

## 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.

### 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.

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# 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			
brompheni- ramine	G			
cetirizine (Rx OTC Program)	G			
chlorpheni- ramine (Rx Only)	G			
clemastine (Rx Only)	G			
cyproheptadine	G			
diphenhyd- ramine (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 dextroamphetamine tablet	G		
Amphetamine ER capsule	PB		
Daytrana	PB		
dexamethylphenidate tablet	G		
dextroamphetamine sulfate	G		
Metadate CD	PB		
methylphenidate	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			
acetoheaxamide	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	
<b>Test strips by Arkray</b>				
ReliOn®	G*	PB	QL	
<b>Needles by Novo Nordisk</b>				
NovoFine® 30		PB		
NovoFine® 31		PB		
<b>Syringes by Abbott MediSense</b>				
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

Evxac			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