

## Affordable Generic Formulary

The following is an alphabetical list of generic medications that are available to members of the Catamaran Affordable Generic Program effective July 15, 2012. Formulary generic drugs are available for a fixed copayment up to the annual maximum benefit specific to the plan.

<b>ANTI-INFECTIVE AGENTS</b>	<b>OTHER ANTI-INFECTIVES</b>	<b>ANTIMANIA AGENTS</b>	<b>ANTIDEPRESSANTS, cont.</b>	<b>CARDIAC GLYCOSIDES</b>
<b>ANTIBIOTICS</b>	<i>chloroquine clindamycin ethambutol hydroxychloroquine isoniazid methenamine methenamine/methylene blue/hyoscamine/phenyl salicylate/sodium phosphate metronidazole nitrofurantoin pyrazinamide rifampin trimethoprim</i>	<i>lithium</i>	<i>tranylcypromine trazodone venlafaxine (ER)</i>	<i>digoxin</i>
<b>Cephalosporins</b>		<b>ANTIPARKINSON AGENTS</b>	<b>CNS STIMULANTS/DRUGS TO TREAT ATTENTION DEFICIT DISORDER</b>	<b>CHOLESTEROL-LOWERING AGENTS</b>
<i>cefaclor cefadroxil cefdinir cefpodoxime cefprozil cephalexin</i>		<i>benztropine mesylate bromocriptine carbidopa/levodopa ropinirole trihexyphenidyl</i>	<i>methylphenidate* amphetamine/ dextroamphetamine*</i>	<i>cholestyramine fenofibrate gemfibrozil lovastatin niacin pravastatin simvastatin</i>
<b>Erythromycins &amp; Other Macrolides</b>		<b>ANTIPSYCHOTICS</b>		<b>DIURETICS</b>
<i>azithromycin clarithromycin erythromycin ethylsuccinate erythromycin &amp; sulfisoxazole</i>		<i>chlorpromazine clozapine haloperidol perphenazine risperidone thioridazine thiothixene trifluoperazine quetiapine</i>		<i>amiloride/HCTZ bumetanide chlorthalidone furosemide hydrochlorothiazide indapamide metolazone spironolactone torsemide</i>
<b>Penicillins</b>	<b>ANTINEOPLASTIC/ IMMUNOSUPPRESANTS</b>	<b>ANTIVERTIGO/ ANTIEMETICS</b>	<b>ACE INHIBITORS</b>	<b>DIURETIC COMBINATIONS</b>
<i>amoxicillin amoxicillin/clavulanate ampicillin dicloxacillin penicillin VK</i>	<i>azathioprine cyclophosphamide hydroxyurea leucovorin megestrol methotrexate tamoxifen</i>	<i>meclizine prochlorperazine promethazine trimethobenzamide ondansetron</i>	<i>benazepril captopril enalapril fosinopril lisinopril moexipril quinapril ramipril</i>	<i>atenolol/chlorthalidone benazepril/HCTZ bisoprolol/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ losartan/HCTZ methylldopa/HCTZ metoprolol/HCTZ propranolol/HCTZ quinapril/HCTZ spironolactone/HCTZ triamterene/HCTZ</i>
<b>Quinolones</b>		<b>ANXIOLYTICS, SEDATIVES &amp; HYPNOTICS</b>	<b>ANGIOTENSIN RECEPTOR BLOCKERS</b>	<b>HEMATOLOGIC AGENTS</b>
<i>ciprofloxacin ofloxacin</i>		<i>alprazolam buspirone chlordiazepoxide clonazepam clorazepate diazepam estazepam flurazepam lorazepam oxazepam temazepam triazolam zolpidem</i>	<i>losartan</i>	<i>dipyridamole pentoxifylline ticlodipine warfarin</i>
<b>Sulfonamides</b>	<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM AGENTS</b>	<b>ANTIARRHYTHMICS</b>		<b>OTHER ANTIHYPERTENSIVES</b>
<i>sulfisoxazole sulfadiazine sulfamethoxazole/ trimethoprim</i>	<b>ANALGESICS</b>	<i>amiodarone flecainide mexiletine propafenone quinidine sotalol</i>		<i>amlodipine/benazepril clonidine guanfacine hydralazine methyldopa minoxidil</i>
<b>Tetracyclines</b>	<i>butalbital/APAP butabital/APAP/caffeine butorphanol codeine/APAP codeine/ASA hydrocodone/APAP hydrocodone/ibuprofen morphine oxycodone/APAP 5/325mg pentazocine/naloxone tramadol</i>	<b>BETA-ADRENERGIC ANTAGONISTS</b>		<b>OTHER CARDIOVASCULAR DRUGS</b>
<b>ANTIFUNGALS (ORALS)</b>		<i>acebutolol atenolol bisoprolol carvedilol labetolol metoprolol (ER) nadolol pindolol propranolol</i>		<i>midodrine</i>
<i>clotrimazole fluconazole griseofulvin ketoconazole nystatin</i>	<b>ANTICONVULSANTS</b>	<b>CALCIUM CHANNEL BLOCKERS</b>		<b>VASODILATING DRUGS</b>
<b>ANTIFUNGALS (TOPICAL)</b>	<i>carbamazepine clonazepam divalproex sodium gabapentin lamotrigine levetiracetam oxcarbazepine phenobarbital phenytoin (ER) primidone topiramate valproic acid/valproate zonisamide</i>	<i>amitriptyline amitriptyline/ chlordiazepoxide bupropion (SR, XL) citalopram clomipramine desipramine doxepin fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine sertraline</i>	<i>amlodipine diltiazem felodipine nifedipine verapamil</i>	<i>isosorbide dinitrate isosorbide mononitrate nitroglycerin SL</i>
<b>ANTIHELMINTHICS</b>				
<i>mebendazole</i>				
<b>ANTIVIRAL AGENTS</b>				
<i>acyclovir amantadine</i>				

Generic products which are not listed are not eligible for the copayment benefit, but remain eligible for a pharmacy discount. Quantity limits per copayment may apply to the medications.

Please be aware that the formulary process is ongoing and changes to the formulary can occur at any time. Please contact Catamaran to confirm the most current drug coverage and/or benefits. Please refer to your fulfillment materials for Limitations and Exclusions.

<b>DERMATOLOGICALS</b>	<b>THYROID &amp; ANTI-THYROID DRUGS</b>	<b>VITAMINS/ MINERALS</b>	<b>ORAL ESTROGEN DRUGS</b>	*ADHD medications: extended release products are excluded; ADHD medications are only covered for members under the age of 18
<b>ANTI-ACNE</b>			<i>estradiol</i> <i>estropipate</i>	
<i>benzoyl peroxide</i> <i>clindamycin</i> <i>sulfacetamide/sulfur</i>	<i>levothyroxine</i> <i>methimazole</i> <i>propylthiouracil</i>	<i>calcitriol</i> <i>ergocalciferol</i> <i>folic acid</i>		
<b>OTHER DERMATOLOGICAL DRUGS</b>	<b>GASTROINTESTINAL MEDICATIONS</b>	<b>OPHTHALMIC AGENTS</b>	<b>PRENATAL VITAMINS</b>	<b>Dispensing Limits</b>
<i>aluminum chloride</i> <i>permethrin</i>	<b>ANTISPASMODICS</b>	<b>GLAUCOMA AGENTS</b>	<i>All generic prenatal vitamins are preferred on the formulary</i>	Retail: 30-day supply
<b>TOPICAL CORTICOSTEROIDS</b>	<i>belladonna alkaloids/ phenobarbital</i> <i>clidinium/chlordiazepoxide</i> <i>dicyclomine</i> <i>diphenoxylate/atropine</i> <i>hyoscyamine</i> <i>metoclopramide</i>	<i>acetazolamide</i> <i>brimonidine</i> <i>dipivefrin</i> <i>dorzolamide/timolol</i> <i>levobunolol</i> <i>pilocarpine</i> <i>timolol</i>	<b>PROGESTIN DRUGS</b>	<i>Underwritten by Fidelity Security Life Insurance Company</i>
<i>aclometasone</i> <i>betamethasone</i> <i>clobetasol</i> <i>desonide</i> <i>diflorasone</i> <i>fluocinonide</i> <i>fluticasone</i> <i>halobetasol</i> <i>hydrocortisone</i> <i>mometasone</i> <i>triamcinolone</i>	<b>OTHER GASTROINTESTINAL</b>	<b>OPHTHALMIC ANTI-BACTERIAL DRUGS</b>	<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>	
	<i>electrolyte solution/PEG</i> <i>hydrocortisone suppositories</i> <i>misoprostol</i> <i>pramoxine/hydrocortisone</i> <i>sulfasalazine</i>	<i>bacitracin/polymyxin b</i> <i>ciprofloxacin</i> <i>erythromycin</i> <i>gentamicin</i> <i>neomycin/bacitracin/ polymyxin b</i> <i>ofloxacin</i> <i>polymyxin b/trimethoprim</i> <i>tobramycin</i>	<b>ANTIHISTAMINES/ ANTI-ALLERGENICS</b>	
<b>EAR, NOSE &amp; THROAT DRUGS AFFECTING THE EAR</b>	<b>MUSCULOSKELETAL DRUGS</b>	<b>OPHTHALMIC ANTI-INFECTIVES/ CORTICOSTEROID DRUGS</b>	<i>cyproheptadine</i> <i>dexchlorpheniramine ER</i> <i>hydroxyzine</i>	
<i>acetic acid/ aluminum acetate</i> <i>acetic acid/antipyrine/ benzocaine</i> <i>acetic acid/hydrocortisone</i> <i>neomycin/polymyxin b/ hydrocortisone</i> <i>pramoxine/hydrocortisone/ chloroxylenol</i> <i>ofloxacin</i>	<b>ANALGESICS, NON-STERIODAL ANTI-INFLAMMATORY</b>	<i>neomycin/polymyxin b/ dexamethasone</i> <i>sulfacetamide/prednisolone</i> <i>tobramycin/dexamethasone</i>	<b>ANTI-TUSSIVE COMBINATIONS</b>	
<b>DRUGS AFFECTING THE THROAT &amp; MOUTH</b>	<i>diclofenac</i> <i>diflunisal</i> <i>etodolac</i> <i>flurbiprofen</i> <i>ibuprofen</i> <i>indometacin</i> <i>ketoprofen</i> <i>ketorolac</i> <i>meclomenamic acid</i> <i>meloxicam</i> <i>nabumetone</i> <i>naproxen</i> <i>oxaprozin</i> <i>piroxicam</i> <i>sulindac</i> <i>tolmetin</i>	<b>OPHTHALMIC ANTI-VIRAL DRUGS</b>	<i>benzonatate</i> <i>dextromethorphan/ guaifenesin</i> <i>guaifenesin/codeine</i> <i>phenylephrine/ chlorpheniramine/ dextromethorphan</i> <i>phenylephrine/pyrilamine/ dextromethorphan</i> <i>pseudoephedrine/codeine</i> <i>pseudoephedrine/ chlorpheniramine/codeine</i> <i>pseudoephedrine/guaifenesin</i>	
<b>ENDOCRINE MEDICATIONS</b>	<b>DRUGS TO PREVENT &amp; TREAT GOUT</b>	<b>OPHTHALMIC CORTICOSTEROID DRUGS</b>	<b>BETA AGONIST INHALERS</b>	
<b>ADRENAL CORTICOSTEROID DRUGS</b>	<i>allopurinol</i> <i>probencid</i>	<i>dexamethasone</i> <i>fluoromethalone</i> <i>prednisolone</i>	<i>terbutaline</i>	
<i>dexamethasone</i> <i>fludrocortisone</i> <i>hydrocortisone</i> <i>methylprednisolone</i> <i>prednisone</i>	<b>MUSCLE RELAXANTS/ ANTISPASMODICS</b>	<b>OTHER OPHTHALMIC DRUGS</b>	<b>BETA AGONIST ORAL</b>	
<b>ANTIDIABETIC AGENTS</b>	<i>baclofen</i> <i>carisoprodol</i> <i>carisoprodol/ASA</i> <i>chlorzoxazone</i> <i>cyclobenzaprine</i> <i>metaxalone</i> <i>methocarbamol</i> <i>orphenadrine</i> <i>orphenadrine/ASA/caffeine</i> <i>tizanidine</i>	<i>cyclopentolate</i> <i>phenylephrine</i> <i>tetracaine</i>	<i>albuterol (ER)</i>	
<i>chlorpropamide</i> <i>glimepiride</i> <i>glipizide</i> <i>glyburide</i> <i>glyburide/metformin</i> <i>metformin</i>	<b>OBSTETRICAL &amp; GYNECOLOGICAL MEDICATIONS</b>	<b>INTRANASAL STEROIDS</b>		
<b>HUMALOG VIAL</b>	<i>danazol</i>	<i>flunisolide</i> <i>fluticasone</i>		
<b>HUMULIN VIAL</b>	<b>CONTRACEPTIVES</b>	<b>MISCELLANEOUS PULMONARY AGENTS</b>		
<b>LANTUS VIAL</b>	<i>ethinyl estradiol/desogestrel</i> <i>ethinyl estradiol/ ethynodiol diacetate</i> <i>ethinyl estradiol/ levonorgestrel</i> <i>norethindrone</i> <i>norethindrone/ ethinyl estradiol</i> <i> mestranol/norethindrone</i> <i>ethinyl estradiol/norgestimate</i>	<i>cromolyn</i> <i>ipratropium</i> <i>theophylline</i>		
<b>LEVEMIR VIAL</b>	<b>ESTROGEN PATCHES</b>	<b>UROLOGICAL MEDICATIONS</b>		
<b>NOVOLIN VIAL</b>	<i>estradiol</i>	<b>BENIGN PROSTATIC HYPERTROPHY DRUGS</b>		
<b>NOVOLOG VIAL</b>		<i>finasteride</i> <i>tamsulosin</i>		
<b>DRUGS TO TREAT OSTEOPOROSIS</b>	<b>NUTRITION &amp; ELECTROLYTES</b>	<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alendronate</i>	<b>FLUORIDE PRODUCTS</b>	<i>flavoxate</i> <i>oxybutynin</i> <i>phenazopyridine</i>		
	<i>sodium fluoride</i>			
	<b>POTASSIUM SUPPLEMENTS</b>			
	<i>potassium chloride</i>			