Kent Health Plan A Group A1 Formulary 7/2009

Analgesics/Narcotics
Darvocet N 100-g
Darvon 65 mg-g
Fioricet/Codeine #3-g
Fiorinal/Codeine #3-g
Lorcet-g
Lortab elixir-g
Methadone HCL 10 mg-g
Methadone HCL 40 mg-g
*MS Contin-g PA**
MSIR-g
Norco-g
OxyIR-g
Percocet-g
Percodan-g
Tylenol w/ codeine-g
Tylox 5/500-g
Vicodin ES-g
Vicodin-g
Wygesic-g

Analgesics/Non-Narcotics
Acetaminophen-g
Fioricet-g
Fiorinal-g
Midrin-g
Ultram-g

Analgesics/Salicylates
Aspirin-g

Angiotensin-Converting Enzyme Inhibitors
Capoten-g
Vasotec-g
Zestril-g
Zestoretic-g

Anorectal Preparations
Anusol HC 25 mg supp-g
Anusol HC 2.5% cream-g

Antiarrhythmic
Cordarone-g

Antibiotics/ Cephlasporins
Duricef-g
Keflex-g

Antibiotics/ Erythromycins & other Macrolides
EES-g
Emycin-g
ERYC-g
ERYPED-g
Erythrocin-g
Zithromax 250 mg Z pak-g

Antibiotics/ Penicillins
Amoxicillin-g
Ampicillin-g
Penicillin VK-g

Antibiotics/Quinolones
Cipro-g

Antibiotics/ Antiinfectives/ Sulfas and Related Products
Azulfidine-g
Bactrim-g

Antibiotics/ Tetracyclines
Minocycline-g
Tetracycline-g
Vibramycin-g

Antifungal Agents
Diflucan-g
Griseofulvicin-g
Mycostatin-g
Nizoral-g

Antibiotics/ Other
Cleocin-g
Flagyl-g
Macrodantin-g
Proloprim-g

Antidiarrheals
Imodium-g
Lomotil-g

Antihistamines
Atarax-g
Tavist-g
Vistaril-g
Claritin-g
Claritin D-otc

AntiNausea Agents
Antivert-g
Phenergan-g
Tigan-g
Zofran-- ***PAP***

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

Antiviral
Acyclovir-g

Asthma/COPD/ Bronchodilators
Advair Diskus-- ***--same day voucher***
Albuterol HFA Inhaler-g (Proair)*1
Albuterol Inhaler-g
Albuterol Solution-g
Alupent Inhaler-- ***PAP***
Serevent Diskus-- ***PAP--COPD***
Slo-bid-g
Theodur-g
Ventolin Tab-g

Asthma/ COPD/ Anticholinergics
Atrovent Inhaler-- ***PAP***
Combivent Inhaler-- ***PAP--COPD***
Ipratropium Solution-g

Asthma/COPD/ Corticosteroids
Flonase Nasal Inhaler--
Flovent HFA Inhaler-- ***PAP--failed on QVAR***
QVAR Inhaler--**PAP--1st choice**
Asthma/ Leukotriene Receptor
Singulair-- ***PAP***

Blood Thinners
Coumadin-g
Heparin-g

Beta Blockers
Coreg-- ***PAP***
Corgard-g
Inderal-g
Lopressor-g
Tenormin-g
Ziac-g

Calcium Channel Blockers
Cardizem-g
Cardizem CD-g
Cardizem SR-g
Calan-g
Procardia XL-g
Norvasc-- ***PAP***
Plendil-- ***PAP***

Calcium Metabolism
Evista-- ***PAP***
Fosamax-- ***PAP***
Boniva-- ***PAP***

Cardiovascular Alpha-1-Adrenergic Blockers
Cardura-g
Hytrin-g

Coronary Vasodilators
Imdur-g
Isordil-g
Isordil Tembids-g
Nitro-bid Ointment-g
Nitroglycerin-g
Transderm-Nitro Patch-g

Corticosteroids
Decadron-g
Medrol-g
Prednisone-g

Cough & Cold Preparations
(7 day supply only)
Phenergan w/ Codeine Syrup-g
Phenergan Syrup-g
Tessalon Perles-g

Diabetic Supplies
Insulin Syringes
Lancets

Diabetic Glucometers
Ascencia Breeze (Pick up at KHP office)
Ascencia Contour (Pick up at KHP office)

Diabetic Supplies/ Test Strips
Ascencia Breeze (up to 100 per month)
Ascencia Contour (up to 100 per month)

Diabetic Therapy/ Insulin (U 100)
Humalog- ***-PAP (failed on novolin or humulin)***
Humalog Ultralente-- ***PAP (failed on novolin or humulin***
Humulin R-- ***PAP***
Humulin Mix-- ***PAP***
Humulin L-- ***PAP***
Humulin N- ***-PAP***
Humulin-- ***PAP***
Novolin Mix-- ***PAP***
Novolin L-- ***PAP***
Novolin N- ***-PAP***
Novolin R ***--PAP***
Lantus- ***-PAP (up to 3 months each auth)***

Diabetic Therapy/ Oral
Actos-- ***PAP***
Amaryl-g
Avandia-- ***PAP***
Glucophage-g
Glucotrol-g
Glyburide-g
Glynase-g
Precose-- ***PAP***
Laxatives
Docusate Sodium-g

Diuretics
Aldactone-g
Bumex-g
Dyazide-g
Hydrodiuril-g
Lasix-g
Lozol-g
Maxzide-g
Microzide-g
Zaroxolyn-g

GI Stimulants
Reglan-g

Gout Therapy
Zyloprim-g

Hematolic Agents/ Antiplatelet
Anturane-g
Aspirin-g
Plavix-- ***PAP***

Hormone/ Estrogens
Cenestin-- ***PAP***
Estrace-g
Menest-- ***PAP***
Ogen-g
Premarin-- ***PAP***

Hormones/Estrogen & Androgen Combination
Estratest-- ***PAP***

Hormones/Estrogen & Progesterone Combination
Premphase-- ***PAP***
Prempro-- ***PAP***

Hormones/ Progesterone
Provera-g

Hypotensive Combination
Dyazide-g
Maxzide-g
Zestoretic-g
Ziac-g

Hypotensive/ Other
Catapres-g
Normodyne-g

Inotropics
Lanoxin-g

Ophthalmic/ Corticosteroids
Decadron-g
FML Liquifilm-g
Pred Forte-g

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

Lipotropics
Lopid-g
Mevacor-g
Prevastatin 20 mg-40 mg-g
Questran-g
Zocor-g

Muscle Relaxants
Flexeril-g
Norflex-g
Robaxin-g
Zanaflex-g

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

Nutritional Supplements
Ferrous Sulfate-g
Folic Acid-g

Ophthalmic/ Antibiotics
Bacitracin-g
Chloromycetin Ointment-g
Chloromycetin Drops-g
Cortisporin Drops-g
Cortisporin Ointment-g
Garamycin Ointment-g
Garamycin Drops-g
Neosporin Ointment-g
Neosporin Drops-g
Ocuflox-g
Sodium Sulamyd Drops-g
Sodium Sulamyd Ointment-g
Tobrex Drops-g
Tobrex Ointment-- ***PAP***

Ophthalmic/ Decongestants
Naphcon Forte-g

Ophthalmic/Glaucoma
Alphagan-g
Betagan-g
Propine-g
Timoptic XE-g
Travatan-- ***PAP***
Xalatan-- ***PAP***

Ophthalmic/ Nsaids
Ocufen-g

Ophthalmic/ Steroid Antibiotic Combination
Cortisporin Drops-g
Maxitrol-g
Neodecadron-g

Oral Contraceptives
Alesse-28-g
Demulen-28-g
Loestrin FE-g
Loestrin 28-g
Lo/Ovral 28
Ortho Tri-Cyclen 28-g
Ortho Novum 28-g

OTIC Preparations
Cortisporin Ear Suspension/Solution-g

Potassium
Potassium 10 meq-g
Potassium 20meq-g

Proton Pump Inhibitors
Prilosec-OTC

Scabicides/Pediculicides
Nix-g
Elimite-g

Thyroid
Thyroid (Natural)-g
Synthroid-g

Topicals Agents/Anti-infectives
Bactroban-g
Garamycin-g
Silvadene-g

Topical Agents/Steroids
Triamcinolone Cream-g
Triamcinolone Ointment-g
Desonide Cream-g
Desonide Ointment-g
Valisone Cream-g
Valisone Ointment-g
Lidex Cream-g
Lidex Gel-g
Lidex Ointment-g
Lidex Solution-g
Temovate Cream-g
Temovate Ointment-g
Temovate Solution-g

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

Other Miscellaneous
Colchicine-g
Ditropan-g
Epi-Pen--**PA**
Methergine-g
Methotrexate-g
Pyridium-g

Tobacco Cessation Products
Covered only after completing Tobacco
Cessation Class for a maximum of 3 months
Refer to KHP office
Generic only

Not all doses may be included

Psychotropics and anticonvulsants covered by First Health and MI Health

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

PAP--special fund for immediate needs until PAP available
PA*--needs a Prior Authorization (no PAP available)

RX not on formulary may be available through PAP
*1 = Limit of 3 per year--additional needs a PA

Third Tier (not listed) under $30 per month--no PA needed