

# **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® \*\*\*

#### **ANTIHYPERLIPIDEMICS**

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  
carvedilol

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  
ENJUVIA®  
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

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.