



2009 Preferred Drug List

Changes to the Altius Preferred Drug List will be based on recommendation from Altius' Pharmacy and Therapeutics Committee and modifications may occur quarterly. Actual benefits on your plan may vary regarding drug coverage, copays, coinsurance, quantity limits, days supply, and prior authorization. This document is a brief list of the most requested preferred brand name and generic medications and may not be a complete listing of all drugs on the Altius Preferred Drug List.



Making your Preferred Drug List work for you.

Using your Altius Preferred Drug List can save you time and money! Take this list with you when you visit your physician – preferred medications are available at lower copays. By getting a prescription for a preferred medication at your physician's office, you can avoid delays at the pharmacy.

What about generics? Ask your physician or pharmacist if your prescription is available in a therapeutically equivalent generic. Most Altius plans allow for a lower copay for preferred generic medications and your physician or pharmacist will be happy to answer any questions.

What if my medication is not on the list? Talk to your physician about a formulary alternative. The Altius Preferred Drug List provides sound clinical choices for all disease states. Non-preferred brand name medications require the highest copayment and often there is an equivalent generic available.

How do I keep my monthly prescription costs under control?

Good question! First, work with your preferred physician to choose medications that are on the preferred list and choose preferred generics when possible. Second, check out the mail order program. Some maintenance medications are available through the mail order program at only two or three copayments for a three-month (90-day) supply. Check your benefit brochure for the details of your plan. That's savings delivered right to your door!

Changes to the Preferred Drug List

Deletions from the preferred drug list will take place on a bi-annual basis. Changes are based on reviews made on new medications, generic equivalents and clinical therapies introduced by the FDA (Food and Drug Administration). Exceptions to this policy will be made only if the FDA or the Pharmacy and Therapeutics Committee deem a medication unsafe, clinically inferior, or more cost effective therapies become available.

Additions to the Preferred Drug List will be made on a quarterly basis. These additions will be subject to the Pharmacy and Therapeutics Committee's decision that the medication's efficacy, safety, side effects, adverse reaction and cost effectiveness profile meets Altius' standards.

Newly introduced medications by the FDA may be restricted from coverage until the drug has been available for 6-8 months and reviewed by the Pharmacy and Therapeutics Committee. This will ensure it's safety for our members.

Quantity Levels

Some medications have specific limits pertaining to quantity per refill or how often a medication can be refilled. This is to ensure that our members receive the recommended and proper dose and length of therapy for their specific disease state. A preferred drug list by quantity limits can be found on our website at www.altiushealthplans.com.

Prior Authorization

Some medications need prior authorization from Altius before they can be dispensed. These drugs were chosen due to their high potential for adverse reactions, contraindications, potential for abuse and cost. Medications that require prior authorization are listed at the end of this document. You or your physician may contact Coventry's Prior Authorization Department at 877-215-4100 for an authorization form to be faxed to your provider or his/her office. Your provider must complete the request and fax it back to the Prior Authorization Department for an authorization review. Approval or denial will be communicated to your provider. You may also phone the Prior Authorization Department for a status of your request.

Mail-Order

The prescription mail order service program allows a member to receive a 90-day supply of maintenance medication while only paying one, two or three copayments, depending upon your prescription benefit. Refer to your benefit brochure for the details of your plan.

What does "maintenance medication" mean? A maintenance medication is any prescription that is defined by Altius to be taken on a daily basis.

Examples include but are not limited to medications for blood pressure, asthma, antidepressants, oral anticoagulants, diabetes, hormone replacement and birth control.

Non-maintenance medications are not available through mail order and include antihistamines (Allegra, Claritin and Zyrtec), antibiotics, pain management (hydrocodone), muscle relaxants, injectables, anti-migraine, medications for sleep or anxiety (alprazolam, Ambien and diazepam), acne preparations and topical creams and ointments.

Mail Order is Easy!

Obtain from your physician a new prescription for a 90-day supply for each medication or refill (when the prescription has expired).

Fill out and mail the Mail Pharmacy Service form, available from Altius Customer Service at 800-377-4161 or from Caremark Customer Service at 800-378-7040.

You will receive your medications in about 14 days. Since this can take up to two weeks, make sure you have a sufficient quantity on hand (a two-week supply) so you don't run out while waiting for your medication to arrive in the mail.

You may access the status of your order by contacting the Caremark Inc. web site at www.caremark.com.

What about refills?

Three weeks before your medication is gone, simply call the 24-hour refill line at 800-378-7040, or to access the status of your order.

If you try to refill your prescription too soon, Caremark will not recognize the refill order and you will need to request it again when you are within three weeks of the refill date. This includes new prescriptions being mailed in or phoned-in requests from your physician.

If you prefer using the internet, you may visit Caremark's mail service pharmacy at www.caremark.com and follow their online directions.acy at www.caremark.com and follow their online directions.

Where can I purchase my prescriptions?

Visit Caremark's website at www.caremark.com, register as a member, go to "My Caremark," and use the "Pharmacy locator" link to find a pharmacy convenient to you. You can get up to a 30-day supply at over 350 participating pharmacies that are listed in your Altius Provider Directory. If you do not have one, please call the Caremark customer service department at 800-378-7040.

If you are traveling outside the service area, you may contact the Caremark customer service department at 800-378-7040 for the location of the nearest contracted pharmacy in the continental United States. In an emergency situation, you may pay for a prescription and mail a reimbursement form along with the receipts to Caremark for reimbursement. Reimbursement forms may be obtained from the Altius or Caremark customer service departments.

Why can't my local pharmacy provide me with my mail order prescription?

Due to Caremark' size, they are able to offer medications to Altius at greater discounts than local pharmacies. Altius passes these savings on to its members by offering a 90-day supply for two or three copayments.

Will the mail order substitute my prescription with a generic?

To help keep costs down, Caremark may contact your physician to see if they may substitute your brand name prescription with an equivalent generic drug.

What can cause my mail order prescription to be delayed?

Prescriptions may be delayed if a duplicate prescription is filled at a local pharmacy within 10 days of requesting a mail order prescription. The mail-order prescription will be returned if you are receiving two prescriptions at one time. Members should also avoid ordering a prescription before 75% (68 days) of your existing mail order prescription is gone. Caremark will view your order as too early to fill.

A member should always have a 2-week supply of medication on hand. Caremark has a great track record of filling medication in a timely manner if there are no issues. However, many members do not take into account the time for the order to be delivered by the U.S. Postal Service. Altius recommends that members determine if a prescription requires a prior authorization or is not available through the mail order prior to placing their order. Any prescription for an injectable, non-maintenance, or medication requiring prior authorization will be returned.

From time to time, a manufacturer may not be able to produce enough medication to meet the demand. Caremark will contact our member to notify them when to expect shipment of the drug or return the prescription if the manufacturer cannot supply the medication.

Can we buy our prescriptions from Canada or Mexico and ask Altius to reimburse us?

Unfortunately, Altius is not able to reimburse prescriptions from outside the continental United States because it violates Federal law. Members should use caution if purchasing medications outside the United States. There are concerns that the drugs could be counterfeit or do not meet the regulatory standards of the United States.

Could my prescription cost less than my copayment?

Sometimes a prescription can cost less than your benefit copayment. When this happens, Altius wants to make sure that you pay the least amount possible for your medication. Altius will allow the pharmacy to charge you only the actual cost of the drug rather than the full copayment required by your benefit.

How does my plan work if I have a pharmacy deductible?

A pharmacy deductible is often separate from your regular medical deductible. When obtaining your prescription, you pay the pharmacy deductible listed on your membership card and in your Medical Benefits Brochure. Once your deductible is satisfied, you pay the applicable copay or coinsurance.

Will Altius pay for a medication that is not listed on the Preferred Drug List?

Altius will most likely pay for drugs not listed on our Preferred Drug List but at the highest copayment level.

Are generics as good as brand name medications?

Altius encourages the use of generics because they cost less and they work the same as the name brand drugs. Altius only allows generics on the preferred drug list that have been rated by the FDA as therapeutically equivalent and are as safe and effective as the name brand medication.

What is a preferred generic equivalent benefit?

If you receive a brand name drug when a preferred generic equivalent can be substituted, you will pay the difference in cost between the generic and the brand name drug, any applicable deductible, and/or the generic copay. If your benefit has an out-of-pocket maximum, your generic equivalent benefit still applies. Regular benefits apply if a preferred generic cannot be substituted.

What is Step Therapy?

Step Therapy is an electronic edit or a physician notification which documents that a patient has failed or been intolerant to an alternative therapy before a specific medication, injectable drug or medical device is covered by the plan.

What if my doctor prescribes the same drug but in different strengths?

If a physician individualizes a dose that requires two different strengths of the same medication, Altius will require a copayment for each dispensed strength.

What about injectables? Are they covered?

For most plans, most injectable medications (with the exclusion of insulin, glucagon, Symlin, Byetta, Imitrex, bee-sting kits and Lovenox) will be covered as a medical benefit rather than a pharmacy benefit. Injectables

are not available through our prescription mail service. However, certain injectables can be purchased through Caremark Specialty Mail Order Service. This program can help lower members' out-of-pocket costs and have the medication and supplies delivered to the member's home or physician's office within 24 to 48 hours.

To find out how to participate and if Caremark Specialty Mail Order Service provides a specific medication, members can call toll free at **800-237-2767**.

Who is responsible for obtaining prior authorization?

The prescribing physician is required to contact Altius Health Plans' Prior Authorization Department to obtain the authorization on the member's behalf.

How long does a prior authorization take?

A completed form that is faxed into the Altius prior authorization desk will take between 24 to 48 hours (during business days). A physician who does not respond to a request or fails to completely fill out the form will delay the process.

How do I find out if an authorization has been granted?

Altius Health Plans will contact your physician's office with an approval or denial. You or your physician may also phone our customer service department to inquire about the status of an authorization.

Is prior authorization necessary for injectable medications?

Most injectables obtained from a retail pharmacy or the Caremark Specialty Mail Order Service do not require prior authorization. There are some injectables that do require prior authorization. Please refer to our website or Altius Customer Service for a complete list.

What if I do not agree with the Altius decision on a prior authorization, quantity level, payment or denial of services?

Physicians can write a letter of medical necessity indicating why Altius should consider an exception to their policy. Letters of medical necessity should be sent to the following address:

Altius Health Plans, Pharmacy Department
10421 South Jordan Gateway, Suite 400
South Jordan, UT 84095

Members can initiate an appeal after they have exhausted the normal authorization process (prior authorization, letter of medical necessity). An appeal can be sent to the following address:

Altius Appeals and Grievances Department
10421 South Jordan Gateway, Suite 400
South Jordan, UT 84095

If I have further question, whom should I call?

Altius Customer Service **800-377-4161**
For general information about your Altius account.

Caremark Inc. Customer Service **800-378-7040**
For forms and claim status information. For information about your pharmacy benefits. To find out if your pharmacy is in the Coventry Pharmacy Network.
To find pharmacies outside the service area.

Caremark Inc. Physician Call-in Line **800-378-5697**
(Physicians only, please)

Coventry Prior Authorization Department **877-215-4100**
(Physician's office should make the call)

Mail order general information **800-378-7040**
(forms and status information)

Caremark Specialty Mail Order Service **800-237-2767**
(Injectable Mail Order Program)

<http://www.AltiusHealthPlans.com>

2009 Preferred Drug List

With our prescription drug plan, you have three options when a doctor gives you a prescription.

Preferred Generic (Tier 1) - includes most generic and a few selected OTC (over-the-counter) drugs. This is your lowest copay (\$).

Preferred Brand Name (Tier 2) - Preferred brand name drugs are your middle copay (\$\$).

Non-Preferred (Tier 3) - Non-preferred brand name, and a few non-preferred generic drugs. This is your highest copay (\$\$\$).

These Tier 3 drugs may have a lower cost alternative on Tier 1 or Tier 2. Check the list at the bottom of this page.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed here are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone). We periodically review our Preferred Drug listing. 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. Please contact Customer Service at (801) 323-6200 or at 1-800-377-4161 for any questions about your coverage or for more information. You may also visit our website at www.altiushealthplans.com.

Preferred Generic (Tier 1) - \$ (Lower Case) and Preferred Brand Name (Tier 2) - \$\$ (UPPER CASE)

A

ACCOLATE
ACCUNEB
acebutolol
acetazolamide
acetic acid ear drops
acetic acid-aluminum acetate
acetoexamide
acetylcysteine
ACTINEX
ACTOS (PA)
acyclovir (not ointment)
ADVAIR
ADVICOR
AGENERASE (PA)
AGGRENOLX
ALAMAST
alavert OTC (requires Drs prescription - generic copay)
alaway* (requires Drs prescription - generic copay)
albuterol
albuterol/ipratropium
ALDARA
alendronate
ALESSE
ALKERAN
ALLEGRA D (ODT NON-FORM)
ALOMIDE
allopurinol
alprazolam
alprazolam ER
altoprev
aluminum chloride
amantadine
amiloride
amiloride/HCTZ
amino acid - urea
aminocaproic acid
amiodarone
amitriptyline
amlodipine (ODT not covered)
amlodipine/benazepril
amoxapine
amoxicillin
amoxicillin-potassium
clavulanate
amphetamine
ampicillin
anagrelide
ANAKIT
anthralin
apri
aranelle
ARAVA
ARICEPT
ARIMIDEX
AROMASIN
ASACOL
ASMANEX

aspirin/butalbital/caffeine
aspirin/caff/butalbital/codeine
ASTELIN
atenolol
atenolol/chlorthalidone
atropine
ATROVENT INHALER, HFA
AUGMENTIN XR
AVANDAMET (PA)
AVANDIA (PA)
AVELOX
AZELEX
aviane
azithromycin, XL
AZOPT

B

baclofen
BACTROBAN CREAM
balziva
benazepril
benazepril HCTZ
BENICAR
BENICAR HCT
benzonatate
benztropine
BETIMOL
BETOPTIC-S
BILTRICIDE
BLEPHAMIDE
BREVICON
brompheniramin - pseudoeph
bupropion, SR (XL Tier 3 ST)

C

calcitriol
camila
CAPEX SHAMPOO
CAPITROL
captopril
captopril/HCTZ
carbamazepine
CARBATROL
carbidopa/levodopa
carboptic
carisoprodol
carisoprodol/aspirin
carvedilol (CR non-form,ST)
CASODEX
CEENU
cefaclor
cefadroxil
cefdinir
cephalexin
CELLCEPT (PA)
CELONTIN
cesia
chloral hydrate

chlordiazepoxide
chlordiazepoxide/clidinium
chloroquine
chlorothiazide
chlorphen/phenyleph/methscop
chlorpromazine
chlorpropamide
chlorthalidone
cholestyramine
choline & magnesium
ciclopirox
CILOXAN OINT.
CIPRODEX
ciproflaxin soln.
citalopram
citrate/citric acid
claritin,D OTC (requires Drs prescription - generic copay)
clarithromycin, XL
clemastine 2.68mg
clindamycin
clobetasol
clomi pramine
clonazepam
clonidine
clorazepate (SD Tier 3)
clotrimazole Troche
clozapine
codeine
colchicine
colesti pol
COMBIVENT
COMBIVIR (PA)
COMTAN
CONCERTA
COREG (CR NON-FORM, (ST)
CORTIFOAM
COUMADIN
CREON
CRESTOR
CRESTOR 5MG (ST)
CRIXIVAN
cromolyn sodium
CUPRIMINE
CYCLESSA
cryselle
cyclobenzaprine (5mg Tier 3)
cyclopentolate
cyclophosphamide
cyclosporine
cyproheptadine
CYTADREN

D

danocrine
DANTRIUM
dantrolene
DAPSONE
DARANIDE
DARAPRIM
DEMULEN
DEPAKOTE, ER
DEPEN
DERMA-SMOOTHIE/FS
desipramine
desmopressin acetate
DESOGEN
desonide
desoximetasone
dexamethasone
dexchlorpheniramine
dextroamphetamine
DIASTAT
diazepam
diclofenac sodium, XR
DIBENZYLINE
dicloxacillin
dicyclomine
didanosine
diethylstilbestrol
diflorasone diacetate
diflusalin
digoxin
DILANTIN
diltiazem
di phenoxylate-atropine
di pivefrin
di pyridamole
disopyramide
disulfiram
DOSTINEX
DOVONEX
doxazosin mesylate
(XL non-form)
doxepin
doxycycline (20mg, adoxa,
doryx
not covered; oracea - Tier 3)
DRITHO-SCALP

E

econazole cream/ointment
EFFEXOR XR (ST)
ELMIRON
EMCYT
EMTRIVA (PA)
enalapril
enalapril HCTZ
enpresse
ENTOCORT EC
EPIFRIN
epinephrine HCl
EPIPEN, JR
EPIVIR HBV (PA)
ESCLIM
DEPAKOTE, ER
ergocalciferol
errin
erythromycin/Benzoyl Peroxide
est estrogen/methyltest
estradiol
estropiate
ethosuximide
etodolac (XL Tier 3)

F

famciclovir
famotidine
felodipine
fenofibrate
fenoprofen
fentanyl patch
FARESTON
FASTAKE TEST STRIPS
FEMARA
fexofenadine
finasteride
flavoxate
flecainide
FLOVENT, ROTADISK, HFA
fluconazole (PA)
fludrocortisone acetate
flunisolide
fluocinolone (topical)
fluocinonide (topical)
fluoride/polyvitamins for children
fluoride/vitamins A, D, C for children
fluorometholone
FLUOROPLEX
fluorouracil
fluoxetine (20mg tablet Tier 3)
fluphenazine
flurazepam
flurbi profen
flurbi profen sodium (ophthalmal)
flutamide
fluticasone propionate nasal spray
fluvoxamine maleate
folic acid 1 mg
FORTOVASE (PA)
fosinopril
fosinopril/HCTZ
furosemide
FUROXONE

G

gabapentin
ganciclovir
gemfibrozil
gentamicin
GLEEVEC (PA)
glimepiride
gli pizide, XL
gli pizide/metformin
glyburide
GRIFULVIN V
GRISACTIN ULTRA
GRIS-PEG
griseofulvin
guaifenesin/codeine
guanabenz acetate
guanfacine

H

haloperidol
HECTOROL
HEPSERA
HEXALEN
HUMALOG
(PENS/CARTRIDGES (PA)
HUMULIN
(PENS/CARTRIDGES - PA)
hyalalazine
hyalalazine/HCTZ
hydrochlorothiazide
hydrocodone/APAP
hydrocortisone tablets
hydromorphone HCl
hydroxychloroquine
hydroxyzine pamoate
hyoscyamine

I

ibuprofen
imi pramine
IMITREX
indapamide
indomethacin, SR (not suppos.)
INSULIN, ONLY LILLY BRANDS
HUMULIN, HUMALOG PENS/
CARTRIDGES (PA)
INVIRASE (PA)
IOPIDINE
ipratropium (not inhaler)
isonarif
isoniazid
isosorbide dinitrate
isosorbide mononitrate
isotretinoin (PA)
itraconazole capsules (PA)

J

JANUMET (PA)
JANUVIA (PA)
JENEST
jolvette
junel FE

K

KADIAN
KALETRA (PA)
kariva
ketoconazole
ketoprofen (not ER)
ketorolac

L

labetalol
lactulose
LANOXIN
LANTUS
LANTUS SOLOSTAR (PA)
leena
LEUKERAN
LEVLEN/LEVLETE
levobunolol
levodopa/carbidopa
levora
LEVOTHROID
levothyroxine
LEXAPRO (ST)
LEXIVA (PA)
lidocaine viscous
lidocaine-prilocaine
LIFESCAN TEST STRIPS
lindane
liothyronine
lisinopril
lisinopril/HCTZ
lithium
LOCOID
LOESTRIN
LO/OVRAL
LOPRESSOR HCT
loratadine D-24 (Requires Drs
Prescription)
loratadine OTC (Requires Drs
Prescription)
lorazepam
LOTRONEX
lovastatin
low-Ogestrel
loxapine
LUMIGAN
LUNESTA (ST)
lutura
LYSODREN

M

maprotiline
MATULANE
MAVIK
MAXALT, MLT
mebendazole (tablets, cream)
(ER Tier 3)
meclofenamate
medroxyprogesterone (tab, inj.)
megestrol acetate
meloxicam
meperidine
MEPHYTON
MEPRON\METHERGINE
mercaptapurine
mesalamine enema
metaproterenol
metformin/Glyburide
metformin, XR
methadone
methazolamide
methenamine
methimazole
methocarbamol
methotrexate (oral)
methyl dopa
methyl dopa/HCTZ
methylphenidate
methylprednisolone
metipranolol (ophth)
metoclopramide
metolazone
metoprolol, XL
METROGEL (ST)
metronidazole tablets, cream,
lotion (ER Tier 3)
mexiletine
MIACALCIN NASAL SPRAY
MICARDIS
MICARDIS HCT
microgestin Fe
MIGRANAL
minocycline (tabs and solodyn
not covered)

minoxidil (not soln)
MIRCETTE
mirtazapine
misoprostol
MODICON
moexipril
moexipril / HCTZ
monaNessa
morphine IR, SIR MPH-A
muciprocin ointment
MYCOBUTIN
MYLERAN

N

nabumetone
nadolol
naltrexone
NAMENDA
naproxen
naproxen sodium
NARDIL
NASONEX
NEBUPENT
necon
nelovagy
NEO-DECADRON
neomycin
neomycin/bacitracin
nephazoline ophth
NIASPAN
nifedipine XL
NILANDRON
nimodipine
nitrofurantoin
nitroglycerin, all forms
NITROLINGUAL
TRANSLINGUAL
SPRAY
NITROSTAT SL
nizatidine
nor-BE
NORDETTE
norethindrone acetate
norgestrel-ethinyl estradiol
NORINYL
NOR-QD
nortrel
nortriptyline
NORVIR
nystatin

O

ofloxacin
ogestrel
omeprazole (40mg non-form)
(see prilosec OTC)
ondansetron
ONE TOUCH TEST STRIPS
ONE TOUCH ULTRA TEST
STRIPS
OPANA ER
ORTHO CEPT
ORTHO CYCLEN
ORTHO MICRONOR
ORTHO NOVUM
ORTHO TRI-CYCLEN
ORTHO TRI-CYCLEN LO
OVCON-50
OVRAL
oxaprozin
oxazepam
OXSORALEN, ULTRA
oxybutynin (XL Tier 3)

P

pancrelipase
papain-urea
penicillin VK
pentoxifylline
permethrin
perphenazine
phenazopyridine
phenobarbital
phenytoin
phenytoin Sodium Extended
PHOSLO
PHOSPHOLINE IODIDE PLAN
B (Requires Drs Prescription)
physostigmine sulfate
pilocarpine (Ocuser Tier 3)
pindolol
piroxicam
PLAVIX
podofilox solution
POLY-PRED
polyethylene glycol 3350
portia
potassium chloride
potassium citrate
pramoxine/HC
pravastatin
prazosin
PRECARE CHEWABLES
PRECARE CONCEIVE
PRECARE PREMIER
PRECOSE
prednisolone
prednisone
PREMARIN
PREMESIS RX
PREMPHASE
PREMPRO
prenatal vitamins
(prescription forms only)
PRENATE ELITE
PREVPAC
prilosec OTC 20mg Requires
Drs Prescription (prilosec
40mg not covered)
primidone
PROAIR HFA
probenecid
PRIMACARE
PRIMACARE ONE
PROCANBID
prochlorperazine
PROGRAF (PA)
promethazine
PROMETRIUM
propafenone HCl
propantheline
propoxyphene
propoxyphene HCl/APAP
propoxyphene napsylate/APAP
propylthiouracil
PROSTIGMIN
PROTONIX
protriptyline
PULMICORT RESPULES
(ONLY PATIENTS < 5 YRS)
(PA)
PULMOZYME

Q

quasense
quinapril
quinapril/HCTZ
quinidine
QUIXIN
QVAR

R

ramipril (tablet Tier 3)
ranitidine (Gel & efferdose
Tier 3)
RAPAMUNE (PA)
RENAGEL
RENVELA
REQUIP
RESCRIPTOR (PA)
RETIN A MICRO
RETROVIR (PA)
REYATAZ (PA)
ribasphere (PA)
ribavirin (PA)
RIDAURA
RIFAMATE
rifampin
rimantadine
RISPERDAL
ROWASA SUPP

S

SANCTURA, XL
salsalate
SEASONALE
SEASONIQUE
selegiline (patch Tier 3)
selenium sulfi de 2.5%
SENSIPAR (PA)
SEREVENT
SEROQUEL, XR
sertraline
silver sulfadiazine
SIMCOR
simvastatin
SINGULAIR (ST)
sodium fluoride (drops, tablets)
sodium polystyrene sulfonate
SOLIA
SORIATANE
sotolol
SPIRIVA
spironolactone
spironolactone/HCTZ
SPORANOX SOLN. (PA)
sprintec
SSKI
sucralfate
SULAR
sulfacetamide
sulfacetamide/phenylephrine
sulfacetamide prednisolone
sulfacetamide/sulfur
sulfamethoxazole/trimethoprim
sulfasalazine, EC
sulfisoxazole
sulindac
SUPRAX
SURESTEP TEST STRIPS
SUSTIVA (PA)
SYMBICORT
SYNAREL

T

tamoxifen citrate
temazepam
terazosin
TARCEVA (PA)
TAZORAC
TEGRETOL
TEGRETOL XR
TEMODAR (PA)
terbinafine (tabs only;
4 rx/yr then PA required)
terbutaline sulfate
terconazole
TESLAC
TESTIM (PA)
tetracycline
THALOMID (PA)
THEO-24
THEOLAIR
theophylline, XR
THIOGUANINE
thioridazine
thiothixene

ticlopidine
TIKOSYN
TILADE
timolol
timolol maleate
tizanidine
TOBI
TOBRADEX
tobramycin
tolazamide
tolbutamide
tolmetin
TONOCARD
TORECAN
torsemide
TRACLEER (PA)
tramadol
tramadol/APAP
tranylcypromine
TRAVATAN
TRAVATANZ
trazodone
tretinoin
triamcinolone topical
(cream, lotion, ointment)
triamterene/HCTZ

triazolam
trifluoperazine
trifluridine
TRIGLIDE
trihexyphenidyl
TRI-LEVLEN
trimethobenzamide
trimethoprim
trimethoprim-polymyxin B
trinessa
TRI-NORINYL
TRI-PHASIL
triple sulfa
triPrevifem
TRISORALEN
tri-Sprintec
TRI-VI-FLOR
trivora
TRIZIVIR (PA)
TWINJECT

U
ursodiol
UROXATRAL

V
VALCYTE
valproic acid
VALTREX
vancomycin (susp)
velivet
venlafaxine IR (ST)
verapamil, SR (long-acting)
VEXOL
VFEND (PA)
VIDEX (PA)
VIOKASE
VIRA-A
VIRACEPT (PA)
VIRAMUNE (PA)
VIVELLE
VOLTAREN OPTHALMIC
VYTORIN
VYTORIN 10/10MG (ST)

W
warfarin

X
XELODA (PA)

Y
YASMIN
YAZ
YODOXIN

Z
zaditor OTC (Requires Drs
Prescription - generic
copy)
(Prescription zaditor* not
covered)
zaleplon
ZEMPLAR
ZERIT (PA)
ZIAGEN (PA)
ZOLOFT
zolpidem (CR non-form, ST)
zovia
ZYLET
zyrtec OTC (Requires Drs
Prescription - generic copy)
ZYVOX

Non-Preferred (Tier 3) - \$\$\$ with Preferred Alternatives

A
ABILIFY Clozaril*, Risperdal, Seroquel
ACCU-CHECK
BRAND TEST STRIPS One Touch Test Strips
ACEON Accupril*, Lotensin*, Prinivil*, Zestril*
ACIPHEX (ST) Prilosec OTC*, Omeprazole*, Protonix
ACLOVATE Hydrocortisone*, Synalar*, Desowen*
ACTIQ (PA) Oxy IR*, MSIR*, Dilaudid*
ACTIVELLA Prempro, Premphase
ACTONEL Alendronate
ACTOPLUSMET (PA) Actos (PA) plus Glucophage*
ACULAR Ocufen*, Voltaren Ophthalmic*
ADDERALL XR Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta
(PA > 17yrs)
AEROBID Flovent, QVAR, Asmanex
ALTACE Prinivil*, Lotensin*, Accupril*, Vasotec*
ALOCRIL Zaditor OTC*, Alaway*, Crolom*, Alamast, Alomide
ALPHAGAN-P Alphagan*
AMBIEN CR (ST) Ambien*, Ativan*, Halcion*, Serax*, Restoril*, Sonata*
AMERGE Imitrex, Maxalt
AMITIZA (ST) Miralax*, Chronulac*, Colyte*
ANDRODERM (PA) Testim (PA)
ANDROGEL (PA) Testim (PA)
ANZEMET Compazine*, Phenergan*, Tigan*, Zofran*
ARTHROTEC Voltaren* plus Cytotec*
ASCENSIA BRAND
TEST STRIPS One Touch Test Strips
ATACAND Benicar, Micardis
ATACAND HCT Benicar HCT, Micardis HCT
AVALIDE Benicar HCT, Micardis HCT
AVAPRO Benicar, Micardis
AVITA GEL Retin A*, Retin A Micro
AVODART Proscar*, Uroxatral
AXERT Imitrex, Maxalt
AXID Zantac*, Tagamet*, Pepcid*
AZMACORT QVAR, Asmanex, Flovent
AZOR amlodipine plus Benicar

B
BARACLUDE Epivir HBV, Hepsera (PA)
BD TEST STRIPS One Touch Test Strips
BECLOTEC Flovent, QVAR, Asmanex
BECONASE Flonase, Nasonex, Nasalide*
BENZACLIN OTC Benzoyl Peroxide plus Topical Clindamycin*
BONIVA Alendronate*
BYETTA (PA) Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*,
Glucophage*

C
CARDIZEM LA Cardizem CD*
CATAFL AM Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*,
Disalcid*, Relafen*
CATAPRES TTS Catapres*, Aldomet*, Hytrin*, Mini press*, Cardura*

CEFZIL
CELEBREX (PA) Ceftin*, Ceclor*
Motrin*, Naprosyn*, Mobic*, Voltaren*, Orudis*, Clinoril*,
Disalcid*, Relafen*
CENESTIN Premarin, Ogen*
CLARINEX Generic over-the-counter. Loratadine is covered with a
physicians prescription.
COLAZAL Azulfidine*, Asacol
COPEGUS (PA) Ribasphere (PA)
COREG CR (ST) Coreg*
COSOPT Timoptic* plus Azopt
COZAAR Benicar, Micardis
CUTIVATE Valisone*, Kenalog*, Diprosone*, Topicort*, Synalar*,
Locoid*, Westcort*, Elocon*
CYMBALTA (PA) Celexa*, Prozac*, Zoloft*, Paxil*

D
DAYTRANA Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta
(PA > 17yrs)
DETROL/DETROL LA Ditropan*, Sanctura, XR
DIFFERIN Retin-A*
DIOVAN Benicar, Micardis
DIOVAN HCT Benicar HCT, Micardis HCT
DIPENTUM Azulfidine*, Asacol
DITROPAN XL Ditropan*, Sanctura, XR
DUAC Clindamycin Topical plus OTC Benzoyl Peroxide
DYNACIRC CR Norvasc*

E
ELIDEL (PA) Valisone*, Kenalog*, Diprosone*, Topicort*, Synalar*,
Locoid*, Wescort*, Elocon*
ENABLEX Ditropan IR*
EXELON Aricept, Namenda

F
FEMHRT Prempro, Premphase
FEMPATCH Estraderm*, Vivelle*
FLOMAX Cardura*, Hytrin*, Uroxatral
FOCALIN Adderall*, Ritalin*, Concerta
FOCALIN XR Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta
(PA > 17yrs)
FORADIL Serevent
FROVA Imitrex, Maxalt

G
GABITRIL Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol,
Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*,
Depakote, Depakote ER, Neurontin*
GEODON Risperdal, Seroquel

H
HALFLYTE CoLyte*
HELIDAC Prevpac
HYZAAR Benicar HCT, Micardis HCT

I		
INNOPRAN XL NOVO BRAND	Inderal LA*, Topral XL*, Coreg*	
INSULINS	Lilly Brand Insulins	
INVEGA (PA)	Seroquil, Risperdal	
IRESSA (PA)	Tarceva (PA)	
K		
KEPPRA	Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*	
KETEK	First Line Generic Antibiotics	
KYTRIL	Zofran*	
L		
LAMICTAL	Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*	
LESCOL, XL (ST)	Zocor*, Pravachol*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)	
LETAIRIS (PA)	Tracleer (PA)	
LEVAQUIN	Cipro*, Avelox	
LEVEMIR	Lantus	
LIPITOR 10mg, 20mg (ST)	Zocor*, Pravachol*, AltoPrev*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)	
LIPITOR 40mg, 80mg	Zocor*, Pravachol*, AltoPrev*, Mevacor*, Crestor (5mg ST), Vytorin (10/10mg ST)	
LOESTRIN 24 FE	Yaz, several oral contraceptives are available on the Preferred Drug List	
LOPROX	Nizoral* or Nystatin*	
LORABID	Ceclor*	
LOVAZA	Lofibra*, Lopid*, Niaspan*, Triglide	
LYRICA (PA)	Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*	
M		
MAXAIR	ProAir HFA	
METADATE CD (PA >17yrs)	Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta	
MIRAPEX	Requip*	
N		
NAPRELAN	Motrin*, Naprosyn*, Voltaren*, Orudis*, Clinoril*, Disalcid*, Relafen*, Mobic*	
NASACORT	Flonase*, Nasonex, Nasalide*	
NEXIUM (ST)	Prilosec OTC*, omeprazole*, Protonix	
NIRAVAM (ST)	Xanax*	
NOROXIN	Cipro*, Floxin*, Avelox	
NORGESIC/NORFLEX	Flexeril*, Lioresal*, Robaxin*, Soma*	
NOVO BRAND INSULINS	Lilly Brand Insulins	
O		
OPANA IR (PA)	MSIR*, Oxycodone IR*	
OXISTAT	Nizoral* or Nystatin*	
OXYCONTIN (PA)	Dolophine*, MS Contin*, Duragesic*, Opana ER	
OXYTROL	Ditropan*, Sanctura, XR	
ORTHO EVRA	several oral contraceptives are available on the Preferred Drug List	
P		
PARAFON		
FORTE DSC	Flexeril*, Lioresal*, Robaxin*, Soma*	
PATADAY	Alaway, Zaditor OTC (covered with prescription tier 1 copay)	
PATANOL	Alaway, Zaditor OTC (covered with prescription tier 1 copay)	
PAXIL CR (ST)	Celexa*, Prozac*, Zoloft*, Paxil*	
PENTASA	Asacol	
PRANDIN	Diabeta*, Glucotrol*, Amaryl*	
PRAVACHOL 80mg	Zocor*, Mevacor*, Pravachol 40mg (x2)	
PREFEST	Prempro, Premphase	
PREVACID		
SOLUTAB (ST)	Prilosec OTC*, omeprazole*, Protonix	
PREVACID CAPSULES	Prilosec OTC*, omeprazole*, Protonix	
PROCARDIA CAPSULES	Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL*	
PROTOPIC	Hydrocortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort*	
PROVENTIL HFA	Proventil*, ProAir HFA (generic copay)	
PROVIGIL (PA)	Ritalin*, Dexedrine*, Adderall*	
PROZAC WEEKLY (ST)	Prozac Capsules*	
PULMICORT TURBUHALER	Flovent, QVAR, Asmanex	
Q		
Qualaquin (PA)	Lariam*, Plaquenil*, Primaquine*	
R		
RALIVIA ER (ST)	Ultram*	
RELPAK	Maxalt, Imitrex	
REMERON SOLTAB	Remeron*, Celexa*, Prozac*, Zoloft*, Paxil*	
REMINYL	Aricept, Namenda	
RESCULA	Lumigan, Travatan	
RESTORIL 7.5/22mg	Restoril* 15mg & 30mg, Ambien*, Halcion*	
RHINOCORT	Flonase*, Nasonex, Nasalide*	
RITALIN LA (PA > 17yrs)	Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta	
ROGAINE	Benefit exclusion	
ROZEREM (ST)	Ambien*, Ativan*, Halcion*, Serax*, Restoril*, Sonata*	
S		
SARAFEM	Prozac Capsules*	
SERZONE	Celexa*, Prozac*, Zoloft*, Paxil*	
SKELAXIN	Flexeril*, Lioresal*, Robaxin*, Soma*	
SONATA (ST)	Zaleplon	
SPECTAZOLE	Nizoral* or Nystatin*	
STADOL NS	Tylenol with Codeine*, Darvocet-N 100*, Ultram*	
STARLIX	Diabeta*, Glucotrol*, Amaryl*	
STRIANT (PA)	Testim (PA)	
STRATTERA	Ritalin*, Adderall*, Concerta	
SYMBYAX (PA)	Prozac* plus Zyprexa (PA)	
SYMLIN (PA)	Humulin, Humalog, Lantus	
T		
TAMIFLU	Amantadine*	
TARKA	Mavik plus Verapamil*	
TASMAR	Comtan	
TESTODERM (PA)	Testim (PA)	
TEVETEN	Benicar, Micardis	
TEVETEN HCT	Benicar HCT, Micardis HCT	
TOFRANIL PM	Tofranil*	
TOPAMAX	Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin	
TRICOR	Lofibra*, Lopid*, Triglide*	
TRILEPTAL*	Phenobarbital*, Tegretol*, Tegretol XR, Carbatrol, Dilantin*, Mysoline*, Klonopin*, Zarontin*, Depakene*, Depakote, Depakote ER, Neurontin*	
TRUSOPT	Azopt	
TUSSIONEX	Robitussin AC, Hycodan*	
U		
ULTRACET	Tramadol/APAP	
ULTRAM ER (ST)	Ultram*	
ULTRAVATE	Temovate*, Psorcon, Diprolene*	
UNIRETIC	Moexipril/HCTZ	
V		
VAGIFEM	Premarin Cream, Estrace Cream, Ogen Cream	
VENTOLIN HFA	ProAir (generic copay)	
VERAMYST	Flonase*	
VERELAN, SR	Calan*, SR*, Cardizem CD*, Adalat CC*, Procardia XL*	
VESICARE	Ditropan*, Sanctura, XR	
VICOPROFEN	Vicodin* plus Ibuprofen*	
VIGAMOX	Tobrex*, Gentamicin*, Ciloxan*, Ocuflax*	
VYVANSE (PA >17yrs)	Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Concerta	
W		
WELCHOL	Questran/Colestid*	
WELLBUTRIN XL* (ST)	Wellbutrin SR*, Wellbutrin*	
X		
XALATAN	Lumigan, Travatan	
XANAX XR	Alprazolam ER	
XOPENEX, HFA	Albuterol Inhaler*, ProAir (generic copay), Maxair Inhaler, Albuterol Nebulizer Solution*	
XYREM (PA)	Adderall*, Ritalin*	
Z		
ZANTAC GELCAP and EFFERDOSE	Zantac Tablet*, Tagamet*, Pepcid*	
ZEGERID	Prilosec OTC*, Omeprazole*, Protonix	
ZMAX	Zithromax	
ZETIA	Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan	
ZOMIG	Imitrex, Maxalt	
ZOVIRAX OINTMENT	Oral Zovirax*	
ZYMAR	Tobrex*, Gentamicin*, Ciloxan*, Ocuflax*	
ZYPREXA (ST)	Risperdal, Seroquel	
ZYRTEC	Generic over-the-counter Loratadine is covered with a physicians prescription	
ZYRTEC D	Generic over-the-counter Loratadine is covered with a physicians prescription	

Brand Name Drugs with Preferred Generic Equivalents

The following brand name drugs have preferred generic equivalents available. The preferred generic equivalents are available at a Preferred Generic (Tier 1) copay. If you choose to receive the Brand Name version when a Preferred Generic is available, you will pay the Preferred Generic copay plus the difference in cost between the Preferred Generic and the Preferred Brand Name.

A/T/S*	Ciloxan Soln*	Elocon*	Klorvess*	Neosporin ophthalmic*
Accupril*	Cipro* (XR Tier 3)	Emla*	K-Lyte*	Neptazane*
Accuretic*	Claritin* (Requires Drs	Empirin 2, 3, 4*	K-Phos Neutral*	Neurontin*
Accutane* (PA)	prescription)	E-Mycin*	Kristalose*	Nilstat*
Accuzyme*	Claritin D* (Requires Drs	Eryc*	Kwell*	Nimotop*
Actigall*	prescription)	Ery-Derm*	Lamisil* (tabs only), 4rx/yr	Nitrobid*
Adalat CC*	Cleocin, Vag, T*	Erymax*	then PA required)	NitroDur*
Adderall* (XR Tier 3)	Climara*	Ery-Tab*	Lasix*	Nitrol*
Adrenalin*	Clinoril*	Erythrocin*	Levoxyl*	Nizoral*
Agrylin*	Clozaril*	Eserine*	Levsin*	Nolvadex*
Aldactazide*	Cogentin*	Eskalith*, CR	Levsinex*	Normodyne**
Aldactone*	Colestid*	Estrace*	Librax*	Norpace*, CR*
Aldomet*	Colyte*	Estraderm*	Librium*	Norpramin*
Aldoril*	Compazine*	Estratest, HS*	Lidex*	Norvasc* (ODT not
Allegra*	Condylox Gel, Soln*	Eulexin*	Lioresal*	covered)
Alphagan* (P non-form)	Cordarone*	Extendryl*	Locoid*	Novahistine DH*
Alupent*	Coreg* (CR non-form, ST)	Famvir*	Loibra*	Nulytely*
Amaryl*	Corgard*	Feldene*	Lomofil*	Ocufen*
Ambien* (CR non-form,ST)	Cortef*	Fioricet*	Loniten*	Ocuflax*
(ODT not covered)	Cortisporin*	Fiorinal w/Codeine*	Lopid*	Ogen*
Amicar*	Crolom*	Fiorinal*	Lopressor*	Omnicef*
Amino-Cerv*	Cyclogyl*	Flagyl* (ER Tier 3)	Lortab*	Optipranolol*
Amoxil*	Cycin*	Flexeril*	Lotensin HCT*	Orasone*
Anafranil*	Cylert*	Flonase*	Lotensin*	Orinase*
Analpram HC*	Cystospaz*	Florinef*	Lotrel*	Ortho Est*
Anaprox*, DS*	Cytomel*	Floxin*	Lotrisone Cream*	Orudis*
Anaspaz*	Cytotec*	Flumadine*	Loxitane*	Ovcon-35*
Android*	Cytovene*	Fosamax*	Lozol*	OxylR*
Ansaid*	Cytoxan*	FML, FML Forte, FML S*	Ludiomil*	Pamelor*
Antabuse*	Dalmane*	Fulvicin P/G*	Luride*	Pancrease*
Anusol-HC*	Danzol*	Furadantin*	Macrobid*	Pancrease MT*
Apresazide*	Dantrium*	Gantrisin*	Macrochantin*	Parlodel*
Apresoline*	Darvocet N100*	Garamycin*	Mandelamine*	Parnate*
Aralen*	Darvocet N50*	Genoptic*	Maxitrol*	Paxil* (CR Tier 3, ST)
Artane*	Darvon*	Glucophage*, XR*	Maxzide*	Pediazole*
Atarax*	DDAVP*	Glucotrol*, XL*	Meclomen*	Pemoline*
Ativan*	Decadron*	Glucovance*	Medrol*	Penlac*
Antrovent Soln*	Deconamine SR*	Glynase*	Megace*	PENVK*
Augmentin ES*	Deltasone*	Golytely*	Mellaril*	Pepcid* (RPD Tier 3)
Augmentin*	Demdex*	Grifulvin V*	Menest*	Percocet*
Auralgan*	Demerol*	Guiatuss AC*	Mestinon*	Percodan*
Aventyl*	Depakene*	Halcion*	Metadate ER*	Periactin*
Aygestin*	Desowen*	Haldol*	Metaglip*	Permitil*
Azathioprine*	Desyrel*	Histussin HC*	Metimyd*	Persantine*
Azulfidine*, EN*	Dexedrine*	Humatin*	MetroCream*	Phenergan Codeine, DM,
Bacitracin ophthalmic*	DextroStat*	Hycodan*	MetroLotion*	VC, & VC/Codeine*
Bactrim*, DS*	Diabeta*	Hycomine*	Mevacor*	Phenergan*
Bactroban Oint.*	Diabinese*	Hycotuss*	Mexitil*	Phenylek*
Bentyl*	Diamox*	Hydrea*	Micronase*	Pilocar*
Benzamycin*	Diflucan*	Hydrodiuril*	Microzide*	Plaquenil*
Betagan*	Dilacor XR*	Hydroxyurea*	Midodrine*	Plendil*
Betapace AF*	Dilaudid*	Hygroton*	Midamor*	Pletal*
Betoptic*	Diprolene*, AF*	Hytrin*	Midrin*	Polaramine*
Biaxin*, XL*	Di prosone*	Ilotycin*	Mini press*	Polyhistine CS, D, DM*
Bicitra*	Disalcid*	Imdur*	Minocin*	Polysporin Ophth.*
Bleph10*	Ditropan* (XL* Tier 3)	Inderal*, LA*	Miralax*	Polytrim*
Blocadren*	Diuril*	Indocin, SR*	Mobic*	Poly-Vi-Flor*
Brethine*	Dolobid*	(suppositories Tier 3)	Moduretic*	Pravachol* (80mg non-
Bromfed*, PD*, DM*	Dolophine*	Inflamase*, Forte*	Monodox* (75mg not	form)
Bumex *	Domeboro Otic*	Intal*	covered)	Pred G, Forte, & Mild*
Buspar*	Donnatal (caps Tier 3)*	ISMO*	Monopril*	Prelone*
Cafergot*	Drysol*	Isoptin*	Monopril HCT*	Prevalite*
Calan*, SR*	Duragesic*	Moduretic*	Motrin*	Primaquine*
Calciferol*	Duricef*	Isopto Atropine*	MS Contin*	Principen*
Capoten*	Dyazide*	Isopto Carbachol*	MSIR*	Prinivil*
Capozide*	Dymelor*	Isopto Carpine*	Mucomyst*	Prinzide*
Carafate*	Dynacin* capsules (tabs	Isordil*	Myambutol*	Pro Amatine*
Cardizem*, SR*, CD*	not covered)	Karidium*	Mycelex Troche*	Probanthine*
Cardura (XL non-form)	EC-Naprosyn*	Kayexalate*	Mycolog II*	Procardia XL*
Cartia XT*	Econopred, Plus*	K-Dur*	Mycostatin*	Proctocort*
Catapres* (TTS non-form)	EES*	Keflex*	Mysoline*	Proctocream-HC*
Ceclor*, CD*	Effexor* (ST)	Kenalog*	Nalfon*	Proctofoam-HC*
Ceftin*	Efudex*	Klaron*	Naprosyn* (Naprelan Tier 3)	Prolixin*
Celexa*	Elavil*	Klonopin*	Natalins*	Pronestyl*, SR*
Cetamide*	Eldepryl*	K-Lor*	Navane*	Propine*
Cheracol*	Elimite*		Neoral* (PA)	Proscar*

* Generic equivalent at Tier One copay. If you choose to receive the Brand Name version when a Preferred Generic is available, you will pay the Preferred Generic copay plus the difference in cost between the Preferred Generic and the Preferred Brand Name.

Proventil* (Not HFA)	Sandimmune* (PA)	Terazol*	Uniphyll*	Wellbutrin*, SR* (XL*, non-form ST)
Provera*	Seasonale*	Tessalon Perles*	Univasc*	Westcort*
Prozac* (20mg tablet & weekly Tier 3)	Sectral*	Theodur*	Urecholine*	Wigraine*
Psorcon*	Selsun*	Thorazine*	Urised*	Wytensin*
Psoriatec*	Septra, DS*	Tiazac*	Urispas*	Xanax* (XR Tier 3, ST)
Questran, Light*	Serax*	Ticlid*	Urocit K*	Xeloda* (PA)
Quinaglute*	Silvadene*	Tigan*	Ursodiol*	Valisone*
Quinidex*	Sinemet*, CR*	Timoptic*, XE*	Valium*	Zaditor*
Rebetol* (PA)	Sinequan*	Tobrex*	Vancocin*	Vaseretic*
Reglan*	Slow-K*	Tofranil* (PM Tier 3)	Vasocidin*	Zantac* (Gel caps & efferdose Tier 3)
Remeron* (sol Tab Tier 3)	Soma Compound*	Tolectin*, DS*	Vasosulf*	Zarontin*
Restoril*	Soma* (250mg not covered)	Tolinase*	Vasotec*	Zaroxolyn*
Retin A*	Sporanox capsules* (PA)	Topicort*	VePesid*	Ziac*
Revia*	Stelazine*	Toprol XL*	Vermox*	Zithromax
Rifadi*	Sulamyd*	Toradol *	Vesanoide*	Zocor*
Rifamate*	Sulfacet-R*	Trandate*	Vibramycin*	Zofran*
Rilutek*	Symmetrel*	Tranxene* (SD, T Tier 3)	Vibra-Tabs*	Zolofit*
Ritalin, SR*	Synalar*	Trental*	Vicodin*, ES*	Zovirax* (ointment Tier 3)
RMS suppositories*	Synthroid*	Triafil*	Videx EC* (PA)	Zyloprim
Robaxin*	Tagamet*	Trilafon*	Viroptic*	
Robitussin AC, DAC*	Tagamet*	Trilise*	Visken*	
Rocaltrol*	Tambocor*	Trimox*	Vistaril*	
Rondec, DM*	Tapazole*	Tri-Vi-Flor*	Vivactil*	
Rowasa Enema*	Tavist 2.68mg*	T-Stat*	Volmax*	
Rynatan*	Temovate*	Tylenol 2,3,4*	Voltaren, XR*	
Rythmol* (SR Tier 3)	Tenex*	Tylox*	Vosol*, HC*	
Salagen*	Tenoretic*	Ultram* (ER Tier 3)		
	Tenormin*			

* Generic equivalent at Tier One copay. If you choose to receive the Brand Name version when a Preferred Generic is available, you will pay the Preferred Generic copay plus the difference in cost between the Preferred Generic and the Preferred Brand Name.

2009 INJECTABLE DRUG LIST WITH PREFERRED ALTERNATIVES

Dependent upon benefit design, Preferred may require the lowest copayment level and Non-Preferred the highest copayment level. Please refer to your Altius member handbook for details.

NON-PREFERRED	PREFERRED ALTERNATIVE	NON-PREFERRED	PREFERRED ALTERNATIVE
ABRAXANE	PACLITAXEL	INFERGEN	INTRON-A
ADVATE	RECOMBINATE, KOGENATE, REFACTO	INNOHEP	LOVENOX, HEPARIN
AMEVIVE	RAPTIVA	KINERET	ENBREL, HUMIRA
ARALAST	PROLASTIN	KYTRIL INJECTION	ZOFRAN INJECTION
ARANESP	PROCRIT	MIACALCIN INJECTION	MIACALCIN NASAL SPRAY, FOSAMAX
ARIXTRA	LOVENOX, HEPARIN, FRAGMIN	NORPLANT	DEPO-PROVERA, YASMIN
BETASERON	COPAXONE, AVONEX	NUTROPIN	NORDITROPIN
BONIVA	ALENDRONATE	ORENCIA	ENBREL, REMICADE, HUMIRA
CAVERJECT#	VIAGRA# (ORAL NON-PREFERRED)	PEG-INTRON	PEGASYS
DHE 45	IMITREX, MAXALT, MIGRANAL	PRIALT	PCA MORPHINE, PCA DEMEROL
EDEX#	VIAGRA# (ORAL NON-PREFERRED)	REBIF	COPAXONE, AVONEX
EPOGEN	PROCRIT	ROFERON A	INTRON-A
FORTEO	Alendronate	SAIZEN	NORDITROPIN
GENOTROPIN	NORDITROPIN	SEROSTIM	NORDITROPIN
GEREF	NORDITROPIN	TYSABRI	COPAXONE, AVONEX
HUMATROPE	NORDITROPIN	VANTAS	LUPRON
		ZEMAIRA	PROLASTIN
		ZOVIRAX INJECTION	ACYCLOVIR
			REMICADE

Dependent upon benefit design

2009 MEDICATIONS EXCLUDED FROM ALTIUS' PHARMACY BENEFIT

Adoxa / adoxa pak	Doryx	Myrac	Symbyax
Allegra ODT	Dynacin tablets	Oraxyl	Tovalt ODT
Amlodipine ODT	Edex#	Over-the-counter medications	Tretin-X
Ammonium lactate	Flector Patch	Potaba	Treximet
Amrix	Fortamet	Progesterone cream (compounded) and suppositories	Vaniqua
Avita	Glumetza	Propecia	Viagra#
Axid oral solution	Infertility medications	Quinine sulfate	Vitamins (except prescription prenatal vitamins and folic acid)
Caduet	Ketotifen	Renova	Xenical
Caverject#	Lac Hydrin	Sarafem (use fluoxetine)	Zaditor
Clindareach	Meridia	Simvastatin ODT	Zanaflex Capsules
Compounded prescriptions	Minocin combo pack	Solodyn	Zyban
Daytrana	Monodox	Soma 250mg	Zytec Rx Brand
Dazidox	Muse#		

Dependent upon benefit design

Oral and Topical Prior Authorization Agents

Abilify (aripiprazole)
Accutane (isotretinoin)*
Actiq (transmucosal fentanyl)*
Actos (pioglitazone)
Actoplus Met (pioglitazone/metformin)
*Adderall XR (mixed amphetamines ext rel)***
Avandia (rosiglitazone)*
Avandamet (rosiglitazone/metformin)
Avandaryl (rosiglitazone/glimepiride)
Brovana (arformoterol)
Byetta (exenatide)
Copegus (ribavirin)*
Cymbalta (duloxetine)
*Daytrana (methylphenidate patch)***
Duetact (pioglitazone/glimperide)
Emsam (selegiline patch)
Exjade (deferasirox)
Exubera (insulin human [rDNA origin])
Fentora (fentanyl citrate)
*Focalin XR (dexmethylphenidate ext rel)***
Geodon (ziprasidone)
Gleevec (imatinib)
Insulin (intermediate & long-lasting) Pens (Novopen, Humulin Pen, etc)
Invega (paliperidone)
Iressa (gefitinib)
Isentress (raltegravir)
Janumet (sitagliptin/metformin)
Januvia (sitagliptin phosphate)
Kuvan (sapropterin)
Lamisil Granules (terbinafine)
Letairis (ambrisentan)
Lovaza (formerly Omacor, omega-3 fatty acids)
Lyrica (pregabalin)
Marinol (dronabinol)
*Metadate CD (methylphenidate ext rel)***
Nexavar (sorafenib)
Noxafil (posaconazole)
Opana IR (oxymorphone immediate release)
OxyContin (oxycodone sustained release)
Perforomist (formoterol)
Provigil (modafinil)
Pulmicort Respules (budesonide)^
Pulmozyme (dornase alfa)

Qaliquin (quinine)
Ranexa (ranolazine extended-release)
Rebetol (ribavirin)*
Regranex (becaplermin)
Relistor (methylalntrexone)
Revatio (sildenafil)
Revlimid (lenalidomide)
*Ritalin LA (methylphenidate ext rel)***
Selzentry (maraviroc)
Sporanox capsule* and oral solution (itraconazole)
Sprycel (dasatinib)
Suboxone (buprenorphine & naloxone)
Subutex (buprenorphine)
Sutent (sunitinib)
Symbyax (olanzapine/fluoxetine)
Symlyn, Symlyn Pen (pramlintide)
Tarceva (erlotinib)
Tasigna (nilotinib)
Temodar (temozolomide)
Testosterone Products (Testim, AndroGel, Striant, Androderm, Testoderm)
Thalomid (thalidomide)
TOBI (tobramycin inhalation solution)
Tracleer (bosentan)
Tykerb (lapatinib)
Ventavis (iloprost)
Vfend (voriconazole)
*Vyvanse (lisdexamfetamine)***
Xeloda (capecitabine)
Xyrem (Sodium Oxybate)
Zavesca (Miglustat)
Zolinza (vorinostat)
Zyprexa (olanzapine)
Zyvox (linezolid)

* indicates generic form available; lowest copay charged

** indicates Prior Auth required over age 18.

Italics indicate non-formulary agents.

^ indicates Prior Auth required over age 4

Under two tier managed formulary benefits, formulary exception criteria must be met in addition to the prior authorization criteria.

Mail-Order Exclusion List

Medications Not Covered Through Mail-Order

Plan approved maintenance medications are available through mail order if the members employer has purchased a mail order benefit. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. Examples of some of the drugs that are excluded are listed below and include non-maintenance medications, all controlled substances, and self administered injectables. Members may call Member Services to inquire about whether specific medications are covered through mail order.

Migraine Relief Drugs - Examples include - Amerge, Axert, Cafergot, D.H.E 45, Ergotamine, Frova, Imitrex, Maxalt, Maxalt MLT, Midrin, Migral, Migranal, Relpax, Sansert, Zomig, Zomig ZMT

Antibiotics - Examples include - Keflex, Duricef, Ceclor, Lorabid, Ceftin, Omnicef, Erythromycin, Pediazole, Zithromax, Biaxin, Amoxil, Trimox, Principen, Dynapen, Pen Vee K, Veetids, Augmentin, Zyvox

Antifungals - Examples include - Diflucan, Griseofulvin, Lamisil, Nizoral, Nystatin, Sporanox, Vfend

Antiemetics - Examples include - Anzemet, Emend, Kytril, Zofran

Controlled Substances - All controlled substances are excluded from mail-order. Examples include drugs in the following classes:

- Opioids - Oxycontin, MsContin, Percocet, Vicodin, Darvocet, Opana, Opana ER
- CNS depressants - Valium, Ativan, Xanax, Ambien
- CNS stimulants - Concerta, Adderall, Ritalin, Provigil
- Cannabinoids - Marinol
- Anabolic Steroids - Androgel, Testim, Androderm

Self Administered Injectables - Examples include - Sandostatin, Apokyn, Actimmune, Neupogen, Leukine, Procrit, Methotrexate, D.H.E. 45, Epogen, Nutropin, Nutropin Depot, Humatrope, Protropin, Genotropin, Norditropin, Saizen, Somavert, Serostim, Heparin, Fragmin, Lovenox, Arixtra, Innohep, Normiflo, Orgaran, Pegasys, PEG-Intron, Intron-A, Roferon A, Infergen, Fuzeon, Edex, Caverject, Avonex, Copaxone, Betaseron, Rebif, Forte, Miacalcin, Enbrel, Humira, Vivaglobin, and Kineret.

Miscellaneous Agents

Ana-Kit, Epi pen, Epi pen-JR, Twinject, Copegus, Rebetol. Drugs prohibited from dispensing large quantities (Xyrem, Clozaril, Accutane & generic). Drugs with total cost over \$1,500 require prior authorization.

Cialis	Glucagon Emergency Kit	Nexavar
Gleevec	Diaphragms	Revlimid
Muse	Levitra	Elidel
Temodar	Lotronex	Protopic
Thalomid	Xeloda	Sutent
Toradol & generic	Viagra	Amitiza
Tracleer	Iressa	Prezista
Valcyte	Tarceva	Sprycel
Valtrex all strengths	Vesanoid	
Spacers for inhalers	Rilutek	
Rozerem	Exjade	

2009 Standard Stepped Therapy Agents

The following drugs will require prior authorization if the condition is not met when the pharmacist would attempt to transmit a prescription claim.

Drug	Condition
<i>Aciphex (rabeprazole)</i>	Trial & failure of Prilosec OTC or omeprazole AND Protonix
<i>Ambien CR (zolpidem extended release)</i>	Trial & failure of Ambien* or Sonata*, AND Lunesta
<i>Amitiza (lubiprostone)</i>	Trial & failure of Lactulose*, Miralax*
<i>Azor (amlodipine/olmesartan)</i>	Trial & failure of Benicar/Benicar HCT or Micardis/Micardis HTC or Lotrel
<i>Celebrex (celecoxib)</i>	Trial & failure of 2 NSAIDs
<i>Clarinet (desloratadine)</i>	Trial & failure of Claritin* AND Zyrtec OTC
<i>Coreg CR (carvedilol extended rel)</i>	Trial of Coreg*
Crestor (rosuvastatin) 5mg only	Trial & failure of Zocor*
<i>Detrol/Detrol LA (tolterodine extended release)</i>	Trial & failure of Ditropan/Ditropan XL* or Sanctura/Sanctura XL
Effexor (venlafaxine)	Trial & failure of an SSRI
Effexor XR (venlafaxine extended rel)	Trial & failure of an SSRI
<i>Enablex (darifenacin)</i>	Trial & failure of Ditropan/Ditropan XL* or Sanctura/Sanctura XL
<i>Exforge (amlodipine/valsartan)</i>	Trial & failure of Trial & failure of Benicar/Benicar HCT or Micardis/Micardis HTC or Lotrel
<i>Lescol/Lescol XL (fluvastatin)</i>	Trial & failure of Zocor*
Lexapro (escitalopram)	Trial & failure of a generic SSRI
<i>Lipitor (atorvastatin) 10mg & 20mg only</i>	Trial & failure of Zocor*
Lunesta (eszopiclone)	Trial & failure of Ambien* or Sonata*
<i>Luvox CR (fluvoxamine extended release)</i>	Trial & failure of an SSRI
Metrogel 1% (metronidazole)	Trial & failure of Metrogel 0.75%*
<i>Nexium (esomeprazole)</i>	Trial & failure of Prilosec OTC or omeprazole AND Protonix
<i>Niravam ODT (alprazolam immediate rel)</i>	Trial of Xanax*
<i>Oxytrol (oxybutynin transdermal)</i>	Trial & failure of Ditropan/Ditropan XL* or Sanctura/Sanctura XL
<i>Paxil CR* (paroxetine extended release)</i>	Trial of Paxil*
<i>Prevacid (lansoprazole)</i>	Trial of Prilosec OTC or omeprazole AND Protonix
<i>Pristiq (desvenlafaxine)</i>	Trial of any SSRI and Effexor
<i>Prozac Weekly (fluoxetine extended rel)</i>	Trial of Prozac*
<i>Requip XL (ropinirole)</i>	Trial of Requip*
<i>Rozerem (ramelteon)</i>	Trial & failure of Ambien* or Sonata*, AND Lunesta
Sensipar (cinacalcet)	Trial & failure of Vitamin D analogs & Phoslo
Singulair (montelukast)	Prior prescription for an asthma medication
<i>Ultram ER (tramadol extended release)</i>	Trial of Ultram*
Vancocin (vancomycin) 250mg only	Trial & failure of Vancocin 125mg
<i>Vesicare (solifenacin)</i>	Trial & failure of Ditropan/Ditropan XL* or Sanctura/Sanctura XL
Vytorin (simvastatin/ezetimibe) 10/10 only	Trial & failure of Zocor*
<i>Wellbutrin XL (bupropion ext rel) 150mg only</i>	Trial of Wellbutrin* or Wellbutrin SR*
<i>Xyzal (levocetirizine)</i>	Trial & failure of Claritin* AND Zyrtec OTC
<i>Zelapar ODT (selegeline)</i>	Trial of Eldepryl*

Italics indicate non-formulary agents

* indicates generic form available – lowest copay charged

^ indicates agent is not covered

The Physician Call-in Line is a safe, reliable way for your physician to order your prescription through Mail Order. If your physician is planning to fax a prescription or refill through Mail Order, have him/her use the Call-in Line and phone in your order to ensure your prescriptions are received safely, accurately and timely, as faxes can be unreadable or lost in transmittal.

For authorization, physicians please call Coventry's Prior Authorization Department at 1-877-215-4100.

For authorization, physicians please fax prior authorization form to Altius Health Plans' Prior Authorization Desk at 1-801-323-6160 or 1-800-434-6250. Each request will be answered by a return fax.

For questions, please feel free to call Altius Health Plans' Customer Service at 1-800-377-4161.
For recent updates and changes, you may visit our web site at www.altiushealthplans.com

Altius Customer Service 800-377-4161
For general information about your Altius account.

Caremark Inc. Customer Service 800-378-7040
For forms and claim status information.
For information about your pharmacy benefits.
To find out if your pharmacy is in the Coventry Pharmacy Network.
To find pharmacies outside the service area.

Caremark Inc. Physician Call-in Line 800-378-5697
(Physicians only, please)

Prior Authorization Department 800-377-4161
(Physician's office should make the call)

Mail order general information 800-378-7040
(forms and status information)

Caremark Specialty Mail Order Service 800-237-2767
(Injectable Mail Order Program)

<http://www.AltiusHealthPlans.com>