

This is a summary by category of formulary alternatives. Physicians Plus reserves the right to change the formulary at any time. When an acceptable generic is available, the generic product is considered the covered, formulary product. Prior Authorization FAX (608) 258-1905, Pharmacy Services phone (800) 545-5015 Ext.7803. Formulary also at www.epocrates.com.

**ALLERGY & ASTHMA**

**Antihistamines**  
**\$0 chlorpheniramine OTC**  
 1 loratadine MD GS  
 1 loratadine-D  
 1 fexofenadine, hydroxyzine tabs  
 1 cetirizine OTC  
 2 Allegra-D ST, Allegra Suspension

**Nasal Sprays**

**\$0 Nasalcrom [covered OTC]**  
 1 ipratropium  
 1 fluticasone GS  
 2 Astelin, Patanase, Astepro  
 2 Nasonex  
 2 Veramyst

**Bronchodilators**

1 albuterol Nebs  
 1 ipratropium Nebs  
 1 theophylline (Slo-phyllin, Uniphyll generics)  
 2 Ventolin HFA  
 2 Atrovent Inhaler HFA  
 2 Combivent  
 2 Spiriva  
 2 Maxair Autohaler ONLY  
 2 Foradil, Serevent

**Preventative**

2 Accolate, Singulair  
 2 Flovent HFA, QVAR  
 2 Intal, Tilade  
 2 Alvesco 160mcg (PA)  
 2 Asmanex, Azmacort  
 2 Pulmicort  
 2 Pulmicort Respule AL < or = 8 yrs  
 2 Advair, Symbicort

**ANTI-INFECTIVES**

**Cephalosporins**  
 1 cephalexin  
 1 cefadroxil capsules only  
 1 cefuroxime tabs only  
 1 cefdinir  
 1 cefpodoxime  
**Fluoroquinolones**  
 1 ciprofloxacin  
 2 Levaquin, Ciprofloxacin Suspension

**Macrolides**

1 erythromycin  
 1 azithromycin  
 1 clarithromycin, XL  
**Penicillins**  
 1 penicillin YK  
 1 amoxicillin 250, 500 mg  
 1 dicloxacillin  
 1 augmentin, ES  
 2 Augmentin XR

**Antifungals**

1 nystatin  
 1 lotrisone  
 2 Exelderm  
 1 miconazole-3 200 mg supp  
 1 spectazole  
 1 fluconazole  
 1 terbinafine 3 mos/year  
 1 itraconazole (PA)

**Other**

1 metronidazole  
 1 bactrim SS/DS-generics  
 1 tetracycline, clindamycin  
 1 doxycycline, minocycline  
 1 macrobid  
 2 Bactroban QL-30 grams  
 2 Zyxov (PA)  
 2 Tamiflu, Relenza QL 2 Rx / year

**ANALGESICS**

**Migraine**  
 1 butalbital/APAP/Caffeine  
 1 midrin - generics  
 2 Migranal  
 2 Depakote ER  
 2 Maxalt/Maxalt MLT QL 12/24  
 1 sumatriptan tabs QL 9/18  
 1 sumatriptan injection QL 6/12  
 1 sumatriptan nasal 20 mg ONLY QL 6/12

**Muscle Relaxants**

1 baclofen  
 1 cyclobenzaprine  
 1 methocarbamol  
 2 Skelaxin  
 1 orphenadrine

**tizanidine TS**

**Narcotics / Misc.**  
 1 codeine  
 1 morphine, oxycodone  
 1 tramadol  
 1 codeine/APAP  
 1 hydrocodone/APAP  
 1 propoxyphene/APAP  
 1 oxycod 5mg/APAP 325  
 1 ms contin  
 2 Oxycontin (PA) QL-120  
 2 Avinza QL-60  
 2 Kadian QL-60  
 1 fentanyl patch QL-10  
 1 levorphanol  
**NSAIDS**  
 1 ibuprofen MD  
 1 naproxen MD  
 1 indomethacin & SR  
 1 piroxicam, sulindac  
 1 oxaprozin  
 1 diclofenac (Voltaren) MD  
 1 etodolac (NOT SR)  
 2 Celebrex 100 mg QL-30 ST

**CARDIOVASCULAR**

**ACE Inhib & ARB's**  
 1 captopril MD  
 1 enalapril MD GS  
 1 enalapril HCTZ MD  
 1 lisinopril MD GS  
 1 lisinopril/HCTZ MD  
 1 benazepril MD GS  
 1 benazepril HCTZ MD  
 1 ramipril  
 2 Benicar 20 & 40 mg / HCT TS  
 2 Cozaar & Hyzaar TS

**Alpha- Blockers & Agonists**

1 prazosin, doxazosin GS MD  
 1 clonidine tabs MD GS

**Antihyperlipidemics**

**\$0 niacin generic OTC's**  
 1 cholestyramine (cans only)  
 1 colestipol granules, tablets  
 1 fenofibrate  
 1 fish oil - OTC\*

1 gemfibrozil MD GS  
 1 lovastatin TS QL-45  
 1 simvastatin TS QL-45 MD GS  
 2 Niaspan, Advicor, Simcor  
 2 Zetia TS  
 2 Lovaza ST (PA)  
 2 Welchol, Tricor, Trilipix QL-60  
 2 Vytorin TS QL-30  
 2 Crestor TS QL-45  
 2 Lipitor (PA) TS QL-45

**Anti-Coagulants/Platelets**

1 coumadin  
 1 ticlopidine, cilostazol  
 2 Effient QL-30  
 2 Plavix  
 2 Lovenox QL-28 syringes

**Beta- Blockers**

1 atenolol MD GS  
 1 atenolol/chlorthalidone MD  
 1 labetalol  
 1 metoprolol MD GS  
 1 pindolol  
 1 propranolol & ER MD  
 1 propranolol/HCTZ MD  
 1 nadolol, betapace  
 1 carvedilol MD GS  
 2 InnoPran XL, Inderal LA  
 1 metoprolol ER (PA)  
 2 Coreg CR (PA)

**Ca+ Channel Blockers**

1 adalat CC - generics  
 1 verapamil SR tabs only  
 1 dilacor XR - generics  
 1 felodipine  
 1 tiazac - generics  
 1 amlodipine TS QL-45 MD GS

**Diuretics**

1 hydrochlorothiazide MD GS  
 1 furosemide MD, bumetanide MD  
 1 spironolactone/HCTZ  
 1 triamterene/HCTZ MD GS  
 1 metolazone, spironolactone MD GS  
 1 chlorthalidone MD GS

**Electrolyte Replacement**

1 slow-k, micro-k, klor-con, k-dur

**kaochlor liquid, k-lor powder**

**Vasodilators**  
 1 hydralazine MD, minoxidil  
 1 isordil Tembids - generic  
 1 nitroglycerine, nitrostat  
 1 nitroglycerine patches  
 1 imdur / ismo - generic  
 1 monoket

**Other**

2 Ranexa  
 2 Tikosyn (PA), Tracleer (PA)

**CNS DRUGS****Anti-Convulsants**

1 phenobarbital, primidone  
 1 dilantin  
 2 Tegretol & XR, Carbatrol, Equetro  
 1 lamotrigine TS QL-120  
 1 levetiracetam, oxcarbazepine TS  
 2 Depakote & ER  
 1 gabapentin TS  
 1 topiramate TS  
 2 Gabitril  
 2 Lyrica (PA) QL-120

**Anti-Depressants**

1 amitriptyline, imipramine  
 1 clomipramine, doxepin  
 1 bupropion  
 1 bupropion SR TS GS  
 1 budeprion XL  
 1 nortriptyline, desipramine  
 1 trazodone TS GS

**\$0 fluoxetine**

1 citalopram TS QL-45 MD GS  
 1 paroxetine HCL TS QL-45 MD GS  
 1 mirtazepine  
 1 venlafaxine  
 1 fluvoxamine TS QL-90  
 1 nefazodone TS  
 1 sertraline TS QL-45 MD GS  
 2 Lexapro TS QL-45  
 2 Cymbalta 20 mg & 60 mg QL-60  
 2 Cymbalta 30 mg QL-30  
 2 Effexor XR QL, Venlafaxine ER QL  
 2 Savella (PA) QL-60  
 1 paroxetine CR QL-45

**KEY:** Underline = best economic choice

1= "generic drug", bolded, lowercase indicates Tier 1 copay (\$5 - \$10).

2= "Brand Drug", not bolded, uppercase indicates Tier 2 copay (\$25-30%).

(PA)= Prior Authorization required. If PA approved = Tier 2; If PA denied or not obtained = Tier 3.

AL = Age Limit; PA required if >35 years. MD = Maintenance Drug, 3 months / 3 copays

ST = Step Therapy: \* loratadine or fexofenadine required step before Allegra-D is Tier 2.

\* methylphenidate required step before Focalin, XR is Tier 2.

\* Age >60 yrs, warfarin, chronic steroid OR failure of 2 NSAIDS step before Celebrex is Tier 2. \* Fish Oil OTC: MaxEPA, Super Omega-3, Fish Oil Concentrate

TS = voluntary tab split; #15 / month reduces member copay by one-half or coinsurance reduction.

GS = Generic Sampling Program. Initial one-month supply of select prescriptions at a \$0 copay.

QL = Quantity Limits (PA required for greater quantities):

- QL-20 = 20mL / month per type of insulin. \$10 insulin copay.

- QL-45 = 45 tabs / month use higher strength if possible. PA may be required for high quantities.

- sumatriptan/Maxalt: 9 tabs / copay, 18 tabs / month; sumatriptan syr or nasal: 6 / copay, 12 / month.

- Byetta (PA): QL 1.2mL / month for 5mcg pen. QL 2.4mL / month for 10mcg pen.

2 Emsam (PA) QL-30

**Anti-Parkinson's**

- 1 selegiline, trihexyphenidyl
- 1 bromocriptine, pergolide
- 1 sinemet & CR, ropinirole
- 2 Mirapex, Azilect
- 2 Stalevo, Comtan, Zelapar

**ADHD**

- 1 methylphenidate & SR
- 1 dexedrine & spansules
- 1 adderall TS
- 2 Adderall XR, Vyvanse QL
- 2 Concerta, Metadate CD
- 2 Strattera, Ritalin LA
- 2 Daytrana QL-30
- 2 Focalin QL-90 ST
- 2 Focalin XR QL-30 ST

**Alzheimer's**

- 2 Aricept, Exelon Patch QL-30
- 2 Cognex, Tasmarr
- 2 Namenda
- 1 galantamine

**BZD's / Anxiety / Sleep**

- 1 diazepam, clonazepam
- 1 alprazolam, flurazepam
- 1 buspirone TS
- 1 temazepam, oxazepam
- 1 lorazepam
- 1 zolpidem

**Mood Stabilizers**

- 1 lithium, eskalith-CR
- 1 divalproex
- 2 Depakote, ER

**Nausea / Vertigo**

- 1 meclizine
- 1 prochlorperazine
- 2 Transderm Scop QL-4
- 1 promethazine
- 2 Anzemet
- 1 ondansetron

**Neuroleptics**

- 1 haloperidol,
- 1 chlorpromazine
- 1 benztropine
- 1 fluphenazine
- 1 thiothixine, thioridazine
- 1 clozapine TS, risperidone TS
- 2 Abilify TS
- 2 Zyprexa TS
- 2 Seroquel TS, Seroquel XR QL-60
- 2 Geodon
- 2 Invega (PA)

**DERMATOLOGIC**

**Acne**

- 1 tretinoin AL < 35
- 2 Azelex, Finacea
- 2 Differin AL < 35

2 Tazorac

**Other**

- 1 betamethasone
- 1 fluocinolone
- 1 hydrocortisone
- 1 desonide
- 1 cyclocort
- 1 fluocinonide
- 1 alclometasone
- 1 fluticasone propionate
- 1 mometasone
- 1 clobetasol
- 1 desoximetasone
- 1 diflorasone
- 1 diprolene
- 1 halobetasol
- 2 Elidel
- 2 Taclonex (PA)
- 2 Protopic (PA)

**EYE / EAR DROPS**

**Allergy**

- \$0 naphcon A, opcon A OTC
- \$0 Zaditor, Alaway
- 2 Patanol (PA)

**Anti-Infective & Viral**

- 1 sulfacetamide 10%
- 1 gentamicin, tobramycin
- 1 ciprofloxacin, ofloxacin
- 1 erythromycin
- 1 bacitracin, neosporin

**Acetasol**

- 1 trifluridine
- 2 Ciloxan, Floxin
- 2 AzaSite
- 2 Vigamox

**Corticosteroid Combo**

- 1 cortisporin solution
- 2 Blephamide
- 1 maxitrol
- 2 Pred Mild / Forte
- 2 Tobradex, Maxidex
- 2 Ciprodex OTIC (PA)

**Pain & Miscellaneous**

- 1 auralgan OTIC
- 1 cerumenex OTIC
- 2 Acular, Voltaren
- 2 Restasis (PA)
- 2 Nevanac

**Glaucoma**

- 1 pilocarpine, various
- 1 epinephrine, various
- 1 timoptic & XE
- 1 dipivefrin, ocupress
- 2 Betoptic S, Azopt
- 1 dorzolamide
- 1 timolol/dorzolamide
- 2 Combigan

- 2 Alphagan-P
- 2 Xalatan, Travatan, Lumigan

**GI / URINARY**

**H2 Antagonists**

- 1 cimetidine MD
- 1 famotidine MD GS
- 1 ranitidine MD GS

**Proton Pump Inhibitors**

- 1 prilosec-OTC
- 2 Aciphex
- 2 Kapidex

**Urinary**

- 1 oxybutynin GS
- 1 oxybutynin XL QL-30
- 1 finasteride
- 2 Avodart, Flomax
- 2 Uroxatral, Vesicare QL-30
- 2 Detrol, Detrol LA, Toviaz

**Other**

- 1 lactulose, misoprostol
- 1 azulfidine
- 1 loperamide caps
- 1 balsalazide
- 1 dicyclomine
- 1 levbid / levsinex
- 1 golytely / colyte
- 1 cortifoam, rowasa
- 2 Dipentum
- 2 Asacol, Asacol HD, Pentasa
- 2 Entocort EC (PA)

**HORMONES**

**Antidiabetic Agents**

- 1 glipizide MD GS
- 1 glyburide MD GS
- \$10 Humulin-insulin QL-20
- \$10 Humalog-insulin QL-20
- \$10 Lantus-insulin QL-20
- \$10 Levemir QL-20
- 1 metformin MD GS
- 1 metformin / glyburide
- 1 glicepiride
- 2 Glyset, Precose
- 2 Prandin, Prandimet
- 2 Actos / Actoplus Met
- 2 Avandia / Avandamet
- 2 Avandaryl ST (PA)
- 2 Januvia QL-30 / Janumet
- 2 Onglyza QL-30
- 2 Byetta (PA) QL
- 20% Lifescan & Roche Test strips

**HRT / Osteoporosis**

- 1 estradiol MD
- 2 Activella
- 2 Estrogens, Esterified
- 1 medroxyprogesterone MD
- 2 Premarin
- 2 Prempro, Premphase

- 2 Cenestin
- 2 Miacalcin
- 2 Estrace Cr. & Premarin Cr.
- 2 Vagifem
- 1 estratest & HS
- 2 FemHRT
- 2 Prometrium
- 1 alendronate MD GS
- 2 Actonel
- 2 Menostar QL-4 patches
- 2 Climara & Pro
- 2 Combipatch
- 2 Femring (1 copay)
- 2 Estring (1 copay)
- 2 Evista
- 2 Forteo (PA)

**Oral Contraceptives**

- 1 zovia, kelnor MD
- 1 levora MD
- 1 aviane, lessina, lutera MD
- 1 microgestin, junel MD
- 1 necon, norinyl, nortrel MD
- 1 low-ogestrel, cryselle MD
- 1 apri, solia, reclipen MD
- 1 kariva MD, azurette MD
- 1 mononessa, previfem MD
- 1 sprintec MD, ocella MD
- 1 trivora, enpresse MD
- 1 camila, errin, jolivette MD
- 1 tilia Fe, tri-legest Fe MD
- 1 trinessa, trisprintec MD
- 1 triprevifem MD
- 2 Nuvaring
- 2 Ortho Evra
- 2 Ortho-TriCyclen Lo MD
- 2 Plan B
- 2 Yaz MD

**MISCELLANEOUS**

- 1 leflunomide
- 2 Aranesp QL-4 mL
- 2 Avonex, Copaxone
- 2 Betaseron (PA)
- 2 Enbrel (PA)
- 2 Epogen / Procrit QL-4 vials
- 2 Humira (PA), Kineret (PA)
- 2 Neupogen QL-4 vials
- 2 Rebif (PA)
- 2 Regranex (PA)
- 2 Twinject, EpiPen

Formulary Agents: \$0 Copay w/ a Prescription	
Chlorpheniramine (OTC)	Niacin (OTC)
Fluoxetine (Rx)	Opcon A Eye Drops (OTC)
Guaifenesin/Codeine Syrup (OTC)	Pseudoephedrine
Naphcon-A Eye Drops (OTC)	(not 120mg SR) (OTC)
Nasal Crom Nasal Spray (OTC)	Zaditor (OTC), Alaway (OTC)

Nicotine Cessation Coverage
Members must receive a prescription order of nicotine cessation therapy for 3 consecutive months per member per calendar year. Prescriptions may be billed online at the pharmacy.
<b>Tier 1:</b> Bupropion SR, nicotine patches, gum, and lozenge QL-288/mo
<b>Tier 2:</b> Nicotine OTC patches (QL-30), Nicotrol Nasal Spray (QL-40ml/month), Nicotrol Inhaler (QL-4 boxes/month), and Chantix QL-60 limit 6 months per year.

Prior Authorization Medications & Limitations		
(PA) indicates that prior authorization criteria apply and requires a prior authorization form be faxed to 608-258-1905; call 800-545-5015 Ext. 7803 with questions or for a copy of the form. Members with a 2-tier drug plan require prior authorization for PA and non-formulary drugs. If a request is approved for a PA agent, members of a 3-tier drug plan will be charged the usual Tier 2 copay when applicable. If the request is denied, members may obtain these agents at 50% coinsurance / Tier 3.		
Alvesco 160mcg (PA)	Invega (PA)	Regranex (PA)
Amitiza (PA)	Itraconazole (PA)	Relistor (PA)
Androgenic Steroids (PA)	Kineret (PA)	Restasis (PA)
Apokyn (PA)	Lidoderm (PA)	Samsca (PA) QL-10
Banzel (PA) QL	Lipitor (PA) TS	Savella (PA) QL-60
Betaseron (PA)	Lotronex (PA)	Taclonex (PA)
Byetta (PA)	Lovaza (PA)	Tikosyn (PA)
Ciprodex OTIC (PA)	Lyrica (PA) QL-120	Tracleer (PA)
Coreg CR (PA)	metoprolol ER (PA)	Uloric (PA)
Emend (PA) QL-5	Oxandrin (PA)	Vfend (PA)
Emsam (PA)	Oxycodone ER (PA)	Vimpat (PA) QL-60
Enbrel (PA)	Oxycontin (PA)	Zyvox (PA)
Entocort EC (PA)	Patanol (PA)	
Forteo (PA)	Protopic (PA)	
Humira (PA)	Rebif (PA)	

Targeted Tablet Splitting Program		
If a member chooses to split #15 tabs/month, the coinsurance will be reduced or the copay will be reduced by half (e.g. \$20 reduced to \$10). Medications include:		
Abilify	fluvoxamine	sertraline
Amlodipine	gabapentin	simvastatin
amphetamine salt	Hyzaar	tizanidine
combo (Adderall)	lamotrigine	topiramate
Benicar	Lexapro	trazodone
Benicar HCT	Lipitor (PA)*	Vytorin
bupropion SR	lovastatin	Zetia
buspirone	nefazodone	Zyprexa
citalopram	oxcarbazepine	* if prior
clozapine	paroxetine HCL	authorization
Cozaar	risperidone	approved
Crestor	Seroquel	