

PREFERRED PRODUCTS

EFFECTIVE NOVEMBER 1, 2009

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		
OXY-IR		PB			
Oxycontin		PB	QL		
Oxyfast		PB			
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				
buspirone	G				
chlordiazepoxide	G				
clorazepate dipotassium	G				
diazepam	G				
lorazepam	G				
meprobamate	G				
oxazepam	G				
Tranxene SD		PB			

ANTIBIOTICS

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

Cipro HC (otic)		PB			
Ciprodex (otic)		PB			
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				

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ANTICONVULSANTS

acetazolamide	G			
Banzel		PB		
carbamazepine	G			
Carbatrol		PB		
Celontin		PB		
Cerebyx		PB		
clonazepam	G			
clorazepate dipotassium	G			
Depakene		PB		
Diastat		PB		
divalproex	G			
Dilantin		PB		
Felbatol		PB		
gabapentin	G			
Gabitril		PB		
lamotrigine	G			
levetiracetam	G			
Lyrica		PB		
Mebaral		PB		
mephobarbital	G			
Mysoline		PB		
oxcarbazepine	G			
Peganone		PB		
phenobarbital	G			
phenytoin	G			
primidone	G			
Tegretol XR		PB		
topiramate	G			
Tranxene/SD		PB		
valproic acid	G			
Zarontin		PB		
Zonegran		PB		

nonpreferred products in this class include
• 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			
brompheniramine	G			
cetirizine (Rx OTC Program)	G			
chlorpheniramine	G			
(Rx Only)				
clemastine (Rx Only)	G			
cyproheptadine	G			
diphenhydramine (Rx Only)	G			
fexofenadine	G			
hydroxyzine	G			
loratadine (Rx OTC Program)	G			

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			
Teslac		PB		

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			
Cytovene		PB		
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	
Intal		PB		
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	
Tilade		PB		
Uniphyl		PB		
Xopenex HFA		PB	QL	
<i>nonpreferred products in this class include</i> • Proventil HFA • Ventolin HFA •				

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Adderall XR		PB		
amphetamine dextroamphet- amine tablet	G			
Daytrana		PB		
dexamethylphen- idate tablet	G			
dextroamphet- amine sulfate	G			
Metadate CD		PB		
methylphen- idate	G			
Ritalin LA/SR		PB		
Vyvanse		PB		
<i>nonpreferred products in this class include</i> • Concerta • Focalin / XR • Strattera •				

BETA BLOCKERS

all generics	G			
atenolol	G			
carvedilol	G			
metoprolol/ER	G			
propranolol	G			
<i>nonpreferred products in this class include</i> • Toprol XL • Coreg • Coreg CR •				

BLOOD PRESSURE — ACE INHIBITORS

Aceon		PB		
benazepril	G			
captopril	G			
enalapril	G			
fosinopril	G			
lisinopril	G			
moexipril	G			
quinapril	G			
ramipril	G			
trandolapril	G			
<i>nonpreferred products in this class include</i> • Accupril • Altace • Mavik •				

BLOOD PRESSURE—ANGIOTENSIN RECEPTOR BLOCKERS

Avapro		PB		
Benicar		PB		
Diovan		PB		
<i>nonpreferred products in this class include</i> • Atacand • Cozaar • Micardis • Teveten •				

BLOOD PRESSURE—CALCIUM CHANNEL BLOCKERS

amlodipine	G			
diltiazem	G			
nifedipine	G			
verapamil	G			
<i>nonpreferred products in this class include</i> • 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		
<i>nonpreferred products in this class include</i> • 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		
<i>nonpreferred products in this class include</i> • Caduet • Fenoglide • Lescol/XL • • Pravachol • Triglide • Zocor •				

CONTRACEPTIVES

all generics	G			
Nuvaring		PB		
Yaz		PB		
<i>nonpreferred products in this class include</i> • Estrostep Fe • Mircette • • Ortho Evra • Yasmin •				

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DERMATOLOGICALS — ACNE/ROSACEA

all generics	G			
Azelex		PB		
Benzaclin		PB		
Benzamycin		PB		
Klaron		PB		
Noritrate		PB		
Differin		PB		
MetroCream		PB		
MetroGel		PB		
MetroLotion		PB		
Finacea		PB		
Retin-A Micro		PB		

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			
acetoheamide	G			
ActoPlus Met		PB		
Actos		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	
Prandin			PB	
Symlin			PB	

nonpreferred products in this class include
• Avandaryl • 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 Bayer HealthCare

BAYER® AUTODISC®	G*	PB	QL	
BAYER® BREEZE® 2	G*	PB	QL	
BAYER® CONTOUR®	G*	PB	QL	
BAYER® ELITE®	G*	PB	QL	

Needles by Novo Nordisk

NovoFine® 30			PB	
NovoFine® 31			PB	

Syringes by Abbott MediSense

Precision brand syringes	G*	PB		
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nonpreferred products in this class include
• OneTouch blood glucose test strips •

DIURETICS

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

GASTROINTESTINAL AGENTS (ANTI-ULCER)

cimetidine	G			
famotidine 40mg	G			
Nexium			PB	
omeprazole	G			
pantoprazole	G			
Prevpac			PB	
Prilosec OTC (Rx OTC Program)	G			
Prevacid/ SoluTab/ Oral Suspension			PB	
ranitidine 300mg tablets	G			

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

GASTROINTESTINAL AGENTS—MISCELLANEOUS

Amitiza			PB	PA
Asacol			PB	
balsalazide	G			
Canasa			PB	
Creon			PB	
Dipentum			PB	
Entocort EC			PB	
Lialda			PB	
Pentasa			PB	
Rowasa			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
PEG-Intron	PB	PA	SP
Pegasys	PB	PA	SP
ribavirin	G		

HORMONE REPLACEMENT THERAPY

Alora	PB	QL	
Climara Pro	PB	QL	
Estraderm	PB	QL	
estradiol patch	G	QL	
estradiol tablets	G		
Estratest/H.S.	PB		
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		
Prograf	PB		
Rapamune	PB		

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
Betaseron	PB		PA	SP
Copaxone	PB		PA	SP

nonpreferred products in this class include
• Rebif •

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
Ocuflox		PB	QL
Vigamox		PB	QL

OPHTHALMIC—MISCELLANEOUS

all generics	G		
Alphagan P		PB	
Azopt		PB	
Betimol		PB	
Betoptic S		PB	
brimonidine	G		
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—STEROIDS

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		
Neupro		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	
Viagra		PB	QL	
yohimbine	G			

SMOKING CESSATION

bupropion SR	G			
Chantix		PB		
Zyban		PB		

THYROID

Levothroid	G			
levothyroxine	G			
Levoxyl	G			
Synthroid		PB		
Unithroid	G			

TNF ANTAGONISTS

Enbrel (ST for psoriasis)		PB	QL	SP
Humira (ST for psoriasis)		PB	QL	SP
Remicade (Specialty Pharmacy Program only)		PB		SP

nonpreferred products in this class include
• Cimzia • Kineret •

VISCOSUPPLEMENTS

Synvisc (Specialty Pharmacy Program only)		PB		SP
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