COVENTRY Health Care

2013 Prescription Drug List
Alphabetical Listing

Altius Health Plans, Inc.
Coventry Health Care plans
Coventry Health and Life Insurance Company
HealthAmerica Pennsylvania, Inc.
HealthAssurance Pennsylvania, Inc.

The Prescription Drug List is an alphabetical list of approved medicines covered by your benefit plan. In the Prescription Drug List, generic drugs are listed by their generic name and begin with lower case letters. You will pay the lowest copay (Tier-One) when you buy preferred generic drugs. For example: Generic name - quinapril.

Preferred brand drugs are listed alphabetically by brand name. The names of brand name drugs begin with upper case letters. You will pay a higher copay (Tier-Two) for preferred brand drugs. For example: Brand name with no generic available: Advair.

Brand name drugs followed by an asterisk have a generic available. Ask your doctor if you can substitute a generic on your prescription. If so, you will receive the generic and pay the lowest copay. For example: Brand name with generic available- Accupril*.

Please consult your Plan coverage documents for more information on your specific benefit design. Some benefit plans allow you to get non-preferred drugs at the highest copay level (Tier-Three). Some benefit plans do not cover non-preferred drugs.

We have included a list of common non-preferred drugs with their preferred alternatives. Preferred drugs generally will cost you less than non-preferred drugs. This list follows the prescription drug list. We strongly recommend that you take the prescription drug list with you to every doctor visit. Sharing the prescription drug list with your doctor will help ensure that your doctor considers a preferred drug when prescribing a medicine for you.

A

Abreva (Requires Doctor's Prescription)
Accolate*
AccuNeb*
Accupril*
Accuretic*
acebutolol
acetazolamide
acetic acid-aluminum acetate
acetic acid ear drops
acetylcysteine
Aclovate*
Actigall*
Actinex
Activella*
Actos*
Actoplus Met*, XR
acyclovir (not ointment)
Adalat CC*
Adcirca (PA, PAS, PAF) (SP) ☒
Adderall* ☒
Adderall XR* (PA ≥ 19yrs) ☒
Adrenalin*
Advair
Aggrenox
Agrylin*
Alavert* (Requires Doctor's Prescription) Tier-One copay
Alaway* (Requires Doctor's Prescription) Tier-One copay
albuterol soln
albuterol/ipratropium
Allegra* Allergy OTC (Requires Doctor's Prescription) Tier-One copay
Allegra-D* Allergy OTC (Requires Doctor's Prescription) Tier-One copay
alclometasone dipropionate
Aldactazide*
Aldactone *
Aldara*
Aldomet*
alendronate
alfuzosin
Alkeran (SP) ☒
allopurinol
Alphagan* (P non-form)
alprazolam, XR ☒
Altace* (tab non-from)
Altavera*
Altoprev
aluminum chloride
amantadine
Amaryl*
Ambien* (CR* non-form ST, STS) (SL tab and oral spray not covered) (PA ≤ 17yrs) ☒
Amerge*
Amicar*
amiloride
amiloride/hctz
aminocaproic acid
amiodarone
amitriptyline
amlodipine
amoxapine
amoxicillin
amoxicillin-pot clavulanate
Amoxil*
amphetamine/dextroamphet ☒
amphetamine/dextroamphet, XR (PA ≥ 19yrs) ☒
ampicillin ☒
Anafranil*
anagrelide
Analpram HC*
Anaprox*, DS*
Anaspaz*
anastrozole (PA, PAS)
Android*
Ansaid*
Antabuse*
antipyrine/benzocaine otic
Anusol-HC*
APAP/Butalbital/Caffeine
apraclonidine
Apresoline*
Apri*
Apriso
Aralen*
Aranelle*
Arava*
Aricept* (PA < 40yrs) (23mg non-form)
Arimidex* (PA, PAS)
Aromasin* (PA, PAS)
Artane*
Asacol, HD
aspirin/butalbital/caffeine
aspirin/caff/butalbital/codeine
Asmanex
Astelin*
Atarax*
atenolol
atenolol/chlorthalidone
Ativan* ☒
atorvastatin
atropine
Atrovent soln*, nasal soln*, HFA
A/T/S*
Augmentin*, ES*, XR* ☒
Avelox ☒
Aviane*
Axid*
Aygestin*
azathioprine
azelastine
Azelex
azithromycin ☒
Azopt
Azulfidine*, EN*
Azurette*

B

bacitracin ophthalmic*
Baclofen
Bactrim*, DS* ☒
Bactroban oint*
Bactroban cream
balsalazide
Balziva*
benazepril
benazepril HCT
Benicar
Benicar HCT
Bentyl*
Benzamycin*
benzonatate
benzoyl peroxide/erythromycin
benztropine
Betagan*
betamethasone (cream/oint/lotion)
Betapace*
Betapace AF*
betaxolol (ophth)
bethanechol
Betimol
Betoptic*
Biaxin*, XL* ☒
bicalutamide
Bicitra*
Biltricide ☒
bisoprolol
bisoprolol hctz
Bleph-10*
Blephamide
Brethine*
Briellyn*
Brilinta
brimonidine
bromocriptine
budesonide respules (PA,PAS > 4yrs)
bumetanide
Bumex*
bupropion, SR, XL
Buspar*
buspirone

C

cabergoline
Cafergot* ☒
Calan*, SR*
Calciferol*
calcitonin nasal spray
calcitriol
Camila*
Capex Shampoo
Capoten*
Capozide*
captopril
captopril/hctz
Carafate, tabs*, susp
carbamazepine, XR
Carbatrol*
carbidopa/levodopa (disintegrating tab non-form)
carboptic
Cardizem*, SR*, CD* (LA* non-form)
Cardura* (XL non-form)
carisoprodol
carisoprodol/aspirin
carteolol (ophth)
Cartia XT*
carvedilol (CR non-form)
Casodex*
Cataflam*
Catapres* (TTS* patch non-form)
Caziant*
Ceclor*, CD*
CeeNu (SP)
cefaclor
cefadroxil
cefdinir

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

Please Note: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans.

Ceftin*
cefprozil
cefuroxime
Cefzil*
Celexa*
CellCept* (SP) ☒
Celontin
cephalexin ☒
Cesia*
cetirizine (Requires Doctor's Prescription)
cetirizine D (Requires Doctor's Prescription)
chloral hydrate ☒
chlordiazepoxide (PA ≤ 5yrs) ☒
chlordiazepoxide/ clidinium ☒
chloroquine ☒
chlorothiazide
chlorpromazine (Spansule non-form)
chlorpropamide
chlorthalidone
chlorzoxazone
choline & magnesium salicylates
cholestyramine
ciclopirox (shampoo Tier-Three) ☒
cilostazol
Ciloxan oint
Ciloxan Soln*
cimetidine
Cipro* (XR* non-form) ☒
Ciprodex
ciprofloxacin (XR* non-form) ☒
ciprofloxacin soln
citalopram
clarithromycin ☒
Claritin* (Requires Doctor's Prescription) Tier-One copay
Claritin D-24* (Requires Doctor's Prescription) Tier-One copay
Cleocin*, Vag*, T* (Cleocin T swab non-form) ☒
clemastine 2.68mg
Climara*
clindamycin ☒
Clinoril*
clobetasol ointment
clomipramine
clonazepam
clonidine (TTS* non-form)
clopidrogel
clorazepate (SD non-form)
clotrimazole cream (rx version)
clotrimazole troche
clozapine ☒
Clozaril* ☒
Coartem (PA, PAS) ☒
codeine ☒
Cogentin*
Colazal*
Colestid*
Colestid granules*
colestipol
Colyte*
Combivent
Compazine*
Comtan
Concerta* (PA ≥ 19yrs) ☒
Condylox Gel, Soln*
Copegus* (PA, PAS, PAF) (SP) ☒
Cordarone*
Coreg* (CR non-form)
Corgard*
Cortef*
Cortifoam
Cortisporin*
cortisone acetate
Cosopt*
Coumadin*
Cozaar*
Creon
Crestor
Crixivan (SP) ☒
Crolom*
cromolyn sodium (ophth)
Cryselle*
Cuprimine
Cutivate* cream, oint (lotion non-form)
Cyclafem 1/35*
cyclobenzaprine (caps not covered) (Amrix not covered)
Cyclogyl*
cyclopentolate
cyclophosphamide (SP) ☒
cyclosporine (SP) ☒
Cycrin*
cyproheptadine
Cytadren
Cytomel*
Cytotec*
Cytovene* (SP) ☒
Cytoxan* (SP) ☒

D

Dalmane* (PA ≤ 14yrs) ☒
danazol*
Dantrium*
dantrolene
dapsone
Daranide
Daraprim ☒
Daypro*
Dazidox* ☒
DDAVP*
Decadron*
Delzicol
Demadex*
Demerol* ☒
Depakene*
Depakote*, ER*
Depen
Derma-Smoothe/FS
desipramine
desmopressin acetate
desogestrel-ethinyl estradiol
desonide (cream, oint)
Desowen*
desoximetasone
Desyrel*
dexamethasone
dexchlorpheniramine
Dexedrine* ☒
dexmethylphenidate ☒
dextroamphetamine ☒
DextroStat* ☒
Diabeta*
Diabinese*
Diamox*
Diastat ☒
diazepam ☒
Dibenzyline
diclofenac potassium
diclofenac sodium, XR
dicloxacillin ☒
dicyclomine
diflorasone diacetate
Diflucan* (suspension-pa ≥ 5 years) ☒
diflunisal
digoxin
Dilacor XR*
Dilantin*
Dilaudid* (oral soln non-form) ☒
diltiazem
diphenoxylate-atropine ☒
Diprolene*, AF*
Diprosone*
dipyridamole
Disalcid*
disopyramide
disulfiram
Ditropan* (XL* non-form, ST)
Diuril*
divalproex sodium
Dolobid*
Dolophine* ☒
Domeboro Otic*
donepezil (23mg non-form) (PA ≤ 40yrs)
Donnatal (caps non-form)*
dorzolamide
Dostinex*
doxazosin mesylate
doxepin
doxycycline ☒ (20mg, Adoxa, Doryx not covered)
doxycycline susp* (syrup non-form)
Dritho-Scalp
Drysol*
Duetact
Duoneb*
Duricef* ☒
Dyazide*
Dynacin Capsules* (tabs not covered) ☒

E

EC-Naprosyn*
econazole cream
EES* ☒
Effexor*, XR*
Efudex*
Elavil*
Eldepryl*
Elimite*
Elmiron
Elocon*
Emcyt ☒
Emla* ☒
Emoquette*
Emtriva (SP) ☒
enalapril
enalapril hctz
Enpresse*
Entocort EC*
epinephrine HCl ☒
Epipen, Jr ☒
Epivir (SP) ☒
Epivir HBV (SP) ☒
ergocalciferol
Errin*
Ery-Tab* ☒
Erythrocin* ☒
erythromycin ☒
escitalopram
estazolam
Estrace tab*
Estrace Cream
Estraderm
estradiol
Estradiol/Norethindrone
estropipate
ethosuximide
etodolac, XL
etoposide (SP) ☒
Eurax ☒
Evista
Evoxac
Exelderm
exemestane (PA, PAS)

F

famciclovir ☒
famotidine
Famvir* ☒
Fareston
FastTake Test Strips
Feldene*
felodipine
Femara* (PA, PAS)
fenofibrate (67mg, 134mg, 200mg caps and 54mg, 160mg tabs only)
fenoprofen
finasteride
Fioricet *
Fiorinal* ☒
Fiorinal w/Codeine* ☒
First Lansoprazole
First Omeprazole
Flagyl* (Flagyl ER non-form) ☒
flavoxate
flecainide
Flexeril*
Flomax*
Flonase*
Flovent Diskus, HFA
fluconazole ☒
fludrocortisone acetate
Flumadine*
flunisolide
fluocinonide
fluoride/polyvitamins for children
fluoride/vitamins A,D,C for children
fluorometholone
fluorouracil
fluoxetine
fluphenazine
flurazepam (PA ≤ 14yrs) ☒
flurbiprofen
flurbiprofen sodium
flutamide
fluticasone propionate
fluticasone propionate nasal spray
fluvoxamine maleate
FML*, FML Forte
Focalin IR* ☒
folic acid 1 mg
Fosamax*
fosinopril
fosinopril/hctz
Furadantin* ☒
furosemide

G

gabapentin
ganciclovir (SP) ☒
Garamycin*
gemfibrozil
gentamicin (not IV) ☒
Geodon*
Gleevec (PA, PAS, PAF) (SP) ☒
glimepiride
glipizide, XL
glipizide/metformin
Glucophage, XR*
Glucotrol*, XL*
Glucovance*
glyburide
Glynase*
Golytely* ☒
Grifulvin V tabs, susp* ☒
Gris-Peg ☒
griseofulvin ☒
guaifenesin/codeine ☒
guanabenz acetate
guanfacine

H

Halcion* (PA ≤ 17yrs) ☒
Haldol *
halobetasol cream/oint
haloperidol
Heparin* ☒

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

Please Note: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans.

Hepsera (SP) ☒
Hexalen (SP) ☒
Hiprex*
Humalog
Humulin
hydralazine
Hydrea* ☒
hydrochlorothiazide
hydrocodone/APAP (soln non-form) ☒
hydrocodone/ibuprofen ☒
hydrocodone/homatropine ☒
hydrocortisone tablets
hydromorphone (oral soln nopn-form) ☒
hydroxychloroquine
hydroxyurea ☒
hydroxzine HCL, pamoate
hyoscyamine, ODT
Hytrin*
Hyzaar*

I

ibuprofen
Imdur*
imipramine (PM non-form)
imiquimod cream
Imitrex* ☒
ipratropium nasal soln
Imuran* ☒
Incivek (PA, PAS, PAF) (SP) ☒
indapamide
Inderal*, LA*
Indocin, SR* (suppositories non-form)
indomethacin, SR
Insulin (Lilly Brands Humulin, Humalog)
Intal Inhaler
Intal Neb*
Intelence (SP) ☒
Invirase (SP) ☒
iodoquinol ☒
Iopidine*
isentress (SP) ☒
ISMO*
isonarif ☒
isoniazid
Isoptin*, SR*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
isosorbide dinitrate
isosorbide mononitrate
itraconazole (PA, PAS) ☒

J

Januvia (ST)
Janumet, XR (ST)
Jenest*
Junel*
Juvisync (ST)

K

Kaletra (SP) ☒
Kariva*
Kayexalate* ☒
K-Dur*
Keflex* ☒
Kenalog*
Keppra* (XR* nopn-form,ST)
ketoconazole ☒
ketoprofen
ketorolac
Kombiglyze XR (ST) Klaron*
Klonopin* ☒
K-Lor*
Klorvess*
K-Lyte*
K-Phos Neutral*
Kristalose*

L

labetalol
lactulose
Lamictal* (Starter pack, non-form, ODT (ST) non-form, XR (ST) non-form)
Lamisil* (tabs only)
lamotrigine (ODT (ST), XR (ST), starter pack, non-form)
Lanoxin*
Lasix*
latanoprost Leena*
Latuda (ST)
Lessina-28*
letrozole (PA, PAS)
Leukeran
Levaquin* ☒ Levemir
Levetiracetam (XR non-form)
Levlen*
levobunolol
levodopa/carbidopa
levofloxacin ☒ Levora*
Levothroid
levothyroxine
Levoxyl*
Levsin*
Levsinex*
Lexiva (SP) ☒
Librax*
Librium* (PA ≤ 5yrs) ☒
Lidex*
lidocaine/HC
lidocaine-prilocaine ☒
lidocaine viscous
Lidoderm
LifeScan Glucose Meters
LifeScan Test Strips
Lindane ☒
Lioresal*
liothyronine
Lipitor*
lisipri
lisinopril/hctz
lithium
Locoid*
Lodine*, XL*
LoFibra*
Lomotil* ☒
Loniten*
Lo-Ogestrel*
Lopid *
Lopressor*
Lopressor HCT*
Loprox Cream* (gel and shampoo non-form)
loratadine (Requires Doctor's Prescription)
loratadine D-24 (Requires Doctor's Prescription)
lorazepam ☒
Lortab* ☒
losartan losartan hctz Lotensin*
Lotensin HCT*
Lotrisone Cream*, Lotion*
Lotronex ☒
lovastatin
loxapine
Loxitane*
Lozol *
Ludiomil*
Luride*
Lutera*
Luvox* (CR non-form, ST)
Lysodren

M

Macrobid*
Macrodantin*
mandelamine
maprotiline
Matulane (SP) ☒
Mavik*
Maxalt, MLT ☒
Maxitrol*
Maxzide*
mebendazole ☒
meclofenamate
Meclomen*
Medrol*
medroxyprogesterone (tab, inj.- brand non-form)
Megace* (ES non-form)
megestrol acetate
Mellaril*
meloxicam
Menest*
meperidine ☒
Mephyton
Mepron ☒
mercaptopurine ☒
Mestinon*
Metadate ER* ☒
Metaglip*
metaproterenol
metformin, XR
metformin/glyburide
methadone ☒
methazolamide
methenamine
Methergine
methimazole
methocarbamol
methotrexate (oral, inj) ☒
methyldopa
methyldopa/hctz
methylphenidate ☒
methylphenidate ER (PA ≥ 19yrs) ☒
methylprednisolone
methyltestosterone ☒
metipranolol (ODT non-form)
metoclopramide
metolazone
metoprolol, XL
MetroCream*
MetroLotion*
metronidazole gel 0.75%
metronidazole (ER non-form) ☒
Mevacor*
mexiletine
Mexitil*
Miacalcin nasal spray*
Micardis
Micardis HCT
Microgestin*
Microgestin FE*
Micronase*
Microzide*
Midamor*
midodrine*
Midrin* ☒
Minipress*
Minocin* ☒
minocycline (tabs and Solodyn not covered) ☒
minoxidil tab
Mintezol ☒
Miralax* OTC (Requires Doctor's Prescription) Tier-One copay
Mirapex*
mirtazapine (SolTab non-form)
misoprostol
Mobic*
moexipril
moexipril-hydrochlorothiazide
mometasone Cr, Oint, Lot
Monodox* (75mg not covered)
montelukast
morphine, IR ☒
Motrin*
MSIR* ☒
MS Contin* ☒
mupirocin oint
Myambutol* ☒
Mycelex Troche*
Mycobutin ☒
mycophenolate (SP) ☒
Mycostatin* ☒
Myleran (SP) ☒
Myrbetriq (ST)
Mysoline*

N

nabumetone
nadolol
Nalfon
naltrexone ☒
Namenda (PA < 40yrs)
Naprosyn*
naproxen
naratriptan ☒
Nardil
Nasonex
Navane*
Nebupent ☒
neomycin ☒
Neoral* (SP) ☒
Neosporin ophthalmic*
Neurontin*
Nexium
Next Choice ☒
Niaspan
nifedipine, XL
Nilandron
nimodipine
Nimotop*
nisoldipine
Nitro-Dur*
Nitrobid*
nitrofurantoin
nitroglycerin (Nitromist non-form)
Nitrolingual Translingual Spray
Nitrostat SL
nizatidine
Nizoral* ☒
Nolvadex*
norethindrone acetate
norgestrel-ethinyl estradiol
Norflex*
Norpace*, CR*
Norpramin*
nortriptyline
Norvasc*
Norvir (SP) ☒
Nulytely* ☒
NuvaRing
nystatin ☒

O

Ocufen*
Ocuflox*
Ocupress*
ofloxacin ☒
omeprazole
Omnicef* ☒
ondansetron, ODT ☒
One Touch Test Strips
One Touch Ultra Test Strips
Onglyza (ST)
Opana ER ☒
Optipranolol*
Orasone*
Orinase*
orphenadrine ER
Ortho-Cyclen#
Ortho Est*
Ortho Micronor#
Ortho-Novum 777#
Ortho-Tri-Cyclen#
oxaprozin
oxazepam (PA ≤ 5yrs) ☒

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

Please Note: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans.

oxcarbazepine
Oxsoralen, Ultra ☒
oxybutynin
oxycodone IR ☒
OxyIR* ☒

P

P1E1, P2E2
Pamelor*
pantoprazole (granules non-form)
Parlodel*
Parnate*
Parafon Forte DSC*
paromomycin ☒
paroxetine (CR non-form, ST)
Paxil* (CR non-form, ST)
PEG - electrolyte soln* ☒
penicillin VK ☒
Penlac* ☒
pentoxifylline
Pepcid* (RPD non-form)
Percocet* ☒
Percodan* ☒
permethrin ☒
perphenazine
Persantine*
phenazopyridine
Phenergan*
Phenergan Codeine*, DM*, VC*, & VC/Codeine* ☒
phenobarbital ☒
Phenytek*
phenytoin ER
phenytoin sodium extended
PhosLo*
Phospholine Iodide
physostigmine sulfate
Picato ☒
pilocarpine
pindolol
pioglitazone
pioglitazone/metformin
piroxicam
Plan B One-Step 1.5mg (requires Doctor's prescription) ☒
Plaquenil*
Plavix*
Pletal*
podofilox solution
polyethylene glycol 3350
Polyhistine CS, D, DM*
Poly-Vi-Flor*
Polytrim*
Portia*
potassium chloride
potassium citrate
potassium citrate/citric acid
pramipexole (ER non-form)
pramoxine/HC
Pravachol*
pravastatin
prazosin
Precose*
Pred G, Forte*, & Mild*
prednisolone, acetate, sod phos
prednisone, dosepak
Prelone*
Premarin tabs (cream non-form)
Premphase
Prempro
prenatal vitamins (prescription forms only) (Prenate and Neevo brands non-form)
Prevacid 24HR™ (requires doctor's prescription)
Prevalite*
Prezista (SP)
Prilosec*
Prilosec OTC 20mg - (Tier-One copay) (Requires Doctor's Prescription)
Primaquine* ☒
primidone
Principen* ☒
Prinivil*
Prinzide*
Proair HFA
Proamatine*
Pro-Banthine*
probenecid
Procardia*, XL*
prochlorperazine
Proctocort*
Proctocream-HC*
Proctofoam-HC*
Prograf* (SP) ☒
promethazine
Prometrium
propafenone (SR* non-form)
propantheline
propranolol/hctz
propranolol, LA
propylthiouracil
Proscar*
Prostigmin
Protonix* (packets non-form)
protriptyline
Provera*
Prozac* (weekly non-form)
Pulmicort Respules* (PA, PAS >4yrs)
Pulmozyme (PA, PAS, PAF) (SP) ☒
Purinethol* ☒
Pyrazinamide* ☒
Pyridium*

Q

Questran, Light*
quinapril
quinapril/hctz
quinidine
quinidine sulfate, ER
Quixin
QVAR

R

ramipril (tab non-form)
ranitadine cap
ranitidine (efferdose non-form)
Ranexa
Rapamune (SP) ☒
Rebetol* (PA, PAS, PAF) (SP) ☒
Reglan*
Remeron* (Sol Tab non-form)
Renvela (packets non-form)
Requip*, (XL non-form, ST)
Restoril* (7.5mg & 22.5mg non-form) (PA ≤ 17yrs) ☒
Retin-A*
Retin-A Micro*
Retrovir* (SP) ☒
Revia* ☒
Reyataz (SP) ☒
Ribasphere (PA, PAS, PAF) ☒ (400mg and 600mg non-form)
ribavirin (RibaPak not reimbursed) (PA, PAS, PAF) (SP) ☒
Ridaura
Rifadin* ☒
Rifamate* ☒
rifampin ☒
Rilutek ☒
rimantadine ☒
Risperdal* (ODT,Soln, ST) (M-Tab non-form, ST)
risperidone
Ritalin, SR*, (LA non-form) ☒
RMS suppositories* ☒
Robaxin*
Robitussin AC, DAC* ☒
Rocaltrol*
ropinirole (XL non-form, ST)
Rowasa Enema*
Rythmol* (SR non-form)

S

Salagen*
salsalate
Sanctura
Sandimmune* (SP) ☒
Sectral*
selegiline (patch non-form, PA)
selenium sulfide 2.5%
Septra DS* ☒
Serevent
Silvadene*
silver sulfadiazine ☒
Simcor
simvastatin
Sinemet*, CR*
Singulair*
sod citrate-citric acid
sodium fluoride
sodium polystyrene sulfonate ☒
Solia*
Soma* (250mg not covered)
Soma Compound*
Sonata* (PA ≤ 17yrs) ☒
Soriatane ☒
sotalol, AF
Spectazole* Cr/Oint
Spiriva
spironolactone
spironolactone/hctz
Sporanox capsules* ☒
Sporanox Soln. ☒
SSKI
stavudine (SP) ☒
Stimate (PA, PAS, PAF) (SP) ☒
sucralfate
Sulamyd*
Sular*
sulfacetamide 10%
sulfacetamide sod-pred
sulfacetamide sod/sulfur
sulfasalazine
sulindac
sumatriptan ☒
SureStep Test Strips
Sustiva (SP) ☒
Sutent (PA, PAS, PAF) (SP) ☒
Symbicort
Synarel
Synthroid*

T

Tabloid
tacrolimus (SP) ☒
Tagamet*
Tambocor*
tamoxifen
tamsulosin
Tapazole*
Tarceva (PA, PAS, PAF) (SP) ☒
Targretin (SP) ☒
Tegretol*, XR*
temazepam (7.5, 22.5mg non-form) ☒
Temodar (PA, PAS, PAF) (SP) ☒
Temovate*
Tenex*
Tenoretic*
Tenormin*
Terazol*
terazosin
terbinafine (tabs only) ☒
terbutaline sulfate
terconazole
Tessalon Perles* ☒
Testim (PA, PAS) ☒
testosterone inj ☒
tetracycline ☒
Thalomid (PA, PAS, PAF) (SP) ☒
Theo-24
theophylline, XR (soln non-form)
thioridazine
thiothixene
Tiazac*
Ticlid*
ticlopidine
Tigan* ☒
Tikosyn
timolol
Timoptic*, XE*
tizanidine (caps not covered)
Tobi (PA, PAS, PAF) (SP) ☒
TobraDex*
tobramycin
Tobrex*
Tofranil* (PM non-form)
tolazamide
tolbutamide
tolmetin
Topamax*
Topicort*
topiramate
Toprol XL*
torsemide
Tracleer (PA, PAS, PAF) (SP) ☒
tramadol
tramadol-acetaminophen
Trandate*
trandolapril
Tranxene* (PA ≤ 8yrs) ☒
tranylcypromine
Travatan Z
trazodone
Trental*
tretinoin
triamcinolone topical
triamterene/hctz
triazolam ☒
trifluoperazine
trifluridine
trihexyphenidyl
Trileptal*
Trilipix
trimethobenzamide ☒
trimethoprim ☒
trimethoprim-polymyxin B
Trivora*
trospium
Trusopt*
Twinject ☒
Tylenol 3*, 4* ☒
Tylox* ☒

U

Ultracet*
Ultram* (ER* non-form)
Ultravate* cream/oint
Uniphyl*
Uniretic*
Univasc*
urea/sod propionate/methionine ☒
Urecholine*
Urocit K*
Uroxatral*
ursodiol (250mg tab and forte non-form)

V

Vagifem
valacyclovir ☒
Valcyte (PA,PAS) ☒
Valium* ☒
valproic acid (DR/EC not reimbursed)

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

☒ Not available as 90-day supply

Please Note: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans.

Valtrex* ☒
Vancocin* inj. ☒
vancomycin inj. ☒
Vaseretic*
Vasotec*
Velivet*
Venlafaxine IR, XR (ER tab non-form)
Ventolin HFA
verapamil, SR, PM
Verelan SR*, PM*
Vesicare (ST)
Vexol
Vfend* ☒
Vibramycin* ☒
Vibramycin Susp* (syrup non-form) ☒
Vicodin*, ES* ☒
Vicoprofen* ☒
Videx*, EC* (SP) ☒
Viracept (SP) ☒
Viramune*, (XR non-form) (SP) ☒
Viread (SP) ☒
Viroptic*
Vistaril*
Vivactil*
Vivelle-Dot
Voltaren*, XR*
Voltaren ophthalmic*
voriconazole ☒
Vosol*, HC*

W

warfarin
Wellbutrin*, SR*, XL*
Westcort*

X

Xalatan*
Xanax*, XR* (PA ≤ 17yrs) ☒
Xarelto
Xeloda (PA, PAS, PAF) (SP) ☒
Xenazine (PA, PAS, PAF) (SP) ☒
Xylocaine*

Y

Yasmin#
Yaz#
Yodoxin* ☒

Z

Zaditor* OTC (Requires Doctor'sPrescription - generic copay) (Prescription Zaditor* not covered)
zafirlukast
zaleplon ☒
Zanaflex* (capsules not covered)
Zantac* (efferdose not covered)
Zarontin*
Zaroxolyn*
Zebeta*
Zegerid OTC™ (covered with a prescription for a Tier-One copay) (prescription Zegerid not covered)
Zemplar (ST, STS)
Zenpep
Zerit* (SP) ☒
Ziac*
Ziagen* tab (SP) ☒
Ziagen soln (SP) ☒
zidovudine (SP) ☒
ziprasidone
Zithromax* ☒
Zocor*
Zofran* (24mg tab non-form) ☒
Zoloft*
zolpidem (CR non-form, ST, STS) ☒
Zonegran*
zonisamide
Zovia*
Zovirax* (oint & cream non-form)
Zyloprim*
Zyprexa*, ODT*
Zyrtec OTC* (Requires Doctor's Prescription) Tier-One copay
Zyrtec D OTC* (Requires Doctor's Prescription) Tier-One copay
Zytiga (SP) (PA, PAS, PAF)
Zyvox ☒

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

Please Note: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

* A generic equivalent is available. Brand-name medications may be covered at a higher member cost or may not be covered for certain plans.

☒ Not available as 90-day supply

Common Non-Preferred Drugs and their Preferred Alternatives

Listed below are some common non-preferred drugs and their preferred alternatives. Some benefit plans allow you to get non-preferred drugs at the highest copay level. If you do not know which plan you have or need more information, ask your employer or read your prescription drug rider.

Non-Preferred Drugs	*Preferred Alternative*
A	
Abilify, ODT, Soln (PA, PAS)	*Clozaril*, Geodon*, Risperdal*, Seroquel**
Abstral (PA, PAS) ☒	*Oxy IR* ☒, MSIR* ☒*
Accu-chek brand *test strips (PA, PAS)*	*One Touch Test Strips*
Accutane$^{\pi}$ (PA) ☒	Doxycycline ☒, Minocycline ☒
Aceon$^{\pi}$	*Zestril*, Prinivil*, Lotensin*, Accupril**
Aciphex (PA PAS)	*Zegerid OTC™ (covered with a prescription for a Tier-One copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium*
Actiq$^{\pi}$ (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln non-form) ☒
Actonel (PA)	*Fosamax**
Acular$^{\pi}$, LS$^{\pi}$	*Ocufen*, Voltaren Ophthalmic**
Advicor	*Zocor*, Simcor*
Aerobid	*Flovent, QVAR, Asmanex*
Agenerase (SP) ☒	Lexiva (SP) ☒
Alamast	*Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom**
Alesse*	*Multiple preferred oral contraceptives are available*
Allegra, ODT *(not covered)*	*OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a Tier-One copay)*
Allegra D (not covered)	*OTC Claritin D*, OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a Tier-One copay)*
Alocril	*Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom**
Alomide	*Zaditor OTC (covered with a prescription for Tier-One copay), Alaway*, Crolom**
Alphagan-P	*Alphagan**
Ambien CR (ST, STS) (PA ≤ 17yrs) ☒	Ambien* (PA ≤ 17yrs) ☒, Ativan* ☒, Halcion* (PA ≤ 17yrs) ☒, Oxazepam* (PA ≤ 5yrs) ☒, Restoril* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒
Amethia$^{\pi}$	*Multiple preferred oral contraceptives are available*
Amitiza (ST, STS) ☒	*Miralax OTC*, Chronulac*, Colyte**
Ampyra (PA, PAS, PAF) (SP) ☒	*No Alternative Available*
Androderm (PA, PAS) ☒ (not covered)	Testim (PA, PAS) ☒
Androgel (PA, PAS) ☒ (not covered)	Testim (PA, PAS) ☒
Anzemet ☒	Compazine*, Phenergan*, Tigan* ☒, Zofran* ☒
Apidra (ST STS)	*Humalog*
Arthrotec$^{\pi}$	*Voltaren* plus Cytotec**
Ascensia Brand Test Strips (PA, PAS)	*One Touch Test Strips*
Atacand (PA, PAS)	*Cozaar*, Benicar, Micardis*
Atacand HCT (PA, PAS)	*Hyzaar*, Benicar HCT, Micardis HCT*
Atelvia (PA)	*Fosamax**
Atralin Gel (ST)	*Retin-A*, Retin-A Micro**
Aubagio (PA, PAS, PAF)	*Avonex, Copaxone, Rebif*
Auralgan	*A/B Otic Soln**
Auvi-Q (PA)	*EpiPen, Jr; Twinjet*
Avalide (PA, PAS)	*Hyzaar*, Benicar HCT, Micardis HCT*
Avandamet (PA, PAS, PAF)	*Actos* plus Glucophage**
Avandaryl (PA, PAS, PAF)	*Actos**
Avandia (PA, PAS, PAF)	*Actos**
Avapro$^{\pi}$ (PA, PAS)	*Cozaar*, Benicar, Micardis*
Avinza (PA, PAS) ☒	*MS Contin* ☒, Opana ER* ☒, methadone* ☒*
Avita Gel	*Retin-A*, Retin-A Micro**
Avodart (ST)	*Proscar**
Axert (ST) ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒, Maxalt MLT ☒
Azmacort	*QVAR, Asmanex, Flovent*
Azor (PA, PAS)	*Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis*
B	
Baraclude (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒
Beconase (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Benzaclin$^{\pi}$	*Cleocin-T*, Benzamycin**
Betoptic S$^{\pi}$	*Betoptic*, Timoptic*, Timoptic XE*, Betagan**

* A generic equivalent is available.

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

$^{\pi}$ Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Boniva (PA)	*Fosamax**
Bosulif	*no alternative available*
Breo Ellipta (PA, PAS)	*Symbicort*
Brevicon*	*Multiple preferred oral contraceptives are available*
Brovana	*Spiriva, Advair, Symbicort, Serevent*
Buphenyl (PA, PAS, PAF) (SP) ☒	*no alternative available*
Butrans (PA, PAS) ☒	*MS Contin* ☒, Opana ER* ☒, methadone* ☒*
Bydureon (PA)	*Amaryl*, Glucophage*, Actos**
Byetta (PA)	*Amaryl*, Glucophage*, Actos**
Bystolic	*Inderal LA*, Toprol XL*, Lopressor*, Coreg**

C

Caduet (not covered)	*Norvasc* plus Lipitor* Norvasc* plus Zocor**
Cambia (ST)	Amerge* ☒, Imitrex* ☒, Maxalt ☒
Camrese$^{\pi}$	*Multiple preferred oral contraceptives are available*
Caprelsa (PA, PAS, PAF) (SP) ☒	no alternative available
Carbaglu (PA, PAS, PAF)	no alternative available
Cardizem LA$^{\pi}$	Cardizem CD*
Catapres TTS$^{\pi}$	*Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura**
Caverject ☒	*no alternative available*
Cayston (PA, PAS, PAF) (SP) ☒	Tobi (PA, PAS, PAF) (SP) ☒
Celebrex (ST)	*Motrin*, Naprosyn*, Mobic*, Voltaren*, Clinoril*, Disalcid*, Relafen**
Cenestin	*Premarin, Ogen**
Chenodal (PA, PAS, PAF) (SP) ☒	*Actigall**
Cialis (2.5mg not covered) ☒	*no alternative available*
Clarinex$^{\pi}$	*OTC Claritin*, OTC Zyrtec* or OTC Allegra* Allergy (covered with a prescription for a Tier-One copay)*
Clarinex D (ST)	*OTC Claritin D* or OTC Zyrtec D* or OTC Allegra D* Allergy (covered with a prescription for a Tier-One copay)*
Colcrys (PA) ☒	*Zyloprim, Probenecid**
Combivir (SP) ☒	Retrovir* (SP) ☒, plus Epivir (SP) ☒
Cometriq (PA, PAS, PAF) (SP) ☒	*no alternative available*
Complera	*Emtriva, Viread*
Coreg CR	*Coreg**
Cosopt PF	*Cosopt**
Cyclessa*	*Multiple preferred oral contraceptives are available*
Cymbalta (PA, PAS)	*Celexa*, Prozac*, Zoloft*, Paxil*, Effexor*, Effexor XR**

D

Daliresp	*Spiriva, Advair, Symbicort, Serevent*
Daytrana (PA ≥ 19yrs) ☒	Adderall* ☒, Adderall XR * (PA ≥ 19yrs) ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Denavir	*Abreva (Requires Doctor's prescription), Zovirax* oral*
Depo-Prevera*	*Multiple preferred oral contraceptives are available*
Desogen*	*Multiple preferred oral contraceptives are available*
Detrol*/Detrol LA (ST)	*Ditropan*, Sanctura**
Dexilant (PA PAS)	*Zegerid OTC™ (covered with a prescription for a Tier-One copay), Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Protonix*, Nexium*
D.H.E. 45$^{\pi}$ ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒
Diclegis	*Zofran**
Differin$^{\pi}$ (ST)	*Retin-A*, Retin-A Micro**
Dificid ☒	*Flagyl*, Vancocin**
Diovan (PA, PAS)	*Cozaar*, Benicar, Micardis*
Diovan HCT (PA, PAS)	*Hyzaar*, Benicar HCT, Micardis HCT*
Dipentum	*Asacol HD, Azulfidine*, Asacol*
Ditropan XL$^{\pi}$ (ST)	*Ditropan*, Sanctura**
Dovonex$^{\pi}$ (ST)	*Kenalog*, Elocon*, Desowen**
Duac	*OTC Benzoyl Peroxide plus Topical Clindamycin**
Duragesic$^{\pi}$	MS Contin* ☒, Opana ER ☒, Methadone* ☒
Dynacirc CR	*Norvasc**

E

Edex ☒	*no alternative available*
Effient	*Plavix**
Elidel (PA, PAS) ☒	*Kenalog*, Diprosone*, Topicort*, Locoid*, Wescort*, Elocon**
Embeda (PA, PAS) ☒	*MS Contin* ☒, Opana ER* ☒, methadone* ☒*
Emend	*Zofran**
Emsam	*Celexa*, Prozac*, Zoloft*, Paxil**
Enablex (ST)	*Ditropan*, Sanctura**
Erivedge (PA, PAS, PAF) (SP) ☒	*no alternative available*
Estrostep FE$^{\pi}$	*Multiple preferred oral contraceptives are available*
Exalgo (PA, PAS) ☒	*MS Contin* ☒, Opana ER* ☒, methadone* ☒*
Exelon (PA < 40yrs)	*Aricept* (PA < 40yrs), Namenda (PA < 40yrs)*
Exforge (PA, PAS)	*Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis*
Exjade (PA, PAS, PAF) (SP) ☒	*no alternative available*

F

Fanapt (ST)	*Geodon*, Risperdal*, Seroquel**
Femcon	*Multiple preferred oral contraceptives are available*
FemHRT	*Prempro, Premphase*
FemPatch	*Estraderm*, Vivelle*
Fenoglide	*Lofibra*, Trilipix*
Fentora (PA, PAS) ☒	*MSIR ☒, OxyIR* ☒*
Ferriprox (PA, PAS, PAF) (SP) ☒	*no alternative available*
Finacea	*Metronidazole 0.75% gel*
Focalin XR (PA ≥ 19yrs) ☒	Adderall* ☒, Adderall XR * (PA ≥ 19yrs) ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Foradil	*Serevent*
Fosamax Plus D (PA)	*Fosamax**
Frova (ST) ☒	Amerge* ☒, Imitrex* ☒, Maxalt ☒, Maxalt MLT ☒
Fulyzaq (PA, PAS)	*diphenoxylate/atropine*
Fycompa (PA, PAS)	*phenytoin, carbamezapine, valproic acid, levetiracetam*

G

Gabitril	*Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Gelnique (ST)	*Ditropan*, Sanctura**
Giazo (ST)	*balsalazide*
Gilenya (PA, PAS, PAF) (SP) ☒	*Avonex, Copaxone, Rebif*
Gralise (ST)	*Neurontin**

H

HalfLytely ☒	CoLyte* ☒
Hectorol (ST, STS)	*Calcitriol**
Horizant (ST)	*Neurontin*, Requip*, Mirapex**
HyperRho ☒	*no alternative available*

I

Iclusig (PA, PAS, PAF) (SP) ☒	*no alternative available*
Inlyta (PA, PAS, PAF) (SP) ☒	*no alternative available*
Innopran XL	*Inderal LA*, Toprol XL*, Lopressor*, Coreg**
Introvale$^{\pi}$	*Multiple preferred oral contraceptives are available*
Insulins Novo Brand	*Lilly Brand Insulins*
Intuniv	Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs*
Invega (ST)	*Geodon*, Risperdal*, Seroquel**
Invokana (ST, STS)	*metformin, Januvia/met, Onglyza/Kombi*
Iressa (SP) ☒	Tarceva (PA, PAS, PAF) (SP) ☒

J

Jakafi (PA, PAS, PAF) (SP) ☒	*no alternative available*
Jalyn (ST)	*Proscar**
Jentadueto (PA, PAS) (SP) ☒	*Glucophage*, Actos, Duetact, Janumet (ST), Januvia (ST), Onglyza (ST), Kombiglyze XR (ST)*
Jolessa$^{\pi}$	*Multiple preferred oral contraceptives are available*
Juxtapid (PA, PAS, PAF)	*Lofibra, Lopid, Trilpix, Formulary statins (i.e. Zocor, Lipitor) and Colestid*

K

Kadian$^{\pi}$ (PA, PAS)	*MS Contin* ☒, Opana ER* ☒, methadone* ☒*
Kalydeco (PA, PAS, PAF) (SP) ☒	*no alternative available*
Kapvay	Ritalin* ☒, Adderall* ☒, Tenex*, Catapres tabs*

* A generic equivalent is available.

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

$^{\pi}$ Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

☒ Not available as 90-day supply

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

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Keppra XR$^{\pi}$	*Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Korlym (PA, PAS, PAF)	*no alternative available*
Kuvan (PA, PAS, PAF) (SP) ☒	*No Alternative Available*
Kytril$^{\pi}$ ☒	Zofran* ☒

L

Lamictal ODT(ST), *Lamictal*, Neurontin**, XR (ST), Starter Pack ☒	*Keppra*,Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Lamisil Granules ☒	*Lamisil* tab* ☒
Lantus (ST, STS)	*Levemir*
Lantus Solostar (ST)	*Levemir Flexpen*
Lariam$^{\pi}$ ☒	Coartem (PA, PAS) ☒
Lazanda (PA, PAS)	Oxy IR* ☒, MSIR* ☒
Lescol, XL	*Lipitor*, Zocor*, Pravachol*, Mevacor**
Letairis (PA, PAS, PAF) (SP) ☒	*Tracleer (PA, PAS, PAF)* (SP) ☒
Levitra ☒	*no alternative available*
Lexapro*	*Celexa*, Paxil*, Prozac*, Zoloft**
Lialda (ST)	*Colazal*, Apriso, Asacol, Asacol HD*
Liptruzet (ST)	*one of mevacor, altoprev, pravachol, lipitor or zocor, AND crestor*
Loestrin*	*Multiple preferred oral contraceptives are available*
Loestrin 24 FE	*Yaz#, Multiple preferred oral contraceptives are available*
Lo/Ovral*	*Multiple preferred oral contraceptives are available*
Loprox$^{\pi}$ ☒	Nizoral* ☒, Nystatin* ☒
Lotemax	*Pred Forte*, Decadron*, FML Liquifilm**
Lotrel$^{\pi}$	*Norvasc* plus Lotensin**
Lovaza (PA)	*Lofibra*, Trilipix, Niaspan*
Lumigan (PA, PAS)	Xalatan*, Travatan Z
Lunesta (ST, STS) (PA ≤ 17yrs) ☒	Ambien* (PA ≤ 17yrs) ☒, Halcion* (PA ≤ 17yrs) ☒, Oxazepam* (PA ≤ 5yrs) ☒, Restoril* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒
Luvox CR	*Luvox*, Celexa*, Prozac*, Paxil*, Zoloft**
Lyrica (PA, PAS) ☒	*Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**

M

Malarone (PA, PAS) ☒	*Coartem (PA), Aralen** ☒, *Daraprim* ☒, *Plaquenil**, Primaquine* ☒
Marinol$^{\pi}$ (PA, PAS) ☒	Requires Prior Auth
Maxair	*Ventolin HFA, Proair HFA*
Metadate CD	Adderall* ☒, Adderall XR * (PA ≥ 19yrs) ☒, Ritalin* ☒, (PA ≥ 19yrs) ☒ Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Metrogel 1% (ST)	*Metronidazole 0.75% Gel*
Miacalcin Injection (PA)	*Miacalcin Nasal Spray**
Migranal$^{\pi}$	Amerge* ☒, Imitrex*☒, Maxalt ☒, Maxalt MLT ☒
Minastrin 24 FE	*Multiple preferred oral contracpetives are available*
Mircette*	*Multiple preferred oral contraceptives are available*
Modicon*	*Multiple preferred oral contraceptives are available*
Multaq	*Cordarone**
Myfortic (SP) ☒	CellCept (SP) ☒

N

Naftin	*Clotrimazole*, Econazole**
Naprelan$^{\pi}$	*Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic**
Nasacort$^{\pi}$ (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Neevo	*Multiple preferred prenatal vitamins available*
Neevo DHA	*Multiple preferred prenatal vitamins available*
Neupro (ST)	*Neurontin*, Requip*, Mirapex**
Nexavar (PA, PAS, PAF) (SP)	*Requires Prior Auth*
Niravam$^{\pi}$ (ST) (PA ≤ 17yrs) ☒	Xanax* (PA ≤ 17yrs) ☒
Nordette*	*Multiple preferred oral contraceptives are available*
Norinyl*	*Multiple preferred oral contraceptives are available*
Noroxin ☒	Cipro* ☒, Avelox ☒, Levaquin* ☒
Norgesic/Norflex$^{\pi}$	*Flexeril*, Lioresal*, Robaxin*, Soma** ☒ *(250mg not covered)*
Nor-Q-D	*Multiple preferred oral contraceptives are available*
Novo Brand Insulins	*Lilly Brand Insulins*
Novolin (ST STS)	*Humulin*
Novolog (ST STS)	*Humalog*
Noxafil ☒	*Requires Prior Auth*
Nucynta (ST, STS) ☒	MS Contin* ☒, Opana ER* ☒, methadone* ☒
Nucynta ER (PA, PAS) ☒	*MS Contin, Opana ER & methodone*
Nuvigil (PA, PAS) ☒	Ritalin* ☒, Dexedrine* ☒, Adderall* ☒

O

Ogestrel$^{\pi}$	*Multiple preferred oral contraceptives are available*
Oleptro	*trazadone (PA, PAS)*
Omnaris (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Onsolis (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒
Opana IR$^{\pi}$ (ST, STS) ☒	MSIR* ☒, Oxycodone IR* ☒
Oravig ☒	Diflucan* ☒, Mycelex* ☒, Mycostatin* ☒
Ortho Cept*	*Multiple preferred oral contraceptives are available*
Ortho Evra	*Multiple preferred oral contraceptives are available*
Ortho Novum*	*Multiple preferred oral contraceptives are available*
Ortho Tri Cyclen Lo	*Multiple preferred oral contraceptives are available*
Osphena (ST)	*Vagifem, Estrace cream*
Ovcon	*Multiple preferred oral contraceptives are available*
Oxistat ☒	Nizoral* ☒, Nystatin* ☒
Oxtellar XR (PA)	*oxcarbazepine*
Oxycontin (PA, PAS) ☒	MS Contin* ☒, Opana ER ☒
Oxytrol (ST)	*Ditropan*, Sanctura**

P

Pancreaze (ST)	*Zenpep*
Pataday	*Alaway*, Zaditor OTC (covered with a prescription for Tier-One copay)*
Patanol	*Alaway*, Zaditor OTC (covered with a prescription for Tier-One copay)*
Paxil CR$^{\pi}$	*Celexa*, Prozac*, Zoloft*, Paxil**
Pentasa	*Colazal*, Asacol, Asacol HD, Apriso*
Perforomist	*Spiriva, Advair, Symbicort, Serevent*
Pertzye (ST)	*Creon*, Zenpep*
Pomalyst (PA, PAS, PAF) (SP)	*no alternative available*
Potiga	*Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Pradaxa	*Coumadin**
Prandin	*Diabeta*, Glucotrol*, Amaryl**
Prefest	*Prempro, Premphase*
Premarin Vag Cream	*Estrace Vag Crm, Vagifem*
Premesis RX	*Multiple preferred prenatal vitamins available*
Prenate DHA	*Multiple preferred prenatal vitamins available*
Prenate Elite	*Multiple preferred prenatal vitamins available*
Prevacid Solutab$^{\pi}$ (PA, PAS)	*Zegerid OTC™ (covered with a prescription for a Tier-One copay), Prilosec OTC™ (covered with a prescription for Tier-One copay), omeprazole*, Prevacid24HR™ (covered with a prescription for Tier-One copay), Protonix*, Nexium*
Prevpac	*Prilosec OTC™ * 20mg plus amoxicillin and clarithromycin*
PrimaCare	*Multiple preferred prenatal vitamins available*
PrimaCare ONE	*Multiple preferred prenatal vitamins available*
Pristiq (PA)	*Effexor*, Effexor XR* (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Luvox**
Prolensa	*Voltaren drops**
Promacta	*(SP) (PA, PAS) No alternative available*
Promalyst (PA, PAS, PAF (SP)	*no alternative available*
Protonix Packets (PA)	*Protonix* tablets*
Protopic (PA, PAS)	*Hydorcortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort**
Proventil HFA (PA, PAS)	*Ventolin HFA, Proair HFA*
Provigil (PA, PAS) ☒	Ritalin* ☒, Dexedrine* ☒, Adderall* ☒
Prozac Weekly	*Prozac Capsules**
Pulmicort Flexhaler/ Turbuhaler	*Flovent, QVAR, Asmanex*

* A generic equivalent is available. # Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

$^{\pi}$ Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

☒ Not available as 90-day supply

(PA) Prior Authorization Required

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

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Q

Qualaquin (PA, PAS, PAF) ☒	Aralen* ☒, Plaquenil* ☒, Primaquine* ☒
Quasense$^{\pi}$	*Multiple preferred oral contraceptives are available*
Quillivant XR (PA) ☒	*Ritalin SR*

R

Ravicti (PA, PAS, PAF) (SP)	*no alternative available*
Razadyne$^{\pi}$ (PA < 40yrs)	*Aricept* (PA < 40yrs), Namenda (PA < 40yrs)*
Regranex	*Requires Prior Auth*
Relistor	*Lactulose*, Miralax* OTC (covered with a prescription for Tier-One copay)*
Relpax (ST)	Amerge* ☒, Imitrex* ☒, Maxalt ☒, Maxalt MLT ☒
Remeron Soltab$^{\pi}$	*Remeron*, Celexa*, Ludiomil*, Desyrel**
Renagel	*Phoslo*, Renvela*
Requip XL	*Requip**
Rescriptor	*no alternative available*
Rescula (PA, PAS)	*Travatan Z, Zioptan*
Restasis	*Various OTC artificial tears available*
Restoril 7.5mg, 22mg (PA ≤ 17yrs)	*Restoril* 15mg & 30mg* (PA ≤ 17yrs) ☒, Ambien* (PA ≤ 17yrs) ☒ , Halcion* (PA ≤ 17yrs) ☒
Revatio (PA, PAS, PAF) (SP) ☒	*Adcirca (PA, PAS, PAF)* (SP) ☒
Revlimid (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Rhinocort (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Rhogam ☒	*no alternative available*
Risperdal*	*Seroquel*, Geodon* ODT/ Soln (ST)*
Ritalin LA (PA ≥ 19yrs) ☒	Adderall* ☒, Adderall XR * (PA ≥ 19yrs) ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Rogaine	*Benefit exclusion*
Rozerem (PA, PAS) (PA ≤ 17 yrs) ☒	Ambien* (PA ≤ 17yrs) ☒, Sonata* (PA ≤ 17yrs) ☒

S

Sanctura XR (ST)	*Sanctura*, Ditropan**
Saphris (ST)	*Geodon*, Risperdal*, Seroquel**
Sarafem tabs	*Prozac*, Sarafem caps**
Seasonale$^{\pi}$	*Multiple preferred oral contraceptives are available*
Seasonique$^{\pi}$	*Multiple preferred oral contraceptives are available*
Sensipar (ST, STS)	*Calcitriol**
Seroquel XR (PA, PAS)	*Risperdal*, Seroquel*, Geodon**
Serzone$^{\pi}$	*Celexa*, Prozac*, Zoloft*, Paxil**
Signifor (PA, PAS, PAF) (SP)	*no alternative available*
Skelaxin$^{\pi}$ ☒	*Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)* ☒
Skelid (SP) ☒	*Fosamax**
Solaraze (ST)	*Aldara, Efudex*
Sprix ☒	Motrin*, Naprosyn*, *Voltaren*, Clinoril**, Disalcid*, Relafen*, Mobic*
Sprycel (PA, PAS, PAF)	Requires Prior Auth
Stadol NS$^{\pi}$ ☒	Tylenol with Codeine* ☒, Ultram*
Starlix$^{\pi}$	*Diabeta*, Glucotrol*, Amaryl**
Stivarga (PA, PAS, PAF) (SP)	*no alternative available*
Striant (PA, PAS) ☒	Testim (PA, PAS) ☒
Strattera (ST, STS)	Ritalin* ☒, Adderall* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒
Suboxone (PA, PAS)	*Requires Prior Auth*
Subsys (PA, PAS) ☒	Oxy IR* ☒, MSIR* ☒, Dilaudid* (oral soln Tier-Three) ☒
Subutex (PA, PAS)	*Requires Prior Auth*
Symbyax	*Prozac* plus Risperdal**
Symlin (PA, PAS)	*Humulin, Humalog, Levemir*

T

Taclonex (ST)	*Kenalog*, Elocon*, Desowen**
Tamiflu ☒	*no alternative available*
Tarka$^{\pi}$	*Mavik* plus Calan SR**
Tasigna (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Tasmar	*Comtan*
Tazorac (ST)	*Retin-A*, Retin-A Micro**
Tecfidera (PA, PAS, PAF) (SP)	*Avonex, Copaxone, Rebif*
Tekturna (PA, PAS)	*Cozaar*, Benicar, Micardis*
Tekturna HCT (PA, PAS)	*Hyzaar*, Benicar HCT, Micardis HCT*
Teveten$^{\pi}$ (PA, PAS)	*Cozaar*, Benicar, Micardis*
Teveten HCT$^{\pi}$ (PA, PAS)	*Hyzaar*, Benicar HCT, Micardis HCT*
TOBI Podhaler (PA, PAS, PAF) (SP)	*TOBI nebs*
Tofranil PM$^{\pi}$	*Tofranil**
Toviaz (ST)	*Ditropan*, Sanctura**
Tradjenta (ST)	*Glucophage*, Actos, Duetact, Janumet (ST), Januvia, Onglyza (ST), Kombiglyze XR (ST)*
Tri-Norinyl*	*Multiple preferred oral contraceptives are available*
Tricor	*Lofibra*, Trilipix*
Triglide	*Lofibra*, Trilipix*
Tussionex$^{\pi}$ ☒	Robitussin AC ☒
Twynsta (PA, PAS)	*Benicar plus Norvasc*, Micardis plus Norvasc*, Cozaar plus Norvasc**
Tykerb (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Tyzeka (SP) ☒	Epivir HBV (SP) ☒, Hepsera (SP) ☒

U

Uceris (ST, STS)	*sulfasalazine, balsalazide (gen Colazal) Asacol/Asacol HD, Apriso, Delzicol*
Ulesfia	*Elimite*, Lindane**
Uloric (ST)	*Zyloprim**
Ultrase (ST)	*Creon*, Zenpep*
Ultressa	*Creon*, Zenpep*
Ultram ER$^{\pi}$	*Ultram**

V

Valturna (not covered)	*Cozaar*, Benicar, Micardis*
Vanos (ST)	*Diprolene*, Ultravate*, Temovate**
Vectical (ST)	*Kenalog*, Elocon*, Desowen**
Ventavis (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Veramyst (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Viagra ☒	*no alternative available*
Victoza (PA, PAS)	*Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage**
Vigamox ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒
Viibryd (PA)	*Effexor*, Effexor XR*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexepro (ST), Luvox**
Vimpat	*Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Viokace (ST)	*Creon*, Zenpep*
Vytorin (ST) (10/80mg PA, PAS, PAF)	*Zocor*, Mevacor*, Pravachol*, Lipitor*, Crestor*
Vyvanse (PA, PAS ≥ 19yrs) ☒	Adderall* ☒, Adderall XR * (PA ≥ 19yrs) ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Focalin IR* ☒, Concerta* (PA ≥ 19yrs) ☒

W

Welchol	*Questran/Colestid**
WinRho ☒	*no alternative available*

X

Xeljanz (PA, PAS, PAF) (SP) ☒	*methotrexate, hydroxychloroquine, sulfasalazine, azathioprine, cyclosporine, leflunomide*
Xifaxan (550mg PA, PAS) ☒	*Lactulose*
Xopenex, HFA (PA, PAS)	*Ventolin HFA, Proair HFA, albuterol neb*
Xtandi (PA, PAS, PAF) (SP) ☒	*Zytiga*
Xyrem (PA, PAS, PAF) (SP) ☒	Adderall* ☒, Ritalin* ☒
Xyzal$^{\pi}$	*Claritin* OTC, Allegra* Allergy, Zyrtec* OTC (covered with a prescription for a Tier-One copay)*

Z

Zantac Efferdose	*Zantac tab/cap*, Tagamet*, (not covered) Pepcid**
Zavesca (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Zegerid (not covered)	*Protonix*, Nexium, Zegerid OTC™ (covered with a prescription for a Tier-One copay), Prilosec OTC™ (covered with a prescription for a Tier-One copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for a Tier-One copay)*
Zelapar ODT	*Eldepryl**
ZMax ☒	Zithromax* ☒
Zetia	*Zocor*, Pravachol*, Lipitor*, Crestor, Niaspan*
Zioptan (PA, PAS)	*Xalatan*, Travatan Z*
Zolinza (PA, PAS, PAF) (SP) ☒	*Requires Prior Auth*
Zomig (ZMT) (ST)	Amerge* ☒, Imitrex* ☒, Maxalt ☒, Maxalt MLT ☒
Zovirax Cream	*Abreva (Requires Doctor's prescription), Zovirax* oral*
Zovirax Ointment ☒	*Oral Zovirax**
Zyban$^{\pi}$	*Benefit exclusion*
Zylet	*Tobradex**
Zymar ☒	Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒

* A generic equivalent is available.

Available at a Tier-One copay for select benefit plans. Generic versions are not available. (To determine if your benefit plan is included consult medco.com or Customer Service.)

$^{\pi}$ Brand name medications with a generic equivalent are covered at the highest copay plus the difference between the cost of the brand and generic; the generic equivalent is covered at the highest copay.

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

☒ Not available as 90-day supply

(PA) Prior Authorization Required

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference and some brand names may no longer be available. Under some circumstances, preferred drugs may be excluded from your plan (for example, growth hormone, erectile dysfunction drugs). We periodically review our Preferred Drug List. This is the most current list at the time of printing and is subject to change. Some medications may require prior authorization or have quantity limits (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Prior Authorization

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

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

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

Quantity Limits

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

Specialty Medications

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

Self-Administered Injectable Drug List

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

Preferred Agents

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

Non-Preferred / Preferred Alternatives

Non-Preferred	Preferred Alternatives
Aranesp	Procrit
Arixtra ◆	Fragmin ◆, Lovenox* ◆
Berinert	No alternative available
Betaseron	Avonex, Copaxone
Cimzia	Enbrel, Humira
Cinryze	No alternative available
Egrifta	No alternative available
Epogen	Procrit
Extavia	Avonex, Copaxone
Firazyr	No alternative available
Forteo	Fosamax*, miacalcin nasal spray*
Gamunex-C	(refer to medical benefits for IVIG)
Gattex (PA, PAS, PAF)	No alternative available
Genotropin	Omnitrope
Hizentra	(refer to medical benefits for IVIG)
Humatrope	Omnitrope
Ilaris	Arcalyst
Increlex	No alternative available
Infergen	Pegasys
Iprivask ■	Lovenox* ◆, Fragmin ◆
Kineret	Enbrel, Humira
Kynamro (PA, PAS, PAF)	Lofibra, Lopid, Trilpix, Formulary statins (i.e Zocor, Lipitor) and Colestid
Lupron* 1mg/0.2ml (refer to medical benefits for Depot)	No alternative available
Neulasta	Neupogen
Norditropin	Omnitrope
Nutropin (AQ)	Omnitrope
Orencia	Enbrel, Humira
Peg-Intron (not covered)	Pegasys
Saizen	Omnitrope
Serostim ⊠	Omnitrope
Simponi	Enbrel, Humira
Somatuline Depot	Sandostatin*
Somavert	Sandostatin
Stelara	Enbrel, Humira
Stelara is intended for subcutaneous administration under the supervision of a physician.	
Sylatron	Intron-A
Tev-Tropin	Omnitrope
Zorbtive	No alternative available

* A generic equivalent is available.
◆ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.
✻ Some plans cover only one growth hormone product -- Omnitrope. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Member Services with questions if your doctor prescribes a growth hormone agent that is not covered.
■ Initial therapy of 10 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.
For some benefit plans, self-administered injectables may be included under a member's medical benefit, not the pharmacy benefit plan. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your self-administered injectable benefit.
All self administered injectables require prior authorization unless otherwise indicated.

Page intentionally left blank.

Page intentionally left blank.

For more updated information, visit our web site at:

www.CoventryHealth.com