

## ESSENTIAL CARE FORMULARY Commonly Prescribed Drugs Not Covered

The Essential Care Formulary does not cover many commonly prescribed brand drugs. It is limited to generic drugs for most classes, but does include brand name drugs in classes where no generic is available.

We are providing this list of commonly prescribed drugs that are not available on our formulary with some options that are being used to treat the same or similar conditions. If you are currently taking any of these medications, please share this list with your physician to discuss the best course of treatment for you.

Key: OTC = Over the counter, lower case = generic, Upper Case = Brand

Non-Covered Drug	Options
Accupril	benazepril; captopril; enalapril; fosinopril; lisinopril; moexipril
Advair Diskus	Flovent and albuterol
Allegra, Allegra-D	OTC Claritin; OTC loratadine and pseudoephedrine
Altace	benazepril; captopril; enalapril; fosinopril; lisinopril; moexipril
Ambien	alprazolam; diazepam; lorazepam; oxazepam; meprobamate; buspirone; clorazepate; chlordiazepoxide
Bextra	OTC Motrin; OTC Advil; OTC Aleve; OTC ibuprofen; OTC naproxen
Celebrex	OTC Motrin; OTC Advil; OTC Aleve; OTC ibuprofen; OTC naproxen
Celexa	fluoxetine; paroxetine; fluvoxamine; citalopram
Clarinex	OTC Claritin; OTC loratadine
Concerta	methylphenidate; methylphenidate ER; amphetamine salts
Crestor	lovastatin, gemfibrozil
Diflucan	fluconazole
Diovan	benazepril; captopril; enalapril; fosinopril; lisinopril; moexipril
Diovan-HCT	captopril-HCTZ; benazepril-HCTZ; enalapril-HCTZ; lisinopril-HCTZ
Effexor XR	fluoxetine; paroxetine; fluvoxamine; citalopram
Flonase	OTC Antihistamines
Hyzaar	captopril-HCTZ; benazepril-HCTZ; enalapril-HCTZ; lisinopril-HCTZ
Levaquin	ciprofloxacin
Levoxyl	levothyroxine
Lexapro	fluoxetine; paroxetine; fluvoxamine; citalopram
Lipitor	lovastatin, gemfibrozil
Lotrel	benazepril; captopril; enalapril; fosinopril; lisinopril; moexipril
naproxen	OTC Motrin; OTC Advil; OTC Aleve; OTC ibuprofen; OTC naproxen
Neurontin	gabapentin
Nexium	OTC Prilosec
Norvasc	nicardipine; nifedipine; diltiazem; verapamil
Omnicef	cefpodoxime proxetil
Paxil CR	fluoxetine; paroxetine; fluvoxamine; citalopram
Plavix	OTC Aspirin
Pravachol	lovastatin, gemfibrozil
Premarin	estradiol; estropipate
Prempro	estradiol and medroxyprogesterone
Prevacid	OTC Prilosec
Protonix	OTC Medications
Singulair	Flovent
Skelaxin	baclofen; carisoprodol; cyclobenzaprine; methocarbamol; tizanidine
Strattera	methylphenidate; methylphenidate ER; amphetamine salts
Synthroid	levothyroxine
Toprol XL	acebutolol; atenolol; betaxolol; bisoprolol; metoprolol tartrate; nadalol; pindolol; propranolol
Tricor	lovastatin, gemfibrozil
Wellbutrin XL	bupropion, bupropion SR
Zocor	lovastatin, gemfibrozil
Zoloft	fluoxetine; paroxetine; fluvoxamine; citalopram
Zyrtec, Zyrtec-D	OTC Claritin; OTC loratadine and pseudoephedrine

Over the counter drugs are not covered under the essential care formulary. An employee should refer to the benefit certificate or summary plan description for a complete explanation of prescription drug coverage.