

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

The Complete Formulary Document includes the following sections:

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|-------------------------|---|-----------------------------------|
| I. Alphabetical Index | II. Listing by Drug Categories (Chapters) | III. Therapeutic Interchange List |
| IV. Prior Authorization | V. Generic Copay Waiver Program Drug List | VI. RxCents Drug List |

Dean Health Plan Formulary

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
8-MOP	-	2	Dermatologicals
ABILIFY	PA/TS	2	CNS & ANS Agents
ABILIFY DISCMELT	PA	2	CNS & ANS Agents
ACANYA (QL= 50gm)	QL	NC/3	Dermatologicals
acarbose (PRECOSE equiv)	-	1	Diabetic Agents
ACCOLATE	-	NC/3	Respiratory Agents
ACCU-CHEK ACTIVE METER (No Copay)	-	-	Diabetic Agents
ACCU-CHEK ADVANTAGE METER (No Copay)	-	-	Diabetic Agents
ACCU-CHEK AVIVA CONTROL SOLUTION	-	1	Diabetic Agents
ACCU-CHEK AVIVA METER (No Copay)	-	-	Diabetic Agents
ACCU-CHEK AVIVA TEST STRIPS	-	2	Diabetic Agents
ACCU-CHEK COMPACT METER (No Copay)	-	-	Diabetic Agents
ACCU-CHEK COMPLETE METER (No Copay)	-	-	Diabetic Agents
ACCU-CHEK CONTROL SOLUTIONS	-	1	Diabetic Agents
ACCU-CHEK TEST STRIPS	-	2	Diabetic Agents
ACCUNEB	-	NC/3	Respiratory Agents
ACCU-TANE	-	NC/3	Dermatologicals
ACCUZYME OINT	-	2	Dermatologicals
acebutolol (SECTRAL EQUIV)	-	1	Cardiovascular
ACEON	-	NC/3	Cardiovascular
acetaminophen/codeine (TYLENOL #3 EQUIV)	-	1	CNS & ANS Agents
acetaminophen/propoxyphene hci (WYGESIC EQUIV)	-	1	CNS & ANS Agents
ACETASOL HC OTIC	-	NC/3	Ears & Throat
acetazolamide cap (DIAMOX SEQUELS equiv)	-	1	Ophthalmic Agents
acetazolamide tab (DIAMOX equiv)	-	1	Cardiovascular
acetic acid (VOSOL EQUIV)	-	1	Ears & Throat
acetic acid/hydrocortisone (VOSOL HC EQUIV)	-	NC/3	Ears & Throat
acetylcysteine (MUCOMYST EQUIV)	-	1	Respiratory Agents
acidic vaginal jelly	-	2	OB/GYN Agents
ACIPHEX	PA	NC/3	Gastrointestinal Agents
ACTIMMUNE	MSP	2	Anti-Infectives
ACTIQ (QL = 120/30 days)	QL	NC/3	CNS & ANS Agents
ACTIVELLA	-	NC/3	OB/GYN Agents
ACTONEL (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	2	Endocrine Agents
ACTOPLUS MET	-	2	Diabetic Agents
ACTOS	TS	2	Diabetic Agents
ACULAR	-	2	Ophthalmic Agents
ACULAR LS	-	2	Ophthalmic Agents
ACUVAIL (QL = 60 unit/fill)	QL	NC/3	Ophthalmic Agents
acyclovir	-	1	Anti-Infectives
ACZONE	-	NC/N C	Dermatologicals
ADDERALL XR	-	2	CNS & ANS Agents
ADVAIR DISKUS	-	2	Respiratory Agents
ADVAIR HFA (QL = 2 inhalers/month)	QL	2	Respiratory Agents
ADVICOR	-	2	Cardiovascular
AEROBID	-	NC/3	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
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AEROCHAMBER	-	2	Respiratory Agents
AGENERASE	SP	2	Anti-Infectives
AGGRENOX	-	2	Nutrition, Blood & Electrolytes
ALAMAST	-	2	Ophthalmic Agents
alavert allergy-sinus otc	-	1	Respiratory Agents
alavert otc	-	1	Respiratory Agents
alavert reditab otc	-	1	Respiratory Agents
albuterol neb. solution (1.25mg and 0.63mg strength covered at Tier 3)	-	1	Respiratory Agents
albuterol sulfate	-	1	Respiratory Agents
albuterol sulfate er (VOSPIRE ER equiv)	-	1	Respiratory Agents
albuterol/ipratropium neb (DUONEB equiv)	-	NC/3	Respiratory Agents
alclometasone (ACLOVATE EQUIV)	-	1	Dermatologicals
alcohol pads	-	1	Diabetic Agents
ALDARA	-	2	Dermatologicals
alendronate tab (FOSAMAX equiv)	-	1	Endocrine Agents
ALESSE	-	NC/3	OB/GYN Agents
ALFERON-N	MSP	2	Anti-Infectives
ALINIA SUSP	-	2	Anti-Infectives
ALINIA TAB	-	NC/3	Anti-Infectives
ALKERAN	SP	2	Antineoplastics & Immunosuppressants
ALLEGRA	-	NC/3	Respiratory Agents
ALLEGRA SYRUP	-	NC/N C	Respiratory Agents
ALLEGRA-D	-	NC/N C	Respiratory Agents
ALLERX	-	NC/3	Respiratory Agents
allopurinol	-	1	Musculoskeletal Agents
ALOCRIL	-	2	Ophthalmic Agents
ALOMIDE	-	2	Ophthalmic Agents
ALORA	-	NC/3	OB/GYN Agents
ALPHAGAN P	-	2	Ophthalmic Agents
alprazolam (XANAX equiv)	-	1	CNS & ANS Agents
alprazolam er (XANAX XR equiv)	-	1	CNS & ANS Agents
alprazolam odt (NIRAVAM equiv)	-	NC/3	CNS & ANS Agents
ALREX	-	2	Ophthalmic Agents
ALTABAX	-	NC/3	Dermatologicals
ALTOPREV	-	NC/3	Cardiovascular
aluminum chloride (DRYSOL EQUIV)	-	1	Dermatologicals
ALUPENT INHALER	-	2	Respiratory Agents
ALVESCO	-	NC/3	Respiratory Agents
amantadine cap	-	1	Anti-Infectives
AMANTADINE TAB	-	NC/3	CNS & ANS Agents
AMBIEN CR	-	NC/N C	CNS & ANS Agents
amcinonide cream (CYCLOCORT CREAM equiv)	-	1	Dermatologicals
AMERGE (QL = Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	2	CNS & ANS Agents
AMICAR TAB (1000MG)	SP	2	Nutrition, Blood & Electrolytes
amiloride (MIDAMOR EQUIV)	-	1	Cardiovascular
amiloride/hctz	-	1	Cardiovascular
aminobenzoate potassium cap/powder (POTABA equiv)	-	1	Nutrition, Blood & Electrolytes
aminocaproic acid (AMICAR equiv)	SP	1	Nutrition, Blood & Electrolytes
aminophylline	-	1	Respiratory Agents
amiodarone	-	1	Cardiovascular
AMITIZA	ST	NC/3	Gastrointestinal Agents
amitriptyline	-	1	CNS & ANS Agents
amlodipine (NORVASC equiv)	-	1	Cardiovascular
amlodipine/benazepril (LOTREL equiv)	-	1	Cardiovascular

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ammonium lactate cream	-	1	Dermatologicals
amnesteem (ACCUTANE EQUIV)	-	1	Dermatologicals
amoxapine	-	1	CNS & ANS Agents
amoxicillin	-	1	Anti-Infectives
amoxicillin/clav (AUGMENTIN ES EQUIV)	-	1	Anti-Infectives
amoxicillin/clav. (AUGMENTIN EQUIV)	-	1	Anti-Infectives
AMPHETAMINE ER	-	NC/N C	CNS & ANS Agents
amphetamine/dextroamp (ADDERALL EQUIV)	-	1	CNS & ANS Agents
ampicillin	-	1	Anti-Infectives
AMRIX	-	NC/N C	Musculoskeletal Agents
anagrelide (AGRYLIN equiv)	-	1	Nutrition, Blood & Electrolytes
ANCOBON	-	NC/3	Anti-Infectives
ANDRODERM	-	NC/3	OB/GYN Agents
ANDROGEL	-	2	OB/GYN Agents
ANDROID	-	NC/3	OB/GYN Agents
ANGELIQ	-	NC/3	OB/GYN Agents
ANTABUSE	-	2	CNS & ANS Agents
ANTARA	-	NC/3	Cardiovascular
antipyrine/benzocaine (AURALGAN OTIC EQUIV)	-	1	Ears & Throat
ANZEMET (Retail 9 tabs/Rx; Mail Order 27 tabs/Rx)	QL/SP	NC/3	Gastrointestinal Agents
apexicon e (PSORCON E equiv)	-	1	Dermatologicals
APIDRA	-	NC/3	Diabetic Agents
APOKYN	SP	2	CNS & ANS Agents
apraclonidine ophth (IOPIDINE equiv)	-	1	Ophthalmic Agents
apri (ORTHO-CEPT/DESOGEN equiv)	-	1	OB/GYN Agents
APRISO	-	NC/3	Gastrointestinal Agents
APTIVUS	SP	2	Anti-Infectives
APTIVUS SOLN	SP	2	Anti-Infectives
aranelle (TRI-NORINYL equiv)	-	1	OB/GYN Agents
ARANESP (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	2	Nutrition, Blood & Electrolytes
ARICEPT (QL = Max 1 tab/day)	TS/QL	2	CNS & ANS Agents
ARIMIDEX	SP	2	Endocrine Agents
ARIXTRA	SP/PA	2	Nutrition, Blood & Electrolytes
ARMOUR THROID	-	1	Endocrine Agents
AROMASIN	SP	2	Antineoplastics & Immunosuppressants
ARTHROTEC	-	NC/3	Musculoskeletal Agents
ASACOL (HD)	-	2	Gastrointestinal Agents
ASMANEX INHALER	-	2	Respiratory Agents
aspirin/butalbital/caffeine/codeine (FIORINAL with CODEINE EQUIV)	-	1	CNS & ANS Agents
aspirin/codeine (EMPIRIN/CODEINE EQUIV)	-	1	CNS & ANS Agents
ASTELIN (QL = 2 bottles/month)	QL	2	Respiratory Agents
ASTEPRO (QL = 2 bottles/month)	QL	2	Respiratory Agents
ATACAND	TS	2	Cardiovascular
ATACAND/HCT	-	2	Cardiovascular
atenolol (TENORMIN equiv)	GS	1	Cardiovascular
atenolol/chlorthalidone	-	1	Cardiovascular
ATRALIN GEL	-	NC/3	Dermatologicals
ATRIPLA	SP	2	Anti-Infectives
atropine oph soln	-	1	Ophthalmic Agents
ATROVENT HFA	-	2	Respiratory Agents
ATROVENT INHALER	-	2	Respiratory Agents
augmented betamethasone	-	1	Dermatologicals
AUGMENTIN XR	-	2	Anti-Infectives
AURALGAN OTIC	-	NC/3	Ears & Throat
AVALIDE	TS	2	Cardiovascular

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
AVANDAMET	-	2	Diabetic Agents
AVANDARYL	-	2	Diabetic Agents
AVANDIA	-	2	Diabetic Agents
AVAPRO	TS	2	Cardiovascular
AVC	-	2	OB/GYN Agents
AVELOX	-	2	Anti-Infectives
aviane (ALESSE equiv)	-	1	OB/GYN Agents
AVINZA	-	NC/3	CNS & ANS Agents
avita gel/cream	-	1	Dermatologicals
AVODART	-	2	Genitourinary Agents
AVONEX	MSP	2	CNS & ANS Agents
AXERT (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	2	CNS & ANS Agents
AXID	-	NC/3	Gastrointestinal Agents
AXID SOLUTION	-	NC/3	Gastrointestinal Agents
AYGESTIN	-	NC/3	OB/GYN Agents
AZASAN	SP	NC/3	Antineoplastics & Immunosuppressants
AZASITE	-	2	Ophthalmic Agents
azathioprine (IMURAN equiv)	SP	1	Antineoplastics & Immunosuppressants
AZELEX	-	2	Dermatologicals
AZILECT	TS	2	CNS & ANS Agents
azithromycin susp (ZITHROMAX SUSP equiv)	-	1	Anti-Infectives
azithromycin tabs (ZITHROMAX Tabs equiv)	-	1	Anti-Infectives
AZMACORT (QL = 2 inhalers/month)	QL	NC/3	Respiratory Agents
AZOPT	-	2	Ophthalmic Agents
AZOR	-	NC/3	Cardiovascular
azurette (MIRCETTE equiv)	-	1	OB/GYN Agents
bacitracin oph oint	-	1	Ophthalmic Agents
bacitracin/polymyxin b oint (POLYSPORIN EQUIV)	-	1	Ophthalmic Agents
baclofen	-	1	Musculoskeletal Agents
BACTROBAN CR	-	2	Dermatologicals
balsalazide (COLAZAL equiv)	-	1	Gastrointestinal Agents
balziva (OVCON 35 equiv)	-	1	OB/GYN Agents
BANZEL	-	2	CNS & ANS Agents
BARACLUDGE	-	2	Anti-Infectives
B-D INSULIN SYRINGES	-	1	Diabetic Agents
B-D PEN NEEDLES	-	1	Diabetic Agents
BECONASE	-	NC/3	Respiratory Agents
BECONASE AQ	-	2	Respiratory Agents
belladonna alkaloids/phenobarb (DONNATAL equiv)	-	1	Gastrointestinal Agents
benazepril (LOTENSIN EQUIV)	-	1	Cardiovascular
benazepril/hctz (LOTENSIN/HCTZ EQUIV)	-	1	Cardiovascular
BENICAR	-	NC/3	Cardiovascular
BENICAR/HCT	-	NC/3	Cardiovascular
BENZAFLIN (QL = 50gm)	QL	2	Dermatologicals
BENZAMYCIN	-	2	Dermatologicals
benzonatate	-	1	Respiratory Agents
benztropine	-	1	CNS & ANS Agents
betamethasone dipropionate	-	1	Dermatologicals
betamethasone valerate	-	1	Dermatologicals
betamethasone/clotrimazole (LOTRISONE LOTION EQUIV)	-	1	Dermatologicals
BETAPACE AF	-	NC/3	Cardiovascular
BETASERON (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	MSP/ST	2	CNS & ANS Agents
betaxolol (KERLONE EQUIV)	-	1	Cardiovascular
bethanechol (URECHOLINE equiv)	-	1	Genitourinary Agents
BETIMOL	-	2	Ophthalmic Agents
BETOPTIC-S	-	2	Ophthalmic Agents

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Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
BIAXIN XL	-	NC/3	Anti-Infectives
bicalutamide (CASODEX equiv)	SP	1	Antineoplastics & Immunosuppressants
BICITRA	-	2	Nutrition, Blood & Electrolytes
BILTRICIDE	-	NC/3	Anti-Infectives
bisoprolol (ZEBETA EQUIV)	-	1	Cardiovascular
bisoprolol/hctz (ZIAC equiv) (ZIAC EQUIV)	GS	1	Cardiovascular
BLEPHAMIDE	-	2	Ophthalmic Agents
BONIVA (Step Therapy requires failure of alendronate and Actonel)	ST	NC/3	Endocrine Agents
BONIVA TAB 150MG (QL = 1 tab/month; Step Therapy requires failure of alendronate and Actonel)	QL/ST	NC/3	Endocrine Agents
BREVICON	-	NC/3	OB/GYN Agents
brimonidine (ALPHAGAN EQUIV)	-	1	Ophthalmic Agents
BROMFED	-	2	Respiratory Agents
bromocriptine	-	1	OB/GYN Agents
bromocriptine mesylate	-	1	CNS & ANS Agents
broncho saline	-	1	Respiratory Agents
BROVANA	-	NC/3	Respiratory Agents
budeprion xl (WELLBUTRIN XL equiv)	-	1	CNS & ANS Agents
bumetanide	-	1	Cardiovascular
buproban (ZYBAN EQUIV) (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
bupropion (WELLBUTRIN equiv)	-	1	CNS & ANS Agents
bupropion er/sr (WELLBUTRIN SR EQUIV)	-	1	CNS & ANS Agents
buspirone	-	1	CNS & ANS Agents
butalbital/acetaminophen/caffeine (FIORICET EQUIV)	-	1	CNS & ANS Agents
butalbital/asa/caff/codeine (FIORINAL/CODEINE equiv)	-	1	CNS & ANS Agents
butorphanol nasal spray (STADOL equiv) (1 bottle/Rx, 2 bottles/month)	QL	NC/3	CNS & ANS Agents
BYETTA	-	2	Diabetic Agents
BYSTOLIC	-	2	Cardiovascular
cabergoline (DOSTINEX equiv)	SP	1	Endocrine Agents
CADUET	-	NC/N C	Cardiovascular
calcipotriene soln (DOVONEX SOLN equiv)	-	1	Dermatologicals
calcitonin nasal spray (MIACALCIN NS equiv)	SP	1	Endocrine Agents
calcitriol	-	1	Nutrition, Blood & Electrolytes
calcitriol inj. (CALCIJEX equiv)	MSP	1	Nutrition, Blood & Electrolytes
calcium acetate cap (PHOSLO equiv)	-	1	Nutrition, Blood & Electrolytes
CALOMIST	-	NC/N C	Nutrition, Blood & Electrolytes
camila (ORTHO MICRONOR/NOR-QD equiv)	-	1	OB/GYN Agents
CAMPRAL	-	2	CNS & ANS Agents
CANASA	-	2	Gastrointestinal Agents
captopril (CAPOTEN EQUIV)	-	1	Cardiovascular
captopril/hctz (CAPOTEN HCT EQUIV)	-	1	Cardiovascular
CARAC CREAM	-	2	Dermatologicals
carbamazepine (TEGRETOL EQUIV)	-	1	CNS & ANS Agents
carbamazepine er (TEGRETOL XR equiv)	-	1	CNS & ANS Agents
CARBATROL	-	2	CNS & ANS Agents
carbidopa/levodopa (SINEMET EQUIV)	-	1	CNS & ANS Agents
carbidopa/levodopa cr (SINEMET CR EQUIV)	-	1	CNS & ANS Agents
carbidopa/levodopa odt (PARCOPA equiv)	-	1	CNS & ANS Agents
carbinoxamine (PALGIC equiv)	-	NC/3	Respiratory Agents
CARDENE	-	NC/3	Cardiovascular
CARDIZEM CD	-	NC/3	Cardiovascular
CARDIZEM LA	-	2	Cardiovascular
CARDURA XL	-	NC/3	Cardiovascular
carisoprodol (SOMA EQUIV)	-	1	Musculoskeletal Agents
carisoprodol/aspirin (SOMA CPD EQUIV)	-	1	Musculoskeletal Agents

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carisprodol/aspirin & codeine (SOMA CPD/COD equiv)	-	NC/3	Musculoskeletal Agents
CARMOL 40	-	NC/3	Dermatologicals
carteolol (OCUPRESS EQUIV)	-	1	Ophthalmic Agents
cartia xt	-	1	Cardiovascular
carvedilol (COREG equiv)	-	1	Cardiovascular
CASODEX	SP	2	Antineoplastics & Immunosuppressants
CATAPRES-TTS	-	2	Cardiovascular
CAVERJECT	-	NC/N C	Miscellaneous Products
CECLOR	-	NC/3	Anti-Infectives
CEDAX	-	NC/3	Anti-Infectives
CEENU	SP	2	Antineoplastics & Immunosuppressants
cefaclor (CECLOR equiv)	-	NC/3	Anti-Infectives
cefadroxil cap (DURICEF CAP EQUIV)	-	1	Anti-Infectives
cefadroxil susp (DURICEF equiv)	-	1	Anti-Infectives
cefdinir (OMNICEF equiv)	-	1	Anti-Infectives
cefepodoxime proxetil (VANTIN equiv)	-	1	Anti-Infectives
cefepodoxime proxetil susp (VANTIN SUSP equiv)	-	NC/3	Anti-Infectives
cefprozil (CEFZIL equiv)	-	1	Anti-Infectives
cefuroxime tab/susp (CEFTIN equiv)	-	1	Anti-Infectives
CELEBREX (60 caps/Rx)	QL/PA	2	Musculoskeletal Agents
CELLCEPT	SP	NC/3	Antineoplastics & Immunosuppressants
CENESTIN	-	NC/3	OB/GYN Agents
cephalexin (KEFLEX EQUIV)	-	1	Anti-Infectives
cephradine (VELOSEF equiv)	-	1	Anti-Infectives
CERUMENEX	-	2	Ears & Throat
CESAMET	-	NC/3	Gastrointestinal Agents
cesia (CYLESSA equiv)	-	1	OB/GYN Agents
cetirizine chew otc (ZYRTEC CHEW OTC equiv)	-	1	Respiratory Agents
cetirizine syrup otc (ZYRTEC SYRUP OTC equiv)	-	1	Respiratory Agents
cetirizine tab otc (ZYRTEC OTC equiv)	GS	1	Respiratory Agents
cetirizine/pse otc (ZYRTEC-D OTC equiv)	-	1	Respiratory Agents
CETRAXAL OTIC	-	NC/3	Ears & Throat
CHANTIX (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
chloral hydrate	-	1	CNS & ANS Agents
chlordiazepoxide	-	1	CNS & ANS Agents
chlordiazepoxide/clidinium (LIBRAX equiv)	-	1	Gastrointestinal Agents
chlorhexidine gluconate	-	1	Ears & Throat
chloroquine (ARALEN EQUIV)	-	1	Anti-Infectives
chlorpheniramine er	-	1	Respiratory Agents
chlorpromazine	-	1	CNS & ANS Agents
chlorpropamide (DIABINESE equiv)	-	1	Diabetic Agents
chlorthalidone	-	1	Cardiovascular
chlorzoxazone	-	1	Musculoskeletal Agents
cholestyramine/light	-	1	Cardiovascular
choline magnesium trisalicylate	-	1	CNS & ANS Agents
CHROMAGEN	-	2	Nutrition, Blood & Electrolytes
CHROMAGEN FA	-	NC/3	Nutrition, Blood & Electrolytes
CHROMAGEN FORTE	-	2	Nutrition, Blood & Electrolytes
CIALIS	NC	NC/N C	Miscellaneous Products
CICLOPIROX 8% SOLN	-	NC/N C	Dermatologicals
ciclopirox gel, cream, lotion, soln (LOPROX equiv)	-	1	Dermatologicals
cilostazol (PLETAL EQUIV)	-	1	Nutrition, Blood & Electrolytes
cimetidine (TAGAMET equiv)	-	1	Gastrointestinal Agents
CIMZIA	RS	M	Gastrointestinal Agents

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CINOBAC	-	NC/3	Genitourinary Agents
CIPRO CYSTITIS	-	NC/3	Anti-Infectives
CIPRO HC OTIC	-	NC/3	Ears & Throat
CIPRODEX	-	2	Ears & Throat
ciprofloxacin (CIPRO EQUIV)	-	1	Anti-Infectives
ciprofloxacin er (CIPRO XR equiv)	-	NC/3	Anti-Infectives
ciprofloxacin oph drops (CILOXAN OPTH DROPS EQUIV)	-	1	Ophthalmic Agents
citalopram (CELEXA EQUIV)	-	1	CNS & ANS Agents
claravis (ACCUTANE EQUIV)	-	1	Dermatologicals
CLARIFOAM EF	-	NC/3	Dermatologicals
CLARINEX (D)	-	NC/N C	Respiratory Agents
CLARINEX REDITAB	-	NC/N C	Respiratory Agents
clarithromycin (BIAXIN EQUIV)	-	1	Anti-Infectives
CLARITIN CAP (OTC)	-	NC/N C	Respiratory Agents
CLARITIN REDITAB (OTC ONLY)	-	NC/3	Respiratory Agents
CLARITIN SYRUP (OTC ONLY)	-	NC/3	Respiratory Agents
CLARITIN TAB (OTC ONLY)	-	NC/3	Respiratory Agents
CLARITIN-D TAB (OTC ONLY)	-	NC/N C	Respiratory Agents
CLEOCIN 75MG CAP AND SUSP.	-	NC/3	Anti-Infectives
CLEOCIN VAGINAL SUPP	-	NC/3	OB/GYN Agents
CLIMARA	-	2	OB/GYN Agents
CLIMARA PRO	-	NC/3	OB/GYN Agents
clindamycin (300mg Not Covered)	-	1	Anti-Infectives
clindamycin 300mg	-	NC/N C	Anti-Infectives
clindamycin gel (CLEOCIN T GEL equiv)	-	1	Dermatologicals
clindamycin topical solution	-	1	Dermatologicals
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	1	OB/GYN Agents
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL = 50gm/fill)	QL	1	Dermatologicals
CLINDESSE	-	NC/3	OB/GYN Agents
CLINISTIX	-	1	Diabetic Agents
clobetasol	-	1	Dermatologicals
clobetasol foam (OLUX FOAM equiv)	-	NC/3	Dermatologicals
CLOBEX	-	NC/3	Dermatologicals
CLODERM CR	-	NC/3	Dermatologicals
clomipramine	-	1	CNS & ANS Agents
clonazepam (KLONOPIN EQUIV)	-	1	CNS & ANS Agents
clonazepam odt (KLONOPIN ODT equiv)	-	NC/3	CNS & ANS Agents
clonidine	-	1	Cardiovascular
clonidine patch (CATAPRES-TTS equiv)	-	1	Cardiovascular
clorazepate	-	1	CNS & ANS Agents
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	1	Anti-Infectives
clotrimazole/betamethasone cr (LORTRISONE CR EQUIV)	-	1	Dermatologicals
clozapine (CLOZARIL equiv)	-	1	CNS & ANS Agents
codeine sulfate	-	1	CNS & ANS Agents
COGNEX	-	NC/3	CNS & ANS Agents
colchicine	-	1	Musculoskeletal Agents
COLCRYST	-	2	Musculoskeletal Agents
colestipol powder (COLESTID POWDER equiv)	-	1	Cardiovascular
colestipol tab (COLESTID TAB equiv)	-	1	Cardiovascular
COLY-MYCIN-S	-	2	Ears & Throat
COMBIGAN	-	2	Ophthalmic Agents
COMBIPATCH	-	2	OB/GYN Agents
COMBIVENT (QL = 2 inhalers/month)	QL	2	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
COMBIVIR	SP	2	Anti-Infectives
COMMIT LOZENGE (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
COMTAN	-	2	CNS & ANS Agents
CONCERTA	-	2	CNS & ANS Agents
CONDYLOX GEL	-	NC/3	Dermatologicals
controlrx pst (PREVIDENT PST equiv)	-	1	Ears & Throat
COPAXONE	MSP	2	CNS & ANS Agents
CORAZ	-	NC/3	Dermatologicals
CORDRAN CREAM/TAPE/LOTION	-	NC/3	Dermatologicals
CORDRAN OINT	-	2	Dermatologicals
COREG CR	-	NC/3	Cardiovascular
CORTEF	-	1	Endocrine Agents
CORTISPORIN OPHTH SUSP	-	2	Ophthalmic Agents
COSOPT	-	NC/3	Ophthalmic Agents
COUMADIN	-	NC/3	Nutrition, Blood & Electrolytes
COVERA-HS	-	NC/3	Cardiovascular
COZAAR	-	NC/3	Cardiovascular
CREON 10	-	2	Gastrointestinal Agents
CRESTOR (30 tabs/Rx)	QL/TS	2	Cardiovascular
CRINONE	SP	2	OB/GYN Agents
CRIXIVAN	SP	2	Anti-Infectives
cromolyn neb. solution	-	1	Respiratory Agents
cromolyn sodium ophth soln (CROLOM EQUIV)	-	1	Ophthalmic Agents
cryselle (LO-OVRAL equiv)	-	1	OB/GYN Agents
CUPRIMINE	-	2	Nutrition, Blood & Electrolytes
CUTIVATE LOTION	-	2	Dermatologicals
CYCLESSA	-	NC/3	OB/GYN Agents
cyclobenzaprine (FLEXERIL EQUIV)	-	1	Musculoskeletal Agents
CYCLOCORT CR	-	NC/3	Dermatologicals
cyclopentolate (CYCLOGYL EQUIV)	-	1	Ophthalmic Agents
cyclophosphamide	-	1	Antineoplastics & Immunosuppressants
cyclosporine (SANDIMMUNE equiv)	SP	1	Antineoplastics & Immunosuppressants
CYMBALTA (QL = 2 cap/day)	QL	2	CNS & ANS Agents
cyproheptadine	-	1	Respiratory Agents
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	2	Genitourinary Agents
CYTOMEL	-	2	Endocrine Agents
danazol	-	1	OB/GYN Agents
dantrolene (DANTRIUM EQUIV)	-	1	Musculoskeletal Agents
DAPSONE	-	1	Anti-Infectives
DARAPRIM	-	2	Anti-Infectives
DARVON-N	-	2	CNS & ANS Agents
DAYTRANA PATCH	-	2	CNS & ANS Agents
DEMULEN 1/35, 1/50	-	NC/3	OB/GYN Agents
DENAVIR CR	-	NC/N C	Dermatologicals
DEPAKOTE	-	NC/3	CNS & ANS Agents
DEPAKOTE ER	-	NC/3	CNS & ANS Agents
DEPLIN	-	NC/3	Nutrition, Blood & Electrolytes
DERMA-SMOOTH/FS	-	2	Dermatologicals
DERMATOP CREAM/OINT	-	NC/3	Dermatologicals
DERMOTIC	-	2	Ears & Throat
desipramine	-	1	CNS & ANS Agents
desmopressin acetate nasal (DDAVP EQUIV)	SP	1	Endocrine Agents
desmopressin acetate tab (DDAVP TAB EQUIV)	-	1	Endocrine Agents
desmopressin inj (DDAVP INJ EQUIV)	MSP	1	Endocrine Agents
DESOGEN	-	NC/3	OB/GYN Agents

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Alphabetical Index
Last Updated* 11/18/2009

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desonide (DESOWEN EQUIV)	-	1	Dermatologicals
DESOWEN CREAM KIT cream	-	NC/N C	Dermatologicals
DESOWEN OINT KIT	-	NC/N C	Dermatologicals
desoximetasone cream, gel, oint. (TOPICORT equiv)	-	1	Dermatologicals
DETROL	-	2	Genitourinary Agents
DETROL LA	-	2	Genitourinary Agents
dexamethasone	-	1	Endocrine Agents
dexamethasone ophth (DECADRON EQUIV)	-	1	Ophthalmic Agents
dexamethasone/neomycin/polymyx b (DEXACIDIN/MAXITROL EQUIV)	-	1	Ophthalmic Agents
dexmethylphenidate (FOCALIN equiv)	-	1	CNS & ANS Agents
dextroamphetamine (DEXEDRINE EQUIV)	-	1	CNS & ANS Agents
DIABETIC SUPPLIES (All other diabetic meters, test strips, and syringes)	-	NC/3	Diabetic Agents
DIALYVITE	-	1	Nutrition, Blood & Electrolytes
DIAMOX SEQUELS	-	2	Ophthalmic Agents
DIASTAT RECTAL GEL	RS	2	CNS & ANS Agents
diazepam	-	1	CNS & ANS Agents
DIBENZYLIN	-	2	Cardiovascular
diclofenac potassium (CATAFLAM EQUIV)	-	1	Musculoskeletal Agents
diclofenac sodium (VOLTAREN EQUIV)	-	1	Musculoskeletal Agents
diclofenac sodium ophth. (VOLTAREN equiv)	-	1	Ophthalmic Agents
diclofenac sodium xr (VOLTAREN XR equiv)	-	NC/3	Musculoskeletal Agents
dicloxacin sodium	-	1	Anti-Infectives
dicyclomine	-	1	Gastrointestinal Agents
didanosine cap (VIDEX EC equiv)	SP	1	Anti-Infectives
DIDRONEL	-	NC/3	Endocrine Agents
DIFFERIN	-	2	Dermatologicals
diflorasone	-	1	Dermatologicals
diflunisal (DOLOBID EQUIV)	-	1	CNS & ANS Agents
digoxin (LANOXIN equiv)	-	1	Cardiovascular
dihydroergotamine mesylate (D.H.E. EQUIV)	-	1	CNS & ANS Agents
DILANTIN	-	NC/3	CNS & ANS Agents
diltiazem	-	1	Cardiovascular
diltiazem cd	-	1	Cardiovascular
diltiazem sr	-	1	Cardiovascular
diltiazem xr	-	1	Cardiovascular
DIOVAN	TS	2	Cardiovascular
DIOVAN/HCT	-	2	Cardiovascular
DIPENTUM	-	2	Gastrointestinal Agents
diphenhydramine (Only 50mg Covered)	-	1	Respiratory Agents
diphenoxylate/atropine (LOMOTIL EQUIV)	-	1	Gastrointestinal Agents
dipivefrin (PROPINE EQUIV)	-	1	Ophthalmic Agents
DIPROSONE AERO	-	NC/3	Dermatologicals
dipyridamole	-	1	Nutrition, Blood & Electrolytes
DISPERMOX	-	NC/3	Anti-Infectives
divalproex (DEPAKOTE equiv)	-	1	CNS & ANS Agents
divalproex er (DEPAKOTE ER equiv)	-	1	CNS & ANS Agents
divalproex sprinkle (DEPAKOTE SPRINKLE equiv)	-	1	CNS & ANS Agents
DIVIGEL	-	NC/3	OB/GYN Agents
DONNATAL EXTENDTABS	-	2	Gastrointestinal Agents
DORYX	-	2	Anti-Infectives
dorzolamide ophth. (TRUSOPT equiv)	-	1	Ophthalmic Agents
dorzolamide/timolol ophth (COSOPT equiv)	-	1	Ophthalmic Agents
DOVONEX CREAM	-	2	Dermatologicals
DOVONEX SOLN	-	NC/3	Dermatologicals
doxazosin (CARDURA equiv)	GS	1	Genitourinary Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
doxepin	-	1	CNS & ANS Agents
doxycycline hyclate	-	1	Anti-Infectives
doxycycline monohydrate cap (MONODOX equiv)	-	1	Anti-Infectives
doxycycline monohydrate tab (ADOXA equiv)	-	1	Anti-Infectives
doxycycline susp (VIBRAMYCIN equiv)	-	NC/3	Anti-Infectives
dronabinol (MARINOL equiv)	-	1	Gastrointestinal Agents
DUAC	-	NC/3	Dermatologicals
DUAC KIT	-	NC/3	Dermatologicals
DUETACT	-	2	Diabetic Agents
DUREZOL	-	2	Ophthalmic Agents
DYNABAC D5-PAK	-	NC/3	Anti-Infectives
DYNACIRC CR	-	NC/3	Cardiovascular
EASPRIN TAB 975MG	-	NC/3	CNS & ANS Agents
econazole cr (SPECTAZOLE CR EQUIV)	-	1	Dermatologicals
EDECRIN	-	2	Cardiovascular
EDEX	NC	NC/N C	Miscellaneous Products
EDLUAR SL TAB	-	NC/N C	CNS & ANS Agents
EFFEXOR XR	-	2	CNS & ANS Agents
ELESTAT	-	2	Ophthalmic Agents
ELESTRIN	-	NC/3	OB/GYN Agents
ELIDEL	-	2	Dermatologicals
ELIMITE	-	2	Dermatologicals
ELMIRON	-	2	Genitourinary Agents
ELOCON CREAM	-	NC/3	Dermatologicals
EMADINE	-	NC/3	Ophthalmic Agents
EMCYT	SP	2	Antineoplastics & Immunosuppressants
EMEND (Retail 3 tabs/Rx; Mail Order 9 tabs/Rx)	RS/QL/M/SP	2,M	Gastrointestinal Agents
EMLA	-	NC/3	Dermatologicals
EMLA DISC	-	2	Dermatologicals
EMSAM	-	NC/3	CNS & ANS Agents
EMTRIVA	SP	2	Anti-Infectives
ENABLEX	-	2	Genitourinary Agents
enalapril (VASOTEC equiv)	GS	1	Cardiovascular
enalapril/hctz (VASERETIC EQUIV)	-	1	Cardiovascular
ENBREL (PSORIASIS)	PA/MSP	2	Dermatologicals
ENBREL (RHEUMATOID ARTHRITIS)	PA/MSP	2	Musculoskeletal Agents
ENDOMETRIN	-	2	OB/GYN Agents
ENDURONYL	-	NC/N C	Cardiovascular
ENJUVA	-	NC/3	OB/GYN Agents
enpresse (TRIPHASIL/TRI-LEVLEN equiv)	-	1	OB/GYN Agents
ENTOCORT EC	-	2	Endocrine Agents
EPIDUO	-	NC/3	Dermatologicals
EPIPEN (QL = 2 kits/Rx)	QL	2	Respiratory Agents
EPIPEN JR (QL = 2 kits/Rx)	QL	2	Respiratory Agents
EPIVIR	SP	2	Anti-Infectives
eplerenone (INSPRA equiv)	-	1	Cardiovascular
EPOGEN (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	2	Nutrition, Blood & Electrolytes
EPZICOM	SP	2	Anti-Infectives
EQUETRO	-	2	CNS & ANS Agents
ergotamine w/caff. (CAFERGOT EQUIV)	-	1	CNS & ANS Agents
errin (ORTHO MICRONOR/NOR-QD equiv)	-	1	OB/GYN Agents
ERTACZO	-	NC/3	Dermatologicals
ERY-TAB	-	1	Anti-Infectives
erythromycin (all oral forms except pce)	-	1	Anti-Infectives

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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erythromycin gel	-	1	Dermatologicals
erythromycin oph oint	-	1	Ophthalmic Agents
erythromycin topical solution	-	1	Dermatologicals
erythromycin/sulfisoxazole	-	1	Anti-Infectives
ESCLIM	-	NC/3	OB/GYN Agents
estazolam	-	1	CNS & ANS Agents
estra/noreth tab (ACTIVELLA equiv)	-	NC/3	OB/GYN Agents
ESTRACE VAGINAL CREAM	-	2	OB/GYN Agents
ESTRADERM	-	NC/3	OB/GYN Agents
estradiol tab (ESTRACE equiv)	GS	1	OB/GYN Agents
ESTRASORB	-	NC/3	OB/GYN Agents
ESTRATAB	-	NC/3	OB/GYN Agents
ESTRATEST	-	2	OB/GYN Agents
ESTRATEST HS	-	2	OB/GYN Agents
ESTRING (3 copays per RX)	-	2	OB/GYN Agents
ESTROGEL	-	NC/3	OB/GYN Agents
estropipate	-	1	OB/GYN Agents
ethambutol	-	1	Anti-Infectives
ethosuximide (ZARONTIN EQUIV)	-	1	CNS & ANS Agents
etidronate (DIDRONEL equiv)	-	1	Endocrine Agents
etodolac	-	1	Musculoskeletal Agents
etoposide	SP	1	Antineoplastics & Immunosuppressants
EURAX CREAM	-	2	Dermatologicals
EVAMIST	-	NC/3	OB/GYN Agents
EVISTA	-	2	Endocrine Agents
EVOCLIN	-	NC/N C	Dermatologicals
EVOXAC	-	2	Ears & Throat
EXELON	-	2	CNS & ANS Agents
EXELON PATCH	-	2	CNS & ANS Agents
EXFORGE	TS	2	Cardiovascular
EXFORGE HCT	-	2	Cardiovascular
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	2	Endocrine Agents
EXTAVIA INJ. (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP	2	CNS & ANS Agents
FABRAZYME	PA/MSP	M	Endocrine Agents
FACTIVE	-	NC/N C	Anti-Infectives
famciclovir (FAMVIR equiv)	-	NC/3	Anti-Infectives
famotidine (PEPCID equiv)	GS	1	Gastrointestinal Agents
FANSIDAR	-	NC/3	Anti-Infectives
FARESTON	SP	2	Antineoplastics & Immunosuppressants
FAZACLO ODT	-	2	CNS & ANS Agents
FELBATOL	-	2	CNS & ANS Agents
felodipine (PLENDIL EQUIV)	-	NC/3	Cardiovascular
FEM PH GEL	-	NC/3	OB/GYN Agents
FEMARA	SP	2	Antineoplastics & Immunosuppressants
FEMCON FE	-	NC/3	OB/GYN Agents
FEMHRT	-	2	OB/GYN Agents
FEMRING	-	NC/3	OB/GYN Agents
fenofibrate (LOFIBRA equiv)	-	NC/3	Cardiovascular
FENOFIBRIC TAB	-	NC/3	Cardiovascular
FENOGLIDE	-	NC/3	Cardiovascular
fenoprofen	-	1	Musculoskeletal Agents
FENTANYL CITRATE LOLLIPOP (QL = 120/30 days)	QL	NC/3	CNS & ANS Agents
fentanyl patch (DURAGESIC EQUIV)	-	1	CNS & ANS Agents
FENTORA (QL = 120/30 days)	QL	NC/3	CNS & ANS Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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ferrex-150 forte (NIFEREX-150 CAP FORTE equiv)	-	1	Nutrition, Blood & Electrolytes
fexofenadine (ALLEGRA equiv)	-	1	Respiratory Agents
FEXOFENADINE PSE	-	NC/N C	Respiratory Agents
FIBRICOR	-	NC/3	Cardiovascular
FINACEA GEL	-	2	Dermatologicals
FINACEA PLUS KIT	-	NC/3	Dermatologicals
finasteride (PROSCAR equiv)	-	1	Genitourinary Agents
FIORINAL CAP	-	2	CNS & ANS Agents
FLAGYL ER	-	NC/3	Anti-Infectives
flecainide (TAMBOCOR EQUIV)	-	1	Cardiovascular
FLECTOR PATCH (QL:Retail:30patches/fill; Mail Order:90 patches/fill)	QL	NC/3	Dermatologicals
FLOMAX (NC/3 if Step Therapy OR PA not followed)	ST/PA	2	Genitourinary Agents
FLOVENT HFA (QL = 2 inhalers/month)	QL	2	Respiratory Agents
FLOVENT ROTADISK	-	2	Respiratory Agents
fluconazole (DIFLUCAN EQUIV)	-	1	Anti-Infectives
fludrocortisone acetate (FLORINEF EQUIV)	-	1	Endocrine Agents
FLUNISOLIDE NASAL SPRAY	-	NC/3	Respiratory Agents
fluocinolone cr	-	1	Dermatologicals
fluocinonide cr (LIDEX EQUIV)	-	1	Dermatologicals
fluocinonide-e cr	-	1	Dermatologicals
fluoride	-	1	Nutrition, Blood & Electrolytes
fluorometholone (FML EQUIV)	-	1	Ophthalmic Agents
fluorouracil cream (EFUDEX CREAM equiv)	-	1	Dermatologicals
fluorouracil soln (EFUDEX SOLN EQUIV)	-	1	Dermatologicals
fluoxetine (PROZAC equiv)	GS	1	CNS & ANS Agents
fluoxetine liquid	-	1	CNS & ANS Agents
fluoxymesterone	-	1	Endocrine Agents
fluphenazine	-	1	CNS & ANS Agents
flurazepam	-	1	CNS & ANS Agents
flurbiprofen	-	1	Musculoskeletal Agents
flutamide (EULEXIN EQUIV)	SP	1	Endocrine Agents
fluticasone cream/oint (CUTIVATE EQUIV)	-	1	Dermatologicals
fluticasone nasal spray (FLONASE equiv)	-	1	Respiratory Agents
fluvoxamine (LUVOX EQUIV)	-	1	CNS & ANS Agents
FML FORTE	-	NC/3	Ophthalmic Agents
FOCALIN XR	-	NC/3	CNS & ANS Agents
folbee (FOLTX equiv)	-	1	Nutrition, Blood & Electrolytes
folbee plus	-	1	Nutrition, Blood & Electrolytes
folbee plus cz (DIATX equiv)	-	1	Nutrition, Blood & Electrolytes
FOLGARD RX 2.2	-	2	Nutrition, Blood & Electrolytes
folic acid	-	1	Nutrition, Blood & Electrolytes
FOLITAB	-	1	Nutrition, Blood & Electrolytes
FORADIL AEROLIZER	-	2	Respiratory Agents
FORTAMET	-	NC/3	Diabetic Agents
FORTEO	MSP	2	Endocrine Agents
FORTOVASE	SP	2	Anti-Infectives
FOSAMAX LIQUID	-	NC/3	Endocrine Agents
FOSAMAX-D	-	2	Endocrine Agents
fosinopril (MONOPRIL EQUIV)	-	1	Cardiovascular
fosinopril/hctz (MONOPRIL HCT equiv)	-	1	Cardiovascular
FOSRENOL	-	2	Genitourinary Agents
FRAGMIN	SP	2	Nutrition, Blood & Electrolytes
FREESTYLE CONTROL SOLUTIONS	-	1	Diabetic Agents
FREESTYLE FLASH METER (No Copay)	-	-	Diabetic Agents
FREESTYLE FREEDOM LITE METER (No Copay)	-	-	Diabetic Agents
FREESTYLE FREEDOM METER (No Copay)	-	-	Diabetic Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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FREESTYLE LITE METER (No Copay)	-	-	Diabetic Agents
FREESTYLE LITE TEST STRIPS	-	2	Diabetic Agents
FREESTYLE METER (No Copay)	-	-	Diabetic Agents
FREESTYLE TEST STRIPS	-	2	Diabetic Agents
FROVA (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	NC/3	CNS & ANS Agents
furosemide (LASIX EQUIV)	-	1	Cardiovascular
FUZEON	MSP	2	Anti-Infectives
gabapentin (NEURONTIN EQUIV)	-	1	CNS & ANS Agents
GABARONE	-	NC/3	CNS & ANS Agents
GABITRIL	-	2	CNS & ANS Agents
galantamine (RAZADYNE equiv)	-	1	CNS & ANS Agents
galantamine er (RAZADYNE ER equiv)	-	1	CNS & ANS Agents
galantamine oral soln (RAZADYNE equiv)	-	1	CNS & ANS Agents
GALZIN	-	2	Nutrition, Blood & Electrolytes
ganciclovir (CYTOVENE equiv)	RS	1	Anti-Infectives
GANTRISIN	-	2	Anti-Infectives
GASTROCROM	-	2	Gastrointestinal Agents
GELCLAIR	-	2	Ears & Throat
GELNIQUE	-	NC/3	Genitourinary Agents
gemfibrozil	-	1	Cardiovascular
GENOTROPIN	-	NC/N C	Endocrine Agents
gentamicin oph oint	-	1	Ophthalmic Agents
gentamicin oph soln	-	1	Ophthalmic Agents
gentamicin sulfate cr	-	1	Dermatologicals
GEOCILLIN	-	NC/3	Anti-Infectives
GEODON	-	2	CNS & ANS Agents
GLEEVEC	RS/MSP	2	Antineoplastics & Immunosuppressants
glimepiride (AMARYL equiv)	-	1	Diabetic Agents
glipizide (GLUCOTROL equiv)	GS	1	Diabetic Agents
glipizide er (GLUCOTROL XL equiv)	-	1	Diabetic Agents
glipizide/metformin (METAGLIP equiv)	-	1	Diabetic Agents
GLUCAGEN HYPOKIT	-	2	Diabetic Agents
GLUCAGON KIT 1MG	-	2	Diabetic Agents
GLUMETZA	-	NC/3	Diabetic Agents
glyburide (DIABETA, MICRONASE equiv)	GS	1	Diabetic Agents
glyburide micronized	-	1	Diabetic Agents
glyburide/metformin (GLUCOVANCE equiv)	-	1	Diabetic Agents
glycolax (MIRALAX EQUIV)	-	NC/N C	Gastrointestinal Agents
glycopyrrolate (ROBINUL EQUIV)	-	1	Gastrointestinal Agents
GLYSET	-	2	Diabetic Agents
GOLYTELY PACKET	-	1	Gastrointestinal Agents
granisetron (KYTRIL equiv) (QL= Retail 9 tabs/Rx; Mail Order 27 tabs/Rx)	QL/SP	1	Gastrointestinal Agents
granisetron soln (KYTRIL SOLN equiv) (QL = Retail 60ml/Rx, Mail Order 180ml/Rx)	QL/SP	1	Gastrointestinal Agents
GRIFULVIN	-	2	Anti-Infectives
griseofulvin ultramicrosize	-	1	Anti-Infectives
guaifenesin/codeine soln	-	1	Respiratory Agents
GUAIFENESIN/PSEUDOEPHEDRINE PRODUCTS	-	1	Respiratory Agents
guanfacine (TENEX EQUIV)	-	1	Cardiovascular
GYNAZOLE-1	-	NC/3	OB/GYN Agents
GYNODIOL (1.5MG)	-	2	OB/GYN Agents
gynodiol 0.5mg, 1mg, 2mg (ESTRACE equiv) (GYNODIOL 1.5mg is covered at Tier 2)	GS	1	OB/GYN Agents
HALFLYTELY BOWEL PREP KIT	-	NC/3	Gastrointestinal Agents
HALOG	-	2	Dermatologicals
haloperidol	-	1	CNS & ANS Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
hc pramoxine cream (ANALPRAM-HC equiv)	-	1	Genitourinary Agents
HECTOROL	-	2	Endocrine Agents
HEPSERA	MSP	2	Anti-Infectives
HERCEPTIN	M	M	Antineoplastics & Immunosuppressants
HEXALEN	SP	2	Antineoplastics & Immunosuppressants
HISTUSSIN HC	-	1	Respiratory Agents
HIVID	SP	2	Anti-Infectives
HUMALOG	-	NC/3	Diabetic Agents
HUMALOG KWIKPEN	-	NC/3	Diabetic Agents
HUMALOG MIX	-	NC/3	Diabetic Agents
HUMATROPE	-	NC/N C	Endocrine Agents
HUMIRA KIT	PA/MSP	2	Musculoskeletal Agents
HUMULIN (HUMULIN 50/50 and HUMULIN U-500 are Tier 2, all others Tier NC/3)	-	NC/3	Diabetic Agents
HUMULIN 50/50 VIAL	-	2	Diabetic Agents
HUMULIN R U-500	-	2	Diabetic Agents
HYCAMTIN	PA/MSP	2	Antineoplastics & Immunosuppressants
hydralazine	-	1	Cardiovascular
hydrochlorothiazide (hctz)	-	1	Cardiovascular
HYDROCHLOROTHIAZIDE TAB 12.5MG	-	NC/N C	Cardiovascular
hydrocodone/acetaminophen (VICODIN equiv) (All BRAND hydrocodone/apap are covered at NC/3)	-	1	CNS & ANS Agents
hydrocodone/guaifenesin syrup	-	1	Respiratory Agents
hydrocodone/ibuprofen (VICOPROFEN equiv)	-	NC/3	CNS & ANS Agents
hydrocortisone (CORTEF equiv)	-	1	Endocrine Agents
hydrocortisone butyrate cream, soln, oint (LOCOID equiv)	-	1	Dermatologicals
hydrocortisone cr	-	1	Dermatologicals
hydrocortisone enema	-	1	Genitourinary Agents
hydrocortisone supp	-	1	Genitourinary Agents
hydrocortisone valerate (WESTCORT equiv)	-	1	Dermatologicals
hydromorphone (DILAUDID EQUIV)	-	1	CNS & ANS Agents
hydroquinone cr. (LUSTRA equiv)	-	NC/N C	Dermatologicals
hydroxychloroquine (PLAQUENIL equiv)	-	1	Musculoskeletal Agents
hydroxyurea	-	1	Antineoplastics & Immunosuppressants
hydroxyzine	-	1	Respiratory Agents
hyoscyamine (LEVSIN EQUIV)	-	1	Gastrointestinal Agents
hyoscyamine cr (LEVBID EQUIV)	-	1	Gastrointestinal Agents
HYZAAR	-	NC/3	Cardiovascular
IBUDONE	-	NC/3	CNS & ANS Agents
ibuprofen (Rx Only)	-	1	Musculoskeletal Agents
imipramine	-	1	CNS & ANS Agents
IMITREX INJ (Retail 4 Inj/Rx, 2 fills/30 days; Mail Order 12 Inj/Rx, 2 fills/90 days)	QL/SP	NC/3	CNS & ANS Agents
IMITREX NASAL (Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	2	CNS & ANS Agents
IMITREX TAB (Retail 9 tabs/R, 2 fills/30 days; Mail Order 27 tabs/Rx; 2 fills/90 days)	QL	NC/3	CNS & ANS Agents
INCRELEX	MSP	2	Endocrine Agents
indapamide	-	1	Cardiovascular
indomethacin	-	1	Musculoskeletal Agents
indomethacin cr	-	1	Musculoskeletal Agents
INFERGEN	MSP	2	Anti-Infectives
INNOHEP	-	NC/N C	Nutrition, Blood & Electrolytes
INNOPRAN XL	-	1	Cardiovascular
INSPRA	-	NC/3	Cardiovascular
INSULIN (If not listed in Chapter 10, all other forms of insulin are Not Covered)	-	NC/3	Diabetic Agents
INTAL INHALER	-	2	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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INTELENCE	SP	2	Anti-Infectives
INTRON A	MSP	2	Anti-Infectives
INVEGA	-	NC/N C	CNS & ANS Agents
INVIRASE	SP	2	Anti-Infectives
IODOFLEX PAD	-	2	Dermatologicals
IODOSORB GEL	-	2	Dermatologicals
IOPIDINE	-	2	Ophthalmic Agents
IPLIX	-	NC/N C	
ipratropium bromide nasal spray (ATROVENT EQUIV)	-	1	Respiratory Agents
ipratropium nebulizer solution	-	1	Respiratory Agents
IQUIX	RS	NC/3	Ophthalmic Agents
IRESSA (Only available through Curascript 1-877-634-8553)	RS/SP	2	Antineoplastics & Immunosuppressants
ISENTRESS	SP	2	Anti-Infectives
isometheptene/acetaminophen/dichlo (MIDRIN EQUIV)	-	1	CNS & ANS Agents
isoniazid	-	1	Anti-Infectives
ISOPTO CARBOCHOL	-	2	Ophthalmic Agents
ISOPTO HOMATROPINE 2%, 5%	-	2	Ophthalmic Agents
isosorbide dinitrate	-	1	Cardiovascular
isosorbide mononitrate	-	1	Cardiovascular
isosorbide mononitrate er	-	1	Cardiovascular
isradipine (DYNACIRC equiv)	-	1	Cardiovascular
ISTALOL	-	2	Ophthalmic Agents
itraconazole (SPORANOX EQUIV)	PA	1	Anti-Infectives
jantoven (COUMADIN equiv)	-	1	Nutrition, Blood & Electrolytes
JANUMET	-	2	Diabetic Agents
JANUVIA (QL = Max 1 tab/day)	TS/QL	2	Diabetic Agents
jolessa (SEASONALE equiv) (3 Copays per Rx)	-	NC/3	OB/GYN Agents
jolivette (ORTHO MICRONOR/NOR-QD equiv)	-	1	OB/GYN Agents
june! (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	1	OB/GYN Agents
KADIAN	-	NC/3	CNS & ANS Agents
KALETRA	SP	2	Anti-Infectives
KAPIDEX CAP (QL = 1 cap/day (Step Therapy requires failure of omeprazole))	QL/ST	2	Gastrointestinal Agents
kariva (MIRCETTE equiv)	-	1	OB/GYN Agents
KEPPRA	RS	NC/3	CNS & ANS Agents
KEPPRA XR	RS	NC/3	CNS & ANS Agents
KERAFOAM	-	NC/3	Dermatologicals
KERALAC LOTION	-	NC/3	Dermatologicals
KETEK	RS	2	Anti-Infectives
ketoconazole (NIZORAL EQUIV)	-	1	Anti-Infectives
ketoconazole cr (NIZORAL CR EQUIV)	-	1	Dermatologicals
ketoconazole shampoo (NIZORAL SHAMPOO EQUIV)	-	1	Dermatologicals
KETO-DIASTIX	-	1	Diabetic Agents
ketoprofen	-	NC/N C	Musculoskeletal Agents
KETOPROFEN ER	-	NC/3	Musculoskeletal Agents
ketorolac (5 Days of Treatment)	QL	1	Musculoskeletal Agents
ketorolac ophth (ACULAR, ACULAR LS equiv)	-	1	Ophthalmic Agents
KETOSTIX	-	1	Diabetic Agents
KINERET	PA/MSP	2	Musculoskeletal Agents
K-LYTE	-	NC/3	Nutrition, Blood & Electrolytes
K-PHOS	-	2	Nutrition, Blood & Electrolytes
KUVAN	PA/MSP	2	Endocrine Agents
labetalol (NORMODYNE EQUIV)	-	1	Cardiovascular
LAC-HYDRIN CREAM	-	2	Dermatologicals
LACRISERT	-	2	Ophthalmic Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
lactulose	-	1	Gastrointestinal Agents
LAMICTAL CHEW TAB	-	NC/3	CNS & ANS Agents
LAMICTAL ODT (KIT)	-	NC/3	CNS & ANS Agents
LAMICTAL STARTER KIT	-	NC/3	CNS & ANS Agents
LAMICTAL XR (KIT)	-	NC/3	CNS & ANS Agents
lamotrigine (LAMICTAL equiv)	-	1	CNS & ANS Agents
lamotrigine chew tab (LAMICTAL CHEW TAB equiv)	-	1	CNS & ANS Agents
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1	CNS & ANS Agents
LAMPRENE	-	2	Anti-Infectives
lancets	-	1	Diabetic Agents
LANOXIN	-	NC/3	Cardiovascular
lansoprazole (PREVACID equiv)	-	NC/N C	Gastrointestinal Agents
LANTUS	-	2	Diabetic Agents
LANTUS SOLOSTAR	-	2	Diabetic Agents
leena (TRI-NORINYL equiv)	-	1	OB/GYN Agents
leflunomide (ARAVA equiv)	-	1	Musculoskeletal Agents
LESCOL (Covered at Tier 3 if PA not completed on 3-Tiered plans)	PA	2	Cardiovascular
LESCOL XL (Covered at Tier 3 if PA not completed on 3-Tiered plans)	PA	2	Cardiovascular
lessina (LEVLITE equiv)	-	1	OB/GYN Agents
LETAIRIS	-	2	Cardiovascular
LEUKERAN	SP	2	Antineoplastics & Immunosuppressants
LEUKINE	MSP	2	Nutrition, Blood & Electrolytes
levalbuterol neb 1.25mcg (XOPENEX NEB equiv)	-	NC/3	Respiratory Agents
LEVAQUIN	-	2	Anti-Infectives
LEVATOL	-	2	Cardiovascular
LEVEMIR	-	2	Diabetic Agents
levetiracetam (KEPPRA equiv)	RS	1	CNS & ANS Agents
LEVITRA	NC	NC/N C	Miscellaneous Products
LEVLEN	-	NC/3	OB/GYN Agents
LEVLITE	-	NC/3	OB/GYN Agents
levobunolol (BETAGAN EQUIV)	-	1	Ophthalmic Agents
levocarnitine (CARNITOR EQUIV)	-	1	Endocrine Agents
levora (LEVLEN/NORDETTE equiv)	-	1	OB/GYN Agents
LEVORPHANOL	-	2	CNS & ANS Agents
levothroid	-	1	Endocrine Agents
levothyroxine (SYNTHROID equiv)	-	1	Endocrine Agents
levoxyl	-	1	Endocrine Agents
LEXAPRO	TS	2	CNS & ANS Agents
LEXIVA	SP	2	Anti-Infectives
LEXIVA SUSPENSION	SP	2	Anti-Infectives
LEXXEL	-	NC/3	Cardiovascular
LIALDA	-	2	Gastrointestinal Agents
LIDAMANTLE	-	NC/N C	Dermatologicals
lidocaine ointment 5%	-	1	Dermatologicals
lidocaine viscous	-	1	Ears & Throat
lidocaine/prilocaine cream (EMLA EQUIV)	-	1	Dermatologicals
LIDODERM PATCH	-	2	Dermatologicals
lindane	-	1	Dermatologicals
lindane shampoo	-	1	Dermatologicals
liothyronine (CYTOMEL equiv)	-	1	Endocrine Agents
LIPITOR (NC/3 if PA not obtained)	PA	2	Cardiovascular
liquadd	-	NC/3	CNS & ANS Agents
lisinopril (PRINIVIL, ZESTRIL equiv)	GS	1	Cardiovascular
lisinopril/hctz (ZESTORETIC EQUIV)	-	1	Cardiovascular

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Alphabetical Index
Last Updated* 11/18/2009

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lithium carb (LITHOBID equiv)	-	1	CNS & ANS Agents
lithium carbonate er (ESKALITH CR EQUIV)	-	1	CNS & ANS Agents
LITHOBID	-	NC/3	CNS & ANS Agents
LO/OVRAL	-	NC/3	OB/GYN Agents
LOCOID LIPO CREAM	-	NC/3	Dermatologicals
LOESTRIN (FE) 1.5/30, 1/20	-	NC/3	OB/GYN Agents
LOESTRIN 24 FE	-	NC/3	OB/GYN Agents
LOFIBRA	-	1	Cardiovascular
LOPROX GEL	-	NC/3	Dermatologicals
LOPROX SHAMPOO	-	2	Dermatologicals
LORABID	-	NC/3	Anti-Infectives
loratadine otc (CLARITIN equiv)	GS	1	Respiratory Agents
loratadine syrup otc (CLARITIN SYRUP OTC equiv)	GS	1	Respiratory Agents
loratadine-d otc (CLARITIN-D OTC equiv)	GS	1	Respiratory Agents
lorazepam (ATIVAN equiv)	-	1	CNS & ANS Agents
LOSEASONIQUE (3 copays per Rx)	-	NC/3	OB/GYN Agents
LOTEMAX	-	2	Ophthalmic Agents
LOTRONEX	-	NC/3	Gastrointestinal Agents
lovastatin (MEVACOR EQUIV)	-	1	Cardiovascular
LOVAZA	-	2	Cardiovascular
LOVENOX (May be obtained at both specialty provider and retail)	SP	2	Nutrition, Blood & Electrolytes
low-ogestrel (LO-OVRAL equiv)	-	1	OB/GYN Agents
loxapine	-	1	CNS & ANS Agents
LUCENTIS	RS	M	Ophthalmic Agents
LUMIGAN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	2	Ophthalmic Agents
LUNESTA (QL = Max 1 tab/day)	QL	NC/3	CNS & ANS Agents
luteal (ALESSE equiv)	-	1	OB/GYN Agents
LUVOX CR (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	NC/3	CNS & ANS Agents
LUXIQ	-	NC/3	Dermatologicals
LYBREL	-	2	OB/GYN Agents
LYRICA	PA	2	CNS & ANS Agents
LYSODREN	MSP	2	Antineoplastics & Immunosuppressants
MACUGEN	RS/M	M	Ophthalmic Agents
MALARONE	-	2	Anti-Infectives
malathion lotion (OVIDE LOTION equiv)	-	1	Dermatologicals
MARPLAN	-	2	CNS & ANS Agents
MATULANE	SP	2	Antineoplastics & Immunosuppressants
MAXAIR (QL = 2 inhalers/month)	QL	2	Respiratory Agents
MAXALT (MLT) (Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days)	QL	2	CNS & ANS Agents
MAXAQUIN	-	NC/3	Anti-Infectives
MAXIDEX	-	2	Ophthalmic Agents
mebendazole (VERMOX EQUIV)	-	1	Anti-Infectives
meclizine	-	1	Gastrointestinal Agents
meclofen sodium	-	1	Musculoskeletal Agents
medroxyprogesterone	-	1	OB/GYN Agents
mefloquine (LARIAM EQUIV)	-	1	Anti-Infectives
MEGACE ES SUSP.	-	NC/3	Antineoplastics & Immunosuppressants
megestrol	-	1	Antineoplastics & Immunosuppressants
meloxicam (MOBIC equiv)	-	1	Musculoskeletal Agents
MENEST	-	NC/3	OB/GYN Agents
MENOSTAR	-	NC/3	Endocrine Agents
MENTAX CREAM	-	NC/3	Dermatologicals
meperidine	-	1	CNS & ANS Agents
mephobarbital (MEBARAL equiv)	-	1	CNS & ANS Agents
MEPHYTON	-	2	Nutrition, Blood & Electrolytes

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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meprobamate	-	1	CNS & ANS Agents
MEPRON	-	2	Anti-Infectives
MEPROZINE	-	2	CNS & ANS Agents
mercaptopurine (PURINETHOL EQUIV)	SP	1	Antineoplastics & Immunosuppressants
MERIDIA	-	NC/N C	CNS & ANS Agents
mesalamine (ROWASA EQUIV)	-	1	Genitourinary Agents
MESNEX	MSP	2	Antineoplastics & Immunosuppressants
MESTINON TIMESPAN	-	2	CNS & ANS Agents
METADATE CD	-	NC/3	CNS & ANS Agents
metaproterenol syrup	-	1	Respiratory Agents
metformin (GLUCOPHAGE equiv)	GS	1	Diabetic Agents
metformin er (GLUCOPHAGE XR equiv)	-	1	Diabetic Agents
methadone tab/soln	-	1	CNS & ANS Agents
methenamine hippurate (HIPREX EQUIV)	-	1	Anti-Infectives
METHERGINE	-	2	OB/GYN Agents
methimazole (TAPAZOLE EQUIV)	-	1	Endocrine Agents
methocarbamol (ROBAXIN EQUIV)	-	1	Musculoskeletal Agents
methotrexate	-	1	Endocrine Agents
methscopolamine dm/cpm (EXTENDRYL DM equiv)	-	NC/3	Respiratory Agents
methyl dopa	-	1	Cardiovascular
methyl dopa/hctz (ALDORIL equiv)	-	1	Cardiovascular
methylfolate b6-b12 (METANX equiv)	-	NC/3	Nutrition, Blood & Electrolytes
METHYLIN CHEW TAB	-	NC/3	CNS & ANS Agents
METHYLIN SOLN	-	2	CNS & ANS Agents
methylphenidate (RITALIN EQUIV)	-	1	CNS & ANS Agents
methylprednisolone (MEDROL EQUIV)	-	1	Endocrine Agents
methylprednisolone dose pak (MEDROL DOSE PAK EQUIV)	-	1	Endocrine Agents
metipranolol (OPTIPRANOLOL EQUIV)	-	1	Ophthalmic Agents
metoclopramide	-	1	Gastrointestinal Agents
metolazone (ZAROXOLYN EQUIV)	-	1	Cardiovascular
metoprolol (LOPRESSOR equiv)	GS	1	Cardiovascular
metoprolol er (TOPROL XL equiv)	-	1	Cardiovascular
metoprolol/hctz (LOPRESSOR HCTZ EQUIV)	-	1	Cardiovascular
METROGEL 1%	-	2	Dermatologicals
METROGEL 1% KIT	-	2	Dermatologicals
metronidazole (FLAGYL EQUIV)	-	1	Anti-Infectives
metronidazole cream 0.75% (METROCREAM 0.75% equiv)	-	1	Dermatologicals
metronidazole lotion 0.75% (METROLOTION 0.75% equiv)	-	1	Dermatologicals
metronidazole topical gel 0.75% (METROGEL Topical Gel equiv)	-	1	Dermatologicals
metronidazole vaginal cream (METROGEL VAG CREAM equiv)	-	1	OB/GYN Agents
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	1	OB/GYN Agents
MEXILETINE	-	2	Cardiovascular
MIACALCIN INJECTION	MSP	2	Endocrine Agents
MIACALCIN NASAL	SP	2	Endocrine Agents
MICARDIS	-	NC/3	Cardiovascular
MICARDIS/HCT	-	NC/3	Cardiovascular
microgestin (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	1	OB/GYN Agents
midodrine (PROAMATINE equiv)	-	1	Cardiovascular
MIDRIN	-	2	CNS & ANS Agents
migergot supp (CAFERGOT EQUIV)	-	1	CNS & ANS Agents
MIGRANAL SPRAY (Retail 8 units/Rx; Mail Order 24 units/Rx)	QL	2	CNS & ANS Agents
MIMYX CREAM	-	NC/N C	Dermatologicals
minocycline	-	1	Anti-Infectives
minocycline er (SOLODYN equiv)	-	NC/N C	Anti-Infectives

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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minoxidil	-	1	Cardiovascular
MIRAPEX	TS	2	CNS & ANS Agents
MIRCETTE	-	NC/3	OB/GYN Agents
mirtazapine (REMERON equiv)	-	1	CNS & ANS Agents
mirtazapine odt (REMERON SOLUTAB equiv)	-	1	CNS & ANS Agents
misoprostol (CYTOTEC equiv)	-	1	Gastrointestinal Agents
MODICON	-	NC/3	OB/GYN Agents
moexipril (UNIVASC equiv)	-	1	Cardiovascular
moexipril/hctz (UNIRETIC equiv)	-	1	Cardiovascular
mometasone (ELOCON equiv)	-	1	Dermatologicals
mononessa (ORTHO-CYCLEN equiv)	-	1	OB/GYN Agents
MONUROL	-	NC/3	Genitourinary Agents
morphine sulfate er (MS CONTIN equiv)	-	1	CNS & ANS Agents
MORPHINE SULFATE IMMEDIATE-RELEASE (MSIR)	-	1	CNS & ANS Agents
MORPHINE SULFATE ODT	-	2	CNS & ANS Agents
morphine sulfate supp	-	1	CNS & ANS Agents
MOVIPREP	-	NC/3	Gastrointestinal Agents
multigen (CHROMAGEN equiv)	-	1	Nutrition, Blood & Electrolytes
multivitamins/fluoride (iron)	-	1	Nutrition, Blood & Electrolytes
mupirocin oint (BACTROBAN OINT EQUIV)	-	1	Dermatologicals
MUSE	-	NC/N C	Miscellaneous Products
MYCOBUTIN	-	2	Anti-Infectives
mycophenolate (CELLCEPT equiv)	SP	1	Antineoplastics & Immunosuppressants
MYFORTIC	SP	2	Antineoplastics & Immunosuppressants
MYLERAN	-	2	Antineoplastics & Immunosuppressants
nabumetone (RELAFEN EQUIV)	-	1	Musculoskeletal Agents
nadolol	-	1	Cardiovascular
NAFTIN CR	-	2	Dermatologicals
naltrexone (REVIEW EQUIV)	-	1	CNS & ANS Agents
NAMENDA	-	2	CNS & ANS Agents
naproxen	-	1	Musculoskeletal Agents
naproxen sodium	-	1	Musculoskeletal Agents
naproxen sodium cr (NAPRELAN equiv)	-	NC/3	Musculoskeletal Agents
NARDIL	-	2	CNS & ANS Agents
NASACORT AQ	-	NC/3	Respiratory Agents
NASCOBAL	-	NC/3	Nutrition, Blood & Electrolytes
NASONEX	-	2	Respiratory Agents
nateglinide (STARLIX equiv)	-	NC/3	Diabetic Agents
NEBUPENT	-	2	Anti-Infectives
necon (0.5/35, 1/35, 1/50, 7/7/7, 10/11) (ORTHO-NOVUM/MODICON equiv)	-	1	OB/GYN Agents
NEFAZODONE	-	NC/3	CNS & ANS Agents
neomycin/bacitracin/polymyxin/hc (CORTISPORIN OPHTH equiv)	-	1	Ophthalmic Agents
neomycin/dexamethasone (NEODECADRON EQUIV)	-	1	Ophthalmic Agents
neomycin/polymyxin b/gramicidin (NEOSPORIN EQUIV)	-	1	Ophthalmic Agents
neomycin/polymyxin/hc (CORTISPORIN EQUIV)	-	1	Ears & Throat
NEORAL	SP	NC/3	Antineoplastics & Immunosuppressants
NEULASTA	MSP	2	Nutrition, Blood & Electrolytes
NEUMEGA	MSP	2	Nutrition, Blood & Electrolytes
NEUPOGEN	MSP	2	Nutrition, Blood & Electrolytes
NEURONTIN	-	NC/3	CNS & ANS Agents
NEVANAC	-	2	Ophthalmic Agents
NEXAVAR	RS/MSP	2	Antineoplastics & Immunosuppressants
NEXIUM CAP/GRANULES	-	NC/N C	Gastrointestinal Agents
next choice tab (PLAN B equiv)	-	1	OB/GYN Agents
niacin	-	1	Cardiovascular

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
NIASPAN	-	1	Cardiovascular
nicardipine	-	1	Cardiovascular
nicotine gum (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
NICOTINE INHALER	-	NC/N C	CNS & ANS Agents
nicotine lozenge (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
NICOTINE NASAL SPRAY (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
nicotine patch (OTC ONLY NOTE: Covered as part of Dean Health Plan Smoking Cessation Program)	-	1	CNS & ANS Agents
nifedipine	-	1	Cardiovascular
nifedipine er	-	1	Cardiovascular
NIFEREX-150 CAP FORTE	-	2	Nutrition, Blood & Electrolytes
NILANDRON	SP	2	Endocrine Agents
NISOLDIPINE	-	NC/3	Cardiovascular
NITRO-BID 2% OINT	-	NC/3	Cardiovascular
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	1	Anti-Infectives
nitrofurantoin monohydrate (MACROBID EQUIV)	-	1	Genitourinary Agents
nitroglycerine oint	-	1	Cardiovascular
nitroglycerine transdermal	-	1	Cardiovascular
NITROLINGUAL SPRAY	-	2	Cardiovascular
nitroquick (NITROSTAT equiv)	-	1	Cardiovascular
NITROSTAT	-	2	Cardiovascular
NORCO	-	NC/3	CNS & ANS Agents
NORDETTE	-	NC/3	OB/GYN Agents
NORDITROPIN	PA/MSP	2	Endocrine Agents
norethindrone acetate (AYGESTIN EQUIV)	-	1	OB/GYN Agents
NORINYL 1/35, 1/50	-	NC/3	OB/GYN Agents
NOROXIN	-	NC/3	Anti-Infectives
NORPACE CR	-	2	Cardiovascular
NOR-Q.D	-	NC/3	OB/GYN Agents
NORTHYX (15MG & 20MG)	-	2	Endocrine Agents
NORTHYX (5MG & 10MG)	-	1	Endocrine Agents
nortrel (0.5/35, 1/35, 1/50) (ORTHO-NOVUM/MODICON equiv)	-	1	OB/GYN Agents
nortriptyline	-	1	CNS & ANS Agents
NORVIR	SP	2	Anti-Infectives
NOVOFINE PEN NEEDLES	-	1	Diabetic Agents
NOVOLIN INNOLET	-	2	Diabetic Agents
NOVOLIN PENFILL	-	2	Diabetic Agents
NOVOLIN VIAL	-	1	Diabetic Agents
NOVOLOG FLEXPEN	-	2	Diabetic Agents
NOVOLOG MIX	-	2	Diabetic Agents
NOVOLOG VIALS	-	2	Diabetic Agents
NOXAFIL	-	2	Anti-Infectives
NUCOFED	-	2	Respiratory Agents
NUCORT LOTION	-	NC/3	Dermatologicals
NUTROPIN	-	NC/N C	Endocrine Agents
NUTROPIN AQ	-	NC/N C	Endocrine Agents
NUVARING	-	2	OB/GYN Agents
nystatin	-	1	Ears & Throat
nystatin cr	-	1	Dermatologicals
nystatin powder	-	1	Dermatologicals
nystatin vag tab	-	1	OB/GYN Agents
nystatin/triamcinolone cr	-	1	Dermatologicals
ocella (YASMIN equiv)	-	1	OB/GYN Agents

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Alphabetical Index
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octreotide inj (SANDOSTATIN equiv)	MSP	1	Endocrine Agents
ofloxacin oph soln (OCUFLOX EQUIV)	-	1	Ophthalmic Agents
ofloxacin otic (FLOXIN OTIC equiv)	-	1	Ears & Throat
ofloxacin tab (FLOXIN TAB equiv)	-	1	Anti-Infectives
OGESTREL 0.5/30	-	NC/3	OB/GYN Agents
omeprazole 10mg (PRILOSEC equiv)	-	NC/N C	Gastrointestinal Agents
omeprazole 20mg (PRILOSEC equiv) (Rx Only)	GS	1	Gastrointestinal Agents
omeprazole 40mg (PRILOSEC equiv) (Rx Only)	-	1	Gastrointestinal Agents
OMNARIS	-	NC/3	Respiratory Agents
ondansetron (ZOFTRAN equiv)	SP	1	Gastrointestinal Agents
ondansetron odt (ZOFTRAN ODT equiv)	SP	1	Gastrointestinal Agents
OPANA	-	NC/N C	CNS & ANS Agents
OPANA ER	-	NC/N C	CNS & ANS Agents
OPTIVAR	-	NC/3	Ophthalmic Agents
ORAP	-	2	CNS & ANS Agents
ORENCIA	RS/PA/M	M	Musculoskeletal Agents
orphenadrine citrate er (NORFLEX EQUIV)	-	1	Musculoskeletal Agents
orphenadrine/asa/caff (NORGESIC equiv)	-	1	Musculoskeletal Agents
orphenadrine/asa/caffeine 50-770-60mg (NORGESIC FORTE equiv)	-	1	Musculoskeletal Agents
ORTHO DIAPHRAGM ALL-FLEX	-	2	OB/GYN Agents
ORTHO EVRA	-	2	OB/GYN Agents
ORTHO MICRONOR	-	NC/3	OB/GYN Agents
ORTHO TRI-CYCLEN	-	NC/3	OB/GYN Agents
ORTHO TRI-CYCLEN LO	-	2	OB/GYN Agents
ORTHO-CEPT	-	NC/3	OB/GYN Agents
ORTHO-CYCLEN	-	NC/3	OB/GYN Agents
ortho-est	-	NC/3	OB/GYN Agents
ORTHO-NOVUM (1/35, 1/50, 10/11, 7/7/7)	-	NC/3	OB/GYN Agents
ORTHO-PREFEST	-	NC/3	OB/GYN Agents
OSMOPREP	-	NC/3	Gastrointestinal Agents
OVACE PLUS SHAMPOO	-	NC/3	Dermatologicals
OVCON 50	-	NC/3	OB/GYN Agents
OVRAL	-	NC/3	OB/GYN Agents
OVBLETTE	-	NC/3	OB/GYN Agents
oxandrolone (OXANDRIN equiv)	-	1	OB/GYN Agents
oxaprozin (DAYPRO EQUIV)	-	1	Musculoskeletal Agents
oxazepam	-	1	CNS & ANS Agents
oxcarbazepine tab (TRILEPTAL equiv)	RS	1	CNS & ANS Agents
OXISTAT CR	-	2	Dermatologicals
OXSORALEN ULTRA	-	2	Dermatologicals
OXY IR	-	2	CNS & ANS Agents
oxybutynin (DITROPAN equiv)	-	1	Genitourinary Agents
oxybutynin er (DITROPAN XL equiv)	-	1	Genitourinary Agents
oxycodone (ROXICODONE EQUIV)	-	1	CNS & ANS Agents
oxycodone er (OXYCONTIN equiv) (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days.)	QL	1	CNS & ANS Agents
oxycodone/acetaminophen (All BRAND oxycodone/apap are covered at NC/3)	-	1	CNS & ANS Agents
oxycodone/ibuprofen (COMBUNOX equiv)	-	NC/3	CNS & ANS Agents
OXYCONTIN (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days.)	QL	2	CNS & ANS Agents
oxyfast (ROXICODONE equiv)	-	1	CNS & ANS Agents
OXYTROL	-	NC/3	Genitourinary Agents
PANAFIL	-	2	Dermatologicals
PANCREATIC ENZYMES (ALL BRANDS)	-	2	Gastrointestinal Agents
pantoprazole (PROTONIX equiv)	-	NC/N C	Gastrointestinal Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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papaverine	NC	NC/N C	Miscellaneous Products
paromomycin (HUMATIN EQUIV)	-	NC/3	Anti-Infectives
paroxetine (PAXIL equiv)	-	1	CNS & ANS Agents
paroxetine er (PAXIL CR equiv)	-	1	CNS & ANS Agents
PATADAY	-	2	Ophthalmic Agents
PATANASE	-	2	Respiratory Agents
PATANOL	-	2	Ophthalmic Agents
PCE	-	2	Anti-Infectives
PEAK FLOW METER	-	NC/N C	Respiratory Agents
peg 3350/electrolytes (GOLYTELY/COLYTE EQUIV)	-	1	Gastrointestinal Agents
PEGASYS	-	NC/N C	Anti-Infectives
PEG-INTRON	MSP	2	Anti-Infectives
PEG-INTRON READYPEN	MSP	2	Anti-Infectives
penicillin vk	-	1	Anti-Infectives
PENTASA	-	2	Gastrointestinal Agents
pentazocine/apap (TALACEN EQUIV)	-	1	CNS & ANS Agents
pentoxifylline	-	1	Nutrition, Blood & Electrolytes
PERFOROMIST NEB	-	NC/3	Respiratory Agents
pergolide (PERMAX EQUIV)	-	1	CNS & ANS Agents
perindopril tab (ACEON equiv)	-	1	Cardiovascular
permethrin cream (ELIMITE EQUIV)	-	1	Dermatologicals
perphenazine/amitriptyline	-	1	CNS & ANS Agents
PEXEVA (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	NC/3	CNS & ANS Agents
phenazopyridine (PYRIDIDIUM EQUIV)	-	1	Genitourinary Agents
phenazopyridine plus (PYRIDIDIUM PLUS equiv)	-	1	Genitourinary Agents
phenobarbital	-	1	CNS & ANS Agents
PHENTOLAMINE	NC	NC/N C	Miscellaneous Products
phenylephrine oph. soln.	-	1	Ophthalmic Agents
PHENYLEPHRINE-CHLOR-DM (RONDEC DM equiv)	-	1	Respiratory Agents
PHENYTEK	-	1	CNS & ANS Agents
phenytoin sodium extended (DILANTIN equiv)	-	1	CNS & ANS Agents
PHOSLO CAP	-	NC/3	Nutrition, Blood & Electrolytes
phospha (K-PHOS NEUTRAL equiv)	-	1	Nutrition, Blood & Electrolytes
PHOSPHOLINE IODIDE	-	2	Ophthalmic Agents
PHRENALIN	-	2	CNS & ANS Agents
pilocarpine (SALAGEN EQUIV)	-	1	Ears & Throat
pilocarpine oph soln	-	1	Ophthalmic Agents
pindolol	-	1	Cardiovascular
piroxicam	-	1	Musculoskeletal Agents
PLAN B	-	2	OB/GYN Agents
PLAVIX TAB 300MG	-	NC/N C	Nutrition, Blood & Electrolytes
PLAVIX TAB 75MG	-	2	Nutrition, Blood & Electrolytes
podofilox soln (CONDYLOX SOLN equiv)	-	1	Dermatologicals
PONSTEL	-	NC/3	Musculoskeletal Agents
portia (LEVLEN/NORDETTE equiv)	-	1	OB/GYN Agents
POTABA CAP/POWDER	-	NC/3	Nutrition, Blood & Electrolytes
POTABA TAB	-	2	Nutrition, Blood & Electrolytes
potassium bicarbonate (K-LYTE equiv)	-	1	Nutrition, Blood & Electrolytes
potassium chloride	-	1	Nutrition, Blood & Electrolytes
potassium chloride cr	-	1	Nutrition, Blood & Electrolytes
potassium chloride powder (K-LOR equiv)	-	1	Nutrition, Blood & Electrolytes
potassium citrate & citric acid (POLYCITRA equiv)	-	1	Nutrition, Blood & Electrolytes

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
potassium citrate er (UROCIT-K equiv)	-	1	Nutrition, Blood & Electrolytes
PR OTIC	-	2	Ears & Throat
PRAMOSONE CREAM 1%	-	2	Dermatologicals
PRAMOSONE CREAM 2.5%	-	2	Dermatologicals
pramoxine hc (PRAMOSONE CREAM 2.5% equiv)	-	1	Dermatologicals
pramoxine hcl rectal foam (PROCTOFOAM EQUIV)	-	1	Genitourinary Agents
PRANDIMET	-	NC/3	Diabetic Agents
PRANDIN	-	2	Diabetic Agents
pravastatin (PRAVACHOL equiv)	-	1	Cardiovascular
prazosin (MINIPRESS EQUIV)	-	1	Cardiovascular
PRECARE PREMIER	-	2	Nutrition, Blood & Electrolytes
PRECISION SURE-DOSE INSULIN SYRINGE (ALL)	-	1	Diabetic Agents
PRECISION XTRA CONTROL SOLUTION	-	1	Diabetic Agents
PRECISION XTRA METER (No Copay)	-	-	Diabetic Agents
PRECISION XTRA TEST STRIPS	-	2	Diabetic Agents
PRECOSE	-	NC/3	Diabetic Agents
PRED-MILD	-	2	Ophthalmic Agents
prednicarbate cream/oint (DERMATOP equiv)	-	1	Dermatologicals
prednisolone (PEDIAPRED EQUIV)	-	1	Endocrine Agents
prednisolone acetate (PRED FORTE EQUIV)	-	1	Ophthalmic Agents
prednisolone sodium phos oph soln (INFLAMASE FORTE EQUIV)	-	1	Ophthalmic Agents
prednisone tab	-	1	Endocrine Agents
PREMARIN	-	2	OB/GYN Agents
PREMARIN VAGINAL CREAM	-	2	OB/GYN Agents
PREMPHASE	-	2	OB/GYN Agents
PREMPRO	-	2	OB/GYN Agents
PREMPRO LOW	-	2	OB/GYN Agents
PRENATAL RX (Brand Name Products)	-	2	Nutrition, Blood & Electrolytes
PREVACID CAP (Requires failure of omeprazole)	ST	NC/3	Gastrointestinal Agents
PREVACID OTC	-	1	Gastrointestinal Agents
PREVACID SOLUTABS (Tier 2 <12 years old (Requires failure of omeprazole))	ST	NC/3	Gastrointestinal Agents
PREVALITE	-	2	Cardiovascular
PREVIDENT CREAM OR GEL	-	2	Ears & Throat
PREVIDENT DENTAL RINSE	-	2	Ears & Throat
PREVPAC	-	NC/3	Gastrointestinal Agents
PREZISTA	SP	2	Anti-Infectives
PRILOSEC	-	NC/N C	Gastrointestinal Agents
PRILOSEC OTC	-	1	Gastrointestinal Agents
PRIMACARE	-	2	Nutrition, Blood & Electrolytes
PRIMACARE ADVANTAGE	-	2	Nutrition, Blood & Electrolytes
PRIMACARE ONE	-	2	Nutrition, Blood & Electrolytes
PRIMAQUINE	-	2	Anti-Infectives
primidone	-	1	CNS & ANS Agents
PRISTIQ (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	NC/3	CNS & ANS Agents
PROAIR HFA (QL = 2 inhalers/month)	QL	2	Respiratory Agents
probenecid	-	1	Musculoskeletal Agents
probenecid/colchicine	-	1	Musculoskeletal Agents
PROCENTRA	-	NC/3	CNS & ANS Agents
PROCHIEVE GEL	SP	2	OB/GYN Agents
prochlorperazine	-	1	Gastrointestinal Agents
PROCRIT (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	2	Nutrition, Blood & Electrolytes
PROCTOFOAM HC	-	1	Genitourinary Agents
PROGESTERONE SUPP	-	2	OB/GYN Agents
PROGRAF	SP	2	Antineoplastics & Immunosuppressants
PROLASTIN	M	M	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
PROLEUKIN	SP	2	Antineoplastics & Immunosuppressants
PROMACTA	PA/MSP	2	Nutrition, Blood & Electrolytes
promethazine supp (PHENERGAN EQUIV)	-	1	Gastrointestinal Agents
promethazine tab (PHENERGAN EQUIV)	-	1	Gastrointestinal Agents
promethazine vc (PHENERGAN VC EQUIV)	-	1	Respiratory Agents
promethazine vc/codeine (PHENERGAN VC/CODEINE EQUIV)	-	1	Respiratory Agents
promethazine/codeine (PHENERGAN/CODEINE EQUIV)	-	1	Respiratory Agents
PROMETRIUM	-	2	OB/GYN Agents
propafenone (RHYTHMOL EQUIV)	-	1	Cardiovascular
propoxyphene (DARVON EQUIV)	-	1	CNS & ANS Agents
propoxyphene compound-65 (DARVON CPD EQUIV)	-	1	CNS & ANS Agents
propoxyphene-napsylate/acetaminophen (DARVOCET N-100 EQUIV)	-	1	CNS & ANS Agents
propranolol	-	1	Cardiovascular
propranolol er (INDERAL LA equiv)	-	1	Cardiovascular
propranolol/hctz	-	1	Cardiovascular
propylthiouracil	-	1	Endocrine Agents
PROQUIN XR	-	NC/N C	Anti-Infectives
PROSED (EC/DS)	-	NC/3	Genitourinary Agents
PROTONIX (QL = 2 tab/day (Step Therapy requires failure of omeprazole))	ST/QL	2	Gastrointestinal Agents
PROTONIX PAK	-	2	Gastrointestinal Agents
PROTOPIC	-	2	Dermatologicals
protriptylin (VIVACTIL equiv)	-	NC/3	CNS & ANS Agents
PROTROPIN	-	NC/N C	Endocrine Agents
PROVENTIL HFA	-	NC/3	Respiratory Agents
PROVIGIL (QL = Max 2 tabs/day)	PA/QL	2	CNS & ANS Agents
PROZAC LIQUID	NC	NC/N C	CNS & ANS Agents
PROZAC WEEKLY	-	NC/N C	CNS & ANS Agents
prudoxin cr. (ZONALON equiv)	-	1	Dermatologicals
pruvate (REPLIVA equiv)	-	1	Nutrition, Blood & Electrolytes
PSORCON E OINT	-	NC/3	Dermatologicals
PULMICORT FLEXHALER (QL = 2 inhalers/month)	QL	2	Respiratory Agents
PULMICORT RESPULES	-	2	Respiratory Agents
PULMICORT TURBUHALER (QL = 1 inhalers/month)	QL	2	Respiratory Agents
PULMOZYME	SP	2	Respiratory Agents
PYLERA	-	NC/3	Gastrointestinal Agents
pyrazinamide	-	1	Anti-Infectives
pyridostigmine bromide (MESTINON EQUIV)	-	1	CNS & ANS Agents
quasense (SEASONALE equiv) (3 copays per RX)	-	NC/3	OB/GYN Agents
QUESTRAN	-	NC/3	Cardiovascular
quinapril (ACCUPRIL EQUIV)	-	1	Cardiovascular
quinapril/hctz (ACCURETIC EQUIV)	-	1	Cardiovascular
quinidine gluconate cr	-	1	Cardiovascular
quinidine sulfate (QUINIDEX EQUIV)	-	1	Cardiovascular
quinine sulfate	-	NC/N C	Anti-Infectives
QUIXIN	RS	2	Ophthalmic Agents
QVAR	-	NC/3	Respiratory Agents
ramipril cap (ALTACE CAP equiv)	-	1	Cardiovascular
RANEXA	-	2	Cardiovascular
ranitidine (ZANTAC equiv)	GS	1	Gastrointestinal Agents
RAPAFLO	-	NC/3	Genitourinary Agents
RAPAMUNE	SP	2	Antineoplastics & Immunosuppressants
RAZADYNE	-	NC/3	CNS & ANS Agents
RAZADYNE ER	-	NC/3	CNS & ANS Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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REBETRON	MSP	2	Anti-Infectives
REBIF	MSP	2	CNS & ANS Agents
REBIF TITRATION PACK	MSP	2	CNS & ANS Agents
reclipsen (ORTHO-CEPT/DESOGEN equiv)	-	1	OB/GYN Agents
REGRANEX (2 - 15gm tubes per copay)	QL	2	Dermatologicals
RELENZA (QL = 20 units/fill)	QL	2	Anti-Infectives
RELION	-	NC/3	Diabetic Agents
RELISTOR	PA/MSP	2	Gastrointestinal Agents
RELPAK (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	NC/3	CNS & ANS Agents
REMICADE	RS/PA/M	M	Musculoskeletal Agents
RENAGEL	-	2	Genitourinary Agents
RENOVA	-	NC/N C	Dermatologicals
REVELA	-	NC/3	Genitourinary Agents
REPLIVA	-	NC/3	Nutrition, Blood & Electrolytes
REQUIP	-	NC/3	CNS & ANS Agents
REQUIP KIT	-	2	CNS & ANS Agents
REQUIP XL	-	NC/3	CNS & ANS Agents
RESCRIPTOR	SP	2	Anti-Infectives
RESTASIS (Restricted to Ophthalmologist or Optometrist)	RS	2	Ophthalmic Agents
RESTORIL 22.5MG	-	2	CNS & ANS Agents
RETIN-A MICRO-GEL	-	2	Dermatologicals
REVATIO	MSP	2	Respiratory Agents
REVLIMID (QL = Max 1 cap/day)	QL/PA/MSP	2	Antineoplastics & Immunosuppressants
REYATAZ	SP	2	Anti-Infectives
RHINOCORT AQ (QL = 2/month)	QL	NC/3	Respiratory Agents
ribavirin (REBETOL, COPEGUS equiv)	MSP	1	Anti-Infectives
RIBAVIRIN TAB 500MG	MSP	2	Anti-Infectives
RIDAURA	-	2	Musculoskeletal Agents
rifampin	-	1	Anti-Infectives
RILUTEK	-	2	Musculoskeletal Agents
rimantadine	-	1	Anti-Infectives
RIOMET (metformin liq.)	-	NC/3	Diabetic Agents
RISPERDAL	-	NC/3	CNS & ANS Agents
RISPERDAL M-TAB ODT	-	NC/3	CNS & ANS Agents
risperidone (RISPERDAL equiv)	-	1	CNS & ANS Agents
risperidone odt (RISPERDAL-M equiv)	-	1	CNS & ANS Agents
RITALIN LA	-	NC/3	CNS & ANS Agents
RITUXAN	PA/RS/M	M	Antineoplastics & Immunosuppressants
ROFERON-A	MSP	2	Anti-Infectives
ropinirole (REQUIP equiv)	-	1	CNS & ANS Agents
ROSAC CREAM	-	NC/3	Dermatologicals
ROSULA AQUEOUS CLEANSER/GEL/NS PADS	-	NC/3	Dermatologicals
ROWASA	-	NC/3	Genitourinary Agents
ROWASA KIT	-	NC/N C	Genitourinary Agents
ROXICET SOLN 5MG/325MG	-	2	CNS & ANS Agents
roxicet tab 5mg/325mg	-	1	CNS & ANS Agents
ROXICET TAB 5MG/500MG	-	NC/3	CNS & ANS Agents
ROZEREM (QL = Max 1 tab/day)	PA/QL	2	CNS & ANS Agents
RYNATAN	-	2	Respiratory Agents
RYTHMOL SR	-	NC/3	Cardiovascular
RYZOLT	-	NC/3	CNS & ANS Agents
SAIZEN	-	NC/N C	Endocrine Agents
SALAGEN	-	2	Ears & Throat
salsalate	-	1	Musculoskeletal Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
SANCTURA	-	NC/3	Genitourinary Agents
SANCTURA XR	-	NC/N C	Genitourinary Agents
SANCUSO (QL = Retail 4 patch/Rx; Mail Order 12 patch/Rx)	QL	NC/3	Gastrointestinal Agents
SANDIMMUNE	SP	NC/3	Antineoplastics & Immunosuppressants
SANDOSTATIN	MSP	2	Endocrine Agents
SANDOSTATIN LAR KIT	-	NC	Endocrine Agents
SANTYL	-	2	Dermatologicals
SAVELLA	PA	2	CNS & ANS Agents
scalacort lotion (ALA-SCALP equiv)	-	1	Dermatologicals
SEASONIQUE (3 copays per Rx)	-	NC/3	OB/GYN Agents
seb-prev cream (OVACE equiv)	-	NC/3	Dermatologicals
SEB-PREV GEL	-	NC/3	Dermatologicals
SECONAL	-	2	CNS & ANS Agents
selegiline (ELDEPRYL EQUIV)	-	1	CNS & ANS Agents
selegiline tab (ELDEPRYL EQUIV)	-	1	CNS & ANS Agents
selenium sulfide	-	1	Dermatologicals
selfemra (SARAFEM equiv)	-	NC/N C	CNS & ANS Agents
SELZENTRY	SP	2	Anti-Infectives
SENSIPAR	RS/MSP	2	Endocrine Agents
SEREVENT DISKUS (QL = 2 inhalers/month)	QL	2	Respiratory Agents
SEROQUEL	TS	2	CNS & ANS Agents
SEROQUEL XR	-	2	CNS & ANS Agents
SEROSTIM	-	NC/N C	Endocrine Agents
sertraline (ZOLOFT equiv)	GS	1	CNS & ANS Agents
silver sulfadiazine cr	-	1	Dermatologicals
SIMCOR	-	2	Cardiovascular
simvastatin (ZOCOR equiv)	GS	1	Cardiovascular
SINGULAIR (PA not required for members <14 years)	PA	2	Respiratory Agents
SKELAXIN	-	2	Musculoskeletal Agents
smz/tmp ds (BACTRIM DS EQUIV)	-	1	Anti-Infectives
sodium citrate and citric acid soln (BICITRA EQUIV)	-	1	Nutrition, Blood & Electrolytes
sodium fluoride cream or gel (PREVIDENT EQUIV)	-	1	Ears & Throat
sodium fluoride rinse (PREVIDENT equiv)	-	1	Ears & Throat
sodium polystyrene powder (KAYEXALATE equiv)	-	1	Cardiovascular
sodium sulfacetamide soln	-	1	Ophthalmic Agents
sodium sulfacetamide/sulf lotion (SULFACET R EQUIV)	-	1	Dermatologicals
sodium sulfacetamide/sulfur emu (ROSAC/PLEXION equiv)	-	1	Dermatologicals
solia (ORTHO-CEPT/DESOGEN equiv)	-	1	OB/GYN Agents
SOMA 250MG TAB	-	NC/N C	Musculoskeletal Agents
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	2	Endocrine Agents
SONATA	-	NC/3	CNS & ANS Agents
sorbitol	-	1	Gastrointestinal Agents
SORIATANE	-	2	Dermatologicals
SORIATANE CK KIT	-	2	Dermatologicals
sotalol (BETAPACE EQUIV)	-	1	Cardiovascular
sotret (ACCUTANE EQUIV)	-	1	Dermatologicals
SPECTRACEF	-	NC/3	Anti-Infectives
SPIRIVA (for use with Handihaler Device)	-	2	Respiratory Agents
spironolactone	-	1	Cardiovascular
spironolactone/hctz	-	1	Cardiovascular
sprintec (ORTHO-CYCLEN equiv)	-	1	OB/GYN Agents
SPRYCEL	PA/MSP	2	Antineoplastics & Immunosuppressants
STALEVO	RS	2	CNS & ANS Agents
stavudine (ZERIT equiv)	SP	1	Anti-Infectives

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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STAVZOR	-	NC/N C	CNS & ANS Agents
STIMATE	-	2	Endocrine Agents
STRATTERA (QL = 60)	QL	2	CNS & ANS Agents
STROMECTOL	-	2	Anti-Infectives
SUBOXONE	RS	2	CNS & ANS Agents
sucralfate	-	1	Gastrointestinal Agents
SULAR	-	NC/3	Cardiovascular
sulfacetamide liq (OVACE WASH EQUIV)	-	1	Dermatologicals
sulfacetamide sod. lotion (KLARON equiv)	-	NC/3	Dermatologicals
sulfacetamide sodium w/sulfur emulsion (PLEXION EQUIV)	-	1	Dermatologicals
sulfacetamide sodium/prednisolone (BLEPHAMIDE EQUIV)	-	1	Ophthalmic Agents
SULFAMYLON CR	-	2	Dermatologicals
sulfasalazine	-	1	Gastrointestinal Agents
sulfasalazine ec	-	1	Gastrointestinal Agents
sulfisoxazole susp metronidazole	-	1	Anti-Infectives
sulindac	-	1	Musculoskeletal Agents
sumatriptan inj. (IMITREX equiv) (QL = Retail 4 inj/Rx, 2 fills/30 days; Mail Order 12 inj/Rx, 2 fills/90 days)	QL/SP	1	CNS & ANS Agents
SUMATRIPTAN NASAL SPRAY (QL = Retail 6 sprays/Rx, 2 fills/30 days; Mail Order 18 sprays/Rx, 2 fills/90 days)	QL	1	CNS & ANS Agents
sumatriptan tab (IMITREX equiv) (QL = Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	1	CNS & ANS Agents
SUPRAX	-	NC/3	Anti-Infectives
SURMONTIL TAB	-	NC/3	CNS & ANS Agents
SUSTIVA	SP	2	Anti-Infectives
SUTENT	PA/MSP	2	Antineoplastics & Immunosuppressants
SYMBICORT (QL = 2 inhalers/month)	QL	2	Respiratory Agents
SYMBYAX	-	2	CNS & ANS Agents
SYMLIN	-	NC/N C	Diabetic Agents
SYNAREL	SP	2	OB/GYN Agents
syntest (ESTRATEST equiv)	-	1	OB/GYN Agents
syntest hs (ESTRATEST HS equiv)	-	1	OB/GYN Agents
SYNTHROID	-	NC/3	Endocrine Agents
TABLOID	SP	2	Antineoplastics & Immunosuppressants
TACLONEX OINT	-	NC/3	Dermatologicals
TACLONEX SCALP SUSP	-	NC/N C	Dermatologicals
tacrolimus (PROGRAF equiv)	SP	1	Antineoplastics & Immunosuppressants
TAMIFLU (QL = 10 cap or 125ml/fill)	QL	2	Anti-Infectives
tamoxifen	-	1	Endocrine Agents
TARCEVA	PA/MSP	2	Antineoplastics & Immunosuppressants
TARGRETIN	RS/MSP	2	Antineoplastics & Immunosuppressants
TARGRETIN GEL	-	2	Antineoplastics & Immunosuppressants
TARKA	-	NC/3	Cardiovascular
TASIGNA	MSP/PA	2	Antineoplastics & Immunosuppressants
TASMAR	-	2	CNS & ANS Agents
TAZORAC	PA	2	Dermatologicals
TEGRETOL XR	-	2	CNS & ANS Agents
TEKTURNA	-	NC/3	Cardiovascular
TEKTURNA HCT	-	NC/3	Cardiovascular
temazepam	-	1	CNS & ANS Agents
TEMODAR	MSP	2	Antineoplastics & Immunosuppressants
TEQUIN	-	NC/3	Anti-Infectives
terazosin (HYTRIN equiv)	GS	1	Genitourinary Agents
terbinafine (LAMISIL equiv)	-	1	Anti-Infectives
terbutaline sulfate	-	1	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

Drug Name	Special Code	Tier	Chapter
terconazole supp (TERAZOL 3 SUPP equiv)	-	1	OB/GYN Agents
terconazole vaginal cream (TERAZOL 3 EQUIV)	-	1	OB/GYN Agents
TESTIM GEL	-	NC/3	OB/GYN Agents
tetracycline	-	1	Anti-Infectives
TEVETEN	-	NC/3	Cardiovascular
THALOMID	PA/MSP	2	Antineoplastics & Immunosuppressants
theophylline cr	-	1	Respiratory Agents
theophylline er tab 24 hr (UNIPHYL EQUIV)	-	1	Respiratory Agents
thioguanine	SP	1	Antineoplastics & Immunosuppressants
thioridazine	-	1	CNS & ANS Agents
thiothixene	-	1	CNS & ANS Agents
THYROGEN	M	M	Endocrine Agents
thyroid (ARMOUR THYROID equiv)	-	1	Endocrine Agents
THYROLAR	-	2	Endocrine Agents
TIAZAC	-	NC/3	Cardiovascular
ticlopidine	-	1	Nutrition, Blood & Electrolytes
TIKOSYN	-	2	Cardiovascular
TILADE	-	2	Respiratory Agents
tilia fe (ESTROSTEP FE equiv)	-	1	OB/GYN Agents
timolol	-	1	Cardiovascular
timolol maleate (TIMOPTIC EQUIV)	-	1	Ophthalmic Agents
timolol maleate oph gel (TIMOPTIC XE EQUIV)	-	1	Ophthalmic Agents
TINDAMAX	-	NC/3	Anti-Infectives
tizanidine tab (ZANAFLEX TAB equiv)	-	1	Musculoskeletal Agents
TOBI	SP	2	Anti-Infectives
TOBRADEX (QL = 2 bottles/month)	QL	2	Ophthalmic Agents
tobramycin soln (TOBREX EQUIV)	-	1	Ophthalmic Agents
tobramycin/dex ophth sus (TOBRADEX equiv) (QL = 2 bottles/month)	QL	1	Ophthalmic Agents
tolazamide (TOLINASE equiv)	-	1	Diabetic Agents
TOPAMAX	-	NC/3	CNS & ANS Agents
TOPAMAX SPRINKLE	-	NC/3	CNS & ANS Agents
TOPICORT LP	-	NC/3	Dermatologicals
topiramate (TOPAMAX equiv)	-	1	CNS & ANS Agents
topiramate sprinkle (TOPAMAX SPRINKLE equiv)	-	1	CNS & ANS Agents
torse mide (DEMADEX EQUIV)	-	1	Cardiovascular
TOVIAZ	-	NC/3	Genitourinary Agents
TRACLEER (Only available through Accredo 1-866-890-3395 and PharmaCare 1-800-238-7828)	-	2	Cardiovascular
tramadol (ULTRAM EQUIV)	-	1	CNS & ANS Agents
tramadol/apap (ULTRACET equiv)	-	NC/3	CNS & ANS Agents
trandolapril (MAVIK equiv)	-	1	Cardiovascular
TRANSDERM SCOP	-	2	Gastrointestinal Agents
tranylcypromine sulfate (PARNATE equiv)	-	1	CNS & ANS Agents
TRAVATAN (Z) (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	2	Ophthalmic Agents
trazodone	-	1	CNS & ANS Agents
tretinoin	-	1	Dermatologicals
tretinoin cap (VESANOID equiv)	MSP	1	Antineoplastics & Immunosuppressants
TREXALL	-	2	Musculoskeletal Agents
TREXIMET	-	NC/N C	CNS & ANS Agents
triamcinolone acetonide cr	-	1	Dermatologicals
triamcinolone in orabase	-	1	Ears & Throat
triamterene/hctz (DYAZIDE, MAXZIDE equiv)	GS	1	Cardiovascular
triazolam	-	1	CNS & ANS Agents
tricon (TRINSICON equiv)	-	1	Nutrition, Blood & Electrolytes
TRICOR	-	NC/3	Cardiovascular
trifluoperazine	-	1	CNS & ANS Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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trifluridine (VIROPTIC EQUIV)	-	1	Ophthalmic Agents
TRIGLIDE	-	NC/3	Cardiovascular
trihexyphenidyl (ARTANE EQUIV)	-	1	CNS & ANS Agents
tri-legest fe (ESTROSTEP FE equiv)	-	1	OB/GYN Agents
TRILEPTAL	RS	NC/3	CNS & ANS Agents
TRI-LEVLEN	-	NC/3	OB/GYN Agents
TRILIPIX	-	2	Cardiovascular
TRI-LUMA	-	NC/N C	Dermatologicals
trilyte (NULYTELY EQUIV)	-	1	Gastrointestinal Agents
trimethobenzamide (TIGAN equiv)	-	1	Gastrointestinal Agents
trimethoprim	-	1	Anti-Infectives
trimethoprim/polymyxin (POLYTRIM EQUIV)	-	1	Ophthalmic Agents
trimipramine tab (SURMONTIL equiv) ((25mg and 50mg))	-	NC/3	CNS & ANS Agents
TRI-NASAL	-	NC/3	Respiratory Agents
trinessa (ORTHO TRI-CYCLEN equiv)	-	1	OB/GYN Agents
TRI-NORINYL	-	NC/3	OB/GYN Agents
TRIPHASIL	-	NC/3	OB/GYN Agents
tri-previfem (ORTHO TRI-CYCLEN equiv)	-	1	OB/GYN Agents
tri-sprintec (ORTHO TRI-CYCLEN equiv)	-	1	OB/GYN Agents
tri-vitamin/fluoride (iron)	-	1	Nutrition, Blood & Electrolytes
trivora (TRIPHASIL/TRI-LEVLEN equiv)	-	1	OB/GYN Agents
TRIZIVIR	SP	2	Anti-Infectives
TRUSOPT	-	NC/3	Ophthalmic Agents
TRUVADA	SP	2	Anti-Infectives
trypsin w/castor oil & peruvian balsam oint (XENADERM equiv)	-	1	Dermatologicals
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	NC/3	Respiratory Agents
TUSSIONEX (4 oz/Rx, 2 fills/month)	QL	NC/3	Respiratory Agents
TWINJECT	-	NC/3	Respiratory Agents
TYKERB	-	NC/N C	Antineoplastics & Immunosuppressants
TYSABRI	RS	M	CNS & ANS Agents
TYZEKA	-	NC/N C	Anti-Infectives
ULORIC (Step Therapy requires failure of allopurinol)	ST	2	Musculoskeletal Agents
ULTRACET	-	NC/3	CNS & ANS Agents
ULTRAM ER	-	NC/3	CNS & ANS Agents
ULTRASE	-	2	Gastrointestinal Agents
ULTRAVATE KIT	-	NC/N C	Dermatologicals
UNIPHYL	-	NC/3	Respiratory Agents
unithroid	-	1	Endocrine Agents
urea cream, gel, lotion (CARMOL 40 EQUIV)	-	1	Dermatologicals
urea cream, oint, gel (KERALAC equiv)	-	1	Dermatologicals
urea emulsion, susp. (UMECTA equiv)	-	1	Dermatologicals
urea hc (CARMOL HC EQUIV)	-	1	Dermatologicals
URISPAS	-	NC/N C	Genitourinary Agents
UROCIT-K	-	2	Nutrition, Blood & Electrolytes
UROXATRAL	-	2	Genitourinary Agents
URSO	-	2	Gastrointestinal Agents
URSO FORTE	-	2	Gastrointestinal Agents
ursodiol cap (ACTIGALL equiv)	-	1	Gastrointestinal Agents
ursodiol tab (URSO/URSO FORTE equiv)	-	1	Gastrointestinal Agents
usept	-	1	Genitourinary Agents
VAGIFEM	-	2	OB/GYN Agents
VALCYTE	RS	2	Anti-Infectives
valproic acid	-	1	CNS & ANS Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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VALTREX	-	2	Anti-Infectives
VALTURNA	-	NC/3	Cardiovascular
VANAMIDE CREAM	-	NC/3	Dermatologicals
VANCOCIN	-	2	Anti-Infectives
VANIQA	-	NC/N C	Dermatologicals
VECTICAL OINT.	-	2	Dermatologicals
velivet (CYCLESSA equiv)	-	1	OB/GYN Agents
VELOSULIN	-	2	Diabetic Agents
venlafaxine (EFFEXOR equiv)	-	1	CNS & ANS Agents
VENLAFAXINE ER	-	2	CNS & ANS Agents
VENTAVIS	-	2	Respiratory Agents
VENTOLIN HFA (QL = 2 inhalers/month)	QL	2	Respiratory Agents
VEPESID	MSP	2	Antineoplastics & Immunosuppressants
VERAMYST	-	2	Respiratory Agents
verapamil	-	1	Cardiovascular
verapamil er (VERELAN PM equiv)	-	NC/3	Cardiovascular
verapamil sr (CALAN SR, ISOPTIN SR, VERELAN equiv)	GS	1	Cardiovascular
VERDESO	-	NC/3	Dermatologicals
VEREGEN	-	NC/N C	Dermatologicals
VERELAN PM	-	NC/3	Cardiovascular
VESANOID	MSP	NC/3	Antineoplastics & Immunosuppressants
VESICARE	¢	2	Genitourinary Agents
VEXOL	-	2	Ophthalmic Agents
VFEND	RS	2	Anti-Infectives
VIAGRA	NC	NC/N C	Miscellaneous Products
VIBRAMYCIN	-	NC/3	Anti-Infectives
VICOPROFEN	-	NC/3	CNS & ANS Agents
VIDEX	SP	2	Anti-Infectives
VIGAMOX	-	2	Ophthalmic Agents
VIMPAT (QL = 2 tab/day)	PA/QL	2	CNS & ANS Agents
VIRACEPT	SP	2	Anti-Infectives
VIRAMUNE	SP	2	Anti-Infectives
VIREAD	SP	2	Anti-Infectives
VISICOL	-	NC/3	Gastrointestinal Agents
VISUDYNE	M	M	Ophthalmic Agents
vitamin d (Rx strength only)	-	1	Nutrition, Blood & Electrolytes
VIVAGLOBIN	MSP	2	Anti-Infectives
VIVELLE/DOT	-	2	OB/GYN Agents
VIVOTIF BERNA (QL = 4 caps/fill)	QL	2	Vaccines
VOLTAREN	-	NC/3	Ophthalmic Agents
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	NC/3	Dermatologicals
VYTONE CR	-	NC/3	Dermatologicals
VYTORIN (30 tabs/Rx)	QL	2	Cardiovascular
VYVANSE	-	2	CNS & ANS Agents
warfarin (COUMADIN equiv)	-	1	Nutrition, Blood & Electrolytes
WELCHOL	-	2	Cardiovascular
XALATAN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	2	Ophthalmic Agents
XANAX XR	-	NC/3	CNS & ANS Agents
XELODA	MSP	2	Antineoplastics & Immunosuppressants
XENAZINE (Only available through the Xenazine Support Program 1-888-882-6013)	PA	2	CNS & ANS Agents
XENICAL	-	NC/N C	CNS & ANS Agents
XIBROM	-	2	Ophthalmic Agents
XIFAXAN	-	NC/3	Anti-Infectives
XOLAIR	PA/M	M	Respiratory Agents

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Dean Health Plan Formulary cont.

Alphabetical Index
Last Updated* 11/18/2009

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XOLEGEL	-	NC/N C	Dermatologicals
XOPENEX	-	NC/N C	Respiratory Agents
XOPENEX HFA	-	NC/3	Respiratory Agents
XYRALID KIT	-	NC/3	Dermatologicals
XYREM (Only available through Xyrem Central Pharmacy 1-866-997-3688)	-	2	CNS & ANS Agents
XYZAL	-	NC/N C	Respiratory Agents
YASMIN	-	NC/3	OB/GYN Agents
YAZ	-	2	OB/GYN Agents
YODOXIN	-	NC/3	Anti-Infectives
zaleplon (SONATA equiv)	-	NC/3	CNS & ANS Agents
ZAMICET SOLN	-	NC/3	CNS & ANS Agents
ZANAFLEX CAP	-	NC/3	Musculoskeletal Agents
ZANTAC EFFER TAB/GRANULE	-	NC/3	Gastrointestinal Agents
ZAVESCA	-	2	Endocrine Agents
ZEGERID POWDER (<12 years no PA required)	PA	2	Gastrointestinal Agents
ZELAPAR	-	NC/3	CNS & ANS Agents
ZELNORM	-	NC/N C	Gastrointestinal Agents
ZEMPLAR	-	2	Nutrition, Blood & Electrolytes
zenchent (OVCON 35 equiv)	-	1	OB/GYN Agents
ZERIT	SP	NC/3	Anti-Infectives
ZETIA (QL = Max 1 tab/day)	QL	2	Cardiovascular
ZEVALIN	M	M	Antineoplastics & Immunosuppressants
ZIAGEN	SP	2	Anti-Infectives
ZIANA	-	NC/3	Dermatologicals
zidovudine (RETROVIR equiv)	SP	1	Anti-Infectives
zinc sulfate	-	1	Nutrition, Blood & Electrolytes
ziox oint (PANAFIL OINT equiv)	-	1	Dermatologicals
ZMAX	-	2	Anti-Infectives
ZODRYL AC SUSP. (Rx Only)	-	NC/3	Respiratory Agents
ZOLADEX	M	M	Antineoplastics & Immunosuppressants
ZOLINZA	MSP/RS	2	Antineoplastics & Immunosuppressants
zolpidem (AMBIEN equiv)	-	1	CNS & ANS Agents
ZOMIG (ZMT) (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	NC/3	CNS & ANS Agents
ZOMIG NASAL SPRAY (Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	NC/3	CNS & ANS Agents
zonisamide (ZONEGRAN equiv)	-	1	CNS & ANS Agents
ZORPRIN	-	NC/3	CNS & ANS Agents
zovia 1/35, 1/50 (DEMULEN equiv)	-	1	OB/GYN Agents
ZOVIRAX CREAM	-	NC/3	Dermatologicals
ZOVIRAX OINT	-	2	Dermatologicals
ZYDONE	-	NC/3	CNS & ANS Agents
ZYFLO	-	NC/3	Respiratory Agents
ZYFLO CR	-	NC/3	Respiratory Agents
ZYLET (10ml bottle is Not Covered)	-	2	Ophthalmic Agents
ZYMAR	-	2	Ophthalmic Agents
ZYPREXA	TS	2	CNS & ANS Agents
ZYPREXA ZYDIS	-	2	CNS & ANS Agents
ZYRTEC CHEW OTC	-	1	Respiratory Agents
ZYRTEC OTC	-	1	Respiratory Agents
ZYRTEC SYRUP OTC	-	1	Respiratory Agents
ZYRTEC-D OTC	-	1	Respiratory Agents
ZYVOX	RS	2	Anti-Infectives

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 1 - Anti-Infectives

Drug Name	Spec Code	Most Common Str	Tier
Anti-Fungals			
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	10mg	1
fluconazole (DIFLUCAN EQUIV)	-	150mg	1
griseofulvin ultramicrosize	-	-	1
itraconazole (SPORANOX EQUIV)	PA	100mg	1
ketoconazole (NIZORAL EQUIV)	-	200mg	1
nystatin	-	100,000 units/ml	1
nystatin powder	-	1000,000 units	1
terbinafine (LAMISIL equiv)	-	250mg	1
GRIFULVIN	-	500mg	2
NOXAFIL	-	40 mg/ml	2
VFEND	RS	200mg	2
ANCOBON	-	500mg	NC/3
Anti-Virals			
acyclovir	-	200mg	1
amantadine cap	-	100mg	1
ribavirin (REBETOL, COPEGUS equiv)	MSP	200mg	1
rimantadine	-	100mg	1
ALFERON-N	MSP	5mu/ml	2
BARACLUDE	-	0.5mg	2
HEPSERA	MSP	10mg	2
INFERGEN	MSP	30mg/ml	2
INTRON A	MSP	-	2
PEG-INTRON	MSP	150mcg	2
PEG-INTRON READYPEN	MSP	150mcg	2
REBETRON	MSP	1000mg	2
RELENZA (QL = 20 units/fill)	QL	-	2
RIBAVIRIN TAB 500MG	MSP	500mg	2
ROFERON-A	MSP	6mu/0.5ml	2
TAMIFLU (QL = 10 cap or 125ml/fill)	QL	75mg	2
VALTREX	-	1gm	2
AMANTADINE TAB	-	100mg	NC/3
famciclovir (FAMVIR equiv)	-	500mg	NC/3
PEGASYS	-	-	NC/NC
Cephalosporins			
cefadroxil cap (DURICEF CAP EQUIV)	-	500mg	1
cefadroxil susp (DURICEF equiv)	-	500mg/5ml	1
cefdinir (OMNICEF equiv)	-	300mg	1
cefepoxime proxetil (VANTIN equiv)	-	200mg	1
cefprozil (CEFZIL equiv)	-	250 mg/5ml	1
cefuroxime tab/susp (CEFTIN equiv)	-	500mg	1
cephalexin (KEFLEX EQUIV)	-	500mg	1
cephradine (VELOSEF equiv)	-	500mg	1
CECLOR	-	500mg	NC/3
CEDAX	-	400mg	NC/3
cefaclor (CECLOR equiv)	-	250mg/5ml	NC/3
cefepoxime proxetil susp (VANTIN SUSP equiv)	-	100mg/5ml	NC/3
LORABID	-	400mg	NC/3
SPECTRACEF	-	200mg	NC/3
SUPRAX	-	400mg	NC/3
HIV Drugs			
didanosine cap (VIDEX EC equiv)	SP	200 mg	1
ganciclovir (CYTOVENE equiv)	RS	500mg	1
stavudine (ZERIT equiv)	SP	40mg	1
zidovudine (RETROVIR equiv)	SP	300mg	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 1 - Anti-Infectives cont.

Drug Name	Spec Code	Most Common Str	Tier
HIV Drugs cont.			
AGENERASE	SP	150mg	2
APTIVUS	SP	250mg	2
APTIVUS SOLN	SP	100mg/ml	2
ATRIPLA	SP	600mg/200mg/300mg	2
COMBIVIR	SP	-	2
CRIXIVAN	SP	400mg	2
EMTRIVA	SP	600/300mg	2
EPIVIR	SP	150mg	2
EPZICOM	SP	600/300mg	2
FORTOVASE	SP	200mg	2
FUZEON	MSP	90mg	2
HIVID	SP	375mg	2
INTELENCE	SP	100 mg	2
INVIRASE	SP	200mg	2
ISENTRESS	SP	400mg	2
KALETRA	SP	133mg	2
LEXIVA	SP	700mg	2
LEXIVA SUSPENSION	SP	50 mg/ml	2
NORVIR	SP	100mg	2
PREZISTA	SP	300 mg	2
RESCRIPTOR	SP	100mg	2
REYATAZ	SP	150mg	2
SELZENTRY	SP	300mg	2
SUSTIVA	SP	200mg	2
TRIZIVIR	SP	-	2
TRUVADA	SP	200/300mg	2
VALCYTE	RS	450mg	2
VIDEX	SP	50mg	2
VIRACEPT	SP	250mg	2
VIRAMUNE	SP	200mg	2
VIREAD	SP	300mg	2
ZIAGEN	SP	300mg	2
ZERIT	SP	40mg	NC/3
TYZEKA	-	600 mg	NC/NC

Macrolides

azithromycin susp (ZITHROMAX SUSP equiv)	-	200mg/5ml	1
azithromycin tabs (ZITHROMAX Tabs equiv)	-	250mg	1
clarithromycin (BIAXIN EQUIV)	-	500mg	1
ERY-TAB	-	333mg	1
erythromycin (all oral forms except pce)	-	500mg	1
PCE	-	500mg	2
ZMAX	-	2mg	2
BIAXIN XL	-	500mg	NC/3
DYNABAC D5-PAK	-	250mg	NC/3

Misc. Anti-Infectives

chloroquine (ARALEN EQUIV)	-	500mg	1
clindamycin (300mg Not Covered)	-	150mg	1
DAPSONE	-	100mg	1
erythromycin/sulfisoxazole	-	200mg/600mg	1
ethambutol	-	400mg	1
isoniazid	-	300mg	1
mebendazole (VERMOX EQUIV)	-	100mg	1
mefloquine (LARIAM EQUIV)	-	250mg	1
methenamine hippurate (HIPREX EQUIV)	-	-	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 1 - Anti-Infectives cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Anti-Infectives cont.			
metronidazole (FLAGYL EQUIV)	-	500mg	1
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	100mg	1
nitrofurantoin monohydrate (MACROBID EQUIV)	-	100mg	1
pyrazinamide	-	500mg	1
rifampin	-	300mg	1
smz/tmp ds (BACTRIM DS EQUIV)	-	800/160mg	1
sulfisoxazole susp metronidazole	-	-	1
trimethoprim	-	100mg	1
ACTIMMUNE	MSP	2MIU/0.5ml	2
ALINIA SUSP	-	100mg/5ml	2
DARAPRIM	-	25mg	2
GANTRISIN	-	500mg/5ml	2
KETEK	RS	400mg	2
LAMPRENE	-	50mg	2
MALARONE	-	250-100mg	2
MEPRON	-	750mg/5ml	2
MYCOBUTIN	-	150mg	2
NEBUPENT	-	300mg/vial	2
PRIMAQUINE	-	30mg	2
STROMEKTOL	-	6mg	2
TOBI	SP	300mg	2
VANCOCIN	-	250mg	2
VIVAGLOBIN	MSP	160 mg/ml	2
ZYVOX	RS	600mg	2
ALINIA TAB	-	500mg	NC/3
BILTRICIDE	-	600mg	NC/3
CLEOCIN 75MG CAP AND SUSP.	-	75 mg	NC/3
FANSIDAR	-	500/25mg	NC/3
FLAGYL ER	-	750mg	NC/3
paromomycin (HUMATIN EQUIV)	-	250mg	NC/3
TINDAMAX	-	500mg	NC/3
XIFAXAN	-	200mg	NC/3
YODOXIN	-	650mg	NC/3
clindamycin 300mg	-	300mg	NC/NC
quinine sulfate	-	5gr	NC/NC
Penicillins			
amoxicillin	-	500mg	1
amoxicillin/clav (AUGMENTIN ES EQUIV)	-	600/5ml	1
amoxicillin/clav. (AUGMENTIN EQUIV)	-	875mg	1
ampicillin	-	250mg	1
dicloxacillin sodium	-	500mg	1
penicillin vk	-	500mg	1
AUGMENTIN XR	-	1000mg	2
DISPERMOX	-	200mg	NC/3
GEOCILLIN	-	382mg	NC/3
Quinolones			
ciprofloxacin (CIPRO EQUIV)	-	500mg	1
ofloxacin tab (FLOXIN TAB equiv)	-	400mg	1
AVELOX	-	400mg	2
LEVAQUIN	-	500mg	2
CIPRO CYSTITIS	-	100mg	NC/3
ciprofloxacin er (CIPRO XR equiv)	-	500mg	NC/3
MAXAQUIN	-	400mg	NC/3
NOROXIN	-	400mg	NC/3

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Dean Health Plan Formulary
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Chapter 1 - Anti-Infectives cont.

Drug Name	Spec Code	Most Common Str	Tier
Quinolones cont.			
TEQUIN	-	400mg	NC/3
FACTIVE	-	320mg	NC/NC
PROQUIN XR	-	500mg	NC/NC
Tetracyclines			
doxycycline hyclate	-	100mg	1
doxycycline monohydrate cap (MONODOX equiv)	-	100mg	1
doxycycline monohydrate tab (ADOXA equiv)	-	75mg	1
minocycline	-	100mg	1
tetracycline	-	500mg	1
DORYX	-	100mg	2
doxycycline susp (VIBRAMYCIN equiv)	-	25mg/5ml	NC/3
VIBRAMYCIN	-	50mg/5ml	NC/3
minocycline er (SOLODYN equiv)	-	45mg	NC/NC

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 2 - Miscellaneous Products

Drug Name	Spec Code	Most Common Str	Tier
Impotence Agents			
CAVERJECT	-	-	NC/NC
CIALIS	NC	-	NC/NC
EDEX	NC	-	NC/NC
LEVITRA	NC	-	NC/NC
MUSE	-	-	NC/NC
papaverine	NC	-	NC/NC
PHENTOLAMINE	NC	-	NC/NC
VIAGRA	NC	-	NC/NC

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 3 - Cardiovascular

Drug Name	Spec Code	Most Common Str	Tier
Ace Inhibitors			
benazepril (LOTENSIN EQUIV)	-	20mg	1
benazepril/hctz (LOTENSIN/HCTZ EQUIV)	-	20/25	1
captopril (CAPOTEN EQUIV)	-	25mg	1
captopril/hctz (CAPOTEN HCT EQUIV)	-	25/25mg	1
enalapril (VASOTEC equiv)	GS	5mg	1
enalapril/hctz (VASERETIC EQUIV)	-	10/25mg	1
fosinopril (MONOPRIL EQUIV)	-	20mg	1
fosinopril/hctz (MONOPRIL HCT equiv)	-	20/12.5	1
lisinopril (PRINIVIL, ZESTRIL equiv)	GS	10mg	1
lisinopril/hctz (ZESTORETIC EQUIV)	-	10/25mg	1
moexipril (UNIVASC equiv)	-	15mg	1
moexipril/hctz (UNIRETIC equiv)	-	15/12.5mg	1
perindopril tab (ACEON equiv)	-	4mg	1
quinapril (ACCUPRIL EQUIV)	-	10mg	1
quinapril/hctz (ACCURETIC EQUIV)	-	10/12.5	1
ramipril cap (ALTACE CAP equiv)	-	10mg	1
trandolapril (MAVIK equiv)	-	4mg	1
ACEON	-	8mg	NC/3
Angiotensin Receptor Blockers			
ATACAND	TS	16mg	2
ATACAND/HCT	-	16/12.5mg	2
AVALIDE	TS	150-12.5mg	2
AVAPRO	TS	150mg	2
DIOVAN	TS	160mg	2
DIOVAN/HCT	-	160/12.5mg	2
AZOR	-	5-40mg	NC/3
BENICAR	-	40mg	NC/3
BENICAR/HCT	-	-	NC/3
COZAAR	-	100mg	NC/3
HYZAAR	-	100/25mg	NC/3
MICARDIS	-	40mg	NC/3
MICARDIS/HCT	-	40/12.5mg	NC/3
TEKTURNIA	-	300 mg	NC/3
TEKTURNIA HCT	-	150-12.5mg	NC/3
TEVETEN	-	600mg	NC/3
VALTURNIA	-	150-160mg	NC/3
Antiarrhythmic Agents			
amiodarone	-	200mg	1
flecainide (TAMBOCOR EQUIV)	-	100mg	1
propafenone (RHYTHMOL EQUIV)	-	150mg	1
quinidine gluconate cr	-	324 mg	1
MEXILETINE	-	200mg	2
NORPACE CR	-	150mg	2
TIKOSYN	-	250mcg	2
RHYTHMOL SR	-	225mg	NC/3
Beta Blockers			
acebutolol (SECTRAL EQUIV)	-	200mg	1
atenolol (TENORMIN equiv)	GS	50mg	1
atenolol/chlorthalidone	-	100/25mg	1
betaxolol (KERLONE EQUIV)	-	10mg	1
bisoprolol (ZEBETA EQUIV)	-	5mg	1
bisoprolol/hctz (ZIAC equiv) (ZIAC EQUIV)	GS	2.5/6.25mg	1
carvedilol (COREG equiv)	-	12.5mg	1
INNOPRAN XL	-	80mg	1

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Dean Health Plan Formulary
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Chapter 3 - Cardiovascular cont.

Drug Name	Spec Code	Most Common Str	Tier
Beta Blockers cont.			
labetalol (NORMODYNE EQUIV)	-	200mg	1
metoprolol (LOPRESSOR equiv)	GS	50mg	1
metoprolol er (TOPROL XL equiv)	-	25 mg	1
metoprolol/hctz (LOPRESSOR HCTZ EQUIV)	-	100/25	1
nadolol	-	80mg	1
pindolol	-	10mg	1
propranolol	-	40mg	1
propranolol er (INDERAL LA equiv)	-	80mg	1
propranolol/hctz	-	40/25mg	1
sotalol (BETAPACE EQUIV)	-	80mg	1
timolol	-	10mg	1
BYSTOLIC	-	5mg	2
LEVATOL	-	20mg	2
BETAPACE AF	-	80mg	NC/3
COREG CR	-	40 mg	NC/3
Calcium Channel Blockers			
amlodipine (NORVASC equiv)	-	10mg	1
amlodipine/benazepril (LOTREL equiv)	-	5-10 mg	1
cartia xt	-	120mg	1
diltiazem	-	60mg	1
diltiazem cd	-	240mg	1
diltiazem sr	-	120mg	1
diltiazem xr	-	240mg	1
isradipine (DYNACIRC equiv)	-	5mg	1
nicardipine	-	30mg	1
nifedipine	-	10mg	1
nifedipine er	-	60mg	1
verapamil	-	120mg	1
verapamil sr (CALAN SR, ISOPTIN SR, VERELAN equiv)	GS	240mg	1
CARDIZEM LA	-	240mg	2
CARDENE	-	30mg	NC/3
CARDIZEM CD	-	240mg	NC/3
COVERA-HS	-	240mg	NC/3
DYNACIRC CR	-	5 mg	NC/3
felodipine (PLENDIL EQUIV)	-	-	NC/3
NISOLDIPINE	-	30mg	NC/3
SULAR	-	20mg	NC/3
TIAZAC	-	240mg	NC/3
verapamil er (VERELAN PM equiv)	-	200mg	NC/3
VERELAN PM	-	200mg	NC/3
Cholesterol Lowering Agents			
cholestyramine/light	-	4gm	1
colestipol powder (COLESTID POWDER equiv)	-	5gm	1
colestipol tab (COLESTID TAB equiv)	-	1 gm	1
gemfibrozil	-	600mg	1
LOFIBRA	-	200mg	1
lovastatin (MEVACOR EQUIV)	-	40mg	1
niacin	-	500mg	1
NIASPAN	-	1gm	1
pravastatin (PRAVACHOL equiv)	-	40mg	1
simvastatin (ZOCOR equiv)	GS	40mg	1
ADVICOR	-	750/20mg	2
CRESTOR (30 tabs/Rx)	QL/TS	10mg	2
LESCOL (Covered at Tier 3 if PA not completed on 3-Tiered plans)	PA	40mg	2

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Chapter 3 - Cardiovascular cont.

Drug Name	Spec Code	Most Common Str	Tier
Cholesterol Lowering Agents cont.			
LESCOL XL (Covered at Tier 3 if PA not completed on 3-Tiered plans)	PA	80mg	2
LIPITOR (NC/3 if PA not obtained)	PA	40mg	2
LOVAZA	-	1gm	2
PREVALITE	-	5gm	2
SIMCOR	-	-	2
TRILIPIX	-	135mg	2
VYTORIN (30 tabs/Rx)	QL	10/20mg	2
WELCHOL	-	625mg	2
ZETIA (QL = Max 1 tab/day)	QL	10mg	2
ALTOPREV	-	60mg	NC/3
ANTARA	-	130mg	NC/3
fenofibrate (LOFIBRA equiv)	-	134mg	NC/3
FENOFIBRIC TAB	-	105mg	NC/3
FENOGLIDE	-	120 mg	NC/3
FIBRICOR	-	105mg	NC/3
QUESTRAN	-	4gm	NC/3
TRICOR	-	145mg	NC/3
TRIGLIDE	-	50mg	NC/3
CADUET	-	10/40mg	NC/NC
Diuretics			
acetazolamide cap (DIAMOX SEQUELS equiv)	-	500mg	1
acetazolamide tab (DIAMOX equiv)	-	250mg	1
amiloride (MIDAMOR EQUIV)	-	5mg	1
amiloride/hctz	-	5/50mg	1
bumetanide	-	1mg	1
chlorthalidone	-	25mg	1
epiprenone (INSPRA equiv)	-	50mg	1
furosemide (LASIX EQUIV)	-	40mg	1
hydrochlorothiazide (hctz)	-	25mg	1
indapamide	-	2.5mg	1
metolazone (ZAROXOLYN EQUIV)	-	5mg	1
spironolactone	-	25mg	1
spironolactone/hctz	-	25/25mg	1
toremide (DEMADEX EQUIV)	-	20mg	1
triamterene/hctz (DYAZIDE, MAXZIDE equiv)	GS	50/25mg	1
DIAMOX SEQUELS	-	500mg	2
EDECIN	-	50mg	2
INSPRA	-	50mg	NC/3
HYDROCHLOROTHIAZIDE TAB 12.5MG	-	12.5mg	NC/NC
Glycosides			
digoxin (LANOXIN equiv)	-	0.25mg	1
LANOXIN	-	0.25mg	NC/3
Other Cardiovascular Agents			
clonidine	-	0.2mg	1
clonidine patch (CATAPRES-TTS equiv)	-	0.2/24 hrs	1
doxazosin (CARDURA equiv)	GS	4mg	1
guanfacine (TENEX EQUIV)	-	2mg	1
hydralazine	-	50mg	1
methyl dopa	-	250mg	1
methyl dopa/hctz (ALDORIL equiv)	-	250-25mg	1
midodrine (PROAMATINE equiv)	-	5mg	1
minoxidil	-	10mg	1
prazosin (MINIPRESS EQUIV)	-	5mg	1
quinidine sulfate (QUINIDEX EQUIV)	-	200mg	1

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Dean Health Plan Formulary
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Chapter 3 - Cardiovascular cont.

Drug Name	Spec Code	Most Common Str	Tier
Other Cardiovascular Agents cont.			
sodium polystyrene powder (KAYEXALATE equiv)	-	-	1
terazosin (HYTRIN equiv)	GS	5mg	1
CATAPRES-TTS	-	0.2/24 hrs	2
DIBENZYLIN	-	10mg	2
EXFORGE	TS	10-160mg	2
EXFORGE HCT	-	-	2
LETAIRIS	-	10mg	2
RANEXA	-	500mg	2
TRACLEER (Only available through Accredo 1-866-890-3395 and PharmaCare 1-800-238-7828)	-	125mg	2
CARDURA XL	-	4mg	NC/3
LEXXEL	-	5-5mg	NC/3
TARKA	-	-	NC/3
ENDURONYL	-	25-5mg	NC/NC
Vasodilators			
isosorbide dinitrate	-	10mg	1
isosorbide mononitrate	-	20mg	1
isosorbide mononitrate er	-	60mg	1
nitroglycerine oint	-	2%	1
nitroglycerine transdermal	-	0.4mg	1
nitroquick (NITROSTAT equiv)	-	0.4mg	1
NITROLINGUAL SPRAY	-	0.4mg	2
NITROSTAT	-	0.4mg	2
NITRO-BID 2% OINT	-	2%	NC/3

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 4 - CNS & ANS Agents

Drug Name	Spec Code	Most Common Str	Tier
Analgesics			
acetaminophen/codeine (TYLENOL #3 EQUIV)	-	300-30mg	1
acetaminophen/propoxyphene hci (WYGESIC EQUIV)	-	650/65	1
aspirin/butalbital/caffeine/codeine (FIORINAL with CODEINE EQUIV)	-	325/40/50/30	1
aspirin/codeine (EMPIRIN/CODEINE EQUIV)	-	325/30	1
butalbital/asa/caff/codeine (FIORINAL/CODEINE equiv)	-	-	1
choline magnesium trisalicylate	-	1000mg	1
codeine sulfate	-	30mg	1
diflunisal (DOLOBID EQUIV)	-	500mg	1
fentanyl patch (DURAGESIC EQUIV)	-	50mcg	1
hydrocodone/acetaminophen (VICODIN equiv) (All BRAND hydrocodone/apap are covered at NC/3)	-	5mg/500mg	1
hydromorphone (DILAUDID EQUIV)	-	8mg	1
meperidine	-	50mg	1
methadone tab/soln	-	10mg	1
morphine sulfate er (MS CONTIN equiv)	-	30mg	1
MORPHINE SULFATE IMMEDIATE-RELEASE (MSIR)	-	30mg	1
morphine sulfate supp	-	10mg	1
oxycodone (ROXICODONE EQUIV)	-	5mg	1
oxycodone er (OXYCONTIN equiv) (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days.)	QL	20mg	1
oxycodone/acetaminophen (All BRAND oxycodone/apap are covered at NC/3)	-	5mg/325mg	1
oxyfast (ROXICODONE equiv)	-	20mg/ml	1
pentazocine/apap (TALACEN EQUIV)	-	25/650	1
propoxyphene (DARVON EQUIV)	-	65mg	1
propoxyphene compound-65 (DARVON CPD EQUIV)	-	-	1
propoxyphene-napsylate/acetaminophen (DARVOCET N-100 EQUIV)	-	100/650mg	1
roxacet tab 5mg/325mg	-	5mg/325mg	1
salsalate	-	500mg	1
tramadol (ULTRAM EQUIV)	-	50mg	1
DARVON-N	-	100mg	2
LEVORPHANOL	-	2mg	2
MEPROZINE	-	50-25mg	2
MORPHINE SULFATE ODT	-	15mg	2
OXY IR	-	5mg	2
OXYCONTIN (QL = Retail 120 tab/30 days; Mail Order 360 tab/90 days.)	QL	40mg	2
PHRENALIN	-	325mg/50mg	2
ROXICET SOLN 5MG/325MG	-	5mg/325mg/5ml	2
ACTIQ (QL = 120/30 days)	QL	800mcg	NC/3
AVINZA	-	90mg	NC/3
EASPRIN TAB 975MG	-	975mg	NC/3
FENTANYL CITRATE LOLLIPOP (QL = 120/30 days)	QL	400mcg	NC/3
FENTORA (QL = 120/30 days)	QL	400mcg	NC/3
hydrocodone/ibuprofen (VICOPROFEN equiv)	-	7.5/200mg	NC/3
IBUDONE	-	10-200 mg	NC/3
KADIAN	-	50mg	NC/3
NORCO	-	325/7.5mg	NC/3
oxycodone/ibuprofen (COMBUNOX equiv)	-	5/400mg	NC/3
ROXICET TAB 5MG/500MG	-	5mg/500mg	NC/3
RYZOLT	-	100mg	NC/3
tramadol/apap (ULTRACET equiv)	-	37.5/325mg	NC/3
ULTRACET	-	37.5-325mg	NC/3
ULTRAM ER	-	100mg	NC/3
VICOPROFEN	-	200mg/7.5mg	NC/3
ZAMICET SOLN	-	10-325mg	NC/3
ZORPRIN	-	800mg	NC/3

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Analgesics cont.			
ZYDONE	-	400mg/10mg	NC/3
OPANA	-	10 mg	NC/NC
OPANA ER	-	20 mg	NC/NC
Anti-Anxiety Agents & Sedatives			
alprazolam (XANAX equiv)	-	1mg	1
alprazolam er (XANAX XR equiv)	-	1mg	1
buspirone	-	10mg	1
buspirone	-	15mg	1
chlordiazepoxide	-	10mg	1
clorazepate	-	7.5mg	1
diazepam	-	5mg	1
estazolam	-	2mg	1
flurazepam	-	30mg	1
lorazepam (ATIVAN equiv)	-	1mg	1
mephobarbital (MEBARAL equiv)	-	50mg	1
meprobamate	-	400mg	1
oxazepam	-	15mg	1
temazepam	-	30mg	1
triazolam	-	0.25mg	1
zolpidem (AMBIEN equiv)	-	10mg	1
RESTORIL 22.5MG	-	22.5mg	2
ROZEREM (QL = Max 1 tab/day)	PA/QL	8mg	2
SECONAL	-	100mg	2
alprazolam odt (NIRAVAM equiv)	-	1 mg	NC/3
LUNESTA (QL = Max 1 tab/day)	QL	2mg	NC/3
SONATA	-	10mg	NC/3
XANAX XR	-	2mg	NC/3
zaleplon (SONATA equiv)	-	10 mg	NC/3
AMBIEN CR	-	12.5mg	NC/NC
EDLUAR SL TAB	-	10mg	NC/NC
Anti-Convulsants			
carbamazepine (TEGRETOL EQUIV)	-	200mg	1
carbamazepine er (TEGRETOL XR equiv)	-	400mg	1
clonazepam (KLONOPIN EQUIV)	-	1mg	1
divalproex (DEPAKOTE equiv)	-	125mg	1
divalproex er (DEPAKOTE ER equiv)	-	500mg	1
divalproex sprinkle (DEPAKOTE SPRINKLE equiv)	-	125mg	1
ethosuximide (ZARONTIN EQUIV)	-	250mg	1
gabapentin (NEURONTIN EQUIV)	-	300mg	1
lamotrigine (LAMICTAL equiv)	-	100mg	1
lamotrigine chew tab (LAMICTAL CHEW TAB equiv)	-	25mg	1
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	-	1
levetiracetam (KEPPRA equiv)	RS	500mg	1
oxcarbazepine tab (TRILEPTAL equiv)	RS	600 mg	1
phenobarbital	-	60mg	1
PHENYTEK	-	200mg	1
phenytoin sodium extended (DILANTIN equiv)	-	100mg	1
primidone	-	250mg	1
topiramate (TOPAMAX equiv)	-	100mg	1
topiramate sprinkle (TOPAMAX SPRINKLE equiv)	-	15mg	1
valproic acid	-	250mg/5ml	1
zonisamide (ZONEGRAN equiv)	-	100mg	1
BANZEL	-	200mg	2
CARBATROL	-	300mg	2

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Dean Health Plan Formulary
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Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Convulsants cont.			
DIASTAT RECTAL GEL	RS	15mg	2
FELBATOL	-	600mg	2
GABITRIL	-	16mg	2
LYRICA	PA	100	2
TEGRETOL XR	-	400mg	2
VIMPAT (QL = 2 tab/day)	PA/QL	100mg	2
clonazepam odt (KLONOPIN ODT equiv)	-	1mg	NC/3
DEPAKOTE	-	500mg	NC/3
DEPAKOTE ER	-	500mg	NC/3
DILANTIN	-	100mg	NC/3
GABARONE	-	300mg	NC/3
KEPPRA	RS	500mg	NC/3
KEPPRA XR	RS	500mg	NC/3
LAMICTAL CHEW TAB	-	25mg	NC/3
LAMICTAL ODT (KIT)	-	-	NC/3
LAMICTAL STARTER KIT	-	-	NC/3
LAMICTAL XR (KIT)	-	-	NC/3
NEURONTIN	-	800mg	NC/3
TOPAMAX	-	100mg	NC/3
TOPAMAX SPRINKLE	-	15MG	NC/3
TRILEPTAL	RS	600mg	NC/3
STAVZOR	-	250mg	NC/NC

Anti-Parkinson Agents

amantadine cap	-	100mg	1
benztropine	-	1mg	1
bromocriptine mesylate	-	2.5mg	1
carbidopa/levodopa (SINEMET EQUIV)	-	25/100mg	1
carbidopa/levodopa cr (SINEMET CR EQUIV)	-	25/250mg	1
carbidopa/levodopa odt (PARCOPA equiv)	-	25/100mg	1
pergolide (PERMAX EQUIV)	-	0.25mg	1
ropinirole (REQUIP equiv)	-	5 mg	1
selegiline (ELDEPRYL EQUIV)	-	5mg	1
selegiline tab (ELDEPRYL EQUIV)	-	5mg	1
trihexyphenidyl (ARTANE EQUIV)	-	2mg	1
APOKYN	SP	10mg/ml	2
AZILECT	TS	1 mg	2
COMTAN	-	200mg	2
MIRAPEX	TS	1mg	2
REQUIP KIT	-	-	2
STALEVO	RS	25/100/200mg	2
TASMAR	-	100mg	2
AMANTADINE TAB	-	100mg	NC/3
REQUIP	-	5mg	NC/3
REQUIP XL	-	4mg	NC/3
ZELAPAR	-	1.25 mg	NC/3

Anti-Psychotic Agents

chlorpromazine	-	50mg	1
clozapine (CLOZARIL equiv)	-	100mg	1
fluphenazine	-	5mg	1
haloperidol	-	5mg	1
loxapine	-	25mg	1
risperidone (RISPERDAL equiv)	-	-	1
risperidone odt (RISPERDAL-M equiv)	-	0.5mg	1
thioridazine	-	50mg	1

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Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Psychotic Agents cont.			
thiothixene	-	2mg	1
trifluoperazine	-	5mg	1
ABILIFY	PA/TS	15mg	2
ABILIFY DISCMELT	PA	10mg	2
EQUETRO	-	200	2
FAZACLO ODT	-	100mg	2
GEODON	-	60mg	2
SEROQUEL	TS	100 mg	2
SEROQUEL XR	-	300 mg	2
SYMBYAX	-	6-25mg	2
ZYPREXA	TS	10mg	2
ZYPREXA ZYDIS	-	15mg	2
RISPERDAL	-	1mg	NC/3
RISPERDAL M-TAB ODT	-	1mg	NC/3
INVEGA	-	6 mg	NC/NC
Antidepressants			
amitriptyline	-	25mg	1
amoxapine	-	50mg	1
budeprion xl (WELLBUTRIN XL equiv)	-	300mg	1
bupropion (WELLBUTRIN equiv)	-	75mg	1
bupropion er/sr (WELLBUTRIN SR EQUIV)	-	150mg	1
citalopram (CELEXA EQUIV)	-	20mg	1
clomipramine	-	50mg	1
desipramine	-	50mg	1
doxepin	-	75mg	1
fluoxetine (PROZAC equiv)	GS	-	1
fluoxetine liquid	-	20mg/5ml	1
fluvoxamine (LUVOX EQUIV)	-	50mg	1
imipramine	-	50mg	1
mirtazapine (REMERON equiv)	-	30mg	1
mirtazapine odt (REMERON SOLUTAB equiv)	-	30mg	1
nortriptyline	-	50mg	1
paroxetine (PAXIL equiv)	-	20mg	1
paroxetine er (PAXIL CR equiv)	-	25mg	1
sertraline (ZOLOFT equiv)	GS	100mg	1
tranylcypromine sulfate (PARNATE equiv)	-	10mg	1
trazodone	-	100mg	1
venlafaxine (EFFEXOR equiv)	-	100mg	1
CYMBALTA (QL = 2 cap/day)	QL	60mg	2
EFFEXOR XR	-	150mg	2
LEXAPRO	TS	20mg	2
MARPLAN	-	10	2
NARDIL	-	15mg	2
VENLAFAXINE ER	-	150mg	2
EMSAM	-	9 mg	NC/3
LUVOX CR (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	150mg	NC/3
NEFAZODONE	-	100mg	NC/3
PEXEVA (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	30MG	NC/3
PRISTIQ (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	50mg	NC/3
protriptylin (VIVACTIL equiv)	-	5mg	NC/3
SURMONTIL TAB	-	100mg	NC/3
trimipramine tab (SURMONTIL equiv) ((25mg and 50mg))	-	50mg	NC/3

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Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Antidepressants cont.			
PROZAC LIQUID	NC	20mg/5ml	NC/NC
PROZAC WEEKLY	-	90mg	NC/NC
selfemra (SARAFEM equiv)	-	20mg	NC/NC
Migraine Agents			
butalbital/acetaminophen/caffeine (FIORICET EQUIV)	-	-	1
dihydroergotamine mesylate (D.H.E. EQUIV)	-	1mg/ml	1
divalproex er (DEPAKOTE ER equiv)	-	500mg	1
ergotamine w/caff. (CAFERGOT EQUIV)	-	1-100	1
isometheptene/acetaminophen/dichlo (MIDRIN EQUIV)	-	-	1
migergot supp (CAFERGOT EQUIV)	-	-	1
sumatriptan inj. (IMITREX equiv) (QL = Retail 4 inj/Rx, 2 fills/30 days; Mail Order 12 inj/Rx, 2 fills/90 days)	QL/SP	6mg/0.5ml	1
SUMATRIPTAN NASAL SPRAY (QL = Retail 6 sprays/Rx, 2 fills/30 days; Mail Order 18 sprays/Rx, 2 fills/90 days)	QL	5mg/ACT	1
sumatriptan tab (IMITREX equiv) (QL = Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	50mg	1
AMERGE (QL = Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	2.5mg	2
AXERT (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	12.5mg	2
FIORINAL CAP	-	325/40/50	2
IMITREX NASAL (Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	20mg	2
MAXALT (MLT) (Retail 12 tabs/Rx, 3 fills/60 days; Mail Order 36 tabs/Rx, 2 fills/90 days)	QL	10mg	2
MIDRIN	-	-	2
MIGRANAL SPRAY (Retail 8 units/Rx; Mail Order 24 units/Rx)	QL	4mg/ml	2
butorphanol nasal spray (STADOL equiv) (1 bottle/Rx, 2 bottles/month)	QL	10mg	NC/3
DEPAKOTE ER	-	500mg	NC/3
FROVA (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	2.5mg	NC/3
IMITREX INJ (Retail 4 Inj/Rx, 2 fills/30 days; Mail Order 12 Inj/Rx, 2 fills/90 days)	QL/SP	6mg/.5ml	NC/3
IMITREX TAB (Retail 9 tabs/R, 2 fills/30 days; Mail Order 27 tabs/Rx; 2 fills/90 days)	QL	50mg	NC/3
RELPAK (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	40mg	NC/3
ZOMIG (ZMT) (Retail 9 tabs/Rx, 2 fills/30 days; Mail Order 27 tabs/Rx, 2 fills/90 days)	QL	5mg	NC/3
ZOMIG NASAL SPRAY (Retail 6 Sprys/Rx, 2 fills/30 days; Mail Order 18 Sprys/Rx, 2 fills/90 days)	QL	5mg	NC/3
TREXIMET	-	85-500mg	NC/NC
Misc. CNS Agents			
buproban (ZYBAN EQUIV) (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	150mg	1
CHANTIX (Covered as part of the Dean Health Plan Smoking Cessation Program))	-	1 mg	1
chloral hydrate	-	500mg/5ml	1
COMMIT LOZENGE (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	4 mg	1
galantamine (RAZADYNE equiv)	-	8mg	1
galantamine er (RAZADYNE ER equiv)	-	16mg	1
galantamine oral soln (RAZADYNE equiv)	-	4mg/ml	1
lithium carb (LITHOBID equiv)	-	300mg	1
lithium carbonate er (ESKALITH CR EQUIV)	-	450mg	1
naltrexone (REVIA EQUIV)	-	50mg	1
nicotine gum (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	-	1
nicotine lozenge (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	4 mg	1
NICOTINE NASAL SPRAY (Covered as part of the Dean Health Plan Smoking Cessation Program)	-	-	1
nicotine patch (OTC ONLY NOTE: Covered as part of Dean Health Plan Smoking Cessation Program)	-	-	1
perphenazine/amitriptyline	-	4-10mg	1

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Misc. CNS Agents cont.			
pyridostigmine bromide (MESTINON EQUIV)	-	60mg	1
ANTABUSE	-	250mg	2
ARICEPT (QL = Max 1 tab/day)	TS/QL	10mg	2
AVONEX	MSP	30mcg	2
BETASERON (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	MSP/ST	0.3mg	2
CAMPRAL	-	333mg	2
COPAXONE	MSP	20mg	2
EXELON	-	6mg	2
EXELON PATCH	-	9.5mg/24hr	2
EXTAVIA INJ. (Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP	0.3mg	2
MESTINON TIMESPAN	-	180mg	2
NAMENDA	-	10mg	2
ORAP	-	1mg	2
REBIF	MSP	44mcg/0.5ml	2
REBIF TITRATION PACK	MSP	-	2
RILUTEK	-	50mg	2
SAVELLA	PA	50mg	2
SUBOXONE	RS	2/0.5mg	2
XENAZINE (Only available through the Xenazine Support Program 1-888-882-6013)	PA	25mg	2
TYSABRI	RS	20 mg/ml	M
COGNEX	-	20mg	NC/3
LITHOBID	-	300mg	NC/3
RAZADYNE	-	8mg	NC/3
RAZADYNE ER	-	16mg	NC/3
NICOTINE INHALER	-	-	NC/NC
Stimulants			
amphetamine/dextroamp (ADDERALL EQUIV)	-	20mg	1
dexmethylphenidate (FOCALIN equiv)	-	5 mg	1
dextroamphetamine (DEXEDRINE EQUIV)	-	10mg	1
methylphenidate (RITALIN EQUIV)	-	10mg	1
ADDERALL XR	-	20mg	2
CONCERTA	-	36mg	2
DAYTRANA PATCH	-	15mg	2
METHYLIN SOLN	-	5mg/5ml	2
PROVIGIL (QL = Max 2 tabs/day)	PA/QL	200mg	2
STRATTERA (QL = 60)	QL	40mg	2
VYVANSE	-	50mg	2
XYREM (Only available through Xyrem Central Pharmacy 1-866-997-3688)	-	500mg/ml	2
FOCALIN XR	-	20mg	NC/3
liquadd	-	5mg/5ml	NC/3
METADATE CD	-	20mg	NC/3
METHYLIN CHEW TAB	-	5 mg	NC/3
PROCENTRA	-	5mg/5ml	NC/3
RITALIN LA	-	40mg	NC/3
AMPHETAMINE ER	-	20mg	NC/NC
MERIDIA	-	15mg	NC/NC
XENICAL	-	120mg	NC/NC

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Dean Health Plan Formulary

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Chapter 5 - Dermatologicals

Drug Name	Spec Code	Most Common Str	Tier
Acne Agents			
amnesteem (AC CUTANE EQUIV)	-	40mg	1
avita gel/cream	-	0.025%	1
claravis (AC CUTANE EQUIV)	-	40mg	1
clindamycin gel (CLEOCIN T GEL equiv)	-	1%	1
clindamycin topical solution	-	1%	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv) (QL = 50gm/fill)	QL	1-5%	1
erythromycin topical solution	-	2%	1
minocycline	-	100mg	1
sodium sulfacetamide/sulfur emu (ROSAC/PLEXION equiv)	-	10-5%	1
sotret (AC CUTANE EQUIV)	-	40mg	1
sulfacetamide sodium w/sulfur emulsion (PLEXION EQUIV)	-	10-5%	1
tetracycline	-	500mg	1
tretinoin	-	0.025%	1
tretinoin	-	0.05%	1
AZELEX	-	20%	2
BENZACLIN (QL = 50gm)	QL	5%/1%	2
BENZAMYCIN	-	5%/3%	2
DIFFERIN	-	0.1%	2
FINACEA GEL	-	15%	2
RETIN-A MICRO-GEL	-	0.1%	2
ACANYA (QL= 50gm)	QL	1.2-2.5%	NC/3
AC CUTANE	-	40mg	NC/3
ATRALIN GEL	-	0.05%	NC/3
CLARIFOAM EF	-	10-5%	NC/3
DUAC	-	-	NC/3
DUAC KIT	-	1-5%	NC/3
EPIDUO	-	0.1-2.5%	NC/3
FINACEA PLUS KIT	-	-	NC/3
ROSAC CREAM	-	10-5%	NC/3
ROSULA AQUEOUS CLEANSER/GEL/NS PADS	-	10/5%	NC/3
sulfacetamide sod. lotion (KLARON equiv)	-	10%	NC/3
ZIANA	-	1.2-0.025%	NC/3
ACZONE	-	5%	NC/NC
EVOCLIN	-	1%	NC/NC

Misc. Topical Agents

aluminum chloride (DRYSOL EQUIV)	-	20%	1
ammonium lactate cream	-	12%	1
fluorouracil cream (EFUDEX CREAM equiv)	-	5%	1
fluorouracil soln (EFUDEX SOLN EQUIV)	-	5%	1
lidocaine ointment 5%	-	5%	1
lidocaine/prilocaine cream (EMLA EQUIV)	-	2.5-2.5%	1
lindane	-	1%	1
lindane shampoo	-	1%	1
malathion lotion (OVIDE LOTION equiv)	-	0.5%	1
metronidazole cream 0.75% (METROCREAM 0.75% equiv)	-	0.75%	1
metronidazole lotion 0.75% (METROLOTION 0.75% equiv)	-	0.75%	1
metronidazole topical gel 0.75% (METROGEL Topical Gel equiv)	-	0.75%	1
mometasone (ELOCON equiv)	-	0.1%	1
permethrin cream (ELIMITE EQUIV)	-	5%	1
podofilox soln (CONDYLOX SOLN equiv)	-	0.5%	1
pramoxine hc (PRAMOSONE CREAM 2.5% equiv)	-	1-2.5%	1
prudoxin cr. (ZONALON equiv)	-	5%	1
sulfacetamide liq (OVACE WASH EQUIV)	-	10%	1
trypsin w/castor oil & peruvian balsam oint (XENADERM equiv)	-	-	1
urea cream, gel, lotion (CARMOL 40 EQUIV)	-	40%	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 5 - Dermatologicals cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Topical Agents cont.			
urea cream, oint, gel (KERALAC equiv)	-	50%	1
urea emulsion, susp. (UMECTA equiv)	-	40%	1
urea hc (CARMOL HC EQUIV)	-	-	1
ziox oint (PANAFIL OINT equiv)	-	-	1
ACCUZYME OINT	-	-	2
ALDARA	-	5%	2
CARAC CREAM	-	0.5%	2
ELIDEL	-	1%	2
ELIMITE	-	5%	2
EMLA DISC	-	2.5-2.5%	2
EURAX CREAM	-	10%	2
IODOFLEX PAD	-	-	2
IODOSORB GEL	-	-	2
LAC-HYDRIN CREAM	-	12%	2
LIDODERM PATCH	-	5%	2
METROGEL 1%	-	1%	2
METROGEL 1% KIT	-	1%	2
PANAFIL	-	-	2
PRAMOSONE CREAM 1%	-	1-1%	2
PRAMOSONE CREAM 2.5%	-	1-2.5%	2
PROTOPIC	-	0.1%	2
REGRANEX (2 - 15gm tubes per copay)	QL	-	2
SANTYL	-	-	2
CARMOL 40	-	40%	NC/3
CONDYLOX GEL	-	0.50%	NC/3
ELOCON CREAM	-	-	NC/3
EMLA	-	-	NC/3
FLECTOR PATCH (QL:Retail:30patches/fill; Mail Order:90 patches/fill)	QL	1.3%	NC/3
KERAFOAM	-	30%	NC/3
KERALAC LOTION	-	-	NC/3
OVACE PLUS SHAMPOO	-	1%	NC/3
seb-prev cream (OVACE equiv)	-	10%	NC/3
SEB-PREV GEL	-	10%	NC/3
VANAMIDE CREAM	-	40%	NC/3
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	1%	NC/3
XYRALID KIT	-	3-1%	NC/3
hydroquinone cr. (LUSTRA equiv)	-	4%	NC/NC
LIDAMANTLE	-	-	NC/NC
MIMYX CREAM	-	-	NC/NC
RENOVA	-	0.05%	NC/NC
TRI-LUMA	-	-	NC/NC
VANIQA	-	13.9%	NC/NC
VEREGEN	-	15%	NC/NC

Psoriasis And Eczema Agents

calcipotriene soln (DOVONEX SOLN equiv)	-	0.005%	1
selenium sulfide	-	2.5%	1
8-MOP	-	10mg	2
DOVONEX CREAM	-	0.005	2
ENBREL (PSORIASIS)	PA/MSP	25mg	2
OXSORALEN ULTRA	-	10mg	2
SORIATANE	-	25mg	2
SORIATANE CK KIT	-	25mg	2
TAZORAC	PA	0.1%	2
VECTICAL OINT.	-	3mcg/gm	2
CLOBEX	-	0.05%	NC/3

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Dean Health Plan Formulary
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Chapter 5 - Dermatologicals cont.

Drug Name	Spec Code	Most Common Str	Tier
Psoriasis And Eczema Agents cont.			
DOVONEX SOLN	-	0.005%	NC/3
TACLONEX OINT	-	0.005-0.064%	NC/3
TACLONEX SCALP SUSP	-	-	NC/NC
Topical Anti-Fungals			
betamethasone/clotrimazole (LOTRISONE LOTION EQUIV)	-	0.05%/1%	1
ciclopirox gel, cream, lotion, soln (LOPROX equiv)	-	0.77%	1
clotrimazole/betamethasone cr (LORTRISONE CR EQUIV)	-	-	1
econazole cr (SPECTAZOLE CR EQUIV)	-	1%	1
ketoconazole cr (NIZORAL CR EQUIV)	-	2%	1
ketoconazole shampoo (NIZORAL SHAMPOO EQUIV)	-	2%	1
nystatin cr	-	100mu/g	1
nystatin powder	-	1000,000 units	1
nystatin/triamcinolone cr	-	100mu/1mg	1
LOPROX SHAMPOO	-	1%	2
NAFTIN CR	-	1%	2
OXISTAT CR	-	1%	2
ERTACZO	-	2%	NC/3
LOPROX GEL	-	0.77%	NC/3
MENTAX CREAM	-	1%	NC/3
VYTON CR	-	1%	NC/3
CICLOPIROX 8% SOLN	-	8%	NC/NC
XOLEGEL	-	-	NC/NC
Topical Anti-Infectives			
erythromycin gel	-	2%	1
gentamicin sulfate cr	-	0.10%	1
mupirocin oint (BACTROBAN OINT EQUIV)	-	2%	1
silver sulfadiazine cr	-	1%	1
sodium sulfacetamide/sulf lotion (SULFACET R EQUIV)	-	10%	1
BACTROBAN CR	-	2%	2
SULFAMYLON CR	-	-	2
ZOVIRAX OINT	-	5%	2
ALTABAX	-	1%	NC/3
ZOVIRAX CREAM	-	5%	NC/3
DENAVIR CR	-	1%	NC/NC
Topical Steroids			
alclometasone (ACLOVATE EQUIV)	-	0.05%	1
amcinonide cream (CYCLOCORT CREAM equiv)	-	0.1%	1
apexicon e (PSORCON E equiv)	-	0.05%	1
augmented betamethasone	-	0.05%	1
betamethasone dipropionate	-	0.05%	1
betamethasone valerate	-	0.1%	1
clobetasol	-	0.05%	1
desonide (DESOWEN EQUIV)	-	0.05%	1
desoximetasone cream, gel, oint. (TOPICORT equiv)	-	0.25%	1
diflorasone	-	0.05%	1
fluocinolone cr	-	0.025	1
fluocinonide cr (LIDEX EQUIV)	-	0.05%	1
fluocinonide-e cr	-	0.05%	1
fluticasone cream/oint (CUTIVATE EQUIV)	-	-	1
hydrocortisone butyrate cream, soln, oint (LOCOID equiv)	-	0.1%	1
hydrocortisone cr	-	2.5%	1
hydrocortisone valerate (WESTCORT equiv)	-	0.2%	1
prednicarbate cream/oint (DERMATOP equiv)	-	0.1%	1
scalacort lotion (ALA-SCALP equiv)	-	2%	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 5 - Dermatologicals cont.

Drug Name	Spec Code	Most Common Str	Tier
Topical Steroids cont.			
triamcinolone acetonide cr	-	0.1%	1
CORDRAN OINT	-	0.05%	2
CUTIVATE LOTION	-	0.05%	2
DERMA-SMOOTH/FS	-	-	2
HALOG	-	0.10%	2
clobetasol foam (OLUX FOAM equiv)	-	0.05%	NC/3
CLODERM CR	-	0.1%	NC/3
CORAZ	-	-	NC/3
CORDRAN CREAM/TAPE/LOTION	-	-	NC/3
CYCLOCORT CR	-	-	NC/3
DERMATOP CREAM/OINT	-	-	NC/3
DIPROSONE AERO	-	0.1%	NC/3
LOCOID LIPO CREAM	-	0.1%	NC/3
LUXIQ	-	0.12%	NC/3
NUCORT LOTION	-	2%	NC/3
PSORCON E OINT	-	0.05%	NC/3
TOPICORT LP	-	0.05%	NC/3
VERDESO	-	0.05%	NC/3
DESOWEN CREAM KIT cream	-	0.05%	NC/NC
DESOWEN OINT KIT	-	0.05%	NC/NC
ULTRAVATE KIT	-	-	NC/NC

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 6 - Ears & Throat

Drug Name	Spec Code	Most Common Str	Tier
Otics			
acetic acid (VOSOL EQUIV)	-	2%	1
antipyrine/benzocaine (AURALGAN OTIC EQUIV)	-	-	1
neomycin/polymyxin/hc (CORTISPORIN EQUIV)	-	-	1
ofloxacin otic (FLOXIN OTIC equiv)	-	0.3%	1
CERUMENEX	-	-	2
CIPRODEX	-	-	2
COLY-MYCIN-S	-	-	2
DERMOTIC	-	0.01%	2
PR OTIC	-	-	2
ACETASOL HC OTIC	-	-	NC/3
acetic acid/hydrocortisone (VOSOL HC EQUIV)	-	-	NC/3
AURALGAN OTIC	-	-	NC/3
CETRAXAL OTIC	-	0.2%	NC/3
CIPRO HC OTIC	-	-	NC/3
Throat And Mouth Agents			
chlorhexidine gluconate	-	0.12%	1
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	10mg	1
controlrx pst (PREVIDENT PST equiv)	-	-	1
lidocaine viscous	-	2%	1
nystatin	-	100,000 units/ml	1
pilocarpine (SALAGEN EQUIV)	-	5mg	1
sodium fluoride cream or gel (PREVIDENT EQUIV)	-	1.1%	1
sodium fluoride rinse (PREVIDENT equiv)	-	0.02%	1
triamcinolone in orabase	-	0.10%	1
EVOXAC	-	30mg	2
GELCLAIR	-	-	2
PREVIDENT CREAM OR GEL	-	1.1%	2
PREVIDENT DENTAL RINSE	-	0.2%	2
SALAGEN	-	5mg	2

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Dean Health Plan Formulary
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Chapter 7 - Gastrointestinal Agents

Drug Name	Spec Code	Most Common Str	Tier
Antidiarrheals			
diphenoxylate/atropine (LOMOTIL EQUIV)	-	2.5mg	1
Antiemetics			
dronabinol (MARINOL equiv)	-	-	1
granisetron (KYTRIL equiv) (QL= Retail 9 tabs/Rx; Mail Order 27 tabs/Rx)	QL/SP	1 mg	1
granisetron soln (KYTRIL SOLN equiv) (QL = Retail 60ml/Rx, Mail Order 180ml/Rx)	QL/SP	2 mg/10 ml	1
meclizine	-	25mg	1
ondansetron (ZOFTRAN equiv)	SP	8mg	1
ondansetron odt (ZOFTRAN ODT equiv)	SP	8mg	1
prochlorperazine	-	10mg	1
promethazine supp (PHENERGAN EQUIV)	-	25mg	1
promethazine tab (PHENERGAN EQUIV)	-	25mg	1
trimethobenzamide (TIGAN equiv)	-	250mg	1
TRANSDERM SCOP	-	1.5mg	2
EMEND (Retail 3 tabs/Rx; Mail Order 9 tabs/Rx)	RS/QL/M/SP	-	2,M
ANZEMET (Retail 9 tabs/Rx; Mail Order 27 tabs/Rx)	QL/SP	100mg	NC/3
CESAMET	-	1 mg	NC/3
SANCUSO (QL = Retail 4 patch/Rx; Mail Order 12 patch/Rx)	QL	3.1mg	NC/3
Antispasmodics			
belladonna alkaloids/phenobarb (DONNATAL equiv)	-	-	1
chlordiazepoxide/clidinium (LIBRAX equiv)	-	5-2.5mg	1
dicyclomine	-	10mg	1
hyoscyamine (LEVSIN EQUIV)	-	125mcg	1
hyoscyamine cr (LEVBID EQUIV)	-	375 mcg	1
metoclopramide	-	10mg	1
DONNATAL EXTENDTABS	-	48mg	2
LOTRONEX	-	0.5mg	NC/3
ZELNORM	-	6mg	NC/NC
Antiulcer Agents			
cimetidine (TAGAMET equiv)	-	400mg	1
famotidine (PEPCID equiv)	GS	40mg	1
misoprostol (CYTOTEC equiv)	-	200mg	1
omeprazole 20mg (PRILOSEC equiv) (Rx Only)	GS	20mg	1
omeprazole 40mg (PRILOSEC equiv) (Rx Only)	-	40mg	1
PREVACID OTC	-	15mg	1
PRILOSEC OTC	-	20mg	1
ranitidine (ZANTAC equiv)	GS	150mg	1
sucralfate	-	1gm	1
KAPIDEX CAP (QL = 1 cap/day (Step Therapy requires failure of omeprazole))	QL/ST	60mg	2
PROTONIX (QL = 2 tab/day (Step Therapy requires failure of omeprazole))	ST/QL	40mg	2
PROTONIX PAK	-	40 mg	2
ZEGERID POWDER (<12 years no PA required)	PA	20mg	2
ACIPHEX	PA	20mg	NC/3
AXID	-	150mg	NC/3
AXID SOLUTION	-	15mg/ml	NC/3
PREVACID CAP (Requires failure of omeprazole)	ST	30mg	NC/3
PREVACID SOLUTABS (Tier 2 <12 years old (Requires failure of omeprazole))	ST	30mg	NC/3
PREVPAC	-	-	NC/3
ZANTAC EFFER TAB/GRANULE	-	150mg	NC/3
lansoprazole (PREVACID equiv)	-	15mg	NC/NC
NEXIUM CAP/GRANULES	-	40mg	NC/NC
omeprazole 10mg (PRILOSEC equiv)	-	-	NC/NC
pantoprazole (PROTONIX equiv)	-	40mg	NC/NC
PRILOSEC	-	20mg	NC/NC
Laxatives			

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Chapter 7 - Gastrointestinal Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Laxatives cont.			
GOLYTELY PACKET	-	-	1
lactulose	-	10gm	1
peg 3350/electrolytes (GOLYTELY/COLYTE EQUIV)	-	-	1
sorbitol	-	-	1
trilyte (NULYTELY EQUIV)	-	-	1
RELISTOR	PA/MSP	12mg/0.6ml	2
AMITIZA	ST	24 mcg	NC/3
HALFLYTELY BOWEL PREP KIT	-	-	NC/3
MOVIPREP	-	100gm	NC/3
OSMOPREP	-	1.5gm	NC/3
VISICOL	-	-	NC/3
glycolax (MIRALAX EQUIV)	-	-	NC/NC
Misc. GI Agents			
balsalazide (COLAZAL equiv)	-	750mg	1
glycopyrrolate (ROBINUL EQUIV)	-	1mg	1
sulfasalazine	-	500mg	1
sulfasalazine ec	-	500mg	1
ursodiol cap (ACTIGALL equiv)	-	300mg	1
ursodiol tab (URSO/URSO FORTE equiv)	-	500mg	1
ASACOL (HD)	-	-	2
CANASA	-	500mg	2
CREON 10	-	-	2
DIPENTUM	-	250mg	2
GASTROCROM	-	100mg/5ml	2
LIALDA	-	1.2 gm	2
PANCREATIC ENZYMES (ALL BRANDS)	-	400mg	2
PENTASA	-	250mg	2
ULTRASE	-	-	2
URSO	-	250mg	2
URSO FORTE	-	500mg	2
CIMZIA	RS	200mg	M
APRISO	-	0.375gm	NC/3
PYLERA	-	-	NC/3

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Dean Health Plan Formulary
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Chapter 8 - Genitourinary Agents

Drug Name	Spec Code	Most Common Str	Tier
Misc. Urinary/Renal Products			
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	100mg	1
phenazopyridine (PYRIDIDIUM EQUIV)	-	100mg	1
phenazopyridine plus (PYRIDIDIUM PLUS equiv)	-	-	1
usept	-	-	1
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	150mg	2
ELMIRON	-	100mg	2
FOSRENOL	-	500mg	2
RENAGEL	-	800mg	2
MONUROL	-	3gm	NC/3
PROSED (EC/DS)	-	-	NC/3
RENVELA	-	800mg	NC/3
Prostatic Hypertrophy Agents			
doxazosin (CARDURA equiv)	GS	4mg	1
finasteride (PROSCAR equiv)	-	5mg	1
terazosin (HYTRIN equiv)	GS	5mg	1
AVODART	-	0.5mg	2
FLOMAX (NC/3 if Step Therapy OR PA not followed)	ST/PA	0.4mg	2
UROXATRAL	-	10mg	2
RAPAFLO	-	8mg	NC/3
Rectal Agents			
hc pramoxine cream (ANALPRAM-HC equiv)	-	1-1%	1
hydrocortisone enema	-	100mg	1
hydrocortisone supp	-	25mg	1
mesalamine (ROWASA EQUIV)	-	4gm	1
pramoxine hcl rectal foam (PROCTOFOAM EQUIV)	-	1%	1
PROCTOFOAM HC	-	-	1
ROWASA	-	4gm	NC/3
ROWASA KIT	-	4gm	NC/NC
Urinary Anti-Infectives			
nitrofurantoin monohydrate (MACROBID EQUIV)	-	100mg	1
CINOBAC	-	500mg	NC/3
Urinary Antispasmodics			
bethanechol (URECHOLINE equiv)	-	25mg	1
oxybutynin (DITROPAN equiv)	-	5mg	1
oxybutynin er (DITROPAN XL equiv)	-	10mg	1
DETROL	-	2mg	2
DETROL LA	-	4mg	2
ENABLEX	-	15mg	2
VESICARE	¢	10mg	2
GELNIQUE	-	10%	NC/3
OXYTROL	-	3.9mg	NC/3
SANCTURA	-	20mg	NC/3
TOVIAZ	-	8mg	NC/3
SANCTURA XR	-	60 mg	NC/NC
URISPAS	-	100mg	NC/NC

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 9 - Antineoplastics & Immunosuppressants

Drug Name	Spec Code	Most Common Str	Tier
Anti-Neoplastics Immunosuppressive Agents			
azathioprine (IMURAN equiv)	SP	50mg	1
bicalutamide (CASODEX equiv)	SP	50mg	1
cyclophosphamide	-	50mg	1
cyclosporine (SANDIMMUNE equiv)	SP	25mg	1
etoposide	SP	50mg	1
flutamide (EULEXIN EQUIV)	SP	125mg	1
hydroxyurea	-	500mg	1
megestrol	-	40mg	1
mercaptopurine (PURINETHOL EQUIV)	SP	50mg	1
mycophenolate (CELLCEPT equiv)	SP	500mg	1
tacrolimus (PROGRAF equiv)	SP	5mg	1
tamoxifen	-	10mg	1
thioguanine	SP	40mg	1
tretinoin cap (VESANOID equiv)	MSP	10 mg	1
ALKERAN	SP	2mg	2
ARIMIDEX	SP	1mg	2
AROMASIN	SP	25mg	2
CASODEX	SP	50mg	2
CEENU	SP	-	2
EMCYT	SP	-	2
FARESTON	SP	60mg	2
FEMARA	SP	2.5mg	2
GLEEVEC	RS/MSP	400mg	2
HEXALEN	SP	50mg	2
HYCAMTIN	PA/MSP	0.25mg	2
IRESSA (Only available through Curascript 1-877-634-8553)	RS/SP	250mg	2
LEUKERAN	SP	2mg	2
LYSODREN	MSP	500mg	2
MATULANE	SP	50mg	2
MESNEX	MSP	400mg	2
MYFORTIC	SP	360mg	2
MYLERAN	-	2mg	2
NEXAVAR	RS/MSP	200mg	2
PROGRAF	SP	5mg	2
PROLEUKIN	SP	22miu	2
RAPAMUNE	SP	1mg	2
REVLIMID (QL = Max 1 cap/day)	QL/PA/MSP	5mg	2
SPRYCEL	PA/MSP	70mg	2
SUTENT	PA/MSP	50mg	2
TABLOID	SP	40mg	2
TARCEVA	PA/MSP	150mg	2
TARGRETIN	RS/MSP	75mg	2
TARGRETIN GEL	-	1%	2
TASIGNA	MSP/PA	200 mg	2
TEMODAR	MSP	100mg	2
THALOMID	PA/MSP	50mg	2
VEPESID	MSP	-	2
XELODA	MSP	500mg	2
ZOLINZA	MSP/RS	100 mg	2
HERCEPTIN	M	-	M
RITUXAN	PA/RS/M	10 mg/ml	M
ZEVALIN	M	-	M
ZOLADEX	M	3.6mg	M
AZASAN	SP	75 mg	NC/3
CELLCEPT	SP	500mg	NC/3

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Dean Health Plan Formulary
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Chapter 9 - Antineoplastics & Immunosuppressants cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Neoplastics Immunosuppressive Agents cont.			
MEGACE ES SUSP.	-	625mg/5ml	NC/3
NEORAL	SP	100mg	NC/3
SANDIMMUNE	SP	100mg	NC/3
VESANOID	MSP	10mg	NC/3
TYKERB	-	250 mg	NC/NC

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 10 - Diabetic Agents

Drug Name	Spec Code	Most Common Str	Tier
Diabetic Supplies			
ACCU-CHEK ACTIVE METER (No Copay)	-	-	
ACCU-CHEK ADVANTAGE METER (No Copay)	-	-	
ACCU-CHEK AVIVA METER (No Copay)	-	-	
ACCU-CHEK COMPACT METER (No Copay)	-	-	
ACCU-CHEK COMPLETE METER (No Copay)	-	-	
FREESTYLE FLASH METER (No Copay)	-	-	
FREESTYLE FREEDOM LITE METER (No Copay)	-	-	
FREESTYLE FREEDOM METER (No Copay)	-	-	
FREESTYLE LITE METER (No Copay)	-	-	
FREESTYLE METER (No Copay)	-	-	
PRECISION XTRA METER (No Copay)	-	-	
ACCU-CHEK AVIVA CONTROL SOLUTION	-	-	1
ACCU-CHEK CONTROL SOLUTIONS	-	-	1
alcohol pads	-	-	1
B-D INSULIN SYRINGES	-	-	1
B-D PEN NEEDLES	-	-	1
CLINISTIX	-	-	1
FREESTYLE CONTROL SOLUTIONS	-	-	1
KETO-DIASTIX	-	-	1
KETOSTIX	-	-	1
lancets	-	-	1
NOVOFINE PEN NEEDLES	-	-	1
PRECISION SURE-DOSE INSULIN SYRINGE (ALL)	-	-	1
PRECISION XTRA CONTROL SOLUTION	-	-	1
ACCU-CHEK AVIVA TEST STRIPS	-	-	2
ACCU-CHEK TEST STRIPS	-	-	2
FREESTYLE LITE TEST STRIPS	-	-	2
FREESTYLE TEST STRIPS	-	-	2
PRECISION XTRA TEST STRIPS	-	-	2
DIABETIC SUPPLIES (All other diabetic meters, test strips, and syringes)	-	-	NC/3
Hyperglycemic Agents			
GLUCAGEN HYPOKIT	-	-	2
GLUCAGON KIT 1MG	-	-	2
Hypoglycemic Agents			
acarbose (PRECOSE equiv)	-	50mg	1
chlorpropamide (DIABINESE equiv)	-	250mg	1
glimepiride (AMARYL equiv)	-	4mg	1
glipizide (GLUCOTROL equiv)	GS	5mg	1
glipizide er (GLUCOTROL XL equiv)	-	10mg	1
glipizide/metformin (METAGLIP equiv)	-	5/500mg	1
glyburide (DIABETA, MICRONASE equiv)	GS	5mg	1
glyburide micronized	-	3mg	1
glyburide/metformin (GLUCOVANCE equiv)	-	2.5/500mg	1
metformin (GLUCOPHAGE equiv)	GS	500mg	1
metformin er (GLUCOPHAGE XR equiv)	-	500mg	1
NOVOLIN VIAL	-	U-100	1
tolazamide (TOLINASE equiv)	-	250mg	1
ACTOPLUS MET	-	15mg/500mg	2
ACTOS	TS	30mg	2
AVANDAMET	-	4/500mg	2
AVANDARYL	-	4mg/2mg	2
AVANDIA	-	4mg	2
BYETTA	-	10mcg	2
DUETACT	-	30-4 mg	2

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 10 - Diabetic Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Hypoglycemic Agents cont.			
GLYSET	-	50mg	2
HUMULIN 50/50 VIAL	-	U-100	2
HUMULIN R U-500	-	U-500	2
JANUMET	-	50/500mg	2
JANUVIA (QL = Max 1 tab/day)	TS/QL	50mg	2
LANTUS	-	U-100	2
LANTUS SOLOSTAR	-	100 unit/ml	2
LEVEMIR	-	100 units/ml	2
NOVOLIN INNOLET	-	U-100	2
NOVOLIN PENFILL	-	U-100	2
NOVOLOG FLEXPEN	-	U-100	2
NOVOLOG MIX	-	U-100	2
NOVOLOG VIALS	-	U-100	2
PRANDIN	-	2mg	2
VELOSULIN	-	100units/ml	2
APIDRA	-	100 units/ml	NC/3
FORTAMET	-	500 mg	NC/3
GLUMETZA	-	500mg	NC/3
HUMALOG	-	Au-100	NC/3
HUMALOG KWIKPEN	-	-	NC/3
HUMALOG MIX	-	75/25	NC/3
HUMULIN (HUMULIN 50/50 and HUMULIN U-500 are Tier 2, all others Tier NC/3)	-	U-100	NC/3
INSULIN (If not listed in Chapter 10, all other forms of insulin are Not Covered)	-	-	NC/3
nateglinide (STARLIX equiv)	-	120mg	NC/3
PRANDIMET	-	1-500mg	NC/3
PRECOSE	-	50mg	NC/3
RELION	-	U-100	NC/3
RIOMET (metformin liq.)	-	500mg/5ml	NC/3
SYMLIN	-	0.6mg/ml	NC/NC

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 11 - Endocrine Agents

Drug Name	Spec Code	Most Common Str	Tier
Corticosteroids			
CORTEF	-	10mg	1
dexamethasone	-	4mg	1
fludrocortisone acetate (FLORINEF EQUIV)	-	0.1mg	1
hydrocortisone (CORTEF equiv)	-	20mg	1
methylprednisolone (MEDROL EQUIV)	-	4mg	1
methylprednisolone dose pak (MEDROL DOSE PAK EQUIV)	-	4mg	1
prednisolone (PRELONE EQUIV)	-	15mg/5ml	1
prednisolone (PEDIAPRED EQUIV)	-	6.7mg/5ml	1
prednisone tab	-	5mg	1
ENTOCORT EC	-	3mg	2
Growth Hormones			
NORDITROPIN	PA/MSP	-	2
GENOTROPIN	-	-	NC/NC
HUMATROPE	-	-	NC/NC
NUTROPIN	-	-	NC/NC
NUTROPIN AQ	-	-	NC/NC
PROTROPIN	-	-	NC/NC
SAIZEN	-	-	NC/NC
SEROSTIM	-	-	NC/NC
Osteoporosis Agents			
alendronate tab (FOSAMAX equiv)	-	70mg	1
calcitonin nasal spray (MIACALCIN NS equiv)	SP	-	1
etidronate (DIDRONEL equiv)	-	400mg	1
ACTONEL (Covered at Tier 3 if ST not completed. Step Therapy requires failure of alendronate.)	ST	35mg	2
EVISTA	-	60mg	2
FORTEO	MSP	-	2
FOSAMAX-D	-	-	2
MIACALCIN INJECTION	MSP	200units/ml	2
MIACALCIN NASAL	SP	-	2
BONIVA (Step Therapy requires failure of alendronate and Actonel)	ST	2.5mg	NC/3
BONIVA TAB 150MG (QL = 1 tab/month; Step Therapy requires failure of alendronate and Actonel)	QL/ST	150mg	NC/3
DIDRONEL	-	400mg	NC/3
FOSAMAX LIQUID	-	70mg/75ml	NC/3
MENOSTAR	-	14mcg	NC/3
Other Endocrine Agents			
cabergoline (DOSTINEX equiv)	SP	0.5mg	1
danazol (DANOCRINE EQUIV)	-	200mg	1
desmopressin acetate nasal (DDAVP EQUIV)	SP	0.01%	1
desmopressin acetate tab (DDAVP TAB EQUIV)	-	0.2mg	1
desmopressin inj (DDAVP INJ EQUIV)	MSP	4mcg/ml	1
fluoxymesterone	-	10mg	1
flutamide (EULEXIN EQUIV)	SP	125mg	1
levocarnitine (CARNITOR EQUIV)	-	10%	1
methotrexate	-	2.5mg	1
octreotide inj (SANDOSTATIN equiv)	MSP	0.5mg/ml	1
tamoxifen	-	10mg	1
ARIMIDEX	SP	1mg	2
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	250mg	2
HECTOROL	-	2.5mcg	2
INCRELEX	MSP	10mg/ml	2
KUVAN	PA/MSP	100 mg	2
NILANDRON	SP	150mg	2

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Chapter 11 - Endocrine Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Other Endocrine Agents cont.			
SANDOSTATIN	MSP	0.5mg/ml	2
SENSIPAR	RS/MSP	30mg	2
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	10mg/ml	2
STIMATE	-	1.5mg/ml	2
TREXALL	-	10mg	2
ZAVESCA	-	100mg	2
FABRAZYME	PA/MSP	-	M
SANDOSTATIN LAR KIT	-	10 mg	NC
Thyroid Agents			
ARMOUR THROID	-	60mg	1
levothroid	-	100mcg	1
levothyroxine (SYNTHROID equiv)	-	100mcg	1
levoxyl	-	100mcg	1
liothyronine (CYTOMEL equiv)	-	25mcg	1
methimazole (TAPAZOLE EQUIV)	-	5mg	1
NORTHYX (5MG & 10MG)	-	5mg	1
propylthiouracil	-	50mg	1
thyroid (ARMOUR THYROID equiv)	-	60mg	1
unithroid	-	100 mcg	1
CYTOMEL	-	25mcg	2
NORTHYX (15MG & 20MG)	-	15mg	2
THYROLAR	-	60mg	2
THYROGEN	M	-	M
SYNTHROID	-	100mcg	NC/3

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 12 - Musculoskeletal Agents

Drug Name	Spec Code	Most Common Str	Tier
COX-2 Inhibitors			
CELEBREX (60 caps/Rx)	QL/PA	200mg	2
Gout Agents			
allopurinol	-	300mg	1
colchicine	-	0.6mg	1
probenecid	-	500mg	1
probenecid/colchicine	-	0.5mg/500mg	1
COLCRYS	-	0.6mg	2
ULORIC (Step Therapy requires failure of allopurinol)	ST	80mg	2
Misc. Musculoskeletal			
hydroxychloroquine (PLAQUENIL equiv)	-	200mg	1
leflunomide (ARAVA equiv)	-	20mg	1
methotrexate	-	2.5mg	1
ENBREL (RHEUMATOID ARTHRITIS)	PA/MSP	25mg	2
HUMIRA KIT	PA/MSP	40mg	2
KINERET	PA/MSP	100mg	2
RIDAURA	-	3mg	2
RILUTEK	-	50mg	2
TREXALL	-	10mg	2
ORENCIA	RS/PA/M	250mg	M
REMICADE	RS/PA/M	-	M
Muscle Relaxants			
baclofen	-	20mg	1
carisoprodol (SOMA EQUIV)	-	350mg	1
carisoprodol/aspirin (SOMA CPD EQUIV)	-	200/325mg	1
chlorzoxazone	-	500mg	1
cyclobenzaprine (FLEXERIL EQUIV)	-	10mg	1
dantrolene (DANTRIUM EQUIV)	-	100mg	1
methocarbamol (ROBAXIN EQUIV)	-	750mg	1
orphenadrine citrate er (NORFLEX EQUIV)	-	100mg	1
orphenadrine/asa/caff (NORGESIC equiv)	-	25-385-30 mg	1
orphenadrine/asa/caffeine 50-770-60mg (NORGESIC FORTE equiv)	-	50-770-60mg	1
tizanidine tab (ZANAFLEX TAB equiv)	-	2mg	1
SKELAXIN	-	400mg	2
carisoprodol/aspirin & codeine (SOMA CPD/COD equiv)	-	-	NC/3
ZANAFLEX CAP	-	4mg	NC/3
AMRIX	-	15 mg	NC/NC
SOMA 250MG TAB	-	250 MG	NC/NC
NSAIDs			
diclofenac potassium (CATAFLAM EQUIV)	-	50mg	1
diclofenac sodium (VOLTAREN EQUIV)	-	75mg	1
etodolac	-	300/400mg	1
fenoprofen	-	600mg	1
flurbiprofen	-	100mg	1
ibuprofen (Rx Only)	-	800mg	1
indomethacin	-	25mg	1
indomethacin cr	-	75mg	1
ketorolac (5 Days of Treatment)	QL	10mg	1
meclofen sodium	-	100mg	1
meloxicam (MOBIC equiv)	-	15mg	1
nabumetone (RELAFEN EQUIV)	-	500mg	1
naproxen	-	500mg	1
naproxen sodium	-	550mg	1
oxaprozin (DAYPRO EQUIV)	-	600mg	1
piroxicam	-	20mg	1

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Dean Health Plan Formulary
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Chapter 12 - Musculoskeletal Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
NSAIDs cont.			
salsalate	-	500mg	1
sulindac	-	200mg	1
ARTHROTEC	-	75mg	NC/3
diclofenac sodium xr (VOLTAREN XR equiv)	-	100 mg	NC/3
KETOPROFEN ER	-	200 mg	NC/3
naproxen sodium cr (NAPRELAN equiv)	-	500mg	NC/3
PONSTEL	-	250mg	NC/3
ketoprofen	-	75mg	NC/NC

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 13 - OB/GYN Agents

Drug Name	Spec Code	Most Common Str	Tier
Androgens			
fluoxymesterone	-	10mg	1
oxandrolone (OXANDRIN equiv)	-	2.5mg	1
ANDROGEL	-	1%	2
ANDRODERM	-	2.5mg	NC/3
ANDROID	-	10mg	NC/3
TESTIM GEL	-	1%	NC/3
Anti-Infectives			
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	2%	1
fluconazole (DIFLUCAN EQUIV)	-	150mg	1
metronidazole vaginal cream (METROGEL VAG CREAM equiv)	-	0.75%	1
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	0.75%	1
nystatin vag tab	-	100,000units	1
terconazole supp (TERAZOL 3 SUPP equiv)	-	80mg	1
terconazole vaginal cream (TERAZOL 3 EQUIV)	-	8%	1
acidic vaginal jelly	-	-	2
AVC	-	15%	2
CLEOCIN VAGINAL SUPP	-	100mg	NC/3
CLINDESSE	-	-	NC/3
FEM PH GEL	-	0.9-0.025%	NC/3
GYNAZOLE-1	-	-	NC/3
Contraceptives			
apri (ORTHO-CEPT/DESOGEN equiv)	-	-	1
aranelle (TRI-NORINYL equiv)	-	-	1
aviane (ALESSE equiv)	-	2.5mg	1
azurette (MIRCETTE equiv)	-	-	1
balziva (OVCON 35 equiv)	-	-	1
camila (ORTHO MICRONOR/NOR-QD equiv)	-	-	1
cesia (CYLESSA equiv)	-	-	1
cryselle (LO-OVRAL equiv)	-	-	1
enpresse (TRIPHASIL/TRI-LEVELLEN equiv)	-	-	1
errin (ORTHO MICRONOR/NOR-QD equiv)	-	-	1
jolivette (ORTHO MICRONOR/NOR-QD equiv)	-	-	1
junel (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	-	1
kariva (MIRCETTE equiv)	-	-	1
leena (TRI-NORINYL equiv)	-	-	1
lessina (LEVLITE equiv)	-	-	1
levora (LEVELLEN/NORDETTE equiv)	-	-	1
low-ogestrel (LO-OVRAL equiv)	-	-	1
lutra (ALESSE equiv)	-	-	1
microgestin (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	-	1
mononessa (ORTHO-CYCLEN equiv)	-	-	1
necon (0.5/35, 1/35, 1/50, 7/7/7, 10/11) (ORTHO-NOVUM/MODICON equiv)	-	-	1
next choice tab (PLAN B equiv)	-	-	1
nortrel (0.5/35, 1/35, 1/50) (ORTHO-NOVUM/MODICON equiv)	-	-	1
ocella (YASMIN equiv)	-	-	1
portia (LEVELLEN/NORDETTE equiv)	-	-	1
reclipsen (ORTHO-CEPT/DESOGEN equiv)	-	-	1
solia (ORTHO-CEPT/DESOGEN equiv)	-	-	1
sprintec (ORTHO-CYCLEN equiv)	-	-	1
tilia fe (ESTROSTEP FE equiv)	-	-	1
tri-legest fe (ESTROSTEP FE equiv)	-	-	1
trinessa (ORTHO TRI-CYCLEN equiv)	-	-	1
tri-previfem (ORTHO TRI-CYCLEN equiv)	-	-	1
tri-sprintec (ORTHO TRI-CYCLEN equiv)	-	-	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 13 - OB/GYN Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Contraceptives cont.			
trivora (TRIPHASIL/TRI-LEVLEN equiv)	-	-	1
velivet (CYCLESSA equiv)	-	-	1
zenchent (OVCON 35 equiv)	-	-	1
zovia 1/35, 1/50 (DEMULEN equiv)	-	-	1
LYBREL	-	90-20 MCG	2
NUVARING	-	-	2
ORTHO DIAPHRAGM ALL-FLEX	-	-	2
ORTHO EVRA	-	-	2
ORTHO TRI-CYCLEN LO	-	-	2
PLAN B	-	-	2
YAZ	-	3.0.02mg	2
ALESSE	-	-	NC/3
BREVICON	-	-	NC/3
CYCLESSA	-	-	NC/3
DEMULEN 1/35, 1/50	-	-	NC/3
DESOGEN	-	-	NC/3
FEMCON FE	-	0.4mg-35mcg	NC/3
jolessa (SEASONALE equiv) (3 Copays per Rx)	-	0.15-0.03 mg	NC/3
LEVLEN	-	-	NC/3
LEVLITE	-	-	NC/3
LO/OVRAL	-	-	NC/3
LOESTRIN (FE) 1.5/30, 1/20	-	-	NC/3
LOESTRIN 24 FE	-	1mg-20mcg	NC/3
LOSEASONIQUE (3 copays per Rx)	-	-	NC/3
MIRCETTE	-	-	NC/3
MODICON	-	-	NC/3
NORDETTE	-	-	NC/3
NORINYL 1/35, 1/50	-	-	NC/3
NOR-Q.D	-	-	NC/3
OGESTREL 0.5/30	-	-	NC/3
ORTHO MICRONOR	-	-	NC/3
ORTHO TRI-CYCLEN	-	-	NC/3
ORTHO-CEPT	-	-	NC/3
ORTHO-CYCLEN	-	-	NC/3
ORTHO-NOVUM (1/35, 1/50, 10/11, 7/7/7)	-	-	NC/3
OVCON 50	-	-	NC/3
OVRAL	-	-	NC/3
OVRETTE	-	-	NC/3
quasense (SEASONALE equiv) (3 copays per RX)	-	0.15-0.03 mg	NC/3
SEASONIQUE (3 copays per Rx)	-	-	NC/3
TRI-LEVLEN	-	-	NC/3
TRI-NORINYL	-	-	NC/3
TRIPHASIL	-	-	NC/3
YASMIN	-	-	NC/3

Estrogens

estradiol tab (ESTRACE equiv)	GS	1mg	1
estropipate	-	0.75mg	1
gynodiol 0.5mg, 1mg, 2mg (ESTRACE equiv) (GYNODIOL 1.5mg is covered at Tier 2)	GS	1mg	1
syntest (ESTRATEST equiv)	-	-	1
syntest hs (ESTRATEST HS equiv)	-	-	1
CLIMARA	-	0.05mg	2
COMBIPATCH	-	-	2
CRINONE	SP	8%	2
ENDOMETRIN	-	100 mg	2
ESTRACE VAGINAL CREAM	-	-	2

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Chapter 13 - OB/GYN Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Estrogens cont.			
ESTRATEST	-	-	2
ESTRATEST HS	-	-	2
ESTRING (3 copays per RX)	-	2mg	2
FEMHRT	-	-	2
GYNODIOL (1.5MG)	-	1.5mg	2
PREMARIN	-	0.625	2
PREMARIN VAGINAL CREAM	-	0.625mg/gm	2
PREMPHASE	-	-	2
PREMPRO	-	0.625-2.5m	2
PREMPRO LOW	-	0.45/1.5mg	2
PROCHIEVE GEL	SP	8%	2
VAGIFEM	-	25mcg	2
VIVELLE/DOT	-	0.05mg	2
ACTIVELLA	-	-	NC/3
ALORA	-	0.05mg	NC/3
ANGELIQ	-	0.5-1 mg	NC/3
CENESTIN	-	0.625mg	NC/3
CLIMARA PRO	-	45-15mcg/d	NC/3
DIVIGEL	-	0.1%	NC/3
ELESTRIN	-	-	NC/3
ENJUVIA	-	0.625mg	NC/3
ESCLIM	-	0.05mg	NC/3
estra/noreth tab (ACTIVELLA equiv)	-	-	NC/3
ESTRADERM	-	0.05mg	NC/3
ESTRASORB	-	4.35mg/1.74gm	NC/3
ESTRATAB	-	0.625	NC/3
ESTROGEL	-	0.06%	NC/3
EVAMIST	-	-	NC/3
FEMRING	-	-	NC/3
MENEST	-	0.625mg	NC/3
ortho-est	-	1.5mg	NC/3
ORTHO-PREFEST	-	-	NC/3
Other OB/GYN Agents			
bromocriptine	-	2.5mg	1
danazol	-	200mg	1
METHERGINE	-	0.2mg	2
SYNAREL	SP	2mg/ml	2
CLINDESSE	-	-	NC/3
GYNAZOLE-1	-	-	NC/3
Prenatal Products			
prenatal rx (generic products only)	-	-	1
PRECARE PREMIER	-	-	2
PRENATAL RX (Brand Name Products)	-	-	2
PRIMACARE	-	-	2
PRIMACARE ADVANTAGE	-	-	2
PRIMACARE ONE	-	-	2
Progestins			
medroxyprogesterone	-	10mg	1
norethindrone acetate (AYGESTIN EQUIV)	-	5mg	1
PROGESTERONE SUPP	-	25mg	2
PROMETRIUM	-	100mg	2
AYGESTIN	-	5mg	NC/3

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 14 - Nutrition, Blood & Electrolytes

Drug Name	Spec Code	Most Common Str	Tier
Anti-Coagulants/Blood Modifiers			
aminocaproic acid (AMICAR equiv)	SP	500mg	1
anagrelide (AGRYLIN equiv)	-	1mg	1
cilostazol (PLETAL EQUIV)	-	100mg	1
dipyridamole	-	75mg	1
jantoven (COUMADIN equiv)	-	5mg	1
pentoxifylline	-	400mg	1
ticlopidine	-	250mg	1
warfarin (COUMADIN equiv)	-	5mg	1
AGGRENOX	-	200/25mg	2
AMICAR TAB (1000MG)	SP	1000mg	2
ARANESP (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	-	2
ARIXTRA	SP/PA	2.5mg	2
EPOGEN (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	10,000units	2
FRAGMIN	SP	5000units	2
LEUKINE	MSP	-	2
LOVENOX (May be obtained at both specialty provider and retail)	SP	80mg/0.8ml	2
NEULASTA	MSP	6mg/0.6ml	2
NEUMEGA	MSP	5mg	2
NEUPOGEN	MSP	480mcg	2
PLAVIX TAB 75MG	-	75mg	2
PROCRT (May only be obtained through Specialty Pharmacy if self-injected)	PA/MSP	10,000units	2
PROMACTA	PA/MSP	25mg	2
COUMADIN	-	5mg	NC/3
INNOHEP	-	20,000iu/ml	NC/NC
PLAVIX TAB 300MG	-	300 mg	NC/NC
Chelating Agents			
CUPRIMINE	-	250mg	2
Potassium Supplements			
phospha (K-PHOS NEUTRAL equiv)	-	250	1
potassium bicarbonate (K-LYTE equiv)	-	25meq	1
potassium chloride	-	20%	1
potassium chloride cr	-	8meq	1
potassium chloride powder (K-LOR equiv)	-	20meq	1
K-PHOS	-	-	2
K-LYTE	-	50meq	NC/3
Systemic Alkalinizers			
calcium acetate cap (PHOSLO equiv)	-	667mg	1
potassium citrate & citric acid (POLYCITRA equiv)	-	-	1
potassium citrate er (UROCIT-K equiv)	-	1080mg	1
sodium citrate and citric acid soln (BICITRA EQUIV)	-	-	1
BICITRA	-	-	2
UROCIT-K	-	1080mg	2
PHOSLO CAP	-	667mg	NC/3
Vitamins And Minerals			
aminobenzoate potassium cap/powder (POTABA equiv)	-	-	1
calcitriol	-	0.25mg	1
calcitriol inj. (CALCIJEX equiv)	MSP	1mcg/ml	1
DIALYVITE	-	-	1
ferrex-150 forte (NIFEREX-150 CAP FORTE equiv)	-	-	1
fluoride	-	1mg	1
folbee (FOLTX equiv)	-	-	1
folbee plus	-	-	1
folbee plus cz (DIATX equiv)	-	-	1
folic acid	-	1mg	1

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 14 - Nutrition, Blood & Electrolytes cont.

Drug Name	Spec Code	Most Common Str	Tier
Vitamins And Minerals cont.			
FOLITAB	-	-	1
multigen (CHROMAGEN equiv)	-	-	1
multivitamins/fluoride (iron)	-	-	1
multivitamins/fluoride (iron)	-	0.5ml	1
prenatal rx (generic products only)	-	-	1
pruvate (REPLIVA equiv)	-	-	1
tricon (TRINSICON equiv)	-	-	1
tri-vitamin/fluoride (iron)	-	-	1
tri-vitamin/fluoride (iron)	-	0.5ml	1
vitamin d (Rx strength only)	-	50000	1
zinc sulfate	-	220mg	1
CHROMAGEN	-	-	2
CHROMAGEN FORTE	-	-	2
FOLGARD RX 2.2	-	-	2
GALZIN	-	25mg	2
MEPHYTON	-	5mg	2
NIFEREX-150 CAP FORTE	-	-	2
POTABA TAB	-	-	2
PRECARE PREMIER	-	-	2
PRENATAL RX (Brand Name Products)	-	-	2
PRIMACARE	-	-	2
PRIMACARE ADVANTAGE	-	-	2
PRIMACARE ONE	-	-	2
ZEMPLAR	-	2mcg	2
CHROMAGEN FA	-	-	NC/3
DEPLIN	-	7.5 mg	NC/3
methylfolate b6-b12 (METANX equiv)	-	-	NC/3
NASCOBAL	-	500mcg/0.1ml	NC/3
POTABA CAP/POWDER	-	-	NC/3
REPLIVA	-	-	NC/3
CALOMIST	-	25mcg/spray	NC/NC

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Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 15 - Respiratory Agents

Drug Name	Spec Code	Most Common Str	Tier
Antihistamines			
alavert allergy-sinus otc	-	5/120mg	1
alavert otc	-	10mg	1
alavert reditab otc	-	10mg	1
cetirizine chew otc (ZYRTEC CHEW OTC equiv)	-	10mg	1
cetirizine syrup otc (ZYRTEC SYRUP OTC equiv)	-	1mg/ml	1
cetirizine tab otc (ZYRTEC OTC equiv)	GS	10mg	1
cetirizine/pse otc (ZYRTEC-D OTC equiv)	-	5-120 mg	1
chlorpheniramine er	-	12mg	1
cyproheptadine	-	4mg	1
diphenhydramine (Only 50mg Covered)	-	50mg	1
fexofenadine (ALLEGRA equiv)	-	180mg	1
hydroxyzine	-	25mg	1
loratadine otc (CLARITIN equiv)	GS	10mg	1
loratadine syrup otc (CLARITIN SYRUP OTC equiv)	GS	5 mg/5 ml	1
loratadine-d otc (CLARITIN-D OTC equiv)	GS	10-240 mg	1
ZYRTEC CHEW OTC	-	5mg	1
ZYRTEC OTC	-	10mg	1
ZYRTEC SYRUP OTC	-	5mg/5ml	1
ZYRTEC-D OTC	-	5-120mg	1
ASTELIN (QL = 2 bottles/month)	QL	137mcg	2
ASTEPRO (QL = 2 bottles/month)	QL	137mcg	2
PATANASE	-	0.6%	2
RYNATAN	-	-	2
ALLEGRA	-	180mg	NC/3
carbinoxamine (PALGIC equiv)	-	4mg	NC/3
CLARITIN REDITAB (OTC ONLY)	-	10mg	NC/3
CLARITIN SYRUP (OTC ONLY)	-	5mg/5ml	NC/3
CLARITIN TAB (OTC ONLY)	-	10mg	NC/3
ALLEGRA SYRUP	-	30mg/5ml	NC/NC
ALLEGRA-D	-	60/120mg	NC/NC
CLARINEX (D)	-	5mg	NC/NC
CLARINEX REDITAB	-	5mg	NC/NC
CLARITIN CAP (OTC)	-	10mg	NC/NC
CLARITIN-D TAB (OTC ONLY)	-	10-240mg	NC/NC
FEXOFENADINE PSE	-	-	NC/NC
XYZAL	-	5 mg	NC/NC
Antileukotriene Drugs			
SINGULAIR (PA not required for members <14 years)	PA	10mg	2
ACCOLATE	-	10mg	NC/3
ZYFLO	-	600mg	NC/3
ZYFLO CR	-	600 mg	NC/3
Asthma/Pulmonary Agents			
albuterol neb. solution (1.25mg and 0.63mg strength covered at Tier 3)	-	0.083%	1
albuterol sulfate	-	4mg	1
albuterol sulfate er (VOSPIRE ER equiv)	-	4mg	1
aminophylline	-	200mg	1
broncho saline	-	0.90%	1
chromolyn neb. solution	-	20mg/2ml	1
ipratropium nebulizer solution	-	0.2mg/ml	1
metaproterenol syrup	-	10mg/5ml	1
terbutaline sulfate	-	2.5mg	1
theophylline cr	-	300mg	1
theophylline er tab 24 hr (UNIPHYL EQUIV)	-	600mg	1
ADVAIR DISKUS	-	250/50	2

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Chapter 15 - Respiratory Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Asthma/Pulmonary Agents cont.			
ADVAIR HFA (QL = 2 inhalers/month)	QL	115-21mcg/ACT	2
AEROCHAMBER	-	-	2
ALUPENT INHALER	-	-	2
ASMANEX INHALER	-	220mcg	2
ATROVENT HFA	-	17mcg	2
ATROVENT INHALER	-	18mcg	2
COMBIVENT (QL = 2 inhalers/month)	QL	-	2
FLOVENT HFA (QL = 2 inhalers/month)	QL	110mcg	2
FLOVENT ROTADISK	-	100mcg	2
FORADIL AEROLIZER	-	-	2
INTAL INHALER	-	800mcg	2
MAXAIR (QL = 2 inhalers/month)	QL	200mcg	2
PROAIR HFA (QL = 2 inhalers/month)	QL	108mcg/ACT	2
PULMICORT FLEXHALER (QL = 2 inhalers/month)	QL	180mcg/ACT	2
PULMICORT RESPULES	-	0.25mg	2
PULMICORT TURBUHALER (QL = 1 inhalers/month)	QL	200mcg	2
PULMOZYME	SP	1mg/ml	2
SEREVENT DISKUS (QL = 2 inhalers/month)	QL	50mcg	2
SPIRIVA (for use with Handihaler Device)	-	18mcg	2
SYMBICORT (QL = 2 inhalers/month)	QL	160-4.5	2
TILADE	-	1.75mg	2
VENTOLIN HFA (QL = 2 inhalers/month)	QL	-	2
XOLAIR	PA/M	-	M
ACCUNEB	-	1.25mg/3ml	NC/3
AEROBID	-	250mcg	NC/3
albuterol/ipratropium neb (DUONEB equiv)	-	-	NC/3
ALVESCO	-	160mcg	NC/3
AZMACORT (QL = 2 inhalers/month)	QL	100mcg	NC/3
BROVANA	-	15 mcg/2 ml	NC/3
levalbuterol neb 1.25mcg (XOPENEX NEB equiv)	-	1.25mcg/0.5ml	NC/3
PERFOROMIST NEB	-	20 mcg/2 ml	NC/3
PROVENTIL HFA	-	-	NC/3
QVAR	-	40mcg	NC/3
UNIPHYL	-	600mg	NC/3
XOPENEX HFA	-	45 mcg	NC/3
PEAK FLOW METER	-	-	NC/NC
XOPENEX	-	0.63mg	NC/NC
Cough And Cold Agents			
benzonatate	-	100mg	1
guaifenesin/codeine soln	-	100mg/10mg	1
GUAIFENESIN/PSEUDOEPHEDRINE PRODUCTS	-	-	1
HISTUSSIN HC	-	100mg/10mg	1
hydrocodone/guaifenesin syrup	-	5-100	1
PHENYLEPHRINE-CHLOR-DM (RONDEC DM equiv)	-	12.5-4-15 mg/5ml	1
promethazine vc (PHENERGAN VC EQUIV)	-	-	1
promethazine vc/codeine (PHENERGAN VC/CODEINE EQUIV)	-	-	1
promethazine/codeine (PHENERGAN/CODEINE EQUIV)	-	-	1
BROMFED	-	-	2
NUCOFED	-	-	2
ALLERX	-	-	NC/3
methscopolamine dm/cpm (EXTENDRYL DM equiv)	-	-	NC/3
TUSSICAPS (QL = 20 caps/fill; 2 fills/30 days)	QL	5-4MG	NC/3
TUSSIONEX (4 oz/Rx, 2 fills/month)	QL	10mg/8mg	NC/3
ZODRYL AC SUSP. (Rx Only)	-	0.2-1mg/ml	NC/3

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Chapter 15 - Respiratory Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Respiratory Products			
acetylcysteine (MUCOMYST EQUIV)	-	20%	1
EPIPEN (QL = 2 kits/Rx)	QL	0.3mg	2
EPIPEN JR (QL = 2 kits/Rx)	QL	0.15mg	2
REVATIO	MSP	20mg	2
VENTAVIS	-	5mcg	2
PROLASTIN	M	-	M
TWINJECT	-	0.3mg/dose	NC/3
Nasal Products			
fluticasone nasal spray (FLONASE equiv)	-	50mcg	1
ipratropium bromide nasal spray (ATROVENT EQUIV)	-	-	1
ASTELIN (QL = 2 bottles/month)	QL	137mcg	2
ASTEPRO (QL = 2 bottles/month)	QL	137mcg	2
BECONASE AQ	-	-	2
NASONEX	-	50mcg	2
PATANASE	-	0.6%	2
VERAMYST	-	27.5 mcg	2
BECONASE	-	-	NC/3
FLUNISOLIDE NASAL SPRAY	-	29mcg/ACT	NC/3
NASACORT AQ	-	55mcg	NC/3
OMNARIS	-	50mcg/ACT	NC/3
RHINOCORT AQ (QL = 2/month)	QL	-	NC/3
TRI-NASAL	-	50mcg	NC/3

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Chapter 16 - Ophthalmic Agents

Drug Name	Spec Code	Most Common Str	Tier
Anti-Infective/Steroids			
dexamethasone/neomycin/polymyx b (DEXACIDIN/MAXITROL EQUIV)	-	-	1
neomycin/bacitracin/polymyxin/hc (CORTISPORIN OPHTH equiv)	-	-	1
neomycin/dexamethasone (NEODECADRON EQUIV)	-	5ml	1
sulfacetamide sodium/prednisolone (BLEPHAMIDE EQUIV)	-	-	1
tobramycin/dex ophth sus (TOBRADEX equiv) (QL = 2 bottles/month)	QL	-	1
BLEPHAMIDE	-	-	2
CORTISPORIN OPHTH SUSP	-	-	2
TOBRADEX (QL = 2 bottles/month)	QL	-	2
ZYLET (10ml bottle is Not Covered)	-	0.5%/0.3%	2
Glaucoma Agents			
acetazolamide cap (DIAMOX SEQUELS equiv)	-	500mg	1
acetazolamide tab (DIAMOX equiv)	-	250mg	1
apraclonidine ophth (IOPIDINE equiv)	-	0.5%	1
brimonidine (ALPHAGAN EQUIV)	-	0.2%	1
carteolol (OCUPRESS EQUIV)	-	1%	1
dipivefrin (PROPINE EQUIV)	-	0.1%	1
dorzolamide ophth. (TRUSOPT equiv)	-	2%	1
dorzolamide/timolol ophth (COSOPT equiv)	-	2-0.5%	1
levobunolol (BETAGAN EQUIV)	-	0.25%	1
metipranolol (OPTIPRANOLOL EQUIV)	-	0.3%	1
pilocarpine ophth soln	-	4%	1
timolol maleate (TIMOPTIC EQUIV)	-	0.5%	1
timolol maleate ophth gel (TIMOPTIC XE EQUIV)	-	0.5%	1
ALPHAGAN P	-	0.15%	2
AZOPT	-	1%	2
BETIMOL	-	0.5%	2
BETOPTIC-S	-	0.25%	2
COMBIGAN	-	0.2-0.5%	2
DIAMOX SEQUELS	-	500mg	2
IOPIDINE	-	0.5%	2
ISOPTO CARBOCHOL	-	3%	2
ISTALOL	-	0.5%	2
LUMIGAN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	0.03%	2
PHOSPHOLINE IODIDE	-	0.125%	2
TRAVATAN (Z) (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	0.004	2
XALATAN (QL=Retail 2.5ml/fill; Mail Order 7.5ml/fill)	QL	0.005%	2
COSOPT	-	2-0.5%	NC/3
TRUSOPT	-	2%	NC/3
Misc. Ophthalmic Agents			
atropine ophth soln	-	1%	1
cromolyn sodium ophth soln (CROLOM EQUIV)	-	4%	1
cyclopentolate (CYCLOGYL EQUIV)	-	1%	1
diclofenac sodium ophth. (VOLTAREN equiv)	-	0.1%	1
ketorolac ophth (ACULAR, ACULAR LS equiv)	-	0.5%	1
phenylephrine ophth. soln.	-	2.5%	1
ACULAR	-	0.5%	2
ACULAR LS	-	0.4%	2
ALAMAST	-	0.15%	2
ALOCRIL	-	2%	2
ALOMIDE	-	-	2
ELESTAT	-	0.05%	2
ISOPTO HOMATROPINE 2%, 5%	-	-	2
LACRISERT	-	-	2
NEVANAC	-	0.1%	2

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generics = small letters	GS Generic Sampling	PA Prior Authorization
BRAND = CAPITAL LETTERS	M Medical Benefit	QL Quantity Limit
Mail order QL applies to mail order benefit only.	MSP Mandatory Specialty Pharmacy Program	RS Restricted to Specialist
¢ RxCENTS	NC Not Covered	SP Avail. through Specialty Pharmacy Program

Dean Health Plan Formulary
Last Updated* 11/18/2009
Chapter 16 - Ophthalmic Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Ophthalmic Agents cont.			
PATADAY	-	0.2%	2
PATANOL	-	0.1%	2
RESTASIS (Restricted to Ophthalmologist or Optometrist)	RS	0.05%	2
XIBROM	-	0.9%	2
LUCENTIS	RS	10mg/ml	M
MACUGEN	RS/M	-	M
VISUDYNE	M	-	M
ACUVAIL (QL = 60 unit/fill)	QL	0.45%	NC/3
EMADINE	-	0.05%	NC/3
OPTIVAR	-	0.05%	NC/3
VOLTAREN	-	0.1%	NC/3
Ophthalmic Anti-Infectives			
bacitracin oph oint	-	-	1
bacitracin/polymyxin b oint (POLYSPORIN EQUIV)	-	-	1
ciprofloxacin oph drops (CILOXAN OPTH DROPS EQUIV)	-	0.3%	1
erythromycin oph oint	-	-	1
gentamicin oph oint	-	0.3%	1
gentamicin oph soln	-	0.3%	1
neomycin/polymyxin b/gramicidin (NEOSPORIN EQUIV)	-	-	1
ofloxacin oph soln (OCUFLOX EQUIV)	-	0.3%	1
sodium sulfacetamide soln	-	10%	1
tobramycin soln (TOBREX EQUIV)	-	0.3%	1
trifluridine (VIROPTIC EQUIV)	-	1%	1
trimethoprim/polymyxin (POLYTRIM EQUIV)	-	-	1
AZASITE	-	1%	2
QUIXIN	RS	0.5%	2
VIGAMOX	-	0.5%	2
ZYMAR	-	0.3%	2
IQUIX	RS	1.5%	NC/3
Ophthalmic Steroids			
dexamethasone oph (DECADRON EQUIV)	-	0.1%	1
fluorometholone (FML EQUIV)	-	0.1%	1
prednisolone acetate (PRED FORTE EQUIV)	-	1%	1
prednisolone sodium phos oph soln (INFLAMASE FORTE EQUIV)	-	1%	1
ALREX	-	0.2%	2
DUREZOL	-	0.05%	2
LOTEMAX	-	0.5%	2
MAXIDEX	-	0.1%	2
PRED-MILD	-	0.12%	2
VEXOL	-	1%	2
FML FORTE	-	0.25%	NC/3

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Chapter 17 - Vaccines

<u>Drug Name</u>	<u>Spec Code</u>	<u>Most Common Str</u>	<u>Tier</u>
Vaccines			
VIVOTIF BERNA (QL = 4 caps/fill)	QL	-	2

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**Dean Health Plan Formulary
Therapeutic Interchange List**

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
ACANYA	topical clindamycin + benzoyl peroxide (OTC)
ACCOLATE	SINGULAIR
ACCUNEB	albuterol neb. solution
ACETASOL HC OTIC	acetic acid
	DERMOTIC
acetic acid/hydrocortisone	acetic acid
	DERMOTIC
	dexamethasone oph
	prednisolone sodium phos oph soln
ACIPHEX	KAPIDEX CAP
	omeprazole cap 20mg & 40mg
	PROTONIX
ACTIVELLA	FEMHRT
	PREMPRO
ACTONEL	alendronate tab
ACUVAIL	ACULAR
	ACULAR LS
ACZONE	clindamycin topical
	DIFFERIN
	erythromycin topical
	tretinoin
AEROBID	FLOVENT HFA
	PULMICORT
albuterol/ipratropium neb	albuterol + ipratropium
ALESSE	aviane
	lessina
	lutura
ALLEGRA	fexofenadine
ALLEGRA SYRUP	fexofenadine
ALLEGRA-D	fexofenadine
ALLERX	cetirizine chew OTC
	loratadine OTC
ALORA	CLIMARA
	VIVELLE/DOT
alprazolam ODT	alprazolam
ALTABAX	mupirocin oint
ALTOPREV	CRESTOR
	lovastatin
	simvastatin
	VYTORIN
ALVESCO	ASMANEX inhaler
	FLOVENT HFA
	PULMICORT
AMANTADINE TAB	amantadine cap
AMBIEN CR	temazepam
	trazodone
	zolpidem
AMITIZA	Formulary GI Alternatives
AMPHETAMINE ER	ADDERALL XR
AMRIX	cyclobenzaprine
ANA-KIT INJ	EPIPEN
ANDRODERM	ANDROGEL
ANDROID	ANDROGEL

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*Formulary Subject to Change

Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
ANGELIQ	COMBIPATCH
	FEMHRT
	PREMPHASE
	PREMPRO
ANTARA	LOFIBRA
	TRILIPIX
ANZEMET	ondansetron
APIDRA	NOVOLOG
APRISO	ASACOL (HD)
	mesalamine
ARISTOCORT-A	triamcinolone
ARIXTRA	FRAGMIN
	LOVENOX
ARTHROTEC	omeprazole + generic NSAID
AT LAST BLOOD GLUCOSE SYS	ACCU-CHEK METER
	FREESTYLE METER
	PRECISION XTRA METER
ATRALIN GEL	tretinoin
AUGMENTIN XR	amoxicillin/clavulanic acid (Augmentin Equiv)
AURALGAN OTIC	acetic acid
	antipyrine/benzocaine
AVINZA	morphine sulfate ER
AXID	cimetidine
	famotidine
	ranitidine
AZASAN	azathioprine
AZELEX	erythromycin topical
	OTC Alternatives
	tretinoin
AZMACORT	ASMANEX inhaler
	FLOVENT HFA
	PULMICORT
AZOR	ATACAND
	AVAPRO
	DIOVAN + amlodipine
BECLOVENT	FLOVENT HFA
	PULMICORT
BECONASE	fluticasone nasal spray
	NASONEX
	VERAMYST
BENICAR	ATACAND
	AVAPRO
	DIOVAN
BENICAR/HCT	ATACAND/HCT
	AVALIDE
	DIOVAN/HCT
BETAPACE AF	sotalol
BILTRICIDE	mebendazole
	STROMECTOL
BONIVA	ACTONEL
	alendronate tab
BONIVA TAB 150mg	ACTONEL
	alendronate tab

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**Dean Health Plan Formulary cont'
Therapeutic Interchange List**

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
BROVANA	ipratropium nebulizer solution
CADUET	amlodipine + lovastatin
CALAN (SR)	verapamil
CAPOTEN	captopril
CAPOZIDE	captopril + hydrochlorothiazide
CARDENE	amlodipine
	nifedipine ER
CARDIZEM CD	diltiazem
CARDURA XL	doxazosin
	terazosin
	UROXATRAL
carisoprodol compound	carisoprodol/aspirin
carisoprodol/aspirin & codeine	carisoprodol/aspirin & codeine
CARMOL 40	generic urea 40% cream
CATAFLAM	Tier 1 NSAIDs
CECLOR	cefdinir
	cefprozil
	cefuroxime
CEDAX	cefdinir
	cefprozil
	cefuroxime
cefaclor	cefdinir
	cefprozil
	cefuroxime
cefepodoxime proxetil susp	cefdinir
	cefprozil
	cefuroxime
CENESTIN	estradiol
	PREMARIN
CESAMET	Formulary Antiemetics
	MARINOL
CETRAXAL OTIC	CIPRODEX
	ofloxacin otic
CHIBROXIN	ciprofloxacin oph drops
	ofloxacin ophthalmic soln
CICLOPIROX 8% SOLN	ciclopirox gel, cream, lotion, soln
	clotrimazole/betamethasone cr
	econazole cr
	terbinafine
CINOBAC	ciprofloxacin
CIPRO	AVELOX
	ciprofloxacin
	LEVAQUIN
CIPRO CYSTITIS	ciprofloxacin
	smx-tmp
CIPRO HC OTIC	CIPRODEX
	ofloxacin otic
ciprofloxacin er	AVELOX
	ciprofloxacin
	LEVAQUIN
CLARIFOAM EF	sulfacetamide sodium w/sulfur emulsion
CLARINEX (D)	OTC Alternatives
CLARINEX REDITAB	OTC Alternatives

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Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Non-Preferred/Not Covered	Alternative**
CLARITIN CAP (OTC)	CLARITIN TAB (OTC ONLY) loratadine OTC
CLARITIN REDITAB (OTC ONLY)	loratadine OTC
CLARITIN SYRUP (OTC ONLY)	loratadine OTC
CLARITIN TAB (OTC ONLY)	loratadine OTC
CLARITIN-D TAB (OTC ONLY)	loratadine OTC
CLEOCIN 75MG CAP and SUSP.	clindamycin
CLIMARA PRO	COMBIPATCH
clindamycin 300mg	clindamycin 150mg
clindamycin gel	OTC Alternatives
CLINDESSE	clindamycin vaginal cream
CLIOQUINOL/HYDROCORTISONE	nystatin/triamcinolone
clobetasol foam	clobetasol cream clobetasol oint. clobetasol soln
CLOBEX	clobetasol
clonazepam ODT	clonazepam
CLORPRES	chlorthalidone + clonidine
CLOTRIMAZOLE	OTC CLOTRIMAZOLE
COGNEX	ARICEPT EXELON
COMPAZINE SUPPOSITORY	prochlorperazine
CONDYLOX GEL	ALDARA
CONGESTAC	betamethasone hydrocortisone OTC Alternatives triamcinolone
CORAZ	Formulary Topical Dermatology Agents OTC Alternatives
CORDRAN CREAM/TAPE/LOTION	betamethasone fluocinolone triamcinolone
COREG CR	carvedilol generic beta-blockers
CORTIFOAM	hydrocortisone supp
COVERA-HS	verapamil
COZAAR	ATACAND AVAPRO DIOVAN
CRANTEX LA	OTC Alternatives
CYCLESSA	cesia velivet
DAYPRO	oxaprozin
DECADRON CREAM	betamethasone hydrocortisone triamcinolone
DECONAMINE	OTC Alternatives
DECONAMINE SR	OTC Alternatives
DEMULEN 1/35, 1/50	kelnor zovia 1/35, 1/50
DEPLIN	folic acid
DERMA-SMOOTHIE/FS	fluocinolone
DESOGEN	apri

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Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Non-Preferred/Not Covered	Alternative**
DESOGEN	reclipsen solia
DESOWEN CREAM KIT	betamethasone clobetasol
DESOWEN OINT KIT	triamcinolone betamethasone clobetasol triamcinolone
DESQUAM X	benzoyl peroxide (OTC)
DESYREL	trazodone
diclofenac sodium XR	regular release diclofenac
DILACOR XR	diltiazem
DIPENTUM	ASACOL (HD)
DIVIGEL	CLIMARA estradiol tab PREMARIN VIVELLE/DOT
DONATUSSIN	OTC Alternatives
DORAL	temazepam
doxycycline susp	doxycycline caps
DRIXOMED	OTC Alternatives
DUAC	clindamycin gel & OTC benzoyl peroxide
DUAC KIT	clindamycin gel & OTC benzoyl peroxide
DYNABAC D5-PAK	azithromycin tabs clarithromycin erythromycin
DYNACIRC CR	isradipine
EASPRIN TAB 975MG	OTC Alternatives
EDLUAR SL TAB	Formulary Benzodiazepines trazodone zolpidem
ELDOPAQUE FORTE	Plan Exclusion
ELESTRIN	CLIMARA estradiol tab PREMARIN VIVELLE/DOT
ELIMITE	acticin NIX (OTC)
EMSAM	Formulary Antidepressants
ENJUVIA	PREMARIN
ENTEX (LA) (PSE)	OTC Alternatives
ENTOCORT EC	prednisolone
EPIDUO	DIFFERIN + OTC alternatives
ERTACZO	OTC Alternatives
ESCLIM	CLIMARA VIVELLE/DOT
estra/noreth tab	FEMHRT PREMPRO
ESTRADERM	CLIMARA VIVELLE/DOT
estradiol patch	CLIMARA VIVELLE/DOT
ESTRATAB	estradiol

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Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Non-Preferred/Not Covered	Alternative**
ESTRATAB	PREMARIN
ESTROGEL	ESTRACE VAGINAL CREAM
etodolac SR, XR	etodolac
EVAMIST	CLIMARA
	estradiol tab
	PREMARIN
	VIVELLE/DOT
EVOCLIN	clindamycin topical solution
FACTIVE	AVELOX
	LEVAQUIN
famciclovir	acyclovir
	VALTREX
felodipine	amlodipine
	nifedipine ER
FEMCON FE	levora
	portia
FEMRING	CLIMARA
	Formulary Estrogens
fenofibrate	LOFIBRA
	TRILIPIX
FENOFIBRIC TAB	LOFIBRA
	TRILIPIX
FENOGLIDE	LOFIBRA
	TRILIPIX
FEXOFENADINE PSE	cetirizine/pse OTC
	loratadine-D OTC
FIBRICOR	LOFIBRA
	TRILIPIX
FINACEA PLUS KIT	FINACEA + OTC Alternative
FINEVIN	erythromycin topical
	OTC Alternatives
	tretinoin
FLAGYL ER	metronidazole 250mg, 500mg
FLECTOR PATCH	generic NSAID's
FLOMAX	doxazosin
	terazosin
	UROXATRAL
FLUNISOLIDE NASAL SPRAY	fluticasone nasal spray
	NASONEX
	VERAMYST
FML FORTE	fluorometholone
FOCALIN XR	ADDERALL XR
	amphetamine/dextroamp
	CONCERTA
	dextroamphetamine
	methylphenidate
FORTAMET	metformin ER
FROVA	AMERGE
	MAXALT
	sumatriptan tab
GABARONE	gabapentin
GELNIQUE	DETROL LA
	ENABLEX

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**Dean Health Plan Formulary cont'
Therapeutic Interchange List**

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Non-Preferred/Not Covered	Alternative**
GELNIQUE	oxybutynin er VESICARE
GEOCILLIN	amoxicillin/clav. ciprofloxacin LEVAQUIN
GLUCOPHAGE	metformin
GLUCOPHAGE XR	metformin ER
GLUMETZA	metformin ER
glycolax	NOW AVAILABLE OTC
GYNAZOLE-1	terconazol vaginal cream
GYNE-LOTRIMIN 3	OTC Alternatives
HALFLYTELY BOWEL PREP KIT	peg 3350/electrolytes trilyte
HALOG	betamethasone triamcinolone
HELIDAC	metronidazole + tetracycline + bismuth
HISTA-VENT DA	OTC Alternatives
HISTEX PD	OTC Alternatives
HUMALOG	NOVOLOG
HUMALOG KWIKPEN	NOVOLOG PRODUCTS
HUMALOG MIX	NOVOLOG MIX
HUMULIN	NOVOLIN
HYDROCHLOROTHIAZIDE TAB 12.5mg	hydrochlorothiazide cap 12.5mg
hydrocodone/ibuprofen	generic NSAID's
hydroquinone cr.	Plan Exclusion
HYZAAR	ATACAND/HCT AVALIDE DIOVAN/HCT
IBUDONE	generic NSAID's
INSPRA	eplerenone
INSULIN SYRINGES	B-D BRAND PRECISION BRAND
INVEGA	risperidone
IPILEX	INCRELEX
IQUIX	ciprofloxacin oph drops VIGAMOX
ISMO	isosorbide mononitrate
ISOPTIN (SR)	verapamil verapamil SR
jolessa	levora portia
K-LYTE	potassium
KADIAN	morphine sulfate morphine sulfate ER
KEFLEX	cephalexin
KEFTAB	cephalexin
KEPPRA XR	lamotrigine levetiracetam primidone
KERAFOAM	formulary urea products
KETEK	amoxicillin amoxicillin/clav azithromycin tabs

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**Dean Health Plan Formulary cont'
Therapeutic Interchange List**

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Non-Preferred/Not Covered	Alternative**
KETEK	clarithromycin ER
ketoprofen	regular release diclofenac
KETOPROFEN ER	ibuprofen
	indomethacin
	naproxen
KRISTALOSE	LACTULOSE SYRUP
LAMICTAL ODT (KIT)	lamotrigine
LAMICTAL STARTER KIT	lamotrigine
LAMICTAL XR (KIT)	lamotrigine
lansoprazole	PREVACID OTC
LESCOL	lovastatin
	pravastatin
	simvastatin
LESCOL XL	lovastatin
	pravastatin
	simvastatin
levalbuterol neb 1.25mcg	albuterol neb. solution
LEVLEN	levora
	portia
LEVLITE	aviane
	lessina
	lutura
LEXXEL	LOTREL
LIDAMANTLE	OTC Alternatives
LIDODERM PATCH	gabapentin
LIPITOR	CRESTOR
	lovastatin
	pravastatin
	simvastatin
	VYTORIN
LO/OVRAL	cryselle
	low-ogestrel
LOCOID LIPO CREAM	hydrocortisone butyrate cream, soln, oint
LODINE (XL)	regular release etodolac
LOESTRIN (FE) 1.5/30, 1/20	junel (FE) 1.5/30, 1/20
	microgestin (FE) 1.5/30, 1/20
LOESTRIN 24 FE	junel (FE) 1.5/30, 1/20
	microgestin (FE) 1.5/30, 1/20
LOPID	gemfibrozil
LOPRESSOR/HCTZ	metoprolol
LORABID	cefdinir
	cefprozil
	cefuroxime
LORCET (Plus)	hydrocodone/acetaminophen
LORTAB (2.5, 10/500)	hydrocodone/acetaminophen
LOSEASONIQUE	generic oral contraceptives
LOTRIMIN	OTC CLOTRIMAZOLE
LUNESTA	temazepam
	trazodone
	triazolam
LUVOX CR	citalopram
	fluoxetine
	paroxetine

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Non-Preferred/Not Covered	Alternative**
LUVOX CR	sertraline
LYRICA	gabapentin
malathion lotion	acticin
MATERNA	Prenatal 1mg with Iron
MAXAQUIN	AVELOX
	ciprofloxacin
	LEVAQUIN
MAXIFLOR	clobetasol
	desoximetasone cream, gel, oint.
	fluocinonide cr
MECLOMEN	diclofenac
	ibuprofen
	naproxen
MEGACE ES SUSP.	megestrol
MELANEX	Plan Exclusion
MENEST	estradiol
	PREMARIN
MENOSTAR	alendronate tab
	MIACALCIN
MENTAX CREAM	OTC CLOTRIMAZOLE
MERIDIA	Plan Exclusion
METADATE CD	CONCERTA
methscopolamine DM/CPM	OTC Alternatives
methylfolate B6-B12	folic acid + OTC vitamin B
METHYLIN CHEW TAB	methylphenidate
MICARDIS	DIOVAN
MICARDIS/HCT	DIOVAN/HCT
MICROZIDE	hydrochlorothiazide
MIMYX CREAM	ELIDEL
	OTC emollients
	PROTOPIC
	urea cream
minocycline er	minocycline
MIRCETTE	kariva
MODICON	necon (0.5/35, 1/35, 1/50, 7/7/7, 10/11)
	nortrel (0.5/35, 1/35, 1/50)
MONISTAT (all products)	OTC Alternatives
MONOKET	isosorbide mononitrate
MONUROL	ciprofloxacin
MOVIPREP	peg 3350/electrolytes
naproxen sodium CR	naproxen
NAQUA	furosemide
	hydrochlorothiazide
NASACORT AQ	fluticasone nasal spray
	NASONEX
	VERAMYST
NASALIDE	fluticasone nasal spray
	NASONEX
	VERAMYST
NATALIN (RX)	Prenatal 1mg with Iron
nateglinide	glipizide
	glyburide
NAVANE	thiothixene

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*Formulary Subject to Change

Dean Health Plan Formulary cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
NEFAZODONE	citalopram
	fluoxetine
	paroxetine
NEGGRAM	ciprofloxacin
nelova 0.5/35	MODICON
NEXIUM CAP/GRANULES	KAPIDEX CAP
	omeprazole 20mg
	PROTONIX
NIFEREX	OTC Alternatives
NISOLDIPINE	amlodipine
	nifedipine ER
NITRO-BID 2% OINT	nitroglycerine oint
NOLVADEX	tamoxifen citrate
NOR-Q.D	camila
	errin
	jolivette
	nora-be
NORCO	hydrocodone/acetaminophen
NORDETTE	levora
	portia
NORFLEX	cyclobenzaprine
NORINYL 1/35, 1/50	necon 1/35
	necon 1/50
NOROXIN	ciprofloxacin
NUCORT LOTION	Formulary topical hydrocortisone products
OGESTREL 0.5/30	cryselle
	low-ogestrel
OLUX	clobetasol cream
omeprazole 10mg	omeprazole 20mg
OMNARIS	fluticasone nasal spray
	NASONEX
	VERAMYST
ONE TOUCH ULTRA METER	ACCU-CHEK METER
	FREESTYLE METER
	PRECISION XTRA METER
OPANA	Formulary Analgesics
OPANA ER	Formulary Analgesics
OPTIVAR	ELESTAT
	PATANOL
ORTHO MICRONOR	camila
	errin
ORTHO TRI-CYCLEN	tri-previfem
	tri-sprintec
	trinessa
ORTHO-CEPT	apri
	reclipsen
	solia
ORTHO-CYCLEN	mononessa
	previfem
	sprintec
ORTHO-NOVUM (1/35, 1/50, 10/11, 7/7/7)	necon (0.5/35, 1/35, 1/50, 7/7/7, 10/11)
	nortrel (0.5/35, 1/35, 1/50)
ORTHO-PREFEST	FEMHRT

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**Dean Health Plan Formulary cont'
Therapeutic Interchange List**

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
ORTHO-PREFEST	PREMPRO
ORUVAIL	diclofenac
	ibuprofen
	naproxen
OSMOPREP	peg 3350/electrolytes
OVACE PLUS SHAMPOO	Formulary Topical Agents
OVCON 50	levora
	portia
OVRAL	cryselle
	low-ogestrel
OVRETTE	camila
	errin
	nora-be
oxycodone/ibuprofen	generic oxycodone 5mg + ibuprofen 400mg
OXYTROL	DETROL LA
	ENABLEX
	oxybutynin
PALLADONE	morphine sulfate ER
	OXYCONTIN
PANDEL	hydrocortisone
pantoprazole	PROTONIX
PCE	erythromycin
pemoline	amphetamine/dextroamp
	methylphenidate
PENETREX	ciprofloxacin
	smx-tmp
PERCOCET (2.5/325, 7.5/325, 7.5/500)	oxycodone/acetaminophen
PERFORMIST NEB	FORADIL AEROLIZER
PERIOSTAT	doxycycline 100mg
phentermine	Plan Exclusion
PLAVIX TAB 300MG	PLAVIX TAB 75MG
PONDIMIN	Plan Exclusion
PONSTEL	diclofenac
	ibuprofen
	naproxen
PRANDIMET	glipizide + metformin
	glyburide + metformin
PRANDIN	glipizide
	glyburide
PRECISION QID METERS & STRIPS	ACCU-CHEK METER
	ACCU-CHEK TEST STRIPS
	FREESTYLE FLASH METER
	FREESTYLE TEST STRIPS
	PRECISION TEST STRIPS
	PRECISION XTRA METER
PREVACID CAP	omeprazole 20mg
PREVPAC	omeprazole + antibiotic
	PROTONIX + antibiotic
PRILOSEC	KAPIDEX CAP
	omeprazole 20mg
	PROTONIX
PROCARDIA XL	amlodipine
	nifedipine ER

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*Formulary Subject to Change

Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
PROCENTRA	dextroamphetamine
promethazine DM	OTC Alternatives
PROPECIA	Plan Exclusion
PROQUIN XR	ciprofloxacin
PROSED (EC/DS)	phenazopyridine
	usept
PROSOM	temazepam
protriptylin	amitriptyline
	nortriptyline
PROVENTIL HFA	PROAIR HFA
	VENTOLIN HFA
PROVIGIL	amphetamine/dextroamp
	methylphenidate
PROZAC WEEKLY	fluoxetine
PYLERA	metronidazole + tetracycline + antacid
quasense	levora
	portia
QUESTRAN	cholestyramine/light
QVAR	ASMANEX inhaler
	FLOVENT HFA
	PULMICORT
RAPAFLO	doxazosin
	terazosin
	UROXATRAL
RELION	NOVOLIN
RELPAK	AMERGE
	MAXALT
	sumatriptan tab
RENESE	furosemide
	hydrochlorothiazide
RENOVA	Plan Exclusion
REVELA	calcium acetate cap
	FOSRENOL
REQUIP XL	ropinirole
REVIA	ANTABUSE
RHINOCORT AQ	fluticasone nasal spray
	NASONEX
	VERAMYST
ROSAC CREAM	generic sulfacetamide sodium/sulfur cream
ROWASA	mesalamine
ROWASA KIT	mesalamine
ROXICET TAB 5mg/500mg	acetaminophen/oxycodone
ROZEREM	temazepam
	trazodone
	zolpidem
RYTHMOL SR	propafenone
RYZOLT	tramadol
SALAGEN	EVOXAC
SALUTENSIN	hydrochlorothiazide + Beta Blocker
SANCTURA	ENABLEX
	oxybutynin
SANCTURA XR	DETROL LA
	ENABLEX

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*Formulary Subject to Change

Dean Health Plan Formulary cont'

Therapeutic Interchange List

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Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
SANCTURA XR	oxybutynin
SEASONIQUE	levora
	portia
seb-prev cream	Formulary Topical Agents
SEB-PREV GEL	Formulary Topical Agents
selfemra	fluoxetine
SILDEC	OTC Alternatives
SOLAQUIN-FORTE	Plan Exclusion
SOMA 250MG TAB	carisoprodol
SOMA CMPD WITH CODEINE	separate Rx's for individual drugs
SONATA	temazepam
	trazodone
SPECTRACEF	cefdinir
	cefprozil
	cefuroxime
STATACIN 1.5%	erythromycin gel
STAVZOR	divalproex
	divalproex er
STRATTERA	CONCERTA
	methylphenidate
	mixed amphetamine salts
SULAR	amlodipine
	nifedipine ER
sulfacetamide sod. lotion	sulfacetamide sodium w/sulfur emulsion
SUPRAX	cefdinir
	cefprozil
	cefuroxime
SURE ONE INSULIN SYRINGE	B-D BRAND
	PRECISION BRAND
SURMONTIL TAB	amitriptyline
	doxepin
	imipramine
SYMLIN	LANTUS
	NOVOLIN
	NOVOLOG
SYPRINE	CUPRAMINE
TACLONEX OINT	Dovonex 0.005% and betamethasone dipropionate 0.05%
TACLONEX SCALP SUSP	DOVONEX SOLN
TALACEN	analgesic + acetaminophen
TALWIN COMPOUND	analgesic + aspirin
TALWIN NX	other analgesic
TANAFED DM	OTC Alternatives
TARKA	LOTREL
TASMAR	COMTAN
TAZORAC	tretinoin
TECZEM	LOTREL
TEKTURNA	ATACAND
	AVALIDE
	AVAPRO
TEKTURNA HCT	ATACAND/HCT
	AVALIDE
	DIOVAN/HCT
TEMOVATE E	clobetasol

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*Formulary Subject to Change

Dean Health Plan Formulary cont'

Therapeutic Interchange List

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
TERUMO INSULIN SYRINGE	B-D BRAND
	PRECISION BRAND
TESTIM GEL	ANDROGEL
TESTODERM	ANDROGEL
TEVETEN	DIOVAN
THORAZINE SPANSULE	chlorpromazine
TIAMATE	diltiazem
TINDAMAX	metronidazole
TOFRANIL PM	imipramine
TORNALATE	albuterol
TOVIAZ	DETROL LA
	ENABLEX
	oxybutynin er
	VESICARE
tramadol/apap	tramadol + APAP
TRANSDERM SCOP	meclizine
TREXIMET	sumatriptan + naproxen
TRI-LEVLEN	enpresse
	trivora
TRI-LUMA	Plan Exclusion
TRI-NASAL	fluticasone nasal spray
	NASONEX
	VERAMYST
TRI-NORINYL	aranelle
	leena
TRICOR	LOFIBRA
	TRILIPIX
TRIGLIDE	LOFIBRA
	TRILIPIX
trimipramine tab	amitriptyline
	doxepin
	imipramine
TRIPHASIL	enpresse
	trivora
TRITEC	cimetidine
	famotidine
	ranitidine
TUSSICAPS	OTC Alternatives
TUSSIONEX	OTC Alternatives
TWINJECT	EPIPEN
ULTRACET	tramadol + APAP
ULTRAM ER	tramadol
ULTRAVATE KIT	ammonium lactate cream
	halobetasol cream
UNI-DECON	OTC Alternatives
UNIDUR	theophylline
URISPAS	oxybutynin
UTICORT	betamethasone
VALRELEASE	diazepam
VALTURNA	FORMULARY ANGIOTENSION RECEPTOR BLOCKERS
VANAMIDE CREAM	generic urea 40% cream
VANIQA	Plan Exclusion
VANOXIDE (HC)	benzoyl peroxide + hydrocortisone (OTCs) (no medical exception)

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*Formulary Subject to Change

**Dean Health Plan Formulary cont'
Therapeutic Interchange List**

Note: Suggested interchange is product appropriate for MOST indications.

Last Updated* 11/18/2009

Non-Preferred/Not Covered	Alternative**
VASERETIC	enalapril/HCTZ
	fosinopril/HCTZ
	lisinopril/hctz
	quinapril/hctz
verapamil ER	verapamil SR
VERDESO	augmented betamethasone
	clobetasol
	desonide
VEREGEN	ALDARA
VERELAN PM	verapamil SR
VESOSULIN	NOVOLIN
VIBRAMYCIN	doxycycline caps
VICOPROFEN	generic NSAID's
VISICOL	peg 3350/electrolytes
VOLTAREN GEL	Generic Oral NSAIDS
VYTONE CR	nystatin/triamcinolone cr
XANAX XR	alprazolam
XENICAL	Plan Exclusion
XIFAXAN	smz/tmp
XOLEGEL	ketokonazole cr
XOPENEX	albuterol
XOPENEX HFA	albuterol mdi
XYRALID KIT	OTC Alternatives
XYZAL	FORMULARY ANTIHISTAMINES
YASMIN	ocella
YOHIMBINE	Plan Exclusion
zaleplon	temazepam
	trazodone
ZAMICET SOLN	generic hydrocodone/apap
ZANAFLEX CAP	tizanidine tab
ZANTAC EFFER TAB/GRANULE	ranitidine
ZELAPAR	AZILECT
	Formulary Anti-Parkinson Agents
ZELNORM	OTC Alternatives
ZENATE	Prenatal 1mg with Iron
ZEPHREX LA	OTC Alternatives
ZIANA	tretinoin + clindamycin soln.
ZODERM CREAM/GEL/CLEANSER	OTC Alternatives
ZODRYL AC susp.	guaifenesin/codeine
	promethazine/codeine
ZOMIG (ZMT)	AMERGE
	MAXALT
	sumatriptan tab
ZOMIG NASAL SPRAY	AMERGE
	MAXALT
	SUMATRIPTAN NASAL SPRAY
ZORPRIN	aspirin (OTC)
ZYDONE	hydrocodone/acetaminophen
ZYFLO	SINGULAIR
ZYFLO CR	SINGULAIR

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*Formulary Subject to Change

Dean Health Plan Formulary

Prior Authorization Drug List

Last Updated* 11/18/2009

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABILIFY	2
ABILIFY DISCMELT	2
ACIPHEX	NC/3
ARANESP	2
ARIXTRA	2
CELEBREX	2
ENBREL (Psoriasis)	2
ENBREL (Rheumatoid Arthritis)	2
EPOGEN	2
FABRAZYME	M
FLOMAX	2
HUMIRA KIT	2
HYCANTIN	2
itraconazole	1
KINERET	2
KUVAN	2
LESCOL	2
LESCOL XL	2
LIPITOR	2
LYRICA	2
NORDITROPIN	2
ORENCIA	M
PROCRIT	2
PROMACTA	2
PROVIGIL	2
RELISTOR	2
REMICADE	M
REVLIMID	2
RITUXAN	M
ROZEREM	2
SAVELLA	2
SINGULAIR	2
SPRYCEL	2
SUTENT	2
TARCEVA	2
TASIGNA	2
TAZORAC	2
THALOMID	2
VIMPAT	2
XENAZINE	2
XOLAIR	M
ZEGERID POWDER	2

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Dean Health Plan Formulary

Last Updated* 11/18/2009

The Generic Sampling Program is designed to allow members to “try out” certain generic medications as an alternative to using high cost, brand name counterparts.

How it Works

- Your physician needs to write a prescription for certain generic medications for up to a 30-day supply.
- If this is the first time you are filling a prescription for this medication, your first fill will be FREE!

Generic Sampling Program Medications

<u>Generic Name</u>	<u>Equivalent Brand Name</u>
atenolol	TENORMIN
bisoprolol/HCTZ	ZIAC
cetirizine tab OTC	ZYRTEC OTC
doxazosin	CARDURA
enalapril	VASOTEC
estradiol tab	ESTRACE
famotidine	PEPCID
fluoxetine	PROZAC
glipizide	GLUCOTROL
glyburide	DIABETA, MICRONASE
gynodiol 0.5mg, 1mg, 2mg	ESTRACE
lisinopril	PRINIVIL, ZESTRIL
loratadine OTC	CLARITIN
loratadine syrup OTC	CLARITIN SYRUP OTC
loratadine-D OTC	CLARITIN-D OTC
metformin	GLUCOPHAGE
metoprolol	LOPRESSOR
omeprazole 20mg	PRILOSEC
ranitidine	ZANTAC
sertraline	ZOLOFT
simvastatin	ZOCOR
terazosin	HYTRIN
triamterene/HCTZ	DYAZIDE, MAXZIDE
verapamil SR	CALAN SR, ISOPTIN SR, VERELAN

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Dean Health Plan Formulary

Last Updated* 11/18/2009

Tablet Splitting Program

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

Tablet Splitting Program Medications

ABILIFY	ACTOS	ARICEPT	ATACAND
AVALIDE	AVAPRO	AZILECT	CRESTOR
DIOVAN	EXFORGE	JANUVIA	LEXAPRO
MIRAPEX	SEROQUEL	VESICARE	ZYPREXA

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An example of the savings that can be realized through this program is illustrated below:

	<u>Product & Strength</u>	<u>Quantity</u>	<u>Member Copay</u>	<u>Member Annual Savings</u>
Without Tablet Splitting	Drug A 40 mg tab	30	\$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	\$7.50	\$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall cost of the medication is reduced.