



an EmblemHealth company

2010 Pharmacy Services Formulary Summary

A
 ABILIFY
 acarbose
 acetaminophen w/codeine
 acetaminophen w/hydrocodone
 ACIPHEX [ST]
 ACTONEL
 ACTOS
 ACTOPLUS MET
 ACULAR
 acyclovir
 ADDERALL XR
 ADVAIR DISKUS
 ADVAIR HFA
 ADVICOR
 AGGRENOX
 ALDARA
 albuterol sulfate
 alendronate
 allopurinol
 ALOMIDE
 ALPHAGAN P
 alprazolam
 amantadine hcl
 amiloride hcl w/hctz
 amiodarone hcl
 amitriptyline hcl
 amlodipine
 amlodipine/benazepril
 amox tr/pt clavulanate
 amoxicillin
 amphetamine salt combo
 ANDROGEL
 apri
 ARICEPT
 ARIXTRA [inj] [DQ]
 AROMASIN
 ASACOL
 ASMANEX
 ASTELIN
 atenolol w/chlorthalidone
 ATRIPLA
 ATROVENT HFA
 AUGMENTIN XR
 AVALIDE
 AVANDAMET
 AVANDARYL
 AVANDIA
 AVAPRO
 AVELOX
 AVODART
 azathioprine
 azithromycin
 AZOR

B
 baclofen
 balsalazide
 benazepril -hctz
 BENZACLIN
 benzonatate
 benztrapine mesylate
 betamethasone dipropionate
 BIAXIN XL
 bisoprolol fumarate -hctz
 BLEPHAMIDE
 brimonidine tartrate
 bumetanide
 bupropion
 bupropion sr
 bupropion xl
 butalbital/acet/caffeine

BYETTA [inj] [DQ]
BYSTOLIC

C
 calcitriol
 camila
 CANASA
 carbamazepine
 carbidopa/levodopa
 carisoprodol
 carteolol hcl
 cartia xt
 CASODEX
 CAVERJECT [inj] [DQ]
 cefaclor
 cefdinir
 cefpodoxime proxetil
 cefuroxime tablet
 CELEBREX
 CELLCEPT
 CELONTIN
 cephalixin
 chlorhexidine gluconate
 CIALIS [DQ]
 ciclopirox [DQ]
 cimetidine
 CIPRODEX
 ciprofloxacin
 citralopram
 CLIMARA
 CLIMARA PRO
 clarithromycin
 clindamycin
 clobetasol propionate
 clomiphene citrate [PA]
 clonazepam
 clonidine hcl
 clotrimazole/betameth
 clozapine
 colchicine
 COLYTE
 COMBIGAN
 COMBIPATCH
 COMBIVENT
 COMTAN
 CONCERTA
 COPAXONE [inj]
 COREG-CR
 COSOPT
 COUMADIN
 cromolyn sodium
 cryselle
 cyclobenzaprine hcl
 cyclosporine
 CYMBALTA
 cyproheptadine hcl

D
 DEPAKOTE ER
 desmopressin
 desipramine hcl
 desoximetasone
 DETROL
 DETROL LA
 dexamethasone
 DDAVP (tablets)
 diazepam
 diclofenac sodium
 dicyclomine hcl
 diflorasone diacetate
 diflunisal
 diltiazem er
 DIOVAN
 DIOVAN HCT
 DIPENTUM
 diphenoxylate w/atropine

The following is a list of commonly prescribed drugs covered under the HIP pharmacy program. To obtain the complete formulary, please visit www.hipusa.com. The list is not all inclusive and does not guarantee coverage. We encourage you to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Drugs listed on this document may become non-Preferred if a generic equivalent product becomes available during the year*. Not all the drugs listed are covered by all pharmacy benefit programs. Check your benefit materials for the specific drugs covered, the copay and any other subscriber responsibilities under your pharmacy benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

DOVONEX
 doxazosin mesylate
 doxepin hcl
 doxycycline hyclate
 DUET STUARTNATAL
 DUETACT
 DURA-TAP/PD

E
 econazole nitrate
 EFFEXOR XR
 ELESTAT
 ELIDEL [DQ]
 EMEND
 EMTRIVA
 enalapril w/hctz
 enalapril
 ENBREL [inj] [DQ]
 EPIPEN -JR. [inj]
 errin
 erythromycin
 estradiol -transdermal patch
 estradiol
 estropipate
 ethosuximide
 etodolac
 EVISTA
 EXELON
 EXELON PATCH
 EXFORGE

F
 famotidine
 finasteride
 flecainide acetate
 FLOMAX
 FLOVENT HFA
 FLOVENT DISKUS
 fludrocortisone acetate
 fluoxetine hcl
 flurazepam hcl
 flutamide
 fluticasone propionate
 fluvoxamine maleate
 folic acid
 FORADIL
 FORTEO [inj] [PA]
 FOSAMAX Plus D
 fosinopril sodium
 fosinopril w/hctz
 furosemide

G
 gabapentin
 gemfibrozil
 glipizide
 glipizide er
 glyburide
 glyburide/metformin
 granisetron [DQ]
 guaifenesin w/codeine
 guaifenesin pse

H
 HALFLYTELY
 haloperidol
 HUMALOG [inj]
 HUMIRA [inj] [DQ]
 HUMULIN [inj]
 hydrochlorothiazide
 hydrocodone/ibuprofen
 hydrocortisone
 hyoscyamine sulfate

I
 ibuprofen
 imipramine hcl
 indapamide
 indomethacin
 INTAL
 INVEGA
 ipratropium bromide
 IQUIX
 isoniazid
 isosorbide monoitrate
 itraconazole

J
 JANUMET
 JANUVIA
 jolivet
 junel fe

K
 KAPODEX [ST]
 ketoconazole
 ketoprofen

L
 lactulose
 LANOXIN
 LANTUS [inj]
 leflunomide
 LESCOL [ST]
 LESCOL XL [ST]
 lessina
 LEVAQUIN
 levothroid
 levothyroxine sodium
 LEVOXYL
 LIALDA
 lisinopril
 lisinopril w/hctz
 lithium carbonate
 lithium citrate
 loperamide hcl
 lorazepam
 lovastatin [DQ]
 LOVAZA
 LOVENOX [inj] [DQ]
 low-ogestrel
 LUMIGAN [DQ]
 LUXIQ
 LYRICA

M
 MAXAIR
 medroxyprogesterone
 meperidine hcl
 mercaptopurine
 metformin
 metformin er
 methamphetamine hcl
 methocarbamol
 methotrexate
 methylodopa
 methylin er
 methylphenidate er
 methylprednisolone
 metoclopramide hcl
 metolazone
 metoprolol succinate er
 metoprolol tartrate
 metoprolol w/hctz
 METROGEL TOPICAL
 metronidazole
 mexiletine hcl
 MIACALCIN
 microgestin
 minocycline hcl

MIRAPEX
 mirtazapine
 misoprostol
 mononessa
 mupirocin 2% ointment

N
 nabumetone
 NAMENDA
 naproxen
 NASONEX
 natalcare plus rx
 neon
 nefazodone hcl
 neomycin/polymyxin/dex
 NIASPAN [DQ]
 nicardipine hcl
 nifedipine er
 NITRODUR
 nitrofurantoin
 nitroglycerin
 NITROLINGUAL
 NITROSTAT
 nizatidine
 NORDITROPIN [inj] [PA]
 norethindrone acetate
 nortrel
 nortriptyline hcl
 NOVOFINE
 NOVOLIN [inj]
 NOVOLOG [inj]
 NUVARING
 nystatin w/triamcinolone

O
 ofloxacin
 omeprazole [DQ]
 ondansetron
 OPTIVAR
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
 oxaprozin
 oxybutynin chloride
 oxcarbazepine
 oxycodone acet

P
 paroxetine hcl
 paroxetine cr
 PEGASYS [inj] [PA]
 penicillin v potassium
 pentoxifylline
 phenazopyridine hcl
 phenobarbital
 PHENYTEK
 phenytoin er
 PHOSLO
 pilocarpine hcl
 polymyxin b sul/trimethoprim
 potassium chloride
 PRANDIN
 pravastatin
 prazosin hcl
 prednisolone acetate
 prednisone
 PREFEST
 PREMARIN
 PREMPHASE
 PREMPRO
 prenatal rx
 previfem
 primidone
 probenecid
 PROCANBID
 prochlorperazine maleate

promethazine hcl
 promethazine w/codeine
 PROMETRIUM
 propafenone hcl
 propoxyphene w/acet
 propranolol hcl
 propranolol la
 propylthiouracil
 PROTOPIC [ST]
 PROVENTIL HFA
 PSORIATEC
 PULMICORT

Q
 quinapril
 quinaretic
 quinidine gluconate

R
 RANEXA
 ranitidine hcl
 REBIF [inj]
 RENAGEL
 RENVELA
 RESTASIS
 ribavirin
 rifampin
 RIOMET
 RISPERDAL
 ropinirole
 ROZEREM

S
 salsalate
 selegiline hcl
 selenium sulfide
 SELZENTRY
 SENSIPAR
 SEREVENT DISKUS
 SEROQUEL
 SEROQUEL XR
 silver sulfadiazine
 SIMCOR
 simvastatin
 SINGULAIR [ST]
 sod.sulfacetamide/
 sulfur ff
 solia
 sotalol
 SPIRIVA
 spironolactone -w/hctz
 sprintec
 STARLIX
 STRATTERA
 sucralfate
 sulfacetamide sodium
 sulfamethoxazole/
 trimethoprim
 sulfasalazine
 sumatriptan [DQ]
 SYMBYAX
 SYMLIN [inj] [DQ]
 SYNTHROID

T
 tamoxifen citrate
 TAZORAC
 TEGRETOL XR
 TEKTURN
 TEKTURNA HCT
 temazepam
 terazosin hcl
 terbinafine
 tetracycline hcl
 theophylline anhydrous
 thioridazine hcl

ticlopidine hcl
timolol maleate
TOBRADEX
tobramycin sulfate
TOBREX OPH OINT
TONOCARD
topiramate
torsemide
TOVIAZ
tramadol hcl
trazodone hcl
tretinoin [PA]
TREXIMET [DQ] [ST]

triamcinolone acetonide
triamterene w/hctz
triazolam
TRIGLIDE
TRILIPIX
trimethobenzamide hcl
trimethoprim
trimox
trinessa
tri-previfem
tri-sprintec tablet
trivora-28
TRUSOPT

U
ULTRASE MT
unithroid
V
valproic acid
VALTREX
velivet 28 day
VENTOLIN HFA
VERAMYST

verapamil hcl
VESANOID
VESICARE

VIAGRA [DQ]
VIVELLE -DOT
VYTORIN

W
warfarin
WELCHOL

X
XALATAN
Y
YASMIN

Z
zaleplon
ZEMPLAR
ZETIA
zolpidem
ZYMAR
ZYPREXA

Examples of Non-Preferred Medications with Their Preferred Alternatives

The following is a list of some non-Preferred brand medications with examples of Preferred alternatives that are on the formulary. Column 1 lists examples of non-Preferred medications.

Column 2 lists some alternatives that can be prescribed. Thank you for your compliance.

Non-Preferred	Preferred Alternative	Non-Preferred	Preferred Alternative
ACCOLATE [ST]	SINGULAIR [ST]	LEXXEL	amlodipine/benazepril
ACEON	benazepril, enalapril, lisinopril, ramipril	LIPITOR [ST]	lovastatin, pravastatin, simvastatin
BONIVA [ST]	alendronate, ACTONEL	LOPROX	OTCs, ketoconazole
AEROBID M	FLOVENT HFA, DISKUS, ASMANEX	LORABID	amox tr/potassium clavulanate
ALAMAST	cromolyn sodium, ALOMIDE	LUNESTA [ST]	zolpidem, zaleplon
ALOCRIL	cromolyn sodium, ALOMIDE	MAVIK	benazepril, enalapril, lisinopril, ramipril
ALORA	(generics), ESCLIM	MAXALT [DQ] [ST]	sumatriptan [DQ], TREXIMET [DQ]
ALREX	(generic steroids)	MAXAQUIN	ciprofloxacin, AVELOX
ALTOCOR [ST]	lovastatin, pravastatin, simvastatin	MICARDIS/HCT	DIOVAN/HCT, AVALIDE
AMARYL	glimpiride	MOBIC	meloxicam, other generic NSAIDs
AMERGE [DQ] [ST]	sumatriptan [DQ], TREXIMET [DQ]	MUSE [DQ]	CAVERJECT [inj] [DQ]
ANZEMET [DQ]	ondansetron [DQ], granisetron [DQ]	NASAREL	fluticasone, NASONEX, VERAMYST
ATACAND/HCT	DIOVAN/HCT, AVALIDE	NEXIUM [ST]	omeprazole, ACIPHEX [ST]
AVINZA	(generics)	NOROXIN	ciprofloxacin, AVELOX, LEVAQUIN
AVITA [PA]	generic tretinoin [PA]	ORAPRED	prednisolone soln
AXERT [DQ] [ST]	sumatriptan [DQ], TREXIMET [DQ]	OVIDREL [inj] [PA]	chorionic gonadotropin [inj] [PA]
AZELEX	(generics), tretinoin [PA]	OXYIR	oxycodone hcl caps immediate release
AZMACORT	FLOVENT HFA, DISKUS, AZMANEX	PATADAY	OPTIVAR, ELESTAT
AZOPT	brimonidine, TRUSOPT	PATANOL	OPTIVAR, ELESTAT
BECONASE AQ	fluticasone, NASONEX, VERAMYST	PCE	erythromycin
BENICAR/HCT	DIOVAN/HCT, AVALIDE	PEDIAPRED	prednisolone soln
BENZAMYCIN	erythromycin/benzoyl peroxide	PLENDIL	felodipine
BETIMOL	betaxolol, timolol, other generics	PREVACID [ST]	omeprazole, lansoprazole, ACIPHEX [ST]
BIAXIN	clarithromycin	PRILOSEC [ST]	omeprazole, ACIPHEX [ST]
CARDENE SR	nifedipine extended release, amlodipine	PROTONIX [ST]	omeprazole, ACIPHEX [ST]
CARDIZEM LA	diltiazem extended release,	PROZAC WEEKLY [ST]	citalopram, fluoxetine (daily), paroxetine
CECLOR CD	cefaclor extended release	QUIXIN	ciprofloxacin, ofloxacin, ZYMAR
CEDAX	cefepodoxime, cefdinir	RELENZA [DQ]	rimantadine
CEFZIL	cefprozil	RELPAK [DQ]	sumatriptan [DQ], TREXIMET [DQ]
CENESTIN	estradiol, PREMARIN	RETIN-A liquid MICRO [PA]	generic, tretinoin [PA]
CIPRO XR	ciprofloxacin, AVELOX, LEVAQUIN	RHINOCORT AQUA	fluticasone, NASONEX, VERAMYST
COVERA-HS	verapamil extended release,	RITALIN LA	methylphenidate, CONCERTA,
CRESTOR [ST]	lovastatin, pravastatin, simvastatin	RYNATAN	generic products
DIDRONEL	alendronate, ACTONEL	SKELID [ST]	alendronate, ACTONEL
DITROPAN XR	oxybutynin er	SPECTRACEF	amox tr/potassium clavulanate,
DYNABAC	erythromycin	SPORANOX	itraconazole
DYNACIRC CR	nifedipine extended release, amlodipine	SULAR	nifedipine extended release, amlodipine
EPOGEN [PA]	ARANESP [PA], PROCRIT [PA]	SUPRAX	cefepodoxime, cefdinir
ESTRADERM	generics, ESCLIM	TARKA	verapamil + ACE Inhibitor
FERTINEX [inj] [PA]	GONAL-F [inj] [PA]	TESTIM	ANDROGEL
FLOXIN	ciprofloxacin, AVELOX, LEVAQUIN	TESTODERM	ANDROGEL
FOCALIN	methylphenidate, CONCERTA	TEVETEN/HCT	DIOVAN/HCT, AVALIDE
FROVA [DQ]	sumatriptan [DQ], TREXIMET [DQ]	TOFRANIL-PM	imipramine tabs
GEODON	ABILIFY, RISPERDAL, SEROQUEL, ZYPREXA	TRAVATAN	XALATAN, LUMIGAN
GLYSET	arcarbose (generic PRECOSE)	TRI-NORINYL	ORTHO TRI-CYCLEN LO, generics
HYZAAR	DIOVAN/HCT, AVALIDE	UNIRETIC	benazepril/HCTZ, enalapril/hctz, lisinopril/hctz
IOPIDINE	brimonidine, TRUSOPT	VANTIN	cefepodoxime
KADIAN	morphine sulfate	VEXOL	generic steroids
KETEK	clarithromycin, erythromycin	VIGAMOX	ciprofloxacin, ofloxacin, ZYMAR
KRISTALOSE	lactulose	ZITHROMAX	azithromycin
LEVITRA [DQ]	CIALIS [DQ], VIAGRA [DQ]	ZYFLO [ST]	SINGULAIR [ST]
		ZOCOR [ST]	simvastatin

Key:
Brand name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.
* all brand drugs will convert to non-Preferred status when generic is available throughout the year.
The symbol [inj] next to a drug indicates that the drug is available in injectable form only.
The symbol [PA] next to a drug stands for Prior Authorization, which is needed prior to coverage of this drug, plan dependent.
The symbol [ST] next to a drug name stands for Step Therapy which is in place on this drug, plan dependent.
The symbol [DQ] next to a drug stands for Drug Quantity, which is a limitation on amount dispensed.
For the member: Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE.

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