



KAISER PERMANENTE

2009 Formulary

Prescription Drug List

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KAISER PERMANENTE®

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Your Prescription Drug Benefit and Formulary

As part of your comprehensive Kaiser Permanente health care plan, you may have a prescription drug benefit. This brochure will help you understand the Kaiser Permanente Drug Formulary, how your prescription drug coverage works, and how to get your prescriptions filled so you can get the most out of this benefit. The formulary is updated on a monthly basis. For the most current version of the Kaiser Permanente Drug Formulary go to kp.org/formulary and click on "Formulary (list of covered drugs)."

What is my prescription drug coverage?

Coverage can vary from plan to plan, and not all Kaiser Permanente health plans include prescription drug coverage. Additionally, some prescription drug coverage may exclude certain drugs, cover generic drugs only, or limit the amount of the drug you can get with a prescription or copayment. The best way to determine your prescription drug coverage is to consult your *Evidence of Coverage* or call our Customer Relations Department.

What is the Kaiser Permanente Drug Formulary?

The Kaiser Permanente Drug Formulary is a list of drugs that are covered under your prescription drug benefit. Kaiser Permanente doctors and other clinicians use the formulary to help them determine the safest, most effective drugs to prescribe for you.

Kaiser Permanente uses a "closed" formulary, which means that only those medications included in the formulary are covered under the prescription drug benefit. Using formulary medications helps Kaiser Permanente maintain high quality care for you and your family and keep prescription coverage affordable.

How are drugs selected for the formulary?

Medications in the Kaiser Permanente Drug Formulary are chosen by a group of Kaiser Permanente physicians, pharmacists, and nurses known as the Pharmacy and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members. Frequently, more than one drug will work equally well for a medical condition. In those cases, we consider other factors, such as cost, to choose medications that provide the best value.

What drugs are included in the formulary?

Please see the list of formulary drugs beginning on page 13. Coverage of certain formulary medications may be subject to restrictions established by the Pharmacy and Therapeutics Committee. Some medications require special procedures for obtaining or dispensing the medication due to safety or other concerns. The specific drug and allowable quantity is determined by the Pharmacy and Therapeutics Committee (as described on page 4) and may be dispensed only through the Kaiser Permanente Advanced Care Pharmacy.

Does the formulary ever change?

The Pharmacy and Therapeutics Committee reviews and updates our formulary regularly throughout the year and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know. For the most current version of the Kaiser Permanente Drug Formulary, please call our Customer Relations Department or log on to kp.org/formulary and click on "Formulary (list of covered drugs)."

What if my doctor prescribes a nonformulary drug?

If your doctor prescribes a nonformulary drug, your pharmacist may call your doctor to suggest an alternative formulary medication. Your doctor may then either change the prescription to a formulary medication or submit a *Request for Drug Coverage* form to Kaiser Permanente to request coverage of the nonformulary drug. If your plan covers nonformulary drugs, simply pay the nonformulary copayment, the *Request for Drug Coverage* is not applicable for your plan. Please refer to your Evidence of Coverage to determine if your plan covers nonformulary drugs.

Request for Drug Coverage

Nonformulary drugs will be covered for an individual in the same manner as formulary drugs if you meet the following criteria:

- formulary drugs have proven ineffective, **or**
- formulary drugs have caused or are reasonably expected to cause harmful or adverse reactions, **and**
- the use conforms to policies and procedures as well as guidelines and criteria reviewed and approved by the Pharmacy and Therapeutics Committee.

Prescriptions for nonformulary medications can be filled at Kaiser Permanente pharmacies, but it could take longer to receive your prescription if the pharmacy has to place a special order. Please keep in mind that you will be responsible for the full retail cost unless your doctor has obtained approval for the nonformulary medication through the *Request for Drug Coverage* or your plan covers nonformulary drugs.

What are “brand-name” and “generic” drugs?

The Kaiser Permanente Drug Formulary includes brand-name and generic drugs.

- ◆ **Brand-name** drugs are drugs that are produced and sold under the original manufacturer’s brand name.
- ◆ **Generic** drugs are produced and sold under their chemical names after the patent of the brand-name drug expires.

Although the price is lower, **the quality and effectiveness of generic drugs is the same as brand-name drugs.** The Food and Drug Administration requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug. However, a generic drug may differ in certain other ways, such as color, flavor, shape, or inactive ingredients. Kaiser Permanente pharmacies stock only generic drugs that have met the high standards of both the Food and Drug Administration (FDA) and the experts in our comprehensive quality assurance program.

Some brand-name drugs have a generic equivalent and others do not. When both a brand-name and a generic equivalent are available, usually only the generic equivalent is included in the Kaiser Permanente Drug Formulary. When a generic equivalent is not available, the formulary will include the brand-name version.

Where can I have my prescriptions filled?

You can have prescriptions filled at Kaiser Permanente pharmacies located in our medical offices and at affiliated pharmacies in our service area, or you may use the Kaiser Permanente Direct Mail Pharmacy. Pharmacy locations are listed in your *Member Handbook*, in the *Provider Directory* included in your enrollment packet, or in your *Evidence of Coverage*. Please remember to bring your Kaiser Permanente member ID card with you when you pick up your prescriptions.

How do I order prescription refills?

You can order refills from Kaiser Permanente pharmacies in four different ways:

- Log on to **kp.org/myhealthmanager** and order online, 24 hours a day, 7 days a week.
- Call the 24-hour Prescription Refill Line printed on your prescription label.
- Call the Direct Mail Pharmacy at 1-877-676-6280 (hearing and speech impaired may call Customer Relations at 1-877-676-6677 (TTY); Monday - Thursday, 8:15 a.m. – 5 p.m. and Friday, 9:00 a.m. – 5 p.m. for clarification on how to use the Direct Mail Pharmacy). Prescriptions will be mailed at no extra cost to you. Please allow 10 business days to receive your order.
- Mail your refill request in a postage-paid mail order envelope available at any Kaiser Permanente pharmacy.

Our Kaiser Permanente pharmacies also offer you favorable pricing on selected over-the-counter products that do not require a prescription. Your Kaiser Permanente pharmacist will be happy to assist you in selecting products to meet your health care needs.

How much medication does my copayment cover?

You may receive up to a 31-day supply of medication for a single copayment. You will be charged an additional copayment for each additional 31-day supply of medication, up to a maximum of a three-month supply. Some medications may have quantity restrictions limiting the amount of the drug you can get per prescription or copayment.

Depending on your prescription benefit, you may also be able to obtain up to a 62-day or 90-day supply of maintenance medications (certain restrictions apply) for chronic medical conditions for a single copayment. All you have to do to receive this cost savings is ask your physician to prescribe a two-month or three-month supply of the medication and fill your prescription through the Direct Mail Pharmacy.

By law, the pharmacy may not dispense more than the quantity of medication written on the prescription, regardless of any refills indicated. For example, if a prescription is written for 30 tablets with 12 refills, the pharmacy may dispense no more than 30 tablets at a time without contacting the doctor for authorization.

What drugs are not covered by my prescription drug benefit?

The following drugs are not covered by your Kaiser Permanente prescription benefit. Please refer to your Kaiser Permanente *Evidence of Coverage* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

- Drugs prescribed for cosmetic purposes.
- Drugs that are necessary for or related to an excluded service.
- Drugs used for the purpose of weight loss.
- Drugs and materials that require administration by medical personnel or observation by medical personnel during or after administration (these may be covered under your medical benefit).
- Nonprescription drugs and medications, however, nonprescription nicotine replacement products are covered when on our formulary.
- Investigational or experimental drugs or drugs that are limited to investigational use.
- Replacement of lost or damaged prescriptions.
- Unless an exception is approved by Health Plan, drugs not approved by the FDA and in general use as of March 1 of the year immediately preceding the year in which the health plan coverage became effective or was last renewed.
- Nonformulary drugs at the request of the member, when a Plan Physician believes that the formulary alternative is effective. (Unless you have a nonformulary drug benefit.)
- Drugs used to enhance athletic performance.
- Medical supplies such as dressings and antiseptics (these may be covered under a supplemental durable medical equipment (DME) benefit).
- Vitamins and nutritional supplements that can be purchased without a prescription.
- Special medication packaging, other than Health Plan standard packaging, unless required by law.
- Drugs used to shorten the duration of the common cold.

Drugs prescribed for the treatment of involuntary infertility, sexual dysfunction, or contraception may or may not be covered, depending on your drug benefit. Consult your *Evidence of Coverage* or call our Customer Relations Department for more information.

If I have questions, who can help me?

To learn more about your prescription drug benefit or the Kaiser Permanente Drug Formulary, or if you have a question or concern, please talk to your physician or call our Customer Relations Department:

(216) 621-7100 or 1-800-686-7100

TTY: (216) 635-4444 or 1-877-676-6677

Monday–Thursday, 8:15 a.m. to 5:00 p.m.

Friday, 9:00 a.m. to 5:00 p.m.

This drug formulary is intended for non-Medicare or Commercial members. If you need a list of medication that is covered under Medicare Part D, please call Customer Relations.

KAISER PERMANENTE'S Formulary

Prescription Drug List | 2009



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This section lists the medications included in the Kaiser Permanente Drug Formulary.

Please remember:

- The formulary is revised periodically and the drugs on this list are subject to change without notice. For the most current version, please call our Customer Relations Department or log on to **kp.org/formulary** and click on "Formulary (list of covered drugs)".
- The inclusion of a drug in the Formulary does not mean that all strengths or dosage forms are covered or that your physician will prescribe that drug for your condition.
- Coverage limitations may apply. Please refer to your Kaiser Permanente *Evidence of Coverage* for complete plan coverage, limitations, and exclusions specific to your prescription drug benefit.

Brand names are listed in the Kaiser Permanente Drug Formulary only to help you identify a formulary drug and do not indicate that a particular brand-name version of a drug is covered. Brand names are capitalized (e.g., Amoxil) and generic names are in lower case (e.g., amoxicillin).

BRAND NAME	GENERIC NAME
ANTI-INFECTIVES (Antibiotics/Antifungals/Antivirals)	
Antibiotics, Oral • Cephalosporins	
Ceclor*	cefaclor
Ceftin* tablets only	cefuroxime
Cefzil suspension only	cefprozil
Duricef* 500 mg capsule only	cefadroxil
Keflex* (Keftab nonformulary)	cephalexin
Omnicef suspension only	cefdinir
Suprax*	cefixime
Vantin*	cefepodoxime
Antibiotics, Oral • Fluoroquinolones	
Avelox	moxifloxacin
Cipro*	ciprofloxacin
Antibiotics, Oral • Macrolides	
Biaxin* XL tablets nonformulary	clarithromycin
E.E.S., EryPed suspension, tablets	erythromycin ethylsuccinate
Eryc*	erythromycin base
Ery-Tab+	erythromycin
Erythrocin* tablets	erythromycin stearate
Pediazole*	erythromycin & sulfisoxazole
Zithromax 600 mg tablet only	azithromycin
Zithromax*	azithromycin
Antibiotics, Oral • Penicillins	
Amoxil*	amoxicillin
Augmentin*, Augmentin ES-600*	amoxicillin/clavulanic acid
Beepen-VK*	penicillin VK

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Dynapen*	dicloxacillin
Geocillin	carbenicillin
Pen-Vee K*, Veetids*	penicillin VK
Antibiotics, Oral • Sulfas	
Bactrim*, Bactrim DS*	trimethoprim & sulfamethoxazole
Gantrisin*	sulfisoxazole
Pediazole*	erythromycin & sulfisoxazole
Antibiotics, Oral • Tetracyclines	
Declomycin*	demeclocycline
Minocin*	minocycline
Sumycin*	tetracycline
Vibra-Tabs*, Vibramycin*, Monodox*	doxycycline
monohydrate 100mg caps only	
Antibiotics, Oral • Others	
Cleocin oral suspension	clindamycin
Cleocin* capsules	clindamycin
Flagyl*	metronidazole
Nebupent	pentamidine
neomycin* tablet	neomycin
Peridex*	chlorhexidine gluconate
Vancocin	vancomycin
Zyvox	linezolid
Antibiotics, Topical	
Akne-Mycin	erythromycin
Bactroban*	mupirocin
Cleocin T*	clindamycin
Cortisporin	bacitracin/neomycin/polymyxin B/hydrocortisone
Cortisporin	neomycin/polymyxin B/hydrocortisone
Eryderm*, Erygel*	erythromycin
Garamycin*	gentamicin
MetroCream*	metronidazole
MetroGel* 0.75%	metronidazole
MetroLotion+	metronidazole

BRAND NAME	GENERIC NAME
Peridex*	chlorhexidine gluconate
Silvadene*	silver sulfadiazine
Sulfamylon* Cream	mafenide
Antifungals, Oral	
Ancobon	flucytosine
Diflucan*	fluconazole
Grifulvin V tablets	griseofulvin microsize
Grifulvin V* suspension	griseofulvin microsize
Gris-PEG tablets only	griseofulvin ultramicrosize
Lamisil* Not covered for cosmetic purposes	terbinafine
Mycelex* troche	clotrimazole
Nystatin*	nystatin
Nizoral*	ketoconazole
VFEND	voriconazole
Antifungals, Topical	
gentian violet*	gentian violet
Loprox* cream	ciclopirox
Mycolog II*	nystatin & triamcinolone
Mycostatin*	nystatin
Nizoral*	ketoconazole
Selsun*	selenium sulfide
Vioform-HC*	iodochlorhydroxyquin & hydrocortisone
Antivirals, Injectable	
Fuzeon	enfuvirtide
Intron A	interferon alfa-2b
Pegasys Quantity Restricted	peginterferon alfa-2a
PEG-Intron, PEG-Intron Redi-Pen Quantity Restricted	peginterferon alfa-2b

Key

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Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Antivirals, Oral	
Agenerase	amprenavir
Aptivus	tipranavir
Atripla	efavirenz/emtricitabine/tenofovir
Combivir	zidovudine & lamivudine
Crixivan	indinavir
Cytovene*	ganciclovir
Emtriva	emtricitabine
Epivir, Epivir HBV	lamivudine
Epzicom	abacavir/lamivudine
Flumadine*	rimantadine tablet
Flumadine	rimantadine syrup
Hepsera	adefovir
Intelence	etravirine
Invirase	saquinavir
Isentress	raltegravir
Kaletra	lopinavir & ritonavir
Lexiva	fosamprenavir
Norvir	ritonavir
Prezista	darunavir
Rebetol*	ribavirin
Rescriptor	delavirdine
Retrovir	zidovudine syrup
Retrovir*	zidovudine capsule, tablet
Reyataz	atazanavir
Selzentry	maraviroc tabs
Sustiva	efavirenz
Symmetrel*	amantadine
Trizivir	abacavir, lamivudine, and zidovudine
Valcyte	valganciclovir
Videx, Videx EC	didanosine
	200mg, 250mg, 400mg DR capsule generic
Viracept	nelfinavir
Viramune	nevirapine
Viread	tenofovir
Zerit*	stavudine
Ziagen	abacavir
Zovirax*	acyclovir

BRAND NAME	GENERIC NAME
Antivirals, Topical	
Condylox topical gel	podofilox
Condylox* topical solution	podofilox
Zovirax ointment only	acyclovir
Malaria	
Aralen*	chloroquine phosphate
Daraprim	pyrimethamine
Lariam*	mefloquine
Malarone	atovaquone & proguanil
Mepron* Suspension	atovaquone
Plaquenil*	hydroxychloroquine sulfate
Tuberculosis	
Myambutol*	ethambutol
Mycobutin	rifabutin
Nydrazid*	isoniazid
pyrazinamide*	pyrazinamide
Rifadin*	rifampin
Rifamate	isoniazid & rifampin
Seromycin*	cycloserine
Urinary Tract Agents	
Furadantin suspension	nitrofurantoin
Macrochantin* capsules (Macrobid nonformulary)	nitrofurantoin
Proloprim* tablet only	trimethoprim
Usept	methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue
Vaginal Agents	
Aci-Jel*	acetic acid
Cleocin* vaginal cream	clindamycin
Key	* Generic version of the drug is available. + Brand name that is covered as a generic drug.
	Criteria Restricted Medication — member must meet certain criteria and physician must submit a <i>Request for Drug Coverage</i> form.
	Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Cleocin vaginal ovule	clindamycin
MetroGel Vaginal*	metronidazole
Mycostatin*	nystatin
Sultrin*	triple sulfa
Miscellaneous Agents	
Albenza	albendazole
Avlosulfon*	dapsone
Elimite*	permethrin
Eurax* cream	crotamiton
Humatin*	paromomycin
Mintezol*	thiabendazole
Ovide	malathion
TOBI	tobramycin
Vermox*	mebendazole
Vivotif Berna	typhoid vaccine
Yodoxin*	lodoquinol
CARDIOVASCULAR (Blood Pressure/Heart/Cholesterol)	
ACE Inhibitors	
Capoten*	captopril
Lotensin*	benazepril
Prinivil*	lisinopril
Vasotec*	enalapril
Angiotensin Receptor Blockers	
Cozaar	losartan
Beta Blockers	
Blocadren*	timolol maleate
Coreg*	carvedilol
Corgard*	nadolol
Inderal*, Inderal LA*	propranolol
Lopressor*	metoprolol
Normodyne*	labetalol
Sectral*	acebutolol
Tenormin*	atenolol
Trandate*	labetalol
Zebeta*	bisoprolol

BRAND NAME	GENERIC NAME
Blood Formation/Coagulation	
Aggrenox	dipyridamole & aspirin
Agrylin* Quantity Restricted	anagrelide
Amicar*	aminocaproic acid
Arixtra	fondaparinux
Coumadin*	warfarin
heparin*	heparin
Leukine Quantity Restricted	sargramostim
Lovenox	enoxaparin
Neumega Quantity Restricted	oprelvekin
Neupogen Quantity Restricted	filgrastim
Persantine*	dipyridamole
Plavix	clopidogrel
Pletal*	cilostazol
Procrit	epoetin alfa
Promacta	eltrombopag
Trental*	pentoxifylline
Calcium Channel Blockers	
Cardizem*, Cardizem SR* SR coated beads	diltiazem
Calan*, Calan SR*, Verelan*	verapamil
Norvasc*	amlodipine
Cholesterol-Lowering	
Colestid*	colestipol
Lofibra* tablet	fenofibrate
Lopid*	gemfibrozil
Mevacor*	lovastatin
Niacor*	niacin
Pravachol*	pravastatin
Questran*, Questran Light*	cholestyramine

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Vytorin 10mg/80mg strength tablets only	ezetimibe/simvastatin

Zocor*	simvastatin
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Diuretics

Aldactazide*	hydrochlorothiazide & spironolactone
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Aldactone*	spironolactone
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Bumex*	bumetanide
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Diuril*	chlorothiazide
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Dyrenium*	triamterene
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Edecrin*	ethacrynic acid
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HydroDIURIL*, Microzide*	hydrochlorothiazide
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Hygroton*	chlorthalidone
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Lasix*	furosemide
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Lozol*	indapamide
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Maxzide*, Dyazide*	hydrochlorothiazide & triamterene
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Midamor*	amiloride
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Moduretic 5-50*	hydrochlorothiazide & amiloride
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Prinzide*	hydrochlorothiazide & lisinopril
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Zaroxolyn*	metolazone
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Ziac*	hydrochlorothiazide & bisoprolol
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Heart Rhythm

Betapace*	sotalol
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Cordarone*	amiodarone
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Ethmozine*	morizine
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Inderal*, Inderal LA*	propranolol
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Lanoxin*, Lanoxicaps*	digoxin
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Mexitil*	mexiletine
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Norpace*, Norpace CR*	disopyramide
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Procan SR*, Pronestyl*	procainamide
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Quinidex Extentabs*, Quinaglute Dura-Tabs*	quinidine
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Rythmol*	propafenone
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Sectral*	acebutolol
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Tambocor*	flecainide
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Tikosyn	dofetilide
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Nitrates

ISMO*, Imdur*, Monoket*	isosorbide mononitrate
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Isordil*, Isordil Tembids*, Dilatrate-SR*	isosorbide dinitrate
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BRAND NAME	GENERIC NAME
Minitran	nitroglycerin
Nitro-Bid+	nitroglycerin
Nitro-Dur*, Nitrostat*	nitroglycerin
Miscellaneous	
Aldomet*	methyldopa
Amyl nitrite solution inhalation	amyl nitrite solution
Apresoline*	hydralazine
Cardura*	doxazosin
Catapres*	clonidine
tablets only (patches nonformulary)	
Guanabenz*	guanabenz
Hytrin*	terazosin
Loniten*	minoxidil
Minipress*	prazosin
ProAmatine	midodrine
Serpasil*	reserpine
Tenex*	guanfacine
Tenoretic*	atenolol/chlorthalidone

DERMATOLOGICAL (SKIN)

Acne Products

Akne-Mycin	erythromycin
Avita+	tretinoin
Azelex	azelaic acid
Cleocin T*	clindamycin
Differin	adapalene
Eryderm*	erythromycin
Erygel*	erythromycin
EryPad*	erythromycin
Retin-A*	tretinoin
cream, gel (not covered for cosmetic use; Retin-A-Micro nonformulary)	
Sotret	isotretinoin
Sulfacet-R*	sulfur & sodium sulfacetamide

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a *Request for Drug Coverage* form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Psoriasis/Seborrhea	
Capex shampoo	fluocinolone
Dovonex*	calcipotriene
Exsel, Selsun*	selenium sulfide
Psoriatec	anthralin
Soriatane	acitretin
Tazorac	tazarotene
Topical Corticosteroids	
Acloivate* ointment	alclometasone
Acloivate cream	alclometasone
Cordran, Cordran SP	flurandrenolide
Cordran Tape	flurandrenolide
Cutivate*	fluticasone
Cyclocort*	amcinonide
Derma-Smoothe/FS	fluocinolone acetonide
DesOwen*	desonide
Diprolene lotion	betamethasone dipropionate augmented
Diprolene*, Diprolene AF*, Diprosone*	betamethasone dipropionate
Elocon*	mometasone furoate
Hytone* only 2.5% cream, ointment, & lotion	hydrocortisone
Kenalog*	triamcinolone
Lidex, Lidex-E*	fluocinonide
Locoid* cream and ointment only	hydrocortisone butyrate
Psorcon*, Psorcon e*	diflorasone
Synalar*	fluocinolone acetonide
Temovate*	clobetasol
Texacort 2.5% solution only	hydrocortisone
Topicort* cream 0.25% only	desoximetasone
Valisone*	betamethasone valerate
Westcort*	hydrocortisone valerate

BRAND NAME	GENERIC NAME
Miscellaneous	
acetic acid* 0.25% irrigation solution	acetic acid
Aci-Jel*	acetic acid
Amino-Cerv*	urea
Condylox topical gel	podofilox
Condylox* topical solution	podofilox
Drysol+	aluminum chloride hexahydrate
Efudex, Carac, Fluoroplex cream	fluorouracil
Efudex* topical solution	fluorouracil
Elidel	pimecrolimus
EMLA* non-kit formulation only	lidocaine/prilocaine
Granulex, Xenaderm	balsam peru/castor oil/ trypsin
Oxsoralen Ultra	methoxsalen
Pramosone	pramoxine & hydrocortisone
Protopic	tacrolimus
Prudoxin*, Zonalon*	doxepin
Santyl*	collagenase
sodium chloride* 0.9% irrigation solution	sodium chloride
water, sterile* for irrigation	water, sterile
Xylocaine*	lidocaine

ENDOCRINE**(Diabetes/Hormones/Contraceptives/Women's Health)****Androgens**

Androderm	testosterone
Depo-Testosterone*	testosterone cypionate
Halotestin*	fluoxymesterone
Oxandrin*	oxandrolone
Testred*, Methitest*	methyltestosterone

Key

* Generic version of the drug is available. + Brand name that is covered as a generic drug.

Criteria Restricted Medication — member must meet certain criteria and physician must submit a Request for Drug Coverage form.

Quantity Restricted — quantity of medication is restricted per prescription or per copayment.

BRAND NAME	GENERIC NAME
Blood Glucose Testing • Covered under DME benefit only	
Chemstrip bG, Glucostix	blood glucose test strips
One Touch	glucose control solution
One Touch FinePoint, One Touch UltraSoft	lancets
One Touch Profile, One Touch Ultra 2	blood glucose meter, test strips
One Touch UltraMini	blood glucose meter
One Touch UltraSmart	blood glucose meter
Contraceptives, Oral • Quantity Restricted	
Aygestin*, Micronor*, Nor-QD+	norethindrone
Brevicon*, Microgestin Fe*, Modicon*, Norinyl*, Nortrel*, Tri-Norinyl*	ethinyl estradiol & norethindrone
Levlen*, Trivora*	ethinyl estradiol & levonorgestrel
Ortho Cyclen*, Ortho Tri-Cyclen*, Sprintec*, Tri-Sprintec*	ethinyl estradiol & norgestimate
Necon 10/11*	ethinyl estradiol & norethindrone
Necon*, Ortho-Novum 1/50*	mestranol & norethindrone
Ogestrel	ethinyl estradiol & norgestrel
Plan B	levonorgestrel
Yasmin	ethinyl estradiol & drospirenone
Zovia 1/35E & 1/50E+	ethinyl estradiol & ethynodiol diacetate
Contraceptives, Other • Quantity Restricted	
Member must obtain injectables and IUDs from participating pharmacy prior to appointment for administration in the physician's office.	
Depo-Provera Contraceptive*	medroxyprogesterone
Mirena IUD	levonorgestrel
NuvaRing	ethinyl estradiol & etonogestrel
Ortho All-Flex	diaphragm
Paragard T380A	IUD
Corticosteroids, Oral	
Cortef 20mg tablet	hydrocortisone
Cortef* 5 mg and 10mg tablet	hydrocortisone
Cortone Acetate*	cortisone
Decadron*	dexamethasone
Deltasone*, Sterapred*, Sterapred DS*	prednisone

BRAND NAME	GENERIC NAME
Florinef*	fludrocortisone
Medrol*	methylprednisolone
Orapred*, Pediapred*, Prelone*	prednisolone
Diabetes	
Actos	pioglitazone
Amaryl*	glimepiride
B-D insulin syringes	
glucagon*	glucagon
Glucophage*, Glucophage XR* tablets	metformin
Glucotrol*	glipizide
Glynase Prestab*, Micronase*	glyburide
Glyset	miglitol
Lantus	glargine insulin
Novolin R, L, N, 70/30 vials only	human insulin
Novolog vials only	insulin aspart
Novolog 70/30 vials only	insulin aspart/NPH
Riomet solution	metformin
Estrogens/Progestins	
Aygestin*	norethindrone acetate
Climara*	estradiol
Estrace* tablets, vaginal cream	estradiol
Estratest, Estratest H.S.	esterified estrogen & methyltestosterone
Estring Quantity Restricted (3 copayments per ring)	estradiol
Ogen*	estropipate tablets
Ortho-Est*	estropipate
Premarin vaginal cream only	conjugated estrogens
progesterone vaginal suppositories, compounded	progesterone

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BRAND NAME	GENERIC NAME
Prometrium	micronized progesterone
Provera*	medroxyprogesterone
Vagifem	estradiol

Infertility • (Covered 50% only)

Clomid*	clomiphene
Follistim AQ	follitropin beta
Gonal-F	follitropin alpha
Gonal-F RFF	follitropin alpha
Lupron*	leuprolide
Novarel+	chorionic gonadotropin
Profasi HP*	chorionic gonadotropin
Repronex*	menotropins
Serophene*	clomiphene

Osteoporosis • See also Estrogens/Progestins for Hormone Replacement Therapy

Calcimar*	calcitonin
Didronel*	etidronate
Evista	raloxifene
Forteo Criteria Restricted	teriparatide
Fortical nasal spray	calcitonin
Fosamax*	alendronate

Thyroid

Armour Thyroid	thyroid hormone
Cytomel*	liothyronine
Levothyroid+	levothyroxine
propylthiouracil*	propylthiouracil
Tapazole*	methimazole

Miscellaneous

Cytadren	aminoglutethimide
DDAVP* tablets	desmopressin
DDAVP* nasal spray	desmopressin
Danocrine*	danazol
Dibenzyliline	phenoxybenzamine
Didronel*	etidronate
Dostinex*	cabergoline

BRAND NAME	GENERIC NAME
Lupron	leuprolide
Methergine	methylergonovine
Metopirone	metyrapone
Mifeprex	mifepristone
Omnitrope	somatropin
Parlodel*	bromocriptine
Synarel	nafarelin acetate

EYE, EAR, NOSE, & THROAT

Anti-Infective and Combination Eye Agents

AK-Con	naphazoline
bacitracin*	bacitracin
Bleph-10*	sodium sulfacetamide
Blephamide S.O.P. ointment only	sodium sulfacetamide & prednisolone
Ciloxan	ciprofloxacin
Cortisporin* ointment only	bacitracin/neomycin/polymyxin B/hydrocortisone
Cortisporin ophthalmic susp*	neomycin/ polymyxin B/ hydrocortisone
Garamycin*	gentamicin
Ilotycin*	erythromycin
Maxitrol*	neomycin/polymixin B/dexamethasone
Murocoll-2*	scopolamine & phenylephrine
Neosporin* ointment	bacitracin/neomycin/polymixin B
Neosporin* solution	neomycin/polymixin B gramicidin
Ocuflox*	ofloxacin
Polysporin*	bacitracin & polymyxin B
Polytrim* solution only	trimethoprim/polymyxin B
Pred-G Ophth ointment & Suspension	gentamicin-prednisolone
Sodium Sulamyd*	sodium sulfacetamide
TobraDex*	tobramycin & dexamethasone

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BRAND NAME	GENERIC NAME
Tobrex ointment	tobramycin
Tobrex* solution	tobramycin
Vasocidin*	sodium sulfacetamide & prednisolone
Viroptic*	trifluridine
Zymar	gatifloxacin
Anti-Inflammatory Eye Agents	
Acular LS, PF	ketorolac
Crolom*	cromolyn sodium
Decadron* solution only	dexamethasone sodium phosphate
FML*, FML Forte*	fluorometholone
Inflamase Forte*	prednisolone sodium phosphate
Ocufen*	flurbiprofen
Pred Forte*, Pred Mild	prednisolone acetate
Voltaren*	diclofenac
Ear (Otic) Agents	
Auralgan*	antipyrine & benzocaine
Ciprodex* Suspension	ciprofloxacin & dexamethasone
Coly-Mycin S	neomycin/colistin/hydrocortisone
Cortisporin Otic*	neomycin/polymixin B/hydrocortisone
Domeboro Otic*	aluminum acetate/acetic acid
Floxin Otic*	ofloxacin
Vosol*	acetic acid/propylene glycol
Vosol HC*	acetic acid/propylene glycol/diacetate/hydrocortisone
Glaucoma	
Alphagan* (Alphagan P nonformulary)	brimonidine
Atropisol*	atropine
Azopt	brinzolamide
Betagan*	levobunolol
Betimol	timolol hemihydrate
Betoptic*	betaxolol
Carboptic*	carbachol
Cosopt*	dorzolamide/timolol
Diamox*, Diamox Sequels	acetazolamide

BRAND NAME	GENERIC NAME
Epifrin	epinephrine
Isopto Carbachol 1.5%, 2.25%	carbachol
Isopto Carbachol*	carbachol
3%	
Isopto Homatropine	homatropine
Isopto-Hyoscine	scopolamine
Lumigan	bimatoprost
Neo-Synephrine*	phenylephrine
Neptazane*	methazolamide
OptiPranolol*	metipranolol
Phospholine Iodide	echothiophate iodide
Pilocar*, Pilocpine HS	pilocarpine
Propine*	dipivefrin
Timoptic*	timolol maleate
Travatan Z	travoprost
Trusopt*	dorzolamide

Throat and Mouth Products

Kenalog in Orabase*	triamcinolone acetonide
Mycelex*	clotrimazole
Peridex*	chlorhexidine gluconate
Salagen*	pilocarpine
Xylocaine*	lidocaine

GASTROINTESTINAL

Anti-Diarrheals

Lomotil*	diphenoxylate & atropine
paregoric*	paregoric

Anti-Nausea

Ativan*	lorazepam
Compazine*	prochlorperazine
Marinol*	dronabinol

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BRAND NAME	GENERIC NAME
Phenergan*	promethazine
Reglan*	metoclopramide
Tigan*	trimethobenzamide
Transderm Scop	scopolamine
Zofran*	ondansetron

Anti-Spasmodic Agents

Bentyl*	dicyclomine
Donnatal*, Donnatal Extentab*	hyoscyamine/atropine scopolamine/phenobarbital
Levbid*, Levsin*, Levsinex Timecaps*	hyoscyamine
Librax*	clidinium & chlordiazepoxide
Pro-Banthine*	propantheline
Reglan*	metoclopramide
Robinul*	glycopyrrolate
Sal-Tropine*	atropine
Scopace*	scopolamine

Cathartics and Laxatives

Chronulac*, Generlac*	lactulose
CoLyte*	polyethylene glycol-electrolyte solution
MiraLax*	polyethylene glycol
MoviPrep	polyethylene glycol-electrolyte solution
Osmitol	mannitol
sorbitol*	sorbitol
	70% oral solution

Heartburn and Ulcer Drugs

Carafate*	sucralfate
Cytotec*	misoprostol
Pepcid*	famotidine
Prilosec*	omeprazole
Zantac*	ranitidine
Zegerid	omeprazole/sodium bicarbonate
	oral suspension only

Pancreatic Enzymes

Pancrelipase	pancrelipase
Pangestyme	amylase/lipase/protease
Viokase 8	amylase/lipase/protease

BRAND NAME	GENERIC NAME
Miscellaneous	
Actigall*	ursodiol
Analpram-HC	pramoxine & hydrocortisone
Anusol-HC*	hydrocortisone acetate
Asacol, Pentasa	mesalamine
Azulfidine*	sulfasalazine
Canasa, Rowasa*	mesalamine
Colazal	balsalazide
Cortenema*	hydrocortisone
Epivir-HBV	lamivudine
Hepsera	adefovir
Intron A	interferon alfa-2b
PEG-Intron, PEG-Intron Redi-Pen Quantity Restricted	peginterferon alfa-2b
Pegasys Quantity Restricted	peginterferon alfa-2a
Pramosone	pramoxine & hydrocortisone
Proctofoam-HC	pramoxine & hydrocortisone

IMMUNOLOGICAL

Immune Suppression/Organ Transplants

CellCept, Myfortic	mycophenolate
Gengraf+	cyclosporine
Imuran*	azathioprine
Neoral*	cyclosporine
Prograf	tacrolimus
Rapamune	sirolimus
Sandimmune	cyclosporine

MENTAL HEALTH

Antidepressants

Anafranil*	clomipramine
Asendin*	amoxapine
Aventyl*	nortriptyline
Celexa*	citalopram

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BRAND NAME	GENERIC NAME
Desyrel*	trazodone
Effexor*, Venlafaxine ER tablets only	venlafaxine
Elavil*	amitriptyline
Ludiomil*	maprotiline
Luvox*	fluvoxamine
Nardil	phenelzine
Norpramin*	desipramine
Pamelor*	nortriptyline
Parnate*	tranylcypromine
Paxil*	paroxetine
Prozac*	fluoxetine
Remeron*	mirtazapine
Serzone	nefazodone
Sinequan*	doxepin
Tofranil* (Tofranil PM nonformulary)	imipramine
Triavil*	amitriptyline & perphenazine
Vivactil*	protriptyline
Wellbutrin*, Wellbutrin SR*, Wellbutrin XL*	bupropion
Zoloft*	sertraline
Antipsychotics	
Clozaril*	clozapine
Compazine*	prochlorperazine
Haldol*	haloperidol
Loxitane*	loxapine
Mellaril*	thioridazine
Moban	molindone
Navane*	thiothixene
Orap	pimozide
Prolixin*	fluphenazine
Risperdal*	risperidone
Seroquel	quetiapine
Stelazine*	trifluoperazine
Thorazine*	chlorpromazine
Triavil*	amitriptyline & perphenazine
Trilafon*	perphenazine
Zyprexa	olanzapine

BRAND NAME	GENERIC NAME
Anxiolytics, Sedatives, and Hypnotics	
Ativan*	lorazepam
Buspar*	bupirone
chloral hydrate*	chloral hydrate
Halcion*	triazolam
Klonopin*	clonazepam
Librium*	chlordiazepoxide
Restoril*	temazepam
Serax*	oxazepam
Tranxene*	clorazepate
Valium*	diazepam
Versed	midazolam
Xanax*	alprazolam
Attention Deficit/Hyperactivity Disorder	
Adderall*, Adderall XR	dextroamphetamine racemic salts
Concerta	methylphenidate ER
Dexedrine*, Dextrostat*	dextroamphetamine
Metadate ER*, Metadate CD	methylphenidate
Ritalin*, Ritalin SR*, Methylin*, Ritalin LA	methylphenidate
Miscellaneous	
Ambien*	zolpidem
Antabuse	disulfiram
Atarax*	hydroxyzine HCl
Campral	acamprosate
Eskalith CR*, Lithobid, Lithonate*, Lithotabs*	lithium carbonate
lithium citrate* syrup	lithium citrate
ReVia*	naltrexone
Suboxone	buprenorphine with naloxone
Vistaril*	hydroxyzine pamoate

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BRAND NAME	GENERIC NAME
NEUROLOGICAL	
Parkinson's Disease	
Artane*	trihexyphenidyl
Azilect	rasagiline
Cogentin*	benztropine
Comtan	entacapone
Eldepryl*	selegiline
Ergomar*	ergotamine tartrate
Hydergine*	ergoloid mesylates
Lodosyn	carbidopa
Mirapex	pramipexole
Parlodel*	bromocriptine
Permax*	pergolide
Requip*	ropinirole
Sinemet*, Sinemet CR*	levodopa/carbidopa
Stalevo	levodopa/cardidopa/entacapone
Symmetrel*	amantadine
Seizures	
Carbatrol, Tegretol*, Tegretol XR	carbamazepine
Celontin	methsuximide
Depakene*	valproic acid, sodium valproate
Depakote*, Depakote Sprinkles*	divalproex sodium
Diastat	diazepam
Dilantin Infatab, Dilantin Kapseals*, Dilantin*	phenytoin
Gabitril	tiagabine
Kepra*	levetiracetam
Klonopin*	clonazepam
Lamictal*, Lamictal Starter Kits, Lamictal CD*, Lamictal Chewable*	lamotrigine
Mysoline*	primidone
Neurontin*	gabapentin
Phenobarbital*	phenobarbital
Topamax*	topiramate
Trileptal*	oxcarbazepine
Valium*	diazepam
Zarontin*	ethosuximide
Zonegran*	zonisamide

BRAND NAME	GENERIC NAME
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Skeletal Muscle Relaxants

Dantrium*	dantrolene
Flexeril*	cyclobenzaprine
Lioresal*	baclofen
Robaxin*	methocarbamol
Zanaflex*	tizanidine

Miscellaneous

Aricept, Aricept ODT	donepezil
Avonex Quantity Restricted	interferon beta-1a
Betaseron Quantity Restricted	interferon beta-1b
Copaxone Quantity Restricted	glatiramer acetate
Mestinon*	pyridostigmine
Namenda	memantine
Nimotop*	nimodipine
Rebif Quantity Restricted	interferon beta-1a
Rilutek	riluzole

NUTRITIONAL AND ELECTROLYTES

Electrolytes

Bicitra*	sodium citrate & citric acid
Calcibind*	cellulose disodium phosphate
Citric Acid Monohydrate Granules*	citric acid monohydrate granules
K-Dur* 20 mEq SR tablets	potassium chloride
K-Phos Neutral*	potassium phosphate
K-Phos No 2* 305-700mg only	potassium & sodium phosphates
K-Tab+, Klor-Con*, Klor-Con M10, Slow-K*, Micro-K*	potassium chloride
Kayexalate*	sodium polystyrene sulfonate

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BRAND NAME	GENERIC NAME
PhosLo	calcium acetate
Polycitra*	potassium citrate & sodium citrate
Polycitra-K*	potassium citrate & citric acid
Potassium bicarbonate effervescent	Potassium
Renvela	sevelamer carbonate
Urocit-K*	potassium citrate
Individual Vitamins and Minerals	
Aquasol*	vitamin A
DHT*	dihydrotachysterol
Drisdol*	ergocalciferol or vitamin D2
Flura-Drops+, Flura-Loz, Luride Lozi-Tabs, Prevident, Prevident 5000 Plus*	sodium fluoride
folic acid* 1 mg tablets only	folic acid
Mephyton	phytonadione or vitamin K1
Rocaltrol*	calcitriol or vitamin D3
Wellcoverin*	leucovorin
Multivitamins	
Berocca*, Berocca Plus*	
Chromagen*	
Natachew*	
Nephrocaps	
Niferex-150 Forte*	
Poly-Vi-Flor*, Poly-Vi-Flor with Iron*	
prenatal vitamins*	
Tri-Vi-Flor*, Tri-Vi-Flor with Iron*	
Ultra NatalCare*	
Miscellaneous	
Carnitor*	levocarnitine
Chemet	succimer
ONCOLOGY/CANCER	
Agrylin* Quantity Restricted	anagrelide
Alkeran	melphalan
Arimidex	anastrozole

BRAND NAME	GENERIC NAME
Aromasin	exemestane
Arranon	nelarabine
CeeNU	lomustine
Cytadren	aminoglutethimide
Cytoxan*	cyclophosphamide
Efudex	fluorouracil
Eulexin*	flutamide
Femara	letrozole
Gleevec Quantity Restricted	imatinib
Hexalen	altretamine
Hydrea*	hydroxyurea
Intron A	interferon alfa-2b
Leukeran	chlorambucil
Lupron	leuprolide
Lysodren	mitotane
Matulane	procarbazine
Megace*	megestrol
Mesnex*	mesna
Trexall*	methotrexate
Myleran	busulfan
Nexavar Quantity Restricted	sorafenib
Nolvadex*	tamoxifen
Purinethol*	mercaptopurine
Revlimid Quantity Restricted	lenalidomide
Sprycel Quantity Restricted	dasatinib
Sutent Quantity Restricted	sunitinib
Tarceva Quantity Restricted	erlotinib
Targretin	bexarotene

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BRAND NAME	GENERIC NAME
Tasigna	nilotinib
Temodar	temozolamide
Thalomid Quantity Restricted	thalidomide
Toposar	etoposide
Tykerb Quantity Restricted	lapatinib
Wellcovorin*	leucovorin
Xeloda	capecitabine

PAIN

Arthritis

Arava*	leflunomide
Azulfidine*	sulfasalazine
Cuprimine	penicillamine
Gengraf+	cyclosporine
Hyalgan	hyaluronate sodium
Imuran*	azathioprine
Trexall*	methotrexate
Neoral*	cyclosporine
Orencia	abatacept
Plaquenil*	hydroxychloroquine sulfate
Ridaura	auranofin
Sandimmune	cyclosporine

Gout

Benemid*	probenecid
ColBENEMID*	colchicine & probenecid
colchicine*	colchicine
Zyloprim*	allopurinol

Migraine

Cafergot*	ergotamine/caffeine
D.H.E. 45*	dihydroergotamine
Fioricet*	butalbital/acetaminophen/caffeine
Fioricet With Codeine*	acetaminophen/butalbital/caffeine/codeine
Fiorinal*	butalbital/aspirin/caffeine
Fiorinal With Codeine #3*	aspirin/butalbital/caffeine/codeine
Maxalt-MLT Quantity Restricted (12 tablets per copayment)	rizatriptan

BRAND NAME	GENERIC NAME
Midrin*	isometheptene/dichloralphenazone/ acetaminophen
Migranal Quantity Restricted (1 package of 4 bottles per copayment)	dihydroergotamine
Narcotic Pain Relievers	
B&O Suppettes*	belladonna & opium
codeine phosphate* tablets	codeine phosphate
Dilaudid*	hydromorphone
Dolophine* 40mg tablet unavailable	methadone
Duragesic*	fentanyl
Endocet*, Percocet*	oxycodone & acetaminophen
Lortab* elixir	hydrocodone & acetaminophen
morphine sulfate* tablets, solution	morphine sulfate
MS Contin*	morphine SR
Roxicodone*, OxyIR*	oxycodone
Tylenol With Codeine*	acetaminophen & codeine
Tylox*	oxycodone & acetaminophen
Vicodin*	hydrocodone & acetaminophen
Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	
Anaprox*, Naprosyn*	naproxen
Clinoril*	sulindac
Disalcid*	salsalate
Indocin, Indocin SR*	indomethacin
Lodine* (Lodine XL nonformulary)	etodolac
Meclomen*	meclofenamate
Mobic*	meloxicam
Orudis* regular & extended release capsules	ketoprofen
Ponstel*	mefenamic acid

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BRAND NAME	GENERIC NAME
Relafen*	nabumetone
Trilisate*	choline magnesium trisalicylate
Voltaren* (Voltaren - XR and Cataflam nonformulary)	diclofenac sodium

Other Non-Narcotic Pain Relievers

Ultram*	tramadol
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RESPIRATORY (Allergy/Asthma/Cough & Cold)

Antihistamine/Decongestant Combinations

Deconamine SR*, Suclor*	chlorpheniramine & pseudoephedrine
Rynatan* Pediatric Suspension	chlorpheniramine & phenylephrine

Antihistamines

Atarax*	hydroxyzine HCl
Periactin*	cyproheptadine
Polaramine*	dexchlorpheniramine maleate
Vistaril*	hydroxyzine pamoate

Asthma/Pulmonary Disease

Accuneb*, Proventil HFA*	albuterol
Advair Diskus 250/50 & 500/50 strength only	fluticasone and salmeterol
Aerochamber ZStat Plus Quantity Restricted (1 spacer per year)	spacer device
Alupent* (nebulization solution not formulary)	metaproterenol
aminophylline* liquid	aminophylline
Asmanex Twisthaler 60 dose unit and 120 dose unit only	mometasone
Atrovent HFA inhaler	ipratropium
Atrovent* inhalation solution	ipratropium
Brethine*	terbutaline
Combivent	albuterol/ipratropium
epinephrine* solution for nebulization	epinephrine
Epipen, Epipen Jr	epinephrine
Flovent HFA 44 mcg/metered spray	fluticasone

BRAND NAME	GENERIC NAME
Intal inhaler	cromolyn sodium
Pulmozyme Quantity Restricted	dornase alfa
QVAR	beclomethasone
racepinephrine* 2.25% solution	racepinephrine
Serevent Diskus	salmeterol
Slo-Bid*, Theo-Dur*, Uniphyll*	theophylline
Spiriva	tiotropium
Water, Sterile for inhalation	water, sterile

Cough/Cold

Cheratussin AC* Syrup	guaifenesin & codeine phosphate
C-Phen*	chlorpheniramine & phenylephrine
Mucomyst*	acetylcysteine
Phenergan VC*	promethazine & phenylephrine
Phenergan VC with Codeine*	promethazine/phenylephrine/codeine
Phenergan with Codeine*	promethazine & codeine
Phenergan with DM*	promethazine & dextromethorphan
Tessalon Perles*	benzonatate

Nasal Sprays

Atrovent*	ipratropium bromide
Flonase*	fluticasone propionate
Nasarel*	flunisolide

SMOKING CESSATION AID

Habitrol transdermal patch* OTC covered at copay	nicotine
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BRAND NAME	GENERIC NAME
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UROLOGICAL

Erectile Dysfunction • Drugs prescribed for the treatment of sexual dysfunction are excluded from the basic benefit. These drugs are covered only for members having a sexual dysfunction drug rider.

alprostadil/papaverine/ phentolamine† injection, compounded	alprostadil/papaverine/phentolamine
Edex Quantity Restricted	alprostadil
Levitra Quantity Restricted (max 8 tablets or doses per copayment every 31 days)	sildenafil
VED with DME benefit only	vacuum erection device
Viagra Quantity Restricted (max 8 tablets or doses per copayment every 31 days)	sildenafil
Yocon*	yohimbine

Urological Agents

Cardura*	doxazosin
Cystagon*	cysteamine
Ditropan* (Ditropan XL nonformulary)	oxybutynin
Hiprex*, Mandelamine*	methenamine
Hytrin*	terazosin
Lithostat*	acetohydroxamic acid
Minipress*	prazosin
Proscar*	finasteride
Urecholine*	bethanechol
Urised	methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue

† Not available at Kaiser Permanente (KP) medical office pharmacies. Pharmacy will provide a drug purchase authorization card to members in order to obtain at a non-KP pharmacy. The card must be completed by the member and the pharmacist at the non-KP pharmacy and returned to Kaiser Permanente Pharmacy Administration to obtain reimbursement of prescription charge (less copayment). Suggested pharmacies include:

Lee-Silby Compounding Drug, 3216 Silsby Rd., Cleveland Heights
Ritzman Pharmacies, 55 Arch St., Akron

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KAISER PERMANENTE'S Formulary

Prescription Drug List | 2009



KAISER PERMANENTE®

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Paxil* (paroxetine)	32
Pediazole* (erythromycin & sulfisoxazole)	13, 14
PEG-Intron , PEG-Intron Redi-Pen (peginterferon alfa-2b)	15, 31
Pegasys (peginterferon alfa-2a)	15, 31
Pen-Vee K* , Veetids* (penicillin VK)	14
Pepcid* (famotidine)	30
Periactin* (cyproheptadine)	40
Peridex* (chlorhexidine gluconate)	14, 15, 29
Permax* (pergolide)	34
Persantine* (dipyridamole)	19
Phenergan VC with Codeine* (promethazine/phenylephrine/codeine)	41
Phenergan VC* (promethazine & phenylephrine)	41
Phenergan with Codeine* (promethazine & codeine)	41
Phenergan with DM* (promethazine & dextromethorphan)	41
Phenergan* (promethazine)	30
Phenobarbital* (phenobarbital)	34
PhosLo (calcium acetate)	36
Phospholine Iodide (echothiophate iodide)	29
Pilocar* , Pilopine HS (pilocarpine)	29
Plan B (levonorgestrel)	24
Plaquenil* (hydroxychloroquine sulfate)	17, 38
Plavix (clopidogrel)	19
Pletal* (cilostazol)	19
Polaramine* (dexchlorpheniramine maleate)	40
Poly-Vi-Flor* , Poly-Vi-Flor with Iron*	36
Polycitra-K* (potassium citrate & citric acid)	36
Polycitra* (potassium citrate & sodium citrate)	36
Polysporin* (bacitracin & polymyxin B)	27
Polytrim* (trimethoprim/polymyxin B)	27
Ponstel* (mefenamic acid)	39
Potassium bicarbonate (Potassium)	36
Pramosone (pramoxine & hydrocortisone)	23, 31
Pravachol* (pravastatin)	19
Pred Forte* , Pred Mild (prednisolone acetate)	28
Pred-G (gentamicin-prednisolone)	27
Premarin (conjugated estrogens)	25
prenatal vitamins*	36
Prezista (darunavir)	16
Prilosec* (omeprazole)	30
Prinivil* (lisinopril)	18
Prinzide* (hydrochlorothiazide & lisinopril)	20
Pro-Banthine* (propantheline)	30
ProAmatine (midodrine)	21
Procan SR* , Pronestyl* (procainamide)	20

Procrit (epoetin alfa)	19
Proctofam-HC (pramoxine & hydrocortisone)	31
Profasi HP* (chorionic gonadotropin)	26
progesterone (progesterone)	25
Prograf (tacrolimus)	31
Prolixin* (fluphenazine)	32
Proloprim* (trimethoprim)	17
Promacta (eltrombopag)	19
Prometrium (micronized progesterone)	26
Propine* (dipivefrin)	29
propylthiouracil* (propylthiouracil)	26
Proscar* (finasteride)	42
Protopic (tacrolimus)	23
Provera* (medroxyprogesterone)	26
Prozac* (fluoxetine)	32
Prudoxin*, Zonalon* (doxepin)	23
Psorcon*, Psorcon e* (diflorasone)	22
Psoriatec (anthralin)	22
Pulmozyme (dornase alfa)	41
Purinethol* (mercaptapurine)	37
pyrazinamide* (pyrazinamide)	17
Questran*, Questran Light* (cholestyramine)	19
Quinidex Extentabs*, Quinaglute Dura-Tabs* (quinidine)	20
QVAR (beclomethasone)	41
racepinephrine* (racepinephrine)	41
Rapamune (sirolimus)	31
Rebetol* (ribavirin)	16
Rebif (interferon beta-1a)	35
Reglan* (metoclopramide)	30
Relafen* (nabumetone)	40
Remeron* (mirtazapine)	32
Renvela (sevelamer carbonate)	36
Repronex* (menotropins)	26
Requip* (ropinirole)	34
Rescriptor (delavirdine)	16
Restoril* (temazepam)	33
Retin-A* (tretinoin)	21
Retrovir (zidovudine syrup)	16
Retrovir* (zidovudine capsule, tablet)	16
ReVia* (naltrexone)	33
Revlimid (lenalidomide)	37
Reyataz (atazanavir)	16
Ridaura (auranofin)	38
Rifadin* (rifampin)	17
Rifamate (isoniazid & rifampin)	17
Rilutek (riluzole)	35
Riomet (metformin)	25
Risperdal* (risperidone)	32
Ritalin*, Ritalin SR*, Methylin*, Ritalin LA (methylphenidate)	33
Robaxin* (methocarbamol)	35
Robinul* (glycopyrrolate)	30
Rocaltrol* (calcitriol or vitamin D3)	36
Roxicodone*, OxyIR* (oxycodone)	39
Rynatan* (chlorpheniramine & phenylephrine)	40
Rythmol* (propafenone)	20
Sal-Tropine* (atropine)	30
Salagen* (pilocarpine)	29
Sandimmune (cyclosporine)	31, 38
Santyl* (collagenase)	23
Scopace* (scopolamine)	30
Sectral* (acebutolol)	18, 20

Selsun* (selenium sulfide)	15, 22
Selzentry (maraviroc tabs)	16
Serax* (oxazepam)	33
Serevent Diskus (salmeterol)	41
Seromycin* (cycloserine)	17
Serophene* (clomiphene)	26
Seroquel (quetiapine)	32
Serpasil* (reserpine)	21
Serzone (nefazodone)	32
Silvadene* (silver sulfadiazine)	15
Sinemet* , Sinemet CR* (levodopa/carbidopa)	34
Sinequan* (doxepin)	32
Slo-Bid* , Theo-Dur* , Uniphyll* (theophylline)	41
sodium chloride* (sodium chloride)	23
Sodium Sulamyd* (sodium sulfacetamide)	27
sorbitol* (sorbitol)	30
Soriatane (acitretin)	22
Sotret (isotretinoin)	21
Spiriva (tiotropium)	41
Sprycel (dasatinib)	37
Stalevo (levodopa/cardidopa/entacapone)	34
Stelazine* (trifluoperazine)	32
Suboxone (buprenorphine with naloxone)	33
Sulfacet-R* (sulfur & sodium sulfacetamide)	21
Sulfamylon* (mafenide)	15
Sultrin* (triple sulfa)	18
Sumycin* (tetracycline)	14
Suprax* (cefixime)	13
Sustiva (efavirenz)	16
Sutent (sunitinib)	37
Symmetrel* (amantadine)	16, 34
Synalar* (fluocinolone acetonide)	22
Synarel (nafarelin acetate)	27
Tambocor* (flecainide)	20
Tapazole* (methimazole)	26
Tarceva (erlotinib)	37
Targretin (bexarotene)	37
Tasigna (nilotinib)	38
Tazorac (tazarotene)	22
Temodar (temozolamide)	38
Temovate* (clobetasol)	22
Tenex* (guanfacine)	21
Tenoretic* (atenolol/chlorthalidone)	21
Tenormin* (atenolol)	18
Tessalon Perles* (benzonatate)	41
Testred* , Methitest* (methyltestosterone)	23
Texacort (hydrocortisone)	22
Thalomid (thalidomide)	38
Thorazine* (chlorpromazine)	32
Tigan* (trimethobenzamide)	30
Tikosyn (dofetilide)	20
Timoptic* (timolol maleate)	29
TOBI (tobramycin)	18
TobraDex* (tobramycin & dexamethasone)	27
Tobrex (tobramycin)	28
Tobrex* (tobramycin)	28
Tofranil* (imipramine)	32
Topamax* (topiramate)	34
Topicort* (desoximetasone)	22
Toposar (etoposide)	38
Trandate* (labetalol)	18

Transderm Scop (scopolamine)	30
Tranxene* (clorazepate)	33
Travatan Z (travoprost)	29
Trental* (pentoxifylline)	19
Trexall* (methotrexate)	37, 38
Tri-Vi-Flor* , Tri-Vi-Flor with Iron*	36
Triavil* (amitriptyline & perphenazine)	32
Trilafon* (perphenazine)	32
Trileptal* (oxcarbazepine)	34
Trilisate* (choline magnesium trisalicylate)	40
Trizivir (abacavir, lamivudine, and zidovudine)	16
Trusopt* dorzolamide	29
Tykerb (lapatinib)	38
Tylenol With Codeine* (acetaminophen & codeine)	39
Tylox* (oxycodone & acetaminophen)	39
Ultra NatalCare*	36
Ultram* (tramadol)	40
Urecholine* (bethanechol)	42
Urised (methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue)	42
Urocit-K* (potassium citrate)	36
Usept (methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue)	17
Vagifem (estradiol)	26
Valcyte (valganciclovir)	16
Valisone* (betamethasone valerate)	22
Valium* (diazepam)	33, 34
Vancocin (vancomycin)	14
Vantin* (cefepodoxime)	13
Vasocidin* (sodium sulfacetamide & prednisolone)	28
Vasotec* (enalapril)	18
VED (vacuum erection device)	42
Vermox* (mebendazole)	18
Versed (midazolam)	33
VFEND (voriconazole)	15
Viagra (sildenafil)	42
Vibra-Tabs* , Vibramycin* , Monodox* (doxycycline)	14
Vicodin* (hydrocodone & acetaminophen)	39
Videx , Videx EC (didanosine)	16
Vioform-HC* (iodochlorhydroxyquin & hydrocortisone)	15
Viokase 8 (amylase/lipase/protease)	30
Viracept (nelfinavir)	16
Viramune (nevirapine)	16
Viread (tenofovir)	16
Viroptic* (trifluridine)	28
Vistaril* (hydroxyzine pamoate)	33, 40
Vivactil* (protriptyline)	32
Vivotif Berna (typhoid vaccine)	18
Voltaren* (diclofenac)	28, 40
Voltaren* (diclofenac sodium)	40
Vosol HC* (acetic acid/propylene glycol/diacetate/hydrocortisone)	28
Vosol* (acetic acid/propylene glycol)	28
Vytorin (ezetimibe/simvastatin)	20
Water, Sterile for inhalation (water, sterile)	41
water, sterile* (water, sterile)	23
Wellbutrin* , Wellbutrin SR* , Wellbutrin XL* (bupropion)	32
Wellcovorin* (leucovorin)	36, 38
Westcort* (hydrocortisone valerate)	22
Xanax* (alprazolam)	33
Xeloda (capecitabine)	38
Xylocaine* (lidocaine)	23, 29

Yasmin (ethinyl estradiol & drospirenone) 24
Yocon* (yohimbine) 42
Yodoxin* (Iodoquinol) 18
Zanaflex* (tizanidine) 35
Zantac* (ranitidine) 30
Zarontin* (ethosuximide) 34
Zaroxolyn* (metolazone) 20
Zebeta* (bisoprolol) 18
Zegerid (omeprazole/sodium bicarbonate) 30
Zerit* (stavudine) 16
Ziac* (hydrochlorothiazide & bisoprolol) 20
Ziagen (abacavir) 16
Zithromax (azithromycin) 13
Zithromax* (azithromycin) 13
Zocor* (simvastatin) 20
Zofran* (ondansetron) 30
Zolof* (sertraline) 32
Zonegran* (zonisamide) 34
Zovia 1/35E & 1/50E+ (ethinyl estradiol & ethynodiol diacetate) 24
Zovirax (acyclovir) 17
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Zyloprim* (allopurinol) 38
Zymar (gatifloxacin) 28
Zyprexa (olanzapine) 32
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