

NOTE: Generically available drugs are bolded and highlighted in yellow.	Blue Cross	Blue Shield	Health Net	United Healthcare SignatureValue	Humana
<b>Triphasic</b>					
Necon 7/7/7, Nortrel 7/7/7	G	F	F	F	F
Ortho Tri-Cyclen, Trinessa	NF, G	NF, F	F	F	NF
Ortho Tri-Cyclen Lo	NF	NF	F	NF	F
Ortho-Novum 7/7/7	NF	NF	F	F	NF
Tilia Fe	G	F	NF	NF	F
Trivora, Enpresse-28	G	F	F	F	F
<b>Extended Cycle</b>					
Jolesa, Quasense	G	F	NF	F(QL)	F(QL)
Seasonique, Amethia	NF, G	NF, F	F	NF(QL)	NF, F(QL)
<b>Patch or Ring</b>					
Ortho Evra	F	NF(QL)	F	F(QL)	F
Nuvaring	F	F(QL)	F	F	F
<b>Progestin Only</b>					
Jolivet	G	F	F	F	F
Micronor	NF	NF	F	NF	NF
<b>Emergency Contraception</b>					
Levonorgestrel (Next Choice)	G	F(QL)	F	F(QL)	F
Levonorgestrel (Plan B One Step)	G(PA)	F(QL)	F	F(QL)	NF
<b>Estrogen / Bone Modifiers</b>					
Activella 0.5/0.1MG, 1/0.5MG	G	F	F	F(QL)	NF
Alendronate (Fosamax) Tab	G(QL)	F(QL)	F	F	NF
Alendronate Effervescent (Binosto) Tab	NF	NF(PA/QL)	NF(PA)	NF(QL)	B(QL)(ST)
Alora	NF	NF(QL)	NF	F(QL)	F(QL)
Calcitonin Salmon (Miacalcin NS)	G(QL)	F(PA/QL)	F	F(QL)	NF
Climara	NF(GENERIC COVERED)	F(QL)	F	F(QL)	NF
Climara Pro	F	F(QL)	F	F(QL)	F(QL)
Conjugated Estrogens (Premarin)	F	NF	F	F(QL)	F
Esterified Estrogens (Menest)	F	NF	F	F(QL)	F
Estraderm	NF	NF(QL)	F	NF(PA/QL)	NF
Estradiol (Estrace)	G(TABS ONLY)	F	F	F(QL)	B(cream only)
Estropipate (Ogen)	G	F	F	F(QL)	G
FemHRT	G	NF(QL)	F	NF(.5/2.5),F(1/5)	F
Ibandronate (Boniva) Tab	G(QL)	F(PA/QL)	NF(QL)	F(QL)	G(QL)
Premphase	F	F(QL)	F	F(QL)	F
Prempro	F	F(QL)	F	F(QL)	F
Progesterone (Prometrium) Cap	G	F	NF	NF	G
Raloxifene (Evista)	G	F(QL)	F	F(QL)	G(QL)
Risedronate (Actonel) Tab	G	F(PA/QL)	NF(PA)	NF(QL)	F(QL)
Risedronate (Actelvia) Tab	G	F(PA/QL)	NF(PA)	NF(PA/QL)	F(QL)
Vivelle Dot	G	F(QL)	F	F(QL)	F(QL)
<b>METABOLIC AND BONE AGENTS</b>					
<b>Vitamin D Analogs</b>					
Doxercalciferol (Hectorol)	G	F	NF	NF	G
Paricalcitol (Zemlar)	G	F	F	F	G
<b>DERMATOLOGIC AGENTS</b>					
<b>Topical Acne Meds</b>					
Clindamycin sol, lotion, gel, foam, swab	G	F(QL for foam)	F,F,F,NF,NF	F,F,F,NF(QL),F	F, F, F, F, NF
Benzoyl Peroxide cream, liq, gel, foam	G	F(F(PA) excluded if OTC)	excluded	NF,Plan Exclusion, Plan Exclusion,NF	NF, NF, NF, F
Erythromycin sol, gel, pad	G	F	F,F,NF	F, F, F	F
Clindamycin 1%/Benzoyl Peroxide 5% gel (Benzaclicin, Duac)	G	F	NF,F	F(QL), NF(QL)	NF
Erythromycin 3%/Benzoyl Peroxide 5% gel (Benzamycin)	NF	F	F	F	F
Sodium Sulfacetamide suspension	F	F	F	NF	NF
Sodium Sulfacetamide Lotion (Klaron)	G	F	NF	NF	F
Adapalene cream, gel (Differin)	G	F	F	F(QL)	F, F, NF
Benzoyl Peroxide 2.5%/Adapalene 0.1% gel (Epiduo)	NF	F(PA)	NF(QL)	NF(QL)	F
Azelaic Acid cream (Azelex)	NF	NF	NF	NF	F
Tretinoin gel, cream	G	F	F	F, F	F
Clindamycin/Tretinoin gel (Ziana, Veltin)	NF,F(PA)	NF(PA)	NF	NF(QL)	F
Tretinoin cream, gel (Avita)	G	F	F	F	NF

Health Plan Coverages	
F	indicates a formulary medication
NF	indicates a non-formulary medication
QL	quantity limits apply
PA	indicates requires prior authorization
B, G	indicates coverage of brand-drug or generic-drug only
MEDICAL	indicates this medication is covered under medical benefit and not pharmacy benefit
n/a	plan has not provided the information

For many health plans, if a generic equivalent is available, the brand name drug may not be a covered benefit. The generic equivalent will be dispensed.

You may need to consult with the health plan's formulary for additional information. The information listed is accurate as of the date of printing of this Pocket Guide. This information has been obtained from the health plan or their websites.

**Health Plan Prior Authorization Telephone Numbers and Health Plan Internet Addresses**

<b>Aetna</b> <a href="http://www.aetna.com">www.aetna.com</a>	1-800-414-2386 1-800-408-2386 (Fax)
<b>Blue Cross (California Care)</b> <a href="http://www.bluecrossca.com">www.bluecrossca.com</a>	1-800-678-3784 1-888-831-2243 (Fax)
<b>Blue Shield</b> <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>	1-800-535-9481 1-888-697-8122 (Fax)
<b>CIGNA</b> <a href="http://www.cigna.com">www.cigna.com</a>	1-800-832-3211 1-800-390-9745 (Fax)
<b>Health Net</b> <a href="http://www.healthnet.com">www.healthnet.com</a>	1-800-548-5524 1-818-676-8086 (Fax)
<b>Humana</b> <a href="http://www.humana.com">www.humana.com</a>	1-800-833-6917 1-888-556-2128 (Fax)
<b>UnitedHealthcare Signature Value</b> <a href="http://www.uhcwest.com">www.uhcwest.com</a>	1-800-711-4555 1-800-527-0531 (Fax)

Not all benefit plans include outpatient prescription drug benefits. For specific coverage and limitations please refer to local plan specifications and benefit design. The most up-to-date listings of the formularies can be found on-line.



Commercial Pocket Formulary Comparison					
NOTE: Generically available drugs are bolded and highlighted in yellow.	Blue Cross	Blue Shield	Health Net	United Healthcare SignatureValue	Humana
<b>PAIN MANAGEMENT: NSAIDS</b>					
Ibuprofen (Motrin), Salsalate (Disalcid), Naproxen (Naprosyn, Anaprox), Sulindac (Clinoril), Diclofenac (Voltaren)	G	F	F	F	G(QL)
Celecoxib (Celebrex)	NF(PA,QL)	F(QL)	F(PA)(QL)	NF(QL)	G(QL)
Etodolac (Lodine)	G	F	F	F	F
Indomethacin (Indocin)	G(PA)	F	F	F	F
Meloxicam (Mobic)	G(QL)	F	F	F	G(QL)
Nabumetone (Relafen)	G	F	F	F	F
Piroxicam (Feldene)	G	F	F	F	G
<b>RESPIRATORY AGENTS</b>					
Acidinium (Tudorza)	NF(QL)	F(QL)	F(QL)	F(QL)	F(QL)
Arformoterol (Brovana)	NF(QL)	NF(QL)	NF	NF	F(QL) PA
Albuterol (ProAir HFA)	F(QL)	F(QL)	NF(QL)	F(QL)	NF(QL)
Albuterol (Proventil HFA)	NF(QL)	NF(QL)	F(QL)	NF(QL)	NF(QL)
Albuterol (Ventolin HFA)	F(QL)	F(QL)	NF(QL)	F	F(QL)
Beclomethasone (QVAR)	F(QL)	F(QL)	F(QL)	F	F(QL)
Budesonide (Pulmicort)	F(QL)	F(QL)	F(QL)	F	NF(QL)
Budesonide/Formoterol (Symbicort)	F(QL)	F(QL)	F(QL)	F	F(QL)
Ciclesonide ( Alvesco)	NF(QL)	NF(PA/QL)	NF(QL)	NF(QL)	F(QL)
Fluticasone (Flovent)	F(QL)	F(QL)	F(QL)	F(QL)	F(QL)
Fluticasone furoate / vilanterol (Breo)	F(QL)	F(QL)	F(QL)	F(QL)	F(QL)
Formoterol (Foradil)	F(QL)	NF(PA/QL)	NF	F(QL)	F(QL)
Indacaterol (Arcapta)	NF(QL)	NF(PA/QL)	NF(QL)	NF(QL)	F(QL)
Ipratropium (Atrovent)	G(QL)	F(QL)	F	F	G(QL)
Ipratropium/Albuterol (Combivent)	F(QL)	F(PA/QL)	NF	F(QL)	G(QL)
Levalbuterol (Xopenex HFA)	NF(QL)	NF(QL)	F(QL)	NF(QL)	F(QL)
Mometasone (Asmanex)	F(QL)	NF(PA/QL)	F(QL)	F(QL)	F(QL)
Mometasone/Formoterol (Dulera)	F(QL)	NF(QL)	F(QL)	NF(QL)	F(QL)
Montelukast (Singulair)	G(QL)	F(QL)	F(QL)	F	G(QL)
Pirbuterol (Maxair)	NF(QL)	F(QL)	F(QL)	Off Market	Off Market
Salmeterol (Serevent Diskus)	F(QL)	F(QL)	F(QL)	F(QL)	F(QL)
Salmeterol / Fluticasone (Advair)	F(QL)	F(QL)	F(QL)	F(QL)	F(QL)
Tiotropium (Spiriva)	F(QL)	NF(PA/QL)	F(QL)	F(QL)	F(QL)
Zafirlukast (Accolate)	G	F	F	NF(QL)	G(QL)
<b>ANTIALLERGY AGENTS</b>					
<b>1<sup>st</sup> Line OTC: Loratadine (Claritin, Alavert), Cetirizine (Zyrtec), Fexofenadine (Allegra)</b>					
Desloratadine (Clarinetx)	G(PA/QL)	F(PA)	NF(PA)	NF(QL)	F(QL)
Fexofenadine (Allegra)	G(PA/QL)	Not covered	Not Covered	Benefit Exclusion	NF
Levocetirizine (Xyzal)	G(PA/QL)	F(PA)	NF(PA)	NF(QL)	G(QL)
<b>Nasal Sprays</b>					
Azelastine (Astellin Nasal Spray)	G(QL)	F(QL)	F(QL)	F(QL)	G(QL)
Azelastine (Astepro Nasal Spray)	F(QL)	F(QL)	F(QL)	F(QL)	G(QL)
Budesonide (Rhinocort Aqua)	G(PA/QL)	F(PA/QL)	NF(QL)	NF(PA/QL)	G(QL)
Ciclesonide (Omnaris)	NF(PA/QL)	NF(PA/QL)	NF	NF(PA/QL)	F(QL)
Flunisolide (Nasalide, Nasarel)	G(PA/QL)	F(QL)	F	F(QL)	F(QL)
Fluticasone Furoate (Veramyst)	NF(PA/QL)	NF(PA/QL)	NF(QL)	NF(PA/QL)	F(QL)
Fluticasone Propionate (Fionase)	NF	Not covered	F(QL)	F(QL)	NF(QL)
Ipratropium (Atrovent NS)	G(QL)	F(QL)	F	F	G(QL)
Mometasone (Nasonex)	NF(PA/QL)	F(QL)	F(QL)	NF(PA/QL)	F(QL)
Olopatadine (Patanase)	G(QL)	F(PA/QL)	NF	NF(QL)	NF(QL)
Triamcinolone (Nasacort AQ)	NF	Not covered	NF(QL)	NF(QL)	NF(QL)
<b>ANTIBIOTICS</b>					
<b>(NOTE: LIQUID AND SOLID FORMS AVAILABLE FOR MOST PRODUCTS LISTED.)</b>					
Amoxicillin, Bactrim generic, Doxycycline, Erythromycin, Cephalexin	G	F	F	F	G
Amox/Clavulanate (Augmentin, Augmentin XR, Augmentin ES)	G	F	F	F	F
Azithromycin (Zithromax)	G(QL)	F	F	F	G
Cefdinir (Omnicef)	G	F	F	F	F
Cefprozil (Cefzil)	G	F	F	F	F
Cefuroxime (Ceftin)	G	F	F	F	NF
Ciprofloxacin (Cipro)	G(QL)	F(QL)	F	F	G
Clarithromycin (Biaxin, Biaxin XL)	G	F(QL)	F	F	G
Erythromycin/Sulfisoxazole (Pediazole)	G	F	F	F	G
Levofloxacin (Levaquin)	G(QL)	F(QL)	F	F	G
Moxifloxacin (Avelox)	G(QL)	F(QL)	F	NF	G
Ofloxacin (Floxin)	G(QL)	F	F(NF(QL) 400mg)	NF(QL)	F

