



2010

THE DRUG FORMULARY

The drug formulary is a list of medications covered by Bashas'. It is intended for use by the plan, providers and pharmacies. The drug formulary applies only to outpatient prescription medications. It does not apply to inpatient medications obtained from or administered by a physician.

The drug formulary is a generically run formulary. Medications listed on the formulary followed by an asterisk (*) must be dispensed with the generic product. **Note:** Generic status of a drug may change throughout the year and may not be reflected on the printed or online drug formulary.

The brand names are listed for all drugs for reference purposes only. For medications without an asterisk, the generic must be dispensed if it becomes available.

The Bashas' drug formulary is subject to change.

PRIOR AUTHORIZATION

Prior authorizations are required in the following situations: Medications not listed on the drug formulary or designated with a (PA) in the drug formulary are not covered unless prior authorization has been obtained from United Drugs.

Prior Authorizations will be approved based on criteria set by the P&T committee and will not be approved based on: physician samples given, inadequate information received, lack of formulary trial, or dosing outside of safety regulations set by the FDA.

Please fax prior authorization forms to (602) 678-0941.

STEP THERAPY

The drug formulary has certain medications listed as step therapy (ST). If a medication is listed as (ST), members are asked to try a formulary medication before requesting the step therapy medication. If these steps are not followed, the physician must fill out a Prior Authorization form before the member is allowed to receive the prescribed medication. Forms are available at: www.uniteddrugs.com.

MAIL ORDER and COMPOUNDED MEDICATIONS

A Maintenance Medication is a medication that you receive continuously to treat a disease state. Medications that you receive for 30 days or longer that are considered a Maintenance Medication may be filled at mail order. Call 1-866-902-2541 to request the *Bashas' Mail Service Pharmacy* Prescription Order Form.

Note: you may also fill a 90 day supply at your local Bashas', Food City, AJ's or United Drugs pharmacy.

A Compounded prescription is a prescription written by your doctor containing 2 or more ingredients (at least one ingredient must be a legend medication requiring a prescription) that are

not commercially available that needs to be specially mixed or "compounded" by a pharmacist. If you have a prescription that requires compounding, contact Food City #154 at 623-872-6201 located at 9020 W Thomas Road. Compounded prescriptions may be delivered to your home for a minimum charge or delivered to your local Bashas'/Food City/AJ's pharmacy with a quick turn around time.

EXCLUSIONS

The following are NOT covered under the Bashas' Prescription Benefit:

1. Pharmaceuticals requiring a prescription that:
 - Have not been approved by the U.S. Food and Drug Administration (FDA); or
 - Are not approved by the FDA for the condition, dose, route & frequency for which they are prescribed; or
 - Are experimental and/or investigational in the definitions chapter of your Medical, Dental, and Vision Plan Benefit Manual.
2. Non-prescription (non-legend or over the counter –OTC) drugs or medicines, unless listed on the drug formulary. OTC medications listed as formulary require a prescription from the doctor.
3. Take-home prescriptions or medicines provided by a hospital, ambulatory surgical center, or other health care facility, with the exception of emergency room.
4. Medications not listed on formulary.
5. Foods and nutritional supplements or nutraceuticals including, but not limited to, home meals, formulas, diet foods, vitamins and minerals (whether they can be purchased over-the-counter or require a prescription), except for prenatal vitamins and minerals requiring a prescription.
6. Naturopathic or homeopathic services and substances.
7. Drugs, medicines, or devices for:
 - Anorexiants and drugs for weight loss except as used for children less than 18 years to treat ADD/ADHD;
 - Smoking Cessation
 - Contraception, except birth control pills and diaphragms; (see also fertility services in the Schedule of Medical Benefits in your Medical, Dental, and Vision Plan benefit manual for other contraceptive coverage offered from a Doctor);
 - Fertility and/or infertility; (Except as listed in formulary)
 - Fluoride preparations for dental purposes;
 - Hair growth (i.e., Minoxidil, Propecia, Rogaine);
 - Sexual inadequacy or dysfunction such as impotence (i.e., Viagra, Cialis);
 - Vitamin A derivatives (i.e., Retin A, Accutane, Renova) for individuals over age 30;
8. Injectables, except Imitrex, Insulin, Glucagon, Heparin and drugs to treat severe allergic reactions or as authorized by the Prescription Drug Plan. Any request for a biotech injectable drug must be approved PRIOR to dispensing. Failure to do so may result in non-coverage of medication. **Note:** Any request for a biotech injectable drug must be approved PRIOR to dispensing. Failure to do so may result in non-coverage of medication.
9. Vaccinations, immunizations, inoculations or preventative injections, except those provided by the plan for children and/or adults; and those required for treatment of an injury or exposure to disease or infection (such as anti-rabies, tetanus, anti-venom, or immunoglobulin). These are covered under the medical plan and are therefore not covered under the Pharmacy Plan.

CONTACT

**United Drugs Customer Service Helpdesk
Phoenix, Arizona**

Note: All times are in Mountain Standard Time (MST)

Phone: 1-800-364-8865

Prior Authorization Fax Line:

1-602-678-0941

Email Address: helpdesk@uniteddrugs.com

Hours of Operation:

Monday through Friday 7:00 am to 5:00 pm (MST)

KEY

- * **GENERIC AVAILABLE—generic co-pay**
- PA PRIOR AUTHORIZATION—non-preferred co-pay if approved.**
- ST STEP THERAPY REQUIRED**
- L LIMITED**

CO-PAYS

30 day supply at Retail:

Generic or Brand.....\$25 or 20% of total medication cost with a \$25 minimum and \$100 maximum.

90 day supply at Retail:

Generic or Brand..... \$75 or 20% of medication cost with \$75 minimum and \$300 maximum.

90 day supply at Mail Order:

Generic or Brand.....\$50 or 20% of medication cost with \$50 minimum and \$200 maximum.

Dispense as Written or if member chooses brand when generic is available:

Above guidelines apply –member pays co-pay plus the difference between the brand medication cost and generic medication cost.

– ANTINEOPLASTIC and IMMUNOSUPPRESSANTS –

All oral antineoplastic and immunosuppressant agents are covered under the prescription benefit, if FDA approved.

MISCELLANEOUS

| | | |
|--------------------------|-------------------|------------|
| interferon alpha-2b | INTRON A (PA) | \$\$\$\$\$ |
| peg interferon alpha –2b | PEG – INTRON (PA) | \$\$\$\$\$ |

– BLOOD MODIFIERS –

ANTICOAGULANTS

| | | |
|------------|-------------|------------|
| warfarin* | COUMADIN | \$\$ |
| enoxaparin | LOVENOX (L) | \$\$\$\$\$ |

(L) limit to 10 days supply, then Prior Auth

PLATELET AGGREGATION INHIBITORS

| | | |
|--------------|--------|----------|
| cilostazol | PLETAL | \$\$\$ |
| clopidogrel | PLAVIX | \$\$\$ |
| ticlopidine* | TICLID | \$\$\$\$ |

MISCELLANEOUS

AGENTS

| | | |
|---------------------------------|-----------|------------|
| pentoxifylline, ext-rel.* | TRENTAL | \$\$\$ |
| phytonadione | MEPHYTON | \$\$\$ |
| anagrelide* | AGRYLIN | \$\$\$\$\$ |
| dipyridamole, ext. rel./aspirin | AGGRENOLX | \$\$\$\$ |
| epoetin alfa | PROCRIT | \$\$\$\$\$ |
| filgrastim | NEUPOGEN | \$\$\$\$\$ |

– CARDIOVASCULAR –

ACE INHIBITORS

| | | |
|---------------|----------|--------|
| captopril* | CAPOTEN | \$ |
| enalapril* | VASOTEC | \$ |
| lisinopril* | ZESTRIL | \$\$ |
| quinapril* | ACCUPRIL | \$\$ |
| ramipril* | ALTACE | \$\$\$ |
| moexipril* | UNIVASC | |
| trandolapril* | MAVIK | |
| fosinopril* | MONOPRIL | |

COMINATION PRODUCTS

| | | |
|--------------------------|--------------|------|
| atenolol/chlorthalidone* | TENORETIC | \$\$ |
| lisinopril/hctz* | ZESTORETIC | \$\$ |
| quinapril/hctz* | ACCURETIC | \$\$ |
| bisoprolol/hctz* | ZIAC | \$\$ |
| captopril/hctz* | CAPOZIDE | \$\$ |
| enalapril/hctz* | VASERETIC | \$\$ |
| fosinopril/hctz* | MONOPRIL HCT | \$\$ |
| moexipril/hctz* | UNIRETIC | \$\$ |
| amlodipine/benazapril* | LOTREL | \$\$ |

ALPHA BLOCKERS

| | | |
|------------|-----------|--------|
| prazosin* | MINIPRESS | \$ |
| doxazosin* | CARDURA | \$\$ |
| terazosin* | HYTRIN | \$\$\$ |

ANGIOTENSIN II ANTAGONISTS

| | | |
|-----------------|---------|--------|
| irbesartan | AVAPRO | \$\$\$ |
| irbesartan/hctz | AVALIDE | \$\$\$ |
| losartan | COZAAR | \$\$\$ |
| losartan/hctz | HYZAAR | \$\$\$ |

ANTIARRHYTHMICS

Class 1A

| | | |
|----------------------------------|------------|------------|
| disopyramide* | NORPACE | \$ |
| procainamide* | PRONESTYL | \$ |
| quinidine sulfate* | | \$ |
| quinidine sulfate ext. rel.* | QUINIDEX | \$\$ |
| disopyramide ext. rel.* | NORPACE CR | \$\$\$ |
| procainamide ext. rel.* (6 hour) | | \$\$\$ |
| morizine | ETHMOZINE | \$\$\$\$\$ |

Class 1B

| | | |
|-------------|---------|----------|
| mexiletine* | MEXITIL | \$\$\$\$ |
|-------------|---------|----------|

Class 1C

| | | |
|--------------|---------|------------|
| propafenone* | RYTHMOL | \$\$\$\$\$ |
|--------------|---------|------------|

Class II

| | | |
|--------------|---------|------|
| propranolol* | INDERAL | \$ |
| acebutolol* | SECTRAL | \$\$ |

Class III

| | | |
|--------------------------|-----------|------------|
| amiodarone* (200mg only) | CORDARONE | \$\$\$\$\$ |
| sotalol* | BETAPACE | \$\$\$\$\$ |

Class IV

| | | |
|------------|---------|----|
| digoxin* | LANOXIN | \$ |
| verapamil* | CALAN | \$ |

ANTILIPEMICS

Bile Acid Sequestrants

| | | |
|-----------------|----------|------------|
| cholestyramine* | QUESTRAN | \$\$\$ |
| colestipol | COLESTID | \$\$\$\$\$ |
| colesevelam | WELCHOL | \$\$\$\$\$ |

HMG-CoA Reductase Inhibitors

| | | |
|---------------------|-----------|--------|
| simvastatin* | ZOCOR | \$ |
| pravastatin* | PRAVACHOL | \$\$ |
| atorvastatin (80MG) | LIPITOR | \$\$\$ |
| rosuvastatin (40MG) | CRESTOR | \$\$\$ |

Generic statins formulary except 80mg Lipitor or 40mg Crestor

Cholesterol Absorption Inhibitor

| | | |
|-----------|-------|------------|
| ezetimibe | ZETIA | \$\$\$\$\$ |
|-----------|-------|------------|

Miscellaneous

| | | |
|-------------------------------|--------------|----------|
| fenofibrate, micronized | TRICOR | \$\$ |
| gemfibrozil* (600mg only) | LOPID | \$\$ |
| niacin, ext. rel. Requires Rx | SLO-NIACIN | \$ |
| niacin | NIACOR | \$ |
| niacin CR | NIASPAN (NF) | \$\$\$\$ |
| ezetimibe-simvastatin | VYTORIN (PA) | \$\$\$ |

BETA BLOCKERS

Non-Cardioselective

| | | |
|-------------------------|-------------|--------|
| propranolol* | INDERAL | \$ |
| pindolol* | | \$\$ |
| propranolol, ext. rel.* | INDERAL LA | \$\$ |
| propranolol, ext. rel. | INNOPRAN XL | \$\$ |
| nadolol* | CORGARD | \$\$\$ |

Cardioselective

| | | |
|-----------------------|-----------|----------|
| atenolol* | TENORMIN | \$ |
| metoprolol* | LOPRESSOR | \$\$ |
| metoprolol ext. rel.* | TOPROL XL | \$\$ |
| carvedilol* | COREG | \$\$\$\$ |
| acebutolol* | SECTRAL | \$\$\$ |

Beta Alpha

| | | |
|---------------------------------------|-------------|------------|
| labetalol* | TRANDATE | \$\$\$ |
| CALCIUM CHANNEL BLOCKERS | | |
| verapamil* | CALAN | \$ |
| verapamil ext. rel.* | CALAN SR | \$\$ |
| nifedipine ext. rel.* | ADALAT CC | \$\$\$ |
| nisoldipine* | SULAR | \$\$\$ |
| amlodipine* | NORVASC | \$\$\$\$ |
| diltiazem* | CARDIZEM | \$\$\$\$ |
| diltiazem ext. rel.* | CARDIZEM CD | \$\$\$\$ |
| CARDIAC GLYCOSIDES | | |
| digoxin* | LANOXIN | \$ |
| DIURETICS | | |
| Loop Diuretics | | |
| furosemide* | LASIX | \$ |
| bumetanide* | BUMEX | \$\$ |
| Potassium Sparing Diuretics | | |
| spironolactone* | ALDACTONE | \$ |
| triamterene/hctz* | DYAZIDE | \$ |
| triamterene/hctz* | MAXZIDE | \$ |
| Thiazide and Related Diuretics | | |
| chlorthalidone* | HYGROTON | \$ |
| (25mg and 50mg only) | | |
| hydrochlorothiazide* | HYDRODIURIL | \$ |
| metolazone* | ZAROXOLYN | \$\$ |
| NITRATES | | |
| Oral | | |
| isosorbide dinitrate oral* | ISORDIL | \$ |
| nitroglycerin ext. rel.* | | \$ |
| nitroglycerin sublingual* | NITROSTAT | \$ |
| isosorbide mono ext.rel.* | IMDUR | \$\$\$ |
| Transdermal | | |
| nitroglycerin ointment* | | \$ |
| nitroglycerin transdermal patch* | NITREK | \$\$ |
| nitroglycerin transdermal | NITRO-DUR | \$\$ |
| SYMPATHOLYTICS | | |
| clonidine* (tablets only) | CATAPRES | \$ |
| methyl dopa* | ALDOMET | \$ |
| guanfacine* | TENEX | \$\$ |
| VASODILATORS | | |
| hydralazine* | | \$ |
| ORTHOSTATIC HYPOTENSIVES | | |
| fludrocortisone acetate * | FLORINEF | \$\$\$ |
| midodrine* | PROAMATINE | \$\$\$\$\$ |
| MISCELLANEOUS | | |
| benazepril/amlodipine* | LOTREL | \$\$\$\$ |
| amlodipine/olmesartan | AZOR | \$\$\$\$ |
| atorvastatin-amlodipine | CADUET (PA) | \$\$\$\$ |

– CENTRAL NERVOUS SYSTEM –

ALCOHOL ABUSE DETERRANTS

| | | |
|--------------------------------|---------------|--------|
| disulfiram | ANTABUSE | \$ |
| buprenorphine HCL-nmloxone HCL | SUBOXONE (PA) | \$\$\$ |

Not approved to treat pain

ALZHEIMER'S AGENTS

| | | |
|--------------|----------|------------|
| donepezil | ARICEPT | \$\$\$\$\$ |
| rivastigmine | EXELON | \$\$\$\$\$ |
| galantamine | RAZADYNE | \$\$\$\$\$ |

ANALGESICS

NSAIDs

Propionic Acid Derivatives

| | | |
|---------------------------|----------|--------|
| ibuprofen* (rx strengths) | MOTRIN | \$ |
| naproxen* | NAPROSYN | \$\$ |
| oxaprozin* | DAYPRO | \$\$\$ |

Acetic Acid Derivatives

| | | |
|-----------------------------|--------------------|--------|
| indomethacin* | INDOCIN | \$ |
| diclofenac sodium ext.rel.* | VOLTAREN | \$\$ |
| diclofenac patch | FLECTOR PATCH (PA) | \$\$\$ |

| | | |
|---------------------|-----------|----------|
| diflunisal* | DOLOBID | \$\$ |
| sulindac* | CLINORIL | \$\$ |
| etodolac* | LODINE | \$\$\$\$ |
| etodolac ext. rel.* | LODINE XL | \$\$\$\$ |

Non-Acetic Acid Derivatives

| | | |
|--------------|---------|----------|
| nabumetone * | RELAFEN | \$\$\$\$ |
|--------------|---------|----------|

Oxicam Derivatives

| | | |
|------------|---------|------|
| piroxicam* | FELDENE | \$\$ |
| meloxicam* | MOBIC | \$ |

Salicylic Acid Derivatives

| | | |
|------------|--|------|
| salsalate* | | \$\$ |
|------------|--|------|

Cox-2 Selective Inhibitors

| | | |
|-----------|----------|----------|
| celecoxib | CELEBREX | \$\$\$\$ |
|-----------|----------|----------|

Narcotic Combination Agents

| | | |
|---------------------------------------|--------------------------|------|
| codeine/APAP* | TYLENOL w/CODEINE (CIII) | \$ |
| hydrocodone/APAP* | VICODIN (CIII) | \$ |
| oxycodone/APAP* (5/325 tablets only) | PERCOCET (CII) | \$ |
| oxycodone/APAP* (5/500 capsules only) | TYLOX (CII) | \$ |
| oxycodone/ASA* | PERCODAN (CII) | \$ |
| hydrocodone/APAP* | LORTAB (CIII) | \$\$ |

Non-Narcotic Combination Agents

| | | |
|------------------------------|-----------------|----|
| butalbital/APAP* | PHRENILIN | \$ |
| butalbital/caffeine/APAP* | FIORICET | \$ |
| butalbital/caffeine/aspirin* | FIORINAL (CIII) | \$ |

Opioids

| | | |
|-----------------------------|--------------------------|----------|
| codeine sulfate* | (CII) | \$\$\$ |
| hydromorphone* | DILAUDID (CII) | \$\$\$ |
| morphine sulfate* (tablets) | MSIR (CII) | \$\$ |
| meperidine* | DEMEROL (CII) | \$\$\$ |
| morphine, ext. rel.* | MS CONTIN (CII) | \$\$ |
| oxycodone, ext. rel.* | OXYCONTIN (CII) (PA) (L) | \$\$\$\$ |

(L) if approved- max of #60 per month

| | | |
|-----------------------|--------------------------|----------|
| fentanyl transdermal* | DURAGESIC (CII) (PA) (L) | \$\$\$\$ |
|-----------------------|--------------------------|----------|

(PA) Reserved for opioid tolerant members (L) if approved- max of #10 per month

Migraine Agents

| | | |
|------------------------------------|----------------|------|
| isometheptene/APAP/ dichloralphen* | DURADRIN (CIV) | \$\$ |
|------------------------------------|----------------|------|

| | | | | | |
|---|-------------------|------------|--|-----------------|------------|
| divalproex sodium, ext. rel. | DEPAKOTE ER | \$\$\$ | citalopram* | CELEXA | \$ |
| butorphanol* | STADOL (CIV) (L) | \$\$\$\$ | fluoxetine* | PROZAC (L) | \$ |
| <i>(L) limit 3 bottles/month-nasal spray only</i> | | | <i>(L) 10, 20mg capsules and tablets only</i> | | |
| ergotamine tartrate/cafeine | CAFERGOT | \$\$\$\$ | sertraline* | ZOLOFT | \$\$ |
| dihydroergotamine mesylate | D.H.E. 45 | \$\$\$\$\$ | paroxetine* (not CR) | PAXIL | \$\$ |
| dihydroergotamine nasal | MIGRANAL | \$\$\$\$\$ | escitalopram | LEXAPRO | \$\$\$ |
| zolmitriptan | ZOMIG (L) | \$\$\$\$\$ | Serotonin Norepinephrine Reuptake Inhibitors | | |
| <i>(L) limit 12 tabs/month</i> | | | venlafaxine* | EFFEXOR | \$\$\$\$ |
| sumatriptan | IMITREX (L) | \$\$\$\$\$ | venlafaxine ext. rel. | EFFEXOR-XR | \$\$\$ |
| <i>(L) limit 9 tabs, 2 syringes /month, 6 nasal spray devices/month</i> | | | duloxetine | CYMBALTA | \$\$\$ |
| ANTI-ANXIETY AGENTS | | | Miscellaneous | | |
| Benzodiazepines | | | trazodone* (150mg tabs only) | DESYREL | \$ |
| alprazolam* (not XR) | XANAX (CIV) | \$ | bupropion* | WELLBUTRIN | \$\$\$ |
| diazepam* | VALIUM (CIV) | \$ | bupropion ext. rel.* | WELLBUTRIN SR | \$\$\$ |
| oxazepam* (caps only) | SERAX (CIV) | \$ | bupropion ext. rel. | WELLBUTRIN XL | \$\$\$ |
| lorazepam* | ATIVAN (CIV) | \$\$ | mirtazapine* | REMERON | \$\$\$ |
| Miscellaneous | | | mirtazapine | REMERON | \$\$\$\$ |
| bupirone* | BUSPAR | \$\$\$ | SOLTABS | | |
| ANTICONVULSANT MEDICATIONS | | | ANTIPARKINSON AGENTS | | |
| Barbiturates | | | amantadine* | | \$ |
| phenobarbital* | (CIV) | \$ | benztropine* | COGENTIN | \$ |
| Benzodiazepines | | | trihexyphenidyl* | ARTANE | \$ |
| clonazepam* (not wafers) | KLONOPIN (CIV) | \$\$\$ | carbidopa/levodopa* | SINEMET | \$\$\$ |
| diazepam | DIASTAT (CIV) (L) | \$\$\$\$ | pramipexole | MIRAPEX | \$\$\$\$ |
| <i>(L) Limit 2 boxes per month</i> | | | ropinirole | REQUIP | \$\$\$\$ |
| Hydantoins | | | pergolide | PERMAX | \$\$\$\$\$ |
| phenytoin* | DILANTIN | \$ | bromocriptine* | PARLODEL | \$\$\$\$\$ |
| Succinimides | | | entacapone | COMTAN | \$\$\$\$\$ |
| ethosuximide* | ZARONTIN | \$\$\$ | selegiline* | ELDEPRYL | \$\$\$\$\$ |
| Adjuvant Anticonvulsants | | | carbidopa/levodopa/entacapone | STALEVO (ST) | \$\$\$\$\$ |
| primidone* | MYSOLINE | \$\$ | ANTIPSYCHOTICS | | |
| divalproex sodium ext. rel.* | DEPAKOTE | \$\$\$ | Phenothiazine Derivatives | | |
| gabapentin* | NEURONTIN | \$\$\$ | thioridazine* | MELLARIL | \$ |
| valproic acid* | DEPAKENE | \$\$\$ | fluphenazine* | PROLIXIN | \$\$ |
| lamotrigine* | LAMICTAL | \$\$\$\$ | perphenazine* | | \$\$ |
| topiramate | TOPAMAX | \$\$\$\$ | trifluoperazine* | STELAZINE | \$\$ |
| levetiracetam* | KEPPRA | \$\$\$\$ | chlorpromazine* | THORAZINE | \$\$\$ |
| Sulfonamides | | | Thioxanthene Derivatives | | |
| zonisamide* | ZONEGRAN | \$\$ | thiothixene* | NAVANE | \$\$ |
| Miscellaneous | | | Butyrophenones | | |
| carbamazepine* | TEGRETOL | \$ | haloperidol* | HALDOL | \$ |
| carbamazepine | TEGRETOL XR | \$\$ | OTHER AGENTS | | |
| oxcarbazepine* | TRILEPTAL | \$\$\$ | Psychosis/Bipolar | | |
| ANTIDEPRESSANTS | | | olanzapine | ZYPREXA | \$\$\$\$ |
| Tricyclic Antidepressants | | | quetiapine | SEROQUEL | \$\$\$\$ |
| amitriptyline* | ELAVIL | \$ | risperidone * | RISPERDAL (L) | \$\$\$ |
| imipramine* (tabs only) | TOFRANIL | \$ | <i>(L) tablet splitting required</i> | | |
| nortriptyline* | PAMELOR | \$ | ANTIVERTIGO/MOTION SICKNESS AGENTS | | |
| desipramine* | NORPRAMIN | \$\$ | meclizine* | ANTIVERT | \$ |
| protriptyline | VIVACTIL | \$\$ | promethazine* | PHENERGAN | \$ |
| amoxapine* | | \$\$\$ | ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) | | |
| clomipramine* | ANAFRANIL | \$\$\$ | methylphenidate* (not LA) | RITALIN (CII) | \$ |
| doxepin* | SINEQUAN | \$\$\$ | dextroamphetamine* | DEXEDRINE (CII) | \$\$ |
| MAO Inhibitors | | | amphetamine-mixed salts* | ADDERALL XR | \$\$ |
| phenelzine | NARDIL | \$\$ | | | |
| tranylcypromine | PARNATE | \$\$ | | | |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | | | | | |

| | | |
|---------------------------------|---|------------|
| methylphenidate ext. rel. | CONCERTA (CII) | \$\$\$ |
| methylphenidate ext. rel. | METADATE CD (CII) | \$\$\$ |
| atomoxetine | STRATTERA | \$\$\$\$ |
| BIPOLAR AGENTS | | |
| lithium carbonate* | | \$ |
| lithium carbonate ext. rel.* | LITHOBID | \$\$ |
| divalproex sodium ext. rel. | DEPAKOTE | \$\$\$ |
| FIBROMYALGIA | | |
| pregabalin | LYRICA | \$\$\$\$ |
| MULTIPLE SCLEROSIS | | |
| interferon beta-1a | AVONEX (PA) | \$\$\$\$\$ |
| interferon beta-1a | REBIF (PA) | \$\$\$\$\$ |
| interferon beta-1b | BETASERON (PA) | \$\$\$\$\$ |
| glatiramer | COPAXONE (PA) | \$\$\$\$\$ |
| MYASTHENIA GRAVIS AGENTS | | |
| pyridostigmine* | MESTINON | \$\$\$\$ |
| SEDATIVES/HYPNOTICS | | |
| chloral hydrate*(syrup only) | (CIV) | \$ |
| temazepam* (generic only) | RESTORIL (CIV) | \$ |
| triazolam* | HALCION | \$ |
| zaleplon | SONATA (CIV) (L) | \$\$\$ |
| | (L) 14 tablets/month, 42 tablets per year | |
| zolpidem* (not CR) | AMBIEN (CIV) | \$ |
| STIMULANTS | | |
| methylphenidate* | RITALIN (CII) | \$ |
| dextroamphetamine* | DEXEDRINE (CII) | \$\$ |
| modafinil | PROVIGIL (CIV) (PA) | \$\$\$\$\$ |
| | (PA) approved for narcolepsy only | |

- DERMATOLOGY -

ACNE

Combination products require prior auth and will not be authorized if separate formulary alternatives are available.

Oral

| | | |
|--------------------------|--|------------|
| tetracycline* | | \$ |
| erythromycin* | | \$\$ |
| minocycline* (caps only) | MINOCIN | \$\$\$ |
| isotretinoin * | ACUTANE (L) | \$\$\$\$\$ |
| | (L) approved for less than 30 years of age | |

Topical

| | | |
|--------------------------------|----------------------|------------|
| benzoyl peroxide* | DESQUAM-E | \$ |
| erythromycin* | A/T/S | \$ |
| tretinoin* | AVITA (L) | \$ |
| adapalene | DIFFERIN (L) | \$\$\$ |
| | (L) limit to age <30 | |
| benzoyl peroxide* | TRIAZ | \$\$ |
| sulfacetamide/sulfur | PLEXION | \$\$ |
| | PLEXION TS | \$\$ |
| clindamycin* | CLEOCIN T | \$\$ |
| metronidazole* | METROCREAM | \$\$\$ |
| | METROGEL | \$\$\$ |
| | METROLOTION | \$\$\$ |
| sulfacetamide/sulfur * | NOVACET | \$\$\$ |
| benzoyl peroxide/erythromycin* | BENZAMYCIN | \$\$\$\$ |
| azelaic acid* | AZELEX (PA) | \$\$\$\$\$ |

ANTIBACTERIALS – TOPICAL

| | | |
|----------------------|-----------|----------|
| silver sulfadiazine* | SILVADENE | \$\$ |
| mupirocin* | BACTROBAN | \$\$\$\$ |

ANTIFUNGALS – TOPICAL

| | | |
|-----------------------------------|------------|--------|
| nystatin* | MYCOSTATIN | \$ |
| nystatin/triamcinolone acetonide* | MYCOLOG II | \$ |
| ciclopirox* | LOPROX | \$\$ |
| oxiconazole | OXISTAT | \$\$ |
| butenafine | MENTAX | \$\$\$ |
| clotrimazole/betamethasone* | LOTRISONE | \$\$\$ |
| ketoconazole* | NIZORAL | \$\$\$ |

CORTICOSTEROIDS

Listed by potency: Group I is least potent, Group V is most potent.

Group I

| | | |
|-----------------------|--|----|
| hydrocortisone 2.5% * | | \$ |
|-----------------------|--|----|

Group II

| | | |
|---------------------------------|----------|--------|
| fluocinolone acetonide 0.01%* | SYNALAR | \$ |
| triamcinolone acetonide 0.025%* | KENALOG | \$ |
| alclometasone 0.05% 0.025%* | ACLOVATE | \$\$\$ |
| hydrocortisone valerate* | WESTCORT | \$\$\$ |

Group III

| | | |
|---|----------|----------|
| betamethasone valerate 0.1%* | BETA-VAL | \$ |
| fluocinolone acetonide 0.1%* | SYNALAR | \$ |
| triamcinolone acetonide 0.1%* | KENALOG | \$ |
| flurandrenolide | CORDRAN | \$\$\$ |
| fluticasone propionate* (cream and oint only) | CUTIVATE | \$\$\$\$ |
| mometasone furoate crm | ELOCON | \$\$\$\$ |
| mometasone furoate oint* | ELOCON | \$\$\$\$ |

Group IV

| | | |
|---|-----------|----|
| betamethasone dipropionate 0.05%* (not aerosol) | DIPROSONE | \$ |
| fluocinonide 0.05%* | LIDEX | \$ |
| triamcinolone acetonide 0.5%* | KENALOG | \$ |

Group V

| | | |
|-----------------------------------|----------------------------|----------|
| clobetasol propionate* | TEMOVATE | \$\$ |
| clobetasol foam | OLUX (NF) | \$\$\$\$ |
| | <i>Foam is not covered</i> | |
| halobetasol propionate* | ULTRAVATE | \$\$ |
| betamethasone dipropionate oint.* | DIPROLENE | \$\$\$\$ |
| dipropionate cream | DIPROLENE AF | \$\$\$ |

ECZEMA and PSORIASIS

| | | |
|----------------------|-------------------------------|------------|
| selenium sulfide* | SELSUN (L) | \$ |
| | (L) for eczema treatment only | |
| chloroxine | CAPITROL | \$\$ |
| sulfacetamide lotion | SEBIZON | \$\$ |
| calcipotriene | DOVONEX | \$\$\$\$\$ |
| tazarotene | TAZORAC | \$\$\$\$ |
| methotrexate* | | \$\$\$\$ |

SCABICIDES and PEDICULICIDES

| | | |
|-------------|---------|--------|
| lindane* | | \$ |
| crotamiton | EURAX | \$\$\$ |
| malathion | OVIDE | \$\$\$ |
| permethrin* | ELIMITE | \$\$\$ |

POST-HERPETIC NEURALGIA

| | | |
|-----------------|---------------------|------------|
| lidocaine patch | LIDODERM PATCH (PA) | \$\$\$\$\$ |
|-----------------|---------------------|------------|

Approved for post-herpetic neuralgia only

MISCELLANEOUS AGENTS

| | | |
|-----------------------------|----------|------------|
| trypsin/balsam/castor oil * | GRANULEX | \$\$ |
| fluorouracil | EFUDEX | \$\$\$\$\$ |
| imiquimod | ALDARA | \$\$\$\$\$ |
| tacrolimus | PROTOPIC | \$\$\$\$\$ |

- EENT -

ALLERGY/COUGH/COLD

Antihistamines

Piperidines (oral, non-sedating)

| | | |
|-------------------|---------------|----------|
| loratidine* | CLARITIN (NF) | \$ |
| fexofenadine * | ALLEGRA (NF) | \$\$\$ |
| levocetirizine | XYZAL (NF) | \$\$\$\$ |
| cetirizine* (OTC) | ZYRTEC (NF) | \$\$ |

OTC alternatives available for purchase.

Phthalazinones (intranasal)

| | | |
|------------|---------|----------|
| azelastine | ASTELIN | \$\$\$\$ |
|------------|---------|----------|

Antihistamine/Decongestant Combinations

| | | |
|--|--------------------|----------|
| promethazine/ phenylephrine syrup | PHENERGAN VC SYRUP | \$ |
| carbinoxamine/ pseudoephedrine | RONDEC DROPS | \$\$\$\$ |
| pseudoephedrine/ carbinoxamine/ dextromethorphan | RONDEC DM DROPS | \$\$\$ |

Antitussive Combinations

Narcotic

| | | |
|--|--------------------------|--------|
| guaifenesin/codeine* | GUIATUSS AC (CV) | \$ |
| hydrocodone/guaifenesin/ hydrocodone/homatropine* | HYCODAN (CIII) | \$ |
| phenylephrine/hydrocodone/ chlorpheniramine* | HISTUSSIN/HC (CIII) | \$ |
| promethazine/codeine* | PHENERGAN w/CODEINE (CV) | \$ |
| guaifenesin/hydrocodone* | HYCOTUSS (CIII) | \$\$\$ |

Decongestant/Expectorant Combinations

| | | |
|---|------------|----|
| guaifenesin, ext. rel.* | FENESIN | \$ |
| guaifenesin/ phenylephrine ext.rel.* | GUIAFEN II | \$ |

Nasal Inhalers

Rhinitis

CORTICOSTEROIDS

| | | |
|-------------------------|---------|------------|
| fluticasone propionate* | FLONASE | \$\$ |
| flunisolide* | NASAREL | \$\$ |
| mometasone aqueous | NASONEX | \$\$\$\$\$ |

OTHER

| | | |
|----------------------|-------------|--------|
| ipratropium bromide* | ATROVENT NS | \$\$\$ |
|----------------------|-------------|--------|

Mucolytics

| | | |
|-----------------|----------|------------|
| acetylcysteine* | MUCOMYST | \$\$\$\$\$ |
|-----------------|----------|------------|

OPHTHALMIC

Antiglaucoma

Oral

| | | |
|----------------|-----------|----------|
| acetazolamide* | DIAMOX | \$ |
| methazolamide* | NEPTAZANE | \$\$\$\$ |

Topical

ADRENERGIC AGONISTS

| | | |
|--------------|----------|----------|
| dipivefrin* | PROPINE | \$\$\$ |
| epinephrine* | EPIFRIN | \$\$\$\$ |
| brimonidine* | ALPHAGAN | \$\$ |

BETA BLOCKERS

| | | |
|---------------------|------------|----------|
| levobunolol* | BETAGAN | \$\$ |
| timolol hemihydrate | BETIMOL | \$\$\$\$ |
| betaxolol* | BETOPTIC S | \$ |
| timolol maleate* | TIMOPTIC | \$\$ |

CARBONIC ANHYDRASE INHIBITORS

| | | |
|-------------|---------|--------|
| dorzolamide | TRUSOPT | \$\$\$ |
|-------------|---------|--------|

CHOLINERGICS

| | | |
|--------------|------------------|------|
| pilocarpine* | | \$ |
| carbachol | ISOPTO CARBACHOL | \$\$ |

COMBINATION PRODUCTS

| | | |
|---------------------|--------|--------|
| dorzolamide/timolol | COSOPT | \$\$\$ |
|---------------------|--------|--------|

PROSTAGLANDINS

| | | |
|-------------|---------|------------|
| latanoprost | XALATAN | \$\$\$\$ |
| bimatoprost | LUMIGAN | \$\$\$\$\$ |

Anti-Infectives

Antibacterials

| | | |
|---|------------|----------|
| bacitracin* | | \$ |
| chloramphenicol | CHLOROPTIC | \$\$ |
| erythromycin* | ILOTYCIN | \$\$ |
| gentamicin* | GARAMYCIN | \$\$ |
| polymyxin B/bacitracin* | POLYSPORIN | \$\$ |
| polymyxin B/neomycin bacitracin oint.* | NEOSPORIN | \$\$ |
| polymyxinB/ neomycin/gramicidin soln.* | NEOSPORIN | \$\$ |
| sodium sulfacetamide* | BLEPH-10 | \$\$ |
| polymyxin B/trimethoprim* | POLYTRIM | \$\$\$ |
| ofloxacin* | OCUFLOX | \$\$\$\$ |
| tobramycin* | TOBREX | \$\$\$\$ |
| moxifloxacin | VIGAMOX | \$\$\$\$ |

Antivirals

| | | |
|----------------|----------|----------|
| trifluridine * | VIROPTIC | \$\$\$\$ |
|----------------|----------|----------|

Corticosteroids

| | | |
|-----------------------------------|-----------------|--------|
| dexamethasone* | DECADRON | \$\$ |
| fluorometholone* | FLUOR-OP | \$\$ |
| loteprednol | ALREX LOTEMAX | \$\$\$ |
| prednisolone acetate* | PRED MILD/FORTE | \$\$\$ |
| prednisolone sodium phosphate* | INFLAMASE | \$\$\$ |

Combination Topical Antibacterials/Corticosteroids

| | | |
|--|-------------|--------|
| neomycin/polymyxinB/ hydrocortisone | CORTISPORIN | \$\$ |
| neomycin/polymyxinB/ dexamethasone* | MAXITROL | \$\$\$ |
| sulfacetamide/prednisolone* | VASOCIDIN | \$\$\$ |

| | | |
|---------------------------------|----------|------------|
| gentamicin/prednisolone acetate | PRED-G | \$\$\$\$ |
| tobramycin/dexamethasone | TOBRADEX | \$\$\$\$\$ |

Miscellaneous

| | | |
|------------------------|-----------------|----------|
| atropine* | ISOPTO ATROPINE | \$\$ |
| flurbiprofen * | OCUFEN | \$\$\$ |
| azelastine | OPTIVAR | \$\$\$\$ |
| ketorolac tromethamine | ACULAR | \$\$\$\$ |
| pemirolast | ALAMAST | \$\$\$\$ |
| olopatadine | PATANOL | \$\$\$ |

OTIC AGENTS

| | | |
|---------------------------------------|---------------|--------|
| acetic acid* | VOSOL | \$ |
| acetic acid/ aluminum acetate* | DOMEBORO OTIC | \$ |
| hydrocortisone/acetate acid* | VOSOL HC | \$ |
| hydrocortisone/neomycin/ polymyxin B* | CORTISPORIN | \$\$ |
| ciprofloxacin/dexameth otic | CIPRODEX | \$\$\$ |
| benzocaine/antipyrine* | AURALGAN | \$\$ |
| trolamine polypeptide oleate | CERUMENEX | \$\$\$ |

MISCELLANEOUS

| | | |
|--------------------|--|------|
| lidocaine viscous* | | \$\$ |
|--------------------|--|------|

- EMERGENCY KITS -

| | | |
|-------------|---------------|----------|
| epinephrine | EIPEN (L) | \$\$\$\$ |
| | EIPEN Jr. (L) | \$\$\$\$ |

(L) Limit of 2 per year

- ENDOCRINOLOGY -

ADRENAL

CORTICOSTEROIDS

Glucocorticoids

| | | |
|---------------------|----------------|--------|
| prednisone* | | \$ |
| dexamethasone* | DECADRON | \$\$ |
| methylprednisolone* | MEDROL | \$\$ |
| | MEDROL DOSEPAK | \$\$ |
| prednisolone* | PRELONE | \$\$\$ |

Mineralocorticoids

| | | |
|--------------------------|----------|----------|
| fludrocortisone acetate* | FLORINEF | \$\$\$\$ |
|--------------------------|----------|----------|

ANDROGENS

| | | |
|--|-------------------|------------|
| methyltestosterone* | (CIII) | \$\$\$ |
| fluoxymesterone | HALOTESTIN (CIII) | \$\$\$\$\$ |
| testosterone | ANDROGEL (CIII) | \$\$\$\$\$ |
| <i>Maximum quantity per fill = 150gm per 90 days</i> | | |
| testosterone transdermal | ANDRODERM (CIII) | \$\$\$\$\$ |
| | TESTODERM (CIII) | \$\$\$\$\$ |

ANTIDIABETIC AGENTS

Insulin

| | | |
|----------------------|---------|------------|
| human insulin aspart | NOVOLOG | \$\$\$ |
| human insulin lispro | HUMALOG | \$\$\$ |
| insulin glargine | LANTUS | \$\$\$\$\$ |
| human insulin | HUMULIN | \$\$ |

Insulin vials only—prefilled syringes require PA

Oral Medications

Sulfonylureas

| | | |
|------------|-----------|------|
| glyburide* | DIABETA | \$ |
| glipizide* | GLUCOTROL | \$\$ |

| | | |
|----------------------|--------------|--------|
| glimepiride | AMARYL | \$\$\$ |
| glipizide ext. rel.* | GLUCOTROL XL | \$\$\$ |

Non-Sulfonylureas

| | | |
|-------------------------|----------------|------------|
| metformin* | GLUCOPHAGE /XR | \$\$\$\$ |
| rosiglitazone | AVANDIA | \$\$\$\$\$ |
| pioglitazone | ACTOS | \$\$\$\$\$ |
| rosiglitazone/metformin | AVANDAMET | \$\$\$\$ |

| | | |
|---------------------------|--------------|----------|
| glyburide/metformin* | GLUCOVANCE | \$\$ |
| rosiglitazone/glimepiride | AVANDARYL | \$\$\$\$ |
| pioglitazone/metformin | ACTOPLUS MET | \$\$\$\$ |
| exenatide | BYETTA | \$\$\$\$ |

DIABETIC MONITORING SUPPLIES

| | | |
|-----------------|-------------|--------|
| Diabetic Meters | VARIOUS (L) | \$\$\$ |
|-----------------|-------------|--------|

(L) limit one diabetic meter per year

| | | |
|---------------------------|-----------|--------|
| Diabetic Strips | VARIOUS | \$\$\$ |
| True Track Meters/Strips* | TRUETRACK | \$ |

True Track brand offered at generic copy

THYROID AND ANTITHYROID AGENTS

Thyroid

| | | |
|----------------|-----------|----|
| levothyroxine* | LEVOXYL | \$ |
| | SYNTHROID | \$ |

Antithyroid

| | | |
|-------------------|------------------|------|
| propylthiouracil* | PROPYLTHIOURACIL | \$ |
| methimazole* | TAPAZOLE | \$\$ |

OSTEOPOROSIS AGENTS

| | | |
|--|--------------------|----------|
| estradiol* | ESTRACE | \$ |
| calcitonin salmon nasal spray | MIACALCIN | \$\$ |
| estrogens, conjugated | PREMARIN | \$\$ |
| estrogens, conjugated synthetic | CENESTIN | \$\$ |
| alendronate* | FOSAMAX | \$\$ |
| alendronate + D | FOSAMAX + D | \$\$\$ |
| ibandronate | BONIVA | \$\$\$ |
| risedronate | ACTONEL | \$\$\$ |
| estradiol transdermal* | CLIMARA | \$\$\$ |
| estradiol-levonorgestrel | CLIMARA PRO | \$\$\$ |
| estrogens, conjugated/ medroxyprogesterone | PREMPRO/ PREMPHASE | \$\$\$ |
| ethinyl estradiol/norethidrone | FEMHRT | \$\$\$ |
| raloxifene | EVISTA | \$\$\$\$ |

PAGET'S DISEASE/ANTI-HYPERCALCEMIC

| | | |
|-------------------------------|-----------------------|----------|
| calcitonin salmon nasal spray | MIACALCIN NASAL SPRAY | \$\$ |
| etidronate disodium | DIDRONEL | \$\$\$ |
| alendronate* | FOSAMAX | \$\$\$\$ |
| risedronate | ACTONEL | \$\$\$\$ |

MISCELLANEOUS

| | | |
|-----------------------|----------|------------|
| aminoglutethimide | CYTADREN | \$\$\$\$ |
| desmopressin acetate* | DDAVP | \$\$\$\$\$ |
| cabergoline | DOSTINEX | \$\$\$\$\$ |

- GASTROINTESTINAL -

ANTIDIARRHEAL AGENTS

| | | |
|-------------------------|--------------|----|
| diphenoxylate/atropine* | LOMOTIL (CV) | \$ |
|-------------------------|--------------|----|

ANTICHOLINERGIC/ANTISPASMODIC AGENTS

| | | |
|--------------|---------|------|
| dicyclomine* | BENTYL | \$ |
| hyoscyamine* | ANASPAZ | \$\$ |

| | | |
|--------------------------|-------------|------------|
| hyoscyamine* | LEVSIN | \$\$ |
| ANTIEMETIC AGENTS | CYSTOSPAZ | \$\$ |
| meclizine* | ANTIVERT | \$ |
| promethazine* | PHENERGAN | \$ |
| prochlorperazine* | COMPAZINE | \$\$\$ |
| ondansetron* | ZOFTRAN | \$\$\$\$\$ |
| | ZOFTRAN ODT | \$\$\$\$\$ |

| | | |
|----------------------------|----------|--------|
| ANTI-ULCER AGENTS | | |
| cimetidine* | TAGAMET | \$\$ |
| ranitidine* (tablets only) | ZANTAC | \$\$ |
| misoprostol * | CYTOTEC | \$\$\$ |
| sucralfate* | CARAFATE | \$\$\$ |

| | | |
|--|---------|------------|
| H. PYLORI AGENTS | | |
| bismuth subsalicylate/ metronidazole/tetracycline | HELIDAC | \$\$\$\$ |
| amoxicillin/clarithromycin/ lansoprazole | PREVPAC | \$\$\$\$\$ |

| | | |
|-------------------------------------|----------------|------------|
| COLORECTAL AGENTS | | |
| hydrocortisone* | COLOCORT | \$ |
| hydrocortisone* | PROCTOCORT | \$ |
| sulfasalazine* | AZULFIDINE | \$ |
| hydrocortisone* | PROCTOCREAM-HC | \$\$\$ |
| hydrocortisone acetate/pramoxine | PROCTOFOAM-HC | \$\$\$ |
| mesalamine | ROWASA | \$\$\$\$ |
| mesalamine, ext. rel. | ASACOL | \$\$\$\$ |
| mesalamine ext. rel. | PENTASA | \$\$\$\$ |
| olsalazine | DIPENTUM | \$\$\$\$ |
| hydrocortisone acetate foam | CORTIFOAM | \$\$\$\$\$ |

| | | |
|-----------------------------|-----------|----------|
| DIGESTIVE ENZYMES | | |
| pancrelipase, delayed rel.* | CREON | \$\$\$\$ |
| pancrelipase* | VIOKASE | \$\$\$\$ |
| pancrelipase, delayed rel.* | PANCREASE | \$\$\$\$ |

| | | |
|---------------------------|--------|----|
| PROMOTILITY AGENTS | | |
| metoclopramide* | REGLAN | \$ |

| | | |
|--|-------------------|--------|
| PROTON PUMP INHIBITORS | | |
| omeprazole* (OTC tabs only) | PRILOSEC OTC (NF) | \$ |
| pantoprazole* | PROTONIX(NF) | \$\$\$ |
| lansoprazole (covered for children under 12) | PREVACID(NF) | \$\$\$ |

OTC alternatives are available for purchase.

| | | |
|------------------------|----------|------------|
| MISCELLANEOUS | | |
| polyethylene glycol* | MIRALAX | \$ |
| peg 3350/electrolytes* | GOLYTELY | \$ |
| | NULYTELY | \$ |
| sodium phosphates | VISICOL | \$\$ |
| ursodiol* | ACTIGALL | \$\$\$\$\$ |
| ursodiol | URSO | \$\$\$\$\$ |

– INFECTIOUS DISEASE –

| | | |
|-----------------------------|---------|------|
| ANTIBACTERIAL AGENTS | | |
| Cephalosporins | | |
| <i>First Generation</i> | | |
| cephalexin* (not Keftab) | KEFLEX | \$ |
| cefadroxil* | DURICEF | \$\$ |
| <i>Second Generation</i> | | |
| cefaclor* | CECLOR | \$ |

| | | |
|--------------|--------|------------|
| cefprozil* | CEFZIL | \$\$\$\$\$ |
| cefuroxime * | CEFTIN | \$\$\$\$\$ |

| | | |
|-------------------------|---------|----------|
| Third Generation | | |
| cefdinir* | OMNICEF | \$\$\$\$ |

| | | |
|--------------------------|----------|------------|
| Fluoroquinolones | | |
| ciprofloxacin* | CIPRO | \$\$ |
| ciprofloxacin ext. rel.* | CIPRO XR | \$\$\$\$ |
| moxifloxacin | AVELOX | \$\$\$\$\$ |
| levofloxacin | LEVAQUIN | \$\$\$\$\$ |

| | | |
|----------------------------|-----------|----------|
| Macrolides | | |
| erythromycin products* | | \$\$\$ |
| azithromycin* | ZITHROMAX | \$\$\$ |
| clarithromycin* | BIAXIN | \$\$\$\$ |
| clarithromycin, ext. rel.* | BIAXIN XL | \$\$\$\$ |

| | | |
|------------------------------|--------------|------------|
| Penicillins | | |
| amoxicillin* | | \$ |
| ampicillin* | | \$ |
| dicloxacillin* | | \$ |
| penicillin VK* | | \$ |
| amoxicillin/pot.clavulanate* | AUGMENTIN | \$\$ |
| amoxicillin/pot.clavulanate* | AUGMENTIN ES | \$\$\$\$\$ |

| | | |
|------------------------------------|---------|----|
| Sulfonamides | | |
| sulfamethoxazole/ trimethoprim* | BACTRIM | \$ |
| | SEPTRA | \$ |
| sulfisoxazole* | | \$ |

| | | |
|--------------------------|------------|--------|
| Tetracyclines | | |
| doxycycline hyclate* | VIBRAMYCIN | \$ |
| tetracycline* | | \$ |
| minocycline* (caps only) | MINOCIN | \$\$\$ |

| | | |
|--------------------------------|-------------|--------|
| Urinary Anti-Infectives | | |
| trimethoprim* | TRIMPEX | \$ |
| nitrofurantoin* | MACRODANTIN | \$\$ |
| nitrofurantoin ext. rel.* | MACROBID | \$\$\$ |

| | | |
|-------------------------------------|---------|------|
| Miscellaneous Antimicrobials | | |
| metronidazole* | FLAGYL | \$ |
| clindamycin* | CLEOCIN | \$\$ |

| | | |
|-----------------------------|----------------|----------|
| ANTIFUNGAL AGENTS | | |
| nystatin* | MYCOSTATIN | \$ |
| griseofulvin ultramicrosize | GRIS-PEG | \$\$ |
| ketoconazole* | NIZORAL | \$\$\$ |
| clotrimazole* | MYCELEX TROCHE | \$\$\$\$ |
| fluconazole* | DIFLUCAN | \$\$\$ |
| ciclopirox soln | PENLAC (PA) | \$\$\$ |

Only approved if Lamisil is contraindicated

| | | |
|--------------|---------|----|
| terbinafine* | LAMISIL | \$ |
|--------------|---------|----|

Positive fungal culture and LFTs required

| | | |
|---|-----------|----------|
| ANTICHOLINERGIC/ANTISPASMODIC AGENTS | | |
| rifampin* | RIFADIN | \$\$\$ |
| isoniazid* | | \$ |
| ethambutol* | MYAMBUTOL | \$\$\$\$ |
| pyrazinamide* | | \$\$\$\$ |

| | | |
|-------------------------|----------|------------|
| ANTIVIRAL AGENTS | | |
| Cytomegalovirus | | |
| ganciclovir | CYTOVENE | \$\$\$\$\$ |
| valganciclovir | VALCYTE | \$\$\$\$\$ |

| | | |
|------------------|--|--|
| Influenza | | |
|------------------|--|--|

| | | |
|---------------|-----------------------------------|--------|
| amantadine* | | \$ |
| zanamivir | RELENZA | \$\$\$ |
| | <i>Only for ≥7yrs of age</i> | |
| oseltamivir | TAMIFLU | \$\$\$ |
| Herpes | | |
| acyclovir* | ZOVIRAX (L) | \$\$ |
| | <i>(L) oral formulations only</i> | |
| valacyclovir | VALTREX | \$\$\$ |

HIV

All oral medications in this class are covered if FDA approved

MISCELLANEOUS AGENTS

Amebicides

| | | |
|------------------------|--------|----------|
| metronidazole* | FLAGYL | \$ |
| chloroquine phosphate* | ARALEN | \$\$\$\$ |

Anthelmintics

| | | |
|--------------|--------|--------|
| mebendazole* | VERMOX | \$\$\$ |
|--------------|--------|--------|

Antimalarials

| | | |
|-----------------------------|-----------|--------------|
| hydroxychloroquine sulfate* | PLAQUENIL | \$\$ |
| chloroquine phosphate* | ARALEN | \$\$\$\$ |
| atovaquone/proguanil | MALARONE | \$\$\$\$\$\$ |
| mefloquine | LARIAM | \$\$\$\$\$\$ |

Sulfones

| | | |
|---------|---------|----|
| dapsone | DAPSONE | \$ |
|---------|---------|----|

- MUSCULOSKELETAL -

ANTIRHEUMATIC AGENTS

| | | |
|-----------------------------|-------------------------|------------|
| auranofin | RIDAURA | \$\$\$ |
| hydroxychloroquine sulfate* | PLAQUENIL | \$\$\$ |
| penicillamine | CUPRIMINE | \$\$\$ |
| methotrexate* | RHEUMATREX DOSE PACK | \$\$\$\$\$ |

GOUT AGENTS

| | | |
|------------------------|----------|----|
| allopurinol* | ZYLOPRIM | \$ |
| colchicine* | | \$ |
| colchicine/probenecid* | | \$ |
| probenecid* | | \$ |

SKELETAL MUSCLE RELAXANTS

Centrally Acting

| | | |
|------------------|--------------|--------|
| diazepam* | VALIUM (CIV) | \$ |
| baclofen* | | \$\$ |
| metaxalone | SKELAXIN | \$\$\$ |
| cyclobenzaprine* | FLEXERIL | \$\$ |

Direct Acting

| | | |
|-------------------|---------------|------------|
| dantrolene sodium | DANTRIUM (PA) | \$\$\$\$\$ |
|-------------------|---------------|------------|

- OB-GYN -

CONTRACEPTIVES

Oral contraceptives are covered if FDA approved unless listed with restrictions below. Generic required if available.

Miscellaneous

| | | |
|---------------------------------------|------------------------------------|----------|
| medroxyprogesterone acetate inj. | DEPO-PROVERA 150mg/ml | \$\$\$ |
| levonorgestrel/ ethinyl estradiol* | SEASONALE /SEASONIQUE | \$\$\$ |
| | <i>(member pays 3 co-payments)</i> | |
| etonogestrel/ethinyl estradiol | NUVARING | \$\$ |
| norelgestromin/ethinyl | ORTHO EVRA | \$\$\$\$ |

estradiol patch

ENDOMETRIOSIS

Androgens

| | | |
|----------|-----------|------------|
| danazol* | DANOCRINE | \$\$\$\$\$ |
|----------|-----------|------------|

Gonadotropin Releasing Hormones

| | | |
|-----------|---------|--------------|
| nafarelin | SYNAREL | \$\$\$\$\$\$ |
|-----------|---------|--------------|

ESTROGENS

| | | |
|------------------------|-------------|------------|
| estradiol* | ESTRACE | \$ |
| estradiol vaginal* | VAGIFEM | \$\$\$ |
| estropiate* | ORTHO-EST | \$ |
| estrogens, conjugated | PREMARIN | \$\$ |
| estrogens, conjugated | CENESTIN | \$\$ |
| estrogens, esterified | MENEST | \$\$ |
| estradiol transdermal* | CLIMARA | \$\$ |
| estradiol transdermal | ESTRADERM | \$\$\$ |
| estradiol transdermal | ALORA | \$\$\$ |
| estradiol transdermal | VIVELLE | \$\$\$ |
| | VIVELLE-DOT | \$\$\$ |
| estradiol vaginal | ESTRING | \$\$\$\$\$ |

ESTROGEN/ANDROGEN COMBINATIONS

| | | |
|--|--------------|------|
| esterified estrogens / methyltestosterone | ESTRATEST | \$\$ |
| esterified estrogens/ methyltestosterone | ESTRATEST-HS | \$\$ |

OXYTOCICS

| | | |
|------------------|------------|--------|
| methylergonovine | METHERGINE | \$\$\$ |
|------------------|------------|--------|

PROGESTINS

| | | |
|---------------------------------|------------|------------|
| medroxyprogesterone acetate* | PROVERA | \$ |
| micronized progesterone | PROMETRIUM | \$\$\$\$\$ |

ANTI-ESTROGENS

| | | |
|-------------------|----------|--------|
| toremifene | FARESTON | \$\$ |
| tamoxifen citrate | NOLVADEX | \$\$\$ |

VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL

Antibacterials

| | | |
|------------------------|--------------|--------|
| triple sulfa* | TRIPLE SULFA | \$ |
| clindamycin vaginal* | CLEOCIN | \$\$\$ |
| metronidazole vaginal* | METROGEL | \$\$\$ |

Antifungals

| | | |
|-------------------|--|----|
| nystatin vaginal* | | \$ |
|-------------------|--|----|

- RESPIRATORY -

INHALED MEDICATIONS

Anticholinergics

| | | |
|----------------------|----------|--------|
| ipratropium bromide* | ATROVENT | \$\$\$ |
|----------------------|----------|--------|

Beta2-Agonists

| | | |
|--------------|-----------------|------------|
| albuterol | VENTOLIN HFA | \$\$\$ |
| albuterol | PROVENTIL HFA | \$\$\$ |
| levalbuterol | XOPENEX HFA | \$\$\$ |
| salmeterol | SEREVENT DISKUS | \$\$\$\$\$ |
| formoterol | FORADIL | \$\$\$\$\$ |

Corticosteroids

| | | |
|-----------------------------|-------------|------------|
| beclomethasone dipropionate | QVAR | \$\$\$ |
| mometasone | ASMANEX | \$\$\$ |
| fluticasone propionate | FLOVENT HFA | \$\$\$ |
| budesonide | PULMICORT | \$\$\$\$\$ |

Miscellaneous Agents

| | | |
|-------------------|--------|--------|
| nedocromil sodium | TILADE | \$\$\$ |
|-------------------|--------|--------|

| | | |
|------------------------|---------------|--------------|
| ipratropium/albuterol | COMBIVENT | \$\$\$\$ |
| cromolyn sodium | INTAL | \$\$\$\$\$\$ |
| salmeterol/fluticasone | ADVAIR DISKUS | \$\$\$\$\$\$ |
| tiotropium bromide | SPIRIVA | \$\$\$\$ |

| | | |
|-----------------------------|------------|--------|
| Cholinergic Agents | | |
| bethanechol* | URECHOLINE | \$ |
| MISCELLANEOUS AGENTS | | |
| pentason polysulfate sod. | ELMIRON | \$\$\$ |

ORAL MEDICATIONS

Beta2-Agonists

| | | |
|------------------------------|---------------|--------|
| metaproterenol* | ALUPENT | \$ |
| | VENTOLIN/ | |
| albuterol sulfate | PROVENTIL HFA | \$\$ |
| albuterol sulfate ext. rel.* | VOLMAX | \$\$\$ |

Leukotriene Modifiers

| | | |
|-------------|-----------|----------|
| montelukast | SINGULAIR | \$\$\$\$ |
|-------------|-----------|----------|

Methylxanthines

| | | |
|-------------------------|-----------|----|
| theophylline ext. rel.* | THEOCHRON | \$ |
| theophylline ext. rel. | UNIPHYL | \$ |

Steroids

| | | |
|----------------|----------|--------|
| prednisone* | | \$ |
| dexamethasone* | DECADRON | \$\$ |
| prednisolone* | PRELONE | \$\$\$ |

- SUPPLEMENTS -

Antihyperphosphatemics

| | | |
|-----------------|--------|------|
| calcium acetate | PHOSLO | \$\$ |
|-----------------|--------|------|

Antihypocalcemics

| | | |
|-------------|-----------|--------------|
| calcitriol* | ROCALTROL | \$\$\$\$\$\$ |
|-------------|-----------|--------------|

Electrolytes

Potassium

| | | |
|--------------------------------------|-----------|----|
| potassium chloride ext. rel.* | K-DUR | \$ |
| | KLOTRIX | \$ |
| | K-DUR | \$ |
| potassium chloride/ bicarb eff. tab* | K-LYTE/CL | \$ |

VITAMINS

| | | |
|--------------------|----------|----|
| prenatal vitamins* | Natatabs | \$ |
|--------------------|----------|----|

Examples of excluded prenatal vitamins are: Primacare, Premesis, Prenate Elite, Prenate DHA and Precare CHW

| | | |
|------------------------------|---------|----|
| iron products* | VARIOUS | |
| multiple vitamins with iron* | VARIOUS | \$ |

- UROLOGICAL -

Analgesic Agents

| | | |
|------------------|----------|------|
| phenazopyridine* | PYRIDIUM | \$\$ |
|------------------|----------|------|

Antispasmodics

| | | |
|------------------------------|--------------|--------------|
| oxybutynin* | | |
| hyoscyamine* | LEVSIN | \$ |
| tolterodine | DETROL | \$\$\$ |
| tolterodine ext. rel. | DETROL LA | \$\$\$ |
| oxybutynin chloride* | DITROPAN | \$\$\$\$\$\$ |
| oxybutynin chloride XL* | DITROPAN XL | \$\$\$\$\$\$ |
| oxybutynin transdermal patch | OXYTROL (PA) | \$\$\$ |

Benign Prostatic Hypertrophy (BPH)

Alpha Blockers

| | | |
|------------|---------|--------|
| doxazosin* | CARDURA | \$\$ |
| tamsulosin | FLOMAX | \$\$\$ |
| terazosin* | HYTRIN | \$\$\$ |

Antiandrogen

| | | |
|--------------|---------|--------|
| finasteride* | PROSCAR | \$\$ |
| dutasteride | AVODART | \$\$\$ |