



**University of Arkansas
January 2012**



Use of generic drugs can save both you and your health plan money. This list is not all-inclusive and is not a guarantee of coverage. Plan Benefit design is the final determinate of coverage.

Certain drugs (*) may be subject to Prior Authorization (PA), Quantity Limits (QL), Step Therapy (ST), or Reference Based Pricing (RBP) requirements according to Benefit Design.

Branded products with an available generic equivalent may be subject to the highest copayment¹ according to Benefit Design.

If you have any questions about these requirements or other formulary questions, please contact a MedImpact Healthcare customer service representative at 800-788-2949.

This list represents brand products in CAPS, branded generics in upper- and lowercase Italics, and generic products in lowercase italics.

Drug Type	Tier 1	Tier 2	Tier 3
Anti-Infectives			
Antibiotics - Cephalosporins	<i>cefaclor, cefadroxil, cefdinir, cefpodoxime, cefprozil, cefditoren, cefuroxime, cephalexin</i>	SUPRAX	CEDAX, CEFTIN susp, CEFZIL, KEFLEX, OMNICEF, SPECTRACEF
Antibiotics - Macrolides	<i>azithromycin, clarithromycin ext-rel, erythromycin delayed-rel, erythromycin ethylsuccinate, erythromycin stearate</i>	E-MYCIN, ERY-TAB <u>PCE</u>	BIAXIN, BIAXIN XL, DYNABAC, E.E.S., ZITHROMAX
Antibiotics - Fluoroquinolones	<i>ciprofloxacin, ciprofloxacin ext-rel, levofloxacin</i>	CIPRO susp, FACTIVE	AVELOX, CIPRO tabs, CIPRO XR, FLOXIN, LEVAQUIN, NOROXIN, PROQUIN XR
Antibiotics - Penicillins	<i>amoxicillin, amoxicillin-clavulanate, dicloxacillin, penicillin VK</i>		AMOXIL, AUGMENTIN/-XR
Antibiotics - Other	<i>clindamycin HCl, doxycycline hyclate, minocycline, tetracycline</i>	DORYX	CLEOCIN 75 mg caps, DYNACIN tabs, ZYVOX
Antifungals* (Prior Authorization) (Quantity Limit)	<i>fluconazole, itraconazole* (QL), ketoconazole, terbinafine tabs* (PA)</i>	FULVICIN U/F, GRIS-PEG	DIFLUCAN* (QL), LAMISIL* (PA), NIZORAL, SPORANOX* (PA)
Antivirals - Influenza* (Quantity Limit)	<i>amantadine, rimantadine</i>	TAMIFLU	RELENZA* (QL)
Antivirals - Herpes	<i>acyclovir, famciclovir, valacyclovir</i>		FAMVIR, VALCYTE, VALTREX, ZOVIRAX
Antivirals - Other - Interferons/Interferon Combinations (Prior Authorization)	<i>ribasphere, ribavirin</i>	INFERGEN* (PA), PEGASYS* (PA), PEGINTRON* (PA), VICTRELIS* (PA)	COPEGUS, REBETOL
Cardiovascular			
Anti-Adrenergic Blockers - Peripherally Acting	<i>doxazosin, prazosin, terazosin</i>		CARDURA, CARDURA XL, HYTRIN, MINIPRESS
Anticoagulants/Antiplatelet Agents (Prior Authorization)	<i>cilostazol, dipyridamole, ticlopidine, warfarin</i>	AGGRENOX, PLAVIX, PRADAXA*(PA)	COUMADIN, PLETAL
Antihyperlipidemics - HMG (Statins)	<i>lovastatin, pravastatin, simvastatin</i>	ALTOPREV	ADVICOR, CRESTOR, LESCOL, LESCOL XL, LIPITOR, MEVACOR, PRAVACHOL, SIMCOR, VYTORIN, ZOCOR
Other Antihyperlipidemic Agents	<i>cholestyramine, colestipol, gemfibrozil</i>	LIPOCHOL PLUS, LOVAZA, NIASPAN, TRICOR	ANTARA, COLESTID, LOPID, TRIGLIDE, WELCHOL, ZETIA
ACE Inhibitors and ACE Inhibitor Combinations	<i>captopril, captopril-HCTZ, enalapril, fosinopril, fosinopril-hydrochlorothiazide, lisinopril, lisinopril-HCTZ, quinapril, quinapril HCTZ, ramipril,trandolapril</i>		ACCUPRIL, ACCURETIC, ACEON, ALTACE, CAPOTEN, CAPOZIDE, MAVIK, MONOPRIL, MONOPRIL-HCT, PRINIVIL, PRINZIDE, VASOTEC, ZESTORETIC, ZESTRIL
Angiotensin II Receptor Antagonists* (Step Therapy)	<i>losartan*(ST), losartan-HCTZ*(ST)</i>	ATACAND ² * (ST), ATACAND HCT* (ST), AVALIDE* (ST), AVAPRO* (ST), DIOVAN* (ST), DIOVAN HCT* (ST)	BENICAR* (ST), BENICAR HCT* (ST), COZAAR* (ST), HYZAAR* (ST), MICARDIS* (ST), MICARDIS HCT* (ST), TEVETEN* (ST), TEVETEN HCT* (ST)
Antihypertensive Combinations (Step Therapy)	<i>amlodipine-benazepril, nadolol-bendroflumethiazide, trandolapril/verapamil</i>	EXFORGE/ -HCT* (ST)	AZOR*(ST), CORZIDE, LEXXEL, LOTREL, TARKA, TRIBENZOR*(ST), TEKAMLO*(ST)

Drug Type	Tier 1	Tier 2	Tier 3
Antihypertensive - Others	<i>eplerenone</i>		INSPRA
Beta-blockers* (Quantity Limit)	<i>atenolol, carvedilol, carvedilol ext-rel, metoprolol, metoprolol ext-rel, propranolol, propranolol ext-rel</i>	LEVATOL	BYSTOLIC, COREG, COREG CR* (QL), INDERAL, INDERAL LA, INNOPRAN XL, LOPRESSOR, TENORETIC, TENORMIN, TOPROL XL
Calcium Channel Blockers	<i>amlodipine, diltiazem ext-rel, isradipine, nimodipine, nisoldipine, verapamil ext-rel</i>		CALAN SR, CARDENE SR, CARDIZEM, CARDIZEM CD, CARDIZEM LA, COVERAHS, DYNACIRC CR, NIMOTOP, NORVASC, PLENDIL, SULAR, TIAZAC, VERELAN PM
Chronic Angina* (Step Therapy)			RANEXA* (ST)
Direct Renin Inhibitors/Combo* (Step Therapy)			AMTURNIDE*(ST),TEKTURNA* (ST), TEKTURNA HCT* (ST)
Diuretics	<i>furosemide, hydrochlorothiazide, metolazone, spironolactone/-HCTZ, triamterene-HCTZ, torsemide</i>		ZAROXOLYN
Paroxysmal Nocturnal Hemoglobinuria Agents* (Prior Authorization)		SOLIRIS* (PA)	
Pulmonary Arterial Hypertension (Prior Authorization)			ADCIRCA* (PA), LETAIRIS (PA), REVATIO (PA), VENTAVIS (PA)
Central Nervous System			
ADHD Medications* (Prior Authorization) (Quantity Limit) (Step Therapy)	<i>dexmethylphenidate, dexmethylphenidate ext-rel, dextroamphetamine, methylphenidate, methylphenidate ext-rel, ADDERALL XR</i>	METADATE CD, STRATTERA	CONCERTA , DAYTRANA* (ST), DEXEDRINE, DEXTROSTAT, FOCALIN-XR, METADATE ER, PROVIGIL* (PA), RITALIN, RITALIN LA, RITALIN SR, VYVANSE* (QL)
Alzheimer's Disease	<i>donepezil, galantamine, rivastigmine caps</i>	COGNEX, EXELON soln, NAMENDA	ARICEPT/-ODT, EXELON caps/patches, RAZADYNE/-ER
Analgesics - Narcotic* (Quantity Limit)(Prior Authorization)	<i>butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, codeine-acetaminophen, fentanyl transdermal, hydrocodone-acetaminophen, hydromorphone, meperidine, morphine, morphine supp, morphine ext-rel, oxycodone acetaminophen ext-rel, oxycodone ibuprofen, propoxyphene, propoxyphene napsylate- acetaminophen, tramadol</i>	KADIAN, OXYCONTIN* (QL), STAGESIC-10, SUBOXONE	ABSTRAL*(PA),ACTIQ* (QL), ALCET, COMBUNOX, DARVOCET A500, DARVOCET N-100, DARVON, DEMEROL, DURAGESIC, FENTORA* (QL), FIORICET, FIORINAL, FIORINAL WITH CODEINE, LYNXO, PERCOCET, PERCODAN, TYLENOL WITH CODEINE, ULTRAM ER* (QL)
Analgesics - Anti-Inflammatory/ NSAIDs	<i>choline magnesium trisalicylate, diclofenac, etodolac, ibuprofen, indomethacin, indomethacin ext-rel, meloxicam, nabumetone, naproxen, naproxen sodium, oxaprozin, sulindac</i>		ANAPROX, ANAPROX DS, ARTHROTEC, CLINORIL, MOBIC, MOTRIN, NAPROSYN, PREVACID NAPRAPAC, VOLTAREN
Anticonvulsants (Prior Authorization)	<i>carbamazepine, clonazepam, clonazepam ODT, divalproex sodium delayed-rel, divalproex sodium ext-rel, ethosuximide, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, primidone, valproic acid, zonisamide</i>	CARBATROL, CELONTIN, DIASTAT ACUDIAL, GABITRIL, STAVZOR	DEPAKENE, DEPAKOTE, DEPAKOTE ER, DILANTIN, KEPBRA, LAMICTAL, LYRICA (PA), NEURONTIN, TOPAMAX, TEGRETOL, TRILEPTAL, ZONEGRAN
Antianxiety	<i>alprazolam/- ext-rel, buspirone, diazepam, lorazepam, oxazepam</i>		VALIUM, XANAX, XANAX XR
Drug Type	Tier 1	Tier 2	Tier 3

Antidepressants - Other* (Quantity Limit)	<i>amitriptyline, bupropion/-ext-rel, clomipramine, desipramine, doxepin, mirtazapine, nortriptyline, trazodone</i>		EMSAM* (QL), REMERON, REMERON SOLTAB, WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL
Antidepressants - SSRIs	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i>		CELEXA, LEXAPRO, PAXIL, PAXIL CR, PEVEVA, PROZAC, PROZAC WEEKLY, SARAFEM, ZOLOFT
Antidepressants - SNRIs	<i>venlafaxine/-ER</i>		CYMBALTA, EFFEXOR, EFFEXOR XR
Antiparkinsonian Agents	<i>benztropine, bromocriptine, cabergoline, carbidopa-levodopa, carbidopa-levodopa ext-rel, selegiline, trihexyphenidyl</i>	COMTAN, TASMAR	AZILECT, MIRAPEX, MIRAPEX ER, PARCOFA, SINEMET, SINEMET CR, STALEVO, ZELAPAR
Antimanic Agents	<i>lithium carbonate</i>		LITHOBID
Antipsychotic Agents	<i>chlorpromazine, clozapine, fluphenazine, haloperidol, olanzapine, perphenazine, risperidone, thioridazine, thiothixene, trifluoperazine</i>	GEODON, SEROQUEL, SEROQUEL XR, ZYPREXA ZYDIS	ABILIFY, CLOZARIL, INVEGA, RISPERDAL, ZYPREXA
Migraine Products* (Quantity Limit)	<i>dihydroergotamine inj, ergotamine-caffeine tabs, naratriptan, sumatriptan</i>	AXERT* (QL), MAXALT* (QL), MAXALT MLT* (QL)	AMERGE* (QL), FROVA* (QL), IMITREX* (QL), RELPAX* (QL), ZOMIG* (QL), ZOMIG ZMT* (QL)
Multiple Sclerosis Drugs (Prior Authorization)(Quantity Limit)		AVONEX* (QL), BETASERON* (QL), COPAXONE* (QL), REBIF* (QL)	GILENYA*(PA)(QL)
Sedative Hypnotics – Benzodiazepines (BZD)	<i>flurazepam, temazepam, triazolam,</i>		DALMANE, HALCION, RESTORIL
Sedative Hypnotics* - Non-Benzodiazepine (Quantity Limit) REFERENCE BASED PRICING PROGRAM (RBP)	<i>zaleplon* (QL), zolpidem* (QL)</i>		RBP: PLAN WILL PAY \$0.19/PILL; REMAINING COST WILL BE APPLIED TO MEMBER SHARE zolpidem tartrate ER* (QL,RBP), AMBIEN* (QL,RBP), AMBIEN CR* (QL,RBP), EDLUAR*(QL,RBP), LUNESTA* (QL,RBP), ROZEREM* (QL,RBP), SILENOR*(QL,RBP), SONATA* (QL,RBP), ZOLPIMIST*(RBP)
Skeletal Muscle Relaxants REFERENCE BASED PRICING PROGRAM (RBP)	<i>baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine</i>		RBP: PLAN WILL PAY \$0.09/PILL; REMAINING COST WILL BE APPLIED TO MEMBER SHARE orphenadrine (RBP), orphenadrine compound (RBP), metaxalone (RBP), AMRIX (RBP), FEXMID (RBP), FLEXERIL(RBP), NORFLEX(RBP), NORGESIC(RBP), NORGESIC FORTE (RBP), ROBAXIN (RBP), SKELAXIN (RBP), SOMA (RBP), ZANAFLEX (RBP)
Dermatologicals			
Keratolytics			NEOBENZ
Other Dermatologicals*(Prior Authorization)		NATROBA*(PA)	ALTABAX, EFUDEX
Rectal Preparations	<i>lidocaine HC</i>		ANAMANTLE HC
Endocrine			
Diabetes - Insulin		HUMALOG, HUMALOG MIX, HUMULIN, LANTUS, NOVOLIN, NOVLOG	APIDRA, LEVEMIR
Diabetes - Insulin Sensitizing Agents	<i>metformin</i>	ACTOS	AVANDIA, FORTAMET , GLUCOPHAGE, GLUCOPHAGE XR, GLUMETZA
Diabetes - Insulin Secreting Agents	<i>chlorpropamide, glimepiride, glipizide, glipizide ext-rel, glyburide, tolazamide</i>		AMARYL, DIABETA, DIABINESE, GLUCOTROL, GLUCOTROL XL, MICRONASE, PRANDIN, STARLIX
Diabetes - Combinations	<i>glyburide-metformin, glipizide-metformin, metformin ext-rel</i>	ACTOPLUS MET, DUETACT	ACTOPLUS MET XR, AVANDAMET, AVANDARYL, GLUCOVANCE, JANUMET, METAGLIP
Diabetes - Other Medications (Step Therapy)	<i>acarbose</i>	GLYSET, GLUCAGON EMERGENCY KIT* (QL)	BYETTA*(ST), JANUVIA, PRECOSE, SYMLIN
Drug Type	Tier 1	Tier 2	Tier 3



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Diabetic - Supplies (**To receive a free glucometer from LifeScan, please call 1-888-427-8335)	\$0 copay for Glucose Test Strips, Lancets, Alcohol Swabs, Insulin Needles, and Syringes.		GLUCOMETER**, HUMAPEN MEMOIR
Thyroid Agents	levothyroxine		LEVOXYL, SYNTHROID
Gastrointestinal/Urinary			
Antispasmodic/GI Motility	belladonna alkaloids-phenobarbital, chlordiazepoxide-clidinium, dicyclomine, diphenoxylate-atropine, glycopyrrolate, hyoscyamine/-ext rel, loperamide		PAMINE, PAMINE FORTE
Bowel Evacuants	peg 3350-electrolytes, polyethylene glycol	KRISTALOSE, OSMOPREP, VISICOL	
Digestive Aids	pancrelipase	CREON, ULTRASE, VIOKASE	
Gallstone Solubilizing Agents	ursodiol		ACTIGALL, URSO
H ₂ -Antagonists	cimetidine, famotidine, nizatidine, ranitidine		AXID, PEPCID, TAGAMET, ZANTAC
Proton Pump Inhibitors* (QL) REFERENCE BASED PRICING PROGRAM (RBP)	omeprazole, Prilosec OTC (\$10 copay/30 days supply)	RBP: PLAN WILL PAY \$0.64/PILL; REMAINING COST WILL BE APPLIED TO MEMBER SHARE ACIPHEX* (QL,RBP), DEXILANT* (QL,RBP), lansoprazole*(QL,RBP), NEXIUM* (QL,RBP), omeprazole-sodium bicarbonate* (QL,RBP), pantoprazole* (QL,RBP), PREVACID* (QL,RBP), PRILOSEC* (QL,RBP), PROTONIX* (QL,RBP), ZEGERID* (QL,RBP)	
Genitourinary Medications REFERENCE BASED PRICING PROGRAM (RBP)	bethanechol, oxybutynin chloride, phenazopyridine, potassium citrate oxybutynin ext-rel (2nd Tier Copay)	RBP: PLAN WILL PAY \$0.30/PILL; REMAINING COST WILL BE APPLIED TO MEMBER SHARE trospium (RBP), DETROL (RBP), DETROL LA (RBP), DITROPAN (RBP), DITROPAN XL (RBP), GELNIQUE (RBP), OXYTROL (RBP), SANCTURA (RBP), SANCTURA XR (RBP), TOVIAZ (RBP), VESICARE (RBP)	
Inflammatory Bowel	balsalazide, mesalamine, sulfasalazine, sulfasalazine delayed-rel	ASACOL, ENTOCORT EC, PENTASA	APRISO, CANASA, COLAZAL, LIALDA
Immunosuppressive Agents			
Immunosuppressive* (Prior Authorization)	azathioprine, cyclosporine, cyclosporine modified, Gengraf	RAPAMUNE	CELLCEPT, MYFORTIC, NEORAL, PROGRAF, SANDIMMUNE, ZORTRESS*(PA)
Men's Health			
Erectile Dysfunction* (Prior Authorization) (Quantity Limit)		MUSE* (PA) (QL), VIAGRA* (PA) (QL)	CIALIS* (PA) (QL), LEVITRA* (PA) (QL)
Hormone Replacement * (Prior Authorization)		ANDRODERM* (PA), ANDROGEL* (PA), TESTIM* (PA)	FORTESTA*(PA),STRIANT* (PA)
Prostate Health	finasteride, tamsulosin		AVODART, FLOMAX, PROSCAR, UROXATRAL
Ophthalmics			
Anti-Allergic Agents	cromolyn, ketotifen		ACULAR, ALAMAST, ALOCRIL, ALOMIDE, CROLOM, ELESTAT, EMADINE, LASTACAF, OPTIVAR , PATADAY, PATANOL
Anti-Infective/Antiviral Agents	bacitracin, ciprofloxacin, erythromycin, gentamicin, neomycin-polymyxin B-gramicidin, ofloxacin, polymyxin B-bacitracin, polymyxin B-trimethoprim, sulfacetamide, tobramycin, trifluridine	QUIXIN, NATACYN	AZASITE, BLEPH-10, CILOXAN, OCUFLOX, VIGAMOX, VIROPTIC, ZYMAR, ZYMAXID
Drug Type	Tier 1	Tier 2	Tier 3

Anti-Glaucoma Agents/ Beta-blockers (Quantity Limit)	<i>betaxolol, brimonidine, dipivefrin, latanoprost, levobunolol, metipranolol, pilocarpine, timolol, Carboptic</i>	AZOPT, TRAVATAN	ALPHAGAN P, BETIMOL, BETOPTIC S, COMBIGAN, LUMIGAN (QL), PROPINE, TIMOPTIC, TIMOPTIC-XE, XALATAN
Anti-Inflammatory Agents	<i>dexamethasone, diclofenac sodium, fluorometholone, prednisolone acetate, prednisolone phosphate</i>	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, NEVANAC, VEXOL, XIBROM	ACUVAIL, ALREX, LOTEMAX, OMNIPRED, TRIESENSE, VOLTAREN
Respiratory			
Nasal Products* (Quantity Limit) REFERENCE BASED PRICING PROGRAM (RBP)	<i>azelastine*(QL), flunisolide, fluticasone*(QL)</i>	RBP: PLAN WILL PAY \$22.42/inhaler; REMAINING COST WILL BE APPLIED TO MEMBER SHARE <i>triamcinolone*(QL,RBP), ASTELIN*(QL), ASTEPRO*(QL), BECONASE AQ*(QL,RBP), FLONASE*(QL,RBP), NASACORT AQ*(QL,RBP), NASAREL*(QL,RBP), NASONEX*(QL,RBP), OMNARIS*(QL,RBP), RHINOCORT AQUA*(QL,RBP), VERAMYST*(QL,RBP)</i>	
Asthma -Leukotriene Modulators* (Step Therapy)	<i>zafirlukast*(ST)</i>		ACCOLATE*(ST), SINGULAIR*(ST), ZYFLO CR*(ST)
Asthma - Steroid Inhalants	<i>budesonide neb soln</i>	FLOVENT, FLOVENT HFA, PULMICORT, QVAR	ALVESCO, ASMANEX, AEROBID, AEROBID-M, AZMACORT, DULERA, FLOVENT DISKUS, PULMICORT RESPULES
Asthma - Beta Agonists - Short Acting	<i>albuterol ext-rel, albuterol inhalation soln, terbutaline</i>	MAXAIR, PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA	ACCUNEB, BRETHINE, VOSPIRE ER
Asthma - Beta Agonists - Long Acting		FORADIL, SEREVENT	BROVANA, PERFORMIST
Asthma - Other* (Prior Authorization)	<i>ipratropium soln, theophylline anhydrous</i>	ADVAIR DISKUS, ADVAIR HFA, ATROVENT HFA, COMBIVENT	PRELONE, SYMBICORT, UNIPHYL, XOLAIR*(PA)
Topical			
Ears	<i>acetic acid, acetic acid-aluminum acetate, acetic acid-hydrocortisone, neomycin-polymyxin B-hydrocortisone, ofloxacin otic</i>	COLY-MYCIN S, CORTISPORIN-TC, CIPRO HC	CIPRODEX, DERMOTIC, FLOXIN OTIC
Miscellaneous	<i>ciclopirox soln</i>		
Skin - All	<i>betamethasone dipropionate augmented, calcipotriene soln, clobetasol propionate, clotrimazole-betamethasone, mometasone furoate</i>	ELIDEL, LIDODERM	CLOBEX spray, DIPROLENE AF, DOVONEX soln, ELOCON, FINACEA, LOTRISONE lotion, OLUX, SYNALAR, ZODERM
Skin – Acne* (Prior Authorization)	<i>benzoyl peroxide, clindamycin, sulfacetamide-sulfur, tretinoin</i>	BENZACLIN, DUAC CS, NORITATE	ACCUTANE*(PA), ATRALIN, BENZAMYCIN, CLEOCIN T, KLARON, RETIN-A
Women's Health			
Antineoplastic - Hormonal Agents	<i>tamoxifen</i>		
Contraceptives* (All Contraceptives subject to Quantity Limit)	<i>ethinyl estradiol-drospirenone, medroxyprogesterone acetate, Aprí, Aviane, Jolesa, Kariva, Levora, Low-Ogestrel, Necon 7/7/7, Nortrel, Quasense, Sprintec, Tri-Previfem, Trinessa, Trivora, NECON 10/11</i>	ORTHO-EVRA, ORTHO TRICYCLEN LO, NUVARING	BREVICON, CYCLESSA, DEPO-PROVERA, DEMULEN, DESOGEN, ESTROSTEP FE, LO/OVRAL, LOESTRIN, LYBREL, MIRCETTE, NORDETTE, NORINYL, ORTHO-CYCLEN, ORTHO-NOVUM, ORTHO TRICYCLEN, OVCON, SEASONALE, SEASONIQUE, TRINORINYL, TRIPHASIL, YASMIN, YAZ
Combination HRT	<i>estradiol-norethindrone</i>	CLIMARA PRO, COMBIPATCH, FEMHRT, PREFEST, PREMPHASE, PREMPRO, PREMPRO LOW DOSE	ACTIVELLA, ANGELIQ
Hormone Replacement Therapy (HRT)	<i>estradiol, estropipate</i>	ALORA, CENESTIN, ESTRADERM, MENEST, MENOSTAR, PREMARIN, PROMETRIUM*(PA), VIVELLE-DOT	CLIMARA, ELESTRIN, ESTRACE, ESTRING, FEMRING
<i>NOTE: If a product may be used to</i>			

<i>treat infertility prior authorization will be required.</i>			
Osteoporosis REFERENCE BASED PRICING PROGRAM (RBP)	<i>alendronate</i>	RBP: PLAN WILL PAY \$0.26/PILL; REMAINING COST WILL BE APPLIED TO MEMBER SHARE ACTONEL (RBP), ATELVIA (RBP), BONIVA (RBP), FOSAMAX (RBP)	
Osteoporosis * (Prior Authorization)	<i>Fortical</i>	EVISTA, FORTEO* (PA)	DIDRONEL, MIACALCIN
Prenatal Vitamins	<i>generics</i>	PRIMACARE	PRECARE, PREMESIS RX, PRIMACARE ONE, VITAFOL-OB
Vaginal Products* (Quantity Limit)	<i>clindamycin, clotrimazole, fluconazole, metronidazole, terconazole</i>	GYNAZOLE-1	DIFLUCAN 150 mg* (QL), ESTRACE vaginal cream, METROGEL VAGINAL, TERAZOL
Miscellaneous			
Antiemetics* (Quantity Limit)	<i>granisetron* (QL), ondansetron* (QL), trimethobenzamide caps</i>	EMEND* (QL)	ANZEMET* (QL), CESAMET* (PA), KYTRIL* (QL), SANCUSO* (QL), TIGAN caps* (QL), ZOFRAN* (QL)
Antineoplastic Enzyme Inhibitors* (Prior Authorization)		NEXAVAR* (PA), SPRYCEL* (PA), SUTENT* (PA)	
Antineoplastic Immunomodulator Agents* (Prior Authorization)			REVLIMID* (PA)
Antipsoriatics			AMEVIVE* (PA)
Growth Hormone (Prior Authorization)		GENOTROPIN* (PA), NORDITROPIN* (PA), NUTROPIN* (PA), NUTROPIN AQ* (PA)	HUMATROPE* (PA), OMNITROPE* (PA), SAIZEN* (PA), SEROSTIM* (PA), TEV-TROPIN * (PA)
Hematopoietic Growth Factors		ARANESP* (PA), EPOGEN* (PA), PROCRIT* (PA)	
Insulin-Like Growth Factors* (Prior Authorization)			INCRELEX* (PA)
Miscellaneous		EVOXAC	CUVPOSA, DEPLIN, NASCOBAL
Neurological Disease, misc (Prior Authorization)			NUEDEXTA* (PA), TYSABRI* (PA)
Rheumatoid Arthritis (Prior Authorization)	<i>methotrexate</i>	TREXALL	ORENCIA* (PA), REMICADE* (PA)
Smoking Cessation	<i>bupropion ext-rel, nicotine transdermal</i>	CHANTIX, NICOTROL INHALER	NICODERM CQ, WELLBUTRIN SR*, WELLBUTRIN XL, ZYBAN

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. The plan participant's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase Italics, and generic products in lowercase italics. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.medimpact.com to check coverage and copay information for a specific medicine.

¹ Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Atacand should be reserved for plan participants who meet CHARM (Candesartan in Heart Failure – Assessment of Reduction in Mortality and Morbidity) trial criteria.



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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.