



legend

- * = Generic Available
- ** = Prior Authorization Required

BOLD LISTINGS = Preferred Brand

PLEASE NOTE:

When a generic becomes available, the brand-name product will automatically move to the third tier. Drugs are subject to quantity limitations. When an equivalent product is available over-the-counter, the prescription product is no longer on the formulary.

Step Therapy: ensures that members use clinically appropriate drugs in a cost effective manner by requiring the member to try a generic medication prior to obtaining the brand medication in certain classes.

For the most up-to-date listing of medication tiers, visit our Web site at:

usableadmin.com

USAbLe Administrators
P.O. Box 1460
Little Rock, AR 72203 - 1460

standard formulary

2012



USAbLe Administrators

fibromyalgia

tier 1	tier 2	tier 3
	SAVELLA	

gastrointestinal

acid reducers (closed formulary)

tier 1	tier 2	tier 3
CIMETIDINE FAMOTIDINE LANSOPRAZOLE NIZATIDINE OMEPRAZOLE PANTOPRAZOLE RANITIDINE		AXID* DEXILANT ZANTAC*

miscellaneous

tier 1	tier 2	tier 3
	AMITIZA	LOTRONEX

gout agents

tier 1	tier 2	tier 3
ALLOPURINOL COLCHICINE PROBENECID PROBENECID - COLCHICINE	ULORIC	COLCRYS ZYLORIM*

hepatitis C

tier 1	tier 2	tier 3
RIBASPHERE**	INCIVEK**	PEGASYS** VICTRELIS**

miscellaneous

tier 1	tier 2	tier 3
LEFLUNOMIDE	CIPRODEX ORAPRED ODT ULESFIA RANEXA	ARAVA*/** CIMZIA** ENBREL** FOLLISTIM AQ** HUMIRA** NORDITROPIN FLEXPRO** NORDITROPIN NORDIFLEX** PROVIGIL** SIMPONI**

overactive bladder

tier 1	tier 2	tier 3
BETHANECHOL FLAVOXATE OXYBUTYNIN / ER TROPSPIMUM	VESICARE	DETROL / LA DITROPAN XL* ENABLEX OXYTROL SANCTURA* SANCTURA XR

pain

migraine

tier 1	tier 2	tier 3
NARATRIPTAN SUMATRIPTAN	RELPAK	AMERGE* AXERT FROVA IMITREX* MAXALT / MLT ZOMIG / ZMT

NSAIDs

tier 1	tier 2	tier 3
DICLOFENAC ETODOLAC FENOPROFEN FLURBIPROFEN IBUPROFEN INDOMETHACIN KETOPROFEN KETOROLAC MELOXICAM NABUMETONE NAPROXEN OXAPROZIN PIROXICAM SULINDAC		ANAPROX DS* ARTHROTEC CELEBREX DAYPRO* FLECTOR PATCH MOBIC* NAPRELAN NAPROSYN* PONSTEL*

thyroid hormones

tier 1	tier 2	tier 3
LEVOTHROID LEVOTHYROXINE LEVOXYL LIOTHYRONINE METHIMAZOLE PROPYLTHIOURACIL		ARMOUR THYROID* CYTOMEL* SYNTHROID*

women's health

contraceptives (closed formulary)

tier 1	tier 2	tier 3
ALL ORAL GENERICS	LOSEASONIQUE NUVARING	DEPO-SUBQ PROVERA (3 copays) ORTHO EVRA ORTHO TRI-CYCLEN LO

hormone replacement therapy

tier 1	tier 2	tier 3
COVARYX / H.S. EEMT / H.S. ESTRADIOL ESTRADIOL - NORETHINDRONE ESTROGEN & METHYLTESTOSTERONE ESTROPIPATE MEDROXYPROGESTERONE MIMVEY NORETHINDRONE	CENESTIN COMBIPATCH ENJUvia EVAMIST VIVELLE-DOT	ACTIVELLA* ALORA ANGELIQ CLIMARA / PRO DIVIGEL ELESTRIN ESTRADERM ESTRING (3 copays) ESTROGEL FEMHRT* FEMRING (3 copays) MENEST PREFEST PREMARIN PREMPHASE PREMPRO PROVERA* VAGIFEM

prenatal vitamins

tier 1	tier 2	tier 3
ALL ORAL GENERICS	PRENATE ELITE PRENATE ESSENTIAL	OTHER COVERED BRANDS