

Chartered Health Plan Closed Formulary 2010 (741)

(01/01/10)

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FORMULARY UPDATES

Chartered Health Plan Formulary Updates

The following drug products were reviewed and acted upon by the Chartered Health Plan Pharmacy, Therapeutics and Technology Committee:

Additions to Formulary, as of January 1, 2010

- OTC Prevacid 24HR

Deletions from Formulary, as of January 1, 2010

- acetic acid/hydrocortisone otic solution
- Cuprimine
- Nasacort AQ
- Pilocarpine ophthalmic solution
- Rhinocort Aqua
- Ridaura

Changes to Formulary, as of January 1, 2010

- Step Therapy added to lansoprazole and pantoprazole -- must try OTC products Prevacid 24HR or Prilosec OTC first

Not added to Formulary, as of January 1, 2010

- Effient
- Nucynta
- Toviaz
- Uloric

INTRODUCTION

Chartered Health Plan, Inc. is pleased to provide the Chartered Health Plan Managed Care Formulary to be used when prescribing for patients covered by the pharmacy plan offered by Chartered Health Plan. Drugs listed in the Chartered Health Plan Managed Care Formulary have been reviewed and approved by the Chartered Health Plan Pharmacy, Therapeutics and Technology (P,T&T) Committee. The drugs have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefits administered through Chartered Health Plan. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through the Medical Exception process.

*The information contained in this Chartered Health Plan Managed Care Formulary and its appendices is provided by Chartered Health Plan, solely for the convenience of medical providers. Chartered Health Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This Chartered Health Plan Managed Care Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Chartered Health Plan does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. **The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.***

PREFACE

The Chartered Health Plan Managed Care Formulary is organized by sections. Each section includes therapeutic groups identified by either a drug class or disease state. Products are listed by generic name with brand name included only as a reference to assist in product recognition. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are included on Formulary. Generics should be considered the first line of prescribing. **All generics, whether listed or unlisted, are covered on the Chartered Health Plan Managed Care Formulary.**

PHARMACY, THERAPEUTICS AND TECHNOLOGY COMMITTEE

The Chartered Health Plan P,T&T Committee is made up of local physicians, pharmacists and nurses. The actions of the Chartered Health Plan P,T&T Committee are communicated in a quarterly provider newsletter, which is distributed to all physicians who have received the Chartered Health Plan Managed Care Formulary. Please visit our Web site at www.chartered-health.com for formulary updates and recent Chartered Health Plan P,T&T decisions.

PRODUCT SELECTION CRITERIA

The Chartered Health Plan P,T&T Committee will consider all recently approved U.S. Food and Drug Administration (FDA) drugs for inclusion in the formulary. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications/Warnings/Precautions
- Pharmacokinetics
- Patient administration/compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms are on formulary, examples are noted below. The general principles shown in the examples can usually be extended to other entries in the book. Any exceptions are noted.

Products on formulary include all strengths and dosage forms of the cited brand-name product.

lansoprazole

Prevacid

Capsules, oral suspension, oral disintegrating tablets, injection formulations and all strengths of Prevacid would be included in this listing.

When a strength or dosage form is specified, only the specified strength and dosage form is on formulary. Other strengths/dosage forms of the reference product are not.

metronidazole tabs

Flagyl

Only tablets are on formulary, not the capsules.

Extended-release and delayed-release products require their own entry.

glipizide ext-rel

Glucotrol XL

This entry confirms that the extended-release product is on formulary.

Dosage forms on formulary will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone *Cortisporin*
Since Cortisporin is listed only in the OTIC section, it is limited to the otic solution and suspension. From this entry, the ophthalmic solution and ophthalmic ointment, and the topical cream cannot be assumed to be on the list unless there are entries for these products in the OPTHALMIC and DERMATOLOGY sections of the formulary.

GENERIC AVAILABILITY

Boldface type of a generic drug name in this book indicates generic availability of that product. However, not all strengths or dosage forms of the generic name in boldface type may be generically available. In some cases, **the brand name listed is a generic drug**. Examples of the latter include Levoxyl and Trivora.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. An important consideration for generic substitution is the knowledge that all approvals of generic drugs by the FDA since 1984, and many generic approvals prior to 1984, have a showing of bioequivalence between the generic versions and the reference brand-name product. To gain FDA approval:

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand-name product.
2. The FDA has given the generic an “A” rating compared to the brand-name product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand-name product. The ratings of generic drugs are available by referring to the FDA reference, *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the prescribed product. Drug products that have a narrow therapeutic index (NTI) can also be guided by these principles. It is not necessary for the health care practitioner to approach any one therapeutic class of drug products (e.g., NTI drugs) differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug products under consideration. Also, additional clinical tests or examinations by the practitioner are not needed when a therapeutically equivalent generic drug product is substituted for the brand-name product.

It is recommended that generic substitution not be exercised by the pharmacist with multisource products that appear in the Orange Book and carry a “B” rating, indicating that these products cannot be considered therapeutically equivalent to other products in the group.

It is also recommended that generic substitution not be undertaken for any unrated multisource products that might be considered narrow therapeutic index, or maintenance drugs where it is known that unrated products from different labelers are not bioequivalent.

State law or regulations may dictate the ability to practice generic substitution for selected products or categories of drugs. Most forms and strengths of the following drug products are non-substitutable in District of Columbia:

Brand name (generic name)

Coumadin (warfarin)
Depakene (valproic acid)
Dilantin (phenytoin sodium extended)
Mysoline (primidone)
Tegretol (carbamazepine)
Theochron (theophylline ext-rel)

SPECIALTY PHARMACY SERVICES

CVS Caremark will provide Chartered Health Plan members with Specialty Pharmacy Services.

CVS Caremark Specialty Pharmacy Services is a full-service specialty pharmaceutical provider. Specialty pharmaceuticals or products are used in the management of specific chronic or genetic conditions and certain catastrophic diseases such as cancer. They are often injectable or infused medications, but may also include oral agents.

CVS Caremark offers these services combined with expert pharmaceutical care management.

Medications available through CVS Caremark Specialty Pharmacy Services (Alpha List)

Actimmune
Alphanate
AlphaNine SD

Amevive

Aranesp
Avonex
BeneFIX

Betaseron

Carimune

Cerezyme

Cinryze

Copaxone

Cytogam

Eligard

Enbrel

Epogen

Exjade

Feiba VH

Forteo

Fuzeon

Gammagard

Genotropin

Gleevec

Helixate FS

Hemofil-M

Humate-P

Humatrope

Humira

Hyalgan

Hycamtin

Immune Globulin

Increlex

Infergen

Intron A

Kineret

Koate-DVI

Kogenate FS

Letairis

Leukine

leuprolide acetate (LUPRON)

Lupron Depot

Monarc M

Mononine

Neulasta

Neumega

Neupogen

Norditropin

NovoSeven RT

Nplate

Nutropin

Nutropin AQ

octreotide acetate (SANDOSTATIN)

Omnitrope

Pegasys

PegIntron

Procrit

Profilnine SD

Pulmozyme

Rebetol solution

Rebif

Recombinate

Refacto

Remicade

ribavirin caps (REBETOL)

ribavirin tabs (COPEGUS)

Saizen

Sandostatin LAR

Serostim

Synagis

Synvisc

Temodar

Tev-Tropin

Thalomid

Thyrogen

TOBI

Trelstar Depot

Trelstar LA

Vantas

Visudyne

Xeloda

Xenazine

Xolair

Zoladex

Zorbtive

This list is current as of **January 1, 2010**. Medications shown in **bold** require prior authorization. Please call the CVS Caremark Prior Authorization Department toll-free at **1-866-814-5506** to obtain a prior authorization. Orders can be faxed toll-free to **1-800-323-2445**. Products distributed by CVS Caremark and therapies covered may change. Please call CVS Caremark Connect toll-free at **1-800-237-2767** regarding medications on the list.

MEDICAL DRUG LIMITATION

The following formulary products are subject to managed drug limitations (**MDL**). The purpose of these limitations is to encourage safe and cost-effective use of therapies. Certain non-formulary medications may also be subject to managed drug limitations.

Analgesics

acetaminophen products	3 grams per day
all immediate-release narcotics (except codeine and meperidine)	180 per 25 days
aspirin products	4 grams per day
butalbital products	60 per 25 days
butorphanol nasal spray	2 bottles per 25 days
codeine tablets	45 per 25 days
fentanyl patches	10 per 25 days
ketorolac	20 tablets per 25 days
meperidine tablets	30 per 25 days
methadone 5 mg, 10 mg	240 per 25 days
methadone 40 mg	60 per 25 days
morphine extended-release products	90 per 25 days; 200 mg: 60 per 25 days
Oxycontin	60 tablets per 25 days
propoxyphene products	180 per 25 days
tramadol products	240 per 25 days

Anticonvulsants

Lyrica (pregabalin) 25 mg, 50 mg, 100 mg, 150 mg, 200 mg, 225 mg	90 capsules per 30 days (all strengths combined)
Lyrica (pregabalin) 300 mg	60 capsules per 30 days

Antiemetics

Anzemet (dolasetron)	10 tablets per 25 days
Anzemet (dolasetron) injection	5 mL per 25 days
Kytril (granisetron)	20 tablets per 25 days
Kytril (granisetron) injection	2 mL per 25 days
Marinol (dronabinol)	60 capsules per 25 days
Zofran (ondansetron) 24 mg	10 tablets per 25 days
Zofran (ondansetron) 4 mg, 8 mg	30 tablets per 25 days
Zofran (ondansetron) oral soln	150 mL per 25 days
Zofran (ondansetron) 2 mg/mL injection	20 mL per 25 days
Zofran Premix (ondansetron) 32 mg/50 mL IV	50 mL per 25 days

Antihistamines, Low Sedating

Zyrtec OTC (cetirizine) syrup	Restricted to members 12 years old and younger
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Anti-infectives

Cipro XR (ciprofloxacin ext-rel) 500 mg	3 tablets per 25 days
Diflucan (fluconazole) 150 mg	2 tablets per 25 days
Monurol (fosfomycin)	1 tablet per 25 days
Suprax (cefixime)	1 tablet per 30 days

Zithromax (azithromycin) 250 mg	8 tablets per 15 days
Zithromax (azithromycin) 500 mg	4 tablets per 15 days
Hypnotics	
Ambien (zolpidem)	14 tablets per 25 days
Influenza	
FluMist (influenza vaccine)	Restricted to members ages 2 to 49 years old
Relenza (zanamivir)	1 course of therapy per 180 days; total of 2 treatments per 365 days
Migraine	
Imitrex (sumatriptan)	9 tablets per 25 days
Imitrex (sumatriptan) injection kit	2 kits (4 injections) per 25 days
Imitrex (sumatriptan) injection vials	4 vials (4 injections) per 25 days
Imitrex (sumatriptan) 5 mg nasal spray	12 units (2 packages) per 25 days
Imitrex (sumatriptan) 20 mg nasal spray	6 units (1 package) per 25 days
Maxalt/Maxalt-MLT (rizatriptan)	6 tablets per 25 days
Zomig/Zomig-ZMT (zolmitriptan) 2.5 mg	6 tablets per 25 days
Zomig/Zomig-ZMT (zolmitriptan) 5 mg	3 tablets per 25 days
Nasal Agents	
Astelin (azelastine) spray	1 inhaler per 25 days
Flonase (fluticasone) spray	1 inhaler per 25 days
Nasonex (mometasone) spray	1 inhaler per 25 days
Oral Contraceptives (Emergency)	
Plan B (levonorgestrel)	3 kits per 365 days
Skeletal Muscle Relaxants	
Flexeril (cyclobenzaprine)	90 tablets per 30 days
Smoking Cessation	
Chantix (varenicline)	180 days (24 weeks) per 365 days
Topical-Dermatology-Acne	
retinoids	Restricted to members 25 years old and younger

MEDICAL EXCEPTION

Medical exception will be granted for members who have had one of the following:

- Documented allergy/allergic reaction to formulary agents.
- Documented failure on formulary agents.
- Documented patient stability/control issues where change to a formulary agent is contraindicated or not advisable.

To request a medical exception:

- The prescriber should call toll-free: 1-800-408-7510 to notify the Medical Management Department of the desire for a non-formulary medication.
- A form will be faxed to the prescriber to complete and return to the Chartered Health Plan Medical Management Team.
- If the medication is denied, prescriber may appeal to the Medical Director.
- In the event of an emergency, a 72-hour supply of medication will be available to the patient.

Drug coverage will be consistent with the policies of the DC Medicaid Program and the Chartered Health Plan P,T&T Committee.

PRIOR AUTHORIZATION

Drugs indicated with a “**PA**” require Prior Authorization for coverage. The following information is needed when requesting a prior authorized drug:

- Patient name and identification number
- Physician name, address, and phone number
- Drug name and strength
- Patient diagnosis
- Documentation of previous medical history pertaining to the requested drug
- Pharmacy name and phone number

Please call CVS Caremark Prior Authorization department toll-free at 1-866-814-5506 to obtain prior authorization for the following medication(s):

Allergic Asthma

Xolair (omalizumab)

Antihemophilic Agents

Alphanate (antihemophilic factor)

Alphanine SD (factor IX concentrate)

Benefix (factor IX concentrate)

Feiba VH (anti-inhibitor coagulant complex)

Helixate FS (antihemophilic factor, recombinant)

Hemofil-M (antihemophilic factor)

Humate-P (AHF, human/VWF, human)

Koate-DVI (antihemophilic factor)

Kogenate FS (antihemophilic factor, recombinant)

Monarc M (antihemophilic factor)

Mononine (factor IX concentrate)

NovoSeven RT (coagulation factor VIIa)

Profilnine SD (factor IX concentrate)

Recombinate (antihemophilic factor, recombinant)

Refacto (antihemophilic factor, recombinant)

Growth Hormones and Related Disorders

Genotropin (somatropin)

Humatrope (somatropin)

Increlex (mecasermin)

Norditropin (somatropin)

Nutropin (somatropin)

Nutropin AQ (somatropin)

Omnitrope (somatropin)

Saizen (somatropin)

Serostim (somatropin)

Tev-Tropin (somatropin)

Zorbtive (somatropin)

Hepatitis C

Copegus (ribavirin tabs)

Infergen (interferon alfacon-1)

Intron A (interferon alfa-2b)

Pegasys (peginterferon alfa-2a)

PegIntron (peginterferon alfa-2b)

Rebetol (ribavirin caps)

HIV

Fuzeon (enfuvirtide)

Hormonal Therapies

Eligard (leuprolide acetate)

Lupron (leuprolide acetate)

Lupron Depot (leuprolide acetate microspheres)

Trelstar LA (triptorelin pamoate)

Trelstar Depot (triptorelin pamoate)

Vantas (histrelin acetate)

Zoladex (goserelin acetate)

Irritable Bowel Disease

Humira (adalimumab)

Remicade (infliximab)

Multiple Sclerosis

Avonex (interferon beta-1a)

Betaseron (interferon beta-1b)

Copaxone (glatiramer)

Rebif (interferon beta-1a)

Psoriasis

Amevive (alefacept)

Enbrel (etanercept)

Remicade (infliximab)

Pulmonary Arterial Hypertension

Letairis (ambrisentan)

Respiratory Syncytial Virus

Synagis (palivizumab)

Rheumatoid Arthritis

Enbrel (etanercept)

Humira (adalimumab)

Kineret (anakinra)

Orencia (abatacept)

Remicade (infliximab)

Please call Chartered Health Plan Medical Management Department toll-free at 1-800-408-7510 to obtain prior authorization for the following medication(s):

Protease Inhibitors

Aptivus (tipranavir)

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

Cymbalta (duloxetine delayed-rel)

STEP THERAPY

Step therapy (**ST**) requires the use of one or more prerequisite drugs that meet specific conditions prior to the use of another drug or drugs. The following drugs or drug categories require step therapy.

Acne Medications

Avita (tretinoin)

Differin (adapalene)

Retin-A (tretinoin)

Tazorac (tazarotene)

Antidiabetic Agents

Byetta (exenatide)
Symlin (pramlintide)

Antiemetic Medications

Anzemet (dolasetron)
Kytril (granisetron)
Marinol (dronabinol)
Zofran (ondansetron)

COX-2 Inhibitors

Celebrex (celecoxib)

Inhalant Solutions

Xopenex (levalbuterol) - Ages 3 and older

Lipid Lowering Agents

Lipitor (atorvastatin)
Vytorin (ezetimibe/simvastatin)
Zetia (ezetimibe)

Proton Pump Inhibitors

Nexium (esomeprazole delayed-rel)
pantoprazole delayed-rel
Prevacid (lansoprazole delayed-rel)
Prilosec (omeprazole delayed-rel)

Topical Immunomodulators

Protopic (tacrolimus) - Ages 2 and older

OVER-THE-COUNTER MEDICATIONS

This formulary covers many over-the-counter (**OTC**) medications. Below is a partial listing of some of the many covered OTC products. This is not a complete list. Brand names are included for product recognition purposes only. You are encouraged to prescribe OTC products when clinically appropriate.

CHARTERED HEALTH PLAN OTC Formulary Products**ANTACIDS**

aluminum hydroxide (ALternaGEL)
alumina/magnesia/simethicone (Mylanta)
aluminum hydroxide/magnesium hydroxide/simethicone (Maalox Plus)
aspirin/sodium bicarbonate/citric acid (Alka-Seltzer)
calcium carbonate (Tums)
magnesium hydroxide (Phillips' Milk Of Magnesia)

ANTIBACTERIALS, TOPICAL

bacitracin
neomycin/polymyxin B/bacitracin (Neosporin)

ANTIDIARRHEALS

bismuth subsalicylate (Kaopectate)
bismuth subsalicylate (Pepto-Bismol)

ANTIEMETICS

meclizine
dextrose/fructose/phosphoric acid (Emetrol)
dimenhydrinate (Dramamine)

ANTIFUNGALS, TOPICAL

clotrimazole (Lotrimin AF)
terbinafine (Lamisil AT)
tolnaftate (Tinactin)

ANTIFUNGALS, VAGINAL

butoconazole (Femstat 3)
clotrimazole (Gyne-Lotrimin)
miconazole nitrate (Monistat)

ANTI-INFLAMMATORIES, TOPICAL

hydrocortisone

COUGH, COLD, ALLERGY**Antihistamines**

cetirizine syrup (Zyrtec)
cetirizine tablets (Zyrtec)
chlorpheniramine (Chlor-Trimeton)
clemastine (Tavist-1)
diphenhydramine (Benadryl)
loratadine (Alavert, Claritin)

Antihistamine/Decongestants

brompheniramine/phenylephrine (Dimetapp)
dexbrompheniramine/pseudoephedrine ext-rel (Drixoral)
loratadine/pseudoephedrine ext-rel (Claritin-D)

Decongestants

pseudoephedrine (Sudafed)

Expectorant/Antitussives

dextromethorphan/guaifenesin (Robitussin Cough & Chest Congestion DM)
dextromethorphan/guaifenesin/phenylephrine (Robitussin Cough & Cold CF)
dextromethorphan/guaifenesin/pseudoephedrine (Robitussin Cough & Cold D)
dextromethorphan polistirex ext-rel (Delsym)
guaifenesin (Robitussin Chest Congestion)

HEARTBURN/GAS

lansoprazole delayed-rel (Prevacid 24HR)
omeprazole magnesium delayed-rel (Prilosec OTC)
simethicone (Gas-X)
simethicone (Mylicon)
simethicone (Phazyme)

LAXATIVES

bisacodyl (Dulcolax)
cellulose powder (Unifiber)
docusate sodium (Colace)
docusate sodium/sennosides (Peri-Colace)
glycerin enema, supp (Fleet Glycerin)
magnesium citrate soln (Citroma)
mineral oil (Fleet Mineral Oil Enema)
psyllium (Metamucil)
sennosides (Senokot)
sennosides/docusate sodium (Senokot-S)
sodium phosphate/sodium biphosphate (Fleet Enema)
sodium phosphates (Fleet Phospho-Soda)

NASAL PREPARATIONS

sodium chloride nasal spray (Ocean)

NUTRITIONALS/SUPPLEMENTS

calcium carbonate/vitamin D (Os-Cal 500 + D)

calcium citrate (Citracal)

calcium citrate/vitamin D (Citracal + D)

electrolyte rehydrating solution (Pedialyte)

ferrous gluconate (Fergon)

ferrous sulfate (Feosol, Fer-In-Sol)

magnesium oxide (Mag-Ox)

multivitamins, chewable (Centrum Kids)

multivitamins, geriatric (Centrum Silver)

multivitamins with iron (Therems-H)

niacin (Niacin)

pediatric multivitamins (12 years and younger) (Poly-Vi-Sol)

pediatric multivitamins (12 years and younger) (Tri-Vi-Sol)

pediatric multivitamins with iron (12 years and younger) (Poly-Vi-Sol)

polysaccharide iron complex (Niferex-150)

prenatal vitamins (Stuart Prenatal)

OPHTHALMICS

artificial tears

ketotifen (Zaditor)

naphazoline (Naphcon)

naphazoline/antazoline (Vasocon-A)

naphazoline/pheniramine (Naphcon A)

sodium chloride (Muro-128)

OTIC

carbamide peroxide 6.5% (Debrox)

PAIN - ANALGESICS

acetaminophen (Tylenol)

aspirin (Bayer Aspirin)

aspirin buffered (Bufferin)

ibuprofen (Advil)

naproxen sodium (Aleve)

PEDICULICIDES

permethrin (Nix Creme Rinse)

pyrethrins/piperonyl butoxide (RID Shampoo)

SMOKING DETERRENTS

nicotine polacrilex gum (Nicorette)

nicotine transdermal (Nicoderm CQ)

MISCELLANEOUS, TOPICALS

ammonium lactate (Lac-Hydrin 5)

benzoyl peroxide

calamine lotion

capsaicin crm 0.025% (Zostrix)

capsaicin crm 0.075% (Zostrix HP)

chlorhexidine gluconate

hydrocortisone crm (Preparation H)

hydrocortisone crm, supp (Anusol-HC)

petrolatum/mineral oil/shark liver oil/phenylephrine oint (Preparation H)

povidone-iodine (Betadine)

pramoxine/mineral oil/zinc oxide (Anusol)

salicylic acid 17% (Compound W)
salicylic acid 17%/collodion (Duofilm)
selenium sulfide (Selsun Blue)

MISCELLANEOUS

lactase (Lactaid)
menthol/phenol (Cepastat)
saliva substitute spray (Aquoral)

EDITOR

Your comments and suggestions regarding this Chartered Health Plan Managed Care Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Formulary Editor - Medical Management
1025 15th Street N.W.
Washington, DC 20036
Phone toll-free: 1-800-408-7510

NOTICE

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When viewing this formulary via the Internet, please be advised that the formulary is updated periodically and changes may appear prior to their effective date to allow for client notification.

LEGEND

#	Only the dosage forms/strengths of the reference brand-name products noted and generic versions, if available, are on formulary
##	Only the brand-name product noted is on formulary
MDL	Managed Drug Limitation
OTC	Over the counter
PA	Prior Authorization Required*
ST	Step Therapy
boldface	Indicates generic availability, boldface may not apply to every strength or dosage form under the listed generic name
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification
*	To obtain Prior Authorization for selected Specialty medications call toll-free: 1-866-814-5506. To obtain Prior Authorization for non-Specialty medications call toll-free: 1-800-408-7510. See Prior Authorization section for details.

ANALGESICS

ANALGESICS, OTHER		
acetaminophen	MDL OTC	TYLENOL
NSAIDs		
aspirin	MDL OTC	BAYER ASPIRIN
aspirin buffered	MDL OTC	BUFFERIN
ibuprofen	OTC	ADVIL
naproxen sodium	OTC	ALEVE
ibuprofen		MOTRIN
indomethacin		
ketorolac	MDL	
naproxen		NAPROSYN
naproxen sodium		ANAPROX
salsalate		
sulindac		CLINORIL
COX-2 INHIBITORS		
celecoxib	ST	CELEBREX
GOUT		
allopurinol		ZYLOPRIM
colchicine tabs		
probenecid		
NARCOTIC ANALGESICS		
butalbital/acetaminophen/caffeine/ codeine	MDL	FIORICET w/CODEINE
butalbital/aspirin/caffeine/codeine	MDL	FIORINAL w/CODEINE
butorphanol spray	MDL	
codeine/acetaminophen	MDL	TYLENOL w/CODEINE
hydrocodone/acetaminophen	MDL	LORCET
hydrocodone/acetaminophen	MDL	LORTAB
hydrocodone/acetaminophen	MDL	VICODIN ES
propoxyphene nap/acetaminophen	MDL	DARVOCET-N
NARCOTIC ANALGESICS, CII		
fentanyl transdermal	MDL	DURAGESIC
hydromorphone	MDL	DILAUDID
morphine	MDL	
morphine ext-rel	MDL	MS CONTIN
morphine supp	MDL	
oxycodone	MDL	ROXICODONE
oxycodone/acetaminophen 5/325	MDL	PERCOCET
oxycodone ext-rel	MDL	OXYCONTIN
NON-NARCOTIC ANALGESICS		
butalbital/acetaminophen/caffeine	MDL	FIORICET
butalbital/aspirin/caffeine	MDL	FIORINAL
tramadol	MDL	ULTRAM
VISCOSUPPLEMENTS		
hylan G-F		SYNVISC
sodium hyaluronate		HYALGAN

ANTI-INFECTIVES

ANTIBACTERIALS

Cephalosporins

First Generation

cephalexin		KEFLEX
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Second Generation

cefaclor		
cefprozil		
cefuroxime axetil		CEFTIN

Third Generation

cefdinir		OMNICEF
cefixime	MDL	SUPRAX

MDL on 400 mg tablets

Erythromycins/Macrolides

azithromycin	MDL	ZITHROMAX
clarithromycin		BIAXIN
clarithromycin ext-rel		BIAXIN XL
erythromycin delayed-rel		
erythromycin ethylsuccinate		E.E.S.
erythromycin stearate		
erythromycin/sulfisoxazole		
erythromycin delayed-rel		ERY-TAB

Fluoroquinolones

ciprofloxacin ext-rel	MDL	CIPRO XR
ciprofloxacin tabs		CIPRO
ciprofloxacin susp		CIPRO susp
levofloxacin		LEVAQUIN

MDL on 500 mg ext-rel tablets

Penicillins

amoxicillin		AMOXIL
amoxicillin/clavulanate		AUGMENTIN
ampicillin		
dicloxacillin		
penicillin VK		

Sulfonamide

acetyl sulfisoxazole susp		GANTRISIN
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Tetracyclines

doxycycline hyclate		VIBRAMYCIN
minocycline		MINOCIN
tetracycline		

ANTIFUNGALS

fluconazole	MDL	DIFLUCAN
ketoconazole		NIZORAL
nystatin		
terbinafine tabs		LAMISIL
griseofulvin microsize		GRIFULVIN V
griseofulvin ultramicrosize		GRIS-PEG

MDL on 150 mg tablets

ANTIMALARIALS

chloroquine		ARALEN
mefloquine		LARIAM
atovaquone/proguanil		MALARONE

ANTIRETROVIRAL AGENTS**Antiretroviral Combinations**

abacavir/lamivudine		EPZICOM
abacavir/lamivudine/zidovudine		TRIZIVIR
efavirenz/emtricitabine/tenofovir		ATRIPLA
emtricitabine/tenofovir		TRUVADA
lamivudine/zidovudine		COMBIVIR

Fusion Inhibitors

enfuvirtide	PA	FUZEON
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Integrase Inhibitors

raltegravir		ISENRESS
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Non-nucleoside Reverse Transcriptase Inhibitors

delavirdine		RESCRIPTOR
efavirenz		SUSTIVA
etravirine		INTELENCE
nevirapine		VIRAMUNE

Nucleoside Reverse Transcriptase Inhibitors

didanosine delayed-rel		VIDEX EC
zidovudine		RETROVIR
abacavir		ZIAGEN
didanosine soln		VIDEX soln
emtricitabine		EMTRIVA
lamivudine		EPIVIR

Nucleotide Reverse Transcriptase Inhibitors

tenofovir		VIREAD
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Protease Inhibitors

atazanavir		REYATAZ
darunavir		PREZISTA
fosamprenavir		LEXIVA
indinavir		CRIXIVAN
lopinavir/ritonavir		KALETRA
nelfinavir		VIRACEPT
ritonavir		NORVIR
saquinavir mesylate		INVIRASE
tipranavir	PA	APTIVUS

ANTITUBERCULAR AGENTS

ethambutol		MYAMBUTOL
isoniazid		
pyrazinamide		
rifampin		RIFADIN

ANTIVIRALS**Cytomegalovirus Agents**

ganciclovir		
valganciclovir		VALCYTE

Hepatitis Agents

ribavirin caps	PA	REBETOL
ribavirin tabs	PA	COPEGUS
adefovir dipivoxil		HEPSERA
lamivudine		EPIVIR-HBV
ribavirin oral soln	PA	REBETOL

Herpes Agents

acyclovir		ZOVIRAX
valacyclovir		VALTREX

Influenza Agents

amantadine, except tabs		
oseltamivir		TAMIFLU
zanamivir	MDL	RELENZA

MISCELLANEOUS

clindamycin		CLEOCIN
mebendazole		
metronidazole tabs		FLAGYL
nitrofurantoin ext-rel		MACROBID
nitrofurantoin macrocrystals		MACRODANTIN
sulfamethoxazole/trimethoprim		SEPTRA
trimethoprim		
dapsone		
fosfomycin	MDL	MONUROL

ANTINEOPLASTIC AGENTS

All oral antineoplastic drug products are on formulary. A list of the injectable antineoplastic agents covered on the formulary can be found in the Specialty Pharmacy Services section of the formulary.

CARDIOVASCULAR**ACE INHIBITORS**

captopril		CAPOTEN
enalapril		VASOTEC
lisinopril		ZESTRIL
quinapril		ACCUPRIL
ramipril		ALTACE

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril		LOTREL
trandolapril/verapamil ext-rel		TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

lisinopril/hydrochlorothiazide		ZESTORETIC
quinapril/hydrochlorothiazide		ACCURETIC

ADRENOLYTICS, CENTRAL

clonidine		CATAPRES
clonidine transdermal		CATAPRES-TTS

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone		ALDACTONE
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ALPHA BLOCKERS

doxazosin		CARDURA
prazosin		MINIPRESS
terazosin		HYTRIN

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

irbesartan		AVAPRO
irbesartan/hydrochlorothiazide		AVALIDE
olmesartan		BENICAR
olmesartan/hydrochlorothiazide		BENICAR HCT
telmisartan		MICARDIS
telmisartan/hydrochlorothiazide		MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST/CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine/olmesartan		AZOR
ANTIARRHYTHMICS		
amiodarone		CORDARONE
propafenone		RYTHMOL
quinidine gluconate ext-rel		
quinidine sulfate		
sotalol		BETAPACE
sotalol		BETAPACE AF
ANTILIPEMICS		
Antilipemic Combinations		
ezetimibe/simvastatin	ST	VYTORIN
Bile Acid Resins		
cholestyramine		QUESTRAN/QUESTRAN LIGHT
Cholesterol Absorption Inhibitors		
ezetimibe	ST	ZETIA
Fibrates		
fenofibrate		LOFIBRA
gemfibrozil		LOPID
HMG-CoA Reductase Inhibitors		
pravastatin		PRAVACHOL
simvastatin		ZOCOR
atorvastatin	ST	LIPITOR
Niacins		
niacin ext-rel		NIASPAN
BETA-BLOCKERS		
atenolol		TENORMIN
carvedilol		COREG
labetalol		TRANDATE
metoprolol		LOPRESSOR
metoprolol ext-rel		TOPROL-XL
pindolol		
propranolol		
propranolol ext-rel		INDERAL LA
CALCIUM CHANNEL BLOCKERS		
Dihydropyridines		
amlodipine		NORVASC
nifedipine ext-rel		ADALAT CC
nifedipine ext-rel		PROCARDIA XL
Nondihydropyridines		
diltiazem		CARDIZEM
diltiazem ext-rel		CARDIZEM CD
diltiazem ext-rel		DILACOR XR
verapamil		CALAN
verapamil ext-rel		CALAN SR
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine/atorvastatin		CADUET

DIGITALIS GLYCOSIDES		
digoxin		LANOXIN
digoxin ped elixir		
DIRECT RENIN INHIBITORS		
aliskiren		TEKTURNA
DIRECT RENIN INHIBITOR COMBINATIONS		
aliskiren/hydrochlorothiazide		TEKTURNA HCT
DIURETICS		
Carbonic Anhydrase Inhibitors		
acetazolamide		
methazolamide		
Loop Diuretics		
furosemide		LASIX
Thiazides and Thiazide-like Diuretics		
chlorthalidone		
hydrochlorothiazide		
indapamide		
metolazone		ZAROXOLYN
Diuretic Combinations		
amiloride/hydrochlorothiazide		
spironolactone/hydrochlorothiazide		ALDACTAZIDE
triamterene/hydrochlorothiazide		DYAZIDE
triamterene/hydrochlorothiazide		MAXZIDE
NITRATES		
Oral		
isosorbide dinitrate ext-rel tabs		
isosorbide dinitrate oral		ISORDIL
Sublingual		
nitroglycerin sublingual		NITROSTAT
Transdermal		
nitroglycerin transdermal		
nitroglycerin transdermal		NITRO-DUR
NITRATE/VASODILATOR COMBINATIONS		
isosorbide dinitrate/hydralazine		BIDIL
PULMONARY ARTERIAL HYPERTENSION		
Endothelin Receptor Antagonists		
ambrisentan	PA	LETAIRIS
Prostaglandin Vasodilators		
epoprostenol sodium		FLOLAN
MISCELLANEOUS		
hydralazine		
methyldopa		
midodrine		PROAMATINE

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

Benzodiazepines

alprazolam	XANAX
chlordiazepoxide	LIBRIUM
clonazepam tabs	KLONOPIN
diazepam	VALIUM
lorazepam	ATIVAN
oxazepam	

Miscellaneous

bupirone	BUSPAR
clomipramine	ANAFRANIL

ANTICONVULSANTS

carbamazepine	TEGRETOL
divalproex sodium delayed-rel	DEPAKOTE
divalproex sodium ext-rel	DEPAKOTE ER
ethosuximide	ZARONTIN
gabapentin	NEURONTIN
lamotrigine	LAMICTAL
levetiracetam	KEPPRA
oxcarbazepine	TRILEPTAL
phenobarbital	
phenytoin sodium extended	DILANTIN
primidone	MYSOLINE
topiramate	TOPAMAX
valproic acid	DEPAKENE
zonisamide	ZONEGRAN
diazepam rectal gel	DIASTAT ACUDIAL
phenytoin	DILANTIN INFATABS
pregabalin	MDL LYRICA

ANTIDEMENTIA

galantamine	RAZADYNE
donepezil	ARICEPT
rivastigmine	EXELON
tacrine	COGNEX

ANTIDEPRESSANTS

Although these agents are primarily indicated for depression, some of these are also approved for other indications, including bipolar disorder, obsessive-compulsive disorder, panic disorder, and premenstrual dysphoric disorder.

Monoamine Oxidase Inhibitors (MAOIs)

tranylcypromine	PARNATE
phenelzine	NARDIL

Selective Serotonin Reuptake Inhibitors (SSRIs)

citalopram	CELEXA
fluoxetine	PROZAC
paroxetine HCl	PAXIL
paroxetine HCl ext-rel	PAXIL CR
sertraline	ZOLOFT
escitalopram	LEXAPRO

Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)*

* Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

venlafaxine		EFFEXOR
duloxetine delayed-rel	PA	CYMBALTA
venlafaxine ext-rel		EFFEXOR XR
Tricyclic Antidepressants (TCAs)		
amitriptyline		
desipramine		NORPRAMIN
doxepin		
imipramine HCl		TOFRANIL
nortriptyline		PAMELOR
Miscellaneous Agents		
bupropion		WELLBUTRIN
bupropion ext-rel		WELLBUTRIN SR
mirtazapine		REMERON
trazodone		
ANTIPARKINSONIAN AGENTS		
amantadine, except tabs		
benztropine		
bromocriptine		PARLODEL
carbidopa/levodopa		SINEMET
carbidopa/levodopa ext-rel		SINEMET CR
diphenhydramine		
ropinirole		REQUIP
selegiline tabs		
trihexyphenidyl		
entacapone		COMTAN
pramipexole		MIRAPEX
ANTIPSYCHOTICS		
Atypicals		
clozapine		CLOZARIL
risperidone		RISPERDAL
aripiprazole		ABILIFY
olanzapine		ZYPREXA
quetiapine		SEROQUEL
ziprasidone		GEODON
Miscellaneous		
fluphenazine		
fluphenazine decanoate		
haloperidol		
perphenazine		
thioridazine		
thiothixene		NAVANE
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
dextroamphetamine		DEXEDRINE
methylphenidate		RITALIN
methylphenidate ext-rel		METADATE ER
methylphenidate ext-rel		RITALIN-SR
methylphenidate ext-rel		CONCERTA
methylphenidate ext-rel		METADATE CD

HYPNOTICS**Benzodiazepines**

flurazepam		
temazepam		RESTORIL

Nonbenzodiazepines

chloral hydrate		
zolpidem	MDL	AMBIEN
ramelteon		ROZEREM

MIGRAINE**Ergotamine Derivatives**

ergotamine/caffeine		CAFERGOT
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Selective Serotonin Agonists

sumatriptan	MDL	IMITREX
rizatriptan	MDL	MAXALT/MAXALT-MLT
zolmitriptan	MDL	ZOMIG/ZOMIG-ZMT

MOOD STABILIZERS

lithium carbonate		
lithium carbonate ext-rel tabs 300 mg		LITHOBID
lithium carbonate ext-rel tabs 450 mg		

MULTIPLE SCLEROSIS

glatiramer	PA	COPAXONE
interferon beta-1a	PA	AVONEX
interferon beta-1a	PA	REBIF
interferon beta-1b	PA	BETASERON

MUSCULOSKELETAL THERAPY AGENTS

baclofen		
carisoprodol		SOMA
cyclobenzaprine	MDL	FLEXERIL
dantrolene		DANTRIUM
methocarbamol		ROBAXIN
tizanidine		ZANAFLEX tabs

MYASTHENIA GRAVIS

pyridostigmine		MESTINON
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PSYCHOTHERAPEUTIC-MISCELLANEOUS**Smoking Deterrents**

nicotine polacrilex gum	OTC	NICORETTE
nicotine transdermal	OTC	NICODERM CQ
bupropion ext-rel		ZYBAN
varenicline	MDL	CHANTIX

ENDOCRINE AND METABOLIC**ANTIDIABETICS****Alpha-glucosidase Inhibitors**

acarbose		PRECOSE
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Amylin Analogs

pramlintide	ST	SYMLIN
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Biguanides

metformin		GLUCOPHAGE
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Biguanide/Sulfonylurea Combinations		
glipizide/metformin		METAGLIP
glyburide/metformin		GLUCOVANCE
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
sitagliptin phosphate		JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations		
sitagliptin/metformin		JANUMET
Incretin Mimetic Agents		
exenatide	ST	BYETTA
Insulins		
insulin human	OTC	HUMULIN R
insulin human	OTC	NOVOLIN R
insulin isophane human	OTC	HUMULIN N
insulin isophane human	OTC	NOVOLIN N
insulin isophane human 70%/regular 30%	OTC	HUMULIN 70/30
insulin isophane human 70%/regular 30%	OTC	NOVOLIN 70/30
insulin aspart		NOVOLOG
insulin aspart protamine 70%/ insulin aspart 30%		NOVOLOG MIX 70/30
insulin glargine		LANTUS
insulin glargine		LANTUS pens
insulin lispro		HUMALOG
insulin lispro protamine/insulin lispro		HUMALOG MIX
Insulin Sensitizers		
pioglitazone		ACTOS
rosiglitazone		AVANDIA
Insulin Sensitizer/Biguanide Combinations		
pioglitazone/metformin		ACTOPLUS MET
rosiglitazone/metformin		AVANDAMET
Meglitinides		
repaglinide		PRANDIN
Meglitinide/Biguanide Combinations		
repaglinide/metformin		PRANDIMET
Sulfonylureas		
glimepiride		AMARYL
glipizide		GLUCOTROL
glipizide ext-rel		GLUCOTROL XL
glyburide		DIABETA
glyburide		MICRONASE
glyburide, micronized		GLYNASE
Supplies		
ACCU-CHEK KITS AND TEST STRIPS	OTC	
insulin syringes and needles	OTC	
lancets	OTC	
ONETOUCH KITS AND TEST STRIPS	OTC	
CALCIUM REGULATORS		
Bisphosphonates		
alendronate		FOSAMAX

Parathyroid Hormones

teriparatide	FORTEO
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CONTRACEPTIVES

EE = ethinyl estradiol

ME = mestranol

Monophasic*20 mcg Estrogen*

norethindrone acetate/EE 1/20	JUNEL
norethindrone acetate/EE 1/20	MICROGESTIN 1/20
norethindrone acetate/EE/iron 1/20	JUNEL FE
norethindrone acetate/EE/iron 1/20	MICROGESTIN FE 1/20

30 mcg Estrogen

desogestrel/EE 0.15/30	APRI
desogestrel/EE 0.15/30	SOLIA
drospirenone/EE 3/30	YASMIN
levonorgestrel/EE 0.15/30	LEVORA
norethindrone acetate/EE 1.5/30	JUNEL
norethindrone acetate/EE 1.5/30	MICROGESTIN 1.5/30
norethindrone acetate/EE/iron 1.5/30	JUNEL FE
norethindrone acetate/EE/iron 1.5/30	MICROGESTIN FE 1.5/30
norgestrel/EE 0.3/30	LOW-OGESTREL

35 mcg Estrogen

ethynodiol diacetate/EE 1/35	ZOVIA 1/35
norethindrone/EE 0.5/35	NECON 0.5/35
norethindrone/EE 0.5/35	NORTREL 0.5/35
norethindrone/EE 1/35	NECON 1/35
norethindrone/EE 1/35	NORTREL 1/35
norgestimate/EE 0.25/35	MONONESSA
norgestimate/EE 0.25/35	PREVIFEM
norgestimate/EE 0.25/35	SPRINTEC

50 mcg Estrogen

ethynodiol diacetate/EE 1/50	ZOVIA 1/50
norethindrone/ME 1/50	NECON 1/50

Biphasic

desogestrel/EE	MIRCETTE
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Triphasic

desogestrel/EE	CYCLESSA
levonorgestrel/EE	TRIVORA
norethindrone/EE	ARANELLE
norethindrone/EE	LEENA
norethindrone/EE	NECON 7/7/7
norethindrone/EE	NORTREL 7/7/7
norgestimate/EE	TRINESSA
norgestimate/EE	TRI-PREVIFEM
norgestimate/EE	TRI-SPRINTEC
norgestimate/EE	ORTHO TRI-CYCLEN LO

Progestin Only

norethindrone	ERRIN
norethindrone	JOLIVETTE

Emergency Contraception

levonorgestrel	MDL	PLAN B
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Injectable		
medroxyprogesterone acetate 150 mg/mL		DEPO-PROVERA
Transdermal		
norelgestromin/EE		ORTHO EVRA
Vaginal		
etonogestrel/EE ring		NUVARING
ENDOMETRIOSIS		
leuprolide acetate	PA	LUPRON
leuprolide acetate	PA	LUPRON DEPOT
ESTROGENS		
Oral		
estradiol		ESTRACE
estropipate		OGEN
estrogens, conjugated		PREMARIN
estrogens, conjugated, synthetic A		CENESTIN
Transdermal		
estradiol		CLIMARA
estradiol	#	ESTRADERM
estradiol	#	VIVELLE-DOT
Vaginal		
estrogens, conjugated crm		PREMARIN crm
ESTROGEN/PROGESTINS		
Oral		
estrogens, conjugated/ medroxyprogesterone		PREMPHASE
estrogens, conjugated/ medroxyprogesterone		PREMPRO
GLUCOCORTICOIDS		
dexamethasone		
fludrocortisone		
hydrocortisone		CORTEF
methylprednisolone		MEDROL
prednisolone syrup		PRELONE
prednisone		
GLUCOSE ELEVATING AGENTS		
glucagon, human recombinant		GLUCAGON EMERGENCY KIT
HUMAN GROWTH HORMONES AND RELATED DISORDERS		
mecasermin	PA	INCRELEX
somatropin	PA	GENOTROPIN
somatropin	PA	HUMATROPE
somatropin	PA ##	NORDITROPIN
somatropin	PA ##	NUTROPIN/NUTROPIN AQ
somatropin	PA	OMNITROPE
somatropin	PA ##	SAIZEN
somatropin	PA ##	SEROSTIM
somatropin	PA	TEV-TROPIN
somatropin	PA	ZORBTIVE
PHOSPHATE BINDER AGENTS		
calcium acetate		PHOSLO

PROGESTINS		
medroxyprogesterone acetate		PROVERA
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
raloxifene		EVISTA
THYROID AGENTS		
Antithyroid Agents		
methimazole		TAPAZOLE
propylthiouracil		
Diagnostic Agents		
thyrotropin alfa		THYROGEN
Thyroid Supplements		
levothyroxine		LEVOXYL
levothyroxine		SYNTHROID
VASOPRESSINS		
desmopressin spray, tabs		DDAVP spray, tabs
MISCELLANEOUS		
octreotide acetate		SANDOSTATIN
methylergonovine		METHERGINE
octreotide acetate		SANDOSTATIN LAR
GASTROINTESTINAL		
ANTACIDS		
alumina/magnesia/simethicone	OTC	MYLANTA
aluminum hydroxide	OTC	ALTERNAGEL
aluminum hydroxide/ magnesium hydroxide/simethicone	OTC	MAALOX PLUS
aspirin/sodium bicarbonate/citric acid	OTC	ALKA-SELTZER
calcium carbonate	OTC	TUMS
magnesium hydroxide	OTC	PHILLIPS' MILK OF MAGNESIA
ANTIDIARRHEALS		
bismuth subsalicylate	OTC	KAOPECTATE
bismuth subsalicylate	OTC	PEPTO-BISMOL
diphenoxylate/atropine		LOMOTIL
loperamide		
ANTIEMETICS		
dextrose/fructose/phosphoric acid	OTC	EMETROL
dimenhydrinate	OTC	DRAMAMINE
meclizine	OTC	
dronabinol	MDL ST	MARINOL
granisetron	MDL ST	KYTRIL
meclizine		ANTIVERT
metoclopramide		REGLAN
ondansetron	MDL ST	ZOFRAN
prochlorperazine		
promethazine		
dolasetron	MDL ST	ANZEMET
ANTISPASMODICS		
dicyclomine		BENTYL
hyoscyamine sulfate		LEVSIN

CHOLELITHOLYTICS		
ursodiol		ACTIGALL
ursodiol		URSO
H₂-RECEPTOR ANTAGONISTS		
cimetidine		TAGAMET
ranitidine		ZANTAC
INFLAMMATORY BOWEL DISEASE		
Oral Agents		
sulfasalazine		AZULFIDINE
mesalamine delayed-rel tabs		ASACOL
Rectal Agents		
hydrocortisone enema		
mesalamine rectal susp		ROWASA
hydrocortisone acetate foam		CORTIFOAM
mesalamine supp		CANASA
LAXATIVES		
bisacodyl	OTC	DULCOLAX
cellulose powder	OTC	UNIFIBER
docusate sodium	OTC	COLACE
docusate sodium/sennosides	OTC	PERI-COLACE
glycerin enema, supp	OTC	FLEET GLYCERIN
magnesium citrate soln	OTC	CITROMA
mineral oil	OTC	FLEET MINERAL OIL ENEMA
psyllium	OTC	METAMUCIL
sennosides	OTC	SENOKOT
sennosides/docusate sodium	OTC	SENOKOT-S
sodium phosphate/sodium biphosphate	OTC	FLEET ENEMA
sodium phosphates	OTC	FLEET PHOSPHO-SODA
lactulose		
peg 3350/electrolytes		NULYTELY
peg 3350/electrolytes		GOLYTELY
sodium phosphates		VISICOL
PANCREATIC ENZYMES		
pancrelipase		VIOKASE
pancrelipase delayed-rel		CREON
pancrelipase delayed-rel		ULTRASE
pancrelipase delayed-rel		ULTRASE MT
PROSTAGLANDINS		
misoprostol		CYTOTEC
PROTON PUMP INHIBITORS		
omeprazole magnesium delayed-rel	OTC	PRILOSEC OTC
lansoprazole delayed-rel	OTC	PREVACID 24HR
lansoprazole delayed-rel	ST	PREVACID
omeprazole delayed-rel	ST	PRILOSEC
pantoprazole delayed-rel	ST	
esomeprazole delayed-rel	ST	NEXIUM
SALIVA STIMULANTS		
saliva substitute spray	OTC	AQUORAL
STEROIDS, RECTAL		
hydrocortisone crm	OTC	PREPARATION H
hydrocortisone crm, supp	OTC	ANUSOL-HC
hydrocortisone crm		PROCTOCREAM-HC 2.5%

MISCELLANEOUS

lactase	OTC	LACTAID
simethicone	OTC	GAS-X
simethicone	OTC	MYLICON
simethicone	OTC	PHAZYME
sucralfate		CARAFATE
bismuth subsalicylate + metronidazole + tetracycline		HELIDAC

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

dutasteride		AVODART
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URINARY ANTISPASMODICS

oxybutynin		
darifenacin		ENABLEX
tolterodine		DETROL
tolterodine ext-rel		DETROL LA

VAGINAL ANTI-INFECTIVES

clotrimazole	OTC	GYNE-LOTRIMIN
miconazole	OTC	MONISTAT
clindamycin crm		CLEOCIN
metronidazole		METROGEL-VAGINAL
terconazole		TERAZOL 3
terconazole		TERAZOL 7
clindamycin supp		CLEOCIN

MISCELLANEOUS

bethanechol		URECHOLINE
phenazopyridine		PYRIDIUM
pentosan polysulfate sodium		ELMIRON

HEMATOLOGIC**ANTICOAGULANTS****Injectable**

enoxaparin		LOVENOX
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Oral

warfarin		COUMADIN
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ANTIHEMOPHILIC AGENTS

AHF, human/VWF, human	PA	HUMATE-P
antihemophilic factor	PA	ALPHANATE
antihemophilic factor	PA	HEMOPIL-M
antihemophilic factor	PA	KOATE-DVI
antihemophilic factor	PA	MONARC M
antihemophilic factor, recombinant	PA	HELIXATE FS
antihemophilic factor, recombinant	PA	KOGENATE FS
antihemophilic factor, recombinant	PA	RECOMBINATE
antihemophilic factor, recombinant	PA	REFACTO
anti-inhibitor coagulant complex	PA	FEIBA VH
coagulation factor VIIa	PA	NOVOSEVEN RT
factor IX concentrate	PA	ALPHANINE SD
factor IX concentrate	PA	BENEFIX
factor IX concentrate	PA	MONONINE
factor IX concentrate	PA	PROFILNINE SD

GAUCHER DISEASE

imiglucerase		CEREZYME
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HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa		ARANESP
epoetin alfa		EPOGEN
epoetin alfa		PROCRIT
filgrastim		NEUPOGEN
oprelvekin		NEUMEGA
pegfilgrastim		NEULASTA
sargramostim		LEUKINE

PLATELET AGGREGATION INHIBITORS

dipyridamole		PERSANTINE
clopidogrel		PLAVIX

PLATELET SYNTHESIS INHIBITORS

anagrelide		AGRYLIN
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IMMUNOLOGIC AGENTS**DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)**

hydroxychloroquine		PLAQUENIL
leflunomide		ARAVA
methotrexate		
adalimumab	PA	HUMIRA
anakinra	PA	KINERET
etanercept	PA	ENBREL
infliximab	PA	REMICADE

IMMUNE GLOBULINS

cytomegalovirus immune globulin		CYTOGAM
immune globulin		RHOGAM
immune globulin, gamma		CARIMUNE
immune globulin, gamma		GAMMAGARD

IMMUNOMODULATORS**Interferons**

interferon alfa-2b	PA	INTRON A
interferon alfacon-1	PA	INFERGEN
interferon gamma-1b		ACTIMMUNE
peginterferon alfa-2a	PA	PEGASYS
peginterferon alfa-2b	PA	PEGINTRON

Vaccines

influenza vaccine	*	FLUMIST
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* Restricted to members ages 2 to 49 years old

IMMUNOSUPPRESSANTS

All oral immunosuppressant drug products are on formulary. A list of the injectable immunosuppressant agents covered on the formulary can be found in the Specialty Pharmacy Services section of the formulary.

MONOCLONAL ANTIBODIES

palivizumab	PA	SYNAGIS
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NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES****Potassium**

potassium chloride ext-rel		K-DUR
potassium chloride ext-rel		MICRO-K
potassium chloride liquid		

Miscellaneous

electrolyte soln, oral	OTC	PEDIALYTE
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VITAMINS AND MINERALS

Folic Acid Agents

folic acid

Prenatal Vitamins

prenatal vitamins	OTC	STUART PRENATAL
prenatal vitamins/docusate/folic acid		CITRANATAL RX
prenatal vitamins/folic acid		VITAFOL-OB
prenatal vitamins/folic acid		VITAFOL-PN
prenatal vitamins/folic acid		PRECARE CONCEIVE
prenatal vitamins/folic acid		PREMESISRX

Miscellaneous

calcium carbonate/vitamin D	OTC	OS-CAL 500+D
calcium citrate	OTC	CITRACAL
calcium citrate/vitamin D	OTC	CITRACAL + D
ergocalciferol	OTC	VITAMIN D
ferrous gluconate	OTC	FERGON
ferrous sulfate	OTC	FEOSOL
ferrous sulfate	OTC	FER-IN-SOL
magnesium oxide	OTC	MAG-OX
multivitamins, pediatric	OTC	POLY-VI-SOL
multivitamins, pediatric	OTC	TRI-VI-SOL
multivitamins/iron, pediatric	OTC	POLY-VI-SOL
multivitamins/minerals/iron chewable	OTC	CENTRUM KIDS
multivitamins/minerals/iron, geriatric	OTC	CENTRUM SILVER
niacin	OTC	NIACIN
polysaccharide iron complex	OTC	NIFEREX-150
multivitamins/iron	OTC	THEREMS-H
cyanocobalamin inj		
ergocalciferol		VITAMIN D
fluoride drops		LURIDE
fluoride tabs		LURIDE LOZI-TABS
multivitamins/fluoride drops, tabs		
multivitamins/fluoride/iron drops, tabs		
multivitamins/iron		
vitamin ADC/fluoride drops		
vitamin ADC/fluoride/iron drops		
ferrous bisglycinate and fumarate/ folic acid/vitamins C and B12		CHROMAGEN FORTE
ferrous bisglycinate/folic acid/ vitamins C and B12		CHROMAGEN FA
ferrous bisglycinate/vitamins C and B12/ intrinsic factor		CHROMAGEN

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine		EPIPEN
epinephrine		EPIPEN JR.

ANTICHOLINERGICS

ipratropium soln		
ipratropium, CFC-free aerosol		ATROVENT HFA
tiotropium		SPIRIVA

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol		COMBIVENT
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ANTI-HISTAMINES, LOW SEDATING

cetirizine syrup	OTC *	ZYRTEC
cetirizine tabs	OTC	ZYRTEC

* Restricted to members 12 years old and younger

ANTI-HISTAMINES, NONSEDATING

loratadine	OTC	ALAVERT
loratadine	OTC	CLARITIN

ANTI-HISTAMINES, SEDATING

chlorpheniramine	OTC	CHLOR-TRIMETON
clemastine 1.34 mg	OTC	
diphenhydramine	OTC	BENADRYL
cyproheptadine		
diphenhydramine		
hydroxyzine HCl		

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

brompheniramine/phenylephrine elixir	OTC	DIMETAPP
dexbrompheniramine/pseudoephedrine ext-rel 6 mg/120 mg	OTC	DRIXORAL
loratadine/pseudoephedrine ext-rel brompheniramine/pseudoephedrine 4 mg/45 mg per 5 mL	OTC	CLARITIN-D
brompheniramine/pseudoephedrine ext-rel 12 mg/120 mg		
brompheniramine/pseudoephedrine ext-rel 6 mg/60 mg		
chlorpheniramine/pseudoephedrine ext-rel 8 mg/120 mg		DECONAMINE SR
chlorpheniramine/phenylephrine 1 mg/3.5 mg per mL		RONDEC DROPS
chlorpheniramine/phenylephrine 4 mg/12.5 mg per 5 mL		RONDEC SYRUP

ANTITUSSIVES

dextromethorphan polistirex ext-rel benzonatate	OTC	DELSYM TESSALON
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ANTITUSSIVE COMBINATIONS**Narcotic**

codeine/guaifenesin liquid		
codeine/guaifenesin/pseudoephedrine		
codeine/promethazine		
hydrocodone/homatropine		HYCODAN

Non-narcotic

dextromethorphan/guaifenesin	OTC	ROBITUSSIN COUGH & CHEST CONGESTION DM
dextromethorphan/guaifenesin/phenylephrine	OTC	ROBITUSSIN COUGH & COLD CF
dextromethorphan/guaifenesin/pseudoephedrine	OTC	ROBITUSSIN COUGH & COLD D
guaifenesin	OTC	ROBITUSSIN CHEST CONGESTION
dextromethorphan/brompheniramine/pseudoephedrine		
dextromethorphan/guaifenesin		
dextromethorphan/promethazine		

BETA AGONISTS**Inhalants***Short Acting***albuterol soln**

albuterol sulfate, CFC-free aerosol		PROAIR HFA
albuterol sulfate, CFC-free aerosol		VENTOLIN HFA
levalbuterol soln	ST	XOPENEX

ST - applies for ages 3 and older*Long Acting*

formoterol inhalation caps		FORADIL
salmeterol xinafoate		SEREVENT

Oral Agents**albuterol**

albuterol ext-rel		VOSPIRE ER
terbutaline		BRETHINE

CYSTIC FIBROSIS

dornase alfa		PULMOZYME
tobramycin inhalation soln		TOBI

DECONGESTANTS

pseudoephedrine	OTC	SUDAFED
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LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast		SINGULAIR
zafirlukast		ACCOLATE

MAST CELL STABILIZERS**cromolyn soln**

cromolyn inhaler		INTAL
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NASAL ANTIHISTAMINES

azelastine spray	MDL	ASTELIN
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NASAL STEROIDS

fluticasone spray	MDL	FLONASE
mometasone spray	MDL	NASONEX

STEROID/BETA AGONIST COMBINATIONS

budesonide/formoterol		SYMBICORT
fluticasone/salmeterol		ADVAIR DISKUS
fluticasone/salmeterol, CFC-free aerosol		ADVAIR HFA

STEROID INHALANTS

budesonide		PULMICORT
fluticasone, CFC-free aerosol		FLOVENT HFA
mometasone		ASMANEX

XANTHINES**theophylline ext-rel tabs**

theophylline liquid		ELIXOPHYLLIN
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MISCELLANEOUS

sodium chloride soln	OTC	OCEAN
ipratropium spray		ATROVENT spray
caffeine citrate inj, soln 20 mg/mL		CAFCIT
omalizumab	PA	XOLAIR

TOPICAL

DERMATOLOGY

Acne

Oral

isotretinoin

Topical

benzoyl peroxide

OTC

clindamycin gel, lotion, soln

CLEOCIN T

erythromycin gel 2%

erythromycin soln

tretinoin

ST *

AVITA

tretinoin

ST *

RETIN-A

adapalene

ST

DIFFERIN

* Restricted to members 25 years old and younger

Actinic Keratosis

fluorouracil

EFUDEX

fluorouracil

FLUOROPLEX

Antibiotics

bacitracin

OTC

neomycin/polymyxin B/bacitracin

OTC

NEOSPORIN

mupirocin

BACTROBAN

silver sulfadiazine

SILVADENE

Antifungals

clotrimazole

OTC

LOTRIMIN AF

tolnaftate

OTC

TINACTIN

terbinafine

OTC

LAMISIL AT

ciclopirox

LOPROX

clotrimazole

ketoconazole

NIZORAL

nystatin

nystatin/triamcinolone

Antipsoriatics

calcipotriene

DOVONEX

tazarotene

ST

TAZORAC

Antiseborrheics

selenium sulfide shampoo 1%

OTC

SELSUN BLUE

ketoconazole shampoo 2%

NIZORAL SHAMPOO

selenium sulfide shampoo 2.5%

SELSUN

Corticosteroids

Low Potency

hydrocortisone crm, oint 0.5%, 1%

OTC

hydrocortisone crm 2.5%

Medium Potency

betamethasone valerate crm, lotion,
ointment 0.1%

hydrocortisone valerate crm, oint 0.2%

WESTCORT

mometasone crm, lotion, oint 0.1%

ELOCON

triamcinolone acetonide crm,
lotion 0.025%

triamcinolone acetonide crm, lotion,
ointment 0.1%

High Potency

betamethasone dipropionate crm, lotion, oint 0.05%		
fluocinonide crm, gel, oint, soln 0.05%		LIDEX
triamcinolone acetonide crm 0.5%		

Very High Potency

clobetasol propionate crm, gel, lotion, oint 0.05%		TEMOVATE
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Emollients

ammonium lactate	OTC	LAC-HYDRIN 5
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Immunomodulators

tacrolimus	ST	PROTOPIC
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ST - applies for ages 2 and over

Rosacea

metronidazole crm		NORITATE
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Scabicides and Pediculicides

permethrin 1%	OTC	NIX CREME RINSE
pyrethrins/piperonyl butoxide 4%	OTC	RID SHAMPOO
lindane		
malathion		OVIDE
permethrin 5%		ELIMITE

Miscellaneous Skin and Mucous Membrane

calamine lotion	OTC	
capsaicin crm 0.025%	OTC	ZOSTRIX
capsaicin crm 0.075%	OTC	ZOSTRIX HP
petrolatum/mineral oil/shark liver oil/ phenylephrine oint	OTC	PREPARATION H
povidone-iodine	OTC	BETADINE
salicylic acid 17%	OTC	COMPOUND W
salicylic acid 17%/collodion	OTC	DUOFILM
chlorhexidine gluconate	OTC	
pramoxine/mineral oil/zinc oxide	OTC	ANUSOL
podofilox		CONDYLOX
acyclovir oint		ZOVIRAX
becaplermin		REGRANEX
imiquimod		ALDARA

MOUTH/THROAT/DENTAL AGENTS

menthol/phenol	OTC	CEPASTAT
chlorhexidine gluconate		PERIDEX
lidocaine viscous		
triamcinolone paste		

OPHTHALMIC

Antiallergics

ketotifen	OTC	ZADITOR
naphazoline	OTC	NAPHCON
naphazoline/pheniramine	OTC	NAPHCON A
naphazoline/antazoline	OTC	VASOCON-A
cromolyn sodium		CROLOM

Anti-infectives

bacitracin		
erythromycin		
gentamicin		

neomycin/polymyxin B/gramicidin		NEOSPORIN
ofloxacin		OCUFLOX
polymyxin B/trimethoprim		POLYTRIM
sulfacetamide 10%		BLEPH-10
tobramycin		TOBREX
Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin B/dexamethasone		MAXITROL
sulfacetamide/prednisolone phosphate 10%/0.25%		
tobramycin/dexamethasone		TOBRADEX
Anti-inflammatories		
<i>Nonsteroidal</i>		
ketorolac		ACULAR
<i>Steroidal</i>		
dexamethasone sodium phosphate		
fluorometholone		FML
prednisolone acetate 1%		PRED FORTE
prednisolone phosphate 1%		
loteprednol 0.5%		LOTEMAX
prednisolone acetate 0.12%		PRED MILD
Antivirals		
trifluridine		VIROPTIC
Beta-blockers		
<i>Nonselective</i>		
levobunolol		BETAGAN
timolol maleate		TIMOPTIC
timolol hemihydrate		BETIMOL
Carbonic Anhydrase Inhibitors		
brinzolamide		AZOPT
Mydriatics		
atropine		
Prostaglandins		
bimatoprost		LUMIGAN
latanoprost		XALATAN
Sympathomimetics		
brimonidine 0.2%		
dipivefrin		PROPINE
brimonidine 0.1%, 0.15%		ALPHAGAN P
Miscellaneous		
sodium chloride	OTC	MURO-128
artificial tears	OTC	
verteporfin		VISUDYNE

OTIC

Anti-infectives

acetic acid

ofloxacin otic

FLOXIN OTIC

Anti-infective/Anti-inflammatory Combinations

neomycin/polymyxin B/hydrocortisone

CORTISPORIN OTIC

Miscellaneous

carbamide peroxide 6.5%

OTC

DEBROX

benzocaine/antipyrine

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