# 3-Tiered Preferred Drug List
# Commonwealth Choice
# 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

Commonwealth Choice by CeltiCare Health Plan of Massachusetts is committed to providing appropriate, high quality, and cost effective drug therapy to all Commonwealth Choice members. Commonwealth Choice works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Commonwealth Choice covers prescription medications and certain over-the-counter medications when ordered by a Commonwealth Choice 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 Commonwealth Choice 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 Commonwealth Choice 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 Commonwealth Choice PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website www.celticarehealthplan.com.

## Prior Authorizations

Some medications listed on the Commonwealth Choice 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 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 Commonwealth Choice PDL and **are not covered by the 72-hour emergency supply policy:**

- 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)

## Diabetic Testing Supplies

The CeltiCare Health Plan PDL covers a variety of over the counter (OTC) diabetic testing supplies.

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 Health Plan network pharmacy. A Tier 1 copayment is applicable for OTC diabetic testing supplies.

- alcohol pads
- PDL blood glucose monitoring strips (Accu-Check, Fast Take, OneTouch, Sure-Step)
- glucose tabs
- ketone testing strips
- lancets
- lancing devices
- insulin syringes
- urine glucose test strips

## Hypodermic Needles & Syringes

The CeltiCare Health Plan PDL covers hypodermic needles and syringes on Tier 1. Tier 1 payment is applicable for every request between 1 to 150 needles/syringes.

## Step Therapy

Some medications listed on the Commonwealth Choice PDL may require specific medications to be used before you can receive the step therapy medication. If CeltiCare has a record that the required medication was tried first the step therapy medications are automatically covered. If CeltiCare 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 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 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 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 Commonwealth Choice 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 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 12 in the Biopharmaceutical Pharmacy Program section, or you can visit our website at 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 Commonwealth Choice 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/TTY1-866-614-1949) 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. These drugs are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications beginning on page 7 in 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 Commonwealth Choice. 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.

| **Premier (Gold B)** | | |
|---|---|---|
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$15** | **$30** |
| **Tier 2 Drugs** | **$30** | **$60** |
| **Tier 3 Drugs** | **$50** | **$150** |
| **Solution (Silver A)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$15** | **$30** |
| **Tier 2 Drugs** | **50% co-insurance** | **50% co-insurance** |
| **Tier 3 Drugs** | **50% co-insurance** | **50% co-insurance** |
| **Solution 500 (Silver B)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$15** | **$30** |
| **Tier 2 Drugs** | **$35** | **$70** |
| **Tier 3 Drugs** | **$60** | **$120** |
| **Solution 1000 (Silver C)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$15** | **$30** |
| **Tier 2 Drugs** | **$30** | **$60** |
| **Tier 3 Drugs** | **$50** | **$150** |
| **Saver 250 (Bronze A)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$15** | **$30** |
| **Tier 2 Drugs** | **Rx deductible, then 50% co-insurance** | **Rx deductible, then 50% co-insurance** |
| **Tier 3 Drugs** | **Rx deductible, then 50% co-insurance** | **Rx deductible, then 50% co-insurance** |
| **Saver 2000 (Bronze B)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **$10** | **$20** |
| **Tier 2 Drugs** | **Rx deductible, then $30** | **Rx deductible, then $60** |
| **Tier 3 Drugs** | **Rx deductible, then $50** | **Rx deductible, then $90** |
| **Saver HSA (Bronze C – *HSA Compliant*)** | | |
| | **1 Month Supply** | **3 Month Supply** |
| **Tier 1 Drugs** | **deductible, then $15** | **deductible, then $30** |
| **Tier 2 Drugs** | **deductible, then 50% co-insurance** | **deductible, then 50% co-insurance** |
| **Tier 3 Drugs** | **deductible, then 50% co-insurance** | **deductible, then 50% co-insurance** |

| Young Adult 250 (Young Adult A – with Rx) | | |
|---|---|---|
| | 1 Month Supply | 3 Month Supply |
| Tier 1 Drugs | $15 | $30 |
| Tier 2 Drugs | 50% co-insurance | 50% co-insurance |
| Tier 3 Drugs | 50% co-insurance | 50% co-insurance |
| Young Adult 2000 (Young Adult B – with Rx) | | |
| | 1 Month Supply | 3 Month Supply |
| Tier 1 Drugs | $15 | $30 |
| Tier 2 Drugs | Rx deductible, then 50% co-insurance | 50% co-insurance |
| Tier 3 Drugs | Rx deductible, then 50% co-insurance | 50% co-insurance |

CELTICARE
Health Plan of Massachusetts

# Maintenance Drug Pharmacy Program

CeltiCare offers a 90 day supply (3 month supply) of maintenance medications. 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
ACETAZOLAMIDE
ACTIVELLA
ACTONEL
ACTONEL WITH CALCIUM
ACTOPLUS MET
ACTOS
ADVAIR DISKUS
ADVAIR HFA
ADVICOR
AGGRENOX
ALBUTEROL SULFATE
ALENDRONATE SODIUM
ALLOPURINOL
ALPHAGAN P
ALTACE
AMANTADINE
AMANTADINE HCL
AMINOPHYLLINE
AMITRIPTYLINE HCL
AMLODIPINE BESYLATE
ANASPAZ
ANTABUSE
APIDRA
APRI
APTIVUS
ARANELLE
ARICEPT
ARICEPT ODT
ARIMIDEX
ARMOUR THYROID
AROMASIN
ASACOL
ASMANEX
ATENOLOL
ATRIPLA
ATROPINE SULFATE
ATROVENT HFA
AVANDAMET
AVANDARYL
AVANDIA
AVODART
AZASAN
AZATHIOPRINE
AZMACORT
AZOPT
BACLOFEN
BALZIVA
BENAZEPRIL HCL
BENAZEPRIL HCL-HCTZ
BENZTROPINE MESYLATE
BETAXOLOL HCL
BETIMOL
BETOPTIC S
BIDIL
BISOPROLOL FUMARATE/HCTZ
BONIVA
BRIMONIDINE TARTRATE
BROMOCRIPTINE MESYLATE
BUDEPRION SR
BUDEPRION XL
BUPROPION HCL
BUPROPION HCL SR
BYETTA
CADUET
CALAN SR
CALCIUM ACETATE
CAPTOPRIL
CAPTOPRIL-HYDROCHLOROTHIAZIDE
CARBATROL
CARBIDOPA/LEVODOPA
CARBIDOPA-LEVODOPA
CARVEDILOL
CENESTIN
CHLOROQUINE PHOSPHATE
CHLORPROMAZINE HCL
CHOLESTYRAMINE
CHOLESTYRAMINE LIGHT
CIMETIDINE
CITALOPRAM
CITALOPRAM HBR
CLIMARA PRO
CLONAZEPAM
CLONIDINE HCL
COLESTID
COLESTIPOL HCL
COLIDROPS
COMBIVENT
COMBIVIR
CORDARONE
COREG CR
COSOPT
COUMADIN
COZAAR
CROMOLYN SODIUM
CRYSELLE

# Maintenance Drug Pharmacy Program

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

# Maintenance Drug Pharmacy Program

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

STALEVO 50
STALEVO 75
STARLIX
STAVZOR
SUCRALFATE
SULAR
SULFASALAZINE
SULFAZINE EC
SULINDAC
SUSTIVA
SYMBICORT
SYMLIN
SYMLINPEN 60
SYNTHROID
TAMOXIFEN CITRATE
TEGRETOL
TEGRETOL XR
TEKTURNA
TEKTURNA HCT
TERAZOSIN HCL
TERBUTALINE SULFATE
THALITONE
THEO-24
THEOPHYLLINE
THEOPHYLLINE ANHYDROUS
THIORIDAZINE HCL
THIOTHIXENE
THYROID
TICLOPIDINE HCL
TIMOPTIC
TOPAMAX
TORSEMIDE
TRANDOLAPRIL
TRAZODONE HCL
TRIAMTERENE W/HCTZ
TRICOR
TRIFLUOPERAZINE HCL
TRIHEXYPHENIDYL HCL
TRI-LEGEST FE
TRILEPTAL
TRIMIPRAMINE MALEATE
TRIZIVIR
TRUSOPT
TRUVADA
UNIRETIC
VENLAFAXINE HCL
VERAPAMIL ER
VERAPAMIL HCL
VIDEX
VIDEX EC
VIRACEPT
VIRAMUNE
VIREAD
VIVELLE-DOT
WELCHOL
XALATAN
XOPENEX HFA
YAZ
ZANTAC 25
ZARONTIN
ZERIT
ZETIA
ZIAGEN
ZIDOVUDINE
ZONISAMIDE
ZOVIA 1/50E

*All Commonwealth Choice covered products are listed in the PDL. For the most current Commonwealth Choice PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website at www.celticarehealthplan.com.*

# MEDICATION PRIOR AUTHORIZATION REQUEST FORM

**Commonwealth Choice**
**by 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.**

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

## III. Drug Information *(One drug request per form)*

| 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 **Commonwealth Care Choice Preferred Drug List (PDL)** is available on the **CeltiCare Health Plan** website at **www.CeltiCarehealthplan.com** .

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

| Appropriate clinical information to support the request on the basis of medical necessity must be submitted. | Provider Signature: | Date: |
|---|---|---|

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.**

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# 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 Commonwealth Choice members. Due to changing market conditions this list is not all inclusive.

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

MONONINE

MOZOBIL
MYOBLOC

MYOZYME

NAGLAZYME

NEULASTA

NEUMEGA

NEUPOGEN

NEXAVAR

NORDITROPIN

NOVANTRONE *

NOVOSEVEN

NPLATE

NUTROPIN

NUTROPIN AQ

OCTAGAM

OCTREOTIDE ACETATE

OMNITROPE

ORENCIA

ORTHOVISC

PEGASYS

PEG-INTRON

POLYGAM S/D

PRIALT

PRIVIGEN

PROCRIT

PROFILNINE SD

PROLEUKIN *

PROMACTA

PROPLEX T FACTOR IX COMP FACTOR
VII ACTIVITY UNITS 700-3900

PULMOZYME

REBETOL

REBETOL

REBIF

RECOMBINATE

REFACTO

REMICADE

REMODULIN

REVLIMID

RIBAPAK

RIBASPHERE

RIBAVIRIN

RISPERDAL CONSTA

RITUXAN

ROFERON-A *

SAIZEN *

SANDOSTATIN

SELZENTRY

SENSIPAR

SEROSTIM

SIMULECT

SOLIRIS

SOMAVERT

SORIATANE CK

STIMATE

SUPARTZ

SUPPRELIN LA *

SYNAGIS

SYNVISC

TEV-TROPIN

THALOMID

THYMOGLOBULIN

THYROGEN

TOBI

TRACLEER

TRELSTAR DEPOT

TRELSTAR LA

TYSABRI

VANTAS *

VECTIBIX *

VELCADE *

VENTAVIS

VIDAZA *

VISUDYNE

VIVAGLOBIN

VIVITROL

XENAZINE

XOLAIR

ZENAPAX

ZOLADEX *

ZOLINZA

ZORBTIVE

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

*All Commonwealth Choice covered products are listed in the PDL. For the most current Commonwealth Choice PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website at www.celticarehealthplan.com*

CVS CAREMARK

**Fax Referral To: 800-323-2445**
**Phone: 800-237-2767**

# Specialty Pharmacy Services
## Enrollment Form

**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:**

Please include diagnosis name and ICD-9:

_____
_____
_____
_____

- Date of Diagnosis: _____

**Additional Clinical Information:**

- Weight: _____ kg/lbs
- Height: _____ in/cm
- Allergies: _____
- Lab Data: _____
- Concomitant Medications: _____
- Additional Comments: _____

**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 and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. 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 |
|---|---|---|

## 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 | |

## ANTIHISTAMINE/DECONGESTANTS

| | | |
|---|---|---|
| Cyproheptadine | | Allegra |
| Fexofenadine | | Allegra-D/ Allegra D 24 hour |
| Hydroxyzine HCl | | Clarinex |
| Hydroxyzine Pamoate | | Semprex-D |
| Promethazine | | Xyzal |
| **EXPECTORANT AND COUGH PRODUCTS** | | |
| Carbinoxamine/ Pseudoephedrine/ DM | | Tussi-Organidin |
| Guaifenesin/ Codeine | | Tussionex |
| 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 |
| | | Veramyst |
| **NASAL ANTIHISTAMINES** | | |
| | Astelin | Patanase |
| | Astepro | |
| **OTHER NASAL AGENTS** | | |
| Ipratropium | | Atrovent nasal |

## 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 | Macrodantin | |
| Ethambutol | Mepron | |
| Isoniazid | Myambutol | |
| Methenamine | Mycobutin | |
| Metronidazole | Rifamate | |
| Nitrofurantoin | Rifater | |
| Pyrazinamide | TOBI | |
| Rifampin | Yodoxin | |
| **Antifungal Agents** | | |
| Fluconazole | | Diflucan |
| Griseofulvin Microsize Susp | | Lamisil |
| Griseofulvin Ultramicrosize | | Nizoral |
| Itraconazole | | Sporanox |
| Ketoconazole oral | | |
| Nystatin oral | | |
| Terbinafine | | |

**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 | Epivir HBV | |
| Rimantadine | Kaletra | |
| | Retrovir | |
| | Tamiflu | |
| | Valcyte | |
| | Valtrex | |

## AUTONOMIC & CENTRAL NERVOUS SYSTEM

**ALZHEIMER'S AGENTS** _____

| | | |
|---|---|---|
| | Aricept | 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 Trisalicylate | Zorprin |
| 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 |
| Benztropine Mesylate | COMTan | Dostinex |
| Bromocriptine | Mirapex | Requip/XL |
| Carbidopa/ Levodopa | Stalevo | |
| Carbidopa/ Levodopa CR | | |
| Ropinirole | | |
| Trihexphenidyl | | |

**ANIXIOLYTICS, 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 |
| | Rheumatrex | |
| | 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

**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/ Zydis | |
| Ziprasidone | | |

## CARDIOVASCULAR AGENTS

**ALDOSTERONE ANTAGONISTS**

| | |
|---|---|
| Spironolactone | Inspra |

**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 | Pronestyl/ 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 | Altocor |
| Fenofibrate | Lovaza | Altoprev |
| Gemfibrozil | Niaspan | Antara |
| Lovastatin | Trilipix | Colestid |
| Pravastatin | Welchol | Fenoglide |
| Simvastatin | Zetia | Lescol/XL |
| | | Lipofen |
| | | Lofibra |
| | | Simcor |
| | | Tricor |
| | | Triglide |
| | | Vytorin |

**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 | Azor |
| Enalapril/HCTZ | Hyzaar | Benicar HCT |
| Lisinopril/HCTZ | Lotrel | Micardis HCT |
| Quinaretic | Tekturna HCT | Teveten HCT |
| | | Uniretic |

**DIRECT RENIN INHIBITORS**

| | |
|---|---|
| | Tekturna |

**DIURETICS**

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

**VASODILATORS**

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

## CONTRACEPTIVES

**MONOPHASIC**

- EE/Desogestrel generics only (e.g., Apri)
- EE/Drospirenone
- EE/Ethynodiol 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)
- LoSeasonique
- Lybrel
- Seasonique
- Yaz
- Seasonale
- Yasmin

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

**PROGESTIN ONLY**

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

**OTHER CONTRACEPTIVES**

- NuvaRing
- Ortho-Evra Patch
- Generic/Plan B

## CORTICOSTEROIDS

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

## DERMATOLOGICALS

**ACNE**

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

**ANTIBIOTICS**

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

**ANTIVIRALS**

- Acyclovir Ointment
- Zovirax

**FUNGICIDES**

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

**TOPICAL ANTI-INFLAMMATORY AGENTS**

**Low Potency**

- Betamethasone Valerate
- Desonide
- Fluocinolone Acetonide
- Locoid Lotion
- Pandel
- Locoid Lipocream

**Intermediate Potency**

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

**High Potency**

- Betamethasone Diproprionate
- Fluocinonide /
- Fluocinolone Acetonide
- Triamcinolone Acetonide
- Lidex-E

**Highest Potency**

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

**OTHER DERMATOLOGICALS**

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

## 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 |
| Omeprazole | Prevacid | Protonix |
| Ranitidine | Prevacid Naprapac | Prilosec |
| Sucralfate | | |

### DIGESTANTS

| | |
|---|---|
| Pancrelipase | Creon |
| | Pancrecarb-16 |
| | Pancrease |
| | Ultrase/MT |
| | Viokase |

### 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 |
| Estropipate | Estring | Menostar |
| | Menest | Ogen |
| | Premarin/Vag Crm | Ortho-Prefest |
| | Vagifem | |
| | Vivelle/DOT | |

### ESTROGEN AND ANDROGEN COMBINATIONS

| | |
|---|---|
| Estrogens, Esterified/ Methyltestosterone | Estratest/HS |

### ESTROGEN AND PROGESTERONE COMBINATIONS

| | |
|---|---|
| Ethinyl Estradiol/ Norethindrone | Activella |
| 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 Bacitracin/HC | Blephamide/S.O.P. |
| Polymyxin-B/ Neomycin/ Dexamethasone | Tobradex |
| Tobramycin/ Dexamethasone | |

**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 Cr/Ovule | MetroGel-Vaginal |
| Metronidazole Gel | Gynazole-1 | |
| Nystatin | Mycostatin | |
| Terconazole 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 /Twinject | |
| Pyridostigmine | Epogen/Procrit | |
| Sevelamer Carbonate | Evoxac | |
| Sevelamer HCl | 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.

**Administered by:** WellPoint NextRx 8407 Fallbrook Avenue / West Hills, CA 91304

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