Bring this with you to each doctor visit and save money when your doctor prescribes **generics** and **preferred medications**.
Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members’ needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

**Prescription**—Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled “Caution: Federal law prohibits dispensing without prescription” will be considered eligible.

**Generic Drug**—A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.
**Brand Drug** — A prescription item only available from a single-source supplier.

**Multi-Source Brand Drugs** — Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

**Over-the-Counter Drugs (OTC)** — Drugs which are not restricted to prescription-only status. These agents are available for purchase without physician approval and are not covered by The Health Plan.

**Home Delivery Service** — Certain group benefit designs allow members to receive medications at home via the mail. (See your specific benefit rider for details.)

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**How to Use Your Prescription Benefit**

Please present your Health Plan Identification Card to the pharmacist with your prescription. You will be required to pay a co-payment (“co-pay”) at the time of service based on the prescription plan in which you are enrolled. Your co-payment levels are found under the pharmacy benefit section **Pharmacy Benefit of your Summary of Benefits**. Your ID card also contains important information to allow the pharmacy to correctly submit your claim to pharmacy benefits manager, Express Scripts. Additionally, information on how you may contact Express Scripts is included on the reverse side of your ID card.
**Coverage Management Rules**

**Specialty Pharmacy Program**

Specialty drugs are those high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drugs require complex dispensing techniques. As such, dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications.

Specialty drugs require prior authorizations to assure the patient is an appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. The plan will monitor the use of the specialty drug for:

- Dose optimization
- Appropriate monitoring (including required lab studies)
- Patient compliance to prescribed therapy
- Proper disposal of ancillary material used in the delivery of the medication (e.g., syringes)
- Drug interaction monitoring
• Dispensing limited to 31-day supply
• Prior authorization required prior to dispensing
• Quantity limits may apply
• Approval periods for authorization may vary according to agent prescribed.

Diseases that are targeted to receive therapy with specialty pharmacy drugs include, but are not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn’s disease, and organ transplant.

Coverage for these agents is provided under your Specialty Pharmacy benefit.

Co-insurance will apply. If you have a prescription rider with an annual cap, Specialty Pharmacy expenses will not apply to the cap.

The list of specialty drugs is available at www.Healthplan.org

**Drugs requiring prior authorization**

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. Your physician must contact The Health Plan for information on specific drugs and the procedures for authorization. The physician (provider) information phone number is 800-624-6961 extension 7914.
Quantity per dispensing event (QPC rules)
Generally, The Health Plan allows dispensing of approved medications up to a 31-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as “triptans,” are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 31-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 800-624-6961 extension 7914.

Non-Formulary Coverage Review
Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. Your physician must contact The Health Plan for information on specific drugs and the procedures for authorization. The physician (provider) information phone number is 800-624-6961 extension 7914.
Generic difference policy (co-payment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand co-payment plus the difference between The Health Plan cost of a brand name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-Formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact Express Scripts for the location of a participating pharmacy in that area. Present your Health Plan Identification Card with the emergency prescription and pay your co-payment. If no pharmacy in the area participates with Express Scripts, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable co-payment, for the prescription provided the prescription meets the guidelines specified in this document.
Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.

- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.

- The charge for any medications not FDA-approved for use in the general population.

- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.

- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.

- The charge for any medication covered by any Workers’ Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan’s program.

- Vitamins are not covered. Prenatal vitamins are covered when related to pregnancy.

- Certain preventative medications such as folic acid and iron may be covered under your
benefit. Please contact The Health Plan for details.

- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication. Contact The Health Plan for coverage details.

- Prescriptions related to smoking cessation. Your prescription benefit may provide coverage of some smoking cessation products as preventative medications. Coverage of these products may be limited to certain formulary drugs as determined by The Health Plan.

- Prescriptions for drugs or devices used to promote weight loss.

- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence.

- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.
Pain Management Program and Opiate/Opioid Management

Pain is considered chronic if it results from a chronic pathological process, has recurred periodically over months or years, or persists longer than expected after an illness or injury. Typically, pain is considered chronic if it has persisted for 6 months or more.

Components of the management program include: surveillance, evaluation of patients seeking treatment for chronic pain and formulary management. Formulary management involves preferring certain drugs for chronic pain treatment, limiting acute dosing to sufficient quantities to treat breakthrough pain, step therapies (preferred drugs must be tried before non-preferred drugs) and prior authorization.

The acute use of opiate agents for moderate to severe pain from acute injury/medical treatment or surgical procedure will be limited. Total allowable dosing of all opiate pain agents will be a maximum of 90 days of treatment per year. If a patient reaches 90 days of therapy, the coverage of the pain agents will be suspended, pending review for chronic pain management.

Prior authorization will be required for all extended-release opiate medications for chronic pain management.
Benefit reminders

• Use a participating retail pharmacy to fill your prescriptions.
  You’ll pay only your co-payment up front.

• Use Express Scripts for medications you take on a long-term basis.
  You’ll generally pay less for up to a 90-day supply. And your order can be conveniently delivered to your home or office.

• Express Scripts may contact your doctor about your prescription.
  If you have a prescription for a nonpreferred medication, but a preferred alternative exists, Express Scripts may contact your doctor to ask whether the preferred drug would be right for you.

• Your plan may have certain coverage limits.
  If you submit a prescription for a medication that has coverage limits (e.g., for specific uses or for a specific days’ supply), the participating pharmacy will let you know that more information will be needed from your doctor.

Visit Express-Scripts.com for more information about your prescription drug plan or to find a participating retail pharmacy near you.
The Health Plan
Formulary Member Guide

What is this guide?

This guide contains a list of generic and brand-name drugs that are preferred by your health plan.

- You will pay the **lowest co-payment** for generic drugs.

- You will pay a **higher co-payment** for brand-name drugs that are included on your plan’s list of preferred drugs (“preferred”).

- You will pay the **highest co-payment** for brand-name drugs not included on your plan’s list of preferred drugs (“nonpreferred”), and some high-cost preferred drugs.

- Certain brand-name drugs that have a generic equivalent are not covered unless authorized through coverage review by The Health Plan.

- In some cases, your plan sponsor may not cover certain medications listed in this member guide.

- This information was in effect at the time of printing and may be subject to change.

Follow these easy steps to save money on prescription drugs:

1. Bring the guide with you to each doctor visit.

2. If you need a prescription, ask your doctor to consider prescribing one of the less expensive generic or preferred brand-name drugs in this guide.
Table of Contents

Allergy/Asthma/Respiratory
   2 generic drugs
   3 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Alzheimer’s Disease Medications
   4 generic drugs
   5 preferred drugs (on your plan’s drug list)

Antibiotics/Antifungals/Anti-Infectives
   4 generic drugs
   5 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Behavioral Health Medication
   6 generic drugs
   7 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Blood Pressure/Heart/
Cholesterol-Lowering Medications
   8 generic drugs
   9 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Diabetes Management
   10 generic drugs
   11 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Migraine/Headache Medications
   10 generic drugs
   11 preferred drugs (on your plan’s drug list)
   16 nonpreferred drugs (not on your plan’s drug list)

Visit Express-Scripts.com for more information.
You and your doctor can look for a medication either by its therapeutic category or through the alphabetical index in the back. Keep in mind that you’ll pay more money for a nonpreferred medication that is not on your plan’s drug list.*

*See your Prescription Drug Benefit brochure for information about your prescription drug costs.

Table of Contents, cont.

**Miscellaneous CNS Medications**
- 14 generic drugs

**OB-GYN/Hormone Replacement/Birth Control**
- 12 generic drugs
- 13 preferred drugs (on your plan’s drug list)
- 17 nonpreferred drugs (not on your plan’s drug list)

**Osteoporosis (Bone Problems)**
- 12 generic drugs
- 13 preferred drugs (on your plan’s drug list)

**Overactive Bladder Medications**
- 12 generic drugs
- 13 preferred drugs (on your plan’s drug list)

**Pain Relievers**
- 14 generic drugs
- 15 preferred drugs (on your plan’s drug list)

**Stomach Problems**
- 14 generic drugs
- 15 preferred drugs (on your plan’s drug list)
- 17 nonpreferred drugs (not on your plan’s drug list)
acetylcysteine vial**
albuterol sulfate
albuterol sulfate solution**
albuterol sulfate SR
azelastine HCl
azelastine spray
budesonide inhalation**
budesonide nasal spray
carbethapentane tannate/
chlorpheniramine tannate
carbethapentane tannate/
ephedrine tannate/
phenylephrine/
chlorfeniramine suspension
carbethapentane tannate/
phenylephrine tannate/
chlorfeniramine suspension
carbinoxamine maleate liquid
clemastine fumarate
cromolyn sodium
nebulization solution**
cyproheptadine HCl
desloratadine
dexchlorpheniramine maleate
syrup
diphenhydramine HCl
fexofenadine HCl tablets
flunisolide
fluticasone propionate
hydroxyzine HCl
hydroxyzine pamoate
ipratropium/albuterol solution**
ipratropium bromide inhaler
ipratropium bromide solution**
isoetharine HCl solution
levalbuterol solution for
nebulization**
metaproterenol sulfate
metaproterenol sulfate solution**
montelukast
phenylephrine HCl/
phenyltoloxamine
citrate/chlorfeniramine
phenylephrine HCl/
promethazine HCl
phenylephrine tannate/
chlorfeniramine tannate
phenylephrine tannate/
diphenhydramine tannate
suspension
phenylephrine tannate/
pyrilamine tannate/
chlorfeniramine tablet
promethazine HCl
pseudoephedrine HCl/
bromfeniramine maleate
pseudoephedrine HCl/
bromfeniramine maleate
capsule, sustained action
pseudoephedrine HCl/
bromfeniramine maleate
capsule, sus. release 12 hr
pseudoephedrine HCl/
carbinoxamine maleate
pseudoephedrine HCl/
carbinoxamine maleate
tablet, sustained action
pseudoephedrine HCl/
chlorfeniramine maleate
pseudoephedrine HCl/
chlorfeniramine maleate
capsule, sus. release 12 hr
pseudoephedrine HCl/
chlorfeniramine maleate
liquid
pseudoephedrine tannate/
chlorfeniramine tannate
pseudoephedrine tannate/
dexchlorfeniramine tannate
terbutaline sulfate

** Covered under medical benefit, co-insurance applies.
Allergy/Asthma/Respiratory Medications

Preferred Brands

Alvesco*  Spiriva
Asmanex  Symbicort
Combivent Inhaler  Tilade Inhaler
Dalisresp*  Tudorza Pressair
Dulera  Ventolin HFA
Foradil
Intal Inhaler
Nasonex
Perforomist**
ProAir HFA
Pulmicort Flexhaler
Pulmozyme**
Qvar
Serevent Diskus

* Prior Authorization Required
** Covered under medical benefit, co-insurance applies.
Medications listed in boldface have generic equivalents.
Alzheimer’s Disease Medications

Lower-Cost Generics

donepezil HCl

galantamine HBr

Antibiotics/Antifungals/Anti-Infectives

Lower-Cost Generics

amoxicillin trihydrate
amoxicillin trihydrate / potassium clavulanate
amoxicillin trihydrate / potassium clavulanate ES
ampicillin trihydrate
azithromycin
cefaclor
cefadroxil hydrate
cefdinir
cefditoren pivoxil
cefpodoxime proxetil tablet
cefuroxime axetil tablet
cephalexin monohydrate
cephradine
ciprofloxacin ER
ciprofloxacin HCl tablet
ciprofloxacin suspension
clarithromycin
clarithromycin ER
clofamycin HCl
clotrimazole
dicloxacillin sodium
doxycycline hyclate capsule
doxycycline hyclate tablet
doxycycline monohydrate
doxycycline monohydrate susp
erthromycin base tablet, enteric coated
erthromycin ethylsuccinate
erythromycin ethylsuccinate / sulfisoxazole acetyl
erythromycin stearate
fluconazole
fluconazole tablet
flucytosine
itraconazole
ketoconazole
levofloxacin
linezolid
methenamine hippurate
methenamine mandelate
miconazole nitrate vaginal suppository
minocycline HCl
moxifloxacin HCl
neomycin sulfate
nitrofurantoin macrocrystal
nitrofurantoin / nitrofurantoin macrocrystal
nystatin
ofloxacin
penicillin v potassium
phenazopyridine HCl
rivastigmine patch
sulfadiazine
sulfamethoxazole / trimethoprim
sulfisoxazole
terbinaine HCl
terconazole suppository, vaginal
tetracycline HCl
tobramycin inh for nebulation ***
trimethoprim
valacyclovir hydrochloride
voriconazole
Alzheimer’s Disease Medications

Preferred Brands

Namenda XR

Antibiotics/Antifungals/Anti-Infectives

Preferred Brands

Altabax
Ceftin Suspension
Dapsone
Factive

**Quantity limitations may apply.
***Covered under medical benefit, co-insurance applies.
Medications listed in **boldface** have generic equivalents.
alprazolam
amitriptyline HCl
amoxapine
aripiprazole
bupropion HCl tablet
bupropion HCl tablet, sustained action
buspirone HCl
chloral hydrate
chlor Diazepoxide HCl
chlorpromazine HCl
citalopram HBr*
clozapine
desipramine HCl
diazepam
doxepin HCl
duloxetine HCl
estazolam
eszopiclone
fluroxetine HCl*
fluoxetine HCl
fluphenazine HCl
flurazepam HCl
fluvoxamine maleate
guanfacine HCl ER
haloperidol*
haloperidol lactate concentrate, oral
imipramine HCl
imipramine pamoate
lorazepam
loxapine succinate
maprotiline HCl
mirtazapine tablet*
mirtazapine tablet, rapid dissolve
nortriptyline HCl
olanzapine
oxazepam
paroxetine CR
paroxetine HCl tablet*
perphenazine
phenelzine sulfate
pimozide
protriptyline HCl
quetiapine fumarate
risperidone*
sertraline HCl*
temazepam
thiothixene*
thiothixene HCl concentrate, oral
trazodone HCl*
triazolam
trifluoperazine HCl
venlafaxine ER
venlafaxine HCl
zaleplon
ziprasidone HCl
zolpidem

* Tier one generic
Behavioral Health Medications

Preferred Brands

Moban
Pristiq
Rexulti*
Saphris**
Seroquel XR
Viibryd**

Vyvanse**

** Requires trial of generic or other preferred brand for patients new to therapy. Medications listed in boldface have generic equivalents.
acebutolol HCl
alodipine/atorvastatin*
alodipine besylate
alodipine besylate/benazepril
alodipine/valsartan HCT
atenolol*
atenolol/chlorthalidone*
atorvastatin calcium*
benazepril HCl*
benazepril HCl/HCTZ*
betaxolol HCl
bisoprolol fumarate
bisoprolol fumarate/HCTZ
captopril, captopril/HCTZ*
carvedilol*
cholestyramine/aspartame
cholestyramine/sucrose
clonidine HCl*
clonidine patch
clopidogrel bisulfate*
diltiazem HCl*
diltiazem HCl capsule, sustained action
diltiazem HCl capsule, sustained release 12 hr
diltiazem HCl capsule, sustained release 24 hr
doxazosin mesylate*
enalapril maleate*
enalapril maleate/HCTZ*
eprosartan mesylate
fenofibrate, micronized
fenofibric acid
fluvastatin sodium
fosinopril sodium*
fosinopril/HCTZ
gemfibrozil*
guanfacine HCl
hydralazine HCl/HCTZ
irbesartan*, irbesartan/HCTZ
labetalol HCl
lisinopril, lisinopril/HCTZ*
losartan*
losartan/hydrochlorothiazide*
lovastatin*
methyldopa
methyldopa/HCTZ
metoprolol/HCTZ
metoprolol succinate
metoprolol tartrate*
moexipril HCl*
moexipril/HCTZ
nadolol*
nadolol/bendroflumethiazide
niacin, niacin extended release
nifedipine
nifedipine tablet, sustained action
nifedipine tablet, sustained release osmotic push
nitroglycerin patch
omega-3 acid ethyl est
perindopril erbumine*
pindolol
pravastatin*
prazosin HCl*
propranolol HCl*
propranolol HCl capsule, sustained action 24 hr
propranolol HCl/HCTZ*
quinapril*, quinapril/HCTZ
ramipril*
reserpine
reserpine/hydrochlorothiazide
simvastatin*
telmisartan, telmisartan/HCTZ*
terazosin HCl*
timolol maleate*
valsartan*, valsartan/HCTZ
verapamil HCl*
verapamil HCl tablet, sustained action

* Tier one generic
### Preferred Brands

<table>
<thead>
<tr>
<th>Blood Pressure/Heart/Cholesterol-Lowering Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azor</td>
</tr>
<tr>
<td>Brilinta</td>
</tr>
<tr>
<td>Bystolic</td>
</tr>
<tr>
<td>Coreg CR</td>
</tr>
<tr>
<td>Corlanor</td>
</tr>
<tr>
<td>Crestor</td>
</tr>
<tr>
<td>Effient</td>
</tr>
<tr>
<td>Eliquis</td>
</tr>
<tr>
<td>Multaq</td>
</tr>
<tr>
<td>Pradaxa</td>
</tr>
<tr>
<td>Ranexa</td>
</tr>
<tr>
<td>Savaysa</td>
</tr>
<tr>
<td>Tekamlo</td>
</tr>
<tr>
<td>Tekturna</td>
</tr>
</tbody>
</table>
Lower-Cost Generics

acarbose  
acetohexam ide  
alcohol antiseptic pads  
chlorpropamide  
glimepiride*  
glipizide*  
glipizide-metformin  
glipizide tablet, sustained release osmotic push  
glyburide  
glyburide/metformin HCl  
gliburide, micronized  
metformin HCl*  
metformin HCl tablet, sustained release 24 hr  
nateglinide  
pioglitazone  
pioglitazone/metformin HCl  
repaglinide  
tolazamide  
tolbutamide

* Tier one generic

Migraine/Headache Medications

Lower-Cost Generics

acetaminophen/butalbital  
acetaminophen/caffeine/butalbital  
aspirin/caffeine/butalbital  
dihydroergotamine mesylate  
ergotamine/caffeine tab  
ergotamine tartrate/caffeine suppository, rectal  
isometheptene mucate/acetaminophen/dichloralphenazone  
naratriptan HCl  
rizatriptan  
sumatriptan nasal  
sumatriptan succinate inj  
sumatriptan succinate tab  
zolmitriptan
Preferred Brands

Afrezza*  Novolog, Mix
Bydureon*  One Touch testing supplies
Byetta*
Invokana**
Janumet**
Janumet XR**
Januvia**
Kombiglyze XR**
Lantus
Levemir
Novolin

* Prior Authorization Required
**Requires initial attempt on metformin or generic metformin combination product prior to use.

Migraine/Headache Medications

Preferred Brands

Relpax

Quantity limits apply to migraine medications.
Lower-Cost Generics

- apri
- aviane
- camrese
- cryselle
- desogestrel-ethinyl estradiol
- desogestrel-ethinyl
- estradiol/ethinyl estradiol
- estradiol patch,
  transdermal weekly
- estradiol tablet
- estropipate
- ethinyl estradiol-drospirenone
- ethynodiol d-ethinyl estradiol
- gianvi
- gildess fe
- junel, junel fe
- levonorgestrel
- levonorgestrel-ethinyl estradiol*
- loryna
- methyltestosterone/
  estrogens, esterified

*Three copayments charged for 90-day supply of drug.

Osteoporosis (Bone Problems)

Lower-Cost Generics

- alendronate sodium*
- ibandronate sodium
- raloxifene

Overactive Bladder Medications

Lower-Cost Generics

- flavoxate
- oxybutynin chloride
- oxybutynin chloride ER
- tolterodine tartrate
- trospium Cl
- trospium Cl/ER

* Tier one generic
OB-GYN/Hormone Replacement/
Birth Control

Prefered Brands

**Osteoporosis (Bone Problems)**

There are no preferred brands currently available for this category.

**Overactive Bladder Medications**

Prefered Brands

Enablex Myrbetriq Toviaz Vesicare

Medications listed in **boldface** have generic equivalents.
Pain Relievers

**Lower-Cost Generics**

- **Non-narcotic**
  - celecoxib
  - diclofenac potassium
  - diclofenac sodium
  - etodolac
  - etodolac tablet, sustained release 24 hr
  - flurbiprofen
  - ibuprofen*
  - indomethacin
  - indomethacin capsule, sustained action
  - ketoprofen
  - ketoprofen capsule, 24 hr sustained release pellets

- **Narcotic/Long-Acting**
  - meclofenamate sodium
  - meloxicam*
  - nabumetone
  - naproxen*
  - naproxen sodium*
  - naproxen sodium tablet, sustained action
  - oxaprozin
  - piroxicam
  - sulindac*
  - tolmetin sodium
  - Morphine sulfate ER*

* Requires prior authorization.

Stomach Problems

**Lower-Cost Generics**

- cimetidine HCl liquid
- cimetidine tablet
- esomeprazole
- famotidine*
- lansoprazole
- misoprostol
- nizatidine
- omeprazole*
- ranitidine HCl*
- sucralfate tablet

Miscellaneous CNS Medications

**Lower-Cost Generics**

- ropinirole

* Tier one generic
Pain Relievers

Preferred Brands

Narcotic/Long-Acting
No preferred brand products in this category. All brands and generics require prior authorization

* Requires higher preferred co-payment.

Stomach Problems

Preferred Brands

Linzess
Prilosec OTC

Miscellaneous CNS Medications

Preferred Brands

There are no preferred brands currently available for this category.

*Requires higher preferred co-payment.
Nonpreferred drugs require formulary coverage review.
Medications listed in boldface have generic equivalents.
<table>
<thead>
<tr>
<th><strong>Nonpreferred Medications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allergy/Asthma/Respiratory Medications</strong></td>
</tr>
<tr>
<td>Advair Diskus*</td>
</tr>
<tr>
<td>Advair HFA*</td>
</tr>
<tr>
<td>Atovent HFA*</td>
</tr>
<tr>
<td>Astepro Nasal Spray</td>
</tr>
<tr>
<td>Clarinex D 24 hr*</td>
</tr>
<tr>
<td>Flovent Diskus**</td>
</tr>
<tr>
<td>Flovent HFA**</td>
</tr>
<tr>
<td>Maxair Autohaler*</td>
</tr>
<tr>
<td>Proventil HFA*</td>
</tr>
<tr>
<td>Veramyst*</td>
</tr>
<tr>
<td>Xopenex HFA*</td>
</tr>
<tr>
<td><strong>Antibiotics/Antifungals/Anti-Infectives</strong></td>
</tr>
<tr>
<td>Cedax*</td>
</tr>
<tr>
<td>Cipro Suspension</td>
</tr>
<tr>
<td>EryPed*</td>
</tr>
<tr>
<td>Ketek*</td>
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<tr>
<td>Macrodantin*</td>
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Cenestin *
Menest *
Vagifem *
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Pain Relievers
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* Prior authorization may be required.
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This guide does not contain a complete list of formulary and nonformulary drugs. It only lists the most commonly prescribed drugs. For an updated and complete listing of your prescription benefit, you can visit the “Benefit highlights” section of our website, Express-Scripts.com, and click on “Learn about formularies.”