

PREFERRED PRODUCTS

EFFECTIVE MARCH 1, 2010

This Preferred Products List (PPL) includes our preferred products for many commonly prescribed medication categories. **This is only a partial listing, and not all products on this list may be covered by your prescription benefits plan.** Your specific benefit plan's guidelines regarding quantity limits, step therapy, prior authorization and generic usage will apply.

If you have any questions about product status, or if the product you're considering does not appear on this list, please call customer service at **1.877.559.2955**. We're available 24-hours a day, 7 days a week, or visit our website.

CHANGES TO THE PPL

The PPL is subject to change without notice. Our independent review committee (including physicians and pharmacists) meets regularly to consider new and existing prescription medications for inclusion in the PPL.

The committee makes recommendations based on:

- Clinical safety standards
- Effectiveness
- Cost

The most up-to-date PPL can be found on our website or by calling customer service.

USING THE PPL

We issue a PPL to help you and your physician select the most cost effective prescription product(s) for you. Take the PPL with you when you visit your doctor(s). It's a handy guide for selecting the most cost-effective medications.

GENERICIS

Generic products are always preferred and offer the best value. They are also FDA approved to be just as safe and effective as their brand name counterparts. This PPL lists the most common generic products in each medication class. Preferred brands are also listed for each class, when applicable.

What is the Preferred Products List (PPL)?

The PPL, similar to a drug formulary, lists many commonly prescribed generic and brand products that may currently be available through your prescription benefit plan.

For additional information, contact us at **1.877.559.2955** 24-hours a day, 7 days a week, or visit our website at **www.innoviant.com**



PREFERRED PRODUCTS LIST



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Column Guide

** Limitations may apply in the form of an electronic step edit or electronic prior authorization

G Generic medication

G* Covered as generic if plan participates in the Brands for Generic program

PB Preferred brand medication

QL Quantity limits may apply

PA Prior authorization may be required

ST Step therapy (Rx Instep Program) may be required

SP Available through the Specialty Pharmacy Program (SPP) — copay determined by plan's benefit design

ALLERGY (intranasal)

Astelin		PB	QL		
Astepro		PB	QL		
ipratropium	G				
fluticasone	G				
Nasonex		PB	QL		
Patanase		PB	QL		
Veramyst		PB	QL		

nonpreferred products in this class include
• Nasacort AQ • Rhinocort Aqua •

ALZHEIMER AGENTS

Aricept/ODT		PB			
Exelon/Patch		PB			
Namenda		PB			
Razadyne/ER		PB			

ANALGESICS and NARCOTICS

generic analgesics	G				
generic narcotics	G		QL		
generic narcotic and analgesic combinations	G				
acet/tramadol	G		QL		
Avinza		PB	QL		
Dolophine		PB			
fentanyl TD	G		QL		
fentanyl oral transmucosal	G		QL	PA	
Lidoderm		PB	QL		
Opana ER		PB	QL		
Oxycontin		PB	QL		
tramadol	G				

nonpreferred products in this class include
• Actiq • Fentora •

ANDROGENIC AGENTS — TRANSDERMAL

Androderm		PB			
Androgel		PB			

ANTIANGINAL

isosorbide dinitrate	G				
isosorbide mononitrate	G				
nitroglycerin	G				
Ranexa**		PB			

ANTIANSXIETY

alprazolam	G				
bupirone	G				
chlordiazepoxide	G				
clorazepate dipotassium	G				
diazepam	G				
lorazepam	G				
meprobamate	G				
oxazepam	G				

ANTIBIOTICS

all generic antibiotics	G				
amoxicillin	G				
amox/clavulanate K	G				
Augmentin ES/XR		PB			
Avelox		PB			
azithromycin	G				
cefaclor	G				
cefepodoxime	G				
cephalexin	G				
ciprofloxacin	G				

clarithromycin/ER	G				
clindamycin	G				
dicloxacillin	G				
doxycycline	G				
erythromycin	G				
erythromycin / sulfisoxazole	G				
Levaquin		PB			
metronidazole	G				
minocycline	G				
nitrofurantoin	G				
ofloxacin sol (otic)	G				
penicillin V potassium	G				
smz/tmp	G				
tetracycline	G				
Xifaxin		PB			

nonpreferred products in this class include
Biaxin XL • Cefzil • Omnicef •

ANTIBIOTICS — TOPICAL

Bactroban Cream		PB			
Centany		PB			
gentamicin	G				
mupirocin	G				

ANTICONSULSANTS

acetazolamide	G				
Banzel		PB			
carbamazepine (chewable, suspension, tab, ER tab)	G				
Celontin		PB			
clonazepam	G				
clorazepate dipotassium	G				

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Diastat		PB		
divalproex	G			
Dilantin (ER capsule, Infatabs)		PB		
ethosuximide	G			
Felbatol		PB		
gabapentin	G			
Gabitril		PB		
lamotrigine	G			
levetiracetam	G			
Lyrica		PB		
Mebaral		PB		
mephobarbital	G			
oxcarbazepine	G			
Peganone		PB		
phenobarbital	G			
phenytoin (ER cap, suspension)	G			
primidone	G			
Tegretol XR 100mg		PB		
topiramate	G			
valproic acid	G			
zonisamide	G			

nonpreferred products in this class include
• Carbatrol • Depakote/ER • Keppra/XR •
Lamictal • Neurontin • Tegretol •
Topamax • Trileptal •

ANTIDEPRESSANTS — BIPOLAR DISORDER

all generics	G			
lithium carbonate	G			

ANTIDEPRESSANTS— SNRI TYPE

Cymbalta		PB		
Effexor XR		PB		
Pristiq		PB		
venlafaxine	G			

ANTIDEPRESSANTS— SSRI TYPE

citalopram	G			
fluoxetine capsules	G			
Lexapro		PB		
paroxetine	G			
sertraline	G			

nonpreferred products in this class include
• Celexa • Paxil CR • Zoloft •

ANTIDEPRESSANTS—OTHER

all tricyclic generics	G			
budeprion XL	G			
bupropion/SR	G			
mirtazapine	G			
trazodone	G			

nonpreferred products in this class include
• Wellbutrin XL •

ANTIEMETICS

all generics	G			
Anzemet		PB	QL	
Emend		PB	QL	
granisetron	G		QL	
ondansetron	G		QL	

meclizine (Rx only)	G			
Transderm- Scop		PB		

nonpreferred products in this class include
• Kytril • Zofran •

ANTIHISTAMINES

Alavert (Rx OTC Program)	G			
brompheni- ramine	G			
cetirizine (Rx OTC Program)	G			
chlorpheni- ramine	G			
(Rx Only)				
clemastine	G			
(Rx Only)				
cyproheptadine	G			
diphenhyd- ramine	G			
(Rx Only)				
fexofenadine	G			
hydroxyzine	G			
loratadine	G			
(Rx OTC Program)				

nonpreferred products in this class include
• Allegra/D • Clarinex/D • Xyzal •

ANTINEOPLASTIC- HORMONAL AGENTS

Arimidex		PB		
Aromasin		PB		
Casodex		PB		
Emcyt		PB		
Femara		PB		
flutamide	G			
Lupron		PB		
Lysodren		PB		

megestrol acetate	G			
Nilandron		PB		
tamoxifen	G			

ANTIPSYCHOTIC—ATYPICAL

Abilify		PB		
clozapine	G		PA	
risperidone tablet, M-tab, solution	G			
Seroquel/XR		PB		
Zyprexa		PB		

nonpreferred products in this class include
• Geodon • Risperdal •

ANTIVIRALS — GENERAL

acyclovir	G			
amantadine	G			
famciclovir	G			
rimantadine	G			
Valtrex		PB		

nonpreferred products in this class include
• Famvir •

ANTIVIRALS — HIV

Aptivus		PB		
Atripla		PB		
Combivir		PB		
Crixivan		PB		
didanosine	G			
Emtriva		PB		
Epivir		PB		
Epzicom		PB		
Intelence		PB		
Invirase		PB		
Isentress		PB		
Kaletra		PB		
Lexiva		PB		
Norvir		PB		
Prezista		PB		
Rescriptor		PB		
Reyataz		PB		
Selzentry		PB		
stavudine	G			
Sustiva		PB		
Trizivir		PB		
Truvada		PB		
Viracept		PB		
Viramune		PB		
Viread		PB		
Zerit		PB		
Ziagen		PB		
zidovudine	G			

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ASTHMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Accolate		PB		
Advair Diskus/ HFA		PB	QL	
albuterol (solution, syrup, tablets)	G			
Asmanex		PB	QL	
Atrovent Inhaler		PB		
Azmacort		PB	QL	
Combivent		PB		
cromolyn sodium	G			
Flovent Diskus		PB	QL	
Flovent HFA		PB	QL	
Foradil		PB	QL	
ipratropium	G			
metaproterenol sulfate	G			
Perforomist		PB		
ProAir HFA		PB	QL	
Pulmicort		PB	QL	
QVAR		PB	QL	
Serevent Diskus		PB	QL	
Singulair		PB		ST
Spiriva		PB	QL	
Symbicort		PB	QL	
Uniphyll		PB		
Xopenex HFA		PB	QL	

nonpreferred products in this class include
• Proventil HFA • Ventolin HFA •

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

amphetamine dextroamphet- amine tablet	G			
Amphetamine ER capsule		PB		
Daytrana		PB		
dexamethylphen- idate tablet	G			
dextroamphet- amine sulfate	G			
Metadate CD		PB		
methylphen- idate	G			
Ritalin LA		PB		
Vyvanse		PB		

nonpreferred products in this class include
• Adderall XR • Concerta •
• Focalin / XR • Strattera •

BETA BLOCKERS

all generics	G			
atenolol	G			
carvedilol	G			
metoprolol/ER	G			
propranolol	G			

nonpreferred products in this class include
• Toprol XL • Coreg • Coreg CR •

BLOOD PRESSURE — ACE INHIBITORS

benazepril	G			
captopril	G			
enalapril	G			
fosinopril	G			
lisinopril	G			
moexipril	G			
perindopril erbumine	G			
quinapril	G			
ramipril	G			
trandolapril	G			

nonpreferred products in this class include
• Accupril • Altace • Mavik •

BLOOD PRESSURE—ANGIOTENSIN RECEPTOR BLOCKERS

Avapro		PB		
Benicar		PB		
Diovan		PB		

nonpreferred products in this class include
• Atacand • Cozaar • Micardis • Teveten •

BLOOD PRESSURE—CALCIUM CHANNEL BLOCKERS

amlodipine	G			
diltiazem	G			
nifedipine	G			
verapamil	G			

nonpreferred products in this class include
• Norvasc • Sular •

BLOOD PRESSURE—COMBINATION

all generics	G			
amlodipine/ benazepril	G			
Avalide		PB		
Azor		PB		
Benicar-HCT		PB		
Diovan HCT		PB		
Exforge		PB		
Exforge HCT		PB		

Lotrel (5/40 and 10/40 only)		PB		
Tekturna HCT**		PB		

nonpreferred products in this class include
• Atacand HCT • Hyzaar •
• Lotrel 2.5/10, 5/10, 5/20, 10/20 •
• Micardis HCT • Teveten HCT •

BLOOD PRESSURE—OTHER

Tekturna**		PB		
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CHOLESTEROL LOWERING

Advicor		PB		
Antara		PB		
cholestyramine	G			
colestipol	G			
Crestor		PB		
fenofibrate	G			
fenofibrate micronized	G			
gemfibrozil	G			
Lipitor		PB		
Lofibra		PB		
lovastatin	G			
Niaspan		PB		
pravastatin	G			
Simcor**		PB		
simvastatin	G			
Tricor		PB		
Trilipix		PB		
Vytorin		PB		
Welchol		PB		
Zetia		PB		

nonpreferred products in this class include
• Caduet • Fenoglide • Lescol/XL •
• Pravachol • Triglide • Zocor •

CONTRACEPTIVES

all generics	G			
Nuvaring		PB		
Yaz		PB		

nonpreferred products in this class include
• Estrostep Fe • Mircette •
• Ortho Evra • Yasmin •

DERMATOLOGICALS — ACNE/ROSACEA

all generics	G			
Azelex		PB		
Benzaclin		PB		
Benzamycin		PB		
Klaron		PB		
Noritrate		PB		
Differin		PB		
MetroCream		PB		

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MetroGel	PB		
MetroLotion	PB		
Finacea	PB		
Retin-A Micro / Pump*	PB	QL*	

DERMATOLOGICALS — CORTICOSTEROID

all generics	G		
aclometasone	G		
amcinonide	G		
betamethasone	G		
clobetasol	G		
Clobex	PB		
desonide	G		
desoximetasone	G		
diflorasone	G		
fluocinolone	G		
fluocinonide	G		
halobetasol	G		
Halog	PB		
Locoid	PB		
mometasone	G		
triamcinolone	G		

nonpreferred products in this class include
• Locoid Lipocream •

DERMATOLOGICALS — MISCELLANEOUS

all generics	G		
Carac	PB		
Analpram-HC	PB		
Pramosone	PB		
Condylox	PB		

ANTI-DIABETIC

acarbose	G		
acetoexamide	G		
ActoPlus Met	PB		
Actos	PB		
Avandamet	PB		
Avandaryl	PB		
Avandia	PB		
Byetta	PB		ST
chlorpropamide	G		
Duetact	PB		
Fortamet	PB		
glimepiride	G		
glipizide/ER	G		
glipizide/ metformin	G		
glyburide	G		
glyburide micronized	G		
glyburide/ metformin	G		
Humalog cartridge	PB		
Humalog pen	PB		

Humalog vial	G*	PB	
Humulin cartridge		PB	
Humulin pen		PB	
Humulin vial	G*	PB	
Janumet		PB	
Januvia		PB	
Lantus		PB	
Lantus OptiClik		PB	
Lantus SoloSTAR		PB	
Levemir		PB	
metformin / ER	G		
Novolin cartridge		PB	
Novolin innolet		PB	
Novolin pen		PB	
Novolin vial	G*	PB	
Novolog cartridge		PB	
Novolog innolet		PB	
Novolog pen		PB	
Novolog vial	G*	PB	
Onglyza		PB	
Prandin		PB	
Symlin		PB	

nonpreferred products in this class include
• Metaglip • Starlix •

DIABETIC SUPPLIES (BY PRESCRIPTION ONLY)

Test strips by Roche Diagnostics

ACCU-CHEK® Active	G*	PB	QL
ACCU-CHEK® Aviva	G*	PB	QL
ACCU-CHEK® Comfort Curve	G*	PB	QL
ACCU-CHEK® Compact	G*	PB	QL
Chemstrip®		PB	

Test Strips by Lifescan Inc, A Johnson & Johnson company

OneTouch® Ultra	G*	PB	QL
OneTouch® SureStep®	G*	PB	QL

Test strips by Arkray

ReliOn®	G*	PB	QL
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Needles by Novo Nordisk

NovoFine® 30		PB	
NovoFine® 31		PB	

Syringes by Abbott MediSense

Precision brand syringes	G*	PB	
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DIURETICS

all generics	G		
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nonpreferred products in this class include
• Dyrenium •

GASTROINTESTINAL AGENTS (ANTI-ULCER)

cimetidine	G		
famotidine 40mg	G		
Kapidex		PB	
lansoprazole	G		
Nexium		PB	
omeprazole	G		
pantoprazole	G		
Prevpac		PB	QL
Prilosec OTC (Rx OTC Program)	G		
ranitidine 300mg tablets	G		

nonpreferred products in this class include
• Aciphex • Prevacid • Prilosec •
• Protonix • Zegerid •

GASTROINTESTINAL AGENTS—MISCELLANEOUS

Amitiza		PB	PA
Asacol		PB	
balsalazide	G		
Canasa		PB	
Creon		PB	
Dipentum		PB	
Entocort EC		PB	
Lialda		PB	
mesalamine enema	G		
mesalamine kit	G		QL
Pentasa		PB	
sulfasalazine	G		

nonpreferred products in this class include
• Colazal •

GENITOURINARY AGENTS

Enablex		PB	
hyoscyamine	G		
oxybutynin/ER	G		
Oxytrol		PB	QL
Vesicare		PB	

nonpreferred products in this class include
• Detrol / LA • Ditropan XL • Sanctura / XR •

GROWTH HORMONES

Nutropin / AQ		PB	PA	SP
Saizen		PB	PA	SP

nonpreferred products in this class include
• Genotropin • Humatrope • Norditropin •
• Omnitrope • Serostim •

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HEMATOPOIETIC GROWTH FACTORS

Aranesp	PB	PA	SP
Epogen	PB	PA	SP
Neulasta	PB	PA	SP
Neupogen	PB	PA	SP
Procrit	PB	PA	SP
Promacta	PB	PA	

HEPATITIS AGENTS

Copegus	PB		
Infergen	PB	PA	SP
Pegasys	PB	PA	SP
ribavirin	G		
Tyzeka	PB		

HORMONE REPLACEMENT THERAPY

Alora	PB	QL	
Climara Pro	PB	QL	
Estraderm	PB	QL	
estradiol patch	G	QL	
estradiol tablets	G		
estrogens, esterified	G		
estropipate	G		
medroxyprogesterone acetate tablet	G		
Menest	PB		
norethindrone acetate	G		
Premarin	PB		
Premphase	PB		
Prempro	PB		
Prometrium	PB		
Vagifem	PB		

nonpreferred products in this class include
• Activella •

IMMUNOSUPPRESSIVE AGENTS – ORAL

azathioprine	G		
Cellcept	PB		
cyclosporine	G		
mycophenolate mofetil	G		
Myfortic	PB		
Rapamune	PB		
tacrolimus	G		

IMMUNOSUPPRESSIVE AGENTS—TOPICAL

Elidel	PB		
Protopic	PB		

INFERTILITY

Bravelle	PB		SP
Follistim AQ	PB		SP
Menopur	PB		SP
Novarel	PB		SP
Repronex	PB		SP

ANTI-INFLAMMATORY (NON-STEROIDAL)

all generics	G		
diclofenac	G		
etodolac / ER	G		
ibuprofen	G		
(Rx only)			
ketorolac	G	QL	
nabumetone			
naproxen	G		
oxaprozin	G		
piroxicam	G		
salsalate	G		
sulindac	G		

LAXATIVES

Nulytely	PB		
PEG-3350 and electrolyte sol.	G	QL	

MIGRAINE

isometheptene/dichloralphenazone	G		
Relpax	PB	QL	
sumatriptan	G	QL	
Zomig/ZMT/Nasal	PB	QL	

nonpreferred products in this class include
• Amerge • Axert • Frova •
• Imitrex • Maxalt • Midrin •

MULTIPLE SCLEROSIS

Avonex	PB	QL	PA	SP
Copaxone	PB	QL	PA	SP
Rebif	PB	QL	PA	SP

nonpreferred products in this class include
• Betaseron • Extavia •

MUSCLE RELAXANTS (skeletal)

all generics	G		
cyclobenzaprine	G		
Skelaxin	PB		

OPHTHALMIC—ANTIALLERGIC

cromolyn	G		
Elestat	PB	QL	
Optivar	PB	QL	
Pataday	PB	QL	
Patanol	PB	QL	

OPHTHALMIC—ANTIBIOTICS

all generics	G	QL	
Ciloxan ointment		PB	QL
ciprofloxacin solution	G	QL	
Natacyn		PB	QL
ofloxacin drops	G	QL	
Vigamox		PB	QL

OPHTHALMIC—MISCELLANEOUS

all generics	G		
Alphagan P	PB	QL	
Azopt	PB		
Betimol	PB		
Betoptic S	PB		
brimonidine	G	QL	
Cosopt	PB		
dipivefrin	G		
dorzolamide sol.	G		
dorzolamide/timolol sol	G		
timolol	G		
Trusopt	PB		

OPHTHALMIC—NSAIDS

Acular/LS		PB	QL	
diclofenac	G	QL		
flurbiprofen	G	QL		
Nevanac		PB	QL	

nonpreferred products in this class include
• Voltaren •

OPHTHALMIC—PROSTAGLANDINS

Lumigan		PB	QL	
Travatan/Z		PB	QL	

OPHTHALMIC—STERIODS

all generics	G			
Tobradex		PB		

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OSTEOPOROSIS

Actonel		PB	QL		
Actonel with Calcium		PB	QL		
alendronate	G		QL		
Boniva		PB	QL		
calcitonin nasal spray	G		QL		
Evista		PB			
Forteo		PB	QL		
Fortical	G		QL		
Fosamax Oral Solution		PB	QL		
Menostar Patch		PB	QL		
Miacalcin		PB	QL		

nonpreferred products in this class include
• Fosamax •

ANTI-PARKINSONS

all generics	G				
Azilect		PB			
Comtan		PB			
Mirapex		PB			
Requip XL		PB			
ropinirole	G				
Stalevo		PB			
Tasmar		PB			

nonpreferred products in this class include
• Requip •

ANTI-PLATELET

Aggrenox		PB			
anagrelide	G				
cilostazol	G				
dipyridamole	G				
Plavix		PB			
ticlopidine	G				

PROSTATE (enlarged)

doxazosin	G				
finasteride	G				
Flomax		PB			
terazosin	G				

nonpreferred products in this class include
• Avodart • Uroxatral •

ANTI-PSORIATICS—TOPICAL

all generics	G				
Dovenox		PB			
Tazorac		PB			

PULMONARY ARTERIAL HYPERTENSION (PAH)

Letairis		PB		PA	
Revatio		PB		PA	
Tracleer		PB		PA	
Ventavis		PB			

nonpreferred products in this class include
• Adcirca • Tyvaso •

SALIVA STIMULANTS

Evoxac		PB			
pilocarpine tablets	G				

SEDATIVE HYPNOTICS

Ambien CR		PB			
temazepam	G				
triazolam	G				
zaleplon	G				
zolpidem	G				

nonpreferred products in this class include
• Ambien • Lunesta • Rozerem • Sonata •

SEXUAL DYSFUNCTION—ORAL

Cialis		PB	QL		
yohimbine	G				

nonpreferred products in this class include
• Levitra • Viagra •

SMOKING CESSATION

bupropion SR	G				
Chantix		PB			
Zyban		PB			

THYROID

Levothroid	G				
levothyroxine	G				
Levoxyl	G				
Synthroid		PB			
Unithroid	G				

TNF ANTAGONISTS

Cimzia		PB	QL	PA	SP
Enbrel		PB	QL	PA	SP
Humira		PB	QL	PA	SP
Remicade					
(Specialty Pharmacy Program only)		PB			SP

nonpreferred products in this class include
• Kineret • Simponi •

VISCOSUPPLEMENTS

Synvisc					
(Specialty Pharmacy Program only)			PB		SP