

Drug List/Formulary Quick Reference

Most Commonly Prescribed Medications from our Drug List/Formulary

Please use this quick reference list when you receive a prescription. To get the most from your prescription drug benefits, ask your doctor to prescribe a medication on the drug list/formulary. Remember, if a medication on the drug list/formulary is prescribed, your copay may be less than if a drug not on the drug list is prescribed for you. Below is a partial listing of the drug list/formulary, which is subject to periodic review.

Please ask your physician or call toll free (877) 468-5279 to hear a recorded list of the most current Drug List/Formulary additions and deletions. TDD users, please call (800) 221-6915. Or, look for the Drug List/Formulary on our web site.

Drugs are listed alphabetically by brand name.

Key:
 Generic medications (lowest copay) – listed in all lower-case letters
 Brand-name Medications (middle copay) – listed with a leading capital letter
 * - brand versions of these drugs are non-formulary (highest copay)

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|--|---|
| Actonel | Duac |
| Actos | Dyazide* (triamterene/HCTZ) |
| Advair | Dynapen |
| Alamast | Effexor, XR |
| Aldara | Estrace* (estradiol) |
| Alphagan P | Evista |
| Altace | FemHRT |
| Alupent* (metaproterenol) | Flonase |
| Amaryl | Flovent |
| Amoxil* (amoxicillin) | Fosamax |
| Anaprox, DS* (naproxen sodium, DS) | Glucophage, XR* (metformin,ER) |
| Ansaid* (flurbiprofen) | Glucotrol, XL* (glipizide XL) |
| Atrovent* (ipratropium bromide) | Glucovance* (glyburide/metformin) |
| Augmentin* (amox/clav) | Glyname Prestab* (glyburide micronized) |
| Augmentin ES; XR | Halcion* (triazolam) |
| Avalide | Humalog |
| Avandamet | Humulin |
| Avandia | Hydrodiuril* (hydrochlorothiazide) |
| Avapro | Hytrin* (terazosin) |
| Bactrim, DS* (sulfamethoxazole/trimethoprim) | Imdur* (isosorbide mononitrate) |
| Betagan* (levobunolol) | Imitrex |
| Calan, SR* (verapamil, SR) | Inderal* (propranolol) |
| Capoten* (captopril) | Inderal LA |
| Carafate* (sucralfate) | Indocin, SR* (indomethacin, SR) |
| Cardizem* (diltiazem) | Intal Inh. |
| Cardura* (doxazosin mesylate) | Intal Soln.* (cromolyn) |
| Ceclor, CD* (cefaclor, ER) | ISMO* (isosorbide mononitrate) |
| Ceftin* (cefuroxime) | Isoptin, SR* (verapamil, SR) |
| Cefzil | Isordil* (isosorbide dinitrate) |
| Cenestin | Keflex* (cephalexin) |
| Cipro* (ciprofloxacin) | Lanoxin (digoxin) |
| Climara (estradiol) | Lantus |
| Climara Pro | Lasix* (furosemide) |
| Corgard* (nadolol) | Lexapro |
| Cosopt | Lipitor |
| Coumadin (warfarin) | Lodine, XL* (etodolac, ER) |
| Crolom* (cromolyn sodium) | Lopid* (gemfibrozil) |
| Cytotec* (misoprostol) | Lopressor* (metoprolol) |
| Dalmane* (flurazepam) | Lortab* (hydrocodone/APAP) |
| Desyrel* (trazodone) | Lotensin, HCT* (benazepril/HCTZ) |
| Diabeta* (glyburide) | Lotrel |
| Diflucan* (fluconazole) | Lozol* (indapamide) |
| Dilacor XR* (diltiazem CR) | |
| Diovan, HCT | |

Unless there is a clinical reason, all generic medications are on the Drug List/Formulary

Drug List/Formulary Quick Reference

Lumigan
 Maxair
 Maxalt
 Maxzide* (triamterene/HCTZ)
 Metaglip
 Micronase* (glyburide)
 Mirapex
 Monoket* (isosorbide mononitrate)
 Motrin* (ibuprofen)
 Naprosyn* (naproxen)
 Nasacort AQ
 Niaspan
 Nitro-Dur
 Nitrostat* (nitroglycerin)
 Nizoral* (ketoconazole)
 Norpramin* (desipramine)
 Norvasc
 Novolin
 Novolog
 Ocupress* (carteolol hcl)
 Ogen* (estropipate)
 Omnicef
 Omnipen* (ampicillin)
 Ortho-Est* (estropipate)
 Orudis* (ketoprofen)
 Oruvail* (ketoprofen SA)
 Pamelor* (nortriptyline)
 Paxil CR
 penicillin VK
 Persantine* (dipyridamole)
 Plavix
 Precose
 Premarin
 Prempro
 Premphase
 Prevacid
 Prinivil* (lisinopril)
 Prinzide* (lisinopril/hctz)
 Prometrium
 Protonix
 Proventil* (albuterol)
 Proventil HFA
 Provera* (medroxyprogesterone)

Prozac* (fluoxetine)
 Pulmicort
 Questran* (cholestyramine)
 Reglan* (metoclopramide)
 Remeron* (mirtazapine)
 Requip
 Restoril* (temazepam)
 Septra, DS* (sulfamethoxazole/trimethoprim, DS)
 Serevent Diskus
 Sonata
 Sporanox* (itraconazole)
 Starlix
 Synthroid (levothyroxine)
 Tagamet* (cimetidine)
 Tenormin* (atenolol)
 Theo-24
 Tilade
 Timoptic, XE* (timolol, XE)
 Tolectin* (tolmetin)
 Toprol XL
 Trandate* (labetalol)
 Trental* (pentoxifylline)
 Trinsicon* (iron/intrinsicfx/B12)
 Trusopt
 Uniphyll* (theophylline)
 Uniretic
 Verelan* (verampamil SR)
 Voltaren, XR* (diclofenac ER)
 Wellbutrin, SR* (bupropion)
 Wellbutrin XL
 Xalatan
 Zantac* (ranitidine)
 Zaroxolyn* (metolazone)
 Zetia
 Zithromax
 Zocor
 Zolofit
 Zomig, ZMT

Prior Authorization Required

Prior authorization is the process of obtaining approval before certain prescriptions may be filled. Your health plan may require prior authorization to help ensure the safe, appropriate and cost-effective use of selected prescriptions. Prior Authorization must be received from a physician or pharmacist for the following medications:

**indicates a drug not on the drug list/formulary (highest copay)*

Aciphex*	Pegasys*
Androderm	Peg-Intron*
Andro Gel*	Penlac*
Android*	Prevacid
Arava	Provigil*
Bextra*	Rebetron*
Celebrex*	Roferon-A*
Cialis*	Striant*
Delatestryl*	Testim
Depo-testosterone*	Testoderm*
Enbrel*	Testopel*
Forteo*	Testred*
Gleevec	Thalomid*
Halotestin*	Topamax
Humira*	Viagra*
Infergen*	
Intron-A*	
Iressa*	
Kineret*	
Levitra*	
Malarone*	
Mepron	
Methitest*	
Nexium*	
Panretin Gel*	

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Quantity Protocols

The following drugs have limitations on the quantity of medication received per prescription or per month.

(Accutane)* amnesteem, sotret
Aldara
Amerge*
Anzemet*
Axert*
Celebrex*
Cialis*
(Diflucan 150mg)* fluconazole
Emend*
Frova*
Imitrex
Kytril
Levitra*
(Lortab)* hydrocodone/APAP
Maxalt
Migranal*
Plan B*
Preven*
Provigil*
Relenza*
Relpax*
(Stadol, NS)* butorphanol
Tamiflu*
(Toradol injection)* ketorolac
tromethamine
Viagra*
Zithromax
Zofran
Zomig, ZMT

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