

PREFERRED PRODUCTS

EFFECTIVE JANUARY 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.

GENERICS

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 (chewable, suspension, tab, ER tab)	G		
Celontin		PB	
Cerebyx		PB	
clonazepam	G		
clorazepate dipotassium	G		
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		
Tranxene/SD		PB	
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	
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nonpreferred products in this class include
• Kytrel • Zofran •

ANTIHISTAMINES

Alavert (Rx OTC Program)	G		
brompheniramine	G		
cetirizine (Rx OTC Program)	G		
chlorpheniramine (Rx Only)	G		
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	

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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		

ASTHMA / CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Accolate	PB		
Advair Diskus/ HFA	PB	QL	
albuterol (solution, syrup, tablets)	G		
Asmanex	PB	QL	
Atrovent Inhaler	PB	QL	
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		
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	
dexmethylphen- 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

Aceon		PB	
benazepril	G		
captopril	G		
enalapril	G		
fosinopril	G		
lisinopril	G		
moexipril	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 •

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CONTRACEPTIVES

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

DERMATOLOGICALS — ACNE/ROSACEA

all generics	G			
Azelex		PB		
Benzaclin		PB		
Benzamycin		PB		
Klaron		PB		
Noritate		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			
<i>nonpreferred products in this class include</i>				
• 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		
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		
<i>nonpreferred products in this class include</i>				
• 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 Lifescan Inc, A Johnson & Johnson company

OneTouch® FastTake	G*	PB	QL	
OneTouch®	G*	PB	QL	
OneTouch® Ultra	G*	PB	QL	

OneTouch® SureStep®	G*	PB	QL	
Test strips by Arkray				
ReliOn®	G*	PB	QL	
Needles by Novo Nordisk				
NovoFine® 30		PB		
NovoFine® 31		PB		
Syringes by Abbott MediSense				
Precision brand syringes	G*	PB		

DIURETICS

all generics	G			
<i>nonpreferred products in this class include</i>				
• 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			
<i>nonpreferred products in this class include</i>				
• 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		
mesalamine enema	G			
Pentasa		PB		
sulfasalazine	G			
<i>nonpreferred products in this class include</i>				
• Colazal •				

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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 •

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			

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		
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 (Rx only)	G			
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		PA	SP
Rebif		PB		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	
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 •

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OPHTHALMIC— PROSTAGLANDINS

Lumigan		PB	QL		
Travatan/Z		PB	QL		

OPHTHALMIC— STERIODS

all generics		G			
Tobradex		PB			

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	
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