

KENT HEALTH PLAN

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
Darvocet N 100-g
Darvon 65 mg-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
Midrin-g
Ultram-g

Salicylates

Aspirin-g

ANTIBIOTICS/ANTI-INFECTIVES

Cephalosporins

Duricef-g
Keflex-g

PLAN A

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

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

Acylovir-g

Other

Amantadine-g
Cleocin-g
Flagyl-g
Macrochantin-g
Mebendazole-g
Plaquenil-g
Proloprim-g

ASTHMA --ALLERGY

Inhaled Anticholinergics

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

ASTHMA --ALLERGY cont

Antihistamines

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

Bronchodilators-Short Acting

Alupent--PAP
Proair HFA*
Proventil HFA-g
Ventolin HFA* (First choice)
*refill sooner than 75 days needs a PA

Bronchodilators-- Long Acting

Serevent (COPD)--PAP

Bronchodilator--for Nebulizers

Albuteral sulfate

Bronchodilator oral

Slo-bid-g
Theodur-g
Ventolin-g

LABA/Corticosteroid

Advair Discus **Same day voucher--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-PA and PAP
Diovan-PA and PAP

Antiarrhythmic

Cordarone-g

Beta Blockers

Coreg-PAP
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

lotropics

Lanoxin-g

Hypotensive Combination

Dyazide-g
Modiuretic-g
Tenoretic-g
Maxzide-g
Vasenetec-g
Zestoretic-g
Ziac-g

Hypotensive/Other

Catapres-g
Normodyne-g

CARDIAC MEDICATIONS

Lipotropic--Lopids

Lopid-g
Mevacor-g
Prevastatin 20 mg & 40 mg-g
Questran-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
Glyburide
Glynase
Micronase
TZD
Actos-PAP

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
Sorbitol Solution-g

Proton Pump Inhibitors

Prilosec-OTC (max 2/day)

DIURETICS

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

MISCELLANEOUS

Gout Therapy

Zyloprim-g

MISCELLANEOUS cont

Hematologic Agents/ Anti-platelet

Anturane-g
Aspirin-g
Plavix-**PAP**

Muscle Relaxants

Flexaril-g
Norflex-g
Robaxin-g
Zanaflex-g

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-g

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 mo)

Nutritional Supplements

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

Immunosuppression

Imuran-g

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
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

OPHTHALMIC cont

Antibiotics

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-g

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 & only for a maximum 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 a prior auth (no PAP available)

Call Kent Health Plan 616-726-8204 ext 33 if questions