



MAXIMUM PERFORMANCE

# Abridged Formulary 2010

LIST OF COVERED DRUGS



# 2010 GLOBALHEALTH MAXIMUM PERFORMANCE ABRIDGED FORMULARY

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

## **PRIOR-AUTHORIZATION, STEP THERAPY, QUANTITY LIMITS AND EXCEPTIONS**

Your plan may include prior-authorization, step-therapy, or quantity limit requirements. These programs are based on current medical findings, FDA-approved manufacturer labeling information, cost and manufacturer rate agreements.

### **Prior-Authorization:**

Physicians are required to obtain prior authorization for certain medications, to promote appropriate, cost-effective use. Without prior authorization, GlobalHealth may not cover the drug.

### **Step Therapy:**

Step Therapy requires one or more prerequisite, clinically equivalent drugs to be tried before a step-therapy drug will be covered. If a specific step-therapy drug is medically necessary, your physician can contact GlobalHealth to request an exception to this restriction.

### **Quantity Limits:**

For certain drugs there are limits to the amount of the medication that you may receive. These drugs, if taken inappropriately for too long a time period, could be unsafe and cause adverse effects. To receive coverage for an additional amount of medication in excess of the set limits, your provider must obtain authorization from GlobalHealth.

**PLEASE NOTE: Not all the drugs listed are covered by all prescription drug benefit programs; check your benefit materials for the specific drugs covered and the co-payments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.**

### **KEY**

- The symbol **[STEP]** next to a drug name indicates Step Therapy may apply.
- The symbol **[PAR]** next to a drug name indicates Prior Authorization Required.
- The symbol **[QL]** next to a drug indicates Quantities Limited.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you. **Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.**

## **YOUR PRESCRIPTION DRUG BENEFITS**

### **How to use your prescription drug benefits:**

1. Fill your prescription at any GlobalHealth participating pharmacy. A list of network pharmacies can be found in the GlobalHealth Provider Directory and on the website at [www.globalhealth.cc](http://www.globalhealth.cc). You may also call Customer Service for help in locating a pharmacy.
2. Present your GlobalHealth Member ID card to the pharmacist.
3. Pay the applicable copay.

### **REQUESTING AN EXCEPTION**

You can request GlobalHealth to waive coverage restrictions and limits. Generally, GlobalHealth will only approve your request for an exception if the alternative drugs included on the plan's formulary, the low-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You or your physician should contact GlobalHealth for instructions on obtaining an initial coverage decision for a formulary or utilization restriction exception. Your physician may have to submit a prior-authorization request form, with information supporting the request for an exception. Generally, a decision will be made within 72 hours or less of your request.

### **GLOBALHEALTH'S PREFERRED DRUG LIST**

The GlobalHealth preferred drugs are listed in this Drug Formulary. Medications on the list are selected based on quality (effectiveness and safety) as well as cost-effectiveness. Doctors and pharmacists have worked together to develop the Formulary, which includes generics and brand-name medications that are approved by the US Food and Drug Administration (FDA). The list of drugs is subject to change. Please check your Schedule of Benefits for detailed information regarding your individual drug coverage, benefit limitations and exclusions. For specific questions about your coverage, please call the phone number printed on your Member ID card.

**Tier one co-pay:** Generic medications contain the same active ingredients in the same amounts as brand-name products, although they may be different color, shape, or size. You will pay the lowest co-pay for generics.

**Tier two co-pay:** Approved brand-name medications on the Formulary have the next highest co-pay.

**Tier three co-pay:** If your GlobalHealth plan has a third tier, the cost for non-formulary medications will be the highest of the three tiers and will be either a co-pay or co-insurance.

In addition to using the Drug Formulary, you are encouraged to ask your doctor to prescribe generics when possible. Generics not only save you money, they also help GlobalHealth continue to afford prescription coverage at such reasonable rates.

The copayments must be met each time a prescription drug is filled or refilled. The member will pay the copay or the cost of the prescription drug, whichever is less.

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# 2010 ESI High Performance Formulary For GlobalHealth

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** The symbol \* next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

## ANTIINFECTIVES

### Antivirals

*NOTE: All brand oral antiviral drugs for the treatment of HIV infection are formulary, unless available generically.*

acyclovir  
amantadine  
famciclovir  
RELENZA  
TAMIFLU

### Cephalosporins

cefaclor, er  
cefadroxil  
cefdinir  
cefepodoxime  
cefprozil  
cefuroxime  
cephalexin

### Macrolides

azithromycin  
clarithromycin, er

### Oral Antifungals

clotrimazole troche  
fluconazole  
itraconazole  
ketoconazole  
nystatin  
terbinafine hcl

### Penicillins

amox tr/potassium clavulanate  
amoxicillin  
penicillin v potassium

### Quinolones

AVELOX  
ciprofloxacin, er  
ofloxacin

### Topical Antifungals

ciclopirox  
econazole  
ketoconazole  
nystatin

### Urinary Antiinfectives

nitrofurantoin macrocrystal  
trimethoprim

## ANTINEOPLASTIC/ IMMUNOSUPPRESSANT DRUGS

*NOTE: All brand oral antineoplastics are considered formulary, unless available generically.*

anagrelide  
ARIMIDEX\*  
azathioprine  
CELLCEPT oral susp\*  
cyclosporine, modified  
ENBREL [INJ]  
HUMIRA [INJ]  
hydroxyurea  
leflunomide  
leucovorin  
megestrol  
mercaptopurine  
methotrexate  
mycophenolate mofetil  
tamoxifen

## CARDIOVASCULAR MEDICATIONS

### ACE Inhibitors + HCT Combos

benazepril, /hctz  
captopril, /hctz

enalapril, hctz  
fosinopril, /hctz  
lisinopril, /hctz  
moexipril/hctz  
quinapril  
quinaretic  
ramipril  
trandolapril

### Angiotensin II Receptor Antagonists + HCT Combos

BENICAR [ST]  
DIOVAN [ST]

### Beta-Adrenergic Antagonists

acebutolol  
atenolol, -chlorthalidone  
bisoprolol fumarate/hctz  
carvedilol  
labetalol hcl  
metoprolol, hctz  
nadolol  
pindolol  
propranolol hcl, w/hctz

### Calcium Antagonists

amlodipine besylate  
diltiazem, extended release  
felodipine er  
nifedipine er  
nisoldipine  
verapamil hcl

### Endothelin Receptor Antagonists

LETAIRIS  
TRACLEER

### HMG-CoA Reductase Inhibitors

CRESTOR [ST]  
lovastatin  
pravastatin  
simvastatin

### HMG-CoA Combinations

VYTORIN [ST]

### Hypolipoproteinemics

cholestyramine  
colestipol  
fenofibrate  
gemfibrozil  
LOVAZA  
NIASPAN  
ZETIA

### Nitrates

isosorbide mononitrate  
nitroglycerin

### Thiazide & Related Drugs

hydrochlorothiazide  
metolazone

### Other Antihypertensives

AZOR [ST]  
EXFORGE, HCT [ST]

## AUTONOMIC & CNS MEDICATIONS

### Anticonvulsants

carbamazepine, xr  
divalproex sodium  
gabapentin  
lamotrigine  
levetiracetam  
LYRICA [ST]  
oxcarbazepine  
phenytoin sodium, extended  
topiramate  
VIMPAT  
zonisamide

### Antidementia Drugs

ARICEPT, ODT  
galantamine  
NAMENDA

(continued)

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### **Antidepressants**

bupropion, sr  
CYMBALTA [ST]  
mirtazapine, soltab  
trazodone hcl  
venlafaxine  
(immediate release)

### **Antiparkinson Drugs**

carbidopa-levodopa, er  
MIRAPEX\*  
ropinirole

### **Antipsychotic Drugs**

ABILIFY (excluding  
Discmelt & solution)  
clozapine  
fluphenazine  
haloperidol  
perphenazine  
risperidone, odt  
SEROQUEL, XR  
thioridazine hcl  
ZYPREXA (excluding Zydys)

### **Antivertigo & Antiemetics**

granisetron  
meclizine hcl  
ondansetron  
prochlorperazine  
promethazine  
trimethobenzamide

### **Class II Narcotics**

fentanyl citrate  
hydromorphone  
morphine sulfate  
OPANA ER  
oxycodone w/acetaminophen  
OXYCONTIN

### **Class III Narcotics**

acetaminophen w/codeine  
hydrocodone/acetaminophen  
reprexain  
zamicet

### **CNS Stimulants**

amphetamine salt combo  
dexmethylphenidate  
dextroamphetamine-  
amphetamine  
dextroamphetamine sulfate  
METADATE CD\*  
methylphenidate hcl  
VYVANSE

### **Other Drugs For ADHD**

STRATTERA

### **Drugs To Prevent & Treat Headaches**

butalbital/apap/caffeine  
sumatriptan tab, inj  
ZOMIG, ZMT

### **Drugs to Treat Multiple Sclerosis**

COPAXONE [INJ]

### **Sedative/Hypnotics**

flurazepam  
temazepam  
triazolam  
zaleplon  
zolpidem tartrate

### **Selective Serotonin Reuptake Inhibitors**

citalopram  
fluoxetine hcl  
fluvoxamine maleate  
paroxetine  
sertraline

### **Tertiary Amines**

amitriptyline  
doxepin hcl  
imipramine

## **DERMATOLOGICAL MEDICATIONS**

### **Antiacne Drugs**

benzoyl peroxide  
clindamycin phosphate  
erythromycin/benzoyl perox.  
FINACEA, PLUS  
isotretinoin  
metronidazole  
sodium sulfacetamide/sulfur  
tretinoin

### **Antipsoriasis & Antieczema Drugs**

calcipotriene  
selenium sulfide  
TAZORAC  
VECTICAL

### **Corticosteroid Drugs**

betamethasone dp, valerate  
clobetasol propionate  
desonide  
desoximetasone  
fluocinonide  
mometasone  
triamcinolone acetonide

### **Miscellaneous Dermatologicals**

fluorouracil  
LIDODERM  
PROTOPIC\* [ST]

## **EAR-NOSE MEDICATIONS**

### **Drugs Affecting The Ear**

antipyrine w/benzocaine

CIPRODEX  
neomycin/polymyxin/  
dexamethasone  
neomycin/polymyxin/hc  
ofloxacin

### **Drugs Affecting The Nose**

ASTELIN\*  
ASTEPRO  
fluticasone nasal spray  
ipratropium bromide  
NASACORT AQ [ST]

## **ENDOCRINE MEDICATIONS**

### **Amylin Analogues**

SYMLIN, SYMLINPEN [INJ]

### **Dipeptidyl Peptidase IV Inhibitors**

JANUMET  
JANUVIA

### **Glucocorticoids**

methylprednisolone  
prednisolone  
prednisone  
veripred

### **Glucose Elevating Drugs**

GLUCAGEN [INJ]

### **Incretin Mimetics**

BYETTA [INJ]

### **Insulins**

LANTUS vials only [INJ]  
LEVEMIR, FLEXPEN [INJ]  
NOVOLIN [INJ]  
NOVOLOG [INJ]

### **Insulin Sensitizers**

ACTOPLUS MET  
ACTOS  
DUETACT

### **Oral Hypoglycemics**

acarbose  
glimepiride  
glipizide, er, xl  
glipizide/metformin  
glyburide, micronized  
glyburide/metformin  
metformin, er  
nateglinide  
PRANDIMET  
PRANDIN\*

### **Thyroid Supplements**

levothyroxine sodium  
levoxyl  
thyroid

### **Other Endocrine Drugs**

alendronate sodium  
desmopressin acetate

etidronate disodium  
FORTEO [INJ]  
fortical

## **GASTROINTESTINAL MEDICATIONS**

### **Antispasmodics/Drugs Affecting GI Motility**

clidinium-chlordiazepoxide  
dicyclomine hcl  
hyoscyamine sulfate  
metoclopramide hcl

### **Proton Pump Inhibitors**

omeprazole

### **Other GI Drugs**

APRISO  
ASACOL, HD  
balsalazide disodium  
CANASA  
cimetidine  
CREON  
famotidine  
hydrocortisone  
nizatidine  
peg 3350/electrolyte  
ranitidine  
sulfasalazine  
ULTRASE, -MT  
ursodiol

## **IMMUNOLOGICALS**

*NOTE: Coverage based on benefit design.*

### **Growth Hormones**

TEV-TROPIN [INJ]

### **Erythroid Stimulants**

PROCRIT [INJ]

### **Interferons**

BETASERON [INJ]  
REBIF [INJ]

### **Pegylated Interferons/Oral Ribavirin Agents**

PEGASYS [INJ]  
ribasphere  
ribavirin

## **MUSCULOSKELETAL MEDICATIONS**

### **CNS Muscle Relaxants**

carisoprodol  
chlorzoxazone  
cyclobenzaprine hcl  
methocarbamol  
orphenadrine citrate (continued)

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SKELAXIN\*

**Inj. Drugs for Arthritis**

EUFLEXA [INJ]

**Non-Steroidal Anti-Inflammatory Agents**

CELEBREX [ST]

diclofenac sodium

etodolac

ibuprofen

indomethacin

meloxicam

nabumetone

naproxen

**Salicylates & Related Drugs**

choline mag trisalicilate

diflunisal

salsalate

**NUTRITION & BLOOD MODIFIERS**

**Antiplatelet Drugs**

AGGRENOX

cilostazol

dipyridamole

PLAVIX

**Blood Detoxicants**

enulose

lactulose

RENAGEL

REVELA

**Oral and Inj. Anticoagulants**

ARIXTRA [INJ]

LOVENOX\* [INJ]

warfarin

**Therapeutic Vitamins & Minerals**

calcitriol

eliphos

folic acid

**OBSTETRICAL & GYNECOLOGICAL MEDICATIONS**

**Androgen Drugs**

TESTIM

**Contraceptives**

*NOTE: All generic contraceptives are considered formulary, unless excluded by benefit design.*

**Estrogen Drugs**

estradiol, tds

estropipate

MENEST

VAGIFEM

**Estrogen/Progestin Combinations**

PREMPHASE

PREMPRO

**Ovulatory Stimulants**

*NOTE: Coverage based on benefit design.*

clomiphene citrate

FOLLISTIM AQ [INJ]

**Prenatal Vitamins**

*NOTE: All oral prescription generic prenatal vitamins are formulary.*

**Progestin Drugs**

CRINONE

medroxyprogesterone acetate

PROCHIEVE

PROMETRIUM

**Specialized OB/GYN Drugs**

chorionic gonadotropin [INJ]

leuprolide acetate [INJ]

**OPHTHALMIC MEDICATIONS**

**Antibacterial Drugs**

ciprofloxacin

erythromycin

gentamicin sulfate

ofloxacin

polymyxin b sul/trimethoprim

sulfacetamide sodium

tobramycin sulfate

ZYMAR\*

**Antiglaucoma Drugs**

acetazolamide

ALPHAGAN P\*

brimonidine tartrate

dorzolamide, -timolol

LUMIGAN

pilocarpine hcl

timolol maleate

XALATAN

**Corticosteroid Drugs**

prednisolone acetate

**Other Ophthalmic Drugs**

atropine sulfate

diclofenac sodium

RESTASIS

ZYLET

**RESPIRATORY MEDICATIONS**

**Antihistamines**

diphenhydramine

fexofenadine

promethazine

**Antihistamine/Decongestants**

promethazine w/codeine

promethazine w/dm

pseudoephedrine

w/chlorpheniramine

**Antitussive & Expectorants**

benzonatate

promethazine w/codeine

**Beta-2 Adrenergics**

albuterol

FORADIL

metaproterenol

PERFOROMIST

PROAIR HFA

terbutaline sulfate

**Leukotriene Modifiers**

SINGULAIR [ST]

**Methyl Xanthines**

aminophylline

theophylline, anhydrous, er

**Other Drugs For Asthma**

ADVAIR DISKUS, HFA

EPIPEN, JR [INJ]

INTAL inh

ipratropium bromide

ipratropium-albuterol

PULMICORT FLEXHALER

QVAR

SPIRIVA

SYMBICORT

TWINJECT [INJ]

**UROLOGICAL MEDICATIONS**

**Anticholinergic Antispasmodics**

oxybutynin, er

**Drugs Used For BPH**

finasteride

FLOMAX\*

UROXATRAL

**Erectile Dysfunction Agents**

*NOTE: Coverage based on benefit design.*

MUSE

VIAGRA

**WEIGHT MANAGEMENT**

*NOTE: Coverage based on benefit design.*

**Appetite Suppressants**

MERIDIA

phentermine hcl

**DIABETIC SUPPLIES**

*NOTE: Coverage based on benefit design.*

**Meters & Strips**

ASCENSIA AUTODISC,  
BREEZE/2

ASCENSIA CONTOUR SYSTEM

ASCENSIA ELITE

**Miscellaneous Supplies**

ACCU-CHEK MULTICLIX lancets

NOVOFINE

PRECISION SURE DOSE

SOFT TOUCH lancets

SOFTCLIX lancets

**KEY**

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.

**For the member:** Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

Brand-name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

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## Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.  
Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.  
Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singulair [ST]	ELESTRIN	Generic estradiol patches	NEVANAC	diclofenac sodium
ACCU-CHEK meters/strips	Ascensia	ELIDEL	Protopic* [ST]	NEXIUM	omeprazole
ACIPHEX	omeprazole	ENABLEX	oxybutynin/er	NORDITROPIN	Tev-Tropin
ACTONEL	alendronate	ENJUVA	estradiol, Menest	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox
ACULAR, LS	diclofenac sodium	EPOGEN	Procrit	NUTROPIN	Tev-Tropin
ADDERALL XR	dextroamphetamine-amphetamine	ESTRADERM	Generic estradiol patches	NUVARING	Generic oral contraceptive
AEROBID, M	Pulmicort Flexhaler, Qvar	ESTRASORB	Generic estradiol patches	OMNARIS	flunisolide, fluticasone, Nasacort AQ [ST]
ALORA	Generic estradiol patches	ESTROGEL	Generic estradiol patches	OMNITROPE	Tev-Tropin
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	EVAMIST	Generic estradiol patches	ONETOUCH	Ascensia
ALVESCO	Pulmicort Flexhaler, Qvar	EXELON	galantamine, Aricept/ODT, Namenda	ORTHOVISC	Euflexxa
AMBIEN CR	zolpidem tartrate	FACTIVE	ciprofloxacin/er, ofloxacin, Avelox	OXYTROL	oxybutynin/er
AMERGE	sumatriptan tab, Zomig/ZMT	FemHRT	estradiol/norethindrone acetate, Prempro/Premphase	PATANASE	Astelin*, Astepro
ANDRODERM	Testim	FEMTRACE	estradiol, Menest	PEG-INTRON, REDIPEN	Pegasy
ANDROGEL	Testim	FENOGLIDE	fenofibrate	PRECISION PCX, QID, SOF-TACT	Ascensia
ANGELIQ	estradiol/norethindrone acetate, Prempro/Premphase	FLOVENT	Pulmicort Flexhaler, Qvar	PREFEST	estradiol/norethindrone acetate, Prempro/Premphase
ANTARA	fenofibrate	FOCALIN, XR	dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse	PREMARIN	estradiol, Menest
APIDRA	Novolog	FOSRENOL	Renagel, Renvela	PREVACID	omeprazole
ARANESP	Procrit	FREESTYLE	Ascensia	PRISTIQ	Cymbalta [ST]
ASMANEX	Pulmicort Flexhaler, Qvar	FROVA	sumatriptan tab, Zomig/ZMT	PROVENTIL HFA	ProAir HFA
ATACAND	Benicar [ST], Diovan [ST]	GELNIQUE	oxybutynin/er	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine
ATACAND HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	GENOTROPIN	Tev-Tropin	QUIXIN	ciprofloxacin, Zymar*
ATRALIN	tretinoin	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)	RAPAFLO	doxazosin, Flomax*, Uroaxtral
AVALIDE	Benicar [ST] + hctz, Diovan [ST] + hctz	GONAL-F, FRF	Follistim AQ	RELPAK	sumatriptan tab, Zomig/ZMT
AVANDAMET	Actoplus Met	HUMALOG	Novolog	RETIN-A MICRO	tretinoin
AVANDARYL	Duetact	HUMATROPE	Tev-Tropin	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ [ST]
AVANDIA	Actos	HUMULIN	Novolin	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse
AVAPRO	Benicar [ST], Diovan [ST]	HYALGAN	Euflexxa	SAIZEN	Tev-Tropin
AVODART	finasteride	HYZAAR	Benicar [ST] + hctz, Diovan [ST] + hctz	SANCTURA, XR	oxybutynin/er
AXERT	sumatriptan tab, Zomig/ZMT	IMITREX Nasal	Zomig Nasal	SEREVENT DISKUS	Foradil
AZMACORT	Pulmicort Flexhaler, Qvar	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)	SIMPONI	Enbrel, Humira
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	IQUIX	ciprofloxacin, Zymar*	STARLIX	nateglinide
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ [ST]	KAPIDEX	omeprazole	SUMATRIPTAN Nasal	Zomig Nasal
BENICAR HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	LANTUS cartridges, solostar	Lantus vials, Levemir/Flexpen	SUPARTZ	Euflexxa
BESIVANCE	ciprofloxacin, Zymar*	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	SYNVISC, ONE	Euflexxa
BONIVA tabs	alendronate	LEVAQUIN	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	TEVETEN	Benicar [ST], Diovan [ST]
BRAVELLE	Follistim AQ	LEVITRA	Viagra	TEVETEN HCT	Benicar [ST] + hctz, Diovan [ST] + hctz
BROVANA	Perforomist	LEXAPRO	citalopram (immediate release)	TOVIAZ	oxybutynin/er
CENESTIN	estradiol, Menest	LIALDA	Apriso, Asacol/HD, Pentasa	TRAVATAN, Z	Lumigan, Xalatan
CETRAXAL	Ciprodex	LIPITOR	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	TRICOR	fenofibrate
CIALIS	Viagra	LIPOFEN	fenofibrate	TRIGLIDE	fenofibrate
CIALIS	Viagra	LUNESTA	zolpidem tartrate	TRILIPIX	fenofibrate
CIMZIA	Enbrel, Humira	MAXAIR AUTOHALER	ProAir HFA	VALTRES	acyclovir, famciclovir
CIPRO HC	Ciprodex	MAXALT, MLT	sumatriptan tab, Zomig/ZMT	VENLAFAXINE ER	venlafaxine (immediate release), Cymbalta [ST]
CONCERTA	dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse	MENOSTAR	Generic estradiol patches	VENTOLIN HFA	ProAir HFA
COZAAR	Benicar [ST], Diovan [ST]	MICARDIS	Benicar [ST], Diovan [ST]	VERAMYST	flunisolide, fluticasone, Nasacort AQ [ST]
DETROL, LA	oxybutynin/er	MICARDIS HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	VESICARE	oxybutynin/er
DIFFERIN	tretinoin	NASONEX	flunisolide, fluticasone, Nasacort AQ [ST]	VIGAMOX	ciprofloxacin, Zymar*
DIOVAN HCT	Benicar [ST] + hctz, Diovan [ST] + hctz			VIVELLE-DOT	Generic estradiol patches
DIVIGEL	Generic estradiol patches			XIBROM	diclofenac sodium
EDEX	Caverject, Muse			XOPENEX	Generic albuterol
EDLUAR	zolpidem tartrate			XOPENEX HFA	ProAir HFA
EFFEXOR XR	Cymbalta [ST]			ZEGERID	omeprazole

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## 2010 ESI High Performance Formulary For GlobalHealth

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE: The symbol \* next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.**

<p><b>A</b></p> <p>ABILIFY (excluding Discmelt &amp; solution)</p> <p>acarbose</p> <p>ACCU-CHEK MULTICLIX lancets</p> <p>acebutolol</p> <p>acetaminophen w/codeine</p> <p>acetazolamide</p> <p>ACTOPLUS MET</p> <p>ACTOS</p> <p>acyclovir</p> <p>ADVAIR DISKUS, HFA</p> <p>AGGRENOX</p> <p>albuterol</p> <p>alendronate sodium</p> <p>ALPHAGAN P*</p> <p>amantadine</p> <p>aminophylline</p> <p>amitriptyline</p> <p>amlodipine besylate</p> <p>amox tr/potassium clavulanate</p> <p>amoxicillin</p> <p>amphetamine salt combo</p> <p>anagrelide</p> <p>antipyrine w/benzocaine</p> <p>apri</p> <p>APRISO</p> <p>aranelle</p> <p>ARICEPT, ODT</p> <p>ARIMIDEX*</p>	<p>ARIXTRA [INJ]</p> <p>ASACOL, HD</p> <p>ASCENSIA AUTODISC, BREEZE/2</p> <p>ASCENSIA CONTOUR SYSTEM</p> <p>ASCENSIA ELITE</p> <p>ASTELIN*</p> <p>ASTEPRO</p> <p>atenolol, -chlorthalidone</p> <p>atropine sulfate</p> <p>AVELOX</p> <p>aviane</p> <p>azathioprine</p> <p>azithromycin</p> <p>AZOR [ST]</p> <p><b>B</b></p> <p>balsalazide disodium</p> <p>balziva</p> <p>benazepril, /hctz</p> <p>BENICAR [ST]</p> <p>benzonatate</p> <p>benzoyl peroxide</p> <p>betamethasone dp, valerate</p> <p>BETASERON [INJ]</p> <p>bisoprolol fumarate/hctz</p> <p>brimonidine tartrate</p> <p>bupropion, sr</p> <p>butalbital/apap/caffeine</p> <p>BYETTA [INJ]</p>	<p><b>C</b></p> <p>calcipotriene</p> <p>calcitriol</p> <p>camila</p> <p>CANASA</p> <p>captopril, /hctz</p> <p>carbamazepine, xr</p> <p>carbidopa-levodopa, er</p> <p>carisoprodol</p> <p>carvedilol</p> <p>cefaclor, er</p> <p>cefadroxil</p> <p>cefdinir</p> <p>cefpodoxime</p> <p>cefprozil</p> <p>cefuroxime</p> <p>CELEBREX [ST]</p> <p>CELLCEPT oral susp*</p> <p>cephalexin</p> <p>cesia</p> <p>chlorzoxazone</p> <p>cholestyramine</p> <p>choline mag trisalicylate</p> <p>chorionic gonadotropin [INJ]</p> <p>ciclopirox</p> <p>cilostazol</p> <p>cimetidine</p> <p>CIPRODEX</p> <p>ciprofloxacin, er</p> <p>citalopram</p> <p>clarithromycin, er</p> <p>clidinium-chlordiazepoxide</p>	<p>clindamycin phosphate</p> <p>clobetasol propionate</p> <p>clomiphene citrate</p> <p>clotrimazole troche</p> <p>clozapine</p> <p>colestipol</p> <p>COPAXONE [INJ]</p> <p>CREON</p> <p>CRESTOR [ST]</p> <p>CRINONE</p> <p>cryselle</p> <p>cyclobenzaprine hcl</p> <p>cyclosporine, modified</p> <p>CYMBALTA [ST]</p> <p><b>D</b></p> <p>desmopressin acetate</p> <p>desonide</p> <p>desoximetasone</p> <p>dexamethylphenidate</p> <p>dextroamphetamine-amphetamine</p> <p>dextroamphetamine sulfate</p> <p>diclofenac sodium</p> <p>dicyclomine hcl</p> <p>diflunisal</p> <p>diltiazem, extended release</p> <p>DIOVAN [ST]</p> <p>diphenhydramine</p> <p>dipyridamole</p> <p>divalproex sodium</p>
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dorzolamide, -timolol  
doxepin hcl  
DUETACT

## E

econazole  
eliphos  
enalapril, hctz  
ENBREL [INJ]  
enpresse  
enulose  
EPIPEN, JR [INJ]  
errin  
erythromycin  
erythromycin/benzoyl perox.  
estradiol, tds  
estropipate  
etidronate disodium  
etodolac  
EUFLEXXA [INJ]  
EXFORGE, HCT [ST]

## F

famciclovir  
famotidine  
felodipine er  
fenofibrate  
fentanyl citrate  
fexofenadine  
FINACEA, PLUS  
finasteride  
FLOMAX\*  
fluconazole  
fluocinonide  
fluorouracil  
fluoxetine hcl  
fluphenazine  
flurazepam  
fluticasone nasal spray  
fluvoxamine maleate  
folic acid  
FOLLISTIM AQ [INJ]  
FORADIL  
FORTEO [INJ]  
fortical  
fosinopril, /hctz

## G

gabapentin  
galantamine  
gemfibrozil  
gentamicin sulfate  
glimepiride  
glipizide, er, xl  
glipizide/metformin  
GLUCAGEN [INJ]  
glyburide, micronized  
glyburide/metformin  
granisetron

## H

haloperidol  
HUMIRA [INJ]  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocortisone  
hydromorphone  
hydroxyurea  
hyoscyamine sulfate

## I

ibuprofen  
imipramine  
indomethacin  
INTAL inh  
ipratropium bromide  
ipratropium-albuterol  
isosorbide mononitrate  
isotretinoin  
itraconazole

## J

JANUMET  
JANUVIA  
jolessa  
jolvette  
junel, fe

## K

kariva  
kelnor

ketoconazole

## L

labetalol hcl  
lactulose  
lamotrigine  
LANTUS vials only [INJ]  
leena  
leflunomide  
lessina  
LETAIRIS  
leucovorin  
leuprolide acetate [INJ]  
LEVEMIR, FLEXPEN [INJ]  
levetiracetam  
levora  
levothyroxine sodium  
levoxyl  
LIDODERM  
lisinopril, /hctz  
lovastatin  
LOVAZA  
LOVENOX\* [INJ]  
low-ogestrel  
LUMIGAN  
lutera  
LYRICA [ST]

## M

meclizine hcl  
medroxyprogesterone acetate  
megestrol  
meloxicam  
MENEST  
mercaptopurine  
MERIDIA  
METADATE CD\*  
metaproterenol  
metformin, er  
methocarbamol  
methotrexate  
methylphenidate hcl  
methylprednisolone  
metoclopramide hcl  
metolazone  
metoprolol, hctz  
metronidazole

microgestin, fe  
MIRAPEX\*  
mirtazapine, soltab  
moexipril/hctz  
mometasone  
mononessa  
morphine sulfate  
MUSE  
mycophenolate mofetil

## N

nabumetone  
nadolol  
NAMENDA  
naproxen  
NASACORT AQ [ST]  
nateglinide  
necon  
neomycin/polymyxin/dexamet  
hasone  
neomycin/polymyxin/hc  
NIASPAN  
nifedipine er  
nisoldipine  
nitrofurantoin macrocrystal  
nitroglycerin  
nizatidine  
nora-be  
nortrel  
NOVOFINE  
NOVOLIN [INJ]  
NOVOLOG [INJ]  
nystatin

## O

ocella  
ofloxacin  
ogestrel  
omeprazole  
ondansetron  
OPANA ER  
orphenadrine citrate  
oxcarbazepine  
oxybutynin, er  
oxycodone w/acetaminophen  
OXYCONTIN

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<b>P</b>	<b>Q</b>	sulfasalazine sumatriptan tab, inj SYMBICORT SYMLIN, SYMLINPEN [INJ]	<b>U</b>
paroxetine peg 3350/electrolyte PEGASYS [INJ] penicillin v potassium PERFOROMIST perphenazine phentermine hcl phenytoin sodium, extended pilocarpine hcl pindolol PLAVIX polymyxin b sul/trimethoprim portia PRANDIMET PRANDIN* pravastatin PRECISION SURE DOSE prednisolone prednisolone acetate prednisone PREMPHASE PREMPRO previfem PROAIR HFA PROCHIEVE prochlorperazine PROCRI [INJ] promethazine promethazine w/codeine promethazine w/dm PROMETRIUM propranolol hcl, w/hctz PROTOPIC* [ST] pseudoephedrine w/chlorpheniramine PULMICORT FLEXHALER	quasense quinapril quinaretic QVAR		ULTRASE, -MT UROXATRAL ursodiol
	<b>R</b>	<b>T</b>	<b>V</b>
	ramipril ranitidine REBIF [INJ] reclipsen RELENZA RENAGEL REVELA reprexain RESTASIS ribasphere ribavirin risperidone, odt ropinirole	TAMIFLU tamoxifen TAZORAC temazepam terbinafine hcl terbutaline sulfate TESTIM TEV-TROPIN [INJ] theophylline, anhydrous, er thioridazine hcl thyroid tilia fe timolol maleate tobramycin sulfate topiramate TRACLEER trandolapril trazodone hcl tretinoin triamcinolone acetonide triazolam tri-legest fe trimethobenzamide trimethoprim trinessa tri-previfem tri-sprintec trivora TWINJECT [INJ]	VAGIFEM VECTICAL velivet venlafaxine (immediate release) verapamil hcl veripred VIAGRA VIMPAT VYTORIN [ST] VYVANSE
	<b>S</b>		<b>W</b>
	salsalate selenium sulfide SEROQUEL, XR sertraline simvastatin SINGULAIR [ST] SKELAXIN* sodium sulfacetamide/sulfur SOFT TOUCH lancets SOFTCLIX lancets solia SPIRIVA sprintec sronyx STRATTERA sulfacetamide sodium		warfarin
			<b>X</b>
			XALATAN
			<b>Z</b>
			zaleplon zamicet zenchent ZETIA zolpidem tartrate ZOMIG, ZMT zonisamide zovia ZYLET ZYMAR* ZYPREXA (excluding Zydis)

#### KEY

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.

**For the member:** Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you. Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

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## Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.  
Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.  
Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singulair [ST]	ELESTRIN	Generic estradiol patches	NEVANAC	diclofenac sodium
ACCU-CHEK meters/strips	Ascensia	ELIDEL	Protopic* [ST]	NEXIUM	omeprazole
ACIPHEX	omeprazole	ENABLEX	oxybutynin/er	NORDITROPIN	Tev-Tropin
ACTONEL	alendronate	ENJUVA	estradiol, Menest	NOROXIN	ciprofloxacin/er, ofloxacin, Avelox
ACULAR, LS	diclofenac sodium	EPOGEN	Procrit	NUTROPIN	Tev-Tropin
ADDERALL XR	dextroamphetamine-amphetamine	ESTRADERM	Generic estradiol patches	NUVARING	Generic oral contraceptive
AEROBID, M	Pulmicort Flexhaler, Qvar	ESTRASORB	Generic estradiol patches	OMNARIS	flunisolide, fluticasone, Nasacort AQ [ST]
ALORA	Generic estradiol patches	ESTROGEL	Generic estradiol patches	OMNITROPE	Tev-Tropin
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	EVAMIST	Generic estradiol patches	ONETOUCH	Ascensia
ALVESCO	Pulmicort Flexhaler, Qvar	EXELON	galantamine, Aricept/ODT, Namenda	ORTHOVISC	Euflexxa
AMBIEN CR	zolpidem tartrate	FACTIVE	ciprofloxacin/er, ofloxacin, Avelox	OXYTROL	oxybutynin/er
AMERGE	sumatriptan tab, Zomig/ZMT	FemHRT	estradiol/norethindrone acetate, Prempro/Premphase	PATANASE	Astelin*, Astepro
ANDRODERM	Testim	FEMTRACE	estradiol, Menest	PEG-INTRON, REDIPEN	Pegasy
ANDROGEL	Testim	FENOGLIDE	fenofibrate	PRECISION PCX, QID, SOF-TACT	Ascensia
ANGELIQ	estradiol/norethindrone acetate, Prempro/Premphase	FLOVENT	Pulmicort Flexhaler, Qvar	PREFEST	estradiol/norethindrone acetate, Prempro/Premphase
ANTARA	fenofibrate	FOCALIN, XR	dexamethylphenidate, dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse	PREMARIN	estradiol, Menest
APIDRA	Novolog	FOSRENOL	Renagel, Renvela	PREVACID	omeprazole
ARANESP	Procrit	FREESTYLE	Ascensia	PRISTIQ	Cymbalta [ST]
ASMANEX	Pulmicort Flexhaler, Qvar	FROVA	sumatriptan tab, Zomig/ZMT	PROVENTIL HFA	ProAir HFA
ATACAND	Benicar [ST], Diovan [ST]	GELNIQUE	oxybutynin/er	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine
ATACAND HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	GENOTROPIN	Tev-Tropin	QUIXIN	ciprofloxacin, Zymar*
ATRALIN	tretinoin	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)	RAPAFLO	doxazosin, Flomax*, Uroxatral
AVALIDE	Benicar [ST] + hctz, Diovan [ST] + hctz	GONAL-F, RFF	Follistim AQ	RELPAK	sumatriptan tab, Zomig/ZMT
AVANDAMET	Actoplus Met	HUMALOG	Novolog	RETIN-A MICRO	tretinoin
AVANDARYL	Duetact	HUMATROPE	Tev-Tropin	RHINOCORT AQUA	flunisolide, fluticasone, Nasacort AQ [ST]
AVANDIA	Actos	HUMULIN	Novolin	RITALIN LA	dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse
AVAPRO	Benicar [ST], Diovan [ST]	HYALGAN	Euflexxa	SAIZEN	Tev-Tropin
AVODART	finasteride	HYZAAR	Benicar [ST] + hctz, Diovan [ST] + hctz	SANCTURA, XR	oxybutynin/er
AXERT	sumatriptan tab, Zomig/ZMT	IMITREX Nasal	Zomig Nasal	SEREVENT DISKUS	Foradil
AZMACORT	Pulmicort Flexhaler, Qvar	INVEGA	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydis)	SIMPONI	Enbrel, Humira
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*	IQUIX	ciprofloxacin, Zymar*	STARLIX	nateglinide
BECONASE AQ	flunisolide, fluticasone, Nasacort AQ [ST]	KAPIDEX	omeprazole	SUMATRIPTAN Nasal	Zomig Nasal
BENICAR HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	LANTUS cartridges, solostar	Lantus vials, Levemir/Flexpen	SUPARTZ	Euflexxa
BESIVANCE	ciprofloxacin, Zymar*	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	SYNVISC, ONE	Euflexxa
BONIVA tabs	alendronate	LEVAQUIN	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	TEVETEN	Benicar [ST], Diovan [ST]
BRAVELLE	Follistim AQ	LEVITRA	oxybutynin/er	TEVETEN HCT	Benicar [ST] + hctz, Diovan [ST] + hctz
BROVANA	Perforomist	LIALDA	tretinoin	TOVIAZ	oxybutynin/er
CENESTIN	estradiol, Menest	LIPITOR	Benicar [ST] + hctz, Diovan [ST] + hctz	TRAVATAN, Z	Lumigan, Xalatan
CETRAXAL	Ciprodex	LIPOFEN	Generic estradiol patches	TRICOR	fenofibrate
CIALIS	Viagra	LUNESTA	Benicar [ST], Diovan [ST]	TRIGLIDE	fenofibrate
CIMZIA	Enbrel, Humira	MAXAIR AUTOHALER	Benicar [ST] + hctz, Diovan [ST] + hctz	TRILIPIX	fenofibrate
CIPRO HC	Ciprodex	MAXALT, MLT	Generic estradiol patches	VALTRES	fenofibrate
CONCERTA	dextroamphetamine-amphetamine, methylphenidate, Metadate CD*, Vyvanse	MENOSTAR	Benicar [ST], Diovan [ST]	VENLAFAXINE ER	fenofibrate
COZAAR	Benicar [ST], Diovan [ST]	MICARDIS	Benicar [ST] + hctz, Diovan [ST] + hctz	VENTOLIN HFA	fenofibrate
DETROL, LA	oxybutynin/er	MICARDIS HCT	Benicar [ST] + hctz, Diovan [ST] + hctz	VERAMYST	fenofibrate
DIFFERIN	tretinoin	NASONEX	flunisolide, fluticasone, Nasacort AQ [ST]	VESICARE	fenofibrate
DIOVAN HCT	Benicar [ST] + hctz, Diovan [ST] + hctz			VIGAMOX	fenofibrate
DIVIGEL	Generic estradiol patches			VIVELLE-DOT	oxybutynin/er
EDEX	Caverject, Muse			XIBROM	ciprofloxacin, Zymar*
EDLUAR	zolpidem tartrate			XOPENEX	Generic estradiol patches
EFFEXOR XR	Cymbalta [ST]			XOPENEX HFA	diclofenac sodium
				ZEGERID	Generic albuterol ProAir HFA
					omeprazole

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