

APPENDIX VII. MCHD HCAP FORMULARY

MCHD 2011 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 MCHD HCAP pharmacy benefit personnel at 936-523-5108 or 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

*** = Prior Authorization Required

ANTI-INFECTIVE AGENTS

ANTIFUNGALS

clotrimazole
fluconazole (Quantity Limits Apply)
clotrimazole/betamethasone
itraconazole
ketoconazole
nystatin
terbinafine
nystatin/triamcinolone

CEPHALOSPORINS

cefaclor/ extended-release
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES

ciprofloxacin
ofloxacin

MACROLIDE ANTIBIOTICS

azithromycin
clarithromycin
erythromycin

PENICILLINS

amoxicillin
amoxicillin/ clavulanate
ampicillin
dicloxacillin
penicillin

MISC. ANTI-INFECTIVES

doxycycline
erythromycin/ sulfisoxazole
metronidazole
minocycline
nitrofurantoin
tetracycline
trimethoprim
trimethoprim/ sulfamethoxazole
clindamycin

CARDIOVASCULAR AGENTS

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
quinapril
ramipril capsules
trandolapril

ANGIOTENSIN II BLOCKERS

losartan
BENICAR® ***
DIOVAN® ***

ANTIHYPERTENSIVES & COMBINATIONS

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

CADUET® ***

NIASPAN® ***

SIMCOR® ***

TRICOR® ***

WELCHOL® ***

ZETIA® ***

ANTIHYPERTENSIVES & COMBINATIONS

amlodipine/ benazepril
atenolol/ chlorthalidone
benazepril/ HCTZ
bisoprolol/ HCTZ
captopril/ HCTZ
clonidine
doxazosin
enalapril/ HCTZ
fosinopril/ HCTZ
lisinopril/ HCTZ
methyldopa/ HCTZ
metoprolol/ HCTZ

minoxidil
moexipril/ HCTZ

propranolol/ HCTZ

terazosin

losartan/HCTZ

BENICAR HCT® ***

DIOVAN HCT® ***

BETA BLOCKERS

acebutolol
atenolol
betaxolol
bisoprolol
carvedilol
labetalol
metoprolol/ extended-release

nadolol
pindolol
propranolol/ extended-release

CALCIUM BLOCKERS

amlodipine
diltiazem/ extended-release
felodipine
nicardipine
nifedipine/ extended-release
verapamil/ extended-release

CENTRAL NERVOUS

SYSTEM AGENTS

amitriptyline
citalopram
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine
protriptyline
sertraline
trazodone
trimipramine
venlafaxine
LEXAPRO® ***

MIGRAINE AGENTS

(Quantity Limits Apply)
These medications all require prior authorization.

IMITREX® ***

MAXALT® ***

ZOMIG® ***

**ENDOCRINE &
METABOLIC AGENTS**

ANTIDIABETICS

acarbose
glimepiride

glipizide/ extended-release
glipizide/ metformin
glyburide
glyburide/ metformin
metformin/ extended-release

ACTOplus MET® ***
ACTOS® ***
JANUMET™ ***
JANUVIA™ ***

PRANDIN® ***

**ESTROGENS/PROGEST
COMBINATIONS**

estradiol/ norethindrone
estradiol transdermal system
estropipate

ENJUVA® ***
PREMARIN® ***

PREMPRO™ ***
VIVELLE/ DOT® ***

INSULINS

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

THYROID AGENTS

levothyroxine
ARMOUR THYROID®

OTHER ENDOCRINE DRUGS

alendronate
ACTONEL® ***
ACTONEL® WITH CALCIUM

**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
lansoprazole ***
NEXIUM® ***

MISC. ULCER

methscopolamine
misoprostol
sucralfate

PREVPAC® (If this medication is
needed, please contact Brandi
before prescribing)

MUSCULOSKELETAL AGENTS

NSAIDS

diclofenac
etodolac

flurbiprofen
ibuprofen
indomethacin

ketoprofen
ketorolac

meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
sulindac

RESPIRATORY AGENTS

ALLERGY-NASAL

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

ANTIASTHMATICS

albuterol extended-release tab

albuterol/ ipratropium neb
albuterol nebulization
terbutaline

theophylline
ADVAIR® ***
ATROVENT® HFA ***

COMBIVENT® ***
FLOVENT® HFA***
FORADIL® ***
PROAIR® HFA ***
PULMICORT® ***

SPIRIVA® ***
SYMBICORT® ***
VENTOLIN® HFA ***
XOPENEX®/ HFA® ***

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS/

ANTISPASMODICS

flavoxate
hyoscyamine subli

oxybutynin/ extended-release
DETROL/ LA® ***
VESICARE® ***

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin
finasteride

tamsulosin
terazosin
AVODART® ***