

Essential Care Formulary

Commonly Prescribed Covered Drugs

ADHD amphetamine salts dextroamphetamine methylphenidate	DEPRESSION <u>SSRI's</u> fluoxetine <u>Other Antidepressants</u> amitriptyline bupropion (and SR) desipramine doxepin imipramine nortriptyline trazodone	<u>Antimicrobials (cont.)</u> sulfisoxazole <i>Tobi</i> tetracycline trimethoprim Zithromax Zyvox <u>Antivirals</u> acyclovir Valtrex	<u>Beta-2 Agonists</u> albuterol <u>Corticosteroid Inhalers</u> Flovent <u>Miscellaneous Agents</u> Atrovent Spiriva Tracleer
ANTI-ANXIETY alprazolam buspirone diazepam lorazepam Oxazepam	DIABETES <u>Oral Agents</u> Actos glipizide glyburide metformin <u>Insulin Products</u> Lantus Lilly Insulin (Humulin, Humalog) Novo Insulin (Novolin, Novolog)	HIV Medications All Generics All Brands with no generic available	TOPICAL PRODUCTS Class NOT COVERED Alternative available OTC
CARDIOVASCULAR <u>ACE Inhibitors</u> benazepril (and w/HCTZ) captopril (and w/HCTZ) enalapril (and w/HCTZ) Fosinopril lisinopril (and w/HCTZ) <u>Alpha Blockers</u> Doxazosin Prazosin Terazosin <u>Beta Blockers</u> Atenolol Labetalol Metoprolol Nadolol Pindolol Propranolol <u>Calcium Channel Blockers</u> diltiazem/ext-rel Nicardipine nifedipine/ext-rel verapamil/ext-rel <u>Cholesterol Drugs</u> Lovastatin Gemfibrozil <u>Diuretics</u> Bumetanide Furosemide HCTZ spironolactone Torsemide	GASTROINTESTINAL <u>H2 Antagonists</u> Class NOT COVERED Alternative available OTC <u>Proton Pump Inhibitors</u> Class NOT COVERED Alternative available OTC	MIGRAINE butalbital/caffeine/ acetaminophen butalbital/caffeine/aspirin Imitrex Maxalt/Maxalt-MLT	URINARY INCONTINENCE oxybutynin WOMEN'S HEALTH <u>Osteoporosis/HRT</u> Actonel Estradiol estradiol patch Fosamax
	INFECTION <u>Antimicrobials</u> amoxicillin amoxicillin /clavulanate pot. ampicillin cefaclor cefadroxil cephalixin clindamycin dicloxacillin doxycycline erythromycin fluconazole metronidazole minocycline penicillin SMZ-TMP	OPHTHALMICS brimonidine polymyxin B/trimethoprim Timolol tobramycin	PAIN <u>NSAIDs</u> Class NOT COVERED Alternative available OTC <u>Other Agents</u> acetaminophen/codeine hydrocodone/acetaminophen hydrocodone/ibuprofen morphine ER and IR oxycodone/acetaminophen oxycodone HCl ER propoxyphene/ acetaminophen tramadol
		RESPIRATORY <u>Nasal Antihistamines</u> Class NOT COVERED Alternative available OTC <u>Nasal Corticosteroids</u> Class NOT COVERED Alternative available OTC	<u>Contraceptives</u> (all others NOT COVERED) Modicon*** Ortho-Cept*** Ortho-Cyclen*** Ortho-Evra patch Ortho Micronor*** Ortho-Novum*** Ortho Tri-Cyclen*** Ortho Tri-Cyclen Lo Tri-Norinyl Yasmin
CHEMOTHERAPY All Generics All Brands with no generic available			Legend: Boldface denotes generic product at lowest copayment <i>Italic</i> denotes prior authorization required ***These branded products available for a 1 st tier copayment

This list includes some of the most commonly prescribed drugs and serves as a guide to the Essential Care formulary. It is not the entire formulary and purposely omits many drug class entirely and some of the less prescribed drugs in those classes listed. An employee should refer to the benefit certificate or summary plan description for a complete explanation of prescription drug coverage.