

Drug Formulary

2009-2010

CAPSTONE

HEALTH PLAN

*A Special Plan
for Special Needs*





The Formulary

The Drug formulary is a list of medications covered by Capstone 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](http://www.uniteddrugs.com/PBM/) 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](http://www.uniteddrugs.com/PBM/Documents/CapstoneForm.pdf) must be filled out and signed by the physician and can be found online: <http://www.uniteddrugs.com/PBM/Documents/CapstoneForm.pdf>

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

Exclusions

The following are **NOT** covered under the Capstone 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 Capstone medical benefit for coverage options*
8. Wound care
***Contact Capstone medical benefit for coverage options*
9. Foods, nutritional supplements, medical foods
***Contact Capstone medical benefit for coverage options*
10. Inpatient medications or medications administered in the physician’s office
***Contact Capstone medical benefit for coverage options*
11. Fertility/Infertility
***Contact CAP 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
6. Mail Order Restrictions

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 MST 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

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Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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BLOOD MODIFIERS


ANTICOAGULANTS

aspirin	ASPIRIN				
warfarin	COUMADIN				
enoxaparin	LOVENOX				Not eligible for mail order Limited to 14 days

PLATELET AGGREGATION INHIBITORS







clopidogrel	PLAVIX				
cilostazol	PLETAL				

MISCELLANEOUS AGENTS

phytonadione	MEPHYTON				
pentoxifylline ER	TRENTAL				
epoetin alfa	EPOGEN PROCRIT				Not eligible for mail order
filgrastim	NEUPOGEN				Not eligible for mail order
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					
moricizine	ETHMOZINE				

Class 1B




phenytoin sodium	DILANTIN				
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Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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mexiletine	MEXITIL				
Class 1C					
propafenone	RYTHMOL				
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					




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Beta Alpha					
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				
toremide	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.























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methyldopa	ALDOMET				
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 ER				
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				Approved if over 75 years old or GI risk
Narcotic Combination Agents					
codeine/aspirin	ASPIRIN w/COD				Not eligible for mail order
codeine/APAP	TYLENOL w/COD				Not eligible for mail order
hydrocodone/APAP	VICODIN				Not eligible for mail order










































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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oxycodone/APAP	PERCOCET				Not eligible for mail order 5/325mg tablets
oxycodone/APAP	TYLOX				Not eligible for mail order
oxycodone/ASA	PERCODAN				Not eligible for mail order
hydrocodone/APAP	LORTAB				Not eligible for mail order
Non-Narcotic Combination Agents					
butalbital/APAP	PHRENILIN				Not eligible for mail order
butalbital/caff/APAP	FIORICET				Not eligible for mail order
butalbital/caff/ASA	FIORINAL				Not eligible for mail order
Opioids					
codeine sulfate					
morphine ER	MS CONTIN				Not eligible for mail order
morphine sulfate	MSIR				Not eligible for mail order
hydromorphone	DILAUDID				Not eligible for mail order
meperidine	DEMEROL				Not eligible for mail order
oxycodone	OXYIR				Not eligible for mail order
oxycodone, ER	OXYCONTIN				Not eligible for mail order Morphine sulfate first line unless documented morphine allergy Twice daily dosing Generic not available periodically. High cost med
fentanyl patch	DURAGESIC				Not eligible for mail order For opioid tolerance only. Not for acute use. 72 hour dosing
Migraine Agents					
divalproex sodium ER	DEPAKOTE ER				
butorphanol	STADOL				Not eligible for mail order Nasal Spray covered: Limit: 3 bottles/month
ergotamine tartrate/ caffeine	CAFERGOT				Not eligible for mail order
zolmitriptan	ZOMIG				Not eligible for mail order Limit: 12 tabs/month
sumatriptan	IMITREX				Not eligible for mail order Limit: Tabs: 9/month Syringes: 2/month Nasal spray: 6 devices/month
ANTI-ANXIETY AGENTS					
Benzodiazepines					
































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alprazolam	XANAX				Not eligible for mail order XR not covered
diazepam	VALIUM				Not eligible for mail order
chlordiazepoxide	LIBRIUM				Not eligible for mail order
oxazepam	SERAX				Not eligible for mail order Capsules are covered
lorazepam	ATIVAN				
Miscellaneous					
bupirone	BUSPAR				
ANTICONVULSANT MEDICATIONS					
Barbiturates					
phenobarbital					
Benzodiazepines					
clonazepam	KLONOPIN				Not eligible for mail order Wafers not covered
diazepam rectal	DIASTAT				Not eligible for mail order Limit: 2 boxes/month
Hydantoins					
phenytoin	DILANTIN				
Succinimides					
ethosuximide	ZARONTIN				
Adjuvant Anticonvulsants					
primidone	MYSOLINE				
divalproex sodium	DEPAKOTE				
divalproex sodium ER	DEPAKOTE ER				
gabapentin	NEURONTIN				
valproic acid	DEPAKENE				
lamotrigine	LAMICTAL				
lamotrigine chewables	LAMICTAL				
topiramate	TOPAMAX				
levetiracetam	KEPPRA				
levetiracetam	KEPPRA XR				
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				


























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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 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				













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Butyrophenones					
haloperidol	HALDOL				
OTHER AGENTS					
Psychosis/Bipolar					
risperidone	RISPERDAL				Antipsychotics are covered on an emergency basis if prescribed by primary care provider UNTIL member can be enrolled in a behavioral health program.
ANTIVERTIGO/MOTION SICKNESS AGENTS					
meclizine	ANTIVERT				
promethazine	ENERGAN				
prochlorperazine	COMPAZINE				
ATTENTION DEFICIT DISORDER (ADD/ADHD)					
methylphenidate	RITALIN				Not eligible for mail order
methylphenidate ER	RITALIN SR				Not eligible for mail order
methylphenidate LA	RITALIN LA				Not eligible for mail order
methylphenidate ER	CONCERTA				Not eligible for mail order
methylphenidate ER	METADATE CD				Not eligible for mail order
dextroamphetamine	DEXEDRINE				Not eligible for mail order
amphetamine/ dextroamphetamine mixed salts	ADDERALL ADDERALL XR				Not eligible for mail order
atomoxetine	STRATTERA				Not eligible for mail order
BIPOLAR AGENTS					
lithium carbonate					
lithium carbonate ER	LITHOBID				
divalproex sodium	DEPAKOTE				
MULTIPLE SCLEROSIS AGENTS					
interferon beta-1a	AVONEX				Not eligible for mail order
interferon beta-1a	REBIF				Not eligible for mail order
interferon beta-1b	BETASERON				Not eligible for mail order
	COPAXONE				Not eligible for mail order
MYASTHENIA GRAVIS AGENTS					
pyridostigmine	MESTINON				
SEDATIVES/HYPNOTICS					
acetaminophen/ diphenhydramine	TYLENOL PM				
hydroxyzine pam	VISTARIL				
chloral hydrate					Syrup covered
temazepam	RESTORIL				Not eligible for mail order 7.5MG strength not covered
triazolam	HALCION				Not eligible for mail order
lorazepam	ATIVAN				Not eligible for mail order



















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zolpidem	AMBIEN				Not eligible for mail order CR not covered
STIMULANTS					
methylphenidate	RITALIN				Not eligible for mail order
dextroamphetamine	DEXEDRINE				Not eligible for mail order
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
ANTIFUNGALS – TOPICAL					
nystatin	MYCOSTATIN				
nystatin/triamcinolone acetoneide	MYCOLOG II				
clotrimazole					
ciclopirox	LOPROX				
clotrimazole/ betamethasone	LOTRISONE				
ketoconazole	NIZORAL				
ANTIVIRAL-TOPICAL					
acyclovir	ZOVIRAX				Oral formulations are first line
ANTIPRURITIC					
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				Not eligible for mail order
Group II					

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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fluocinolone acetonide 0.01%	SYNALAR				Not eligible for mail order
triamcinolone acetonide 0.025%	KENALOG				Not eligible for mail order
hydrocortisone valerate	WESTCORT				Not eligible for mail order
Group III					
betamethasone valerate 0.1%	BETA-VAL				Not eligible for mail order
fluocinolone acetonide	SYNALAR				Not eligible for mail order
triamcinolone acetonide 0.1%	KENALOG				Not eligible for mail order
Group IV					
betamethasone dipropionate 0.05%	DIPROSONE				Not eligible for mail order Aerosol not covered
fluocinonide 0.05%	LIDEX				Not eligible for mail order
triamcinolone acetonide 0.5%	KENALOG				Not eligible for mail order
Group V					
clobetasol propionate	TEMOVATE				Not eligible for mail order Ointment not covered
halobetasol propionate	ULTRAVATE				Not eligible for mail order
betamethasone dipropionate oint.	DIPROLENE				Not eligible for mail order
betamethasone dipropionate cream	DIPROLENE AF				Not eligible for mail order
ECZEMA / PSORIASIS					
selenium sulfide	SELSUN				Not eligible for mail order Covered for treatment of eczema
methotrexate					
SCABICIDES/PEDICULICIDES					
lindane					
crotamiton	EURAX				Not eligible for mail order
malathion	OVIDE				Not eligible for mail order
permethrin	ELIMITE				Not eligible for mail order
MISCELLANEOUS AGENTS					
ammonium lactate	AMLACTIN				Not eligible for mail order
EENT (Eyes Ears Nose and Throat)					
ALLERGY/COUGH/COLD					
Antihistamines					
Ethanolamines					
clemastine	TAVIST				Liquid formulation and 2.68mg tablets covered.
Piperidines (oral, low-sedating)					
loratadine	CLARITIN				Limit: 30 per month
loratadine/	CLARITIN D				Limit: 30 per month


























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pseudoephedrine					
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					
Narcotic					
guaifenesin/codeine	GUIATUSS AC				Not eligible for mail order
pseudoephedrine	DECONAMINE CX				Not eligible for mail order
hydrocodone/ homatropine	HYCODAN				Not eligible for mail order
phenylephrine/ hydrocodone/ chlorpheniramine	HISTUSSIN/HC				Not eligible for mail order
promethazine/codeine	PHENERGAN w/COD				Not eligible for mail order
hydrocodone/ pseudoephedrine	HISTUSSIN D				Not eligible for mail order
guaif/hydrocodone	HYCOTUSS				Not eligible for mail order
Non-Narcotic					
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					
Rhinitis					
CORTICOSTEROIDS					
fluticasone propionate	FLONASE				
mometasone aqueous	NASONEX				



































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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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				
Anti-Infectives					
<i>Antibacterials</i>					
bacitracin					
chloramphenicol	CHLOROPTIC				
erythromycin	ILOTYCIN				
gentamicin	GARAMYCIN				
polymyxin B/bacitracin	POLYSPORIN				
polymyxin B/neomycin bacitracin oint.	NEOSPORIN				Not eligible for mail order
polymyxinB/ neomycin/gramicidin soln.	NEOSPORIN				Not eligible for mail order
sodium sulfacetamide	BLEPH-10				
polymyxin B/ trimethoprim	POLYTRIM				Not eligible for mail order
levofloxacin	QUIXIN				Not eligible for mail order
ofloxacin	OCUFLOX				Not eligible for mail order
tobramycin	TOBEX				Not eligible for mail order

























Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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moxifloxacin	VIGAMOX				Not eligible for mail order
Antivirals					
trifluridine	VIROPTIC				Not eligible for mail order
Corticosteroids					
dexamethasone	DECADRON				Not eligible for mail order
fluorometholone	FLUOR-OP				Not eligible for mail order
loteprednol	ALREX				Not eligible for mail order
	LOTEMAX				Not eligible for mail order
prednisolone acetate	PRED MILD/FORTE				Not eligible for mail order
prednisolone sodium phosphate	INFLAMASE MILD				Not eligible for mail order
Combination Topical Antibacterials/Corticosteroids					
neomycin/polymyxinB/ hydrocortisone	CORTISPORIN				Not eligible for mail order
neomycin/polymyxinB/ dexamethasone	MAXITROL				Not eligible for mail order
sulfacetamide/ prednisolone	VASOCIDIN				Not eligible for mail order
fluorometholone/ sulfacetamide	FML LIQUIFILM				Not eligible for mail order
gentamicin/prednisolone acetate	PRED-G				Not eligible for mail order
tobramycin/ dexamethasone	TOBRADEX				Not eligible for mail order
Miscellaneous					
atropine	ISOPTO ATROPINE				Not eligible for mail order
cromolyn sodium	CROLOM				Not eligible for mail order
flurbiprofen	OCUFEN				Not eligible for mail order
OTIC AGENTS					
acetic acid	VOSOL				Not eligible for mail order
acetic acid/ aluminum acetate	DOMEBORO OTIC				Not eligible for mail order
hc/acetate acid	VOSOL HC				Not eligible for mail order
hc/neomycin/poly B	CORTISPORIN				Not eligible for mail order
ciprofloxacin/dexameth	CIPRODEX				Not eligible for mail order
benzocaine/antipyrine	AURALGAN				Not eligible for mail order
triethanolamine oleate	CERUMENEX				Not eligible for mail order
MISCELLANEOUS					
lidocaine viscous					
EMERGENCY KITS					
epinephrine	EIPEN				Not eligible for mail order Limit: 2 per year
	EIPEN Jr.				Not eligible for mail order

































Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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					Limit: 2 per year
ENDOCRINE					
ADRENAL CORTICOSTEROIDS					
Glucocorticoids					
prednisone					
dexamethasone	DECADRON				Not eligible for mail order
methylprednisolone	MEDROL				Not eligible for mail order
	MEDROL DOSEPAK				Not eligible for mail order
prednisolone	PRELONE				Not eligible for mail order
Mineralocorticoids					
fludrocortisone acetate	FLORINEF				
ANDROGENS					
methyltestosterone					
fluoxymesterone	HALOTESTIN				Not eligible for mail order
testosterone	ANDROGEL				Not eligible for mail order
testosterone transdermal	ANDRODERM				Not eligible for mail order
	TESTODERM				Not eligible for mail order
ANTIDIABETIC AGENTS					
Insulin					
human insulin lispro	HUMALOG/NOV OLOG				
insulin glargine	LANTUS				
human insulin	HUMULIN/NOVO LIN				
insulin prefilled pens/cartridges					
Oral Medications					
Sulfonylureas					
glyburide	DIABETA				
glipizide	GLUCOTROL				
glipizide ER	GLUCOTROL XL				
glimepiride	AMARYL				
Non-Sulfonylureas					
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 and least


























Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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					costly—OBTAIN METER THROUGH DME/CASE MANAGER
THYROID AND ANTITHYROID AGENTS					
Thyroid					
levothyroxine	LEVOXYL				
	SYNTHROID				
thyroid	ARMOUR THYROID				
Antithyroid					
propylthiouracil	PROPYLTHIOURACIL				
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				
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				
MISCELLANEOUS					
desmopressin acetate	DDAVP				
GASTROINTESTINAL					
ANTIDIARRHEAL AGENTS					
diphenoxylate/atropine	LOMOTIL				Not eligible for mail order
ANTICHOLINERGIC/ANTISPASMODIC AGENTS					
dicyclomine	BENTYL				
hyoscyamine	ANASPAZ				
ANTIEMETIC AGENTS					





























Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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meclizine	ANTIVERT				Not eligible for mail order
promethazine	PHENERGAN				Not eligible for mail order
prochlorperazine	COMPAZINE				Not eligible for mail order
ondansetron	ZOFRAN				Not eligible for mail order
	ZOFRAN ODT				Not eligible for mail order
ANTI-ULCER AGENTS					
ranitidine	ZANTAC				Tablets only
misoprostol	CYTOTEC				
sucralfate	CARAFATE				
H. PYLORI AGENTS					
bismuth subsalicylate/ metronidazole/tcn	HELIDAC				Not eligible for mail order
amoxicillin/ clarithromycin/ lansoprazole	PREVPAC				Not eligible for mail order
COLORECTAL AGENTS					
hydrocortisone enema	COLOCORT				Not eligible for mail order
hydrocortisone cream	PROCTOCORT				Not eligible for mail order
sulfasalazine	AZULFIDINE				
hydrocortisone rectal	PROCTOCREAM- HC				Not eligible for mail order
hydrocortisone acetate/pramoxine	PROCTOFOAM- HC				Not eligible for mail order
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				
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.







Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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IMMUNOSUPPRESSANTS					All immunosuppressants are covered if FDA approved.
INFECTIOUS DISEASE					
ANTIBACTERIAL AGENTS					
Cephalosporins					
<i>First Generation</i>					
cephalexin (<i>not Keftab</i>)	KEFLEX				Not eligible for mail order
cefadroxil	DURICEF				Not eligible for mail order
<i>Second Generation</i>					
cefaclor	CECLOR				Not eligible for mail order
cefprozil	CEFZIL				Not eligible for mail order
cefuroxime	CEFTIN				Not eligible for mail order
<i>Third Generation</i>					
cefdinir	OMNICEF				Not eligible for mail order
cefpodoxime	VANTIN				Not eligible for mail order
Fluoroquinolones					
ciprofloxacin	CIPRO				Not eligible for mail order
ciprofloxacin ER	CIPRO XR				Not eligible for mail order
moxifloxacin	AVELOX				Not eligible for mail order
levofloxacin	LEVAQUIN				Not eligible for mail order Not first line for UTI
Macrolides					
erythromycin products					Not eligible for mail order
azithromycin	ZITHROMAX				Not eligible for mail order
clarithromycin	BIAXIN				Not eligible for mail order
clarithromycin ER	BIAXIN XL				Not eligible for mail order
Penicillins					
amoxicillin					Not eligible for mail order
ampicillin					Not eligible for mail order
dicloxacillin					Not eligible for mail order
penicillin VK					Not eligible for mail order
amoxicillin/pot. clavulanate	AUGMENTIN				Not eligible for mail order
amoxicillin/pot. clavulanate	AUGMENTIN ES				Not eligible for mail order
Sulfonamides					
sulfamethoxazole/ trimethoprim	BACTRIM/ BACTRIM DS SEPTRA/SEPTRA DS				Not eligible for mail order
sulfisoxazole					Not eligible for mail order
Tetracyclines					
doxycycline hyclate	VIBRAMYCIN				Not eligible for mail order
tetracycline					Not eligible for mail order

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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minocycline	MINOCIN				Not eligible for mail order Capsules only
Urinary Anti-Infectives					
trimethoprim	TRIMPEX				Not eligible for mail order
nitrofurantoin	MACRODANTIN				Not eligible for mail order
nitrofurantoin ER	MACROBID				Not eligible for mail order
methenamine	MANDELAMINE				Not eligible for mail order
COMBINATION ANTIBIOTICS					
erythromycin/ sulfoxazole	PEDIAZOLE				Not eligible for mail order
Miscellaneous Antimicrobials					
	FLAGYL				Not eligible for mail order
clindamycin	CLEOCIN				Not eligible for mail order
ANTIFUNGAL AGENTS					
nystatin	MYCOSTATIN				Not eligible for mail order
griseofulvin microsize	GRIFULVIN V				Not eligible for mail order
griseofulvin ultramicrosize	GRIS-PEG				Not eligible for mail order
ketoconazole	NIZORAL				Not eligible for mail order
clotrimazole	MYCELEX TROCHE				Not eligible for mail order
fluconazole	DIFLUCAN				Not eligible for mail order 150mg tabs for yeast inf = Limit: 2 fills/30 days, 6 fills/year
terbinafine	LAMISIL				Not eligible for mail order Monitor Liver function
ANTICHOLINERGIC/ANTISPASMODIC AGENTS					
rifampin	RIFADIN				
isoniazid					
ethambutol	MYAMBUTOL				
pyrazinamide					
ANTIVIRAL AGENTS					
Cytomegalovirus					
ganciclovir	CYTOVENE				Not eligible for mail order
valganciclovir	VALCYTE				Not eligible for mail order
Influenza A					
amantadine					
Herpes					
acyclovir	ZOVIRAX				Not eligible for mail order Oral formulations covered
valacyclovir	VALTREX				Not eligible for mail order
MISCELLANEOUS AGENTS					
Amebicides					
metronidazole	FLAGYL				Not eligible for mail order
chloroquine phosphate	ARALEN				Not eligible for mail order
Anthelmintics					

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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mebendazole	VERMOX				Not eligible for mail order
Antimalarials					
hydroxychloroquine sulfate	PLAQUENIL				
chloroquine phosphate	ARALEN				Not eligible for mail order
atovaquone/proguanil	MALARONE				Not eligible for mail order
mefloquine	LARIAM				Not eligible for mail order
Sulfones					
dapsone	DAPSONE				

MUSCULOSKELETAL






ANTIRHEUMATIC AGENTS

auranofin	RIDAURA				
hydroxychloroquine sulfate	PLAQUENIL				
penicillamine	CUPRIMINE				
methotrexate	RHEUMATREX DOSE PACK				Not eligible for mail order


GOUT AGENTS

allopurinol	ZYLOPRIM				
colchicine					
colchicine/probenecid					
probenecid					

SKELETAL MUSCLE RELAXANTS

Centrally Acting					
diazepam	VALIUM				Not eligible for mail order
baclofen					Age Restriction: Under 20 yrs old requires prior auth
carisoprodol	SOMA				Not eligible for mail order
methocarbamol	ROBAXIN				Not eligible for mail order
cyclobenzaprine	FLEXERIL				Not eligible for mail order


Direct Acting

dantrolene sodium	DANTRIUM				
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OB-GYN




CONTRACEPTIVES					
Generic formulations of monthly birth control pills are covered if FDA approved unless restrictions listed below.					



























Emergency Contraceptive




levonorgestrel	PLAN B				Not eligible for mail order
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
















Miscellaneous

etonogestrel/ethinyl estradiol	NUVARING				Not eligible for mail order
norelgestromin/ethinyl estradiol patch	ORTHO EVRA				
levonorgestrel/ethinyl estradiol 90-20mg	LYBREL				

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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diaphragms					Not eligible for mail order
condoms, latex					Not eligible for mail order
ENDOMETRIOSIS					
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				Not eligible for mail order
ESTROGEN/ PROGESTIN COMBINATIONS					
estrogens conjugated/ medroxyprogesterone	PREMPHASE				
estrogens conjugated/ medroxyprogesterone	PREMPRO				
ee/norethindrone ace	FEMHRT				
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				Not eligible for mail order
clindamycin vaginal	CLEOCIN				Not eligible for mail order
metronidazole vaginal	METROGEL				Not eligible for mail order
Antifungals					
nystatin vaginal					Not eligible for mail order
RESPIRATORY					
INHALED MEDICATIONS					
Anticholinergics					


Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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ipratropium bromide	ATROVENT HFA				
ipratropium bromide soln	ATROVENT				
tiotropium	SPIRIVA				
Beta2-Agonists					
albuterol	PROAIR HFA				First line albuterol HFA
	VENTOLIN HFA				
	PROVENTIL HFA				
pirbuterol	MAXAIR				
salmeterol	SEREVENT				
formoterol	FORADIL				
Corticosteroids					
beclomethasone dipropionate	QVAR				First line inhaled corticosteroid
fluticasone propionate	FLOVENT HFA				
budesonide	PULMICORT				
budesonide	PULMICORT RESPULES				High Cost Med! Use inhaler as first line if possible.
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.
- **NOT ELIGIBLE FOR MAIL ORDER**

nicotine patch	NICODERM CQ				Max: 21mg/24hours
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Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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	NICOTROL HABITROL				
nicotine gum	NICORETTE				Max: 24 pieces/day
nicotine lozenges	COMMITT				Max: 24 lozenges/day
nicotine inhaler	NICOTROL				Max: 16 cartridges/day
nicotine nasal spray	NICOTROL NS				Max: 1/2 bottle=80sprays/day
bupropion	ZYBAN WELLBUTRIN SR				Max: 300mg/day
bupropion XL	WELLBUTRIN XL				Not covered for smoking cessation
varenicline	CHANTIX				Max: 2mg/day
SUPPLEMENTS					
Antihyperphosphatemics					
calcium acetate	PHOSLO				
sevelamer	RENAGEL/RENV ELA				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					

Category Drug Name	Brand Name	Generic 	Brand 	Prior Auth 	Quantity Limits/Restrictions
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finasteride	PROSCAR				
Cholinergic Agents					
atropine/ hyoscyamine/ methylene blue/ phenyl salicylate/ benzoic acid	URISED				
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