

APPENDIX VII. MCHD HCAP FORMULARY

MCHD 2010 Preferred Drug List

This is a condensed version of the US Script, Inc. MCHD Formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days' supply and prior authorization. Please contact Brandi Schroeder at 936-523-5109 if you have any questions.

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR.
ASK YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

Brand Drugs = CAPITAL LETTERS

Generic Drugs = lower case

ANTI-INFECTIVE AGENTS

ANTIFUNGALS

clotrimazole
fluconazole (Quantity Limits Apply)
griseofulvin suspension
itraconazole
ketoconazole
nystatin

terbinafine
GRIS-PEG®
VFEND®

CEPHALOSPORINS

cefaclor/ extended-release
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES

ciprofloxacin
ofloxacin
AVELOX®

MACROLIDE ANTIBIOTICS

azithromycin
clarithromycin/ extended-release
erythromycin

PENICILLINS

amoxicillin
amoxicillin/ clavulanate
ampicillin
dicloxacillin
penicillin

MISC. ANTI-INFECTIVES

doxycycline
erythromycin/ sulfisoxazole
metronidazole
minocycline
nitrofurantoin
tetracycline
trimethoprim

trimethoprim/ sulfamethoxazole
FURADANTIN®
ZYVOX®

CARDIOVASCULAR AGENTS

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril

quinapril

ramipril capsules
trandolapril

ANGIOTENSIN II BLOCKERS

BENICAR® ***
DIOVAN® ***

ANTIHYPERTENSIVES & COMBINATIONS

cholestyramine
colestipol
gemfibrozil
lovastatin
pravastatin
simvastatin
ADVICOR®
CADUET® ***

LOVAZA®

NIASPAN®

SIMCOR®

TRICOR® ***

WELCHOL®

ZETIA®

ANTIHYPERTENSIVES & COMBINATIONS

amlodipine/ benazepril
atenolol/ chlorthalidone
benazepril/ HCTZ
bisoprolol/ HCTZ
captopril/ HCTZ
clonidine
doxazosin
enalapril/ HCTZ
fosinopril/ HCTZ
guanfacine

hydralazine/ HCTZ

lisinopril/ HCTZ

methyl dopa/ HCTZ

metoprolol/ HCTZ

minoxidil

moexipril/ HCTZ

nadolol/ bendroflumethiazide

prazosin

propranolol/ HCTZ

terazosin

BENICAR HCT® ***

DIOVAN HCT® ***

BETA BLOCKERS

acebutolol
atenolol
betaxolol
bisoprolol

labetalol

metoprolol/ extended-release

nadolol

pindolol

propranolol/ extended-release

timolol

COREG CR™

CALCIUM BLOCKERS

amlodipine
diltiazem/ extended-release
felodipine
nicardipine
nifedipine/ extended-release
verapamil/ extended-release
CARDIZEM LA®
SULAR®

CENTRAL NERVOUS SYSTEM AGENTS **ANTIDEPRESSANTS**

(Prior Authorization Required)

amitriptyline
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine/ extended-release
protriptyline
sertraline
trazodone
trimipramine

venlafaxine
CYMBALTA® ***
EFFEXOR XR® ***
LEXAPRO® ***

MIGRAINE AGENTS
(Quantity Limits Apply)

IMITREX®
MAXALT®
RELPAK®

**ENDOCRINE &
METABOLIC AGENTS**

ANTI-DIABETICS

acarbose
glimepiride
glipizide/ extended-release
glipizide/ metformin
glyburide
glyburide/ metformin
metformin/ extended-release
ACTOplus MET® ***
ACTOS® ***
AVANDAMET®
AVANDARYL®
AVANDIA® ***
BYETTA® ***
DUETACT®
GLYSET®
JANUMET™ ***
JANUVIA™ ***
PRANDIN®
STARLIX®
SYMLIN®

**ESTROGENS/PROGEST
COMBINATIONS**

estradiol/ norethindrone
estradiol transdermal system
estropipate
ENJUVEA®
ESTRATEST/ HS®
PREMARIN/ LOW-DOSE®
PREMPHASE®
PREMPRO™
VIVELLE/ DOT®

INSULINS

LANTUS® ***
LEVEMIR® ***
NOVOLIN® ***
NOVOLOG® ***

OTHER ENDOCRINE DRUGS

alendronate
ACTONEL® ***
ACTONEL® WITH CALCIUM ***
MIACALCIN® NASAL SPRAY

GASTROINTESTINAL AGENTS
H-2 ANTAGONISTS

cimetidine
famotidine
nizatidine
ranitidine

PROTON PUMP INHIBITORS

(**Prior Authorization Required-Must try/
fail OTC product prior to prescription
product coverage)
omeprazole
pantoprazole
NEXIUM®
PREVACID®

MISC. ULCER
methscopolamine
misoprostol
sucralfate
CARAFATE® (suspension)
PREVACID® NapraPAC™
PREVPAC®
PYLERA®

MUSCULOSKELETAL AGENTS

NSAIDS

diclofenac
etodolac/ extended-release
fenoprofen
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
meclofenamate

carvedilol
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
sulindac
tolmetin

RESPIRATORY AGENTS

ALLERGY-NASAL

flunisolide
fluticasone
ipratropium
ASTELIN®
NASACORT AQ®***
NASONEX® ***

ANTI-ASTHMATICS

albuterol extended-release
tab
albuterol/ ipratropium neb
albuterol nebulization
cromolyn nebulization
metaproterenol nebulization
terbutaline
theophylline
ADVAIR® ***
ALUPENT®
ASMANEX®
ATROVENT® HFA
COMBIVENT® ***
FLOVENT® HFA/ DISKUS®
FORADIL®
INTAL®
PROAIR® HFA ***
PULMICORT®
SEREVENT® DISKUS®
SINGULAIR® (Step Therapy
Required) ***
SPIRIVA® ***
SYMBICORT® ***
TILADE®
XOPENEX®/ HFA®

UROLOGICAL MEDICATIONS

**ANTICHOLINERGICS/
ANTISPASMODICS**

flavoxate
hyoscyamine subl
oxybutynin/ extended-release
DETROL/ LA®
ENABLEX®
VESICARE®

**BENIGN PROSTATIC
HYPERTROPHY DRUGS**

doxazosin
finasteride
terazosin
AVODART®
FLOMAX®

*** Indicates prior-authorization required. Contact Brandi Schroeder at 936-523-5109 for more details.