



2010 Formulary Guide

Pharmacy Service administered by Medco Health Solutions, Inc.

Bring this with you to each doctor visit and
save money when your doctor prescribes
generics and **preferred medications**.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription — Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

Generic Drug — A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug — A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs — Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

Over-the-Counter Drugs (OTC) — Drugs which are not restricted to prescription-only status. These agents are available for purchase without physician approval and are not covered by The Health Plan.

Home Delivery Service — Certain group benefit designs allow members to receive medications at home via the mail. (See your specific benefit rider for details.)

How to Use Your Prescription Benefit

Please present your Health Plan Identification Card to the pharmacist with your prescription. You will be required to pay a co-payment (“co-pay”) at the time of service based on the prescription plan in which you are enrolled. Your co-payment levels are found under the pharmacy benefit section **Pharmacy Benefit of your Summary of Benefits**. Your ID card also contains important information to allow the pharmacy to correctly submit your claim to pharmacy benefits manager, Medco. Additionally, information on how you may contact Medco is included on the reverse side of your ID card.

Coverage Management Rules

Specialty Pharmacy Program

Specialty drugs are those high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drugs require complex dispensing techniques. As such, dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications.

Specialty drugs require prior authorizations to assure the patient is an appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. The plan will monitor the use of the specialty drug for:

- Dose optimization
- Appropriate monitoring (including required lab studies)
- Patient compliance to prescribed therapy
- Proper disposal of ancillary material used in the delivery of the medication (e.g., syringes)
- Drug interaction monitoring

- Dispensing limited to 31-day supply
- Prior authorization required prior to dispensing
- Quantity limits may apply
- Approval periods for authorization may vary according to agent prescribed.

Diseases that are targeted to receive therapy with specialty pharmacy drugs include, but are not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn's disease, and organ transplant.

Coverage for these agents is provided under your Specialty Pharmacy benefit.

Co-insurance will apply. If you have a prescription rider with an annual cap, Specialty Pharmacy expenses will not apply to the cap.

The list of specialty drugs is available at www.Healthplan.org

Drugs requiring prior authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. Your physician must contact The Health Plan for information on specific drugs and the procedures for authorization. The physician (provider) information phone number is **800-624-6961 extension 7914**.

Quantity per dispensing event (QPC rules)

Generally, The Health Plan allows dispensing of approved medications up to a 31-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as “triptans,” are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 31-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at **800-624-6961 extension 7914**.

Generic difference policy (co-payment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand co-payment plus the difference between The Health Plan cost of a brand name and its generic equivalent (i.e., The Health Plan only pays for the generic cost).

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact Medco for the location of a participating pharmacy in that area. Present your Health Plan Identification Card with the emergency prescription and pay your co-payment. If no pharmacy in the area participates with Medco, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable co-payment, for the prescription provided the prescription meets the guidelines specified in this document.

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.

- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Workers' Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Vitamins are not covered. Prenatal vitamins are covered when related to pregnancy.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy.
- Prescriptions related to smoking cessation such as, but not limited, to nicotine patches, nicotine gum, Zyban, and Chantix.
- Prescriptions for drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.

- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
- Certain pharmacy riders have an annual limit for prescription drugs per contract year. Please contact Medco to see if your rider has an annual limit.



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Benefit reminders

- **Use a participating retail pharmacy to fill your prescriptions.**

You'll pay only your co-payment up front.

- **Use *Medco By Mail* for medications you take on a long-term basis.**

You'll generally pay less for up to a 90-day supply. And your order can be conveniently delivered to your home or office.

- **Medco may contact your doctor about your prescription.**

If you have a prescription for a nonpreferred medication, but a preferred alternative exists, Medco may contact your doctor to ask whether the preferred drug would be right for you.

- **Your plan may have certain coverage limits.**

If you submit a prescription for a medication that has coverage limits (e.g., for specific uses or for a specific days' supply), the participating pharmacy will let you know that more information will be needed from your doctor.

Visit **www.medco.com** for more information about your prescription drug plan or to find a participating retail pharmacy near you.

The Health Plan Formulary Member Guide

What is this guide?

This guide contains a list of generic and brand-name drugs that are preferred by your health plan.

- You will pay the **lowest co-payment** for generic drugs.
- You will pay a **higher co-payment** for brand-name drugs that are included on your plan's list of preferred drugs ("preferred").
- You will pay the **full cost** for nonpreferred brand-name drugs. Coverage for nonpreferred medications can be provided through a prior authorization process. A true medical necessity must exist for coverage of a nonpreferred medication. See ***Drugs Requiring Prior Authorization*** for procedures your physician must follow for determination of medical necessity and possible coverage.
- In some cases, your plan sponsor may not cover certain medications listed in this member guide.
- This information was in effect at the time of printing and may be subject to change.

Follow these easy steps to save money on prescription drugs:

1

Bring the guide with you to each doctor visit.

2

If you need a prescription, ask your doctor to consider prescribing one of the less expensive generic or preferred brand-name drugs in this guide.

Table of Contents

Allergy/Asthma/Respiratory

- 2 generic drugs
- 3 preferred drugs (on your plan's drug list)
- 16 nonpreferred drugs (not on your plan's drug list)

Alzheimer's Disease Medications

- 5 preferred drugs (on your plan's drug list)
- 16 nonpreferred drugs (not on your plan's drug list)

Antibiotics/Antifungals/Anti-Infectives

- 4 generic drugs
- 5 preferred drugs (on your plan's drug list)
- 16–17 nonpreferred drugs (not on your plan's drug list)

Behavioral Health Medication

- 6 generic drugs
- 7 preferred drugs (on your plan's drug list)
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Blood Pressure/Heart/ Cholesterol-Lowering Medications

- 8 generic drugs
- 9 preferred drugs (on your plan's drug list)
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Diabetes Management

- 10 generic drugs
- 11 preferred drugs (on your plan's drug list)
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Migraine/Headache Medications

- 10 generic drugs
- 11 preferred drugs (on your plan's drug list)
- 19 nonpreferred drugs (not on your plan's drug list)

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Miscellaneous CNS Medications

14 generic drugs

OB-GYN/Hormone Replacement/Birth Control

12 generic drugs

13 preferred drugs (on your plan's drug list)

19-20 nonpreferred drugs (not on your plan's drug list)

Osteoporosis (Bone Problems)

13 preferred drugs (on your plan's drug list)

20 nonpreferred drugs (not on your plan's drug list)

Overactive Bladder Medications

12 generic drugs

13 preferred drugs (on your plan's drug list)

Pain Relievers/NSAIDs

14 generic drugs

15 preferred drugs (on your plan's drug list)

20 nonpreferred drugs (not on your plan's drug list)

Stomach Problems

14 generic drugs

15 preferred drugs (on your plan's drug list)

20 nonpreferred drugs (not on your plan's drug list)

You and your doctor can look for a medication either by its therapeutic category or through the alphabetical index in the back. Keep in mind that you'll pay more money for a nonpreferred medication that is not on your plan's drug list.*

**See your Prescription Drug Benefit brochure for information about your prescription drug costs.*

Allergy/Asthma/Respiratory Medications

Lower Cost Generics

acetylcysteine vial**	phenylephrine HCl/
albuterol sulfate	promethazine HCl
albuterol sulfate solution**	phenylephrine tannate/
albuterol sulfate SR	chlorpheniramine tannate
carbetapentane tannate/ chlorpheniramine tannate	phenylephrine tannate/ diphenhydramine tannate suspension
carbetapentane tannate/ ephedrine tannate/ phenylephrine/ chlorpheniramine suspension	phenylephrine tannate/ pyrilamine tannate/ chlorpheniramine tablet
carbetapentane tannate/ phenylephrine tannate/ chlorpheniramine suspension	promethazine HCl
carbinoxamine maleate liquid	pseudoephedrine HCl/ brompheniramine maleate
clemastine fumarate	pseudoephedrine HCl/ brompheniramine maleate capsule, sustained action
cromolyn sodium ampul for nebulization**	pseudoephedrine HCl/ brompheniramine maleate capsule, sustained release 12 hr
cyproheptadine HCl	pseudoephedrine HCl/ carbinoxamine maleate
dexchlorpheniramine maleate syrup	pseudoephedrine HCl/ carbinoxamine maleate tablet, sustained action
diphenhydramine HCl	pseudoephedrine HCl/ chlorpheniramine maleate
fexofenadine HCl tablets	pseudoephedrine HCl/ chlorpheniramine maleate capsule, sustained release 12 hr
flunisolide	pseudoephedrine HCl/ chlorpheniramine maleate liquid
fluticasone propionate	pseudoephedrine tannate/ chlorpheniramine tannate
hydroxyzine HCl	pseudoephedrine tannate/ dexchlorpheniramine tannate
hydroxyzine pamoate	terbutaline sulfate
ipratropium/albuterol solution**	
ipratropium bromide inhaler	
ipratropium bromide solution**	
isoetharine HCl solution	
metaproterenol sulfate	
metaproterenol sulfate solution**	
phenylephrine HCl/ phenyltoloxamine citrate/chlorpheniramine	

Allergy/Asthma/Respiratory Medications

Preferred Brands

Advair Diskus	ProAir HFA
Advair HFA	Pulmicort Respules**
Alavert	Pulmozyme**
Asmanex	Serevent Diskus
Astelin Nasal Spray	Singulair
Astepro Nasal Spray	Spiriva
Combivent Inhaler	Symbicort
Flovent HFA	Tilade Inhaler
Flovent Inhaler	Ventolin HFA
Flovent Rotadisk	Xopenex Solution for Nebulizer**
Foradil	
Intal Inhaler	
Nasonex	
Perforomist	

** Covered under medical benefit, co-insurance applies.
Medications listed in **boldface** have generic equivalents.

Alzheimer's Disease Medications

Lower Cost Generics

galantamine HBr

Antibiotics/Antifungals/Anti-Infectives

Lower Cost Generics

amoxicillin trihydrate
amoxicillin trihydrate/
potassium clavulanate
amoxicillin trihydrate/
potassium clavulanate ES
ampicillin trihydrate
azithromycin
cefaclor
cefadroxil hydrate
cefdinir
cefepodoxime proxetil tablet
cefuroxime axetil tablet
cephalexin monohydrate
cephradine
ciprofloxacin ER
ciprofloxacin HCl tablet
clarithromycin
clarithromycin ER
clindamycin HCl
clotrimazole
dicloxacillin sodium
doxycycline hyclate capsule
doxycycline hyclate tablet
doxycycline monohydrate
erythromycin base tablet,
enteric coated
erythromycin ethylsuccinate
erythromycin ethylsuccinate/
sulfisoxazole acetyl

erythromycin stearate
fluconazole
fluconazole tablet
itraconazole
ketoconazole
methenamine hippurate
methenamine mandelate
miconazole nitrate vaginal
suppository
minocycline HCl
neomycin sulfate
nitrofurantoin macrocrystal
nitrofurantoin/nitrofurantoin
macrocrystal
nystatin
ofloxacin
penicillin v potassium
phenazopyridine HCl
sulfadiazine
sulfamethoxazole/
trimethoprim
sulfisoxazole
terbinafine HCl
terconazole suppository,
vaginal
tetracycline HCl
trimethoprim

Alzheimer's Disease Medications

Preferred Brands

Aricept

Namenda

Aricept ODT

Antibiotics/Antifungals/Anti-Infectives

Preferred Brands

Ancobon

Zyvox**

Avelox

Dapsone

Levaquin

Noroxin

Tobi Ampul for Nebulization***

Valtrex

Vfend

Vibramycin Suspension

**Quantity limitations may apply.

***Covered under medical benefit, co-insurance applies.

Medications listed in **boldface** have generic equivalents.

Behavioral Health Medications

Lower Cost Generics

alprazolam
amitriptyline HCl
amoxapine
bupropion HCl tablet
bupropion HCl tablet,
sustained action
buspirone HCl
chloral hydrate
chlordiazepoxide HCl
chlorpromazine HCl
citalopram HBr
clomipramine HCl
clorazepate dipotassium
clozapine
desipramine HCl
diazepam
doxepin HCl
estazolam
fluoxetine HCl
fluphenazine HCl
flurazepam HCl
fluvoxamine maleate
haloperidol
haloperidol lactate
concentrate, oral
imipramine HCl
lorazepam
loxapine succinate
maprotiline HCl
mirtazapine tablet
mirtazapine tablet,
rapid dissolve
nortriptyline HCl
oxazepam
paroxetine HCl tablet
perphenazine
protriptyline HCl
risperdone
sertraline HCl
temazepam
thiothixene
thiothixene HCl
concentrate, oral
trazodone HCl
triazolam
trifluoperazine HCl
venlafaxine HCl
zaleplon
zolpidem

Behavioral Health Medications

Preferred Brands

Abilify

Effexor XR*

Geodon

Lexapro*

Moban

Nardil

Orap

Pristiq*

Seroquel

Seroquel XR

Zyprexa Zydys

Zyprexa

* Requires generic drug attempt prior to prescribing brand.
Medications listed in **boldface** have generic equivalents.

Blood Pressure/Heart/ Cholesterol-Lowering Medications

Lower Cost Generics

acebutolol HCl	lisinopril
amlodipine besylate	lisinopril/hydrochlorothiazide
atenolol	lovastatin
atenolol/chlorthalidone	methyldopa
benazepril HCl	methyldopa/ hydrochlorothiazide
benazepril HCl/ hydrochlorothiazide	metoprolol/ hydrochlorothiazide
betaxolol HCl	metoprolol succinate
bisoprolol fumarate	metoprolol tartrate
bisoprolol fumarate/ hydrochlorothiazide	moexipril HCl
captopril	nadolol
captopril/ hydrochlorothiazide	niacin
carvedilol	nifedipine
cholestyramine/aspartame	nifedipine tablet, sustained action
cholestyramine/sucrose	nifedipine tablet, sustained release osmotic push
clonidine HCl	nitroglycerin patch
clopidogrel bisulfate	pindolol
diltiazem HCl	pravastatin
diltiazem HCl capsule, sustained action	prazosin HCl
diltiazem HCl capsule, sustained release 12 hr	propranolol HCl
diltiazem HCl capsule, sustained release 24 hr	propranolol HCl capsule, sustained action 24 hr
doxazosin mesylate	propranolol HCl/ hydrochlorothiazide
enalapril maleate	quinapril
enalapril maleate/ hydrochlorothiazide	quinapril/ hydrochlorothiazide
fenofibrate, micronized	ramipril
fosinopril sodium	reserpine
fosinopril/ hydrochlorothiazide	reserpine/hydrochlorothiazide
gemfibrozil	simvastatin
guanfacine HCl	terazosin HCl
hydralazine HCl/ hydrochlorothiazide	timolol maleate
labetalol HCl	verapamil HCl
	verapamil HCl tablet, sustained action

Blood Pressure/Heart/ Cholesterol-Lowering Medications

Preferred Brands

Altoprev	Niaspan
Azor	Plavix
Caduet	Ranexa
Catapres-TTS Patch	Simcor
Cozaar	Tekturna
Coreg CR	Tekturna HCT
Crestor	Tricor
Diovan	TriLipix
Diovan HCT	Vytorin
Exforge	Welchol
Hyzaar	Zetia
Lipitor	
Lovaza	
Micardis	
Micardis HCT	

Diabetes Management

Lower Cost Generics

acarbose	glyburide, micronized
acetohexamide	metformin HCl
alcohol antiseptic pads	metformin HCl tablet, sustained release 24 hr
chlorpropamide	nateglinide
glimepiride	tolazamide
glipizide	tolbutamide
glipizide-metformin	
glipizide tablet, sustained release osmotic push	
glyburide	
glyburide/metformin HCl	

Migraine/Headache Medications

Lower Cost Generics

acetaminophen/butalbital	isometheptene mucate/ acetaminophen/ dichloralphenazone
acetaminophen/caffeine/ butalbital	sumatriptan nasal
aspirin/caffeine/butalbital	sumatriptan succinate inj
dihydroergotamine mesylate	sumatriptan succinate tab
ergotamine/caffeine tab	
ergotamine tartrate/caffeine suppository, rectal	

Diabetes Management

Preferred Brands

Actoplus Met	Janumet
Actos	Januvia
Apidra	Lantus
Apidra Solostar	Novolin
Avandamet	Novolog, Mix
Avandaryl	One Touch Ultra Test Strips
Avandia	Prandin
Byetta*	Symlin*
Humalog, Mix	
Humulin	

* Prior Authorization Required

Migraine/Headache Medications

Preferred Brands

Maxalt
Maxalt MLT
Relpax

Quantity limits apply to migraine medications.

OB-GYN/Hormone Replacement/ Birth Control

Lower Cost Generics

desogestrel-ethinyl estradiol
desogestrel-ethinyl
estradiol/ethinyl estradiol
estradiol patch,
transdermal weekly
estradiol tablet
estropipate
ethinyl estradiol-
drospirenone
ethynodiol d-ethinyl estradiol
levonorgestrel

levonorgestrel-ethinyl
estradiol
methyltestosterone/
estrogens, esterified
norethindrone
norethindrone a-e estradiol
norethindrone a-e
estradiol/ferrous fumarate
norethindrone-ethinyl estradiol
norethindrone-mestranol
norgestimate-ethinyl estradiol
norgestrel-ethinyl estradiol

Osteoporosis (Bone Problems)

Lower Cost Generics

alendronate sodium

Overactive Bladder Medications

Lower Cost Generics

flavoxate
oxybutynin chloride
oxybutynin chloride ER

OB-GYN/Hormone Replacement/ Birth Control

Preferred Brands

Activella	Prempro
Cyclessa	Seasonique*
Demulen	Vivelle Patch
Enjuvia	YAZ
Estraderm Patch	
Femhrt	
Mircette	
Ortho Evra	
Premarin Tablet	
Premarin Vaginal Cream	
Premphase	

* Three copayments charged for 90 days supply of drug.

Osteoporosis (Bone Problems)

Preferred Brands

Boniva*	Evista
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* Requires generic drug attempt prior to prescribing brand.

Overactive Bladder Medications

Preferred Brands

Detrol	Sanctura
Detrol LA	Sanctura XR
Enablex	Vesicare

Medications listed in **boldface** have generic equivalents.

Pain Relievers/NSAIDs

Lower Cost Generics

diclofenac potassium	meclofenamate sodium
diclofenac sodium	meloxicam
etodolac	nabumetone
etodolac tablet, sustained release 24 hr	naproxen
flurbiprofen	naproxen sodium
ibuprofen	naproxen sodium tablet, sustained action
indomethacin	oxaprozin
indomethacin capsule, sustained action	piroxicam
ketoprofen	sulindac
ketoprofen capsule, 24 hr sustained release pellets	tolmetin sodium

Stomach Problems

Lower Cost Generics

cimetidine HCl liquid	omeprazole
cimetidine tablet	ranitidine HCl
famotidine	sucralfate tablet
misoprostol	
nizatidine	

Miscellaneous CNS Medications

Lower Cost Generics

ropinirole

Pain Relievers/NSAIDs

Preferred Brands

Celebrex

Stomach Problems

Preferred Brands

Nexium

Prilosec OTC

Miscellaneous CNS Medications

Preferred Brands

There are no preferred brands currently available for this category.

Nonpreferred drugs require formulary coverage review.
Medications listed in **boldface** have generic equivalents.

Nonpreferred Medications

Allergy/Asthma/Respiratory Medications

Accolate[°]
Accuneb[°]
Aerobid[°]
Aerobid-M[°]
Allegra Tablets[°]
Allegra D[°]
Atarax[°]
Atrovent HFA[°]
Atrovent[°] Inhalation Solution
Azmacort[°]
Beclovent[°]
Brethine[°]
Clarinox Reditabs[°]
Clarinox Tablet[°]
Clarinox D 24 hr[°]
Deconamine SR[°]
Deconamine[°]
Duoneb^{°**}
Flonase[°]
Maxair Autohaler[°]
Maxair Inhaler[°]
Nasacort AQ[°]
Nasalide[°]
Phenergan[°]
Proventil HFA[°]
Proventil Inhalation Solution[°]
Proventil Inhaler[°]
Pulmicort Inhaler[°]
QVAR[°]
Rhinocort Aqua[°]
Rynatan[°]
Rynatuss[°]
Tornalate[°]
Trinalin[°]
Vancenase[°]
Vancenase AQ[°]
Vanceril[°]

Vanceril DS[°]
Ventolin[°]
Ventolin[°] Inhaler
Veramyst[°]
Vistaril[°]
Volmax[°]
Xopenex HFA[°]
Xyzal[°]

Alzheimer's Disease Medications

Cognex[°]
Exelon[°]
Razadyne[°]
Razadyne ER[°]

Antibiotics/Antifungals/ Anti-Infectives

Adoxa[°]
Augmentin[°] Chewable Tablet
Augmentin ES[°]
Augmentin[°] Suspension
Augmentin[°] Tablet
Augmentin XR[°]
Bactrim DS[°]
Biaxin[°]
Ceclor CD[°]
Cedax[°]
Ceftin Suspension[°]
Ceftin Tablet[°]
Cefzil[°]
Cinobac[°]
Cipro Suspension[°]
Cipro Tablet[°]
Cipro XR[°]
Cleocin HCl[°]
Diflucan[°]
Dispermox[°]
Doryx[°]
Duricef[°]

Nonpreferred Medications

Dynacin°
EryPed°
Factive°
Floxin°
Fulvicin P/G°
Fulvicin U/F°
Fungizone°
Gantrisin°
Geocillin°
Grifulvin V Suspension°
Grifulvin V Tablet°
Gris-Peg°
Gynazole-1°
Hiprex°
Keflex°
Keftab°
Ketek°
Lamisil Tab°
Lorabid°
Macrobid°
Macrochantin°
Maxaquin°
Minocin°
Monodox°
Monurol°
Mycelex Troche°
Mycostatin°
Neggram°
Nizoral Shampoo°
Nizoral Tablet°
Omnicef°
PCE°
Periostat°
Primsol°
Septra DS°
Spectracef°
Sporanox°
Suprax°
Terazol Vaginal Cream with
Applicator°

Vantin°
Velosef°
Zagam°
Zithromax°
Zmax°

Behavioral Health Medications

Ambien°
Ambien CR°
Anafranil°
Asendin°
Ativan°
Aventyl HCl°
Buspar°
Celexa°
Cymbalta°
Dalmane°
Desyrel°
Doral°
Effexor°
Elavil°
Halcion°
Librium°
Ludiomil°
Lunesta°
Luvox°
Norpramin°
Pamelor°
Paxil CR°
Paxil Suspension°
Paxil Tablet°
Paxipam°
ProSom°
Prozac°
Prozac Weekly°
Remeron°
Remeron SolTab°
Restoril°

Nonpreferred Medications

Behavioral Health Medications, cont.

Rozerem°
Sarafem°
Serax°
Serentil°
Serzone°
Sinequan°
Sonata°
Surmontil°
Symbyax°
Tofranil°
Tofranil PM°
Tranxene SD°
Tranxene T-Tab°
Valium°
Wellbutrin°
Wellbutrin XL°
Wellbutrin SR°
Wellbutrin XR°
Xanax°
Xanax XR°
Zoloft°

Blood Pressure/Heart/ Cholesterol-Lowering Medications

Accupril°
Accuretic°
Adalat CC°
Advicor°
Atacand°
Atacand HCT°
Avalide°
Avapro°
Benicar°
Benicar HCT°
Calan SR°

Capoten°
Capozide°
Cardene SR°
Cardizem°
Cardizem CD°
Cardizem SR°
Cardura°
Cartrol°
Catapres°
Clorpres°
Colestid°
Coreg°
Corgard°
Corzide°
Covera HS°
DynaCirc°
DynaCirc CR°
Inderal°
Inderal LA°
Innopran XL°
Isoptin S.R.°
Kerlone°
Lescol°
Lescol XL°
Levatol°
Lexxel°
Lopid°
Lopressor°
Lopressor HCT°
Lotensin°
Lotensin HCT°
Mavik°
Mevacor°
Minipress°
Minitran°
Minitran Patch°
Monopril°
Monopril HCT°
Nimotop°

Nonpreferred Medications

Nitro-Dur Patch[°]
Normodyne[°]
Norvasc[°]
Plendil[°]
Pravachol[°]
Prinivil[°]
Prinzide[°]
Procardia XL[°]
Questran[°]
Questran Light[°]
Sectral[°]
Sular[°]
Tarka[°]
Tenex[°]
Tenoretic[°]
Tenormin[°]
Teveten[°]
Teveten HCT[°]
Tiazac[°]
Timolide[°]
Toprol XL[°]
Trandate[°]
Uniretic[°]
Univasc[°]
Vaseretic[°]
Vasotec[°]
Verelan[°]
Verelan PM[°]
Zebeta[°]
Zestoretic[°]
Zestril[°]
Ziac[°]

Diabetes Management

Amaryl[°]
DiaBeta[°]
Glucophage[°]

Glucophage XR[°]
Glucotrol[°]
Glucotrol XL[°]
Glucovance[°]
Glynase[°]
Glyset[°]
Micronase[°]
ReliOn[°]

Migraine/Headache Medications

Amerge[°]
Axert[°]
Frova[°]
Imitrex[°]
Midrin[°]
Migranal[°]
Phrenilin[°]
Phrenilin Forte[°]
Zomig[°]

OB-GYN/Hormone Replacement/ Birth Control

Alora[°]
Brevicon[°]
Cenestin[°]
Combipatch[°]
Desogen[°]
Esclim Patch[°]
Estrace[°]
Estratab[°]
Estratest[°]
Estratest HS[°]
Femring[°]
Levlen[°]
Levlite[°]
Lo/Ovral[°]

Nonpreferred Medications

OB-GYN/Hormone Replacement/ Birth Control, cont.

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Modicon[°]
Nordette[°]
Norinyl[°]
NuvaRing[°]
Ogen[°]
Ortho-Cept[°]
Ortho-Cyclen[°]
Ortho Micronor[°]
Ortho-Novum[°]
Ortho-Prefest[°]
Ortho Tri-Cyclen[°]
Ortho Tri-Cyclen Lo[°]
Ovrette[°]
Seasonale[°]
Tri-Levlen[°]
Tri-Norinyl[°]
Triphasil[°]
Vagifem[°]

Osteoporosis (Bone Problems)

Actonel[°]
Fosamax[°]

Overactive Bladder Medications

Ditropan XL[°]

Pain Relievers/NSAIDs

Clinoril[°]
Daypro[°]
Indocin[°]
Lodine[°]
Lodine XL[°]
Mobic[°]
Motrin[°]
Naprelan[°]
Oruvail[°]
Relafen[°]
Voltaren[°]
Voltaren XR[°]

Stomach Problems

Aciphex^{°*}
Axid[°]
Carafate Tablet[°]
Cytotec[°]
Pepcid[°]
Prevacid^{°*}
Prilosec Rx^{°*}
Protonix^{°*}
Tagamet[°]
Zantac Tablet[°]
Zegerid^{°*}

* Requires prior failure of preferred products (Prilosec OTC[°], omeprazole, Nexium[®])

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For additional information on benefits provided by The Health Plan, please visit **www.healthplan.org**.

This guide does not contain a complete list of formulary and nonformulary drugs. It only lists the *most commonly prescribed drugs*. For an updated and complete listing of your prescription benefit, you can visit the “Benefit highlights” section of our website, **www.medco.com**, and click on “Learn about formularies.”