



Technology Services...For your home and office.

2008-2009

****Revised Drug Formulary****

THE DRUG FORMULARY

The drug formulary is a list of medications covered by QualxServ. It is intended for use by the plan, providers and pharmacies. The drug formulary applies only to outpatient prescription medications. It does not apply to inpatient medications obtained from or administered by a physician.

The drug formulary is a generically run formulary. Medications listed on the formulary followed by an asterisk (*) must be dispensed with the generic product.

The brand names are listed for all drugs for reference purposes only. For medications without an asterisk, the generic must be dispensed if it becomes available. Medications followed by NTI are narrow therapeutic index medications and either generic or brand may be dispensed.

The QualxServ drug formulary is subject to change.

PRIOR AUTHORIZATION

Prior authorization is required for medications due to high cost, formulary alternatives available, and drugs requiring clinical monitoring. Each prior authorization is reviewed by the United Drugs clinical director for clinical appropriateness, less costly alternatives, and protocol adherence. In many instances, the medication requiring prior authorization can be substituted for a formulary medication at a lower cost to you. Taking the most current formulary to your doctor can help avoid prior authorizations in most cases. Drugs approved through prior authorization will cost the **4th Tier co pay.** ***see co pay key below*
Once your doctor completes the prior auth form, please allow 48 hours for United Drugs authorization review.

Current formulary and prior auth forms are available at <http://www.uniteddrugs.com/PBM/Formularies.php>

**Please have your doctor fax the completed prior authorization form to
(602) 678-0941.**

Medications requiring prior authorization include:

- Medications not listed on the drug formulary
- Medications listed with a (PA) in the drug formulary
- Medications > \$300 at retail
- Medications > \$1800 at mail order

***Prior authorizations will not be granted based on samples given or if member pays for medication before prior authorization is approved.*

STEP THERAPY

The drug formulary has certain medications listed as step therapy (**ST**). If a medication is listed as (**ST**), members are asked to try a formulary medication before requesting the step therapy medication. If these steps are not followed, the physician must fill out a Prior Authorization form before the member is allowed to receive the prescribed medication. Forms are available at: <http://www.uniteddrugs.com/PBM/Formularies.php>

Created by United Drugs

MAIL ORDER

A Maintenance Medication is a medication that you receive continuously to treat a disease state. Most medications that you receive for 30 days or longer will be considered a Maintenance Medication and must be filled at mail order. Exceptions apply, including narcotics. You will receive 90 days of medication via mail order for a lower copay amount. Download the *Walgreen's Healthcare Plus* Registration and Prescription Order Form from the United Drug Website at www.uniteddrugs.com.

IMPORTANT: Please allow 2 weeks for delivery of mail order medications

EXCLUSIONS

The following are NOT covered under the QualxServ Prescription Benefit:

1. Pharmaceuticals requiring a prescription that:
 - Have not been approved by the U.S. Food and Drug Administration (FDA); or
 - Are not approved by the FDA for the condition, dose, route & frequency for which they are prescribed; or
 - Are experimental and/or investigational in the definitions chapter of your Medical, Dental, and Vision Plan Benefit Manual.
2. Non-prescription (non-legend or over the counter –OTC) drugs or medicines, unless listed on the drug formulary. OTC medications require a prescription from the doctor.
3. Take-home prescriptions or medicines provided by a hospital, ambulatory surgical center, or other health care facility, with the exception of emergency room.
4. Foods and nutritional supplements including, but not limited to, home meals, formulas, diet foods, vitamins and minerals (whether they can be purchased over-the-counter or require a prescription), except for prenatal vitamins and minerals requiring a prescription.
5. Naturopathic or homeopathic services and substances.
6. Drugs, medicines, or devices for:
 - Anorexiant (drugs for weight loss) except as used for children less than 18 years to treat ADD/ADHD;
 - Smoking Cessation
 - Contraception, except birth control pills and diaphragms; (see also fertility services in the Schedule of Medical Benefits in your Medical, Dental, and Vision Plan benefit manual for other contraceptive coverage offered from a Doctor);
 - Fertility and/or infertility; (Except as listed in formulary)
 - Fluoride preparations for dental purposes;
 - Hair growth (i.e., Minoxidil, Propecia, Rogaine);
 - Sexual inadequacy or dysfunction such as impotence (i.e., Viagra, Cialis);
 - Cosmetic Alteration/Vitamin A derivatives (i.e., Retin A, Accutane, Renova) for individuals over age 30;
7. Injectables, except Imitrex, Insulin, Glucagon, Heparin and drugs to treat severe allergic reactions or as authorized by the Prescription Drug Plan. Any request for a biotech injectable drug must be approved PRIOR to dispensing. Failure to do so may result in non-coverage of medication.
8. Vaccinations, immunizations, inoculations or preventative injections, except those provided by the plan for children and/or adults; and those required for treatment of an injury or exposure to disease or infection (such as anti-rabies, tetanus, anti-venom, or immunoglobulin). These are covered under the medical plan and are therefore not covered under the Pharmacy Plan.

CONTACT

United Drugs Customer Service Helpdesk
Phoenix, Arizona
“Dedicated to helping you”

Phone: **1-800-364-8865 opt 4.**

Prior Authorization Fax Line:
1-602-678-0941 (or)
1-866-563-9220

Email Address: Qualxserv@uniteddrugs.com

Hours of Operation:
Monday through Friday 7 am to 5 pm (MST-no daylight
savings)



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KEY

PREFERRED MED—preferred co pay
Medications listed on formulary with no restrictions indicated are preferred meds.

* **GENERIC AVAILABLE**—generic co pay
***this document may not reflect current generic status of medications*

NON-PREFERRED MED—non-preferred co pay

ST STEP THERAPY REQUIRED

L LIMITED

***example: limited quantity allowed*

PA PRIOR AUTHORIZATION—4th tier co pay
if approved

4TH Tier—4th tier co-pay
Medications not listed on the drug formulary—4th tier co pay

COPAYS

Generic = \$15 at retail and \$30 at mail for 90 day supply

Preferred = \$25 at retail and \$50 at mail for 90 day supply

Non-preferred = \$40 at retail and \$80 at mail for 90 day supply

4th Tier=\$60 at retail and \$120 at mail and \$180 for 90 day supply at retail.

90 day supplies filled at retail will result in 3 generic, preferred, non-preferred, or 4th tier co-pays.



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– ANTINEOPLASTIC and IMMUNOSUPPRESSANTS –

All oral antineoplastic and immunosuppressant agents are covered under the prescription benefit, if FDA approved \$\$\$\$\$

MISCELLANEOUS

interferon alpha-2b	INTRON A (PA)	\$\$\$\$\$\$
peg interferon alpha –2b	PEG – INTRON (PA)	\$\$\$\$\$\$

– BLOOD MODIFIERS –

ANTICOAGULANTS

aspirin* <i>Requires Rx</i>	ASPIRIN (OTC)	\$
warfarin*	COUMADIN	\$\$
enoxaparin	LOVENOX #	\$\$\$\$\$\$

PLATELET AGGREGATION INHIBITORS

cilostazol	PLETAL#	\$\$\$
clopidogrel	PLAVIX #	\$\$\$
ticlopidine*	TICLID	\$\$\$

MISCELLANEOUS AGENTS

pentoxifylline, ext-rel.*	TRENTAL	\$\$\$
phytonadione	MEPHYTON #	\$\$\$
anagrelide*	AGRYLIN #	\$\$\$\$\$
dipyridamole, ext. rel./aspirin	AGGRENEX #	\$\$\$
epoetin alfa	PROCRIT #	\$\$\$\$\$
filgrastim	NEUPOGEN #	\$\$\$\$\$\$

– CARDIOVASCULAR –

ACE INHIBITORS

captopril*	CAPOTEN	\$
enalapril*	VASOTEC	\$
lisinopril*	ZESTRIL	\$
quinapril*	ACCUPRIL	\$\$
ramipril*	ALTACE	\$\$
moexipril*	UNIVASC	\$\$
trandolapril*	MAVIK	\$\$
fosinopril*	MONOPRIL	\$\$

COMINATION PRODUCTS

atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
quinapril/hctz*	ACCURETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$
captopril/hctz*	CAPOZIDE	\$\$
enalapril/hctz*	VASERETIC	\$\$
fosinopril/hctz*	MONOPRIL HCT	\$\$
moexipril/hctz*	UNIRETIC	\$\$
amlodipine/benazapril*	LOTREL	\$\$

ALPHA BLOCKERS

prazosin*	MINIPRESS	\$
doxazosin*	CARDURA	\$\$
terazosin* (<i>caps only</i>)	HYTRIN	\$\$\$

ANGIOTENSIN II ANTAGONISTS

irbesartan	AVAPRO	\$\$\$
irbesartan/hctz	AVALIDE	\$\$\$

losartan	COZAAR	\$\$\$
losartan/hctz	HYZAAR	\$\$\$
ANTIARRHYTHMICS		
Class 1A		
disopyramide*	NORPACE	\$
procainamide*	PRONESTYL	\$
quinidine sulfate*		\$
quinidine sulfate ext. rel.*	QUINIDEX	\$\$
disopyramide ext. rel.*	NORPACE CR	\$\$\$
procainamide ext. rel.* (6 hour)		\$\$\$
morizine	ETHMOZINE	\$\$\$\$\$
Class 1B		
mexiletine*	MEXITIL	\$\$\$\$
Class 1C		
propafenone*	RYTHMOL	\$\$\$\$\$
Class II		
propranolol*	INDERAL	\$
acebutolol*	SECTRAL	\$\$
Class III		
amiodarone* (200mg only)	CORDARONE	\$\$\$\$\$
sotalol*	BETAPACE	\$\$\$\$\$\$
Class IV		
digoxin*	LANOXIN (NTI)	\$
verapamil*	CALAN	\$
ANTILIPEMICS		
Bile Acid Sequestrants		
cholestyramine*	QUESTRAN	\$\$\$
colestipol	COLESTID	\$\$\$\$\$
colesevelam	WELCHOL	\$\$\$\$\$

HMG-CoA Reductase Inhibitors

Generic statins are first line. Crestor and Lipitor are reserved for members requiring greater than 50% reduction in LDL.

simvastatin*	ZOCOR	\$
pravastatin*	PRAVACHOL	\$
lovastatin*	MEVACOR	\$
atorvastatin	LIPITOR (PA)	\$\$\$
rosuvastatin	CRESTOR (PA)	\$\$\$

Past and most recent lipid panel required with prior auth form.

Cholesterol Absorption Inhibitor

ezetimibe	ZETIA (PA)	\$\$\$\$\$
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Miscellaneous

fenofibrate, micronized *	LOFIBRA	\$\$
gemfibrozil* (600mg only)	LOPID	\$\$
niacin, ext. rel. <i>Requires Rx</i>	SLO-NIACIN	\$
niacin	NIACOR	\$
niacin CR	NIASPAN (PA)	\$\$\$

Niacor and slo-niacin are preferred

ezetimibe-simvastatin	VYTORIN (PA)	\$\$\$
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BETA BLOCKERS

Non-Cardioselective

propranolol*	INDERAL	\$
pindolol*		\$\$
propranolol, ext. rel.	INDERAL LA	\$\$

propranolol, ext. rel.	INNOPRAN XL	\$\$
nadolol*	CORGARD	\$\$\$
Cardioselective		
atenolol*	TENORMIN	\$
metoprolol*	LOPRESSOR	\$
metoprolol ext. rel.*	TOPROL XL	\$\$
carvedilol* (<i>not CR</i>)	COREG	\$\$
acebutolol*	SECTRAL	\$\$\$
Beta Alpha		
labetalol*	TRANDATE	\$\$\$
CALCIUM CHANNEL BLOCKERS		
verapamil*	CALAN	\$
verapamil ext. rel.*	CALAN SR	\$\$
nifedipine ext. rel.*	ADALAT CC	\$\$\$
nisoldipine	SULAR#	\$\$\$
amlodipine*	NORVASC	\$\$
diltiazem*	CARDIZEM	\$\$\$\$
diltiazem ext. rel.*	CARDIZEM CD	\$\$\$\$
CARDIAC GLYCOSIDES		
digoxin*	LANOXIN	\$
DIURETICS		
Loop Diuretics		
furosemide*	LASIX	\$
bumetanide*	BUMEX	\$\$
Potassium Sparing Diuretics		
spironolactone*	ALDACTONE	\$
triamterene/hctz*	DYAZIDE	\$
triamterene/hctz*	MAXZIDE	\$
Thiazide and Related Diuretics		
chlorthalidone*	HYGROTON	\$
(<i>25mg and 50mg only</i>)		
hydrochlorothiazide*	HYDRODIURIL	\$
metolazone*	ZAROXOLYN	\$\$
NITRATES		
Oral		
isosorbide dinitrate oral*	ISORDIL	\$
nitroglycerin ext. rel.*		\$
nitroglycerin sublingual*	NITROSTAT	\$
isosorbide mono ext.rel.*	IMDUR	\$\$\$
Transdermal		
nitroglycerin ointment*		\$
nitroglycerin transdermal patch*	NITREK	\$\$
nitroglycerin transdermal*	NITRO-DUR	\$\$
SYMPATHOLYTICS		
clonidine* (<i>tablets only</i>)	CATAPRES	\$
methyldopa*	ALDOMET	\$
guanfacine*	TENEX	\$\$
VASODILATORS		
hydralazine*		\$
ORTHOSTATIC HYPOTENSIVES		
fludrocortisone acetate *	FLORINEF	\$\$\$
midodrine*	PROAMATINE	\$\$\$\$\$\$
MISCELLANEOUS		
benazepril/amlodipine*	LOTREL	\$\$\$\$
atorvastatin-amlodipine	CADUET (PA)	\$\$\$\$

(*no Prior Auth needed if 2 separate rx's written*)

Oxycontin and Fentanyl require documented allergy to morphine sulfate or at least 2 month trial of morphine sulfate.

Migraine Agents

isometheptene/APAP/ dichloralphenone*	DURADRIN (CIV)	\$\$
divalproex sodium, ext. rel.	DEPAKOTE ER	\$\$\$
butorphanol*	STADOL (CIV) # (L)	\$\$\$\$
<i>(L) limit 3 bottles/month-nasal spray only</i>		
ergotamine tartrate/caffeine	CAFERGOT	\$\$\$\$
dihydroergotamine mesylate	D.H.E. 45 #	\$\$\$\$\$
dihydroergotamine nasal	MIGRANAL #	\$\$\$\$\$\$
zolmitriptan	ZOMIG (L)	\$\$\$\$\$\$
<i>(L) limit 12 tabs/month</i>		
sumatriptan	IMITREX (L)	\$\$\$\$\$\$
<i>(L) limit 9 tabs, 2 syringes /month, 6 nasal spray devices/month</i>		

ANTI-ANXIETY AGENTS

Benzodiazepines

alprazolam* (not XR)	XANAX (CIV)	\$
diazepam*	VALIUM (CIV)	\$
oxazepam* (caps only)	SERAX (CIV)	\$
lorazepam*	ATIVAN (CIV)	\$\$

Miscellaneous

bupirone*	BUSPAR	\$\$\$\$
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ANTICONVULSANT MEDICATIONS

Barbiturates

phenobarbital*	(CIV)	\$
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Benzodiazepines

clonazepam* (not wafers)	KLONOPIN (CIV)	\$\$\$
diazepam	DIASTAT (CIV) (L)	\$\$\$\$
<i>(L) Limit 2 boxes per month</i>		

Hydantoins

phenytoin*	DILANTIN (NTI)	\$
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Succinimides

ethosuximide*	ZARONTIN	\$\$\$
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Adjuvant Anticonvulsants

primidone*	MYSOLINE	\$\$
divalproex sodium ext. rel.*	DEPAKOTE	\$\$\$
gabapentin*	NEURONTIN	\$\$\$
valproic acid*	DEPAKENE	\$\$\$
lamotrigine*	LAMICTAL	\$\$
topiramate	TOPAMAX (PA)	\$\$\$\$
levetiracetam	KEPPRA #	\$\$\$\$

Sulfonamides

zonisamide*	ZONEGRAN	\$\$
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Miscellaneous

carbamazepine*	TEGRETOL	\$
carbamazepine	TEGRETOL XL	\$\$
oxcarbazepine*	TRILEPTAL	\$\$\$

ANTIDEPRESSANTS

Tricyclic Antidepressants

amitriptyline*	ELAVIL	\$
imipramine* (tabs only)	TOFRANIL	\$
nortriptyline*	PAMELOR	\$
desipramine*	NORPRAMIN	\$\$
protriptyline	VIVACTIL	\$\$
amoxapine*		\$\$\$
clomipramine*	ANAFRANIL	\$\$\$

doxepin*	SINEQUAN	\$\$\$
MAO Inhibitors		
phenelzine	NARDIL #	\$\$
tranylcypromine	PARNATE #	\$\$
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram*	CELEXA	\$
fluoxetine*	PROZAC (L)	\$
<i>(L) 10, 20mg capsules, tablets only</i>		
sertraline*	ZOLOFT	\$\$
paroxetine*	PAXIL	\$\$
paroxetine, ext. rel.*	PAXIL CR (PA)	\$\$\$\$
escitalopram	LEXAPRO	\$\$\$
Serotonin Norepinephrine Reuptake Inhibitors		
venlafaxine	EFFEXOR	\$\$\$\$
venlafaxine ext. rel.	EFFEXOR-XR	\$\$\$
duloxetine	CYMBALTA	\$\$\$
Miscellaneous		
trazodone* (150mg tabs only)	DESYREL	\$
bupropion*	WELLBUTRIN	\$\$\$
bupropion ext. rel.*	WELLBUTRIN SR	\$\$\$
bupropion ext. rel.	WELLBUTRIN XL (#)	\$\$\$
mirtazapine*	REMERON	\$\$\$
mirtazapine	REMERON SOLTABS	\$\$\$\$
ANTIPARKINSON AGENTS		
amantadine*		\$
benztropine*	COGENTIN	\$
trihexyphenidyl*	ARTANE	\$
carbidopa/levodopa*	SINEMET	\$\$\$
ropinirole * (not XR)	REQUIP	\$\$\$\$
pergolide	PERMAX #	\$\$\$\$\$
bromocriptine*	PARLODEL #	\$\$\$\$\$\$
entacapone	COMTAN #	\$\$\$\$\$\$
selegiline*	ELDEPRYL #	\$\$\$\$\$\$
carbidopa/levodopa/ entacapone	STALEVO (ST)	\$\$\$\$\$\$
ANTIPSYCHOTICS		
Phenothiazine Derivatives		
thioridazine*	MELLARIL	\$
fluphenazine*	PROLIXIN	\$\$
perphenazine*		\$\$
trifluoperazine*	STELAZINE	\$\$
chlorpromazine*	THORAZINE	\$\$\$
Thioxanthene Derivatives		
thiothixene*	NAVANE	\$\$
Butyrophenones		
haloperidol*	HALDOL	\$
OTHER AGENTS		
Psychosis/Bipolar		
olanzapine	ZYPREXA	\$\$\$\$
quetiapine	SEROQUEL	\$\$\$\$
risperidone	RISPERDAL (L)	\$\$\$
<i>(L) tablet splitting required</i>		
ANTIVERTIGO/MOTION SICKNESS AGENTS		
meclizine*	ANTIVERT	\$
promethazine*	PHENERGAN	\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		

methylphenidate* (<i>not LA</i>)	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
methylphenidate ext. rel.	CONCERTA (CII) #	\$\$\$
methylphenidate ext. rel.	METADATE CD (CII) #	\$\$\$
pemoline*	CYLERT (CIV)#	\$\$\$
atomoxetine	STRATTERA #	\$\$\$\$
BIPOLAR AGENTS		
lithium carbonate*		\$
lithium carbonate ext. rel.*	LITHOBID	\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$
FIBROMYALGIA		
pregabalin	LYRICA	\$\$\$\$
MULTIPLE SCLEROSIS		
interferon beta-1a	AVONEX (PA)	\$\$\$\$\$\$
interferon beta-1a	REBIF (PA)	\$\$\$\$\$\$
interferon beta-1b	BETASERON (PA)	\$\$\$\$\$\$
glatiramer	COPAXONE (PA)	\$\$\$\$\$\$
MYASTHENIA GRAVIS AGENTS		
pyridostigmine*	MESTINON	\$\$\$
SEDATIVES/HYPNOTICS		
chloral hydrate*(<i>syrup only</i>)	(CIV)	\$
temazepam* (<i>generic only</i>)	RESTORIL (CIV)	\$
	7.5mg Restoril not covered	
triazolam*	HALCION	\$
zolpidem* (<i>not CR</i>)	AMBIEN (CIV)	\$
zolpidem CR	AMBIEN CR (PA)(L)	\$\$\$
zaleplon	SONATA (CIV)(PA) (L)	\$\$\$
	(L) limited to 14 tablets per 30 days, 90 days maximum	
STIMULANTS		
methylphenidate*	RITALIN (CII)	\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$
modafinil	PROVIGIL (CIV) (PA)	\$\$\$\$\$
	(PA) approved for narcolepsy only	
- DERMATOLOGY -		
ACNE		
Oral		
tetracycline*		\$
erythromycin*		\$\$
minocycline* (<i>caps only</i>)	MINOCIN	\$\$\$
isotretinoin *	ACCUTANE (L)	\$\$\$\$\$\$
	(L) approved for less than 30 years of age	
Topical		
benzoyl peroxide*	DESQUAM-E	\$
erythromycin*	A/T/S	\$
tretinoin*	AVITA	\$
adapaline	DIFFERIN	\$\$\$
	(L) limit to age <30	
benzoyl peroxide*	TRIAZ#	\$\$
sulfacetamide/sulfur	PLEXION	\$\$
	PLEXION TS	\$\$
clindamycin*	CLEOCIN T	\$\$
metronidazole*	METROCREAM #	\$\$\$
	METROGEL #	\$\$\$

	METROLOTION #	\$\$\$
sulfacetamide/sulfur *	NOVACET	\$\$\$
benzoyl peroxide/ erythromycin*	BENZAMYCIN #	\$\$\$\$
azelaic acid*	AZELEX #	\$\$\$\$\$\$
ANTIBACTERIALS – TOPICAL		
silver sulfadiazine*	SILVADENE	\$\$
mupirocin*	BACTROBAN #	\$\$\$\$
ANTIFUNGALS – TOPICAL		
nystatin*	MYCOSTATIN	\$
nystatin/triamcinolone acetone*	MYCOLOG II	\$
ciclopirox	LOPROX #	\$\$
oxiconazole	OXISTAT #	\$\$
butenafine	MENTAX #	\$\$\$
clotrimazole/betamethasone	LOTRISONE #	\$\$\$
ketoconazole*	NIZORAL	\$\$\$
CORTICOSTEROIDS		
<i>Listed by potency: Group I is least potent, Group V is most potent</i>		
Group I		
hydrocortisone 2.5%*		\$
Group II		
fluocinolone acetone 0.01%*	SYNALAR	\$
triamcinolone acetone 0.025%*	KENALOG	\$
alclometasone 0.05% 0.025%*	ACLOVATE #	\$\$\$
hydrocortisone valerate*	WESTCORT #	\$\$\$
Group III		
betamethasone valerate 0.1%*	BETA-VAL	\$
fluocinolone acetone triamcinolone acetone 0.1%*	SYNALAR KENALOG	\$ \$
flurandrenolide	CORDRAN #	\$\$\$
fluticasone propionate	CUTIVATE #	\$\$\$\$
mometasone furoate crm	ELOCON #	\$\$\$\$
mometasone furoate oint*	ELOCON #	\$\$\$\$
Group IV		
betamethasone dipropionate 0.05%* (<i>not aerosol</i>)	DIPROSONE	\$
fluocinonide 0.05%*	LIDEX	\$
triamcinolone acetone 0.5%*	KENALOG	\$
Group V		
clobetasol propionate*	TEMOVATE	\$\$\$
halobetasol propionate	ULTRAVATE #	\$\$\$\$\$
betamethasone dipropionate oint.*	DIPROLENE	\$\$\$\$
dipropionate cream	DIPROLENE AF #	\$\$\$\$
ECZEMA and PSORIASIS		
selenium sulfide*	SELSUN (L)	\$
	<i>(L) for eczema treatment only</i>	
chloroxine	CAPITROL #	\$\$
sulfacetamide lotion	SEBIZON #	\$\$
calcipotriene	DOVONEX	\$\$\$\$\$\$
tazarotene	TAZORAC	\$\$\$\$

methotrexate*		\$\$\$\$
SCABICIDES and PEDICULICIDES		
lindane*		\$
crotamiton	EURAX #	\$\$\$
malathion	OVIDE	\$\$\$
permethrin*	ELIMITE	\$\$\$
POST-HERPETIC NEURALGIA		
lidocaine patch	LIDODERM PATCH #	\$\$\$\$
MISCELLANEOUS AGENTS		
trypsin/balsam/castor oil *	GRANULEX	\$
fluorouracil	EFUDEX#	\$\$\$\$\$\$
podofilox (<i>solution only</i>)	CONDYLOX#	\$\$\$\$\$\$
tacrolimus	PROTOPIC#	\$\$\$\$\$

– EENT –

ALLERGY/COUGH/COLD

Antihistamines

Piperidines (oral, non-sedating)

As of August 1, 2008 these medications are no longer covered. Over the counter generic Zyrtec and Claritin are available to purchase without a prescription Allegra and Clarinex will not be approved unless documented sedation and occupation requires less sedation.

Phthalazinones (intranasal)

azelastine	ASTELIN	\$\$\$\$
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Antihistamine/Decongestant Combinations

brompheniramine/ pseudoephedrine, ext. rel.*	BROMFED CAPS	\$
chlorpheniramine/ pseudoephedrine*	DECONAMINE	\$
chlorpheniramine/ pseudoephedrine, ext. rel.*	DECONAMINE SR	\$
promethazine/ phenylephrine syrup	PHENERGAN SYRUP	\$
carbinoxamine/ pseudoephedrine	RONDEC DROPS	\$\$\$\$

Antitussive Combinations

Narcotic

guaifenesin/codeine*	GUIATUSS AC (CV)	\$
hydrocodone/guaifenesin/ pseudoephedrine*	DECONAMINE CX (CIII)	\$
hydrocodone/homatropine*	HYCODAN (CIII)	\$
phenylephrine/hydrocodone/ chlorpheniramine*	HISTUSSIN/HC (CIII)	\$
promethazine/codeine*	PHENERGAN w/CODEINE (CV)	\$
hydrocodone/ pseudoephedrine	HISTUSSIN D (CIII)	\$\$
guaifenesin/hydrocodone*	HYCOTUSS (CIII)	\$\$\$

Non-Narcotic

guaifenesin/ dextromethorphan, ext. rel.*	FENESIN DM <i>tablets</i>	\$
pseudoephedrine/ carbinoxamine/ dextromethorphan	RONDEC DM <i>drops</i>	\$\$\$

Decongestant/Expectorant Combinations

guaifenesin, ext. rel.*	FENESIN	\$
guaifenesin/ phenylephrine ext.rel.*	GUAIFED CAPS	\$
guaifenesin/ pseudoephedrine ext. rel.*	ENTEX PSE	\$
Nasal Inhalers		
Rhinitis		
CORTICOSTEROIDS		
fluticasone propionate*	FLONASE	\$\$\$
mometasone aqueous	NASONEX	\$\$\$\$\$
OTHER		
ipratropium bromide*	ATROVENT NS	\$\$\$
Mucolytics		
acetylcysteine*	MUCOMYST	\$\$\$\$\$\$
OPHTHALMIC		
Antiglaucoma		
Oral		
acetazolamide*	DIAMOX	\$
methazolamide*	NEPTAZANE	\$\$\$
Topical		
ADRENERGIC AGONISTS		
dipivefrin*	PROPINE	\$\$\$
epinephrine*	EPIFRIN	\$\$\$\$
brimonidine*	ALPHAGAN	\$\$
BETA BLOCKERS		
levobunolol*	BETAGAN	\$\$
timolol hemihydrate	BETIMOL	\$\$\$\$
betaxolol*	BETOPTIC S	\$
timolol maleate*	TIMOPTIC	\$\$
CARBONIC ANHYDRASE INHIBITORS		
dorzolamide	TRUSOPT #	\$\$\$
CHOLINERGICS		
pilocarpine*		\$
carbachol	ISOPTO CARBACHOL	\$\$
COMBINATION PRODUCTS		
dorzolamide/timolol	COSOPT #	\$\$\$
PROSTAGLANDINS		
latanoprost	XALATAN	\$\$\$\$
bimatoprost	LUMIGAN	\$\$\$\$\$
Anti-Infectives		
Antibacterials		
bacitracin*		\$
chloramphenicol	CHLOROPTIC	\$\$
erythromycin*	ILOTYCIN	\$\$
gentamicin*	GARAMYCIN	\$\$
polymyxin B/bacitracin*	POLYSPORIN	\$\$
polymyxin B/neomycin	NEOSPORIN	\$\$
bacitracin oint.*		
polymyxinB/ neomycin/gramicidin soln.*	NEOSPORIN	\$\$
sodium sulfacetamide*	BLEPH-10	\$\$
polymyxin B/trimethoprim*	POLYTRIM	\$\$\$
ofloxacin*	OCUFLOX	\$\$\$\$
tobramycin*	TOBEX	\$\$\$\$
moxifloxacin	VIGAMOX	\$\$\$\$
Antivirals		

trifluridine *	VIROPTIC	\$\$\$\$
Corticosteroids		
dexamethasone*	DECADRON	\$\$
fluorometholone*	FLUOR-OP	\$\$
loteprednol	ALREX #	\$\$\$
	LOTEMAX#	\$\$\$
prednisolone acetate*	PRED MILD/FORTE	\$\$\$
prednisolone sodium phosphate*	INFLAMASE	\$\$\$
Combination Topical Antibacterials/Corticosteroids		
neomycin/polymyxinB/hydrocortisone	CORTISPORIN	\$\$
neomycin/polymyxinB/dexamethasone*	MAXITROL	\$\$\$
sulfacetamide/prednisolone*	VASOCIDIN	\$\$\$
gentamicin/prednisolone acetate	PRED-G	\$\$\$\$
tobramycin/dexamethasone	TOBRADEX	\$\$\$\$\$
Miscellaneous		
atropine*	ISOPTO ATROPINE	\$\$
flurbiprofen *	OCUFEN	\$\$\$
azelastine	OPTIVAR #	\$\$\$\$
ketorolac tromethamine	ACULAR #	\$\$\$\$
levocabastine	LIVOSTIN #	\$\$\$\$
pemirolast	ALAMAST#	\$\$\$\$
olopatadine	PATANOL	\$\$\$
OTIC AGENTS		
ciprofloxacin/dexameth. acetate*	CIPRODEX	\$\$
acetic acid*	VOSOL	\$
acetic acid/ aluminum acetate*	DOMEBORO OTIC	\$
hydrocortisone/acetate acid*	VOSOL HC	\$
hydrocortisone/neomycin/polymyxin B*	CORTISPORIN	\$\$\$\$\$
benzocaine/antipyrine*	AURALGAN	\$\$
	<i>Brand Auralgan will not be covered</i>	
trolamine polypeptide oleate	CERUMENEX	\$\$\$
MISCELLANEOUS		
lidocaine viscous*		\$\$
– EMERGENCY KITS –		
epinephrine	EPIPEN # (L)	\$\$\$\$
	EPIPEN Jr. # (L)	\$\$\$\$
	<i>(L) Limit of 2 per year</i>	
– ENDOCRINOLOGY –		
ADRENAL		
CORTICOSTEROIDS		
Glucocorticoids		
prednisone*		\$
dexamethasone*	DECADRON	\$\$
methylprednisolone*	MEDROL	\$\$
	MEDROL DOSEPAK	\$\$
prednisolone*	PRELONE	\$\$\$
Mineralocorticoids		
fludrocortisone acetate*	FLORINEF	\$\$\$\$
ANDROGENS		
methyltestosterone*	(CIII)	\$\$\$
fluoxymesterone	HALOTESTIN (CIII) #	\$\$\$\$\$

testosterone	ANDROGEL (CIII) #	\$\$\$\$\$
testosterone transdermal	ANDRODERM # (CIII)	\$\$\$\$\$
	TESTODERM (CIII) #	\$\$\$\$\$

ANTIDIABETIC AGENTS

Insulin

human insulin aspart	NOVOLOG	\$\$\$
human insulin lispro	HUMALOG	\$\$\$
insulin glargine	LANTUS	\$\$\$\$\$
human insulin	HUMULIN	\$\$

Insulin vials only—prefilled syringes require PA

Oral Medications

Sulfonylureas

glyburide*	DIABETA	\$
glipizide*	GLUCOTROL	\$\$
glimepiride	AMARYL	\$\$\$
glipizide ext. rel.*	GLUCOTROL XL	\$\$\$

Non-Sulfonylureas

metformin*	GLUCOPHAGE /XR	\$\$\$\$
rosiglitazone	AVANDIA	\$\$\$\$\$
pioglitazone	ACTOS	\$\$\$\$\$\$
rosiglitazone/metformin	AVANDAMET	\$\$\$\$
glyburide/metformin*	GLUCOVANCE	\$\$
rosiglitazone/glimepiride	AVANDARYL	\$\$\$\$
pioglitazone/glimepiride	ACTOPLUS MET	\$\$\$\$
exenatide	BYETTA	\$\$\$\$

Not for weight loss

DIABETIC MONITORING SUPPLIES

Diabetic Meters	VARIOUS (L)	\$\$\$
	<i>(L) limit one diabetic meter per year</i>	
Diabetic Strips	VARIOUS	\$\$\$
True Track Meters/Strips*	TRUETRACK	\$

True Track brand offered at generic copay

THYROID AND ANTITHYROID AGENTS

Thyroid

levothyroxine*	LEVOXYL (NTI)	\$
	SYNTHROID (NTI)	\$

Antithyroid

propylthiouracil*	PROPYLTHIOURACIL	\$
methimazole*	TAPAZOLE	\$\$

OSTEOPOROSIS AGENTS

estradiol*	ESTRACE	\$
calcitonin salmon nasal spray	MIACALCIN	\$\$
estrogens, conjugated	PREMARIN	\$\$
estrogens, conjugated synthetic	CENESTIN	\$\$
alendronate*	FOSAMAX	\$\$\$
alendronate + D	FOSAMAX + D	\$\$\$
risedronate	ACTONEL	\$\$\$
ibandronate	BONIVA	\$\$\$
estradiol transdermal*	CLIMARA	\$\$\$
estradiol-levonorgestrel	CLIMARA PRO	\$\$\$
estrogens, conjugated/ medroxyprogesterone	PREMPRO/ PREMPHASE	\$\$\$
ethinyl estradiol/norethidrone	FEMHRT	\$\$\$
raloxifene	EVISTA	\$\$\$\$

PAGET'S DISEASE/ANTI-HYPERCALCEMIC

calcitonin salmon nasal spray	MIACALCIN NASAL SPRAY	\$\$
etidronate disodium	DIDRONEL	\$\$\$
alendronate	FOSAMAX	\$\$\$\$
risedronate	ACTONEL	\$\$\$\$
MISCELLANEOUS		
aminoglutethimide	CYTADREN #	\$\$\$\$
desmopressin acetate*	DDAVP #	\$\$\$\$\$
cabergoline	DOSTINEX #	\$\$\$\$\$\$
– GASTROINTESTINAL –		
ANTIDIARRHEAL AGENTS		
diphenoxylate/atropine*	LOMOTIL (CV)	\$
ANTICHOLINERGIC/ANTISPASMODIC AGENTS		
dicyclomine*	BENTYL	\$
hyoscyamine*	ANASPAZ	\$\$
	LEVSIN	\$\$
hyoscyamine*	CYSTOSPAZ	\$\$
ANTIEMETIC AGENTS		
meclizine*	ANTIVERT	\$
promethazine*	PHENERGAN	\$
prochlorperazine*	COMPazine	\$\$\$
ondansetron*	ZOFran #	\$\$\$
	ZOFran ODT #	\$\$\$
ANTI-ULCER AGENTS		
cimetidine*	TAGAMET	\$\$
ranitidine* (<i>tablets only</i>)	ZANTAC	\$\$
misoprostol *	CYTOTEC	\$\$\$\$
sucralfate*	CARAFATE	\$\$\$
H. PYLORI AGENTS		
bismuth subsalicylate/ metronidazole/tetracycline	HELIDAC #	\$\$\$\$
amoxicillin/clarithromycin/ lansoprazole	PREVPAC #	\$\$\$\$\$
COLORECTAL AGENTS		
hydrocortisone*	COLOCORT	\$
hydrocortisone*	PROCTOCORT	\$
sulfasalazine*	AZULFIDINE	\$
hydrocortisone*	PROCTOCREAM-HC	\$\$\$
hydrocortisone acetate/pramoxine	PROCTOFOAM-HC	\$\$\$
mesalamine	ROWASA	\$\$\$\$
mesalamine, ext. rel.	ASACOL	\$\$\$\$
mesalamine ext. rel.	PENTASA	\$\$\$\$
olsalazine	DIPENTUM #	\$\$\$\$
hydrocortisone acetate foam	CORTIFOAM #	\$\$\$\$\$
DIGESTIVE ENZYMES		
pancrelipase, delayed rel.*	CREON #	\$\$\$\$
pancrelipase*	VIOKASE #	\$\$\$\$
pancrelipase, delayed rel.*	PANCREASE #	\$\$\$\$
PROMOTILITY AGENTS		
metoclopramide*	REGLAN	\$

PROTON PUMP INHIBITORS (PPI)

As of August 1, 2008 PPI's not covered. OTC omeprazole is effective and available to purchase without a prescription. Nexium, Aciphex, Protonix, Zegerid, Prevacid caps, and Omeprazole caps are not covered unless documented allergy to omeprazole otc tablets. Prior auth will be required and 4th tier co

pay if approved.

lansoprazole solutabs PREVACID (L) \$\$\$

Covered for children under 11 years old.

MISCELLANEOUS

polyethylene glycol* MIRALAX (OTC) \$
peg 3350/electrolytes* GOLYTELY \$
 NULYTELY \$
sodium phosphates VISICOL \$\$
ursodiol* ACTIGALL # \$\$\$\$\$\$
ursodiol URSO # \$\$\$\$\$\$

– INFECTIOUS DISEASE –

ANTIBACTERIAL AGENTS

Cephalosporins

First Generation

cephalexin* (not Keftab) KEFLEX \$
cefadroxil* DURICEF \$\$

Second Generation

cefaclor* CECLOR \$
cefprozil* CEFZIL \$\$\$\$\$\$
cefuroxime * CEFTIN \$\$\$\$\$\$

Third Generation

cefdinir* OMNICEF \$\$\$

Fluoroquinolones

ciprofloxacin* CIPRO \$\$
ciprofloxacin ext. rel.* CIPRO XR \$\$
moxifloxacin AVELOX \$\$\$\$\$\$
levofloxacin LEVAQUIN \$\$\$\$\$\$

Macrolides

erythromycin products* \$\$\$
azithromycin* ZITHROMAX \$\$\$
clarithromycin* BIAXIN \$\$\$
clarithromycin, ext. rel.* BIAXIN XL \$\$\$

Penicillins

amoxicillin* \$
ampicillin* \$
dicloxacillin* \$
penicillin VK* \$
amoxicillin/pot.clavulanate* AUGMENTIN \$\$
amoxicillin/pot.clavulanate* AUGMENTIN ES \$\$\$\$\$\$

Sulfonamides

sulfamethoxazole/
trimethoprim* BACTRIM \$
 SEPTRA \$
sulfisoxazole* \$

Tetracyclines

doxycycline hyclate* VIBRAMYCIN \$
tetracycline* \$
minocycline* (caps only) MINOCIN \$\$\$

Urinary Anti-Infectives

trimethoprim* TRIMPEX \$
nitrofurantoin* MACRODANTIN \$\$
nitrofurantoin ext. rel.* MACROBID \$\$\$

Miscellaneous Antimicrobials

metronidazole* FLAGYL \$
clindamycin* (150mg) CLEOCIN \$\$

ANTIFUNGAL AGENTS

nystatin*	MYCOSTATIN	\$
griseofulvin ultramicrosize	GRIS-PEG	\$\$
ketoconazole*	NIZORAL	\$\$\$
clotrimazole*	MYCELEX TROCHE	\$\$\$\$
fluconazole*	DIFLUCAN	\$\$\$
terbinafine*	LAMISIL	\$\$

Liver function should be checked before and during treatment

ANTICHOLINERGIC/ANTISPASMODIC AGENTS

rifampin*	RIFADIN #	\$\$\$
isoniazid*		\$
ethambutol*	MYAMBUTOL #	\$\$\$\$
pyrazinamide*		\$\$\$\$

ANTIVIRAL AGENTS

Cytomegalovirus

ganciclovir	CYTOVENE	\$\$\$\$\$\$
valganciclovir	VALCYTE	\$\$\$\$\$\$

Influenza A

amantadine*		\$
zanamivir	RELENZA	\$\$\$

Only for ≥7yrs of age

oseltamivir	TAMIFLU (PA)	\$\$\$
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Herpes

acyclovir*	ZOVIRAX (L)	\$\$
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(L) oral formulations only

valacyclovir	VALTREX (PA)	\$\$\$
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HIV

All oral medications in this class are covered if FDA approved

MISCELLANEOUS AGENTS

Amebicides

metronidazole*	FLAGYL	\$
chloroquine phosphate*	ARALEN #	\$\$\$\$

Anthelmintics

mebendazole*	VERMOX	\$\$\$
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Antimalarials

hydroxychloroquine sulfate*	PLAQUENIL	\$\$
chloroquine phosphate*	ARALEN #	\$\$\$\$
atovaquone/proguanil	MALARONE #	\$\$\$\$\$\$
mefloquine	LARIAM	\$\$\$\$\$\$

Sulfones

dapsone	DAPSONE	\$
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– 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

diazepam*	VALIUM (CIV)	\$
baclofen*		\$\$
methocarbamol*	ROBAXIN	\$

metaxalone	SKELAXIN (PA)	\$\$\$
carisoprodol*	SOMA	\$
cyclobenzaprine*	FLEXERIL	\$\$
Direct Acting		
dantrolene sodium	DANTRIUM # (PA)	\$\$\$\$\$
– OB-GYN –		

CONTRACEPTIVES

Oral contraceptives are covered if FDA approved unless listed with restrictions below.

Miscellaneous

medroxyprogesterone acetate inj.	DEPO-PROVERA 150mg/ml	\$\$\$
levonorgestrel/ ethinyl estradiol*	SEASONALE	\$\$\$

(member pays 3 co-payments)

etonogestrel/ethinyl estradiol	NUVARING	\$\$
norelgestromin/ethinyl estradiol patch	ORTHO EVRA	\$\$\$\$

ENDOMETRIOSIS

Androgens

danazol*	DANOCRINE #	\$\$\$\$\$
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Gonadotropin Releasing Hormones

nafarelin	SYNAREL #	\$\$\$\$\$\$
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ESTROGENS

estradiol*	ESTRACE	\$
estradiol vaginal*	VAGIFEM	\$\$\$
estropipate*	ORTHO-EST	\$
estrogens, conjugated	PREMARIN	\$\$
estrogens, conjugated	CENESTIN	\$\$
estrogens, esterified	MENEST	\$\$
estradiol transdermal*	CLIMARA	\$\$
estradiol transdermal	ESTRADERM	\$\$\$
estradiol transdermal	ALORA	\$\$\$
estradiol transdermal	VIVELLE	\$\$\$
	VIVELLE-DOT	\$\$\$
estradiol vaginal	ESTRING	\$\$\$\$\$

ESTROGEN/ANDROGEN COMBINATIONS

esterified estrogens / methyltestosterone	ESTRATEST	\$\$
esterified estrogens/ methyltestosterone	ESTRATEST-HS	\$\$

OXYTOCICS

methylergonovine	METHERGINE	\$\$\$
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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 \$\$\$

Beta2-Agonists

albuterol PROAIR HFA (L) \$\$\$

For age 12 years and older

albuterol PROVENTIL HFA \$\$\$

levalbuterol XOPENEX HFA \$\$\$

salmeterol SEREVENT DISKUS \$\$\$\$

formoterol FORADIL \$\$\$\$

Corticosteroids

beclomethasone dipropionate QVAR \$\$\$

mometasone ASMANEX \$\$\$

fluticasone propionate FLOVENT HFA \$\$\$

budesonide PULMICORT \$\$\$\$

TURBUHALER

budesonide PULMICORT \$\$\$\$

RESPULES

Miscellaneous Agents

nedocromil sodium TILADE \$\$\$

ipratropium/albuterol COMBIVENT \$\$\$\$

cromolyn sodium INTAL \$\$\$\$\$\$

salmeterol/fluticasone ADVAIR DISKUS \$\$\$\$\$\$

tiotropium bromide SPIRIVA \$\$\$\$

ORAL MEDICATIONS

Beta2-Agonists

metaproterenol* ALUPENT \$

VENTOLIN/

albuterol sulfate* PROVENTIL HFA \$\$

albuterol sulfate ext. rel.* VOLMAX \$\$\$

Leukotriene Modifiers

montelukast SINGULAIR \$\$\$\$

Methylxanthines

theophylline ext. rel.* THEOCHRON \$

theophylline ext. rel. UNIPHYL \$

Steroids

prednisone* \$

dexamethasone* DECADRON \$\$

prednisolone* PRELONE \$\$\$

– SUPPLEMENTS –

Antihyperphosphatemics

calcium acetate PHOSLO \$\$

Antihypocalcemics

calcitriol* ROCALTROL # \$\$\$\$\$\$

Electrolytes

Potassium

potassium chloride ext. rel.* K-DUR \$

KLOTRIX \$

K-DUR \$

potassium chloride/ bicarb K-LYTE/CL \$

eff. tab*

VITAMINS

prenatal vitamins* GENERIC FORMS \$

excluded prenatal vitamins are: Primacare, Premesis, Prenate Elite, Prenate DHA and Precare CHW—these are not covered

iron products*	VARIOUS	
multiple vitamins with iron*	VARIOUS	\$
- UROLOGICAL -		
<hr/>		
Analgesic Agents		
phenazopyridine*	PYRIDIUM	\$\$
Antispasmodics		
oxybutynin*		
hyoscyamine*	LEVSIN	\$
tolterodine	DETROL	\$\$\$
tolterodine ext. rel.	DETROL LA	\$\$\$
oxybutynin chloride*	DITROPAN	\$\$\$\$\$
oxybutynin chloride XL	DITROPAN XL	\$\$\$\$\$
oxybutynin transdermal patch	OXYTROL (PA)	\$\$\$
Benign Prostatic Hypertrophy (BPH)		
Alpha Blockers		
doxazosin*	CARDURA	\$
tamsulosin	FLOMAX #	\$\$\$
terazosin* (<i>caps only</i>)	HYTRIN	\$
Antiandrogen		
finasteride*	PROSCAR	\$\$
Cholinergic Agents		
bethanechol*	URECHOLINE	\$
MISCELLANEOUS AGENTS		
pentason polysulfate sod.	ELMIRON	\$\$\$