

FlexRx Standard Quantity Limit, Specialty, and Step Therapy Drug List



How to use the drug list

This drug list includes drugs that have a quantity limitation, step therapy requirement, or it is a specialty drug. The drug's preferred or non-preferred status is also included. Generic drugs are shown in lowercase (e.g. acetaminophen) and brand name drugs are shown in capital letters (e.g. ACIPHEX). For additional information about the various drug programs, you can refer to ccstpa.com.

Helpful hints

Quantity Limitations: If your physician feels that a change to your prescription is not right for you, your physician must submit a Quantity Limit override request form.

Specialty Drug Program: Refer to the topic 'Specialty Drug Program' on ccstpa.com for a list of specialty drug vendors.

Step Therapy Program: To help you find alternative drugs, refer to the list of FlexRx Standard Step Therapy Drug Alternatives at the end of this document. You and your physician can review your options. If your physician feels that a change to your prescription is not right for you, your physician must submit a Step Therapy Authorization request form.

Acronyms

NP = Non-preferred, P = Preferred, PA = Prior Authorization, QL = Quantity Limit per 30 days, SP = Specialty Drug Program, ST = Step Therapy Program

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.

Product Name and Requirements

acetaminophen / caffeine / dihydrocodeine 712.8 mg-60 mg-320 mg (P)(QL=150 tablets)

acetaminophen / codeine solution 120 mg-12 mg/5 mL (P)(QL=2700 mL)

ACIPHEX (NP)(ST=Proton Pump Inhibitors)

ACTEMRA (NP)(SP)

ACTHAR HP (NP)(SP)

ACTIMMUNE (P)(SP)

ACTONEL 150 mg (P)(QL=1 tablet)

ACTONEL 35 mg (P)(QL=4 tablets)

ACTONEL 5 mg, 30 mg (P)(QL=30 tablets)

ADCIRCA (P)(PA)(SP)

ADDERALL (amphetamine/dextroamphetamine) 20 mg (generic (P); brand (NP))(QL=90 tablets)

ADDERALL (amphetamine/dextroamphetamine) 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (generic (P); brand (NP))(QL=60 tablets)

ADDERALL XR (P)(QL=30 capsules)

ADVATE (P)(SP)

ADVICOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

AFINITOR (P)(SP)

ALDURAZYME (P)(SP)

ALFERON N (NP)(SP)

ALPHANATE (P)(SP)

ALPHANINE SD (P)(SP)

ALSUMA injection (NP)(QL=12 doses)

ALTOPREV (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))

Product Name and Requirements

AMERGE (naratriptan) (generic (P); brand (NP))(QL=18 tablets)

AMEVIVE (NP)(SP)

AMPYRA (NP)(PA)(SP)

APLENZIN (NP)(ST=Antidepressants)

APOKYN (P)(SP)

ARALAST (NP)(SP)

ARALAST NP (NP)(SP)

ARANESP (P)(SP)

ARCALYST (NP)(SP)

AVINZA (P)(QL=30 capsules)

AVONEX (NP)(SP)

AXERT (NP)(QL=12 tablets)

BEBULIN VH (P)(SP)

BENEFIX (P)(SP)

BENLYSTA (NP)(PA)(SP)

BETASERON (P)(SP)

BONIVA 150 mg (NP)(QL=1 blister pack)

BONIVA injection (NP)(QL=1 kit/90 days)

BRAVELLE (NP)(PA)(SP)

butalbital/aspirin/caffeine 50 mg/325 mg/40 mg (P)(QL=180 tablets)

butorphanol nasal spray (NP)(QL=3 x 2.5 mL)

BUTRANS (NP)(QL=1 patch per 7 days)

CAFERGOT (ergotamine tartrate/caffeine) (generic (P); brand (NP))(QL=40 tablets)

CAPITAL w/CODEINE (NP)(QL=2700 mL)

CAPRELSA (P)(SP)

This list is subject to change without notice.

Product Name and Requirements

CARBAGLU (NP)(SP)
CAYSTON (NP)(SP)
CELEXA (NP)(ST=Antidepressants)
CEREDASE (P)(SP)
CEREZYME (P)(SP)
CETROTIDE (P)(PA)(SP)
CHENODAL (P)(SP)
chorionic gonadotropin (P)(SP)
CIALIS, covered for males only > 18 years (NP)(QL=6 tablets)
CIMZIA (NP)(SP)
CINRYZE (NP)(PA)(SP)
COCET Plus (NP)(QL=180 tablets)
COMMIT (nicotine) lozenges (P)(QL=680 lozenges)
CONCERTA 18 mg, 27 mg, 54 mg (NP)(QL=30 tablets)
CONCERTA 36 mg (NP)(QL=60 tablets)
COPAXONE (P)(SP)
COPEGUS (NP)(SP)
CORIFACT (NP)(SP)
CRESTOR (P)(ST=Cholesterol Lowering-Statins (Lipid Management))
CYMBALTA (NP)(ST=Antidepressants)
D. H. E. 45 (dihydroergotamine) (generic (P); brand (NP))(QL=20 ampules)
DAYTRANA (NP)(QL=30 patches)
DESOXYN (methamphetamine) (NP)(QL=150 tablets)
DETROL (P)(QL=60 tablets)
DETROL LA (P)(QL=30 capsules)
DEXEDRINE Spansules (dextroamphetamine extended-release) 10 mg, 15 mg (generic (P); brand (NP))(QL=120 capsules)
DEXEDRINE Spansules (dextroamphetamine extended-release) 5 mg (generic (P); brand (NP))(QL=90 capsules)
DEXILANT (NP)(ST=Proton Pump Inhibitors)
DEXTROAMPHETAMINE 10 mg (P)(QL=180 tablets)
dextroamphetamine 5 mg (P)(QL=60 tablets)
Diabetic meters and strips manufacturers other than the Roche and Bayer lines. (NP)(ST=Diabetic Meters and Strips)
DITROPAN XL (oxybutynin chloride extended-release) 10 mg, 15 mg (generic (P); brand (NP))(QL=60 tablets)
DITROPAN XL (oxybutynin chloride extended-release) 5 mg (generic (P); brand (NP))(QL=30 tablets)
DOLGIC Plus (NP)(QL=150 tablets)
EFFEXOR (NP)(ST=Antidepressants)
EFFEXOR XR (NP)(ST=Antidepressants)
EGRIFTA (NP)(SP)
ELAPRASE (NP)(SP)
ELIGARD (P)(SP)
ENABLEX (NP)(QL=30 tablets)

Product Name and Requirements

ENBREL (NP)(SP)
EPOGEN (NP)(SP)
epoprostenol sodium (P)(SP)
ERGOMAR (NP)(QL= 40 tablets)
ESGIC (butalbital/acetaminophen/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 tablets/capsules)
ESGIC-Plus (butalbital/acetaminophen/caffeine) 50 mg-500 mg-40 mg (NP)(QL=180 tablets/capsules)
EXALGO extended-release 8 mg, 12 mg, 16 mg (NP)(QL=30 tablets)
EXJADE (NP)(SP)
EXTAVIA (NP)(SP)
FABRAZYME (P)(SP)
FEIBA VH (P)(SP)
FIORICET (butalbital/acetaminophen/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 tablets)
FIORICET w/CODEINE (butalbital/acetaminophen/caffeine/codeine) 50 mg-325 mg-40 mg-30 mg (NP)(QL=180 tablets)
FIORINAL (butalbital/aspirin/caffeine) 50 mg-325 mg-40 mg (generic (P); brand (NP))(QL=180 capsules)
FIORINAL w/CODEINE (butalbital/aspirin/caffeine/codeine) 50 mg-325 mg-40 mg-30 mg (generic (P); brand (NP))(QL=180 capsules)
FIRAZYR (NP)(SP)
FIRMAGON (P)(SP)
FLOLAN (NP)(SP)
FOCALIN (dexmethylphenidate) (generic (P); brand (NP))(QL=60 tablets)
FOCALIN XR (NP)(QL=30 capsules)
FOLLISTIM AQ (P)(PA)(SP)
FORTEO (NP)(SP)
FOSAMAX (alendronate) tablets 35 mg, 70 mg (generic (P); brand (NP))(QL=4 tablets)
FOSAMAX (alendronate) tablets 5 mg, 10 mg, 40 mg (generic (P); brand (NP))(QL=30 tablets)
FOSAMAX Plus D (NP)(QL=4 tablets)
FOSAMAX solution (P)(QL=4 bottles)
FROVA (NP)(QL=18 tablets)
FUZEON (P)(SP)
GANIRELIX ACETATE (NP)(PA)(SP)
GELNIQUE (NP)(QL=30 sachets)
GENOTROPIN (NP)(PA)(SP)(ST=Growth Hormone)
GILENYA (NP)(SP)
GLASSIA (NP)(SP)
GLEEVEC (P)(SP)
GONAL-F (NP)(PA)(SP)
HELIXATE FS (P)(SP)
HEMOFIL M (P)(SP)
HEXALEN (P)(SP)
HIZENTRA 20% (NP)(PA)(SP)

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Product Name and Requirements

HUMATE-P (P)(SP)
HUMATROPE (NP)(PA)(SP)(ST=Growth Hormone)
HUMIRA (P)(SP)
HYCAMTIN (P)(SP)
HYCET (hydrocodone/acetaminophen) solution 7.5 mg/325 mg/15 mL (NP)(QL=3600 mL)
hydrocodone/acetaminophen capsules 5 mg-500 mg (P)(QL=240 capsules)
HYDROCODONE/ACETAMINOPHEN solution 10 mg/325 mg/15 mL (NP)(QL=2700 mL)
hydrocodone/acetaminophen tablets 2.5 mg-500 mg (P)(QL=240 tablets)
hydroxyprogesterone powder (P)(SP)
IBUDONE (hydrocodone/ibuprofen) 10 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)
IMITREX (sumatriptan) single dose vial 6 mg/0.5 mL (generic (P); brand (NP))(QL=10 vials)
IMITREX (sumatriptan) tablets (generic (P); brand (NP))(QL=18 tablets)
IMITREX nasal spray 20 mg (NP)(QL=12 spray units)
IMITREX nasal spray 5 mg (NP)(QL=12 spray units)
IMITREX STATdose (sumatriptan) (NP)(QL=12 syringes)
INCIVEK (P)(SP)
INCRELEX (P)(PA)(SP)
INFERGEN (NP)(SP)
INTRON-A (P)(SP)
INTUNIV (P)(QL=30 tablets)
KADIAN (NP)(QL=60 capsules)
KAPVAY (NP)(QL=120 tablets)
KINERET (NP)(SP)
KOATE-DVI (P)(SP)
KOGENATE FS (P)(SP)
KRYSTEXXA (NP)(PA)(SP)
KUVAN (NP)(SP)
LESCOL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
LESCOL XL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
LETAIRIS (NP)(SP)
LEUKINE (NP)(SP)
leuprolide acetate (P)(SP)
LEVITRA, covered for males only > 18 years (NP)(QL=6 tablets)
LEXAPRO (NP)(ST=Antidepressants)
LIPITOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
LIVALO (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
LORCET (hydrocodone/acetaminophen) tablets 10 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)
LORCET Plus (hydrocodone/acetaminophen) tablets 7.5 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)

Product Name and Requirements

LORTAB (hydrocodone/acetaminophen) solution 7.5 mg-500 mg/15 mL (generic (P); brand (NP))(QL=2700 mL)
LORTAB (hydrocodone/acetaminophen) tablets 5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)
LORTAB (hydrocodone/acetaminophen) tablets 7.5 mg-500 mg, 10 mg-500 mg (generic (P); brand (NP))(QL=180 tablets)
LUCENTIS (NP)(SP)
LUMIZYME (NP)(SP)
LUPRON (NP)(SP)
LUPRON DEPOT (P)(SP)
LUVERIS (NP)(PA)(SP)
LUVOX CR (NP)(ST=Antidepressants)
LYSODREN (P)(SP)
MACUGEN (NP)(SP)
MAGNACET (oxycodone/acetaminophen) 10 mg-400 mg (NP)(QL=180 tablets)
MAGNACET (oxycodone/acetaminophen) 2.5 mg-400 mg, 5 mg-400 mg (NP)(QL=300 tablets)
MAGNACET (oxycodone/acetaminophen) 7.5 mg-400 mg (NP)(QL=240 tablets)
MAKENA (NP)(SP)(ST=Makena)(QL=1 vial)
MATULANE (P)(SP)
MAXALT, MAXALT MLT (P)(QL=24 tablets)
MAXIDONE (hydrocodone/acetaminophen) 10 mg-750 mg (generic (P); brand (NP))(QL=150 tablets)
MENOPUR (P)(PA)(SP)
METADATE CD (P)(QL=30 capsules)
METHYLIN (methylphenidate) solution 10 mg/5 mL (NP)(QL=900 mL)
METHYLIN (methylphenidate) solution 5 mg/5 mL (NP)(QL=450 mL)
METHYLIN chewable tablets 10 mg (NP)(QL=180 tablets)
METHYLIN chewable tablets 2.5 mg, 5 mg (NP)(QL=90 tablets)
METHYLPHENIDATE extended-release 10 mg (P)(QL=90 tablets)
METHYLPHENIDATE extended-release OSM 18 mg, 27 mg, 54 mg (NP)(QL=30 tablets)
METHYLPHENIDATE extended-release OSM 36 mg (NP)(QL=60 tablets)
MEVACOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
MIGERGOT (P)(QL=40 supp)
MIGRANAL (P)(QL=16 ampules)
MONOCLATE-P (P)(SP)
MONONINE (P)(SP)
MS CONTIN (morphine sulfate extended-release) (generic (P); brand (NP))(QL=90 tablets)
MYOZYME (NP)(SP)
NAGLAZYME (P)(SP)
NEULASTA (P)(SP)

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Product Name and Requirements

NEUMEGA (P)(SP)
NEUPOGEN (P)(SP)
NEXAVAR (P)(SP)
NEXIUM (P)(ST=Proton Pump Inhibitors)
NICORETTE (nicotine) gum (P)(QL=816 pieces)
NICOTROL nasal spray (P)(QL=12 bottles)
NICOTROL oral inhaler (P)(QL=3 inhalers)
NORCO (hydrocodone/acetaminophen) 5 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
NORCO (hydrocodone/acetaminophen) 7.5 mg-325 mg, 10 mg-325 mg (generic (P); brand (NP))(QL=180 tablets)
NORDITROPIN (NP)(PA)(SP)(ST=Growth Hormone)
novarel (P)(SP)
NOVOSEVEN (P)(SP)
NUCYNTA (NP)(QL=180 tablets)
NUTROPIN (NP)(PA)(SP)(ST=Growth Hormone)
NUTROPIN AQ (NP)(PA)(SP)(ST=Growth Hormone)
OFORTA (P)(SP)
OLEPTRO (NP)(ST=Antidepressants)
OMNITROPE (P)(PA)(SP)
OPANA ER (NP)(QL=60 tablets)
ORAMORPH SR (NP)(QL=90 tablets)
ORENCIA (NP)(SP)
OVIDREL (P)(SP)
oxybutynin (P)(QL=120 tablets)
oxybutynin syrup (P)(QL=600 mL)
oxycodone/ibuprofen 5 mg-400 mg (NP)(QL=120 tablets)
OXYCONTIN 10 mg, 15 mg, 20 mg, 30 mg, 40 mg (P)(QL=60 tablets)
OXYCONTIN 60 mg, 80 mg (P)(QL=120 tablets)
OXYTROL (NP)(QL=8 patches)
PAXIL (NP)(ST=Antidepressants)
PAXIL CR (NP)(ST=Antidepressants)
PEGASYS (P)(SP)
PEG-INTRON (NP)(SP)
pentazocine/acetaminophen 25 mg-650 mg (NP)(QL=180 tablets)
PERCOCET (oxycodone/acetaminophen) 10 mg-325 mg, 10 mg-650 mg (generic (P); brand (NP))(QL=180 tablets)
PERCOCET (oxycodone/acetaminophen) 2.5 mg-325 mg, 5 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
PERCOCET (oxycodone/acetaminophen) 7.5 mg-325 mg, 7.5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)
PERCODAN (oxycodone/aspirin) 4.88 mg-325 mg (generic (P); brand (NP))(QL=360 tablets)
PEXEVA (NP)(ST=Antidepressants)
PHRENILIN FORTE (NP)(QL=180 capsules)
PRAVACHOL (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
pregnyl (P)(SP)

Product Name and Requirements

PREVACID, PREVACID SoluTab (NP)(ST=Proton Pump Inhibitors)
PRILOSEC (NP)(ST=Proton Pump Inhibitors)
PRISTIQ (NP)(ST=Antidepressants)
PROCENTRA (NP)(QL=1800 mL)
PROCRT (P)(SP)
PROFILNINE SD (P)(SP)
PROLASTIN, PROLASTIN-C (P)(SP)
PROMACTA (NP)(PA)(SP)
PROTONIX packets (P)(ST=Proton Pump Inhibitors)
PROTONIX tablets (NP)(ST=Proton Pump Inhibitors)
PROZAC (NP)(ST=Antidepressants)
PULMOZYME (P)(SP)
REBETOL (NP)(SP)
REBIF (P)(SP)
RECOMBINATE (P)(SP)
REFACTO (P)(SP)
RELPAK (NP)(QL=12 tablets)
REMERON (NP)(ST=Antidepressants)
REMERON SOLTAB (NP)(ST=Antidepressants)
REMODULIN (P)(SP)
REPREXAIN (hydrocodone/ibuprofen) 5 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)
REPREXAIN 2.5 mg-200 mg (NP)(QL=150 tablets)
REPRONEX (P)(PA)(SP)
REVATIO (NP)(PA)(SP)
REVLIMID (P)(SP)
RIBAPAK (NP)(SP)
RIBASPHERE (NP)(SP)
RIBATAB (NP)(SP)
ribavirin (P)(SP)
RITALIN (methylphenidate) (generic (P); brand (NP))(QL=90 tablet)
RITALIN LA 10 mg, 20 mg, 40 mg (NP)(QL=30 capsules)
RITALIN LA 30 mg (NP)(QL=60 capsules)
RITALIN SR (methylphenidate extended-release) 20 mg (generic (P); brand (NP))(QL=90 tablets)
ROFERON-A (P)(SP)
ROXICET 5 mg-500 mg (NP)(QL=240 tablets)
ROXICET solution (P)(QL=1800 mL)
RYBIX (NP)(QL=240 tablets)
RYZOLT (NP)(QL=30 tablets)
SAIZEN (NP)(PA)(SP)(ST=Growth Hormone)
SAMSCA (NP)(SP)
SANCTURA (trospium) (NP)(QL=60 tablets)
SANCTURA XR (NP)(QL=30 capsules)
SEROSTIM (NP)(PA)(SP)(ST=Growth Hormone)

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Product Name and Requirements

SIMCOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
SIMPONI (NP)(SP)
SOMATULINE DEPOT (NP)(SP)
SPRYCEL (P)(SP)
STAXYN, covered for males only > 18 years 10 mg (NP)(QL=6 tablets)
STELARA (NP)(SP)
STRATTERA 10 mg, 18 mg, 25 mg, 40 mg, 60 mg (P)(QL=60 capsules)
STRATTERA 80 mg, 100 mg (P)(QL=30 capsules)
SUMATRIPTAN nasal spray (P)(QL=12 spray units)
SUMATRIPTAN single dose vial 4 mg/0.5 mL (P)(QL=12 vials)
SUMAVEL DosePro (NP)(QL=12 doses)
SUTENT (P)(SP)
SYLATRON (P)(SP)
TARCEVA (P)(SP)
TARGRETIN (P)(SP)
TASIGNA (P)(SP)
TEMODAR (P)(SP)
TEV-TROPIN (NP)(PA)(SP)(ST=Growth Hormone)
THALOMID (P)(SP)
THROMBATE III (P)(SP)
TOBI (P)(SP)
TOVIAZ (NP)(QL=30 tablets)
TRACLEER (P)(SP)
TRELSTAR DEPOT (P)(SP)
TRELSTAR LA (P)(SP)
TRETINOIN (P)(SP)
TREXIMET (NP)(QL=18 tablets)
TREZIX (acetaminophen/caffeine/dihydrocodeine) 356.4 mg-30 mg-16 mg (NP)(QL=300 capsules)
TYKERB (P)(SP)
TYLENOL w/CODEINE (acetaminophen/codeine) 300 mg-15 mg, 300 mg-30 mg (generic (P); brand (NP))(QL=360 tablets)
TYLENOL w/CODEINE (acetaminophen/codeine) 300 mg-60 mg (generic (P); brand (NP))(QL=180 tablets)
TYLOX (oxycodone/acetaminophen) (generic (P); brand (NP))(QL=240 capsules)
TYVASO (NP)(SP)
ULTRACET (tramadol/acetaminophen) (generic (P); brand (NP))(QL=240 tablets)
ULTRAM (tramadol) 50 mg (generic (P); brand (NP))(QL=240 tablets)
ULTRAM ER (tramadol extended-release) 100 mg, 200 mg (generic (P); brand (NP))(QL=30 tablets)
ULTRAM ER (tramadol extended-release) 300 mg (NP)(QL=30 tablets)
VANDETANIB (P)(SP)

Product Name and Requirements

VELETRI (NP)(SP)
VENLAFAXINE ext-release 225 mg (NP)(ST=Antidepressants)
VENTAVIS (P)(SP)
VESANOID (P)(SP)
VESICARE (P)(QL=30 tablets)
VIAGRA, covered only for males > 18 years (P)(QL=6 tablets)
VICODIN (hydrocodone/acetaminophen) 5 mg-500 mg (generic (P); brand (NP))(QL=240 tablets)
VICODIN ES (hydrocodone/acetaminophen) 7.5 mg-750 mg (generic (P); brand (NP))(QL=150 tablets)
VICODIN HP (hydrocodone/acetaminophen) 10 mg-660 mg (generic (P); brand (NP))(QL=180 tablets)
VICOPROFEN (hydrocodone/ibuprofen) 7.5 mg-200 mg (generic (P); brand (NP))(QL=150 tablets)
VICTRELIS (P)(SP)
VISUDYNE (NP)(SP)
VIVAGLOBIN (NP)(PA)(SP)
VOTRIENT (P)(SP)
VPRIV (NP)(SP)
VYTORIN (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
VYVANSE (P)(QL=30 capsules)
WELLBUTRIN (NP)(ST=Antidepressants)
WELLBUTRIN SR (NP)(ST=Antidepressants)
WELLBUTRIN XL (NP)(ST=Antidepressants)
WILATE (P)(SP)
XALKORI (P)(SP)
XELODA (P)(SP)
XENAZINE (NP)(SP)
XGEVA (NP)(SP)
XODOL (hydrocodone/acetaminophen) 5 mg-300 mg (NP)(QL=360 tablets)
XODOL (hydrocodone/acetaminophen) 7.5 mg-300 mg, 10mg-300 mg (NP)(QL=180 tablets)
XOLAIR (NP)(PA)(SP)
XOLOX (NP)(QL=240 tablets)
XYNTHA (P)(SP)
ZAMICET (NP)(QL=2700 mL)
ZAVESCA (NP)(SP)(QL=90 capsules)
ZEGERID (NP)(ST=Proton Pump Inhibitors)
ZELBORAF (P)(SP)
ZEMAIRA (NP)(SP)
ZOCOR (NP)(ST=Cholesterol Lowering-Statins (Lipid Management))
ZOLINZA (P)(SP)
ZOLOFT (NP)(ST=Antidepressants)
ZOLVIT (NP)(QL=2025 mL)
ZOMIG nasal spray (NP)(QL=12 spray units)

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Product Name and Requirements

ZOMIG, ZOMIG ZMT (NP)(QL=12 tablets)

ZORBTIVE (NP)(PA)(SP)(ST=Growth Hormone)

ZYDONE 5 mg/400 mg (NP)(QL=240 tablets)

ZYDONE 7.5 mg/400 mg, 10 mg/400 mg (NP)(QL=180 tablets)

ZYTIGA (P)(SP)

Product Name and Requirements

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FlexRx Standard Step Therapy Program Alternative Drug List

Antidepressants Step Therapy Alternatives

bupropion (P)
bupropion ext-release (P)
citalopram (P)
fluoxetine (P)
mirtazapine (P)
paroxetine (P)
paroxetine ext-release (P)
sertraline (P)
venlafaxine (P)
venlafaxine ext-release except for 225 mg (P)

Additional options for CYMBALTA only

amitriptyline (P)
desipramine (P)
gabapentin (P)
imipramine (P)
nortriptyline (P)

Cholesterol Lowering-Statins (Lipid Management) Step Therapy Alternatives

atorvastatin (NP)
lovastatin (P)
pravastatin (P)
simvastatin (P)

Diabetic Meters and Strips Step Therapy Alternatives

BAYER: BREEZE/BREEZE 2 (P)
BAYER: CONTOUR (P)
BAYER: ELITE/ELITE XL (P)
ROCHE: ACCU-CHEK ACTIVE (P)
ROCHE: ACCU-CHEK ADVANTAGE (P)
ROCHE: ACCU-CHEK AVIVA (P)
ROCHE: ACCU-CHEK COMFORT CURVE (P)
ROCHE: ACCU-CHEK COMPACT PLUS (P)
ROCHE: ACCU-CHEK INSTANT (P)

Growth Hormone Step Therapy Alternatives

OMNITROPE (P)(PA)(SP)

Makena Step Therapy Alternatives

hydroxyprogesterone powder (P)(SP)

Proton Pump Inhibitors Step Therapy Alternatives

lansoprazole, lansoprazole orally disintegrating tablet (P)
omeprazole (P)
pantoprazole (P)

Additional options for members with the OTC Benefit

PRILOSEC OTC/OMEPRAZOLE OTC (P)

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