



Non-Sedating Antihistamines (NSAs)*	
CETIRIZINE SYP 5 MG / 5 ML	CETIRIZINE SYP 1 MG / ML
CLARINEX TAB 5 MG	CLARINEX SYP 0.5 MG / ML
CLARINEX-D 2.5 MG / 120 MG	DESLOTRADINE TAB 5 MG
DESLOTRADINE TAB 2.5 MG ODT	DESLOTRADINE TAB 5 MG ODT
LEVOCETIRIZINE TAB 5 MG	LEVOCETIRIZINE SOL 2.5 ML / 5 ML
XYZAL TAB 5 MG	XYZAL SOL 2.5 MG / 5 ML

*Generic drugs are shown in bold. Third party brand names are the property of their respective owners.

Retinoids*	
ADAPALENE CREAM 0.1%	ADAPALENE GEL 0.1%
ADAPALENE GEL 0.3%	ADAPALENE LOTION 0.1%
TAZORAC CREAM 0.05%	TAZORAC CREAM 0.1%
TAZORAC GEL 0.05%	TAZORAC GEL 0.1%
TRETINOIN CREAM 0.025%	TRETINOIN CREAM 0.05%
TRETINOIN CREAM 0.1%	TRETINOIN GEL 0.01%
TRETINOIN GEL 0.025%	TRETINOIN GEL 0.05%
TRETINOIN MICROSPHERE 0.04%	TRETINOIN MICROSPHERE 0.1%
TRETINOIN POWDER	

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Brand-Name Proton Pump Inhibitors (PPIs)**	
ACIPHEX	DEXILANT
NEXIUM	PREVACID
PRILOSEC	PROTONIX
ZEGERID	

**These drugs are not covered starting 1/1/2017. Prescription strength generics may still be covered. Some brand drugs (Prevacid Solutab, Nexium Granule and Aciphex Sprinkle) may remain covered at the non-preferred brand copay/coinsurance amount. Third party brand names are the property of their respective owners.

Compound Drugs

When your plan's new benefit year begins on January 1, 2017, compound drugs will no longer be covered under your prescription drug benefits. Compound drugs are two or more drugs that a licensed pharmacist combines, mixes or alters the ingredients of a drug to create a medication tailored to the needs of an individual patient.

Compound drugs are not approved by the U.S. Food and Drug Administration (FDA) and have not been tested for safety, efficacy or side effects by the FDA. If you are taking a compound drug, ask your doctor if a covered *alternative* drug is right for you.