



Samaritan Healthy KidsConnect

FORMULARY

List of Covered Drugs for 2011

2011

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FORMULARY

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LEGEND

MDL: Managed drug limitations

PA: Prior authorization required. Call 1-888-435-2396 or fax 1-888-415-1066

INTRODUCTION

Samaritan Healthy KidsConnect (SHKC) is pleased to provide the 2011 SHKC Formulary as a reference and informational tool for physicians, pharmacists and patients. The SHKC Formulary is designed to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The Samaritan Health Plan Operation (SHPO) Pharmacy and Therapeutics (P & T) Committee

The SHPO P & T Committee has reviewed all the medications listed on the formulary. Medications found to be clinically appropriate and cost effective have been selected as an option for SHKC members. If a physician deems an unlisted product to be medically necessary, the physician may request coverage through the medical exception process.

Notice

This formulary is not intended to be a substitute for a medical provider's knowledge expertise, skill or judgement. SHKC assumes no responsibility for the actions or omissions of any medical provider based upon the information herein. The medical provider should always consult the drug manufacturer's product insert for detailed information.

SHKC will not exclude coverage of a prescription medication for a particular indication solely on the grounds that the indication has not been approved by the United States Food and Drug Administration, if the Oregon Health Resources Commission determines that the medication is recognized as effective for the treatment of that indication.

SHKC covers both brand name drugs and generic drugs. A generic drug has been approved by the FDA and has the same active ingredient as the brand name. Generally, when a generic version of a drug is available SHKC will require that the generic be used by members unless it is medically necessary for a member to use the brand version of a drug.

Please ask your Pharmacist for the generic version of your medication. This will insure that your co-pay is as low as possible.

SHKC uses a "formulary," that lists the covered prescription medications. Some covered medications may have additional requirements or limits on coverage. These requirements may include:

- **Prior Authorization (PA):** SHKC requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SHKC before you fill your prescriptions.

- **Managed Drug Limits (MDL):** For certain drugs, SHKC limits the amount of the drug that is covered.

You can find out more about additional requirements or limits on covered medication by contacting our Customer Service Department or your physician

Preface

The SHKC Formulary is a listing of preferred drug products eligible for reimbursement by SHKC. All medications are organized by therapeutic class. For your convenience the generic name is listed with the brand drugs. An index by both brand and generic names is located at the end of the SHKC Formulary. Brand names are listed to assist in product recognition. Unless noted, all applicable dosage forms and strengths are generally covered. Extended release formulations (e.g., ext-rel, SR) are not considered formulary drugs unless specified. SHKC will not cover prescription drugs when prescribed for experimental, investigational or non-FDA approved indications.

Product Selection Criteria

The SHPO P & T Committee is composed of physicians, pharmacists and health professionals. The primary goal of the Committee is to maintain and evaluate the SHKC formulary based upon an objective analysis of the safety, efficacy, indications, adverse events, compliance, contraindications and cost effectiveness of each drug. When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently included in the SHKC Formulary. Formulary decisions are communicated quarterly on the SHKC internet site.

OTC Products

OTC's are not a covered benefit with the exception of Insulin.

Co-Pay Tiers

The level of prescription drug coverage is determined through a two-tier system. The tiers are as follows:

Healty Kids BELOW 300% Option:

Tier 1 Generic – \$0 co-pay. Generic drugs provide the same high quality medicine and therapeutic benefits found in brand-name medications without the brand-name price.

Tier 2 Brand – \$10 co-pay. Brand Name drugs provide high quality, effective and affordable prescription benefits to SHKC members. Brand name drugs are either more effective or equally effective, but less costly than other alternative brand medications not included on the preferred brand namelist. They are often the preferred agent in a class of medications that has many alternatives and will treat most health conditions.

Healthy Kids ABOVE 300% Option:

Tier 1 Generic – \$10 co-pay. Generic drugs provide the same high quality medicine and therapeutic benefits found in brand-name medications without the brand-name price.

Tier 2 Brand – \$50 or 50%, whichever is the lesser co-pay. Brand Name drugs provide high quality, effective and affordable prescription benefits to SHKC members. Brand name drugs are either more effective or equally effective, but less costly than other alternative brand medications not included on the preferred brand namelist. They are often the preferred agent in a class of medications that has many alternatives and will treat most health conditions.

Members that the state has identified as being Native American or Alaskan Native will not be responsible for out of pocket costs for prescriptions covered by this plan.

Prescription Out of Pocket Maximum

Families that are determined by the state to have an income level of 200%- 300% below the federal poverty have a maximum annual out of pocket expense for prescriptions. The prescription maximum out of pocket for families with one child is \$100. Families with two or more children have a \$200 out of pocket maximum. Once the prescription out of pocket maximum has been reached the plan will pay 100% for prescriptions for the remainder of the contract year. The maximum out of pocket for prescriptions does not apply to members the state determines to be above the 300% federal poverty level.

Lost or Stolen Medications

The SHKC policy for lost or stolen medications is that they are not covered unless the medication is emergent and a police report has been filed. Narcotic medications will never be filled early due to being lost or stolen. Please call the help desk at (541) 768-5207 or

1-888-435-2396 if you have any other questions regarding a member with this situation.

Generic Substitution

The brand names listed in the formulary are for reference only. Only FDA approved rated generic drugs are considered to be therapeutically equivalent.

Medication Exception

Exceptions are made in two rare circumstances:

1. There is a documented reaction to a component of the generic not present in the branded product. Usually this is a dye, filler, or preservative.
2. There is objective evidence of therapeutic failure after adjustment of dosage and/or timing of doses, and assurance of patient compliance. An example would be failure obtain/maintain therapeutic drug levels after dosage adjustments.

The process for requesting nonformulary medication(s) requires faxing a completed medical exception form to THE SHPO Medical Director. The Medical Director will review the form and make a decision.

PRIOR AUTHORIZATION

Drugs indicated with "PA" require Prior Authorization for coverage. Please call SHKC at (541) 768-5207 or 1-888-435-2396 or fax a completed PA form to 1-888-415-1066 for the following medications. This list is subject to change.

ACCOLATE (Zafirlukast)
 CEENU (Lomustine)
 CELLCEPT (Mycophenolate Mofetil)
 Cyclosporine
 Cyclosporine Modified
 Detrol (Tolterodine)
 Econazole Nitrate
 ELIDEL (Pimecrolimus Cream)
 EMLA (Lidocaine and Prilocaine)
 ENBREL (Etanercept For Subcutaneous\ Inj)
 ENBREL SURECLICK (Etanercept Subcutaneous Inj)
 EXJADE (Deferasirox)
 Fentanyl Td Patch
 GABITRIL (Tiagabine Hcl)
 Gabapentin PA for 600 and 800 mg
 GLEEVEC (Imatinib Mesylate)
 GRANISOL (Granisetron)
 INSULIN PENS
 INTRON-A (Interferon Alfa-2b Inj)
 INTRON-A W/DILUENT (Interferon Alfa-2b For Inj)
 Itraconazole
 Keppra (Levetiracetam)
 Ketoconazole
 KINERET (Anakinra Subcutaneous Inj)
 KUVAN (Sapropterin Dihydrochloride Soluble)
 Lansoprazol
 Levetiracetam
 LIPITOR (Atorvastatin Calcium) PA for 10 and 20 mg
 METADATE CD (Methylphenidate Hcl)
 Mycophenolate Mofetil
 MYFORTIC (Mycophenolate Sodium)
 NEUPOGEN (Filgrastim Inj)
 NEURONTIN SOLN (Gabapentin Soln)
 Pantoprazole
 PEG-INTRON REDIPEN (Peginterferon Alfa-2b For Inj kit)

Powder forms of brand or generic drugs are subject to prior authorization
PREMARIN W/APPLICATOR (Estrogens Conjugated Vaginal Cream)
PROCRT (Epoetin Alfa Inj)
PROTOPIC (Tacrolimus Oint)
RAPAMUNE (Sirolimus Oral)
REBETOL (Ribavirin)
Ribavirin
SINGULAIR (Montelukast Sodium Chew)
SPORANOX (Itraconazole)
Tacrolimus
Terbinafine Hcl
THALOMID (Thalidomide)
Topiramate
VALCYTE (Valganciclovir Hcl)
VFEND (Voriconazole)
ZETIA (Ezetimibe)

MANAGED DRUG LIMITATIONS (MDL)

Drugs with MDL will have the limitations noted in the column to the right of the drug name. Once the MDL has been exceeded a PA will be required. Managed drug limitations are subject to change.

DRUG NAME	MDL
AcetaminophenW/ Codeine	4000 mg APAP daily
ALTABAX (Retapamulin)	5 gm per 30 days
FRAGMIN (Dalteparin Sodium Inj)	PA Qty 10 or More
LOVENOX (Enoxaparin Sodium Inj)	PA Qty 10 or More
Maxalt (Rizatriptan Benzoate)	12 per month then PA
Nicotine Td Patch24hr	16weeks/365 days then PA
NUVARING (Etonogestrel-Ethinyl Estradiol Va Ring)	1/30 days
Sumatriptan	MDL 12 tabs, 2 kits, 3 spray bottles/30 days

FORMULARY

The first column of the Formulary table identifies the tier level of the medications. The drug names are listed in the second column.

- Brand name drugs are all capitalized (e.g., AMOXIL)
- Generic drugs are listed in lower-case (e.g., Amoxicillin).

The third column identifies if a drug requires a Prior Authorization (PA) or a Managed Drug Level (MDL).

Tiers	Drug Name	PA, MDL
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Powder forms of brand or generic drugs are subject to prior authorization

5-HT3 RECEPTOR ANTAGONISTS

Tier 1	Amantadine Hcl Ondansetron	
Tier 2	GRANISOL (Granisetron)	PA

ADRENALS

Tier 1	Budesonide Inhalation Susp Dexamethasone Fludrocortisone Acetate Methylprednisolone Prednisolone Prednisolone Sod Phosphate Oral Soln	
Tier 2	ASMANEX (Mometasone Furoate) FLOVENT HFA (Fluticasone Propionate Hfa Inhal Aerosol) PREDNISON QVAR (Beclomethasone Dipropionate) SYMBICORT (Budesonide-Formoterol Fumarate Dihyd Aerosol)	

ALPHA ADRENERGIC AGONISTS

Tier 1	Brimonidine Tartrate Ophth Soln	
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Tiers	Drug Name	PA, MDL
ALPHA- AND BETA-ADRENERGIC AGONISTS		
Tier 1	Pseudoephedrine Hcl	
Tier 2	EPIPEN (Epinephrine Hcl Inj Device)	
	EPIPEN-JR (Epinephrine Hcl Inj Device)	
ALPHA-ADRENERGIC BLOCKING AGENTS		
Tier 1	Doxazosin Mesylate	
	Prazosin Hcl	
	Terazosin HCl	
AMEBICIDES		
Tier 1	Paromomycin Sulfate	
AMINOGLYCOSIDES		
Tier 1	Neomycin Sulfate	
AMMONIA DETOXICANTS		
Tier 1	Lactulose	
AMPHETAMINES		
Tier 1	Amphetamine-Dextroamphetamine	
	Dextroamphetamine Sulfate	
ANALGESICS AND ANTIPYRETICS, MISC		
Tier 1	Butalbital-Acetaminophen-Caffeine	
Tier 2	DOLGIC LQ (Butalbital-Acetaminophen-Caffeine)	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
Tier 1	Enalapril Maleate	
	Fosinopril Sodium	

Tiers	Drug Name	PA, MDL
	Fosinopril Sodium and Hydrochlorothiazide	
	Lisinopril	
	Lisinopril and Hydrochlorothiazide	
	Moexipril Hcl	

ANOREXIGENICS and RESP and CEREB STIM, MISC

Tier 1	Methylphenidate Hcl	
	Metadate ER	
Tier 2	METADATE CD (Methylphenidate Hcl)	PA

ANTHELMINTICS

Tier 1	Mebendazole Chew	
Tier 2	STROMECTOL (Ivermectin)	

ANTIALLERGIC AGENTS-

Tier 1	Cromolyn Sodium Nasal Aerosol Soln	
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ANTIARRHYTHMIC AGENTS

Tier 1	Quinidine Gluconate Tab Cr	
	Quinidine Sulfate	

ANTIBACTERIALS

Tier 1	Bacitracin Oint	
	Bacitracin-Polymyxin B Oint	
	Bacitracin-Polymyxin B Ophth Oint	
	Ciprofloxacin Hcl	
	Clindamycin Phosphate	
	Gentamicin Sulfate Ophth Oint	
	Metronidazole Vaginal Gel	
	Mupirocin Oint	
	Neomycin-Polymyxin B-Gramicidin Ophth Soln	
	Ofloxacin Otic Soln	
	Polymyxin B-Trimethoprim Ophth Soln	
	Sulfacetamide Sodium Ophth Soln	
	Tobramycin Sulfate Ophth Soln	
	Neomycin-Bacitracin-Polymyxin Oint	
Tier 2	ALTABAX (Retapamulin)	5 gm per 30

Tiers	Drug Name	PA, MDL
		days
	BACTROBAN Cream (Mupirocin Calcium)	
	BACTROBAN NASAL (Mupirocin Calcium Nasal Oint)	
ANTIBACTERIALS, MISCELLANEOUS		
Tier 1	Clindamycin Hcl	
Tier 2	CLEOCIN PEDIATRIC GRANULE (Clindamycin Palmitate Hcl For Soln)	
	VANCOGIN HCL (Vancomycin Hcl)	
ANTICOAGULANTS		
Tier 1	Heparin Sodium	
	Warfarin	
Tier 2	COUMADIN (Warfarin)	
	FRAGMIN (Dalteparin Sodium Inj)	PA Qty 10 or More
	LOVENOX (Enoxaparin Sodium Inj)	PA Qty 10 or More
ANTICONVULSANT BARBITURATES		
Tier 1	Primidone	
ANTICONVULSANT BENZODIAZEPINES		
Tier 1	Clonazepam	
ANTICONVULSANTS, MISCELLANEOUS		
Tier 1	Carbamazepine Tab Sr	
	Carbamazepine	
	Gabapentin	PA 600 and 800 mg
	Levetiracetam	PA
	Topiramate	PA
Tier 2	CARBATROL (Carbamazepine Cap Sr)	
	FELBATOL (Felbamate)	
	GABARONE (Gabapentin)	

Tiers	Drug Name	PA, MDL
	GABITRIL (Tiagabine Hcl)	PA
	Keppra (Levetiracetam)	PA
	NEURONTIN SOLN (Gabapentin Soln)	PA
	TEGRETOL CHEWABLE (Carbamazepine Chewable)	
	TEGRETOL-XR (Carbamazepine Tab Sr)	

ANTIDEPRESSANTS

Tier 1	Amitriptyline	
	Amoxapine	
	Clomipramine	
	Desipramine	
	Doxepin	
	Fluoxetine	
	Fluvoxamine	
	Imipramine	
	Nortriptyline	
	Protryptiline	
	Sertraline	
Tier 2	LEXAPRO (Escitalopram)	
	SURMONTIL (Trimipramine)	

ANTIDIARRHEA AGENTS

Tier 1	Diphenoxylate W/ Atropine	
	Loperamide Hcl	

ANTIDOTES

Tier 1	Leucovorin Calcium	
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ANTIFUNGALS

Tier 1	Terbinafine Hcl	PA
	Econazole Nitrate	PA
Tier 2	MYCELEX TROCHES (Clotrimazole)	

ANTIGOUT AGENTS

Tier 1	Allopurinol	
	Colchicine	

Tiers	Drug Name	PA, MDL
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ANTI-INFLAMMATORY AGENTS

Tier 1	Betamethasone	
	Betamethasone Valerate Cream lotion	
	Fluocinonide	
	Hydrocortisone	
	Hydrocortisone Cream/Ointment	
	Triamcinolone Acetonide In Orabase	
Tier 2	CORTIFOAM (Hydrocortisone Acetate Rectal Foam)	

ANTIMALARIALS

Tier 1	Chloroquine Phosphate	
	Hydroxychloroquine Sulfate	
	Mefloquine Hcl	
	Primaquine Phosphate	
Tier 2	QUALAQUIN (Quinine Sulfate)	

**ANTIMIGRAINE AGENTS,
MISCELLANEOUS**

Tier 1	Sumatriptan	MDL 12 tabs, 2 kits, 3 spray bottles/30 days
Tier 2	Maxalt (Rizatriptan Benzoate)	12 per month then PA

**ANTIMUSCARINICS/ANTI-
SPASMODICS**

Tier 1	Hyoscyamine Sulfate	
	IPRATROPIUM BROMIDE (Ipratropium Bromide Inhal)	
	PROPANTHELINE BROMIDE (Propantheline Bromide)	
Tier 2	ATROVENT HFA (Ipratropium Bromide Hfa Inhal Aerosol)	
	COLIDROPS (Hyoscyamine Sulfate)	
	HYOMAX-SL (Hyoscyamine Sulfate)	

Tiers	Drug Name	PA, MDL
ANTIMYCOBACTERIALS, MISCELLANEOUS		
Tier 1	Dapsone	
ANTINEOPLASTIC AGENTS		
Tier 1	Cyclophosphamide	
	Etoposide	
	Mercaptopurine	
	Methotrexate Sodium	
	Tamoxifen Citrate	
Tier 2	ARIMIDEX (Anastrozole)	
	CEENU (Lomustine)	PA
	GLEEVEC (Imatinib Mesylate)	PA
	INTRON-A (Interferon Alfa-2b Inj)	PA
	INTRON-A W/DILUENT (Interferon Alfa-2b For Inj)	PA
	LEUKERAN (Chlorambucil)	
	MYLERAN (Busulfan)	
	SOLTAMOX (Tamoxifen Citrate Oral Soln)	
	TABLOID (Thioguanine)	
	VIADUR (Leuprolide Acetate Implant Kit)	
ANTIPARKINSON AGENTS		
Tier 1	Benzotropine Mesylate	
ANTIPROTOZOALS, MISCELLANEOUS		
Tier 1	Metronidazole	
Tier 2	ALINIA (Nitazoxanide For Susp)	
	MEPRON (Atovaquone Susp)	
ANTIPSYCHOTICS		
Tier 1	Chlorpromazine	
	Fluphenazine	
	Haloperidol	
	Perphenazine	
	Prochlorperazine Maleate	

Tiers	Drug Name	PA, MDL
	Risperidone	
	Thioridazine	
	Thiothixene	
	Trifluoperazine	
Tier 2	Abilify (Aripiprazole)	

ANTIRETROVIRALS

Tier 1	Stavudine	
Tier 2	AGENERASE (Amprenavir)	
	APTIVUS (Tipranavir)	
	COMBIVIR (Lamivudine-Zidovudine)	
	EMTRIVA (Emtricitabine)	
	EPIVIR (Lamivudine Oral)	
	EPIVIR HBV (Lamivudine Oral)	
	INVIRASE (Saquinavir Mesylate)	
	ISENTRESS (Raltegravir Potassium)	
	KALETRA (Lopinavir-Ritonavir)	
	LEXIVA (Fosamprenavir Calcium Susp)	
	NORVIR (Ritonavir)	
	PREZISTA (Darunavir Ethanolate)	
	RESCRIPTOR (Delavirdine Mesylate)	
	REYATAZ (Atazanavir Sulfate)	
	SELZENTRY (Maraviroc)	
	SUSTIVA (Efavirenz)	
	TRIZIVIR (Abacavir Sulfate-Lamivudine-Zidovudine)	
	VIDEX (Didanosine)	
	VIRACEPT (Nelfinavir Mesylate Oral Powder)	
	VIRAMUNE (Nevirapine Susp)	
	ZIAGEN (Abacavir Sulfate Soln)	
	ZIDOVDINE (Zidovudine)	

ANTITHYROID AGENTS

Tier 1	Methimazole	
	Propylthiouracil	

ANTITUBERCULOSIS AGENTS

Tier 1	Ethambutol Hcl	
	Isoniazid	
	Pyrazinamide	

Tiers	Drug Name	PA, MDL
	Rifampin	
Tier 2	MYCOBUTIN (Rifabutin)	
ANTITUSSIVES		
Tier 1	Pseudoephedrine-Dm Benzonatate Guaifenesin-Codeine Hydrocodone W/ Homatropine Promethazine W/ Codeine Promethazine-Dm Syrup	
ANTIVIRALS		
Tier 1	Trifluridine Ophth	
Tier 2	ZOVIRAX (Acyclovir)	
ANXIOLYTICS, SEDATIVES, and HYPNOTICS MISC		
Tier 1	Hydroxyzine Pamoate	
AUTONOMIC DRUGS, MISCELLANEOUS		
Tier 1	Nicotine Td Patch24hr	16weeks/365 days then PA
AZOLES		
Tier 1	Fluconazole	
	Itraconazole	PA
	Ketoconazole	PA
Tier 2	SPORANOX (Itraconazole)	PA
	VFEND (Voriconazole)	PA
BARBITURATES		
Tier 1	Phenobarbital	
BENZODIAZEPINES		
Tier 2	DIASTAT ACUDIAL (Diazepam Rectal Gel Delivery System)	
	DIASTAT PEDIATRIC (Diazepam Rectal Gel Delivery	

Tiers	Drug Name	PA, MDL
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System)

BETA ADRENERGIC BLOCKING AGENTS

Tier 1	Nadolol Timolol Maleate	
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BETA-ADRENERGIC AGONISTS

Tier 1	Albuterol Sulfate Soln Nebu Albuterol Sulfate Tab Sr Ipratropium-Albuterol Terbutaline Sulfate	
Tier 2	ADVAIR DISKUS (Fluticasone-Salmeterol Powder Disks) ADVAIR HFA (Fluticasone-Salmeterol Inhal Aerosol) FORADIL AEROLIZER (Formoterol Fumarate Inhal) MAXAIR AUTOHALER (Pirbuterol Acetate Breath Activated Inhal Aerosol) PROVENTIL HFA (Albuterol Sulfate Inhal Aero) SEREVENT DISKUS (Salmeterol Xinafoate Aer Pow Ba) VENTOLIN (Albuterol)	

BETA-ADRENERGIC BLOCKING AGENTS

Tier 1	Atenolol Labetalol Hcl Metoprolol Succinate Sr Metoprolol Tartrate Propranolol Hcl Sotalol Hcl	
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BIGUANIDES

Tier 1	Metformin Hcl	
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BILE ACID SEQUESTRANTS

Tier 1	Cholestyramine	
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Tiers	Drug Name	PA, MDL
BIOLOGIC RESPONSE MODIFIERS		
Tier 2	THALOMID (Thalidomide)	PA
Bi-Polar		
Tier 1	LAMOTRIGINE	
	LITHIUM	
CARBONIC ANYDRASE INHIBITORS		
Tier 1	Acetazolamide	
CARDIOTONIC AGENTS		
Tier 1	Digoxin	
Tier 2	LANOXICAPS (Digoxin)	
CATHARTICS AND LAXATIVES		
Tier 2	MIRALAX (Polyethylene Glycol (Peg) 3350)	
	NULYTELY (PEG 3350/Sodium Chloride/Sodium Bicarbonate/KCL)	
	GOLYTELY (Peg 3350-Kcl-Na Bicarb-NaCl-Na Sulfate)	
CENTRAL ALPHA-AGONISTS		
Tier 1	Clonidine	
	Guanfacine Hcl	
	Methyldopa	
CEPHALOSPORINS		
Tier 1	Cefaclor	
	Cefdinir	
	Cefpodoxime Proxetil	
	Cephalexin	
Tier 2	RANICLOR (Cefaclor)	
CHOLESTEROL ABSORPTION INHIBITORS		
Tier 2	ZETIA (Ezetimibe)	PA

Tiers	Drug Name	PA, MDL
CONTRACEPTIVES		
	All generic oral prescription contraceptives are covered	
Tier 1	Levonorgestrel-Eth Estra	
	Norethindrone	
	Desogestrel and ethinyl estradiol	
	Ethinodiol Diacetate and Ethinyl Estradiol	
	Levonorgestrel and Ethinyl Estradiol	
	Norethindrone Ace and Ethinyl Estradiol	
Tier 2	CYCLESSA (Desogest-Ethin Est)	
	DESOGEN (DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG)	
	NUVARING (Etonogestrel-Ethinyl Estradiol Va Ring)	1/30 days
	OCELLA (Drospirenone-Ethinyl Estradiol)	
	OMNIFLEX DIAPHRAGM (Diaphragm)	
	ORTHO DIAPHRAGM ALL-FLEX (Diaphragm)	
	ORTHO DIAPHRAGM COIL SPRI (Diaphragm)	
	ORTHO DIAPHRAGM FLAT SPRI (Diaphragm)	
	ORTHO EVRA (Norelgestromin-Ethinyl Estradiol Td)	
	ORTHO TRI-CYCLEN (Norgestimate-Eth Estrad)	
	ORTHO-CYCLEN (Norgestimate and Ethinyl Estradiol)	
	ORTHO-NOVUM (Norethindrone and Ethinyl Estradiol)	
CORTICOSTEROIDS		
Tier 1	Bacitracin-Polymyxin-Neomycin-Hc Ophth O	
	Hydrocortisone W/ Acetic Acid Otic Soln	
	Dexamethasone Sodium Phosphate Ophth Soln	
	Fluorometholone Ophth Susp	
	Fluticasone Propionate	
	Neomycin-Polymyxin-Dexamethasone Ophth	
	Neomycin-Polymyxin-Hc Otic Soln	
	Prednisolone Acetate Ophth Susp	
	Sulfacetamide Sodium-Prednisolone Ophth Soln	
Tier 2	BLEPHAMIDE S.O.P. (Sulfacetamide Sodium-Prednisolone Ophth Oint)	
	PRED MILD (Prednisolone Acetate Ophth Susp)	
DERIVATIVES, MISCELLANEOUS		
Tier 1	Cyproheptadine Hcl	

Tiers	Drug Name	PA, MDL
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DEVICES

Diabetic supplies that are covered at the pharmacy include insulin, insulin pens, syringes and other supplies that are used for the administration of insulin. Copay's will follow the brand and generic tiers. Please ask your pharmacist for the generic version.

DIGESTANTS

Tier 2	CREON 5 (Amy-Lip-Prot Dr Particles Cap 16600-5000-18750 Unit)	
	CREON 10 (Amy-Lip-Prot Dr Particles Cap 33200-10000-37500 Unit)	
	CREON 20 (Amy-Lip-Prot Dr Particles Cap 66400-20000-75000 Unit)	
	LIPRAM (Amy-Lip-Prot Dr Particles Cap 58500-18000-58500 Unit)	
	LIPRAM (Amy-Lip-Prot Dr Particles Cap 65000-20000-65000 Unit)	
	LIPRAM 4500 (Amy-Lip-Prot Dr Particles Cap 20000-4500-25000 Unit)	
	LIPRAM-UL12 (Amy-Lip-Prot Dr Particles Cap 39000-12000-39000 Unit)	
	PANCREASE MT (Amy-Lip-Prot Dr Particles Cap 56000-20000-44000 Unit)	
	PANCREASE MT (Amy-Lip-Prot Dr Particles Cap 48000-16000-48000 Unit)	
	PANCREASE MT 10 (Amy-Lip-Prot Dr Particles Cap 30000-10000-30000 Unit)	
	PANCRELIPASE (Amylase-Lipase-Protease Tab 30000-8000-30000 Unit)	
	PANOKASE-16 (Amylase-Lipase-Protease Tab 60000-16000-60000 Unit)	
	VIOKASE (Amylase-Lipase-Protease Powd 70000-16800-70000 Unit)	

DIHYDROPYRIDINES

Tier 1	Amlodipine Besylate	
	Felodipine Sr	
	Nifedipine Sr 24hr Osmotic	

Tiers	Drug Name	PA, MDL
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Nifedipine

DIRECT ACTING SKELETAL MUSCLE RELAXANTS

Tier 1	Dantrolene Sodium	
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DIRECT VASODILATORS

Tier 1	Hydralazine Hcl	
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DISEASE-MODIFYING ANTIRHEUMATIC AGENTS

Tier 2	ENBREL (Etanercept For Subcutaneous\ Inj)	PA
	ENBREL SURECLICK (Etanercept Subcutaneous Inj)	PA
	KINERET (Anakinra Subcutaneous Inj)	PA

DOPAMINE RECEPTOR AGONISTS

Tier 1	Bromocriptine Mesylate	
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EENT DRUGS, MISCELLANEOUS

Tier 1	Acetic Acid Otic	
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EMETICS

Tier 1	Ipecac Syrup	
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ESTROGENS

Tier 2	PREMARIN W/APPLICATOR (Estrogens Conjugated Vaginal Cream)	PA
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EXPECTORANTS

Tier 1	Pseudoephedrine-Guaifenesin	
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GABA DERIVATIVE SKELETAL MUSCLE RELAXANTS

Tier 1	Baclofen	
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Tiers	Drug Name	PA, MDL
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
Tier 1	Oxybutynin Chloride	
Tier 2	Detrol (Tolterodine)	PA
GLYCOGENOLYTIC AGENTS		
Tier 2	GLUCAGON EMERGENCY KIT (Glucagon (Rdna) For Inj Kit)	
H2 Antagonists		
Tier 1	Ranitidine	
HEAVY METAL ANTAGONISTS		
Tier 2	EXJADE (Deferasirox)	PA
HEMATOPOIETIC AGENTS		
Tier 2	NEUPOGEN (Filgrastim Inj)	PA
	PROCRIT (Epoetin Alfa Inj)	PA
HISTAMINE H2-ANTAGONISTS		
Tier 1	Cimetidine Hcl	
	Famotidine	
HMG-COA REDUCTASE INHIBITORS		
Tier 1	Lovastatin	
	Pravastatin Sodium	
	Simvastatin	
Tier 2	LIPITOR (Atorvastatin Calcium)	PA 10 and 20 mg
HYDANTOINS		
Tier 1	Phenytoin	
Tier 2	DILANTIN (Phenytoin Sodium Extended)	
	DILANTIN INFATABS (Phenytoin Chew)	
	PHENYTEK (Phenytoin Sodium Extended)	

Tiers	Drug Name	PA, MDL
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IMMUNOSUPPRESSIVE AGENTS

Tier 1	Cyclosporine	PA
	Cyclosporine Modified	PA
	Mycophenolate Mofetil	PA
	Tacrolimus	PA
Tier 2	CELLCEPT (Mycophenolate Mofetil)	PA
	MYFORTIC (Mycophenolate Sodium)	PA
	RAPAMUNE (Sirolimus Oral)	PA

INSULIN

All insulin and pens are covered. Insulin Pens require a PA.

INTERFERONS

Tier 2	PEG-INTRON REDIPEN (Peginterferon Alfa-2b For Inj kit)	PA
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LEUKOTRIENE MODIFIERS

Tier 2	ACCOLATE (Zafirlukast)	PA
	SINGULAIR (Montelukast Sodium Chew)	PA

LOCAL ANESTHETICS

Tier 1	Benzocaine-Antipyrine Otic Soln	
	Lidocaine Hcl	
Tier 2	EMLA (Lidocaine and Prilocaine)	PA
	LTA 360 KIT (Lidocaine Hcl Laryngotracheal Soln)	

LOOP DIURETICS

Tier 1	Furosemide Oral Soln	
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MACROLIDES

Tier 1	Azithromycin	
	Erythromycin Tab Delayed Release	
	Erythromycin Stearate	
	Erythromycin	
	Erythromycin Ethylsuccinate	
	Erythromycin1Sulfisoxazole For Susp	

Tiers	Drug Name	PA, MDL
Tier 2	ZITHROMAX (Azithromycin Powd Pack)	
MAST-CELL STABILIZERS		
Tier 2	INTAL 112 (Cromolyn Sodium Inhal Aerosol Soln)	
Mental Health		
Refer to Therapeutic Categories Antidepressant and Antipsychotics		
MISC THERAPEUTIC AGENTS		
Tier 1	Sodium Fluoride	
MULTIVITAMIN PREPARATIONS		
Prescription Multivitamin's are covered brands are \$10 copy and generic's are \$0 copy.		
NITRATES AND NITRITES		
Tier 1	Nitroglycerin Td Patch 24hr Nitroglycerin SI Tab	
NONSTEROIDAL ANTI- INFLAMMATORY AGENTS		
Tier 1	Butalbital-Aspirin-Caffeine Naproxen Ibuprofen Indomethacin	
Tier 2	ACULAR (Ketorolac Tromethamine Ophth Soln) ACULAR LS (Ketorolac Tromethamine Ophth Soln) ACUVAIL (Ketorolac Tromethamine Ophth Soln) INDOCIN (Indomethacin Suppos)	
NUCLEOSIDES AND NUCLEOTIDES		
Tier 1	Acyclovir Ganciclovir Ribavirin	PA
Tier 2	REBETOL (Ribavirin) VALCYTE (Valganciclovir Hcl)	PA PA

Tiers	Drug Name	PA, MDL
OPIATE AGONISTS		
Tier 1	Hydrocodone-Acetaminophen	
	AcetaminophenW/ Codeine	4000 mg APAP daily
	Fentanyl Td Patch	PA
	Hydromorphone Hcl	
	Oxycodone IR	
	Morphine Sulfate	
OTHER MISC THERAPEUTIC AGENTS		
Tier 2	ELMIRON (Pentosan Polysulfate Sodium)	
	KUVAN (Sapropterin Dihydrochloride Soluble)	PA
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
Tier 1	Bethanechol Chloride	
PENICILLINS		
Tier 1	Amoxicillin	
	Amoxicillin and K Clavulanate Chew	
	Ampicillin	
	Dicloxacillin Sodium	
	Penicillin V Potassium	
Tier 2	AMOCLAN (Amoxicillin and K Clavulanate)	
	AUGMENTIN (Amoxicillin and K Clavulanate)	
	AUGMENTIN XR (Amoxicillin and K Clavulanate Sr)	
PHENOTHIAZINE DERIVATIVES		
Tier 1	Promethazine Hcl	
PITUITARY		
Tier 1	Desmopressin Acetate Nasal	
Tier 2	STIMATE (Desmopressin Acetate Nasal)	
POLYENES		
Tier 1	Nystatin Susp	

Tiers	Drug Name	PA, MDL
PROKINETIC AGENTS		
Tier 1	Metoclopramide Hcl	
PROPLAMINE DERIVATIVES		
Tier 1	Tripolidine and Pseudoephedrine	
	Brompheniramine and Pseudoephedrine	
	Dexbrompheniramine and Pseudoephedrine Sr	
PROTECTANTS		
Tier 1	Sucralfate	
PROTON-PUMP INHIBITORS		
Tier 1	Omeprazole	
	Lansoprazol	PA
	Pantoprazole	PA
QUINOLONES		
Tier 1	Ciprofloxacin	
Tier 2	LEVAQUIN (Levofloxacin Iv Soln)	
	LEVAQUIN LEVA-PAK (Levofloxacin)	
REPLACEMENT PREPARATIONS		
Tier 1	Potassium Chloride	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
Tier 1	Theophylline Tab Sr	
Tier 2	THEO-24 (Theophylline Cap Sr)	
	UNIPHYL (Theophylline Tab Sr)	
SCABICIDES AND PEDICULICIDES		
Tier 1	Malathion Lotion	
	Nix Liquid	
	Permethrin Cream 5%	
	Permethrin Lotion 1%	

Tiers	Drug Name	PA, MDL
SECOND GENERATION ANTIHISTAMINES		
Tier 1	Fexofenadine	
	Loratadine and Pseudoephedrine Tab Sr	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC		
Tier 2	ELIDEL (Pimecrolimus Cream)	PA
	PROTOPIC (Tacrolimus Oint)	PA
SULFONAMIDES		
Tier 1	Ethosuximide	
	Sulfisoxazole Acetyl	
	Sulfamethoxazole-Trimethoprim	
	Sulfasalazine	
	Sulfasalazine Tab Delayed Release	
TETRACYCLINES		
Tier 1	Doxycycline Hyclate	
	Tetracycline Hcl	
Tier 2	VIBRAMYCIN (Doxycycline Monohydrate For Susp)	
THIAZIDE DIURETICS		
Tier 1	Hydrochlorothiazide	
THIAZIDE-LIKE DIURETICS		
Tier 1	Chlorthalidone	
THYROID AGENTS		
Tier 1	Levothyroxine Sodium	
URICOSURIC AGENTS		
Tier 2	PROBENECID (Probenecid)	

Tiers	Drug Name	PA, MDL
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URINARY ANTI-INFECTIVES

Tier 1	Nitrofurantoin Macrocrystalline	
	Nitrofurantoin Monohydrate Macrocrystalline	
	Trimethoprim	
Tier 2	MACRODANTIN (Nitrofurantoin Macrocrystalline)	
	PRIMSOL (Trimethoprim Hcl Oral Soln)	
	URISED (Methenamine-Bella Alk-Meth Blue-Phenyl Sal Tab)	

VACCINES

Tier 2	AFLURIA PF (Influenza Virus Vaccine Split Preservative Free Inj)	
	FLULAVAL (Influenza Virus Vaccine Split Inj)	
	FLUVIRIN (Influenza Virus Vaccine Types A and B Surface Antigen Inj)	
	PNEUMOVAX 23/5 DOSE (Pneumococcal Vaccine Polyvalent Inj)	
	PREVNAR (Pneumococcal 7-Valent Conjugate Vaccine Inj)	
	THERACYS (Bcg Live Intravesical For Susp)	
	TICE BCG (Bcg Live Intravesical For Susp)	

VITAMIN D

Tier 1	Calcitriol	
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VITAMIN K ACTIVITY

Tier 1	Phytonadione	
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Samaritan Healthy KidsConnect

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Building healthier communities together

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