ER*</i> ☒, <i>Focalin IR*</i> ☒, <i>Concerta*</i> (PA ≥ 19yrs) ☒
Metrogel 1% ^{††} (ST)	<i>Metronidazole 0.75% Gel</i>
Miacalcin Injection (PA)	<i>Miacalcin Nasal Spray*</i>
Migranal ^{††} ☒	<i>Amerge*</i> ☒, <i>Imitrex*</i> ☒, <i>Maxalt*</i> ☒, <i>Maxalt MLT*</i> ☒
Minastrin 24 FE	<i>Multiple preferred oral contraceptives are available</i>
MoviPrep	<i>Colyte, Golytely</i>
Multaq	<i>Cordarone*</i>
Myorisan ^{††} (ST) ☒	<i>Doxycycline</i> ☒, <i>Minocycline</i> ☒

N

Naftin	<i>Lotrimin*</i> , <i>Spectazole*</i>
Naprelan ^{††}	<i>Motrin*</i> , <i>Naprosyn*</i> , <i>Voltaren*</i> , <i>Orudis*</i> , <i>Clinoril*</i> , <i>Disalcid*</i> , <i>Relafen*</i> , <i>Mobic*</i>
Nasacort ^{††} (ST, STS)	<i>Flonase*</i> , <i>Nasalide*</i> , <i>Nasonex</i>
Neevo	<i>Multiple prenatal vitamins</i>
Neevo DHA	<i>Multiple prenatal vitamins</i>
Nesina (PA, PAS)	<i>Januvia, Onglyza</i>
Neupro (ST)	<i>Neurontin*</i> , <i>Requip*</i> , <i>Mirapex*</i>
Niravam ^{††} (PA ≤ 17yrs) ☒	<i>Xanax*</i> (PA ≤ 17yrs) ☒
Noroxin ☒	<i>Cipro*</i> ☒, <i>Avelox</i> ☒, <i>Levaquin*</i> ☒
Norgesic/Norflex ^{††}	<i>Flexeril*</i> , <i>Lioresal*</i> , <i>Robaxin*</i> , <i>Soma*</i> ☒ (250mg not covered)
Novo Brand Insulins	<i>Lilly Brand Insulins</i>
Novolin (ST, STS)	<i>Humulin</i>
Novolog (ST, STS)	<i>Humalog</i>
Noxafil ☒	<i>Requires Prior Auth</i>
Nucynta (ST, STS) ☒	<i>MSIR*</i> ☒, <i>Oxycodone IR*</i> ☒
Nucynta ER (PA, PAS) ☒	<i>MS Contin*</i> ☒, <i>Opana ER*</i> ☒, <i>Methadone*</i> ☒
Nuvigil (PA, PAS) ☒	<i>Ritalin*</i> ☒, <i>Dexedrine*</i> ☒, <i>Adderall*</i> ☒
Nymalize (PA, PAS)	<i>Nimodipine capsules</i>

O

Ogestrel ^{††}	<i>Multiple preferred oral contraceptives are available</i>
Oleptro	<i>Trazodone</i>
Omniaris (ST, STS)	<i>Flonase*</i> , <i>Nasalide*</i> , <i>Nasonex</i>
Onsolis (PA, PAS) ☒	<i>Oxy IR*</i> ☒, <i>MSIR*</i> ☒
Opana IR (ST, STS) ☒	<i>MSIR*</i> ☒, <i>Oxycodone IR*</i> ☒
Oravig ☒	<i>Diflucan*</i> ☒, <i>Mycelex*</i> ☒, <i>Mycostatin*</i> ☒
Ortho Evra	<i>Multiple preferred oral contraceptives are available</i>
Ortho Tri Cyclen Lo	<i>Multiple preferred oral contraceptives are available</i>
Oseni (PA, PAS)	<i>No alternative available</i>
Osphena (ST)	<i>Vagifem, Estrace cream</i>
Oxistat ☒	<i>Nizoral*</i> ☒, <i>Nystatin*</i> ☒
Oxycontin (PA, PAS) ☒	<i>MS Contin*</i> ☒, <i>Opana ER</i> ☒
Oxtellar XR (PA)	<i>Trileptal*</i>
Oxytrol (ST)	<i>Ditropan*</i> , <i>Sanctura*</i>

P

Pancreaze (ST)	<i>Creon, Zenpep</i>
Pataday	<i>Alaway*</i> , <i>Zaditor OTC</i> (covered with a prescription for Tier-One copay)
Patanol	<i>Alaway*</i> , <i>Zaditor OTC</i> (covered with a prescription for Tier-One copay)
Paxil CR ^{††}	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i>
Pentasa	<i>Colazal*</i> , <i>Asacol HD, Apriso, Delzicol</i>
Perforomist	<i>Spiriva, Serevent</i>
Pertzye (ST)	<i>Creon, Zenpep</i>
Potiga	<i>Neurontin*</i> , <i>Keppra*</i> , <i>Lamictal*</i> , <i>Trileptal*</i> , <i>Tegretol*</i> , <i>Tegretol XR*</i> , <i>Topamax*</i> , <i>Depakene*</i> , <i>Depakote*</i> , <i>Depakote ER*</i>
Pradaxa	<i>Coumadin*</i>
Prandin ^{††}	<i>Diabeta*</i> , <i>Glucotrol*</i> , <i>Amaryl*</i>
Prefest	<i>Prempro, Premphase</i>
Premarin Vag Cream	<i>Estrace Vag Crm, Vagifem</i>
Prenate DHA	<i>Multiple preferred prenatal vitamins available</i>
Prenate Elite	<i>Multiple preferred prenatal vitamins available</i>
Prevacid Solutab ^{††} (PA, PAS)	<i>Zegerid OTC, Prilosec OTC, Prevacid 24 (OTC's covered with a prescription for Tier-One copay), Prilosec RX*, Protonix*</i>
Prevpac	<i>Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin</i>
Pristiq (PA)	<i>Effexor*</i> , <i>Effexor XR*</i> (ST), <i>Celexa*</i> , <i>Prozac*</i> , <i>Paxil*</i> , <i>Zoloft*</i> , <i>Luvox*</i>
Prolensa	<i>Voltaren drops*</i>
Protonix Packets	<i>Protonix* tablets</i>
Protopic (PA, PAS) ☒	<i>Hydrocortisone*</i> , <i>Betamethasone*</i> , <i>Triamcinolone*</i> , <i>Elocon*</i> , <i>Temovate*</i> , <i>Sinalar*</i> , <i>Topicort*</i>
Proventil HFA (PA, PAS)	<i>Ventolin HFA, Proair HFA</i>
Provigil ^{††} (PA, PAS) ☒	<i>Ritalin*</i> ☒, <i>Dexedrine*</i> ☒, <i>Adderall*</i> ☒
Prozac Weekly ^{††}	<i>Prozac Capsules*</i>
Pulmicort Flexhaler/Turbuhaler (PA, PAS)	<i>QVAR, Asmanex</i>

Q

Quaaliquin (PA, PAS) ☒	<i>Aralen*</i> ☒, <i>Plaquenil*</i> , <i>Primaquine*</i> ☒
Quartette	<i>Multiple preferred oral contraceptives are available</i>
Quasense ^{††}	<i>Multiple preferred oral contraceptives are available</i>
Quillivant XR (PA) ☒	<i>Ritalin SR</i>

R

Razadyne ^{††} (PA < 40yrs)	<i>Aricept*</i> (PA < 40yrs), <i>Namenda</i> (PA < 40yrs)
Regranex	<i>No alternative available</i>
Relistor	<i>Lactulose*</i> , <i>Miralax* OTC</i> (covered with a prescription for Tier-One copay)
Relpax (ST) ☒	<i>Amerge*</i> ☒, <i>Imitrex*</i> ☒, <i>Maxalt*</i> ☒, <i>Maxalt MLT*</i> ☒
Remeron Soltab ^{††}	<i>Remeron*</i> , <i>Celexa*</i> , <i>Ludiomil*</i> , <i>Desyrel*</i>

Renegel	<i>Phoslo*</i> , <i>Renvela</i>
Requip XL ^{††}	<i>Requip*</i>
Rescula (PA, PAS)	<i>Travatan Z, Xalatan*</i>
Restasis	<i>Various OTC artificial tears available</i>
Restoril 7.5mg, 22mg (PA ≤ 17yrs) ☒	<i>Restoril* 15mg & 30mg (PA ≤ 17yrs) ☒, Ambien* (PA ≤ 17yrs) ☒, Halcion* (PA ≤ 17yrs) ☒</i>
Rhinocort (ST, STS)	<i>Flonase*</i> , <i>Nasalide*</i> , <i>Nasonex</i>
Rhogam ☒	<i>No alternative available</i>
Ritalin LA (PA ≥ 19yrs) ☒	<i>Adderall*</i> ☒, <i>Adderall XR*</i> (PA ≥ 19yrs) ☒, <i>Ritalin*</i> ☒, <i>Ritalin SR*</i> ☒, <i>Metadate ER*</i> ☒, <i>Focalin IR*</i> ☒, <i>Concerta*</i> (PA ≥ 19yrs) ☒
Rogaine	<i>Benefit exclusion</i>
Rozerem (PA, PAS) (PA ≤ 17 yrs) ☒	<i>Ambien* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒</i>

S

Sanctura XR ^{††} (ST)	<i>Sanctura*</i> , <i>Ditropan*</i>
Saphris (ST)	<i>Geodon*</i> , <i>Risperdal*</i> , <i>Seroquel*</i> , <i>Zyprexa*</i>
Sarafem tabs	<i>Prozac*</i> , <i>Sarafem caps*</i>
Seasonale ^{††}	<i>Multiple preferred oral contraceptives are available</i>
Seasonique ^{††}	<i>Multiple preferred oral contraceptives are available</i>
Sensipar (ST, STS)	<i>Calcitriol*</i>
Seroquel XR (PA, PAS)	<i>Geodon*</i> , <i>Risperdal*</i> , <i>Seroquel*</i> , <i>Zyprexa*</i>
Serzone ^{††}	<i>Celexa*</i> , <i>Prozac*</i> , <i>Zoloft*</i> , <i>Paxil*</i>
Skelaxin ^{††} ☒	<i>Flexeril*</i> , <i>Lioresal*</i> , <i>Robaxin*</i> , <i>Soma*</i> (250 mg not covered) ☒
Skelid	<i>Fosamax*</i>
Solaraze (ST)	<i>Aldara, Efudex</i>
Sotret ^{††} (ST) ☒	<i>Doxycycline</i> ☒, <i>Minocycline</i> ☒
Sprix ☒	<i>Motrin*</i> , <i>Naprosyn*</i> , <i>Voltaren*</i> , <i>Clinoril*</i> , <i>Disalcid*</i> , <i>Relafen*</i> , <i>Mobic*</i>
Stadol NS ^{††} ☒	<i>Tylenol with Codeine*</i> ☒, <i>Ultram*</i>
Starlix ^{††}	<i>Diabeta*</i> , <i>Glucotrol*</i> , <i>Amaryl*</i>
Striant (PA, PAS) ☒	<i>Testim (PA,PAS) ☒, Androgel (PA,PAS) ☒</i>
Strattera (ST, STS)	<i>Adderall*</i> ☒, <i>Ritalin*</i> ☒, <i>Ritalin SR*</i> ☒, <i>Metadate ER*</i> ☒, <i>Focalin IR*</i> ☒, <i>Concerta*</i> (PA ≥ 19yrs) ☒
Suboxone ^{††} (PA, PAS)	<i>Requires Prior Auth</i>
Subsys (PA, PAS) ☒	<i>Oxy IR*</i> ☒, <i>MSIR*</i> ☒, <i>Dilaudid*</i> (oral soln Tier-Three) ☒
Subutex ^{††} (PA, PAS)	<i>Requires Prior Auth</i>
Symbyax	<i>Prozac* plus Risperdal*</i>
Symmlin (PA, PAS)	<i>Humulin, Humalog, Levemir</i>

T

Taclonex (ST)	<i>Kenalog*</i> , <i>Elocon*</i> , <i>Desowen*</i>
Tamiflu ☒	<i>No alternative available</i>
Tarka ^{††}	<i>Mavik* plus Calan SR*</i>
Tasmar	<i>Comtan</i>
Tazorac (ST)	<i>Retin-A*</i> , <i>Retin-A Micro*</i>
Tekturna (PA, PAS)	<i>Avapro*</i> , <i>Cozaar*</i> , <i>Diovan*</i>
Tekturna HCT (PA, PAS)	<i>Avalide*</i> , <i>Diovan HCT*</i> , <i>Hyzaar*</i>
Teveten ^{††} (PA, PAS)	<i>Avapro*</i> , <i>Cozaar*</i> , <i>Diovan*</i>
Teveten HCT ^{††} (PA, PAS)	<i>Avalide*</i> , <i>Diovan HCT*</i> , <i>Hyzaar*</i>

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Tofranil PM [†]	<i>Tofranil*</i>	ZMax <input type="checkbox"/>	<i>Zithromax* <input type="checkbox"/></i>
Toviaz (ST)	<i>Ditropan*, Sanctura*</i>	Zetia	<i>Zocor*, Pravachol*, Lipitor*, Crestor, Vytorin (10/10mg ST), Niaspan</i>
Tradjenta (PA)	<i>Glucophage*, Actos, Duetact, Janumet (ST), Januvia, Onglyza (ST), Kombiglyze XR (ST)</i>	Zioptan (PA, PAS)	<i>Xalatan*, Travatan Z</i>
Tricor	<i>Lofibra*, Trilipix*</i>	Zomig/ZMT (ST) <input type="checkbox"/>	<i>Amerge* <input type="checkbox"/>, Imitrex* <input type="checkbox"/>, Maxalt* <input type="checkbox"/>, Maxalt MLT* <input type="checkbox"/></i>
Triglide	<i>Lofibra*, Trilipix*</i>	Zovirax Cream	<i>Abreva (Requires Doctor's prescription), Zovirax* oral</i>
Tussionex [†] <input type="checkbox"/>	<i>Robitussin AC <input type="checkbox"/></i>	Zovirax Ointment <input type="checkbox"/>	<i>Oral Zovirax*</i>
Twynsta (PA, PAS)	<i>Avapro* Plus Norvasc*, Cozaar* Plus Norvasc*, Diovan* Plus Norvasc*</i>	Zubsolv	<i>PA required</i>

U

Uceris (ST, STS)	<i>Azulfidine*, Colazal*, Asacol HD, Apriso, Delzicol</i>	Zyban [†]	<i>Benefit exclusion</i>
Ulesfia	<i>Elimite*, Lindane*</i>	Zylet	<i>Tobradex*</i>
Uloric (ST)	<i>Zyloprim*</i>	Zymar <input type="checkbox"/>	<i>Tobrex* <input type="checkbox"/>, Gentamicin* <input type="checkbox"/>, Ciloxan* <input type="checkbox"/>, Ocuflax* <input type="checkbox"/></i>
Ultram ER [†]	<i>Ultram*</i>		
Ultresa (ST)	<i>Creon, Zenpep</i>		

V

Valturna (not covered)	<i>Avapro*, Cozaar*, Diovan*</i>
Vanos (ST)	<i>Diprolene*, Ultravate*, Temovate*</i>
Veramyst (ST, STS)	<i>Flonase*, Nasalide*, Nasonex</i>
Vectical (ST)	<i>Kenalog*, Elocon*, Desowen*</i>
Viagra <input type="checkbox"/>	<i>No alternative available</i>
Victoza (PA, PAS)	<i>Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage*</i>
Vigamox <input type="checkbox"/>	<i>Tobrex* <input type="checkbox"/>, Gentamicin* <input type="checkbox"/>, Ciloxan* <input type="checkbox"/>, Ocuflax* <input type="checkbox"/></i>
Viibryd (PA)	<i>Effexor*, Effexor XR*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro*, Luvox*</i>
Vimpat	<i>Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*</i>
Viokace (ST)	<i>Creon, Zenpep</i>
Vytorin (ST) (10/80 PA, PAS, PAF)	<i>Zocor*, Mevacor*, Pravachol*, Lipitor*, Crestor</i>
Vyvanse (PA ≥ 19yrs) <input type="checkbox"/>	<i>Adderall* <input type="checkbox"/>, Adderall XR* (PA ≥ 19yrs) <input type="checkbox"/>, Ritalin* <input type="checkbox"/>, Ritalin SR* <input type="checkbox"/>, Metadate ER* <input type="checkbox"/>, Focalin IR* <input type="checkbox"/>, Concerta* (PA ≥ 19yrs) <input type="checkbox"/></i>

W

Welchol	<i>Questran/Colestid*</i>
WinRho <input type="checkbox"/>	<i>No alternative available</i>

X

Xifaxan (550mg PA, PAS) <input type="checkbox"/>	<i>Lactulose</i>
Xopenex, HFA (PA, PAS)	<i>Ventolin HFA, Proair HFA, Albuterol neb</i>
Xyzal [†]	<i>Claritin* OTC, Allegra* Allergy, Zyrtec* OTC (covered with a prescription for a Tier-One copay)</i>

Z

Zantac Efferdose (not covered)	<i>Zantac tab/cap*, Tagamet*, Pepcid*</i>
Zegerid (not covered)	<i>Zegerid OTC, Prilosec OTC, Prevacid 24 (OTC's covered with a prescription for Tier-One copay), Prilosec RX*, Protonix*</i>
Zelapar ODT	<i>Eldepryl*</i>

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans. If you need more information, read your prescription drug rider, or call Member Services at the number on the back of your member ID card.

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, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. 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.

[†] Brand name medications and the generic equivalent are covered at a higher member cost.

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

◆ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

Not available as 90-day supply

Specialty Medications

Specialty medications are typically high-cost drugs, including but not limited to the oral, topical, inhaled, inserted or implanted, and injected routes of administration used to treat rare and complex diseases (see list of Specialty medications listed below).

Specialty medications require prior authorization unless otherwise indicated. Your doctor should contact Coventry's Pharmacy Call Center at 877-215-4100 to request prior authorization.

Except in urgent situations, all specialty medications are distributed through a participating specialty pharmacy. Specialty drugs are limited to a 30 day supply at a time or the quantity prescribed in the prescription order, whichever is less. Please call Customer Service at the number on your member ID card for a referral to a participating specialty pharmacy or with questions regarding your pharmacy benefit. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your specialty drug benefit.

Preferred

Actimmune (PA, PAS, PAF) Adcirca (PA, PAS, PAF) Alkeran Ceenu* Cellcept* Copaxone (PA, PAS, PAF) Copegus* (PA, PAS, PAF) Crixivan Cystagon (PA, PAS, PAF) Cytoxan* Emtriva Enbrel (PA, PAS, PAF) Epivir*, Soln Epivir HBV, Soln Etoposide*	Fuzeon Gengraf* Gleevec (PA, PAS, PAF) Hecoria* Hepsera* Hexalen Hizentra (PA, PAS, PAF) Humira (PA, PAS, PAF) Incivek (PA, PAS, PAF) Intelence Intron-A (PA, PAS, PAF) Invirase Isentress Kaletra Letairis (PA, PAS, PAF)	Leukeran Leukine (PA, PAS, PAF) Lexiva Matulane Myleran Neoral* Neupogen (PA, PAS, PAF) Norvir Omnitrope * (PA, PAS, PAF) Pegasys (PA, PAS, PAF) Prezista Procrit (PA, PAS, PAF) Prograf* Pulmozyme (PA, PAS, PAF) Rapamune	Rebetol*, Soln (PA, PAS, PAF) Rebif (PA, PAS, PAF) Rescriptor Retrovir* Reyataz Ribasphere tabs*, caps* Sandimmune* Sandostatin* (PA, PAS, PAF) Stimate (PA, PAS, PAF) Sustiva Sutent (PA, PAS, PAF) Tarceva (PA, PAS, PAF) Targretin, Gel Temodar (PA, PAS, PAF) Thalomid (PA, PAS, PAF)	Tobi Neb (PA, PAS, PAF) Tracleer (PA, PAS, PAF) Vesanoid* Videx EC*, Soln Viracept Viramune*, Susp* Viread, Powder Xeloda (PA, PAS, PAF) Xenazine (PA, PAS, PAF) Zerit*, Soln* Ziagen*, Soln Zytiga (PA, PAS, PAF)
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Non-Preferred	Preferred Alternatives	Non-Preferred	Preferred Alternatives
Afinitor (PA, PAS, PAF)	No alternative available	Exjade (PA, PAS, PAF)	No alternative available
Ampyra (PA, PAS, PAF)	No alternative available	Extavia (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)
Apokyn	No alternative available	Ferriprox (PA, PAS, PAF)	No alternative available
Aptivus	Norvir, Prestiza, Reyataz	Firazyr (PA, PAS, PAF)	No alternative available
Aranesp (PA, PAS, PAF)	Procrit (PA, PAS, PAF)	Follistim AQ (PA, PAS, PAF)	coverage varies by benefit
Arcalyst (PA, PAS, PAF)	No alternative available	Forteo (PA, PAS, PAF)	Fosamax*, Miacalcin nasal spray*
Astagraf XL	Prograf*	Gammagard (PA, PAS, PAF)	refer to medical benefit for IVIG
Atripla	Sustiva plus Emtriva plus Viread	Gamunex-C (PA, PAS, PAF)	refer to medical benefit for IVIG
Aubagio (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)	Ganirelix (PA, PAS, PAF)	coverage varies by benefit
Avonex (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)	Gattex (PA, PAS, PAF)	No alternative available
Baraclude	Epivir HBV, Hepsera	Genotropin * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)
Berinert (PA, PAS, PAF)	No alternative available	Gilenya (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)
Betaseron (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)	Gilotrif (PA, PAS, PAF)	Tarceva (PA, PAS, PAF)
Bosulif (PA, PAS, PAF)	No alternative available	Gonal-F RFF (PA, PAS, PAF)	coverage varies by benefit
Bravelle (PA, PAS, PAF)	coverage varies by benefit	Humatrope * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)
Buphenyl, Powder* (PA, PAS, PAF)	No alternative available	Hycamtin (PA, PAS, PAF)	No alternative available
Caprelsa (PA, PAS, PAF)	No alternative available	Iclusig (PA, PAS, PAF)	No alternative available
Carbaglu (PA, PAS, PAF)	No alternative available	Ilaris (PA, PAS, PAF)	No alternative available
Cayston (PA, PAS, PAF)	Tobi Neb (PA, PAS, PAF)	Increlex (PA, PAS, PAF)	No alternative available
Cetrotide (PA, PAS, PAF)	coverage varied by benefit	Infergen (PA, PAS, PAF)	Pegasys (PA, PAS, PAF)
Chenodal (PA, PAS, PAF)	Actigall*	Inlyta (PA, PAS, PAF)	No alternative available
Chorionic Gonadotropin (PA, PAS, PAF)	coverage varies by benefit	Jakafi (PA, PAS, PAF)	No alternative available
Cimzia (PA, PAS, PAF)	Enbrel (PA, PAS, PAF), Humira (PA, PAS, PAF)	Juxtapid (PA, PAS, PAF)	Lofibra, Lipid, Trilpix, Formulary statins (i.e. Zocor, Lipitor) and Colestid
Cinryze (PA, PAS, PAF)	No alternative available	Kalydeco (PA, PAS, PAF)	No alternative available
Combivir*	Epivir* plus Retrovir*	Kineret (PA, PAS, PAF)	Enbrel (PA, PAS, PAF), Humira (PA, PAS, PAF)
Cometriq (PA, PAS, PAF)	No alternative available	Korlym (PA, PAS, PAF)	No alternative available
Complera	Emtriva, Viread	Kuvan (PA, PAS, PAF)	No alternative available
Cystadane	No alternative available	Kynamro (PA, PAS, PAF)	Lofibra, Lipid, Trilpix, Formulary statins (i.e. Zocor, Lipitor) and Colestid
Cystaran (PA, PAS, PAF)	No alternative available		
Edurant	No alternative available		
Egrifta (PA, PAS, PAF)	No alternative available		
Epogen (PA, PAS, PAF)	Procrit (PA, PAS, PAF)		
Epzicom	Epivir* plus Ziagen*		
Erivedge (PA, PAS, PAF)	No alternative available		

* Generic is on the Formulary

* Some plans cover only one growth hormone product -- Omnitrope. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Member Services with questions if your doctor prescribes a growth hormone agent that is not covered.

■ 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, specialty medications may be included under a member's medical benefit, not the pharmacy benefit plan. The preferred alternatives are listed only as a suggestion. Please discuss appropriateness with your doctor. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your specialty medication benefit.

Non-Preferred	Preferred Alternatives	Non-Preferred	Preferred Alternatives
Lupron* 1mg/0.2mL (PA, PAS, PAF)	refer to medical benefit	Somavert (PA, PAS, PAF)	Sandostatin (PA, PAS, PAF)
Mekinist (PA, PAS, PAF)	No alternative available	Sprycel (PA, PAS, PAF)	Gleevec (PA, PAS, PAF)
Menopur (PA, PAS, PAF)	coverage varies by benefit	Stelara (PA, PAS, PAF)	Enbrel (PA, PAS, PAF), Humira (PA, PAS, PAF)
Myfortic	Mycophenolate, Cellcept	Stivarga (PA, PAS, PAF)	No alternative available
Neulasta (PA, PAS, PAF)	Neupogen (PA, PAS, PAF)	Stribild	multiple formulary first line
Nexavar (PA, PAS, PAF)	No alternative available	Sucraid	HIV agents available
Norditropin * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)	Sylatron (PA, PAS, PAF)	No alternative available
Novarel* (PA, PAS, PAF)	coverage varies by benefit	Tafinlar (PA, PAS, PAF)	Intron-A (PA, PAS, PAF)
Nutropin * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)	Tasigna (PA, PAS, PAF)	No alternative available
Nutropin AQ * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)	Tecfidera (PA, PAS, PAF)	Gleevec (PA, PAS, PAF)
Orencia, SubQ only (PA, PAS, PAF)	Enbrel (PA, PAS, PAF), Humira (PA, PAS, PAF)	Tev-Tropin * (PA, PAS, PAF)	Copaxone (PA, PAS, PAF), Rebif (PA, PAS, PAF)
Orfadin	No alternative available	Tivicay	Omnitrope * (PA, PAS, PAF)
Ovidrel (PA, PAS, PAF)	coverage varies by benefit	TOBI Podhaler (PA, PAS, PAF)	Isentress
Peg-Intron (PA, PAS, PAF)	Pegasys (PA, PAS, PAF)	Trizivir	Tobi nebs (PA, PAS, PAF)
Pomalyst (PA, PAS, PAF)	No alternative available	Truvada (PA, PAS, PAF)	Epivir*, Ziagen*, and Retrovir*
Pregnyl* (PA, PAS, PAF)	coverage varies by benefit	Tykerb (PA, PAS, PAF)	Emtriva plus Viread
Procysbi (PA, PAS, PAF)	No alternative available	Tyvaso (PA, PAS, PAF)	No alternative available
Promacta (PA, PAS, PAF)	No alternative available	Tyzeka	No alternative available
Qysmia	coverage varies by benefit	Vecamyl (PA, PAS, PAF)	Epivir HBV, Hepsera
Ravicti (PA, PAS, PAF)	Buphenyl	Ventavis (PA, PAS, PAF)	No alternative available
Repronex (PA, PAS, PAF)	coverage varies by benefit	Victrelis (PA, PAS, PAF)	No alternative available
Revatio* (PA, PAS, PAF)	Adcirca (PA, PAS, PAF)	Viramune XR	Incivek (PA, PAS, PAF)
Revlimid (PA, PAS, PAF)	No alternative available	Votrient (PA, PAS, PAF)	Viramune*
Sabril Powder For Oral Solution (PA, PAS, PAF)	multiple preferred antiepileptic agents available	Xalkori (PA, PAS, PAF)	No alternative available
Sabril Tablets (PA, PAS, PAF)	multiple preferred antiepileptic agents available	Xeljanz (PA, PAS, PAF)	No alternative available
Saizen * (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)	Xtandi	methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, cyclosporine, leflunomide
Samsca (PA, PAS, PAF)	No alternative available	Xyrem (PA, PAS, PAF)	Zytiga (PA, PAS, PAF)
Selzentry (PA, PAS, PAF)	multiple formulary first line	Zavesca (PA, PAS, PAF)	Adderall*, Ritalin*
Serostim * (PA, PAS, PAF)	HIV agents available	Zelboraf (PA, PAS, PAF)	No alternative available
Signifor (PA, PAS, PAF)	Omnitrope * (PA, PAS, PAF)	Zolinza (PA, PAS, PAF)	No alternative available
Simponi, SubQ only (PA, PAS, PAF)	No alternative available	Zorbtive (PA, PAS, PAF)	Targretin (PA, PAS, PAF)
Sirturo (PA, PAS, PAF)	Enbrel (PA, PAS, PAF), Humira (PA, PAS, PAF)	Zortress	No alternative available
Somatuline Depot (PA, PAS, PAF)	No alternative available		Rapamune, Prograf
	Sandostatin (PA, PAS, PAF)		

Vitamins, Smoking Cessation, Dental Preparations

Your prescription drug benefit may provide coverage for Vitamins, Smoking Cessation and Dental Preparations. Examples of these drugs are listed below. This is not meant to be a complete list of the drugs covered under your plan. Coverage for these drugs may have limitations. Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Vitamins		Smoking Cessation		Dental Preparations	
Tier	Drug Name	Tier	Drug Name	Tier	Drug Name
1	Calcium Acetate	1	Bupropan	3	Chlorhexidine Gluconate
3	Complete-Rf Prenatal	1	Bupropion HCL SR	1	Oralone
1	Eliphos	3	Chantix	3	Periogard
1	Folcaps Care One	3	Nicoderm Cq		
1	Folcaps Omega-3	3	Nicotine Patch		
1	Multi-Vitamin With Fluoride	3	Nicotrol		
1	Ob-Natal One	3	Nicotrol Ns		
1	Ultimatecare One				
1	Vitamin D				
3	Zinc Sulfate				

* Generic is on the Formulary

* Some plans cover only one growth hormone product -- Omnitrope. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Member Services with questions if your doctor prescribes a growth hormone agent that is not covered.

■ 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, specialty medications may be included under a member's medical benefit, not the pharmacy benefit plan. The preferred alternatives are listed only as a suggestion. Please discuss appropriateness with your doctor. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your specialty medication benefit.

Quantity Limits

Some of the drugs listed in this Prescription Drug List 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 to the customer service number which is listed on your member ID card.

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 we will cover the cost of certain medications. These medications include those that (1) are not suggested for first-line therapy, (2) may require special tests before starting them or (3) have very limited approval for use. Drugs that could require Prior Authorization are identified by (PA) for members with the Standard Prior Authorization Program and (PAS) for members with the RxSelect Prior Authorization Program.

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

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

For more updated
information, visit
our web site at:

www.CoventryHealth.com

