A

A/T/S(*G)
ACANYA GEL (eff 3/15/12)
ACCU-CHEK TEST STRIPS
ACCUNEB(*G)
ACTOPLUS MET
ACTONEL
ACTOS
ADVAIR DISKUS
ADVAIR HFA
AGRYLIN(*G)
ALPHAGAN
ALREX
ALTABAX OINTMENT
ALTACE (*G)
ALUPENT(*G)
AMBIEN (*G)
AMBIEN CR
AMTURNIDE
ANTARA
ANTIVERT(*G)
APIDRA
APRESOLINE(*G)
ARALEN(*G)
ARANESP
ARCAPTA NEOHALER eff 3/15/12)
ARTANE(*G)
ASACOL
ASACOL HD
ASENDIN(*G)
ASMANEX
ASTEPRO
ATIVAN(*G)
ATRALIN Gel
AVONEX (eff 3/15/12)
AVELOX
AVELOX ABC
AVINZA
AVITA CREAM(*G)
AVODART
AZOPT EFF
AZOR
AZULFIDINE(*G)

B

BACTRIM(*G)
BARACLUDE
BENICAR
BENICAR HCT
BETAGAN(*G)
BETIMOL
BETOPTIC-S
BETOPTIC(*G)
BEYAZ
BLEPH-10(*G)
BONIVA
BRAVELLE (Eff 3/15/12)
BRETHINE(*G)
BUMEX(*G)
BUSPAR(*G)
BYETTA

This Formulary listing is not a guarantee of coverage. Not all the drugs listed are covered by all pharmacy benefit programs, check your benefit materials for specific drug exclusions and copay information for your plan.

You are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

(*G)= Generic is available. Brand forms of these drugs will be subject to a non-formulary copay.

(EXP x/xx/12) - date when that specific drug will no longer be on the formulary

(EFF x/xx/12– date when that specific drug will become available through the formulary.

Premier® PHARMACY PLAN

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C

CADUET (exp 4/30/12)
CALAN(*G)
CAMPRAL
CANASA
CAPOTEN(*G)
CAPOZIDE(*G)
CARAC
CARAFATE(*G)
CARDIZEM CD(*G)
CARDIZEM(*G)
CARDURA(*G)
CATAPRES(*G)
CELEBREX
CENESTIN
CETROTIDE
CHANTIX
CHLOROPTIC(*G)
CIALIS
CIPRODEX
CLEOCIN T(*G)
CLEOCIN(*G)
CLIMARA PRO
CLINORIL(*G)
COGENTIN(*G)
COLCRYS
COMBIVENT
COMPAZINE(*G)
COMTAN
CONCERTA
CONDYLOX Gel
COPAXONE
CORDARONE(*G)
COREG (*G)
COREG CR
CORGARD(*G)
CORTEF EXP 1/31/12 (*G)
CORTENEMA(*G)
CORTIFOAM
CORTISPORIN(*G)
COUMADIN(*G)
CREON
CRESTOR
CROLOM(*G)
CUPRIMINE
CYMBALTA
CYPROHEPTADINE SYRUP
CYTOVENE(*G)

D

DALIRESP
DANOCRINE(*G)
DANTRIUM (*G)
DAPSONE
DAYPRO(*G)
DECADRON(*G)
DEMEROL(*G)
DEPAKOTE (G)
DEPAKOTE ER (G)
DEPAKOTE SPRINKLE (G)
DESYREL(*G)
DETROL
DETROL LA
DEXEDRINE(*G)
DIABETA(*G)
DIAMOX(*G)
DIASTAT
DIFFERIN (G)
DILANTIN (*G)
DILANTIN 125(*G)
DIOVAN/DIOVAN HCT
DIPHENHYDRAMINE(*G)
DIPROLENE OINT.(*G)
DIPROSONE(*G)
DITROPAN XL (*G)
DITROPAN(*G)
DOLOBID(*G)
DOMEBORO(*G)
DOVONEX CREAM/OINT
DUAC
DUAC Topical Gel (eff 3/15/12)
DUETACT
DULERA (eff 3/15/12)
DUONEB (*G)
DURICEF(*G)
DYAZIDE(*G)
DYNACIRC CR
DYNAPEN(*G)

E

ECONOPRED(*G)
EFFEXOR (G)
EFFEXOR XR
EFFIENT
EFUDEX (G)
ELAVIL(*G)
ELDEPRYL(*G)
ELIMITE(*G)
ELMIRON
EMGEL(*G)
EMLA CREAM(*G)
ENABLEX
ENBREL
ENJUVIA
EPIDUO GEL
EPIFRIN(*G)
EPINEPHRINE INJECTION
ESTRACE(*G)
ESTRADERM
EULEXIN(*G)
EURAX LOTION(*G)
EVAMIST EFF 12/16/11
EVISTA
EVOXAC
EXELON PATCH/SOL
EXFORGE
EXFORGE HCT

F

FEDAHIST TIME CAPS(*G)
FELDENE(*G)
FEMRING
FIORICET W/CODEINE(*G)
FIORICET(*G)
FIORINAL(*G)
FLAGYL(*G)
FLECTOR PATCH
FLEXERIL(*G)
FLOVENT
FLOVENT ROTADISK
FLOXIN OTIC (*g)
FOCALIN XR
FOLIC ACID(*G)
FOLLISTIM AQ (eff 3/15/12)
FORADIL
FORTEO
FOSAMAX (*G)
FOSRENOL

G

GARAMYCIN(*G)
GEODON
GENTROPIN
GLUCAGON
GLUCOTROL(*G)
GRIS-PEG
GUIATUSS AC(*G)

H

HALDOL(*G)
HALFLYTELY
HECTORAL
HEPSERA
HUMALOG
HUMALOG MIX
HUMIRA
HUMULIN
HYCODAN(*G)
HYDROCET(*G)
HYDRODIURIL(*G)
HYGROTON(*G)
HYTRIN(*G)

I

ILOTYCIN(*G)
IMDUR(*G)
IMITREX exp 1/31/12
IMITREX INJ (EXP 1/31/12) (*G)
IMURAN(*G)
INDOCIN(*G)
INFLAMASE MILD(*G)
INFLAMASE(*G)
INTAL
INTRON-A
INVEGA
ISOPTO ATROPINE(*G)
ISORDIL(*G)

J

JANUVIA
JANUMET

K

K-DUR(*G)
KADIAN
KEFLEX(*G)
KENALOG(*G)
KLONOPIN(*G)
KLOTRIX(*G)
KOMBIGLYZE XR
KRISTALOSE

L

LAC-HYDRIN(*G)
LAMICTAL
LAMISIL (*G)
LANTUS
LARIAM(*G)
LASIX(*G)
LEVEMIR
LEVOMIR
LEVOXYL (*G)
LEXAPRO
LIDEX(*G)
LIDODERM
LIFESCAN GLUCOSE MT/STR
LIORESAL(*G)
LIPITOR (exp 4/30/12)
LIPOFEN
LOJOVRAL(*G)
LOCOID LIPO CREAM
LOCOID LOTION
LODINE XL(*G)
LODINE(*G)
LOESTRIN FE(*G)
LOMOTIL(*G)
LOPID(*G)
LOPRESSOR(*G)
LOPROX (G)
Lo-Seasonique
LOTEMAX
LOTREL (*G)
LOTRISONE(*G)
LOVAZA
LUMIGAN
LUXIQ
LYRICA

M

MACRODANTIN(*G)
MALARONE EXP 1/31/12 (*G)
MAXALT
MAXITROL(*G)
MAXIVATE(*G)
MAXZIDE(*G)
MEDROL DOSEPAK(*G)
MEDROL(*G)
MELLARIL(*G)
METADATE CD
METADATE ER (*G)
METROGEL GEL 1%
METROGEL VAGINAL (*G)
MEVACOR(*G)
MEXITIL(*G)
MICARDIS
MICARDIS HCT
MIDRIN(*G)
MIGRANAL EFF 12/16/11
MINIPRESS(*G)
MINOCIN(*G)
MIRCETTE(*G)
MOBIC (G)
MODICON(*G)
MOTRIN(*G)
MOVIPREP
MUCOMYST(*G)
MULTAQ
MYAMBUTOL(*G)
MYCOLOG II(*G)
MYCOSTATIN(*G)
MYCOSTATIN POWDER(*G)

N

NAMENDA
NAPROSYN(*G)
NARDIL
NASACORT AQ
NASONEX
NATAZIA (eff 3/15/12)
NAVANE(*G)
NEOSPORIN(*G)
NEPTAZANE(*G)
NEULASTA
NEOPOGEN
NEXA SELECT
NEXIUM
NIASPAN
NILSTAT(*G)
NITREK(*G)
NITRODISC(*G)
NITROSTAT(*G)
NEORAL(*G)
NEUPRO
NORDETTE(*G)
NORDITROPIN
NORPACE CR(*G)
NORPACE(*G)
NORPRAMIN(*G)
NORVASC (*G)
NOVOLIN (ALL FORMS)
NOVOLOG
NUVARING

O

ONE TOUCH TEST STRIPS
ONGLYZA
OPANA ER
ORTHO EVRA
ORTHO TRI-CYCLEN LO
ORTHO-CEPT(*G)
ORTHO-NOVUM(*G)
OSMOPREP
OVIDREL
OXISTAT
OXYTROL
OXYCONTIN

P

PAMELOR(*G)
PAXIL CR (*G)
PBZ(*G)
PEDIAZOLE(*G)
PEGASYS
PEG-INTRON
PENTASA
PERCOCET(*G)
PERCODAN(*G)
PHRENILIN(*G)
PLAQUENIL(*G)
PLAVIX
POLYSPORIN(*G)
POLYTRIM(*G)
PRADAXA (eff 3/15/12)
PRANDIN
PRED FORTE(*G)
PRED MILD
PREFERA OB ONE
PREFERA OB+DHA
PREFERA OB
PRELONE(*G)
PREMARIN
PREMARIN VAGINAL CREAM
PREMPHASE
PREMPRO
PRENEXA
PRIMABELLA
PRO-AIR HFA
PROCRIT
PROCTOFOAM-HC (*G)
PROMETRIUM
PROLIXIN(*G)
PROMETHAZINE VC(*G)
PRONESTYL(*G)
PROPINE(*G)
PROTOPIC OINTMENT
PROVENTIL HFA
PROVERA(*G)
PROZAC(*G)
PULMICORT RESPULES
PULMICORT TURBUHALER
PYLERA EFF 12/16/11

Q

QUESTRAN(*G)
QUINIDEX(*G)
QUINIDINE SULFATE(*G)
QUIXIN (G)
QVAR

R

RANEXA
REGLAN(*G)
RENVELA
REQUIP (*G)
RESTASIS
RESTORIL(*G)
RETIN-A CREAM(*G)
RETIN-A MICRO
RIDAURA
RIMACTANE(*G)
RISPERDAL (*G)
RITALIN(*G)
ROCALTROL(*G)
RYTHMOL SR (G)

S

SALFLEX(*G)
SEASONIQUE EXP 1/31/12 (*G)
SECTRAL(*G)
SELSUN(*G)
SEPTRA(*G)
SERAX(*G)
SEREVENT DISCUS
SEROPHENE(*G)
SEROQUEL
SERZONE(*G)
SILVADENE(*G)
SIMCOR
SINEMET(*G)
SINEQUAN(*G)
SINGULAIR
SLOW-K(*G)
SOLARAZE
SPIRIVA
STALEVO
STELAZINE(*G)
STRATTERA
SUBOXONE
SULTRIN(*G)
SURE STEP TEST STRIPS
SYMBICORT
SYMLIN
SYMMETREL(*G)
SYNALAR(*G)
SYNVISC (eff 3/15/12)
SYNVISC-One (eff 3/15/12)

T

TAGAMET(*G)
TAPAZOLE(*G)
TAVIST(*G)
TAZORAC
TEKAMLO
TEKTURNA/TEKTURNA HCT
TEMOVATE Emollient (*G)
TEMOVATE Gel (*G)
TENEX(*G)
TENORETIC(*G)
TENORMIN(*G)
THEO-DUR(*G)
TICLID(*G)
TIGAN 300MG CAP(*G)
TOBRADEX
TOBREX(*G)
TOFRANIL(*G)
TOPAMAX (G)
TOPROL XL (*G)
TORADOL(*G)
TRANDATE(*G)
TRAVATAN
TRAVATAN-R
TRENTAL(*G)
TREXIMET
TRICOR
TRILAFON(*G)
TRILEPTAL (*G)
TRILIPIX
TRIMPEX(*G)
TRI-NORINYL (*G)
TRIPHASIL(*G)
TRISORALEN
T-STAT(*G)
TYLENOL W/CODEINE(*G)
TYZEKA

U

ULTRASE
ULTRASE MT
UROCIT-K(*G)
URSO EXP 1/31/12 (*G)

V

VALCYTE
VALIUM(*G)
VALTURNA
VASOCIDIN(*G)
VASOTEC(*G)
VELTIN Gel (eff 3/15/12)
VENTOLIN HFA
VERELAN PM (*G)
VERAMYST
VERMOX(*G)
VESICARE
VFEND (G)
VIBRAMYCIN(*G)
VICTOZA
VIGAMOX
VIMOVO
VIMPAT
VIOKASE
VIROPTIC(*G)
VISKEN(*G)
VIVELLE DOT
VOSOL HC(*G)
VOSOL(*G)

W

WELLBUTRIN(*G)
WELLBUTRIN XL (*G)
WELCHOL
WESTCORT(*G)

X

XANAX(*G)
XIBROM EXP 1/31/12
XYREM

Y

Z

ZEMPLAR
ZESTORETIC(*G)
ZESTRIL(*G)
ZETIA
ZIAC(*G)
ZOFRAN (*G)
ZOLOFT (G)
ZOMIG tab/nasal spray/AMT Tabs
ZOVIRAX Oral(*G)
ZOVIRAX Topical (*G)
ZYLET
ZYLOPRIM(*G)
ZYMAR
ZYPREXA EXP 1/31/12 (*G)

Some of the Medications on the list directly below may be in categories not covered by your plan. Their presence on the list does NOT indicate coverage by your plan.

All SINGLE SOURCE Cancer Drugs
All SINGLE SOURCE drugs used for transplants
All SINGLE SOURCE HIV Drugs
ALL Syringes
ARANESP
COPAXONE
ENBREL
EPINEPHRINE INJECTION
FORTEO
GENOTROPIN
HUMIRA
INTRON A
NEULASTA
NEUPOGEN
NORDITROPIN
NUTROPIN
PEG-INTRON
PEGASYS
PROCRIT
REBETRON
REBIG
ZELNORM

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