

KENT HEALTH PLAN (revised 6/28/11)

ANALGESICS

Anti Arthritic

Allopurinol-g
Arava-g
Methotrexate-g (QL 40/month)
Probenecid-g

Narcotic-Long Acting

Fentanyl (cancer diagnosis only—**PAP**)
Methadone HCL 10 mg-g
Methadone HCL 40 mg-g
MS Contin (cancer diagnosis only—**PAP**)
Oxycontin (cancer diagnosis only—**PAP**)

Narcotic-Short Acting (QL 180/mo)

Demerol-g
Codiene-g
Esgic-g
Hydrocodone/APAP-g
Lorcet-g
Lortab elixir-g
MSIR-g
Norco-g
OxyIR-g
Percocet-g
Tylenol w/ codeine-g
Tylox 5/500-g
Vicodin ES-g
Vicodin-g
Wygesic-g

Non-Narcotic

Acetaminophen-g
Fiorinal-g
Fioricet-g
Ultram-g
Imitrex-g

Salicylates

Aspirin-g

ANTIBIOTICS/ANTI-INFECTIVES

Cephalosporins

Duricef-g
Keflex-g

Erythromycins & other Macrolides

EES-g
Emycin-g
ERYC-g
ERYPED-g
Erythromycin-g
Zithromax 250 mg Z pak-g

Penicillins

Amoxicillin-g
Ampicillin-g
Dicloxacillin-g
Penicillin VK-g

PLAN A

Quinolones

Cipro-g

Sulfas and Related Products

Azulfidine-g
Bactrim-g

Tetracyclines

Minocycline-g
Tetracycline-g
Vibramycin-g

Antifungal Agents

Diflucan-g
Griseofulvicin-g
Mycostatin-g
Nizoral-g

Antiviral

Aycyclovir-g

Other

Amantadine-g
Cleocin-g
Flagyl-g
Macrodantin-g PA
Mebendazole-g
Plaquenil-g
Proloprim-g

ASTHMA –ALLERGY

Inhaled Anticholinergics

Atrovent **PAP-E**
Combivent **PAP-E**
Ipratropium Solution-g

Antihistamines

Atarax-g
Tavist-g
Vistaril-g
Claritin-g
Claritin D OTC

Bronchodilators-Short Acting

Alupent--**PAP**
Proventil HFA-g
Ventolin HFA*
*refill sooner than 75 days needs a PA

Bronchodilators – Long Acting

Serevent (COPD)--**PAP**
Bronchodilator--for Nebulizers
Albuteral sulfate
Albuteral sulfate

Bronchodilator oral

Slo-bid-g
Theodur-g
Ventolin-g

ASTHMA --ALLERGY cont

LABA/Corticosteroid

Advair Discus **PA & PAP**

Inhaled Corticosteroids

Flovent HFA--**PAP-E** (If failed QVAR)

QVAR--**PAP-E**

Corticosteroid nasal

Flonase Nasal Inhaler

Lekotriene Inhibitors

Singulair **PA and PAP**

CARDIAC MEDICATIONS

Ace Inhibitors

Capoten-g

Capozide-g

Vasotec-g

Zestril-g

Zestoretic-g

Lisinopril-g

Angiotensin Receptor Antagonists

Cozaar-g

Diovan-**PA and PAP**

Ace Inhibitors

Cordarone-g

Beta Blockers

Coreg-

Coreg CR-**PAP**

Corgard-g

Inderal-g

Lopressor-g

Tenormin-g

Ziac-g

Toprol XL-**PAP**

Calcium Channel Blockers

Cardiazem-g

Cardiazem CD-g

Cardiazem SR-g

Calan-g

Procardia XL-g

Norvasc-g (QL 1/day)

Plendil--**PAP (QL 1/day)**

Cardiovascular Alpha 1-Adrenergic Blockers

Cardura

Hytrin

Coronary Vasodilators

Imdur-g (QL 1/day)

Isordil-g

Isordil Tembids-g

Nitro-bid Ointment-g

Nitroglycerin-g

Transderm-Nitro Patch-g

Peripheral Vasodilators

Pavabid-g

Vasodilan-g

Apresoline-g

Iotropics

Lanoxin-g

Hypotensive Combination

Dyazide-g

Modiuretic-g

Tenoretic-g

Maxzide-g

Vasenetec-g

Zestoretic-g

Ziac-g

Hypotensive/Other

Catapres-g

Normodyne-g

Lipotropic--Lopids

Lopid-g

Mevacor-g

Pravachol-g

Prevastatin 20 mg & 40 mg-g

Zocor-g

DIABETES

Insulins-Basal

Lantus-**PAP-E**

Levemir-**PAP-E**

Insulin Mixes

Novolin 70/30-**PAP-E**

Humulin 70/30-**PAP-E**

Humalog 75/25-**PAP-E**

Insulins-Rapid Acting

Humalog-**PAP-E**

Novolog-**PAP-E**

Insulins Traditional

Novolin u100-**PAP-E**

Humulin u100-**PAP-E**

ORAL AGENTS

Alpha-Glucosidase Inhibitors

Precose-**PAP**

Biguanides

Glucophage

Sulfonylureas

Diabeta

Diabenese

Glipizide

Glipizide XL

Glyburide

Glynase

Micronase

TZD

Actos-**PAP**

ORAL AGENTS cont

Glucometers

Ascencia Breeze(at KHP-no cost)
Ascencia Contour (at KHP--no cost)

Supplies

Strips for Ascencia Breeze and Contour
up to 100 per month
Lancets and syringes up to 100 per month

GASTROINTESTINAL

Anti-diarrheals

Imodium-g
Lomotil-g

Anti-nausea Agents

Antivert-g
Phenergan-g
Tigan-g
Zofran-g

Antispasmodic

Pro-Banthine-g

Anti-ulcer

H-Pylori Pak(tetracycline,Pepto Bismol
Tabs & Flagyl)-g
Pepcid-g
Tagamet-g
Zantac-g

GI Stimulants

Reglan-g

Laxatives

Docusate Sodium-g
Docusate Sodium-Sennosides-g
Dulcolax-g
Golytely Solution-g
Lactulose Syrup-g
Magnesium Citrate-g
Nulytely-g
Sorbitrol Solution-g

Proton Pump Inhibitors

Omeprazole Capsules (max 2/day)

DIURETICS

Aldactone-g
Bumex-g
Lasix-g
Lozol-g
Maxzide-g
Microzide-g
Zaroxolyn-g

MISCELLANEOUS

Gout Therapy

Zyloprim-g

Hematologic Agents/ Anti-platelet

Anturane-g
Aspirin-g

Muscle Relaxants

Flexaril-g
Norflex-g
Robaxin-g
Premarin-PAP

Nsaids

Anaprox-g
Clinoril-g
Feldene-g
Indocin-g
Lodine
Mobic-g
Motrin-g (800 mg only)
Naprosyn-g
Relafen-g
Voltaren-g
Toradol-g (max 5 tabs in 30 days)

Anorectal Preparations

Anusol HC 25 mg supp-g
Anusol HC 2.5%

Blood Thinners

Coumadin-g
Heparin

Calcium Metabolism

Evista-PAP
Fosamax-g
Boniva-PAP

Corticosteroids

Decadron-g
Medrol-g
Prednisone-g

Cough & Cold Preparations

7 day supply only Phenergan
(w/ Codeine Syr-g QL 7 days)
Phenergan Syrup-g (QL 7 days)
Tessalon Perles-g (max 21 days per month)

Nutritional Supplements

Ferrous Sulfate-g
Folic Acid-g
Vitamin D- OTC

Immunosuppression

Imuran-g

MISCELLANEOUS

Estrogens

Cenestin-**PAP**
Estrace-g
Menest-**PAP**
Ogen-g
Premarin-**PAP**

Estrogen & Androgen Combination

Estratest-**PAP**

Estrogen & Progesterone Combination

Premphase-**PAP**
Prempro-**PAP**

Progesterone

Provera-g

Other

Colchicine-g
Ditropan-g
Epi-Pen-1 with 1 refill per year
(additional requires a PA)
Lidocaine Viscous-g
Methergine-g
Methotrexate-g
Pyridium-g
Requip-g
Urised-g

Potassium Replacement

Potassium 10 meq-g
Potassium 20 meq-g

Thyroid

Levothyroxine
Thyroid (Natural)-g
Synthroid-g

OPHTHALMIC

Antibiotics

Bacitracin-g
Chloromycetin Ointment-g
Chloromycetin Drops-g
Cortisporin Drops-g
Cortisporin Ointment-g
Garamycin Ointment-g
Neosporin Ointment-g
Neosporin Drops-g
Ocuflox-g
Sodium Sulamyd Drops-g
Sodium Sulamyd Ointment-g

Glaucoma

Alphagan-g
Vetagan-g
Pilocarpine-g
Propine-g
Timoptic XE-g
Travatan-**PAP**
Xalatan-**PAP**

Nsaids

Ocufen-g

Steroid Antibiotic Combination

Cortisporin Drops-g
Maxitrol-g
Neodecadron-g

Corticosteroids

Decadron-g
FML Liquifilm-g
Pred Forte-g

Decongestants

Naphcon Forte-g

OTIC

Cortisporin Ear Suspension-g
Cortisporin Ear Solution-g

TOPICAL AGENTS

Anti-infectives

Bactroban
Garamycin-g
Silvadene-g

Scabicides/Pediculicides

Nix-g
Elimite-g

Steroids

Triamcinolone Cream-g
Triamcinolone Ointment-g
Desonide Cream-g
Desonide Ointment-g
Valisone Cream-g
Lidex Cream-g
Lidex Gel-g
Lidex Ointment-g
Lidex Solution-g
Temovate Cream-g
Temovate Ointment-g
Temovate Solution

VAGINAL PREPARATIONS

Gyne-Lotrimin-g
Monistat Suppository-g
Monistat Vaginal Cream-g
Terazol 3 Cream-g

Tobacco Cessation Products

Covered only after completing Tobacco
Cessation Class (max of 3 months)
(generic only)
Refer to KHP office

All doses may not be covered

Psychotropics and anticonvulsants covered by First Health and MI health card

Generic medications if available—no brand names if generic available without PA

PAP-special fund for immediate needs until PAP available

PAP-E—no PA needed until after 3 months

PA—needs prior auth (no PAP available)

Call Kent Health Plan if any questions