PATH TO HEALTH DRUG FORMULARY

Administered by MedImpact

February 2019

INTRODUCTION

Foreword

The below table describes Path to Health prescription coverage:

| Patient out-of-pocket cost | $5 copayment per prescription  
|                           | No monthly share of cost requirement  
| Benefit maximums          | $500 per prescription claim  
|                           | $1500 maximum benefit per Path to Health enrollment period  
| Drug exclusions           | Specialty drugs and contraceptives are excluded |

This document represents the efforts of MedImpact and Path to Health to provide physicians and pharmacists with a method to evaluate the various drug products available under the Path to Health Benefit. The medical treatment of patients is frequently related to the practical application of drug therapy. Due to the vast availability of medication treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the Path to Health Formulary is to enhance the ability of physicians and pharmacists participating in Path to Health to provide optimal cost effective drug therapy for Path to Health members.

The development, maintenance, and improvement of the Path to Health Formulary are evolutionary and require on-going oversight. This is accomplished by a pharmacy and therapeutics review process conducted by a panel of physicians and pharmacists. The Path to Health Formulary is a continuously reviewed and revised list of drug products that reflects the consensus clinical opinion of the panel. Using this Formulary, you are encouraged to review the information and provide input and comments to Path to Health.

Path to Health uses the following criteria in the evaluation of product selection for the Path to Health Formulary:

- The drug product must demonstrate unequivocal safety for medical use.
- The drug product must be efficacious and be medically necessary for the treatment, maintenance or prophylaxis of the medical condition.
- The drug product must demonstrate therapeutic marker outcomes accepted by the medical community.
- The drug product must be accepted for use by the medical community.
- The drug product should have a favorable cost ratio for the treatment of the medical condition.

How to Use the Drug Formulary

The Path to Health Formulary is a list of covered and preferred drug agents for Path to Health members. All products are listed by their generic names and most common proprietary (branded) name. The Path to Health Formulary may be accessed by using the index, both by generic and proprietary name (in small capital letters) and by therapeutic drug category. Any product not found in this Formulary listing shall be considered a Non-Formulary Drug.
**Coverage Limitations**

The Path to Health Formulary does not provide information regarding the specific coverage or limitations an individual member may have. Path to Health members may have specific limitations which are not reflected in this Drug Formulary. This Drug Formulary contains only FDA-approved outpatient drugs for eligible members and does not apply to non-FDA approved drugs or medications used in in-patient settings. If a Path to Health member has any specific questions regarding coverage, they should contact Path to Health at (916) 649-2631 for further explanation of benefits.

Path to Health members are not eligible to receive prescription drug services outside of California and the designated border state areas of Oregon, Nevada and Arizona.

**Generic Substitution**

When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The brand names listed are for reference use only and do not denote coverage, unless specifically noted. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the Path to Health pharmacy and therapeutics review process.

Path to Health approves such multisource drugs for addition to the maximum allowable cost (MAC) list based on the following criteria:

- A minimum of one “A” rated source of the product.
- An FDA Rating for generic equivalency.
- Review by Path to Health for efficacy and safety.
- Certain drug products with complex pharmacokinetics, dosage forms, narrow therapeutic efficacy or where blood level maintenance is crucial will not be subject to substitution. These products are:
  - Coumadin
  - Dilantin
  - Lanoxin
  - Premarin
  - Synthroid

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principals of the drug products. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

**Experimental Drugs**

The experimental nature or use of drug products will be determined by Path to Health using current medical literature. Any drug product or use of an existing product that is determined to be experimental will be excluded from coverage.

**Prior Authorization**

Drug products that are listed as Prior Authorization (PA) required require approval when the member presents a prescription to a network pharmacy. To obtain coverage, the prescribing physician may:

A. Fax a completed Medication Request Form (MRF) to MedImpact at (858) 790-7100, or
B. Contact MedImpact at (800) 788-2949 and provide all necessary information requested.

If the request does not meet the criteria established by Path to Health, the request will be denied and alternative therapy may be recommended. Each request will be reviewed on individual patient need and approval may be given if a documented medical need exists.

Request Process for Non-Formulary Agents

Coverage for non-formulary agents may be requested in advance by physicians. When a Path to Health member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist should notify the physician and member of the nonformulary status. The physician, pharmacist or member may then call MedImpact at (800) 788-2949 to initiate the medical exception process. To obtain coverage, the prescribing physician may:

A. Fax a completed Medication Request Form (MRF) to MedImpact at (858) 790-7100, or
B. Contact MedImpact at (800) 788-2949 and provide all necessary information requested.

The following general criteria are used for approval.
1) The use of Path to Health Formulary Drug Products is contraindicated in the patient.
2) The patient has failed an appropriate trial of Formulary or related agents.
3) The choices available in the Path to Health Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4) The use of a Path to Health Formulary Drug may provoke an underlying condition, which would be detrimental to patient care.

Path to Health recognizes that not all medical needs can be met with agents listed in this document and encourages inquiries about optional therapies.

Step Care Agents

Drug products defined as step care will undergo an electronic pre-authorization process per Path to Health guidelines, which requires a trial of first-line drug(s) before a Step Care drug will be covered at the formulary brand level. If recommended guidelines for first-line therapy are not met, then the Step Care drug may be subject to review through the prior authorization process.

Quantity Limits

Limitations on quantity may be placed on certain products due to safety, therapeutic or cost-effectiveness considerations. Prescriptions for such agents exceeding the quantity limit (QL) will be subject to the prior authorization process.

Appeals Process

Prior authorization and medical exception requests are evaluated based on medical necessity and safety as described. In the event of denial, providers or Path to Health members may request a formal appeal verbally or in writing within sixty (60) days of denial notification. To request an appeal, call (800) 788-2949 or send your written appeal request to the following address:
**Formulary Process and Communication**

The Path to Health Formulary is a tool to promote cost-effective prescription drug use. While every attempt has been made to create a document that meets all therapeutic needs, the art of medicine makes this a formidable task. Path to Health welcomes input on the formulary from physicians and pharmacists providing services to Path to Health clients. Suggestions and comments should be submitted to the Path to Health at the following address:

Path to Health  
ATTN: Pharmacy and Therapeutics Panel  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815  
(916) 649-2631
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CENTRAL NERVOUS SYSTEM AGENTS

Analgesic and Anti-Inflammatory Agents

Non-Steroidal Anti-Inflammatory Agents

FIRST LINE AGENTS

Aspirin
Aspirin EC
Celecoxib
Diclofenac Sodium
Etodolac
Ibuprofen
Indomethacin
Ketoprofen
Indomethacin, Sustained Release
Meloxicam Tablets
Nabumetone
Naproxen
Naproxen Sodium
Salsalate
Sulindac
Piroxicam

SECOND LINE AGENTS

SE
Etodolac Extended Release

Miscellaneous Arthritis Agents

Leflunomide

Migraine Agents

APAP/Dichloralphenazone/Isomethep
Butalbital/APAP/Caffeine
Butalbital/Aspirin/Caffeine (Tablets Only)
Ergotamine/Caffeine

QL
Naratriptan
Rizatriptan
Sumatriptan

SE, QL
Eletriptan
Zolmitriptan

PA, QL
Dihydroergotamine

Opiate Agonists
| QL | Acetaminophen/Codeine       | TYLENOL #2, #3, #4, LIMITED TO #240/MONTH OR 960ML/MONTH; ORAL SUSPENSION AND VOPAC NON-FORMULARY |
| QL | Acetaminophen/Hydrocodone  | NORCO 5/325, LIMITED TO #240/MONTH |
| QL | Acetaminophen/Codeine       | NORCO 7.5/325, LIMITED TO #180/MONTH |
| QL | Acetaminophen/Codeine       | NORCO 10/325, LIMITED TO #150/MONTH ALL OTHER HYDROCODONE/APAP STRENGTHS NON-FORMULARY |
| QL | Butalbital/APAP/Caffeine/Codeine | NORCO 5/325, LIMITED TO #240/MONTH |
| QL | Butalbital/Aprin/Caffeine/Codeine | NORCO 7.5/325, LIMITED TO #180/MONTH |
| QL | Hydromorphone              | DILAUDID, LIMITED TO #240/MONTH OR 960ML/MONTH |
| QL | Morphine                   | MS CONTIN/ORAMORPH SR, LIMITED TO #120/MONTH |
| QL | Oxycodone                  | OXYIR, LIMITED TO #240/MONTH |
| QL | Oxycodone/Aspirin          | OXYFAST, LIMITED TO #960ML/MONTH |
| QL | Oxycodone/Acetaminophen    | PERCOCET, LIMITED TO #240/MONTH; MAGNACET AND PRIMALEV NON-FORMULARY |
| QL | Oxycodone/Aspirin          | TYLOX, LIMITED TO #240/MONTH |
| PA, QL | Oxycodone                  | PERCODAN, LIMITED TO #240/MONTH |
| PA, QL | Oxycodone                  | OXYCONTIN, PA REQ, LIMITED TO #60/MONTH |

**Narcotic Withdrawal Therapy Agents**

- Naloxone Spray and Syringes
  - NARCAN; EVZIO NON-FORMULARY

**Opiate Antagonists**

- Naltrexone
  - REVIA

**Miscellaneous Analgesics**

- Acetaminophen
  - TYLENOL

- Tramadol
  - ULTRAM; ULTRAM ER NON-FORMULARY

- Butorphanol NS
  - STADOL NS, PA REQ, LIMITED TO 2 BOTTLES/MONTH

**Miscellaneous Central Nervous System Agents**

- Donepezil
  - ARICEPT

**Anticonvulsant Agents**

**Barbiturate Anticonvulsants**

- Mephobarbital
  - MEBARAL

- Phenobarbital
  - PHENOBARBITAL

- Primidone
  - MYSOLINE

**Benzodiazepine Anticonvulsants**

- Clonazepam
  - KLOPONIN, LIMITED TO #90/MONTH; RAPDIS TABLETS NON-FORMULARY

**Hydantoin Anticonvulsants**

- Phenytoin
  - DILANTIN, PHENYTEK

**Miscellaneous Anticonvulsants**

- Carbamazepine
  - TEGRETOL; EQUETRO NON-FORMULARY

- Carbamazepine Extended Release
  - TEGRETOL XR

- Divalproex Sodium
  - DEPAKOTE

- Divalproex Sodium Extended Release
  - DEPAKOTE ER

- Gabapentin
  - NEURONTIN

- Levetiracetam
  - KEPPRA

- Oxcarbazepine
  - TRILEPTAL

- Tiagabine
  - GABITRIL

- Valproic Acid
  - DEPAKENE

- Zonisamide
  - ZONEGRAN

- Lamotrigine
  - LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG

| QL | LAMOTRIGINE | LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG | LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG |
| QL | LAMOTRIGINE | LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG | LAMICTAL, LIMITED TO #60/MONTH FOR 100MG AND 150MG, #180/MONTH FOR 25MG |
Antiparkinsonian Agents

- Amantadine
- Benztropine Mesylate
- Bromocriptine
- Carbidopa/Levodopa
- Carbidopa/Levodopa CR
- Pramipexole
- Ropinirole
- Selegiline
- Trihexyphenidyl

Muscle Relaxant Agents

Skeletal Muscle Relaxants

- Baclofen
- Carisoprodol
- Chlorzoxazone
- Cyclobenzaprine
- Dantrolene Sodium
- Methocarbamol
- Orphenadrine Citrate
- Orphenadrine/Aspirin/Caffeine

Psychotherapeutic Agents

Tricyclic Antidepressant Agents

- Amitriptyline
- Amoxapine
- Desipramine
- Doxepin
- Imipramine
- Maprotiline
- Nortriptyline
- Protriptyline

S.S.R.I. Agents

- Citalopram
- Fluoxetine Capsules
- Fluvoxamine
- Paroxetine
- Sertraline

S.N.R.I. Agents

- Duloxetine
- Venlafaxine
- Venlafaxine Extended Release

M.A.O. Inhibitor Agents

- Phenelzine
- Tranylcypromine

Miscellaneous Antidepressant Agents

- Topiramate

TOPAMAX, LIMITED TO #90/MONTH FOR 25MG, 50MG AND 100MG STRENGTHS
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### Antimanic Agents

| Lithium Carbonate | ESKALITH LITHOBID |

### Benzodiazepines

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<td>Perphenazine MELLARIL</td>
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<tr>
<td>QL</td>
<td>Perphenazine NAVANE</td>
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<tr>
<td>QL</td>
<td>Perphenazine STELAZINE</td>
</tr>
<tr>
<td>QL</td>
<td>Quetiapine ZYPREXA RELPREVV</td>
</tr>
</tbody>
</table>

### Miscellaneous Anxiety, Sedatives, and Hypnotics

<table>
<thead>
<tr>
<th>QL</th>
<th>Buspirone BUPRAXOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>QL</td>
<td>Chloral Hydrate ATARAX</td>
</tr>
<tr>
<td>QL</td>
<td>Hydroxyzine ATARAX</td>
</tr>
</tbody>
</table>

### Antipsychotic/SSRI Combination Agents

| QL  | Olanzapine/Fluoxetine HCl SYMBYAX, LIMITED TO #30/MONTH |

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13
CARDOVASCULAR/BLOOD AGENTS

Antiarrhythmic Agents

Antidysrhythmic Drug Agents
- Amiodarone: CORDARONE; 100mg STRENGTH NON-FORMULARY
- Disopyramide: NORPACE
- Disopyramide CR: NORPACE CR
- Flecainide: TAMBOCOR
- Mexiletine: MEXITIL
- Procainamide: PROESTYL
- Procainamide SR: PROCAN SR
- Procainamide SR: PROCANBID
- Propafenone: RYTHMOL
- Quinidine Gluconate: QUINAGLUTE
- Quinidine Polygalacturonate: CARDIOQUIN
- Quinidine Sulfate: CIN-QUIN
- Quinidine Sulfate SR: QUINIDEX
- Sotalol: BETAPACE

Antihypertensive Agents

Alpha-Adrenergic Antagonist Antihypertensive Agents
- Reserpine: SERPASIL

Beta-Adrenergic Antagonist Agents
- Atenolol: TENORMIN
- Metoprolol Succinate: TOPROL XL
- Metoprolol Tartrate: LOPRESSOR
- Nadolol: CORGARD
- Pindolol: VISKEN
- Propranolol: INDERAL
- Propranolol LA: INDERAL LA

Combination Alpha-Beta Antagonist Agents
- Carvedilol: COREG; COREG CR NON-FORMULARY
- Labetalol: NORMODYNE

Angiotensin Converting Enzyme Inhibitor Agents
- Benazepril: LOTENSIN
- Captopril: CAPOTEN
- Enalapril: VASOTEC
- Lisinopril: PRINIVIL
- Valsartan: ZESTRIL

Angiotensin Receptor Blocker Agents
- Irbesartan: AVAPRO
- Losartan: COZAAR
- Telmisartan: MICARDIS

SE, QL
- Olmesartan: BENICAR, STEP THERAPY, LIMITED TO #30/MONTH, RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR LOSARTAN/HCTZ IN THE PAST 90 DAYS

SE, QL
- Valsartan: DIOVAN, STEP THERAPY, LIMITED TO #60/MONTH, RESTRICTED TO USE AFTER A TRIAL OF LOSARTAN OR LOSARTAN/HCTZ IN THE PAST 90 DAYS

Hydroxyzine Pamoate: VISTARIL
Promethazine: PHENERGAN
Zolpidem: AMBIEN, LIMITED TO #14/MONTH, AMBIEN CR AND EDELUAR NON-FORMULARY
Calcium Channel Blocking Agents
Amlodipine NORVASC, LIMITED TO #30/MONTH
Diltiazem CARDIZEM
Diltiazem SR CARDIZEM SR; CARDIZEM LA NON-FORMULARY
Diltiazem CD CARTIA XT
Felodipine PLENDIL, LIMITED TO #30/MONTH
Nifedipine, Sustained Release ADALAT CC
Verapamil CALAN
Verapamil SR Tablets CALAN SR; COVERA-HS NON-FORMULARY
Verapamil SR Capsules VERELAN

Centrally Acting Antihypertensive Agents
Clonidine CATAPRES
Guanfacine TENEX
Methyldopa ALDOMET

Combination Antihypertensive Agents
Atenolol/Chlorthalidone TENORETIC
Benazepril/HCTZ LOTENSIN HCT
Bisoprolol/HCTZ ZIAC
Captopril/HCTZ CAPOZIDE
Enalapril/HCTZ VASORETIC
Lisinopril/HCTZ PRINZIDE
Losartan/HCTZ HYZAAR,
Olmesartan/HCTZ BENICAR HCT, STEP THERAPY, LIMITED TO #30/MONTH,
Valsartan/HCTZ DIOVAN HCT, STEP THERAPY, LIMITED TO #30/MONTH,

Drugs for Pheochromocytoma
Phenoxybenzamine DIBENZYLNE, PA REQUIRED

Potassium-Sparing Diuretics
Spironolactone ALDACTONE
Spironolactone/HCTZ ALDACTAZIDE
Triamterene DYRENIUM
Triamterene 37.5mg/HCTZ 25mg DYZAID
Triamterene 37.5mg/HCTZ 25mg DYZAID
Triamterene 75mg/HCTZ 50mg MAXZIDE 50

Loop Diuretics
Bumetanide BUMEX
Furosemide LASIX

Thiazide and Related Diuretics
Chlorthalidone HYGROTON
Hydrochlorothiazide (HCTZ) HYDRODIURIL
Indapamide LOZOL
Metolazone ZAROXOLYN

Vasodilator Antihypertensive Agents
Doxazosin Mesylate CARDURA; CARDURAL XL NON-FORMULARY
Hydralazine APRESOLINE
Minoxidil LONITEN
Prazosin MINIPRESS
Terazosin HYTRIN
### Antilipemic Agents

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atorvastatin</td>
<td>LIPITOR</td>
</tr>
<tr>
<td>Cholestyramine/Aspartame</td>
<td>QUESTRAN LIGHT</td>
</tr>
<tr>
<td>Cholestyramine/Sucrose</td>
<td>QUESTRAN</td>
</tr>
<tr>
<td>Gemfibrozil</td>
<td>LOPID</td>
</tr>
<tr>
<td>Lovastatin</td>
<td>MEVACOR</td>
</tr>
<tr>
<td>Niacin</td>
<td>NIACIN</td>
</tr>
<tr>
<td>Pravastatin</td>
<td>PRAVACHOL</td>
</tr>
<tr>
<td>Niacin, Delayed Release</td>
<td>NIASPAN</td>
</tr>
<tr>
<td>Niacin/Lovastatin</td>
<td>ADVICOR</td>
</tr>
<tr>
<td>Simvastatin</td>
<td></td>
</tr>
<tr>
<td><strong>ZOCOR,</strong> 80MG STRENGTH RESTRICTED TO PRIOR USE OF 80MG DUE TO MYOPATHY RISK; ALL OTHER STRENGTHS FORMULARY</td>
<td></td>
</tr>
</tbody>
</table>
### Antiemetic Agents

- Meclizine
- Metoclopramide
- Ondansetron ODT Tablets
- Ondansetron Tablets
- Ondansetron Solution
- Promethazine
- Trimethobenzamide

#### Antimuscarinic/Antispasmodic Agents

- Belladonna/Phenobarbital
- Chlordiazepoxide/Clidinium
- Dicyclomine
- Hyoscyamine Sulfate

#### Antiulcer/Antipeptic Agents

- Antacid Mg OH/Al OH
- Antacid Mg OH/Al OH/Simethicone
- Lansoprazole 15mg OTC
- Misoprostol
- Omeprazole 20mg and 40mg
- Omeprazole Magnesium
- Pantoprazole Tablets
- Simethicone
- Sucralfate

#### Bowel Evacuant Agents

<table>
<thead>
<tr>
<th>QL</th>
<th>Bowel Evacuation Prep Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>QL</td>
<td>Enema</td>
</tr>
<tr>
<td>QL</td>
<td>Oral Colon Lavage Solution</td>
</tr>
<tr>
<td>QL</td>
<td>Oral Saline Laxative</td>
</tr>
</tbody>
</table>

#### Digestive Enzymes

- Amylase/Lipase/Protease
- Amylase/Lipase/Protease

- LOMOTIL
- KAOPECTATE
- IMODIUM
- ANTVERT
- REGLAN
- ZOFRAN ODT
- ZOFRAN TABLETS
- ZOFRAN SOLUTION
- COMPZINE
- COMPZINE SPANSULES NOT COVERED
- PHENERGAN
- TIGAN
- DONNATAL
- CHLORDIAZEPoxide/CLIDINIUM
- BENTYL
- LEVBID
- LEVSIN
- LEVSIN SL
- MAALOX, TC
- MYLANTA I, II
- PREVACID 24HR,
  LEGEND LANSOPRAZOLE NON-FORMULARY
- CYTOTEC
- PRILOSEC 20MG AND 40MG, OTHER STRENGTHS NON-FORMULARY
- PRILOSEC OTC
- PROTONIX
- MYLICON
- CARAFATE
- FLEET PREP KIT 1, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR
- FLEET PREP KIT 2, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR
- FLEET PREP KIT 3, LIMITED TO #2 KITS/MONTH AND 4 FILLS PER YEAR
- FLEET ENEMA, LIMITED TO #2 ENEMAS/MONTH AND 4 FILLS PER YEAR
- COLYTE
- FLEET PHOSPHO-SODA, LIMITED TO #2 BOTTLES/MONTH AND 4 FILLS PER YEAR
- PANCRELIPASE 5,000
- CREON
Amylase/Lipase/Protease
PANCREAZE

Gallstone Solubilizing Agents
Ursodiol
ACTIGALL

Gastrointestinal Stimulant Agents
Metoclopramide
REGLAN

H₂ Antagonist Agents
Cimetidine
TAGAMET
Famotidine
PEPCID
Ranitidine
ZANTAC (TABLETS ONLY)

Laxative Agents
QL
Bisacodyl Suppositories
DULCOLAX, LIMITED TO #30/MONTH
Docusate Sodium Capsules
COLACE
QL
Lactulose
CEPHULAC, LIMITED TO 4L/MONTH
QL
Sennosides
CHRONULAC, LIMITED TO 4L/MONTH

Miscellaneous Gastrointestinal Supplies
Ostomy Supplies

Miscellaneous Gastrointestinal Agents
Mesalamine
DELZICOL
Olsalazine
ROWASA
Sulfasalazine
AZULFIDINE
Budesonide
ENTOCORT EC, PA REQ

ANTI-INFECTIVE AGENTS

Amebicides
Metronidazole
FLAGYL; FLAGYL ER NON-FORMULARY
Iodoquinol (Diodohydroxyquin)
YODOXIN

Antihelmintic Agents
Albendazole
ALBENZA
Furazolidone
FUROXONE
Mebendazole
VERMOX
Praziquantel
BILTRICIDE

Antibiotic Agents
Aminoglycosides
Neomycin Sulfate
MYCIFRADIN
Cephalosporins
Cefaclor
CECLOR
Cefadroxil  
Cefdinir  
Cefixime  
Cefuroxime Tablets  
Cephalexin

**Macrolide Antibiotic Agents**

QL  
Azithromycin  
Erythromycin Base

PA  
Erythromycin Stearate  
Erythromycin Ethylsuccinate  
Erythromycin/Sulfisoxazole  
Clarithromycin

**Miscellaneous Antibiotic Agents**

Clindamycin  
Metronidazole

**Penicillins**

Amoxicillin  
Amoxicillin/Potassium Clavulanate  
Ampicillin  
Dicloxacillin  
Penicillin VK (125mg Tablets Not Covered)

**Quinolones**

QL  
Ciprofloxacin tablets  
Moxifloxacin

**Sulfonamide Agents**

Erythromycin/Sulfisoxazole  
Sulfamethoxazole/Trimethoprim (SMZ/TMP)  
Sulfisoxazole  
Sulfadiazine  
Trimethoprim

**Tetracyclines**

Doxycycline  
Minocycline  
Tetracycline

**Antifungal Agents**

Clotrimazole  
Fluconazole  
Griseofulvin Ultramicrosized  
Ketoconazole  
Nystatin (Oral Powder Not Covered)  
Terbinafine Tablets

DURICEF  
OMNICEF  
SUPRAX, LIMITED TO #1 X 400MG/FILL  
KEFLEX; 750MG STRENGTH NON-FORMULARY

ZITHROMAX, LIMITED TO A 5-DAY SUPPLY; ZMAX NON-FORMULARY  
ERY-TAB  
PCE  
ERYPED SUSPENSION  
ERYTHROCIN  
EES  
PEDIAZOLE  
BIAXIN, PA REQ

CLEOCIN  
FLAGYL  
AMOXIL  
TRIMOX  
AUGMENTIN  
PRINCIPEN  
DYNAPEN  
PEN VK

CIPRO TABLETS ONLY, LIMITED TO 21-DAY SUPPLY; CIPRO XR AND PROQUIN XR NONFORMULARY  
AVELOX, LIMITED TO 21-DAY SUPPLY

PEDIAZOLE  
BACTRIM  
SEPTRA  
GANTRISIN  
SULFADIAZINE  
TRIMPEX

VIBRAMYCIN  
VIBRA-TABS  
DORYX, PERIOSTAT, AND ORACEA NON-FORMULARY  
MINOCIN  
ACHROMYCIN V  
SUMYycin

MYCELEX TROCHE  
DIFLUCAN  
GRIS-PEG  
FULVICIN P/G  
NIZORAL  
MYCOSTATIN  
LAMISIL TABLETS
**Antimalarial Agents**
- Atovaquone/Proguanil
- Chloroquine Phosphate
- Hydroxychloroquine
- Iodoquinol
- Mefloquine
- Primaquine
- Pyrimethamine
- Quinine (260mg Not Covered)

**Antituberculosis Agents**
- Ethambutol
- Isoniazid
- Pyrazinamide
- Rifabutin
- Rifampin

**Anti-Ulcer Eradication Agents**
- QL Amoxicillin/Clarithromycin/Lansoprazole
- QL Tetracycline/Bismuth/Metronidazole

**Other Antiviral Agents**
- Amantadine
- Aцикловир Oral
- Oseltamivir
- Rimantadine
- Zanamivir
- Valacyclovir
- Famciclovir

**Leprostatic Agents**
- Clofazimine
- Dapsone

**RESPIRATORY/EENT AGENTS**

**Antihistamine Agents**
- **Single Entity Alkylamine Agents**
  - Chlorpheniramine
  - Dextchlorpheniramine
- **Single Entity Ethanolamine Agents**
  - Cyproheptadine
  - Diphenhydramine
- **Non-Sedating Single Entity Agents**
  - Cetirizine, OTC
  - Fexofenadine
  - Loratadine, OTC
### Miscellaneous Antihistamine Agents
- Hydroxyzine
- Hydroxyzine Pamoate
- Promethazine

### Antihistamine/Decongestant Combination Agents
#### Antihistamine/Decongestant Agents
- Bromphen/Pseudoephedrine
- Guaifenesin/Pseudoephedrine
- Pseudoephedrine/Chlorpheniramine

### Antitussive Agents
#### Non-Narcotic Antitussive Agents
- Benzonatate
- Dextromethorphan
- Promethazine/Dextromethorphan

#### Narcotic Antitussive Agents
- Codeine/Chlorpheniramine
- Pseudoephedrine
- Guaifenesin/Codeine
- Guaifenesin/Codeine/Pseudoephedrine
- Phenylephrine/Hydrocodone
- Chlorpheniramine
- Promethazine/Codeine
- Promethazine/Phenylephrine/Codeine
- Terpin Hydrate/Codeine
- Triprolidine/Pseudoephedrine/Codeine

#### Decongestants
- Pseudoephedrine

### Asthma/COPD Agents
#### Inhaled Sympathomimetic (Adrenergic) Agents
- **QL**
  - Albuterol HFA
- **QL**
  - Albuterol/Ipratropium
- **QL**
  - Formoterol
- **QL**
  - Ipratropium
- **QL**
  - Pirbuterol Acetate
- **QL**
  - Salmeterol
- **SE, QL**
  - Mometasone/Formoterol
- **SE, QL**
  - Salmeterol/Fluticasone

#### Oral Sympathomimetic (Adrenergic) Agents
- Albuterol
- Albuterol E.R.
Metaproterenol Oral
Terbutaline Sulfate

Inhaled Oral Corticosteroid Agents

| QL | Beclomethasone Inhaler | QVAR REDIHALER, LIMITED TO #2 INHALERS/MONTH |
| QL | Mometasone Inhaler | ASMANEX, LIMITED TO #2 INHALERS/MONTH |

Leukotriene Receptor Antagonists

| QL | Montelukast | SINGULAIR, LIMITED TO #30/MONTH |

Respiratory Smooth Muscle Relaxant Agents

Aminophylline 150mg/5ml
Aminophylline Suppositories
Theophylline, 80mg/15cc (Alcohol Free) SLO-PHYLLIN 80
Theophylline SLO-PHYLLIN
Theophylline, Sustained Release THEO-DUR, SLO-BID, UNIPHYL

Expectorant Agents

- Guaiifenesin
- Guaiifenesin/Dextromethorphan
- Guaiifenesin/Phenylephrine
- Guaiifenesin/Pseudoephedrine
- Phenylephrine/Promethazine
- Phenylephrine/Guaifenesin
- Potassium Iodide

Mucolytic Agents

- Acetylcysteine

Eye, Ear, Nose and Throat (EENT) Preparations

Ophthalmic Antibiotic Agents

Bacitracin BACITRACIN
Dexamethasone/Polymyxin/Neomycin MAXITROL
Erythromycin Base ILOTYCIN
Gentamicin GARAMYCIN
Gentamicin/Prednisolone PRED-G
Hydrocortisone/Neomycin/Polymyxin CORTISPORIN OPHTHALMIC
Neomycin/Gramicidin/Polymyxin NEOSPORIN OPHTHALMIC
Olofoxacin OCUFLOX
Polymixin B Sulfate/TMP POLYTRIM
Tobramycin TOBREX

Ophthalmic Anti-Inflammatory Agents, Corticosteroid

Fluorometholone EFLONE
FML FML FORTE
Prednisolone Acetate PRED MILD OPHTHALMIC
Prednisolone Phosphate PRED FORTE

Ophthalmic Anti-Inflammatory Agents, NSAIDs

Flurbiprofen Sodium OCUFEN
Diclofenac Sodium VOLTAREN
Ketorolac Tromethamine ACULAR

Ophthalmic Antiviral Agents

Trifluridine Ophthalmic Solution VIROPTIC

Ophthalmic Beta Blockers

22
<table>
<thead>
<tr>
<th>Levobunolol</th>
<th>BETAGAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timolol</td>
<td>TIMOPTIC</td>
</tr>
<tr>
<td><strong>Ophthalmic Miotic Agents</strong></td>
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</tr>
<tr>
<td>Brimonidine</td>
<td>ALPHAGAN</td>
</tr>
<tr>
<td></td>
<td>ALPHAGAN P</td>
</tr>
<tr>
<td>Dorzolamide</td>
<td>TRUSOPT</td>
</tr>
<tr>
<td>Dorzolamide/Timolol</td>
<td>COSOPT</td>
</tr>
<tr>
<td>Echotiophate Iodide</td>
<td>PHOSPHOLINE IODIDE</td>
</tr>
<tr>
<td>Pilocarpine</td>
<td>PILOCAR</td>
</tr>
<tr>
<td></td>
<td>OCUSERT NOT COVERED</td>
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<tr>
<td><strong>Ophthalmic Mydriatic Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Atropine Sulfate</td>
<td>ISOPTO ATROPINE</td>
</tr>
<tr>
<td>Dipivefrin</td>
<td>PROPINE</td>
</tr>
<tr>
<td>Tropicamide</td>
<td>MYDRIACYL</td>
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<tr>
<td><strong>Ophthalmic Sulfonamide Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Sulfacetamide</td>
<td>BLEPH-10</td>
</tr>
<tr>
<td>Sulfacetamide 10%/Prednisolone 0.2%</td>
<td>SODIUM SULAMYD</td>
</tr>
<tr>
<td>Sulfacetamide 10%/Prednisolone 0.5%</td>
<td>BLEPHAMIDE</td>
</tr>
<tr>
<td><strong>Miscellaneous Ophthalmic Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Ketotifen</td>
<td>ZADITOR OTC, ALAWAY</td>
</tr>
<tr>
<td>Latanoprost</td>
<td>XALATAN</td>
</tr>
<tr>
<td>Naphazoline</td>
<td>ALBALON</td>
</tr>
<tr>
<td>Naphazoline/Pheniramine</td>
<td>NAPHCON-A</td>
</tr>
<tr>
<td><strong>Otic Anti-Infective Agents</strong></td>
<td></td>
</tr>
<tr>
<td>Acetic Acid</td>
<td>VOSOL</td>
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<tr>
<td>Acetic Acid 2%</td>
<td>DOMEBORO</td>
</tr>
<tr>
<td>Acetic Acid 2%/Hydrocortisone 1%</td>
<td>VOSOL HC</td>
</tr>
<tr>
<td>Hydrocortisone/Neomycin/Polymyxin</td>
<td>CORTISPORIN</td>
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<tr>
<td>Ofloxacin</td>
<td>FLOXIN OTIC</td>
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<tr>
<td><strong>Miscellaneous Otic Agents</strong></td>
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<tr>
<td>Benzocaine/Antipyrine</td>
<td>AURALGAN</td>
</tr>
<tr>
<td>Carbamide Peroxide/Glycerin</td>
<td>DEBROX</td>
</tr>
</tbody>
</table>

**Inhaled/Oral EENT Agents**

**Inhaled Nasal Agents**

- Fluticasone, Nasal
- Triamcinolone, Nasal
- Ipratropium, Nasal

QL

- FLONASE
- NASACORT
- ATROVENT, LIMITED TO #2 DEVICES/MONTH

**Carbonic Anhydrase Inhibitor Agents**

- Acetazolamide
- Acetazolamide SA
- Methazolamide

- DIAMOX
- DIAMOX SEQUELS
- NEPTAZANE

**Local Anesthetic Agents**

- Benzocaine/Antipyrine Otic
- Lidocaine Solution
- Lidocaine, Viscous
- Triamcinolone 0.1% in Orabase

- AURALGAN
- XYLOCAINE
- VISCOS XYLOCAINE
- KENALOG IN ORABASE

**Miscellaneous EENT Agents**

- Carbachol
- Chlorhexidine Gluconate
- Cromolyn Ophthalmic Solution
- Epinephrine Injection

QL

- ISOPTO CARBACHOL
- PERIDEX
- CROLOM
- EPIPEN
- OPTICHAMBER, LIMITED TO #2/YEAR
Sodium Chloride for Inhalation  GENERIC
Triethanolamine  CERUMENEX

DIABETES AND THYROID AGENTS

**Oral Diabetes Agents**

**Sulfonylureas**
- Glipizide
- Glipizide L.A.
- Glyburide
- Glimepiride
- Chlorpropamide
- Tolazamide
- Tolbutamide

**Non-Sulfonylureas**
- Acarbose
- Metformin
- Metformin ER
- Pioglitazone

**Combination Diabetes Agents**
- Glipizide/Metformin
- Glyburide/Metformin
- Alogliptin/Metformin

**Insulin Agents**
- Insulin
- Insulin Lispro
- Insulin Glargine

**Miscellaneous Diabetes Agents**
- Glucagon

**Thyroid Agents**
- Levothyroxine
- Liotrix
- Liothyronine

**Diabetes Agents**

**Oral Diabetes Agents**

**Sulfonylureas**
- Glipizide
- Glipizide L.A.
- Glyburide
- Glimepiride
- Chlorpropamide
- Tolazamide
- Tolbutamide

**Non-Sulfonylureas**
- Acarbose
- Metformin
- Metformin ER
- Pioglitazone

**Combination Diabetes Agents**
- Glipizide/Metformin
- Glyburide/Metformin
- Alogliptin/Metformin

**Insulin Agents**
- Insulin
- Insulin Lispro
- Insulin Glargine

**Miscellaneous Diabetes Agents**
- Glucagon

**Thyroid Agents**
- Levothyroxine
- Liotrix
- Liothyronine
Thyroid, Desiccated

Antithyroid Agents
Methimazole
Propylthiouracil

HORMONE AGENTS

Oral Adrenal Corticosteroid Agents
Cortisone Acetate
Dexamethasone
Fludrocortisone Acetate
Hydrocortisone Oral
Methylprednisolone
Prednisone

Prednisolone

Androgen Agents
Danazol
Fluoxymesterone
Methyltestosterone

Bone Resorption Inhibitors
QL
Alendronate

PA
Calcitomin

Parathyroid Hormone
PA, QL
Teriparatide

Estrogen Agents
Conjugated Estrogens
Conjugated Estrogens, Vaginal
Estradiol
Estradiol Patches

Estrogen/Medroxyprogesterone
Estradiol/Vaginal Ring

SE

ARMOUR THYROID
LEVOXYL
SYNTHROID

TAPAZOLE
PROPYLTHIOURACIL

Oral Adrenal Corticosteroid Agents
CORTONE
DECADRON
FLORINEF
CORTEF
MEDROL
DELTASONE
ORASONE
MEDROL DOSEPAK
PEDIAPRED
PRELONE

Androgen Agents
DANOCRINE
HALOTESTIN
ANDROID
METANDREN

Bone Resorption Inhibitors
FOSAMAX,
70MG AND 35MG LIMITED TO #4/MONTH;
5MG, 10MG, AND 40MG LIMITED TO #30/MONTH;
SOLUTION LIMITED TO #300ML/MONTH
FOSAMAX PLUS D NONFORMULARY
MIACALCIN NS, PA REQ

Parathyroid Hormone
FORTEO, PA REQ, LIMITED TO 1 PEN/MONTH

Estrogen Agents
PREMARIN
PREMARIN VAGINAL CREAM
ESTRACE
ALORA
CLIMARA
ESTRADERM
VIVELLE
VIVELLE DOT
PREMPRO, PREMPRO LOW DOSE
PREMPHASE
ESTRATEST, ESTRATEST HS
ESTRING, STEP THERAPY, RESTRICTED TO USE AFTER A
TRIAL OF PREMARIN VAGINAL CREAM IN THE PAST 90 DAYS
Estrogen Agonist-Antagonists
Raloxifene EVISTA

Contraceptives
Contraceptives are not a covered benefit.

Oxytocic Agents
Ergonovine Maleate ERGOTRATE
Methylergonovine Maleate METH Ergine

Pituitary Agents
Desmopressin DDAVP

Progestin Agents
Medroxyprogesterone CYCRIN
Norethindrone Acetate PROVERA AYGESTIN NORLUTATE

GENITOURINARY AGENTS

Urinary Anti-Infective Agents
Meth/Me Blue/PA/Salol/ATP/Hyos URISED
Nitrofurantoin (Tablets, Suspension Only) FURADANTIN
Trimethoprim TRIMPEX

Urinary Anti-Spasmodic Agents
Pentosan ELMIRON
Phenazopyridine PYRIDIUM

Genitourinary Smooth Muscle Relaxant Agents
Belladonna/Methylene Blue URISED
Oxybutynin DITROPA
ST, QL Tolterodine DETROL, STEP THERAPY, LIMITED TO #60/MONTH, RESTRICTED TO USE AFTER A TRIAL OF OXYBUTININ IN THE PAST 90 DAYS
ST, QL DETROL LA, STEP THERAPY, LIMITED TO #30/MONTH, RESTRICTED TO USE AFTER A TRIAL OF OXYBUTININ IN THE PAST 90 DAYS

Parasympathomimetic (Cholinergic) Agents
Bethanechol URECHOLINE
Neostigmine PROSTIGMIN
Pyridostigmine MESTINON
TOPICAL/MUCOUS MEMBRANE AGENTS

Keratolytic Agents

Anthralin
Podophiox

Miscellaneous Skin/Mucous Membrane Agents

Aluminum Acetate
Aluminum Chloride Hexahydrate
Benzoyl Peroxide, OTC Generic
Calcipotriene
Fluorouracil
Hydrocortisone 1% Rectal
Masoprocol
Becaplermin
Isotretinoin

Topical Antibiotic Agents

Bacitracin
Bacitracin/Polymixin/Neomycin
Clindamycin Solution
Erythromycin Topical
Erythromycin/Benzoyl Peroxide
Gentamicin Sulfate
Mupirocin
Silver Sulfadiazine

Topical Antifungal Agents

Clotrimazole
Clotrimazole/Betamethasone
Ciclopirox
Ketoconazole
Miconazole Nitrate
Nystatin
Terbinafine
Tolnaftate
Triamcinolone/Nystatin

Vaginal Antifungal Agents

Butoconazole
Clotrimazole Cream/Vaginal Tablets
Nystatin
Miconazole Cream/Vaginal Tablets
Triple Sulfa Cream
Tioconazole
### Vaginal Anti-Infective Agents

- Metronidazole: METROGEL-VAGINAL

### Topical Anti-Inflammatory Agents

#### LOW POTENCY
- Fluocinolone 0.025%: SYNALAR
- Desonide: TRIDESILON
- Hydrocortisone: HYTONE
- Hydrocortisone Enema: CORTENEMA
- Hydrocortisone Acetate: CORTIFOAM
- Hydrocortisone/Pramoxine: PROCTOCREAM-HC

#### MEDIUM POTENCY
- Betamethasone Dipropionate: DIPROSONE
- Betamethasone Valerate 0.01%: VALISONE REDUCED STRENGTH
- Betamethasone Valerate 0.1%: VALISONE
- Desoximetasone Cream/Gel 0.05%: TOPICORT LP
- Flurandrenolide: CORDRAN
- Hydrocortisone Valerate: WESTCORT
- Mometasone Furoate Cream: ELOCON
- Triamcinolone: ARISTOCORT

#### HIGH POTENCY
- Betamethasone Dipropionate: DIPROLENE
- Desoximetasone 0.25%: TOPICORT
- Fluocinolone Acetonide 0.2%: SYNALAR

#### VERY HIGH POTENCY
- Augmented Betamethasone Dipropionate: DIPROLENE AF
- Clobetasol Cream, Gel, Solution, Ointment: TEMOVATE
- Diflorasone Diacetate: FLORONE, FLORONE-E

### Topical Antipruritic and Local Anesthetic Agents

- Lidocaine (Viscous and Spray Only): XYLOCAINE
- Pramoxine/Hydrocortisone: PROCTOFOAM HC
- Pramoxine: EPIFOAM
- Pimecrolimus: ELIDEL, PA REQ
- Tacrolimus: PROTOPIC, PA REQ

### Topical Antiviral Agents

- Acyclovir Topical: ZOVIRAX OINTMENT

### Topical Miscellaneous Anti-Infective Agents

- Selenium Sulfide 2.5%: EXSEL
- Sulfacetamide Lotion: SELSUN, SEBIZON
Scabicide/Pediculicide Agents

- Crotamiton
- Malathion
- Permethrin

MISCELLANEOUS/UNCLASSIFIED AGENTS

Electrolyte Agents

**Miscellaneous Agents**
- Calcium Acetate
- Calcium Carbonate
- Magnesium Oxide, OTC Generic

**Potassium Agents**
- Potassium Chloride 8mEq
- Potassium Chloride 10mEq
- Potassium Chloride 20mEq
Potassium Chloride Effervescent Tablets
Potassium Chloride Tablets
Potassium Chloride Tablets
K-LYTE
K-LYTE CL DS
Potassium Chloride Powders
Potassium Chloride Powder
K-LOR
Potassium Chloride Liquids
Potassium Chloride Liquid
KAON-CL
Potassium-Removing Resins
Sodium Polystyrene Sulfonate
KAYEXALATE

Heavy Metal Antagonist Agents
Penicillamine
CUPRIMINE

Vitamin Agents
Vitamin B-Complex Agents
Cyanocobalamin
Folic Acid
Niacin
Pyridoxine
Thiamine
VITAMIN B12 (ORAL FORMULATIONS ONLY)
FOLIC ACID
NIACIN
VITAMIN B6
VITAMIN B1
Vitamin D
Calcitriol
Ergocalciferol
ROCALTROL
DRISDOL
Vitamin K Activity Agents
Phytonadione
MEPHYTON
Iron Agents
Ferrous Sulfate (Tablets, Liquid, Drops)
FEOSOL

Diagnostic Testing
Blood Glucose Supplies
QL
Alcohol Swabs
Blood Glucose Monitoring Control Solution
LIMITED TO 200/Month
Blood Glucose Monitoring Control Solution, ROCHE PRODUCTS (E.G., ACCU-CHEK) ONLY
Blood Glucose Test Strips, ROCHE STRIPS (E.G., ACCU-CHEK) ONLY, LIMITED TO 100 STRIPS/MONTH FOR MEMBERS THAT ARE DIET-CONTROLLED OR ON ORAL AGENTS. MEMBERS ON INSULIN LIMITED TO 150 STRIPS/MONTH. LARGER QUANTITIES AVAILABLE VIA PRIOR AUTHORIZATION GLUCOMETERS, ROCHE METERS (E.G., ACCU-CHEK) ONLY
QL
Blood Glucose Test Strips
Glucometers
Lancets

Alcohol And Smoking Deterrent Agents
PA
Bupropion SR
ZYBAN, PA REQ
PA
Disulfiram
ANTABUSE
PA
Nicotine
NICORETTE GUM, PA REQ
NICOTINE PATCH, PA REQ (OTC PATCHES ONLY)
NICOTROL NASAL SPRAY, PA REQ

Gout Agents
Allopurinol
ZYLOPRIM
QL  Colchicine  COLCrys, Limited To 1 Tablet/day. Patients Who Fail 1 Tablet/day May Receive 2 Tablets/day.
Probenecid  Benemid

Other Medical Supplies
Limited medical supplies are available through the pharmacy benefit. For additional information, contact MedImpact at (800) 788-2949. The following exceptions should be noted:

• Durable medical equipment (e.g., wheelchairs, walkers, canes, crutches) are filled through the medical benefit. Path to Health does not provide coverage for contraceptive medical supplies (e.g., diaphragms, cervical caps, condoms).
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