



Massachusetts Outpatient

# **FORMULARY GUIDE**

**2010**

**13th Edition**

© Copyright 2010 Massachusetts Medical Society. All rights reserved.

*To order additional copies, please call Massachusetts Medical Society Customer Service at (800) 843-6356. Orders must be made in increments of 10.*

*The cost for 10 copies is \$15.00.*

## Table of Contents

---

Analgesics . . . . .	1
Anticonvulsants . . . . .	5
Antidepressants . . . . .	7
Antihistamines . . . . .	9
Antihypertensives . . . . .	11
Anti-infectives . . . . .	15
Antipsychotics . . . . .	19
Anti-ulcer/Motility . . . . .	21
Asthma Oral Agents . . . . .	23
Asthma Inhalers . . . . .	24
Attention Deficit Hyperactivity Disorder . . . . .	25
Dermatologic Agents . . . . .	26
Diabetes Management . . . . .	31
Hormone Replacement . . . . .	34
Lipid-Lowering Drugs . . . . .	36
Migraine Therapy . . . . .	37
Nasal Corticosteroids . . . . .	38
NSAIDs . . . . .	39
Ophthalmic Agents . . . . .	40
Tobacco Cessation . . . . .	42
Abbreviations That Should Not Be Used . . . . .	44

## About This Guide

The Massachusetts Medical Society  
Aetna Inc.

Blue Cross Blue Shield  
of Massachusetts, Inc.

Boston Medical Center  
HealthNet Plan

Fallon Community Health Plan

Harvard Pilgrim Health Care  
Health New England

Neighborhood Health Plan  
of Massachusetts

Network Health

Office of Medicaid/MassHealth

Tufts Health Plan

The above organizations are pleased to present the 13th edition of the *Massachusetts Outpatient Formulary Guide*. This guide is intended to assist physicians by providing the participating health plans' commonly prescribed outpatient formulary drugs in a readily accessible, pocket-sized format. It does not reflect the comprehensive formularies of the participating health plans. Contraceptives have been removed from this guide. The plans indicated that the choice of contraceptive medication is generally driven by the patient's preference based on the copayment level. Additionally, state-mandated HIV drugs are not included in this version of the guide. Individual plans should be contacted for complete formulary lists or for further information about drug coverage. Health plan contact information is provided in this section.

Formulary information changes frequently. Although the information in this guide is current as of April 2010, individual plans should be contacted for the most up-to-date information. Inclusion of any drug in a plan's formulary shall not be construed as a commitment on the part of that plan to continue to offer that drug. This guide should not be used after May 2011.

The information contained in this guide has been provided by, and is at the sole discretion of, each individual health plan. Formulary information is proprietary information of each plan and may not be used or reproduced for any purpose without the plan's express permission.

The Massachusetts Medical Society accepts no responsibility for the accuracy and scope of the information contained in this guide, nor for the acts or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein.

## Special Notes

### **Aetna Inc. (AETNA)**

Aetna offers pharmacy benefit plans with either an open or closed formulary and with varying copay levels for covered prescription drugs. Closed formulary plans do not cover drugs on our Formulary Exclusions List unless a medical exception is obtained. Open formulary plans cover drugs that are listed on the formulary, as well as many that are not listed on the formulary. Some members pay a higher copayment for non-formulary drugs. Many drugs on the formulary are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those drugs for the benefit of Aetna.

All covered generic drugs are on the formulary, with the exception of those listed on our Formulary Exclusions List. Under many pharmacy benefit plans, members pay a lower copayment for covered generic drugs on the formulary. In some plans, if the member or physician requests a brand-name drug when a generic drug is available, the member makes a copay plus the difference in cost between the brand-name and generic drug. Consider prescribing generic drugs, when appropriate, to help members save money and to help control health care costs.

The formulary may change because the FDA approves many new drugs throughout the year. Our closed formulary plans generally do not cover new FDA-approved drugs until they have completed the formulary review process, unless a medical exception is obtained. Our open formulary plans generally cover new FDA-approved drugs immediately. Depending on their plan, some members pay a higher copayment, and the new drug also may be subject to precertification or step-therapy requirements. Visit our website at [www.aetna.com/formulary](http://www.aetna.com/formulary) for current formulary information.

### **Blue Cross Blue Shield of Massachusetts, Inc. (BCBSMA)**

BCBSMA has a list of non-covered drugs for the standard pharmacy benefit. This formulary guide lists commonly prescribed therapeutic classes and some of the drugs covered in those classes as of January 2010. BCBSMA has instituted a three-tier benefit design. Certain drugs require prior authorization, are part of a step therapy program, and/or are subject to dispensing limits. For specific drug and dose coverage inquiries, please call (800) 366-7778 (Monday through Friday, between the hours of 8 a.m. and 6 p.m.) or refer to the website ([www.bluecrossma.com](http://www.bluecrossma.com)).

### **Boston Medical Center HealthNet Plan (BMCHP)**

BMC HealthNet Plan (BMCHP) is a statewide, provider-sponsored health plan that coordinates health coverage for MassHealth (Medicaid) and Commonwealth Care members. BMCHP has both a two-tier formulary design for Mass Health

and Commonwealth Care Plan Type I members and three-tier formulary design for Commonwealth Care Plan Types II and III. A prescription is required for all prescription and covered over-the-counter (OTC) medications. A list of the covered OTC medications can be found at [www.bmchp.org](http://www.bmchp.org) on the Pharmacy Homepage under Pharmacy Benefits.

MassHealth and Commonwealth Care Plan Type I members:

Tier I\* — Select generic and covered OTC medications

Tier II — All other generic and covered OTC medications, brand-name medications

*\*Copayments for most generic and covered over-the-counter medications (with a prescription) and all brand-name medications will be \$3 EXCEPT for certain medications members may take for high blood pressure, high cholesterol, or diabetes. The copayments for these will be \$1.*

Commonwealth Care members plan type II and III:

Tier I — Generic and covered OTC medications

Tier II — Preferred medications

Tier III — Non-preferred medications

Certain medications require prior authorization (PA), step therapy (ST) or quantity limitation (DL) as indicated in this guide. Other programs include the Mandatory Generic Substitution Program for brand name drugs with AB-Rated generic equivalents, and the New-to-Market Program (NTM) for recently FDA-approved drugs, each of which requires preauthorization review. The Specialty Pharmacy Program manages the dispensing of certain high-cost medications.

Refer to the website ([www.bmchp.org](http://www.bmchp.org)) for formulary information, pharmacy network, mail order pharmacy benefits, clinical guidelines for medication coverage, and prior authorization forms. For additional information, please call BMCHP's pharmacy benefits manager, informedRx, at (800) 510-8980.

## Fallon Community Health Plan (FCHP)

This edition of the *Massachusetts Outpatient Formulary Guide* lists the most commonly prescribed medications that are available to Fallon members at the time of printing. If a medication is not on this list, please call the Fallon Community Health Plan Department of Pharmacy Services at (866) 275-3247, ext. 5, for further clarification.

The following information is for the most common commercial formulary. There are different formularies for Medicare members and the closed formulary. Please see the end of this legend for the FCHP website to get the entire list of formularies and medications listed in them.

The most common structure for the formulary is a three-tier copay structure. It is divided as follows: Tier 1 drugs are mostly generics, Tier 2 are mostly preferred brand name medications and some generic medications, and Tier 3 are mostly non-preferred brand name medications and very expensive medications. FCHP continues to use utilization tools such as prior authorization (PA), dispensing limitations (DL), and messaging back to the pharmacists. Injectable medications used by the patient in the home setting are listed in this booklet. Injections given by the physician in the office setting will not be distributed through outpatient pharmacies. Physicians can obtain these medications by using a FCHP-approved injectable specialty company. There are a few classes of medications not on the drug list that have been listed in the Evidence of Coverage policies. The prior authorization process will stay the same. The physician completes a form and faxes it to the Department of Pharmacy Services at (508) 791-5101. For a full formulary listing, please go to [www.fchp.org](http://www.fchp.org).

## **Harvard Pilgrim Health Care (HPHC)**

Harvard Pilgrim Health Care (HPHC) offers an open-design formulary, providing coverage for all FDA-approved prescription medications except those primarily used for cosmetic purposes or to treat weight loss. The standard drug benefit for 2010 has three tiers. Copayments for first-tier drugs will be lowest. Second-tier drugs will require a higher copayment. HPHC members are required to pay their highest copay for medications residing on the third tier. Copayments will vary according to an individual member's coverage. Certain drugs may be subject to step therapy, prior authorization and/or may be covered in limited quantities. The few medications that are not covered by the drug benefit are available at fee-for-service pricing. Please refer to the member's insurance card for individual coverage information.

The drugs listed in this edition of the *Massachusetts Outpatient Formulary Guide* represent agents that were on Tier 1, Tier 2, or Tier 3 for commercial members at the time of printing. For additional information, please refer to the HPHC Online Formulary at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) (click on "Providers").

## **Health New England (HNE)**

In the HNE Commercial Formulary, covered prescriptions are divided into three tiers. The first tier is for all generic drugs, the second tier is for select brand drugs, and the third tier is reserved for non-select brand drugs. The drugs listed in this document represent agents that were on Tier 1 or Tier 2 at the time of printing. Copayments for Tier 1 drugs will be lowest. Tier 2 drugs will require a higher copayment, and Tier 3 drugs are available at the highest copayment. There are certain medications excluded from coverage. Please consult the Health New England website for policy specifics.

Medications new to the market will not be covered for a minimum of six months until they can be evaluated for effectiveness, safety, and overall value. Certain drugs require prior authorizations and/or have dispensing limits. For specific drug or dose inquiries, please call the Pharmacy Services Department at (413) 787-4000 or refer to the website [www.hne.com](http://www.hne.com).

## Neighborhood Health Plan of Massachusetts (NHP)

The drugs listed in this document represent agents that were on NHP's Preferred Drug List (PDL) at the time of printing. Non-preferred brand name drugs are not listed in this edition of the *Massachusetts Outpatient Formulary Guide*. The list is applicable to all NHP members who have pharmacy coverage, including Medicaid, Commonwealth Care Plan, Commonwealth Choice, and Commercial.

The standard drug benefits for most Commercial, Commonwealth Choice, and Commonwealth Care Plan Types 2 and 3 have three tiers.

Tier 1 — Generic drugs, lowest copayment

Tier 2 — Preferred brand drugs, higher copayment

Tier 3 — Non-preferred brand drugs, highest copayment

The standard drug benefits for Medicaid and Commonwealth Care Plan Type 1 are as follows:

Tier 1 (\$1) — Generic antihyperglycemics  
Generic antihypertensives  
Generic antihyperlipidemics

Tier 3 (\$3) — For each prescription and refill for other generic drugs, OTC, and brand-name drugs covered by NHP

A prescription is required for all prescription and OTC medications. When available, FDA-approved generic drugs are to be used in all instances, regardless of "Dispense as Written" indicated. Certain drugs may require prior authorization (PA), step therapy (ST) or may have a dispensing limitation (DL). NHP's Pharmacy and Therapeutics (P&T) Committee reviews all pharmacy programs annually and new drugs for safety, efficacy, side effects and post-marketing reports. While a drug is being reviewed, it is not covered. Please refer to the NHP pharmacy benefit, visit the website at [www.nhp.org](http://www.nhp.org), or call (617) 772-5500 for more detailed information. Our website also contains the forms required to request prior approval for specific medications. These forms specify the information elements needed to evaluate and process prior approval (PA) requests, and can be downloaded as needed.

## Network Health (NTWK)

The drugs listed in this edition of the *Massachusetts Outpatient Formulary Guide* are a subset of the 2010 Network Health Preferred Drug List at the time of printing. Network Health's pharmacy benefit covers prescription medications included in the Preferred Drug List and select over-the-counter products. A prescription is required for all prescription and over-the-counter medications.

All non-excluded Network Health members are required to pay co-payments toward their pharmacy medications. Copayments vary by both plan type and tier. Network Health uses a two-tier copayment structure for both MassHealth and Commonwealth Care Type I members. Tier 1 is for generic drugs and select OTC medications, and Tier 2 is for brand-name drugs. For Commonwealth Care Type II and III members, Network Health uses a three-tier copayment structure. Tier 1 is for generic drugs and select OTC medications, Tier 2 is for preferred brand-name drugs, and Tier 3 is for non-preferred, brand-name drugs. When available, FDA-approved generic drugs are to be used in all instances, regardless of brand name indicated.

As noted in this guide, certain medications may require prior authorization (PA), step care (ST), and/or may have a dispensing limitation (DL). For detailed information, including the most current Preferred Drug List, medication request forms, copayment information and exclusions, please visit Network Health's website at [www.network-health.org](http://www.network-health.org), or call us at (888) 257-1985.

## Office of Medicaid/MassHealth (MAHLTH)

The Pharmacy section of the Office of Medicaid is pleased to participate in the 13th edition of the *Massachusetts Outpatient Formulary Guide* with the MassHealth Drug List. The drugs listed are a subset of the complete MassHealth Drug List, which can be found at [www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy) or [www.mass.gov/druglist](http://www.mass.gov/druglist). This site also contains the forms required to request prior approval for specific medications. These forms specify the information elements needed to evaluate and process prior approval (PA) requests, and can be downloaded as needed.

Unlike the other contributors, MassHealth does not have a "Tier" system differentiating classes of drugs or drugs within classes. Readers will note that MassHealth has many drugs in the PA category; however, in most classes, there is at least one example that does not require PA. Also, some drugs have dispensing limitations. When a provider determines a need that exceeds a dispensing limitation, a PA request needs to be submitted documenting the necessity for the variance, even if the drug itself does not require PA.

## *Medicare Part D*

MassHealth members who are also eligible for Medicare Part D must receive their drug benefit from Medicare. MassHealth will continue to cover some drugs that are excluded from coverage under Part D for these dually eligible members. Such drugs include certain prescription vitamins and minerals, certain nonprescription drugs, benzodiazepines, and barbiturates. The supplemental coverage of these drugs for the dual eligibles is subject to any existing limitations on coverage for these classes of drugs for all Medicaid beneficiaries. (If a Medicare Part D plan elects to cover any of these excluded drugs, the member must receive the benefit from Medicare.)

Inquiries concerning the MassHealth drug list may be directed to the MassHealth Drug Utilization Review Program at (800) 745-7318.

## **Tufts Health Plan (THP)**

The drugs listed for the plan are a subset of drugs from the 2010 Tufts Health Plan Drug Coverage Handbook. Tufts Health Plan has adopted a three-tiered approach to the cost of prescription drugs. Under the 3-Tier Pharmacy Copayment Program (3-Tier Program) all covered drugs, including injectable drugs, are placed on one of three tiers.

Tier 1 — (lowest copayment) includes many generic drugs

Tier 2 — (middle copayment) includes drugs that are comparably effective and less expensive than drugs listed in Tier 3

Tier 3 — (highest copayment) includes formulary drugs not selected for Tier 2, non-preferred formulary drugs, and all covered non-formulary drugs

Certain prescription drug products may be subject to one of our pharmacy management programs: 1. New to Market (NTM): Tufts Health Plan delays the coverage determination of many new drug products until our P&T Committee and physician specialists have reviewed them. During the evaluation period, beginning when the drug first becomes available on the market, any additional information on the safety and effectiveness of these new drug products is reviewed. 2. Prior Authorization (PA): When a drug is only appropriate for certain medical conditions or appropriate only after other therapies have failed, our P&T Committee recommends prior authorization for that drug. 3. Step Therapy (ST): Step Therapy is an automated form of prior authorization, which uses history for approval of a drug at the point of sale. 4. Dispensing Limitations (DL): Because of potential safety and utilization concerns, and because some drugs should only be taken for a limited period of time, Tufts Health Plan has placed dispensing limitations on a small number of prescription drugs. Dispensing limits are set so that

most members will not need more than what is covered by the plan. 5. List of Non-Covered Drugs (NC): The alternatives listed are approved by the FDA and are widely used and accepted by the medical community to treat the same condition as the medications that are on the non-covered list.

**Medical Review Process:** If a member's doctor believes a drug on one of our programs is necessary for the member's treatment, then the doctor may submit a request for coverage on the Tufts Health Plan Universal Pharmacy Medical Review Request Form to the Precertification Department, Tufts Health Plan, 705 Mount Auburn Street, Watertown, MA 02472-1508; fax: (617) 972-9409. Information is also available on our website at [www.tuftshealthplan.com](http://www.tuftshealthplan.com) or by calling Provider Services at (888) 884-2404.

### *Tufts Health Plan Medicare Preferred*

To get updated information about the drugs covered by Tufts Medicare Preferred, please visit our website at [www.tuftshealthplan.com](http://www.tuftshealthplan.com) or call Provider Services at (800) 279-9022, Monday through Friday, 8:30 a.m. to 5:00 p.m.

## Key

Generic names are shown in all capital letters.

Manufacturers' brand names are shown in [brackets].

Drugs are listed by class and sub-category.

\* = a preferred formulary drug.

PA = prior authorization/notification required.

DL = dispensing limitation.

ST = step therapy program.

NC = a non-covered drug that has covered alternatives.

X = covered drug.

FE = AETNA designation for a drug excluded under closed formulary plans; a non-preferred copay may apply to open formulary plans.

## Health Plan Contact Information

*For Questions about a Particular Health Plan's Formulary*

### **Aetna Inc.**

Pharmacy Management:  
(800) AETNARX or (800) 238-6279  
[www.aetna.com/formulary](http://www.aetna.com/formulary)  
Precert Unit:  
(800) 414-2386  
[www.aetna.com/providerehealthoffice](http://www.aetna.com/providerehealthoffice)

### **Blue Cross and Blue Shield of Massachusetts, Inc.**

Department of Clinical Pharmacy:  
(800) 366-7778  
[www.bluecrossma.com](http://www.bluecrossma.com)

### **Boston Medical Center HealthNet Plan**

INFORMEDEX Pharmacy Vendor:  
(800) 510-8980  
[www.bmchp.org](http://www.bmchp.org)

### **Fallon Community Health Plan**

Department of Pharmacy Services:  
(866) 275-3247, ext. 69585  
[www.fchp.org](http://www.fchp.org)

### **Harvard Pilgrim Health Care**

Corporate Pharmacy Services:  
(617) 509-9060  
[www.harvardpilgrim.org](http://www.harvardpilgrim.org)  
[Pharmacy\\_Services@hphc.org](mailto:Pharmacy_Services@hphc.org)

### **Health New England**

Pharmacy Services Department:  
(413) 787-4000  
[www.hne.com](http://www.hne.com)

### **Office of Medicaid/MassHealth**

The MassHealth Drug  
Utilization Review Program:  
(800) 745-7318, (877) 208-7428 (Fax)  
[www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy)

### **Neighborhood Health Plan of Massachusetts**

Pharmacy Department:  
(617) 772-5500 or (617) 772-5565  
Or for the most up-to-date information,  
log on to [www.nhp.org](http://www.nhp.org), for Providers.

### **Network Health**

Pharmacy Department:  
(888) 257-1985  
[www.network-health.org](http://www.network-health.org)

### **Tufts Health Plan**

Provider Services:  
(888) 884-2404  
[www.tuftshealthplan.com](http://www.tuftshealthplan.com)

## Analgesics (Narcotic/Opiate)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ACETAMINOPHEN/BUTALBITAL	X*	X*	X	X	X	X	X	X	X	X
ACETAMINOPHEN/BUTALBITAL/ CAFFEINE	X*	X*	X	X	X	X	X	X	X	X
ACETAMINOPHEN/BUTALBITAL/ CAFFEINE/CODEINE	X*	X*	X	X	X	X	X	X	X	X
ACETAMINOPHEN/BUTALBITAL/ CAFFEINE/CODEINE [Fioricet with Codeine]	X	X	PA		X		NC		PA	X
ACETAMINOPHEN/BUTALBITAL/ CAFFEINE/DHE.45	X*	X*	X	X	X	X	X			X
ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE [Panlor DC]	X	X	X		X					X
ACETAMINOPHEN/CODEINE	X*	X*	X	X	X	X	X	X	X	X
ACETAMINOPHEN/CODEINE [Tylenol w/Codeine]	X	X	PA		X		NC		PA	X
ACETAMINOPHEN/PENTAZOCINE	X*	X*	X	X	X	X	X		X	X
ASPIRIN/BUTALBITAL/ CAFFEINE	X*	X*	X	X	X	X	X	X	X	X
ASPIRIN/BUTALBITAL/ CAFFEINE/CODEINE	X*	X*	X	X	X	X	X	X	X	X
ASPIRIN/BUTALBITAL/CAFFEINE/ CODEINE [Fiorinal with Codeine]	X	NC	PA		X		NC		PA	X
BUPRENORPHINE [Subutex]	X	X			X		X	PA		PA
BUPRENORPHINE/NALOXONE [Suboxone]	X	X*	DL PA	PA	X		DL	DL	DL	DL PA
BUTORPHANOL nasal spray	DL*	DL*	DL	PA	X	X	DL	X	PA	DL
CODEINE	X*	X*	X	X	X	X	X	X	DL	X
CODEINE/ASPIRIN	X*	X*	X	X	X	X	X	X	X	X
FENTANYL BUCCAL film [Onsolis]	X	NC DL PA			X		NC		PA	DL
FENTANYL BUCCAL tablets [Fentora]	DL FE PA	NC DL PA	DL PA		DL PA				PA	NC DL
FENTANYL CITRATE lozenge	DL* PA	DL* PA	DL PA	PA	X	DL	DL PA		PA	DL
FENTANYL CITRATE lozenge [Actiq]	DL FE PA	NC DL PA	DL PA		X		DL PA		PA	DL
FENTANYL transdermal patch	DL*	X*	DL	X	X	X	DL ST	X	PA	DL
FENTANYL transdermal patch [Duragesic]	DL FE ST	NC	DL PA		X		NC		PA	DL
HYDROCODONE/ACETAMINOPHEN	X*	X*	X	X	X	X	X	X	X	X

## Analgesics (Narcotic/Opiate)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
HYDROCODONE/ACETAMINOPHEN [Liquicet]	X	X	X		X				PA	NC
HYDROCODONE/ACETAMINOPHEN [Lorcet]	X	X	PA		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Lorcet Plus]	X	X	PA		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Lortab]	X	X	PA		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Vicodin]	X	NC	PA		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Vicodin ES]	X	NC	PA		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Xodol]	X	X	X		X		NC		PA	X
HYDROCODONE/ACETAMINOPHEN [Zydone]	FE	X	X		X		NC		PA	X
HYDROCODONE/IBUPROFEN	X*	X*	X	X	X	X	X	X	X	X
HYDROCODONE/IBUPROFEN [Reprexain]	X	X	X		X				PA	X
HYDROMORPHONE	X*	X*	DL	X	X	X	X	X	DL	X
HYDROMORPHONE [Dilaudid]	X	NC	PA		X		NC		PA	X
LEVORPHANOL	X*	X*	X	X	X	X	X		DL	X
MEPERIDINE	X*	X*	X	X	X	X	X	X	PA	X
MEPERIDINE [Demerol]	X	X	PA		X		NC		PA	X
MEPERIDINE/PROMETHAZINE	PA*	X*	NC	X	X	X	X			X
METHADONE	X*	X*	X	X	X	X	X	X	DL	X
MORPHINE/NALTREXONE [Embeda]	X	NC			X		NC	PA		DL
MORPHINE SULFATE	X*	X*	X	X	X	X	X	X	DL	X
MORPHINE SULFATE CR	X*	X*	X	X	X	X	X	X	DL	DL
MORPHINE SULFATE SR	X*	X*	X	X	X	X	DL	X	PA	DL
MORPHINE SULFATE [Kadian]	X*	NC	DL PA		X		DL ST		PA	DL
MORPHINE SULFATE [MS Contin]	X	X	PA		X		NC		PA	DL
MORPHINE SULFATE [Oramorph SR]	X	NC	X		X		NC		DL	DL
MORPHINE SULFATE [Roxanol]	X	X	PA	X	X		NC		DL	X
MORPHINE SULFATE ER [Avinza]	X*	NC	DL PA		X		DL ST		PA	DL

## Analgesics (Narcotic/Opiate)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
OPIUM TINCTURE	X*	X	X	X	X		X	X	X	X
OXYCODONE	X*	X*	X	X	X	X	X	X	DL	X
OXYCODONE [OxylR]	X	X	PA		X		NC		DL	X
OXYCODONE [Roxicodone]	X	X	PA		X				DL	X
OXYCODONE [Roxicodone Intenso]	X	X			X				DL	X
OXYCODONE ER [Oxycontin]	DL*	DL*	DL PA		DL	DL ST	DL ST	DL	PA	DL
OXYCODONE/ACETAMINOPHEN	X*	X*	DL	X	X	X	X	X	X	X
OXYCODONE/ACETAMINOPHEN [Magnacet]	FE	X	DL PA		X		NC		PA	NC
OXYCODONE/ACETAMINOPHEN [Percocet]	FE	NC	DL PA		X		NC		PA	X
OXYCODONE/ACETAMINOPHEN capsules [Tylox]	X	X	DL PA		X		NC		PA	X
OXYCODONE/ACETAMINOPHEN solution	X*	X*	DL	X	X	X	X	X	X	X
OXYCODONE/ACETAMINOPHEN solution [Roxicet oral solution]	FE	X*	DL		X		X	X	X	X
OXYCODONE/ACETAMINOPHEN tablets [Roxicet tablets]	FE	X*	DL PA		X		X	X	X	X
OXYCODONE/ASPIRIN	X*	X*	DL	X	X	X	X	X	X	X
OXYCODONE/ASPIRIN [Percodan]	X	X	DL PA		X		NC		PA	X
OXYCODONE/IBUPROFEN	X	X*	DL		X	X	X		PA	X
OXYCODONE/IBUPROFEN [Combunox]	DL FE ST	NC	DL PA		X		NC		PA	NC
OXYMORPHONE [Opana]	FE	NC	PA		X		NC		PA	NC
OXYMORPHONE ER [Opana ER]	X*	NC	DL PA		X		NC		PA	NC
PENTAZOCINE/NALOXONE	X*	X*	X	X	X	X	X		PA	X
PENTAZOCINE/NALOXONE [Talwin NX]	NC	X			X		NC			X
PROPOXYPHENE HCL	X*	X*	X	X	X	X	X	X	X	X
PROPOXYPHENE HCL [Darvon]	X	X	PA		X		NC		PA	X
PROPOXYPHENE NAPSYLATE [Darvon N]	X	X*	X		X				X	X
PROPOXYPHENE NAPSYLATE/ACETAMINOPHEN	X*	X*	X	X	X	X	X	X	X	X
PROPOXYPHENE/ACETAMINOPHEN	X*	X*	X	X	X	X	X	X	X	X

## Analgesics (Narcotic/Opiate)

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
PROPOXYPHENE/ACETAMINOPHEN [Darvocet-N]	X	NC	PA		X		NC		PA	X
TAPENTADOL [Nucynta]	X	NC			X				PA	NC DL
TRAMADOL extended release [Ryzolt]	X	NC			X		NC			NC

## Analgesics (Non-narcotic/Non-opiate)

ACETAMINOPHEN (OTC)	NC	NC	DL		NC		X <sup>1</sup>	X	X	
ASPIRIN (OTC)	NC	NC	DL		NC		X <sup>1</sup>	X	X	
CELECOXIB [Celebrex]	DL FE PA	DL ST	PA	X	PA	DL PA		ST	PA <sup>2</sup>	PA
CHOLINE MAGNESIUM TRISALICYLATE	X*	X*	X	X	X	X	X	X		X
DICLOFENAC	X*	X*	X	X	X	X	X	X	X	X
DICLOFENAC [Zipsor]	X	NC			X				PA	NC
DICLOFENAC ER	X	X*			X		X		PA	X
DICLOFENAC topical gel [Voltaren gel]	DL ST*	NC	PA		X		NC	PA	PA	DL
DICLOFENAC topical patch [Flector patch]	DL FE	NC	PA		X		NC	PA	PA	NC
DIFLUNISAL	X*	X*	X	X	X	X	X	X	X	X
ETODOLAC	X*	X*	X	X	X	X	X	X	X	X
ETODOLAC [Lodine]	FE	NC	PA		X		NC		PA	X
ETODOLAC XR	FE	X*	X	X	X	X	X	X	PA	X
FENOPROFEN	X*	X*	X	X	X	X	X	X	PA	X
FLURBIPROFEN	X*	X*	X	X	X	X	X	X	X	X
GABAPENTIN	DL*	X*	X	X	X	X	X	X	X	X
IBUPROFEN	X*	X*	X	X	X	X	X	X	X	X
IBUPROFEN [Motrin]	X	X	DL		X		NC		PA	X
INDOMETHACIN	X*	X*	X	X	X	X	X	X	X	X
INDOMETHACIN ER	X*	X*			X		X		PA	X
KETOPROFEN	X*	X*	X	X	X	X	X	X	X	X
KETOPROFEN ER	X	X*			X		X		PA	X
KETOROLAC	DL*	X*	X	X	DL	X	X	X	DL	X
MECLOFENAMATE	X*	X*	X	X	X	X	X	X	X	X

1 MassHealth members only

2 ≤59 yrs old

## Analgesics (Non-narcotic/Non-opiate)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
MEFENAMIC ACID	X*	X*	X	X	X	X		PA	PA	X
MELOXICAM	X*	DL*	X	X	PA	PA	X	X	X	X
NABUMETONE	FE	X*	X	X	X	X	X	X	X	X
NAPROXEN	X*	X*	X	X	X	X	X	X	X	X
NAPROXEN [Naprosyn]	X	NC	PA		X		NC		PA	X
NAPROXEN CR [Napreelan]	X	NC			X		NC		PA	NC
NAPROXEN SODIUM	X*	X*	X	X	X	X	X	X	X	X
NAPROXEN SODIUM [Anaprox]	X	X	PA		X		NC		PA	X
OXAPROZIN	FE	X*	X	X	X	X	X	X	X	X
PIROXICAM	X*	X*	X	X	X	X	X	X	X	X
SALSALATE	X*	X*	X	X	X	X	X	X	X	X
SULINDAC	X*	X*	X	X	X	X	X	X	X	X
TOLMETIN	FE	X*	X	X	X	X	X	X	X	X
TRAMADOL HCL	X*	X*	X	X	X	X	X	X	X	X
TRAMADOL [Ultram]	FE	NC			X		NC		PA	X
TRAMADOL ER	X*	X*			X		NC		PA	X
TRAMADOL ER [Ultram ER]	FE ST	NC	PA		X		NC		PA	NC
TRAMADOL/ACETAMINOPHEN	X*	X*	X	X	X	X	X	X	PA	X
TRAMADOL/ACETAMINOPHEN [Ultracet]	FE	NC			X		NC		PA	X

## Anticonvulsants

ACETAZOLAMIDE	X*	X*	X	X	X	X	X	X	X	X
CARBAMAZEPINE	X*	X*	X	X	X	X	X	X	X	X
CARBAMAZEPINE [Carbatrol]	X	X*	X	X	X		X	X	X	X
CARBAMAZEPINE [Eqetro]	FE	NC	X		X				X	X
CARBAMAZEPINE [Tegretol]	X	X	PA	X	X		NC		PA	X
CARBAMAZEPINE [Tegretol XR]	X	X*	X	X	X	X	NC	X	X	X
CARBAMAZEPINE XR	X	X*			X		X	X		X
CLONAZEPAM	X*	X*	X	X	X	X	X	X	X	X
CLONAZEPAM orally disintegrating tablet	X*	X*	X	X	X	X	NC		PA	X

## Anticonvulsants

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CLORAZEPATE	X*	X*	X	X	X	X	X	X	X	X
DIAZEPAM	X*	X*	X	X	X	X	X	X	X	X
DIAZEPAM [Diastat]	X	X*	X	X	X		DL	DL	DL	DL
DIVALPROEX SODIUM	X*	X*	X		X	X	X	X	X	X
DIVALPROEX SODIUM [Depakote]	FE ST	X*	PA	X	X	X	NC		PA	X
DIVALPROEX SODIUM [Depakote ER]	FE ST	X*	PA		X	X	NC		PA	X
DIVALPROEX SODIUM [Depakote Sprinkle]	X	X*			X		NC			X
DIVALPROEX SODIUM ER	X	X*			X		X	X		X
ETHOSUXIMIDE	X*	X*	X	X	X	X	X	X	X	X
ETHOSUXIMIDE [Zarontin]	X	X	PA		X		NC		PA	X
ETHOTOIN [Peganone]	X	X*	X		X				X	X
FELBAMATE [Felbatol]	X	X*	X	X	X				X	X
GABAPENTIN	DL*	X*	X	X	X	X	X	X	X	X
GABAPENTIN [Neurontin]	DL	NC			X		NC			X
LACOSAMIDE [Vimpat]	DL PA	X			X			PA	PA	DL PA
LAMOTRIGINE	X*	X*	X		X	X	X	DL	X	X
LAMOTRIGINE [Lamictal]	FE ST	X	PA	X	X		NC		PA	X
LAMOTRIGINE chewable dispersable tablets	X*	X*	X	X	X	X	X	DL	X	X
LAMOTRIGINE ODT [Lamictal ODT]	ST	NC			X				PA	X
LAMOTRIGINE XR [Lamictal XR]	ST	NC			X			PA	PA	DL
LEVETIRACETAM	X*	X*	X	X	X	X	X	X	X	X
LEVETIRACETAM [Keppra]	X*	X	PA		X		NC		PA	X
LEVETIRACETAM XR [Keppra XR]	X*	NC	PA		X		X	PA	PA	NC
LORAZEPAM	X*	X*	X	X	X	X	X	X	X	X
MEPHOBARBITAL	X*	X*	X	X	X	X	X	X	X	X
MEPHOBARBITAL [Mebaral]	X	X	PA	X	X		NC	X	X	X
METHSUXIMIDE [Celontin]	X	X*	X	X	X				X	X
OXCARBAZEPINE tablets	X*	X*	X	X	X	X	X	X	X	X
OXCARBAZEPINE [Trileptal]	FE	X	PA		X		NC		PA	X
PHENOBARBITAL	X*	X*	X	X	X	X	X	X	X	X
PHENYTOIN	X*	X*	X	X	X	X	X	X	X	X

## Anticonvulsants

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
PHENYTOIN [Dilantin]	X	X*	PA	X	X		NC	X	X	X
PHENYTOIN [Dilantin Infatab]	X	X*	X	X	X	X		X	X	X
PHENYTOIN [Phenytek]	X	X	PA	X	X		X	X	X	X
PHENYTOIN ER	X*	X*	X	X	X	X	X	X	X	X
PREGABALIN [Lyrica]	DL FE PA ST	PA	DL PA	PA	ST			PA	PA	ST
PRIMIDONE	X*	X*	X	X	X	X	X	X	X	X
RUFINAMIDE [Banzel]	PA	PA*			X		DL	PA	PA	DL PA
TIAGABINE [Gabitril]	X	X*	X	X	X		X	X	PA <sup>1</sup>	X
TOPIRAMATE	X*	X*			X		X	DL	PA <sup>2</sup>	X
TOPIRAMATE [Topamax]	ST	X	PA	X	X	X	NC		PA	X
VALPROATE SODIUM	X*	X*	X	X	X	X	X	X	X	X
VALPROIC ACID	X*	X*	X	X	X	X	X	X	X	X
VALPROIC ACID [Depakene]	X	X	PA	X	X		NC		PA	X
VALPROIC ACID [Stavzor]	FE	NC	PA		X				PA	X
VIGABATRIN [Sabril]	DL PA	X			X				PA	X
ZONISAMIDE	PA*	X*	X	X	X	X	X	X	X	X
ZONISAMIDE [Zonegran]	PA	X	PA		X		NC		PA	X

## Antidepressants (Miscellaneous)

AMITRIPTYLINE	X*	X*	X	X	X	X	X	X	X	X
AMOXAPINE	X*	X*	X	X	X	X	X	X	X	X
BUDEPRION XL	DL*	DL*	DL		X	DL	DL	X		X*
BUPROPION	DL*	X*	DL	X	X	DL	X	X	X	X*
BUPROPION ER [Aplenzin]	DL FE ST	NC DL ST			X		NC		PA	ST <sup>2</sup>
BUPROPION SR	DL*	DL*	DL	X	X	DL	X	X	X	X*
BUPROPION [Wellbutrin]	DL FE ST	NC ST			X		NC			ST <sup>2</sup>
BUPROPION SR [Wellbutrin SR]	DL FE ST	NC DL ST	DL PA	X	ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
BUPROPION XL	DL*	DL*	DL	X	X	DL	X	X	PA	X*

1 ≥19 yrs old

2 ≥18 yrs old

## Antidepressants (Miscellaneous)

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
BUPROPION XL [Wellbutrin XL]	DL* ST	NC DL ST	DL PA	D <sup>1</sup>	ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
CLOMIPRAMINE	X*	X*	X	X	X	X	X	X	X	X
DESIPRAMINE	X*	X*	X	X	X	X	X	X	X	X
DESVENLAFAXINE [Pristiq]	DL FE ST*	NC DL ST	DL PA		ST <sup>2</sup>			DL	PA	ST <sup>2*</sup>
DOXEPIN	X*	X*	X	X	X	X	X	X	X	X
DULOXETINE [Cymbalta]	DL* ST	ST	DL PA		ST <sup>2</sup>			DL ST	PA	DL ST <sup>2</sup>
FLUVOXAMINE CR (Luvox CR)	DL FE ST	NC DL ST	DL PA		ST <sup>2</sup>			PA	PA	NC
IMIPRAMINE HYDROCHLORIDE	X*	X*	X	X	X	X	X	X	X	X
IMIPRAMINE PAMOATE	X*	X*	X	X	X				X	X
IMIPRAMINE PAMOATE [Tofranil PM]	X	X	ST		X					X
MAPROTIline	DL*	X*	X	X	X	X	X	X	X	X
MILNACIPRAN [Savella]	DL*	X*			X			DL	PA	DL ST
MIRTAZAPINE	DL*	DL*	DL	X	X	X	X	X	X	X*
MIRTAZAPINE [Remeron]	DL ST	NC DL			X		NC			X
MIRTAZAPINE orally disintegrating tablet	DL*	DL*	DL	X	X	X	X	X	PA	X
NEFAZODONE	FE ST	DL*	X	X	X	X	X	X	X	X
NORTRIPTYLINE	X*	X*	X	X	X	X	X	X	X	X
OLANZAPINE/FLUOXETINE [Symbyax]	DL	DL			X			PA		X
PHENELZINE [Nardil]	X	X*	X	X	X	X	X	X	X	X
PROTRIPTYLINE	X*	X*	X		X	X	X		X	X
PROTRIPTYLINE [Vivactil]	X	X*	PA	X	X		NC		PA	X
SELEGILINE transdermal [Emsam]	DL FE	NC	X		X			PA	PA	ST <sup>2</sup>
TRANLYCYPROMINE	X*	X*	X	X	X	X	X	X	X	X
TRANLYCYPROMINE [Parnate]	X	X	PA	X	X		NC		PA	X
TRAZODONE	X*	X*	X	X	X	X	X	X <sup>3</sup>	X <sup>4</sup>	X
TRIMIPRAMINE	X*	X*	X	X	X	X	X		X	X
TRIMIPRAMINE [Surmontil]	X	X	X	X	X				PA	X
VENLAFAXINE	DL*	X*	DL	X	X	DL	DL ST	X	X	X*

1 30

2 ≥ 18 yrs old

3 300 mg excluded

## Antidepressants (Miscellaneous)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
VENLAFAXINE [Effexor]	DL FE ST	ST	DL PA		ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
VENLAFAXINE ER tablets	DL FE ST	NC DL ST	DL		ST <sup>2</sup>		DL ST	X	X	ST <sup>2</sup>
VENLAFAXINE ER capsules [Effexor XR]	DL* ST	DL ST	DL PA	DL ST	ST <sup>2</sup>	DL ST	DL ST	X	PA	ST <sup>2</sup>

## Antidepressants (SSRI)

CITALOPRAM	DL*	DL*	DL	X	X	DL	DL	X	X	X*
ESCITALOPRAM [Lexapro]	DL FE ST	DL ST	DL PA	DL ST	ST <sup>2</sup>			PA	PA	ST <sup>2</sup>
FLUOXETINE [Sarafem]	DL	NC DL ST	DL PA		ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
FLUOXETINE [10 mg tablet, 10 mg capsule, 20 mg capsule, solution]	DL*	DL*	DL	X	X	DL	DL	X	X	X*
FLUOXETINE [20 mg tablet, 40 mg capsule]	DL*	DL*	DL	X	X	DL	NC	X <sup>4</sup>	PA	X*
FLUOXETINE [Prozac weekly]	DL FE ST	NC DL ST	DL PA		ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
FLUVOXAMINE	DL*	DL*	DL	X	X	DL	DL	X	X	X
FLUVOXAMINE [Luvox CR]	DL FE ST	NC DL ST	DL PA		ST <sup>2</sup>			PA	PA	NC
PAROXETINE	DL*	DL*	DL	X	X	DL	DL	X	X	X*
PAROXETINE [Paxil CR]	DL FE ST	NC DL ST	DL PA	X	ST <sup>2</sup>		NC		PA	ST <sup>2</sup>
PAROXETINE [Pexeva]	DL FE ST	NC DL ST	X	ST	ST <sup>2</sup>				PA	ST <sup>2</sup>
PAROXETINE CR	DL ST	DL*	DL		X	DL	X	PA	PA	X
SERTRALINE	DL*	DL*	DL	X	X	DL	DL	X	X	X*
SERTRALINE [Zoloft]	DL FE ST	NC DL ST	DL PA	DL ST	ST <sup>2</sup>		NC		PA	ST <sup>2</sup>

## Antihistamines (Non-sedating/Low-Sedating)

ACRIVASTINE/PSEUDOEPHEDRINE [Semprex-D]	DL FE PA	X	X	X	X		X	PA	PA	X
AZELASTINE [Astellin]	X*	DL*	ST	X	X	X	X	X	PA	DL*
AZELASTINE [Astepro]	X*	NC DL			X		X		PA	DL*
CETIRIZINE (OTC)	NC	NC	ST		NC	X	DL	X	X	

4 40 mg capsule requires PA

## Antihistamines (Non-sedating/Low-Sedating)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CETIRIZINE [Zyrtec] (OTC)	NC	NC	PA		NC	X	NC	X		
CETIRIZINE [Zyrtec syrup] (OTC)	NC	NC	PA <sup>1</sup>		NC	X	DL <sup>2</sup> ST	X		
CETIRIZINE/PSEUDOEPHEDRINE [Zyrtec-D] (OTC)	NC	NC	ST		NC	X	DL	X		
CLEMASTINE (Rx)	X*	NC	X	X	X	X	X	X	X	X
CLEMASTINE [Tavist] (Rx)	X*	NC	PA		X		NC		PA	X
DES Loratadine [Clarinet]	DL FE PA	NC	ST		X			PA	PA	
DES Loratadine/Pseudoephedrine [Clarinet-D]	DL FE PA	NC	ST		X			PA	PA	
Fexofenadine	DL FE PA	NC	ST	DL	X	DL	DL ST	PA	PA	
Fexofenadine PSE ER 12 hr	DL FE PA	NC			X		DL ST	PA		
Fexofenadine/Pseudoephedrine [Allegra-D]	DL FE PA	NC	ST		X		DL ST	PA	PA	
Levocetirizine [Xyzal]	DL FE PA	NC	ST		X			PA	PA	
Loratadine (OTC)	NC	NC	X*		NC	X	DL	X*	X	
Loratadine, orally disintegrating tablet (OTC)	NC	NC	X*		NC	X	DL	X	PA	
Loratadine/Pseudoephedrine (OTC)	NC	NC	X		NC	X	DL	X*	X	
Olopatadine [Patanase]	FE	NC DL	PA		X		X		PA	NC DL

## Antihistamines (Sedating)

Brompheniramine (OTC)	NC	NC			NC				X	
Brompheniramine (Rx)	X*	NC	X	X	X	X	X		X	X
Brompheniramine/Pseudoephedrine (Rx)	X*	NC	X	X	X	X	X	X	X	X
Carbinoxamine	X*	X*	X	X	X		X		PA	X
Chlorpheniramine	X*	NC	X	X	X	X	X		X	X
Chlorpheniramine (OTC)	NC	NC	X		NC		X	X	X	
Chlorpheniramine/Pseudoephedrine (Rx)	X*	NC	X	X	X	X	X	X	X	X
Cyproheptadine	X*	X*	X	X	X	X	X	X	X	X

1 Excludes Altace tabs

2 <6 yrs old

## Antihistamines (Sedating)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
DEXCHLORPHENIRAMINE MALEATE	X*	X*	X	X	X	X	X	X	X	X
DEXCHLORPHENIRAMINE MALEATE CR	X*	X*	X	X	X	X	X	X	X	X
DIPHENHYDRAMINE (OTC)	NC	NC	X		NC		X	X	X	
DIPHENHYDRAMINE (Rx)	NC	NC	X	X	X	X	X	X	X	X
HYDROXYZINE	X*	X*	X	X	X	X	X	X	X	X
HYDROXYZINE PAMOATE	X*	X*	X	X	X	X	X	X	X	X
PROMETHAZINE	X*	X*	X	X	X	X	X	X	X	X

## Antihypertensives (ACE Inhibitors)

BENAZEPRIL	X*	X*	X	X	X	X	X	X	X	X
BENAZEPRIL/AMLODIPINE	X*	X*	X	X	X	X	X	DL	PA	X
BENAZEPRIL/AMLODIPINE [Lotrel]	FE ST	X	PA		X		NC		PA	X
BENAZEPRIL/HCTZ	X*	X*	X	X	X	X	X	X	X	X
CAPTOPRIL	X*	X*	X	X	X	X	X	X	X	X
CAPTOPRIL/HCTZ	X*	X*	X	X	X	X	X	X	X	X
ENALAPRIL	X*	X*	X	X	X	X	X	X	X	X
ENALAPRIL/HCTZ	X*	X*	X	X	X	X	X	X	X	X
FOSINOPRIL	X*	X*	X	X	X	X	X	ST	X	X*
FOSINOPRIL/HCTZ	X*	X*	X	X	X	X	X	ST	X	X*
LISINAPRIL	X*	X*	X	X	X	X	X	X	X	X*
LISINAPRIL/HCTZ	X*	X*	X	X	X	X	X	X	X	X*
MOEXIPRIL	X*	X*	X	X	X	X	X	ST	X	X
MOEXIPRIL/HCTZ	X*	X*	X	X	X	X	X		X	X
PERINDOPRIL ERBUMINE	X*	X*			X		X			X
PERINDOPRIL ERBUMINE [Aceaon]	FE	NC	PA		X		NC		PA	X
QUINAPRIL	X*	X*	X	X	X	X	X	ST	X	X*
QUINAPRIL/HCTZ	X*	X*	X	X	X	X	X	ST	X	X*
RAMIPRIL	X*	X*	X	X	X	X	X	ST <sup>1</sup>	X	X* <sup>1</sup>
RAMIPRIL capsules [Altace]	FE ST	PA	X		X		NC		X	X
TRANDOLAPRIL	X*	X*	X	X	X	X	X	ST	X	X
TRANDOLAPRIL/VERAPAMIL [Tarka]	FE	X*	X		X		X		PA	X

## Antihypertensives (Alpha Blockers)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
DOXAZOSIN	X*	DL*	X	X	X	DL	X	X	X	X*
DOXAZOSIN ER [Cardura XL]	FE	NC DL	PA	DL	X		NC	X	PA	X
PRAZOSIN	X*	X*	X	X	X	X	X	X	X	X
TERAZOSIN	X*	DL*	X	X	X	DL	X	X	X	X*

## Antihypertensives (Angiotensin II Receptor Blockers)

CANDESARTAN [Atacand]	DL FE ST	NC ST	PA		X				PA	NC
CANDESARTAN/HCTZ [Atacand HCT]	DL FE ST	NC ST	PA		X				PA	NC
EPROSARTAN [Teveten]	DL FE ST	NC ST	PA		X				PA	NC
EPROSARTAN/HCTZ [Teveten HCT]	FE ST	NC ST	PA		X				PA	NC
IRBESARTAN [Avapro]	DL FE ST	ST*	PA		X	ST	ST		PA	NC
IRBESARTAN/HCTZ [Avalide]	DL FE ST	ST*	PA		X	ST	ST		PA	NC
LOSARTAN [Cozaar]	DL*	NC ST	PA		X		ST	ST	PA	X
LOSARTAN/HCTZ [Hyzaar]	DL*	NC ST	PA		X		ST	ST	PA	X
OLMESARTAN [Benicar]	DL FE ST	ST*	PA	X	X			ST	PA	X*
OLMESARTAN/AMLODIPINE [Azor]	DL FE	ST*	PA		X		NC	PA	PA	X
OLMESARTAN/HCTZ [Benicar HCT]	DL FE ST	ST*	PA	X	X			ST	PA	X*
TELMISARTAN [Micardis]	DL FE	NC ST	PA		X				PA	NC
TELMISARTAN/AMLODIPINE [Twynta]	DL ST	NC ST			X		NC		PA	NC
TELMISARTAN/HCTZ [Micardis HCT]	DL FE	NC ST	PA		X				PA	NC
VALSARTAN [Diovan]	DL*	ST*	PA	X	X	ST	ST	ST	PA	X*
VALSARTAN/AMLODIPINE [Exforge]	DL*	ST*	PA		X		NC	PA	PA	X
VALSARTAN/AMLODIPINE/HCTZ [Exforge HCT]	DL*	ST*	PA		X		NC	PA	PA	X
VALSARTAN/HCTZ [Diovan HCT]	DL*	ST*	PA	X	X	ST	ST	ST	PA	X*

## Antihypertensives (Beta Blockers)

ACEBUTOLOL	X*	X*	X	X	X	X	X	X	X	X
ATENOLOL	X*	X*	X	X	X	X	X	X	X	X*

## Antihypertensives (Beta Blockers)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ATENOLOL/CHLORTHALIDONE	X*	X*	X	X	X	X	X	X	X	X
BETAXOLOL	X*	X*	X	X	X	X	X	X	X	X
BISOPROLOL	X*	X*	X	X	X	X	X	X	X	X
BISOPROLOL/HCTZ	X*	X*	X	X	X	X	X	X	X	X
CARVEDILOL	X*	X*	X	X	X	X	X	X	X	X*
CARVEDILOL [Coreg]	FE	NC	PA	PA	X		NC		PA	X
CARVEDILOL [Coreg CR]	X*	NC	PA	DL ST	X		X	ST	PA	NC
LABELALOL	X*	X*	X	X	X	X	X	X	X	X
METOPROLOL	X*	X*	X	X	X	X	X	X	X	X*
METOPROLOL SUCCINATE	FE	X*	X	X	X	X	X	X	X	X*
METOPROLOL SUCCINATE [Toprol XL]	FE	X	PA	X	X		NC		PA	X
METOPROLOL/HCTZ	X*	X*	X	X	X	X	X		X	X
NADOLOL	X*	X*	X	X	X	X	X	X	X	X
NADOLOL/BENDROFLUMETHIAZIDE	X*	X*	X	X	X	X	X		X	X
NADOLOL/BENDROFLUMETHIAZIDE [Corzide]	FE	X	PA		X		NC		PA	X
NEBIVOLOL [Bystolic]	X*	NC	ST	PA	X		NC	ST	PA	NC
PENBUTOLOL [Levato]	FE	X*	X		X				PA	X
PINDOLOL	X*	X*	X	X	X	X	X	X	X	X
PROPRANOLOL	X*	X*	X	X	X	X	X	X	X	X*
PROPRANOLOL [Inderal LA]	X	NC	PA	X	X		NC		PA	X
PROPRANOLOL [Innopran XL]	X	NC	X		X		X		PA	X
PROPRANOLOL/HCTZ	X*	X*	X	X	X	X	X		X	X
PROPRANOLOL SA caps	X*	X*	X	X	X	X	X	X	X	X
SOTALOL	X*	X*	X	X	X	X	X	X	X	X
SOTALOL AF	X*	X*	X	PA	X	X	X	X	X	X
SOTOLOL AF [Betapace AF]	X	X	PA	PA	X		NC			X
TIMOLOL	X*	X*	X	X	X	X	X	X	X	X

## Antihypertensives (Calcium Channel Blockers)

AMLODIPINE	X*	DL*	X	X	X	DL	DL	X	X	X*
AMLODIPINE [Norvasc]	FE	NC DL	PA	X	X		NC		PA	X
AMLODIPINE/ATORVASTATIN [Caduet]	FE ST	NC DL	PA		X		NC	PA	PA	X
AMLODIPINE/BENZAEPRIIL	X*	X*	X	X	X	X	X	DL	PA	X

## Antihypertensives (Calcium Channel Blockers)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
AMLODIPINE/BENAZEPRIL [Lotrel]	FE ST	X*	PA		X		NC		PA	X
AMLODIPINE/OLMESARTAN [Azor]	DL FE	ST*	PA		X		NC	PA	PA	X
AMLODIPINE/VALSARTAN [Exforge]	DL*	ST*	PA		X		NC	PA	PA	X
DILTIAZEM	X*	X*	X	X	X	X	X	X	X	X
DILTIAZEM CD/LA/SR/XT	X*	X*	X	X	X	X	X	X	X	X*
DILTIAZEM LA TABS [Cardizem LA]	X*	NC	X		X		NC	PA	PA	X
DILTIAZEM XT [Tiazac]	X	NC	PA		X		NC		PA	X
FELODIPINE	X*	X*	X	X	X	X	X	X	X	X
FELODIPINE ER	X*	X*			X					X
ISRADIPINE	X*	X*	X	X	X	X	X	PA	X	X
ISRADIPINE CR [DynaCirc CR]	FE	NC	X		X			PA	PA	X
NICARDIPINE	X*	X*	X	X	X	X	X	X	X	X
NICARDIPINE SR [Cardene SR]	FE	NC	X		X			PA	X	X
NIFEDIPINE	X*	X*	X	X	X	X	X	X	X	X
NIFEDIPINE CC	X*	X*	X	X	X	X	X	X	X	X*
NIFEDIPINE ER	X*	X*	X	X	X	X	X	X	X	X*
NIMODIPINE	X*	X*	X	X	X	X	X	PA	X	X
NISOLDIPINE	X*	X*			X		X	X		X
NISOLDIPINE [Sular]	FE	NC	X		X		X		PA	NC
TRANDOLAPRIL/VERAPAMIL [Tarka]	FE	X*	X		X		X		PA	X
VERAPAMIL	X*	X*	X	X	X	X	X	X	X	X
VERAPAMIL ER	X*	X*	X	X	X	X	X	X	X	X*
VERAPAMIL ER [Calan SR]	X	X	PA		X		NC		PA	X
VERAPAMIL ER [Covera HS]	FE	X*	X		X			PA	X	X
VERAPAMIL ER [Isoptin SR]	X	X	PA		X		NC		PA	X
VERAPAMIL ER [Verelan PM]	X	X	PA		X		NC	X	X	X

## Antihypertensives (Direct Renin Inhibitors)

ALISKIREN [Tekturna]	DL*	NC ST		PA	DL			PA		NC
ALISKIREN/HYDROCHLOROTHIAZIDE [Tekturna HCT]	DL*	NC ST		PA	DL			PA		NC
ALISKIREN/AMLODIPINE [Valturna]	DL*	NC ST		PA	DL			PA		NC

## Anti-infectives (Antifungals)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CLOTRIMAZOLE TROCHE	X*	X*		X	X		X	X		X
CLOTRIMAZOLE TROCHE [Mycelex Troche]	FE	X			X		NC			X
ECONAZOLE topical	X*	X*	X	X	X	X	X	X	X	X
FLUCONAZOLE	PA*	X <sup>1</sup>	X	DL	X	X	X	X	X	X*
FLUCONAZOLE (150 mg)	DL*	DL*	X	DL	X	X	DL <sup>2</sup>	X	X	X
FLUCONAZOLE [Diflucan]	PA	X	PA		X		NC		PA	X
FLUCONAZOLE [Diflucan 150 mg]	DL	DL	PA		X		NC			X
GRISEOFULVIN microsize	X*	X	X	X	X	X	X	X	X	X
GRISEOFULVIN ultramicrosize	X*	X*	X	X	X	X	X	X	X	X
ITRACONAZOLE capsules	PA*	DL PA	DL PA	PA	DL PA	DL	DL PA	X	X	PA
ITRACONAZOLE [Sporanox] solution	FE PA	NC DL PA	DL PA		X			X	X	X
KETOCONAZOLE oral	X*	X*	X	X	X	X	X	X	X	X
MICONAZOLE (OTC)	NC	NC	X	NC	NC		X	X	X	
NYSTATIN oral	X*	X*	X	X	X	X	X	X	X	X
TERBINAFINE oral	PA*	DL* PA	DL PA	DL	DL PA	DL <sup>3</sup>	DL <sup>4</sup> PA	DL	X	PA*
TERBINAFINE oral [Lamisil]	FE PA	DL PA	DL PA	DL	DL PA		NC		PA	PA
TERBINAFINE oral granules [Lamisil oral granules]	FE PA	DL PA	DL PA	PA	DL PA			PA	PA	DL PA <sup>5</sup> ST
VORICONAZOLE [Vfend]	FE	X*	X	PA	X				PA	DL

## Anti-infectives (Antivirals)

ACYCLOVIR	X*	X*	X	X	X	X	X	X	X	X*
ADEFOVIR [Hepsera]	X*	X*	X	PA	X	X	DL <sup>6</sup>	X	PA <sup>7</sup>	X
AMANTADINE	X*	X*	X	X	X	X	X	X	X	X*
ENTECAVIR [Baraclude]	FE	X*	X		X		DL <sup>6</sup>	X	PA <sup>7</sup>	X
ENTECAVIR solution [Baraclude]	FE	X*	X		X		DL <sup>8</sup>	X	PA <sup>9</sup>	X
FAMCICLOVIR	X*	DL*	X	X	X	X	X	X	X	X*

1 150 mg tabs limited to 5 tabs/30 days

2 6 tabs/30 days

3 90 tablets/12 months

4 84 tabs/12 months

5 ST for <18, PA for ≥18

6 30 tabs/30 days

7 ≥31 units/month

8 600 ml/30 days

9 ≥601 ml/month

## Anti-infectives (Antivirals)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
FAMCICLOVIR [Famvir]	FE	NC DL	PA	X	X		NC		PA	X
GANCICLOVIR	X*	X*	X	X	X	X	X	X	X	X
GANCICLOVIR [Cytovene]	X <sup>1</sup>	X	X	PA	X				X	X
LAMIVUDINE solution [EpiVir HBV]	FE	X*	X	X	X	X	DL <sup>2</sup>	X	PA <sup>3</sup>	X
LAMIVUDINE tablet [EpiVir HBV]	FE	X*	X	X	X	X	DL <sup>4</sup>	X	PA <sup>5</sup>	X
OSELTAMIVIR [Tamiflu]	DL	DL PA	DL		DL			X	X <sup>6</sup>	DL*
PEGINTERFERON ALFA-2A [Pegasys]	PA*	DL PA*	DL PA	PA	X	X	DL	PA	PA <sup>7</sup>	DL PA*
PEGINTERFERON ALFA-2B [PegIntron]	PA*	DL PA*	DL PA	PA	X				PA <sup>7</sup>	DL PA
RIBAVIRIN	X*	X*	DL PA	PA	X	X	X	PA	X	X
RIBAVIRIN [Copegus]	X	X		PA	X		NC			X
RIBAVIRIN [Rebetol]	X	X		PA	X		NC			X
RIBAVIRIN [RibaPak]	X*	X*	DL PA	PA	X				PA	X
RIBAVIRIN [Ribasphere 400 mg, Ribasphere 600 mg]	X*	X*	DL PA	PA	X				PA	X
RIBAVIRIN solution [Rebetol solution]	X	X*	DL PA	PA	X	X		X	PA <sup>8</sup>	X
RIMANTADINE	X*	X*	X	X	X	X	X	X	X	X*
RIMANTADINE [Flumadine]	X	X*	PA	PA	X		NC		PA	X
TELBIVUDINE [Tyzeka]	X*	X*	X	PA	X		DL	X	PA <sup>5</sup>	DL
VALGANCICLOVIR [Valcyte]	X*	X*	X	PA	X		X	X	X	X*
VALACYCLOVIR	X*	DL*			X		X	X		X*
VALACYCLOVIR [Valtrex]	FE	DL	PA	X	X	X	NC		X	X
ZANAMIVIR [Relenza]	DL	DL PA	DL	PA	DL			X	X <sup>6</sup>	DL

## Anti-infectives (Cephalosporins)

CEFACLOR	X*	X*	X	X	X	X	X	X	X	X*
CEFACLOR SR	X*	X*	X	X	X	X	X	X	PA	X*
CEFADROXIL	X*	X*	X	X	X	X	X	X	X <sup>9</sup>	X
CEFENDINIR	X*	X*	X	X	X	X	X	X	X	X*

1 Not covered under pharmacy benefit; may be covered under medical benefit

2 600 ml/30 days

3 ≥601 ml/month

4 30 tabs/30 days

5 ≥31 units/month

6 See MHDL website.

7 ≥5 doses/month

8 ≥19 yrs old

9 PA required for 1 g tablet

## Anti-infectives (Cephalosporins)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CEFDINIR [Omnicef]	FE	NC	PA		X		NC		PA	X
CEFDITOREN [Spectracef]	FE	NC	X		X			X	X	X
CEFIXIME [Suprax]	FE	X*	X		X	X			X	X
CEFPODOXIME	X*	X*	X	X	X	X	X	X	X	X
CEFPROZIL	X*	X*	X	X	X	X	X	X	X	X
CEFTIBUTEN [Cedax]	FE	NC	X		X			X	X	X
CEFUROXIME	X*	X*	X	X	X	X	X	X	X	X
CEFUROXIME [Ceftin suspension]	X	X	PA		X				PA	X
CEPHALEXIN	X*	X*	X <sup>10</sup>	X <sup>10</sup>	X	X <sup>10</sup>	X	X	X	X*

## Anti-infectives (Fluoroquinolones)

CIPROFLOXACIN	PA* <sup>10</sup>	X*	X	X	X	X	X	X	X	X*
CIPROFLOXACIN extended release	PA* <sup>10</sup>	X*	X	X	X	X	X	X	PA	X*
CIPROFLOXACIN extended release [Cipro XR]	FE PA <sup>10</sup>	NC	PA		X		NC		PA	X
GEMIFLOXACIN [Factive]	FE PA <sup>10</sup>	NC	X		X			X	X	NC
LEVOFLOXACIN [Levaquin]	FE PA <sup>10</sup>	NC	X		X	X		X	X	NC
MOXIFLOXACIN [Avelox]	PA* <sup>10</sup>	X*	X	X	X			X	X	X*
NORFLOXACIN [Noroxin]	FE PA <sup>10</sup>	NC	X	X	X			X	X	X
OFLOXACIN	PA* <sup>10</sup>	X*	X	X	X	X	X	X	X	X

## Anti-Infectives (Macrolides)

AZITHROMYCIN	X*	X*	X	X	X	X	X	X	X	X*
AZITHROMYCIN [Zithromax]	FE	NC	X		X				PA	X
AZITHROMYCIN [Zmax]	FE	NC	X	X	X			X	X	X
CLARITHROMYCIN	X*	X*	X	X	X	X	X	X	X	X*
CLARITHROMYCIN XL	X*	X*	X	X	X	X	X	X	PA	X*
ERYTHROMYCIN oral	X*	X*	X	X	X	X	X	X	X	X*
ERYTHROMYCIN/SULFISOXAZOLE	X*	X*	X	X	X	X	X	X	X	X

## Anti-infectives (Miscellaneous)

ARTEMETHER/LUMEFANTRINE [Coartem]	PA	X*			DL				DL	DL
ATOVAQUONE [Mepron]	X*	X*	X	X	X	X	DL	X	X	X

<sup>10</sup> ≤10 yrs old

## Anti-infectives (Miscellaneous)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CHLOROQUINE PHOSPHATE	PA	X*	DL	X	X	X	X	X	X	X
CLINDAMYCIN oral	X*	X*	X	X	X	X	X	X	X <sup>1</sup>	X
CLINDAMYCIN vaginal	X*	X*	X	X	X	X	X	X	X	X
DAPSONE	X*	X*	X	X	X	X		X	X	X
FOSFOMYCIN [Monurol]	FE	X	X		X			X	X	X
HYDROXYCHLOROQUINE	PA	X*	X	X	X	X	X	X	X	X
LINEZOLID [Zyvox]	PA*	X*	DL PA	PA	PA			DL	X <sup>2</sup>	X
MEBENDAZOLE	X*	X*	X	X	X	X	X	X	X	X
MEFLOQUINE	PA*	X*	X	X	X	X	X	X	X	X
METHENAMINE	X*	X*	X	X	X	X	X	X	X	X
METRONIDAZOLE oral	X*	X*	X	X	X	X	X	X	X <sup>3</sup>	X*
METRONIDAZOLE topical	X*	X*	X	X	X	X	X	X	X	X
METRONIDAZOLE vaginal	X*	X*	X	X	X	X	X	X	X	X
NEOMYCIN	X*	X*	X	X	X	X	X	X	X	X
NITAZOXANIDE [Alinia]	X	X*	X		X			X	PA	X
NITROFURANTOIN	X*	X*	X	X	X	X	X	X	X	X
NITROFURANTOIN [Macrobid]	FE	X	PA	X	X		NC		PA	X
NITROFURANTOIN solution	X*	X*	X	X	X	X		X	X	X
PENTAMIDINE [Nebupent]	X*	DL*	X		X	X		X	X	X
PHENAZOPYRIDINE	X*	X*	X	X	X	X	X	X	X	X
QUININE [Qualaquin]	X	DL	X		X			PA	PA	X
RIFAXIMIN [Xifaxan]	DL FE PA	NC	X	PA	X			DL	X	DL PA
TELITHROMYCIN [Ketek]	FE	X	X		X			X	PA	X
TINIDAZOLE [Tindamax]	FE	NC	X		X			X	PA	X
TRIMETHOPRIM	X*	X*	X	X	X	X	X	X	X	X
VANCOMYCIN [Vancocin]	X	X*	X	PA	X	X	X	X	X	X

## Anti-infectives (Penicillins)

AMOXICILLIN	X*	X*	X	X	X	X	X	X	X	X*
AMOXICILLIN extended release [Moxatag]	X	NC			X		NC		PA	NC

1 PA required for 300 mg capsule

2 PA required for oral formulations

3 PA required for 375 mg capsule and XR formulations

## Anti-infectives (Penicillins)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
AMOXICILLIN/CLAVULANATE	X*	X*	X	X	X	X	X	X	X	X*
AMOXICILLIN/CLAVULANATE [Augmentin ES-600]	FE	X	PA		X		NC		X	X
AMOXICILLIN/CLAVULANATE [Augmentin XR]	FE	NC	X	X	X		X	X	PA	X
AMPICILLIN	X*	X*	X	X	X	X	X	X	X	X*
DICLOXACILLIN	X*	X*	X	X	X	X	X	X	X	X*
PENICILLIN VK	X*	X*	X	X	X	X	X	X	X	X*

## Anti-infectives (Sulfas)

SULFADIAZINE	X*	X*	X	X	X	X	X	X	X	X
SULFASALAZINE	DL*	X*	X	X	X	X	X	X	X	X
SULFASALAZINE ENTERIC COATED	DL*	X*	X	X	X	X	X	X	X	X
SULFISOXAZOLE	NC	X*	X	X	X	X	X	X	X	X
SULFISOXAZOLE/ERYTHROMYCIN	X*	X*	X	X	X	X	X	X	X	X
SULFAMETHOXAZOLE/TMP	X*	X*	X	X	X	X	X	X	X	X*

## Anti-infectives (Tetracyclines)

DEMECLOCYCLINE	PA* <sup>4</sup>	X*	X	X	X	X	X		X	X
DOXYCYCLINE HYCLATE	PA* <sup>4</sup>	X*	X	X	X	X	X	X	X	X*
DOXYCYCLINE MONOHYDRATE	PA* <sup>4</sup>	X*	X	X	X	X	X	X	X	X
DOXYCYCLINE MONOHYDRATE [Adoxa]	FE PA <sup>4</sup> ST	X	PA	PA	X		NC		PA	X
DOXYCYCLINE MONOHYDRATE [Doryx]	PA <sup>4</sup>	NC		PA	X		NC		PA	X
DOXYCYCLINE MONOHYDRATE [Oracea]	DL FE PA	NC	PA	PA	X		NC		PA	NC
MINOCYCLINE	PA* <sup>4</sup>	X*	X	X	X	X	X	X	X	X*
MINOCYCLINE [Solodyn]	PA <sup>4</sup>	NC	PA	PA	PA		NC		PA	NC
TETRACYCLINE	PA* <sup>4</sup>	X*	X	X	X	X	X	X	X	X*

## Antipsychotics

ARIPIPIRAZOLE [Abilify]	DL ST	X*	DL	PA	X		DL	DL	DL	X
ARIPIPIRAZOLE injection [Abilify]	NC <sup>5</sup>	X*			X <sup>6</sup>			DL	X	X

4 ≤8 yrs old

5 Not covered under pharmacy benefit; may be covered under medical benefit

6 Covered under medical benefit

## Antipsychotics

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ARIPIPRAZOLE oral solution [Abilify oral solution]	DL ST	X*			X		X	DL		NC
ARIPIPRAZOLE orally disintegrating tablet [Abilify Discmelt]	DL ST	NC	DL PA		X		DL	DL	PA	NC
ASENAPINE [Saphris]	DL ST	NC		PA	X			PA		NC
CHLORPROMAZINE	X*	X*	X	X	X	X	X	X	X	X
CLOZAPINE	DL*	X*	X	X	X	DL	DL	X	X	X
CLOZAPINE orally disintegrating tablet [FazaClo]	DL FE	NC	PA	PA	X		NC		PA	X
FLUPHENAZINE	X*	X*	X	X	X	X	X	X	X	X
HALOPERIDOL	X*	X*	X	X	X	X	X	X	X	X
ILOPERIDONE [Fanapt]	DL ST	NC			X			PA		NC
LITHIUM CARBONATE/SR	X*	X*	X	X	X	X	X	X	X	X
LOXAPINE	X*	X*	X	X	X	X	X	X	X	X
MOLINDONE [Moban]	X	X*	X	X	X				X	X
OLANZAPINE [Zyprexa]	DL*	X*	DL	X	X	X	DL	DL	DL	X
OLANZAPINE injection [Zyprexa IM]	NC <sup>1</sup>	NC	DL	X <sup>2</sup>	X <sup>2</sup>			DL	PA	X
OLANZAPINE orally disintegrating tablet [Zyprexa Zydis]	DL*	X*	DL PA	X	X		DL	DL	PA	X
PALIPERIDONE [Invega]	DL FE ST	NC	DL PA	PA	X			PA	DL	NC
PALIPERIDONE PALMITATE [Invega Sustenna]	NC <sup>1</sup>	X			X <sup>1</sup>			PA		NC <sup>1</sup>
PERPHENAZINE	X*	X*	X	X	X	X	X	X	X	X
PERPHENAZINE/AMITRIPTYLINE	X*	X*	X	X	X	X	X		X	X
PIMOZIDE [Orap]	X	X*	X	X	X	X	X		X	X
PROCHLORPERAZINE	X*	X*	X	X	X	X	X	X	X	X
QUETIAPINE [Seroquel]	DL*	X*	DL	X	X	X	DL	DL	DL	X
QUETIAPINE XR [Seroquel XR]	DL*	X*	DL		X		DL	DL	DL	X
RISPERIDONE	DL*	X*	DL	X	X	X	X	DL	DL	X
RISPERIDONE [Risperdal]	DL FE ST	X	DL PA	DL	X		NC		PA	X
RISPERIDONE injection [Risperdal Consta]	NC <sup>1</sup>	X*	DL	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>		DL	DL	X

1 Not covered under pharmacy benefit; may be covered under medical benefit

2 Covered under medical benefit

## Antipsychotics

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
RISPERIDONE orally disintegrating tablet [Risperdal M tab]	DL FE ST	NC	DL PA	X	X		DL	DL	PA	X
THIORIDAZINE	X*	X*	X	X	X	X	X	X	X	X
THIOTHIXENE (1 mg, 2 mg, 5 mg, 10 mg)	X*	X*	X	X	X	X	X	X	X	X
THIOTHIXENE [Navane] (20 mg)	X	X	X	X	X			X	X	X
TRIFLUOPERAZINE	X*	X*	X	X	X	X	X	X	X	X
ZIPRASIDONE [Geodon]	DL FE ST	X	DL	X	X			DL	DL	X
ZIPRASIDONE injection [Geodon]	NC <sup>1</sup>	X	X		X <sup>2</sup>			DL	X	X

## Anti-ulcer/Motility (H2 Antagonists)

CIMETIDINE (OTC)	NC	NC		NC	NC		NC	X	X	
CIMETIDINE (Rx)	X*	X*	X	X	X	X	X	X	X	X
FAMOTIDINE	X*	NC	X	X	X	X	X	X	X	X
FAMOTIDINE (40 mg)	X*	X*	X	X	X	X	X	X	X	X
FAMOTIDINE (OTC)	NC	NC	X	NC	NC		X	X	X	
NIZATIDINE	X*	X*	X	X	X	X	X	X	PA	X
RANITIDINE (150 mg capsules)	NC	NC	X	X	X	X	NC	X	PA	X
RANITIDINE (150 mg tablets)	NC	NC	X	X	X	X	X	X	X	X*
RANITIDINE (300 mg capsules)	X*	X*	X	X	X	X	NC	X	PA	X
RANITIDINE (300 mg tablets)	X*	X*	X	X	X	X	X	X	X	X*
RANITIDINE (OTC)	NC	NC	X	NC	NC		X	X	X	
RANITIDINE [Zantac]	X	NC	PA	X	X		NC		PA	X
RANITIDINE effervescent tablets [Zantac EFFERdose]	X	NC	X	NC	X				PA	X
RANITIDINE syrup	X*	X*	X	X	X		X	X	X	X

## Anti-ulcer/Motility (Miscellaneous)

ALOSETRON [Lotronex]	FE PA	DL*	X	PA	X			PA	PA	X
DICYCLOMINE	X*	X*	X	X	X	X	X	X	X	X
DIPHENOXYLATE/ATROPINE SULFATE	X*	X*		X	X		X	X		X
DIPHENOXYLATE/ATROPINE SULFATE [Lomotil]	X	X			X		NC			X
GLYCOPYRROLATE	X*	X*	X	X	X	X	X	X	X	X

## Anti-ulcer/Motility (Miscellaneous)

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
HYOSCYAMINE	X*	X*	X	X		X	X	X	X	X
LUBIPROSTONE [Amitiza]	FE PA	PA	PA	PA	X			PA	PA	PA
METHYLNALTREXONE BROMIDE [Relistor]	DL PA	X*		PA	X					X
METOCLOPRAMIDE	X*	X*	X	X	X	X	X	X	X	X
METOCLOPRAMIDE ODT [Metozolv]	ST	NC		NC	X		NC			NC
MISOPROSTOL	X*	X*	X	X	X	X	X	X	X	X
SUCRALFATE	X*	X*	X	X	X	X	X	X	X	X
TETRACYCLINE/BISMUTH/METRONIDAZOLE [Helidac]	DL FE	X*	PA	PA	X			X	PA	X
TETRACYCLINE/BISMUTH/METRONIDAZOLE [Pylera]	DL*	X*	PA	PA	X			X	PA	X
URSODIOL	X*	X*	X	X	X	X	X	X	X	X
URSODIOL [Urso/Urso Forte]	X*	X	X	X	X		NC	X		X

## Anti-ulcer/Motility (PPI)

DEXLANSOPRAZOLE [Dexilant]	DL PA*	NC DL PA		X	X				PA	NC DL <sup>1</sup> ST
ESOMEPRAZOLE [Nexium]	DL PA*	NC DL PA	DL ST	PA	X			PA	PA	NC DL <sup>1</sup> ST
ESOMEPRAZOLE [Nexium suspension]	DL PA*	NC DL PA		PA	X			PA	PA	NC <sup>2</sup> DL <sup>3</sup> ST
LANSOPRAZOLE	DL FE PA ST*	NC DL PA		NC	X		NC	PA	PA	DL* <sup>1</sup> ST
LANSOPRAZOLE [Prevacid]	DL FE PA ST	NC DL PA	DL PA	NC	X		NC	PA	PA <sup>4</sup>	NC DL <sup>1</sup> ST
LANSOPRAZOLE [Prevacid SoluTab]	DL PA	DL PA		NC	X			X <sup>5</sup>	PA	NC <sup>2</sup> DL <sup>1</sup> ST
LANSOPRAZOLE [Prevacid OTC]	NC	NC		X	NC		DL	X*	PA	
LANSOPRAZOLE injection [Prevacid IV]	NC <sup>6</sup>	X	X	NC	X <sup>6</sup>				PA	X
LANSOPRAZOLE/CLARITHROMYCIN/AMOXICILLIN KIT [PrevPac]	DL FE	DL*	PA	DL	X			X	PA	X

1 90 caps/90 days or 90 tabs/90 days

2 ≥13 yrs old

3 90 packets/90 days

4 ≥2 yrs old

5 >13 yrs old requires PA

6 Not covered under pharmacy benefit; may be covered under medical benefit

## Anti-ulcer/Motility (PPI)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
OMEPRAZOLE (10 mg)	DL PA*	DL* PA	DL ST	NC	X	DL	DL	X	X <sup>7</sup>	DL <sup>1</sup>
OMEPRAZOLE [Prilosec (Rx)]	DL FE PA ST	NC DL PA	DL PA	NC	X		NC		PA	NC DL <sup>1</sup> ST
OMEPRAZOLE (Rx)	DL* PA	DL* PA	DL ST	NC	X	DL	DL	X <sup>7</sup>		DL* <sup>1</sup>
OMEPRAZOLE 20mg (Rx)	DL PA ST	DL PA*		NC	X		DL	X*	PA <sup>1</sup>	DL* <sup>1</sup>
OMEPRAZOLE 20mg OTC	NC	NC		X	NC		DL	X*	PA	
OMEPRAZOLE suspension [Prilosec]	DL PA ST	NC DL PA		NC	X			X <sup>5</sup>	PA	NC DL <sup>3</sup> ST
OMEPRAZOLE MAGNESIUM [Prilosec (OTC)]	NC	NC	X	X	NC	DL	NC	X*		
OMEPRAZOLE/SODIUM BICARBONATE [Zegerid]	DL FE PA ST	NC DL PA	DL PA	NC	X		NC	PA	PA	NC DL <sup>1,3</sup> ST
PANTOPRAZOLE	DL FE PA	NC DL PA	DL PA	NC	X	DL	DL ST	PA	PA	DL <sup>1</sup> ST*
PANTOPRAZOLE [Protonix suspension]	DL FE PA ST	NC DL PA	DL PA	NC	X	DL	DL ST	X <sup>5</sup>	PA	NC <sup>8</sup> DL <sup>3</sup> ST
PANTOPRAZOLE injection [Protonix IV]	NC <sup>6</sup>	X	X	NC	NC <sup>6</sup>	X			X	X
RABEPRAZOLE [Aciphex]	DL FE PA ST	NC DL PA	DL PA	PA	X			PA	PA	NC DL <sup>1</sup> ST

## Asthma Oral Agents

ALBUTEROL	X*	X*	X	X	X	X	X	X	X	X
ALBUTEROL ER	X*	X*	X	X	X	X	X	X	X	X
ALBUTEROL ER [Vospire ER]	X	X			X		NC			X
AMINOPHYLLINE	X*	X*	X	X	X	X	X	X	X	X
METAPROTERENOL	FE	X*	X	X	X	X	X	X	X	X
MONTELUKAST [Singulair]	DL*	ST*	ST	ST	X	X	DL ST	ST	PA <sup>9</sup>	X*
MONTELUKAST [Singulair] (for allergies)	DL*	NC	ST	X	X		ST	PA		X
TERBUTALINE	X*	X*	X	X	X	X	X	X	X	X
THEOPHYLLINE	X*	X*	X	X	X	X	X	X	X	X
THEOPHYLLINE [Theo-24]	FE	X*	X	X	X		X		X	X
ZAFIRLUKAST [Accolate]	DL FE	NC ST	ST	PA	X			X	PA <sup>9</sup>	X
ZILEUTON [Zyflo CR]	DL FE	NC ST		PA	X				PA	NC

7 20 mg covered; 40 mg requires PA

8 ≥13 yrs old

9 ≥17 yrs old

## Asthma Inhalers (Bronchodilators)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ALBUTEROL solution	X*	DL*	DL	X	X	X	X	X	X	DL
ALBUTEROL [Accuneb]	FE	NC	DL	X	X		NC		PA	DL
ALBUTEROL [ProAir HFA]	X*	DL*	DL	X	X	X	DL <sup>1</sup>	X	X	DL*
ALBUTEROL [Proventil HFA]	X*	NC DL	DL		X		DL <sup>1</sup>	X	PA	DL
ALBUTEROL [Ventolin HFA]	FE	NC DL	DL		X		DL <sup>1</sup>	X	PA	DL*
ARFORMOTEROL [Brovana]	FE ST	NC	X		X				PA	DL
FORMOTEROL [Foradil]	ST*	DL*	DL	X	DL	DL	X	X	PA	DL*
FORMOTEROL [Perforomist]	ST*	NC	X		X	DL	DL PA	X	PA	DL
IPRATROPIUM	X*	X*	X	X	X	X	X	X	X	DL
IPRATROPIUM AEROSOL [Atrovent HFA]	FE	DL*	DL	X	X	X	X	X	X	DL*
IPRATROPIUM/ALBUTEROL	X*	X*	DL	X	X	X	X	X	X	DL*
IPRATROPIUM/ALBUTEROL [Combivent]	FE	DL*	DL	X	X	X	X	X	X	DL*
IPRATROPIUM/ALBUTEROL [DuoNeb]	FE	X	DL	X	X		NC		PA	DL
LEVALBUTEROL solution	X*	X*		PA	X		X			DL
LEVALBUTEROL [Xopenex]	FE ST	NC	DL	PA	X			X	PA	DL ST
LEVALBUTEROL HFA [Xopenex HFA]	FE	NC DL	DL ST	PA	X			PA	PA	DL
METAPROTERENOL	FE	X*	X	X	X	X	X	X	X	DL
METAPROTERENOL [Alupent]	FE	DL	DL	X	X				PA	DL
PIRBUTEROL [Maxair]	X*	NC DL	DL	X	X	X	X	X	PA	DL
SALMETEROL [Serevent Diskus]	ST*	DL*	DL	X	DL		X	X	PA	DL*
SALMETEROL/FLUTICASONE [Advair]	X*	DL ST	DL ST	DL	DL	DL	X	X	PA	DL*
TIOTROPIUM [Spiriva]	X*	DL*	DL	X	DL	X	X	X	X	DL*

## Asthma Inhalers (Other)

CROMOLYN solution	X*	X*	X	X	X	X	X	X	X	DL
-------------------	----	----	---	---	---	---	---	---	---	----

## Asthma Inhalers (Steroids)

BECLOMETHASONE [Qvar]	FE	DL*	DL	X	X	X	X	X	X	DL*
BUDESONIDE [Pulmicort Flexhaler]	FE	DL*	DL	X	X	X	X	X	X	DL
BUDESONIDE suspension	X*	X*			X		X	X		DL ST <sup>2</sup>

1 NHP covers 8 inhalers per 180 days.

2 ≥ 18 yrs old

## Asthma Inhalers (Steroids)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
BUDESONIDE suspension [Pulmicort Respules]	X*	DL*	DL	X	X		X		X	DL ST <sup>2</sup>
BUDESONIDE/FORMOTEROL [Symbicort]	X*	DL ST*	DL ST*		DL	DL	X	X	PA	DL*
CICLESONIDE [Alvesco]	FE	NC DL	X	PA	X		X	X	X	DL
FLUNISOLIDE [Aerobid/M]	X*	NC DL	DL		X		X		X	DL
FLUTICASONE [Flovent HFA]	X*	DL*	DL	X	X	X	X	X	X	DL*
FLUTICASONE DISKUS [Flovent Diskus]	X*	DL*			X		X	X		DL
FLUTICASONE/SALMETEROL [Advair]	X*	DL ST	DL ST	X	DL	DL	X	X	PA	DL*
MOMETASONE [Asmanex]	X*	NC DL	X		X	X	X	X	X	DL*
TRIAMCINOLONE [Azmacort]	FE	NC DL	DL	X	X			X	X	DL

## Attention Deficit Hyperactivity Disorder

ATOMOXETINE [Strattera]	DL FE ST	DL PA	DL	PA	X			PA	PA	DL
DESMETHYLPHENIDATE	DL*	X*	DL	X	X	X	X	X	DL	X
DESMETHYLPHENIDATE [Focalin]	DL FE ST	NC	PA	X	X		NC		PA	X
DESMETHYLPHENIDATE ER [Focalin XR]	DL FE ST	NC	PA	DL	X		DL	DL	DL	ST
DEXTROAMPHETAMINE	DL*	PA*	DL	X	X	X	X	X	DL	X
DEXTROAMPHETAMINE ER	DL*	PA*	DL	X	X	X	X	X	DL	X
DEXTROAMPHETAMINE/ AMPHETAMINE XR	DL* ST	X		X	X		X	DL		X
DEXTROAMPHETAMINE solution [Procentra]	DL ST	NC PA			X		NC			ST
DEXTROAMPHETAMINE/ AMPHETAMINE	DL*	DL*	DL	X	X	X	X	X	DL	X
DEXTROAMPHETAMINE/ AMPHETAMINE [Adderall XR]	DL FE	DL	DL	X	X		NC		PA	X
GUANFACINE ER [Intuniv]	DL ST	NC		PA	X			ST		DL
LISDEXAMFETAMINE [Vyvanse]	DL*	NC DL	PA	PA	X		DL	X	PA	ST
METHAMPHETAMINE [Desoxyn]	DL FE ST	PA	X		X		NC		PA	X
METHYLIN ER	DL*	X*	DL	X	X	X	X	X	DL	X

## Attention Deficit Hyperactivity Disorder

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
METHYLPHENIDATE	DL*	X*	DL	X	X	X	X	X	DL	X
METHYLPHENIDATE [Concerta]	DL FE ST	DL	DL	DL	X	DL	DL	DL	DL	X
METHYLPHENIDATE [Metadate CD]	DL FE ST	X	DL	X	X		DL	DL	DL	X
METHYLPHENIDATE [Metadate ER]	DL*	X	DL	X	X		NC		PA	X
METHYLPHENIDATE [Ritalin LA]	DL FE ST	NC	DL	X	X		DL	DL	DL	X
METHYLPHENIDATE ER	DL*	X*	DL	X	X	X	X	X	DL	X
METHYLPHENIDATE SR	DL*	X*	DL	X	X	X	X	X	DL	X
METHYLPHENIDATE transdermal [Daytrana]	DL*	NC	X	PA	X			PA	PA	ST

## Dermatologic Agents (Acne Treatments)

ADAPALENE [Differin]	PA*	X	PA		PA <sup>1</sup>			ST	PA	PA <sup>1</sup>
ADAPALENE/BENZOYL PEROXIDE [Epiduo]	PA	NC		NC	PA <sup>2</sup>				PA	NC
AZELAIC ACID cream [Azelex]	X*	X	PA		X			DL	PA	X
AZELAIC ACID gel [Finacea]	X*	X	PA		X			DL	PA	X
BENZOYL PEROXIDE topical	X*	NC	X	X	X	X	X	X	PA <sup>2</sup>	X
BENZOYL PEROXIDE [Benzefoam]	X	NC		PA	NC		NC		PA	NC
BENZOYL PEROXIDE [Benzac AC]	X*	NC	PA		X		NC		PA	X
BENZOYL PEROXIDE [Oscion]	X*	NC	X	PA	X		NC			X
BENZOYL PEROXIDE/CLINDAMYCIN [Acanya]	X	NC		PA	X		NC		PA	NC
BENZOYL PEROXIDE/CLINDAMYCIN PHOSPHATE [Benzaclin gel]	X*	X	PA	PA	X		NC	PA	PA	X
BENZOYL PEROXIDE/CLINDAMYCIN PHOSPHATE [Duac CS]	X*	X	NC	PA	X		NC		PA	X*
BENZOYL PEROXIDE/ERYTHROMYCIN	X*	X*	X	X	X	X	NC	DL	PA	X*
BENZOYL PEROXIDE/ERYTHROMYCIN [Benzamycin]	FE	X	PA		X		NC		PA	X
BENZOYL PEROXIDE/ HYDROCORTISONE [Vanoxide-HC]	FE	X	X		NC		NC		PA	X
BENZOYL PEROXIDE/SULFUR [NuOx]	FE	X	PA		NC		NC		PA	X

1 ≥ 30 yrs

2 ≥ 22 yrs

## Dermatologic Agents (Acne Treatments)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
BENZOYL PEROXIDE/SULFUR [Sulfoxy]	FE	X	NC				NC		PA	X
CLINDAMYCIN PHOSPHATE [Evoclin]	FE	NC	PA	PA	X		NC		PA	X
CLINDAMYCIN topical	X*	X*	X	X	X	X	X	X	PA <sup>3</sup>	X
CLINDAMYCIN topical [Cleocin T]	X	NC	PA	PA	X		NC		PA	X
CLINDAMYCIN/TRETINOIN gel [Ziana]	PA* <sup>3</sup>	NC	PA	PA	PA <sup>4</sup>		NC		PA	NC
DAPSONE [Aczone]	X	NC		PA	X			PA	PA	NC
ERYTHROMYCIN topical	X*	X*	X	X	X	X	X	X	PA <sup>3</sup>	X
ERYTHROMYCIN topical [Akne-Mycin]	FE	X	PA	X	X		NC		PA	X
ISOTRETINOIN	PA*	X*	PA	X	X	X	X	PA	PA <sup>3</sup>	X
ISOTRETINOIN [Amnesteem]	PA*	X*	PA	X	X		X			X
ISOTRETINOIN [Sotret]	PA*	X*	PA		X	X	X			X
METRONIDAZOLE	X*	X*	X	X	X	X	X	X		X
METRONIDAZOLE gel 0.75%	X*	X*	X	X	X	X	X	X	X	X
METRONIDAZOLE gel 1% [Metrogel]	X*	X	PA	X	X				PA	X
SODIUM SULFACETAMIDE/SULFUR topical	X*	X*	X	X	NC	X	X	X	PA	X
SODIUM SULFACETAMIDE/SULFUR [Prascion RA]	X*	X	X		NC		NC			X
SODIUM SULFACETAMIDE/SULFUR [Rosanil]	NC	NC	PA		NC		NC			X
SULFACETAMIDE SODIUM 10%	X*	X*	X	X	NC	X	X	X	PA	X
SULFACETAMIDE SODIUM 10% [Klaron]	FE	X	PA	PA	X		NC		PA	X
SULFACETAMIDE/SULFUR [Clarifoam EF]	FE	X	X		NC		NC		PA	X
SULFACETAMIDE/SULFUR [Plexion TS]	FE	X	PA		NC		NC		PA	X
SULFACETAMIDE/SULFUR [Sulfacet-R]	FE	X	X		NC		NC		PA	X
TAZAROTENE [Tazorac]	X*	X	PA		PA <sup>2</sup>			ST	PA	PA <sup>1</sup>
TRETINOIN cream, gel	PA* <sup>4</sup>	PA*	PA <sup>1</sup>	PA <sup>1</sup>	PA <sup>2</sup>	PA	PA <sup>1</sup>	X <sup>5</sup>	PA <sup>3</sup>	PA <sup>1</sup>
TRETINOIN [Avita]	PA* <sup>4</sup>	NC PA	PA	PA <sup>1</sup>	PA <sup>2</sup>		PA <sup>1</sup>		PA	PA <sup>1</sup>
TRETINOIN [Retin-A]	FE <sup>4</sup> PA	PA	PA	PA <sup>1</sup>	PA <sup>2</sup>		NC		PA	PA <sup>1</sup>
TRETINOIN trans-retinoic acid, vitamin A acid [Retin-A Micro]	PA* <sup>4</sup>	NC PA	PA	PA <sup>1</sup>	PA <sup>6</sup>				PA	PA <sup>1</sup>

3 ≥36 yrs

4 ≥30 yrs

5 >26 yrs old requires PA

## Dermatologic Agents (Antifungals)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
BUTENAFINE [Mentax]	NC	NC	X		X				PA	X
CICLOPIROX [0.77% cream, suspension]	X*	X*	X	X	X	X	X	X	X	X
CICLOPIROX [Loprox 1% shampoo, Loprox 0.77% gel]	FE	X	PA	X	X			PA	PA	X
CICLOPIROX nail lacquer	PA*	DL* PA	PA	X	PA	NC			PA	PA
CICLOPIROX nail lacquer [Penlac]	FE PA	DL PA	PA	PA	PA	NC	NC		PA	PA
CLOTRIMAZOLE (OTC)	NC	NC	X	NC	NC		X	X	X	
CLOTRIMAZOLE (Rx)	X*	X*	X	X	X	X	X	X	X	X
CLOTRIMAZOLE solution	X*	X*	X	X	X <sup>1</sup>	X	X	X	X	X
CLOTRIMAZOLE lotion	NC	X*		X	X		X	X		X <sup>1</sup>
CLOTRIMAZOLE lotion [Lotrimin] (Rx)	NC	X		X	X		NC		PA	X
CLOTRIMAZOLE lotion [Lotrimin] OTC	NC	NC		NC	NC		NC	X		
CLOTRIMAZOLE TROCHE	X*	X*	X	X	X	X	X	X	X	X
CLOTRIMAZOLE/BETAMETHASONE	X*	X*	X	X	X	X	X	X	X	X
ECONAZOLE	X*	X*	X	X	X	X	X	X	X	X
HALOPROGIN [Halotin]	FE	NC	X		X				PA	X
KETOCONAZOLE topical	X*	X*	X	X	X	X	X	X	X	X
KETOCONAZOLE topical [Extina]	FE	NC	PA	PA	X		NC		PA	NC
KETOCONAZOLE topical [Nizoral]	X	X	PA	X	X		NC		PA	X
KETOCONAZOLE topical [Xolegel]	FE	NC	PA	PA	X				PA	NC
MICONAZOLE	X* <sup>1</sup>	NC <sup>2</sup>	X	X	X <sup>1</sup>		X	X <sup>2</sup>	X	X <sup>1</sup>
MICONAZOLE/ZINC OXIDE [Vusion]	X	NC	X	PA	X				PA	NC
NAFTIFINE [Naftin]	FE	X	X	X	X	X		PA	PA	X
NYSTATIN cream, ointment, powder	X*	X*	X	X	X	X	X	X	X	X
NYSTATIN/TRIAMCINOLONE	X*	X*	X	X	X	X	X	X	X	X
OXICONAZOLE [Oxistat]	FE	X	X		X				PA	X
SERTACONAZOLE NITRATE [Ertaczo]	FE	NC	X		X				PA	X
SULCONAZOLE [Exelderm]	FE	X	X		X			PA	PA	X
TERBINAFINE (OTC)	NC	NC	X	NC	NC		NC	X		
TERBINAFINE spray [Lamisil] (OTC)	NC	NC	PA	NC	NC		NC	PA	PA	
TERBINAFINE topical [Lamisil] (Rx)	FE ST	NC	PA	NC	X		NC		PA	X
TOLNAFTATE (OTC)	NC	NC	X	NC	NC		X		X	

1 Rx

2 OTC

## Dermatologic Agents (Steroids — Low Potency)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ALCLOMETASONE DIPROPIONATE	X*	X*	X	X	X	X	X	X	X	X
ALCLOMETASONE DIPROPIONATE [Aclovate]	X	X	PA		X		NC		PA	X
DESONIDE cream, lotion, ointment	X*	X*	X	X	X	X	X	X	X	X
DESONIDE [Desonate]	FE	X	PA		X		NC		PA	NC
DESONIDE [Verdeso]	FE	X	PA	PA	X				PA	NC
DESONIDE 0.05% [DesOwen]	NC	X	PA		X		NC		PA	X
FLUOCINOLONE ACETONIDE 0.01% cream, solution	X*	X*	X	X	X	X	X	X	X	X
FLUOCINOLONE ACETONIDE shampoo [Capex]	X	X	PA		X		ST	PA	PA	X
FLUOCINOLONE ACETONIDE shampoo [Derma-Smoothe/FS]	X	NC	PA		X		ST	X	PA	X
HYDROCORTISONE	X*	NC	X	X	X	X	X	X	X	X
HYDROCORTISONE 2.5% cream, lotion, ointment	X*	X*	X	X	X	X	X	X	X	X
HYDROCORTISONE ACETATE [NuZon]	FE	X	PA				NC		PA	X
HYDROCORTISONE/ALOE [Nucort]	FE	NC							PA	X

## Dermatologic Agents (Steroids — Medium Potency)

BETAMETHASONE DIPROPIONATE	X*	X*	X	X	X	X	X	X	X	X
BETAMETHASONE VALERATE [Luxiq]	FE ST	X	PA	PA	X			PA	PA	X
BETAMETHASONE VALERATE 0.1% cream, lotion	X*	X*	X	X	X	X	X	X	X	X
CLOCORTOLONE PIVALATE [Cloderm]	FE	X	X		X		ST	PA	PA	X
DESOXIMETASONE 0.05% cream, gel	X*	X*	X	X	X	X	X	X	X	X
DESOXIMETASONE [Topicort LP]	X	X	PA		X		NC		PA	X
FLUOCINOLONE ACETONIDE cream, ointment	X*	X*	X	X	X	X	X	X	X	X
FLURANDRENOLIDE [Cordran]	FE	X	X		X			PA	PA	X
FLURANDRENOLIDE [Cordran SP]	FE	X	X		X			PA	PA	X
FLUTICASONE PROPIONATE cream, ointment	X*	X*	X	X	X	X	X	X	X	X
FLUTICASONE PROPIONATE [Cutivate]	X*	X	PA		X		NC	PA	PA	X
HYDROCORTISONE BUTYRATE	X*	X*	X	X	X	X	X	X	X	X
HYDROCORTISONE BUTYRATE [Locoid]	X	X	X		X		NC	PA	PA	X

## Dermatologic Agents (Steroids — Medium Potency)

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
HYDROCORTISONE PROBUTATE [Pandel]	X	X	PA		X				PA	X
HYDROCORTISONE VALERATE	X*	X*	X	X	X	X	X	X	X	X
HYDROCORTISONE VALERATE 0.2% cream [Westcort]	X	X	PA		X		NC		PA	X
MOMETASONE FUROATE 0.1%	X*	X*	X	X	X	X	X	X	X	X
MOMETASONE FUROATE 0.1% [Elocon]	X	X	PA		X		NC		PA	X
PREDNICARBATE 0.1% cream, ointment	X*	X*	X	X	X	X	X		X	X
TRIAMCINOLONE ACETONIDE	X*	X*	X	X	X	X	X	X	X	X
TRIAMCINOLONE ACETONIDE 0.1% [Kenalog]	X	X	PA	X	X		NC		PA	X
TRIAMCINOLONE spray [Kenalog]	X	X	X		X			PA		X

## Dermatologic Agents (Steroids — High Potency)

AMCINONIDE	X*	X*	X	X	X	X	X	X	X	X
AUGMENTED BETAMETHASONE DIPROPIONATE 0.05% cream, lotion	X*	X*	X	X	X	X	X	X	X	X
AUGMENTED BETAMETHASONE DIPROPIONATE 0.05% cream [Diprolene AF]	FE	X	PA		X		NC		PA	X
BETAMETHASONE DIPROPIONATE cream, ointment, lotion	X*	X*	X	X	X	X	X	X	X	X
BETAMETHASONE DIPROPIONATE [Diprolene]	FE	X	PA		X		NC		PA	X
BETAMETHASONE DIPROPIONATE 0.05% lotion [Diprolene]	FE	X	PA	X	X		NC		PA	X
BETAMETHASONE VALERATE 0.1% ointment	X*	X*	X	X	X	X	X	X	X	X
DESOXIMETASONE 0.25% cream, ointment	X*	X*	X	X	X	X	X	X	X	X
DESOXIMETASONE 0.05% gel	X*	X*	X	X	X	X	X	X	X	X
DESOXIMETASONE 0.25% [Topicort]	X	X	PA		X		NC		PA	X
DIFLORASONE DIACETATE 0.05% cream	X*	X*	X	X	X	X	X	X	X	X
DIFLORASONE DIACETATE cream [Psorcon E cream]	X	X	PA		X		NC		PA	X

## Dermatologic Agents (Steroids — High Potency)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
FLUOCINONIDE 0.05% cream, gel, ointment, solution	X*	X*	X	X	X	X	X	X	X	X
FLUOCINONIDE EMOLLIENT BASE 0.05% cream	X*	X*	X	X	X	X	X	X		X
HALCINONIDE 0.1% cream, ointment, solution [Halog]	FE	X	X		X				PA	X
TRIAMCINOLONE ACETONIDE cream, ointment, lotion	X*	X*	X	X	X	X	X	X	X	X

## Dermatologic Agents (Steroids — Very High Potency)

AUGMENTED BETAMETHASONE DIPROPIONATE 0.05% ointment	X*	X*	X	X	X	X	X	X	X	X
AUGMENTED BETAMETHASONE DIPROPIONATE 0.05% gel, lotion, ointment [Diprolene]	FE	X	PA		X		NC		PA	X
CLOBETASOL PROPIONATE 0.05%	X*	X*	X	X	X	X	X	X	X	X
CLOBETASOL PROPIONATE lotion, shampoo, spray [Clobex]	X*	X	PA		X		ST	PA	PA	X <sup>1</sup>
CLOBETASOL [Cormax]	X*	X	X		X		X		PA	X
CLOBETASOL PROPIONATE 0.05% [Olux]	FE ST	NC	PA	PA	X			PA	PA	X
CLOBETASOL PROPIONATE 0.05% emollient [Olux-E]	FE ST	NC	PA	PA	X				PA	NC
CLOBETASOL PROPIONATE 0.05% [Temovate]	X	X	PA		X		NC		PA	X
DIFLORASONE DIACETATE 0.05% ointment	X*	X*	X	X	X	X	X	X	X	X
DIFLORASONE DIACETATE [Apexicon]	X	X	X		X		NC			X
DIFLORASONE DIACETATE [Psorcon]		X	PA		X		NC		PA	X
FLUOCINONIDE 0.1% [Vanos]	X*	NC	PA		X			PA	PA	X
HALOBETASOL PROPIONATE 0.05%	X*	X*	X	X	X	X	X	X	X	X
HALOBETASOL PROPIONATE [Ultravate]	FE	X	PA		X		NC		PA	X

## Diabetes Management (Insulin/Other)

EXENATIDE [Byetta]	DL*	X*	X	ST	ST	DL ST		X	PA	X*
INSULIN ASPART [Novolog prefilled]	X*	X*	X		X	X	X	X	PA	X

1 Clobex spray NC

## Diabetes Management (Insulin/Other)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
INSULIN ASPART [Novolog vials]	X*	X*	X		X	X	X	X	X	X*
INSULIN ASPART PROTAMINE/ INSULIN ASPART [Novolog 70/30 prefilled]	X*	X*	X		X	X	X	X	PA	X
INSULIN ASPART PROTAMINE/INSULIN ASPART [Novolog 70/30 vials]	X*	X*	X		X	X	X	X	X	X*
INSULIN DETEMIR [Levemir prefilled]	X*	X*	X		X	X	X	X	PA	X
INSULIN DETEMIR [Levemir vials]	X*	X*	X		X	X	X	X	X	X*
INSULIN GLARGINE [Lantus prefilled]	X*	X*	X	X	X	X	X	X	PA	X
INSULIN GLARGINE [Lantus vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN GLULISINE [Apidra prefilled]	FE	NC	X		X		X	X	PA	X
INSULIN GLULISINE [Apidra vials]	FE	NC	X		X		X	X	X	X*
INSULIN LISPRO [Humalog prefilled]	X*	X*	X	X	X	X	X	X	PA	X
INSULIN LISPRO [Humalog vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO [Humalog 50/50 prefilled]	X*	X*	X	PA	X	X	X	X	PA	X
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO [Humalog 50/50 vials]	X*	X*	X	PA	X	X	X	X	X	X*
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO [Humalog 75/25 prefilled]	X*	X*	X	PA	X	X	X	X	PA	X
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO [Humalog 75/25 vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN NPH [Humulin N prefilled]	X*	X*	X	X	X	X	X	X	PA	X
INSULIN NPH [Humulin N vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN NPH [Novolin N prefilled]	FE ST	X*	X		X	X	X	X	PA	X
INSULIN NPH [Novolin N vials]	FE ST	X*	X		X	X	X	X	X	X*
INSULIN NPH/INSULIN REGULAR [Humulin 50/50 vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN NPH/INSULIN REGULAR [Humulin 70/30 prefilled]	X*	X*	X	PA	X	X	X	X	PA	X
INSULIN NPH/INSULIN REGULAR [Humulin 70/30 vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN NPH/INSULIN REGULAR [Novolin 70/30 prefilled]	FE ST	X*	X		X	X	X	X	PA	X

## Diabetes Management (Insulin/Other)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
INSULIN NPH/INSULIN REGULAR [Novolin 70/30 vials]	FE ST	X*	X		X	X	X	X	X	X*
INSULIN REGULAR [Humulin R prefilled]	X*	X*	X	X	X	X	X	X	PA	X
INSULIN REGULAR [Humulin R vials]	X*	X*	X	X	X	X	X	X	X	X*
INSULIN REGULAR [Novolin R vials]	FE ST	X*	X	X	X	X	X	X	X	X*
PRAMLINTIDE [Symlin]	PA*	X*	X	PA	X	DL PA		X	PA	X

## Diabetes Management (Oral)

ACARBOSE	X*	X*	X	X	X	X	X	X	X	X
ACARBOSE [Precose]	FE	X	PA		X		NC		PA	X
ACETOHEXAMIDE	X*	X*	X	X	X	X	X	X	X	X
CHLORPROPAMIDE	X*	X*	X	X	X	X	X	X	X	X
GLIMEPIRIDE	X*	X*	X	X	X	X	X	X	X	X
GLIMEPRIDE/PIOGLITAZONE [Duetact]	X*	ST	X	X	X	X	ST	X	PA	X*
GLIMEPIRIDE/ROSIGLITAZONE [Avandaryl]	X*	ST	X		X	X	ST	X	PA	X
GLIPIZIDE	X*	X*	X	X	X	X	X	X	X	X*
GLIPIZIDE ER	X*	X*	X	X	X	X	X	X	X	X*
GLIPIZIDE/METFORMIN	X*	X*	X	X	X	X	X	X	PA	X*
GLYBURIDE/METFORMIN	X*	X*	X	X	X	X	X	X	PA	X*
GLYBURIDE MICRO	X*	X*	X	X	X	X	X	X	X	X*
METFORMIN	X*	X*	X	X	X	X	X	X	X	X*
METFORMIN solution [Riomet]	X	X	X		X	X		X	X	X
METFORMIN XR	X*	X*	X	X	X	X	X	X	X	X*
METFORMIN XR [Fortamet]	FE	NC	X		X				PA	NC
METFORMIN XR [Glumetza]	FE	NC	PA		X		NC		PA	NC
METFORMIN/PIOGLITAZONE [ActoPlus met]	X*	DL ST	X	X	X	ST	ST	X	PA	X*
METFORMIN/REPAGLINIDE [Prandimet]	X	NC			X			X	PA	X
METFORMIN/ROSIGLITAZONE [Avandamet]	X*	DL ST	X		X	ST	ST	X	PA	X
MIGLITOL [Glyset]	FE	X	X		X			X	PA	X
NATEGLINIDE	X*	X*			X		X	X		X

## Diabetes Management (Oral)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
NATEGLINIDE [Starlix]	X*	X	X	X	X	X	NC		PA	X
PIOGLITAZONE [Actos]	X*	DL ST	X	X	X	ST	ST	X	X	X*
REPAGLINIDE [Prandin]	X*	X*	X		X	X		X	PA	X*
ROSIGLITAZONE [Avandia]	X*	DL ST	X		X	ST	ST	X	X	X
SAXAGLIPTIN [Onglyza]	DL ST	ST*			X		DL ST			X
SITAGLIPTIN [Januvia]	X*	ST*	ST	DL	X	DL ST	DL ST	DL ST	PA	X*
SITAGLIPTIN/METFORMIN [Janumet]	X*	ST*	ST	DL	X	DL ST	DL ST	DL ST	PA	X*
TOLAZAMIDE	X*	X*	X	X	X	X	X	X	X	X
TOLBUTAMIDE	X*	X*	X	X	X	X	X	X	X	X

## Hormone Replacement

CONJUGATED ESTROGENS [Cenestin]	X	NC	X	X	X		X		X	X
CONJUGATED ESTROGENS [Enjuvia]	X*	NC	X		X				X	X
CONJUGATED ESTROGENS [Premarin]	X	X	X		X	X	X	X	X	X
CONJUGATED ESTROGENS/ MEDROXYPROGESTERONE [Prempase]	X	X*	X		X	X	X	X	X	X
DROSPIRENONE/ESTRADIOL [Angeliq]	FE	NC	X		X				PA	X
ESTERIFIED ESTROGEN [Menest]	X*	X*	X	X	X	X		X	X	X
ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE	X*	X*		X	X	X	X	X		X
ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE [Estratest]	X	X		X	X	X	NC			X
ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE H.S.	X*	X*		X	X	X	X	X		X
ESTERIFIED ESTROGEN/ METHYLTESTOSTERONE H.S. [Estratest H.S.]	X	X		X	X	X	NC			X
ESTRADIOL tablets	X*	X*	X	X	X	X	X	X	X	X*
ESTRADIOL tablets [Femtrace]	X	NC	X		X		NC		PA	X
ESTRADIOL topical [Estrasorb]	FE	NC DL	X		X				X	X
ESTRADIOL topical [EstrGel]	FE	NC DL	X		X				X	X
ESTRADIOL vaginal [Estrace]	X	NC	X	X	X		X	X	X	X
ESTRADIOL vaginal [Premarin Vaginal]	X	X*	X		X	X	X	X	X	X
ESTRADIOL transdermal patch	DL*	DL*	X	X	X	X	X	X	X	X*

## Hormone Replacement

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
ESTRADIOL transdermal patch [Alora]	DL FE	NC DL	X		X			X	X	X
ESTRADIOL transdermal patch [Climara]	DL FE	DL	PA	X	X		NC		PA	X
ESTRADIOL transdermal patch [Estraderm]	DL FE	DL	X	X	X			X	X	X*
ESTRADIOL transdermal patch [Menostar]	DL FE	NC DL	X		X		X		X	X
ESTRADIOL transdermal patch [Vivelle DOT]	DL FE	DL	X		X			X	X	X*
ESTRADIOL vaginal ring [Estring]	X	X	X	X	X	X		X	X	X
ESTRADIOL vaginal ring [Femring]	X*	X	X		X	X		X	X	X
ESTRADIOL vaginal tablets [Vagifem]	X	X*	X	X	X	X		X	X	X
ESTRADIOL CYPIONATE injection [Depo-Estradiol]	X <sup>1</sup>	X*	X		X		NC		X	X
ESTRADIOL/LEVONORGESTREL transdermal patch [Climara Pro]	DL FE	DL*	X	X	X			X	X	X
ESTRADIOL/NORETHINDRONE tablets [Activella]	X	NC	X		X		X	X	X	X
ESTRADIOL/NORETHINDRONE transdermal patch [Combipatch]	DL FE	X	X	X	X	X	X	X	X	X
ESTRADIOL/NORGESTIMATE [Prefest]	FE	NC	X		X		X		X	X
ESTRADIOL VALERATE injection	NC <sup>1</sup>	X			X <sup>1</sup>		X			X
ESTRADIOL VALERATE injection [Delestrogen]	NC <sup>1</sup>	X	PA		X <sup>1</sup>		NC		PA	X
ESTROPIPATE	X*	X*	X	X	X	X	X	X	X	X*
ESTROPIPATE [Ogen]	X	X	PA	X	X		NC		PA	X
ETHINYL ESTRADIOL/NORETHINDRONE [FemHrt]	X	X*	X		X	X		X	X	X
MEDROXYPROGESTERONE	X*	X*	X	X	X	X	X	X	X	X*
MICRONIZED PROGESTERONE [Prometrium]	X*	X	X	X	X			X	X	X
NORETHINDRONE	X*	X*	X	X	X	X	X	X	X	X
NORETHINDRONE [Aygestin]	X	X	PA	X	X		NC		PA	X
PROGESTERONE capsules	X*	X	X	X	X	X	X	X		X
PROGESTERONE suppositories	X*	X	X	X	X					X
PROGESTERONE vaginal [Crinone]	X	X*			X	X		X		X

1 Not covered under pharmacy benefit; may be covered under medical benefit

## Hormone Replacement

Name	AETNA	BCSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
PROGESTERONE vaginal [Prochieve]	X	X*			X		X	X		X
RALOXIFENE [Evista]	X*	X*	X	PA ST	X	X	X	X	X	X*

## Lipid-Lowering Drugs

ATORVASTATIN [Lipitor]	DL FE ST	DL ST	PA	DL	X			PA	PA	ST
ATORVASTATIN/AMLODIPINE [Caduet]	DL FE ST	NC DL ST	PA	X	X		NC	PA	PA	X
CHOLESTYRAMINE	X*	X*	X	X	X	X	X	X	X	X
CHOLESTYRAMINE [Prevalite]	X*	X*	X	X	X	X	X	X	PA	X
COLESEVELAM [Welchol]	X*	NC	X	X	X			X	X	X
COLESTIROL	X*	X*	X	X	X	X	X	X	X	X
COLESTIROL [Colestid]	FE	X	PA	X	X		NC		PA	X
EZETIMIBE [Zetia]	DL* PA	DL ST	PA		DL ST	DL ST		PA	PA	ST
FENOFIBRATE	X*	X*	X	X	X	X	X	X	X	X*
FENOFIBRATE [Antara]	X*	NC	X		X		X	PA	PA	X
FENOFIBRATE [Fenoglide]	ST	NC	X		X		X	PA	PA	NC
FENOFIBRATE [Lipofen]	FE ST	NC	X		X		X	PA	PA	NC
FENOFIBRATE [Lofibra]	FE ST	NC	PA	X	X			PA	PA	X
FENOFIBRATE [Tricor]	FE	NC	X	X	X	X	X	PA	PA	X*
FENOFIBRATE [Triglide]	ST	NC			X			PA		X
FENOFIBRIC ACID [Fibracor]	FE ST	NC		PA	X				PA	NC
FENOFIBRIC ACID [Triplix]	X	NC		PA	X		NC		PA	NC
FLUVASTATIN [Lescol]	DL*	NC DL ST	PA	X	X			PA	PA	ST
FLUVASTATIN [Lescol XL]	DL*	NC DL ST	PA	X	X			PA	PA	ST
GEMFIBROZIL	X*	X*	X	X	X	X	X	X	X	X
GEMFIBROZIL [Lopid]	FE ST	X	PA	X	X		NC		PA	X
LOVASTATIN	DL*	DL*	X	X	X	DL	DL	X	DL	X*
LOVASTATIN ER [Altoprev]	DL FE ST	NC ST	PA	PA	X				PA	NC ST
LOVASTATIN/NIACIN [Advicor]	DL* FE	DL ST	PA	PA	X		X	X	PA	X
NIACIN (OTC)	NC	NC	DL	PA	NC		X	X	X	
NIACIN ER	X*	X*	X	X	X		X	X	X	X*

## Lipid-Lowering Drugs

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
NIACIN ER [Niaspan]	X*	X*	X		X	X	X	X	X	X*
OMEGA-3-ACID ETHYL ESTERS [Lovaza]	X*	NC	PA	PA	X		NC		PA	NC
PRAVASTATIN	DL*	DL*	X	X	X	DL	DL	X	DL	X*
PRAVASTATIN [Pravachol]	DL FE	NC DL ST	PA		X		NC		PA	NC ST
ROSUVASTATIN [Crestor]	DL ST*	DL ST*	PA	DL	X	DL ST		PA	PA	ST*
SIMVASTATIN	DL*	DL*	X	X	X	DL	DL	X	DL	X*
SIMVASTATIN [Zocor]	DL FE	NC DL ST	PA		X		NC		PA	NC ST
SIMVASTATIN/EZETIMIBE [Vytorin]	DL* ST	DL ST	PA		DL ST			PA	PA	ST*

## Migraine Therapy

ALMOTRIPTAN [Axert]	DL FE ST	NC DL ST	DL ST		DL <sup>4</sup>			DL <sup>1</sup> ST	PA	DL <sup>2</sup>
DIHYDROERGOTAMINE injection	X <sup>1</sup>	X	X		X		X	DL		X
DIHYDROERGOTAMINE nasal spray [Migranal]	DL FE ST	DL	DL		X	X	X	DL	PA	DL
ELETRIPTAN [Relpax]	DL FE ST	DL ST	DL ST	DL	DL <sup>4</sup>		X <sup>5</sup>	DL <sup>1</sup> ST	PA	DL <sup>2</sup>
ERGOTAMINE [Ergomar]	X	X*	X	X	X		X	X		X
ERGOTAMINE/CAFFEINE	X*	X*	X	X	X	X	X	X	X	X
FROVATRIPTAN [Frova]	DL FE ST	NC DL ST	DL ST		DL <sup>6</sup>			DL <sup>1</sup> ST	PA	DL <sup>1</sup>
ISOMETHEPTENE/DICHLORALPHENAZONE/APAP	X						X			X
ISOMETHEPTENE/DICHLORALPHENAZONE/APAP [Midrin]	X	X			X		NC			X
NARATRIPTAN [Amerge]	DL*	DL ST	DL ST		DL <sup>7</sup>		DL <sup>5</sup>	DL <sup>1</sup> ST	PA	DL <sup>1</sup>
RIZATRIPTAN tablets [Maxalt]	DL*	NC DL ST	DL ST		DL <sup>8</sup>			DL <sup>1</sup> ST	PA	DL <sup>*1</sup>

1 9 tabs/30 days

2 6 tabs/30 days

3 Not covered under pharmacy benefit; may be covered under medical benefit

4 Maximum of 12 tabs/copay depending on strength

5 12 tabs/30 days

6 9 tabs/copay

7 Maximum of 15 tabs/copay depending on strength

8 Maximum of 18 tabs/copay depending on strength

## Migraine Therapy

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
RIZATRIPTAN MLT orally disintegrating tablet [Maxalt-MLT]	DL*	NC DL ST	DL ST		DL <sup>1</sup>			DL <sup>2</sup> ST	PA	DL* <sup>2</sup>
SUMATRIPTAN injection	DL*	DL*	DL	X	DL <sup>3</sup>	DL	X <sup>4</sup>	DL <sup>5</sup>	PA	DL* <sup>5</sup>
SUMATRIPTAN injection [Imitrex]	DL FE ST	DL ST	DL PA		DL <sup>3</sup>		NC		PA	DL <sup>5</sup>
SUMATRIPTAN nasal spray	DL*	DL*	DL		DL <sup>3</sup>	DL	DL <sup>6</sup>	DL <sup>4</sup>	PA	DL
SUMATRIPTAN nasal spray [Imitrex]	DL FE ST	DL ST	DL		DL <sup>3</sup>		NC		PA	DL
SUMATRIPTAN tabs	DL*	DL*	DL	DL	DL <sup>3</sup>	DL	X <sup>7</sup>	DL <sup>2</sup>	DL	DL* <sup>2</sup>
SUMATRIPTAN tabs [Imitrex]	DL FE ST	DL ST	DL PA		DL <sup>3</sup>		NC		PA	DL <sup>2</sup>
ZOLMITRIPTAN [Zomig/Zomig-ZMT 2.5 mg tabs]	DL FE ST	DL* ST	DL ST	DL	DL <sup>8</sup>	DL	DL <sup>7</sup>	DL <sup>2</sup> ST	PA	DL* <sup>9</sup>
ZOLMITRIPTAN [Zomig/Zomig-ZMT 5 mg tabs]	DL FE ST	DL* ST	DL ST	DL	DL <sup>8</sup>	DL	DL <sup>7</sup>	DL <sup>2</sup> ST	PA	DL* <sup>10</sup>
ZOLMITRIPTAN nasal spray [Zomig]	DL FE ST	DL* ST	DL ST	X	DL <sup>11</sup>	DL	DL <sup>6</sup>	DL <sup>4</sup> ST	PA	DL <sup>4</sup>

## Nasal Corticosteroids

BECLOMETHASONE [Beconase AQ]	FE	NC DL	ST	X	X				PA	PA	NC DL
BUDESONIDE [Rhinocort Aqua]	ST	NC DL	ST		X	X			PA	PA	NC DL
CICLESONIDE [Omnaris]	X	NC DL			X				PA		NC DL
FLUNISOLIDE	X*	DL*	X	X	X	X	DL	X	DL	DL	DL*
FLUNISOLIDE [Nasarel]	X	NC DL	PA		X		NC		PA	NC DL	
FLUTICASONE	X*	DL*	X	X	X	X	DL	X	DL	DL*	
FLUTICASONE FUROATE [Veramyst]	X*	NC DL	ST		X				PA	PA	NC DL
MOMETASONE [Nasonex]	X*	NC DL	ST	X	X	X	DL	PA	PA <sup>12</sup>	DL*	
TRIAMCINOLONE [Nasacort AQ]	FE ST	NC DL	ST		X				PA	DL	NC DL

- 1 Maximum of 18 tabs/copy depending on strength
- 2 9 tabs/30 days
- 3 Maximum of 24 tabs or 6 injections/copy depending on strength
- 4 6 devices/30 days
- 5 4 injections/30 days
- 6 12 devices/30 days
- 7 12 tabs/30 days
- 8 Maximum of 12 tabs/copy depending on strength
- 9 6 tabs/30 days
- 10 3 tabs/30 days
- 11 6 units/copy
- 12 4 yrs and >1 inhaler/month

## NSAIDs

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
CELECOXIB [Celebrex]	FE	DL ST	PA	PA	PA	DL PA		ST	PA <sup>13</sup>	PA
DICLOFENAC	X*	X*	X	X	X	X	X	X	X	X
DICLOFENAC/MISOPROSTOL [Arthrotec]	FE	X*	X		X				PA <sup>13</sup>	X
ETODOLAC	X*	X*	X	X	X	X	X	X	X	X
ETODOLAC ER	FE	X*	X	X	X	X	X	X	X	X
FENOPROFEN [Nalfon]	X	X*			X		NC		PA	X
FLURBIPROFEN	X*	X*	X	X	X	X	X	X	X	X
IBUPROFEN (200 mg) OTC	NC	NC	DL	NC	NC		X	X	X	
IBUPROFEN (400 mg, 600 mg, 800 mg)	X*	X*	X	X	X	X	X	X	X	X
INDOMETHACIN	X*	X*	X	X	X	X	X	X	X	X
INDOMETHACIN SR	X*	X*	X	X	X	X	X	X	X	X
KETOPROFEN	X*	X*	X	X	X	X	X	X	X	X
KETOROLAC	DL*	X*	X	DL	X	DL	DL	X	DL	X
MECLOFENAMATE	X*	X*	X	X	X	X	X	X	X	X
MEFENEMIC ACID [Ponstel]	FE	X*	PA		X			PA	PA	X
MELOXICAM	X*	DL*	X	X	PA	X	X	X	X	X
NABUMETONE	FE	X*	X	X	X	X	X	X	X	X
NAPROXEN	X*	X*	X	X	X	X	X	X	X	X
NAPROXEN controlled release [Naprelan]	X	NC		PA	X		NC		PA	NC
NAPROXEN SODIUM	X*	X*	X	X	X	X	X	X	X	X
OXAPROZIN	FE	X*	X	X	X	X	X	X	X	X
PIROXICAM	X*	X*	X	X	X	X	X	X	X	X
SULINDAC	X*	X*	X	X	X	X	X	X	X	X
TOLMETIN SODIUM	FE	X*	X	X	X	X	X	X	X	X

## Ophthalmic Agents (Allergy)

AZELASTINE HCL	X*	X*			X		ST	PA		X
AZELASTINE HCL [Optivar]	X*	NC DL	PA		X		NC		PA	X
BEPOTASTINE [Bepreve]	X	NC			X				PA	NC
CROMOLYN SODIUM	X*	DL*	PA	X	X	X	X	X	X	X
CROMOLYN SODIUM [Crolom]	X	DL	PA	X	X		NC		PA	X

## Ophthalmic Agents (Allergy)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
DICLOFENAC [Voltaren]	FE	X*	PA		X		NC	X	PA	X
EMEDASTINE DIFUMARATE [Emadine]	FE	DL	PA		X				PA	X
EPINASTINE HCL [Elestat]	FE	NC DL	PA		X				PA	X
FLURBIPROFEN	X*	X*	X	X	X	X	X	X	X	X
KETOTIFEN	NC	NC	X	X	X	X	NC			NC
KETOTIFEN solution (OTC)	NC	NC	X	NC	NC	X	X	X		
KETOTIFEN [Alaway OTC]	NC	NC	X	NC	NC	X	X	X	X	
KETOTIFEN [Zaditor OTC]	NC	NC	PA	NC	NC	X	X	X		
LODOXAMIDE TROMETHAMINE [Alomide]	FE	DL	PA	X	X			PA	PA	X
LOTEPREDNOL [Alrex]	X*	NC DL	X	X	X		X	X	PA	X
NAPHAZOLINE (Rx)	X*	X*	X	X	X	X	X		X	X
NAPHAZOLINE/PHENIRAMINE (OTC)	NC	NC	X	NC	NC		X	X	X	
NAPHAZOLINE/PHENIRAMINE [Naphcon-A] (OTC)	NC	NC	PA	NC	NC		NC	X	X	
NAPHAZOLINE/PHENIRAMINE [Opcon-A] (OTC)	NC	NC	PA	NC	NC		NC	X	X	
NAPHAZOLINE/PHENIRAMINE [Visine-A] (OTC)	NC	NC	X	NC	NC		NC	X	X	
NEDOCROMIL SODIUM [Alocril]	FE	NC DL	PA		X			PA	PA	X
OLOPATADINE 0.1% [Patanol]	FE	DL	PA	X	X			PA	PA	X
OLOPATADINE 0.2% [Pataday]	X*	NC DL	PA	X	X				PA	NC
PEMIROLAST [Alamast]	FE	NC DL	PA	X	X			PA	PA	X
PHENYLEPHRINE (OTC)	FE	NC	X	NC	NC		X			
RIMEXOLONE [Vexol]	FE	X*	X	X	X			X	X	X

## Ophthalmic Agents (Antibiotic)

AZITHROMYCIN [Azasite]	X*	NC	PA		X			DL	PA	DL
BACITRACIN/NEOMYCIN/POLYMYXIN B	X*	X*	X	X	X	X	X	X	X	X
BACITRACIN ointment	X*	X*	X	X	X	X	X	X	X	X
BACITRACIN/POLYMYXIN B	X*	X*	X	X	X	X	X	X	X	X
BACITRACIN/POLYMYXIN B [Polysporin]	X	X	X	X	X		NC			X

## Ophthalmic Agents (Antibiotic)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
BESAFLOXACIN [Besivance]	X	NC			X				PA	NC DL
CHLORAMPHENICOL	X*	X*	X	X	X	X	X		X	X
CIPROFLOXACIN ointment [Ciloxan]	X	X	PA	X	X			X	PA	X
CIPROFLOXACIN solution	X*	X*	X	X	X	X	X	X	X	X
CIPROFLOXACIN solution [Ciloxan]	X	X	PA	X	X		NC		PA	X
ERYTHROMYCIN eye ointment	X*	X*	X	X	X	X	X	X	X	X
FLUOROMETHOLONE/ SULFACETAMIDE [FML-S Liquifilm]	FE	X	PA	X	X	X		X	X	X
GATIFLOXACIN [Zymar]	FE	DL	PA		X			X	PA	X
GENTAMICIN ointment, solution	X*	X*	X	X	X	X	X	X	X	X
GENTAMICIN solution [Genoptic]	X*	X*	X	X	X		X	X	PA	X
GENTAMICIN/PREDNISOLONE [Pred-G]	FE	X	X	X	X			X	X	X
GRAMICIDIN/NEOMYCIN/ POLYMYXIN B	X*	X*	X	X	X	X	X	X	X	X
GRAMICIDIN/NEOMYCIN/ POLYMYXIN B [Neosporin]	X	X	PA		X		NC		PA	X
LEVOFLOXACIN [Iquix]		NC			X					DL
LEVOFLOXACIN [Quixin]	FE	NC	PA	X	X			X	PA	X
LOTEPREDNOL/TOBRAMYCIN [Zylet]	FE	X*	X		X			DL	X	X
MOXIFLOXACIN HCL [Vigamox]	FE	DL	PA		X			X	PA	DL
NATAMYCIN [Natacyn]	X	X	X		X					X
NEOMYCIN/BACITRACIN/ POLYMYXIN B/HYDROCORTISONE	X*	X*	X	X	X	X	X	X	X	X
NEOMYCIN/POLYMYXIN/ DEXAMETHASONE ointment, solution	X*	X*	X	X	X	X	X	X	X	X
NEOMYCIN/POLYMYXIN/ DEXAMETHASONE ointment [Dexasporin]	X*	X*	X	X	X	X	X		X	X
NEOMYCIN/POLYMYXIN B/ GRAMICIDIN	X*	X*	X	X	X	X	X	X	X	X
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE	X*	X*	X	X	X	X	X	X	X	X
NEOMYCIN/POLYMYXIN/ PREDNISOLONE [Poly-Pred]	FE	X	X	X	X			X	X	X
NEOMYCIN/POLYMYXIN B/ GRAMICIDIN [Neosporin]	X	X	PA	X	X		NC		PA	X

## Ophthalmic Agents (Antibiotic)

Name	AETNA	BCBSMA	BMCHP	FCHP	HPHC	HNE	NHP	NTWK	MAHLTH	THP
OFLOXACIN solution	X*	X*	X	X	X	X	X	X	X	X*
OFLOXACIN [Ocuflox]	X	X	PA		X		NC		PA	X
POLYMYXIN/BACITRACIN	X*	X*	X	X	X	X	X	X	X	X
POLYMYXIN B/TRIMETHOPRIM	X*	X*	X	X	X	X	X	X	X	X*
POLYMYXIN B/TRIMETHOPRIM [Polytrim]	X	X	PA		X		NC		PA	X
POVIDONE IODINE [Betadine]	X	X*	X		X			X		X
SULFACETAMIDE SODIUM ointment, solution	X*	X*	X	X	X	X	X	X	X	X
SULFACETAMIDE/PREDNISOLONE solution	X*	X*	X	X	X	X	X	X	X	X
SULFACETAMIDE/PREDNISOLONE [Blephamide]	FE	X*	X	X	X				X	X
SULFACETAMIDE SODIUM 10% [Bleph-10]	X	X	PA	X	X		NC		PA	X
TOBRAMYCIN ointment [Tobrex]	X	X*	X	X	X			X	PA	X
TOBRAMYCIN solution	X*	X*	X	X	X	X	X	X	X	X
TOBRAMYCIN solution [Tobrex]	X	X	PA	X	X		NC		PA	X
TOBRAMYCIN/DEXAMETHASONE [Tobradex]	FE	X	X	X	X		NC	X	PA	X
TRIFLURIDINE	X*	X*	X	X	X	X	X	X	X	X
TRIFLURIDINE [Viroptic]	X	X			X		NC		PA	X

## Tobacco Cessation

BUPROPION SR	NC	DL*	DL	X	DL <sup>1</sup>	DL	X	DL <sup>2</sup>	X
NICOTINE gum	NC	X <sup>*3</sup>	DL		NC		X	DL <sup>2</sup>	DL
NICOTINE inhaler [Nicotrol inhaler]	NC	X <sup>*3</sup>	DL	DL	DL <sup>1</sup>		X	DL <sup>2</sup>	PA
NICOTINE lozenge	NC	X <sup>*3</sup>			NC		X	X	
NICOTINE lozenge [Commit lozenge]	NC	X <sup>*3</sup>	DL		NC		NC	DL <sup>2</sup>	DL
NICOTINE nasal spray [Nicotrol NS]	NC	X <sup>*3</sup>	DL	DL	DL <sup>1</sup>		X	DL <sup>2</sup>	PA
NICOTINE transdermal patch	NC	X <sup>*3</sup>	DL	DL	NC		X	DL <sup>2,4</sup>	DL
VARENICLINE [Chantix]	NC	X <sup>*3</sup>	DL <sup>5</sup>	DL	DL <sup>5</sup>	DL	DL <sup>5</sup>	DL <sup>5</sup>	DL

- 1 HPHC annual limit 90-day supply
- 2 90-day supply/180-day timeframe
- 3 90-day supply/calendar year
- 4 OTC only
- 5 24-week annual supply limit

## Tobacco Cessation

---

### **Tufts Health Plan Smoking Cessation**

Tufts Health Plan will reimburse members for the cost of prescription smoking cessation products for 12 weeks of therapy following the completion of a Tufts Health Plan approved smoking cessation program such as QuitWorks. For more information, please call Provider Services at (888) 884-2404. The MOMS program, a proactive smoking cessation telephone counseling program, is available at no cost to all pregnant members who smoke. For more information, please call Health Programs at (888) 766-9818, ext. 3218.

## Abbreviations That Should Not Be Used

---

A minimum list of dangerous abbreviations, acronyms, and symbols has been approved by the Joint Commission. The following items must be included on each accredited organization's "do not use" list:

### Do Not Use

**U** (for unit)

*Mistaken as zero, four, or cc.*

**IU** (for international unit)

*Mistaken as IV (intravenous) or 10 (ten).*

**Q.D., Q.O.D.** (Latin abbreviation for once daily and every other day)

*Mistaken for each other. The period after the Q can be mistaken for an "I," and the "O" can be mistaken for "I."*

**Trailing zero (X.0 mg)**

*Decimal point could be missed.*

**Lack of leading zero (.X mg)**

*Decimal point could be missed.*

**MS, MSO<sub>4</sub>, MgSO<sub>4</sub>**

*Confused for one another. Can mean morphine sulfate or magnesium sulfate.*

### Use Instead

Write "unit."

Write "international unit."

Write "daily" and "every other day."

Write X mg.

Write 0.X mg.

Write "morphine sulfate" or "magnesium sulfate."

If your organization does not already have additional “do not use” items in place, each organization must include at least three of the following additional abbreviations:

### Do Not Use

**µg** (for microgram)

*Mistaken for mg (milligrams) resulting in one thousand-fold dosing overdose.*

**H.S.** (for half-strength or Latin abbreviation for bedtime)

*Mistaken for either half-strength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.*

**T.I.W.** (for three times a week)

*Mistaken for three times a day or twice weekly resulting in an overdose.*

**S.C. or S.Q.** (for subcutaneous)

*Mistaken as SL for sublingual, or “5 every.”*

**D/C** (for discharge)

*Interpreted as discontinue whatever medications follow (typically discharge meds).*

**c.c.** (for cubic centimeter)

*Mistaken for U (units) when poorly written.*

**A.S., A.D., A.U.** (Latin abbreviation for left, right, or both ears)

*Mistaken for OS, OD, OU, etc.*

### Use Instead

Write “mcg.”

Write out “half-strength” or “at bedtime.”

Write “3 times weekly” or “three times weekly.”

Write “Sub-Q,” “subQ,” or “subcutaneously.”

Write “discharge.”

Write “ml” for milliliters.

Write “left ear,” “right ear,” or “both ears.”

Source: [www.jointcommission.org/patientsafety/donotuselist](http://www.jointcommission.org/patientsafety/donotuselist)







MASSACHUSETTS  
MEDICAL SOCIETY

860 Winter Street, Waltham, MA 02451-1411

[www.massmed.org](http://www.massmed.org)