



# Employer Based Plans Quick Reference Drug List

Last updated: May 1, 2012

This formulary is not inclusive nor does it guarantee coverage. It is an abbreviated list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed for Dean Health Plan members. This document is subject to change. The most updated version of this document as well as a complete formulary listing is available at [deancare.com/drugformulary](http://deancare.com/drugformulary) or upon request by calling (800) 279-1301. Drugs will be dispensed generically when acceptable generic equivalents are available.

<b>ANTI-INFECTIVES</b>		<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>		<b>CNS AGENTS</b>	
<b>ANTI-FUNGALS</b>		losartan/hctz	1	<b>CNS AGENTS</b>	
clotrimazole troche	1	DIOVAN (TS)	2	<b>ANALGESICS</b>	
fluconazole	1	DIOVAN HCTZ	2	acetaminophen/codeine	1
nystatin tab/susp	1	EXFORGE (TS)	2	fentanyl patch	1
terbinafine	1	EXFORGE HCT	2	hydrocodone/ acetaminophen	1
itraconazole (PA)	2	irbesartan tab	2	oxycodone/acetaminophen	1
ketoconazole	2	irbesartan-hctz tab	2	morphine sulfate ER	1
				tramadol	1
<b>ANTI-VIRALS</b>		<b>BETA BLOCKERS</b>		OXYCONTIN	2
acyclovir	1	atenolol (GS)	1		
amantadine caps	1	bisoprolol/hctz (GS)	1	<b>ANTI-ANXIETY AGENTS &amp; SEDATIVES</b>	
TAMIFLU	2	carvedilol	1	alprazolam	1
RELENZA DISKHALER	2	labetalol	1	buspirone	1
valacyclovir	2	metoprolol (GS)	1	lorazepam	1
		metoprolol er	1	temazepam	1
<b>CEPHALOSPORINS</b>		metoprolol/hctz	1	zolpidem	1
cefadroxil	1	nadolol	1		
cefuroxime	1	propranolol/er	1	<b>ANTI-CONVULSANTS</b>	
cephalexin	1	BYSTOLIC	2	carbamazepine	1
cefdirin	2	<b>CALCIUM CHANNEL BLOCKERS</b>		clonazepam	1
cefprozil	2	amlodipine	1	divalproex	1
		amlodipine/benazepril	1	gabapentin	1
<b>IV DRUGS</b>		nifedipine ER	1	phenobarbital	1
All HIV drugs are covered at level 2		verapamil SR (GS)	1	phenytoin sodium ER	1
		diltiazem ER	1	valproic acid	1
		(all generic forms)	2	DILANTIN 30 mg	2
<b>MACROLIDES</b>				lamotrigine	2
azithromycin 250mg	1	<b>CHOLESTEROL LOWERING AGENTS</b>		TEGRETOL, XR	2
azithromycin suspension	1	cholestyramine (light)	1	topiramate	2
clarithromycin	1	gemfibrozil	1		
erythromycin	1	LIPITOR (TS)	1	<b>ANTI-DEPRESSANTS</b>	
<b>PENICILLINS</b>		LOFIBRA	1	amitriptyline	1
amoxicillin	1	lovastatin	1	citalopram	1
amoxicillin/clavulanate	1	pravastatin	1	venlafaxine SR (Effexor XR)	1
penicillin vk	1	simvastatin (GS)	1	fluoxetine (GS)	1
Quinolones		CRESTOR (TS)	2	mirtazapine	1
ciprofloxacin	1	LOVAZA	2	nortriptyline	1
amoxicillin/clav ER	2	NIASPAN	2	paroxetine	1
AVELOX	2	SIMCOR	2	sertraline (GS)	1
LEVAQUIN	2	TRILIPIX	2	trazodone	1
		ZETIA	2	venlafaxine	1
<b>MISCELLANEOUS</b>		Atorvastatin tab	3/NC	bupropion SR,XL	2
<b>ANTI-INFECTIVES</b>		VYTORIN	3/NC	budeprion SR,XL	2
clindamycin 150 mg	1			CYMBALTA	2
smz-tmp ds	1	<b>DIURETICS</b>		escitalopram tab (TS)	2
erythromycin/ nitrofurantoin macro crystals (MACROBID equiv)	1	hydrochlorothiazide	1	VENLAFAXINE SR	2
sulfisoxazole susp	1	indapamide	1		
metronidazole	1	furosemide	1	<b>ANTI-PARKINSON AGENTS</b>	
		hydrochlorothiazide	1	carbidopa/levodopa	1
		spironolactone	1	pramipexole	1
		triamterene/hctz (GS)	1	pergolide	1
		acetazolamide cap	1	ropinirole	1
				selegiline	1
<b>CARDIOVASCULAR</b>		<b>OTHER CADRIOVASCULAR AGENTS</b>		AZILECT	2
<b>ACE INHIBITORS</b>		clonidine oral	1		
benazepril/hctz	1	doxazosin (GS)	1	<b>ANTI-PSYCHOTIC AGENTS</b>	
captopril/hctz	1	terazosin (GS)	1	haloperidol	1
enalapril (GS)	1	clonidine patch	2	quetiapine tab	1
enalapril/hctz	1	EFFIENT (PA)	2	risperidone	1
lisinopril (GS)	1	MULTAQ (RS)	2	clozapine	2
lisinopril/hctz	1			olanzapine tab	2
				SEROQUEL XR	2
				SYMBYAX	2
				ABILIFY (PA)	2
				ziprasidone cap	2

## Reading the Drug List

Generic medications are listed in all lower case letters; brand name medications are listed in all upper case letters. Each drug product is associated with a coverage level, shown to the right of each drug product.

Tier	Description to member	Relative cost
1	Formulary, Lower cost products	\$
2	Formulary, High cost products	\$\$
3/NC	Covered products under the Three-Tier Pharmacy Benefit/ Not-covered (NC) products under the Two-Tier Pharmacy Benefit	\$\$\$\$
NC	Excluded products	

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE (vaginal cream), or more than one form of the drug, e.g. ZOMIG (ZMT). Quantity limits provided are for prescriptions filled at retail pharmacies; please consult complete version of formulary for mail order quantity limits.

All newly approved drugs on the market will initially NOT be covered, pending further review by the P & T Committee. Brand drugs having therapeutically equivalent generic products available will be covered at a Level 3 unless otherwise noted.

### Tablet Splitting Program (TS)

Member will be assessed one-half of the normal copayment or coinsurance if a qualifying product (denoted with TS) is split to obtain the required dose. Please note that ABILIFY, lamictal, and DIOVAN are also part of this program even though they are not listed in this document.

### Generic Sampling Program (GS)

Member will pay \$0 for first fill on selected generic products (denoted with GS).

## ANTI-PSYCHOTIC AGENTS

haloperidol	1
quetiapine tab	1
risperidone	1
clozapine	2
olanzapine tab	2
SEROQUEL XR	2
SYMBYAX	2
ABILIFY (PA)	2
ziprasidone cap	2

## MIGRAINE AGENTS

divalproex ER	1
sumatriptan	1
MAXALT (ST)	2
MIDRIN	2
naratriptan	2
AXERT (ST)	3/NC

(GS) Generic Sampling Program

(PA) Prior Authorization required; criteria needs to be met for product to be covered

(QL) Quantity limits

(ST) Step Therapy applies

(INJ) Self-injectable medication

(RS) Restricted to a specialist

(—) Zero copay

(SP) Must obtain through Dean Specialty Pharmacy

(TS) Tablet Splitting Program

(NC) Not covered under any tier

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<b>STIMULANTS</b>	<b>MISCELLANEOUS TOPICAL AGENTS</b>	<b>OPHTHALMIC ANTI- INFECTIVES/STEROIDS</b>	<b>MUSCULOESKELETAL COX-2 INHIBITORS</b>	<b>NASAL PRODUCTS</b>
dexamethylphenidate 1	lidocaine/prilocaine cream 1	bacitracin/polymyxin B 1	CELEBREX 2	flunisolide nasal spray 1
methylphenidate er 2	ELIDEL 2	ciprofloxacin 1	<b>NSAIDs</b>	fluticasone nasal spray (GS) 1
(Concerta Equiv.) 2	ELIMITE 2	dexamethasone 1	diclofenac 1	azelastine 1
ADDERALL XR 2	imiquimod 2	gentamycin soln 1	ibuprofen 1	triamcinolone 2
methylphenidate cap er 2	PROTOPIC 2	ofloxacin ophthalmic susp 1	ketorolac 1	ASTEPRO 2
(Ritalin LA cap Equiv) 2	REGRANEX 2	prednisolone soln 1	meloxicam 1	PATANASE 2
STRATTERA 2	<b>lindane (lotion/shampoo) 3</b>	tobramycin soln 1	piroxicam 1	VERAMYST 2
VYVANSE 2	<b>METROGEL (ST) 3</b>	tobramycin/dex ophth soln 1	sulindac 1	<b>NASONEX (PA) 3</b>
METADATE CD 3/NC		ALREX 2	nabumetone 1	
CONCERTA 3/NC		CORTISPORIN 2		<b>THYROID AGENTS</b>
	<b>DIABETIC AGENTS</b>	levofloxacin 2	<b>OB/GYN AGENTS</b>	levothyroxine 1
	<b>DIABETIC SUPPLIES</b>	VIGAMOX 2	<b>CONTRACEPTIVES</b>	levoxyl 1
<b>MISCELLANEOUS CNS AGENTS</b>	Precision insulin syringe 1	ZYMAR 2	All AB rated generics 1	liothyronine 1
lithium carbonate ER 1	Novofine pen needles 1		YASMIN 1	
donepezil 2	B-D pen needles 1	<b>OTICS</b>	YAZ 1	
EXELON 2	B-D Insulin syringe 1	acetic acid 1	Brand only OCs:	
galantamine 2	Accu-Chek test strips 2	neomycin/polymyxin/HC 1	ORTHO EVRA 2	
NAMENDA 2	Freestyle test strips 2	ofloxacin otic 1	ORTHO TRI-CYCLEN LO 2	
	Freestyle Lite test strips 2	CERUMENEX 2	Brand contraceptives 3/NC	
		CIPRODEX 2	with generics available	
<b>DERMATOLOGICALS</b>	<b>HYPOGLYCEMIC AGENTS</b>			
<b>ACNE AGENTS</b>	glipizide (GS) 1	<b>MISCELLANEOUS OPHTHALMIC AGENTS</b>	<b>ESTROGENS/COMBINATIONS</b>	
clindamycin gel, soln. 1	glyburide (GS) 1	ketorolac 1	estradiol (GS) 1	
minocycline 1	metformin (GS) 2	ALAWAY 1	ESTRACE (vaginal cream) 2	
adapalene 0.1% 2	metformin/glyburide 1	azelastine ophth (GS) 1	PREMARIN/PREMPRO 2	
AZELEX 2	acarbose 1	epinastine (GS) 1	VIVELLE (DOT) 2	
BENZAQLIN (QL) 2	ACTOPLUS MET 2	NEVANAC 2		<b>OSTEOPOROSIS AGENTS</b>
clinda/benzol peroxide gel 2	ACTOS (TS) 2	PATANOL (ST) 3	alendronate tab 1	
generic ACCUTANE equiv 2	BYETTA 2	XIBROM 2	etidronate 2	
RETIN -A MICRO gel 2	HUMULIN INSULIN, PEN 2	ALAMAST (ST) 3	EVISTA 2	
tretinoin 2	JANUVIA (TS) 2	ALOCRIL (QL) (ST) 3	FORTEO (SP) 2	
	JANUMET (XR) 2	ALOMIDE (QL) (ST) 3	FOSAMAX D 2	
<b>PSORIASIS/ECZEMA AGENTS</b>	LANTUS 2		ACTONEL (ST) 2	
selenium sulfide 1	NOVOLIN , NOVOLOG 2	<b>GASTROINTESTINAL ANTIULCER AGENTS</b>	BONIVA (ST) 3/NC	
DOVONEX cream 2	PRANDIN 2	famotidine (GS) 1		<b>RESPIRATORY AGENTS</b>
SORIATANE 2		ranitidine (GS) 1		<b>ASHTMA/PULMONARY AGENTS</b>
TAZORAC (PA) 2	<b>EYES &amp; EARS</b>	lansoprazole OTC 1		albuterol 1
	<b>GLAUCOMA AGENTS</b>	omeprazole 1		ASMANEX 1
<b>TOPICAL ANTI-FUNGALS</b>	carteolol 1	pantoprazole (GS) 1		budesonide susp 1
ciclopirox cream 1	dorzolamide soln ophth 1	PREVACID OTC 1		FLOVENT 1
clotrimazole 1	dorzolamide/timolol soln 1	misoprostol 1		QVAR inhaler 1
ketoconazole 1	levobunolol 1	ZEGERID OTC 1		ADVAIR (ST ) 2
nystatin cream 1	pilocarpine ophth soln 1	DEXILANT (ST /QL) 2		COMBIVENT 2
	timolol maleate 1	ACIPHEX (PA) 3/NC		DULERA (ST) 2
<b>TOPICAL ANTI-INFECTIVES</b>	latanaprost 1			ipratropium 2
erythromycin gel 1	ALPHAGAN-P 2	<b>GENITOURINARY AGENTS</b>		SEREVENT 2
silver sulfadiazine cream 1	AZOPT 2	doxazosin (GS) 1		SPIRIVA 2
BACTROBAN cream 2	BETIMOL 2	oxybutynin, er (GS) 1		SYMBICORT (ST) 2
mupirocin ointment 2	BETOPTIC-S 2	tamsulosin 1		VENTOLIN 2
ZOVIRAX ointment 2	LUMIGAN (QL) 2	terazosin (GS) 1		
	TRAVATAN (QL) 2	DETROL LA 2	<b>LEUKOTRIENE MODIFIERS</b>	
<b>TOPICAL STEROIDS</b>		AVODART 2	SINGULAIR (PA) 2	
betamethasone 1		JALYN 2	zafirluast tab 3/NC	
clobetasol 1		VESICARE (TS) 2		
fluocinolone CR 1		TOVIAZ 2		
halobetasol cream 1				
hydrocortisone 1				
amcinonide 2				
CORDRAN ointment 2				
HALOG cream/joint 2				
WESTC ORT CR 2				

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