

# **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**

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

**BENIGN PROSTATIC  
HYPERTROPHY DRUGS**

doxazosin  
finasteride  
tamsulosin  
terazosin  
AVODART® \*\*\*

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