

Drug Formulary

2009-2010





The Formulary

The Drug formulary is a list of medications covered by Cochise Health Systems.

It is intended for use by the health plan, providers, members, and pharmacies.

The generic form of a listed medication is required and is indicated with this symbol: .

If a drug becomes generic but not listed with this symbol: , the generic version must be dispensed unless otherwise indicated.

Note: You may search for a medication or category within the online version of this document by clicking the  Search button above, or by using the Control + F function (hold the “Ctrl” button and hit “f”).

Prior Authorization

Medications requiring prior authorization are indicated with this symbol: .

Medications not listed on the drug formulary require prior authorization.

Prior authorizations are evaluated based on clinical criteria set by the United Drugs P&T (pharmacy and therapeutics) committee. [Current United Drugs Prior Authorization Guidelines](#) can be found online: <http://www.uniteddrugs.com/PBM/>

Prior authorizations may not be approved if requested information is not provided by the prescribing physician, or if there is a lack of formulary trial, or if dosing is outside the safety regulations set by the FDA, or if the member is given samples by the physician. [Prior Authorization Forms](#) must be filled out and signed by the physician and can be found online: <http://www.uniteddrugs.com/PBM/Documents/CHSPriorAuthForm.pdf>

*****NOTE:** *The drug formulary is subject to change.*

Exclusions

The following are **NOT** covered under the Cochise Health Systems prescription benefit:

1. Medications not approved by the U.S. Food and Drug Administration (FDA) for the condition, dose, route and frequency of the prescribed indication
2. Naturopathic, homeopathic substances or services
3. Drugs for weight loss
4. Fluoride preps for dental purposes
5. Hair growth
6. Sexual dysfunction/Impotence
7. Vaccinations, immunizations, inoculations or preventative injections
***Contact CHS medical benefit for coverage options*
8. Wound care
***Contact CHS medical benefit for coverage options*
9. Foods, nutritional supplements, medical foods
***Contact CHS medical benefit for coverage options*
10. Inpatient medications or medications administered in the physician’s office
***Contact CHS medical benefit for coverage option*
11. Fertility/Infertility
***Contact CHS medical benefit for coverage options*

Limits/Restrictions

This section indicates any limits or restrictions for the medication listed. Limits may include:

1. Quantity limits
2. Dosage form limits
3. Strength limits
4. Step-therapy requirements
5. Suggested safety monitoring

Contact Information

United Drugs Prior Auth Line: 1-800-364-8865, Option 3
United Drugs Prior Auth **Fax** Line: 1-866-563-9220
Email inquiries: helpdesk@uniteddrugs.com
United Drugs hours of operation: 7am to 5pm M-Friday

*****NOTE: submitting patient information via email may be in violation of HIPAA**

Key

Category: Lists the major category and sub-category of the medication

Drug Name: Lists the generic or chemical name

*****Drug Name indicates Generic Name only; not if it is available in a generic version**

Brand Name: Lists the Brand Name of the medication

*****Brand Name may be used as a reference and not all brand names may be listed**



Generic Available






Brand Name (generic not available)



Prior Auth Required





Table of Contents

BLOOD MODIFIERS.....	1
CARDIOVASCULAR.....	1
CENTRAL NERVOUS SYSTEM.....	4
CHEMOTHERAPY.....	8
DERMATOLOGY.....	8
EENT (Eyes Ears Nose and Throat).....	10
EMERGENCY KITS.....	13
ENDOCRINE.....	13
GASTROINTESTINAL.....	15
HIV.....	16
IMMUNOSUPPRESSANTS.....	16
INFECTIOUS DISEASE.....	16
MUSCULOSKELETAL.....	18
OB-GYN.....	18
OVER THE COUNTER.....	22
RESPIRATORY.....	19
SMOKING CESSATION.....	20
SUPPLEMENTS.....	20
UROLOGICAL.....	21





Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

BLOOD MODIFIERS

ANTICOAGULANTS

aspirin	ASPIRIN				
warfarin	COUMADIN				
enoxaparin	LOVENOX				

PLATELET AGGREGATION INHIBITORS

clopidogrel	PLAVIX				
cilostazol	PLETAL				

MISCELLANEOUS AGENTS

phytonadione	MEPHYTON				
pentoxifylline ER	TRENTAL				
epoetin alfa	EPOGEN				
filgrastim	NEUPOGEN				
cyanocobalamin inj	B-12				

CARDIOVASCULAR









ACE INHIBITORS

captopril	CAPOTEN				
enalapril	VASOTEC				
lisinopril	ZESTRIL				
quinapril	ACCUPRIL				
benazepril	LOTENSIN				
fosinopril	MONOPRIL				

ALPHA BLOCKERS







prazosin	MINIPRESS				
doxazosin	CARDURA				
terazosin	HYTRIN				

ANGIOTENSIN II ANTAGONISTS

irbesartan	AVAPRO				Trial and failure of ACE Inhibitor
irbesartan/hctz	AVALIDE				Trial and failure of ACE Inhibitor
losartan	COZAAR				Trial and failure of ACE Inhibitor
losartan/hctz	HYZAAR				Trial and failure of ACE Inhibitor

ANTIARRHYTHMICS

Class 1A


































disopyramide	NORPACE				
procainamide	PRONESTYL				
quinidine sulfate					
quinidine sulfate ER	QUINIDEX				
disopyramide ER	NORPACE CR				
procainamideER					
morizine	ETHMOZINE				




Class 1B

phenytoin sodium	DILANTIN				
mexiletine	MEXITIL				




Class 1C





































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




propafenone	RYTHMOL				
flecainide	TAMBOCOR				
Class II					
propranolol	INDERAL				
acebutolol	SECTRAL				
Class III					
sotalol	BETAPACE				
amiodarone	CORDARONE				200MG only
Class IV					
digoxin	LANOXIN				
verapamil	CALAN				
ANTILIPEMICS					
Bile Acid Sequestrants					
cholestyramine	QUESTRAN				
HMG-CoA Reductase Inhibitors					
pravastatin	PRAVACHOL				
simvastatin	ZOCOR				
lovastatin	MEVACOR				
fluvastatin	LESCOL				
atorvastatin	LIPITOR				80mg covered for LDL reduction ≥50%
rosuvastatin	CRESTOR				40mg covered for LDL reduction ≥50%
Cholesterol Absorption Inhibitor					
ezetimibe	ZETIA				
Miscellaneous					
fenofibrate	LOFIBRA				
fenofibrate	TRICOR				Lofibra generic is first line fenofibrate
gemfibrozil	LOPID				
niacin, ER	SLO-NIACIN				OTC requires RX
ezetimibe-simvastatin	VYTORIN				
BETA BLOCKERS					
Non-Cardioselective					
propranolol	INDERAL				
pindolol					
nadolol	CORGARD				
propranolol ER	INNOPRAN XL				
propranolol ER	INDERAL LA				
Cardioselective					
atenolol	TENORMIN				
metoprolol	LOPRESSOR				
metoprolol ER	TOPROL XL				
carvedilol	COREG				
acebutolol	SECTRAL				
bisoprolol					
Beta Alpha					































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

labetalol	TRANDATE				
CALCIUM CHANNEL BLOCKERS					
verapamil	CALAN				
verapamil ER	CALAN SR				
nifedipine ER	ADALAT CC				
amlodipine	NORVASC				
felodipine ER	PLENDIL				
diltiazem	CARDIZEM				
diltiazem ER	CARDIZEM CD				
CARDIAC GLYCOSIDES					
digoxin	LANOXIN				
DIURETICS					
Loop Diuretics					
furosemide	LASIX				
bumetanide	BUMEX				
ethacrynic acid	EDECIN				
torseamide	DEMADEX				
Potassium Sparing Diuretics					
spironolactone	ALDACTONE				
triamterene/hctz	DYAZIDE				
triamterene/hctz	MAXZIDE				
Thiazide and Related Diuretics					
chlorthalidone	HYGROTON				25MG and 50MG are covered
hydrochlorothiazide	HYDRODIURIL				
indapamide	LOZOL				
metolazone	ZAROXOLYN				
Combination Products					
atenolol/chlorthalidone	TENORETIC				
lisinopril/hctz	ZESTORETIC				
bisoprolol/hctz	ZIAC				
captopril/hctz	CAPOZIDE				
benazepril/hctz	LOTENSIN-HCT				
fosinopril/hctz	MONOPRIL-HCT				
quinapril/hctz	ACCURETIC				
NITRATES					
Oral					
isosorbide dinitrate	ISORDIL				
isosorbide mon ER	IMDUR				
nitroglycerin ER					
nitroglycerin sublingual	NITROSTAT				
Transdermal					
nitroglycerin ointment					
nitroglycerin patch	NITREK				
	NITRO-DUR				
SYMPATHOLYTICS					
clonidine	CATAPRES				Tablets covered.
methyl dopa	ALDOMET				









































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




guanfacine	TENEX				
VASODILATORS					
hydralazine					
minoxidil	LONITEN				
ORTHOSTATIC HYPOTENSIVES					
fludrocortisone acetate	FLORINEF				
CENTRAL NERVOUS SYSTEM					
ALCOHOL ABUSE DETERRANTS					
disulfiram	ANTABUSE				
ALZHEIMER'S AGENTS					
donepezil	ARICEPT				MMSE or similar assessment required
rivastigmine	EXELON				
memantine	NAMENDA				
galantamine	REMINYL				
ANALGESICS					
NSAIDs					
<i>Propionic Acid Derivatives</i>					
ibuprofen	MOTRIN				
naproxen	NAPROSYN				
oxaprozin	DAYPRO				
<i>Acetic Acid Derivatives</i>					
indomethacin	INDOCIN				
diclofenac sodium ER	VOLTAREN				
diflunisal	DOLOBID				
sulindac	CLINORIL				
etodolac	LODINE				
etodolac ER	LODINE XL				
<i>Non-Acetic Acid Derivatives</i>					
nabumetone	RELAFEN				
<i>Oxicam Derivatives</i>					
piroxicam	FELDENE				
meloxicam	MOBIC				
<i>Salicylic Acid Derivatives</i>					
salsalate					
<i>Cox-2 Selective Inhibitors</i>					
celecoxib	CELEBREX				
Narcotic Combination Agents					
codeine/aspirin	ASPIRIN w/COD				
codeine/APAP	TYLENOL w/COD				
hydrocodone/APAP	VICODIN				
oxycodone/APAP	PERCOCET				5/325mg tablets
oxycodone/APAP	TYLOX				5/500 mg capsules
oxycodone/ASA	PERCODAN				
hydrocodone/APAP	LORTAB				



































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

Non-Narcotic Combination Agents					
butalbital/APAP	PHRENILIN				
butalbital/caff/APAP	FIORICET				
butalbital/caff/ASA	FIORINAL				
Opioids					
codeine sulfate					
hydromorphone	DILAUDID				
morphine sulfate	MSIR				
meperidine	DEMEROL				
morphine ER	MS CONTIN				
oxycodone	OXYIR				
oxycodone, ER	OXYCONTIN				Morphine sulfate first line unless documented morphine allergy
fentanyl patch	DURAGESIC				For opioid tolerance only. Not for acute use.
Migraine Agents					
divalproex sodium ER	DEPAKOTE ER				
butorphanol	STADOL				Nasal Spray covered: Limit: 3 bottles/month
ergotamine tartrate/ caffeine	CAFERGOT				
zolmitriptan	ZOMIG				Limit: 12 tabs/month
sumatriptan	IMITREX				Limit: Tabs: 9/month Syringes: 2/month Nasal spray: 6 devices/month
ANTI-ANXIETY AGENTS					
Benzodiazepines					
alprazolam	XANAX				XR not covered
diazepam	VALIUM				
chlordiazepoxide	LIBRIUM				
oxazepam	SERAX				Capsules are covered
lorazepam	ATIVAN				
Miscellaneous					
bupirone	BUSPAR				
ANTICONVULSANT MEDICATIONS					
Barbiturates					
phenobarbital					
Benzodiazepines					
clonazepam	KLONOPIN				Wafers not covered
diazepam rectal	DIASTAT				Limit: 2 boxes/month
Hydantoins					
phenytoin	DILANTIN				
Succinimides					
ethosuximide	ZARONTIN				
Adjuvant Anticonvulsants					






































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




primidone	MYSOLINE				
divalproex sodium	DEPAKOTE				
divalproex sodium ER	DEPAKOTE ER				
gabapentin	NEURONTIN				
valproic acid	DEPAKENE				
lamotrigine	LAMICTAL				
lamotrigine chewables	LAMICTAL				
topiramate	TOPAMAX				
levetiracetam	KEPPRA				
Sulfonamides					
zonisamide	ZONEGRAN				
Miscellaneous					
carbamazepine	TEGRETOL				
carbamazepine	TEGRETOL XR				
oxcarbazepine	TRILEPTAL				
ANTIDEPRESSANTS					
Tricyclic Antidepressants					
amitriptyline	ELAVIL				
imipramine	TOFRANIL				Tablets covered
nortriptyline	PAMELOR				
desipramine	NORPRAMIN				
protriptyline	VIVACTIL				
amoxapine					
clomipramine	ANAFRANIL				
doxepin	SINEQUAN				
MAO Inhibitors					
phenelzine	NARDIL				
tranylcypromine	PARNATE				
Selective Serotonin Reuptake Inhibitors (SSRI)					
escitalopram	LEXAPRO				
citalopram	CELEXA				
paroxetine	PAXIL				CR not covered
fluoxetine	PROZAC				
sertraline	ZOLOFT				
Serotonin Norepinephrine Reuptake Inhibitors (SNRI)					
venlafaxine	EFFEXOR				
venlafaxine ER	EFFEXOR-XR				
duloxetine	CYMBALTA				
Miscellaneous					
trazodone	DESYREL				150mg tablets covered
nefazodone	SERZONE				
bupropion	WELLBUTRIN				
bupropion SR	WELLBUTRIN SR				
bupropion XL	WELLBUTRIN				


























Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




	XL				
mirtazapine	REMERON				
ANTIPARKINSON AGENTS					
amantadine					
diphenhydramine caps					
benztropine	COGENTIN				
trihexyphenidyl	ARTANE				
carbidopa/levodopa	SINEMET				
pramipexole	MIRAPEX				Trial and failure of ropinerole
ropinirole	REQUIP				
pergolide	PERMAX				Trial and failure of carb/levodopa
bromocriptine	PARLODEL				
entacapone	COMTAN				
selegiline	ELDEPRYL				Trial and failure of carb/levodopa
carbidopa/levodopa/ entacapone	STALEVO				Trial and failure of carb/levodopa
ANTIPSYCHOTICS					
Phenothiazine Derivatives					
thioridazine	MELLARIL				
fluphenazine	PROLIXIN				
perphenazine					
trifluoperazine	STELAZINE				
chlorpromazine	THORAZINE				
Thioxanthene Derivatives					
thiothixene	NAVANE				
Butyrophenones					
haloperidol	HALDOL				
OTHER AGENTS					
Psychosis/Bipolar					
risperidone	RISPERDAL				
ANTIVERTIGO/MOTION SICKNESS AGENTS					
meclizine	ANTIVERT				
promethazine	ENERGAN				
prochlorperazine	COMPAZINE				
ATTENTION DEFICIT DISORDER (ADD/ADHD)					
methylphenidate	RITALIN				
methylphenidate ER	RITALIN SR				
methylphenidate ER	RITALIN SR				
dextroamphetamine	DEXEDRINE				
methylphenidate ER	CONCERTA				
methylphenidate ER	METADATE CD				
amphetamine/ dextroamphetamine mixed salts	ADDERALL ADDERALL XR				


Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

atomoxetine	STRATTERA				
BIPOLAR AGENTS					
lithium carbonate					
lithium carbonate ER	LITHOBID				
divalproex sodium	DEPAKOTE				
MULTIPLE SCLEROSIS AGENTS					
interferon beta-1a	AVONEX				
interferon beta-1a	REBIF				
interferon beta-1b	BETASERON				
glatiramer	COPAXONE				
MYASTHENIA GRAVIS AGENTS					
pyridostigmine	MESTINON				
SEDATIVES/HYPNOTICS					
acetaminophen/ diphenhydramine	TYLENOL PM				
hydroxyzine pam	VISTARIL				
chloral hydrate					Syrup covered
temazepam	RESTORIL				7.5MG strength not covered
triazolam	HALCION				
lorazepam	ATIVAN				
zolpidem	AMBIEN				CR not covered
STIMULANTS					
methylphenidate	RITALIN				
dextroamphetamine	DEXEDRINE				
CHEMOTHERAPY					Oral chemo medications are covered if FDA approved.
DERMATOLOGY					
ACNE					
Oral					
tetracycline					
erythromycin					
minocycline	MINOCIN				Capsules are covered
Topical					
erythromycin soln	T-STAT				
benzoyl peroxide	DESQUAM-E				
erythromycin	A/T/S				
tretinoin	RETIN-A				Limit: age <30
benzoyl peroxide	VARIOUS				
clindamycin	CLEOCIN T				
metronidazole	METROCREAM				
	METROGEL				
	METROLOTION				
ANTIBACTERIALS – TOPICAL					
silver sulfadiazine	SILVADENE				
gentamicin					
mupirocin	BACTROBAN				Ointment covered

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

ANTIFUNGALS – TOPICAL					
nystatin	MYCOSTATIN				
nystatin/triamcinolone acetamide	MYCOLOG II				
clotrimazole					
ciclopirox	LOPROX				
clotrimazole/ betamethasone	LOTRISONE				
ketoconazole	NIZORAL				
ANTIVIRAL-TOPICAL					
acyclovir	ZOVIRAX				Oral formulations are first line
ANTI PRURITIC					
cyproheptadine					
hydroxyzine hcl	ATARAX				
CORTICOSTEROIDS					
<i>Listed by potency: Group I is least potent, Group V is most potent.</i>					
Group I					
hydrocortisone 1%, 2.5%	HYTONE				
Group II					
fluocinolone acetamide 0.01%	SYNALAR				
triamcinolone acetamide 0.025%	KENALOG				
hydrocortisone valerate	WESTCORT				
Group III					
betamethasone valerate 0.1%	BETA-VAL				
fluocinolone acetamide	SYNALAR				
triamcinolone acetamide 0.1%	KENALOG				
Group IV					
betamethasone dipropionate 0.05%	DIPROSONE				Aerosol not covered
fluocinonide 0.05%	LIDEX				
triamcinolone acetamide 0.5%	KENALOG				
Group V					
clobetasol propionate	TEMOVATE				Ointment not covered
halobetasol propionate	ULTRAVATE				
betamethasone dipropionate oint.	DIPROLENE				
betamethasone dipropionate cream	DIPROLENE AF				
ECZEMA / PSORIASIS					
selenium sulfide	SELSUN				Covered for treatment of eczema





Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




methotrexate					
SCABICIDES/PEDICULICIDES					
lindane					
crotamiton	EURAX				
malathion	OVIDE				
permethrin	ELIMITE				
MISCELLANEOUS AGENTS					
ammonium lactate	AMLACTIN				
EENT (Eyes Ears Nose and Throat)					
ALLERGY/COUGH/COLD					
Antihistamines					
<i>Ethanolamines</i>					
clemastine	TAVIST				Liquid formulation and 2.68mg tablets covered.
<i>Piperidines (oral, low-sedating)</i>					
loratadine	CLARITIN				Limit: 30 per month
loratadine/ pseudoephedrine	CLARITIN D				Limit: 30 per month
cetirizine	ZYRTEC				Limit: 30 per month
Antihistamine/Decongestant Combinations					
brompheniramine/ pseudoephedrine,ER	BROMFED CAPS				
chlorpheniramine/ pseudoephedrine	DECONAMINE				
chlorpheniramine/ pseudoephedrine, ER	DECONAMINE SR				
promethazine/ phenylephrine syrup	PHENERGAN SYRUP				
carbinoxamine/ pseudoephedrine	RONDEC DROPS				
Antitussive Combinations					
<i>Narcotic</i>					
guaifenesin/codeine	GUIATUSS AC				
pseudoephedrine	DECONAMINE CX				
hydrocodone/ homatropine	HYCODAN				
phenylephrine/ hydrocodone/ chlorpheniramine	HISTUSSIN/HC				
promethazine/codeine	PHENERGAN w/COD				
hydrocodone/ pseudoephedrine	HISTUSSIN D				
guaif/hydrocodone	HYCOTUSS				
<i>Non-Narcotic</i>					










Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

guaifenesin/ dextromethorphan ER	FENESIN DM				Tablets only
pseudoephedrine/ carbinoxamine/ dextromethorphan	RONDEC DM				
Decongestant/Expectorant Combinations					
guaifenesin, ER	FENESIN				
guaifenesin/ pseudoephedrine ER	ZEPHREX LA				
guaifenesin/ phenylephrine ER	GUAIFED CAPS				
guaifenesin/ pseudoephedrine ER	ENTEX PSE				
Nasal Inhalers					
<i>Rhinitis</i>					
CORTICOSTEROIDS					
fluticasone propionate	FLONASE				
mometasone aqueous	NASONEX				
OTHER					
ipratropium bromide	ATROVENT NS				
Mucolytics					
acetylcysteine	MUCOMYST				
OPHTHALMIC					
Antiglaucoma					
<i>Oral</i>					
acetazolamide	DIAMOX				
<i>Topical</i>					
ADRENERGIC AGONISTS					
dipivefrin	PROPINE				
epinephrine	EPIFRIN				
brimonidine	ALPHAGAN				
BETA BLOCKERS					
levobunolol	BETAGAN				
timolol hemihydrate	BETIMOL				
betaxolol	BETOPTIC S				
timolol maleate	TIMOPTIC				XE covered
CARBONIC ANHYDRASE INHIBITORS					
dorzolamide	TRUSOPT				
CHOLINERGICS					
pilocarpine					
carbachol	ISOPTO CARBACHOL				
COMBINATION PRODUCTS					
dorzolamide/timolol	COSOPT				
PROSTAGLANDINS					
latanoprost	XALATAN				
bimatoprost	LUMIGAN				



Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

Anti-Infectives					
<i>Antibacterials</i>					
bacitracin					
chloramphenicol	CHLOROPTIC				
erythromycin	ILOTYCIN				
gentamicin	GARAMYCIN				
polymyxin B/bacitracin	POLYSPORIN				
polymyxin B/neomycin bacitracin oint.	NEOSPORIN				
polymyxinB/ neomycin/gramicidin soln.	NEOSPORIN				
sodium sulfacetamide	BLEPH-10				
polymyxin B/ trimethoprim	POLYTRIM				
levofloxacin	QUIXIN				
ofloxacin	OCUFLOX				
tobramycin	TOBREX				
moxifloxacin	VIGAMOX				
<i>Antivirals</i>					
trifluridine	VIROPTIC				
Corticosteroids					
dexamethasone	DECADRON				
fluorometholone	FLUOR-OP				
loteprednol	ALREX				
	LOTEMAX				
prednisolone acetate	PRED MILD/FORTE				
prednisolone sodium phosphate	INFLAMASE MILD				
Combination Topical Antibacterials/Corticosteroids					
neomycin/polymyxinB/ hydrocortisone	CORTISPORIN				
neomycin/polymyxinB/ dexamethasone	MAXITROL				
sulfacetamide/ prednisolone	VASOCIDIN				
fluorometholone/ sulfacetamide	FML LIQUIFILM				
gentamicin/prednisolone acetate	PRED-G				
tobramycin/ dexamethasone	TOBRADEX				
Miscellaneous					
atropine	ISOPTO ATROPINE				

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

cromolyn sodium	CROLOM				
flurbiprofen	OCUFEN				
OTIC AGENTS					
acetic acid	VOSOL				
acetic acid/ aluminum acetate	DOMEBORO OTIC				
hc/acetate acid	VOSOL HC				
hc/neomycin/poly B	CORTISPORIN				
ciprofloxacin/dexameth	CIPRODEX				
benzocaine/antipyrine	AURALGAN				
triethanolamine oleate	CERUMENEX				
MISCELLANEOUS					
lidocaine viscous					

EMERGENCY KITS


epinephrine	EPIPEN				Limit: 2 per year
	EPIPEN Jr.				Limit: 2 per year

ENDOCRINE










ADRENAL CORTICOSTEROIDS

Glucocorticoids					
prednisone					
dexamethasone	DECADRON				
methylprednisolone	MEDROL				
	MEDROL DOSEPAK				
prednisolone	PRELONE				






Mineralocorticoids

fludrocortisone acetate	FLORINEF				
-------------------------	----------	---	--	--	--




ANDROGENS

methyltestosterone					
fluoxymesterone	HALOTESTIN				
testosterone	ANDROGEL				
testosterone transdermal	ANDRODERM				
	TESTODERM				

































ANTIDIABETIC AGENTS




Insulin					
human insulin lispro	HUMALOG				
insulin glargine	LANTUS				
human insulin	HUMULIN				
insulin prefilled pens/cartridges					































Oral Medications




Sulfonylureas					
glyburide	DIABETA				
glipizide	GLUCOTROL				
glipizide ER	GLUCOTROL XL				
Non-Sulfonylureas					





























Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




metformin	GLUCOPHAGE /XR				
rosiglitazone	AVANDIA				
pioglitazone	ACTOS				
rosiglitazone/metformin	AVANDAMET				
glyburide/metformin	GLUCOVANCE				
rosiglitazone/ glimepiride	AVANDARYL				
DIABETIC MONITORING SUPPLIES					
diabetic meters & strips	VARIOUS				Limit: 1 meter per year TrueTrack preferred
THYROID AND ANTITHYROID AGENTS					
Thyroid					
levothyroxine	LEVOXYL				
	SYNTHROID				
thyroid	ARMOUR THYROID				
Antithyroid					
propylthiouracil	PROPYLTHIOUR ACIL				
methimazole	TAPAZOLE				
OSTEOPOROSIS AGENTS					
estradiol	ESTRACE				
calcitonin salmon nasal spray	MIACALCIN NASAL SPRAY				
estrogens, conjugated	PREMARIN				
estrogens, conjugated synthetic	CENESTIN				
alendronate	FOSAMAX				
alendronate + D	FOSAMAX + D				
risedronate	ACTONEL				
estradiol transdermal	CLIMARA				
estradiol-levonorgestrel	CLIMARA PRO				
estrogens, conjugated/ medroxyprogesterone	PREMPRO/ PREMPHASE				
ethinyl estradiol/norethidrone	FEMHRT				
PAGET'S DISEASE/ANTI- HYPERCALCEMIC AGENTS					
calcitonin salmon nasal spray	MIACALCIN NASAL SPRAY				
etidronate disodium	DIDRONEL				
alendronate	FOSAMAX				
risedronate	ACTONEL				
MISCELLANEOUS					

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




desmopressin acetate	DDAVP				
GASTROINTESTINAL					
ANTIDIARRHEAL AGENTS					
diphenoxylate/atropine	LOMOTIL				
ANTICHOLINERGIC/ANTISPASMODIC AGENTS					
dicyclomine	BENTYL				
hyoscyamine	ANASPAZ				
ANTIEMETIC AGENTS					
meclizine	ANTIVERT				
promethazine	PHENERGAN				
prochlorperazine	COMPAZINE				
ondansetron	ZOFRAN				
	ZOFRAN ODT				
ANTI-ULCER AGENTS					
ranitidine	ZANTAC				Tablets only
misoprostol	CYTOTEC				
sucralfate	CARAFATE				
H. PYLORI AGENTS					
bismuth subsalicylate/ metronidazole/tcn	HELIDAC				
amoxicillin/ clarithromycin/ lansoprazole	PREVPAC				
COLORECTAL AGENTS					
hydrocortisone enema	COLOCORT				
hydrocortisone cream	PROCTOCORT				
sulfasalazine	AZULFIDINE				
hydrocortisone rectal	PROCTOCREAM- HC				
hydrocortisone acetate/pramoxine	PROCTOFOAM- HC				
mesalamine	ROWASA				
mesalamine, ER	ASACOL				
mesalamine ER	PENTASA				
olsalazine	DIPENTUM				
DIGESTIVE ENZYMES					
pancrelipase, del. rel.	CREON				
pancrelipase	VIOKASE				
pancrelipase, del. rel.	PANCREASE				
PROMOTILITY AGENTS					
metoclopramide	REGLAN				
PROTON PUMP INHIBITORS					
omeprazole tablets	PRILOSEC				









Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

omeprazole capsules	PRILOSEC				First line PPI for g-tube
lansoprazole	PREVACID				Covered for ages ≤ 11
MISCELLANEOUS					
polyethylene glycol	MIRALAX OTC				
peg 3350/electrolytes	GOLYTELY				
	NULYTELY				
sodium phosphates	VISICOL				
ursodiol	ACTIGALL				
ursodiol	URSO				
HIV					All oral HIV medications covered if FDA approved.
IMMUNOSUPPRESSANTS					All immunosuppressants are covered if FDA approved.
INFECTIOUS DISEASE					
ANTIBACTERIAL AGENTS					
Cephalosporins					
<i>First Generation</i>					
cephalexin (<i>not Keftab</i>)	KEFLEX				
cefadroxil	DURICEF				
<i>Second Generation</i>					
cefaclor	CECLOR				
cefprozil	CEFZIL				
cefuroxime	CEFTIN				
<i>Third Generation</i>					
cefdinir	OMNICEF				
cefpodoxime	VANTIN				
Fluoroquinolones					
ciprofloxacin	CIPRO				
ciprofloxacin ER	CIPRO XR				
moxifloxacin	AVELOX				
levofloxacin	LEVAQUIN				Not first line for UTI
Macrolides					
erythromycin products					
azithromycin	ZITHROMAX				
clarithromycin	BIAXIN				
clarithromycin ER	BIAXIN XL				
Penicillins					
amoxicillin					
ampicillin					
dicloxacillin					
penicillin VK					
amoxicillin/pot. clavulanate	AUGMENTIN				
amoxicillin/pot. clavulanate	AUGMENTIN ES				
Sulfonamides					
sulfamethoxazole/	BACTRIM/				















Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

trimethoprim	BACTRIM DS SEPTRA/SEPTRA DS				
sulfisoxazole					
Tetracyclines					
doxycycline hyclate	VIBRAMYCIN				
tetracycline					
minocycline	MINOCIN				Capsules only
Urinary Anti-Infectives					
trimethoprim	TRIMPEX				
nitrofurantoin	MACRODANTIN				
nitrofurantoin ER	MACROBID				
methenamine	MANDELAMINE				
COMBINATION ANTIBIOTICS					
erythromycin/ sulfisoxazole	PEDIAZOLE				
Miscellaneous Antimicrobials					
	FLAGYL				
clindamycin	CLEOCIN				
ANTIFUNGAL AGENTS					
nystatin	MYCOSTATIN				
griseofulvin microsize	GRIFULVIN V				
griseofulvin ultramicrosize	GRIS-PEG				
ketoconazole	NIZORAL				
clotrimazole	MYCELEX TROCHE				
fluconazole	DIFLUCAN				150mg tabs for yeast inf. Limit: 2 fills/30 days, 6 fills/year
terbinafine	LAMISIL				Monitor Liver funcion
ANTICHOLINERGIC/ANTISPASMODIC AGENTS					
rifampin	RIFADIN				
isoniazid					
ethambutol	MYAMBUTOL				
pyrazinamide					
ANTIVIRAL AGENTS					
Cytomegalovirus					
ganciclovir	CYTOVENE				
valganciclovir	VALCYTE				
Influenza A					
amantadine					
Herpes					
acyclovir	ZOVIRAX				Oral formulations covered
valacyclovir	VALTREX				
MISCELLANEOUS AGENTS					
Amebicides					







Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------




metronidazole	FLAGYL				
chloroquine phosphate	ARALEN				
Anthelmintics					
mebendazole	VERMOX				
Antimalarials					
hydroxychloroquine sulfate	PLAQUENIL				
chloroquine phosphate	ARALEN				
atovaquone/proguanil	MALARONE				
mefloquine	LARIAM				
Sulfones					
dapsone	DAPSONE				



























MUSCULOSKELETAL

ANTIRHEUMATIC AGENTS					
auranofin	RIDAURA				
hydroxychloroquine sulfate	PLAQUENIL				
penicillamine	CUPRIMINE				
methotrexate	RHEUMATREX DOSE PACK				
GOUT AGENTS					
allopurinol	ZYLOPRIM				
colchicine					
colchicine/probenecid					
probenecid					
SKELETAL MUSCLE RELAXANTS					
Centrally Acting					
diazepam	VALIUM				
baclofen					
carisoprodol	SOMA				
methocarbamol	ROBAXIN				
cyclobenzaprine	FLEXERIL				
Direct Acting					
dantrolene sodium	DANTRIUM				










OB-GYN

CONTRACEPTIVES					Monthly birth control pills are covered if FDA approved unless restrictions listed below.
Emergency Contraceptive					
levonorgestrel	PLAN B				
Miscellaneous					
etonogestrel/ethinyl estradiol	NUVARING				
norelgestromin/ethinyl estradiol patch	ORTHO EVRA				
ENDOMETRIOSIS					

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------



Androgens					
danazol	DANOCRINE				
Gonadotropin Releasing Hormones					
nafarelin	SYNAREL				
ESTROGENS					
estradiol	ESTRACE				
estropipate	ORTHO- EST/OGEN				
estrogens, conjugated	PREMARIN				
estrogens, conjugated	CENESTIN				
estrogens, esterified	MENEST				
estradiol levonorgestrel	CLIMARA PRO				
estradiol transdermal	CLIMARA				
estradiol transdermal	ESTRADERM				
estradiol transdermal	ALORA				
estradiol transdermal	VIVELLE				
	VIVELLE-DOT				
estradiol vaginal	ESTRING				
ESTROGEN/ PROGESTIN COMBINATIONS					
estrogens conjugated/ medroxyprogesterone	PREMPHASE				
estrogens conjugated/ medroxyprogesterone	PREMPRO				
OXYTOCICS					
methylergonovine	METHERGINE				
PROGESTINS					
medroxyprogesterone acetate	PROVERA				
micronized progesterone	PROMETRIUM				
ANTI-ESTROGENS					
toremifene	FARESTON				
tamoxifen citrate	NOLVADEX				
VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL					
Antibacterials					
triple sulfa	TRIPLE SULFA				
clindamycin vaginal	CLEOCIN				
metronidazole vaginal	METROGEL				
Antifungals					
nystatin vaginal					
RESPIRATORY					
INHALED MEDICATIONS					
Anticholinergics					
ipratropium bromide	ATROVENT HFA				
ipratropium bromide soln	ATROVENT				




Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------






























Beta2-Agonists					
albuterol	PROAIR HFA				
	VENTOLIN HFA				
	PROVENTIL HFA				
pirbuterol	MAXAIR AUTOHALER				
salmeterol	SEREVENT DISKUS				
formoterol	FORADIL				
Corticosteroids					
beclomethasone dipropionate	QVAR				
fluticasone propionate	FLOVENT HFA				
budesonide	PULMICORT				
budesonide	PULMICORT RESPULES				
Miscellaneous Agents					
nedocromil sodium	TILADE				
ipratropium/albuterol	COMBIVENT				
cromolyn sodium	INTAL				
salmeterol/fluticasone	ADVAIR DISKUS				
ORAL MEDICATIONS					
Beta2-Agonists					
metaproterenol	ALUPENT				
albuterol sulfate tabs	VENTOLIN/ PROVENTIL				
albuterol sulfate ER	VOLMAX				
albuterol sulfate ER	VOSPIRE ER				
terbutaline	BRETHINE				
Leukotriene Modifiers					
montelukast	SINGULAIR				
Methylxanthines					
theophylline ER	THEOCHRON				
theophylline ER	UNIPHYL				
Steroids					
prednisone					
dexamethasone	DECADRON				
prednisolone	PRELONE				




SMOKING CESSATION

- Members are encouraged to enroll in a tobacco cessation program through ADHS by calling 1-800-556-6222.
- Smoking Cessation for members under 18 years of age requires prior authorization.
- 4 week supplies approved up to 12 weeks total/6 months.
- Dual Eligible/Medicare D patients must utilize their Medicare D plan for prescription smoking cessation products.

nicotine patch	NICODERM CQ NICOTROL HABITROL				Max: 21mg/24hours
nicotine gum	NICORETTE				Max: 24 pieces/day

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

nicotine lozenges	COMMITT				Max: 24 lozenges/day
nicotine inhaler	NICOTROL				Max: 16 cartridges/day
nicotine nasal spray	NICOTROL NS				Max: ½ bottle=80sprays/day
bupropion	ZYBAN WELLBUTRIN SR				Max: 300mg/day
bupropion XL	WELLBUTRIN XL				
varenicline	CHANTIX				Max: 2mg/day
SUPPLEMENTS					
Antihyperphosphatemics					
sevelamer	RENAGEL/ RENVELA				Intolerant to Phoslo due to hypercalcemia.
Antihypocalcemics					
calcitriol	ROCALTROL				
Electrolytes					
Potassium					
potassium chl ER	K-DUR				
potassium chl	K-LYTE/CL				
potassium chl liq					
potassium chl pwd	KLOR-CON/25				
VITAMINS					
prenatal vitamins	NATATAB				Generic formulations covered
iron products	VARIOUS				
MISCELLANEOUS					
folic acid					
potassium citrate/ citric acid	POLYCITRA-K				
UROLOGICAL					
Analgesic Agents					
phenazopyridine	PYRIDIUM				
Antispasmodics					
hyoscyamine	LEVSIN				
tolterodine	DETROL				
tolterodine ER	DETROL LA				
oxybutynin chloride	DITROPAN				
oxybutynin chloride XL	DITROPAN XL				
oxybutynin patch	OXYTROL				
Benign Prostatic Hypertrophy (BPH)					
Alpha Blockers					
doxazosin	CARDURA				
terazosin	HYTRIN				
Antiandrogen					
finasteride	PROSCAR				
Cholinergic Agents					
atropine/ hyoscyamine/ methylene blue/ phenyl	URISED				

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
-----------------------	------------	--	--	--	---------------------------------

salicylate/ benzoic acid					
bethanechol	URECHOLINE				

OVER-THE-COUNTER (OTC) MEDICATIONS

A) ALLERGY/COUGH/COLD

cough syrup, non-narcotic
diphenhydramine
loratidine (Claritin)
cetirizine (Zyrtec)

B) ANALGESICS

acetaminophen
acetaminophen/diphenhydramine
(Tylenol PM)
aspirin
ibuprofen

***suppositories are excluded**

C) ANTACIDS

aluminum magnesium liquid

D) GASTROINTESTINAL DRUGS

omeprazole (PRILOSEC)
cimetidine
ranitidine

E) LAXATIVES

bisacodyl supp
docusate sodium
glycerin supp
psyllium powder
sodium phosphate enema

miralax generic

F) OPHTHALMIC

naphazoline/pheniramine (VASOCON-A)

G) SUPPLEMENTS

minerals (calcium, calcium
w/vitamin D, zinc)
niacin (SLO-NIACIN)
vitamins (multiple vits and C)

H) TOPICALS

hydrocortisone
triple antibiotic cream