



## **3-Tiered Preferred Drug List Plan Type II and III 2010**

Preferred Drug List Medication Locator Instructions:

1. With the PDF open, on the **Edit** menu, click **Find**.
2. In the **Find** box type the name of the medication you want to find.
3. Click **Find Next** button until you find the medications you're looking for.

This condensed formulary is designed to serve as a reference guide and assist in the selection of cost-effective pharmaceutical products. Formulary listings are subject to change.

## **Pharmacy Program**

CeltiCare Health Plan of Massachusetts (CeltiCare) is committed to providing appropriate, high quality, and cost effective drug therapy to all CeltiCare members. CeltiCare works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. CeltiCare covers prescription medications and certain over-the-counter medications when ordered by a CeltiCare provider. The pharmacy program does not cover all medications. Some require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

## **Preferred Drug List**

The CeltiCare Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs you receive at retail pharmacies and mail order pharmacies. The CeltiCare PDL is continually evaluated by the CeltiCare Pharmacy and Therapeutics Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the CeltiCare Medical Director, CeltiCare Pharmacy Program Director, and several Massachusetts primary care physicians and specialists.

This formulary is not intended to be a substitute for the clinical knowledge and judgment of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high quality healthcare.

Drugs covered by the 3-Tiered Prescription Drug Formulary are assigned a low tier (1), middle tier (2), or high tier (3) copay. Generally, Tier 1 contains Formulary generic drugs, Tier 2 contains Formulary brands, and Tier 3 contains nonformulary or highest cost brand drugs. Generic drugs listed in tier 1 offer lower cost alternatives but are not all inclusive and may not be generic equivalents to the drugs listed in tiers 2 and 3.

For the most current CeltiCare PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website [www.celticarehealthplan.com](http://www.celticarehealthplan.com)

## **Prior Authorizations**

Some medications listed on the CeltiCare PDL may require prior authorization. This means that CeltiCare may require additional information from your provider the first time he or she prescribes these medications for you. CeltiCare will cover the medication if it is determined that:

1. There is a medical reason you need the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the CeltiCare P&T Committee.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

## **72-Hour Emergency Supply Policy**

State and Federal law require that a pharmacy dispense a 72-hour (3-day) supply of medication to any patient awaiting a PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. **The pharmacy must call the US Script Pharmacy Help Desk at 1-866-810-1903 for a prescription override to submit the 72-hour medication supply for payment.**

## **Exclusions**

The following drug categories are not part of the CeliCare PDL and **are not covered by the 72-hour emergency supply policy:**

- Fertility enhancing drugs
- Experimental or investigational drugs
- Immunizations and vaccines (except flu vaccine)
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies
- Oxygen, blood and blood plasma
- Oral vitamins and minerals (except those listed in the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drugs eligible for coverage under Medicare Part D
- OTC drugs (except those listed in the PDL)

## **Over-the-Counter Items**

The CeliCare PDL covers a variety of over-the-counter (OTC) medications. You can find a list of covered OTC medications beginning on page 1 of the Over-the-Counter Pharmacy Program section. CeliCare PDL OTCs are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription.

For the most current CeliCare PDL you may call Member Services at 1-866-895-1786 or visit the CeliCare website [www.celticarehealthplan.com](http://www.celticarehealthplan.com)

## **Step Therapy**

Some medications listed on the CeliCare PDL may require specific medications to be used before you can receive the step therapy medication. If CeliCare has a record that the required medication was tried first the step therapy medications are automatically covered. If CeliCare does not have a

record that the required medication was tried, your provider may be required to provide additional information.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

### **Quantity Limits**

To make sure the drugs you take are safe, CeltiCare may limit how much of your medication you can get at one time. If your provider feels you have a medical reason for getting a larger amount, he or she can ask for prior authorization.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

### **Generic Drugs**

When generic drugs are available, the brand-name drug will not be covered without prior CeltiCare authorization. Generic drugs have the same active ingredient, work the same as brand-name drugs, and have lower co-payments. If you and your provider feel a brand-name drug is medically necessary, your provider can ask for prior authorization.

We will cover the brand-name drug according to our clinical guidelines if there is a medical reason you need the particular brand-name drug.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

The provision is waived for the following products due to their narrow therapeutic index (NTI) as recognized by current medical and pharmaceutical literature:

Aminophylline, Amiodarone, Carbamazepine, Clozapine, Cyclosporine, Digoxin, Disopyramide, Ethosuximide, Flecainide, L-thyroxine, Lithium, Phenytoin, Procainamide, Propafenone, Theophylline, Thyroid, Valproate Sodium, Valproic Acid, and Warfarin.

### **Newly Approved Products**

We review new drugs for safety and effectiveness before adding them to the CeltiCare PDL. During this period, access to these medications will be considered through the PA review process.

If CeltiCare does not grant prior authorization we will notify you and your provider and provide information regarding the appeal process. If you want more information about our pharmacy program, visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

## **Specialty Pharmacy Provider**

Certain medications are only covered when supplied by CeltiCare's specialty pharmacy provider. Caremark is our specialty pharmacy provider.

Our Pharmacy Program Director and Medical Director oversee the clinical review of these medications and Caremark provides you with the following services:

- Delivers drugs to your home or provider's office
- Provide staff pharmacists who can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Give you information, materials, and ongoing support to help you take the drugs to appropriately manage your health condition

These drugs are not available at retail pharmacies or through our mail order program.

Additional information about the drugs that Caremark provides begins on page 1 of the Biopharmaceutical Pharmacy Program section, or you can visit our website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com) or call us at 1-866-895-1786.

## **Filling a Prescription**

You can have your prescriptions filled at a network pharmacy or by CeltiCare's mail order pharmacy.

If you decide to have your prescription filled at a network pharmacy you can locate a pharmacy near you by using your Provider Directory. You may also call a Member Services Representative to help you find a pharmacy. At the pharmacy you will need to provide the pharmacist with your prescription and your CeltiCare ID card.

If you decide to have your prescription maintenance medication filled by the mail order pharmacy please contact a CeltiCare Member Service Representative to help you.

Please contact CeltiCare at 1-866-895-1786 (TDD/TTY 1-866-614-1949) if you have questions about filling your prescriptions.

## **Mail Order Program**

CeltiCare offers a 90 day supply (3 month supply) of maintenance medications by mail for plan types II and III only. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications beginning on page 1 of the Maintenance Drug Pharmacy Program section.

Please contact a CeltiCare Member Service Representative if you have any questions. To transfer a current prescription or to have you doctor phone a prescription directly to our mail order pharmacy they may call RxDirect at 1-800-785-4197.

## Co-Pays

The following list provides the co-pay amounts for Plan Type II and III. The tables list the co-pays for a one (1) month supply at a retail pharmacy and a three (3) month supply of those products listed in the Maintenance Drug Pharmacy Program.

<b>Plan Type II</b>		
	<b>1 Month Supply</b>	<b>3 Month Supply</b>
<b>Tier 1 Drugs</b>	<b>\$10.00</b>	<b>\$20.00</b>
<b>Tier 2 Drugs</b>	<b>\$20.00</b>	<b>\$40.00</b>
<b>Tier 3 Drugs</b>	<b>\$40.00</b>	<b>\$120.00</b>

<b>Plan Type III</b>		
	<b>1 Month Supply</b>	<b>3 Month Supply</b>
<b>Tier 1 Drugs</b>	<b>\$12.50</b>	<b>\$25.00</b>
<b>Tier 2 Drugs</b>	<b>\$25.00</b>	<b>\$50.00</b>
<b>Tier 3 Drugs</b>	<b>\$50.00</b>	<b>\$150.00</b>

# Over-the-Counter Pharmacy Program

CeltiCare pharmacy program covers a variety of OTC products. The products listed below are covered when you have a prescription from a licensed clinician that meets all the legal requirements for a prescription and have it filled at a CeltiCare network pharmacy. Covered products are available in quantities up to a 30-day supply. All other OTC drugs except insulins require PA. Please note that **generic** products must be prescribed when available.

## Antacids

Maalox-**generic** tablets, liquid  
 Mylanta DS-**generic** liquid

## Antibiotics

Bacitracin ointment-**generic**  
 Clotrimazole – cream, vaginal cream/inserts-**generic**  
 Miconazole – cream, vaginal cream/inserts - **generic**  
 Tolnaftate – cream, gel, solution, aerosol - **generic**

## Anti-Diarrheals

Imodium A-D-**generic** (loperamide) capsules  
 Pepto-Bismol-**generic** (pink bismuth) liquid 262mg/15ml

## Anti-Emetic

Antivert-**generic** (meclizine)

## Anti-Flatulents

Gas-X chewables – **generic** simethicone 80mg  
 Mylicon drops\*\* – **generic** simethicone 40 mg/0.6ml

## Anti-Histamines

Benadryl-**generic** (diphenhydramine)-capsules, liquid  
 Chlor-Trimeton-**generic** (chlorpheniramine)-tablets, liquid  
 Claritin - **generic** (loratadine) – tablets, syrup  
 Claritin-D- **generic** (loratadine/ pseudoephedrine) - tablets

## Antitussive

Robitussin DM -**generic** (guaifenesin DM) syrup

## Cough Suppressant/Decongestant

Triaminic AM, Night, soft chewable tablets-**generic**

## Counterirritants

Capzasin-P cream-**generic**

## Diluents

Sodium chloride-**generic**

## DME Products

Diabetic testing supplies  
 Humidifiers & vaporizers (selected NDC #s)  
 Peak Flow Meters  
 Spacers

## Dry Skin Preparations

AmLactin-**generic**

## Ear Preparations

Debrox drops-**generic**  
 Star Otic drops

## Electrolytes

Electrolyte solutions-**generic**

## Expectorant

Robitussin - **generic** (guaifenesin) syrup

## H2-Receptor Antagonists

Pepcid 10mg tablets – **generic** (famotidine)  
 Zantac 75mg tablets-**generic** (ranitidine)

## Laxatives

Citrate of magnesium-**generic**  
 Colace-**generic** (docusate sodium) capsules  
 Dulcolax-**generic** (bisacodyl) tablets, suppositories  
 Fleet enema-**generic**  
 Milk Of Magnesium-**generic** MOM  
 Miralax OTC

Pediatric glycerin suppositories-**generic**

## Mast Cell Stabilizer

Nasal crom spray-**generic**

## Minerals

Citracal – **generic** (calcium citrate) - tablets  
 Citracal + D – **generic** (calcium citrate + D) – tablets  
 Magnesium oxide-**generic**  
 Neutra-phos/K powder-**generic**  
 Oscal 500 + Vit D – **generic** (calcium carbonate + D) - tablets  
 Tums Chew Tabs – **generic** (calcium carbonate)

## Nasal Decongestant

Sudafed-**generic** (pseudoephedrine)-tablets, liquid

## NSAIDs

Ibuprofen-**generic** tablets, chewable, liquid, drops  
 Naproxen – **generic** tablets

## Ophthalmic Preparations

Alaway – (ketotifen 0.025%)  
 Artificial tears – **generic** drops  
 Naphcon-A-**generic** (naphazoline/pheniramine 0.025/0.3)  
 Zaditor-OTC (ketotifen 0.025%)

## Pediculicides

NIX – **generic** (permethrin)  
 RID-**generic** (pyrethrins/piperonyl butoxide)

## Poison Ivy

Calamine-**generic**  
 Hydrocortisone cream, lotion, ointment, solution -**generic**

## Protectants

Zinc oxide ointment-**generic**

## Proton Pump Inhibitors (PPIs)

Prilosec OTC tablets

## Salicylates & Antipyretics

Acetaminophen-**generic** tablets, elixir, drops, suppositories  
 Aspirin-**generic** tablets

## Smoking Deterrents

Commit Lozenges  
 NicoDerm CQ transdermal patch-**generic**

Nicorette DS gum-**generic**

Nicorette gum-**generic**

Nicotrol transdermal patch-**generic**

## Trace Elements

Ferrous gluconate – **generic** tablets  
 Ferrous sulfate-**generic** tablets, elixir, drops

## Vitamins

Folic acid-**generic**  
 Multi-vitamins with iron-**generic** tablets, liquid, chewable  
 Multi-vitamins-**generic** tablets, liquid, chewable  
 Nicotinic acid-**generic**  
 Prenatal vitamins-**generic** tablets

All CeltiCare covered products are listed in the PDL. For the most current CeltiCare PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com).

# Maintenance Drug Pharmacy Program

CeltiCare offers a 90 day supply (3 month supply) of maintenance medications for plan types II and III. The products listed below are considered maintenance medications as they are used to treat long-term conditions or illnesses. Contact a CeltiCare Member Service Representative if you have any questions regarding this program. To transfer a current prescription or to have your doctor phone a prescription directly to our mail order pharmacy – they may call RxDirect at 1-800-785-4197.

The maintenance drug list is subject to change, may not be comprehensive, and some of the medications on the list may also be subject to additional plan coverage rules. Once a brand name medication covered on the Maintenance Drug List becomes generically available, only the generic drug will be covered as a maintenance medication.

ACARBOSE	ATENOLOL	CAPTOPRIL-HYDROCHLOROTHIAZIDE
ACETAZOLAMIDE	ATRIPLA	CARBATROL
ACTIVELLA	ATROPINE SULFATE	CARBIDOPA/LEVODOPA
ACTONEL	ATROVENT HFA	CARBIDOPA-LEVODOPA
ACTONEL WITH CALCIUM	AVANDAMET	CARVEDILOL
ACTOPLUS MET	AVANDARYL	CENESTIN
ACTOS	AVANDIA	CHLOROQUINE PHOSPHATE
ADVAIR DISKUS	AVODART	CHLORPROMAZINE HCL
ADVAIR HFA	AZASAN	CHOLESTYRAMINE
ADVICOR	AZATHIOPRINE	CHOLESTYRAMINE LIGHT
AGGRENOX	AZMACORT	CIMETIDINE
ALBUTEROL SULFATE	AZOPT	CITALOPRAM
ALENDRONATE SODIUM	BACLOFEN	CITALOPRAM HBR
ALLOPURINOL	BALZIVA	CLIMARA PRO
ALPHAGAN P	BENAZEPRIL HCL	CLONAZEPAM
ALTACE	BENAZEPRIL HCL-HCTZ	CLONIDINE HCL
AMANTADINE	BENZTROPINE MESYLATE	COLESTID
AMANTADINE HCL	BETAXOLOL HCL	COLESTIPOL HCL
AMINOPHYLLINE	BETIMOL	COLIDROPS
AMITRIPTYLINE HCL	BETOPTIC S	COMBIVENT
AMLODIPINE BESYLATE	BIDIL	COMBIVIR
ANASPAZ	BISOPROLOL FUMARATE/HCTZ	CORDARONE
ANTABUSE	BONIVA	COREG CR
APIDRA	BRIMONIDINE TARTRATE	COSOPT
APRI	BROMOCRIPTINE MESYLATE	COUMADIN
APTIVUS	BUDEPRION SR	COZAAR
ARANELLE	BUDEPRION XL	CROMOLYN SODIUM
ARICEPT	BUPROPION HCL	CRYSSELLE
ARICEPT ODT	BUPROPION HCL SR	CYCLESSA
ARIMIDEX	BYETTA	CYCLOSPORINE
ARMOUR THYROID	CADUET	DEPAKENE
AROMASIN	CALAN SR	DEPAKOTE
ASACOL	CALCIUM ACETATE	DEPAKOTE ER
ASMANEX	CAPTOPRIL	DEPAKOTE SPRINKLE

## Maintenance Drug Pharmacy Program

DESIPRAMINE HCL	FLECAINIDE ACETATE	IMIPRAMINE HCL
DETROL	FLOMAX	IMIPRAMINE PAMOATE
DETROL LA	FLOVENT DISKUS	INDAPAMIDE
DICLOFENAC SODIUM	FLOVENT HFA	INDOCIN
DIFLUNISAL	FLUOXETINE HCL	INDOMETHACIN
DIGOXIN	FLUPHENAZINE HCL	INNOPRAN XL
DILANTIN	FLURBIPROFEN	INTAL
DILANTIN-125	FLUVOXAMINE MALEATE	INVIRASE
DILATRATE-SR	FOLIC ACID	IPRATROPIUM BROMIDE
DILTIAZEM ER	FORADIL	IPRATROPIUM-ALBUTEROL
DILTIAZEM HCL	FORTICAL	ISONIAZID
DIOVAN	FOSAMAX PLUS D	ISOPTO CARBACHOL
DIOVAN HCT	FOSINOPRIL SODIUM	ISORDIL
DIPENTUM	FUROSEMIDE	ISOSORBIDE DINITRATE
DIPIVEFRIN HCL	GABAPENTIN	JANUMET
DIPYRIDAMOLE	GABITRIL	JANUVIA
DOXAZOSIN MESYLATE	GANCICLOVIR	JOLESSA
DOXEPIN HCL	GEMFIBROZIL	JUNEL
DUETACT	GENGRAF	JUNEL FE
EFFEXOR XR	GLIMEPIRIDE	KALETRA
ELIPHOS	GLIPIZIDE	KARIVA
EMTRIVA	GLIPIZIDE ER	KELNOR 1-35
ENALAPRIL MALEATE	GLYBURIDE	KLOR-CON
ENALAPRIL MALEATE-HCTZ	GLYBURIDE MICRONIZED	KLOR-CON 8
ENPRESSE	GLYBURIDE-METFORMIN HCL	KLOR-CON M15
EPIVIR	GLYCRON	KLOR-CON/25
EPIVIR HBV	GLYSET	K-PHOS ORIGINAL
EPZICOM	HUMALOG	K-TAB
ESTRADIOL	HUMALOG MIX 50-50	LABETALOL HCL
ESTRADIOL TRANSDERMAL PATCH	HUMALOG MIX 75/25	LACTULOSE
ESTRING	HUMULIN 50/50	LAMOTRIGINE
ESTROGEN & METHYLTESTOSTERONE	HUMULIN 70-30	LANTUS
ESTROPIPATE	HUMULIN N	LEFLUNOMIDE
ETODOLAC	HUMULIN R	LESSINA
EVISTA	HYDRALAZINE HCL	LEVEMIR
EVOXAC	HYDROCHLOROTHIAZIDE	LEVETIRACETAM
EXELON	HYDROXYCHLOROQUINE SULFATE	LEVOBUNOLOL HCL
EXFORGE	HYOMAX-DT	LEXAPRO
FARESTON	HYOMAX-FT	LEXIVA
FELODIPINE ER	HYOMAX-SL	LIPITOR
FEMARA	HYOMAX-SR	LISINAPRIL
FEMHRT	HYOSCYAMINE SULFATE	LITHIUM CARBONATE
FENOFIBRATE	HYZAAR	LITHIUM CITRATE
FINASTERIDE	IBUPROFEN	LOTREL

## Maintenance Drug Pharmacy Program

LOVASTATIN	NOVOLOG	PROPRANOLOL HCL
LOVAZA	NOVOLOG MIX 70-30	PROPYLTHIOURACIL
LUMIGAN	NUVARING	PROVENTIL HFA
LYBREL	OCELLA	PULMICORT
MEDROXYPROGESTERONE ACETATE	OGESTREL	PULMICORT FLEXHALER
MELOXICAM	OMEPRAZOLE	QUINAPRIL HCL
MENEST	ORTHO EVRA	QUINAPRIL-HYDROCHLOROTHIAZIDE
METAPROTERENOL SULFATE	ORTHO MICRONOR	QUINIDINE GLUCONATE
METFORMIN HCL	ORTHO TRI-CYCLEN	QUINIDINE SULFATE
METFORMIN HCL ER	ORTHO TRI-CYCLEN LO	QVAR
METHAZOLAMIDE	ORTHO-CYCLEN	RAMIPRIL
METHIMAZOLE	ORTHO-NOVUM	RANITIDINE HCL
METHYLDOPA	OXAPROZIN	RESCRIPTOR
METOCLOPRAMIDE HCL	OXCARBAZEPINE	RETROVIR
METOLAZONE	OXYBUTYNIN CHLORIDE	REYATAZ
METOPROLOL SUCCINATE	OXYBUTYNIN CHLORIDE ER	RHEUMATREX
METOPROLOL TARTRATE	PACERONE	ROPINIROLE HCL
MEXILETINE HCL	PAROXETINE HCL	SALFLEX
MINOXIDIL	PENTASA	SALSALATE
MIRAPEX	PENTOXIFYLLINE	SANDIMMUNE
MIRTAZAPINE	PERFOROMIST	SEASONIQUE
NABUMETONE	PERPHENAZINE	SELEGILINE HCL
NAMENDA	PHENYTEK	SELFEMRA
NAPROXEN	PILOCARPINE HCL	SEREVENT DISKUS
NAPROXEN SODIUM	PINDOLOL	SERTRALINE HCL
NATURE-THROID	PIROXICAM	SIMCOR
NAVANE	PLAVIX	SIMVASTATIN
NECON	PORTIA	SINGULAIR
NEURONTIN	POTASSIUM CHLORIDE	SOLTAMOX
NIASPAN	PRANDIMET	SOTALOL
NIFEDIAC CC	PRANDIN	SOTALOL AF
NIFEDICAL XL	PRAVASTATIN SODIUM	SPIRIVA
NIFEDIPINE ER	PRAZOSIN HCL	SPIRONOLACTONE
NISOLDIPINE	PREFEST	SPIRONOLACTONE W/HCTZ
NITRO-DUR	PREMARIN	STALEVO 100
NITROGLYCERIN	PREMPHASE	STALEVO 125
NITROLINGUAL	PREMPRO	STALEVO 150
NITROSTAT	PREZISTA	STALEVO 200
NORPACE	PRIMIDONE	STALEVO 50
NORPACE CR	PRINZIDE	STALEVO 75
NORTHYX	PROBENECID	STARLIX
NORTREL	PROCHLORPERAZINE	STAVZOR
NORTRIPTYLINE HCL	PROCHLORPERAZINE MALEATE	SUCRALFATE
NORVIR	PROPAFENONE HCL	SULAR

## Maintenance Drug Pharmacy Program

SULFASALAZINE	THYROID	VIDEX
SULFAZINE EC	TICLOPIDINE HCL	VIDEX EC
SULINDAC	TIMOPTIC	VIRACEPT
SUSTIVA	TOPAMAX	VIRAMUNE
SYMBICORT	TORSEMIDE	VIREAD
SYMLIN	TRANDOLAPRIL	VIVELLE-DOT
SYMLINPEN 60	TRAZODONE HCL	WELCHOL
SYNTHROID	TRIAMTERENE W/HCTZ	XALATAN
TAMOXIFEN CITRATE	TRICOR	XOPENEX HFA
TEGRETOL	TRIFLUOPERAZINE HCL	YAZ
TEGRETOL XR	TRIHEXYPHENIDYL HCL	ZANTAC 25
TEKTURNA	TRI-LEGEST FE	ZARONTIN
TEKTURNA HCT	TRILEPTAL	ZERIT
TERAZOSIN HCL	TRIMIPRAMINE MALEATE	ZETIA
TERBUTALINE SULFATE	TRIZIVIR	ZIAGEN
THALITONE	TRUSOPT	ZIDOVIDINE
THEO-24	TRUVADA	ZONISAMIDE
THEOPHYLLINE	UNIRETIC	ZOVIA 1/50E
THEOPHYLLINE ANHYDROUS	VENLAFAXINE HCL	
THIORIDAZINE HCL	VERAPAMIL ER	
THIOTHIXENE	VERAPAMIL HCL	

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**MEDICATION PRIOR AUTHORIZATION REQUEST FORM**

**CeltiCare Health Plan of Massachusetts**

**(Do Not Use This Form for Biopharmaceutical Products\*)**



**FAX this completed form to 866-399-0929**

**OR Mail requests to: US Script PA Dept / 2425 West Shaw Avenue / Fresno, CA 93711**

**Call 866-810-1903 to request a 72-hour supply of medication.**

<b>I. Provider Information</b>		<b>II. Member Information</b>	
Prescriber name (print):		Member name:	
Prescriber Specialty:		Identification number:	
Fax:	Phone:	Date of Birth:	
Office Contact Name:		Medication allergies:	

<b>III. Drug Information (One drug request per form)</b>			
Drug name and strength:	Dosage form:	Dosage interval (sig):	Qty per Day:

Diagnosis relevant to **this** request:

Expected length of therapy:

**Medication History for this Diagnosis**

**A.** Is member currently treated on this medication?  
 yes; How Long? \_\_\_\_\_ [go to item B]     no [skip items B & C; go to item D]

**B.** Is this request for continuation of a previous approval?  
 yes [go to item C]     no [skip item C; go to item D]

**C.** Has strength, dosage, or quantity required per day increased or decreased?  
 yes [go to item D]     no [skip item D; indicate rationale for continuation in Section IV and submit form]

**D.** Please indicate previous treatment and outcomes below.

Drug Name (include strength and dosage)	Dates of Therapy	Reason for Discontinuation
1		
2		
3		
4		

NOTE: Confirmation of use will be made from member history on file; prior use of preferred drugs is a part of the exception criteria. The **CeltiCare Health Plan Preferred Drug List (PDL)** is available on the **CeltiCare Health Plan** website at [www.CeltiCarehealthplan.com](http://www.CeltiCarehealthplan.com).

**IV. Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)**

*(This area is intentionally left blank for clinical information.)*

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider Signature:	Date:
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US Script will respond via fax or phone within 24 hours of receipt of all necessary information, except during weekends and holidays. Requests for prior authorization (PA) must include member name, ID#, and drug name. **Incomplete forms will delay processing.** Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)

**\*Contact Caremark at 800-237-2767 for Biopharmaceutical Products.**

# Biopharmaceutical Pharmacy Program

CeltiCare works with CVS Caremark Specialty Pharmacy, to provide biopharmaceuticals and injectables. While the CeltiCare Medical Director and CeltiCare Director of Pharmacy Services oversee the clinical review, CVS Caremark Specialty Pharmacy is responsible for administering the PA process.

If a provider wishes to use office stock or if a drug is not listed on the Caremark product list below, please fax requests to CeltiCare Pharmacy Department at 866-614-4957.

Use the following guidelines for efficient processing of your PA request. Physicians can request that Caremark Specialty Pharmacy deliver the biopharmaceutical product or specialty injectable to their office or to the member's home:

1. Call Caremark Specialty Pharmacy at 1-800-237-2767 or fax Caremark Specialty Pharmacy the Caremark Enrollment Form to 1-800-323-2445 for Prior Authorization.
2. If approved, Caremark will contact the physician or member for delivery confirmation.

Below is a list of products that CVS Caremark can supply to CeltiCare members. Due to changing market conditions this list is not all inclusive.

ACTHAR HP	COPAXONE	HERCEPTIN *
ACTIMMUNE *	COPEGUS	HUMATE-P
ADVATE	CORTROSYN	HUMATROPE
ALDURAZYME	CYSTADANE	HUMIRA
ALPHANATE	CYSTAGON	HYALGAN
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	CYTOGAM	INCRELEX
ALPHANINE SD	DACOGEN *	INFERGEN
AMEVIVE	DEGARELIX	INNOHEP
APOKYN	ELAPRASE	INTRON-A *
ARALAST	ELIGARD *	ISENTRESS
ARALAST NP	ENBREL	KINERET
ARANESP ALBUMIN FREE	EPOGEN	KOATE-DVI
ARCALYST	EPOPROSTENOL SODIUM	KOGENATE FS
ARIXTRA	EXJADE	KUVAN
ATGAM	FABRAZYME	LETAIRIS
AVASTIN *	FEIBA VH IMMUNO	LEUKINE
AVONEX	FLEBOGAMMA	LEUPROLIDE ACETATE *
BEBULIN VH	FORTEO	LOVENOX
BENEFIX	FRAGMIN	LUCENTIS
BETASERON	FUZEON	LUPRON DEPOT
BOTOX	GAMASTAN S/D	MACUGEN
CARIMUNE NANOFILTERED	GAMMAGARD LIQUID	MESNEX *
CEREDASE	GAMMAGARD S/D	MIRENA
CEREZYME	GAMUNEX	MITOXANTRONE HCL *
CIMZIA	GENOTROPIN	MONARC-M
CINRYZE	HELIXATE FS	MONOCLATE-P
	HEMOFIL M	

## Biopharmaceutical Pharmacy Program

MONONINE	PROPLEX T FACTOR IX COMP FACTOR VII ACTIVITY UNITS 700-3900	SYNAGIS
MOZOBIL	PULMOZYME	SYNVISC
MYOBLOC	REBETOL	TEV-TROPIN
MYOZYME	REBETOL	THALOMID
NAGLAZYME	REBIF	THYMOGLOBULIN
NEULASTA	RECOMBINATE	THYROGEN
NEUMEGA	REFACTO	TOBI
NEUPOGEN	REMICADE	TRACLEER
NEXAVAR	REMODULIN	TRELSTAR DEPOT
NORDITROPIN	REVLIMID	TRELSTAR LA
NOVANTRONE *	RIBAPAK	TYSABRI
NOVOSEVEN	RIBASPHERE	VANTAS *
NPLATE	RIBAVIRIN	VECTIBIX *
NUTROPIN	RISPERDAL CONSTA	VELCADE *
NUTROPIN AQ	RITUXAN	VENTAVIS
OCTAGAM	ROFERON-A *	VIDAZA *
OCTREOTIDE ACETATE	SAIZEN *	VISUDYNE
OMNITROPE	SANDOSTATIN	VIVAGLOBIN
ORENCIA	SELZENTRY	VIVITROL
ORTHOVISC	SENSIPAR	XENAZINE
PEGASYS	SEROSTIM	XOLAIR
PEG-INTRON	SIMULECT	ZENAPAX
POLYGAM S/D	SOLIRIS	ZOLADEX *
PRIALT	SOMAVERT	ZOLINZA
PRIVIGEN	SORIATANE CK	ZORBTIVE
PROCRIT	STIMATE	
PROFILNINE SD	SUPARTZ	
PROLEUKIN *	SUPPRELIN LA *	
PROMACTA		

\* Indicates the product is exempt from the PA process if prescribed by an Oncologist.

*All CeliCare covered products are listed in the PDL. For the most current CeliCare PDL, you may call Member Services at 1-866-895-1786 or visit the CeliCare website at [www.celticarehealthplan.com](http://www.celticarehealthplan.com).*



# Specialty Pharmacy Services Enrollment Form

Fax Referral To: 800-323-2445

Phone: 800-237-2767

Date: \_\_\_\_\_ Needs by Date: \_\_\_\_\_

Ship to:  Patient  Office  Other: \_\_\_\_\_

### PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

SS #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### PRESCRIBER INFORMATION

Prescriber's Name: \_\_\_\_\_

State License #: \_\_\_\_\_ UPIN: \_\_\_\_\_

DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Group or Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Primary Insurance: Subscriber: \_\_\_\_\_ ID#: \_\_\_\_\_ Name of Insurer: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Insurance: Subscriber: \_\_\_\_\_ ID#: \_\_\_\_\_ Name of Insurer: \_\_\_\_\_ Phone: \_\_\_\_\_

### STATEMENT OF MEDICAL NECESSITY

**Diagnosis:** \_\_\_\_\_ **Additional Clinical Information:** \_\_\_\_\_

Please include diagnosis name and ICD-9:

• Weight: \_\_\_\_\_ kg/lbs • Height: \_\_\_\_\_ in/cm

• Allergies: \_\_\_\_\_

• Lab Data: \_\_\_\_\_

• Concomitant Medications: \_\_\_\_\_

• Additional Comments: \_\_\_\_\_

• Date of Diagnosis: \_\_\_\_\_

### Injection Training/Home Health Coordination:

• Injection training/home health will be/has been conducted/coordinated by the Physician's office.  Yes  No • If Yes, Date: \_\_\_\_\_

• Specialty Pharmacy to coordinate injection training/home health nursing.  Yes  No \*Agency of Choice: \_\_\_\_\_

### PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS

PRODUCT SUBSTITUTION PERMITTED (Date) \_\_\_\_\_

DISPENSE AS WRITTEN (Date) \_\_\_\_\_

**IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. Specialty Pharmacy Services 072108

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

**ANTIDIABETIC AGENTS****INSULINS****Rapid-Acting Insulins**

Apidra/Solostar  
Humalog  
Humulin R/  
Novolin R  
NovoLog

**Intermediate-Acting Insulins**

Novolog Mix 70/30  
Humulin L  
Humulin N  
Humulin 50/50/  
Humulin 70/30  
Novolin N/ L  
Novolin 70/30  
Humalog Mix 75/25

**Long-Acting Insulins**

Humulin U  
Lantus/Solostar  
Levemir

**Oral**

Acarbose	Actoplus Met	Fortamet
Glimepiride	Actos	Glumetza
Glipizide/ Glipizide ER	Avandamet	Precose
Glipizide XL	Avandaryl	Riomet
Glyburide	Avandia	
Metformin	Duetact	
Metformin ER	Glyset	
Metformin/Glyburide	Janumet	
Nateglinide	Januvia	
	Prandin	
	Prandimet	
	Starlix	

**Other**

Byetta  
Glucagon  
Symlin

**ANTI-HISTAMINE/DECONGESTANTS**

Cyproheptadine	Allegra
Fexofenadine	Allegra-D/ Allegra D 24 hour
Hydroxyzine HCl	Clarinx
Hydroxyzine Pamoate	Semprex-D
Promethazine	Xyzal

**EXPECTORANT AND COUGH PRODUCTS**

Carbinoxamine/ Pseudoephedrine/ DM	Tussi-Organidin Tussionex
Guaifenesin/ Codeine	
Hydrocodone/ Homatropine	
Guaifenesin/ Pseudoephedrine	
Promethazine/ Codeine	
Promethazine/DM	
Promethazine/ Phenylephrine	
Promethazine/ Phenylephrine/ Codeine	
Benzonatate	
Codeine combinations	
Hydrocodone combinations	
Triprolidine/ Pseudoephedrine/ Codeine	

**NASAL CORTICOSTEROIDS**

Fluticasone	Nasonex	Beconase AQ Flonase Nasacort AQ Omnaris Rhinocort AQ
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Veramyst

**NASAL ANTIHISTAMINES**

Astelin	Patanase
Astepro	

**OTHER NASAL AGENTS**

Ipratropium	Atrovent nasal
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**ANTI-INFECTIVE AGENTS (ORAL)****ANTHELMINTICS**

Mebendazole	Mintezol
Thiabendazole	

**ANTIBIOTICS****Cephalosporins**

Cefdinir	Ceftin
Cefpodoxime	Cefzil
Cefprozil	Keflex
Cefuroxime	Omnicef
Cephalexin	

**Ketolides**

Ketek

**Macrolides**

Azithromycin	Biaxin/ XL
Clarithromycin, SR	Zithromax
Erythromycin Base	
Erythromycin Estolate	
Erythromycin	
Ethylsuccinate	
Erythromycin	
ES/Sulfisoxazole	
Erythromycin Stearate	

**Penicillins**

Amoxicillin	Amoxil
Ampicillin	Augmentin/ Augmentin ES/ Augmentin XR
Amoxicillin/ Clavulanate	
Dicloxacillin	
Penicillin V Potassium	

**Quinolones**

Ciprofloxacin	Levaquin	Avelox
Ofloxacin		Cipro/Cipro XR

**Sulfonamides**

Erythromycin ES/  
Sulfisoxazole  
Sulfisoxazole  
TMP-SMX  
TMP-SMX/DS

**Tetracyclines**

Doxycycline hyclate  
Minocycline  
Tetracycline

**Other Anti-Infectives**

Clindamycin	Macrochantin
Ethambutol	Mepron
Isoniazid	Myambutol
Methenamine	Mycobutin
Metronidazole	Rifamate
Nitrofurantoin	Rifater
Pyrazinamide	TOBI
Rifampin	Yodoxin

**Antifungal Agents**

Fluconazole	Diflucan
Griseofulvin Microsize Susp	Lamisil
Griseofulvin Ultramicrosized	Nizoral
Itraconazole	Sporanox
Ketoconazole oral	
Nystatin oral	
Terbinafine	

TIER 1

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**Antiviral Agents** .....

\* Self-administered oral antiretroviral products will be added to the formulary as they come to market.

Acyclovir	Copegus	Baraclude
Amantadine	Crixivan	Hepsera
Famciclovir	Cytovene	Relenza
Ganciclovir	Emtriva	Zovirax
Ribavirin	Epiriv HBV	
Rimantadine	Kaletra	
	Retrovir	
	Tamiflu	
	Valcyte	
	Valtrex	

**AUTONOMIC & CENTRAL NERVOUS SYSTEM****ALZHEIMER'S AGENTS**

Aricept/ODT	Razadyne/ER
Exelon capsule, patch	
Namenda	

**ANALGESICS, NARCOTIC**

APAP/Caffeine/ Butalbital	OxyContin	Actiq
APAP or ASA/Codeine	Suboxone	Avinza
APAP/Hydrocodone	Subutex	Fentora
ASA/Caffeine/ Butalbital		Kadian
Buprenorphine		Opana/ER
Codeine/APAP or ASA/Caffeine/ Butalbital		
Fentanyl		
Transdermal		
Fentanyl Citrate		
Transmucosal		
Hydromorphone		
Meperidine		
Methadone		
Morphine Sulfate/SR		
Oxycodone		
Oxycodone/APAP		
Oxycodone/ASA		
Oxycodone/SA		
Propoxyphene HCl		
Propoxyphene/ APAP 650mg		
Propoxyphene/ APAP 325mg		

**ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY**

Diclofenac	Arthrotec
Etodolac	Celebrex
Flurbiprofen	Flector
Ibuprofen	
Indomethacin/SR	
Ketorolac	
Nabumetone	
Naproxen/EC	
Oxaprozin	
Piroxicam	
Sulindac	

**ANALGESICS, SALICYLATES**

Choline Mg	Zorprin
Trisalicylate	
Diflunisal	
Salsalate	

**ANALGESICS, OTHER**

Lidoderm

**ANTICONVULSANTS**

Carbamazepine	Carbatrol	Keppra XR
Carbamazepine SR	Depakene	Klonopin
Clonazepam	Depakote/ ER/ Sprinkle	Lyrica
Divalproex/ ER	Diastat	Zonegran
Ethosuximide	Dilantin	
Gabapentin	Felbatol	
Lamotrigine	Gabitril	
Levetiracetam	Keppra	
Oxcarbazepine	Lamictal	
Phenobarbital	Neurontin Solution	
Phenytoin	Phenytek	
Primidone	Tegretol/ XR	
Topiramate	Topamax	
Valproic Acid	Trileptal	
Zonisamide	Zarontin	

**ANTIPARKINSON AGENTS**

Amantadine	Apokyn	Azilect
Benzotropine Mesylate	COMTan	Dostinex
Bromocriptine	Mirapex	Requip/XL
Carbidopa/ Levodopa	Stalevo	
Carbidopa/ Levodopa CR		
Ropinirole		
Trihexphenidyl		

**ANXIOLYTICS, SEDATIVES, AND HYPNOTICS**

Alprazolam	Ambien CR	Ambien
Buspirone	Tranxene SD	Lunesta
Chlordiazepoxide		Rozerem
Clorazepate/SD		Sonata
Diazepam		Zolpimist
Lorazepam		
Meprobamate		
Temazepam		
Triazolam		
Zolpidem		

**CEREBRAL STIMULANTS**

Amphetamine/ Dextroamphetamine	Concerta	Adderall XR
Amphetamine/ Dextroamphetamine XR	Strattera	Daytrana
Methylphenidate	Vyvanse	Metadate CD/ER
Methylphenidate ER		Nuvigil*
Methylphenidate SR		Provigil*
		Ritalin/LA/SR

\*Medical Necessity Prior Authorization is required for some plans.

**DMARDS**

Leflunomide	Enbrel	Amevive
Methotrexate	Humira	Cimzia
Sulfasalazine	Kineret	Raptiva
	Remicade	Simponi
	Rheumatex	
	Ridaura	
	Trexall	

**MIGRAINE AGENTS**

Ergotamine/ Caffeine	Cafergot	Amerge
Isometheptene/ Dichloralphenazone/ APAP	Maxalt/ MLT	Axert
Sumatriptan	Migranal	Frova
	Zomig/ ZMT	Imitrex
		Relpax
		Treximet

**OBSESSIVE COMPULSIVE DISORDER AGENTS**

Fluvoxamine

TIER 1

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**PSYCHOTHERAPEUTIC AGENTS****Antidepressants**

Amitriptyline	Cymbalta	Celexa
Bupropion /SR	Effexor XR	Paxil / CR
Citalopram	Lexapro	Pexeva
Desipramine	Pristiq	Prozac
Doxepin	Venlafaxine ER	Remeron/ Soltab
Fluoxetine		Savella
Imipramine		Wellbutrin XL
Mirtazapine		Zoloft
Nortriptyline		
Paroxetine/SR		
Sertraline		
Trazodone		
Venlafaxine		

**Antimanic Agents**

Lithium Carbonate/CR	Eskalith/CR	
Lithium Citrate	Lithobid	

**Antipsychotic Agents**

Chlorpromazine	Abilify /Discmelt	Loxitane
Clozapine	Clozaril	Risperdal/Consta/M
Fluphenazine	Fazaclo	Symbyax
Haloperidol	Geodon	
Perphenazine	Invega	
Risperidone	Navane 20mg	
Thioridazine	Serentil	
Thiothixene	Seroquel/XR	
Trifluoperazine	Zyprexa/ Zydys	
Ziprasidone		

**CARDIOVASCULAR AGENTS****ALDOSTERONE ANTAGONISTS**

Spirolactone		Inspra
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**ANGIOTENSIN II ANTAGONISTS**

Cozaar	Atacand
Diovan	Avapro
	Benicar
	Micardis
	Teveten

**ANGIOTENSIN CONVERTING ENZYME INHIBITORS**

Benazepril		Altace
Captopril		
Enalapril		
Lisinopril		
Moexipril		
Quinapril		
Ramipril		

**ANTI-ADRENERGIC AGENTS – BETA-BLOCKERS**

Atenolol	Coreg CR	Bystolic
Carvedilol	Innopran XL	Coreg
Labetalol		Inderal LA
Metoprolol		Toprol XL
Metoprolol XL		
Pindolol		
Propranolol		
Propranolol LA		
Propranolol LA/XL		

**ANTI-ADRENERGIC BLOCKERS – CENTRALLY ACTING**

Clonidine	Aldomet	
Methyldopa		

**ANTI-ADRENERGIC BLOCKERS – PERIPHERALLY ACTING**

Doxazosin	Flomax	Uroxatral
Prazosin		
Terazosin		

**ANTIARRHYTHMICS**

Amiodarone	Cordarone	Betapace/ AF
Digoxin	Lanoxicaps/Lanoxin	
Disopyramide	Norpace/ CR	
Disopyramide CR	Pacerone	
Flecainide	Procanbid	
Mexiletine	Pronesty/ SR	
Procainamide		
Procainamide SR		
Propafenone		
Quinidine		
Gluconate SR		
Quinidine Sulfate		
Quinidine Sulfate, SR		
Sotalol		

**ANTICOAGULANTS/ANTITHROMBOTICS**

Anagrelide	Aggrenox	Fragmin
Dipyridamole	Arixtra	
Ticlopidine	Lovenox	
Pentoxifylline	Plavix	
Warfarin	Coumadin	

**ANTILIPEMICS**

Cholestyramine	Crestor	Advicor
Colestipol	Lipitor	Altacor
Fenofibrate	Lovaza	Altoprev
Gemfibrozil	Niaspan	Antara
Lovastatin	Trilipix	Colestid
Pravastatin	Welchol	Fenoglide
Simvastatin	Zetia	Lescol/XL

**CALCIUM CHANNEL BLOCKERS**

Amlodipine	Sular	Norvasc
Diltiazem/SR/XR		Verelan PM
Felodipine ER		
Nifedipine XL/SR		
Nisoldipine ER		
Verapamil/SR		

**COMBINATION ANTIHYPERTENSIVES**

Amlodipine/ Benazepril	Caduet	Atacand HCT
Benazepril/HCTZ	Diovan HCT	Avalide
Bisoprolol/HCTZ	Exforge/ HCT	Azor
Enalapril/HCTZ	Hyzaar	Benicar HCT
Lisinopril/HCTZ	Lotrel	Micardis HCT
Quinaretic	Tekturna HCT	Teveten HCT
		Uniretic

**DIRECT RENIN INHIBITORS**

Tekturna		
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**DIURETICS**

Acetazolamide/SR	Lozol	Diamox/Sequels
Furosemide	Thalitone	Zaroxolyn
HCTZ/Triamterene		
Hydrochlorothiazide		
Indapamide		
Methazolamide		
Metolazone		
Spirolactone		
Spirolactone/HCTZ		
Torsemide		

**VASODILATORS**

Hydralazine	BiDil	
Isosorbide	Dilatrate-SR	
Dinitrate SR	Isordil	
Minitran	Nitrolingual	
Minoxidil	Nitrostat/Nitroquick	
Nitroglycerin SR, Patch, Spray, Sublingual	Nitrek	
	Nitro-Dur	

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TIER 1

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**CONTRACEPTIVES****MONOPHASIC**

EE/Desogestrel generics only (e.g., Apri)	LoSeasonique Lybrel Seasonique Yaz	Seasonale Yasmin
EE/Drospirenone		
EE/Ethinodiol generics only (e.g., Zovia)		
EE/Levonorgestrel generics only (e.g., Levora)		
EE/Norethindrone generics only (e.g., Junel/ Microgestin/Necon)		
EE/Norethindrone/Fe generics only (e.g., Microgestin Fe)		
EE/Norgestimate generics only (e.g., Mononessa/ Previfem/ Sprintec)		
EE/Norgestrel generics only (e.g., Cryselle/ Low- Ogestrel)		
Mestranol/ Norethindrone generics only (e.g., Necon)		

**BI-PHASIC**

EE/Desogestrel generics only (e.g., Kariva)
EE/Norethindrone generics only (e.g., Necon)

**TRI-PHASIC**

EE/Desogestrel generics only (e.g., Cesia/ Velivet)	Ortho Tri-Cyclen Lo	Estrostep Fe
EE/Levonorgestrel generics only (e.g., Enpresse/ Trivora)		
EE/Norethindrone generics only (e.g., Necon/ Nortrel)		
EE/Norethindrone/Fe generics only		
EE/Norgestimate generics only (e.g., Trinessa, Tri-Previfem, Tri-Sprintec)		

**PROGESTIN ONLY**

Norethindrone generics only (e.g., Nora-Be)
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**OTHER CONTRACEPTIVES**

NuvaRing
Ortho-Evra Patch
Generic/Plan B

**CORTICOSTEROIDS**

Dexamethasone generics only	Medrol	Pediapred
Fludrocortisone generics only	Orapred	
Methylprednisolone		
Prednisolone Tablets/Liquid		
Prednisone Tablets/Liquid		

**DERMATOLOGICALS****ACNE**

Adapalene	Atralin
Isotretinoin Capsule	Differin
Sodium sulfacetamide	
Sulfur lotion	
Sodium sulfacetamide/ Sulfur	
Tretinoin	

**ANTIBIOTICS**

Clindamycin	Akne-Mycin 2% ointment	Acanya
Clindamycin/ Benzoyl peroxide	Benzaclin	Benzamycin
Erythromycin	Benzamycin Pak	
Erythromycin/ Benzoyl peroxide	Duac/ CS	
Metronidazole	MetroGel	
Silver Sulfadiazine		

**ANTIVIRALS**

Acyclovir Ointment	Zovirax
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**FUNGICIDES**

Ciclopirox	Loprox Gel,	Lotrisone
Clotrimazole	Shampoo	Mycostatin
Betamethasone lotion		
Econazole Nitrate		
Ketoconazole		
Nystatin		
Nystatin/ Triamcinolone		

**TOPICAL ANTI-INFLAMMATORY AGENTS****Low Potency**

Betamethasone Valerate	Locoid Lotion Pandel	Locoid Lipocream
Desonide		
Fluocinolone Acetonide		

**Intermediate Potency**

Betamethasone Valerate	Derma-Smoothe FS Luxiq	Aclovate Elocon
Hydrocortisone Valerate		
Mometasone Furoate		
Triamcinolone Acetonide		

**High Potency**

Betamethasone Dipropionate Fluocinonide / Fluocinolone Acetonide		Lidex-E
Triamcinolone Acetonide		

**Highest Potency**

Aug Betamethasone Dipropionate	Clobex/Olux Olux-E
Clobetasol Propionate	Olux-Olux-E
Halobetasol Propionate	Ultravate

**OTHER DERMATOLOGICALS**

Ammonium lactate	Aldara	Taclonex
Anthralin	Carac/Efudex/ Fluoroplex	Voltaren Gel
Calcipotriene		
Fluorouracil	Dovonex	
Lindane	Elidel	
Lotion/Shampoo	Protopic	
Podofilox Soln/Gel	Regranex	
Selenium Sulfide	Targretin	
Shampoo		

**DIAGNOSTICS**

Formulary glucose  
test strips and  
meters include  
brands from  
Johnson & Johnson  
and Roche, such as  
the Accu-Chek and  
One Touch products.

\*\* Step Therapy (ST) is  
required for some plans.

**GASTROINTESTINAL AGENTS****ANTIEMETIC/ANTIVERTIGO**

Dronabinol	Antivert	Anzemet
Granisetron	Compazine Syrup	Kytril
Meclizine	Emend	Marinol
Ondansetron Oral	Transderm-Scop	Phenergan
Prochlorperazine	Torecan	Zofran
Promethazine	Tigan	

**ANTISPASMODIC/ GI MOTILITY**

Belladonna Alkaloids/ Pb	Donnatal	
Clidinium/ Chlordiazepoxide	Pro-Banthine	
Dicyclomine		
Diphenoxylate/ Atropine		
Hyoscyamine		
Metoclopramide		
Propantheline		

**ANTIULCER**

Amoxicillin/ Clarithromycin/ Lansoprazole	PrevPac	Aciphex
Cimetidine	Nexium	Kapidex
Lansoprazole	Prevacid SoluTab	Prevacid Capsules
Omeprazole	Prevacid Naprapac	Protonix
Ranitidine		Prilosec
Sucralfate		

**DIGESTANTS**

Pancrelipase	Creon	
	Pancrecarb-16	
	Pancrease	
	Ultrase/MT	
	Viokase	
	Zenpep	

**OTHER GI PRODUCTS**

Balsalazide	Asacol	Amitiza
Budesonide	Azulfidine/Entab	Apriso
Hydrocortisone Rectal	Canasa	Colazal
Hydrocortisone/ Pramoxine	Cortifoam	Halflytely
Lactulose	Dipentum	Kristalose
Misoprostol	Entocort EC	Lialda
Mesalamine	Golytely	MoviPrep
Sulfasalazine	Pentasa	Nulytely
Trilyte	Proctofoam-HC	OsmoPrep
Ursodiol	Urso/Forte	Relistor
		Visicol

**GOUT AGENTS**

Allopurinol	Colchicine	Uloric
Colchicine	Probenecid	Zyloprim
Probenecid		

**HORMONES****ANDROGENS**

Danocrine	Androderm	Android
Testosterone	Androgel	Oxandrin
	Danazol	Striant
	Teslac	Testred
	Testim	Winstrol

**ANTIESTROGENS/ANTIANDROGENS**

Bicalutamide	Avodart	Casodex
Finasteride	Nolvadex	Proscar
Tamoxifen		

**ESTROGENS**

Estradiol	Alora	Angeliq
Estradiol Transdermal	Cenestin	Enjuvia
Estrogens, Conjugated	Climara/Pro	Esclim
Estrogens, Conjugated Synthetic	Estraderm	Estrasorb
Etopipate	Estring	Menostar
	Menest	Ogen
	Premarin/Vag Crm	Ortho-Prefest
	Vagifem	
	Vivelle/DOT	

**ESTROGEN AND ANDROGEN COMBINATIONS**

Estrogens, Esterified/ Methyltestosterone		Estrate/HS
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**ESTROGEN AND PROGESTERONE COMBINATIONS**

Ethinyl Estradiol/ Norethindrone	Activella	
Ethinyl Estradiol/ Norethindrone Transdermal	Femhrt	
	Prefest	
	Premphase	
	Prempro/Low Dose	

**FERTILITY REGULATORS**

Chorionic Gonadotropins	Cetrotide	Fertinex
Clomiphene	Follistim AQ	Profasi
Leuprolide	Gonal-F/ RFF	
	Ovidrel	

**GROWTH HORMONE**

Humatrope	Genotropin
Nutropin/AQ/Depot	Norditropin
	Omnitrope
	Serostim
	Saizen
	Tev-Tropin

**PROGESTINS**

Medroxy-progesterone	Prometrium	Provera
Megestrol acetate		
Norethindrone acetate		
Progesterone, micronized		

**SELECTIVE RECEPTOR MODULATORS**

Evista

**IMMUNOLOGIC AGENTS**

Pegasys	Avonex
Peg-Intron/Redipen	Betaseron
	Copaxone
	Rebetron
	Rebif
	Tysabri

**IMPOTENCE AGENTS**

Alprostadil	Caverject	Cialis
Sildenafil	Viagra	Edex
		Levitra
		Muse

**OPHTHALMICS****ANTI-ALLERGIC AGENTS**

Cromolyn	Alamast	Pataday
	Livostin	
	Optivar	
	Patanol	

**ANTI-GLAUCOMA AGENTS**

Betaxolol	Alphagan-P	Betagan
Brimonidine	Azopt	Cosopt
Carbachol	Betimol	Iopidine
Dipivefrin	Betoptic-S	Timoptic/XE
Dorzolamide	IsoptoCarbachol	Trusopt
Dorzolamide/Timolol	Isopto Carpine	
Pilocarpine	Lumigan	
Timolol	Xalatan	

**ANTI-INFECTIVE/ANTIVIRAL AGENTS**

Erythromycin	Vigamox	Ciloxan
Ganciclovir Capsules	Viroptic	Maxitrol
Gentamicin		Polytrim
Ofloxacin		Zymar
Polymyxin-B/Bacitracin		
Polymyxin-B/ Gramicidin/ Neomycin		
Polymyxin-B/ Trimethoprim		
Sulfacetamide		
Tobramycin		
Trifluridine		

**ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS**

Polymyxin-B/Neomycin	Blephamide/S.O.P.
Bacitracin/HC	Tobradex
Polymyxin-B/ Neomycin/ Dexamethasone	
Tobramycin/ Dexamethasone	

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

**ANTI-INFLAMMATORY AGENTS**

Fluorometholone	Decadron	Lotemax
Prednisolone Acetate	FML Forte/S.O.P.	Pred Forte
Prednisolone Phosphate	Inflamase Mild	Pred-G
		Voltaren

**BETA-BLOCKERS**

Levobunolol	Timoptic Ocudose	Betimol
Timolol		

**MISCELLANEOUS OPHTHALMIC AGENTS**

Restasis	Freshkote
	Lacrisert

**OSTEOPOROSIS AGENTS**

Alendronate	Actonel	Forteo
	Actonel with Calcium	Fosamax Tablets
	Boniva	Miacalcin
	Fosamax Plus D	Reclast
	Fosamax Solution	

**OTICS**

Acetic Acid/HC	Ciprodex
Antipyrine/Benzocaine/ Glycerine	Floxin Otic
Ofloxacin	
Polymyxin-B/ Neomycin/HC	

**RESPIRATORY/ASTHMA****ANTI-ASTHMATIC AGENTS****Antileukotrienes**

Singulair	Accolate
	Zyflo

**Corticosteroids**

Budesonide	Asmanex
	Azmacort
	Flovent HFA/ Diskus
	Pulmicort
	Inhaler/soln
	Qvar

**Sympathomimetics**

Albuterol	AccuNeb	Brovana
Albuterol Solution	Foradil	Maxair
Metaproterenol	Perforomist	Ventolin HFA
Terbutaline	ProAir HFA	Xopenex HFA
	Proventil HFA	
	Proventil Repetabs	
	Serevent/Diskus	
	Xopenex Solution	

**Xanthine Derivatives**

Aminophylline	Aminophylline
Theophylline IR/SR	Panfil G
	Theo-24
	Uniphyl

**OTHER RESPIRATORY/ASTHMA AGENTS**

Albuterol/ Ipratropium Soln	Advair HFA/Diskus	Duoneb
Cromolyn Sodium	Atrovent Inhaler	
Ipratropium Bromide	Combivent	
Potassium Iodide	Intal Inhaler	
	Nebupent	
	Spiriva	
	Symbicort	
	Xolair	

**SKELETAL MUSCLE RELAXANTS**

Baclofen	Dantrium	Skelaxin
Carisoprodol, ASA/ Caffeine		
Cyclobenzaprine		
Dantrolene		
Diazepam		
Methocarbamol, ASA		
Tizanidine		

**THYROID AND ANTITHYROID AGENTS**

Levothyroxine	Armour Thyroid
Levoxyl	Synthroid
Methimazole	
Propylthiouracil	
Thyroid, Dessicated	
Unithroid	

**URINARY AGENTS**

Bethanechol	Detrol/Detrol LA	Enablex
Oxybutynin	K-Phos Original	Gelnique
Phenazopyridine	Pyridium	Oxytrol
Potassium Phosphate	Toviaz	Sanctura/XR
	Urecholine	
	VESIcare	

**VAGINAL PREPARATIONS**

Clindamycin Vaginal	Cleocin Vaginal	MetroGel-Vaginal
Metronidazole Gel	Cr/Ovule	
Nystatin	Gynazole-1	
Terconazole	Mycostatin	
Cream/Supps	Terazol	
Triple Sulfa Cream	Triple Sulfa Vag Crm	

**MISCELLANEOUS AGENTS**

Calcium Acetate	Agrylin	Leukine
Desmopressin	Antabuse	Neulasta
Epinephrine	Aranesp	Neupogen
Hydroxyurea	Cellcept	PhosLo
Mycophenolate Mofetil	Cytadren	Renvela packets
Pentoxifylline	DDAVP	
Pilocarpine Tablet	Epipen/Epipen Jr	
Pyridostigmine	/Twinject	
Sevelamer Carbonate	Epogen/Procrit	
Sevelamer HCl	Evoxac	
	Fosrenol	
	Mestinon 180mg	
	Timespan	
	Renagel	
	Renvela tablets	
	Xenical	
	Xyrem	

\*\* Self-administered oral immunosuppressants and antineoplastics will be added to the formulary as they come to market.

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