



Pharmacy Services Mission Statement

To provide pharmaceutical products and clinical services in keeping with the highest quality of patient care by incorporating the principles of Quality Management in the most cost effective manner.

Editor

Carolina Crescent welcomes your suggestions regarding this Clinical Preferred Drug List. Your input is vital to ensuring our continued success in providing the highest level of pharmacy services to our members. Please send your comments to:

Carolina Crescent Health Plan, Inc.
P.O. Box 12157
Columbia, SC 29211
Attention: Medical Management

The Carolina Crescent Preferred Drug List:

The Carolina Crescent Health Plan, Inc. Preferred Drug List is a combination of open and closed therapeutic classes. Brand names are included as a reference to assist in product recognition only for those medications that are available generically. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are on the preferred drug list. The goal of the Preferred Drug List is to provide clinically efficacious, safe and cost-effective pharmacological therapies based on prospective, concurrent and retrospective peer-reviewed literature. This Preferred Drug List includes **Closed Classes** whereby only the drugs listed within the classes are covered. The complete 2007 Closed Class List is part of this document. If the drug is listed in **boldface** indicating generics are available, the generic will be dispensed. **Drugs or medications not on our Preferred Drug List can be reviewed through the Prior Authorization process.**

PerformRx, a division of AmeriHealth Mercy, administers the Carolina Crescent Health Plan, Inc. pharmacy benefit. Prior authorization requests should be faxed to PerformRx at 1-877-708-9080.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. Products designated in the Preferred Drug List by **boldface type** describe the most currently available designation (brand vs. generic) at the time of printing. If a medication becomes generically available thereafter, the generic equivalent version of this medication should be dispensed. ***If the provider determines that a specific brand is medically necessary, then the written prescription must have the physician's own handwriting indicating this. If the provider does this, it cannot be overridden with a generic substitution.***

It is not necessary for the health care provider to approach any one therapeutic class of drug products, including Narrow Therapeutic Index drugs differently from any other class, when there has been a determination of therapeutic equivalence by the FDA for the drug product under consideration. Also, additional clinical tests or examinations by the physician are not needed when a therapeutically equivalent drug product is substituted for the brand name product.

Therapeutic Interchange

Therapeutic interchange is defined as the substitution of a drug that contains different active ingredients but has a similar mechanism of action and adverse event profile to the drug that was initially prescribed. **This process only occurs after consultation and agreement between the prescribing physician and pharmacist has been reached.**

DESI Drugs

DESI drugs are those drugs first marketed between 1938 and 1962 that were approved as safe but required no showing of effectiveness for FDA approval. Carolina Crescent does not pay for DESI classified drug products and identical, similar or related products or combinations of these products. They are excluded at benefit design.

IMPORTANT CONTACT INFORMATION

Physician Prior Authorization: Telephone PerformRx at **1-888-354-6796** or FAX PerformRx at **1-877-708-9080**.

Note: Members who have previously received medication(s) requiring prior authorization may receive up to a five (5) days supply of the medication(s) pending the authorization process.

<u>GENERIC NAME</u>	<u>BRAND NAME</u>	<u>DOSAGE FORM</u>	<u>NOTES</u>
<u>ACE INHIBITOR MEDICATIONS</u>			
Captopril	Capoten	Tablet	
Enalapril	Vasotec	Tablet	
Fosinopril	Monopril	Tablet	
Lisinopril	Zestril	Tablet	
Perindopril	Aceon	Tablet	
<u>ACNE MEDICATIONS (ORAL)</u>			
Doxycycline	Vibramycin	Capsule	
Tetracycline	Sumycin	Capsule	
Minocycline	Minocin	Capsule	
Isotretinoin*	Accutane*	Capsule	*Prior Authorization Required
<u>ACNE MEDICATIONS (TOPICAL)</u>			
Benzoyl Peroxide*	Benzoyl Peroxide*	Cream, Gel, Solution	*OTC refer to member benefit plan
Erythromycin	Erycette, Erygel	Swabs, Gel, Solution, Ointment	
Clindamycin	Cleocin T	Gel, Solution	
Benzoyl Peroxide/Erythromycin	Benzamycin	Cream	
Metronidazole	MetroGel	Gel	
Sulfacetamide/Sulfur	Novacet	Lotion	
Tretinoin	Avita	Cream, Gel	
<u>ADRENAL STEROID INHIBITORS</u>			
Aminoglutethimide	Cytadren	Tablet	
<u>ANAPHYLAXIS THERAPY</u>			
Epinephrine	Epipen, Epipen Jr	Injection	
<u>ANALGESIC MEDICATIONS</u>			
<u>Narcotics</u>			
Codeine	Codeine	Tablet, Solution	
Fentanyl Transdermal*	Duragesic*	Patch	*Qty limit 10 patches per 30days
Hydromorphone	Dilaudid	Tablet, Solution, Suppository	
Meperidine	Demerol	Tablet, Syrup	
Methadone	Dolophine	Tablet	
Morphine	MSIR	Tablet, Solution, Suppository	
Morphine Extended Release	Oramorph, Kadian	Tablet	
Oxycodone	Roxicodone	Tablet, Solution	
Oxycodone Extended Release	Oxycontin	Tablet	
Propoxyphene	Darvon	Capsule	
Tramadol	Ultram	Tablet	
<u>Narcotic Combinations</u>			
APAP/Hydrocodone	Vicodin	Tablet	
APAP/Propoxyphene	Darvocet N	Tablet	
APAP/Butalbital	Phrenilin, PhrenilinForte	Tablet	
APAP/Butalbital/Caffeine	Fioricet	Tablet	
APAP/Butalbital/Caffeine/Codeine	Fioricet with Codeine	Tablet	

Narcotic Combinations (continued)

APAP/Codeine	Tylenol with Codeine	Tablet	
APAP/Oxycodone 5/325*	Percocet 5/325*	Tablet	*All other strengths require PA
ASA/Oxycodone	Percodan	Tablet	
ASA/Butalbital/Caffeine	Fiorinal	Tablet	
ASA/Butalbital/Caffeine/Codeine	Fiorinal with Codeine	Tablet	

NSAIDs (Prescription Strengths Only)

Ibuprofen*	Motrin*	Tablet, Suspension	*OTC refer to member benefit plan
Indomethacin	Indocin	Capsule	
Indomethacin Sustained Release	Indocin SR	Capsule	
Meloxicam	Mobic	Tablet	
Naproxen*	Naprosyn*	Tablet	*OTC refer to member benefit plan
Sulindac	Clinoril	Tablet	

COX-2 Inhibitors

Celecoxib*	Celebrex*	Capsule	*Step therapy required: 2 or more generic NSAIDs; or documented GI disease; or age greater than 60 years; dose must be appropriate for diagnosis
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Salicylates

Aspirin	Aspirin	Tablet	
Salsalate	Disalcid	Capsule	

ANDROGENS

Fluoxymesterone	Halotestin	Tablet	
Testosterone*	AndroGel*	Gel	*PA-Lab values required
Danazol	Danocrine	Capsule	
Methyltestosterone	Methyltestosterone	Tablet	

ANESTHETICS (TOPICAL)

Capsaicin*	Zostrix*	Lotion, Cream, Gel	*Refer to member benefit plan
Lidocaine	Xylocaine	Jelly, Ointment	

ANESTHETICS (URINARY)

Phenazopyridine	Pyridium	Tablet	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARB)

Olmesartan	Benicar	Tablet	
Valsartan	Diovan	Tablet	

ANORECTALS

Hydrocortisone	Anusol HC	Cream, Suppository	
Hydrocortisone Enema	Cortenema	Enema	

ANTACIDS

Aluminum/Magnesium Hydroxide*	Mylanta*	Suspension, Tablets	*OTC refer to member benefit plan
Calcium Carbonate*	Tums*	Suspension, tablet	*OTC refer to member benefit plan
Magnesium Hydroxide*	MOM*	Suspension	*OTC refer to member benefit plan
Aluminum Hydroxide*	Alternagel*	Suspension	*OTC refer to member benefit plan
Sodium Bicarbonate*	Sodium Bicarbonate*	Tablet	*OTC refer to member benefit plan

ANTIADRENERGICS

Clonidine	Catapres	Tablet
Clonidine Transdermal	Catapres TTS	Patch
Doxazosin	Cardura	Tablet
Guanfacine	Tenex	Tablet
Methyldopa	Aldomet	Tablet, Suspension
Prazosin	Minipress	Capsule
Reserpine	Reserpine	Tablet
Terazosin	Hytrin	Capsule

ANTI-ALCOHOLIC MEDICATIONS

Disulfiram	Antabuse	Tablet
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ANTIANDROGENS

Bicalutamide	Casodex	Tablet
Flutamide	Eulexin	Capsule

ANTIARRHYTHMICS

Amiodarone	Cordarone	Tablet
Disopyramide	Norpace	Capsule
Disopyramide Controlled Release	Norpace CR	Capsule
Flecainide	Tambocor	Tablet
Mexiletine	Mexitil	Capsule
Procainamide	Pronestyl	Tablet, Capsule
Procainamide Sustained Release	Procan SR	Tablet
Propafenone	Rythmol	Tablet
Quinidine Gluconate	Quinaglute	Tablet
Quinidine Sulfate	Quinidine	Tablet
Quinidine Sulfate Sustained Release	Quinidex	Tablet
Tocainide	Tonocard	Tablet
Sotalol	Betapace	Tablet

ANTIBIOTICS (ORAL)

Doxycycline	Vibramycin	Capsule
Tetracycline	Sumycin	Capsule
Minocycline	Minocin	Capsule

Cephalosporins: First Generation

Cephalexin	Keflex	Capsule, Suspension
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Cephalosporins: Second Generation

Cefaclor	Ceclor	Capsule, Suspension
Cefuroxime	Ceftin	Tablet, Suspension

Cephalosporins: Third Generation

Cefdinir	Omnicef	Capsule, Suspension
Cefixime	Suprax	Tablet, Suspension
Cefpodoxime*	Vantin*	Tablet, Suspension

* Qty Limit: 1 tablet per 25 days

Erythromycins

Azithromycin*	Zithromax*	Tablet, Suspension	*Qty Limit: 1 course of therapy per month
Clarithromycin*	Biaxin*, Biaxin XL*	Tablet, Suspension	*Qty Limit: 1 course of therapy per month
Erythromycin Base	Ery-Tab, Eryc	Tablet, Capsule	
Erythromycin Ethylsuccinate	E.E.S.	Tablet, Suspension	
Erythromycin Stearate	Erythrocin	Tablet	
Erythromycin/Sulfisoxazole	Pediazole	Suspension	

Fluroquinolones

Ciprofloxacin	Cipro	Tablet, Suspension	
Levofloxacin*	Levaquin*	Tablet, Oral Solution	*Qty Limit: 1 course of therapy per month
Moxifloxacin*	Avelox*	Tablet, Suspension	*Qty Limit: 1 course of therapy per month
Ofloxacin*	Floxin*	Tablet	*Qty Limit: 1 course of therapy per month

Miscellaneous

Clindamycin	Cleocin	Capsule, Suspension	
Vancomycin*	Vancocin*	Capsule	*Step therapy required: use metronidazole

Penicillins

Amoxicillin	Amoxil	Capsule, Suspension	
Amoxicillin/Pot Clavulanate	Augmentin	Tablet, Suspension	
Ampicillin	Polycillin	Capsule, Suspension	
Dicloxacillin	Dynapen	Capsule, Suspension	
Penicillin VK	PenVee K	Tablet, Suspension	

Sulfonamides

Sulfamethoxazole/Trimethoprim	Bactrim, Bactrim DS	Tablet, Suspension	
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Urinary Tract Medications

Nitrofurantoin/Macrocrystals/Monohydrate	Macrobid	Capsule	
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ANTIBIOTICS (OTIC)

Acetic Acid	Vosol	Drop	
Ofloxacin	Floxin Otic	Drop	
Acetic Acid/Aluminum Acetate	Domeboro Otic	Drop	

ANTIBIOTICS (Topical)

Gentamycin	Garamycin	Cream, Ointment	
Mupirocin	Bactroban	Ointment	

ANTICOAGULANTS

Warfarin	Coumadin	Tablet	
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ANTICHOLINERGICS (INHALED)

Ipratropium Solution	Atrovent	Solution	
Tiotropium	Spiriva	Inhaler	
Ipratropium Inhaler	Atrovent	Inhaler	

ANTICONVULSANTS

Acetazolamide	Diamox	Capsule	
Carbamazepine	Tegretol	Tablet, Suspension	
Carbamazepine Sustained Release	Tegretol XR	Tablet	

ANTICONVULSANTS - continued

Clonazepam	Klonopin	Tablet
Diazepam Rectal Gel	Diastat	Rectal Gel
Divalproex Sodium	Depakote	Tablet, Capsule
Gabapentin	Neurontin	Capsule, Tablet, Solution
Ethosuximide	Zarontin	Capsule, Syrup
Lamotrigine	Lamictal	Tablet
Levetiracetam	Keppra	Tablets, Oral Solution
Mephobarbital	Mebaral	Tablet
Phenobarbital	Phenobarbital	Tablet, Syrup
Phenytoin	Dilantin	Tablet, Capsule, Suspension
Primidone	Mysoline	Tablet, Suspension
Valproic Acid	Depakene	Capsule, Syrup

ANTIDEPRESSANTS

NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRI)

Bupropion	Wellbutrin, Wellbutin SR	Tablet
Bupropion XL 300mg	Wellbutrin XL	Tablet

TRIAZOLOPYRIDINES

Trazodone	Desyrel	Tablet
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MONOAMINE OXIDASE INHIBITORS

Tranylcypromine	Parnate	Tablet
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PHENETHYLAMINES

Venlafaxine	Effexor, Effexor XR	Tablet/ Capsule
Duloxetine	Cymbalta	Tablet

TRICYCLICS

Amitriptyline	Elavil	Tablet
Desipramine	Norpramin	Tablet
Doxepin	Sinequan	Capsule
Imipramine	Tofranil	Capsule
Clomipramine	Anafranil	Capsule
Nortriptyline	Pamelor	Capsule

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)

Citalopram	Celexa	Tablet
Fluoxetine	Prozac	Capsule
Escitalopram	Lexapro	Tablet
Paroxetine	Paxil, Paxil CR	Tablet
Sertraline	Zoloft	Tablet

TETRACYCLICS

Mirtazapine	Remeron	Tablet
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ANTIDIARRHEALS

Diphenoxylate/Atropine	Lomotil	Tablet, Solution
Loperamide	Imodium	Capsule

ANTIDIARRHEALS - continued

Bismuth Subsalicylate*	*Pepto-Bismol	Tablet, Suspension	*OTC refer to member benefit plan
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ANTIDIURETIC HORMONES

Desmopressin Acetate	DDAVP	Tablet, Spray	
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ANTIEMETICS

Aprepitant	Emend	Capsule	
Dolasetron*	Anzemet*	Tablet	*PA required; Qty Limit: 5 tablets per 25 days

Ondansetron*	Zofran*	Tablet, ODT, Solution	*PA required; Qty Limit: 4 mg, 8 mg- 15 tabs/ 25 days *24 mg- 5 tablets per 25 days.
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Promethazine	Phenergan	Tablet, Syrup, Suppository	
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Prochlorperazine Regular Release	Compazine	Tablet, Syrup, Suppository	
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ANTIESTROGENS

Tamoxifen	Nolvadex	Tablet	
Toremifene	Fareston	Tablet	

ANTIFUNGALS (ORAL)

Fluconazole	Diflucan	Tablet, Suspension	
Griseofulvin Microsize	Grifulvin V, Fulvicin U/F	Tablet, Suspension	
Griseofulvin Ultramicrosize	Gris-PEG	Tablet	
Ketoconazole	Nizoral	Tablet	
Nystatin	Mycostatin	Tablet, Suspension	

ANTIFUNGALS (TOPICAL)

Butenafine 1%	Lotrimin Ultra	Cream	*OTC refer to member benefit plan
Ketoconazole	Nizoral	Cream	
Nystatin	Mycostatin	Cream, Ointment	
Miconazole*	*Micatin	Cream, Ointment	*OTC refer to member benefit plan
Clotrimazole*	*Lotrimin	Cream, Solution, Lotion	*OTC refer to member benefit plan

Tolnaftate*	*Tinactin	Cream, Gel	*OTC refer to member benefit plan
Nystatin/Triamcinolone	Mycolog II	Cream, Ointment	

ANTI-HISTAMINES (ORAL)

Cyproheptadine	Periactin	Tablet	
Cetirizine*	Zyrtec*	chewables, Syrup	Covered for ages *6 months to 2 years old ONLY. Note: Zyrtec tablets are non-formulary. Tablets require step therapy with trial & failure of OTC loratadine & Fexofenadine.

Fexofenadine*	Allegra*	Tablet	Step therapy with trial & failure of OTC loratadine.
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Hydroxyzine	Atarax	Tablet, Solution	
Loratadine	Claritin, Alavart	Tablet, Syrup	

ANTIHIISTAMINES (ORAL) – continued

Diphenhydramine*	*Benadryl	Capsule, tablet, Solution	*OTC refer to member benefit plan
Chlorpheniramine*	*Chlor-Trimeton	Tablet, Syrup	*OTC refer to member benefit plan
Clematine*	*Tavist	Tablet	*OTC refer to member benefit plan
Promethazine	Phenergan	Tablet, Solution	

ANTIHIISTAMINE/DECONGESTANT COMBINATIONS (ORAL)

Phenylephrine/Chlorpheniramine*	*Actifed Cold & Allergy	Tablet	*OTC refer to member benefit plan
Loratadine/Pseudoephedrine	Claritin-D 24	Tablet	

ANTIHYPERTENSIVE COMBINATIONS

Amlodipine/Benazepril	Lotrel	Capsule
Trandolapril/Verapamil	Tarka	Tablet
Bisoprolol/HCTZ	Ziac	Tablet
Captopril/HCTZ	Capozide	Tablet
Clonidine/Chorthalidone	Combipres	Tablet
Enalapril/HCTZ	Vaseretic	Tablet
Fosinopril/ HCTZ	Monopril HCT	Tablet
Hydralazine/HCTZ	Apresazide	Capsule
Lisinopril/HCTZ	Zestoretic	Tablet
Methyldopa/ HCTZ	Aldoril	Tablet
Olmesartan/HCTZ	Benicar HCT	Tablet
Reserpine/HCTZ	Hydropres	Tablet
Valsartan/HCTZ	Diovan HCT	Tablet

ANTILIPIDEMICS

Cholestyramine	Questran, Questran Light	Power
Colestipol	Colestid	Tablet
Fenofibrate	Tricor	Capsule
Fluvastatin	Lescol, Lescol XL	Capsule
Gemfibrozil	Lopid	Tablet
Lovastatin	Mevacor	Tablet
Nicotinic Acid	Niacor/Niaspan	Tablet
Pravastatin	Pravachol	Tablet
Simvastatin	Zocor	Tablet
Simvastatin/Ezetimibe	Vytorin	Tablet

ANTIMALARIALS

Chloroquine Phosphate	Aralen	Tablet
Hydroxychloroquine	Plaquenil	Tablet
Mefloquine	Lariam	Tablet
Primaquine	Primaquine	Tablet
Pyrimethamine	Daraprim	Tablet
Quinine	Quinine	Tablet
Sulfadoxine/Pyrimethamine	Fansidar	Tablet

ANTIMANICS

Lamotrigine	Lamictal	Tablet, Chewable tablet
Lithium Carbonate	Eskalith	Tablet, Solution
Lithium Carbonate CR	Lithobid/Eskalith CR	Tablet

ANTINEOPLASTICS

ADJUNCTIVE MEDICATIONS

Leucovorin (Folinic Acid)	Leucovorin	Tablet
Levamisol	Ergamisol	Tablet

ALKYLATING MEDICATIONS

Altretamine	Hexalen	Tablet
Busulfan	Myleran	Tablet
Chlorambucil	Leukeran	Tablet
Cyclophosphamide	Cytoxan	Tablet
Estramustine	Emcyt	Capsule
Lomustine	CeeNu	Capsule
Melphalan	Alkeran	Tablet

ANTIMETABOLITES

Mercaptopurine	Purinethol	Tablet
Methotrexate	Rheumatrex	Tablet
Thioguanine	Thioguanine	Capsule

MISCELLANEOUS ANTINEOPLASTICS

Hydroxyurea	Hydrea	Capsule
Letrozole	Femara	Tablet
Mitotane	Lysodren	Tablet
Procarbazine	Matulane	Tablet

ANTIPARASITICS

Atovaquone*	Mepron*	Suspension	*Prior Authorization Required
Clofazimine	Lamprene	Capsule	
Dapsone	Dapsone	Tablet	
Mebendazole	Vermox	Chewable Tablets	
Metronidazole	Flagyl	Tablets	
Paramomycin	Humatin	Capsule	
Praziquantel	Bilitricide	Tablet	
Thiabendazole	Mintezol	Tablet, Suspension	

ANTIPARKINSONIANS

Amantadine	Symmetrel	Capsule, Syrup	
Benzotropine	Cogentin	Tablet	
Bromocriptine Mesylate	Parlodel	Tablet, Capsule	
Carbidopa/Levodopa	Sinemet, Sinemet CR	Tablet	
Diphenhydramine*	*Benadryl	Capsule, Solution	*OTC refer to member benefit plan
Pergolide Mesylate	Permax	Tablet	
Ropinirole	Requip	Tablet	
Selegiline	Eldepryl	Tablet, Capsule	
Trihexyphenidyl	Artane	Tablet	

ANTIPLATELET AGGREGATION MEDICATIONS

Aspirin/Dipyridamole	Aggrenox	Capsule	
Clopidogrel	Plavix	Tablet	
Dipyridamole	Persantine	Tablet	
Aspirin*	*Aspirin	Tablet	*OTC refer to member benefit plan
Ticlopidine	Ticlid	Tablet	

ANTIPSORIATICS (TOPICAL)

Anthralin Psoriatec Cream

ANTIPSYCHOTICS

Aripiprazole **Abilify** Tablet
Chlorpromazine Thorazine Tablet
Clozapine Clozaril Tablet
Fluphenazine Prolixin Tablet, Injection
Haloperidol Haldol Tablet, Solution, Injection

Loxapine Loxitane Capsule, Solution
Olanzapine* **Zyprexa*** Tablet

*Doses > 20 mg/day require prior authorization

Perphenazine Trilafon Tablet, Solution
Pimozide **Orap** Tablet
Quetiapine* **Seroquel*** Tablet

*Doses > 800mg/day require prior authorization.

Risperidone* **Risperdal*** Tablet, Solution

*Doses > 16mg/day require prior authorization

Thioridazine Mellaril Tablet, Solution
Molindone **Moban** Tablet, Solution
Thiothixene Navane Capsule, Solution
Trifluoperazine Stelazine Tablet, Solution
Ziprasidone* **Geodon*** Capsule

*Doses > 200mg per day require prior authorization

ANTIRHEUMATICS (RA)

Auranofin **Ridaura** Capsule
Azathioprine Imuran Tablet
Hydroxychloroquine Plaquenil Tablet
Methotrexate Rheumatrex Tablet
Penicillamine **Cuprimine** Capsule
Sulfasalazine Azulfidine Tablet
Leflunomide Arava Tablet

ANTISEBORRHEICS (TOPICAL)

Ketoconazole Nizoral Shampoo
Sulfacetamide **Seb-Prev** Lotion
Selenium Sulfide Selsun Shampoo

ANTISPASMODIC/ANTICHOLINERGICS (GI)

Dicyclomine Bentyl Capsule
Glycopyrrolate **Robinul** Tablet
Hyoscyamine Levsin, Levid Tablet
Propantheline Probanthine Tablet

ANTISPASMODIC/ANTICHOLINERGICS (UROLOGICAL)

Oxybutynin Ditropan Tablet
Solifenacin **Vesicare** Tablet
Tolterodine **Detrol** Tablet
Tolterodine Extended Release **Detrol LA** Tablet

ANTITHYROIDS

Methimazole	Tapazole	Tablet
Potassium Iodide	SSKI	Tablet, Solution
Propylthiouracil	Propylthiouracil	Tablet

ANTITUBERCULOSAL MEDICATIONS

Ethambutol	Myambutol	Tablet
Isoniazid	INH	Tablet
Pyrazinamide	Pyrazinamide	Tablet
Rifabutin	Mycobutin	Capsule
Rifampin	Rifadin	Capsule

ANTIVERTIGO MEDICATION

Meclizine	Antivert	Tablet
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ANTIVIRALS (ORAL)

Acyclovir	Zovirax	Tablet, Capsule	
Amantadine	Symmetrel	Tablet, Capsule, Syrup	
Entecavir	Baraclude	Tablet	
Lamivudine	Epivir HBV	Tablet, Solution	
Oseltamivir*	Tamiflu*	Capsule	*Quantity Limit: single 5-day treatment fill per a year.

Rimantadine	Flumadine	Tablet, Syrup	
Valacyclovir	Valtrex	Tablet	
Zanamivir*	Relenza*	Inhaler	*Quantity Limit: single 5-day treatment fill per a year.

ANXIOLYTICS

Alprazolam	Xanax	Tablet
Chlordiazepoxide	Librium	Capsule
Clorazepate	Tranxene	Tablet
Diazepam	Valium	Tablet
Lorazepam	Ativan	Tablet
Bupirone	Buspar	Tablet
Oxazepam	Serax	Tablet

ANTIVIRALS (TOPICAL)

Acyclovir	Zovirax	Cream
Penciclovir	Denavir	Cream

BENIGN PROSTATIC HYPERPLASIA MEDICATIONS

Doxazosin	Cardura	Tablet	
Dutasteride	Avodart	Capsule	
Finasteride	Proscar	Tablet	
Tamsulosin*	Flomax*	Capsule	*Prior Authorization required
Terazosin	Hytrin	Capsule	

BETA AGONISTS (INHALED)

Albuterol Aerosol	Proventil	Inhaler
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BETA AGONISTS (INHALED) - continued

Albuterol HFA*	Proventil HFA*, Ventolin HFA*	Inhaler	* Qty Limit: 2 inhalers/month
Albuterol Solution	Proventil	Solution	
Salmeterol	Serevent	Inhaler	
Levalbuterol *	Xopenex*	Nebulizer	*Prior Authorization required

BETA AGONISTS (ORAL)

Albuterol	Proventil	Syrup, Tablet
Terbutaline	Brethine	Tablet

BETA AGONIST/ANTICHOLINERGIC COMBINATIONS (INHALED)

Ipratropium/Albuterol	Combivent	Inhaler
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BETA AGONIST/CORTICOSTEROID COMBINATIONS (INHALED)

Fluticasone/Salmeterol	Advair, Advair HFA	Inhaler
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BETA BLOCKERS (ORAL)

Atenolol	Tenormin	Tablet	
Carvedilol, Carvedilol Extended-Release	Coreg, Coreg CR	Tablet	
Metoprolol, Metoprolol XL 25mg*	Lopressor, Toprol XL*	Tablet	*Prior Authorization required
Nadolol	Corgard	Tablet	
Pindolol	Visken	Tablet	
Propranolol, Propranolol SR	Inderal, Inderal LA	Tablet, Capsule, Solution	
Sotalol	Betapace	Tablet	
Labetolol	Trandate	Tablet	

BONE RESORPTION SUPPRESSORS

Calcitonin	Miacalcin	Spray
Etidronate	Didronel	Tablet
Alendronate	Fosamax, Fosamax+D	Tablet
Raloxifene	Evista	Tablet
Risedronate	Actonel, Aconel with CA	Tablet

BURN THERAPY (TOPICAL)

Silver Sulfadiazine	Silvadene	Cream
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CALCIUM CHANNEL BLOCKER

Amlodipine	Norvasc	Tablet
Diltiazem	Cardizem	Tablet
Diltiazem Extended Release	Cardizem CD	Capsule
Nifedipine Sustained Release	Adalat CC	Tablet
Verapamil	Calan	Tablet
Verapamil SR	Calan SR	Tablet
Nisoldipine	Sular	Tablet

CARDIAC GLYCOSIDES

Digoxin	Lanoxin	Tablet
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CHELATORS

Succimer **Chemet** Capsule

CHOLINERGICS (URINARY)

Bethanechol Urecholine Tablet

CHOLINESTERASE INHIBITORS-ORAL (ALZHEIMERS)

Rivastigmine*	Exelon*	Capsule	*Prior Authorization required
Donepezil*	Aricept*	Tablet	*Prior Authorization required
Tacrine*	Cognex*	Capsule	*Prior Authorization required
Galantamine*	Reminyl*	Tablet	*Prior Authorization required
Memantine*	Namenda*	Tablet	*Prior Authorization required

CHOLINESTERASE INHIBITORS-ORAL (MYASTHENIA GRAVIS)

Neostigmine	Prostigmin	Tablet
Pyridostigmine	Mestinon	Tablet

CNS STIMULANTS

Dexmethylphenidate Extended Release	Focalin XR	Tablet
Dextroamphetamine	Dextrostat	Tablet
Methylphenidate	Ritalin	Tablet
Methylphenidate Controlled Release	Concerta	Tablet
Methylphenidate Sustained Release	Ritalin SR	Tablet
Mixed Amphetamines	Adderall	Tablet
Mixed Amphetamines Extended Release	Adderall XR	Capsule

CONTRACEPTIVE, INJECTABLES

Medroxyprogesterone Depo-Provera Injection

CONTRACEPTIVES, ORAL

Ethinyl Estradiol/ Norgestrel	Ovral	Tablet
Ethinyl Estradiol 50mcg/Ethinodiol	Demulen 1/50, Zovia 1/50	Tablet
Ethinyl Estradiol 35 mcg/ Ethynodiol	Demulen 1/35, Zovia 1/35	Tablet
Ethinyl Estradiol 30 mcg/Norgestrel	LoOvral, Low-Ogestrol	Tablet
Ethinyl Estradiol 30mcg/ Desogestrel	Desogen, Ortho-Cept	Tablet
Ethinyl Estradiol 35mcg/Norethindrone 1	Nolova 1/35	Tablet
Ethinyl Estradiol 30 mcg/Norethindrone 1.5	Loestrin 1.5/30	Tablet
Ethinyl Estradiol 30mcg/Norethindrone 1mg	Loestrin 1/20	Tablet
Ethinyl Estradiol 20 mcg/Levonorgestrel 0.1	Alesse	Tablet
Ethinyl Estradiol 35 mcg/ Norethindrone	Modicon	Tablet
Ethinyl Estradiol 35 mcg/ Norgestrel 0.25	Mononessa, Ortho-Cyclen	Tablet

CONTRACEPTIVES, ORAL – continued

Ethinyl Estradiol 50mcg/Mestranol 1mcg	Ortho-Novum 1/50, Necon	Tablet
Ethinyl Estradiol 35mcg/Mestranol 1mg	Ortho-Novum 1/35, Necon 1/35	Tablet
Ethinyl Estradiol 30 mcg/ Drospirenone 3	Yasmin	Tablet
Ethinyl Estradiol 30mcg/ Levonorgestrel	Levora	Tablet
Ethinyl Estradiol 20mcg/90mcg Levonorgestrel	Lybrel	Tablet
Ethinyl Estradiol/Desogestrel/Ethinyl	Cyclessa	Tablet
Ethinyl Estradiol/Norethindrone/Ethinyl Est	Estrostep FE	Tablet
Ethinyl Estradiol 35/Norethindrone0.75/Ethinyl Estradiol	Ortho-Novum 777, Necon 777	Tablet
Ethinyl Estradiol 35/ Nogestimate 0.18	Ortho Tr-Cyclen/Trinessa	Tablet

Ethinyl Estradiol 35/ Norethindrone 0.5	Tri-Norinyl	Tablet
Norethindrone 0.35	Ortho-Micronor	Tablet

BIPHASIC MEDICATIONS

Ethinyl Estradiol 10, 20mcg/ Desogestrel	Mircette	Tablet
Ethinyl Estradiol/Norethindrone.05, 1mcg	Ortho-Novum/Necon 10/11	Tablet

TRIPHASIC MEDICATIONS

Ethinyl Estradiol 30,40mcg/Levonorgestrel .05,.075,.125	Triphasil, Trivora	Tablet
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OTHER CONTRACEPTIVE DELIVERY

Ethinyl Estradiol/Norelgestromin Patch	Ortho-Evra	Patch
Ethinyl Estradiol 15/Etonogestrel .12	NuvaRing	Ring

CORTICOSTEROIDS (INHALED)

Triamcinolone	Azmacort	Inhaler
Budesonide	Pulmicort	Inhaler, Respules
Beclomethasone	QVAR	Inhaler
Fluticasone*	Flovent HFA*, Flovent Diskus*	Inhaler
Mometasone	Asmanex	Inhaler

*Flovent 220mcg requires
Prior authorization

CORTICOSTEROIDS (ORAL)

Cortisone	Cortone	Tablet
Dexamethasone	Decadron	Tablet, Solution
Fludrocortisone	Florinef	Tablet
Hydrocortisone	Hydrocortisone	Tablet
Methylprednisolone	Medrol	Tablet
Prednisolone	Orapred	Syrup
Prednisone	Orasone	Tablet, Solution

CORTICOSTEROIDS (TOPICAL)

Group I (Very High Potency)

Augmented Betamethasone Dipropionate	Diprolene	Ointment
Clobetasol 0.05%	Temovate	Cream, Ointment

Group II (High Potency)

Amcinonide 0.1%	Cyclocort	Cream
Betamethasone Dipropionate 0.05%	Diprosone	Cream, Ointment
Betamethasone Valerate 0.1%	Valisone	Ointment
Desoximetasone 0.25%	Topicort	Cream, Ointment
Desoximetasone 0.05%	Topicort	Gel
Diflorasone Diacetate 0.05%	Psorcon	Cream, Ointment
Fluocinolone 0.2%	Synalar	Cream
Fluocinolone 0.05%	Lidex	Ointment, Cream, Gel
Triamcinolone Acetonide 0.5%	Kenalog	Cream, Ointment

Group III (Medium Potency)

Betamethasone Dipropionate 0.05%	Diprosone	Lotion
Betamethasone Valerate 0.1%	Valisone	Cream
Desoximetasone 0.05%	Topical LP	Cream
Fluocinolone Acetonide 0.025	Synalar	Ointment, Cream
Hydrocortisone Valerate 0.2%	Westcort	Cream, Ointment
Mometasone 0.1%	Elocon	Ointment
Triamcinolone Acetonide 0.025	Kenalog	Ointment, Cream, Lotion
Triamcinolone Acetonide 0.1%	Kenalog	Ointment, Cream, Lotion

Group IV (Low Potency)

Desonide 0.05%	DesOwen	Cream
Fluocinolone Acetonide 0.01%	Synalar	Cream, Solution
Hydrocortisone	Hytone	Cream, Ointment, Lotion

COUGH/COLD MEDICATIONS

Benzonatate	Tessalon	Capsule
Brompheniramine/Pseudoephedrine/	Bromphed PD	Capsule

Dextromethorphan

Brompheniramine/Pseudoephedrine/	Bromatane DX	Syrup
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Dextromethorphan

Chlorpheniramine/Phenylephrine	Rynatan	Syrup
Dextromethorphan*	Benlyn*	Syrup
Guaifenesin	Robitussin	Syrup
Guaifenesin/Codeine	Robitussin AC	Syrup
Guaifenesin/Dextromethorphan	Mucinex DM, Robitussin DM	Tablet, Syrup
Guaifenesin Extended Release	Mucinex	Tablet
Guaifenesin/Pseudoephedrine	Robitussin PE, Mucinex D	Syrup, Tablet

Guaifenesin/Pseudoephedrine/Dextromethorphan*

Robitussin CF*	Syrup
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*OTC refer to member benefit plan

*OTC refer to member benefit plan

COUGH/COLD MEDICATIONS- continued

Hydrocodone/Homatropine	Hycodan	Syrup, Tablet
Potassium Iodide	SSKI	Solution
Promethazine/Codeine	Phenergan/Codeine	Syrup
Promethazine/Phenylephrine	Phenergan VC	Syrup
Promethazine/Phenylephrine/Codeine	Phenergan VC/Codeine	Syrup
Pseudoephedrine/Brompheniramine	Cardec	Syrup, Tablet
Pseudoephedrine/Brompheniramine/Dextromethorphan	Cardec DM	Syrup
Pseudoephedrine/Carbinoxamine	Cardec Drops	Drops
Pseudoephedrine/Carbinoxamine/Dextromethorphan	Cardec DM Drops	Drops
Pseudoephedrine/Chlorpheniramine	Deconamine Deconamine SR	Tablet, Capsule
Pseudoephedrine/Hydrocodone	HC Tussive-D	Syrup

DECONGESTANTS (ORAL)

Pseudoephedrine*	Sudafed*	Tablet, Solution	*OTC refer to member benefit plan
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DIABETIC ULCER TREATMENT

Becaplermin*	Regranex*	Gel	*Prior Authorization Required
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DIURETICS

Amiloride	Midamor	Tablet
Amiloride/ Hydrochlorothiazide	Moduretic	Tablet
Bumetanide	Bumex	Tablet
Chlorothiazide	Diuril	Tablet, Suspension
Chlorthalidone	Hydroton	Tablet
Furosemide	Lasix	Tablet, Solution
Hydrochlorothiazide	Oretic	Tablet, Solution
Indapamide	Lozol	Tablet
Methyclothiazide	Enduron	Tablet
Metolazone	Zaroxolyn	Tablet
Spirolactone	Aldactone	Tablet
Spirolactone/Hydrochlorothiazide	Aldactazide	Tablet
Torsemide	Demadex	Tablet
Triamterene	Dyrenium	Capsule
Triamterene/ Hydrochlorothiazide	Maxide, Dyazide	Tablet, Capsule

ELECTROLYTES

Magnesium Oxide	Mag Ox	Tablet	
Potassium Chloride	K-Dur	Tablets, Capsules, Solution	
Potassium Gluconate	Kaon	Solution	
Oral Electrolyte Solution*	Pedialyte*	Solution	*OTC refer to member benefit plan
Calcium Carbonate/ Vitamin D*	Oscal + D*	Tablet	*OTC refer to member benefit plan
Magnesium Chloride*	Slow Mag*	Tablet	*OTC refer to member benefit plan
Calcium Carbonate*	Tums*	Tablet, Suspension	*OTC refer to member benefit plan
Sodium/Potassium Phosphates	Neutra-Phos	Packet	

ELECTROLYTE DEPLETERS

Calcium Acetate	Phoslo	Tablet
Sodium Polystyrene	Kayexalate	Suspension

ESTROGENS- FEMALE PATIENTS ONLY

Conjugated Estrogens	Premarin	Tablet
Esterified Estrogens	Estratab	Tablet
Estradiol	Estrace	Tablet
Estradiol Transdermal	Climara	Patch
Estrogen Vaginal	Premarin	Cream
Estropipate	Ortho-Est	Tablet

ESTROGEN/PROGESTIN COMBINATIONS- FEMALE PATIENTS ONLY

Conjugated Estrogens/Medroxyprogesterone	Prempro, Premphase	Tablet
Ethinyl Estradiol 5mcg/Norethindrone	Fem HRT	Tablet

GALLSTONE SOLUBILIZERS

Ursodiol	Actigall	Capsule
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GI MEDICATIONS, MISCELLANEOUS

Balsalazide	Colazal	Capsule
Mesalamine	Asacol, Pentasa, Canasa	Capsules, Suppository
Misoprostol	Cytotec	Tablet
Olsalazine	Dipentum	Tablet
Sucralfate	Carafate	Tablet, Suspension
Sulfasalazine	Azulfidine	Tablet

GI STIMULANTS

Metoclopramide	Reglan	Tablet, Solution
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GLUCOSE ELEVATORS

Glucagon	Glucagon	Syringe
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GOUT MEDICATIONS

Allopurinol	Zyloprim	Tablet
Colchicine	Colchicine	Tablet
Sulfinpyrazone	Anturane	Tablet, Capsule
Probenecid	Probenecid	Tablet

H2 RECEPTOR ANTAGONISTS (Prescription Products Only)

Nizatidine	Axid	Capsule
Ranitidine	Zantac	Tablet, Solution
Cimetidine	Tagamet	Tablet
Famotidine	Pepcid*	Tablet, Solution

HEMORRHOLOGIC AGENTS

Pentoxifylline	Trental	Tablet
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HEMOSTATICS

Aminocaproic Acid Amicar Tablet

HIV/AIDS THERAPY (NNRTI's & NRT)

Abacavir	Ziagen	Tablet, Solution
Abacavir/Lamivudine/Zidovudine	Trizivir	Tablet
Delavirdine	Rescriptor	Tablet
Didanosine (DDI)	Videx, Videx EC	Tablet, Powder, Capsule
Efavirenz	Sustiva	Capsule
Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate	Atripla	Tablet
Emtricitabine/Tenofovir	Truvada	Tablet
Lamivudine (3TC)	Epivir	Tablet, Solution
Lamivudine/Zidovudine	Combivir	Tablet
Nevirapine	Viramune	Tablet
Stavudine (D4T)	Zerit	Capsule, Powder
Tenofovir	Viread	Tablet
Zalcitabine (DDC)	Hivid	Tablet
Zidovudine (AZT)	Retrovir	Capsule, Tablet, Syrup

HYPOGLYCEMIC (ORAL)

Glimepiride	Amaryl	Tablet	
Glipizide	Glucotrol	Tablet	
Glipizide Extended Release	Glucotrol XL	Tablet	
Acarbose	Precose	Tablet	
Glyburide	Micronase	Tablet	
Glyburide/Metformin	Glucovance	Tablet	
Glyburide Micronized	Glynase	Tablet	
Metformin	Glucophage, Fortamet	Tablet	
Nateglinide*	Starlix*	Tablet	*Step Therapy: concurrent use of metformin
Pioglitazone*	Actos*	Tablet	*Step Therapy: prior use of glyburide or glipizide, metformin, or insulin.
Pioglitazone/Glimepiride*	Duetact*	Tablet	*Step Therapy: prior use of glyburide or glipizide, metformin, or insulin.
Pioglitazone/Metformin*	ActoPlus Met*	Tablet	*Step Therapy: prior use of glyburide or glipizide, metformin, or insulin.
Rosiglitazone*	Avandia*	Tablet	*Step Therapy: prior use glyburide or glipizide, metformin, or insulin. Limit 1 tab/day
Rosiglitazone/Glimepiride	Avandaryl*	Tablet	* Step Therapy prior use glyburide or glipizide, metformin, or insulin. Limit 1 tab/day
Rosiglitazone/Metformin	Avandamet*		*Step Therapy prior use glyburide or glipizid metformin, or insulin. Limit 1 tab/day.

IMMUNOSUPPRESSIVES

Azathioprine	Imuran	Tablet
Cyclosporine	Neoral/Sandimmune	Capsule
Mycophenolate	Cellcept	Capsule
Tacrolimus	Prograf	Capsule

INSULINS

Beef, Pork Insulin	Iletin	Vial
Human Insulin	Humulin, Humalog	Vial
Insulin, Glargine	Lantus	Vial, Cartridge
Insulin, Detemir	Levemir	Vial

INTRANASAL ANTIHISTAMINES

Azelastine	Astelin	Spray
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INTRANASAL MAST CELL STABILIZERS

Cromolyn Nasal	Nasalcrom	Spray
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INTRANASAL STEROIDS

Mometasone	Nasonex	Spray
Triamcinolone	Nasacort, Nasacort AQ	Spray
Fluticasone Nasal	Flonase	Spray
Budesonide	Rhinocort, Rhinocort Aqua	Spray

LAXATIVES

Lubiprostone	Amitiza	Capsule	
Senna*	Senokot*	Tablet, Granules	*OTC refer to member benefit plan
Lactulose	Cephulac	Syrup	
Magnesium Hydroxide*	MOM*	Suspension	*OTC refer to member benefit plan
Magnesium Citrate*	Mag Citrate*	Solution	*OTC refer to member benefit plan
Methylcellulose*	Citrucel*	Powder	*OTC refer to member benefit plan
Polyethylene Glycol	Miralax, Miralax OTC	Powder	
Dibasic/Monophasic NaPhosphate*	Fleet Enema*	Enema	*OTC refer to member benefit plan
Bisacodyl*	Dulcolax*	Tablet, Suppository	*OTC refer to member benefit plan
Psyllium*	Metamucil*	Powder	*OTC refer to member benefit plan
Mineral Oil*	Mineral Oil*	Liquid, Emulsion	*OTC refer to member benefit plan
Docusate Sodium*	Colace*	Capsule, Syrup	*OTC refer to member benefit plan
Glycerin*	Glycerin*	Suppository	*OTC refer to member benefit plan
Docusate Calcium*	Surfak*	Capsule	*OTC refer to member benefit plan
Docusate/Casanthranol *	Pericolace*	Capsule	*OTC refer to member benefit plan

LEUKOTRIENE RECEPTOR ANTAGONISTS

Montelukast*	Singulair*	Tablet	*Diagnosis Required
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MAST CELL STABILIZERS (INHALED)

Cromolyn Sodium Inhaler	Intal	Inhaler
Cromolyn Sodium Solution	Intal	Solution

MIGRAINE AND CLUSTER HEADACHE THERAPY

Eletriptan*	Relpax*	Tablet	*Quantity Limit 6/20mg, 6/40mg per 25 days.
Ergotamine/ Caffeine	Cafergot	Tablet	
Dihydroergotamine Mesylate*	Migranal*	Nasal Spray	*Quantity limit: one kit (4 doses) per 25 days.
Zolmitriptan	Zomig, Zomig ZMT*	Tablet/ Nasal Spray	*Quantity limit: 25mg (6 tabs/25 Days; 5mg (6 tabs/25 days) Nasal Spray (6 units/25 days)
Sumatriptan*	Imitrex*	Tablet, Nasal Spray, Injection	*Quantity Limit per month: 9/100mg, 9/50mg, 9/25mg, 6/nasal spray, 6/injections (3 kits)

MUCOLYTICS

Acetylcysteine	Mucomyst	Solution	
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MUSCLE RELAXANTS

Baclofen	Liorsesal	Tablet	
Carisoprodol	Soma	Tablet	
Chlorzoxazone	Parafon Forte	Tablet	
Cyclobenzaprine*	Flexeril*	Tablet	*Generic 10 mg preferred
Methocarbamol	Robaxin	Tablet	
Tizanidine	Zanaflex	Tablet	

NARCOTIC ANTAGONISTS

Naltrexone*	ReVia*	Tablet	*Prior Authorization Required
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NITRATES

Isosorbide Dinitrate	Isordil	Tablet	
Isosorbide Dinitrate Sustained Release	Isordil SA	Tablet	
Isosorbide Mononitrate	Imdur, Monoket	Tablet	
Nitroglycerin Ointment	Nitrol	Ointment	
Nitroglycerin Oral	Nitrobid	Capsule	
Nitroglycerin SL	Nitroquick	Tablet	
Transdermal Nitroglycerin	Nitrek	Patch	

OPHTHALMIC ALPHA-2 ADRENERGIC AGONISTS

Brimonidine	Alphagan	Drop	
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OPHTHALMIC ANTIBIOTICS

Bacitracin	Bacitracin	Ointment	
Erythromycin	Ilotycin	Ointment	
Gatifloxacin*	Zymar*	Drops	*Prior Authorization Required
Neomycin/Polymyxin, Gramicidin	Neosporin	Drop, Ointment	
Gentamicin	Garamycin	Drop, Ointment	
Polymyxin/Trimethoprim	Polytrim	Drop	
Ofloxacin	Ocuflox	Drop	
Tobramycin	Tobrex	Drop, Ointment	
Sulfacetamide	Bleph 10	Drop, Ointment	

OPHTHALMIC ANTIHISTAMINES

Ketotifen	Zaditor OTC, Alaway	Drop	
Olopatadine	Patanol, Pataday	Drop	*Step Therapy: prior use of Zaditor OTC or Alaway

OPHTHALMIC ANTIVIRALS

Vidarabine	Vira-A	Ointment	
Trifluridine	Viroptic	Drop	

OPHTHALMIC BETA BLOCKERS

Carteolol	Ocupress	Drop	
Levobunolol	Betagen	Drop	
Timolol	Timoptic, Timoptic XE	Drop, Gel	

OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS

Brinzolamide	Azopt	Drop	
Dorzolamide Hydrochloride	Trusopt	Drop	

OPHTHALMIC CHOLINESTERASE INHIBITORS

Demerarium	Humorsol	Drop	
Echothiophate Iodide	Phospholine Iodide	Drop	
Physostigmine	Physostigmine	Ointment	

OPHTHALMIC MAST CELL STABILIZER

Cromolyn Sodium	Opticrom	Drop	
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OPHTHALMIC MIOTICS

ALPHA-2ADRENERGIC AGONISTS:

Brimonidine	Alphagan	Drop	
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OPHTHALMIC MIOTICS

Carbachol	Isopto Carbachol	Drop	
Pilocarpine	Pilocar, Pilopine HS	Drop, Gel	

OPHTHALMIC MYDRIATICS

Dipivefrin	Propine	Drop	
Epinephrine	Epifrin	Drop	

OPHTHALMIC NON-STEROIDALS

Flurbiprofen	Ocufen	Drops	
Ketorolac	Acular	Drops	
Cyclosporin*	Restasis*	Drops	*Prior Authorization Required

OPHTHALMIC PROSTAGLANDINS AGONISTS:

Bimatoprost	Lumigan	Drop	
Latanoprost	Xalatan	Drop	

OPHTHALMIC SYMPATHOMIMETICS:

Apraclonidine	Iopidine	Drop	
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OPHTHALMIC STEROID/ANTIBIOTIC COMBINATIONS

Dexamethasone/Neomycin	Neo-Decadron	Drop
Neomycin/Polymyxin/Dexamethasone	Maxitrol	Drop, Ointment
Bacitracin/Neomycin/Polymyxin/HC	Cortisporin	Drop, Ointment
Tobramycin/Dexamethasone	Tobradex	Drop, Ointment
Sulfacetamide 10%/ Prednisolone 0.25%	Vasocidin	Drop

OPHTHALMIC STEROIDS

Dexamethasone	Decadron	Drop, Ointment
Fluorometholone	FML, FML Forte , FML SOP	Drop, Ointment
Prednisolone	Pred Forte, Pred Mild	Drop

OPHTHALMIC VASOCONSTRICTOR DECONGESTANTS

Phenylephrine	Neo-Synephrine	Drop
Naphazoline	Albalon	Drop

ORAL, MISCELLANEOUS

Chlorhexidine	Peridex	Liquid
Sodium Fluoride	Prevident	Gel, Solution
Lidocaine Viscous	Lidocaine Viscous	Liquid

OTIC ANTIBIOTICS

Acetic Acid	Vosol	Drop
Acetic Acid/ Aluminum Acetate	Domeboro Otic	Drop
Ofloxacin	Floxin Otic	Drop

OTIC, MISCELLANEOUS

Antipyrine/Benzocaine	Auralagan	Drop
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OTIC, STEROID/ANTIBIOTIC COMBINATIONS

Acetic Acid/Hydrocortisone	Vosol HC	Drop
Neomycin/Polymyxin/Hydrocortisone	Cortisporin	Drop
Neomycin/Colistin/Hydrocortisone	Coly-Mycin S	Drop

OXYTOCICS

Methylergonavine	Methergine	Tablet
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PANCREATIC ENZYMES

Amylase/Lipase/Protease	Lipram, Viokase, Ultrase	Capsule, Tablet
Pancreaslipase	Creon	Capsule

PHEOCHROMOCYTOMA MEDICATIONS

Metyrosine	Demser	Capsule
Phenoxybenzamine	Dibenzyline	Capsule

PROGESTINS

Medroxyprogesterone	Provera	Tablet
Megestrol	Megace	Tablet, Suspension
Norethindrone	Aygestin	Tablet

PROGESTINS - continued

Progesterone, micronized **Prometrium** capsule

PROTEASE INHIBITORS

Amprenavir	Agenerase	Capsule, Solution
Indinavir	Crixivan	Capsule
Nelfinavir	Viracept	Tablet, Powder
Ritonavir	Norvir	Capsule, Solution
Ritonavir/Lopinavir	Kaletra	Capsule, Solution
Saquinavir	Invirase, Fortovase	Capsule

PROTON PUMP INHIBITORS

Lansoprazole*	Prevacid*	Solutabs	Covered < 6 years old no step therapy requirement > 6years old step therapy required. *Step Therapy: Prior use Of Prilosec OTC, omeprazole RX, or Protonix within last 30 days. Quantity limit 1 cap/day. Max length of therapy 90 days. Solutabs only.
Pantoprazole*	Protonix*	Capsule	*Step Therapy: Prior use of Prilosec OTC, Omeprazole Rx, or Prevacid Solutabs within last 30 days. Quantity limit 1 cap/day. Max length of therapy 90 days
Omeprazole	Prilosec OTC	Tablet	

PSYCHOTHERAPEUTIC (MISCELLANEOUS)

Atomoxetine* **Strattera*** Capsule *Prior Authorization Required

SCABICIDES/PEDICULICIDES

Crotamiton	Eurax	Cream, Lotion	
Lindane	Kwell	Lotion	
Permethrin 1%	Nix*	Lotion	*OTC refer to member benefit plan
Permethrin 5%	Elimite	Cream	

SEDATIVES HYPNOTICS

Meprobamate	Equanil	Tablet	
Triazolam	Halcion	Tablet	
Estazolam	Prosom	Tablet	
Ramelteon*	Rozerem*	Tablet	Step Therapy: Prior use of formulary agents.
Temazepam	Restoril	Capsule	
Zolpidem Tartrate	Ambien	Tablet	

SMOKING CESSATION

Bupropion	Zyban	Tablet
Nicotine Gum	Nicorette	Gum
Nicotine Inhaler	Nicotrol Inhaler	Inhaler
Nicotine Patch	Nicoderm CQ	Transdermal Patch
Varenicline	Chantix	Tablet

THYROID HORMONES

Levothyroxine	Synthroid	Tablet
Liothyronine	Cytomel	Tablet

TOPICAL ENZYMES (DEBRIDING MEDICATIONS)

Papain/Urea	Kovia	Ointment
Trypsin	Granulex	Spray

TOPICALS, MISCELLANEOUS

Imiquimad*	Aldara*	Cream	*Step Therapy, prior Podofilox therapy.
Pimecrolimus	Elidel*	Cream	*Prior Authorization Required
Tacrolimus*	Protopic*	Ointment	*Prior Authorization Required

VAGINAL ANTI-INFECTIVES

Fluconazole	Diflucan*	Tablet	*Limit: 150mg 2 tabs /25 days
Metronidazole	MetroGel 0.75% vaginal	Gel	
Nystatin	Mycostatin	Tablet	
Clindamycin phosphate*	Cleocin 2% vaginal*	Cream	*Prior Authorization Required
Clotrimazole*	Gyne-Lotrimin*	Suppository, Cream	*OTC refer to member benefit plan
Miconazole*	Monistat*	Suppository, Cream	*OTC refer to member benefit plan
Tioconazole*	Vagistat*	Ointment	*OTC refer to member benefit plan
Triple Sulfa Vaginal	Sultrin	Cream	

VASODILATORS

Hydralazine	Apresoline	Tablet
Minoxidil	Loniten	Tablet

XANTHINES

Aminophylline	Aminophylline	Tablet, Liquid
Theophylline	Uniphyll, Theodur	Liquid, Capsule,