



YAVAPAI COUNTY LONG TERM CARE DRUG FORMULARY 2010

(Current formulary available at www.uniteddrugs.com)

THE DRUG FORMULARY

The drug formulary is a list of medications covered by Yavapai County Long Term Care. 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.

The drug formulary is subject to change.

PRIOR AUTHORIZATION

Prior authorizations are required in the following situations:

Medications not listed or designated with a (PA) in the drug formulary are not covered unless prior authorization has been obtained from United Drugs.

Prior authorizations will not be granted based on samples given.

Please fax prior authorization forms to 602-678-0941 or 866-563-9220

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:

www.uniteddrugs.com.

EXCLUSIONS

The following are NOT covered under the Yavapai County Long Term Care 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
 - LTE (less than effective) DESI drugs **unless authorized by your health plan

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, or medical foods.
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 20 years to treat ADD/ADHD;
 - Contraception, except birth control pills and diaphragms or as listed on drug formulary
 - 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);
 - Vitamin A derivatives (i.e., Retin A, Accutane, Renova) for individuals over age 30;
7. Unless institutional setting or as set forth by the drug formulary, 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.

CONTACT

United Drugs Customer Service Helpdesk

Phoenix, Arizona

Phone: 1-800-364-8865 OPT 3

Prior Authorization Fax Line:

1-602-678-0941

1-866-563-9220

Email Address: Helpdesk@uniteddrugs.com

Hours of Operation:

Monday through Friday 7am to 5pm

KEY

- * GENERIC AVAILABLE—generic must be dispensed.
- PA** PRIOR AUTHORIZATION—non-preferred copay if approved
- ST** STEP THERAPY REQUIRED
- L** LIMITED
- NTI** NARROW THERAPEUTIC INDEX (may receive brand or generic)

– ANTINEOPLASTIC and IMMUNOSUPPRESSANTS –

**All oral antineoplastic and immunosuppressant agents are covered
under the prescription benefit for the FDA approved indication.**

Some may require therapy limits or price overrides.

– BLOOD MODIFIERS –

ANTICOAGULANTS

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

(L) Limited to 7 day supply per fill, up to 21 days then requires PA

PLATELET AGGREGATION INHIBITORS

clopidogrel *	PLAVIX	\$\$\$
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MISCELLANEOUS AGENTS

phytonadione	MEPHYTON	\$\$\$
epoetin alfa	PROCRIT (PA)	\$\$\$\$

– CARDIOVASCULAR –

ACE INHIBITORS

captopril*	CAPOTEN	\$
enalapril*	VASOTEC	\$
lisinopril*	ZESTRIL	\$\$
quinapril*	ACCUPRIL	\$\$

ALPHA BLOCKERS

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

ANGIOTENSIN II ANTAGONISTS

losartan*	COZAAR (ST)	\$\$\$
losartan/hctz*	HYZAAR (ST)	\$\$\$

Generic Cozaar/Hyzaar are first line ARB options.

olmesartan medoxomil	BENICAR (ST)	\$\$\$
olmesartan medoxomil/hctz	BENICAR HCT (ST)	\$\$\$
irbesartan/hctz	AVALIDE (ST)	\$\$\$
irbesartan	AVAPRO (ST)	\$\$\$

Tablet splitting may be required

(ST) Trial of ACEI or contraindication required

ANTIARRHYTHMICS

Class 1A

disopyramide*	NORPACE	\$
procainamide*	PRONESTYL	\$
quinidine sulfate*		\$
quinidine sulfate ext. rel.*	QUINIDEX	\$\$
disopyramide ext. rel.*	NORPACE CR	\$\$\$
procainamide ext. rel.*		\$\$\$
<i>(6 hour)</i>		

Class 1B

mexiletine*	MEXITIL	\$\$\$\$
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Class 1C

propafenone*	RYTHMOL	\$\$\$\$
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Class II

propranolol*	INDERAL	\$
acebutolol*	SECTRAL	\$\$

Class III

amiodarone* (<i>200mg only</i>)	CORDARONE	\$\$\$\$
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Class IV

digoxin*	LANOXIN (NTI)	\$
verapamil*	CALAN	\$

ANTILIPEMICS**Bile Acid Sequestrants**

cholestyramine*	QUESTRAN	\$\$\$
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HMG-CoA Reductase Inhibitors

Simvastatin, pravastatin and lovastatin first line agents unless greater than 50% reduction in LDL required.

atorvastatin	LIPITOR (PA) (L)	\$\$\$\$
rosuvastatin	CRESTOR (PA) (L)	\$\$\$\$

(L) tablet splitting required and prior auth required

pravastatin*	PRAVACHOL	\$\$
simvastatin*	ZOCOR	\$
lovastatin*	MEVACOR	\$\$

Cholesterol Absorption Inhibitor

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

fenofibrate*	LOFIBRA	\$\$
fenofibrate	TRICOR (<i>not covered- use generic Lofibra</i>)	\$\$\$
gemfibrozil* (<i>600mg only</i>)	LOPID	\$\$
niacin, ext. rel. (<i>Requires Rx</i>)	SLO-NIACIN (OTC)	\$
niacin, immed release	NIACOR	\$
ezetimibe-simvastatin	VYTORIN (PA)	\$\$\$

BETA BLOCKERS**Non-Cardioselective**

propranolol*	INDERAL	\$
pindolol*		\$\$
nadolol*	CORGARD	\$\$\$

Cardioselective

atenolol*	TENORMIN	\$
metoprolol*	LOPRESSOR	\$\$
metoprolol ext. rel.*	TOPROL XL	\$\$
carvedilol* (<i>not CR</i>)	COREG	\$\$\$\$
acebutolol*	SECTRAL	\$\$\$
bisoprolol*		\$\$

Beta Alpha

labetalol*	TRANDATE	\$\$\$
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CALCIUM CHANNEL BLOCKERS

verapamil*	CALAN	\$
verapamil ext. rel.*	CALAN SR	\$\$
nifedipine ext. rel.*	ADALAT CC	\$\$\$
amlodipine*	NORVASC	\$\$\$\$
diltiazem*	CARDIZEM	\$\$\$\$
diltiazem ext. rel.*	CARDIZEM CD	\$\$\$\$

CARDIAC GLYCOSIDES

digoxin*	LANOXIN (NTI)	\$
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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	\$\$
Combination Products		
atenolol/chlorthalidone*	TENORETIC	\$\$
lisinopril/hctz*	ZESTORETIC	\$\$
bisoprolol/hctz*	ZIAC	\$\$\$
captopril/hctz*	CAPOZIDE	\$\$\$
metoprolol/hctz*	LOPRESS HCT	\$\$\$
NITRATES		
Oral		
isosorbide dinitrate oral*	ISORDIL	\$
isosorbide mononitrate*	IMDUR	\$\$
nitroglycerin ext. rel.*		\$
nitroglycerin sublingual*	NITROSTAT	\$
Transdermal		
nitroglycerin ointment*		\$
nitroglycerin transdermal patch*	NITREK	\$\$
nitroglycerin transdermal	NITRO-DUR	\$\$
SYMPATHOLYTICS		
clonidine* (<i>tablets only</i>)	CATAPRES	\$
methyl dopa*	ALDOMET	\$
guanfacine*	TENEX	\$\$
VASODILATORS		
hydralazine*		\$
minoxidil*	LONITEN	\$\$\$\$
ORTHOSTATIC HYPOTENSIVES		
fludrocortisones acetate *	FLORINEF	\$\$\$
– CENTRAL NERVOUS SYSTEM –		
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ALCOHOL ABUSE DETERRANTS		
disulfiram	ANTABUSE	\$
ALZHEIMER'S AGENTS		
donepezil	ARICEPT	\$\$\$\$
	<i>Tablet splitting required for some doses.</i>	
Rivastigmine	EXELON	\$\$\$\$
memantine	NAMENDA	\$\$\$\$
galantamine	RAZADYNE	\$\$\$\$
ANALGESICS		
Miscellaneous agents		
lidocaine patch	LIDODERM PATCH (L)	\$\$\$\$
	<i>Limited to #30 patches. For acute use only!</i>	
NSAIDs		
Propionic Acid Derivatives		
ibuprofen* (<i>rx strengths</i>)	MOTRIN	\$
naproxen*	NAPROSYN	\$\$
Acetic Acid Derivatives		
indomethacin*	INDOCIN	\$
diclofenac sodium ext.rel.*	VOLTAREN	\$\$
diflunisal*	DOLOBID	\$\$
sulindac*	CLINORIL	\$\$
etodolac*	LODINE	\$\$\$\$
etodolac ext. rel.*	LODINE XL	\$\$\$\$
Non-Acetic Acid Derivatives		
nabumetone *	RELAFEN	\$\$\$\$
Oxicam Derivatives		
piroxicam*	FELDENE	\$\$
meloxicam*	MOBIC	\$

Salicylic Acid Derivatives

salsalate* \$\$

Cox-2 Selective Inhibitors

celecoxib CELEBREX (PA) \$\$\$\$

Narcotic Combination Agents**Quantity limits may apply to APAP containing products and is based on max of 4000 mg of APAP per day.**

codeine/APAP* TYLENOL w/CODEINE (CIII) \$

hydrocodone/APAP* VICODIN (CIII) \$

oxycodone/APAP* (5/325 tablets only) PERCOCET (CII) \$

oxycodone/APAP* (5/500 capsules only) TYLOX (CII) \$

oxycodone/ASA* PERCODAN (CII) \$

hydrocodone/APAP* LORTAB (CIII) \$\$

propoxyphene/APAP* DARVOCET N (CIV)

Non-Narcotic Combination Agents

butalbital/APAP* PHRENILIN \$

butalbital/caffeine/APAP* FIORICET \$

butalbital/caffeine/aspirin* FIORINAL (CIII) \$

Opioids

codeine sulfate* (CII) \$\$\$

hydromorphone* DILAUDID (CII) \$\$\$

morphine sulfate* (tablets) MSIR (CII) \$\$

morphine, ext. rel.* MS CONTIN (CII) \$\$

oxycodone, immed. Rel.* OXYIR (CII) \$\$

oxycodone, ext. rel.* OXYCONTIN (CII) (PA) \$\$\$\$

fentanyl transdermal* DURAGESIC (CII) (PA) \$\$\$\$

Morphine sulfate is first line therapy unless documented morphine allergy**Migraine Agents**

divalproex sodium, ext. rel. DEPAKOTE ER \$\$\$

butorphanol* STADOL (CIV) (L) \$\$\$\$

(L) limit 3 bottles/month-nasal spray only

ergotamine tartrate/caffeine CAFERGOT \$\$\$\$

zolmitriptan ZOMIG (L) \$\$\$\$

(L) limit 12 tabs/month

sumatriptan* IMITREX (L) \$\$\$\$

(L) limit 9 tabs, 2 syringes /month, 6 nasal spray devices/month**ANTI-ANXIETY AGENTS****Benzodiazepines**

alprazolam* (not XR) XANAX (CIV) \$

diazepam* VALIUM (CIV) \$

chlordiazepoxide* LIBRIUM \$

oxazepam* (caps only) SERAX (CIV) \$\$\$

lorazepam* ATIVAN (CIV) \$\$

Miscellaneous

buspirone* BUSPAR \$\$

ANTICONVULSANT MEDICATIONS**Barbiturates**

phenobarbital* (CIV) \$

Benzodiazepines

clonazepam* (not wafers) KLONOPIN (CIV) \$

diazepam rectal gel DIASTAT (CIV) \$\$\$\$

Hydantoins

phenytoin*	DILANTIN	\$\$
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Adjuvant Anticonvulsants

primidone*	MYSOLINE	\$\$\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$\$
	DEPAKOTE ER	
gabapentin*	NEURONTIN	\$\$\$
valproic acid*	DEPAKENE	\$\$\$
lamotrigine*	LAMICTAL	\$\$
levetiracetam*	KEPPRA	\$\$\$
topiramate	TOPAMAX (L)	\$\$\$\$
oxcarbazine*	TRILEPTAL	\$\$\$
tiagabine	GABITRIL(PA)	\$\$\$\$

*(L) Tablet splitting may be required***Miscellaneous**

carbamazepine*	TEGRETOL	\$
carbamazepine	TEGRETOL XR	\$\$\$\$

ANTIDEPRESSANTS**Tricyclic Antidepressants**

amitriptyline*	ELAVIL	\$
imipramine* (<i>PM not covered</i>)	TOFRANIL	\$\$\$
nortriptyline*	PAMELOR	\$
desipramine*	NORPRAMIN	\$\$
protriptyline	VIVACTIL	\$\$
amoxapine*		\$\$\$
clomipramine*	ANAFRANIL	\$\$
doxepin*	SINEQUAN	\$

MAO Inhibitors

phenelzine	NARDIL	\$\$
tranylcypromine	PARNATE	\$\$\$\$

Selective Serotonin Reuptake Inhibitors (SSRIs)**Citalopram, fluoxetine are first line agents**

escitalopram	LEXAPRO (PA)	\$\$\$
	<i>Tablet splitting may be required</i>	
citalopram*	CELEXA	\$
paroxetine* (<i>NOT CR</i>)	PAXIL	\$\$
fluoxetine*	PROZAC	\$
sertraline*	ZOLOFT	\$

Serotonin Norepinephrine Reuptake Inhibitors

venlafaxine*	EFFEXOR	\$\$
venlafaxine ext. rel.	EFFEXOR XR (PA)	\$\$\$

If approved, generic version of Venlafaxine XR will be required which may require a separate prescription.

duloxetine	CYMBALTA (PA)	\$\$\$\$
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*Trial and failure of Gabapentin may be required.***Miscellaneous**

trazodone*	DESYREL	\$
bupropion* (<i>Not XL</i>)	WELLBUTRIN	\$\$\$
mirtazapine*	REMERON	\$\$\$

ANTIPARKINSON AGENTS

amantadine*	SYMMETREL	\$ \$
benztropine*		\$
trihexyphenidyl*		\$
carbidopa/levodopa*	SINEMET	\$\$\$
ropinirole *	REQUIP	\$\$\$\$
bromocriptine*	PARLODEL	\$\$\$\$

carbidopa/levodopa ext-rel*	SINEMET CR	\$\$\$\$
ANTIPSYCHOTICS		
Phenothiazine Derivatives		
thioridazine*		\$\$
fluphenazine*		\$
perphenazine*		\$\$\$\$
trifluoperazine*		\$\$
chlorpromazine*		\$\$\$\$
Thioxanthene Derivatives		
thiothixene*	NAVANE	\$
Butyrophenones		
haloperidol*		\$
OTHER AGENTS		
Psychosis/Bipolar		
Risperdal is first line. Zyprexa, Seroquel, Abilify, Geodon require prior auth. Trial of Risperidone is required. Tablet splitting may be required if approved.		
risperidone (<i>M-tabs/Soln require Prior Auth</i>)	RISPERDAL	\$\$\$
ANTIVERTIGO/MOTION SICKNESS AGENTS		
meclizine*	ANTIVERT	\$
promethazine*	ENERGAN	\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
methylphenidate*	RITALIN (CII)	\$
methylphenidate LA	RITALIN LA (CII)	\$\$\$
methylphenidate ER	CONCERTA (CII)	\$\$\$
	ADDERALL (CII)	\$\$
amphetamine/dexroamphetamine mixed salts*	ADDERALL XR (CII)	
atomoxetine	STRATTERA	\$\$\$
BIPOLAR AGENTS		
lithium carbonate*		\$
lithium carbonate ext. rel.*	LITHOBID	\$\$\$
divalproex sodium ext. rel.	DEPAKOTE	\$\$\$\$
ATYASTHENIA GRAVIS AGENTS		
pyridostigmine*	MESTINON	\$\$\$\$
SEDATIVES/HYPNOTICS		
chloral hydrate*(<i>syrup only</i>)	(CIV)	\$\$\$\$
flurazepam*	DALMANE	\$
temazepam* (<i>not 7.5 or 22.5mg</i>)	RESTORIL (CIV)	\$
zolpidem* (<i>not CR</i>)	AMBIEN (CIV)	\$
SMOKING CESSATION AGENTS		
<ul style="list-style-type: none"> • <i>Members are encouraged to enroll in a tobacco cessation program through ADHS by calling 1-800-556-6222.</i> • <i>Smoking Cessation for members under 18 years of age requires prior authorization.</i> • <i>4 week supplies approved up to 12 weeks total/6 months.</i> • <i>Dual Eligible/Medicare D patients must utilize their Medicare D plan for prescription smoking cessation products.</i> 		
Nicotine patch*	NICODERM CQ	\$\$
	NICOTROL	
	HABITROL	
nicotine gum*	NICORETTE	\$\$\$
nicotine lozenge*	COMMIT	\$\$\$
nicotine inhaler	NICOTROL	\$\$\$
nicotine nasal spray	NICOTROL NS	\$\$\$\$

bupropion SR* (<i>wellbutrin XL-requires PA</i>)	ZYBAN	\$
varenicline	WELLBUTRIN SR CHANTIX	\$\$\$\$
STIMULANTS		
methylphenidate*	RITALIN (CII)	\$\$\$
dextroamphetamine*	DEXEDRINE (CII)	\$\$\$\$

- DERMATOLOGY -

ACNE

Oral

tetracycline*		\$
erythromycin*		\$\$\$
minocycline* (<i>caps only</i>)	MINOCIN	\$\$\$\$

Topical

benzoyl peroxide*	DESQUAM-E	\$
benzoyl peroxide	DESQUAM-X	\$
erythromycin soln	T-STAT	\$
erythromycin gel 2%*	A/T/S	\$\$\$
erythromycin gel 2%*	ERYGEL	\$\$
tretinoin*	AVITA	\$\$\$\$
	RETIN-A (L)	\$\$\$\$

(L) limit to age <30

ANTIBACTERIALS – TOPICAL

gentamycin*		\$
silver sulfadiazine*	SILVADENE	\$\$
mupirocin* (<i>oint only</i>)	BACTROBAN	\$\$

ANTIFUNGALS – TOPICAL

nystatin*	MYCOSTATIN	\$
nystatin/triamcinolone* acetone*	MYCOLOG II	\$
ciclopirox	LOPROX	\$\$\$\$
clotrimazole*		\$\$\$
clotrimazole/betamethasone*		\$\$\$\$
ketoconazole*	NIZORAL	\$\$\$\$

ANTIPRURITICS

cyproheptadine*		\$\$\$\$
hydroxyzine hcl*	ATARAX	\$\$\$\$

CORTICOSTEROIDS

Listed by potency: Group I is least potent, Group V is most potent.

Group I

hydrocortisone crm 2.5%*		\$
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Group II

fluocinolone acetone soln 0.01%*	SYNALAR	\$
triamcinolone acetone crm/oint 0.025%*	KENALOG	\$
hydrocortisone valerate crm/oint 0.2%*	WESTCORT	\$\$

Group III

betamethasone valerate 0.1%*	BETA-VAL	\$
fluocinolone acetone emol crm/oint 0.025%	SYNALAR	\$
triamcinolone acetone crm/oint 0.1%*	KENALOG	\$

Group IV

betamethasone dipropionate		\$
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0.05%* crm/oint/lotion (<i>not aerosol</i>)		
fluocinonide crm/oint/gel	LIDEX	\$
0.05%*		
triamcinolone acetonide crm/oint 0.5%*	KENALOG	\$
Group V		
clobetasol propionate emollient crm/gel 0.05%*	TEMOVATE	\$\$\$
<i>Temovate solution is (ST) fluocinolone soln. is first line therapy</i>		
aug.betameth dipropionate	DIPROLENE (ST)	\$\$\$\$
<i>(ST) triamcinolone, desoximetasone first line therapy</i>		
ECZEMA and PSORIASIS		
selenium sulfide*	SELSUN	\$\$
methotrexate* (oral)		\$\$\$\$
SCABICIDES and PEDICULICIDES		
lindane*		\$\$
permethrin 5%*	ELIMITE	\$\$\$\$
MISCELLANEOUS AGENTS		
trypsin/balsam/castor oil *	GRANULEX	\$\$\$
fluorouracil	EFUDEX (PA)	\$\$\$\$
lidocaine spray (otc)		\$
- EENT -		
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ALLERGY/COUGH/COLD		
Antihistamines		
<i>Ethanolamines</i>		
clemastine 2.68 mg		\$\$\$\$
<i>Piperidines (oral, non-sedating)</i>		
<i>OTC loratadine and cetirizine covered only.</i>		
loratidine*(OTC)	CLARITIN	\$
<i>(OTC—Prescription required)</i>		
cetirizine* (OTC)	ZYRTEC	\$
<i>(L) 30 day supply-OTC</i>		
Antihistamine/Decongestant Combinations		
brompheniramine/pseudoephedrine,ext.rel.*	BROMFENEX	\$\$\$
brompheniramine/pseudoephedrine,ext.rel.*	BROMFENEX-PD	\$\$
chlorpheniramine/pseudoephedrine, ext.rel.*	DECONAMINE SR	\$\$
promethazine/phenylephrine syrup*	PROMETHAZINE VC SYRUP	\$\$\$\$
Antitussive Combinations		
<i>Narcotic</i>		
guaifenesin/codeine*	GUIATUSS AC (CV)	\$
guaif/dextromethorphan*	GUIATUSS AC	\$
hydrocodone/homatropine*	HYCODAN (CIII)	\$
phenylephrine/hydrocodone/chlorpheniramine*	HISTUSSIN/HC (CIII)	\$\$
promethazine/codeine/pheny	PHENERGAN VC	\$\$
1	w/CODEINE (CV)	
ephine*		
hydrocodone/pseudoephedrine	HISTUSSIN D (CIII)	\$\$
<i>Non-Narcotic</i>		
guaifenesin/dextromethorphan, ext. rel.*	FENESIN DM tablets	\$

pseudoephedrine/ carbinoxamine/ dextromethorphan promethazine syrup*	RONDEC DM <i>drops</i>	\$\$\$
	PHENERGAN	\$
Decongestant/Expectorant Combinations		
guaifenesin, ext. rel.*	GUAIFENEX LA	\$
guaifenesin/ phenylephrine	GUAIFED-PD/ GUAIFED	\$
guaifenesin/ pseudoephedrine ext. rel.*	ZEPHREX LA	\$
Nasal Inhalers		
Rhinitis		
ipratropium bromide spray	ATROVENT	\$\$\$\$
fluticasone nasal spray*	FLONASE	\$\$
OPHTHALMIC		
Antiglaucoma		
Oral		
acetazolamide*		\$\$\$
methazolamide*		\$\$\$\$
Topical		
ADRENERGIC AGONISTS		
dipivefrin*	PROPINE	\$
brimonidine*		\$\$\$
BETA BLOCKERS		
levobunolol*	BETAGAN	\$\$
timolol hemihydrate	BETIMOL	\$\$
betaxolol*	BETOPTIC S	\$\$\$\$
timolol maleate GEL*	TIMOPTIC-XE	\$\$
CARBONIC ANHYDRASE INHIBITORS		
dorzolamide*	TRUSOPT	\$\$\$\$
CHOLINERGICS		
pilocarpine*	ISOPTO CARPINE	\$
carbachol	ISOPTO CARBACHOL	\$\$\$\$
COMBINATION PRODUCTS		
dorzolamide/timolol*	COSOPT	\$\$\$\$
PROSTAGLANDINS		
latanoprost	XALATAN	\$\$\$\$
bimatoprost	LUMIGAN	\$\$\$\$
Anti-Infectives		
Antibacterials		
bacitracin*	AK-TRACIN	\$
erythromycin*		\$
gentamicin*		\$
polymyxin B/bacitracin*	POLYSPORIN	\$\$\$
polymyxinB/ neomycin/gramicidin soln.*	NEOSPORIN	\$\$\$\$
sodium sulfacetamide*		\$\$
sulfacetamide 10%	BLEPH-10	\$
polymyxin B/trimethoprim*	POLYTRIM	\$\$
ofloxacin*	OCUFLOX	\$\$\$\$
Antivirals		
trifluridine *	VIROPTIC (PA)	\$\$\$\$
Corticosteroids		
dexamethasone sodium phosphate*		\$\$
fluorometholone*	FML	\$\$

loteprednol	ALREX	\$\$\$
	LOTEMAX	\$\$\$
prednisolone acetate 1%*	PRED FORTE	\$\$
prednisolone acetate 0.12%*	PRED MILD	\$\$\$
prednisolone phosphate 0.125%	INFLAMASE MILD	\$\$\$\$
Prednisolone phosphate 1%	INFLAMASE FORTE	\$\$\$
Combination Topical Antibacterials/Corticosteroids		
neomycin/polymyxinB/hydrocortisone	CORTISPORIN	\$\$\$\$
neomycin/polymyxinB/dexamethasone*	MAXITROL	\$
sulfacetamide/fluoromethadone	FML-S	\$\$\$\$
sulfacetamide/prednisolone 10%/0.25%*	VASOCIDIN	\$\$\$
gentamicin/prednisolone acetate	PRED-G	\$\$\$\$
tobramycin/dexamethasone	TOBRADEX	\$\$\$\$
Miscellaneous		
atropine*	ISOPTO ATROPINE	\$
cromolyn sodium *	CROLOM	\$\$\$
flurbiprofen *	OCUFEN	\$\$
azelastine	OPTIVAR	\$\$\$
pemirolast	ALAMAST	\$\$\$
olopatadine	PATANOL	\$\$\$
brimonidine/timolol	COMBIGAN	\$\$\$
OTIC AGENTS		
acetic acid*	VOSOL	\$\$
acetic acid/ aluminum acetate*	DOMEBORO OTIC	\$\$
hydrocortisone/acetate acid*	VOSOL HC	\$\$\$\$
hydrocortisone/neomycin/polymyxin B*	CORTISPORIN	\$\$
benzocaine/antipyrine*	BENZOTIC	\$
trolamine polypeptide oleate	CERUMENEX	\$\$\$\$
MISCELLANEOUS		
lidocaine viscous*	XYLOCAINE	\$
– EMERGENCY KITS –		
epinephrine	EPIPEN # (L)	\$\$\$\$
	EPIPEN Jr. # (L)	\$\$\$\$
<i>(L) Limit of 2 per year</i>		
– ENDOCRINOLOGY –		
ADRENAL CORTICOSTEROIDS		
Glucocorticoids		
prednisone*	DELTASONE	\$
dexamethasone*	DECADRON	\$
methylprednisolone*	MEDROL	\$\$
	MEDROL DOSEPAK	\$\$
prednisolone*	PRELONE	\$
Mineralocorticoids		
fludrocortisone acetate*	FLORINEF	\$
ANDROGENS		
methyltestosterone*	(CIII) (PA)	\$\$\$\$
fluoxymesterone	(CIII) (PA)	\$\$\$\$
testosterone gel	ANDROGEL (CIII)	\$\$\$\$

	(PA)	
testosterone transdermal	TESTODERM (CIII)	\$\$\$\$
	(PA)	
ANTIDIABETIC AGENTS		
Insulin		
human insulin aspart	NOVOLOG	\$\$\$\$
human insulin lispro	HUMALOG	\$\$\$\$
human insulin	HUMULIN	\$\$
	NOVOLIN	\$\$
insulin glargine	LANTUS	\$\$\$\$
insulin detemir	LEVEMIR	\$\$\$\$
<i>Insulin vials only—prefilled syringes require PA</i>		
Oral Medications		
Sulfonylureas		
glyburide*	DIABETA	\$
glipizide*	GLUCOTROL	\$
glipizide ext. rel.*	GLUCOTROL XL	\$\$\$
Non-Sulfonylureas		
metformin*	GLUCOPHAGE/XR	\$\$\$\$
miglitol	GLYSET	\$\$\$\$
acarbose*	PRECOSE	\$\$\$\$
rosiglitazone	AVANDIA (PA/ST)	\$\$\$\$
pioglitazone	ACTOS (PA/ST)	\$\$\$\$
<i>Tablet splitting may be required</i>		
repaglinide	PRANDIN (PA/ST)	\$\$\$\$
<i>ST- patient must try sulfonylurea/metformin prior</i>		
glyburide/metformin*	GLUCOVANCE	\$\$\$
GLUCOSE ELEVATING AGENTS		
glucagon, human recomb	GLUCAGON	\$\$\$\$
THYROID AND ANTITHYROID AGENTS		
Thyroid		
levothyroxine*	LEVOXYL	\$
	SYNTHROID	\$
liothyronine	CYTOMEL	\$\$
thyroid	ARMOUR THYROID	\$
Antithyroid		
propylthiouracil*	PROPYLTHIOURACIL	\$
methimazole*	TAPAZOLE	\$\$\$\$
OSTEOPOROSIS AGENTS		
alendronate*	FOSAMAX	\$\$
calcitonin salmon nasal spray	MIACALCIN	\$\$\$\$
PAGET'S DISEASE/ANTI-HYPERCALCEMIC		
calcitonin salmon nasal spray	MIACALCIN	\$\$\$\$
etidronate disodium	DIDRONEL	\$\$\$\$
alendronate*	FOSAMAX	\$\$\$\$
MISCELLANEOUS		
aminoglutethimide	CYTADREN	\$\$\$\$
desmopressin acetate*	DDAVP	\$\$\$\$
cabergoline	DOSTINEX (PA)	\$\$\$\$
– GASTROINTESTINAL –		
ANTIDIARRHEAL AGENTS		
diphenoxylate/atropine*	LOMOTIL (CV)	\$
ANTICHOLINERGIC/ANTISPASMODIC AGENTS		
dicyclomine*	BENTYL	\$\$
	LEVSIN	\$\$
ANTIEMETIC AGENTS		
meclizine*	ANTIVERT	\$

promethazine*	PHENERGAN	\$
prochlorperazine*	COMPAZINE	\$\$
ANTI-ULCER AGENTS		
cimetidine*	TAGAMET	\$\$
ranitidine* (tablets only)	ZANTAC	\$\$
misoprostol *	CYTOTEC	\$\$\$\$
sucralfate*	CARAFATE	\$\$\$\$
H. PYLORI AGENTS		
bismuth subsalicylate/ metronidazole/tetracycline	HELIDAC (L)	\$\$\$\$\$
amoxicillin/clarithromycin/ lansoprazole	PREVPAC (L)	\$\$\$\$
	(L)- 2 fills/year	
COLORECTAL AGENTS		
hydrocortisone enema*	COLOCORT	\$\$\$\$
hydrocortisone crm*	PROCTOCORT	\$\$\$\$
sulfasalazine*	AZULFIDINE	\$\$\$
hydrocortisone crm*	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 (PA)	\$\$\$\$
pancrelipase*	VIOKASE (PA)	\$\$\$\$
pancrelipase, delayed rel.*	PANCREASE (PA)	\$\$\$\$
PROMOTILITY AGENTS		
metoclopramide*	REGLAN	\$\$
PROTON PUMP INHIBITORS		
omeprazole*	PRILOSEC	\$
pantoprazole*	PROTONIX (PA)	\$\$
lansoprazole solutabs	PREVACID (L)	\$\$
	<i>Prevacid solutabs covered for children under 11 yrs.</i>	
	<i>All other PPI's are not covered.</i>	
MISCELLANEOUS		
peg 3350/electrolytes*	GOLYTELY	\$\$
peg 3350/Nabiacarb/ Nacl/kcl	NULYTELY	\$
sulfasalazine	AZULFIDINE	\$\$\$
ursodiol*	ACTIGALL	\$\$\$\$
ursodiol	URSO	\$\$\$\$
– INFECTIOUS DISEASE –		
ANTIBACTERIAL AGENTS		
Cephalosporins		
<i>First Generation</i>		
cephalexin*	KEFLEX	\$
cefadroxil*	DURICEF	\$\$
<i>Second Generation</i>		
cefprozil*	CEFZIL	\$\$\$\$
cefuroxime *	CEFTIN	\$\$\$\$
<i>Third Generation</i>		
cefepodoxime*	VANTIN	\$\$\$\$
Fluoroquinolones		
ciprofloxacin*	CIPRO	\$\$
levofloxacin	LEVAQUIN	\$\$\$

Not considered first line treatment of UTI.

Macrolides

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

Penicillins

amoxicillin*		\$
ampicillin*		\$
dicloxacillin*		\$\$
penicillin VK*		\$
amoxicillin/pot.clavulanate*	AUGMENTIN	\$\$
	AUGMENTIN XR (PA)	\$\$\$

Sulfonamides

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

Tetracyclines

doxycycline hyclate*	VIBRAMYCIN	\$
tetracycline*		\$
minocycline*	MINOCIN	\$\$

Urinary Anti-Infectives

trimethoprim		\$
methenamine mandelate	MANDELAMINE	\$\$\$
nitrofurantoin*	MACRODANTIN	\$\$

Miscellaneous Antimicrobials

metronidazole*	FLAGYL	\$
clindamycin*	CLEOCIN	\$\$

ANTIFUNGAL AGENTS

nystatin*	MYCOSTATIN	\$\$\$
griseofulvin ultramicrosize	GRIS-PEG	\$\$\$
griseofulvin microsize	FULVICIN U/F	\$\$\$
ketoconazole*	NIZORAL	\$\$\$\$
clotrimazole*	MYCELEX TROCHE	\$\$\$\$
terbinafine*	LAMISIL	\$\$

Monitor LFTs before and during treatment. Limit of 84 days max for onychomycosis.

fluconazole* (tabs only)	DIFLUCAN (L)	\$\$
	(L)- 2 fills/mo 6 fills/yr 150mg tabs	

ANTITUBERCULOSIS AGENTS

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

ANTIVIRAL AGENTS

Cytomegalovirus

ganciclovir	CYTOVENE	\$\$\$\$
valganciclovir	VALCYTE (PA)	\$\$\$\$

Influenza A

amantadine	SYMMETREL	\$
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Hepatitis C

interferon alfa-2b inj	INTRON A (PA)	\$\$\$\$
ribavirin	REBETOL (PA)	\$\$\$\$

Herpes

acyclovir* (oral only)	ZOVIRAX	\$
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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	\$
mefloquine*	LARIAM	\$\$
atovaquone-proguanil	MALARONE	\$\$\$

– MUSCULOSKELETAL –

ANTIRHEUMATIC AGENTS

auranofin	RIDAURA	\$\$\$\$
hydroxychloroquine sulfate	PLAQUENIL	\$\$\$\$
penicillamine	CUPRIMINE	\$\$\$\$
methotrexate*	RHEUMATREX	\$\$\$\$

GOUT AGENTS

allopurinol*	ZYLOPRIM	\$
colchicine *		\$\$\$
colchicine/probenecid *		\$\$\$\$
probenecid *		\$\$\$\$

SKELETAL MUSCLE RELAXANTS

Centrally Acting

diazepam*	VALIUM (CIV)	\$
baclofen*		\$\$\$
carisoprodol*	SOMA	\$\$\$
methocarbamol*	ROBAXIN	\$\$\$
cyclobenzaprine*	FLEXERIL	\$
tizanidine tablets	ZANAFLEX TABS	\$

Direct Acting

dantrolene sodium	DANTRIUM (PA)	\$\$\$\$
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– OB-GYN –

CONTRACEPTIVES

Oral Contraceptives (generic) are covered with the following exceptions

Diaphragms, condoms, foam are covered. Prescription required for payment.

The following contraceptives require prior auth

3 month contraceptives	SEASONIQUE (PA)	\$\$\$\$
	SEASONALE (PA)	\$\$\$\$
Patches	ORTHO EVRA PATCH	\$\$\$\$
	(PA)	
Continuous contraceptives	LYBREL (PA)	\$\$\$\$
Miscellaneous	NUVARING (PA)	\$\$\$

EMERGENCY CONTRACEPTIVES

levonorgestrel	PLAN B	\$\$
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ENDOMETRIOSIS

Androgens

danazol	DANOCRINE	\$\$\$\$
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Gonadotropin Releasing Hormones

nafarelin	SYNAREL (PA)	\$\$\$\$
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ESTROGENS

estradiol	ESTRACE	\$
estropipate	OGEN	\$
estrogens, conjugated	PREMARIN	\$\$
estrogens, esterified	MENEST	\$

estradiol transdermal	CLIMARA	\$\$
estradiol-levonorgestrel	CLIMARA PRO	\$\$
ESTROGEN/PROGESTIN COMBINATIONS		
estrogen, conjugated/ medroxyprogesterone	PREMPHASE	\$\$\$\$
estrogen, conjugated/ medroxyprogesterone	PREMPRO	\$\$\$\$
OXYTOCICS		
methylergonovine	METHERGINE	\$
PROGESTINS		
medroxyprogesterone acetate*	PROVERA	\$
ANTI-ESTROGENS		
toremifene	FARESTON	\$\$\$\$
tamoxifen citrate*	NOLVADEX	\$\$\$\$
VAGINAL ANTI-INFECTIVE AGENTS - TOPICAL		
Antibacterials		
metronidazole vaginal*	METROGEL	\$\$\$\$
Antifungals		
nystatin vaginal		\$\$\$\$\$
MICELLANEOUS VAGINAL PREPERATION		
sodium propionate/ amino acids/ urea	AMINO-CERV	\$
– RESPIRATORY –		
INHALED MEDICATIONS		
Anticholinergics		
ipratropium bromide	ATROVENT HFA	\$\$\$\$
tiotropium	SPIRIVA	\$\$\$\$
Beta2-Agonists		
albuterol*	VENTOLIN HFA	\$\$\$
albuterol* <i>over 12 years old</i>	PROAIR HFA	
levalbuterol <i>inhaler only</i>	XOPENEX HFA	\$\$\$
	MAXAIR	
pirbuterol	AUTOHALER	\$\$\$\$
salmeterol	SEREVENT DISKUS	\$\$\$\$
Corticosteroids		
beclomethasone dipropionate	QVAR	\$\$\$\$
fluticasone propionate	FLOVENT HFA44mcg	\$\$\$\$
	FLOVENT HFA110	
fluticasone	mcg	\$\$\$\$
	FLOVENT HFA 220	
fluticasone	mcg	\$\$\$\$
Miscellaneous Agents		
nedocromil sodium	TILADE	\$\$\$\$
ipratropium/albuterol	COMBIVENT	\$\$\$\$
salmeterol/fluticasone	ADVAIR DISKUS	\$\$\$\$
ORAL MEDICATIONS		
Beta2-Agonists		
metaproterenol*		\$\$\$\$
albuterol sulfate*		\$\$\$
terbutaline*	BRETHINE	\$\$\$\$
Leukotriene Modifiers		
montelukast	SINGULAIR (ST)	\$\$\$\$
<i>(ST)- Patients must have a history of asthma as evidence by beta agonist/ inhaled corticosteroid use.</i>		
Methylxanthines		
theophylline ext. rel.*	THEOCHRON	\$\$

theophylline ext. rel.*	UNIPHYL	\$\$
– SUPPLEMENTS –		
Antihypocalcemics		
calcitriol (1,25-D3)	ROCALTROL	\$\$\$\$
Electrolytes		
Potassium		
potassium chloride ext. rel.*	K-DUR	\$\$
	KLOTRIX	\$\$
	K-DUR	\$\$\$\$
potassium chloride/ bicarb eff. tab*	K-LYTE/CL	\$\$\$\$
potassium chloride 20 ,Eq/15 ml		\$
VITAMINS		
prenatal vitamins/with folic acid*	NATATAB	\$
	GENERIC FORMULATIONS	\$
<i>Excluded prenatal vitamins are: Primacare, Premesis, Prenate Elite, Prenate DHA and Precare CHW—these are not covered</i>		
MISCELLANEOUS		
folic acid		\$
potassium citrate/ citric acid	POLYCITRA-K	\$\$\$\$
cyanocobalamin inj*	B12	\$
ELECTROLYTE STABILIZERS		
calcium acetate phosphate binder*	PHOSLO	\$\$\$\$
sevelamer HCL	RENAGEL(PA)	\$\$\$\$
<i>Approved if contraindication to PhosLo or hypercalcemia</i>		
sevelamer carbonate	RENVELA (PA)	\$\$\$\$
<i>Approved if contraindicated to PhosLo, hypercalcemia, and acidosis</i>		
– UROLOGICAL –		
Analgesic Agents		
phenazopyridine*	PYRIDIUM	\$
Antispasmodics		
oxybutynin* (not patches)	DITROPAN	\$\$
tolterodine	DETROL LA	\$\$
hyoscyamine*	LEVSIN	\$
Benign Prostatic Hypertrophy (BPH)		
Alpha Blockers		
doxazosin*	CARDURA	\$
terazosin*	HYTRIN	\$\$\$
Cholinergic Agents		
bethanechol*	URECHOLINE	\$\$\$\$

OTC Formulary

NOT COVERED FOR INSTITUTIONAL PATIENTS

ANTACIDS
ARTIFICIAL TEARS
ANTIBIOTIC OINT
AMLACTIN
ACIDOPHILUS capsules
Florastor, Culturelle, yogurt—not covered
GAUIFENESIN 400MG
FISH OIL
VITAMIN D
ZINC
MIRALAX
MELATONIN
ANALGESICS/ANTIPYRETICS
ANTIPLATULANT PRODUCTS
ANTIHISTAMINES (CLARITIN AND CLARITIN D (GENERIC)
ZYRTEC AND ZYRTEC D (GENERIC), TAVIST
ANTI-TUSSIVE PREPARATIONS
DECONGESTANTS
ELECTROLYTE SOLUTIONS
EXPECTORANTS
GASTROINTESTAL AGENTS(PEPCID,ZANTAC,TAGAMET,TUMS)
NON-STEROIDAL ANTIINFLAMMATORY AGENTS (NSAIDS)
OPHTHALMIC PREPARATIONS
TOPICAL ANTIFUNGALS
TOPICAL STEROIDS
VAGINAL ANTIFUNGALS
VARIOUS VITAMIN PRODUCTS
CALCIUM-VARIOUS

Note: Nutritional (caloric) supplements, Diabetic supplies, including Monitors, test strips, solutions, syringes, lancets and swabs are not covered through the prescription benefit. These products must be supplied through Yavapai County LTC DMS Provider.