COVENTRY Health Care

Member/Physician Reference 2011 Prescription Drug List

Altius Health Plans, Inc.
Care Management Resources
Carelink Health Plans, Inc.
Coventry Health Care plans
Coventry Health and Life Insurance Company
Group Health Plan, Inc.
HealthAmerica Pennsylvania, Inc.
HealthAssurance Pennsylvania, Inc.
PersonalCare Insurance of Illinois, Inc.
Preferred Health Systems
WellPath Select, Inc.

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

Generic (Tier One) - includes most generic and a few selected OTC (Over The Counter) drugs.

Formulary brand (Tier Two) - formulary brand name drugs.

Non-formulary (Tier Three) - Non-formulary brand name, and a few non-formulary generic drugs. These drugs may have a lower cost alternative on Tier One or Tier Two.

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed below 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, erectile dysfunction drugs). We periodically review our Drug Formulary 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 (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Tier One

A

Acarbose
Acebutolol
Acetazolamide
Acetic acid ear drops
Acetic acid-aluminum acetate
Acetohexamide
Acetylcysteine
Acyclovir (not ointment)
Alavert (Requires Doctor's Prescription)
Alaway (Requires Doctor's Prescription)
Albuterol
Albuterol/ipratropium
Alclometasone Dipropionate
Alendronate
Allopurinol
Alprazolam, XR ☒
Altoprev
Aluminum chloride
Amantadine
Amiloride
Amiloride/HCTZ
Aminocaproic acid
Amiodarone
Amitriptyline
Amlodipine (ODT not covered)
Amlodipine/benazepril
Amoxapine
Amoxicillin ☒
Amoxicillin-potassium clavulanate ☒
Amphetamine/Dextroamphet (XR Tier Three, PA) ☒
Ampicillin ☒
Anagrelide
Anastrazole (PA, PAS)
Anthralin
APAP/Butalbital/Caffeine ☒
Apraclonidine
Apri
Aranelle
Aspirin/butalbital/caffeine ☒
Aspirin/caff/butalbital/codeine ☒
Atenolol
Atenolol/chlorthalidone
Atropine
Aviane
Azathioprine
Azithromycin, XL ☒

B

Baclofen
Balsalazide
Balziva
Benazepril
Benazepril HCTZ
Benzonatate
Benzoyl peroxide/erythromycin
Benztropine
Betamethasone (cream/oint)
Betaxolol (ophth)
Bethanechol
Bicalutamide
Bisoprolol Fumarate
Bisoprolol HCTZ
Bromocriptine
Brompheniramine-Pseudoephedrine ☒
Bumetanide
Bupropion, SR, XL
Buspirone

C

Calcitonin nasal spray
Calcitriol
Camila
Captopril
Captopril/HCTZ
Carbamazepine, XR
Carbidopa/levodopa
Carboptic
Carisoprodol
Carisoprodol/aspirin
Carteolol soln.
Carvedilol (CR non-form, ST)
Cefaclor, CD ☒
Cefadroxil ☒
Cefdinir ☒
Cefprozil ☒
Cefuroxime ☒
Cephalexin ☒
Cesia
Cetirizine OTC (Requires Doctor's Prescription)
Cetirizine D OTC (Requires Doctor's Prescription)
Chloral hydrate ☒
Chlordiazepoxide ☒ (tab Tier Three)
Chlordiazepoxide/clidinium
Chloroquine ☒
Chlorothiazide ☒
Chlorphen/phenyleph/methscop
Chlorpromazine (spansule Tier Three)
Chlorpropamide
Chlorthalidone
Cholestyramine
Choline & magnesium
Ciclopirox ☒
Cilostazol
Cimetidine
Ciprofloxacin soln. ☒
Ciprofloxacin (XR Tier Three) ☒
Citalopram
Citrate/citric acid
Clarithromycin, ER ☒
Claritin OTC (Requires Doctor's Prescription)
Claritin D-24 OTC (Requires Doctor's Prescription)
Clemastine 2.68mg
Clindamycin ☒
Clobetasol (cream, oint)
Clomipramine
Clonazepam ☒
Clonidine (TTS Tier Three)
Clorazepate (SD Tier Three) ☒
Clotrimazole Troche
Clozapine ☒
Codeine ☒
Colchicine
Colestipol
Cromolyn sodium ophth
Cryselle
Cyclobenzaprine (Amrix not covered)
Cyclopentolate
Cyclophosphamide (SP) ☒
Cyclosporine (SP) ☒
Cyproheptadine

D

Dantrolene
Desipramine
Desmopressin acetate
Desogestrel-Ethinyl Estradiol
Desonide
Desoximetasone
Dexamethasone
Dexchlorpheniramine
Dextroamphetamine ☒
Diazepam ☒
Diclofenac ophth soln
Diclofenac potassium
Diclofenac sodium, XR
Dicloxacillin ☒
Dicyclomine
Didanosine (SP) ☒
Diethylstilbestrol
Diflorasone diacetate
Diflunisal
Digoxin
Diltiazem
Diphenoxylate-atropine ☒
Dipivefrin
Dipyridamole
Disopyramide
Disulfiram
Divalproex Sodium (DR, ER)
Dorzolamide
Doxazosin mesylate (XL Tier Three)
Doxepin
Doxycycline (20mg, Adoxa, Doryx not covered) (Oracea - Tier Three)
Doxycycline susp (syrup Tier Three)

E

Econazole cream/oint
Enalapril
Enalapril HCTZ
Enpresse
Epinephrine HCl
Ergocalciferol
Errin
Erythromycin ☒
Erythromycin/Benzoyl Peroxide
Estradiol
Estropipate
Ethosuximide
Etodolac, XR
Etoposide (SP) ☒

F

Famciclovir ☒
Famotidine
Felodipine
Fenofibrate
Fenoprofen
Fentanyl patch ☒
Finasteride
Flavoxate
Flecainide
Fluconazole (Susp PA) ☒
Fludrocortisone acetate
Flunisolide
Fluocinonide (topical)
Fluoride/polyvitamins for children
Fluoride/vitamins A,D,C for children
Fluorometholone
Fluorouracil
Fluoxetine (20mg tablet Tier Three)

☒ Not available as 90-day supply

Fluphenazine
Flurazepam ☒
Flurbiprofen
Flurbiprofen sodium (ophth)
Flutamide
Fluticasone Propionate (nasal, cream, oint) (lotion Tier 3)
Fluvoxamine
Folic acid 1 mg
Fosinopril
Fosinopril/HCTZ
Furosemide

G

Gabapentin
Ganciclovir (SP) ☒
Gemfibrozil
Gentamicin (not IV)
Glimepiride
Glipizide, XL
Glipizide/metformin
Glyburide
Griseofulvin ☒
Guaifenesin/codeine ☒
Guanabenz acetate
Guanfacine

H

Halobetasol cream/oint
Haloperidol
Hydralazine
Hydrochlorothiazide
Hydrocodone/APAP ☒
Hydrocodone/homatropine ☒
Hydrocodone/ibuprofen ☒
Hydrocortisone Ace-Pramoxine
Hydrocortisone tablets
Hydromorphone HCl ☒
Hydroxychloroquine ☒
Hydroxyurea ☒
Hydroxyzine, pamoate
Hyoscyamine

I

Ibuprofen
Imipramine (PM Tier Three)
Indapamide
Indomethacin, SR (not suppos.)
Ipratropium (not inhaler)
Isonarif
Isoniazid ☒
Isosorbide dinitrate
Isosorbide mononitrate
Isotretinion (ST, STS) ☒
Itraconazole capsules (PA, PAS) ☒

J

Jolivette
Junel FE

K

Kariva
Ketoconazole ☒
Ketoprofen, ER
Ketorolac ☒

L

Labetalol
Lactulose
Lamotrigine (Starter Pack Tier 3, ODT (PA) Tier 3, XR (PA) tier 3)
Leena
Lessina
Levetiracetam (XR Tier Three, PA)
Levobunolol
Levodopa/carbidopa
Levora
Levothyroxine
Lidocaine viscous
Lidocaine/HC
Lidocaine-prilocaine ☒
Lindane lotion ☒
Liothyronine
Lisinopril
Lisinopril/HCTZ
Lithium
Loratadine D-24 OTC (Requires Doctor's Prescription)
Loratadine OTC (Requires Doctor's Prescription)
Lorazepam ☒
Lovastatin
Low-Ogestrel
Loxapine
Lutera

M

Maprotiline
Mebendazole (tablets, cream) (ER Tier Three) ☒
Meclofenamate
Medroxyprogesterone (tab, inj.)
Megestrol acetate
Meloxicam
Meperidine ☒
Mercaptopurine
Mesalamine enema
Metaproterenol
Metformin/Glyburide
Metformin, XR
Methadone ☒
Methazolamide
Methenamine
Methimazole
Methocarbamol
Methotrexate (oral, inj) ☒
Methyldopa
Methyldopa/HCTZ
Methylphenidate ☒
Methylprednisolone
Metipranolol (ophth)
Metoclopramide
Metolazone
Metoprolol, XL
Metronidazole tablets, cream, lotion, gel 0.75% (ER Tier Three) ☒
Mexiletine
Minocycline (tabs and Solodyn not covered)
Minoxidil (not soln)
Miralax* OTC (Requires Doctor's Prescription)
Mirtazapine (Sol Tab Tier Three)
Misoprostol
Moexipril
Moexipril-hydrochlorothiazide
MonaNessa
Morphine IR ☒
MPH-A
Mupirocin oint
Mycophenolate (SP) ☒

N

Nabumetone
Nadolol
Naltrexone ☒
Naproxen
Naproxen sodium
Naratriptan ☒
Necon
Neomycin
Neomycin/bacitracin
Nephazoline ophth
Next Choice (Requires Doctor's Prescription)
Nifedipine XL
Nimodipine
Nisoldipine
Nitrofurantoin
Nitroglycerin, all forms
Nizatidine
Nor-BE
Norethindrone acetate
Norgestrel-ethinyl estradiol
Nortrel
Nortriptyline
Nystatin ☒

O

Ocella
Ofloxacin ☒
Ogestrel
Omeprazole (See Prilosec OTC)
Ondansetron, ODT ☒
Oxaprozin
Oxazepam ☒
Oxcarbazepine
Oxybutynin (XL Tier Three)
Oxycodone IR (SR Tier Three, PA, PAS) ☒

P

Paromomycin
Paroxetine (CR Tier Three, ST)
Penicillin VK ☒
Pentoxifylline
Permethrin ☒
Perphenazine
Phenazopyridine
Phenobarbital ☒
Phenytoin
Phenytoin Sodium Extended
Physostigmine sulfate
Pilocarpine
Pindolol
Piroxicam
Podofilox solution
Polyethylene glycol 3350
Portia
Potassium chloride
Potassium citrate (15mEq not covered)
Pramoxine/HC
Pravastatin
Prazosin
Prednisolone
Prednisolone Acetate
Prednisone
Prenatal Vitamins (prescription forms only) (Prenate and Neevo brands Tier Three)
Prevacid 24HR™ (Requires Doctor's Prescription)
Prilosec*
Prilosec OTC 20mg (Requires Doctor's Prescription)
Primidone
Probenecid
Prochlorperazine
Promethazine
Propafenone HCl
Propantheline
Propoxyphene ☒
Propoxyphene HCl/APAP ☒
Propoxyphene napsylate/APAP ☒
Propranolol, LA
Propylthiouracil
Protriptyline

Q

Quasense
Quinapril
Quinapril/HCTZ
Quinidine

R

Ramipril caps (tabs Tier Three)
Ranitidine (Gel & efferdose Tier Three)
Ribasphere (PA, PAS) (SP) ☒
Ribavirin (PA, PAS) (SP) ☒
Rifampin ☒
Riluzole ☒
Rimantadine ☒
Risperidone
Ropinirole (XL Tier Three, ST)

S

Salsalate
Selegiline (patch Tier Three)
Selenium sulfide 2.5%
Sertraline
Silver sulfadiazine ☒
Simvastatin
Sodium fluoride (drops, tablets)
Sodium polystyrene sulfonate
Sotalol
Spironolactone
Spironolactone/HCTZ
Sprintec
Stavudine (SP) ☒
Sucralfate
Sulfacetamide
Sulfacetamide/phenylephrine
Sulfacetamide prednisolone
Sulfacetamide/sulfur
Sulfamethoxazole/trimethoprim
Sulfasalazine, EC
Sulfisoxazole ☒
Sulindac
Sumatriptan ☒

T

Tacrolimus (SP) ☒
Tamoxifen citrate
Tamsulosin
Temazepam (7.5mg, 22.5mg Tier Three) ☒
Terazosin
Terbinafine (tabs only) (4rx/yr then PA required)
Terbutaline sulfate
Terconazole
Testosterone inj ☒
Tetracycline ☒
Theophylline, XR
Thioguanine ☒
Thioridazine
Thiothixene
Ticlopidine
Timolol
Timolol maleate
Tizanidine (caps not covered)
Tobramycin
Tobramycin-Dexamethasone (Tobra-Dex ST Susp Tier Three)
Tolazamide
Tolbutamide
Tolmetin
Topiramate
Torsemide
Tramadol
Tramadol-acetaminophen
Trandolapril
Tranylcypromine
Trazodone
Tretinoin
Triamcinolone topical (cream, lot., oint.)
Triamterene/HCTZ
Triazolam ☒
Trifluoperazine
Trifluridine
Trihexyphenidyl
Trimethobenzamide ☒
Trimethoprim
Trimethoprim-polymyxinB
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora

U

Ursodiol

V

Valacyclovir HCl ☒
Valproic acid
Vancomycin inj. ☒
Velivet
Venlafaxine IR (ST)
Verapamil, SR (caps Tier Three)

W

Warfarin

Z

Zaditor OTC (Requires Doctor's Prescription) (Prescription Zaditor not covered)
Zaleplon ☒
Zidovudine (SP) ☒
Zolpidem (CR Tier Three, ST, STS) ☒
Zonisamide
Zovia
Zyrtec OTC (Requires Doctor's Prescription)
Zyrtec D OTC (Requires Doctor's Prescription)

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Tier Two

A

Accolate
Actinex
Actos (ST)
Adcirca (PA, PAS) (SP) ☒
Advair
Aggrenox
Aldara
Alesse
Alkeran (SP) ☒
Anakit ☒
Androgel (PA, PAS) ☒
Antabuse
Apriso
Aricept (23mg Tier Three)
Aromasin (PA, PAS) ☒
Asacol, HD
Asmanex
Astelin
Atrovent Inhaler, HFA
Avelox ☒
Azathioprine ☒
Azelex
Azopt

B

Bactroban Cream
Benicar
Benicar HCT
Betimol
Biltricide ☒
Blephamide
Brevicon

C

Capex Shampoo
Carbatrol
CeeNu (SP) ☒
Celontin
Ciloxan oint.
Ciprodex
Combivent
Comtan
Concerta ☒
Cortifoam
Coumadin
Crestor
Crestor 5mg (ST)
Crixivan (SP) ☒
Cuprimine
Cyclessa
Cytadren

D

Dapsone
Daranide
Daraprim
Demulen
Depen
Derma-Smoothe/FS
Desogen
Diastat ☒
Dibenzyline
Dilantin
Dostinex
Dritho-Scalp

E

Elmiron
Emcyt ☒
Emtriva (SP) ☒
Entocort EC
Epipen, Jr ☒
Epivir (SP) ☒
Epivir HBV (SP) ☒
Estrace Cream
Estraderm
Eurax ☒
Evista
Evoxac
Exelderm

F

Fareston
FastTake Test Strips
Femara (PA, PAS)
Flovent Diskus, HFA
Fluoroplex
FML Forte
Fosamax D

G

Gleevec (PA, PAS) (SP) ☒
Grifulvin V tabs ☒
Gris-Peg ☒

H

Hectorol
Hepsera (SP) ☒
Hexalen (SP) ☒
Humalog
Humulin (pens/cartridges - PA)

I

Insulin, Only Lilly Brands (Humulin pens/cartridges PA, Humalog)
Intal Inhaler
Intelence (SP) ☒
Invirase (SP) ☒
Iopidine 1%
Isentress (SP) ☒

J

Janumet (ST)
Januvia (ST)
Jenest

K

Kadian ☒
Kaletra (SP) ☒

L

Lanoxin
Lantus
Lantus SoloStar (PA)
Lessina
Leukeran
Levemir (pens/cartridges – PA)
Levlen
Levlite
Levothroid
Lexapro (ST)
Lexiva (SP) ☒
Lidoderm
LifeScan Test Strips
Lindane Shampoo
Locoid
Loestrin (24 FE Tier Three)
Lo/Ovral
Lotronex ☒
Lumigan
Lysodren

M

Matulane (SP) ☒
Maxalt, MLT ☒
Mephyton
Mepron ☒
Methergine
Micardis
Micardis HCT
Migranal ☒
Mircette
Modicon
Mycobutin ☒
Myleran (SP) ☒

N

Namenda
Nardil
Nasonex
Nebupent
Nexium
Niaspan
Nilandron
Nitrolingual Translingual Spray
Nitrostat SL
Nordette
Norinyl
Norvir (SP) ☒
NuvaRing

O

One Touch Test Strips
One Touch Ultra Test Strips
Onglyza (ST)
Opana ER ☒
Ortho Cept
Ortho Cyclen
Ortho Micronor
Ortho Novum
Ortho Tri-Cyclen
Ortho Tri-Cyclen LO
Ovcon-50
Oxsoralen, Ultra ☒

P

P1E1, P2E1
Phospholine Iodide
Plan B (Requires Doctor's Prescription) ☒
Plavix
Poly-Pred
PreCare Chewables
PreCare Conceive
PreCare Premier
Pred G
Premarin tabs (Cream Tier Three)
Premesis RX
Premphase
Prempro
Prezista (SP) ☒
PrimaCare
PrimaCare ONE
Prometrium
Prostigmin
Psoriatec
Pulmicort Respules (PA, PAS >4yrs)
Pulmozyme (PA, PAS) (SP) ☒

Q

Quixin
QVAR

R

Ranexa
Rapamune (SP) ☒
Renvela
Retin A Micro
Reyataz (SP) ☒
Ridaura

S

Sanctura, XR
Seasonale
Seasonique
Sensipar
Serevent
Seroquel, XR
Simcor
Singulair (ST)
Solia
Soriatane ☒
Spiriva
Sporanox soln. (PA, PAS) ☒
SSKI
SureStep Test Strips
Sustiva (SP) ☒
Symbicort
Synarel

T

Tabloid ☒
Tarceva (PA, PAS) (SP) ☒
Targretin (SP) ☒
Tazorac
Temodar (PA, PAS) (SP) ☒
Thalomid (PA, PAS) (SP) ☒
Theo-24
Tikosyn
Tobi (PA, PAS) (SP) ☒
Tracleer (PA, PAS) (SP) ☒
Travatan
TravatanZ
Trilipix
Tri-Norinyl
Trisoralen ☒
Twinject ☒

U

Uroxatral

V

Vagifem
Valcyte ☒
Ventolin HFA
Vexol
Vfend (PA, PAS) ☒
Viracept (SP) ☒
Viramune (SP) ☒
Viread (SP) ☒
Vivelle-Dot
Vytorin
Vytorin 10/10mg (ST)

X

Xeloda (PA, PAS) (SP) ☒
Xenazine (PA, PAS) (SP) ☒

Y

Yasmin
Yaz
Yodoxin

Z

Zemplar
Zenpep
Ziagen (SP) ☒
Zyvox (PA, PAS) ☒

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Brand with Generic Equivalent

*The following brand name drugs have generics available at a Tier One copay. Depending on your plan, either a Tier Three copay or a Tier Two copay plus an ancillary charge will apply if the brand name drug is selected. Please refer to your certificate or evidence of coverage for your specific benefit.

A/T/S*
Accuneb*
Accupril*
Accuretic*
Aclovate*
Actigall*
Adalat CC*
Adderall* (XR (PA) Tier Three) ☒
Adrenalin*
Agrylin*
Aldactazide*
Aldactone *
Aldomet*
Alphagan* (P Tier Three)
Altace* capsules (tab Tier-Three)
Amaryl*
Ambien* (CR Tier Three, ST, STS) (ODT not covered) ☒
Amerge* ☒
Amicar*
Amoxil * ☒
Anafranil *
Analpram HC*
Anaprox*, DS*
Anaspaz*
Android * ☒
Ansaid*
Antipyrine/Benzocaine Otic
Anusol-HC*
Apresoline*
Aralen* ☒
Arava*
Arimidex* (PA, PAS) ☒
Artane*
Atarax*
Ativan* ☒
Atrovent Soln*
Augmentin ES* ☒
Augmentin ES*, XR* ☒
Axid*
Aygestin*
Azulfidine*, EN*
Bacitracin ophthalmic*
Bactrim* ☒, DS* ☒
Bactroban Oint.*
Bentyl*
Benzamycin*
Betagan*
Betapace*, AF*
Betoptic*
Biaxin* ☒, XL* ☒
Bicitra*
Bleph10*
Brethine*
Bromfed*, PD*, DM* ☒
Xeloda (PA, PAS) (SP)
Bumex *
Buspar*
Cafergot* ☒
Calan*, SR*
Calciferol *
Calcitonin Nasal Spray ☒
Capoten *
Capozide*
Carafate*
Cardizem*, SR*, CD*
Cardura* (XL Tier Three)
Cartia XT*
Casodex*
Cataflam*
Catapres* (TTS Tier Three)
Ceclor*, CD* ☒
Ceftin* ☒
Cefzil* ☒
Celexa*
Cellcept* (SP) ☒
Cheracol*
Ciloxan Soln*
Cipro* (XR Tier Three) ☒
Cleocin* ☒, T* ☒, Vag* ☒
Climara *
Clinoril*
Clozaril* ☒
Cogentin*
Colazal*
Colestid*
Colyte*
Compazine*
Condylox Gel*, Soln*
Copegus* (PA, PAS) (SP) ☒
Cordarone*
Coreg* (CR Tier Three, ST)
Corgard *
Cortef*
Cortisporin*
Crolom *
Cutivate* cream, oint (lotion Tier 3)
Cyclogyl*
Cycrin*
Cylessa*
Cystospaz*
Cytomel*
Cytotec*
Cytovene* (SP) ☒
Cytoxan* (SP) ☒
Dalmane* ☒
Danazol* ☒
Dantrium*
Darvocet N100* ☒
Darvocet N50* ☒
Darvon * ☒
Daypro*
DDAVP*
Decadron*
Demadex*
Demerol* ☒
Depakene*
Depakote*, ER*
Desowen*
Desyrel*
Dexedrine* ☒
DextroStat* ☒
Diabeta*
Diabinese*
Diamox*
Diflucan* ☒
Dilacor XR*
Dilaudid* (oral soln Tier Three) ☒
Diprolene*, AF*
Diprosone*
Disalcid*
Ditropan* (XL* Tier Three)
Diuril*
Dolobid*
Dolophine* ☒
Domeboro Otic*
Donnatal (caps Tier Three)*
Dovonex*
Drysol*
Duoneb*
Duragesic* ☒
Duricef* ☒
Dyazide*
Dynacin* capsules (tabs not covered) ☒
EC-Naprosyn*
EES* ☒
Effexor*, XR* (ST)
Efudex*
Elavil*
Eldepryl*
Elimite*
Elocon*
Emla* ☒
Eryc* ☒
Ery-Tab* ☒
Erythrocin* ☒
Estrace tabs*
Estrostep FE*
Famvir* ☒
Feldene*
Fioricet *
Fiorinal w/Codeine* ☒
Fiorinal* ☒
Flagyl* (ER Tier Three) ☒
Flexeril*
Flomax*
Flonase*
Flumadine* ☒
FML*
Fosamax*
Furadantin* ☒
Garamycin*
Genoptic*
Glucophage*, XR*
Glucotrol*, XL*
Glucovance*
Glynase*
Golytely* ☒
Grifulvin V susp* ☒
Guiatuss AC* ☒
Halcion* ☒
Haldol *
Heparin* ☒
Humatin*
Hydrea* ☒
Hytrin*
Imdur*
Imitrex* ☒
Imuran*
Inderal*, LA*
Indocin, SR* (suppositories Tier Three)
Intal Neb*
Iopidine*
ISMO*
Isoptin*
Isopto Atropine*
Isopto Carbachol*
Isopto Carpine*
Isordil*
Karidium *
Kayexalate* ☒
K-Dur*
Keflex* ☒
Kenalog*
Keppra* (XR Tier Three, PA)
Klaron*
Klonopin* ☒
K-Lor*
Klorvess*
K-Lyte*
K-Phos Neutral*
Kristalose*
Kwell* ☒
Lamictal* (Starter Pack Tier 3, ODT (PA) Tier 3, XR (PA) tier 3)
Lamisil* (tabs only) (4rx/yr then PA, PAS required) ☒
Lasix*
Levoxyl *
Levsin* (SL Tier Three)
Levsinex*
Librax*
Librium* ☒
Lidex*
Lioresal*
Locoid*
Lodine*, XL*
Lofibra*
Lomotil* ☒
Loniten*
Lopid *
Lopressor*
Lopressor HCT*
Lortab* ☒
Lotensin HCT*
Lotensin*
Lotrel*
Lotrisone Cream*, Lotion*
Loxitane*
Lozol *
Ludiomil*
Luride*
Luvox* (CR Tier Three, ST)
Macrobid *
Macrodantin *
Mandelamine*
Mavik*
Maxitrol *
Maxzide*
Meclomen*
Medrol *
Megace*
Mellaril *
Menest*
Mestinon*
Metadate ER* ☒
Metaglip*
Metimyd*
MetroCream*
MetroLotion*
Mevacor*
Mexitil*
Miacalcin nasal spray*
Microgestin*, FE*
Micronase*
Microzide*
Midodrine*
Midamor*
Midrin* ☒
Minipress*
Minocin* (tabs not covered)
Miralax*
Mobic*
Monodox* (75mg not covered)
Motrin*
MS Contin* ☒
MSIR* ☒
Myambutol *
Mycelex Troche*
Mycostatin* ☒
Mysoline*
Nalfon*
Naprosyn* (Naprelan Tier Three)
Navane*
Neoral* (SP) ☒
Neosporin ophthalmic*
Neurontin*
Nimotop*
Nitrobid *
NitroDur*
Nizoral * ☒
Nolvadex*
Norpace*, CR*
Norpramin *
Norvasc* (ODT not covered)
Nulytely* ☒
Ocufen*
Ocuflox*
Ocupress*
Omnicef* ☒
Optipranolol*
Orasone*
Orinase*
Ortho Est*
Ovcon-35*
OxyIR* ☒

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Pamelor*
Parlodel *
Parnate*
Paxil* (CR Tier Three, ST)
PEG - electrolyte soln* ⊠
Penlac* ⊠
Pepcid* (RPD Tier Three)
Percocet * ⊠
Percodan* ⊠
Persantine*
Phenergan Codeine, DM, VC, & VC/Codeine* ⊠
Phenergan*
Phenytek*
Phoslo*
Plan B 0.75mg*
Plaquenil*
PIetal*
Polyhistine CS, D, DM*
Polytrim *
Poly-Vi-FIor*
Potassium Citrate/Citric Acid*
Pravachol*
Precose*
Pred Forte*
Pred Mild*
Prednisolone, Acetate, Sod Phos*
Prelone*
Prevalite*
Primaquine* ⊠
Principen* ⊠
Prinivil*
Prinzide*
Proamatine*
Procardia XL*
Proctocort*
Proctocream-HC*
Proctofoam-HC*
Prograf* (SP) ⊠
Proscar*
Proventil* (Not HFA)
Provera*
Prozac (20mg non-form) (weekly Tier Three,ST)
Purinethol* ⊠
Pyrazinamide* ⊠
Pyridium*
Questran, Light*
Rebetol* (PA, PAS) (SP) ⊠
Reglan*
Remeron* (sol Tab Tier Three)
Requip*, (XL Tier Three, ST)
Restoril* (7.5 & 22.5mg Tier Three) ⊠
Retin A*
Retrovir* (SP) ⊠
Revia* ⊠
Rifadin* ⊠
Rifamate* ⊠
Rilutek* ⊠
Risperdal* (M-Tab Tier Three)
Ritalin* ⊠, SR* ⊠
RMS suppositories* ⊠
Robaxin*
Robitussin AC*, DAC* ⊠
Rocaltrol*
Rondec, DM* ⊠
Rowasa Enema*
Rynatan* ⊠
Rythmol* (SR Tier Three)
Salagen*
Sandimmune* (SP) ⊠
Seasonale*
Sectral*
Septra*, DS*
Silvadene* ⊠
Sinemet*, CR*
Soma Compound*
Soma* (250mg not covered)
Sonata* ⊠
Spectazole*
Sporanox capsules* (PA, PAS) ⊠
Sulamyd*
Sular*
Synthroid*
Tagamet*
Tambocor*
Tapazole*
Tegretol*, XR*
Temovate*
Tenex*
Tenoretic*
Tenormin*
Terazol*
Tessalon Perles* ⊠
Tiazac*
Ticlid*
Tigan*
Timoptic*, XE*
Tobradex (Tobra-Dex ST Susp Tier Three)
Tobrex*
Tofranil* (PM Tier Three)
Topamax*
Topicort*
Toprol XL*
Trandate*
Tranxene* (SD, T Tier Three) ⊠
Trental*
Trileptal*
Trimethobenazmide ⊠
Trimethoprim ⊠
Trusopt*
Tylenol 2, 3, 4* ⊠
Tylox* ⊠
Ultracet*
Ultram* (ER, ST Tier Three)
Ultravate* cream/oint
Uniphyl*
Uniretic*
Univasc*
Urecholine*
Urocit K* (15 mEq not covered)
Valium* ⊠
Valtrex* ⊠
Vancocin* inj. ⊠
Vaseretic*
Vasotec*
Verelan SR*
Vibramycin*
Vibramycin Susp* (syrup Tier Three) ⊠
Vicodin*, ES* ⊠
Vicoprofen* ⊠
Videx EC* (SP) ⊠
Viroptic*
Vistaril*
Vivactil*
Voltaren, XR*
Voltaren Ophthalmic*
Vosol*, HC*
Wellbutrin*, SR*, XL*
Westcort*
Wigraine* ⊠
Xanax*, XR* ⊠
Xylocaine*
Zaditor*
Zanaflex (caps not covered)
Zantac* (efferdose not covered)
Zarontin*
Zaroxolyn*
Zebeta*
Zerit* (SP) ⊠
Ziac*
Zithromax* ⊠
Zocor*
Zofran* ⊠
Zoloft*
Zonegran*
Zovirax* (oint. Tier Three)
Zyloprim*

Tier Three

Alternative Tier One or Tier Two Drugs

Non Formulary Drugs	*Formulary Alternative*
A	
Abilify (ST)	*Clozaril* ⊠, Risperdal*, Seroquel, Seroquel XR*
Accu-chek brand test strips (PA, PAS)	*One Touch Test Strips*
Accutane* (ST, STS) ⊠	*Doxycycline, Minocycline*
Aceon$^{\pi}$	*Zestril*, Prinivil*, Lotensin*, Accupril**
Aciphex (PA)	*Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Nexium*
Actiq (PA, PAS) ⊠	*Oxy IR* ⊠, MSIR* ⊠, Dilaudid* (oral soln tier 3) ⊠*
Activella$^{\pi}$	*Prempro, Premphase*
Actonel	*Fosamax**
ACTOplusmet (ST)	*Actos (ST) Amaryl**
Acular	*Ocufen*, Voltaren Ophthalmic**
Adderall XR ⊠ (PA > 17yrs) (generic not covered)	*Adderall* ⊠, Ritalin* ⊠, Ritalin SR* ⊠, Metadate ER* ⊠, Concerta ⊠*
Advicor	*Zocor*, Simcor*
Aerobid	*Flovent, QVAR, Asmanex*
Agenerase (SP) ⊠	*Lexiva (SP) ⊠*
Alamast	*Zaditor OTC (covered with a prescription for tier 1 copay), Alaway**
Allegra$^{\pi}$, ODT(ST)	*Claritin OTC* or Zyrtec OTC* (covered with a prescription for a tier 1 copay)*
Allegra D$^{\pi}$	*Claritin D OTC* or Zyrtec D OTC* (covered with a prescription for a tier 1 copay)*
Alocril	*Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolom**
Alomide	*Zaditor OTC (covered with a prescription for tier 1 copay), Alaway*, Crolom**
Aloxi ⊠	*Zofran* ⊠*
Alphagan-P	*Alphagan**
Ambien CR (PA, PAS) ⊠	*Ambien* ⊠, Ativan* ⊠, Halcion* ⊠, oxazepam* ⊠, Restoril* ⊠, Sonata* ⊠*
Amitiza (ST, STS) ⊠	*Miralax OTC*, Chronulac*, Colyte**
Ampyra (PA, PAS) ⊠	*Requires Prior Auth*
Androderm (PA, PAS) ⊠ (not covered)	*Androgel (PA, PAS) ⊠*
Anzemet ⊠	*Compazine*, Phenergan*, Tigan*, Zofran* ⊠*
Apidra	*Humalog*
Arthrotec	*Voltaren* plus Cytotec**
Ascensia Brand Test Strips (PA, PAS)	*One Touch Test Strips*
Atacand (PA, PAS)	*Benicar, Micardis*
Atacand HCT (PA, PAS)	*Benicar HCT, Micardis HCT*
Auralgan	*A/B Otic Soln*
Avalide (PA, PAS)	*Benicar HCT, Micardis HCT*
Avandamet (PA)	*Actos (ST) plus Glucophage**
Avandaryl (PA)	*Actos (ST)*
Avandia (PA)	*Actos (ST)*
Avapro (PA, PAS)	*Benicar, Micardis*
Avita Gel	*Retin A*, Retin A Micro*
Avodart	*Proscar*, Uroxatral*
Axert ⊠	*Imitrex* ⊠, Maxalt ⊠, Amerge* ⊠*
Azmacort	*QVAR, Asmanex, Flovent*
Azor (PA, PAS)	*Norvasc* plus Benicar, Norvasc* plus Micardis*
B	
Baraclude (SP) ⊠	*Epivir HBV (SP) ⊠, Hepsera (SP) ⊠*
Beclovent	*Flovent, QVAR, Asmanex*
Beconase (ST,STS)	*Flonase*, Nasalide*, Nasonex*
Benzaclin$^{\pi}$	*OTC Benzoyl Peroxide plus Topical Clindamycin**
Betoptic S	*Betoptic*, Timoptic*, Timoptic XE*, Betagan**
Boniva	*Fosamax**
Brovana (PA)	*Spiriva, Advair, Symbicort, Serevent*
Buphenyl (PA, PAS) (SP) ⊠	*no alternative available*
Byetta (PA, PAS)	*Amaryl*, Glucophage*, Actos (ST)*
Bystolic	*Inderal LA*, Toprol XL*, Lopressor*, Coreg**
C	
Caduet (not covered)	*Norvasc* plus Zocor**

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Cardizem LA π	*Cardizem CD**
Catapres TTS π	*Catapres*, Aldomet*, Hytrin*, Minipress*, Cardura**
Caverject (ST) ☒	*no alternative available*
Cayston (PA, PAS) (SP) ☒	*Tobi (PA, PAS) (SP)* ☒
Celebrex (ST)	*Motrin*, Naprosyn*, Mobic*, Voltaren*, Clinoril*, Disalcid*, Relafen**
Cenestin	*Premarin, Ogen**
Chenodal (PA, PAS) (SP)	*Actigall**
Cialis ☒ (2.5mg not covered)	*no alternative available*
Clarinex (ST)	*Claritin* OTC or Zyrtec* OTC are covered with a Doctor's prescription*
Clarinex D (ST)	*Claritin D* OTC or Zyrtec D* OTC are covered with a Doctor's prescription*
Colcrys (PA, PAS) ☒	*colchicine**
Combivir (SP) ☒	*Retrovir* (SP)* ☒, *plus Epivir (SP)* ☒
Coreg CR (ST)	*Coreg**
Cosopt π	*Timoptic* plus Azopt*
Cozaar π	*Benicar, Micardis*
Creon	*Zenpep, Ultrase*
Cymbalta (PA, PAS)	*Celexa*, Prozac*, Zoloft*, Paxil*, Effexor* (ST), Effexor XR* (ST)*

D

Daytrana (PA, PAS > 17yrs) ☒	*Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta* ☒
Detrol/Detrol LA (ST)	*Ditropan*, Sanctura, Sanctura XR*
Dexilant (PA)	*Prilosec OTC™ (requires doctor's prescription), omeprazole*, Prevacid 24HR™ (requires doctor's prescription), Nexium*
D.H.E. 45	*Amerge* ☒, Migranal ☒, Imitrex* ☒, Maxalt* ☒
Differin	*Retin-A**
Diovan (PA, PAS)	*Benicar, Micardis*
Diovan HCT (PA, PAS)	*Benicar HCT, Micardis HCT*
Dipentum	*Azulfidine*, Asacol*
Ditropan XL π	*Ditropan*, Sanctura, Sanctura XR*
Duac	*OTC Benzoyl Peroxide plus Topical Clindamycin**
Duetact (ST)	*Actos (ST) plus Amaryl**
Dynacirc CR	*Norvasc**

E

Edex (ST) ☒	*no alternative available*
Effient	*Plavix*
Elidel (PA) ☒	*Kenalog*, Diprosone*, Topicort*, Locoid*, Wescort*, Elocon**
Embeda (PA, PAS) ☒	*Dolophine* ☒, MS Contin* ☒, Kadian* ☒, Duragesic* ☒, Opana ER* ☒*
Emsam (PA)	*Celexa*, Prozac*, Zoloft*, Paxil**
Enablex (ST)	*Ditropan*, Sanctura, Sanctura XR*
Exelon	*Aricept, Namenda*
Exforge (PA, PAS)	*Norvasc* plus Benicar, Norvasc* plus Micardis*
Exjade (SP)	*Requires Prior Auth*

F

Fanapt (PA)	*Risperdal*, Seroquel, Seroquel XR*
Femcon	*Desogen*, Necon*, Nordette*, Norinyl*, Ortho Cept*, Ortho Cyclen*, Ortho Novum*, Yasmin*, Yaz*
FemHRT	*Prempro, Premphase*
FemPatch	*Estraderm*, Vivelle*
Fenoglide	Lofibra*, Trilipix
Fentora (PA, PAS)	*Morphine oral sol, OxylR**
Focalin ☒	*Adderall* ☒, Ritalin* ☒, Concerta* ☒*
Focalin XR (PA > 17yrs) ☒	*Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta* ☒*
Foradil	*Serevent*
Frova ☒	*Amerge* ☒, Imitrex* ☒, Maxalt* ☒*

G

Gabitril	*Nuerontin, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Geodon (PA)	*Risperdal*, Seroquel, Seroquel XR*

H

HalfLyte ☒	*CoLyte* ☒*
HyperRho ☒	*no alternative available*
Hyzaar π	*Benicar HCT, Micardis HCT*

I

Innopran XL	*Inderal LA*, Toprol XL*, Lopressor*, Coreg**
Insulins Novo Brand	*Lilly Brand Insulins*
Intuniv	*Ritalin* ☒, Adderall* ☒, Concerta* ☒*
Invega (PA)	*Risperdal*, Seroquel, Seroquel XR*
Iressa (SP) ☒	*Tarceva (PA, PAS) (SP)* ☒*

J

K

Keppra XR (PA)	*Keppra*, Neurontin*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Ketek ☒	*First Line Generic Antibiotics*
Kuvan (PA, PAS) (SP) ☒	*Requires Prior Auth*
Kytril ☒	*Zofran* ☒*

L

Lamictal ODT (PA), XR (PA), Starter Pack ☒	*Lamictal, Neurontin*, Keppra*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Lamisil Granules (PA) ☒	*Lamisil* tab*
Lescol, XL (ST)	*Zocor*, Pravachol*, Mevacor**
Letairis (PA, PAS) (SP) ☒	*Tracleer (PA, PAS) (SP)* ☒*
Levaquin ☒	*Cipro* ☒, Avelox* ☒*
Levitra ☒	*no alternative available*
Lialda (ST)	Colazal*, Apriso, Asacol, Asacol HD
Lipitor 10mg, 20mg (ST)	*Zocor*, Pravachol**
Lipitor 40mg, 80mg (ST)	*Crestor (5mg ST), Vytorin (10/10mg ST)*
Loestrin 24 FE	*Yaz, Several other oral contraceptives are available on the Formulary*
Loprox π	*Nizoral* ☒ or Nystatin* ☒*
Lotemax	*Pred Forte*, Decadron*, FML Liquifilm**
Lovaza (PA)	*Lofibra*, Tilipix, Niaspan*
Lunesta (ST, STS) ☒	Halcion* ☒, oxazepam ☒, Restoril* ☒, Sonata* ☒
Luvox CR (ST)	*Luvox*, Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST)*
Lyrica (PA, PAS) ☒	*Neurontin, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**

M

Marinol (PA, PAS) ☒	*Requires Prior Auth*
Maxair	*Ventolin HFA*
Metadate CD (PA > 17yrs) ☒	*Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta* ☒*
Metrogel 1% (ST)	*Metronidazole 0.75% Gel*
Miacalcin Injection (PA)	*Miacalcin Nasal Spray**
Mirapex	*Requip**
Multaq	*Cordarone**
Myfortic (SP) ☒	*CellCept* ☒*

N

Naprelan π	*Motrin*, Naprosyn*, Voltaren*, Clinoril*, Disalcid*, Relafen*, Mobic**
Nasacort (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Neevo	*Multiple prenatal vitamins on formulary Tier 1*
Neevo DHA	*Multiple prenatal vitamins on formulary Tier 1*
Nexavar (PA, PAS) (SP) ☒	*Requires Prior Auth*
Niravam (ST) ☒	*Xanax* ☒*
Noroxin ☒	*Cipro* ☒, Avelox* ☒*
Norgesic/Norflex	*Flexeril*, Lioresal*, Robaxin*, Soma* (250mg not covered)*
Novo Brand Insulins	*Lilly Brand Insulins*
Noxafil (PA, PAS) ☒	*Requires Prior Auth*
Nucynta (PA, PAS) ☒	*MSIR* ☒, Oxycodone IR* ☒*
Nuvigil (PA, PAS) ☒	*Ritalin* ☒, Dexedrine* ☒, Adderall* ☒*

O

Oforta (PA) (SP) ☒	*Requires Prior Auth*
Omnaris (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Opana IR (PA, PAS) ☒	*MSIR* ☒, Oxycodone IR* ☒*
Ortho Evra	*Several oral contraceptives are available on the Formulary*
Oxistat	*Nizoral* ☒ or Nystatin* ☒*
Oxycontin (PA, PAS) ☒	*MS Contin* ☒, Duragesic* ☒, Kadian ☒, Opana ER* ☒*
Oxytrol (ST)	*Ditropan*, Sanctura, Sanctura XR*

P

Pancreaze	Zenpep, Ultrase
Parafon Forte DSC π	*Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)*
Pataday	*Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)*
Patanol	*Alaway*, Zaditor OTC (covered with a prescription for tier 1 copay)*
Paxil CR π (ST)	*Celexa*, Prozac*, Zoloft*, Paxil**
Pentasa	*Asacol*

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Perforomist (PA)	*Spiriva, Advair, Symbicort, Serevent*
Prandin	*Diabeta*, Glucotrol*, Amaryl**
Prefest	*Prempro, Premphase*
Premarin Vag Cream	*Estrace Vag Crm, Vagifem*
Prenate DHA	*Multiple prenatal vitamins on formulary Tier 1*
Prenate Elite	*Multiple prenatal vitamins on formulary Tier 1*
Prevacid (Solutab not covered)	*Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR™ (covered with a prescription for tier 1 copay), Nexium*
Prevpac	*Prilosec OTC™* 20mg plus amoxicillin and clarithromycin*
Pristiq (ST)	*Effexor*(ST), Effexor XR (ST), Celexa*, Prozac*, Paxil*, Zoloft*, Lexapro (ST), Luvox**
ProAir HFA	*Ventolin HFA*
Procardia Capsules π	*Calan SR*, Cardizem CD*, Adalat CC*, Procardia XL**
Protonix π (PA)	*Prilosec OTC™ (covered with a prescription for tier 1 copay), omeprazole*, Prevacid24HR™ (covered with a prescription for tier 1 copay), Nexium*
Protopic ☒	*Hydorcortisone*, Betamethasone*, Triamcinolone*, Elocon*, Temovate*, Sinalar*, Topicort**
Proventil HFA	*Ventolin HFA*
Provigil (PA, PAS) ☒	*Ritalin* ☒, Dexedrine* ☒, Adderall* ☒*
Prozac Weekly (ST)	*Prozac Capsules**
Pulmicort Flexhaler/ Turbuhaler	*Flovent, QVAR, Asmanex*

Q

Qualaquin (PA, PAS) ☒	*Aralen*, Lariam*, Plaquenil*, Primaquine**

R

Renagel	*Phoslo*, Renvela*
Regranex (PA, PAS)	*Requires Prior Auth*
Relistor (PA, PAS)	*Lactulose*, Miralax* OTC (covered with a prescription for tier 1 copay)*
Relpax ☒	*Maxalt ☒, Imitrex* ☒*
Remeron Soltab π	*Remeron*, Celexa*, Ludiomil*, Desyrel**
Razadyne	*Aricept, Namenda*
Requip XL (ST)	*Requip**
Rescula	*Lumigan, Travatan*
Restasis	*Various OTC artificial tears available*
Restoril 7.5mg, 22mg ☒	*Restoril* 15mg ☒ & 30mg ☒, Ambien* ☒, Halcion* ☒*
Revatio (PA, PAS) (SP) ☒	*Adcirca (PA, PAS) (SP) ☒*
Revlimid (PA, PAS) (SP) ☒	*Requires Prior Auth*
Rhinocort (ST, STS)	Flonase*, Nasalide*, Nasonex
Rhogam ☒	*no alternative available*
Ritalin LA (PA > 17yrs) ☒	*Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta ☒*
Rogaine	*Benefit exclusion*
Rozerem (ST, STS) ☒	*Ambien* ☒, Sonata* ☒*
Ryzolt (ST)	*Ultram**

S

Saphris (ST)	*Clozaril* ☒, Risperdal*, Seroquel, Seroquel XR*
Sarafem (tabs not covered) π	*Prozac Capsules**
Serzone π	*Celexa*, Prozac*, Zoloft*, Paxil**
Skelaxin π	*Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered)*
Sprycel (PA, PAS) (SP) ☒	*Requires Prior Auth*
Stadol NS π ☒	*Tylenol with Codeine* ☒, Darvocet-N 100* ☒, Ultram**
Starlix π	*Diabeta*, Glucotrol*, Amaryl**
Striant (PA, PAS) ☒	*Androgel ☒ (PA, PAS)*
Strattera	*Ritalin* ☒, Adderall* ☒, Concerta ☒*
Suboxone (PA, PAS)	*Requires Prior Auth*
Subutex (PA, PAS)	*Requires Prior Auth*
Sutent (PA, PAS) (SP) ☒	*Requires Prior Auth*
Symbyax (ST)	*Prozac* plus Risperdal**
Symlin (PA, PAS)	*Humulin, Humalog, Lantus, Levemir*

T

Tamiflu ☒	
Tarka	*Mavik* plus Calan SR**
Tasigna (PA, PAS) (SP) ☒	*Requires Prior Auth*
Tasmar	*Comtan*
Tekturna (PA, PAS)	*Benicar, Micardis*
Tekturna HCT (PA, PAS)	*Benicar HCT, Micardis HCT*
Testim (not covered) ☒	*Androgel (PA, PAS) ☒*
Teveten (PA, PAS)	*Benicar, Micardis*
Teveten HCT (PA, PAS)	*Benicar HCT, Micardis HCT*
Tofranil PM	*Tofranil**
Toviaz	*Ditropan*, Sanctura, Sanctura XR*
Tricor	*Lofibra*, Trilipix*
Triglide	Lofibra*, Trilipix
Tussionex ☒	*Robitussin AC ☒*
Twynsta (PA, PAS)	*Benicar plus amlodipine, Micardis plus amlodipine*
Tykerb (PA, PAS) (SP) ☒	*Requires Prior Auth*
Tyzeka (SP) ☒	*Epivir HBV (SP) ☒, Hepsera (SP) ☒*

U

Ulesfia	Elimite*, Lindane*
Uloric (ST)	*Zyloprim**
Ultram ER (ST)	*Ultram**

V

Valturna (PA, PAS)	*Benicar, Micardis*
Ventavis (PA, PAS) (SP) ☒	*Requires Prior Auth*
Veramyst (ST, STS)	*Flonase*, Nasalide*, Nasonex*
Verelan PM	*Calan*, SR*, Cardizem CD*, Adalat CC*, Procardia XL**
Vesicare (ST)	*Ditropan*, Sanctura, Sanctura XR*
Viagra ☒	*no alternative available*
Victoza (PA, PAS)	*Amaryl*, Diabeta*, Glucotrol*, Glynase*, Micronase*, Glucophage**
Vigamox ☒	*Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒*
Vimpat	*Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER**
Vyvanse (ST, STS) ☒	*Adderall* ☒, Ritalin* ☒, Ritalin SR* ☒, Metadate ER* ☒, Concerta ☒*

W

Welchol	*Questran/Colestid**
WinRho ☒	

X

Xalatan	*Lumigan, Travatan*
Xifaxan (550mg PA, PAS) ☒	Lactulose
Xopenex, HFA	*Ventolin HFA, albuterol neb*
Xyrem (PA, PAS) (SP) ☒	*Adderall* ☒, Ritalin* ☒*
Xyzal (ST)	*Claritin OTC or Zyrtec OTC (covered with a prescription for a tier 1 copay)*

Z

Zantac Efferdose (not covered)	*Zantac tab/cap*, Tagamet*, Pepcid**
Zavesca (PA, PAS) (SP) ☒	*Requires Prior Auth*
Zegerid (PA)	*Prilosec OTC™ (covered with a prescription for a tier 1 copay), omeprazole*, Prevacid 24HR™ (covered with a prescription for a tier 1 copay), Nexium*
Zelapar ODT (ST)	*Eldepryl**
ZMax ☒	*Zithromax* ☒*
Zetia	*Zocor*, Pravachol*, Vytorin (10/10mg ST), Niaspan*
Zolinza (PA, PAS) (SP) ☒	*Requires Prior Auth*
Zomig ☒	*Imitrex* ☒, Maxalt ☒*
Zovirax Ointment ☒	*Oral Zovirax**
Zyban π	*Benefit exclusion*
Zylet	*Tobradex**
Zymar ☒	*Tobrex* ☒, Gentamicin* ☒, Ciloxan* ☒, Ocuflox* ☒*
Zyprexa (ST)	*Risperdal*, Seroquel, Seroquel XR*

** A generic equivalent is available.*

π Brand name medications and the generic equivalent are covered at a higher member cost.

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

☒ Not available as 90-day supply

This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives, growth hormone, erectile dysfunction drugs). We periodically review our Drug Formulary 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 (see back page). Please consult with your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Prior Authorization

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

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

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

Quantity Limits

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

Specialty Medications

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

Self-Administered Injectable Formulary

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

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

Non-Formulary	Formulary Alternatives
Aranesp	*Procrit*
Arixtra✦	*Fragmin✦, Lovenox✦*
Betaseron	*Avonex, Copaxone*
Cimzia	*Enbrel, Humira*
Epogen	*Procrit*
Extavia	*Avonex, Copaxone*
Forteo	*Fosamax*, Fosamax plus D, miacalcin nasal spray**
Genotropin❇	*Omnitrope❇*
Hizentra	(refer to medical benefits for IVIG)
Humatrope❇	*Omnitrope❇*
Ilaris	*Arcalyst*
Increlex	
Infergen	*Pegasys*
Innohep✦	*Fragmin✦, Lovenox✦*
Kineret	*Enbrel, Humira*
Neulasta	*Neupogen*
Norditropin❇	*Omnitrope❇*
Peg-Intron (not covered)	*Pegasys*
Rebif	*Avonex, Copaxone*
Saizen❇	*Omnitrope❇*
Serostim❇	
Simponi	*Enbrel, Humira*
Somavert	*Sandostatin*
Stelara	*Enbrel, Humira*
Tev-Tropin❇	*Omnitrope❇*
Valtropin❇	*Omnitrope❇*
Zorbtive	

* Generic is on the Formulary

✦ Initial therapy of 21 days will be covered to assure that therapy is not delayed while the prior authorization request is being reviewed.

❇ Some plans cover only one growth hormone product -- Omnitrope. Under these plans, Nutropin, Nutropin AQ, Humatrope, Genotropin, Saizen, Tev-Tropin, and comparable agents are not covered. Please contact Member Services with questions if your doctor prescribes a growth hormone agent that is not covered.

For some benefit plans, self-administered injectables may be included under a member's medical benefit, not the pharmacy benefit plan. Please refer to your health plan documents regarding coverage of and any limitations or exclusions that may apply to your self-administered injectable benefit.

All self administered injectables require prior authorization.

For more updated information, visit our web site at:

www.CoventryHealth.com

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Coventry Health Care Quantity Limit List

Quantity limits listed are 'per fill' unless noted as per day, per month or per year. Limits apply to all strengths and generic equivalents, unless otherwise noted. Each fill requires the applicable copay or coinsurance based on member specific health plan documents.

Drug Name	Limit
Abilify	1 per day
Accutane	2 per day
Aceon 2mg, 4mg	1 per day
Aceon 8mg	2 per day
Aciphex	1 per day
Actiq	4 per day
Activella	1 per day
Actonel 5mg, 30mg	1 per day
Actonel 35mg	4 tabs per mo
Actonel 35mg w/ Calcium	1 pk (28 tabs)
Actonel 150mg	1 tab per mo
Actoplusmet	2 per day
Actoplusmet XR 15/1000	2 per day
Actoplusmet XR 30/1000	1 per day
Actos	1 per day
Acuvail (droperette)	30 vials
Adalat CC 30mg, 90mg	1 per day
Adalat CC 60mg	2 per day
Adcirca	2 per day
Adderall XR	1 per day
Adrenaclick	2 syringes
Advicor 500-20, 750-20, 1000-40mg	1 per day
Advicor 1000-20mg	2 per day
Aerobid/Aerobid M	2 inh
Aerochamber	1 per year
Afinitor	1 per day
Aldara cream	12 pkts
Alinia Susp	3 bottles
Alinia tabs	6 tabs
Allegra 180mg	1 per day
Allegra 30mg, 60mg	2 per day
Allegra D 12 hour	2 per day
Allegra D 24 hour	1 per day
Alora	1 box (8 ptch)
Aloxi caps	1 per fill
Altace 1.25, 2.5, 5mg	1 per day
Altace 10mg	2 per day
Altoprev	1 per day
Amaryl 1mg, 2mg	1 per day
Amaryl 4mg	2 per day
Ambien	1 per day
Ambien CR	1 per day
Amerge	9 tabs
Amitiza	2 per day
Ampyra	2 per day
Androgel Packet	1 pkt per day
Androgel Pump	150gm

Drug Name	Limit
Anzemet	10 tabs
Arava	1 per day
Aricept, Aricept ODT	1 per day
Arimidex	1 per day
Arixtra	1 syr per day
Aromasin	1 per day
Atacand, Atacand HCT	1 per day
Atripla	1 per day
Atrovent HFA	2 inh
Atrovent Nasal Spray	1 bottle
Augmentin XR	40 tabs
Avalide	1 per day
Avandamet	2 per day
Avandaryl	1 per day
Avandia	1 per day
Avapro	1 per day
Avelox	14 tabs
Avinza 30, 45, 60, 75, 90mg	1 per day
Avita cream, gel	45gm
Avodart	1 per day
Axert	6 tabs
Azilect	1 per day
Azmacort	2 inh
Azor	1 per day
Baraclude	1 per day
Benicar, Benicar HCT	1 per day
Benzaclin	25gm
Bepreve	1 bottle
Biaxin susp	150ml
Biaxin, Biaxin XL	28 tabs
Blood Glucose Monitor	1 per year
Boniva 2.5mg	1 per day
Boniva 150mg	1 tab per mo
Brovana	60 vl (120ml)
Byetta	1 pen
Bystolic 2.5mg, 5mg	1 per day
Bystolic 10mg	1 per day
Bystolic 20mg	2 per day
Calan SR 120mg	1 per day
Cambia	1 box (9 pkts)
Campral	6 per day
Cardizem CD 120, 300, 360mg	1 per day
Cardizem CD 240mg	2 per day
Cardizem LA 120, 300, 360, 420mg	1 per day
Cardizem LA 240mg	2 per day
Cardura 1mg, 2mg, 4mg	1 per day

Drug Name	Limit
Cardura 8mg	2 per day
Cardura XL 4mg, 8mg	1 per day
Casodex	1 per day
Catapres Patches	1 box (4 ptch)
Caverject Injection	6 syr
Cayston	3 vials per day
Cefaclor ER 500mg	14 tabs
Celebrex 50, 100, 200, 400mg	2 per day
Celexa	1.5 per day
Cenestin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day
Cenestin 1.25mg	2 per day
Cesamet	2 per day
Cialis	4 tabs per mo
Cipro XR 500mg	3 tabs
Cipro XR 1000mg	14 tabs
Clarinex, Clarinex D 24H	1 per day
Clarinex D 12H	2 per day
Claritin, Claritin D 24H	1 per day
Claritin D 12H	2 per day
Climara, Climara Pro	1 box (4 ptch)
Coartem	24 tabs
Colcrys	9 tabs
Combunox	28 tabs
Concerta 18, 27, 54mg	1 per day
Concerta 36mg	2 per day
Contraceptives, oral	1 per day
Cordran tape	1 unit
Coreg CR	1 per day
Cozaar	1 per day
Crestor	1 per day
Cycloset	6 per day
Cymbalta 20mg	2 per day
Cymbalta 30mg, 60mg	1 per day
Daytrana patch	1 per day
Depo SubQ Provera 104	1 inj/90 days
Depo-Provera 150mg/ml	1 dose per 3 mos
Detrol LA	1 per day
DHE-45	6 amps
Diastat	1 pk (2 doses)
Diflucan	1 per day
Dilacor XR 120, 180mg	1 per day
Dilacor XR 240mg	2 per day
Diovan, Diovan HCT	1 per day
Ditropan XL 5mg	1 per day
Ditropan XL 10mg, 15mg	2 per day
Duetact	1 per day

COVENTRY Health Care

Coventry Health Care Quantity Limit List

Drug Name	Limit
Duoneb	180vl (540ml)
Duragesic 12mcg/hr	10 patches
Dynacirc CR 5mg	1 per day
Dynacirc CR 10mg	2 per day
Edex Injection	6 syr
Effexor XR	1 per day
Effient	1 per day
Elidel 1%	60gm
Embeda	2 per day
Emend	3 caps
Emend Tripack	1 pk (3 caps)
Emsam	1 per day
Emtriva	1 per day
Enablex	1 per day
Enjuvia 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day
Enjuvia 1.25mg	2 per day
Epiduo	1 unit
Epi-Pen, Epi-Pen Jr.	2 doses
Estraderm	1 box (8 ptch)
Estrasorb	2 pkt per day
Evoxac	3 per day
Exalgo	1 per day
Exelon caps	2 per day
Exelon patch	1 per day
Exelon solution	1 bottle
Exforge, Exforge HCT	1 per day
Factive	7 tabs
Famvir	21 tabs
Fanapt	2 per day
Femhrt	1 per day
Femring	1 ring/90 days
Fenoglide	1 per day
Fentora	4 per day
Flomax	2 per day
Flonase Nasal Spray	2 bottles
Flunisolide	2 bottles
Focalin	2 per day
Focalin XR	1 per day
Foradil Aerolizer	2 caps per day
Fosamax + D	4 tabs per mo
Fosamax 35mg, 70mg	4 tabs per mo
Fosamax 5mg, 10mg, 40mg	1 per day
Fosamax Solution	4 btl (300ml)
Fragmin	1 dose per day
Frova	9 tabs
Gabitril 2mg	1 per day
Gabitril 4mg, 12mg	4 per day
Gabitril 16mg	3 per day
Gelnique	1 box (30 pkts)

Drug Name	Limit
Geodon	2 per day
Glucagen Hypokit	1 kit
Glucagon Emergency Kit	1 kit
Glucophage XR 500mg	4 per day
Glucophage XR 750mg	3 per day
Hepsera 10 mg	1 per day
Humapen Memoir	1 pen per yr
Hytrin 1mg, 5mg	1 per day
Hytrin 2mg, 10mg	2 per day
Hyzaar	1 per day
Imdur 30mg, 60mg	1 per day
Imdur 120mg	2 per day
Imitrex pre-filled Syringe	2 bx (4 doses)
Imitrex Nasal Spray 20mg	1 bx (6 doses)
Imitrex Nasal Spray 5mg	2 bx (12 doses)
Imitrex tabs	9 tabs
Imitrex vials	1 bx (2.5ml;5vl)
Inderal LA 60mg	1 per day
Innopran XL 120mg	1 per day
Innopran XL 80mg	2 per day
Inspra 25mg	1 per day
Inspra 50mg	2 per day
Intal Inhaler	2 inh
Intelence	4 per day
Intuniv	1 per day
Invega 3mg, 9mg	1 per day
Invega 6mg	2 per day
Iressa	1 per day
Isentress	2 per day
Isoptin SR 120mg	1 per day
Janumet	2 per day
Januvia	1 per day
Kadian	2 per day
Kapidex 30mg, 60mg	1 per day
Keppra 250mg	2 per day
Keppra, Keppra XR 750mg	4 per day
Keppra 1000mg	3 per day
Keppra, Keppra XR 500mg	6 per day
Kwell/Lindane	60ml
Kytril 1 mg	10 tabs
Kytril solution	1 bottle (30ml)
Lamictal 5mg	8 per day
Lamictal, Lamictal ODT 25mg	6 per day
Lamictal, Lamictal ODT 100mg, 200mg	2 per day
Lamictal 150mg	3 per day
Lamictal ODT 50mg	3 per day
Lamictal XR 25, 50, 100mg	1 per day

Drug Name	Limit
Lamictal XR 200mg	3 per day
Lamisil tabs	1 per day
Lamisil 125mg granules	2 per day
Lamisil 187.5mg granules	1 per day
Lescol, Lescol XL	1 per day
Levaquin	14 tabs
Levaquin Susp	280ml
Levitra	4 tabs per mo
Lexapro 10mg	1.5 per day
Lexapro 5mg, 20mg	1 per day
Lialda	4 per day
Lipitor	1 per day
Lipofen	1 per day
Livalo	1 per day
Lofibra	1 per day
Lotrel 2.5/10,5/10,5/20, 10/20, 10/40	1 per day
Lovaza	4 per day
Lovenox	2 syr per day
Lumigan	2.5ml/mo
Lunesta	1 per day
Luvox 25mg, 50mg	1 per day
Luvox CR	2 per day
Lyrica 25, 50, 75, 100, 150, 200mg	3 per day
Lyrica 225mg, 300mg	2 per day
Lysteda	30 tabs
Marinol	2 per day
Mavik 1mg, 2mg	1 per day
Mavik 4mg	2 per day
Maxair Autohaler	1 inh
Maxalt, Maxalt MLT	9 tabs
Menostar	1 bx (4 ptch)
Mepron	1 btl (210ml)
Metadate CD	1 per day
Metadate ER	3 per day
Metaglip	4 per day
Mevacor 10mg, 20mg	1 per day
Mevacor 40mg	2 per day
Miacalcin Nasal Spray	1 bottle
Micardis, Micardis HCT	1 per day
Migranal Nasal Spray	1 pkg (8 btls)
Mirapex ER	1 per day
Mobic 7.5mg	2 per day
Mobic 15mg	1 per day
Monopril 10mg, 20mg	1 per day
Monopril 40mg	2 per day
Moxatag	10 tabs
Multaq	2 per day
Muse	6 pellets

COVENTRY Health Care

Coventry Health Care Quantity Limit List

Drug Name	Limit
Namenda	2 per day
Namenda Pak	1 pack
Nasacort AQ	1 inh
Nasarel Inhaler	1 inh
Nasonex Inhaler	1 inh
Nexavar	4 per day
Nexium	1 per day
Noroxin	2 per day
Norvasc	1 per day
Nucynta	6 per day
Nuvigil	1 per day
Noxafil	105ml
Ofloxacin	28 tabs
Onglyza	1 per day
Onsolis	4 per day
Opana ER	2 per day
Oracea	1 per day
Oravig	14 tabs
Ortho Evra	3 patches
Ovide	1 bottle
Oxycontin	2 per day
Oxytrol	1 bx (8 ptchs)
Paxil 10mg, 20mg	1 per day
Paxil 30mg	2 per day
Paxil 40mg	1.5 per day
Paxil CR 12.5mg, 37.5mg	1 per day
Paxil CR 25mg	2 per day
Peak Flow Meter	1 per year
Perforomist	60vl (120ml)
Pexeva 10mg, 20mg, 40mg	1 per day
Pexeva 30mg	2 per day
Plan B	1 pk (2 tabs)
Plan B One-Step	1 pk (1 tab)
Plavix 75mg	1 per day
Plavix 300mg	1 tab
Plendil	1 per day
Prandimet	2 per day
Pravachol 10, 20, 80mg	1 per day
Pravachol 40mg	2 per day
Prefest	1 per day
Premarin 0.3mg, 0.45mg, 0.625mg, 0.9mg	1 per day
Premarin 1.25mg	2 per day
Premphase	1 per day
Prempro	1 per day
Prevacid cap, SoluTab	1 per day
Prevacid NapraPac	1 pk per mo
Prevacid Packet	1 per day
Prezista	2 per day
Prilosec 10mg	1 per day

Drug Name	Limit
Prilosec 20mg, 40mg	2 per day
Prilosec OTC (20mg)	2 per day
Pristiq	1 per day
ProAir HFA	2 inh
Procardia XL 30mg, 90mg	1 per day
Procardia XL 60mg	2 per day
Promacta	1 per day
Prometrium	2 per day
Proquin XR	3 tabs
Proscar	1 per day
Protonix	1 per day
Protopic	60gm
Proventil HFA	2 inh
Provigil	1 per day
Prozac Weekly	4 caps per mo
Pulmicort Respule	2 per day
Pulmicort Turbuhaler	1 inh
Pulmozyme	60unt (150ml)
Ranexa	2 per day
Rapaflo	1 per day
Rapiflux	1 per day
Razadyne ER	1 per day
Rebetol	500ml
Relafen	4 per day
Relenza	20 tabs
Relpax	6 tabs
Remeron tab, Soltab	1 per day
Requip XL 2mg, 4mg, 8mg	1 per day
Requip XL 12mg	2 per day
Restasis	2 vials per day
Restoril 7.5mg, 22.5mg	1 per day
Retin-A, Retin-A Micro	45gm
Revatio	3 per day
Revlimid	1 per day
Reyataz 100mg, 150mg, 200mg	2 per day
Reyataz 300mg	1 per day
Risperdal, Risperdal ODT 0.25mg, 0.5mg, 1mg, 2mg	2 per day
Risperdal, Risperdal ODT 3mg	3 per day
Risperdal, Risperdal ODT 4mg	4 per day
Ritalin LA 10, 20, 40mg	1 per day
Ritalin LA 30mg	2 per day
Ritalin SR	3 per day
Rozerem	1 per day
Rythmol SR	2 per day
Ryzolt	1 per day
Sabril	6 per day
Samsca 15mg	1 per day
Samsca 30mg	2 per day

Drug Name	Limit
Sanctura	2 per day
Sanctura XR	1 per day
Sancuso	1 patch
Saphris	2 per day
Sarafem	1 per day
Savella	2 per day
Selzentry	2 per day
Serevent Diskus	1 box
Seroquel 25mg, 50mg, 100mg, 300mg	3 per day
Seroquel 200mg	4 per day
Seroquel 400mg	2 per day
Seroquel XR 150, 200mg	1 per day
Seroquel XR 50, 300, 400mg	2 per day
Silenor	1 per day
Singulair tab, Chw, pkt	1 per day
Skelid	2 per day
Sonata	1 per day
Soriatane Kit (2 kits per mo)	2 caps per day
Spiriva	1 per day
Sprix	1 pk (5 bottles)
Sprycel	2 per day
Stadol NS	2 bottles
Stelara	1 syringe
Strattera	1 per day
Striant	2 per day
Suboxone	3 per day
Sular 10mg, 20mg, 40mg	1 per day
Sular 8.5, 17, 25.5, 34mg	1 per day
Sular 30mg	2 per day
Sutent	1 per day
Symbyax	1 per day
Symlin	4 vials (20ml)
SymlinPen 60, SymlinPen 120	4 pens per fill
Tamiflu	20 tabs
Tarceva	1 per day
Tasigna	4 per day
Tekturna, Tekturna HCT	1 per day
Teveten 400mg	2 per day
Teveten 600mg	1 per day
Teveten HCT	1 per day
Theo-24 100mg, 200mg	1 per day
Tiazac	1 per day
Tindamax 250mg	24 tabs
Tindamax 500mg	12 tabs
Tirosint	1 per day
TOBI	56 vls (280ml)
Topamax 25mg	12 per day
Topamax 50mg	6 per day

COVENTRY Health Care

Coventry Health Care Quantity Limit List

Drug Name	Limit
Topamax 100mg	3 per day
Topamax 200mg	2 per day
Topamax sprinkle	4 per day
Toprol XL 25mg	1 per day
Toprol XL 50mg, 100mg	1.5 per day
Toprol XL 200mg	2 per day
Toradol	20 tabs
Toviaz	1 per day
Tranxene SD 11.25mg	1 per day
Travatan	2.5ml/mo
Triglide	1 per day
Trileptal	2 per day
Trilipix	1 per day
Tussicaps	20 caps
Tussionex	120 ml
Twinject	2 doses
Tyvaso	1 amp/day
Tyzeka	1 per day
Tyzeka Solution	1 bottle
Ulesfia	3 bottles
Uloric	1 per day
Ultracet	8 per day
Ultram ER	1 per day
Uroxatral	1 per day
Valtrex 1g	21 tabs
Valtrex 500mg	42 tabs
Valturna	1 per day
Vancocin 125mg	56 tabs
Vancocin 250mg	40 tabs
Ventolin HFA	2 inh

Drug Name	Limit
Verelan 120, 180, 360mg	1 per day
Verelan 240mg	2 per day
Verelan PM 100mg, 300mg	1 per day
Verelan PM 200mg	2 per day
Vesicare	1 per day
Viagra	4 tabs per mo
Victoza (2 pack)	1 pkg (2 pens)
Victoza (3 pack)	1 pkg (3 pens)
Vimovo	2 per day
Vimpat	2 per day
Vivelle	1 bx (8 ptchs)
Voltaren Gel	200gm
Votrient	4 per day
Vytorin	1 per day
Vyvanse	1 per day
WelChol 3.75gm pkt	1 per day
Wellbutrin XL	1 per day
Xalatan	2.5ml/mo
Xanax XR	2 per day
Xenazine 12.5mg	4 per day
Xenazine 25mg	8 per day
Xifaxan 200mg	9 tabs
Xifaxan 550mg	2 per day
Xopenex	2 inh
Xyzal	1 per day
Zavesca	3 per day
Zebeta 5mg	1 per day
Zebeta 10mg	4 per day
Zegerid	1 per day
Zelapar	2 per day

Drug Name	Limit
Zemplar	1 per day
Zetia	1 per day
Zirgan	1 tube
Zirgan gel	1 tube
Zithromax 250mg	8 tabs
Zithromax 500mg	4 tabs
Zithromax 600mg	8 tabs
Zithromax Susp	2 bottles
Zithromax TriPac	1 pk (3 tabs)
Zocor	1 per day
Zofran 24mg	1 tab
Zofran 4mg, 8mg ODT	30 tabs
Zofran Solution	50ml
Zolinza	4 per day
Zoloft 25mg	1 per day
Zoloft 50mg	1.5 per day
Zoloft 100mg	2 per day
Zomig, Zomig ZMT 2.5mg	6 tabs
Zomig, Zomig ZMT 5mg	3 tabs
Zomig Nasal Spray	1 bx (6 doses)
Zonegran 25mg, 50mg	1 per day
Zonegran 100mg	6 per day
Zymar	1 bottle
Zymaxid	1 bottle
Zyprexa, Zyprexa Zydis	1 per day
Zyrtec	1 per day
Zyrtec-D	2 per day
Zyvox	28 tabs
Zyvox Susp	150ml

PLEASE NOTE: This is not meant to be a complete list of the drugs covered under your plan. Not all dosage forms of the drugs listed above are covered. Brand names are listed for informational reference. Under some circumstances, formulary drugs may be excluded from your plan (for example, oral contraceptives). This is the most current list at the time of printing and is subject to change, as we periodically review our Drug Formulary listing. Some medications may require prior authorization. Please consult your health plan specific documents or your Prescription Drug Plan Customer Service Representative for any questions about your coverage or for more information.

Unless otherwise noted in your plan documents, there is a maximum of 100 pills per fill.