



EDECIN  
EFFEXOR XR (QL) (ST)  
ELESTAT  
EMTRIVA  
EPIPEN  
EPIVIR  
EPZICOM  
ESTRACE VAGINAL CREAM  
ESTROSTEP FE  
EURAX  
EVISTA  
FANSIDAR  
FEMHRT  
FINACEA  
FLOMAX  
FLOVENT  
FLUMIST  
FML-SOP  
FORADIL  
FURADANTIN  
  
GANTRISIN PEDIATRIC  
GEODON  
GLUCAGON  
  
INTAL ORAL INHALER  
INTELENCE  
INVIRASE  
ISENTRESS  
ISOPTO CARBACHOL  
ISOPTO HYOSCINE  
  
JANUMET (PE)  
JANUVIA (PE)  
  
KALETRA  
K-PHOS M.F.  
K-PHOS NO. 2  
LAMPRENE

LANTUS  
LESCOL  
LESCOL XL  
LEUKERAN  
LEVEMIR  
LEXAPRO (ST)  
LEXIVA  
LIPITOR  
LIPRAM  
LUMIGAN  
LYRICA (PE) (QL)  
LYSODREN  
MATULANE  
MAXAIR  
MAXALT, MAXALT MLT (QL)  
MEBARAL  
MENEST  
MEPHYTON  
MEPRON  
MERIDIA (PE)  
METADATE CD (QL)  
METHERGINE  
METROGEL  
MIGRANAL (QL)  
MIRAPEX  
MOBAN  
MYCOBUTIN  
MYLERAN  
NARDIL  
NASACORT AQ (ST)  
NIASPAN  
NICOTROL NASAL  
SPRAY (QL)  
NORVIR  
NOVOLIN  
NOVOLIN INNOLET  
NOVOLOG  
NOVOLOG MIX 70/30  
NUVARING  
  
OPANA ER (ST)  
ORTHO EVRA  
OVCON

***TIER 2 Continued***

PANCREASE  
 PATANOL  
 PANCRECARB  
 PAXIL CR (ST)  
 PENTASA  
 PHISOHEX  
 PHOSPHOLINE IODIDE  
 PLAVIX  
 PRANDIMET (ST)  
 PRECOSE  
 PREVACID SOLUTAB (AG)  
 PREFEST  
 PREMARIN  
 PREMPHASE  
 PREMPRO  
 PREZISTA  
 PRIMAQUINE  
 PROAIR  
 PROMETRIUM  
 PROAIR HFA  
 PULMICORT RESPULES (AG)  
 PULMICORT FLEXHALER

QVAR  
 RECLAST (PE)  
 RELENZA (QL)  
 RELPAX (QL)  
 RENAGEL  
 RENVELA  
 REQUIP  
 RESTASIS  
 REYATAZ  
 RHINOCORT AQ (ST)  
 RIDAURA  
 RISPERDAL CONSTA  
 SELZENTRY  
 SEREVENT DISKUS  
 SENSIPAR  
 SEREVENT DISKUS  
 SEROQUEL  
 SIMCOR (ST)  
 SINGULAIR (ST)  
 SPIRIVA

SUBOXONE (PE) (QL)  
 SUBUTEX (PE)  
 SUPRAX  
 SUSTIVA  
 SYMBICORT (ST)  
  
 TABLOID  
 TAMIFLU (QL)  
 TAZORAC  
 THALOMID  
 TOBI  
 TRIZIVIR  
 TRUVADA  
 ULORIC (PE) (QL)  
 ULTRASE  
 VAGIFEM  
 VALCYTE  
 VALTREX  
 VENLAFAXINE ER (ST) (QL)  
 VENTOLIN HFA  
 VIDEX  
 VIOKASE  
 VIRACEPT  
 VIRAMUNE  
 VIREAD  
 VOLTAREN GEL (ST) (QL)  
 VYTORIN (ST)  
 VYVANSE (QL)  
 WELCHOL  
 XALATAN  
 XENICAL (PE)  
 YAZ  
 ZEGERID (QL)  
 ZERIT  
 ZETIA  
 ZIAGEN  
 ZOVIRAX, TOPICAL  
 ZYPREXA (QL)

**DISCLAIMER:**

Please be sure a prescription drug benefit is part of your specific coverage before consulting this list. If you do not know which list is correct, please contact Presbyterian Customer Service Center at 505-923-5678 or 1-800-356-2219 for assistance.

Coverage for some drugs may be limited to specific dosage forms and/or strengths. Your benefit design determines what is covered for you and what your copayment will be. Please refer to your benefit materials for your specific coverage information.

The medications listed on this Formulary/Preferred Drug List (PDL) are subject to change pursuant to the Formulary/PDL management activities of Presbyterian Health Plan. This list is not all-inclusive nor does it imply a guarantee of coverage. In addition, coverage for some drugs listed may be limited to specific dosage forms and/or strengths. Substitution of a generic product for a brand-name drug is mandatory when a generic equivalent is available. If a member requests the brand-name drug in this situation, a pharmacy exception may be required and the member must pay the difference in cost between the generic and branded versions. Non-formulary medications are not considered for coverage unless trial and failure of Formulary alternatives are documented.

Explanation of terms in your formulary.

You will see these words next to some drug names.

1. **Pharmacy Exception (PE)** -- a drug that requires prior approval before the Plan will cover it, and when the patient meets the established criteria. The doctor must submit a Pharmacy Exception Form. The doctor can submit the request by fax, phone, or regular mail.
2. **Step Edit (ST)** -- a drug that requires a prescription history of specific drugs in the pharmacy claims or data system, and these specific drugs must be taken during a given time frame. After the specific drugs have been taken within the given time frame, online coverage of the newly-prescribed drug occurs at the pharmacy. Step Edits make it easier to access drugs that would normally require a Pharmacy Exception.
3. **Medical Exception** -- a drug that is not on the Plan's formulary. Non-formulary drugs require an Exception to the formulary due to allergy, adverse reactions, or no response to all formulary drugs.