

# 2010 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](http://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](http://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](http://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
<b>Blood Modifiers</b>						
<b>Anticoagulants</b>						
Aspirin	ASPIRIN	G				OTC
dipyridamole	PERSANTINE	G		M		
enoxaparin INJ	LOVENOX	B				Limited to 14 days
warfarin	COUMADIN	G		M		
<b>Miscellaneous</b>						
cyanocobalamin INJ	VITAMIN B-12	G				
erythropoetin INJ	EPOGEN / PROCRIT	B	PA			
filgrastim INJ	NEUPOGEN	B	PA			
pentoxifylline	TRENTAL	G		M		
phytonadione	MEPHYTON	B				
<b>Platelet Aggregation Inhibitors</b>						
cilostazol	PLETAL	G		M		
clopidogrel	PLAVIX	B		M		300mg QL= 3 tablets
<b>Cardiovascular Agents</b>						
<b>Antiarrhythmics</b>						
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
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		
<b>Antihypertensives</b>						
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		
clonidine	CATAPRESS	G		M		Tablets only
diltiazem	CARDIZEM	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
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. <b>ST: Use ACE Inhibitor &amp; HCTZ first</b>
irbesartan/HCTZ	AVALIDE	B		M	ST	QL 150mg= 60/30days, 300 mg= 30 per 30days, similar to AVAPRO. <b>ST: Use ACE Inhibitor &amp; HCTZ first</b>
labetalol	TRANDATE	G		M		
lisinopril	ZESTRIL	G		M		
lisinopril/HCTZ	ZESTORETIC	G		M		
losartan	COZAAR	B		M	ST	QL 100mg= 30 per 30days, 25mg & 50mg= 60 per 30 days. <b>ST: Use ACE Inhibitor &amp; HCTZ first</b>
losartan/HCTZ	HYZAAR	B			ST	QL 100mg= 30 per 30days, 50mg = 60 per 30 days. <b>ST: Use ACE Inhibitor &amp; HCTZ first</b>
methyldopa	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		
quinapril/hctz	ACCURETIC	G		M		
spironolactone	ALDACTONE	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
spironolactone/HCTZ		G		M		
terazosin	HYTRIN	G		M		
toremide	DEMADEX	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		
<b>Antilipemics</b>						
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. <b>ST: Use Statin first</b>
ezetimibe-simvastatin	VYTORIN	B		M	ST	QL: 30 per 30 days. <b>ST: Use Statin first</b>
fenofibrate	TRICOR	G		M		
fenofibrate micronized	LOFIBRA	G		M		
fluvastatin	LESCOL	B		M	ST	QL: 30 per 30 days. <b>ST: Use generic statin first</b>
gemfibrozil	LOPID	G		M		
lovastatin	MEVACOR	G		M		
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		
<b>Miscellaneous</b>						
midodrine	PROAMATINE	G				
<b>Vasodilators</b>						
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				
<b>Chemotherapy ORAL</b>						
<b>Antineoplastics</b>						
altretamine	HEXALEN	B	PA			
anastrozole	ARIMIDEX	B		M		
bexarotene	TARGRETIN	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
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			
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		
<b>CNS Agents</b>						
<b>ADD/ADHD Agents</b>						
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		QL:10mg & 30mg = 60 per 30 days; 20mg = 90 per 30 days; 40mg = 30 per 30 days
methylphenidate CR	METHYLIN ER	G		M		QL= 90 per 30 days
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
<b>Alcohol Abuse Deterrent</b>						
disulfiram	ANTABUSE	B		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	
<b>Alzheimer's Agents</b>							
donepezil	ARICEPT	B	PA		M	PA:MMSE needed	
donepezil ODT	ARICEPT ODT	B	PA		M	PA: MMSE needed	
galantamine	RAZADYNE	G	PA		M	PA:MMSE needed	
galantamine SR	RAZADYNE ER	G	PA		M	PA: MMSE needed	
galantamine oral solution	RADADYNE	G	PA			PA:MMSE needed	
memantine	NAMENDA	B	PA		M	PA:MMSE	
memantine oral solution	NAMENDA	B	PA		M	PA:MMSE	
rivastigmine	EXELON	B	PA		M	PA:MMSE	
rivastigmine oral solution	EXELON	B	PA		M	PA:MMSE	
rivastigmine patch	EXELON patch	B	PA		M	PA:MMSE	
<b>Analgesics- NSAIDS</b>							
celecoxib	CELEBREX	B			M	ST	<b>ST: Use two NSAIDS and APAP first. QL:100mg = 90 per 30days, 50mg &amp; 200mg 60 per 30 days;</b>
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		
indomethacin	INDOCIN	G			M		
indomethacin 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		
<b>Analgesics- Opioids</b>							
acetaminophen/ codeine	Tylenol W/ CODEINE	G					
aspirin/codiene	EMPIRIN	G					
codeine	CODEINE	G					
fentanyl patch	DURAGESIC	G					Quantity Limit
hydrocodone/APAP	VICODIN, LORTAB	G					
hydrocodone/ ibuprofen	VICOPROFEN	G					
hydromorphone	DILAUDID	G					
meperidine	MEPERIDINE HCL	G					
morphine	MSIR	G					
morphine SR	MS CONTIN	G					
oxycodone	OXY IR	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
oxycodone SR	OXYCONTIN	B				ST	<b>ST: Must use MS ER first line or demonstrate morphine tolerance and/or intolerance. QL=4 per day</b>
oxycodone/ aspirin	PERCODAN	G					
oxycodone/APAP	TYLOX, PERCOCET	G					
oxycodone/ibuprofen	COMBUNOX	G					
tramadol	ULTRAM	G					Strength: 50mg
tramadol/APAP	ULTRACET	G					
<b>Antianxiety</b>							
alprazolam	XANAX	G					
bupirone	BUSPAR	G			M		
chlordiazepoxide	LIBRIUM	G					
lorazepam	ATIVAN	G					
oxazepam	SERAX	G					Capsules covered
<b>Anticonvulsants</b>							
carbamazepine	TEGRETOL	G			M		
carbamazepine ER	TEGRETOL XR	G			M		
carbamazepine SR 12HR	CARBATROL	B			M		Strengths: 100mg & 300mg
carbamazepine tab SR 12HR	TEGRETOL XR	B			M		
clonazepam	KLONOPIN	G			M		
clonazepam ODT	KLONOPIN ODT	G			M		
diazepam	VALIUM	G					
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		
gabapentin	NEURONTIN	G			M		
lamotrigine	LAMICTAL STARTER	B			M		
lamotrigine	LAMICTAL	G			M		Chewable and oral tablets
levetiracetam	KEPRRA	G			M		
oxcarbazepine	TRILEPTAL	G			M		
phenobarbital		G			M		
phenytoin	DILANTIN	G& B			M		Capsules, oral solution, & tablets
pregabalin	LYRICA	B	PA		M		PA
primidone	PRIMIDONE	G			M		
rufinamide	BANZEL	B					
tiagabine	GABITRIL	B			M		Strength: 16mg
topiramate	TOPAMAX	G			M		Sprinkle or tablet
valproate syrup	DEPAKENE	G			M		
valproic acid		G			M		
zonisamide	ZONEGRAN	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
<b>Antidepressants</b>						
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			
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	B		M	ST	<b>ST: Use generic venlafaxine first.</b> QL 37.5mg & 75mg = 90 per 30 days; 150mg = 60 per 30 days
<b>Antimigraine Agents</b>						
APAP-caffeine- dihydrocodeine	PANLOR DC	G				
butalbital- APAP	BUPAP	G				
butalbital-ASA - caffeine	FORTABS, FIORINAL	G				
ergoloid mesylates		G		M		
ergotamine/caffeine	CAFERGOT	G				
ergotamine/caffeine	CAFERGOT	G				Rectal suppository
rizatriptan	MAXALT	B			ST	<b>ST: Use generic sumatriptan first.</b> QL 12 per 30 days
sumatriptan	IMITREX	G				QL: 9 per 30 days
sumatriptan INJ	IMITREX	G				QL 4 per 30 days
sumatriptan nasal spray	IMITREX	B				
sumatriptan nasal	SUMATRIPTAN	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
zolmitriptan	ZOMIG	B			ST	<b>ST: Use generic sumatriptan first.</b> QL= 9 per 30 days
zolmitriptan nasal spray	ZOMIG	B			ST	<b>ST: Use generic sumatriptan first.</b> QL 6 per 30 days
zolmitriptan ODT	ZOMIG ZMT	B			ST	<b>ST: Use generic sumatriptan first.</b> QL 9 per 30 days
<b>Antimyasthenic Agents</b>						
pyridostigmine	MESTINON	G		M		
pyridostigmine CR	MESTINON TIMESPAN	B		M		
pyridostigmine syrup	MESTINON	B		M		
<b>Antiparkinson Agents</b>						
amantadine	SYMMETREL	G		M		
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	<b>ST: Use carbidopa-levodopa first</b>
entacapone	COMTAN	B		M		
pramipexole	MIRAPEX	B		M	ST	<b>ST: Use ropinirole first</b>
ropinirole	REQUIP	G		M		
selegiline	ELDEPRYL	G		M	ST	<b>ST: Use generic carbidopa- levodopa first</b>
trihexyphenidyl	ARTANE	G		M		
<b>Antipsychotics</b>	<b>Covered on emergency basis if prescribed by primary care provider until member enrolled in behavioral health program*</b>					
aripiprazole	ABILIFY	B				*Covered on emergency basis if prescribed by primary care
aripiprazole ODT	ABILIFY DISC MELT	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		
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	RISPERDAL	G		M		*Covered on emergency basis if prescribed by primary care provider

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
risperidone ODT	RISPERDAL ODT	G		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
<b>Bipolar Agents</b>						
lithium carbonate		G		M		
lithium carbonate CR	LITHOBID	G		M		
lithium citrate	LITHIUM CIT	G		M		Oral solution
<b>Multiple Sclerosis Agents</b>						
glatiramer inj	COPAXONE	B				
interferon beta-1A	REBIF	B				
interferon beta-1A IM	AVONEX	B				
interferon beta-1B	BETASERON	B				
<b>Sedatives/Hypnotics</b>						
chloral hydrate syrup		G				
diphenhydramine tab	SOMINEX	G				OTC product
diphenhydramine/ APAP	TYLENOL PM , EXCEDRIN PM	G				OTC product
ibuprofen- diphenhydramine	ADVIL PM	G				OTC product
temazepam	RESTORIL	G				Strengths:15 & 30mg only
triazolam	HALCION	G				
zolpidem	AMBIEN	G				
<b>Dermatological Agents</b>						
<b>Antibacterials</b>						
gentamicin topical		G				Cream & ointment
mupirocin ointment	BACTROBAN	G				Topical ointment only
neomycin-bacitracin- polymyxin	TRIPLE ANTIBIOTIC	G				OTC product
silver sulfadiazone	SSD	G				
<b>Antifungals</b>						
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
nystatin/triamcinolone	MYCOLOG II	G				Cream & ointment
terbinafine	LAMISIL	G	PA			Oral & topical
<b>Antipruritics</b>						
cyproheptadine		G				
<b>Antivirals</b>						
acyclovir	ZOVIRAX	B		M	ST	Cream & ointment. <b>ST: Use oral acyclovir first</b>
peniclovir	DENAVIR	B			ST	<b>ST: Use oral acyclovir first</b>
<b>Corticosteroids</b>						
alclometasone	ACLOVATE	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
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
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					Lotion & ointment
prednicarbate		G					Cream and ointment
triamcinolone	KENALOG	G					Cream, lotion, & ointment
<b>Miscellaneous</b>							
ammonium lactate	AMLACTIN	G					Cream & lotion
selenium shampoo	SELSUM	G					
sulfacetamide lotion	CARMOL	G					
urea-hydrocortisone	U-CORT	G					
<b>Oral Acne</b>							
minocycline	MINOCIN	G					
tetracycline		G					
<b>Topical Acne</b>							
benzoyl-peroxide- erythromycin gel	DESQUAM-E	G					
clindamycin topical	CLINDAMYCIN PHOSPHATE	G					Gel, lotion, & solution.
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 GEL	B			M		
tretinoin topical	TRETINOIN, RETIN-A	G			M		Cream & gel
tretinoin	AVITA	G					
<b>Scabicides/Pediculocides</b>							
crotamiton	EURAX	B					Cream & lotion
lindane	LINDANE	G					Lotion & shampoo
malathion	OVIDE	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
permethrin	ACTICIN, ELIMITE	G				
<b>EENT- Allergy, Cough,Cold</b>						
<b>Antihistamines</b>						
carbinoxamine		G				Solution & tablet
cetirizine	ZYRTEC	G		M		Chew tablet, liquid, & tablet. QL 30 tabs/ 30 days. <b>OTC covered also.</b>
clemastine	TAVIST	G				Liquid & tablet
desloratadine	CLARINEX	B		M		5mg tablet & syrup
diphenhydramine	BENADRYL	G				Capsule, liquid, & tablet
hydroxyzine		G				Liquid & tablet
loratadine	CLARITIN	G				OTC only. Liquid & tablet
loratadine RDT	CLARITIN RDT	G				OTC only
<b>Antihistamine/Decongestant Combinations</b>						
brompheniramine & phenylephrine SR	BROMFED, BROMFED-PD	G				
cetirizine- pseudoephedrine SR	ZYRTEC-D	G				OTC covered only
chlorpheniramine & phenylephrine liquid	RONDEC	G				Drops and Syrup
chlorpheniramine & pseudoephedrine	DECONAMINE	G				
chlorpheniramine & pseudoephedrine CR	DECONAMINE SR	G				
loratadine & pseudoephedrine	CLARITIN-D	G				OTC covered only
promethazine & phenylephrine syrup	PROMETHAZINE VC	G				
<b>Antitussives</b>						
codeine-guaifenesin	GUIATUSS AC	G				Syrup
dextromethorphan	ROBITUSSIN	G				OTC capsule, liquid, & syrup
hydrocodone & homatropine syrup	HYCODAN	G				
hydrocodone- guaifenesin syrup	HYCOTUSS	G				
phenylephrine- chlorphen-DM	RONDEC-DM	G				Liquid & syrup
phenylephrine- dextbromphen- hydrocodone	HISTUSSIN HC	G				
phenylephrine- promethazine/ cod	PHENERGAN VC & CODEINE	G				
promethazine-DM syrup	PHENERGAN DM	G				
pseudoephedrine w/ hydrocodone-GG	DECONAMINE CX	G				
<b>Expectorants</b>						
phenylephrine- guaifenesin SR 12HR	GUAIFED CAPS	G				
pseudoephedrine- guaifenesin SR 12HR	ENTEX PSE	G				
<b>Miscellaneous</b>						
ipratropium nasal	ATROVENT NS	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
<b>Nasal Corticosteroids</b>						
flunisolide spray	NASAREL	G		M		
fluticasone spray	FLONASE	G		M		
mometasone spray	NASONEX	B		M		
<b>EENT- Ophthalmic Agents</b>						
<b>Antiglaucoma</b>						
acetazolamide	DIAMOX	G		M		
betaxolol ophth	BETOPTIC S	G				
bimatoprost	LUMIGAN	B		M		
brimonidine	ALPHAGAN	G		M		
carteolol	OCUPRESS	G				
dipivefrin	PROPINE	G		M		
dorzolamide	TRUSOPT	G		M		
dorzolamide-timolol	COSOPT	G		M		
latanaprost	XALATAN	B		M		
levobunolol	BETAGAN	G		M		
pilocarpine drops	PILOCAR	G		M		
timolol	TIMOPTIC	G		M		
<b>Antiherpetic Agents</b>						
trifluridine	VIROPTIC	G				
<b>Anti-infective</b>						
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- prednisolone	PRED-G	B				
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	TOBREX	G				
tobramycin- dexamethasone	TOBRADEX	G				
<b>Anti-inflammatories</b>						
dexamethasone	DECADRON	G				

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diclofenac	VOLTAREN	G			M		
fluorometholone	FML	G					
flurbiprofen	OCUFEN	G			M		
loteprednol	ALREX, LOTEMAX	B			M		
prednisolone acetate	PRED MILD/FORTE	G					
prednisolone sodium phosphate	INFLAMASE MILD	G					
<b>Miscellaneous</b>							
azelastine	OPTIVAR	B					
cromolyn	CROLOM	G					
naphazoline w/ pheniramine	VISINE-A	G					OTC product only
<b>EENT- Otic Anti-infective</b>							
ciprofloxacin- dexamethasone	CIPRODEX	B					
neomycin-polymyxin	CORTOMYCIN	G					
neomycin-polymyxin- hydrocortisone 1%	CORTISPORIN	G					
ofloxacin otic	OCUFLOX	G					
<b>Miscellaneous</b>							
acetic acid 2% / aluminum acetate	DOMEBORO OTIC	G					
aetic acid 2%	VOSOL	G					
benzocaine-antipyrine	AURALGAN	G					
hydrocortisone- acetic acid	VOSOL HC	B					
<b>Emergency Kits</b>							
epinephrine pen	EPIPEN	B					
<b>Endocrine Agents Androgens</b>							
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				
<b>Antidiabetic Agents</b>							
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 glargine	LANTUS	B			M		All pens and cartidges need prior auth.
insulin isophane	HUMULIN N	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
insulin isophane & regular	HUMULIN 70/30	B					
insulin isophane & regular (50-50)	HUMULIN 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 50/50	B			M		All pens and cartidges need prior auth.
insulin lispro protamine & lispro	HUMALOG MIX 75/25	B			M		All pens and cartidges need prior auth.
insulin regular	HUMULIN R	B					
insulin regular concentrated	HUMULIN R U-500	B					All pens and cartidges need prior auth.
metformin	GLUCOPHAGE	G			M		
metformin SR	GLUCOPHAGE ER	G			M		
pioglitazone	ACTOS	B			M	ST	<b>ST: Use metformin first</b>
pioglitazone – glimepiride	DUETACT	B			M	ST	<b>ST: Use metformin first</b>
pioglitazone-metformin	ACTOPLUS MET	B			M	ST	<b>ST: Use metformin first</b>
rosiglitazone-glimepiride	AVANDARYL	B			M	ST	<b>ST: Use metformin first</b>
rosiglitazone-metformin	AVANDAMET	B			M	ST	<b>ST: Use metformin first</b>
rosiglitazone	AVANDIA	B			M	ST	<b>ST: Use metformin first</b>
<b>Corticosteroids</b>							
methylprednisolone	MEDROL	G					
methylprednisolone	MEDROL DOSEPAK	G					
prednisone	PREDNISONE	G					Tablets and oral solution
<b>Glucocorticoids/Mineralocorticoids</b>							
dexamethasone	DECADRON	G					
Fludrocortisones	FLORINEF	G					
<b>Diabetes Monitoring Supplies</b>							
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					
<b>Miscellaneous</b>							
desmopressin	DDAVP	G			M		Nasal spray & tablets
<b>Osteoporosis Agents</b>							
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					

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risedronate	ACTONEL	B		M		35mg only
<b>Thyroid Agents</b>						
levothyroxine		G		M		
levothyroxine	SYNTHROID	B		M		
methimazole	TAPAZOLE	G		M		
propylthiouracil		G		M		
thyroid	ARMOUR THYROID	B		M		
<b>Gastrointestinal Agents</b>						
<b>Antidiarrheal Agents</b>						
diphenoxylate/atropin	LOMOTIL	G		M		
loperamide	IMODIUM A-D	B				OTC product
loperamide- simethicone	IMODIUM ADV	B				OTC product
<b>Antiemetic Agents</b>						
hydroxyzine pamoate		G				
meclizine	ANTIVET	G				
metoclopramide	REGLAN	G		M		
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				Syrup and tablet
promethazine suppository	PHENERGAN	G				
<b>Antispasmodics</b>						
dicyclomine	BENTYL	G				Oral solution & tablet
hyoscyamine sulfate	ANASPAZ	G				
<b>Anti-Ulcer</b>						
cimetidine	TAGAMET HB	G				OTC product 200mg
esomeprazole	NEXIUM	B		M	ST	<b>ST: Use generic omeprazole &amp; OTC Prilosec first</b>
famotidine	PEPCID AC	G				OTC product only
lansoprazole 15mg	PREVACID 24H	B				OTC product only
lansoprazole	PREVACID	G		M		
misoprostol	CYTOTEC	G		M		
nizatidine	AXID 75	B				OTC product only
omeprazole	PRILOSEC	G		M		
omeprazole DR	OMEPRAZOLE OTC	B				
omeprazole magnesium	PRILOSEC OTC	B		M		
pantoprazole	PROTONIX	G			ST	<b>ST: Use generic omeprazole &amp; OTC Prilosec first</b>
rabeprazole	ACIPHEX	B			ST	<b>ST: Use generic omeprazole &amp; OTC Prilosec first</b>
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

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
<b>Colorectal Agents</b>						
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	G		M		
sulfasalazine DR	AZULFIDINE EN	G		M		
<b>Digestive Enzymes</b>						
amylase-lipase- protease	VIOKASE, VIOKASE 16	B		M		
pancrelipase (lip-prot- amyl)	CREON	B		M		
<b>H.pyloriAgents</b>						
amoxicilin- clarithromycin- lansoprazole	PREVPAC	B				
metronidazole- tetracycline-bismuth subsalicylate	HELIDAC	B				
<b>Miscellaneous</b>						
lubiprostone	AMITIZA	B		M		
PEG 3350- & lytes	GOLYTELY	G				
ursodiol	URSODIOL	G		M		
<b>Immunosuppressants</b>						
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		
<b>Infectious Disease</b>						
<b>Antibacterials</b>						
amoxicillin		G				Capsule, oral suspension, chew & oral tablets
amoxicillin- clavulanate	AUGMENTIN	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

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
cefдинир	OMNICEF	G					Capsule & suspension
cefподохиме	VANTIN	G					Suspension & tablets
cefпрозил	CEFZIL	G					Suspension & tablets
цефуоximе	CEFTIN	G					Suspension & tablets
сепһалехин	KEFLEX	G					Capsule & suspension
сiproфloxacin	CIPRO	G					Tablets
сiproфloxacin 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					
metronidazole	FLAGYL	G					
minocycline	MINOCIN	G					
neomycin	NEOMYCIN	G					
penicillin VK	PENICILLIN V	G					Oral solution, suspension & tablets
sulfadiazine		G					
sulfamethoxazole-trimethoprim	BACTRIM, SEPTRA	G					Oral suspension & tablets (SS & DS)
sulfisoxazole	GANTRISIN PEDIATRIC	B					
tetracycline		G					
<b>Anti-cytomegalovirus (CMV) Agents</b>							
ganciclovir	CYTOVENE	G	PA		M		
valganciclovir	VALCYTE	B	PA		M		
<b>Antifungals</b>							
clotrimazole troche	MYCELEX TROCHE	G					
fluconazole	DIFLUCAN	G	PA				Oral suspension & tablets.
griseofulvin	GRIS-PEG	B					Oral suspension & tablets
ketoconazole	NIZORAL	G					
nystatin		G					Oral Suspension & tablet
mebendazole	VERMOX	G					
<b>Antiherpetic Agents</b>							
acyclovir	ZOVIRAX	G			M		Capsule, oral suspension & tablets
valacyclovir	VALTREX	B	PA		M		
<b>Antimycobacterials</b>							
ethambutol	MYAMBUTOL	G			M		
isoniazid		G			M		Oral syrup & tablet
pyrazinamide		G			M		
rifampin	RIFAMPIN	G			M		Capsules only
<b>Antiprotozoals</b>							
atovaquone-proguanil	MALARONE	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
chloroquine		G				
dapsone	DAPSONE	B				
hydroxychloroquine	PLAQUENIL	G				
mefloquine	LARIAM	G				
<b>Antivirals</b>						
amantadine		G				
oseltamivir	TAMIFLU	B				
rimantadine	FLUMADINE	B				
<b>Antivirals- HIV Agents</b>						
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 PEDIATRIC	B				
efavirenz	SUSTIVA	B				
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				
<b>Urinary Anti-infective</b>						
methenamine	MANDELAMINE	G				
nitrofurantoin	MACROANTIN	G				
nitrofurantoin	MACROBID	G				
trimethoprim	TRIMPEX	G				
<b>Miscellaneous</b>						
demeclocycline		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
<b>Musculoskeletal Agents</b>						
<b>Antigout Agents</b>						
allopurinol	ZYLOPRIM	G		M		
colchicine / probenecid		G		M		
colchicine	COLCRYS	B		M		
probenecid		G		M		
<b>Antirheumatic Agents</b>						
auranofin	RIDAURA	B				
methotrexate	RHEUMATREX	B				
penicillamine	CUPRIMINE	B				
<b>Skeletal Muscle Relaxants</b>						
baclofen	LIORESAL	G		M		
carisoprodol	SOMA	G				
cyclobenzaprine	FLEXERIL	G		M		
diazepam	VALIUM	G				
methocarbamol	ROBAXIN	G		M		
<b>OB-GYN</b>						
<b>Androgens</b>						
danazol	DANOCRINE	G				
tamoxifen	NOLVADEX	G		M		
<b>Anti-infective Topical</b>						
clindamycin vaginal	CLINDESSE	B				Cream
metronidazole vaginal	METROGEL	G				Gel
miconazole vaginal	MONISTAT	G				Suppository
nystatin vaginal tab		G				
terconazole vaginal	TERAZOL	G				Cream & suppository
<b>Contraceptives</b>	<b>Birth Control Pills</b>	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		
ethynodiol diacetate & ethinyl estradiol	KELNOR 1/35	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		
<b>Emergency Contraceptive</b>						
levonorgestrel	PLAN B	G				
<b>Estrogens</b>						
esterified estrogens	MENEST	B		M		
estradiol	ESTRADIOL	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
estradiol patch biweekly	VIVELLE-DOT	B		M		
estradiol patch- biweekly	ALORA	B		M		
estradiol patch- biweekly	ESTRADERM	B		M		
estradiol patch- weekly	CLIMARA	B		M		
estradiol patch- weekly	ESTRADIOL	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		
<b>Estrogens-Progestin Combinations</b>						
conj est/conj est- medroxypro	PREMPHASE	B		M		
conjugated estrogen- medroxyprogesterone	PREMPRO	B		M		
norethindrone-ethinyl estradiol	FEMHRT	B		M		
<b>Gonadotropic Releasing Hormones</b>						
nafarelin nasal	SYNAREL	B				
<b>Miscellaneous</b>						
diaphragm	ORTHO FLEX	B				
levonorgestrel-ethinyl estradiol	LYBREL	B		M		
raloxifene	EVISTA	B		M		
<b>Oxytocics</b>						
methylergonvine	METHERGINE	B				
<b>Progestins</b>						
medroxyprogesterone	PROVERA	G		M		
progesterone micronized	PROMETRIUM	B				
<b>Respiratory Agents</b>						
<b>Inhaled Agents</b>						
fluticasone powder	FLOVENT DISKUS	B		M		QL= 120 per 30 days
albuterol HFA inhaler	PROAIR HFA	B				
albuterol-ipratropium neb	DUONEB	G				
beclomethasone	QVAR	B		M		
budesonide inhaler	PULMICORT	B		M		
budesonide inhaler powder	PULMICORT FLEXHALER	B		M		
budesonide- formoterol inh	SYMBICORT	B		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
cromolyn nebulization	INTAL	G		M		
fluticasone HFA inhaler	FLOVENT HFA	B		M		
fluticasone powder	FLOVENT DISKUS	B		M		
fluticasone-salmeterol	ADVAIR DISKUS	B		M		
formoterol inh	FORADIL	B		M		
ipratropium HFA	ATROVENT HFA	B				
Ipratropium nebulization	ATROVENT NEB	G		M		
ipratropium-albuterol inhaler	COMBIVENT	B		M		
nedocromil inhaler	TILADE	B		M		
pirbuterol	MAXAIR	B				
salmeterol diskus	SEREVENT	B		M		
tiotropium inhaler	SPIRIVA	B		M		
<b>Miscellaneous</b>						
acetylcysteine inhal	MUCOMYST	G				
palivizumab IM	SYNAGIS	B	PA			Call Capstone Medical Director
<b>Oral Medications</b>						
albuterol	ALBUTEROL, ER	G		M		Extended release, tablets, & oral syrup
metaproterenol		G		M		Syrup & tablet
montelukast	SINGULAIR	B		M		
terbutaline	TERBUTALINE	G		M		Tablets
theophylline 12HR	THEOCRON	G		M		
theophylline 24HR	UNIPHYL	G		M		
<b>Smoking Cessation</b>						
bupropion SR 24HR	ZYBAN	G		M		
bupropion SR 12HR	WELLBUTRIN XL	G		M		
nicotine inhaler	NICOTROL INHALER	B				
nicotine nasal spray	NICOTROL NS	B				
nicotine patch 24 HR	NICODERM	B				
nicotine polacrilex	NICOTINE GUM	G				Gum
nicotine polacrilex	NICOTINE LOZ	G				Lozenge
varenicline	CHANTIX	B				QL: 62 per 30 days
<b>Steroids</b>						
dexamethasone	DECADRON	G				
prednisolone solution	PRELONE	G				
prednisone oral solution		G				
<b>Supplements</b>						
<b>Electrolytes</b>						
K bicarbonate/CL effervescent	KLYTE-CL	G				
K bicarbonate/CL powder	KLORVSS	G				
K bicarbonate effervescent	KLYTE, DS	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
potassium citrate	UROCIT K	G			M		
potassium gluconate	KAON	G			M		Tablet & oral liquid
<b>Miscellaneous</b>							
folic acid	FOLATE	G			M		
iron	IRON	G					
multivitamins with fluoride	MULTI-VIT/FL	G					Pediatric multivitamins with fluoride. Chew tablets (0.5mg, 1mg) & drops
multivitamin with folic acid	PRENATAL FORTE	G					RX and OTC products
<b>Antihyperphosphatemics</b>							
calcium acetate	PHOSLO	G			M		
sevelamer	RENVELA	B	PA		M		
<b>Urological Agents</b>							
<b>Antispasmodics</b>							
oxybutynin	DITROPAN, DITROPAN XL	G			M		Oral solution, tablets, extended release
oxybutynin patch	OXYTROL	B			M	ST	<b>ST: Use oral oxybutinin first.</b> QL= 10 patches per 30 days
tolterodine	DETROL& LA	B			M		QL= 30 per 30 days
<b>Benign Prostatic Hypertrophy Agents</b>							
finasteride	PROSCAR	G			M		
<b>Miscellaneous</b>							
bethanechol	URECHOLINE	G					
phenazopyridine	PYRIDIUM	G					

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

<b>DRUG Name (GENERIC NAME)</b>	<b>Comments</b>
<b>Allergy</b>	
cetirizine & cetirizine combination products (ZYRTEC)	Generics products. Capsules, liquid, & tablets
diphenhydramine & diphenhydramine combination products	Generics products. Capsules
loratadine & loratadine combination products (CLARITIN)	Generics products. Capsules
<b>Gastrointestinal Agents</b>	
alum & mag hydroxide-simethicone susp	
aluminum & magnesium hydroxide susp	
bisacodyl	
docusate sodium	
famotidine	
glycerin suppositories	
lansoprazole 15 MG OTC (PREVACID OTC)	
loperamide & loperamide combinations	
nizatadine (AXID 75)	
polyethylene glycol 3350	
psyllium powder	
ranitidine	
sodium phosphates enema	
<b>OTC Analgesics</b>	
acetaminophen	Capsule, liquid, suppositories, chew & tablets
aspirin	Buffered, enteric coated, chewable
ibuprofen 200mg	Capsule, oral suspension & tablets
<b>Topicals</b>	
hydrocortisone	Creams, ointments, & lotion
<b>OTC Vitamins/Minerals</b>	
calcium/vitamin D	
ascorbic acid (Vitamin C)	
calcium carbonate & calcium citrate products	
iron preparations	
multiple vitamin & multivitamins with minerals	Also multivitamins with folic acid
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prenatal multivitamins	
zinc	

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