

formulary



Preferred Drug List
Generic Medication Policy
Dispensing Limitations
Prescribing Guidelines



INTRODUCTION

For the most up-to-date information about National Pharmaceutical Services/Pharmaceutical Technologies, Inc. (P.T.I.[®]) Formulary (the Formulary), please see the Formulary information on our website at www.pti-nps.com. This Formulary includes most, but not all, therapeutic classes of prescription drugs and is subject to change at any time upon review by PTI. Our national Formulary is reviewed each quarter by a Pharmacy and Therapeutics (P&T) Committee. The Formulary applies only to outpatient prescription medications dispensed by participating pharmacies. It does not apply to inpatient medications or the medications obtained from and/or administered by a physician. All information in the Formulary is provided as a reference for drug therapy selection. Physicians and pharmacists are encouraged to review the Formulary and utilize it when prescribing for our members. This is extremely important since a member's prescription benefit is based on medications being prescribed from the Formulary. The Formulary is not intended to interfere with independent medical judgment that is based upon the patient-physician relationship. The final choice of specific drug selection for an individual patient rests solely with the prescriber. Products on the Formulary may not include all strengths or dosage forms associated with the brand name product. All drugs included on the Formulary are not necessarily covered by each member's prescription drug benefit plan. **The inclusion of a drug on this list does not imply coverage under all plans. Coverage of listed products will be subject to limitations of the prescription drug benefit plan design. Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage.**

DEVELOPMENT OF THE DRUG FORMULARY

The multitude of drugs available in the consumer market makes it mandatory that plans introduce a sound program of drug usage. This tool is developed to ensure members receive the best care and protection possible in a cost-effective manner. Such a program should involve the thorough evaluation, selection, and use of medicinal agents. This is the basis for rational drug therapy. The concept of a Formulary provides a method for achieving rational drug therapy in a cost-effective manner, while providing optimal therapeutic outcomes for the member. The Formulary is the cornerstone of drug therapy quality assurance and cost containment efforts. A Formulary supports and maximizes the effectiveness of prescribing guidelines and protocols for therapy. As such, the development and maintenance of the Formulary is necessarily an on-going and dynamic process.

The Formulary is a continually revised compilation of pharmaceuticals which reflects the current clinical judgment of the Pharmacy and Therapeutics Committee as they evaluate, appraise, and select from the numerous available medicinal agents and dosage forms that are considered most useful in patient care. The P&T Committee considers published scientific and clinical data, treatment guidelines, FDA approved indications, plan utilization and cost in the selection process. It is the ultimate goal of the P&T Committee to make the Formulary comprehensive, pro-active, and easy to use.

The Formulary system also serves other purposes. By minimizing duplication, it lowers the costs to clients of PTI of providing the prescription drug card benefit to its members. All of these factors result in lower drug costs for the drug benefit plan. Some drugs that are included in the Formulary may be excluded from coverage under certain benefit plans. The Formulary is designed around the drug product's ability to restore the member's health and sustain or improve their quality of life. As you use the Formulary, we invite your suggestions to improve the format or content. On behalf of our self-insured employer groups, Pharmacy SmartCard members, and all at-risk plans, we want to thank you for your cooperation in using our global Formulary.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The P&T Committee includes physicians and pharmacists. They must adhere to the standards of the ethics policy set forth by the P&T Committee. They review the medications in each therapeutic class for efficacy, adverse events, and cost of treatment, and then select agents in each category for inclusion/exclusion in the Formulary. The maintenance of the Formulary is a dynamic process, and new medications and information concerning existing medications are continually reviewed by the P&T Committee.

PRODUCT SELECTION CRITERIA

When a new drug is considered for Formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on Formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion or non-Formulary (NF) status of drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

A central factor in successful management of the Formulary is the review and evaluation of the drug products available in the consumer market and a means to make changes to the Formulary in response to changing therapies and economic factors. The P&T Committee utilizes the following criterion in the evaluation of product selection for the Formulary:

- a) The drug product must demonstrate unequivocal safety for medical use.
- b) The drug product must be efficacious and be medically necessary for the treatment, maintenance, or prophylaxis of a medical condition.
- c) The drug product does not have alternative/similar agents on the Formulary that could be substituted.
- d) The drug product must demonstrate a therapeutic outcome.
- e) The medical community must accept the drug product for use.
- f) The drug product must have an equitable cost ratio for the treatment of the medical condition.

FORMULARY CONTROL MEASURES

To promote the most appropriate utilization of selected high risk or higher cost medications, PTI will use one of or a combination of the following to enforce Formulary compliance. (1) NDC lock and block at the point of sale, (2) Formulary filling fee incentives for pharmacists, (3) co-pay differentials for members, (4) on-line Formulary messaging, (5) prior authorization, (6) dollar limits per claim before prior authorization and (7) quantity limitations. The P&T Committee has established Formulary criteria with input from participating physicians and consideration of current medical literature.

FORMULARY MODIFICATION/QUESTIONS

If a physician requests that a new or existing medication be considered for addition to the Formulary, a letter indicating the significant advantages of the drug product over current Formulary medications in this class should be mailed to the following address: Chairman, Pharmacy and Therapeutics Committee • Pharmaceutical Technologies, Inc. • P.O. Box 407 • Boys Town, NE 68010. Or e-mail formulary@pti-nps.com.

THREE-TIER FORMULARY CO-PAYMENT STRUCTURE

This Formulary is divided into three tiers and is color coded to easily identify the status of a particular agent in a therapeutic category on the Formulary. The 1st tier contains generic drugs. All generic medications are included in the first tier and are considered the preferred agents. Generic drugs offer an excellent value to the consumer because they are chemically identical to brand drugs but are priced at a fraction of the cost of the corresponding brand drug. The U.S. Food and Drug Administration (FDA) requires that generic drugs provide the same effectiveness and safety as their brand name counterparts. The FDA requires drug manufacturers to show that the generic version enters the bloodstream the same way, contains the same amount of active ingredient, comes in the same dosage form and is taken the same way as the brand name drug. Members will pay the lowest co-payment for generic medications. These agents can be easily identified in the Formulary as the agents in the green shaded column. The 2nd tier contains Preferred Brand Name Medications. These are medications that are still patent protected and may not have generic alternatives available. The P&T Committee has reviewed these medications and found them to either be therapeutically superior, offer a better outcome for the member, or provide the same therapeutic effect, but save the plan sponsor money compared to an agent in the 3rd tier. Members will pay the middle co-payment for Preferred Brand Name Medications. These agents can be easily identified in the Formulary as the agents in the yellow shaded column. The 3rd tier lists the Non-Preferred Brand Name Medications. These are brand-name drugs that either have equally effective and less costly generic equivalents or may have one or more alternative Preferred Brand Name Medications available in the 2nd tier that provide the same therapeutic effect. You or your doctor may decide that a medication in this category is best for you. If you choose a 3rd tier drug, you may be covered at the highest co-payment level, which still represents a significant savings to you compared to the medication's full retail cost. These agents can be easily identified in the Formulary as the agents in the red shaded column. Refer to your benefit materials, or call the PTI/NPS Help Desk telephone number on your ID card, to determine what level of coverage you have for your prescription drugs.

FORMULARY ALTERNATIVES

Suggested therapeutic alternatives are selected drug products that represent options to non-formulary medications. On-line Formulary messaging gives pharmacists suggested alternatives for non-preferred agents. Formulary alternatives represent opportunities to help the pharmacy benefit plan sponsor keep the benefit affordable and sustainable. In a three-tier Formulary, preferred alternatives result in lower co-payments for patients and save plan sponsors benefit dollars. Formulary alternatives require the prescriber's authorization and are recommended only after considering patient-specific disease states, contraindications, therapeutic history, present medications and other relevant circumstances.

THERAPEUTIC INTERCHANGE (TI) POLICY

The use of therapeutic interchange programs as part of a comprehensive approach to quality, cost-effective patient care is recommended. Therapeutic interchange is the practice of replacing, with the prescribing physician's approval, a prescription drug originally prescribed for a patient with a prescription drug that is its therapeutic equivalent. Two or more drugs are considered therapeutically equivalent if they can be expected to produce identical levels of clinical effectiveness and sound medical outcomes in patients. The term therapeutic interchange must be distinguished from the term therapeutic substitution. Therapeutic substitution has been defined as a practice in which the pharmacist can substitute any drug believed by the pharmacist to have a similar therapeutic effect as the drug prescribed, without the approval of the prescriber. Therapeutic interchange involves the collaboration of pharmacists and prescribers in reviewing available drug products with equivalent therapeutic effects in order to provide patients with the safest, most rational, and most cost-effective drug therapy. Therapeutic interchange ensures that prescribers are informed regarding drug therapy options. The prescriber retains the authority to decide upon the patient's ultimate therapy. Therapeutic interchange programs are guided by clinically-based prescribing guidelines that are reviewed by the P&T Committee. However, therapeutic interchange is not always about lower drug costs. Therapeutic interchange often occurs when overall healthcare savings can be achieved. Replacing one drug with a more expensive one may result in fewer treatment failures, better patient adherence to the treatment plan, and fewer side effects. Such efficient use of medical resources helps keep medical costs down, improves the patient's access to more affordable healthcare, and enhances the patient's quality of life. Therapeutic interchange requires the authorization of the prescriber. Therapeutic interchange requires the evaluation of each patient prior to changing the medication order. When possible, therapeutic interchange is prospective. When therapeutic interchange is implemented, it is preferable to provide the therapeutic equivalent medication prior to the first dose of prescribed medication. Conducting the therapeutic interchange prior to administration of the first dose to the patient enhances the efficiency of the program and improves patient acceptance.

GENERIC DRUG POLICY

It is the policy of PTI to utilize high quality generic medications when available. A generic drug is identical, or bioequivalent, to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the brand name price. It is the policy of PTI to encourage pharmacies to utilize the same generic product that was distributed by the same company that was dispensed on the original prescription on all subsequent refills for the drug product selection. In 2007, the average price of a generic prescription was 30-80% less than the average price of a brand-name drug. According to the National Association of Chain Drug Stores, a generic prescription averaged \$34.34 while brand-name prescriptions averaged \$119.51. The savings would average over \$1000 per year. Pharmacists may drug product select for a pharmaceutically equivalent (as defined by the FDA Orange Book) when state regulations allow. Otherwise, the pharmacist must get approval from the prescribing physician to use the generic equivalent product. PTI does not recommend that generic substitution be exercised with multi-source products that cannot be considered therapeutically equivalent to others in the same category. It is also recommended that generic substitution not be undertaken for any unratred products that might be considered narrow therapeutic index (NTI) drugs or which are known not to be bioequivalent. Finally, it is important to note that state laws and regulations govern the practice of generic substitution for certain drug products. Requests for exception to the generic policy must clearly document specific reasons for medical necessity and appropriateness.

Medications that have generic equivalents available are covered at a generic reimbursement level and should be prescribed and dispensed in the generic form. Maximum Allowable Cost (MAC) limits have been established for specific dosage forms of these drugs. The MAC list sets a ceiling price for the reimbursement of certain multi-source prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have gone through the FDA's review and approval process.

Providers are reminded of the following:

1. When generic substitution conflicts with state regulations or restrictions, the pharmacist must get approval from the prescriber to use the generic equivalent.
2. Pharmacists are reminded that a drug preceded by an asterisk indicates one or more (but not necessarily all) forms of the drug are subject to a Maximum Allowable Cost (MAC), and the MAC list should be consulted.
3. If a member insists on the brand name product for a prescription of a medication included in the MAC list after their physician has approved the generic version, the patient will have to pay the cost difference between the brand name drug and the MAC amount (ancillary charge). The appropriate dispense as written (DAW) code of 2 should be utilized when submitting the prescription claim for reimbursement.

OVER-THE-COUNTER (OTC) MEDICATIONS

Over-the-counter (OTC) products may be covered and some are listed for informational purposes (when available, non-prescription products may be less costly to the plan than a covered product). If a prescription product is available in the identical strength, dosage form, and active ingredient(s) as an OTC product, the prescription product will not be covered. In these instances, physicians and pharmacists should refer participants to the OTC equivalent product. If the member or physician insists on the prescription equivalent product, the member must pay the entire cost of the prescription.

OFF-LABEL USE OF MEDICATIONS

The Food and Drug Administration (FDA) has required that drugs used in the United States be both safe and effective. The label information or the package insert of a medication indicates drug use only in certain "approved" doses and routes of administration for a particular condition or disease state. The use of a drug for a disease state or condition not listed on the label, or in a dose or by a route not listed on the label, is considered to be a "non-approved" or "un-labeled" or "off-label" use of the drug. A prior authorization is required when a medication is used outside of its FDA approved route of administration, dosage, or indication. Coverage will be determined in the same manner and subject to the same conditions and limitations as any other prescription drug. Prior authorizations for unlabeled uses of medications may be granted provided that: a) the medication is approved by the FDA; and b) two or more peer-reviewed professional medical journals have recognized, based on scientific medical criteria, the safety and effectiveness of the medication or combination of medications, for treatment of the indication for which the medication has been prescribed unless two articles from major peer-reviewed professional medical journals have concluded, based on scientific or medical criteria, that the drug or combination of drugs is unsafe or ineffective or the safety and effectiveness of the drug or combination of drugs cannot be determined for the treatment of the indication for which the drug or combination of drugs has been prescribed.

EXPERIMENTAL MEDICATIONS

Any medication or drug that has not been approved by the FDA to be both safe and effective for use in the United States will not be covered. This includes both FDA approved and non-approved medications that are in experimental or investigational trials to determine new indications, new routes of administration, or new dosage forms.

TABLET SPLITTING

Medications listed in the Formulary in **bold print** represent potential 1/2 tablet opportunities for some strengths. In some instances, cutting higher dosage tablets in half can save as much as 50 percent of the prescription drug cost. Your doctor or pharmacist can tell you if tablet splitting will work for you and if there is a cost savings for the specific medications that you are taking.

PRIOR AUTHORIZATION

To promote appropriate utilization, selected high-risk or high-cost medications may require prior authorization to be eligible for coverage under the member's prescription drug benefit. The P&T Committee has established prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the member's physician should contact the customer service center at **1-800-546-5677** to obtain a prior authorization request form. Your physician may then be required to document the reason why a Formulary medication is not acceptable for treatment of your disease state or medical condition. Your physician will want to include in his/her letter your diagnosis and previous therapies that have failed.

MAINTENANCE AND NON-MAINTENANCE MEDICATIONS

Prescription drug card benefit plans often differ in their plan design. In some plans, the benefits may vary depending upon whether the medication is considered to be an acute or a maintenance medication. Your medication co-pay and the quantity of medication you can receive in a prescription can vary depending upon the status of your medication. **Non-Maintenance (Acute) Medications:** Acute medications are medications that are to be used for a short period of time. This can include medications that are given as a starter dose. A starter dose of medication is a medication that may become a maintenance medication based on its generic name and strength and has not been obtained within the previous six-month period. Medications such as antibiotics or other agents that are given to cure or treat a condition from which recovery is predicted are considered curative treatments and are classified as non-maintenance medications, or a short-term medication.

Maintenance Medications: Maintenance medications can also be referred to as long-term medications. The following is the criteria that is used to determine if a medication is a maintenance medication: a) The drug has a low probability for dosage or therapy changes due to side effects, serum drug concentration monitoring, or therapeutic response over a course of prolonged therapy; b) The drug's most common use is to treat a chronic disease state when a therapeutic endpoint cannot be determined. (A drug may have an indication for maintenance therapy but lacks the maintenance drug code if that indication is not the most common use of the drug); c) Therapy with the drug is not considered curative or promoting of recovery; and d) The drug is administered continuously rather than intermittently. The criteria listed above are limited to the typical outpatient use of a drug. Dosage forms that are not practical for large dispensing quantities (such as liquids) or have limited expiration dating are excluded. Drugs known for life-threatening toxicity when taken in overdose may be excluded. Non-drug products and non-prescription drug products, with the exception of insulin (if covered by the plan), are excluded.

NEW DRUGS INTRODUCED INTO THE CONSUMER MARKET

As the U.S. Food and Drug Administration (FDA) approves new drugs and therapies available to the consumer market after the Plan Summary Documents have been distributed, the Drug Benefit Plan reserves the right to extend or deny coverage to these medications after the printing of this document. The Drug Benefit Plan also reserves the right to assign a unique co-pay or coinsurance to these medications and/or limit the quantities of these medications.

Members will receive notices regarding any Drug Benefit Plan modifications concerning drugs or therapies at such time that they present a prescription that is impacted by modifications to the Formulary. Network pharmacies are charged to communicate these updates or changes to the program which may impact a member. The P&T Committee will review new drugs approved by the FDA on a monthly basis. New products with an FDA designation of 1P (FDA priority review – therapeutic advance over currently-marketed drugs) will automatically be considered for addition to the Formulary, even if not requested by a plan. New products with an FDA designation of 1S (FDA standard review – no therapeutic gain over currently marketed drugs) will not generally be considered for addition to the Formulary, unless requested by a plan, or the drug class is currently under review by the P&T Committee. Members wanting to have newly approved therapies considered by the plan may write and/or call the SmartCardSM company servicing the plan or may contact the plan administrator.

DISPENSING LIMITATION LIST

The following list represents the P&T Committee recommendations for dispensing or quantity limitations per a specific amount of time. Quantity limit programming has become an acceptable pharmacy plan practice that may be appropriate to place on some medications. The intentions are to safeguard members' health and save plan benefit dollars. This program ensures members do not receive a prescription for a quantity that exceeds recommended plan limits. Limits are set because some medications have the potential to be abused, misused, shared, or have a manufacturer's limit on the maximum dose. These limits have been reviewed by our clinical and medical staff, and the Pharmacy and Therapeutics Committee. The quantity limits are based on FDA approved dosing schedules, current medical practices, evidence based clinical guidelines, and peer-reviewed medical literature related to that particular drug. The inclusion of a medication on this list does not imply coverage under all plans, nor does the inclusion of a dispensing limitation imply that your specific benefit plan also has the same limitation. **Plans may elect their own limitations.**

Members should consult their prescription drug benefit manual or contact a customer service representative to determine specific coverage and/or inclusion of a medication in the dispensing limitations list, as the list is subject to change.

| PRESCRIPTION DRUG | LIMIT | PRESCRIPTION DRUG | LIMIT | PRESCRIPTION DRUG | LIMIT |
|-------------------------------------|---------------------------------|--|-------------------------------------|--|-----------------------------------|
| Abilify | 30 tabs./30 days | Denavir..... | 1.5 gms/30 days | Lovaza | 120 capsules/30 days |
| Accolate | 9 tabs./30 days | Detroit LA..... | 60 tabs./30 days | Lumigan | 5 ml/30 days |
| Actonel..... | 150 days supply/calendar yr | Diabetic Test Strips, | 30 capsules/30 days | Lunesta | 30 tabs./30 days |
| Accutane..... | 30 days/presc. dispensed | Lancets, Syringes..... | 800 units/3 mo. period | Lyrice..... | 120 capsules/30 days |
| Aciphex..... | 30 tabs./30 days | Diovan..... | 30 tabs./30 days | Maxalt, Maxalt MLT | 10 mg tabs. |
| Actiq..... | 120 lozenges/30 days | Diovan HCT..... | 30 tabs./30 days | Maxalt, Maxalt MLT | 5 mg tabs. |
| Actos..... | 30 tabs./30 days | Edex..... | 6 injections/30 days | Micardis..... | 30 tabs./30 days |
| Advair Diskus..... | 1 inhaler (60 blisters)/30 days | Effexor XR 150 mg..... | 60 tabs./30 days | Micardis HCT..... | 30 tabs./30 days |
| Aerochamber..... | 1/calendar yr | Effexor XR 37.5 mg..... | 30 tabs./30 days | Migranal Nasal Spray..... | 16 sprays (2 boxes)/30 days |
| Ambien..... | 30 tabs./30 days | Effexor XR 75 mg..... | 90 tabs./30 days | Mirapex..... | 90 tabs./30 days |
| Ambien CR..... | 30 tabs./30 days | Eliel Cream..... | 30 grams/presc. dispensed | mirzapine..... | 30 tabs./30 days |
| Amerge 1 mg tabs..... | 18 tabs. (2 boxes)/30 days | Emend..... | 5 tabs./presc. dispensed | Must..... | 6 inserts/30 days |
| Amerge 2.5 mg tabs..... | 9 tabs. (1 box)/30 days | Enbrel 25 mg..... | 16 injections/30 days | Namenda..... | 60 tabs./30 days |
| Amevive..... | Limited to 18 yrs and older | Enbrel 50 mg..... | 8 injections/30 days | Nexium..... | 30 capsules/30 days |
| amlodipine..... | 30 tabs./30 days | eperlenone..... | 60 tabs./30 days | Niaspan..... | 60 tabs./30 days |
| amlodipine/benazepril..... | 30 tabs./30 days | Erectile Dysfunction Drugs..... | Limited to use in Males Only | Novvasc..... | 30 tabs./30 days |
| anemestem..... | 30 days/presc. dispensed | Erectile Dysfunction Drugs (Cialis, Levitra, Viagra) | Combined limit of 6 tabs./30 days | Novxafil..... | Limited to 13 yrs and older |
| Anzemet tabs..... | 10 tabs./presc. dispensed | Evista..... | 30 tabs./30 days | omeprazole..... | 60 capsules/30 days |
| Aricept..... | 30 tabs./30 days | Exelon..... | 60 tabs./30 days | ondansetron ODT tabs..... | 10 tabs./presc. dispensed |
| Arimidex..... | 30 tabs./30 days | Exforge..... | 30 tabs./30 days | ondansetron tabs..... | 10 tabs./presc. dispensed |
| Asmanex..... | 1 inhaler/30 days | Fentora..... | 120 tabs./30 days | Oral Contraceptives..... | Limited to use in Females Only |
| Atacand..... | 30 tabs./30 days | Fentora..... | 120 tabs./30 days | Ortho Evra..... | 3 patches/28 days |
| Atacand HCT..... | 30 tabs./30 days | Fexofenadine 180 mg..... | 30 tabs./30 days | oxycodone/APAP..... | not to exceed 4000 mg of APAP/day |
| Availide..... | 30 tabs./30 days | Fexofenadine 30 mg & 60 mg..... | 60 tabs./30 days | Oxycontin..... | 120 tabs./30 days |
| Avandamet..... | 60 tabs./30 days | finasteride..... | 30 tabs./30 days | pantoprazole..... | 30 tabs./30 days |
| Avandaryl..... | 60 tabs./30 days | finasteride..... | Limited to use in Males Only | paroxetine CR..... | 60 tabs./30 days |
| Avandia..... | 60 tabs./30 days | Flomax..... | 60 capsules/30 days | Paxil CR..... | 60 tabs./30 days |
| Avapro..... | 30 tabs./30 days | Foradil..... | 1 inhaler (60 capsules)/30 days | Peg-Intron..... | 4 syringes/vials/30 days |
| Avexel..... | 14 tabs./presc. | Frova 2.5 mg tabs..... | 18 tabs. (2 boxes)/30 days | Plan B..... | 1 treatment/calendar yr |
| Avinza..... | 30 capsules/30 days | Garzilif..... | Limited to Females 13-26 yrs of age | Plavix..... | 30 tabs./30 days |
| Avodart..... | 30 capsules/30 days | Geodon..... | 60 capsules/30 days | Prandin..... | 240 tabs./30 days |
| Axert 12.5 mg tabs..... | 12 tabs. (2 boxes)/30 days | granisetron..... | 10 tabs./presc. dispensed | Pravachol..... | 30 tabs./30 days |
| Axert 6.25 mg tabs..... | 18 tabs. (3 boxes)/30 days | Humira 20 mg..... | 8 injections/30 days | pravastatin..... | 30 tabs./30 days |
| Benicar..... | 30 tabs./30 days | Humira 40 mg..... | 4 injections/30 days | Prevacid..... | 30 tabs./30 days |
| Benicar HCT..... | 30 tabs./30 days | Hydrocodone/APAP..... | not to exceed 4000 mg of APAP/day | ProAir HFA..... | 2 inhalers/30 days |
| Budeprion XL 150 mg..... | 90 tabs./30 days | Hydrazole..... | 30 tabs./30 days | Procrit 2000, 3000, 4000 unit only..... | 12/30 days |
| Budeprion XL 300 mg..... | 60 tabs./30 days | Imitrex 100 mg tabs..... | 9 tabs. (1 box)/30 days | Propoxyphene/APAP..... | not to exceed 4000 mg of APAP/day |
| Butal/ASA/Caff/Codine..... | 180 tabs./30 days | Imitrex 25 mg tabs..... | 18 tabs. (2 boxes)/30 days | Protonix..... | 30 tabs./30 days |
| butorphanol NS..... | 2 bottles (2.5 ml ea.)/30 days | Imitrex 50 mg tabs..... | 18 tabs. (2 boxes)/30 days | Proventil HFA..... | 2 inhalers/30 days |
| Byetta..... | 2.4 ml/30 days | Imitrex injection..... | 3 kits (6 injections)/30 days | Provigil 100 mg..... | 120 tabs./30 days |
| Caduet..... | 30 tabs./30 days | Imitrex Nasal Spray..... | 12 sprays (2 boxes)/30 days | Provigil 200 mg..... | 60 tabs./30 days |
| carisoprodol..... | 120 tabs./30 days | Inspira..... | 60 tabs./30 days | Ranexa..... | 120 tabs./30 days |
| carisoprodol/ASA..... | 150 tabs./30 days | Invega 3 mg & 9 mg..... | 30 tabs./30 days | Raptiva..... | Limited to 18 yrs and older |
| carisoprodol/ASA/codine..... | 120 tabs./30 days | Invega 6 mg..... | 60 tabs./30 days | Razadyne ER..... | 30 capsules/30 days |
| Casodex..... | 30 tabs./30 days | Iressa..... | 30 tabs./30 days | Rebif..... | 12 injections/30 days |
| Caverject..... | 6 injections/30 days | itraconazole..... | 90 days supply/calendar yr | Regranex..... | 15 gm/presc. dispensed |
| Celebrex..... | 60 tabs./30 days | Januvia..... | 30 tabs./30 days | Relenza..... | 1 treatment every 180 days |
| Chantix..... | 60 tabs./30 days | Kadian..... | 60 capsules/30 days | Relipax 20 mg..... | 12 tabs./30 days |
| Cialis..... | 6 tabs./30 days | Ketac..... | 20 tabs./presc. dispensed | Relipax 40 mg..... | 6 tabs./30 days |
| clarivix..... | 30 days/presc. dispensed | ketorolac tabs..... | 30 tabs./calendar yr | Risperdal 4mg..... | 12 tabs./30 days |
| Clarinet, Clarinet D..... | 30 tabs./30 days | Kytril..... | 10 tabs./presc. dispensed | Risperdal all strengths except 4 mg..... | 60 tabs./30 days |
| clozapine..... | 120 tabs./30 days | Lamisil tabs..... | 90 days supply/calendar yr | Ritalin LA..... | 60 capsules/30 days |
| Cognex..... | 120 capsules/30 days | Levaquin..... | 14 tabs./presc. | Rozemem..... | 30 tabs./30 days |
| Concerta 18 mg, 27 mg, & 54 mg..... | 30 tabs./30 days | Levitra..... | 6 tabs./30 days | Sanctura..... | 60 tabs./30 days |
| Concerta 36 mg..... | 60 tabs./30 days | Lexapro..... | 30 tabs./30 days | Sanctura XR..... | 30 capsules/30 days |
| Coreg CR..... | 30 tabs./30 days | Lipitor..... | 30 tabs./30 days | Santyl..... | 30 grams/presc. dispensed |
| Cozaar..... | 30 tabs./30 days | Lotrel..... | 30 tabs./30 days | Serevent Diskus..... | 1 inhaler (60 blisters)/30 days |
| Crestor..... | 30 tabs./30 days | Lotronex..... | 60 tabs./30 days | Serquel..... | 60 tabs./30 days |
| Cymbalta 20 mg..... | 90 capsules/30 days | Lotronex..... | Limited to use in Females Only | Serquel XR..... | 60 tabs./30 days |
| Cymbalta 30 mg..... | 30 capsules/30 days | | | | |
| Cymbalta 60 mg..... | 30 capsules/30 days | | | | |

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| PRESCRIPTION DRUG | LIMIT | PRESCRIPTION DRUG | LIMIT | PRESCRIPTION DRUG | LIMIT |
|---------------------|---------------------------------|-------------------------|---------------------------|-------------------|--|
| Simcor | 60 tabs./30 days | terconazole 7 | 1 tube/30 days | zolpidem | 30 tabs./30 days |
| simvastatin | 30 tabs./30 days | Toradol | 20 tabs./calendar yr | Zomig Nasal Spray | 12 sprays (2 boxes)/30 days |
| Singulair | 30 tabs./packets/30 days | tramadol | 240 tabs./30 days | Zomig, Zomig ZMT | 2.5 mg tabs. 12 tabs. (2 boxes)/30 days |
| Singulair Chewables | Limited to 15 yrs and under | tramadol/APAP | 240 tabs./30 days | Zomig, Zomig ZMT | 5 mg tabs. 6 tabs. (2 boxes)/30 days |
| Sonata tabs | 30 tabs./30 days | Transderm SCOP | 10 patches/30 days | Zostavax | Limited to 60 yrs and older |
| sotret | 30 days/presc. dispensed | Travatran, Travatan Z | 5 ml/30 days | Zovirax ointment | 30 grams (2 x 15 gm tubes)/30 days |
| Spiriva | 1 inhaler (30 capsules)/30 days | Tricor | 30 tabs./30 days | Zyflor CR | 120 tabs./30 days |
| Sporanox | 90 day supply/calendar year | Ultram/Ultracet | 240 tabs./30 days | Zyprexa | 30 tabs./30 days |
| Stadel NS | 2 bottles (2.5 ml each)/30 days | Uroretal | 30 tabs./30 days | Zyvox | 56 tabs./28 days |
| Starlic | 30 tabs./30 days | Ventolin HFA | 2 inhalers/30 days | | |
| Strattera | 60 capsules/30 days | Vesicare | 30 tabs./30 days | | |
| Symbyax | 30 capsules/30 days | Viagra | 6 tabs./30 days | | |
| Tamiflu | 1 treatment every 180 days | Vytorin | 30 tabs./30 days | | |
| Tarka | 30 tabs./30 days | Xalatan | 5 ml/30 days | | |
| Tasmar | 90 tabs./30 days | zaleplon | 30 tabs./30 days | | |
| Tektura | 30 tabs./30 days | zazole | 1 tube/30 days | | |
| Tektura HCT | 30 tabs./30 days | Zegerid capsules/powder | 30/30 days | | |
| Terazol 3 | 1 tube/30 days | Zetia | 30 tabs./30 days | | |
| Terazol 7 | 1 tube/30 days | Zocor | 30 tabs./30 days | | |
| terbinafine tabs. | 90 days supply/calendar yr | Zofran ODT tabs. | 10 tabs./presc. dispensed | | |
| terconazole 3 | 1 tube/30 days | Zofran tabs. | 10 tabs./presc. dispensed | | |

Any member with a request exceeding the current quantity limits should have a letter from their healthcare provider. The letter should include diagnosis, reason for exceeding the quantity limit per month, and what the therapy plan will be for the member (i.e. tapering schedule). In most cases, the quantity limits we have selected are set to maximum dosages and should not be exceeded according to the current manufacturer's recommendations. Prior authorizations for quantity limits exceeding the guidelines will be issued for 6-month intervals and will require a new letter from the member's healthcare provider at the end of the 6-month period.

MEMBER BILL OF RIGHTS

In an effort to recognize the member's rights with respect to healthcare providers, products and pharmacy service, National Pharmaceutical Services (NPS) has adopted the following Member Bill of Rights.

A MEMBER'S RIGHTS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- To exercise the foregoing rights without regard to age, sex, marital status, sexual orientation, race, color, religion, ethnicity, ancestry, national origin, mental or physical disability, genetic information, health status, source of payment, or utilization of services.
- To be treated with respect and recognition of their dignity and need for privacy.
- To have their prescriptions dispensed and pharmacy services provided from their choice of pharmacy providers in the NPS network. Subject to plan network limitations and restrictions.
- To know the terms and conditions of their prescription drug benefit plan, the content of preferred drug lists, and the procedures for obtaining exemptions or prior authorizations.
- To receive any legally prescribed product, realizing this may require them to bear the expense of such a choice.
- To ask for and receive any supplier's product that will legally fulfill a generically written prescription.
- To obtain relevant, current, and understandable information concerning their medication therapy and its relevance in the treatment plan from their healthcare provider.
- To discuss and request information related to their specific prescribed medication, the possible adverse side effects, and drug interactions.
- To expect that all records and discussions pertaining to their drug therapy will be treated as confidential.
- To expect that their specific information regarding pharmaceutical medications will not be extracted, provided, or sold to outside parties without their informed and expressed written consent.
- To have the opportunity to voice complaints or appeals about NPS, or the care provided at NPS Network Pharmacy Providers, and to an appeals process to ensure fair resolution of a complaint or grievance.

A MEMBER'S RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- Knowing, understanding and abiding by the terms, conditions and provisions of the NPS-administered prescription drug benefit plan. This information is made available through the Plan Summary Document.
- Paying co-payments, coinsurance, or deductibles as stated in the Plan Summary Document at the time service is provided and accepting financial obligations for services rendered.
- Being knowledgeable about their prescription drug therapy, including risks and limitations.
- Complying with their prescribed drug therapy regimen and maintaining a healthy lifestyle.
- Disclosing relevant information that is necessary for appropriate selection of drug therapy including health status, lifestyle, food and drug allergies, and medication history.
- To participate effectively in decision making, members must take responsibility for requesting information or clarification about the drugs they are taking when they do not fully understand information and instructions.
- To accept personal responsibility if they refuse treatments, medications, or services.
- Carrying their SmartCardSM identification card and identifying themselves as a SmartCard holder prior to receiving pharmaceutical products and/or services.

| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands |
|--|--|---|--|
| ACNE PRODUCTS <i>Coverage Depends On Benefit Design</i> | | | |
| Non-Maintenance | Amnesteem Avita Benzoyl Peroxide Clindamycin Emgel Erythromycin | Isotretinoin Metronidazole Sulfacetamide Sodium Sulfur Tretinoin | Benzaclin Gel Metrogel Topical |
| | | | Accutane Atralin Azelex Benzac Benzac AC Benzagel Benzamycin Gel Benzashave 5 Brevoxyl Cleocin Cleocin T Topical Desquam-E Desquam-X |
| | | | Differin Differin 0.3% Duac Gel Klaron Metrocream Metro lotion Noritate Retin-A Staticin Solodyne Sulfoxyil Triaz Vanoxide |
| ALZHEIMER'S MEDICATIONS | | | |
| Non-Maintenance | Galantamine | Aricept Cognex | Namenda Exelon |
| | | | Razadyne Razadyne ER |
| ANAL/RECTAL PRODUCTS | | | |
| Non-Maintenance | Hydrocortisone Pramoxine Hydrochloride | | Anapram HC Anusol HC Cortenema |
| | | | Cortifoam Proctofoam Proctofoam |
| ANTI-ARRHYTHMIC (TO REGULATE HEART RHYTHM) | | | |
| Maintenance | Amiodarone Disopyramide Mexiletine Procainamide | Propafenone Quinidine Sotalol Sotalol AF | Ethmozine Procanbid Tikosyn |
| | | | Betapace Betapace AF Cordarone Mexitil |
| | | | Norpace Norpace CR Pronestyl Quinaglute |
| | | | Quinidex Rythmol Tambocor |
| ANTIBIOTICS | | | |
| Non-Maintenance | Amoxicillin Amoxicillin / Clavulanate Ampicillin Azithromycin Cefaclor Cefadroxil Cefdinir Cefixime Cefpodoxime Cefprozil Cefuroxime Cephalexin Cephadrine Ciprofloxacin Clindamycin Clarithromycin Cloxacillin Dicloxacillin Doxycycline | Erythromycin Gentamicin Methenamine Metronidazole Minocycline Neomycin Sulfate Nitrofurantoin Nystatin Ofloxacin Penicillin Rifampin SMX / TMP Topiramate Sulfisoxazole Tetracycline Tobramycin Totacillin Trimethoprim | Furadantin Furoxone Gantrisin Hiprex Ketek Levaquin Zmax |
| | | | Amoxil Amoxil 200/5, 400/5 suspension Amoxil 200mg, 400mg Chewables Augmentin Avelox Bactrim Bactrim DS Biaxin Biaxin XL Ceclor Ceclor CD Cedax Ceftin Cefzil Cipro Cipro Cystitis Cipro XR Cleocin Declomycin |
| | | | Doryx Duricef Dynabac Dynabac D5 Pak E.E.S. Elmiron Eryc Fansidar Flagyl Flagyl ER Floxin Geocillin Kantrex Keftab Keftab Lamprene Lincocin Macrodantin Minocin Monodox |
| | | | Monurol Moxatag Neggram Noroxin Ornicef PCE Pediazole Septra Spectracef Spectrobid Sumycin TAO Tindamax Tobler Vancocin Vantin Velocef Vibratub Xifaxan Z-Pak Zithromax Zyvox |
| ANTIBIOTICS-TOPICAL | | | |
| Non-Maintenance | Bacitracin Gentamicin | Mupirocin Polymyxin B | Akne-Mycin Cortisporin |
| | | | Altabax Bactroban |
| | | | Extina |
| ANTICONVULSANTS | | | |
| Maintenance (all suspension forms are non-maintenance) | Carbamazepine Clonazepam Diazepam Divalproex Ethosuximide Gabapentin Lamotrigine Oxcarbazepine | Phenobarbital Phenytoin Primidone Topiramate Valproate Sodium Valproic Acid Zonisamide | Carbatrol Depakote ER Dilantin Felbatol Gabitril Keppra Keppra XR |
| | | | Lyrica Tegretol Tegretol XR Topamax Zarontin |
| | | | Cerebyx Depakene Depakote Equetro Klonopin Lamictal |
| | | | Mysoline Neurontin Stavzor Trileptal Vimpat Zonegran |
| Non-Maintenance | Ethosuximide Suspension Phenytoin Suspension Valproic Acid Suspension | Diastat | |
| ANTIDEPRESSANTS | | | |
| Maintenance | Amitriptyline Amoxapine Bupropion, SR, XL Citalopram Clomipramine Chlordiazepoxide/ Amitriptyline Desipramine Doxepin Fluoxetine Fluvoxamine | Imipramine Maprotiline Mirtazapine Nefazodone Nortriptyline Paroxetine Paroxetine ER Perphenazine/ Amitriptyline Sertraline Tranylcypromine Trazodone Venlafaxine | Cymbalta Venlafaxine XR |
| | | | Anafranil Aventyl Celexa Desyrel Effexor Effexor XR Elavil Emsam Lexapro Ludiomil Luvox Luvox CR Marplan |
| | | | Nardil Norpramin Pamelor Parnate Paxil Paxil CR Pristiq Prozac Prozac Weekly Rapiflux Remeron |
| | | | Remeron Sol Tab Sarafem Sinequan Surmontil Tofranil Tofranil PM Triavil Vivactil Wellbutrin Wellbutrin SR Wellbutrin XL Zoloft |
| ANTI-DIARRHEALS | | | |
| Non-Maintenance | Diphenoxylate/ Atropine Lonox | Loperamide Paregoric | Alinia Imodium Lomotil |
| | | | Motofen Xifaxan |

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| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands | |
|---|---|---|--|---|
| ANTIEMETICS (FOR NAUSEA AND/OR VOMITING) | | | | |
| Non-Maintenance | Granisetron Meclizine Ondansetron Prochlorperazine Promethazine Trimethoprim | | Antivert Anzemet Compazine Emed Kytril Marinol Medivert Phenergan Sancuso Scopace Tebamide Tigan Torecan Transderm Scop Zofran Zofran ODT | |
| ANTIFUNGALS | | | | |
| Non-Maintenance | Amphotericin B Fluconazole Griseofulvin Itraconazole Ketoconazole Nystatin | | Amphotec Ancobon Bio-Statin Diflucan Fulvicin Fulvicin U/F Grifulvin Gris-Peg Grisactin Lamisil Mycylex Mycostatin Nizoral Noxafil Sporanox Sporanox Pulse Pak Vfend | |
| ANTIFUNGALS - TOPICAL | | | | |
| Non-Maintenance | Ciclopirox Clotrimazole Econazole Iodoquinol Ketoconazole Miconazole | Nitrate Nystatin Nystatin/ Terbinafine | Castellani Paint Exelderm Fungizone Fungoid Tincture Lamisil Loprox Lotrimin Lotrisone Mentax Naftin Nizoral Oxistat Penlac Nail Lacquer Spectazole | |
| ANTI PSYCHOTICS | | | | |
| Maintenance | Chlordiazepoxide Chlordiazepoxide/ Amtripyline Chlorpromazine Clozapine Fluphenazine Haloperidol Lithium Loxapine | Perphenazine Perphenazine/ Amtripyline Risperidone Thioridazine Thiothixene Trifluoperazine Trimipramine | Geodon Orap Seroquel Seroquel XR Haldol Invega Zyprexa Zyprexa Zydis | Ablify Clozaril Eskalith Fazaclo Haldiva Imvega Inbitrol Lithobid Loxitane Mellaril Moban Navane Permitil Prolixin Risperdal Serenal Stelazine Thorazine Triavil Trilafon |
| ANTIVIRALS | | | | |
| Maintenance | Acyclovir Amantadine Didanosine Famciclovir Ganciclovir Rimantadine Zidovudine | Agenerase Aptivus Atripla Combivir Crixivan Emtriva Epivir Epivir HBV Epicom Fortovase Fuzeon Hivid Intelence Invirase Isentress Kaletra Lexiva | Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Tamiflu Trizivir Truvada Valtrex Videx Viracept Viramune Zerit Ziagen Zovirax Cream/Oint. | Cytovene Denavir Topical Famvir Flumadine Relenza Diskhaler Retrovir Symmetrel Zovirax Tablets/Capsules |
| ASTHMA/COPD INHALERS AND NEBULIZER SOLUTIONS | | | | |
| Non-Maintenance | Albuterol Metaproterenol | Ventolin HFA | Alupent Proair HFA Proventil HFA Xopenex Xopenex HFA | |
| Maintenance | Cromolyn Sodium Ipratropium Bromide | Advair Diskus Atrovent HFA Inhaler Flovent Pulmicort | Qvar Serevent Diskus Spiriva Symbicort Alvesco Aerospan Asmanex Brovana Foradil Perforomist | |
| ASTHMA/COPD - ORAL MEDICATIONS | | | | |
| Maintenance | Albuterol Aminophylline Dyphylline Metaproterenol Terbutaline Theophylline | Accolate Cholellyl SA Singular Chewables | Alupent Tablets Brethine Lufyllin Proventil Repatabs Proventil Tablets Quibron-T Respbid Singular Granules Singular Tablets Slo-Bid Slo-Phyllin Slo-Phyllin Syrup Theo-24 Theo-Dur Theolair Theolair SR Uniphyll Volmax Ventolin Tablets Zyflo CR | |
| BLOOD MODIFIERS | | | | |
| Non-Maintenance | Heparin Warfarin | Coumadin Lovenox | Arixtra Dicumarol Fragmin Innohep Miradon | |
| Maintenance | Anagrelide Cilostazol Clopidogrel | Dipyridamole Pentoxifylline Ticlopidine Aggrenox Plavix | Agrylin Amicar Persantine Pletal Ticlid Trental | |
| CHOLESTEROL LOWERING AGENTS - STATINS | | | | |
| Maintenance | Lovastatin Pravastatin Simvastatin | Caduet Crestor Lipitor | Advicor Altprev Lescol Lescol XL Mevacor Pravachol Vytorin Zocor | |
| CHOLESTEROL LOWERING AGENTS - OTHER | | | | |
| | Colestipol Cholestyramine | Gemfibrozil Prevalite Tricor Lovaza | Niaspan Simcor Antara Colestid Lipofen Lofibra Lipid Pravigard Triglide Welchol Zetia | |

| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands | | | |
|--|---|---|---|---|---|---|
| CONTRACEPTIVES (BIRTH CONTROL) Coverage Depends On Benefit Design | | | | | | |
| Maintenance | Apri Aranelle Aviane Balziva Camila Cesia Cryselle Enpresse Errin Genora Jolissa Jolivet Junel Kariva Kelnor Leena Lessina Levora Low-Ogestrel Lutera Microgestin | Mononessa Necon Nelova Nor-Be Notrel Ocella Ogestrel Portia Previfem Reclipsen Solia Sprintec Tilia FE Tri-Ligest FE Tri-Previfen Tri-Sprintec Trinessa Trivora Vellivet Zovia | Loestrin FE 24 Ortho TriCyclen Lo Ovcon 50 Ovrette Yaz | Alesse Angeliq Brevicon Cyclessa Demulen Desogen Estrostep FE Jenest-23 Levlite Lo/Ovral Loestrin Lybrel Nolicette Modicon Nordette Norinyl Nor-QD Nuva Ring | Ortho-Cept Ortho-Cyclen Ortho-EVRA Ortho-Micron Ortho-Novum 1/35 Ortho-Novum 1/50 Ortho-Novum 10/11 Ortho-Novum 7/77 OrthoTriCyclen Ovcon 35 Ovral Seasonale Seasonique Tri-Levlen Tri-Norinyl Triphasil Yasmin | |
| CORTICOSTEROIDS - ORAL | | | | | | |
| Non-Maintenance | Cortisone Acetate Dexamethasone Hydrocortisone | Methylprednisolone Prednisolone Prednisone Triamcinolone | Celestone Dexamethasone Intensol | Aristocort Cortef Cortone Acetate | Decadron Liquid Pred Medrol Pediapred | Prednisone Solution Prelone |
| CORTICOSTEROIDS - TOPICAL (FOR RASH, INFLAMMATION) | | | | | | |
| Non-Maintenance | Alclometasone Amcinonide Betamethasone Desonide Desoximetasone Diflorasone Diacetate Fluocinonide | Fluticasone Halobetasol Hydrocortisone Mometasone Pramoxine Prednicarbate Triamcinolone | Cordran Tape Derma-Smoothie/FS Kenalog Spray | Aclobrate Aristocort Cloderm Cordran Cutivate Cyclocort Dermatop Desonate Desowen Diprolene | Diprosone Elocon Florone Halog Halog-E Hytone Lidex Locoid Luxiq Mantadil | Olux-E Pandel Psorcon Synalar Temovate Texacort Topical Ultravate Vanos Westcort |
| COUGH/COLD/ALLERGY PRODUCTS | | | | | | |
| Non-Maintenance | Generic Cough/Cold/Allergy Combination Products | Codimal PH Donatussin Syrup Medent LD Nalex-DH Nuclofed Prolex DM, DH Tussionex | Allerx Allfen DM Allfen Anaplex DM Anaplex HD Aquatab Atuss Bidex-DM Biohist LA Bromfed Broncholate Brontex Codimal DM Dallergy Decon-amine Daconsal II Duratuss Dura-Vent | Dynex Entex Entuss-D Extendyl Jr Guaifed Histex HC Humibid Levall Liquid Liquibid-D Lodrane Maxifed Muco-Fen 800 DM Nalex-A Norel Palgic Pancof Panmist | Pannaz Phena-Plus Phenergan Poly-Histine Profen II Prolex D Protuss-D Respa DM Respaire-60 Rondec Rynatan Semprex-D Sudal DM Tanafed Tussend Tussi-Organidin | |
| NON-SEDATING ANTIHISTAMINES Coverage Depends On Benefit Design | | | | | | |
| Non-Maintenance | Cetirizine Cetirizine D Fexofenadine Loratadine Loratadine D | OTC Generic Claritin OTC Generic Zyrtec | Allerga Allerga D | Clarinex Clarinex D | Xyzal Zyrtec Zyrtec D | |
| DIABETIC ORAL AGENTS | | | | | | |
| Maintenance | Acarbose Acetohexamide Chlorpropamide Glimepiride Glipizide Glipizide/ Metformin Glyburide | Glyburide/ Metformin Glyburide, Micronized Metformin Tolazamide Tolbutamide | Actoplus Actos Avandamet Avandaryl Avandia Duact Glyset | Amaryl DiaBeta Diabinese Dybimor Fortamet Glucophage Glucophage XR Glucotrol | Glucotrol XL Glucovance Glycron Glymase Janumet Januvia Metaglip Micronase | Orinase Prandin Prandimet Precose Proglycem (non-maint.) Starlix Tolinase |
| DIABETIC SUPPLIES (Meters, Test Strips, Syringes) | | | | | | |
| Non-Maintenance | | Bayer Breeze Monitor/Strips Bayer Contour Monitor/Strips | Accu-Chek At Last Test Strips Chemstrip BG Strips Exactech Test Strips Excel GE Test Strips Freestyle Test Strips Gluciofilm Test Strips Precision QID Test | Precision Prestige Test Strips One Touch Test Strips One Touch Ultra Test Strips Quick-Check II Tracer BG Test Strips | | |
| DIGESTANTS | | | | | | |
| Maintenance | | Creon Lipram Pancrearb | Pancrelipase Pangestyme Panokase | Kutrase Ku-Zyme Palcaps Pancrease | Panocaps Ultracaps Ultrase Viokase | |

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| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands |
|--|---|--|--|
| DIURETICS (Water Pills) | | | |
| Maintenance | Amiloride/HCTZ Bumetanide Chlorothiazide/ Chlorothiazide/ HCTZ Chlorthalidone Furosemide Hydrochlorothiazide Indapamide | Metolazone Methyclothiazide Spirolactone Spirolactone/ HCTZ Torsemide Triamterene Triamterene/ HCTZ | Diamox Sequel Cap Diuril Suspension Aldactazide Aldactone Amiloride Bumex Capozide Clorpress Combipress Demadex |
| | | | Diamox Tablet Diuril Tablet Dyazide Dyrenium Edecrin Hydrodiuril Hygroton |
| | | | Lasix Lozol Maxzide Midamor Moduretic Renese Zaroxolyn |
| ECZEMA/PSORIASIS MEDICATIONS | | | |
| Non-Maintenance | Anthralin Calcipotriene Solution | Selenium Sulfide | Capitol Shampoo Dovonex |
| | | | Drithrocreme Dritho-Scalp Soriatane |
| | | | Altacel Selsun Talconex |
| | | | Tazorac Zetar |
| ERECTILE DYSFUNCTION (Impotency) Coverage Depends On Benefit Design | | | |
| Non-Maintenance | Alprostadil Yohimbine | Viagra | Cialis |
| | | | Caverject Edex |
| | | | Levitra Muse |
| GASTROINTESTINAL (HEARTBURN, ULCERS) Coverage Depends On Benefit Design | | | |
| Maintenance | Cimetidine Dicyclomine Famotidine Misoprostol Nizatidine | Omeprazole OTC Prilosec Pantoprazole Ranitidine Sucralfate | Nexium |
| | | | Aciphex Axid Bentyl Carafate Cytotec |
| | | | Helidac Peppid Prevacid Prevacid Prilosec |
| | | | Protonix Pylera Tagamet Zantac Zegerid |
| GASTROINTESTINAL MISC PRODUCTS | | | |
| Non-Maintenance | Clidinium Bromide Dicyclomine Glycopyrrolate Hyoscyamine | Metoclopramide Proprantheline Bromide Scopolamine | |
| | | | Amitiza Bentyl Cantil Donnatal Levsin |
| | | | Pamine Pro-Banthine Reglan Robinul Sal-Tropine |
| GOUT MEDICATIONS | | | |
| Maintenance | Allopurinol Colchicine/ Probenecid | Probenecid Sulfipyrazone | |
| | | | Anturane Benemid Zyloprim |
| Non-Maintenance | Colchicine | | |
| HIGH BLOOD PRESSURE: ACE INHIBITORS | | | |
| Maintenance | Benazepril Captopril Enalapril Fosinopril Lisinopril | Moexipril Quinapril Ramipril Trandolapril | |
| | | | Accupril Aceon Altace Capoten |
| | | | Lotensin Mavik Monopril Prinivil |
| | | | Univasc Vasotec Zestril |
| HIGH BLOOD PRESSURE: ACE INHIBITORS + DIURETIC | | | |
| Maintenance | Benazepril/ HCTZ Captopril/HCTZ Enalapril/HCTZ | Fosinopril/HCTZ Lisinopril/HCTZ Moexipril/HCTZ Quinapril/HCTZ | |
| | | | Accuretic Capozide Lotensin HCT |
| | | | Monopril HCT Prinzide |
| | | | Uniretic Vaseretic Zestoretic |
| HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) | | | |
| Maintenance | | Atacand | Diovan |
| | | | Avapro Benicar |
| | | | Cozaar Micardis |
| | | | Teveten |
| HIGH BLOOD PRESSURE: ANGIOTENSIN II RECEPTOR ANTAGONIST (ARB) + CALCIUM CHANNEL BLOCKER | | | |
| Maintenance | | Exforge | Azor |
| HIGH BLOOD PRESSURE: ARB + DIURETIC | | | |
| Maintenance | | Atacand HCT | Diovan HCT |
| | | | Avalide Benicar HCT |
| | | | Hyzaar Micardis HCT |
| | | | Teveten HCT |
| HIGH BLOOD PRESSURE: CALCIUM CHANNEL BLOCKERS | | | |
| Maintenance | Amlodipine Cartia XT Diltia XT Diltiazem Felodipine Isradipine | Nicardipine Nifedipine Nifedipine ER Nimodipine Verapamil Verapamil ER | Caduet |
| | | | Adalat Calan Cardene SR Cardizem Cardizem CD Cardizem LA |
| | | | Covera-HS Dilacor XR Dynacirc Dynacirc CR Isoptin Nimotop |
| | | | Norvasc Plendil Procordia XL Sular Verelan PM |
| HIGH BLOOD PRESSURE: ACE-INHIBITOR + CALCIUM CHANNEL BLOCKER | | | |
| Maintenance | Amlodipine/Benazepril | Tarka | Lexxel |
| | | | Lotrel |
| HIGH BLOOD PRESSURE: BETA-BLOCKERS | | | |
| Maintenance | Acebutolol Atenolol Betaxolol Bisoprolol Carvedilol Labetalol | Metoprolol, XL Nadolol Pindolol Propranolol, XL Sotalol Timolol | Coreg CR |
| | | | Betapace Blocarden Bystolic Coreg Corgard Inderal |
| | | | Inderal LA Innopran XL Kerlone Levator Lopressor Normodyne |
| | | | Sectral Tenormin Trandate Toprol XL Visken Zebeta |
| HIGH BLOOD PRESSURE: BETA-BLOCKERS + DIURETIC | | | |
| Maintenance | Atenolo/ chlorthalidone Bisoprolol/ HCTZ | Metoprolol/ HCTZ Propranolol/ HCTZ | |
| | | | Dutoprol Inderide Lopressor HCT |
| | | | Tenoretic Ziac |

| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands | | | |
|---|---|---|---|---|--|--|
| HIGH BLOOD PRESSURE- MISCELLANEOUS | | | | | | |
| Maintenance | Clonidine Clonidine/ Chlorthalidone Digoxin Doxazosin Eplerenone Guanabenz Guanfacine Hydralazine Hydralazine/ HCTZ Hydralazine/ HCTZ/Reserpine | Isoxsuprine Methyldopa/ HCTZ Minoxidil Nadolol/Bendo Papaverine Prazosin Reserpine Reserpine/HCTZ Terazosin | Lanoxicaps Lanoxin Tekturna Tekturna HCT | Aldoril Aprezate Aprovel Bidil Cardura Catapres Catapres- TTS Corzide | Enduronyl Enduronyl Forte Hytrin Inspira Loniten Minipress Pavabid Ranexa | Salutensin Ser-Ap-ES Teczem Tenex Vascor Vasodilan Wyntensin |
| HORMONES | | | | | | |
| Maintenance | Estradiol Estradiol/Norethindrone Etopropate Medroxyprogesterone Methyltestosterone | Alora Cenestin Combipatch Estinyl Femhrt Gynodiol | Prefest Premarin Premphase Prempro | Activella Climara Climara Pro Divigel Elestrin Enjuvia Esclim Estrace | Estraderm Estrasorb Estratab Estratest Estratest H.S. Estrogel Evamist Fempatch | Femtrace Menostar Ogen Provera Vivelle Vivelle-Dot |
| Non-Maintenance | Norethindrone | Prometrium | | Aygestin | | |
| INFLAMMATORY BOWEL AGENTS | | | | | | |
| Maintenance | Sulfasalazine | Asacol Amitiza | | Azulfidine Dipentum Lialda | Lotronex Pentasa | |
| Non-Maintenance | Mesalamine | Entocort EC | | Canasa Colazal Rowasa | | |
| INSULINS | | | | | | |
| Maintenance | | Apidra Humalog Humulin Humulin 50/50 Humulin 70/30 Humulin N Humulin R Lantus Levemir | | Novolog Novolin 70/30 Novolin N Novolin R | | |
| MIGRAINE MEDICATIONS <i>Quantity Limitations May Apply</i> | | | | | | |
| Non-Maintenance | Belladonna Butalbital/ASA/Caffeine Ergotamine Ergotamine/Caffeine Ergotamine/Phenobarbital Isometheptene Pentobarbital Phenobarbital Propranolol Sumatriptan | Relpax Treximet Zomig Zomig ZMT | | Axert Amerge Bellergal-S Cafegort D.H.E. Ergomar Frova | Imitrex Maxalt Maxalt-MLT Migranal Nasal Spray Phrenilin Wigraine | |
| MUSCLE RELAXANTS | | | | | | |
| Non-Maintenance | Carisoprodol Carisoprodol/ASA Chlorzoxazone Cyclobenzaprine Dantrolene Methocarbamol Methocarbamol/ASA Orphenadrine Citrate | | | Amrix Dantrium Flexeril Norflex Parfon Forte | Robaxin Robaxinal Skelaxin Soma Soma Compound | |
| Maintenance | Baclofen | Tizanidine | | Lioresal | Zanaflex | |
| NARCOTIC ANALGESICS (PAIN RELIEVERS-SEDATING) | | | | | | |
| Non-Maintenance | Acetaminophen/Codine Acetaminophen/Hydrocodone Acetaminophen/Oxycodone Acetaminophen/Propoxyphene Aspirin/Oxycodone Codeine Fentanyl Hydrocodone Hydromorphone Ibuprofen/Hydrocodone Meperidine Methadone Morphine Oxycodone Pentazocine Promethazine Propoxyphene Tramadol Tramadol/APAP | | | Actiq Anexsia Avinza Bancap-HC Capital And Codeine Combunox Darvocet Darvon-N Demerol DHC Plus Dilaudid Duragesic Fentora Fioricet Fiorinal Kadian Lorcet Lortab Maxidone MS Contin MSIR Norco Panlor DC | Panlor SS Percocet Percodan Phenaphen Opana Opana ER Oxy IR Oxycontin Roxicodone Stadol NS Synalgos Talacen Talwin Talwin Compound Talwin NX Tylenol With Codeine Tylox Ultracet Ultram Vicodin Vicoprofen Wygesic Zydone | |

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| Therapeutic Class | First Tier Generics | Second Tier Preferred Brands | Third Tier Non-Preferred Brands |
|---|--|--|--|
| NASAL PRODUCTS | | | |
| Non-Maintenance | Flunisolide Ipratropium Fluticasone | Rhinocort Aqua Veramyst | Astelin Atrovent NS Beconase AQ Flonase Nasacort AQ Nasalide Inhaler Nasarel Nasonex Patanase Veramyst |
| NITRATES (FOR HEART/ANGINA) | | | |
| Maintenance <i>(except for sublingual and inhaled dosage forms)</i> | Amyl Nitrite Dipyridamole Isosorbide Dinitrate Isosorbide Mononitrate Nitroglycerin Nitroquick | Ranexa | Dilatrate SR Imdur Ismo Isordil Monoket Nitrobid Nitrodisc Nitro-Dur Nitrogard Nitrol Nitrolingual Nitrostat Sorbitrate Transderm-Nitro Patch |
| NON-NARCOTIC ANALGESICS (PAIN) | | | |
| Non-Maintenance | Choline Magnesium Diffunisal Salsalate | | Disalcid Dolobid Equagesic Flextra DS Lobac Trilisate Zorprin |
| NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS) AND ANTI-RHEUMATIC AGENTS | | | |
| Non-Maintenance | Ibuprofen Suspension Indomethacin Suspension Ketorolac Methotrexate | | Enbrel Humira Kineret Motrin Suspension Naprosyn Suspension Toradol |
| Maintenance | Diclofenac Etodolac Fenoprofen Flurbiprofen Ibuprofen Indomethacin Ketoprofen Leflunomide | Meclofenamate Meloxicam Nabumetone Naproxen Piroxicam Oxaprozin Sulindac Tolmetin | Celebrex Anaprox Anaprox DS Ansaid Arava Arthrotec Cataflam Clinoril Daypro Feldene Flector Indocin Lodine XL Mobic Motrin Nalfon Naprelan Naprosyn Naprosyn EC Orudis Oruvail Ponstel Relafen Ridaura Tolectin Voltaren Voltaren XR |
| OPHTHALMIC PRODUCTS - GLAUCOMA | | | |
| Non-Maintenance | Betaxolol Brimonidine Carteolol Dipivefrin Dorzolamide Dorzolamide/Timolol Levobunolol Pilocarpine Timolol | Alphagan P Azopt Betimol Betoptic S Iopidine Phospholine | Rev-Eyes Xalatan Alphagan Betagan Betoptic Cosopt Epifrin Isopto Carbachol Isopto Carpine Istalol Lumigan Miochol-E Ocupress Ocuser P1E1 P2E1 P3E1 P4E1 Pilopine HS Propine Timoptic Travatan Trusopt |
| OPHTHALMIC PRODUCTS - PAIN/INFLAMMATION | | | |
| Non-Maintenance | Dexamethasone Diclofenac Fluorometholone Flurbiprofen Prednisolone Tetracaine | Alex Flarex FML Forte FML S FML SOP | HMS Liquifilm Lotemax Tobradex Vexol Acular Alcaine Blephamide Cetapred Maxidex Maxitrol Neo-Decadron Nevanac Ocufen Inflamase Isopto Cetapred Maxidex Maxitrol Neo-Decadron Nevanac Ocufen Ophthaine Ophthetic Poly-Pred Pontocaine Pred Forte Pred G Pred Mild Vasocidin Voltaren |
| OPHTHALMIC PRODUCTS - ANTI-INFECTIVES | | | |
| Non-Maintenance | Bacitracin Ciprofloxacin Erythromycin Gentamicin Gramicidin Neomycin | Ofloxacin Polymyxin B Sulfacetamide Sod Tobramycin Trifluridine Trimethoprim | Betadine Chloromycet Chloroptic Natacyn Quixin Tobradex Vasosulf Vira-A Vitrasert AzaSite Bleph-10 Ciloxan Garamycin Ilotycin Iquix Neosporin Ocuflox Polysporin Polytrim Sodium Sulamyd Terramycin Tobrex Vigamox Viroptic Vitravene Zylet Zymar |
| OPHTHALMIC PRODUCTS - ANTI-ALLERGICS <i>Coverage Depends On Benefit Design</i> | | | |
| Non-Maintenance | Cromolyn Ketotifen OTC Generic Zaditor | Alamast Alocril Alomide | Emadine Livostin Optivar Crolom Estat Opticrom Patanol Zaditor |
| OPHTHALMIC PRODUCTS - MISCELLANEOUS | | | |
| Non-Maintenance | Atropine Cyclopentolate Homatropine | Naphazoline Phenylephrine Tropicamide | Isopto Hyoscine Albalon Cyclogyl Cyclomydril Homatropine Isopto Atropine Mydrin Mydracyl Restasis |
| OSTEOPOROSIS DRUGS | | | |
| Maintenance | Alendronate | Actonel Boniva Monthly Evista Forteo | Miacalcin Spray Skelid Didronel Fortical Fosamax Fosamax+D |

| THERAPEUTIC CLASS | FIRST TIER GENERICS | SECOND TIER PREFERRED BRANDS | THIRD TIER NON-PREFERRED BRANDS |
|--|--|---|---|
| OTIC PRODUCTS (FOR THE EAR) | | | |
| Non-Maintenance | Acetic Acid Antipyrine Benzocaine Hydrocortisone Neomycin Sulfate Ofloxacin Phenylephrine Hydrochloride Polymyxin B Sulfate Pramoxine Hydrochloride | Cerumenex Ciprodex Cipro HC Coly-Mycin-S | Cortisporin TC Cresylate Pramotic Americaine Auralgan Cortane-B Cortisporin Domeboro Floxin Otic Oticin HC |
| PARKINSON'S DRUGS | | | |
| Maintenance | Benzotropine Carbargoline Carbidopa/ Levodopa | Ropinirole Trihexyphenidyl | Comtan Exelon Larodopa Mirapex |
| Non-Maintenance | Amantadine Bromocriptine | Selegiline | Lodosyn |
| PROSTATE MEDICATIONS | | | |
| Maintenance | Doxazosin Finasteride | Prazosin Terazosin | Avodart Flomax |
| SEDATIVE/HYPNOTICS AND ANTIANXIETY DRUGS | | | |
| Maintenance | Clonazepam | | |
| Non-Maintenance | Alprazolam Alprazolam XR Bupirone Chloral Hydrate Chlordiazepoxide Chlordiazepoxide/ Amitriptyline Clorazepate Diazepam Droperidol Estazolam | Flurazepam Hydroxyzine Lorazepam Meprobamate Oxazepam Phenobarbital Temazepam Triazolam Zaleplon Zolpidem | Ambien Ambien CR Atarax Ativan Buspar Butisol Niravam Dalmane Doral Equanil Halcion |
| SMOKING DETERRENTS Coverage Depends On Benefit Design | | | |
| Non-Maintenance | Bupropion | | Chantix Habitrol Nicotrol |
| STIMULANTS (AMPHETAMINES) | | | |
| Maintenance | Dexmethylpheni- date Dextroamphet- amine | Methylin Methylphenidate | Provigil Strattera |
| THYROID MEDICATIONS | | | |
| Maintenance | Levothyroxine Liothyronine Methimazole | Propylthiouracil Unithroid | Synthroid |
| URINARY INCONTINENCE | | | |
| Maintenance | Flavoxate Oxybutynin | Detrol Detrol LA | Enablex Vesicare |
| Non-Maintenance | Bethanechol | Hyoscyamine | Cystospaz |
| VAGINAL PRODUCTS | | | |
| Non-Maintenance | Metronidazole Miconazole Nitrate | Nystatin Terconazole Urea(Carbamide) | AVC Cleocin Vaginal Crinone |
| WEIGHT LOSS PRODUCTS Coverage Depends On Benefit Design | | | |
| Non-Maintenance | Benzphetamine Diethylpropion | Phendimetrazine Phentermine | Meridia |
| SPECIALTY PHARMACY PRODUCTS Coverage Depends On Benefit Design | | | |
| Medication listed in italics and underlined are considered preferred. | CATEGORY Acromegaly Anemia Chronic Granulomatous Disease Coagulation Therapy Diabetes Growth Hormones Headaches Interferons HIV Multiple Sclerosis Miscellaneous Osteoporosis Parkinson's Precocious Puberty Psoriasis Rheumatoid Arthritis | MEDICATION Sandostatin Aranesp, Procrit, Epogen, Cyanocobalamin Actimmune Lovenox, Arixtra, Fragmin, Heparin, Innohep, Hemophilia products Byetta, Symlin <u>Humatrope</u> , <u>Genotropin</u> Dihydroergotamine (DHE 45) Infergen, Intron A, Peg-Intron, Pegasys, Rebtron, Roferon A Fuzeon Avonex, Betaseron, Rebif, Copaxone Neulasta, Neumega, Neupogen <u>Forteo</u> Apokyn Histrelin, Lupron <u>Humira</u> <u>Humira</u> | |

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NON-PREFERRED FORMULARY MEDICATIONS AND THEIR PREFERRED FORMULARY ALTERNATIVE

| NON-PREFERRED FORMULARY MEDICATION | PREFERRED FORMULARY ALTERNATIVE |
|---|---|
| Abilify | Risperidone, Zyprexa, Seroquel |
| Accu-Check | Ascensia Contour, Ascensia Breeze |
| Adderall XR | Generic Adderall, methylphenidate |
| Advicor..... | lovastatin, simvastatin, pravastatin, Lipitor, Crestor |
| Allegra-D | loratadine D, cetirizine D |
| Altace..... | lisinopril, benazepril, enalapril, trandolopril, quinapril, ramipril |
| Amerge | Zomig, Relpax, Imitrex |
| Avalide | Atacand HCT, Diovan HCT |
| Avapro..... | Atacand, Diovan |
| Benicar | Atacand, Diovan |
| Clarinex..... | loratadine, fexofenadine, cetirizine |
| Clarinex D | loratadine D, cetirizine D |
| Cozaar..... | Atacand, Diovan |
| Enbrel | Humira |
| Foradil | Serevent |
| Frova..... | Zomig, Relpax, Imitrex |
| Hyzaar | Atacand HCT, Diovan HCT |
| Lescol..... | lovastatin, simvastatin, pravastatin, Crestor, Lipitor |
| Lescol XL | lovastatin, simvastatin, pravastatin, Crestor, Lipitor |
| LevoxyI | levothyroxine, Synthroid |
| Lexapro | citalopram, paroxetine, fluoxetine, sertraline |
| Lexxel | Tarka, amlodipine/benazapril |
| Lumigan | Xalatan |
| Maxalt..... | Zomig, Imitrex, Relpax |
| Nasacort AQ | flunisolide, fluticasone, Rhinocort Aqua, Veramyst |
| Nasonex..... | fluticasone, Rhinocort Aqua, Veramyst |
| Patanol..... | OTC Zaditor, ketotifen, Optivar |
| Prevacid..... | OTC Prilosec, omeprazole, Nexium |
| One Touch Ultra..... | Bayer Contour, Bayer Breeze |
| Singulair..... | Accolate |
| Travatan..... | Xalatan |
| Vytorin..... | lovastatin, simvastatin, pravastatin, Lipitor, Crestor |
| Xenical..... | Meridia |

PREFERRED DRUG LIST MEDICATIONS

This list contains the Preferred Brand Name Medications listed on the second tier of the formulary.

| | | | |
|----------------------|-------------------|-------------------|------------------|
| Accolate | Celebrex | Diuril Suspension | HMS Liquifilm |
| Actonel | Celestone | Donatussin Syrup | Humalog |
| Actoplus | Cenestin | Dovonex | Humulin |
| Actos | Cerumenex | Dritho-Scalp | Humulin 50/50 |
| Advair Diskus | Chloromycet | Drithrocreme | Humulin 70/30 |
| Agenerase | Chloroptic | Duetact | Humulin N |
| Aggrenox | Choleldyl SA | Emadine | Humulin R |
| Alamast | Cialis | Emtriva | Intelence |
| Alocril | Cipro HC | Enablex | Invirase |
| Alomide | Ciprodex | Entocort EC | Iopidine |
| Alora | Cleocin Vaginal | Epivir | Isentress |
| Alphagan P | Codimal PH | Epivir HBV | Isopto Hyoscine |
| Alrex | Cognex | Epzicom | Kaletra |
| Amitiza | Coly-Mycin-S | Estinyl | Kenalog Spray |
| Apidra | Combipatch | Estring | Keppra |
| Aptivus | Combivir | Ethmozine | Keppra XR |
| Aricept | Comtan | Evista | Ketek |
| Asacol | Cordran Tape | Exelon | Lanoxicaps |
| Atacand | Coreg CR | Exforge | Lanoxin |
| Atacand HCT | Cortisone Acetate | Felbatol | Lantus |
| Atripla | Cortisporin TC | Femhrt | Larodopa |
| Atrovent HFA Inhaler | Comtan | Flarex | Levaquin |
| Avandamet | Coumadin | Flector | Levemir |
| Avandaryl | Creon | Flomax | Lexiva |
| Avandia | Crestor | Flovent | Lipitor |
| AVC | Cresylate | FML Forte | Lipram |
| Avodart | Crinone | FML S | Livostin |
| Azopt | Crixivan | FML SOP | Lodosyn |
| Bayer Breeze | Cymbalta | Forteo | Loestrin FE 24 |
| Monitor/Strips | Depakote ER | Fortovase | Lotemax |
| Bayer Contour | Derma-Smoothe/FS | Fosamax+D | Lovenox |
| Monitor/Strips | Detrol | Furadantin | Lovaza |
| Benzaclin Gel | Detrol LA | Fuzeon | Lyrice |
| Betadine | Dexamethasone | Gabitril | Medent LD |
| Betimol | Intensol | Gantrisin | Meridia |
| Betoptic S | Diamox Sequel Cap | Geodon | Metrogel Topical |
| Boniva Monthly | Diastat | Glyset | Miacalcin Spray |
| Caduet | Dilantin | Gynodiol | Mirapex |
| Capitrol Shampoo | Diovan | Hiprex | Nalex-DH |
| Carbatrol | Diovan HCT | Hivid | Namenda |

continued on next page

PREFERRED DRUG LIST MEDICATIONS – continued

This list contains the Preferred Brand Name Medications listed on the second tier of the formulary.

| | | | |
|--------------------|---------------------|----------------|---------------------|
| Natacyn | Prolex DM, DH | Sultrin | Ventolin HFA |
| Nexium | Prometrium | Sustiva | Veramyst |
| Niaspan | Provigil | Symbicort | Vesicare |
| Norvir | Pulmicort | Symbyax | Vexol |
| Novo Pen/Needles | Quixin | Synthroid | Viagra |
| Nucofed | Qvar | Tamiflu | Videx |
| Optivar | Ranexa | Tarka | Vira-A |
| Orap | Relpax | Tasmar | Viracept |
| Ortho TriCyclen Lo | Requip XL | Tegretol | Viramune |
| Ovcon 50 | Rescriptor | Tegretol XR | Vitrasert |
| Ovrette | Rev-Eyes | Tekturna | Xalatan |
| Pancrecarb | Reyataz | Tekturna HCT | Yaz |
| Pancrelipase | Rhinocort Aqua | Tikosyn | Zarontin |
| Pangestyme | Selzentry | Tobradex | Zerit |
| Panokase | Serevent Diskus | Topamax | Ziagen |
| Phospholine | Seroquel | Treximet | Zmax |
| Plavix | Seroquel XR | Tricor | Zomig |
| Pramotic | Simcor | Trileptal | Zomig ZMT |
| Prefest | Singulair Chewables | Trizivir | Zovirax Cream/Oint. |
| Premarin | Skelid | Truvada | Zyprexa |
| Premphase | Soriatane | Tussionex | Zyprexa Zydis |
| Prempro | Spiriva | Valtrex | |
| Prezista | Stalevo | Vasosulf | |
| Procanbid | Strattera | Venlafaxine XR | |



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