EMPLOYERS' CHOICE Rx

Preferred Product Formulary 1/1/2015

Restat/ECRx administers your prescription benefit plan. Our goal is to provide the highest quality pharmaceutical care, at lower costs.

The most effective way to control costs are through the use of generic drugs and a drug formulary.

When a generic is not available, there may be more than one brand name drug that may be appropriate for you. The brand name medications listed are considered preferred and were selected based on their ability to meet patient needs at a lower cost.

If a generic medication is not available, ask your physician to prescribe a preferred brand.

Always ask for a Generic when available to minimize your out of pocket cost.
Most generics have the lowest copay
Brands on the list have the middle copay
Brands not on the list have the highest copay
Medications **bolded** will be removed 6/30/15

A
ABILIFY
ACANYA GEL
ACCU-CHEK METER
ACCU-CHEK STRIPS/ LANCETS
ACTOPLUS MET
ACTOPLUS MET XR
ADCIRCA
AGGRENOX
ALORA
ALPHAGAN-P (0.1%)
ALPROLIX
ALREX
ALTABAX
AMITIZA
AMPYRA
ANDROXY
ANORO ELLIPTA
ARANESP
ARMOUR THYROID
ASACOL
ASACOL HD
ASMANEX
ASTEPRO
ATRALIN GEL
AUVI-Q
AVELOX/AVELOX-ABC
AVONEX
AZASITE
AZILECT

B
BANZEL
BARACLUDE
B-D SYRINGES/NEEDLES
BEPREVE
BESIVANCE
BETOPTIC-S
BEYAZ
BRAVELLE
BREO ELLIPTA
BRILINTA
BUTRANS
BYETTA
BYSTOLIC

C
CANASA
CARAC
CAVERJECT
CELONTIN
CETROTIDE
CHANTIX
CIALIS
CIMZIA
CIPRODEX
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
CONDYLOX GEL ONLY
COPAXONE
CORTIFOAM
CREON
CUPRIMINE

D
DALIRESP
DALVANCE
DAPSONE
DAYTRANA
DEMSER
DENAVIR
DIBENZYLINE
DIFFERIN Lot/0.3%, Gel
DILATRATE SR
DOVONEX OINT
DUREZOL
DYMISTA
DYNACIRC CR

E
EFFIENT
ELIDEL
ELIQUIS
ELMIRON
ENJUVIA
EPIDUO GEL
EPIPEN / EPIPEN JR.
ESTRACE
ESTRADERM
EVAMIST
EXELON (PATCH/SOL)

F
FENTORA
FERAHEME
FINACEA
FOLLISTIM AQ
FORTEO
FOSAMAX PLUS D
FOSRENOL
FYCOMPA

G
GLUCAGEN HYPOKIT
GLUCAGON

H
HALFLYTELY
HECTOROL
HETLIOZ
HUMALOG
HUMALOG MIX
HUMIRA
HUMULIN

I
ILEVRO
INCIVEK
INTAL INHALERS
INTRON A
INTUNIV

J
JENTADUETO
JUVISYNC
JUXTAPID

K
KRISTALOSE
KRYSTEXXA

L
LAMICTAL IR, **ODT**
LANTUS
LANTUS SOLOSTAR
LATUDA
LAZANDA
LEVEMIR
LIALDA
LIPTRUZET
LOESTRIN 24 FE
LO LOESTRIN FE
LOCOID LIPO CREAM
LOCOID LOTION
LOTEMAX
LUMIGAN

M
MIGRANAL
MIINASTRIN 24 FE
MINIVELLE
MIRVASO
MOVIPREP
MUSE
MYALEPT
MYFORTIC
MYRBETRIQ

*Note: This listing is subject to change and may not be all inclusive. This list does not guarantee coverage.

For specific coverage on your plan or copay information, please call ECRx at 888-554-8644

N
NAMENDA
NASCOBAL
NATAZIA
NEULASTA
NEUPOGEN
NEVANAC
NEXA SELECT
NIASPAN
NITRO-BID
NITROSTAT
NORDITROPIN
NOVOFINE
NOVOLOG
NOVOLOG MIX
NUCYNTA
NUCYNTA ER
NUTROPIN
NUTROPIN AQ
NUVARING
NUVIGIL

O
OLYSIO
ONE TOUCH METER
ONE TOUCH TEST STRIPS
ONFI
OPANA ER
OXISTAT
OXTELLAR
OXYCONTIN

P
PATADAY
PATANOL
PEG-INTRON
PEG-INTRON REDIPEN
PEGANONE
PEGASYS
PENTASA
PICATO
POTIGA
PRADAXA
PRANDIMET
PRED MILD
PREMARIN
PREMPHASE
PREMPRO
PRENEXA
PRO-AIR HFA
PROCRIT
PROGLYCEM
PROTOPIC
PULMICORT FLEXHALER
PULMICORT RESPULES
PYLERA

Q
QUILLIVANT XR
QVAR

R
RANEXA
RAPAFLO
REBIF
REBETRON
REMODULIN
RENVELA
RESTASIS
RETIN-A MICRO
REVATIO-INJ
RIDAURA
RIOMET

S
SAFYRAL
SEROQUEL XR
SOVALDI
SPIRIVA
STRATTERA
SUBOXONE
SUCLEAR
SUMAVEL DOSEPRO
SUPREP BOWEL PREP
SYLVANT
SYNVISC
SYNVISC-ONE

T
TAMIFLU
TAZORAC
TECFIDERA
TIKOSYN
TOBRADEX ST
TRADJENTA
TRANSDERM SCOP
TRAVATAN Z
TRETTEN
TUDORZA PRESSAIR
TYVASO
TYZEKA

U
ULORIC
ULTRASE
ULTRASE MT

V
VAGIFEM
VALCYTE
VASCEPA
VELETRI
VENOFER
VENTAVIS
VELTIN GEL
VENTOLIN HFA
VIAGRA
VIGAMOX
VIIBRYD
VIMIZIM
VIMPAT
VIOKACE
VIOKASE
VIVELLE-DOT
VOLTAREN GEL
VYVANSE

W
WELCHOL

X
XIFAXAN

Y

Z
ZEMPLAR
ZENPEP
ZIANA
ZORVOLEX
ZOVIRAX CREAM
ZUBSOLV
ZYCLARA
ZYCLARA PUMP
ZYLET

The following is a partial list of most commonly used generic drugs.

ANTIDEPRESSANTS
citalopram
fluvoxamine
fluoxetine
paroxetine
sertraline
venlafaxine

ANTIHYPERTENSIVES (HIGH BLOOD PRESSURE)
benazepril
captopril
enalapril
fosinopril
lisinopril
losartan
quinapril
ramipril
moexipril
trandolapril
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ
fosinopril/HCTZ
moexipril/HCTZ
amlodipine/benazepril

ANTI-VIRALS (ANTI-HERPES)
acyclovir
famciclovir
valacyclovir

BISPHOSPHONATES (OSTEOPOROSIS)
alendronate

NSAIDs (ANTI-INFLAMMATORY)
ibuprofen
indomethacin
naproxen
piroxicam
fenoprofen
ketoprofen
etodolac
sulindac
diclofenac
nabumetone
oxaprozin
meloxicam
tolmetin sodium
meclofenamate sodium

HYPNOTICS (SLEEP AGENTS)
zolpidem
zaleplon

INTRANASAL STEROIDS (ALLERGY)
fluticasone
flunisolide spray

MIGRAINE
sumatriptan

MUCSLE RELAXANTS
carisoprodol
chlorzoxasone
cyclobenzaprine
methocarbamol
tizanidine

NON-SEDATING ANTIHISTAMINES (ALLERGY)
cetirizine
loratidine

PROTON PUMP INHIBITOR (GI/ULCER)
omeprazole
pantoprazole

STATINS (HIGH CHOLESTEROL)
lovastatin
pravastatin
simvastatin

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