

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. The formulary is also available at epocrates.com and GO-TO. Contact Pharmacy Services to request a hardcopy; (608) 260-7803, (800) 545-5015, or pharmacyinfo@pplusic.com Underline = best economic choice; I= "generic drug", bolded, lowercase indicates Tier I copay (\$5 - \$10); 2= "Brand Drug", not bolded, uppercase indicates Tier 2 copay (\$25-30%). Complete key on page 4.

Last Updated: 1/27/12

ALLERGY & ASTHMA
Antihistamines
\$0 chlorpheniramine OTC

- I loratadine *MD GS*
- I loratadine-D
- I fexofenadine (*Rx Only*)
- I hydroxyzine tabs
- I cetirizine OTC
- I fexofenadine/PSE 12 hour *ST (Rx Only)*
- I fexofenadine/PSE 24 hour *ST (Rx Only)*

Nasal Sprays
\$0 Nasalcrom [covered OTC]

- I ipratropium
- I fluticasone *GS*
- I azelastine
- 2 Astepro, Patanase
- 2 Nasonex
- 2 Veramyst

Bronchodilators

- I albuterol Nebs
- I ipratropium Nebs
- I theophylline (*Slo-phyllin, Uniphyl generics*)
- 2 Ventolin HFA
- 2 Atrovent Inhaler HFA
- 2 Combivent
- 2 Spiriva
- 2 Maxair Autohaler
- 2 Foradil, Serevent

Preventative

- I budesonide respules *AL < or = 8 yrs*
- 2 Accolate, Singulair
- 2 Daliresp (*PA*)
- 2 Flovent HFA, QVAR
- 2 Intal, Tilade
- 2 Alvesco 160mcg (*PA*)
- 2 Asmanex

- 2 Pulmicort
- 2 Advair, Symbicort
- 2 Dulera

ANTI-INFECTIVES
Cephalosporins

- I cephalexin
- I cefadroxil capsules only
- I cefuroxime tabs only
- I cefdinir
- I cefpodoxime

Fluoroquinolones

- I ciprofloxacin
- 2 Levaquin
- 2 Ciprofloxacin Suspension

Macrolides

- I erythromycin
- I azithromycin
- I clarithromycin, *XL*

Penicillins

- I penicillin VK
- I amoxicillin 250, 500 mg
- I dicloxacillin
- I augmentin, *ES*
- 2 Augmentin XR

Antifungals

- I nystatin, ketoconazole
- I lotrisone
- 2 Exelderm
- I miconazole-3 200 mg supp
- I spectazole, terconazole
- I fluconazole
- I terbinafine
- I itraconazole (*PA*)

Other

- I metronidazole
- I bactrim SS/DS-generics
- I tetracycline, clindamycin
- I doxycycline, minocycline
- I macrobid
- I mupirocin ointment *QL-30 g*
- 2 Bactroban Cream *QL-30 grams*
- 2 Zyxov (*PA*), Difcid (*PA*)
- 2 Tamiflu, Relenza *QL 2 Rx / year*

ANALGESICS
Migraine

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

Muscle Relaxants

- I baclofen
- I cyclobenzaprine
- I methocarbamol
- I metaxalone
- I orphenadrine
- I tizanidine *TS*

Narcotics / Misc.

- I codeine
- I morphine, oxycodone
- I tramadol
- I codeine/APAP
- I hydrocodone/APAP
- I propoxyphene/APAP
- I oxycod 5mg/APAP 325

I ms contin

- 2 Oxycontin (*PA*) *QL-120*
- 2 Avinza *QL-60*
- 2 Kadian *QL-60*
- I fentanyl patch *QL-10*
- I levorphanol

NSAIDS

- I ibuprofen MD
- I naproxen *MD*
- I indomethacin & *SR*
- I piroxicam, sulindac
- I oxaprozin, ketorolac *QL-20*
- I diclofenac (*Voltaren*) *MD*
- I etodolac (**NOT SR**)
- I meloxicam
- 2 Celebrex 100 mg *QL-30 ST*

CARDIOVASCULAR
ACE Inhib & ARB's

- I captopril *MD*
- I enalapril *MD GS*
- I enalapril HCTZ *MD*
- I lisinopril *MD GS*
- I lisinopril/HCTZ *MD*
- I benazepril *MD GS*
- I benazepril HCTZ *MD*
- I ramipril
- I losartan, losartan/HCTZ
- 2 Benicar 20 & 40 mg / HCT *TS ST*
- 2 Edarbi *ST*

Alpha- Blockers & Agonists

- I prazosin, doxazosin *GS MD*
- I clonidine tabs *MD GS*

Anti Arrhythmics

- I amiodarone
- I digoxin, digitek, lanoxin

- 1 disopyramide, ER
- 1 flecainide
- 1 mexilitine
- 2 Multaq
- 1 procainamide
- 1 propafenone
- 1 quinidine gluc ER
- 1 sotalol
- 2 Tikosyn (PA)

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
- 1 atorvastatin (PA) TS QL-45

Anti-Coagulants/Platelets

- 1 warfarin
- 1 ticlopidine, cilostazol
- 2 Effient QL-30
- 2 Plavix
- 2 Pradaxa (PA) QL-60
- 2 Xarelto (PA) QL-30

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, sotalol
- 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 diltiazem ER (tiazac - generics)
- 1 amlodipine TS QL-45 MD GS

Diuretics

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

Electrolyte Replacement

- 1 slow-k, micro-k, klor-con, k-dur
- 1 kaochlor liquid, k-lor powder

Vasodilators

- 1 hydralazine MD, minoxidil
- 1 isordil Tembids - generic
- 1 nitroglycerine, nitrostat
- 1 nitroglycerine patches
- 1 isosorbide mononitrate, SR

Other

- 2 Ranexa
- 2 Tracleer (PA)

CNS DRUGS

Anti-Convulsants

- 1 phenobarbital, primidone
- 1 dilantin, carbamazepine ER
- 2 Tegretol & XR, Carbatrol, Equetro
- 1 lamotrigine TS QL-120
- 1 levetiracetam, oxcarbazepine TS
- 1 divalproex & 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 bupropion 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, ER Capsules QL-30
- 2 Venlafaxine ER 225 mg Tabs ONLY
- 1 fluvoxamine TS QL-90
- 1 nefazodone TS
- 1 nefazoline 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 Savella (PA) QL-60
- 1 paroxetine CR QL-45
- 2 Emsam (PA) QL-30

Anti-Parkinson's

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

ADHD

- 1 methylphenidate & SR
- 1 dexmethylphenidate QL-90 ST
- 1 dexedrine & spansules
- 1 amphetamine salt combo TS
- 1 Adderall XR
- 2 Vyvanse QL
- 2 Concerta, Metadate CD
- 2 Strattera
- 2 Daytrana QL-30
- 2 Focalin XR QL-30 ST
- 2 Intuniv (PA) QL-30

Alzheimer's

- 2 Exelon Patch QL-30
- 2 Tasmar
- 2 Namenda
- 1 galantamine, donepezil

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 & 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, Saphris
- 2 Seroquel TS, Seroquel XR QL-60
- 2 Geodon, Fanapt (PA) TS QL-90
- 2 Invega (PA), Latuda (PA) QL-30

DERMATOLOGIC

Acne

- 1 tretinoin AL > 35
- 2 Azelex, Finacea AL > 35
- 2 Differin AL > 35
- 2 Tazorac
- 2 Aczone (PA) QL-30

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

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

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 famotidine MD GS
- 1 ranitidine MD GS

Proton Pump Inhibitors

- 1 prilosec-OTC
- 1 lansoprazole QL-30
- 2 Dexilant

Pancreatic Enzymes

- 2 Creon
- 2 Pancreaze (PA)

- 2 Zenpep (PA), Pancrelipase (PA)

Urinary

- 1 oxybutynin GS
- 1 oxybutynin XL QL-30
- 1 finasteride
- 1 alfuzosin, ER
- 2 Avodart, Flomax
- 2 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, micronized 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 ER
- 1 metformin / glyburide
- 1 glimepiride
- 2 Glyset, Precose
- 2 Prandin, Prandimet
- 2 Actos / Actoplus Met
- 2 Avandia / Avandamet
- 2 Avandaryl ST (PA)
- 2 Januvia QL-30 / Janumet / Juvisync QL-30
- 2 Onglyza QL-30
- 2 Tradjenta QL-30
- 2 Kombiglyze XR QL-30, 2.5/1000 mg QL-60
- 2 Byetta (PA) QL
- 2 Victoza (PA)
- 20% Lifescan & Roche Test strips
- QL-150 on diabetes drug therapy
- QL-50 not on any drug therapy

Testosterone Replacement

- 1 testosterone injectable (PA)
- 2 Delatestryl (PA)
- 2 Androderm (PA)
- 2 AndroGel (PA)

Women's Health

- 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 Lysteda QL-30
- 2 Forteo (PA)

Oral Contraceptives

- 1 zovia, kelnor MD
- 1 levora MD
- 1 aviane, lessina, luterla 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
- 1 Yaz MD
- 1 next choice
- 2 Ella

- 2 Nuvaring
- 2 Ortho Evra
- 2 Ortho-TriCyclen Lo MD

MISCELLANEOUS

- 2 Aranesp QL-4 mL
- 2 Avonex, Copaxone
- 2 Betaseron (PA), Extavia (PA)
- 2 Enbrel (PA)
- 1 enoxaparin QL-28 syringes
- 2 Epogen / Procrit QL-4 vials
- 2 Forteo (PA)
- 2 Fragmin QL-14 syringes
- 2 Gilenya (PA)
- 2 Humira (PA), Kineret (PA)
- 2 Incivek (PA)
- 2 Neupogen QL-4 vials
- 2 Peg - Intron
- 2 Pegasys
- 2 Pulmozyme
- 2 Rebif (PA)
- 2 Regranex (PA)
- 2 Tyvaso (PA)
- 2 Victrelis (PA)

\$0 COPAY WITH A PRESCRIPTION

- Chlorpheniramine
- Fluoride Supplements AL 6 mos - 6 yrs
- Folic Acid AL < 42 Women
- Guaifenesin/Codeine Syrup
- Iron Supplements AL 6 - 12 mos
- Naphcon-A Eye Drops
- Nasalcrom Nasal Spray
- Niacin
- Opcon A Eye Drops
- Prenatal Vitamins AL < 42 Women
- Pseudoephedrine (not 120mg SR)
- Zaditor (ketotifen)

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 the member is outside of these parameters:

* AL<35 = Vitamin A derivatives are covered for members less than 35 years of age.

* AL<42 Women = OTC Folic Acid & OTC Prenatal Vitamins are covered for women less than 42 years of age.

* AL 6-12 mos = OTC Iron Supplements are covered for children 6 - 12 months of age.

* AL 6 mos - 6 yrs = OTC Fluoride is covered for children 6 months - 6 years of age.

MD = Maintenance Drug, 3 months / 3 copays

ST = Step Therapy:

* fexofenadine/PSE = loratadine or fexofenadine required step before fexofenadine/PSE 12-hour is Tier 1.

* Focalin XR = methylphenidate required step before Focalin XR is Tier 2.

* dexmethylphenidate = methylphenidate required step before dexmethylphenidate is Tier 1.

* Celebrex = Age >60 yrs, warfarin, chronic steroid OR failure of 2 NSAIDS step before Celebrex is Tier 2.

* Lovaza = Fish Oil OTC: MaxEPA, Super Omega-3, Fish Oil Concentrate, or fenofibrate before Lovaza is Tier 2.

* Edarbi, Benicar, Benicar HCT = ACE or ARB required step before Edarbi or Benicar is Tier 2.

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-20 ketorolac tablets.

* 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 /mo.

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

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.

Tier 1: Bupropion SR, nicotine patches, and gum.

Tier 2: Nicotine lozenge QL-288/month, 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 608-327-0324; call 800-545-5015 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 a PA request is denied or not obtained, most members, depending on their benefit, can pay Tier 3 for these agents. PA forms can be found at pplusic.com/providers.

Aczone (PA) QL-30	Entocort EC (PA)	Noxafil (PA)	Tikosyn (PA)
Alvesco 160mcg (PA)	Extavia (PA)	Nuedexta (PA) QL-60	Tracleer (PA)
Amitiza (PA)	Fanapt (PA) TS QL-90	oxandrolone (PA)	Tyvaso (PA)
Ampyra (PA) QL-60	Forteo (PA)	Oxycodone ER (PA)	Uloric (PA)
Androderm (PA)	Gilenya (PA)	Oxycontin (PA)	Ventavis (PA)
AndroGel (PA)	Humira (PA)	Pancreaze (PA)	Vfend (PA)
Apokyn (PA)	Incivek (PA)	Pancrelipase (PA)	Victoza (PA)
atorvastatin (PA) TS	Invega (PA)	Patanol (PA)	Victrelis (PA)
Banzel (PA) QL	Intuniv (PA) QL-30	Pradaxa (PA) QL-60	Vimpat (PA) QL-60
Betaseron (PA)	Itraconazole (PA)	Rebif (PA)	Xarelto (PA) QL-30
Byetta (PA)	Kineret (PA)	Regranex (PA)	Zenpep (PA)
Cayston (PA)	Latuda (PA) TS QL-30	Relistor (PA)	Zyvox (PA)
Ciprodex OTIC (PA)	Letairis (PA)	Remodulin (PA)	
Coreg CR (PA)	Lidoderm (PA)	Restasis (PA)	
Daliresp (PA)	Lotronex (PA)	Sabril (PA)	
Delatestryl (PA)	Lovaza (PA)	Samsca (PA) QL-10	
Dificid (PA)	Lyrica (PA) QL-120	Savella (PA) QL-60	
Emend (PA) QL-5	Metozolv (PA)	Taclonex (PA)	
Emsam (PA)	metoprolol ER (PA)	Testosterone Inj. (PA)	
Enbrel (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	Crestor	oxcarbazepine	Zetia
Amlodipine	Fanapt (PA)*	paroxetine HCL	Zyprexa
amphetamine salt	fluvoxamine	risperidone	* if prior authorization
combo (Adderall)	gabapentin	Seroquel	approved
Benicar	Hyzaar	sertraline	
Benicar HCT	lamotrigine	simvastatin	
bupropion SR	Latuda (PA)*	tizanidine	
bupirone	Lexapro	topiramate	
citalopram	Lipitor (PA)*	trazodone	
clozapine	lovastatin	valacyclovir	
Cozaar	nefazodone	Vytorin	