



3-Tiered Preferred Drug List Plan Type II and III

Updated April 2011

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

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 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)

Diabetic Testing Supplies

The CeliCare 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 CeliCare Health Plan network pharmacy. A copayment is applicable for OTC diabetic testing supplies.

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

Hypodermic Needles & Syringes

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

Over-the-Counter Items

The CeltiCare PDL covers a variety of over-the-counter (OTC) medications. You can find a list of covered OTC medications in the Over-the-Counter Pharmacy Program section. CeltiCare 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 CeltiCare PDL you may call Member Services at 1-866-895-1786 or visit the CeltiCare website www.celticarehealthplan.com

Step Therapy

Some medications listed on the CeltiCare 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 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 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 is 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 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 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 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 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.

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

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

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.

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	LISINOPRIL
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	ZIDOVDINE
THEO-24	TRUVADA	ZONISAMIDE
THEOPHYLLINE	UNIRETIC	ZOVIA 1/50E
THEOPHYLLINE ANHYDROUS	VENLAFAXINE HCL	
THIORIDAZINE HCL	VERAPAMIL ER	
THIOTHIXENE	VERAPAMIL HCL	

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.

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.



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: _____ _____ _____ _____ • Date of Diagnosis: _____	<ul style="list-style-type: none"> • 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	Duetact	
Metformin	Glyset	
Metformin ER	Janumet	
Metformin/Glyburide	Januvia	
Nateglinide	Prandin	
	Prandimet	
	Starlix	

Other

Byetta
Glucagon
Symlin

ANTIHISTAMINE/DECONGESTANTS

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

EXPECTORANT AND COUGH PRODUCTS

Carbinoxamine/ Pseudoephedrine/ DM	Tussi-Organidin Tussionex
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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 Veramyst
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TIER 1

TIER 2

TIER 3

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	Meproton
Isoniazid	Myambutol
Methenamine	Mycobutin
Metronidazole	Rifamate
Nitrofurantoin	Rifater
Pyrazinamide	TOBI
Rifampin	Yodoxin

Antifungal Agents

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

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

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
	Rheumatrex	
	Ridaura	
	Trexall	

MIGRAINE AGENTS

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

OBSESSIVE COMPULSIVE DISORDER AGENTS

Fluvoxamine

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

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**

Spironolactone		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	Altocor
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		
Spironolactone		
Spironolactone/HCTZ		
Torsemide		

VASODILATORS

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

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

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/Norethindron/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, Shampoo	Lotrisone
Clotrimazole		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.

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

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
	Ultrasre/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
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 Megestrol acetate Norethindrone acetate Progesterone, micronized	Prometrium	Provera
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SELECTIVE RECEPTOR MODULATORS

Evista

IMMUNOLOGIC AGENTS

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

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
Dozolamide/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

ANTI-INFLAMMATORY AGENTS

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

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

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
	Uniphyll

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	
	Mestinin 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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