

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 below are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Tier One

A

Acarbose
Acebutolol
Acetazolamide
Acetic acid ear drops
Acetic acid-aluminum acetate
Acetohexamide
Acetylcysteine
Acyclovir (not ointment)
Alavert (Requires Doctor's Prescription)
Alaway (Requires Doctor's Prescription)
Albuterol
Albuterol/ipratropium
Alclometasone Dipropionate
Alendronate
Allopurinol
Alprazolam, XR ☒
Altprev
Aluminum chloride
Amantadine
Amiloride
Amiloride/HCTZ
Aminocaproic acid
Amiodarone
Amitriptyline
Amlodipine (ODT not covered)
Amlodipine/benazepril
Amoxapine
Amoxicillin ☒
Amoxicillin-potassium clavulanate ☒
Amphetamine/Dextroamphet (XR Tier Three, PA) ☒
Ampicillin ☒
Anagrelide
Anastrozole (PA, PAS)
Anthralin
APAP/Butalbital/Caffeine ☒
Apraclonidine
Apri

Aranelle
Aspirin/butalbital/caffeine ☒
Aspirin/caff/butalbital/codeine ☒
Atenolol
Atenolol/chlorthalidone
Atropine
Aviane
Azathioprine
Azithromycin, XL ☒

B

Baclofen
Balsalazide
Balziva
Benazepril
Benazepril HCTZ
Benzonate
Benzoyl peroxide/erythromycin
Benzotropine
Betamethasone (cream/oint)
Betaxolol (ophth)
Bethanechol
Bicalutamide
Bisoprolol Fumarate
Bisoprolol HCTZ
Bromocriptine
Brompheniramine-Pseudoephedrine ☒
Bumetanide
Bupropion, SR, XL
Buspirone

C

Calcitonin nasal spray
Calcitriol
Camila
Captopril
Captopril/HCTZ
Carbamazepine, XR
Carbidopa/levodopa
Carboptic
Carisoprodol
Carisoprodol/aspirin
Carteolol soln.

Carvedilol (CR non-form, ST)
Cefaclor, CD ☒
Cefadroxil ☒
Cefdinir ☒
Cefprozil ☒
Cefuroxime ☒
Cephalexin ☒
Cesia
Cetirizine OTC (Requires Doctor's Prescription)
Cetirizine D OTC (Requires Doctor's Prescription)
Chloral hydrate ☒
Chlordiazepoxide ☒ (tab Tier Three)
Chlordiazepoxide/clidinium
Chloroquine ☒
Chlorothiazide ☒
Chlorphen/phenyleph/methscop
Chlorpromazine (spansule Tier Three)
Chlorpropamide
Chlorthalidone
Cholestyramine
Choline & magnesium
Cilostazol
Cimetidine
Ciprofloxacin soln. ☒
Ciprofloxacin (XR Tier Three) ☒
Citalopram
Citrate/citric acid
Clarithromycin, ER ☒
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)
Clorazepate (SD Tier Three) ☒

Clotrimazole Troche
Clozapine ☒
Codeine ☒
Colchicine
Colestipol
Cromolyn sodium ophth
Cryselle
Cyclobenzaprine (Amrix not covered)
Cyclopentolate
Cyclophosphamide (SP) ☒
Cyclosporine (SP) ☒
Cyproheptadine

D

Dantrolene
Desipramine
Desmopressin acetate
Desogestrel-Ethinyl Estradiol
Desonide
Desoximetasone
Dexamethasone
Dexchlorpheniramine
Dextroamphetamine ☒
Diazepam ☒
Diclofenac ophth soln
Diclofenac potassium
Diclofenac sodium, XR
Dicloxacillin ☒
Dicyclomine
Didanosine (SP) ☒
Diethylstilbestrol
Diflorasone diacetate
Diflunisal
Digoxin
Diltiazem
Diphenoxylate-atropine ☒
Dipivefrin
Dipyridamole
Disopyramide
Disulfiram
Divalproex Sodium (DR, ER)
Dorzolamide
Doxazosin mesylate (XL Tier Three)
Doxepin

Doxycycline (20mg, Adoxa, Doryx not covered) (Oracea - Tier Three)
Doxycycline susp (syrup Tier Three)

E

Econazole cream/oint
Enalapril
Enalapril HCTZ
Enpresse
Epinephrine HCl
Ergocalciferol
Errin
Erythromycin ☒
Erythromycin/Benzoyl Peroxide
Estradiol
Estropipate
Ethosuximide
Etodolac, XR
Etoposide (SP) ☒

F

Famciclovir ☒
Famotidine
Felodipine
Fenofibrate
Fenoprofen
Fentanyl patch ☒
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 (20mg tablet Tier Three)

Fluphenazine
Flurazepam ☒
Flurbiprofen
Flurbiprofen sodium (ophth)
Flutamide
Fluticasone Propionate (nasal, cream, oint) (lotion Tier 3)
Fluvoxamine
Folic acid 1 mg
Fosinopril
Fosinopril/HCTZ
Furosemide

G

Gabapentin
Ganciclovir (SP) ☒
Gemfibrozil
Gentamicin (not IV)
Glimepiride
Glipizide, XL
Glipizide/metformin
Glyburide
Griseofulvin ☒
Guaiifenesin/codeine ☒
Guanabenz acetate
Guanfacine

H

Halobetasol cream/ointment
Haloperidol
Hydralazine
Hydrochlorothiazide
Hydrocodone/APAP ☒
Hydrocodone/homatropine ☒
Hydrocodone/ibuprofen ☒
Hydrocortisone Ace-Pramoxine
Hydrocortisone tablets
Hydromorphone HCl ☒
Hydroxychloroquine ☒
Hydroxyurea ☒
Hydroxyzine, pamoate
Hyoscyamine

I

Ibuprofen
Imipramine (PM Tier Three)
Indapamide
Indomethacin, SR (not suppos.)
Ipratropium (not inhaler)
Isonarif
Isoniazid ☒
Isosorbide dinitrate
Isosorbide mononitrate
Isotretinoin (ST, STS) ☒
Itraconazole capsules (PA, PAS) ☒

J

Jolivet
Junel FE

K

Kariva
Ketoconazole ☒
Ketoprofen, IR
Ketorolac ☒

L

Labetalol
Lactulose
Lamotrigine (Starter Pack Tier 3, ODT (PA) Tier 3,

XR (PA) tier 3)
Leena
Lessina
Levetiracetam (XR Tier Three, PA)
Levobunolol
Levodopa/carbidopa
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 ☒
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, inj) ☒
Methyldopa
Methyldopa/HCTZ
Methylphenidate ☒
Methylprednisolone
Metipranolol (ophth)
Metoclopramide
Metolazone
Metoprolol, XL
Metronidazole tablets, cream, lotion, gel 0.75% (ER Tier Three) ☒
Mexiletine
Minocycline (tabs and Solodyn not covered)
Minoxidil (not soln)
Miralax* OTC (Requires Doctor's Prescription)
Mirtazapine (Sol Tab Tier Three)
Misoprostol
Moexipril
Moexipril-hydrochlorothiazide
MonaNessa
Morphine IR ☒
MPH-A

Mupirocin oint
Mycophenolate (SP) ☒

N

Nabumetone
Nadolol
Naltrexone ☒
Naproxen
Naproxen sodium
Naratriptan ☒
Necon
Neomycin
Neomycin/bacitracin
Nephazoline ophth
Next Choice (Requires Doctor's Prescription)
Nifedipine XL
Nimodipine
Nisoldipine
Nitrofurantoin
Nitroglycerin, all forms
Nizatidine
Nor-BE
Norethindrone acetate
Norgestrel-ethinyl estradiol
Nortrel
Nortriptyline
Nystatin ☒

O

Ocella
Ofloxacin ☒
Ogestrel
Omeprazole (See Prilosec OTC)
Ondansetron, ODT ☒
Oxaprozin
Oxazepam ☒
Oxcarbazepine
Oxybutynin (XL Tier Three)
Oxycodone IR (SR Tier Three, PA, PAS) ☒

P

Paromomycin
Paroxetine (CR Tier Three, ST)
Penicillin VK ☒
Pentoxifylline
Permethrin ☒
Perphenazine
Phenazopyridine
Phenobarbital ☒
Phenytoin
Phenytoin Sodium Extended
Physostigmine sulfate
Pilocarpine
Pindolol
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate (15mEq not covered)
Pramoxine/HCl
Pravastatin
Prazosin
Prednisolone
Prednisolone Acetate
Prednisone
Prenatal Vitamins (prescription forms only) (Prenate and Neevo brands Tier Three)
Prevacid 24HR™ (Requires Doctor's Prescription)

Prilosec*
Prilosec OTC 20mg (Requires Doctor's Prescription)
Primidone
Probenecid
Prochlorperazine
Promethazine
Propafenone HCl
Propantheline
Propoxyphene ☒
Propoxyphene HCl/APAP ☒
Propoxyphene napsylate/APAP ☒
Propranolol, LA
Propylthiouracil
Protriptyline

Q

Quasense
Quinapril
Quinapril/HCTZ
Quinidine

R

Ramipril caps (tabs Tier Three)
Ranitidine (Gel & efferdose Tier Three)
Ribasphere (PA, PAS) (SP) ☒
Ribavirin (PA, PAS) (SP) ☒
Rifampin ☒
Riluzole ☒
Rimantadine ☒
Risperidone
Ropinirole (XL Tier Three, ST)

S

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

T

Tacrolimus (SP) ☒
Tamoxifen citrate
Tamsulosin
Temazepam (7.5mg, 22.5mg Tier Three) ☒
Terazosin
Terbinafine (tabs only) (4rx/yr then PA required)
Terbutaline sulfate
Terconazole

Testosterone inj ☒
Tetracycline ☒
Theophylline, XR
Thioguanine ☒
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 ☒
Trifluoperazine
Trifluridine
Trihexyphenidyl
Trimethobenzamide ☒
Trimethoprim
Trimethoprim-polymyxinB
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora

U

Ursodiol

V

Valacyclovir HCl ☒
Valproic acid
Vancomycin inj. ☒
Velivet
Venlafaxine IR (ST)
Verapamil, SR (caps Tier Three)

W

Warfarin

Z

Zaditor OTC (Requires Doctor's Prescription) (Prescription Zaditor not covered)
Zaleplon ☒
Zidovudine (SP) ☒
Zolpidem (CR Tier Three, ST, STS) ☒
Zonisamide
Zovia
Zyrtec OTC (Requires Doctor's Prescription)
Zyrtec D OTC (Requires Doctor's Prescription)

☒ Not available as 90-day supply

Tier Two

A

Accolate
Actinex
Actos (ST)
Adcirca (PA, PAS) (SP) ☒
Advair
Aggrenox
Aldara
Allesse
Alkeran (SP) ☒
Anakit ☒
Androgel (PA, PAS) ☒
Antabuse
Apriso
Aricept (23mg Tier Three)
Aromasin (PA, PAS) ☒
Asacol, HD
Asmanex
Astelin
Atrovent Inhaler, HFA
Avelox ☒
Azathioprine ☒
Azelex
Azopt

B

Bactroban Cream
Benicar
Benicar HCT
Betimol
Biltricide ☒
Blephamide
Brevicon

C

Capex Shampoo
Carbatrol
CeeNu (SP) ☒
Celontin
Ciloxan oint.
Ciprodex
Combivent
Comtan
Concerta ☒
Cortifoam
Coumadin
Crestor
Crestor 5mg (ST)
Crixivan (SP) ☒
Cuprimine
Cyclessa
Cytadren

D

Dapsone
Daranide
Daraprim
Demulen
Depen
Derma-Smoother/FS
Desogen
Diastat ☒
Dibenzyline
Dilantin
Dostinex
Dritho-Scalp

E

Elmiron
Emcyt ☒
Emtriva (SP) ☒
Entocort EC
Epipen, Jr ☒
Epivir (SP) ☒
Epivir HBV (SP) ☒
Estrace Cream
Estraderm
Eurax ☒
Evista
Evoxac
Exelderm

F

Fareston
FastTake Test Strips
Femara (PA, PAS)
Flovent Diskus, HFA
Fluoroplex
FML Forte
Fosamax D

G

Gleevec (PA, PAS) (SP) ☒
Grifulvin V tabs ☒
Gris-Peg ☒

H

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

I

Insulin, Only Lilly Brands
(Humulin pens/cartridges PA, Humalog)
Intal Inhaler
Intelligence (SP) ☒
Invirase (SP) ☒
Iopidine 1%
Isentress (SP) ☒

J

Janumet (ST)
Januvia (ST)
Jenest

K

Kadian ☒
Kaletra (SP) ☒

L

Lanoxin
Lantus
Lantus SoloStar (PA)
Lessina
Leukeran
Levemir (pens/cartridges - PA)
Levlen
LevLite
Levothroid

Lexapro (ST)
Lexiva (SP) ☒
Lidoderm
LifeScan Test Strips
Lindane Shampoo
Locoid
Loestrin (24 FE Tier Three)
Lo/Ovral
Lotronex ☒
Lumigan
Lysodren

M

Matulane (SP) ☒
Maxalt, MLT ☒
Mephyton
Meproton ☒
Methergine
Micardis
Micardis HCT
Migranal ☒
Mircette
Modicon
Mycobutin ☒
Myleran (SP) ☒

N

Namenda
Nardil
Nasonex
Nebupent
Nexium
Niaspan
Nilandron
Nitrolingual Translingual
Spray
Nitrostat SL
Nordette
Norinyl
Norvir (SP) ☒
NuvaRing

O

One Touch Test Strips
One Touch Ultra Test Strips
Onglyza (ST)
Opana ER ☒
Ortho Cept
Ortho Cyclen
Ortho Micronor
Ortho Novum
Ortho Tri-Cyclen
Ortho Tri-Cyclen LO
Ovcon-50
Oxsoralen, Ultra ☒

P

P1E1, P2E1
Phospholine Iodide
Plan B (Requires Doctor's
Prescription) ☒
Plavix
Poly-Pred
PreCare Chewables
PreCare Conceive
PreCare Premier
Pred G
Premarin tabs (Cream
Tier Three)
Premesis RX

Premphase
Prempro
Prezista (SP) ☒
PrimaCare
PrimaCare ONE
Prometrium
Prostigmin
Psoriasis
Pulmicort Respules (PA,
PAS >4yrs)
Pulmozyme (PA, PAS) (SP) ☒

Q

Quixin
QVAR

R

Ranexa
Rapamune (SP) ☒
Renvela
Retin A Micro
Reyataz (SP) ☒
Ridaura

S

Sanctura, XR
Seasonale
Seasonique
Sensipar
Serevent
Seroquel, XR
Simcor
Singulair (ST)
Solia
Soriatane ☒
Spiriva
Sporanox soln. (PA, PAS) ☒
SSKI
SureStep Test Strips
Sustiva (SP) ☒
Symbicort
Synarel

T

Tabloid ☒
Tarceva (PA, PAS) (SP) ☒
Targretin (SP) ☒
Tazorac
Temodar (PA, PAS) (SP) ☒
Thalomid (PA, PAS) (SP) ☒
Theo-24
Tikosyn
Tobi (PA, PAS) (SP) ☒
Tracleer (PA, PAS) (SP) ☒
Travatan
TravatanZ
Trilipix
Tri-Norinyl
Trisoralen ☒
Twinject ☒

U

Uroxatral

V

Vagifem
Valcyte ☒
Ventolin HFA

Vexol
Vfend (PA, PAS) ☒
Viracept (SP) ☒
Viramune (SP) ☒
Viread (SP) ☒
Vivelle-Dot
Vytorin
Vytorin 10/10mg (ST)

X

Xeloda (PA, PAS) (SP) ☒
Xenazine (PA, PAS) (SP) ☒

Y

Yasmin
Yaz
Yodoxin

Z

Zemplar
Zenpep
Ziagen (SP) ☒
Zyvox (PA, PAS) ☒

☒ Not available as 90-day supply

Brand with Generic Equivalent

*The following brand name drugs have generics available at a Tier One copay. Depending on your plan, either a Tier Three copay or a Tier Two copay plus an ancillary charge will apply if the brand name drug is selected. Please refer to your certificate or evidence of coverage for your specific benefit.

A/T/S*
Accuneb*
Accupril*
Accuretic*
Aclovate*
Actigall*
Adalat CC*
Adderall* (XR (PA) Tier Three) ☒
Adrenalin*
Agrylin*
Aldactazide*
Aldactone *
Aldomet*
Alphagan* (P Tier Three)
Altace* capsules (tab Tier Three)
Amaryl*
Ambien* (CR Tier Three, ST, STS) (ODT not covered) ☒
Amerge* ☒
Amicar*
Amoxil * ☒
Anafanil *
Analpram HC*
Anaprox*, DS*
Anaspaz*
Android * ☒
Ansaid*
Antipyrine/Benzocaine Otic
Anusol-HC*
Apresoline*
Aralen* ☒
Arava*
Arimidex* (PA, PAS) ☒
Artane*
Atarax*
Ativan* ☒
Atrovent Soln*
Augmentin ES* ☒
Augmentin ES*, XR* ☒
Axid*
Aygestin*
Azulfidine*, EN*
Bacitracin ophthalmic*
Bactrim* ☒, DS* ☒
Bactroban Oint.*
Bentyl*
Benzamycin*
Betagan*
Betapace*, AF*

Betoptic*
Biaxin* ☒, XL* ☒
Bicitra*
Bleph10*
Brethine*
Bromfed*, PD*, DM* ☒
Xeloda (PA, PAS) (SP)
Bumex *
Buspar*
Cafergot* ☒
Calan*, SR*
Calciferol *
Calcitonin Nasal Spray ☒
Capoten *
Capozide*
Carafate*
Cardizem*, SR*, CD*
Cardura* (XL Tier Three)
Cartia XT*
Casodex*
Cataflam*
Catapres* (TTS Tier Three)
Ceclor*, CD* ☒
Ceftin* ☒
Cefzil* ☒
Celexa*
Cellcept* (SP) ☒
Cheracol*
Ciloxan Soln*
Cipro* (XR Tier Three) ☒
Cleocin* ☒, T* ☒, Vag* ☒
Climara *
Clinoril*
Clozaril* ☒
Cogentin*
Colazal*
Colestid*
Colyte*
Compazine*
Condylox Gel*, Soln*
Copegus* (PA, PAS) (SP) ☒
Cordarone*
Coreg* (CR Tier Three, ST)
Corgard *
Cortef*
Cortisporin*
Crolom *
Cutivate* cream, oint (lotion Tier 3)
Cyclogyl*
Cycrin*
Cylessa*
Cystospaz*
Cytomel*
Cytotec*
Cytovene* (SP) ☒
Cytoxan* (SP) ☒
Dalmane* ☒
Danazol* ☒
Dantrium*
Darvocet N100* ☒
Darvocet N50* ☒
Darvon * ☒
Daypro*
DDAVP*
Decadron*

Demadex*
Demerol* ☒
Depakene*
Depakote*, ER*
Desowen*
Desyrel*
Dexedrine* ☒
DextroStat* ☒
Diabeta*
Diabinese*
Diamox*
Diflucan* ☒
Dilacor XR*
Dilaudid* (oral soln Tier Three) ☒
Diprolene*, AF*
Diprosone*
Disalcid*
Ditropan* (XL* Tier Three)
Diuril*
Dolobid*
Dolophine* ☒
Domeboro Otic*
Donnatal (caps Tier Three)*
Dovonex*
Drysol*
Duoneb*
Duragesic* ☒
Duricel* ☒
Dyazide*
Dynacin* capsules (tabs not covered) ☒
EC-Naprosyn*
EES* ☒
Effexor*, XR* (ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elocon*
Emla* ☒
Eryc* ☒
Ery-Tab* ☒
Erythrocine* ☒
Estrace tabs*
Estrostep FE*
Famvir* ☒
Feldene*
Fioricet *
Fiorinal w/Codeine* ☒
Fiorinal* ☒
Flagyl* (ER Tier Three) ☒
Flexeril*
Flomax*
Flonase*
Flumadine* ☒
FML*
Fosamax*
Furadantin* ☒
Garamycin*
Genoptic*
Glucophage*, XR*
Glucotrol*, XL*
Glucovance*
Glynase*
Golytely* ☒

Grifulvin V susp* ☒
Guiatuss AC* ☒
Halcion* ☒
Haldol *
Heparin* ☒
Humatin*
Hydrea* ☒
Hytrin*
Imdur*
Imitrex* ☒
Imuran*
Inderal*, LA*
Indocin, SR* (suppositories Tier Three)
Intal Neb*
Iopidine*
ISMO*
Isoptin*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
Karidium *
Kayexalate* ☒
K-Dur*
Keflex* ☒
Kenalog*
Keppra* (XR Tier Three, PA)
Klaron*
Klonopin* ☒
K-Lor*
Klorvess*
K-Lyte*
K-Phos Neutral*
Kristalose*
Kwell* ☒
Lamictal* (Starter Pack Tier 3, ODT (PA) Tier 3, XR (PA) tier 3)
Lamisil* (tabs only) (4rx/yr then PA, PAS required) ☒
Lasix*
Levoxyl *
Levsin* (SL Tier Three)
Levsinex*
Librax*
Librium* ☒
Lidex*
Lioresal*
Locoid*
Lodine*, XL*
Lofibra*
Lomotil* ☒
Loniten*
Lopid *
Lopressor*
Lopressor HCT*
Lortab* ☒
Lotensin HCT*
Lotensin*
Lotrel*
Lotrisone Cream*, Lotion*
Loxitane*
Lozol *
Ludiomil*
Luride*
Luvox* (CR Tier Three, ST)

Macrobid *
Macrochantin *
Mandelamine*
Mavik*
Maxitrol *
Maxzide*
Meclomen*
Medrol *
Megace*
Mellaril *
Menest*
Mestinon*
Metadate ER* ☒
Metaglip*
Metimyd*
MetroCream*
MetroLotion*
Mevacor*
Mexitil*
Miacalcin nasal spray*
Microgestin*, FE*
Micronase*
Microzide*
Midodrine*
Midamor*
Midrin* ☒
Minipress*
Minocin* (tabs not covered)
Miralax*
Mobic*
Monodox* (75mg not covered)
Motrin*
MS Contin* ☒
MSIR* ☒
Myambutol *
Mycelelex Troche*
Mycostatin* ☒
Mysoline*
Nalfon*
Naprosyn* (Naprelan Tier Three)
Navane*
Neoral* (SP) ☒
Neosporin ophthalmic*
Neurontin*
Nimotop*
Nitrobid *
NitroDur*
Nizoral * ☒
Nolvadex*
Norpace*, CR*
Norpramin *
Norvasc* (ODT not covered)
Nulytely* ☒
Ocufen*
Ocuflox*
Ocupress*
Omnicef* ☒
Optipranolol*
Orasone*
Orinase*
Ortho Est*
Ovcon-35*
OxyIR* ☒

* A generic equivalent is available.

☒ Not available as 90-day supply

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Pamelor*	Prinzide*	Rocaltrol*	Tobradex (Tobra-Dex ST Susp Tier Three)	Vicoprofen* ☒
Parlodel *	Proamatine*	Rondec, DM* ☒	Tobrex*	Videx EC* (SP) ☒
Parnate*	Procardia XL*	Rowasa Enema*	Tofranil* (PM Tier Three)	Viroptic*
Paxil* (CR Tier Three, ST)	Proctocort*	Rynatan* ☒	Topamax*	Vistaril*
PEG - electrolyte soln* ☒	Proctocream-HC*	Rythmol* (SR Tier Three)	Topicort*	Vivactil*
Penlac* ☒	Proctofoam-HC*	Salagen*	Toprol XL*	Voltaren, XR*
Pepcid* (RPD Tier Three)	Prograf* (SP) ☒	Sandimmune* (SP) ☒	Trandate*	Voltaren Ophthalmic*
Percocet * ☒	Proscar*	Seasonale*	Tranxene* (SD, T Tier Three) ☒	Vosol*, HC*
Percodan* ☒	Proventil* (Not HFA)	Sectral*	Trental*	Wellbutrin*, SR*, XL*
Persantine*	Provera*	Sepra*, DS*	Trileptal*	Westcort*
Phenergan Codeine, DM, VC, & VC/Codeine* ☒	Prozac (20mg non-form) (weekly Tier Three,ST)	Silvadene* ☒	Trimethobenzamide ☒	Wigraine* ☒
Phenergan*	Purinethol* ☒	Sinemet*, CR*	Trimethoprim ☒	Xanax*, XR* ☒
Phenytek*	Pyrazinamide* ☒	Soma Compound*	Trusopt*	Xylocaine*
Phoslo*	Pyridium*	Soma* (250mg not covered)	Tylenol 2, 3, 4* ☒	Zaditor*
Plan B 0.75mg*	Questran, Light*	Sonata* ☒	Tylox* ☒	Zanaflex (caps not covered)
Plaquenil*	Rebetol* (PA, PAS) (SP) ☒	Spectazole*	Ultracet*	Zantac* (efferdose not covered)
Pletal*	Reglan*	Sporanox capsules* (PA, PAS) ☒	Ultram* (ER, ST Tier Three)	Zarontin*
Polyhistine CS, D, DM*	Remeron* (sol Tab Tier Three)	Sulamyd*	Ultravate* cream/oint	Zaroxolyn*
Polytrim *	Requip*, (XL Tier Three, ST)	Sular*	Uniphyl*	Zebeta*
Poly-Vi-Flor*	Restoril* (7.5 & 22.5mg Tier Three) ☒	Synthroid*	Uniretic*	Zerit* (SP) ☒
Potassium Citrate/Citric Acid*	Retin A*	Tagamet*	Univasc*	Ziac*
Pravachol*	Retrovir* (SP) ☒	Tambocor*	Urecholine*	Zithromax* ☒
Precose*	Revia* ☒	Tapazole*	Urocit K* (15 mEq not covered)	Zocor*
Pred Forte*	Rifadin* ☒	Tegretol*, XR*	Valium* ☒	Zofran* ☒
Pred Mild*	Rifamate* ☒	Temovate*	Valtrex* ☒	Zolofit*
Prednisolone, Acetate, Sod Phos*	Rilutek* ☒	Tenex*	Vancocin* inj. ☒	Zonegran*
Prelone*	Risperdal* (M-Tab Tier Three)	Tenoretic*	Vaseretic*	Zovirax* (oint. Tier Three)
Prevalite*	Ritalin* ☒, SR* ☒	Tenormin*	Veratoc*	Zyloprim*
Primaquine* ☒	RMS suppositories* ☒	Terazol*	Verelan SR*	
Principen* ☒	Robaxin*	Tessalon Perles* ☒	Vibramycin*	
Prinivil*	Robitussin AC*, DAC* ☒	Tiazac*	Vibramycin Susp* (syrup Tier Three) ☒	
		Ticlid*	Vicodin*, ES* ☒	
		Tigan*		
		Timoptic*, XE*		

Tier Three Alternative Tier One or Tier Two Drugs

Non Formulary Drugs Formulary Alternative

A

Abilify (ST)	Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR
Accu-chek brand test strips (PA, PAS)	One Touch Test Strips
Accutane* (ST, STS) ☒	Doxycycline, Minocycline
Aceon ^π	Zestril*, Prinivil*, Lotensin*, Accupril*
Aciphex (PA)	Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Nexium
Actiq (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln tier 3) ☒
Activella ^π	Prempro, Premphase
Actonel	Fosamax*
ACTOplusmet (ST)	Actos (ST) Amaryl*
Acular	Ocufen*, Voltaren Ophthalmic*
Adderall XR ☒ (PA > 17yrs)	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate
(generic not covered)	ER* ☒, Concerta ☒
Advicor	Zocor*, Simcor
Aerobid	Flovent, QVAR, Asmanex
Agenerase (SP) ☒	Lexiva (SP) ☒

Alamast	Zaditor OTC (covered with a prescription for tier 1 copy), Alaway*
Allegra ^π , ODT(ST)	Claritin OTC* or Zyrtec OTC* (covered with a prescription for a tier 1 copy)
Allegra D ^π	Claritin D OTC* or Zyrtec D OTC* (covered with a prescription for a tier 1 copy)
Alocril	Zaditor OTC (covered with a prescription for tier 1 copy), Alaway*, Crolom*
Alomide	Zaditor OTC (covered with a prescription for tier 1 copy), Alaway*, Crolom*
Aloxi ☒	Zofran* ☒
Alphagan-P	Alphagan*
Ambien CR (PA, PAS) ☒	Ambien* ☒, Ativan* ☒, Halcion* ☒, oxazepam* ☒, Restoril* ☒, Sonata* ☒
Amitiza (ST, STS) ☒	Miralax OTC*, Chronulac*, Colyte*
Ampyra (PA, PAS) ☒	Requires Prior Auth
Androderm (PA, PAS) ☒	Androgel (PA, PAS) ☒
(not covered)	
Anzemet ☒	Compazine*, Phenergan*, Tigan*, Zofran* ☒
Apidra	Humalog
Arthrotec	Voltaren* plus Cytotec*
Ascensia Brand	
Test Strips (PA, PAS)	One Touch Test Strips
Atacand (PA, PAS)	Benicar, Micardis
Atacand HCT (PA, PAS)	Benicar HCT, Micardis HCT
Auralgan	A/B Otic Soln

Avalide (PA, PAS)	Benicar HCT, Micardis HCT
Avandamet (PA)	Actos (ST) plus Glucophage*
Avandaryl (PA)	Actos (ST)
Avandia (PA)	Actos (ST)
Avapro (PA, PAS)	Benicar, Micardis
Avita Gel	Retin A*, Retin A Micro
Avodart	Proscar*, Uroxatral
Axert ☒	Imitrex* ☒, Maxalt ☒, Amerge* ☒
Azmacort	QVAR, Asmanex, Flovent
Azor (PA, PAS)	Norvasc* plus Benicar, Norvasc* plus Micardis

B

Baraclude (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒
Beclivent	Flovent, QVAR, Asmanex
Beconase (ST,STS)	Flonase*, Nasalide*, Nasonex
Benzaclin ^π	OTC Benzoyl Peroxide plus Topical Clindamycin*
Betoptic S	Betoptic*, Timoptic*, Timoptic XE*, Betagan*
Boniva	Fosamax*
Brovana (PA)	Spiriva, Advair, Symbicort, Serevent
Buphenyl (PA, PAS) (SP) ☒	no alternative available
Byetta (PA, PAS)	Amaryl*, Glucophage*, Actos (ST)
Bystolic	Inderal LA*, Toprol XL*, Lopressor*, Coreg*

C

Caduet (not covered)	Norvasc* plus Zocor*
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* A generic equivalent is available.

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

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☒ 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. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Cardizem LA [†]	Cardizem CD*
Catapres TTS [†]	Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura*
Caverject (ST) ☒	no alternative available
Cayston (PA, PAS) (SP) ☒	Tobi (PA, PAS) (SP) ☒
Celebrex (ST)	Motrin*, Naprosyn*, Mobic*, Voltaren*, Clinoril*, Disalcid*, Relafen*
Cenestin	Premarin, Ogen*
Chenodal (PA, PAS) (SP)	Actigall*
Cialis ☒ (2.5mg not covered)	no alternative available
Clarinetx (ST)	Claritin* OTC or Zyrtec* OTC are covered with a Doctor's prescription
Clarinetx D (ST)	Claritin D* OTC or Zyrtec D* OTC are covered with a Doctor's prescription
Colcrys (PA, PAS) ☒	colchicine*
Combivir (SP) ☒	Retrovir* (SP) ☒, plus Epivir (SP) ☒
Coreg CR (ST)	Coreg*
Cosopt [†]	Timoptic* plus Azopt
Cozaar [†]	Benicar, Micardis
Creon	Zenpep, Ultrase
Cymbalta (PA, PAS)	Celexa*, Prozac*, Zoloft*, Paxil*, Effexor* (ST), Effexor XR* (ST)

D

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

E

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

F

Fanapt (PA)	Risperdal*, Seroquel, Seroquel XR
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Femcon	Desogen*, Necon*, Nordette*, Norinyl*, Ortho Cept*, Ortho Cyclen*, Ortho Novum*, Yasmin*, Yaz
FemHRT	Prempro, Premphase
FemPatch	Estraderm*, Vivelle
Fenoglide	Lofibra*, Trilipix
Fentora (PA, PAS)	Morphine oral sol, OxyLR*
Focalin ☒	Adderall* ☒, Ritalin* ☒, Concerta ☒
Focalin XR (PA > 17yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta ☒
Foradil	Serevent
Frova ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒

G

Gabitril	Nuerontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Geodon (PA)	Risperdal*, Seroquel, Seroquel XR

H

HalfLyte ☒	CoLyte* ☒
HyperRho ☒	no alternative available
Hyzaar [†]	Benicar HCT, Micardis HCT

I

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

J

K

Keppra XR (PA)	Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Ketek ☒	First Line Generic Antibiotics
Kuvan (PA, PAS) (SP) ☒	Requires Prior Auth
Kytril ☒	Zofran* ☒

L

Lamictal ODT (PA), XR (PA), Starter Pack ☒	Lamictal*, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*
Lamisil Granules (PA) ☒	Lamisil* tab
Lescol, XL (ST)	Zocor*, Pravachol*, Mevacor*
Letairis (PA, PAS) (SP) ☒	Tracleer (PA, PAS) (SP) ☒
Levaquin ☒	Cipro* ☒, Avelox ☒
Levitra ☒	no alternative available
Lialda (ST)	Colazal*, Apriso, Asacol, Asacol HD
Lipitor 10mg, 20mg (ST)	Zocor*, Pravachol*
Lipitor 40mg, 80mg (ST)	Crestor (5mg ST), Vytorin (10/10mg ST)
Loestrin 24 FE	Yaz, Several other oral contraceptives are available on the Formulary
Loprox [†]	Nizoral* ☒ or Nystatin* ☒

Lotemax	Pred Forte*, Decadron*, FML Liquifilm*
Lovaza (PA)	Lofibra*, Tilipix, Niaspan
Lunesta (ST, STS) ☒	Halcion* ☒, oxazepam ☒, Restoril* ☒, Sonata* ☒
Luvox CR (ST)	Luvox*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST)
Lyrica (PA, PAS) ☒	Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER*

M

Marinol (PA, PAS) ☒	Requires Prior Auth
Maxair	Ventolin HFA
Metadate CD (PA > 17yrs) ☒	Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta ☒
Metrogel 1% (ST)	Metronidazole 0.75% Gel
Miacalcin Injection (PA)	Miacalcin Nasal Spray*
Mirapex	Requip*
Multaq	Cordarone*
Myfortic (SP) ☒	CellCept* ☒

N

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

O

Oforta (PA) (SP) ☒	Requires Prior Auth
Omnaris (ST, STS)	Flonase*, Nasalide*, Nasonex
Opana IR (PA, PAS) ☒	MSIR* ☒, Oxycodone IR* ☒
Ortho Evra	Several oral contraceptives are available on the Formulary
Oxistat	Nizoral* ☒ or Nystatin* ☒
Oxycontin (PA, PAS) ☒	MS Contin* ☒, Duragesic* ☒, Kadian ☒, Opana ER ☒
Oxytrol (ST)	Ditropan*, Sanctura, Sanctura XR

P

Pancreaze	Zenpep, Ultrase
Parafon Forte DSC [†]	Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)
Pataday	Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)
Patanol	Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)
Paxil CR [†] (ST)	Celexa*, Prozac*, Zoloft*, Paxil*
Pentasa	Asacol

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Perforomist (PA)	<i>Spiriva, Advair, Symbicort, Serevent</i>
Prandin	<i>Diabeta*, Glucotrol*, Amaryl*</i>
Prefest	<i>Prempro, Premphase</i>
Premarin Vag Cream	<i>Estrace Vag Crm, Vagifem</i>
Prenate DHA	<i>Multiple prenatal vitamins on formulary Tier 1</i>
Prenate Elite	<i>Multiple prenatal vitamins on formulary Tier 1</i>
Prevacid (Solutab not covered)	<i>Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR™ (covered with a prescription for tier 1 copay), Nexium</i>
Prevpac	<i>Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin</i>
Pristiq (ST)	<i>Effexor*(ST), Effexor XR (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox*</i>
ProAir HFA	<i>Ventolin HFA</i>
Procardia Capsules ^π	<i>Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL*</i>
Protonix ^π (PA)	<i>Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR™ (covered with a prescription for tier 1 copay), Nexium</i>
Protopic <input checked="" type="checkbox"/>	<i>Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*</i>
Proventil HFA	<i>Ventolin HFA</i>
Provigil (PA, PAS) <input checked="" type="checkbox"/>	<i>Ritalin* <input checked="" type="checkbox"/>, Dexedrine* <input checked="" type="checkbox"/>, Adderall* <input checked="" type="checkbox"/></i>
Prozac Weekly (ST)	<i>Prozac Capsules*</i>
Pulmicort Flexhaler/Turbuhaler	<i>Flovent, QVAR, Asmanex</i>

Q

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

Renagel	<i>Phoslo*, Renvela</i>
Regranex (PA, PAS)	<i>Requires Prior Auth</i>
Relistor (PA, PAS)	<i>Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)</i>
Relpax <input checked="" type="checkbox"/>	<i>Maxalt <input checked="" type="checkbox"/>, Imitrex* <input checked="" type="checkbox"/></i>
Remeron Soltab ^π	<i>Remeron*, Celexa*, Ludiomil*, Desyrel*</i>
Razadyne	<i>Aricept, Namenda</i>
Requip XL (ST)	<i>Requip*</i>
Rescula	<i>Lumigan, Travatan</i>
Restasis	<i>Various OTC artificial tears available</i>
Restoril 7.5mg, 22mg <input checked="" type="checkbox"/>	<i>Restoril* 15mg <input checked="" type="checkbox"/> & 30mg <input checked="" type="checkbox"/>, Ambien* <input checked="" type="checkbox"/>, Halcion* <input checked="" type="checkbox"/></i>
Revatio (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Adcirca (PA, PAS) (SP) <input checked="" type="checkbox"/></i>
Revlimid (PA, PAS) (SP) <input checked="" type="checkbox"/>	<i>Requires Prior Auth</i>
Rhinocort (ST, STS)	<i>Flonase*, Nasalide*,</i>

Rhogam <input checked="" type="checkbox"/>	Nasonex
Ritalin LA (PA > 17yrs) <input checked="" type="checkbox"/>	<i>no alternative available</i>
Rogaine	<i>Adderall* <input checked="" type="checkbox"/>, Ritalin* <input checked="" type="checkbox"/>, Ritalin SR* <input checked="" type="checkbox"/>, Metadate ER* <input checked="" type="checkbox"/>, Concerta <input checked="" type="checkbox"/></i>
Rozerem (ST, STS) <input checked="" type="checkbox"/>	<i>Benefit exclusion</i>
Ryzolt (ST)	<i>Ambien* <input checked="" type="checkbox"/>, Sonata* <input checked="" type="checkbox"/></i>
	<i>Ultram*</i>

S

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

T

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

U

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

V

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

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

W

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

X

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

Z

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

* A generic equivalent is available.

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

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

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. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary listing. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Prior Authorization

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

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

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

Quantity Limits

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

Specialty Medications

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

Self-Administered Injectable Formulary

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

Formulary Agents

Actimmune
Apokyn (no prior auth)
Arcalyst
Avonex
Copaxone
Enbrel
Fragmin♦
Fuzeon (no prior auth)
Humira
Intron-A
Leukine
Lovenox*♦
Neupogen
Omnitrope❖
Pegasys
Procrit
Sandostatin* (LAR under medical)

Non-Formulary

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

Formulary Alternatives

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

Pegasys
Fragmin♦, Lovenox♦
Enbrel, Humira
Neupogen
Omnitrope❖
Pegasys
Avonex, Copaxone
Omnitrope❖

Enbrel, Humira
Sandostatin
Enbrel, Humira
Omnitrope❖
Omnitrope❖

* Generic is on the Formulary

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

❖ Some plans cover only one growth hormone product -- Omnitrope. Under these plans, 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.

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

All self administered injectables require prior authorization.

For more updated
information, visit
our web site at:

www.CoventryHealth.com



Coventry Health Care Quantity Limit List

Quantity limits listed are 'per fill' unless noted as per day, per month or per year. Limits apply to all strengths and generic equivalents, unless otherwise noted. Each fill requires the applicable copay or coinsurance based on member specific health plan documents.

Drug Name	Limit	Drug Name	Limit	Drug Name	Limit
Abilify	1 per day	Anzemet	10 tabs	Cardura 8mg	2 per day
Accutane	2 per day	Arava	1 per day	Cardura XL 4mg, 8mg	1 per day
Aceon 2mg, 4mg	1 per day	Aricept, Aricept ODT	1 per day	Casodex	1 per day
Aceon 8mg	2 per day	Arimidex	1 per day	Catapres Patches	1 box (4 ptch)
Aciphex	1 per day	Arixtra	1 syr per day	Caverject Injection	6 syr
Actiq	4 per day	Aromasin	1 per day	Cayston	3 vials per day
Activella	1 per day	Atacand, Atacand HCT	1 per day	Cefaclor ER 500mg	14 tabs
Actonel 5mg, 30mg	1 per day	Atripla	1 per day	Celebrex 50, 100, 200, 400mg	2 per day
Actonel 35mg	4 tabs per mo	Atrovent HFA	2 inh	Celexa	1.5 per day
Actonel 35mg w/ Calcium	1 pk (28 tabs)	Atrovent Nasal Spray	1 bottle	Genestin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day
Actonel 150mg	1 tab per mo	Augmentin XR	40 tabs	Genestin 1.25mg	2 per day
Actoplusmet	2 per day	Avalide	1 per day	Cesamet	2 per day
Actoplusmet XR 15/1000	2 per day	Avandamet	2 per day	Cialis	4 tabs per mo
Actoplusmet XR 30/1000	1 per day	Avandaryl	1 per day	Cipro XR 500mg	3 tabs
Actos	1 per day	Avandia	1 per day	Cipro XR 1000mg	14 tabs
Acuvail (droperette)	30 vials	Avapro	1 per day	Clarinox, Clarinox D 24H	1 per day
Adalat CC 30mg, 90mg	1 per day	Avelox	14 tabs	Clarinox D 12H	2 per day
Adalat CC 60mg	2 per day	Avinza 30, 45, 60, 75, 90mg	1 per day	Claritin, Claritin D 24H	1 per day
Adcirca	2 per day	Avita cream, gel	45gm	Claritin D 12H	2 per day
Adderall XR	1 per day	Avodart	1 per day	Climara, Climara Pro	1 box (4 ptch)
Adrenaclick	2 syringes	Axert	6 tabs	Coartem	24 tabs
Advicor 500-20, 750-20, 1000-40mg	1 per day	Azilect	1 per day	Colcrys	9 tabs
Advicor 1000-20mg	2 per day	Azmacor	2 inh	Combunox	28 tabs
Aerobid/Aerobid M	2 inh	Azor	1 per day	Concerta 18, 27, 54mg	1 per day
Aerochamber	1 per year	Baraclude	1 per day	Concerta 36mg	2 per day
Afinitor	1 per day	Benicar, Benicar HCT	1 per day	Contraceptives, oral	1 per day
Aldara cream	12 pkts	Benzaclin	25gm	Cordran tape	1 unit
Alinia Susp	3 bottles	Bepreve	1 bottle	Coreg CR	1 per day
Alinia tabs	6 tabs	Biaxin susp	150ml	Cozaar	1 per day
Allegra 180mg	1 per day	Biaxin, Biaxin XL	28 tabs	Crestor	1 per day
Allegra 30mg, 60mg	2 per day	Blood Glucose Monitor	1 per year	Cycloset	6 per day
Allegra D 12 hour	2 per day	Boniva 2.5mg	1 per day	Cymbalta 20mg	2 per day
Allegra D 24 hour	1 per day	Boniva 150mg	1 tab per mo	Cymbalta 30mg, 60mg	1 per day
Alora	1 box (8 ptch)	Brovana	60 vl (120ml)	Daytrana patch	1 per day
Aloxi caps	1 per fill	Byetta	1 pen	Depo SubQ Provera 104	1 inj/90 days
Altace 1.25, 2.5, 5mg	1 per day	Bystolic 2.5mg, 5mg	1 per day	Depo-Provera 150mg/ml	1 dose per 3 mos
Altace 10mg	2 per day	Bystolic 10mg	1 per day	Detrol LA	1 per day
Altoprev	1 per day	Bystolic 20mg	2 per day	DHE-45	6 amps
Amaryl 1mg, 2mg	1 per day	Calan SR 120mg	1 per day	Diastat	1 pk (2 doses)
Amaryl 4mg	2 per day	Cambia	1 box (9 pkts)	Diflucan	1 per day
Ambien	1 per day	Campral	6 per day	Dilacor XR 120, 180mg	1 per day
Ambien CR	1 per day	Cardizem CD 120, 300, 360mg	1 per day	Dilacor XR 240mg	2 per day
Amerge	9 tabs	Cardizem CD 240mg	2 per day	Diovan, Diovan HCT	1 per day
Amitiza	2 per day	Cardizem LA 120, 300, 360, 420mg	1 per day	Ditropan XL 5mg	1 per day
Ampyra	2 per day	Cardizem LA 240mg	2 per day	Ditropan XL 10mg, 15mg	2 per day
Androgel Packet	1 pkt per day	Cardura 1mg, 2mg, 4mg	1 per day	Duetact	1 per day
Androgel Pump	150gm				

Coventry Health Care Quantity Limit List

Drug Name	Limit	Drug Name	Limit	Drug Name	Limit
Duoneb	180vl (540ml)	Geodon	2 per day	Lamictal XR 200mg	3 per day
Duragesic 12mcg/hr	10 patches	Glucagen Hypokit	1 kit	Lamisil tabs	1 per day
Dynacirc CR 5mg	1 per day	Glucagon Emergency Kit	1 kit	Lamisil 125mg granules	2 per day
Dynacirc CR 10mg	2 per day	Glucophage XR 500mg	4 per day	Lamisil 187.5mg granules	1 per day
Edex Injection	6 syr	Glucophage XR 750mg	3 per day	Lescol, Lescol XL	1 per day
Effexor XR	1 per day	Hepsera 10 mg	1 per day	Levaquin	14 tabs
Effient	1 per day	Humapen Memoir	1 pen per yr	Levaquin Susp	280ml
Elidel 1%	60gm	Hytrin 1mg, 5mg	1 per day	Levitra	4 tabs per mo
Embeda	2 per day	Hytrin 2mg, 10mg	2 per day	Lexapro 10mg	1.5 per day
Emend	3 caps	Hyzaar	1 per day	Lexapro 5mg, 20mg	1 per day
Emend Tripack	1 pk (3 caps)	Imdur 30mg, 60mg	1 per day	Lialda	4 per day
Emsam	1 per day	Imdur 120mg	2 per day	Lipitor	1 per day
Emtriva	1 per day	Imitrex pre-filled Syringe	2 bx (4 doses)	Lipofen	1 per day
Enablex	1 per day	Imitrex Nasal Spray 20mg	1 bx (6 doses)	Livalo	1 per day
Enjuvia 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day	Imitrex Nasal Spray 5mg	2 bx (12 doses)	Lofibra	1 per day
Enjuvia 1.25mg	2 per day	Imitrex tabs	9 tabs	Lotrel 2.5/10,5/10,5/20, 10/20, 10/40	1 per day
Epiduo	1 unit	Imitrex vials	1 bx (2.5ml;5vl)	Lovaza	4 per day
Epi-Pen, Epi-Pen Jr.	2 doses	Inderal LA 60mg	1 per day	Lovenox	2 syr per day
Estraderm	1 box (8 ptch)	Innopran XL 120mg	1 per day	Lumigan	2.5ml/mo
Estrasorb	2 pkt per day	Innopran XL 80mg	2 per day	Lunesta	1 per day
Evoxac	3 per day	Inspra 25mg	1 per day	Luvox 25mg, 50mg	1 per day
Exalgo	1 per day	Inspra 50mg	2 per day	Luvox CR	2 per day
Exelon caps	2 per day	Intal Inhaler	2 inh	Lyrica 25, 50, 75, 100, 150, 200mg	3 per day
Exelon patch	1 per day	Intelence	4 per day	Lyrica 225mg, 300mg	2 per day
Exelon solution	1 bottle	Intuniv	1 per day	Lysteda	30 tabs
Exforge, Exforge HCT	1 per day	Invega 3mg, 9mg	1 per day	Marinol	2 per day
Factive	7 tabs	Invega 6mg	2 per day	Mavik 1mg, 2mg	1 per day
Famvir	21 tabs	Iressa	1 per day	Mavik 4mg	2 per day
Fanapt	2 per day	Isentress	2 per day	Maxair Autohaler	1 inh
Femhrt	1 per day	Isoptin SR 120mg	1 per day	Maxalt, Maxalt MLT	9 tabs
Femring	1 ring/90 days	Janumet	2 per day	Menostar	1 bx (4 ptch)
Fenoglide	1 per day	Januvia	1 per day	Mepron	1 btl (210ml)
Fentora	4 per day	Kadian	2 per day	Metadate CD	1 per day
Flomax	2 per day	Kapidex 30mg, 60mg	1 per day	Metadate ER	3 per day
Flonase Nasal Spray	2 bottles	Keppra 250mg	2 per day	Metaglip	4 per day
Flunisolide	2 bottles	Keppra, Keppra XR 750mg	4 per day	Mevacor 10mg, 20mg	1 per day
Focalin	2 per day	Keppra 1000mg	3 per day	Mevacor 40mg	2 per day
Focalin XR	1 per day	Keppra, Keppra XR 500mg	6 per day	Miacalcin Nasal Spray	1 bottle
Foradil Aerolizer	2 caps per day	Kwell/Lindane	60ml	Micardis, Micardis HCT	1 per day
Fosamax + D	4 tabs per mo	Kytril 1 mg	10 tabs	Migranal Nasal Spray	1 pkg (8 btl)
Fosamax 35mg, 70mg	4 tabs per mo	Kytril solution	1 bottle (30ml)	Mirapex ER	1 per day
Fosamax 5mg, 10mg, 40mg	1 per day	Lamictal 5mg	8 per day	Mobic 7.5mg	2 per day
Fosamax Solution	4 btl (300ml)	Lamictal, Lamictal ODT 25mg	6 per day	Mobic 15mg	1 per day
Fragmin	1 dose per day	Lamictal, Lamictal ODT 100mg, 200mg	2 per day	Monopril 10mg, 20mg	1 per day
Frova	9 tabs	Lamictal 150mg	3 per day	Monopril 40mg	2 per day
Gabitril 2mg	1 per day	Lamictal ODT 50mg	3 per day	Moxatag	10 tabs
Gabitril 4mg, 12mg	4 per day	Lamictal XR 25, 50, 100mg	1 per day	Multaq	2 per day
Gabitril 16mg	3 per day			Muse	6 pellets
Gelnique	1 box (30 pkts)				

Coventry Health Care Quantity Limit List

Drug Name	Limit	Drug Name	Limit	Drug Name	Limit
Namenda	2 per day	Prilosec 20mg, 40mg	2 per day	Sanctura	2 per day
Namenda Pak	1 pack	Prilosec OTC (20mg)	2 per day	Sanctura XR	1 per day
Nasacort AQ	1 inh	Pristiq	1 per day	Sancuso	1 patch
Nasarel Inhaler	1 inh	ProAir HFA	2 inh	Saphris	2 per day
Nasonex Inhaler	1 inh	Procardia XL 30mg, 90mg	1 per day	Sarafem	1 per day
Nexavar	4 per day	Procardia XL 60mg	2 per day	Savella	2 per day
Nexium	1 per day	Promacta	1 per day	Selzentry	2 per day
Noroxin	2 per day	Prometrium	2 per day	Serevent Diskus	1 box
Norvasc	1 per day	Proquin XR	3 tabs	Seroquel 25mg, 50mg, 100mg, 300mg	3 per day
Nucynta	6 per day	Proscar	1 per day	Seroquel 200mg	4 per day
Nuvigil	1 per day	Protonix	1 per day	Seroquel 400mg	2 per day
Noxafil	105ml	Protopic	60gm	Seroquel XR 150, 200mg	1 per day
Ofloxacin	28 tabs	Proventil HFA	2 inh	Seroquel XR 50, 300, 400mg	2 per day
Onglyza	1 per day	Provigil	1 per day	Silenor	1 per day
Onsolis	4 per day	Prozac Weekly	4 caps per mo	Singulair tab, Chw, pkt	1 per day
Opana ER	2 per day	Pulmicort Respule	2 per day	Skelid	2 per day
Oracea	1 per day	Pulmicort Turbuhaler	1 inh	Sonata	1 per day
Oravig	14 tabs	Pulmozyme	60unt (150ml)	Soriatane Kit (2 kits per mo)	2 caps per day
Ortho Evra	3 patches	Ranexa	2 per day	Spiriva	1 per day
Ovide	1 bottle	Rapaflo	1 per day	Sprix	1 pk (5 bottles)
Oxycontin	2 per day	Rapiflux	1 per day	Sprycel	2 per day
Oxytrol	1 bx (8 ptchs)	Razadyne ER	1 per day	Stadol NS	2 bottles
Paxil 10mg, 20mg	1 per day	Rebetol	500ml	Stelara	1 syringe
Paxil 30mg	2 per day	Relafen	4 per day	Strattera	1 per day
Paxil 40mg	1.5 per day	Relenza	20 tabs	Striant	2 per day
Paxil CR 12.5mg, 37.5mg	1 per day	Relpax	6 tabs	Suboxone	3 per day
Paxil CR 25mg	2 per day	Remeron tab, Soltab	1 per day	Sular 10mg, 20mg, 40mg	1 per day
Peak Flow Meter	1 per year	Requip XL 2mg, 4mg, 8mg	1 per day	Sular 8.5, 17, 25.5, 34mg	1 per day
Perforomist	60vl (120ml)	Requip XL 12mg	2 per day	Sular 30mg	2 per day
Pexeva 10mg, 20mg, 40mg	1 per day	Restasis	2 vials per day	Sutant	1 per day
Pexeva 30mg	2 per day	Restoril 7.5mg, 22.5mg	1 per day	Symbyax	1 per day
Plan B	1 pk (2 tabs)	Retin-A, Retin-A Micro	45gm	Symlin	4 vials (20ml)
Plan B One-Step	1 pk (1 tab)	Revatio	3 per day	SymlinPen 60, SymlinPen 120	4 pens per fill
Plavix 75mg	1 per day	Revlimid	1 per day	Tamiflu	20 tabs
Plavix 300mg	1 tab	Reyataz 100mg, 150mg, 200mg	2 per day	Tarceva	1 per day
Plendil	1 per day	Reyataz 300mg	1 per day	Tasigna	4 per day
Prandimet	2 per day	Risperdal, Risperdal ODT 0.25mg, 0.5mg, 1mg, 2mg	2 per day	Tekturna, Tekturna HCT	1 per day
Pravachol 10, 20, 80mg	1 per day	Risperdal, Risperdal ODT 3mg	3 per day	Teveten 400mg	2 per day
Pravachol 40mg	2 per day	Risperdal, Risperdal ODT 4mg	4 per day	Teveten 600mg	1 per day
Prefest	1 per day	Ritalin LA 10, 20, 40mg	1 per day	Teveten HCT	1 per day
Premarin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day	Ritalin LA 30mg	2 per day	Theo-24 100mg, 200mg	1 per day
Premarin 1.25mg	2 per day	Ritalin SR	3 per day	Tiazac	1 per day
Premphase	1 per day	Rozerem	1 per day	Tindamax 250mg	24 tabs
Prempro	1 per day	Rythmol SR	2 per day	Tindamax 500mg	12 tabs
Prevacid cap, SoluTab	1 per day	Ryzolt	1 per day	Tirosint	1 per day
Prevacid NapraPac	1 pk per mo	Sabril	6 per day	TOBI	56 vls (280ml)
Prevacid Packet	1 per day	Samsca 15mg	1 per day	Topamax 25mg	12 per day
Prezista	2 per day	Samsca 30mg	2 per day	Topamax 50mg	6 per day

Coventry Health Care Quantity Limit List

Drug Name	Limit	Drug Name	Limit	Drug Name	Limit
Topamax 100mg	3 per day	Verelan 120, 180, 360mg	1 per day	Zemplar	1 per day
Topamax 200mg	2 per day	Verelan 240mg	2 per day	Zetia	1 per day
Topamax sprinkle	4 per day	Verelan PM 100mg, 300mg	1 per day	Zirgan	1 tube
Toprol XL 25mg	1 per day	Verelan PM 200mg	2 per day	Zirgan gel	1 tube
Toprol XL 50mg, 100mg	1.5 per day	Vesicare	1 per day	Zithromax 250mg	8 tabs
Toprol XL 200mg	2 per day	Viagra	4 tabs per mo	Zithromax 500mg	4 tabs
Toradol	20 tabs	Victoza (2 pack)	1 pkg (2 pens)	Zithromax 600mg	8 tabs
Toviaz	1 per day	Victoza (3 pack)	1 pkg (3 pens)	Zithromax Susp	2 bottles
Tranxene SD 11.25mg	1 per day	Vimovo	2 per day	Zithromax TriPac	1 pk (3 tabs)
Travatan	2.5ml/mo	Vimpat	2 per day	Zocor	1 per day
Triglide	1 per day	Vivelle	1 bx (8 ptchs)	Zofran 24mg	1 tab
Trileptal	2 per day	Voltaren Gel	200gm	Zofran 4mg, 8mg ODT	30 tabs
Trilipix	1 per day	Votrient	4 per day	Zofran Solution	50ml
Tussicaps	20 caps	Vytorin	1 per day	Zolinza	4 per day
Tussionex	120 ml	Vyvanse	1 per day	Zolof 25mg	1 per day
Twinject	2 doses	WelChol 3.75gm pkt	1 per day	Zolof 50mg	1.5 per day
Tyvaso	1 amp/day	Wellbutrin XL	1 per day	Zolof 100mg	2 per day
Tyzeka	1 per day	Xalatan	2.5ml/mo	Zomig, Zomig ZMT 2.5mg	6 tabs
Tyzeka Solution	1 bottle	Xanax XR	2 per day	Zomig, Zomig ZMT 5mg	3 tabs
Ulesfia	3 bottles	Xenazine 12.5mg	4 per day	Zomig Nasal Spray	1 bx (6 doses)
Uloric	1 per day	Xenazine 25mg	8 per day	Zonegran 25mg, 50mg	1 per day
Ultracet	8 per day	Xifaxan 200mg	9 tabs	Zonegran 100mg	6 per day
Ultram ER	1 per day	Xifaxan 550mg	2 per day	Zymar	1 bottle
Uroxatral	1 per day	Xopenex	2 inh	Zymaxid	1 bottle
Valtrex 1g	21 tabs	Xyzal	1 per day	Zyprexa, Zyprexa Zydis	1 per day
Valtrex 500mg	42 tabs	Zavesca	3 per day	Zyrtec	1 per day
Valturna	1 per day	Zebeta 5mg	1 per day	Zyrtec-D	2 per day
Vancocin 125mg	56 tabs	Zebeta 10mg	4 per day	Zyvox	28 tabs
Vancocin 250mg	40 tabs	Zegerid	1 per day	Zyvox Susp	150ml
Ventolin HFA	2 inh	Zelapar	2 per day		

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

Unless otherwise noted in your plan documents, there is a maximum of 100 pills per fill.

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