

2011 Drug Formulary



PARTNERS RX

We're in this business together.

The Formulary

The Drug formulary is a list of medications covered by Capstone Health Systems. It is intended for use by the health plan, providers, members, and pharmacies.

The **generic form of a listed medication is REQUIRED**. If a drug becomes generic, even though is it not listed, the generic version must be dispensed unless otherwise indicated.

Note: You may search for a medication or category within our online formulary look up tool by clicking on [capstone formulary](#) or within an online version of this document at www.nazcap.com

Prior Authorization

- Medications requiring prior authorization are indicated as **PA**
- **Medications not listed on the drug formulary require prior authorization.**
- Prior authorization requests are evaluated based on clinical criteria set by the Partners RX National P&T (pharmacy and therapeutics) committee. The Capstone Prior Authorization Criteria can be found online at www.nazcap.com/providers.
- Prior authorizations may not be approved if requested information is not provided by the prescribing physician, if there is a lack of formulary drug trial, if dosing is outside the safety regulations set by the FDA, or if the member is given samples by the physician.
- Prior Authorization Forms must be filled out and signed by the physician and can be found online at www.nazcap.com/providers.

NOTE: The drug formulary is subject to change.

- Step Therapy (ST) restrictions require the use of certain drugs before the approval of the designated 'step drug'. This is done automatically by the pharmacy claims processing system. If the required first line drug(s) is (are) not found in the most recent 180 days of pharmacy claims when the 'step drug' is processing at the pharmacy, the prescription will reject and the 'step drug' will need prior authorization before use.

Exclusions

The following are **NOT** covered under the Capstone Health Systems prescription benefit:

1. Medications not approved by the U.S. Food and Drug Administration (FDA) for the condition, dose, route and frequency of the prescribed indication
2. Naturopathic, homeopathic substances or services
3. Drugs for weight loss
4. Fluoride preps for dental purposes
5. Hair growth
6. Sexual dysfunction/Impotence
7. Experimental or investigational drugs
8. Vaccinations, immunizations, inoculations or preventative injections
Contact Capstone medical benefit for coverage options
9. Wound care. *Contact Capstone medical benefit for coverage options*
10. Foods, nutritional supplements, medical foods. *Contact Capstone medical benefit for coverage options*
11. Inpatient medications or medications administered in the physician's office
Contact Capstone medical benefit for coverage options
12. Fertility/Infertility. *Contact CAP medical benefit for coverage options*

Limits/Restrictions

This section indicates any limits or restrictions for the medication listed. Limits may include:

1. Quantity Limits
2. Dosage Form Limits
3. Strength Limits
4. Step Therapy Requirements
5. Suggested Safety Monitoring

Contact Information

Partners RX Prior Auth Line: 1-800-711-4550
Partners RX Prior Auth **Fax** Line: 1-800-527-0531
Partners RX hours of operation: 6am to 6pm PST Monday-Friday

NOTE: Submitting patient information via email may be in violation of HIPAA

Key

Category: Lists the major category and sub-category of the medication

Drug Name: Lists the generic or chemical name *only* and *not if it is available in a generic version*.

Brand Name: Lists the Brand Name of the medication. *The Brand Name may be used as a reference; not all brand names may be listed*

BRAND/Generic Indicator:

G: Generic Available

B: Brand Name (generic not available)

Prior Authorization Indicator: PA. Drug requires Prior authorization before use.

Mail Order Indicator: M. Drug available through Mail Order Service

Step Therapy Indicator: ST. Drug subject to Step Therapy requirements.

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DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
Blood Modifiers						
Anticoagulants						
Aspirin	ASPIRIN	G				OTC
dipyridamole	PERSANTINE	G		M		
enoxaparin INJ	LOVENOX	B				Limited to 14 days
warfarin	COUMADIN	G		M		
Miscellaneous						
cyanocobalamin INJ	VITAMIN B-12	G				
erythropoetin INJ	EPOGEN / PROCRIT	B	PA			
filgrastim INJ	NEUPOGEN	B	PA			
pentoxifylline	TRENTAL	G		M		
phytonadione	MEPHYTON	B				
Platelet Aggregation Inhibitors						
cilostazol	PLETAL	G		M		
clopidogrel	PLAVIX	B		M		300mg QL= 3 tablets
Cardiovascular Agents						
Antiarrhythmics						
amiodarone	CORDARONE	G		M		200mg & 400mg only
digoxin	DIGITEK	G		M		Tablets only
digoxin	LANOXIN	B		M		Tablets only
disopyramide	NORPACE	G		M		100mg & 150mg not CR
flecainide		G		M		Tablets: 50 & 150mg
mexiletine	MEXITIL	G		M		
morizine	ETHMOZINE	B		M		
propafenone	RYTHMOL	G		M		150mg, 225mg, 300mg
quinidine gluconate		G		M		
quinidine sulfate		G		M		
quinidine sulfate CR	QUINIDEX	G		M		
Sotalol	BETAPACE	G		M		
Antihypertensives						
acebutolol	SECTRAL	G		M		
amiloride	MIDAMOR	G		M		
amiloride/HCTZ	MODURETIC	G		M		
amlodipine	NORVASC	G		M		
amlodipne/ benazepril	LOTREL	G		M		Strengths: 2.5/10mg, 5/10mg, 5/20mg & 10/20mg only
atenolol	TENORMIN	G		M		
atenolol & chlorthaldone	TENORETIC	G		M		
benazepril	LOTENSIN	G		M		
benazepril/ hctz	LOTENSIN HCT	G		M		
bisoprolol	ZEBETA	G		M		
bisoprolol /hctz	ZIAC	G		M		
bumetanide	BUMEX	G		M		
captopril	CAPOTEN	G		M		
captopril/hctz	CAPOZIDE	G		M		
carvedilol	COREG	G		M		COREG CR not covered
chlorthalidone	HYGROTON	G		M		
chlorothiazide	DIURIL	B				Oral suspension

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA		Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
clonidine	CATAPRESS	G			M		Tablets and patches only
diltiazem	CARDIZEM	G			M		
diltiazem capsule 12H	DILTIAZEM ER	G			M		Strengths: 60mg,90mg & 120mg
diltiazem capsule SR 24HR	DILT-XR	G			M		Strengths: 180mg & 240mg
diltiazem coated beads SR 24HR	CARTIA XT	G			M		Strengths:120mg, 180mg, 240mg & 300mg
diltiazem ER beads 24HR	DILTZAC	G			M		Strengths: 120mg, 180mg, 240mg, 300mg, 360mg, 420mg
doxazosin	CARDURA	G			M		
enalapril	VASOTEC	G			M		
enalapril/hctz	VASORETIC	G			M		
eplerenone	INSPIRA	G			M		
felodipine	PLENDIL	G			M		
fosinopril	MONOPRIL	G			M		
fosinopril/hctz	MONOPRIL- HCT	G			M		
furosemide	LASIX	G			M		Tablets and oral solution
guanfacine	TENEX	G			M		
HCTZ: hydrochlorothiazide		G			M		Capsules and tablets
indapamide	LOZOL	G			M		
irbesartan	AVAPRO	B			M	ST	150mg QL= 60 per 30days, 300mg= 30 per 30days, 75mg QL= 90 per 30 days.
irbesartan/HCTZ	AVALIDE	B			M	ST	QL 150mg= 60/30days, 300 mg= 30 per 30days, similar to AVAPRO.
labetalol	TRANDATE	G			M		
lisinopril	ZESTRIL	G			M		
lisinopril/HCTZ	ZESTORETIC	G			M		
losartan	COZAAR	G			M		QL 100mg= 30 per 30days, 25mg & 50mg= 60 per 30 days.
losartan/HCTZ	HYZAAR	G			M		QL 100mg= 30 per 30days, 50mg = 60 per 30 days
methyl dopa	ALDOMET	G			M		
metolazone	ZAROXOLYN	G			M		
metoprolol	LOPRESSOR	G			M		
metoprolol SR	TOPROL	G			M		
metoprolol/hctz		G			M		
nadolol	CORGARD	G			M		
nifedipine 24HR	NIFEDICAL XL	G			M		
nifedipine SR 24HR	NIFEDIAC CC	G			M		
pindolol	VISKEN	G			M		
prazosin	MINIPRESS	G			M		
propranolol	INDERAL	G			M		
propranolol SR	INNOPRAN XL, INDERAL LA	G			M		Strengths: 60mg, 80mg, 120mg & 160mg ER
quinapril	ACCUPRIL	G			M		

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
quinapril/hctz	ACCURETIC	G		M		
spironolactone	ALDACTONE	G		M		
spironolactone/HCTZ		G		M		
terazosin	HYTRIN	G		M		
toremide	DEMADEX	G		M		
trandolapril-verapamil	TARKA	G		M		
triamterene/hctz	DYAZIDE, MAXIDE	G		M		
triamterene/HCTZ	MAXIDE	G		M		
verapamil	CALAN	G		M		
verapamil SR 24HR	CALAN SR, ISOPTIN SR	G		M		
verapamil CR	VERELAN PM	G		M		
Antilipemics						
atorvastatin	LIPITOR	B		M		QL: 30 per 30 days
cholestyramine	QUESTRAN	G		M		
colestipol	COLESTID	G		M		
ezetimibe	ZETIA	B		M	ST	QL: 30 per 30 days. ST: Use Statin first
ezetimibe-simvastatin	VYTORIN	B		M	ST	QL: 30 per 30 days. ST: Use Statin first
fenofibrate	TRICOR	G		M		
fenofibrate micronized	LOFIBRA	G		M		
fluvastatin	LESCOL	B		M	ST	QL: 30 per 30 days. ST: Use generic statin first
gemfibrozil	LOPID	G		M		
lovastatin	MEVACOR	G		M		
omega 3 acid	LOVAZA	B		M		Capsules
niacin capsule CR	NIACIN	G				OTC. 400mg product
niacin tablet CR	NIASPAN	B		M		
niacin tablet CR OTC	SLO-NIACIN	G				OTC. 250mg product
pravastatin	PRAVACHOL	G		M		
rosuvastatin	CRESTOR	B		M		QL: 30 per 30 days
simvastatin	ZOCOR	G		M		
Miscellaneous						
midodrine	PROAMATINE	G				
Vasodilators						
hydralazine		G		M		
isosorbide dinitrate	ISORDIL	G		M		
isosorbide dnt ER	ISOCHRON	G		M		
isosorbide dnt SL	ISORDIL SL	G		M		
isosorbide mononitrate	ISMO	G		M		
isosorbide mononitrate ER	IMDUR	G		M		
minoxidil	LONITEN	G		M		
nitroglycerin patch	MINITRAN or NITRODUR	G		M		
nitroglycerin SL	NITROSTAT	B				

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
Chemotherapy ORAL						
Antineoplastics						
altretamine	HEXALEN	B	PA			
anastrozole	ARIMIDEX	B		M		
bexarotene	TARGRETIN	B				
chlorambucil	LEUKERAN	B				
cyclophosphamide	CYTOXAN	G				
dasatinib	SPRYCEL	B	PA			
erlotinib	TARCEVA	B	PA			
estramustine	EMCYT	B				
everolimus	AFINITOR	B	PA			
exemestane	AROMASIN	B		M		
gefitinib	IRESSA	B	PA			
hydroxyurea	DROXIA	B		M		
imatinib	GLEEVEC	B	PA			
lapatinib	TYKERB	B	PA			
leflunomide	ARAVA	G				Tablet
lenalidomide	REVLIMID	B	PA			
letrozole	FEMARA	B		M		
lomustine	CEENU	B				
mercaptopurine	PURINETHOL	G				
nilotinib	TASIGNA	B	PA			
procarbazine	MATULANE	B				
sorafenib	NEXAVAR	B	PA			
sunitinib	SUTENT	B	PA			
tamoxifen	NOLVADEX	G		M		
thalidomide	THALOMID	B	PA			
thioguanine	TABLOID	B				
tretinoin oral	VESANOID	G				
vorinostat	ZOLINZA	B	PA			
toremifene	FARESTON	B		M		
CNS Agents						
ADD/ADHD Agents						
amphetamine- dextroamphetamine	ADDERALL	G		M		QL: 30 per 30 days
amphetamine- dextroamphetamine SR 24HR	ADDERALL XL	G		M		QL: 60 per 30 days
atomoxetine	STRATTERA	B		M	ST	QL: 10mg, 18mg, 25mg, & 40mg = 60 per 30 days; 60mg, 80mg & 100mg = 30 per 30 days.
dextroamphetamine	DEXEDRINE	G		M		QL:10mg=180 per 30 days; 5mg= 60 per 30 days
dextroamphetamine SR 24HR	DEXEDRINE SPANSULES	G		M		QL: 10mg ER = 180 per 30 days; 15mg ER= 120 per 30days; 5mg ER 60 per 30days.
methylphenidate	RITALIN	G		M		QL = 90 per 30 days
methylphenidate LA 24HR	RITALIN LA	B		M		QLs are per 30 days 10mg & 30mg=60; 20mg=90; 40mg = 30
methylphenidate soln	METHYLIN soln	G		M		Oral solution
methylphenidate CR	METHYLIN ER	G		M		QL= 90 per 30 days

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
methylphenidate CR	METADATE CD	B		M		QL: 10mg & 30mg = 60 per 30 days; 20mg = 90 per 30days; 40mg, 50mg, & 60mg = 30 per 30 days.
methylphenidate SA	CONCERTA	B		M		QL= 30 per 30 days
methylphenidate TD	DAYTRANA	B		M		Patch
Alcohol Abuse Deterrant						
disulfiram	ANTABUSE	B		M		
naltrexone	REVIA	G				500mg tablets
Alzheimer's Agents						
donepezil	ARICEPT	G		M		5 & 10mg; Aricept 23mg not formulary
donepezil ODT	ARICEPT ODT	G		M		5 & 10mg ODT
galantamine	RAZADYNE	G		M		
galantamine SR	RAZADYNE ER	G		M		
galantamine oral solution	RAZADYNE	G				
memantine	NAMENDA	B	PA	M		PA:MMSE
memantine oral solution	NAMENDA	B	PA	M		PA:MMSE
rivastigmine	EXELON	G	PA	M		
rivastigmine oral solution	EXELON	B	PA	M		PA:MMSE
rivastigmine patch	EXELON patch	B	PA	M		PA:MMSE
Analgesics- NSAIDS						
celecoxib	CELEBREX	B		M	ST	ST: Use two NSAIDS and APAP first. QL:100mg = 90 per 30days, 50mg & 200mg 60 per 30 days;
diclofenac K	CATAFLAM	G		M		
diclofenac sodium DR	VOLTAREN	G		M		
diclofenac SR 24HR	VOLTAREN XR	G		M		
diflunisal	DOLOBID	G		M		
etodolac	LODINE	G		M		
etodolac ER	LODINE XL	G		M		
ibuprofen	IBUPROFEN	G		M		
indomethicin	INDOCIN	G		M		
indomethicin CR	INDOCIN ER	G		M		75mg
meloxicam	MOBIC	G		M		
nabumetone	RELAFEN	G		M		
naproxen	NAPROSYN	G		M		
oxaprozin	DAYPRO	G		M		
piroxicam	FELDENE	G		M		
salsalate	SALSALATE	G		M		Strength: 500mg
sulindac	CLINORIL	G		M		
Analgesics- Opioids						
acetaminophen/ codeine	Tylenol W/ CODEINE	G				
aspirin/codiene	EMPIRIN	G				
codeine	CODEINE	G				
fentanyl patch	DURAGESIC	G				Quantity Limit
hydrocodone/APAP	VICODIN, LORTAB	G				
hydrocodon/ibuprofen	VICOPROFEN	G				

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
hydromorphone	DILAUDID	G				
meperidine	MEPERIDINE HCL	G				
methadone	methadone	G				Tablets
morphine	MSIR	G				
morphine SR	MS CONTIN	G				
oxycodone	OXY IR	G				Tablets, concentrate, oral solution
oxycodone SR	OXYCONTIN	B			ST	ST: Must use MS ER first line or demonstrate morphine tolerance and/or intolerance. QL=4 per day
oxycodone/ aspirin	PERCODAN	G				
oxycodone/APAP	TYLOX, PERCOCET	G				
oxycodone/ibuprofen	COMBUNOX	G				
tramadol	ULTRAM	G				Strength: 50mg
tramadol/APAP	ULTRACET	G				
Antianxiety						
alprazolam	XANAX	G				Tablets only; not XL or ODT
bupirone	BUSPAR	G		M		
chlordiazepoxide	LIBRIUM	G				
lorazepam	ATIVAN	G				Tablets, concentrate, oral solution
oxazepam	SERAX	G				Capsules covered
Anticonvulsants						
carbamazepine	TEGRETOL	G		M		
carbamazepine ER	TEGRETOL XR	G		M		
carbamazepine SR 12HR	CARBATROL	B		M		Strengths: 100mg, 200mg & 300mg
carbamazepine tab SR 12HR	TEGRETOL XR	B		M		
clonazepam	KLONOPIN	G		M		
clonazepam ODT	KLONOPIN ODT	G		M		
diazepam	VALIUM	G				Tablets 7 oral solution
diazepam rectal gel	DIASTAT	B	PA			QL= 2 per 5 days
divalproex	DEPAKOTE	G		M		
divalproex sprinkle	DEPAKOTE SPRINKLE	G		M		
divalproex SR	DEPAKOTE ER	G		M		
ethosuximide	Zarontin	G		M		
felbamate	FELBATOL	B		M		Tablets and oral suspension
gabapentin	NEURONTIN	G		M		Tablets & NEURONTIN oral solution
lamotrigine	LAMICTAL STARTER	B		M		
lacosamide	VIMPAT	B	PA	M		Tablets & oral solution
lamotrigine	LAMICTAL	G		M		Chewable and oral tablets
levetiracetam	KEPRA	G		M		
oxcarbazepine	TRILEPTAL	G		M		Capsules, tablets & oral suspension
phenobarbital		G		M		Tablets and oral elixir
phenytoin	DILANTIN	G & B		M		Capsules, oral solution, & tablets

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
pregabalin	LYRICA	B	PA	M		PA. Tablets only
primidone	PRIMIDONE	G		M		
rufinamide	BANZEL	B	PA	M		Tablet. Refractory seizures
tiagabine	GABITRIL	B		M		Strength: 16mg
topiramate	TOPAMAX	G		M		Sprinkle or tablet
valproate syrup	DEPAKENE	G		M		
valproic acid		G		M		Capsules & syrup
zonisamide	ZONEGRAN	G		M		
Antidepressants						
amitriptyline	ELAVIL	G		M		
amoxapine		G		M		
bupropion	WELLBUTRIN	G		M		
bupropion XL	WELLBUTIN XL	G		M		
bupropion SR	WELLBUTRIN SR	G		M		
chlorodiazepoxide-amitriptyline		G		M		
citalopram	CELEXA	G		M		
clomipramine	ANAFRANIL	G		M		
desipramine	NORPRAMIN	G		M		
doxepin	SINEQUAN	G		M		
duloxetine	CYMBALTA	B	PA	M		
escitalopram	LEXAPRO	B		M		
flouxetine	PROZAC	G		M		
imipramine	TOFRANIL	G		M		
imipramine pamoate	TOFRANIL PM	G		M		
mirtazapine	REMERON	G		M		
mirtazapine ODT	REMERON ODT	G		M		
nortriptyline	PAMELOR	G		M		
paroxetine	PAXIL	G		M		
paroxetine SR	PAXIL CR	G		M		
perphenazine- amitriptyline		G		M		
phenelzine	NARDIL	B		M		
protriptyline	VIVACTIL	G		M		
sertraline	ZOLOFT	G		M		
tranylcypromine	PARNATE	G		M		
trazadone	DESYREL	G		M		
trimipramine	SURMONTIL	G		M		
venlafaxine	EFFEXOR	G		M		QL= 90 per 30 days
venlafaxine ER	EFFEXOR XR	G		M		Capsule only. QL 37.5mg & 75mg = 90 per 30 days; 150mg = 60 per 30 days
Antimigraine Agents						
APAP-caffeine- dihydrocodeine	PANLOR DC	G				
butalbital- APAP	BUPAP	G				
butalbital-ASA - caffeine	FORTABS, FIORINAL	G				
ergoloid mesylates		G		M		
ergotamine/caffeine	CAFERGOT	G				Rectal suppository

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth-PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
rizatriptan	MAXALT	B			ST	ST: Use generic sumatriptan first. QL 12 per 30 days
sumatriptan	IMITREX	G				QL: 9 per 30 days; kit also
sumatriptan INJ	IMITREX	G				QL 4 per 30 days
sumatriptan nasal spray	IMITREX	B				
sumatriptan nasal	SUMATRIPTAN	G				
zolmitriptan	ZOMIG	B			ST	ST: Use generic sumatriptan first. QL= 9 per 30 days
zolmitriptan nasal spray	ZOMIG	B			ST	ST: Use generic sumatriptan first. QL 6 per 30 days
zolmitriptan ODT	ZOMIG ZMT	B			ST	ST: Use generic sumatriptan first. QL 9 per 30 days
Antimyasthenic Agents						
pyridostigmine	MESTINON	G		M		
pyridostigmine CR	MESTINON TIMESPAN	B		M		
pyridostigmine syrup	MESTINON	B		M		
Antiparkinson Agents						
amantadine	SYMMETREL	G		M		Tablets and oral syrup
benztropine	COGENTIN	G		M		
carbidopa/levodopa	SINEMET	G		M		
carbidopa/levod CR	SINEMET CR	G		M		
carbidopa/levod ODT	SINEMET ODT	G		M		
carbidopa/levodopa/entacapone	STALEVO	B		M	ST	ST: Use carbidopa-levodopa first
entacapone	COMTAN	B		M		
pramipexole	MIRAPEX	G		M	ST	ST: Use ropinirole first
ropinirole	REQUIP	G		M		
selegiline	ELDEPRYL	G		M	ST	ST: Use generic carbidopa-levodopa first
trihexyphenidyl	ARTANE	G		M		
Antipsychotics	Covered on emergency basis if prescribed by primary care provider until member enrolled in behavioral health program*					
aripiprazole	ABILIFY	B				*Covered on emergency basis if prescribed by primary care
aripiprazole ODT	ABILIFY DISCMELT	B				*Covered on emergency basis if prescribed by primary care
chlorpromazine		G		M		
clozapine	CLOZARIL	G				*Covered on emergency basis if prescribed by primary care
fluphenazine	PROLIXIN	G		M		
haloperidol	HADOL	G		M		
loxapine	LOXITANE	G		M		
olanzapine	ZYPREXA	B				*Covered on emergency basis if prescribed by primary care
olanzapine ODT	ZYPREXA ZYDIS	B				*Covered on emergency basis if prescribed by primary care
paliperidone	INVEGA	B				*Covered on emergency basis if prescribed by primary care
perphenazine		G		M		

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
prochlorperazine	COMPAZINE	G				Injection, oral and rectal forms
quetiapine	SEROQUEL	B				*Covered on emergency basis if prescribed by primary care provider
quetiapine SR	SEROQUEL XR	B				*Covered on emergency basis if prescribed by primary care provider
risperidone & risperidone ODT	RISPERDAL & RISPERDAL ODT	G		M		*Covered on emergency basis if prescribed by primary care provider
risperidone M inj.	RISPERDAL M	B		M		*Covered on emergency basis if prescribed by primary care provider
thioridazine	MELLARIL	G		M		
thiothexene	NAVANE	G		M		
trifluoperazine	STELAZINE	G				
ziprasidone	GEODON	B				*Covered on emergency basis if prescribed by primary care
Bipolar Agents						
lithium carbonate		G		M		
lithium carbonate CR	LITHOBID	G		M		
lithium citrate	LITHIUM CIT	G		M		Oral solution
Multiple Sclerosis Agents						
glatiramer inj	COPAXONE	B				
interferon beta-1A	REBIF	B				
interferon beta-1A IM	AVONEX	B				
interferon beta-1B	BETASERON	B				
Sedatives/Hypnotics						
chloral hydrate syrup		G				
diphenhydramine tab	SOMINEX	G				OTC product
diphenhydramine/ APAP	TYLENOL PM , EXCEDRIN PM	G				OTC product
ibuprofen-diphenhyd	ADVIL PM	G				OTC product
temazepam	RESTORIL	G				Strengths:15 & 30mg only
triazolam	HALCION	G				
zaleplon	SONATA	G				
zolpidem	AMBIEN	G				
Dermatological Agents						
Antibacterials						
gentamicin topical		G				Cream & ointment
mupirocin ointment	BACTROBAN	G				Ointment(G); cream & nasal BRAND
neomycin-bacitracin- polymyxin	TRIPLE ANTIBIOTIC	G				OTC product
silver sulfadiazone	SSD	G				
Antifungals						
ciclopirox cream	LOPROX	G				
clotrimazole & betamethasone	LOTRISONE	G				Cream & lotion
clotrimazole topical	LOTRIMIN	G				Cream & solution
econazole	SPECTAZOLE	G				
ketoconazole	NIZORAL	G				Cream & shampoo
nystatin	MYCOSTATIN	G				Cream, ointment, & powder (BRAND)
nystatin/triamcinolone	MYCOLOG II	G				Cream & ointment
oxiconazole	OXISTAT	B				Cream
terbinafine	LAMISIL	G	PA			Oral & topical

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
Antipruritics						
cyproheptadine		G				
Antivirals						
acyclovir	ZOVIRAX	B		M	ST	Cream & ointment. ST: Use oral acyclovir first
penciclovir	DENAVIR	B			ST	ST: Use oral acyclovir first
Corticosteroids						
alclometasone	ACLOVATE	G				
amcinonide		G				
augmented betamethasone		G				Cream, gel & ointment
betamethasone dipropionate	DIPROSONE	G				
betamethasone valerate	BETAVAL	G				Cream, lotion & ointment
clobetasol	TEMOVATE	G				Cream, foam & ointment
desonide	DESOWEN	G				Cream, lotion & ointment
desoximetasone	TOPICORT	G				Cream, lotion, & ointment
diflorasone	MAXIFLOR	G				Cream & ointment
fluocinolone	SYNALAR	G				Cream, lotion & ointment
fluocinolone	DERMOTIC	B				Oil
fluocinonide	LIDEX	G				Gel, ointment, & solution
fluticasone	FLUTICASONE PROPIONATE	G				Cream & ointment
halobetasol	ULTRAVATE	G				Cream & ointment
hydrocortisone 2.5%	HYTONE	G				Cream, lotion, & ointment
hydrocortisone	ALA-CORT	G				Cream, lotion, & ointment
hydrocortisone butyrate	LOCOID	G				Cream, ointment, & solution
hydrocortisone valerate	WESTCORT	G				Cream & ointment
mometasone	ELOCON	G				Cream, lotion & ointment
prednicarbate		G				Cream and ointment
triamcinolone	KENALOG	G				Cream, lotion, ointment, & paste
Miscellaneous						
ammonium lactate	AMLACTIN	G				Cream & lotion
lidocaine	lidocaine	G				Ointment
pimecrolimus	ELIDEL	B		ST		Cream
selenium shampoo	SELSUM	G				
	SILVASORB	B				Wound dressing-gel
sodium fluoride	SF 500 PLUS	G				Cream
sulfacetamide lotion	CARMOL	G				
urea-hydrocortisone	U-CORT	G				
Oral Acne						
minocycline	MINOCIN	G				
tetracycline		G				
Topical Acne						
adapalene 0.1%	DIFFERIN	G				Gel & cream only
benzoyl peroxide	LAVOCLEN	G				Gel
benz/peroxd/emycin	DESQUAM-E	G				Gel
clindamycin topical	CLINDAMYCIN	G				Gel, lotion, & solution.

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
clindamycin-benzoyl peroxide	ACANYA	G				
erythromycin	ERYTHROM	G		M		Gel & solution.
metronidazole	METROCREAM GEL, LOTION	G				Cream, gel, & lotion
tretinoin micro gel	RETIN-A MICR	B		M		Micro Gel
tretinoin topical	TRETINOIN, RETIN-A	G		M		Cream & gel
tretinoin	AVITA	G				
Scabicides/Pediculocides						
benzoyl alcohol	ULESFIA	B				Lotion
crotamiton	EURAX	B				Cream & lotion
lindane	LINDANE	G				Lotion & shampoo
malathion	OVIDE	G				
permethrin	ACTICIN, ELIMITE	G				
EENT- Allergy, Cough,Cold						
Antihistamines						
carbinoxamine		G				Solution & tablet
cetirizine	ZYRTEC	G		M		Chew tablet, liquid, & tablet. QL 30 tabs/ 30 days. OTC covered also.
clemastine	TAVIST	G				Liquid & tablet
desloratadine	CLARINEX	B		M		5mg tablet & syrup
diphenhydramine	BENADRYL	G				Capsule, liquid, & tablet
hydroxyzine		G				Liquid & tablet
fexofenadine	ALLEGRA	G				Capsule/tablets
loratadine	CLARITIN	G				OTC only. Liquid & tablet
loratadine RDT	CLARITIN RDT	G				OTC only
Antihistamine/Decongestant Combinations						
brompheniramine & phenylephrine SR	BROMFED, BROMFED-PD	G				Liquid & tablets. Also generic DM syrup products (e.g. ANDEHIST DM)
cetirizine-pseudoephedrine SR	ZYRTEC-D	G				OTC covered only
chlorpheniramine & phenylephrine liquid	RONDEC	G				Drops,syrup & tablet
chlorpheniramine & pseudoephedrine	DECONAMINE	G				Capsule, syrup, & tablet
chlorpheniramine & pseudoephedrine CR	DECONAMINE SR	G				
fexofenadine-D	ALLEGRA D	G				60-120mg tablets
loratadine & pseudoephedrine	CLARITIN-D	G				OTC covered only
promethazine & phenylephrine syrup	PROMETHAZINE VC	G				
Antitussives						
codeine-guaifenesin	GUIATUSS AC	G				Syrup & tablet
codeine-guaifenesin-pseudoephedrine	GUIAFENESIN DAC	G				Oral solution
dextromethorphan	ROBITUSSIN	G				OTC capsule, liquid, & syrup
chlorphen-hydrocod	TUSSIONEX	B				Liquid CR
hydrocodone & homatropine	HYCODAN	G				Syrup

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA		Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
hydrocodone- guaifenesin	HYCOTUSS	G					Syrup
phenylephrine- chlorphen-DM	RONDEC-DM	G					Liquid & syrup
phenylephrine- dextbromphen- hydrocodone	HISTUSSIN HC	G					
phenylephrine- promethazine/ cod	PHENERGAN VC & CODEINE	G					
promethazine-DM	PHENERGAN	G					Syrup
pseudoephedrine w/ hydrocodone-GG	DECONAMINE CX	G					
Expectorants							
phenylephrine- guaifenesin SR 12HR	GUAIFED CAPS	G					
pseudoephedrine- guaifenesin SR 12HR	ENTEX PSE, AMBI PSE	G					Syrup & tablet. Also, OTC Mucinex & Mucinex D products
Miscellaneous							
ipratropium nasal	ATROVENT NS	G			M		
Nasal Corticosteroids							
flunisolide spray	NASAREL	G			M		
fluticasone spray	FLONASE	G			M		
mometasone spray	NASONEX	B			M		
triamcinolone nasal	NASACORT AQ	B					Nasal aerosol
EENT- Ophthalmic Agents							
Antiglaucoma							
acetazolamide	DIAMOX	G			M		
betaxolol ophth	BETOPTIC S	G					
bimatoprost	LUMIGAN	B			M		
brimonidine	ALPHAGAN	G			M		
carteolol	OCUPRESS	G					
dipivefrin	PROPINE	G			M		
orzolamide	TRUSOPT	G			M		
dorzolamide-timolol	COSOPT	G			M		
latanaprost	XALATAN	B			M		
levobunolol	BETAGAN 0.5%	G			M		
pilocarpine drops	PILOCAR 3%	G			M		
timolol	TIMOPTIC	G			M		Drops & gel (0.25 & 0.5%)
Antiherpetic Agents							
trifluridine	VIROPTIC	G					
Anti-infective							
bacitracin ophth oint	BACITRACIN	G					
bacitracin-polymixin	POLYSPORIN	G					Ointment
bacitracin-polymixin- neomycin- hydrocortisone	NEOSPORIN HC	G					
ciprofloxacin	CILOXAN	G					
erythromycin oint		G					
gentamicin	GARAMYCIN	G					Ointment & solution
gentamicin-prednisln	PRED-G	B					

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
moxifloxacin	VIGAMOX	B				
neomycin-bacitracin- polymixin	NEOSPORIN	G				Ointment
neomycin-polymixin- dexathamethasone	DEXASPORIN	G				Ointment & suspension
neomycin-polymixin- gramicidin	NEOSPORIN	B & G				
neomycin-polymixin-hydrocortisone		G				
ofloxacin ophth	OCUFLOX	G				
polymixin- trimethoprim	POLYTRIM	G				
sulfacetamide	BLEPH-10	G				
sulfacetamide- prednisolone	VASOCIDIN	G				
tobramycin	TOBEX	G				
tobramycin- dexamethasone	TOBRADEX	G				
Anti-inflammatories						
dexamethasone	DECADRON	G				
diclofenac	VOLTAREN	G		M		
fluorometholone	FML	G				
flurbiprofen	OCUFEN	G		M		
loteprednol	ALREX, LOTEMAX	B		M		
nepafenac	NEVANAC	B				Ophth suspension
prednisolone acetate	PRED MILD/FORTE	G				
prednisolone sodium phosphate	INFLAMASE MILD	G				
Miscellaneous						
azelastine	OPTIVAR	B				
cromolyn	CROLOM	G				
naphazoline w/ pheniramine	VISINE-A	G				OTC product only
olopatadine	PATADAY	B				
polyvinyl-povidone- dimethylamine	FRESHKOTE	B				Eye drops/lubricant
EENT- Otic Anti-infective						
ciprofloxacin- dexamethasone	CIPRODEX	B				
neomycin-polymyxin	CORTOMYCIN	G				
neomycin-polymyxin- hydrocortisone 1%	CORTISPORIN	G				
ofloxacin otic	OCUFLOX	G				
Miscellaneous						
acetic acid 2% / aluminum acetate	DOMEBORO OTIC	G				
aetic acid 2%	VOSOL	G				
benzocaine-antipyrine	AURALGAN	G				
hydrocortisone- acetic a	VOSOL HC	B				

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA		Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
Emergency Kits							
epinephrine pen	EPIPEN	B					Also,EPIPEN Jr.
Endocrine Agents							
Androgens							
fluoxymesterone	ANDROXY	G			M		
methyltestosterone	ANDROID	B			M		
testosterone cypionate IM	DEPO- TESTOSTER	G	PA				
testosterone enanthate IM	DELATESTRYL	G	PA				
testosterone gel	ANDROGEL	B	PA				Gel 1%
testosterone patch	ANDRODERM	B	PA				
Antidiabetic Agents							
exenatide	BYETTA	B	PA		M		
glimepiride	AMARYL	G			M		
glipizide	GLUCOTROL	G			M		
glipizide sr	GLUCOTROL XL	G			M		
glipizide-metformin	METAGLIP	G			M		
glybriide	DIABETA	G			M		
glyburide micronized	GLYNASE	G			M		
glyburide-metformin	GLUCOVANCE	G			M		
insulin aspartate	NOVOLOG	B			M		All pens and cartidges need prior auth.
insulin aspartate	NOVOLOG MIX	B			M		All pens and cartidges need prior auth.
insulin glargine	LANTUS	B			M		All pens and cartidges need prior auth.
insulin isophane	HUMULIN/ NOVOLIN N	B					
insulin isophane & regular	HUMULIN, NOVOLIN 50/50	B			M		All pens and cartidges need prior auth.
insulin lispro	HUMALOG	B			M		All pens and cartidges need prior auth.
insulin lispro protamine & lispro	HUMALOG, MIX	B			M		All pens and cartidges need prior auth.
insulin regular	HUMULIN, NOVOLIN R	B					
insulin regular concentrated	HUMULIN R U- 500	B					All pens and cartidges need prior auth.
liraglutide	VICTOZA	B	PA		M		
metformin	GLUCOPHAGE	G			M		Also RIOMET solution-BRAND
metformin sr	GLUCOPHAGE ER	G			M		
pioglitazone	ACTOS	B			M	ST	ST: Use metformin first
pioglitazone – glimepiride	DUETACT	B			M	ST	ST: Use metformin first
pioglitazone- metformin	ACTOPLUS MET	B			M	ST	ST: Use metformin first
Corticosteroids							
methylprednisolone	MEDROL	G					
methylprednisolone	MEDROL DSPK	G					

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
prednisone	PREDNISONE	G				Tablets and oral solution
Glucocorticoids/Mineralocorticoids						
dexamethasone	DECADRON	G				
fludrocortisones	FLORINEF	G				
Diabetes Monitoring Supplies						
blood glucose calibration - liquid	TESTING SOLN	B				
glucose blood test strip	TEST STRIPS	B				
insulin syringes	INSULIN SYR & NEEDLE	B				
lancets & lancet devices	LANCETS	B				
Miscellaneous						
desmopressin	DDAVP	G		M		Nasal spray & tablets
diazoxide	PROGLYCEM	B				Suspension
megesterol	MEGACE	G				Tablet
Osteoporosis Agents						
alendronate	FOSAMAX	G		M		
alendronate solution	FOSAMAX	B		M		QL= 375ml per 30 days
alendronate- cholecalciferol	FOSAMAX PLUS D	B		M		QL= 4 per 28 days
calcitonin nasal spray	FORTICAL	B & G		M		
calcitriol	ROCALTROL	G				Capsules & oral solution
etidronate	DIDRONEL	G				
risedronate	ACTONEL	B		M		35mg only
Thyroid Agents						
levothyroxine		G		M		
levothyroxine	SYNTHROID	B		M		
liothyronine	CYTOMEL	G				
methimazole	TAPAZOLE	G		M		
propylthiouracil		G		M		
thyroid	ARMOUR THYROID	B		M		
Gastrointestinal Agents						
Antidiarrheal Agents						
diphenoxylate/atropin	LOMOTIL	G		M		
loperamide	IMODIUM A-D	B				OTC product
loperamide- simethicone	IMODIUM ADV	B				OTC product
Antiemetic Agents						
hydroxyzine pamoate		G				
meclizine	ANTIVERT	G				
metoclopramide	REGLAN	G		M		Oral solution & tablet
ondansetron	ZOFRAN	G				Oral solution, tablet, ODT. QL solution 100ml per 3 days; 24mg tab 3 per 3 days; other tablets= 9 per 3 days.
promethazine	PHENERGAN	G				Solution (25 & 50mg),syrup and tablet
promethazine suppository	PHENERGAN	G				

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scopolamine	TRANSDERM	B					TD patch
Antispasmodics							
dicyclomine	BENTYL	G					Oral solution & tablet
hyoscyamine sulfate	ANASPAZ	G					SI tablets, solution & tablet
Anti-Ulcer							
cimetidine	TAGAMET HB	G					OTC product 200mg & oral solution
esomeprazole	NEXIUM	B			M	ST	ST: Use generic omeprazole & OTC Prilosec first
famotidine	PEPCID AC	G					OTC product only
lansoprazole 15mg	PREVACID 24H	B					OTC product only
lansoprazole	PREVACID	G			M		Capsules & ODT tablets
misoprostol	CYTOTEC	G			M		
nizatidine	AXID 75	B					OTC product only
omeprazole	PRILOSEC	G			M		Capsules & powder for susp(BRAND)
omeprazole DR	OMEPRAZOLE OTC	B					
omeprazole magnesium	PRILOSEC OTC	B			M		
pantoprazole	PROTONIX	G				ST	ST: Use generic omeprazole & OTC Prilosec first
rabeprazole	ACIPHEX	B				ST	ST: Use generic omeprazole & OTC Prilosec first
ranitidine	ZANTAC	G			M		Oral liquid, tablet, & capsule
ranitidine	ZANTAC 75	G					OTC product only
ranitidine	ZANTAC MAX	G					OTC product only
sucralfate	CARAFATE	G			M		Tablet
sucralfate	CARAFATE	B			M		Suspension
Colorectal Agents							
hydrocortisone enema	COLOCORT	G					
hydrocortisone rectal	PROCTO-HC	G					
mesalamine	PENTASA	B			M		
mesalamine	LIALDA	B			M		
mesalamine DR	ASACOL	B			M		
mesalamine enema	ROWASA	B					
mesalamine suppos	CANASA	B					
olsalazine	DIPENTUM	B			M		
sulfasalazine	AZULFIDINE	B&G			M		
sulfasalazine DR	AZULFIDINE EN	G			M		
Digestive Enzymes							
amylase-lipase- protease	VIOKASE, VIOKASE 8,16	B			M		
pancrelipase (lip-prot- amyl)	CREON, ZENPEP, PANCREAZE	B			M		Capsules
H.pyloriAgents							
amoxicilin- clarithromycin- lansoprazole	PREVPAC	B					

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
metronidazole- tetracycline-bismuth subsalicylate	HELIDAC	B				
Miscellaneous						
lubiprostone	AMITIZA	B		M		
PEG 3350- & lytes	GOLYTELY	G				Also Half-Lytely KIT BRAND
ursodiol	URSODIOL	G		M		
Immunosuppressants						
azathioprine	IMURAN	G		M		
cyclosporine	SANDIMMUNE	G		M		
cyclosporine modified	NEORAL	G		M		Capsules & oral solution
cyclosporine	SANDIMMUNE	B				Oral solution
methotrexate		G				Tablet
mycophenolate	MYFORTIC	B	PA	M		
mycophenolate mofetil	CELLCEPT	G	PA	M		Capsule, suspension, & tablet
sirolimus	RAPAMUNE	B	PA	M		Oral solution & tablet
tacrolimus	PROGRAF	B	PA	M		
Infectious Disease						
Antibacterials						
amoxicillin		G				Capsules,suspension, tablets & chew
amoxicillin- clavulanate	AUGMENTIN, AUGMENTIN XR	G				Chew tablets, oral suspension & oral tablet
ampicilin		G				Capsule, & oral suspension
azithromycin	ZITHROMAX	G				Oral suspension & tablets
cefaclor	CECLOR	G				Capsule & suspension
cefaclor ER	CECLOR ER	G				
cefadroxil	DURICEF	G				Capsule, tablets & suspension
cefдинир	OMNICEF	G				Capsule & suspension
cefditoren	SPECTRACEF	G				Tablets
cefподoxime	VANTIN	G				Suspension & tablets
cefprozil	CEFZIL	G				Suspension & tablets
ceftriaxone	ROCEPHIN	G				Injectable
cefuroxime	CEFTIN	G				Suspension & tablets
cephalexin	KEFLEX	G				Capsule, suspension & tablet
ciprofloxacin	CIPRO	G				
ciprofloxacin ER	CIPRO XL	G				
clarithromycin	BIAXIN	G				Suspension & tablets
clarithromycin SR	BIAXIN XL	G				
clindamycin	CLEOCIN	G				
dicloxacillin		G				
doxycycline		G				Suspension & tablets
doxycycline hyclate	VIBRAMYCIN	G				
erythromycin ethylsuccinate	E.E.S.	G				Suspension & tablets
erythromycin products		B				
erythromycin- sulfisoxazole	PEDIAZOLE	G				
levofloxacin	LEVAQUIN	B				Oral solution & tablets
metronidazole	FLAGYL	G				

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
minocycline	MINOCIN	G				
neomycin	NEOMYCIN	G				
nitrofurantoin	MACROBID	G				Also BRAND Furdantin suspension
penicillin VK	PENICILLIN V	G				Oral solution, suspension & tablets
sulfadiazine		G				
sulfamethoxazole- trimethoprim	BACTRIM, SEPTRA	G				Oral suspension & tablets (SS & DS)
sulfisoxazole	GANTRISIN PED	B				
tetracycline		G				
tobramycin		G				Injection
vancomycin	VANCOCIN	B/G				BRAND Capsules; generic injection
Anti-cytomegalovirus (CMV) Agents						
ganciclovir	CYTOVENE	G	PA		M	
valganciclovir	VALCYTE	B	PA		M	
Antifungals						
clotrimazole troche	MYCELEX TR	G				
fluconazole	DIFLUCAN	G	PA			Oral suspension & tablets.
griseofulvin	GRIS-PEG	B				Oral suspension & tablets
ketoconazole	NIZORAL	G				
nystatin		G				Suspension & tablet; topical powder
mebendazole	VERMOX	G				
Antitherpetic Agents						
acyclovir	ZOVIRAX	G			M	Capsule, oral suspension & tablets
valacyclovir	VALTREX	B	PA		M	
Antimycobacterials						
ethambutol	MYAMBUTOL	G			M	
isoniazid		G			M	Oral syrup & tablet
pyrazinamide		G			M	
rifampin	RIFAMPIN	G			M	Capsules only
Antiprotozoals						
atovaquone-proguanil	MALARONE	B				
chloroquine		G				
dapsone	DAPSONE	B				
hydroxychloroquine	PLAQUENIL	G				
mefloquine	LARIAM	G				
Antivirals						
amantadine		G				
oseltamivir	TAMIFLU	B				
rimantadine	FLUMADINE	B				
Antivirals- HIV Agents						
abacavir	ZIAGEN	B				Tablet & solution
abacavir -lamivudine	EPZICOM	B				
abacavir-lamivudine- zidovudine	TRIZIVIR	B				
atazanavir	REYATAZ	B				
darunavir	PREZISTA	B				
delavirdine	RESCRIPTOR	B				
didanosine	DIDANOSINE	G				
didanosine solution	VIDEX PED	B				
efavirenz	SUSTIVA	B				

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA		Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
efavirenz- emtricitabine- tenofovir	ATRIPLA	B					
emtricitabine	EMTRIVA	B					Capsule & solution
emtricitabine- tenofovir	TRUVADA	B					
etravirine	INTELENCE	B					
fosamprenavir	LEXIVA	B					
indinavir	CRIXIVAN	B					
lamivudine	EPIVIR HBV	B					Tablet & solution
lamivudine- zidovudine	COMBIVIR	B					
lopinavir-ritonavir	KALETRA	B					Tablet & solution
maraviroc	SELZENTRY	B					
nelfinavir	VIRACEPT	B					Tablet & solution
nevirapine	VIRAMUNE	B					Tablet & solution
raltegravir	ISENTRESS	B					
ritonavir	NORVIR	B					Capsule & solution
saquinavir	INVIRASE	B					
stavudine	STAVUDINE	G					Capsule & solution
tenofovir	VIREAD	B					
tipranavir	APTIVUS	B					Capsule & solution
zidovudine	ZIDOVUDINE	G					Capsule, tablet & solution
zidovudine IV	RETROVIR IV	B					
Urinary Anti-infective							
methenamine	MANDELAMINE	G					
nitrofurantoin	MACRODANTIN	G					
nitrofurantoin	MACROBID	G					Also BRAND Furdantin suspension
trimethoprim	TRIMPEX	G					
Miscellaneous							
demeclocycline		G					
Musculoskeletal Agents							
Antigout Agents							
allopurinol	ZYLOPRIM	G			M		
colchicine / probenecid		G			M		
colchicine	COLCRYS	B/G			M		
probenecid		G			M		
Antirheumatic Agents							
auranofin	RIDAURA	B					
methotrexate	RHEUMATREX	B/G					
penicillamine	CUPRIMINE	B					
Skeletal Muscle Relaxants							
baclofen	LIORESAL	G			M		
carisoprodol	SOMA	G					
cyclobenzaprine	FLEXERIL	G			M		
diazepam	VALIUM	G					
methocarbamol	ROBAXIN	G			M		
tizanidine	ZANAFLEX	G					4mg tablets

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
OB-GYN						
Androgens						
danazol	DANOCRINE	G				
tamoxifen	NOLVADEX	G		M		
Anti-infective Topical						
clindamycin vaginal	CLINDESSE	B				Cream
metronidazole vaginal	METROGEL	G				Gel & kit
miconazole vaginal	MONISTAT	G				Suppository
nystatin vaginal tab		G				
terconazole vaginal	TERAZOL	G				Cream & suppository
Contraceptives		Birth Control Pills		Generic formulations of monthly birth control pills are covered if FDA approved.		
desogestrel & ethinyl estradiol	APRI, AZURETTE	G		M		
drospirenone-ethinyl estradiol	YAZ	B		M		
etonogestrel- ethinyl estradiol	NUVARING	B				
ethynodiol diacetate & ethinyl estradiol	KELNOR 1/35 ZOVIA 1/50	G		M		
levonorgestrel & ethinyl estradiol	AVIANE, LEVORA	G		M		
norethindrone & ethinyl estradiol	NECON , JUNEL	G		M		
norethindrone-eth estradiol	NECON 7/7/7	G		M		
norgestimate & ethinyl estradiol	MONONESSA	G		M		
norgestimate-eth estradiol	TRI-LO-SPRINTEC	G		M		
Emergency Contraceptive						
levonorgestrel	PLAN B	G				
Estrogens						
esterified estrogens	MENEST	B		M		
estradiol	ESTRADIOL	G		M		
estradiol patch biweekly	VIVELLE-DOT	B		M		
estradiol patch-biweekly	ALORA/ ESTRADERM	B		M		
estradiol patch-weekly	CLIMARA/ ESTRADIOL	B/G		M		
estradiol vaginal cream	ESTRACE	B		M		
estradiol vaginal ring	ESTRING	B		M		
estrogens, conjugated	PREMARIN	B		M		
estrogens, conjugated synthetic	CENESTIN	B		M		
estrogens, conjugated vaginal	PREMARIN	B		M		Cream
estropipate	ESTROPIPATE	G		M		

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
Estrogens-Progestin Combinations						
conj est/conj est- medroxypro	PREMPHASE	B		M		
conjugated estrogen- medroxyprgesterone	PREMPRO	B		M		
norethindrone-ethinyl estradiol	FEMHRT	B		M		
Gonadotropic Releasing Hormones						
nafarelin nasal	SYNAREL	B				
Miscellaneous						
diaphragm	ORTHO FLEX	B				
levonorgestrel-ethinyl estradiol	LYBREL	B		M		
raloxifene	EVISTA	B		M		
Oxytocics						
methylergonvine	METHERGINE	B				
Progestins						
medroxyprogesterone	PROVERA	G		M		
progesterone micronized	PROMETRIUM	B				
Respiratory Agents						
Inhaled Agents						
albuterol	albuterol neb					Nebulization solution
albuterol HFA inhaler	PROAIR HFA	B				Also, VENTOLIN HFA
albuterol-ipratropium	DUONEB	G				Nebulization
beclomethasone	QVAR	B		M		
budesonide inhaler	PULMICORT	B		M		
budesonide inhaler powder	PULMICORT FLEXHALER	B		M		
budesonide- formoterol inh	SYMBICORT	B		M		
cromolyn nebulization	INTAL	G		M		
fluticasone HFA inh	FLOVENT HFA	B		M		Inhaler
fluticasone powder	FLOVENT DISK	B		M		Quantity limit may apply
fluticasone-salmeterol	ADVAIR DISK	B		M		
formoterol inh	FORADIL	B		M		
ipratropium HFA	ATROVENT HFA	B				
ipratropium neb	ATROVENT	G		M		nebulization
ipratropium-albuterol	COMBIVENT	B		M		inhaler
levoalbuterol	XOPENEX	B				Aerosol (B); neblization (generic)
mometasone	ASMANEX	B		M		Aerosol
nedocromil inhaler	TILADE	B		M		
pirbuterol	MAXAIR	B				
salmeterol diskus	SEREVENT	B		M		
sodium chloride	NS nebulization	G				Nebulization
tiotropium inhaler	SPIRIVA	B		M		
Miscellaneous						
acetylcysteine inhal	MUCOMYST	G				
palivizumab IM	SYNAGIS	B	PA			Call Capstone Medical Director
Oral Medications						
albuterol	ALBUTEROL, ER	G		M		Extended release, tablets, & oral syrup

DRUG Name (GENERIC NAME)	BRAND Name (DRUG NAME)	Brand-B Generic-G	Prior Auth- PA	Mail Order M	Step Therapy ST	Quantity Limits (QL) and/or Restrictions
metaproterenol		G		M		Syrup & tablet
montelukast	SINGULAIR	B		M		
terbutaline	TERBUTALINE	G		M		Tablets
theophylline 12HR	THEOCRON	G		M		Also, theophylline oral liquid
theophylline 24HR	UNIPHYL	G		M		
Smoking Cessation						
bupropion SR 24HR	ZYBAN	G		M		
bupropion SR 12HR	WELLBUTRN XL	G		M		
nicotine	NICOTROL	B				Inhaler & Nasal spray
nicotine patch 24 HR	NICODERM	B				
nicotine polacrilex	NICOTINE GUM	G				Gum & lozenge
varenicline	CHANTIX	B				QL: 62 per 30 days
Steroids						
dexamethasone	DECADRON	G				
prednisolone solution	PRELONE	G				
prednisone		G				Oral solution & tablets
Supplements						
Electrolytes						
K bicarbonate/CL	KLYTE-CL	G				Effervescent
K bicarbonate/CL	KLORVESS	G				Powder
K bicarbonate	KLYTE, DS	G				Effervescent
potassium citrate	UROKIT K	G		M		Tablet & solution
potassium gluconate	KAON	G		M		Tablet & oral liquid
potassium phosphate	PHOSPHA	G				500mg tablet
Miscellaneous						
B-complex, folate	FOLBEE PLUS	B/G				Multiple formulations & components
folic acid	FOLATE	G		M		Powder, solution & tablets
ergocalciferol	Vitamin D	G				5,000U calspules
fluoride	Fluoride	G				Chew tablets
iron	IRON	G				
multivitamin/fluoride	MULTI-VIT/FL	G				Pediatric MVI with fluoride +/- iron. Chew tablets (0.5mg, 1mg) & drops
multivitamin/folic acid	PRENATAL	G				RX and OTC products
Antihyperphosphatemics						
calcium acetate	PHOSLO	G		M		
sevelamer	REVELA	B	PA	M		
Urological Agents						
Antispasmodics						
darifenacin	ENABLEX	B				
oxybutynin	DITROPAN, XL	G		M		Solution, tablets, extended release
oxybutynin patch	OXYTROL	B		M	ST	ST: Use oral oxybutynin first. QL= 10 patches per 30 days
tolterodine	DETROL& LA	B		M		QL= 30 per 30 days
tropium	SANCTURA	G		M		20mg only
Benign Prostatic Hypertrophy Agents						
finasteride	PROSCAR	G		M		
Miscellaneous						
bethanechol	URECHOLINE	G				
phenazopyridine	PYRIDIUM	G				

Over the Counter (OTC) Products Covered by Capstone
OTC products are not available at Mail Service Pharmacy

DRUG Name (GENERIC NAME)	Comments
Allergy	
cetirizine & cetirizine combination products (ZYRTEC)	Generics products. Capsules, liquid, & tablets
diphenhydramine & diphenhydramine combination products	Generics products. Capsules, solutions
loratadine & loratadine combination products (CLARITIN)	Generics products. Capsules
Gastrointestinal Agents	
alum & mag hydroxide-simethicone susp	
aluminum & magnesium hydroxide susp	
bisacodyl	
calcium carbonate	
docusate sodium +/- sennosides	
famotidine	
glycerin suppositories	
lactobacillus chew	
lansoprazole 15 mg otc (prevacid otc)	
loperamide & loperamide combinations	
nizatadine (axid 75)	
polyethylene glycol 3350 (miralax)	Powder
psyllium powder	
ranitidine	
simethicone	
sodium phosphates enema	
Ophthalmic – Eye Lubricants	
artificial tears	Gels, ointment, & solution
carboxymethylcellulose products (REFRESH, OPTIVE)	Gel liquid, solution- Mx OTC products
hypromellose or methylcellulose products	ISOPTO Tears,
propylene glycol, glycerine and/or	Solutions
OTC Analgesics	
acetaminophen	Capsule, liquid, suppositories, chew & tablets
aspirin	Buffered, enteric coated, chewable
ibuprofen 200mg	Capsule, oral suspension & tablets
Topicals	
hydrocortisone	Creams, ointments, & lotion
OTC Vitamins/Minerals	
B-complex +/- folic acid	
calcium/vitamin D	
ascorbic acid (Vitamin C)	
calcium carbonate & calcium citrate products	
Co-Q-10	Capsules
iron preparations	
multiple vitamin & multivitamins with minerals	Also multivitamins with folic acid
niacin & niacin cr	
omega 3 fatty acids	Caspules
oral electrolyte (pediatric-pedialyte)	Solutions
prenatal multivitamins	
Vitamin D (cholecalciferol)	Capsules & tablets
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