

# EliteCare Quick Reference Formulary

This formulary is not inclusive nor does it guarantee coverage. It is an abbreviated list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed. This document is subject to change.

## ANTI-INFECTIVES

### Penicillins

|                         |          |
|-------------------------|----------|
| amoxicillin             | 1        |
| amoxicillin/clavulanate | 1        |
| penicillin vk           | 1        |
| <b>AUGMENTIN XR</b>     | <b>3</b> |

### Cephalosporins

|                   |          |
|-------------------|----------|
| cefaclor          | 1        |
| cefadroxil        | 1        |
| cefdinir          | 1        |
| cefprozil         | 1        |
| cefuroxime        | 1        |
| cephalexin        | 1        |
| <b>OMNICEF</b>    | <b>3</b> |
| <b>SPECTRACEF</b> | <b>3</b> |

### Macrolides

|                                     |          |
|-------------------------------------|----------|
| azithromycin susp                   | 1        |
| azithromycin tab                    | 1        |
| clarithromycin                      | 1        |
| ERY-TAB                             | 1        |
| erythromycin (all forms except PCE) | 1        |
| <b>DYNABAC</b>                      | <b>3</b> |
| <b>PCE</b>                          | <b>3</b> |

### Quinolones

|                       |          |
|-----------------------|----------|
| ciprofloxacin (er)    | 1        |
| ofloxacin tab         | 1        |
| <b>AVELOX</b>         | <b>2</b> |
| <b>LEVAQUIN</b>       | <b>2</b> |
| <b>CIPRO CYSTITIS</b> | <b>3</b> |
| <b>MAXAQUIN</b>       | <b>3</b> |
| <b>NOROXIN</b>        | <b>3</b> |
| <b>TEQUIN</b>         | <b>3</b> |

### Miscellaneous Anti-infectives

|  |          |
|--|----------|
| clindamycin                              | 1        |
| DAPSONE                                  | 1        |
| erythromycin/sulfisoxazole susp          | 1        |
| metronidazole                            | 1        |
| nitrofurantoin monohydrate/macrocrystals | 1        |
| rifampin                                 | 1        |
| smz-tmp (os)                             | 1        |
| <b>ACTIMMUNE</b>                         | <b>2</b> |
| <b>VANCOCIN</b>                          | <b>2</b> |
| <b>ZYVOX</b>                             | <b>2</b> |
| <b>FLAGYL ER</b>                         | <b>3</b> |
| <b>KETEK</b>                             | <b>3</b> |

### Anti-Fungals

|                     |          |
|---------------------|----------|
| clotrimazole troche | 1        |
| fluconazole         | 1        |
| griseofulvin        | 1        |
| itraconazole        | 1        |
| ketoconazole        | 1        |
| nystatin tab/susp   | 1        |
| terbinafine         | 1        |
| <b>GRIFULVIN</b>    | <b>2</b> |
| <b>VFEND</b>        | <b>2</b> |

### Anti-Virals

|                   |          |
|-------------------|----------|
| acyclovir         | 1        |
| amantadine cap    | 1        |
| ribavirin         | 1        |
| rimantadine       | 1        |
| <b>HEPSERA</b>    | <b>2</b> |
| <b>INTRON A</b>   | <b>2</b> |
| <b>PEG-INTRON</b> | <b>2</b> |
| <b>PEGASYS</b>    | <b>2</b> |
| <b>REBETRON</b>   | <b>2</b> |
| <b>RELENZA</b>    | <b>2</b> |
| <b>TAMIFLU</b>    | <b>2</b> |
| <b>VALTREX</b>    | <b>2</b> |
| <b>COPEGUS</b>    | <b>3</b> |
| <b>FAMVIR</b>     | <b>3</b> |

### HIV DRUGS

All HIV drugs are covered at Tier 2.

## CARDIOVASCULAR

### Diuretics

|                   |   |
|-------------------|---|
| acetazolamide cap | 1 |
| amiloride/hctz    | 1 |
| furosemide        | 1 |

|                       |          |
|-----------------------|----------|
| hydrochlorothiazide   | 1        |
| metolazone            | 1        |
| spironolactone        | 1        |
| triamterene/hctz      | 1        |
| <b>DIAMOX SEQUELS</b> | <b>2</b> |

### Beta Blockers

|                    |          |
|--------------------|----------|
| atenolol           | 1        |
| betaxolol          | 1        |
| bisoprolol/hctz    | 1        |
| carvedilol         | 1        |
| <b>INNOPRAN XL</b> | <b>1</b> |
| labetalol          | 1        |
| metoprolol (er)    | 1        |
| metoprolol/hctz    | 1        |
| nadolol            | 1        |
| propranolol (er)   | 1        |
| <b>BYSTOLIC</b>    | <b>2</b> |
| <b>COREG</b>       | <b>3</b> |
| <b>COREG CR</b>    | <b>3</b> |
| <b>LEVATOL</b>     | <b>3</b> |

### ACE Inhibitors

|                       |          |
|-----------------------|----------|
| benazepril (hctz)     | 1        |
| captopril (hctz)      | 1        |
| enalapril (hctz)      | 1        |
| fosinopril (hctz)     | 1        |
| lisinopril (hctz)     | 1        |
| moexipril/hctz        | 1        |
| quinapril (hctz)      | 1        |
| ramipril              | 1        |
| trandolapril          | 1        |
| <b>ACEON</b>          | <b>2</b> |
| <b>MONOPRIL (HCT)</b> | <b>3</b> |
| <b>UNIVASC</b>        | <b>3</b> |

### Angiotensin Receptor Blockers

|                        |          |
|------------------------|----------|
| <b>ATACAND</b>         | <b>2</b> |
| <b>ATACAND HCTZ</b>    | <b>2</b> |
| <b>AVALIDE</b>         | <b>2</b> |
| <b>AVAPRO</b>          | <b>2</b> |
| <b>DIOVAN</b>          | <b>2</b> |
| <b>DIOVAN HCTZ</b>     | <b>2</b> |
| <b>BENICAR (HCTZ)</b>  | <b>3</b> |
| <b>COZAAR</b>          | <b>3</b> |
| <b>HYZAAR</b>          | <b>3</b> |
| <b>MICARDIS (HCTZ)</b> | <b>3</b> |
| <b>TEVETEN</b>         | <b>3</b> |

### Calcium Channel Blockers

|                               |          |
|-------------------------------|----------|
| amlodipine                    | 1        |
| amlodipine/benazepril         | 1        |
| diltiazem (all generic forms) | 1        |
| nicardipine                   | 1        |
| nifedipine (er)               | 1        |
| verapamil (sr/er)             | 1        |
| <b>CARDIZEM LA</b>            | <b>2</b> |
| <b>LOTREL</b>                 | <b>2</b> |
| <b>CARDIZEM CD</b>            | <b>3</b> |
| <b>COVERA-HS</b>              | <b>3</b> |
| <b>NORVASC</b>                | <b>3</b> |
| <b>PLENDIL</b>                | <b>3</b> |

### Other Cardiovascular Agents

|                      |          |
|----------------------|----------|
| doxazosin            | 1        |
| prazosin             | 1        |
| terazosin            | 1        |
| <b>CATAPRESS-TTS</b> | <b>2</b> |
| <b>EXFORGE (HCT)</b> | <b>2</b> |
| <b>LETAIRIS</b>      | <b>2</b> |
| <b>RANEXA</b>        | <b>2</b> |
| <b>TRACLEER</b>      | <b>2</b> |
| <b>LEXXEL</b>        | <b>3</b> |
| <b>TARKA</b>         | <b>3</b> |

### Cholesterol Lowering Agents

|                        |          |
|------------------------|----------|
| cholestyramine (light) | 1        |
| gemfibrozil            | 1        |
| <b>LOFIBRA</b>         | <b>1</b> |
| lovastatin             | 1        |
| <b>NIASPAN</b>         | <b>1</b> |
| pravastatin            | 1        |
| simvastatin            | 1        |
| <b>ADVICOR</b>         | <b>2</b> |
| <b>CADUET</b>          | <b>2</b> |

|                    |          |
|--------------------|----------|
| <b>CRESTOR</b>     | <b>2</b> |
| <b>LIPITOR</b>     | <b>2</b> |
| <b>LOVAZA</b>      | <b>2</b> |
| <b>SIMCOR</b>      | <b>2</b> |
| <b>TRILIPIX</b>    | <b>2</b> |
| <b>VYTORIN</b>     | <b>2</b> |
| <b>WELCHOL</b>     | <b>2</b> |
| <b>ZETIA</b>       | <b>2</b> |
| <b>ALTOPREV</b>    | <b>3</b> |
| <b>LESCOL (XL)</b> | <b>3</b> |
| <b>TRICOR</b>      | <b>3</b> |

## CNS & ANS AGENTS

### Analgesics

|   |          |
|---|----------|
| acetaminophen/codeine                     | 1        |
| hydrocodone/acetaminophen                 | 1        |
| fentanyl TD patch                         | 1        |
| morphine sulfate er                       | 1        |
| morphine sulfate immediate-release (MSIR) | 1        |
| oxycodone er                              | 1        |
| oxycodone/acetaminophen                   | 1        |
| tramadol                                  | 1        |
| <b>OXYCONTIN</b>                          | <b>2</b> |
| <b>AVINZA</b>                             | <b>3</b> |
| <b>KADIAN</b>                             | <b>3</b> |

### Migraine Agents

|   |          |
|---|----------|
| divalproex er                                 | 1        |
| generic Midrin equivalent                     | 1        |
| sumatriptan inj                               | 1        |
| (QL= 4 inj/Rx; 2 fill/30 days)                | 1        |
| sumatriptan tab                               | 1        |
| (QL= 9 tabs/Rx; 2 fill/30 days)               | 1        |
| <b>AMERGE (QL= 9 tabs/Rx; 2 fill/30 days)</b> | <b>2</b> |
| <b>AXERT (QL= 9 tabs/Rx; 2 fill/30 days)</b>  | <b>2</b> |
| <b>DEPAKOTE ER</b>                            | <b>2</b> |
| <b>FIORINAL</b>                               | <b>2</b> |
| <b>IMITREX NS</b>                             | <b>2</b> |
| (QL= 6 spr/Rx; 2 fill/30 days)                | 2        |
| <b>MAXALT (MLT)</b>                           | <b>2</b> |
| (QL= 12 tabs/Rx; 3 fill/60 days)              | 2        |
| <b>MIDRIN</b>                                 | <b>2</b> |
| <b>SUMATRIPTAN NS</b>                         | <b>2</b> |
| (QL= 6 spr/Rx; 2 fill/30 days)                | 2        |
| <b>FROVA (QL= 9 tabs/Rx; 2 fill/30 days)</b>  | <b>3</b> |
| <b>RELPAK (QL= 9 tabs/Rx; 2 fill/30 days)</b> | <b>3</b> |
| <b>ZOMIG (ZMT)</b>                            | <b>3</b> |
| (QL= 9 tabs/Rx; 2 fill/30 days)               | 2        |
| <b>ZOMIG NS</b>                               | <b>2</b> |
| (QL= 6 spr/Rx; 2 fill/30 days)                | 2        |

### Anti-Anxiety Agents & Sedatives

|                 |          |
|-----------------|----------|
| alprazolam (er) | 1        |
| buspirone       | 1        |
| lorazepam       | 1        |
| temazepam       | 1        |
| zaleplon        | 1        |
| zolpidem        | 1        |
| <b>SONATA</b>   | <b>3</b> |
| <b>XANAX XR</b> | <b>3</b> |

### Anti-Convulsants

|                          |          |
|--------------------------|----------|
| carbamazepine (er)       | 1        |
| clonazepam               | 1        |
| divalproex               | 1        |
| gabapentin tabs and caps | 1        |
| lamotrigine              | 1        |
| oxcarbazepine            | 1        |
| phenobarbital            | 1        |
| phenytoin sodium er      | 1        |
| topiramate               | 1        |
| <b>CARBATROL</b>         | <b>2</b> |
| <b>DILANTIN</b>          | <b>2</b> |
| <b>KEPPRA</b>            | <b>2</b> |
| <b>LYRICA</b>            | <b>2</b> |
| <b>TRILEPTAL</b>         | <b>2</b> |
| <b>TEGRETOL-XR</b>       | <b>3</b> |

### Anti-Depressants

|               |   |
|---------------|---|
| amitriptyline | 1 |
| bupropion XL  | 1 |
| bupropion sr  | 1 |
| citalopram    | 1 |
| fluoxetine    | 1 |
| mirtazapine   | 1 |
| nefazodone    | 1 |
| nortriptyline | 1 |
| paroxetine    | 1 |
| paroxetine cr | 1 |

|                       |          |
|-----------------------|----------|
| sertraline            | 1        |
| trazodone             | 1        |
| venlafaxine           | 1        |
| <b>CYMBALTA</b>       | <b>2</b> |
| <b>EFFEXOR XR</b>     | <b>2</b> |
| <b>LEXAPRO</b>        | <b>2</b> |
| <b>VENLAFAXINE SR</b> | <b>2</b> |
| <b>PROZAC WEEKLY</b>  | <b>3</b> |
| <b>SARAFEM</b>        | <b>3</b> |
| <b>WELLBUTRIN XL</b>  | <b>3</b> |

### Anti-Psychotic Agents

|                          |          |
|--------------------------|----------|
| clozapine                | 1        |
| haloperidol              | 1        |
| risperidone (ODT)        | 1        |
| <b>ABILIFY</b>           | <b>2</b> |
| <b>ABILIFY DISC MELT</b> | <b>2</b> |
| <b>GEODON</b>            | <b>2</b> |
| <b>SEROQUEL</b>          | <b>2</b> |
| <b>SEROQUEL XR</b>       | <b>2</b> |
| <b>SYMBYAX</b>           | <b>2</b> |
| <b>ZYPREXA</b>           | <b>2</b> |
| <b>ZYPREXA ZYDIS</b>     | <b>2</b> |

### Stimulants

|   |          |
|---|----------|
| dexmethylphenidate                                      | 1        |
| generic Adderall equiv                                  | 1        |
| methylphenidate (er)                                    | 1        |
| <b>ADDERALL XR</b>                                      | <b>2</b> |
| <b>CONCERTA</b>   | <b>2</b> |
| <b>DAYTRANA</b>   | <b>2</b> |
| <b>VYVANSE</b>  | <b>2</b> |
| <b>FOCALIN</b>  | <b>3</b> |
| <b>FOCALIN XR</b>                                       | <b>3</b> |
| <b>METADATE CD</b>                                      | <b>3</b> |
| <b>STRATTERA (Covered at Tier 2 on Open Plans ONLY)</b> | <b>3</b> |
| Weight loss agents (e.g. XENICAL)                       | NC       |

### Anti-Parkinson Agents

|                    |          |
|--------------------|----------|
| carbidopa/levodopa | 1        |
| pergolide          | 1        |
| ropinirole         | 1        |
| selegiline         | 1        |
| <b>AZILECT</b>     | <b>2</b> |
| <b>COMTAN</b>      | <b>2</b> |
| <b>MIRAPEX</b>     | <b>2</b> |
| <b>STALEVO</b>     | <b>2</b> |
| <b>REQUIP (XL)</b> | <b>3</b> |
| <b>TASMAR</b>      | <b>3</b> |

### Miscellaneous CNS Agents

|                               |          |
|-------------------------------|----------|
| chloral hydrate               | 1        |
| galantamine (er)              | 1        |
| lithium carbonate (ER)        | 1        |
| <b>ARICEPT</b>                | <b>2</b> |
| <b>EXELON (PATCH)</b>         | <b>2</b> |
| <b>NAMENDA</b>                | <b>2</b> |
| <b>RAZADYNE</b>               | <b>2</b> |
| <b>COGNEX</b>                 | <b>3</b> |
| ZYBAN or nicotine replacement | NC       |

## DERMATOLOGICALS

### Topical Anti-Infectives

|                           |          |
|---------------------------|----------|
| erythromycin gel          | 1        |
| mupirocin ointment        | 1        |
| silver sulfadiazine cream | 1        |
| <b>BACTROBAN CREAM</b>    | <b>2</b> |
| <b>DENAVIR CREAM</b>      | <b>2</b> |
| <b>ZOVIRAX OINTMENT</b>   | <b>2</b> |

### Topical Anti-Fungals

|                                  |          |
|----------------------------------|----------|
| ciclopirox cream                 | 1        |
| clotrimazole/betamethasone cream | 1        |
| ketoconazole cream               | 1        |
| ketoconazole shampoo             | 1        |
| nystatin cream                   | 1        |
| <b>PENLAC</b>                    | <b>3</b> |
| <b>VTYONE CREAM</b>              | <b>3</b> |

### Acne Agents

|                          |          |
|--------------------------|----------|
| clindamycin topical soln | 1        |
| generic ACCUTANE equivs  | 1        |
| tretinoin                | 1        |
| <b>DIFFERIN</b>          | <b>2</b> |
| <b>RETIN-A MICRO gel</b> | <b>2</b> |
| <b>AZELEX</b>            | <b>3</b> |

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|                                 |          |
|---------------------------------|----------|
| <b>BENZAFLIN</b>                | <b>3</b> |
| <b>Psoriasis /Eczema Agents</b> |          |
| DOVONEX CREAM                   | 2        |
| ENBREL                          | 2        |
| RAPTIVA                         | 2        |
| TAZORAC                         | 3        |

|                                     |    |
|-------------------------------------|----|
| <b>Miscellaneous Topical Agents</b> |    |
| lidocaine/prilocaine cream          | 1  |
| lindane (lotion/shampoo)            | 1  |
| metronidazole topical gel 0.75%     | 1  |
| ALDARA                              | 2  |
| ELIDEL                              | 2  |
| PROTOPIC                            | 2  |
| REGRANEX                            | 2  |
| ELIMITE                             | 3  |
| hydroquinone                        | NC |
| RENOVA                              | NC |

## EYES & EARS

|                       |   |
|-----------------------|---|
| <b>Otics</b>          |   |
| acetic acid           | 1 |
| neomycin/polymyxin/HC | 1 |
| ofloxacin otic        | 1 |
| CERUMENEX             | 2 |
| CIPRODEX              | 2 |
| CIPRO HC              | 3 |
| FLOXIN OTIC           | 3 |

|  |   |
|--|---|
| <b>Ophthalmic Anti-Infectives/Steroids</b> |   |
| bacitracin/polymyxin B                     | 1 |
| ciprofloxacin ophthalmic susp              | 1 |
| gentamycin soln                            | 1 |
| ofloxacin ophthalmic susp                  | 1 |
| prednisolone soln                          | 1 |
| tobramycin soln                            | 1 |
| tobramycin/dex ophth soln                  | 1 |
| ALREX                                      | 2 |
| CORTISPORIN ophthalmic susp                | 2 |
| LOTEMAX                                    | 2 |
| TOBRADEX                                   | 2 |
| VIGAMOX                                    | 2 |
| ZYMAR                                      | 2 |
| QUIXIN                                     | 3 |

|                           |   |
|---------------------------|---|
| <b>Glaucoma Agents</b>    |   |
| dorzolamide ophth         | 1 |
| dorzolamide/timolol ophth | 1 |
| levobunolol               | 1 |
| pilocarpine ophth sol     | 1 |
| timolol maleate           | 1 |
| ALPHAGAN-P                | 2 |
| AZOPT                     | 2 |
| BETIMOL                   | 2 |
| BETOPTIC-S                | 2 |
| COSOPT                    | 2 |
| LUMIGAN                   | 2 |
| TRAVATAN (Z)              | 2 |
| TRUSOPT                   | 2 |
| XALATAN                   | 2 |

|  |   |
|--|---|
| <b>Miscellaneous Ophthalmic Agents</b>         |   |
| ACULAR   | 2 |
| ALAMAST  | 2 |
| ALOCRIAL                                       | 2 |
| ALOMIDE  | 2 |
| ELESTAT  | 2 |
| NEVANAC  | 2 |
| PATANOL  | 2 |
| RESTASIS                                       | 2 |
| XIBROM   | 2 |
| OPTIVAR (Covered at Tier 2 on Open Plans ONLY) | 3 |

## GASTROINTESTINAL

|                         |   |
|-------------------------|---|
| <b>Antilucer Agents</b> |   |
| cimetidine              | 1 |
| famotidine              | 1 |
| misoprostol             | 1 |
| omeprazole 20mg         | 1 |
| PRILOSEC OTC            | 1 |
| ranitidine              | 1 |
| ACIPHEX                 | 2 |
| PROTONIX (PAK)          | 2 |
| AXID                    | 3 |

|                              |          |
|------------------------------|----------|
| <b>NEXIUM</b>                | <b>3</b> |
| PREVACID capsules / PREVPAC  | 3        |
| PREVACID (granules/solutabs) | 3        |
| ZEGERID POWDER               | 3        |

|                       |   |
|-----------------------|---|
| <b>Urinary Agents</b> |   |
| doxazosin             | 1 |
| finasteride           | 1 |
| oxybutynin (er)       | 1 |
| terazosin             | 1 |
| AVODART               | 2 |
| DETROL LA             | 2 |
| ENABLEX               | 2 |
| MACROBID              | 2 |
| UROXATRAL             | 2 |
| VESICARE              | 2 |
| FLOMAX                | 3 |
| OXYTROL patches       | 3 |
| SANCTURA              | 3 |

## ANTINEOPLASTICS/ IMMUNOSUPPRESSANTS

|               |   |
|---------------|---|
| azathioprine  | 1 |
| cyclosporine  | 1 |
| mycophenolate | 1 |
| tamoxifen     | 1 |
| ARIMIDEX      | 2 |
| CELLCEPT      | 2 |

## DIABETIC AGENTS

|   |   |
|---|---|
| <b>Diabetic Supplies</b>                              |   |
| Accu-Chek meters                                      | — |
| Freestyle meters (Flash, Freedom, Lite, Freedom Lite) | — |
| B-D insulin syringe                                   | 1 |
| B-D pen needles                                       | 1 |
| Novoline pen needles                                  | 1 |
| Precision insulin syringe                             | 1 |
| Accu-Chek test strips                                 | 2 |
| Freestyle test strips                                 | 2 |
| Freestyle Lite test strips                            | 2 |
| Non-formulary meters/ diabetic supplies               | 3 |

|   |   |
|---|---|
| <b>Hypoglycemic Agents</b>                                    |   |
| glipizide (er)  | 1 |
| glyburide   | 1 |
| metformin (er)  | 1 |
| metformin/glyburide   | 1 |
| NOVOLIN INSULIN (via)   | 1 |
| ACTOPLUS MET  | 2 |
| ACTOS   | 2 |
| AVANDIA   | 2 |
| AVANDAMET   | 2 |
| AVANDARYL   | 2 |
| BYETTA  | 2 |
| DUETACT   | 2 |
| HUMULIN 50/50 insulin   | 2 |
| JANUMET   | 2 |
| JANUVIA   | 2 |
| LANTUS insulin  | 2 |
| LANTUS SOLOSTAR   | 2 |
| LEVEMIR   | 2 |
| NOVOLIN INNOLET/PENFILLS                                      | 2 |
| NOVOLOG VIALS/PENS/CARTS                                      | 2 |
| PRECOSE   | 2 |
| AMARYL  | 3 |
| APIDRA  | 3 |
| HUMULIN N, R, or 70/30 (Covered at Tier 2 on Open Plans ONLY) | 3 |
| HUMALOG (all forms) (Covered at Tier 2 on Open Plans ONLY)    | 3 |
| PRANDIN   | 3 |
| STARLIX   | 3 |

## THYROID AGENTS

|               |   |
|---------------|---|
| levothyroxine | 1 |
| levoxyol      | 1 |
| liothyronine  | 1 |
| methimazole   | 1 |
| thyroid       | 1 |
| unithroid     | 1 |

|                  |          |
|------------------|----------|
| <b>CYTOMEL</b>   | <b>2</b> |
| <b>SYNTHROID</b> | <b>2</b> |
| <b>THYROLAR</b>  | <b>2</b> |

## MUSCULOSKELETAL

|                     |   |
|---------------------|---|
| <b>NSAIDs</b>       |   |
| diclofenac          | 1 |
| generic XR products | 1 |
| ibuprofen           | 1 |
| ketorolac           | 1 |
| meloxicam           | 1 |
| nabumetone          | 1 |
| piroxicam           | 1 |
| sulindac            | 1 |
| ARTHROTEC           | 3 |
| FLECTOR PATCH       | 3 |
| PONSTEL             | 3 |

|                         |   |
|-------------------------|---|
| <b>COX-2 Inhibitors</b> |   |
| CELEBREX                | 2 |

## OB/GYN AGENTS

|                                |   |
|--------------------------------|---|
| <b>Contraceptives</b>          |   |
| generics                       | 1 |
| NUVARING                       | 2 |
| ORTHO EVRA                     | 2 |
| ORTHO TRI-CYCLEN LO            | 2 |
| YAZ                            | 2 |
| All other Brand Contraceptives | 3 |

|  |   |
|--|---|
| <b>Estrogens/Combinations</b>                      |   |
| estradiol tablet                                   | 1 |
| estra/noreth tablet                                | 1 |
| CLIMARA  | 2 |
| COMBIPATCH   | 2 |
| ESTRACE (vaginal cream)                            | 2 |
| ESTRATEST (H.S.)                                   | 2 |
| PREMARIN/PREMPRO/PREMPHASE                         | 2 |
| VIVELLE (DOT)                                      | 2 |
| ACTIVELLA  | 3 |
| ALORA  | 3 |
| CENESTIN   | 3 |
| CLIMARA PRO (Covered at Tier 2 on Open Plans ONLY) | 3 |
| ESTRADERM  | 3 |
| ESTRASORB  | 3 |
| MENOSTAR   | 3 |
| ORTHO-PREFEST                                      | 3 |

|                            |   |
|----------------------------|---|
| <b>Osteoporosis Agents</b> |   |
| alendronate                | 1 |
| EVISTA                     | 2 |
| FORTEO                     | 2 |
| FOSAMAX-D                  | 2 |
| MIACALCIN                  | 2 |
| ACTONEL                    | 3 |
| BONIVA                     | 3 |
| DIDRONEL                   | 3 |
| FOSAMAX                    | 3 |

## RESPIRATORY AGENTS

|                         |   |
|-------------------------|---|
| <b>Nasal Products</b>   |   |
| flunisolide nasal spray | 1 |
| fluticasone nasal spray | 1 |
| ASTELIN                 | 2 |
| ASTEPRO                 | 2 |
| NASONEX                 | 2 |
| PATANASE                | 2 |
| VERAMYST                | 2 |
| ATROVENT nasal spray    | 3 |
| BECONASE (AQ)           | 3 |
| NASACORT AQ             | 3 |
| RHINOCORT AQUA          | 3 |
| TRI-NASAL               | 3 |

|                       |    |
|-----------------------|----|
| <b>Antihistamines</b> |    |
| cyproheptadine        | 1  |
| fexofenadine          | 1  |
| hydroxyzine           | 1  |
| ASTELIN               | 2  |
| ASTEPRO               | 2  |
| ALLEGRA-D             | 3  |
| CLARINEX (all forms)  | 3  |
| CLARITIN CAP OTC      | NC |

|                              |   |
|------------------------------|---|
| <b>Leukotriene Modifiers</b> |   |
| SINGULAIR                    | 2 |
| ACCOLATE                     | 3 |

|   |   |
|---|---|
| <b>Asthma/Pulmonary Agents</b>                  |   |
| albuterol inhaler/ nebulizer solution           | 1 |
| albuterol/ipratropium neb soln                  | 1 |
| cromolyn nebulizer solution                     | 1 |
| ipratropium nebulizer solution                  | 1 |
| ADVAIR DISKUS                                   | 2 |
| ADVAIR HFA                                      | 2 |
| ASMANEX inhaler                                 | 2 |
| COMBIVENT inhaler                               | 2 |
| FLOVENT inhaler/rotadisk                        | 2 |
| FORADIL AEROLIZER                               | 2 |
| MAXAIR inhaler                                  | 2 |
| PROAIR HFA                                      | 2 |
| PULMICORT RESPULES / TURBUHALER/FLEXHALER       | 2 |
| SEREVENT DISKUS                                 | 2 |
| SPIRIVA capsules and HandiHaler                 | 2 |
| SYMBICORT                                       | 2 |
| VENTOLIN HFA                                    | 2 |
| ACCUNEB NEB SOLN                                | 3 |
| AEROBID inhaler                                 | 3 |
| AZMACORT (Covered at Tier 2 on Open Plans ONLY) | 3 |
| PROVENTIL HFA                                   | 3 |

## Reading the Drug List

Generic medications are listed in all lower case letters; brand name medications are listed in all upper case letters. Each drug product is associated with a coverage tier, shown to the right of each drug product.

|        |                              | Relative cost to member |
|--------|------------------------------|-------------------------|
| Tier 1 | Generic Products             | \$                      |
| Tier 2 | Preferred Brand Products     | \$\$                    |
| Tier 3 | Non-Preferred Brand Products | \$\$\$                  |
| NC     | Not Covered                  |                         |

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream), or more than one form of the drug, e.g. ZOMIG (ZMT).

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P and T Committee.