



### ADHD

Class NOT COVERED

### ANTI-ANXIETY

Class NOT COVERED

### CARDIOVASCULAR

ACE Inhibitors

**benazepril (and w/HCTZ)**  
**benazepril (and w/amlodipine)**  
**captopril (and w/HCTZ)**  
**enalapril (and w/HCTZ)**  
**fosinopril**  
**lisinopril (and w/HCTZ)**  
**quinapril / quinaretic**  
**ramipril**

Alpha Blockers

**doxazosin**  
**prazosin**  
**terazosin**

Beta Blockers

**atenolol**  
**labetalol**  
**metoprolol/ext-rel**  
**nadolol**  
**pindolol**  
**propranolol**

Calcium Channel Blockers

**amlodipine**  
**diltiazem/ext-rel**  
**nicardipine**  
**nifedipine/ext-rel**  
**verapamil/ext-rel**

Cholesterol Drugs

**lovastatin**  
**gemfibrozil**  
**pravastatin**  
**simvastatin**

Diuretics

**bumetanide**  
**furosemide**  
**Hctz**  
**spironolactone**  
**torseamide**

### CHEMOTHERAPY

All products covered

### DEPRESSION

Class NOT COVERED

### DIABETES

Oral Agents

Actos/Actoplus Met  
DuetAct  
**glimepiride**  
**glipizide**  
**glyburide**  
**metformin**

Insulin Products

Lantus  
Levemir  
Lilly Insulin  
(Humulin/Humalog)  
Novo Insulin  
(Novolin, Novolog)

### FERTILITY

Class NOT COVERED

### INFECTION

Antimicrobials

**amoxicillin**  
**amoxicillin/clavulante pot.**  
**ampicillin**  
**azithromycin**  
**cefaclor**  
**cefadroxil**  
**cefuroxime**  
**cephalexin**  
**ciprofloxacin**  
**clarithromycin**  
**clindamycin**  
**dicloxacillin**  
**doxycycline**  
**erythromycin**  
**fluconazole**  
**metronidazole**  
**minocycline**  
**ofloxacin**  
**penicillin**  
**SMZ-TMP**  
**sulfisoxazole**  
*Tobi*  
**tetracycline**  
**trimethoprim**  
*Zyvox*

Antivirals

All HIV medications covered  
**ganciclovir**

### MIGRAINE

**butalbital/caffeine/acetaminophen**  
**butalbital/caffeine/aspirin**  
**sumatriptan**  
Maxalt/Maxalt-MLT

### OPHTHALMICS

**brimonidine**  
**polymyxin B/trimethoprim**  
**timolol**  
**tobramycin**

### PAIN

NSAIDs

Class NOT COVERED  
Alternative available OTC

Other Agents

**acetaminophen/codeine**  
**fentanyl patch**  
**hydrocodone/acetaminophen**  
**hydrocodone/ibuprofen**  
**morphine ER and IR**  
**oxycodone/acetaminophen**  
**oxycodone HCl ER**  
**propoxyphene/acetaminophen**  
**tramadol**

### RESPIRATORY

Nasal Antihistamines

Class NOT COVERED  
Alternative available OTC

Nasal Corticosteroids

Class NOT COVERED  
Alternative available OTC

Beta-2 Agonists

**albuterol solution**  
ProAir HFA

Corticosteroid Inhalers

Flovent

Miscellaneous Agents

Atrovent  
Spiriva  
*Tracleer*

### GASTROINTESTINAL

H2 Antagonists

Class NOT COVERED  
Alternative available OTC

Proton Pump Inhibitors

Class NOT COVERED  
Alternative available OTC

### TOPICAL PRODUCTS

Class NOT COVERED  
Alternative available OTC

### URINARY INCONTINENCE

**oxybutynin**

### WOMEN'S HEALTH

Osteoporosis/HRT

alendronate

**estradiol**  
**estradiol patch**  
Fosamax + D

Contraceptives

*(all others NOT COVERED)*

**All oral generics**

Ortho-Evra patch  
Ortho Tri-Cyclen Lo  
Seasonique (3 copays)  
Yaz

### LEGEND:

**Boldface** denotes generic product at lowest copayment

*Italic* denotes prior authorization required.

This list includes some of the most commonly prescribed drugs and serves as a guide to Formulary Three. It is not the entire formulary and purposely omits many drug classes entirely and some of the less prescribed drugs in those classes listed. A member should refer to the benefit certificate for a complete explanation of prescription drug coverage.