



2011
Drug Formulary
November Update

The PHP Formulary is also available for printing at www.phoenixhealthplan.com

PHOENIX HEALTH PLAN DRUG FORMULARY

The Phoenix Health Plan (PHP) Drug Formulary was created to ensure safe, appropriate and cost-effective utilization of medications. With a primary consideration to provide comprehensive drug coverage for patients, the Formulary was evaluated in all therapeutic categories and contains those agents that offer the greatest value in each class. Provider's utilization of the PHP Drug Formulary ensures our member's pharmaceutical needs are met in a high quality, cost-effective manner. Formulary development and maintenance is a dynamic process and is subject to periodic changes.

THE PHP PHARMACY AND THERAPEUTICS COMMITTEE

PURPOSE AND GOALS

The PHP Pharmacy and Therapeutic (P & T) Committee consists of physicians, pharmacists, and other professionals representing various medical specialties, whose primary purpose is to develop and monitor the PHP Drug Formulary and to establish programs and procedures to ensure high quality, cost-effective drug therapy. The PHP P & T regularly reviews new and existing medications to ensure the Formulary meets the needs of both members and providers.

FUNCTION AND SCOPE:

The P & T has the following primary functions:

1. To serve in an advisory capacity in all matters pertaining to use of drugs and drug therapy.
2. To perform a periodic review of the PHP Drug Formulary and to provide advice to the plan regarding modifications of the formulary based upon an objective analysis of the safety, efficacy, and cost-effectiveness of each medication.
3. To develop educational programs and materials for health plan participants, physicians, and provider pharmacies related to drug use.
4. To evaluate and recommend drug therapy guidelines and prior authorization criteria based upon safety, efficacy, and cost-effectiveness.
5. To manage and review appropriateness of drug utilization.
6. To make recommendations for policies and procedures relating to drug handling and administration for health plan members.

PROCEDURES FOR AMENDING FORMULARY

Physicians may request a formulary addition, deletion, or change in prior authorization criteria for the PHP Drug Formulary by submitting a Drug Formulary Change Request form to the plan. A request form may be obtained on our website www.phoenixhealthplan.com or by contacting a Network Management Representative directly at 602.824.3720. Requests should contain at least two (2) supporting documents that are randomized, controlled, clinical trials written in peer review journals. No marketing materials will be accepted. Requests will be forwarded to Pharmacy Services, researched and presented to the P & T Committee. Mail or fax requests to:

Phoenix Health Plan
C/O P & T Committee Pharmacy Director
7878 N. 16th St. Suite 105
Phoenix, AZ 85020
Fax: (602) 674-6652, (888) 887-9982

THE PHP DRUG FORMULARY

The PHP Drug Formulary is a list of medications eligible for coverage by PHP. The covered medications are organized by therapy class and are summarized in the Table of Contents. Both brands and generics are available, however, if a medication is available generically, only the generic formulation is covered. If a generic formulation becomes available sometime in the year, the brand formulation will no longer be covered and the generic will automatically process. For specific information about the medication, please refer to a comprehensive drug information resource and the product package insert.

If a drug name does not appear on the list of Formulary Medications, then the drug requires a prior authorization. *There are some drugs listed that have restrictions, please note any comments.* A list of preferred drugs that require prior authorization immediately follows the Formulary.

Please look to the website www.phoenixhealthplan.com for the most up-to-date Formulary.

NON-COVERED MEDICATIONS

Please note that certain medications are excluded by AHCCCS and thus are **not** covered by the plan. In order to reduce the risk of adverse effects to our patients, PHP will not cover drugs when prescribed for experimental or investigational uses. These medications include but are not limited to the following:

- Erectile dysfunction drugs and products
- Topical Minoxidil
- Retinoic Acid for Cosmetic Purposes
- Experimental or Investigational Medications
- Medications purchased outside of the United States
- DESI (Drug Efficacy Study Implementation) drugs – drugs not deemed effective by the FDA.

INJECTABLE MEDICATIONS

Injectable medications obtained by prescription, other than Insulin, Insulin Supplies, and those specifically listed on the PHP formulary, are eligible for coverage. Please see the J code guide for prior authorization requirements for coverage of injectable medications. PHP may elect to provide coverage for other injectable medications and will advise our pharmacy benefit manager (PBM) that an exception is to be made. Intramuscular administered medications will need to be procured by the medical office/clinic. Members may not be asked to fill the prescription at a community pharmacy and bring it to the medical offices for administration.

NON-PRESCRIPTION DRUGS

If an over-the-counter (OTC) product is listed on the formulary and a prescription is written and presented to the pharmacy, the product is covered by the PHP. Insulin and insulin syringes are available to plan members with a prescription. OTC medications that are *not* listed in the formulary are not available for coverage by the Health Plan unless prior authorization was obtained first.

LIMITATIONS AND RESTRICTIONS

The plan may have restrictions on certain formulary medications. Restrictions are limitations on quantities, dosages or certain criteria. Drugs that require prior authorization or have special status (exempt for certain providers) may have quantity/dose restrictions. Unless indicated otherwise on the formulary, all dosage forms and strengths of a listed medication are covered.

Benzodiazepines

Benzodiazepines are limited to #60 per month and concurrent benzodiazepine use is not covered. Only one benzodiazepine prescription per month will be allowed; if switching from one to another in the same month, a prior authorization will be required.

Step Therapy

Some formulary medications that usually require prior authorization may process via step therapy, a step-wise process in the pharmacy claims processing system. The pharmacy claims processing system detects first step medication fills in the past (up to 90 days) of a member's prescription fills. If a member has been compliant, a prior authorization request submission is not necessary or required. The following medications may process in that manner:

Budesonide/Formoterol (Symbicort®): Available if member is compliant in refilling his/her inhaled corticosteroid for at least two months.

Fluticasone/salmeterol (Advair®): Available if member is compliant in refilling his/her inhaled corticosteroid for at least two months.

Lansoprazole (Prevacid ®24 HR) OTC: Available after failure of documented and compliant omeprazole OTC therapy written with your prescription. Omeprazole 20mg OTC tablets may be filled for #120 per month.

Montelukast (Singulair®): Available if member continues to be compliant refilling his/her Inhaled corticosteroids (i.e., Flovent, QVAR, Advair, Symbicort, Pulmicort Respules).

Mometasone (Nasonex®): Available after at least two fills of first line nasal steroids (fluticasone, flunisolide.)

Oxycodone ER (Oxycontin®): Quantity 60 per month may be available after documented trial and failure of Kadian® and generic MS Contin and fentanyl patches therapy due to intolerance as documented by an FDA MedWatch 3500 form submission and medical records.

Pantoprazole (Protonix): Available after failure of documented and compliant omeprazole OTC therapy written with your prescription.

Tamsulosin (Flomax®): Available after failure of documented and compliant terazosin, prazosin or doxazosin therapy.

Sumatriptan (Imitrex®) Spray / Injection: Available after a documented and compliant Imitrex tablets therapy and concomitant migraine prophylaxis.

Simvastatin/ezetimibe (Vytorin®): Available after a documented and compliant trial of maximum of 80mg generic Zocor (simvastatin.)

Telmisartan (Micardis®): Available after at least one recent fill of losartan.

Valsartan (Diovan®): Available after at least one recent fill of losartan.

SMOKING CESSATION PRODUCTS: Per AHCCCS, coverage is only for Title XIX members. Members are encouraged to enroll in ASH Line by calling 1-800-556-6222. Maximum supply is 12 weeks in six months.

Prior Authorizations and Formulary Exceptions

Physicians are encouraged to consult the PHP Drug Formulary when prescribing medications for plan members. Formulary medications are available for plan members for the vast majority of therapeutic needs. If the patient requires medication that is not covered, the physician may submit a request through the Prior Authorization or Formulary Exception process using a Drug Prior Authorization or Formulary Exception Request Form. Documentation to support the request and the completed request form should be faxed to **PHP c/o Pharmacy Services at (602) 674-6652 or (888) 887-9982**. The information submitted must have the diagnosis for therapy requested, past therapeutic failures on formulary drugs and other pertinent patient information such as cholesterol panels, iron studies and other lab work supporting the request, according to PHP Policies & Procedures. To maintain continuity of care and drug safety, samples are not considered a therapeutic trial. However trial quantities of medications on the Formulary or authorized through the health plan will be considered for continuity of care.

Prescription Quantities

Prescriptions should be written for a therapeutic supply of medications. The amount to appropriately treat a medical condition may be 2, 7, or 14 days, up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate.

TELEPHONE PRESCRIPTIONS

Whenever possible, the patient should be given the prescription of a formulary drug in writing. This will allow the patient to make use of the most convenient network pharmacy and enable the pharmacy to fill the prescription after normal office hours.

INDIVIDUAL PRESCRIPTIONS

Each prescription must legally be prescribed for one individual only. If prescribing for a family, each family member must receive a prescription.

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
A	ANALGESICS				
A		Opioid Agonists	acetaminophen/codeine	TYLENOL/CODEINE	
A			acetaminophen/hydrocodone	LORTAB, VICODIN	
A			acetaminophen/oxycodone	PERCOCET	5/325, 7.5/325 are covered
A			butalbital/ASA/caffeine	FIORINAL	
A			butalbital/ASA/caffeine/codeine	FIORINAL/COD	
A			butalbital/APA/caffeine/codeine	FIORICET/COD	
A			hydromorphone	DILAUDED	
A			meperidine	DEMEROL	
A			methadone 5mg, 10mg	DOLOPHINE	5mg, 10mg only
A			morphine sulfate IR, CR	MSIR, MS CONTIN	
A			oxycodone	OXY IR	
A			propoxyphene HCl	DARVON	
A			propoxyphene napsylate/acetaminophen	DARVOCET-N	
A			morphine sulfate CR	KADIAN	
A		Non-Steroidal Anti-Inflammatory Drugs			
A			aspirin – OTC	ASPIRIN	
A			aspirin E.C. tab – OTC	ECOTRIN	
A			diclofenac	VOLTAREN	
			etodolac	LODINE	
A			piroxicam	FELDENE	
A			ibuprofen	MOTRIN	
A			ibuprofen – OTC	CHILDREN'S MOTRIN SUSP	
A			indomethacin	INDOCIN	
A			meloxicam	MOBIC	
A			naproxen	NAPROSYN	
A			sulindac	CLINORIL	
A			diclofenac/misoprostol	ARTHROTEC	
A		Anti-rheumatics			
A			hydroxychloroquine	PLAQUENIL	
A			methotrexate	RHEUMATREX	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
A		Drugs To Prevent And Treat Gout			
A			allopurinol	ZYLOPRIM	
A			indomethacin	INDOCIN	
A			probenecid	BENEMID	
A		Migraine Medications			
A			aspirin/caffeine/APAP – OTC	EXCEDRIN MIGRAINE	
A			sumatriptan	IMITREX TABS	#9 tabs. per month covered
B	ANTI-INFECTIVES				
B		Penicillins			
B			amoxicillin	TRIMOX	
B			amoxicillin/clavulanate	AUGMENTIN	
B			ampicillin	PRINCIPEN	
B			dicloxacillin	DYNAPEN	
B			penicillin VK	VEETIDS	
B		Cephalosporins			
B			cefaclor	CECLOR	
B			cefadroxil	DURICEF	
B			cefdinir	OMNICEF	
B			cefpodoxime	VANTIN	
B			cefprozil	CEFZIL	
B			cefuroxime	CEFTIN	Tablets and Suspension
B			cephalexin	KEFLEX	
B		Macrolides			
B			erythromycin base, enteric coated	ERY-TAB	
B			erythromycin-ethylsuccinate	E.E.S.	
B			erythromycin stearate	ERYTHROCIN	
B			azithromycin	ZITHROMAX	
B			clarithromycin	BIAXIN	
B		Tetracyclines			

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
B			doxycycline	VIBRAMYCIN	
B			tetracycline	SUMYCIN	
B			demeclocycline HCL	DECLOMYCIN	
B		Amino-glycosides			
B			neomycin	NEOMYCIN	
B		Sulfonamides			
B			SMZ/TMP, DS	BACTRIM, SEPTRA, DS	
B			sulfisoxazole	GANTRISIN	
B			sulfisoxazole/erythromycin	PEDIAZOLE	
B		Anti-tuberculosis			
B			ethambutol	MYAMBUTOL	
B			isoniazid	INH	
B			pyrazinamide	PYRAZINAMIDE	
B			pyridoxine - OTC	Vitamin B-6	
B			rifampin	RIFADIN	
B			rifabutin	MYCOBUTIN	
B		Antifungals			
B		Oral			
B			fluconazole	DIFLUCAN	
B			<i>fluconazole 150mg</i>	<i>DIFLUCAN 150mg</i>	<i>#2 tablet per fill</i>
B			griseofulvin	GRIFULVIN V/SUSP+E35	
B			nystatin	MYCOSTATIN	
B			<i>clotrimazole</i>	<i>MYCELEX</i>	<i>troches only</i>
B		Antivirals			
B			acyclovir	ZOVIRAX	
B			amantadine	SYMMETREL	
B			atazanavir	REYATAZ	
B			didanosine EC	VIDEX EC	
B			zidovudine	RETROVIR	
B			abacavir	ZIAGEN	
B			abacavir/lamivudine/zidovudine	TRIZIVIR	
B			amprenavir	AGENERASE	
B			darunavir	PREZISTA	
B			delavirdine mesylate	RESCRIPTOR	
B			didanosine (ddl)	VIDEX	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
B			efavirenz	SUSTIVA	
B			emtricitabine	EMTRIVA	
B			emtricitabine/rilpivirine/tenofovir	COMPLERA	
B			emtricitabine/tenofovir	TRUVADA	
B			emtricitabine/tenofovir/efavirenz	ATRIPLA	
B			fosamprenavir	LEXIVA	
B			indinavir	CRIXIVAN	
B			lamivudine	EPIVIR	
B			lamivudine/Abacavir	EPZICOM	
B			lamivudine/Zidovudine	COMBIVIR	
B			lopinavir/Ritonavir	KALETRA	
B			nelfinavir mesylate	VIRACEPT	
B			nevirapine	VIRAMUNE	
B			raltegravir	ISENTRESS	
B			rilpivirine	EDURANT	
B			ritonavir	NORVIR	
B			saquinavir	FORTOVASE	
B			saquinavir	INVIRASE	
B			stavudine (d4T)	ZERIT	
B			tenofovir	VIREAD	
B			tipranavir	APTIVUS	
B			valacyclovir	VALTREX	
B			zalcitabine (ddC)	HIVID	
B		Antimalarials			
B			chloroquine	ARALEN	
B			primaquine Phosphate	PRIMAQUINE	
B			pyrimethamine	DARAPRIM	
B		Amebicides			
B			iodoquinol	YODOXIN	
B		Anthelmintics			
B			mebendazole	VERMOX	
B			piperazine	VERMIZINE	
B			niclosamide	NICLOCIDE	
B		Misc.			
B		Anti-Infectives			

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
B			<i>clindamycin</i>	<i>CLEOCIN</i>	<i>150mg covered</i>
B			<i>metronidazole</i>	<i>FLAGYL</i>	<i>250mg, 500mg covered</i>
B			<i>nitrofurantoin</i>	<i>FURADANTIN</i>	<i>suspension covered</i>
B			nitrofurantoin	MACROBID	
B			nitrofurantoin Macrocrystals	MACRODANTIN	
B			trimethoprim	TRIMPEX	
B			dapsone	DAPSONE	
B			furazolidone	FUROXONE	
B		Quinolones			
B			ciprofloxacin	CIPRO	
B			levofloxacin	LEVAQUIN	
C	ANTI-NEOPLASTICS AND IMMUNOLOGIC AGENTS				
C		Anti-neoplastics			
C			altretamine	HEXALEN	
C			anastrozole	ARIMIDEX	
C			azathioprine	IMURAN	
C			bicalutamide	CASODEX	
C			busulfan	MYLERAN	
C			chlorambucil	LEUKERAN	
C			cyclophosphamide	CYTOXAN	
C			estramustine	EMCYT	
C			etoposide	VEPESID	
C			exemstane	AROMASIN	
C			flutamide	EULEXIN	
C			hydroxyurea	HYDREA	
C			levamisole	ERGAMISOL	
C			lomustine	CEENU	
C			megestrol	MEGACE	
C			melphalan	ALKERAN	
C			mercaptopurine	PURINETHOL	
C			methotrexate	RHEUMATREX	
C			mitotane	LYSODREN	
C			procarbazine	MATULANE	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
C			tamoxifen	NOLVADEX	
C			testolactone	TESLAC	
C			thioguanine	THIOGUANINE	
C			tretinoin	VESANOID	
C		Immuno-suppressants			
C			azathioprine	IMURAN	
C			cyclophosphamide	CYTOXAN	
C			cyclosporine	NEORAL	caps and solution
C			<i>cyclosporine caps</i>	<i>SANDIMMUNE</i>	<i>caps</i>
C			methotrexate	RHEUMATREX	
D	CARDIOVASCULAR	Cardiac Glycosides			
D			digoxin	LANOXIN	
D		Nitrates			
D			<i>isosorbide dinitrate</i>	<i>ISORDIL</i>	<i>Tembids caps excluded</i>
D			isosorbide monohydrate	IMDUR	
D			nitroglycerin ointment	NITROL	
D			nitroglycerin sublingual tabs	NITROSTAT	
D			nitroglycerin spray	NITROLINGUAL SPRAY	
D		Beta blockers			
D		Beta-1 Specific			
D			acebutolol	SECTRAL	
D			atenolol	TENORMIN	
D			carvedilol	COREG	
D			metoprolol	LOPRESSOR	
D			metoprolol ER	TOPROL XL	
D		Non-Selective			
D			labetalol	NORMODYNE	
D			nadolol	CORGARD	
D			pindolol	VISKEN	
D			propranolol	INDERAL	
D			propranolol LA	INDERAL LA	
D			propranolol XL	INNOPRAN XL	
D			penbutolol	LEVATOL	
D		Beta-Blocker Combinations			

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
D			atenolol/chlorthalidone	TENORETIC	
D			bisoprolol/hydrochlorothiazide	ZIAC	
D		Calcium Antagonists			
D			diltiazem	CARDIZEM	
D			diltiazem ER	CARDIZEM CD, SR	
D			diltiazem ER	DILACOR XR, TIAZAC	
D			nifedipine SR	ADALAT-CC	
D			verapamil	CALAN	
D			verapamil SR	CALAN SR	
D			amlodipine	NORVASC	
D			nisoldipine	SULAR	
D		Anti-dysrhythmic Drugs			
D			amiodarone	CORDARONE	
D			disopyramide	NORPACE, CR	
D			flecainide	TAMBOCOR	
D			mexiletine HCl	MEXITIL	
D			procainamide	PRONESTYL	
D			procainamide SR	PROCANBID	
D			propafenone	RYTHMOL	
D			quinidine gluconate	QUINAGLUTE	
D			quinidine sulfate	QUINIDINE SULFATE	
D			quinidine sulfate SR	QUINIDEX	
D			sotalol	BETAPACE	
D			morcizine	ETHMOZINE	
D			tocainide	TONOCARD	
D		Angiotensin Converting Enzyme Inhibitors			
D			benazepril	LOTENSIN	
D			benazepril/HCTZ	LOTENSIN HCT	
D			captopril	CAPOTEN	
D			enalapril	VASOTEC	
D			enalapril/HCTZ	VASORETIC	
D			fosinopril	MONOPRIL	
D			lisinopril	ZESTRIL	
D			lisinopril/HCTZ	ZESTORETIC	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
D		Angiotensin II Antagonists			
D			losartan	COZAAR	
			telmisartan	MICARDIS	Step Therapy - failed losartan
D			valsartan	DIOVAN	Step Therapy - failed losartan
D		Antiadrenergic Agents			
D			<i>clonidine</i>	<i>CATAPRES</i>	<i>tablets only</i>
D			doxazosin	CARDURA	
D			guanabenz acetate	WYTENSIN	
D			methyldopa	ALDOMET	
D			prazosin	MINIPRESS	
D			terazosin	HYTRIN	
D		Alpha Blockers			
D			phenoxybenzamine	DIBENZYLINE	
D		Vasodilators			
D			hydralazine	APRESOLINE	
D			minoxidil	LONITEN	
D		Diuretics			
D		Loop Diuretics			
D			bumetanide	BUMEX	
D			furosemide	LASIX	
D		Thiazide & Related Diuretics			
D			chlorthalidone	HYGROTON	
D			chlorothiazide	DIURIL	
D			hydrochlorothiazide	HYDRODIURIL	
D			indapamide	LOZOL	
D			methyclothiazide	ENDURON	
D			methyclothiazide/deserpidine	ENDURONYL,	
D			metolazone	ZAROXOLYN	
D		Potassium Sparing Diuretics			
D			amiloride	MIDAMOR	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
D			amiloride/HCTZ	MODURETIC	
D			spironolactone	ALDACTONE	
D			spironolactone/HCTZ	ALDACTAZIDE	
D			triamterene/HCTZ	DYAZIDE, MAXZIDE	
D		Carbonic Anhydrase Inhibitors			
D			acetazolamide	DIAMOX	
D			methazolamide	NEPTAZANE	
D		Cholesterol Lowering Agents			
D		HMG CoA Reductase Inhibitors			
D			lovastatin	MEVACOR	
D			pravastatin	PRAVACHOL	
D			simvastatin	ZOCOR	
D		Other Cholesterol Lowering Agents			
D			<i>cholestyramine</i>	<i>QUESTRAN</i>	<i>cans are covered</i>
D			<i>cholestyramine</i>	<i>QUESTRAN LIGHT</i>	<i>cans are covered</i>
D			<i>colestipol</i>	<i>COLESTID</i>	<i>tablets, granules covered</i>
D			<i>fenofibrate</i>	<i>LOFIBRA</i>	<i>54, 67, 134, 160, & 200mg</i>
D			gemfibrozil	LOPID	
D			niacin – OTC	NICOTINIC ACID	
			niacin (niacin B3: nicotinic acid)	NIASPAN	
D			omega FFA – OTC	Omega FFA - OTC	
D		Miscellaneous Cardiovascular Drugs			
D			midodrine	PROAMATINE	
D			pentoxifylline	TRENTAL	
E	CENTRAL NERVOUS SYSTEM AGENTS				
E		Anxiolytics, Sedative Hypnotics			Limit #60 per month (inclusive) PA < 8 y.o.

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
E			alprazolam	Xanax	#60 per month
E			buspirone	Buspar	5 mg, 10 mg, 15 mg tabs
E			clonazepam	KLONOPIN	#60 per month
E			diazepam	VALIUM	#60 per month
E			lorazepam	ATIVAN	#60 per month
E			temazepam	RESTORIL	15mg, 30mg (#60/mo)
E			zolpidem	AMBIEN	
E		Anti-depressants			
E			imipramine	TOFRANIL	
E		<i>Anti-depressants</i>			<i>PA < 8 y. o.</i>
E			<i>amitriptyline</i>	<i>ELAVIL</i>	
E			<i>bupropion RR, SR</i>	<i>WELLBUTRIN SR</i>	
E			<i>bupropion XL</i>	<i>BUDEPRION XL</i>	
E			<i>citalopram</i>	<i>CELEXA</i>	
E			<i>desipramine</i>	<i>NORPRAMIN</i>	
E			<i>doxepin HCl</i>	<i>SINEQUIN</i>	
E			<i>fluoxetine</i>	<i>PROZAC</i>	<i>10mg, 20mg are covered</i>
E			<i>maprotiline HCl</i>	<i>LUDIOMIL</i>	
E			<i>nortriptyline</i>	<i>PAMELOR</i>	
E			<i>paroxetine</i>	<i>PAXIL</i>	
E			<i>sertraline</i>	<i>ZOLOFT</i>	
E			<i>trazodone</i>	<i>DESYREL</i>	
E			<i>venlafaxine</i>	<i>EFFEXOR</i>	
E		<i>CNS Stimulants</i>			<i>PA < 5 y.o.</i>
E			<i>amphetamine salt combination</i>	<i>ADDERALL</i>	
E			<i>amphetamine salt combination</i>	<i>ADDERALL XR</i>	<i>Requires PA</i>
E			<i>dexmethylphenidate</i>	<i>FOCALIN</i>	
E			<i>dextroamphetamine</i>	<i>DEXEDRINE</i>	
E			<i>methylphenidate</i>	<i>CONCERTA</i>	
E			<i>methylphenidate</i>	<i>RITALIN, RITALIN LA</i>	<i>(maximum of 60mg per day)</i>
E		<i>CNS Non-Stiumlant</i>	<i>atomoxetine</i>	<i>STRATTERA</i>	<i>Requires PA</i>
E		Anti-convulsants			
E			carbamazepine	TEGRETOL	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
E			carbamazepine ER	TEGRETOL XR	
E			divalproex sodium	DEPAKOTE	
E			divalproex sodium ER	DEPAKOTE ER	
E			ethosuximide	ZARONTIN	
E			gabapentin	NEURONTIN	
E			levetiracetam	KEPPRA	
E			oxcarbazepine	TRILEPTAL	
E			phenobarbital	PHENOBARBITAL	
E			phenytoin	DILANTIN	
E			phenytoin ER	PHENYTEK	
E			primidone	MYSOLINE	
E			topiramate	TOPAMAX	
E			valproic acid	DEPAKENE	
			zonisamide	ZONEGRAN	
E		Antiparkinson Drugs			
E			benztropine	COGENTIN	
E			bromocriptine	PARLODEL	
E			carbidopa/Levodopa	SINEMET	
E			carbidopa/Levodopa CR	SINEMET CR	
E			trihexyphenidyl	ARTANE	
E		Skeletal Muscle Relaxants			
E			baclofen	LIORESAL	
E			carisoprodol	SOMA	
E			chlorzoxazone	PARAFLEX	
E			cyclobenzaprine	FLEXERIL	
E			methocarbamol	ROBAXIN	
E			tizanidine hydrochloride	ZANAFLEX	
E		Smoking Cessation Products			
			bupropion SR 150mg	Zyban	
E			nicotine gum, lozenges, patches, spray, inhaler	Nicotrol	Max. 12 weeks/ 6 months
E			varenicline	Chantix	Max. 12 weeks/ 6 months

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
F	EAR, NOSE, THROAT AGENTS				
F		OTIC Anti-infectives			
F			ofloxacin otic soln. 0.3%	FLOXIN	
F		OTIC Antibiotic-Steroid Combinations			
F			hydrocortisone/neomycin/ polymyxin B	CORTISPORIN OTIC	
F		Miscellaneous OTIC Products			
F			benzocaine/antipyrine	AURALGAN	
F			hydrocortisone/acetic acid	VOSOL HC OTIC	
F		Throat & Mouth Medications			
F			chlorhexidine liquid	PERIDEX 0.12%	
F			clotrimazole Troche	MYCELEX TROCHE	
F			lidocaine HCL 2%	XYLOCAINE VISCOUS	
F			nystatin	MYCOSTATIN SUSP	
F			phenol 0.5%	CHLORASEPTIC SPRAY	
F			triamcinolone paste	KENALOG ORABASE	
F		Corticosteroids – Nasal			
F			fluticasone	FLONASE	
F			mometasone	NASONEX AQ	Step Therapy - failed fluticasone, flunisolide
F		Miscellaneous Nasal			
F			normal saline 0.65% - OTC	OCEAN	
F			azelastine	ASTELIN	
F			cromolyn – OTC	NASALCROM	
G	ENDOCRINE / METABOLIC AGENTS				
G		Systemic Corticosteroids			
G		Glucocorticosteroids			
G			dexamethasone	DECADRON	
G			hydrocortisone	CORTEF	
G			methylprednisolone	MEDROL	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
G			prednisolone	PRELONE,	
G				PEDIAPRED	
G			prednisone	ORASONE	
G			dexamethasone Therapeutic Pak	HEXADROL	
G		Mineralocorticoids			
G			fludrocortisone	FLORINEF	
G		Estrogens			
G			estradiol (oral, patch)	ESTRACE, CLIMARA TD	
G			estropipate	ESTRATAB	
G			estrogens, conjugated	PREMARIN (oral, cream)	
G		Estrogen/			
G		Progestin Combinations			
G			estrogens, conjugated/medroxyprogesterone	PREMPRO, PREMPHASE	
G		Mono-Phasic Oral Contraceptives			
G			ethinyl estradiol/desogestrel	ORTHO-CEPT	
G			ethinyl estradiol/norethindrone	MODICON	
G			ethinyl estradiol/norethindrone	ORTHO-NOVUM 1/35	
G			ethynodiol/ethinyl estradiol	DEMULEN 1/5, 1/50	
G			levonogestrel/ethinyl estradiol	ALESSE	
G			levonogestrel/ethinyl estradiol	NORDETTE	
			levonogestrel/ethinyl estradiol	YAZ	
G			norethindrone/ethinyl estradiol	LOESTRIN	
G			norethindrone/mestranol	ORTHO-NOVUM 1/50	
G			norgestimate/ethinyl estradiol	ORTHO-CYCLEN	
G			norgestrel/ethinyl estradiol	LO OVRAL, OVRAL	
G			estradiol/norelgestromin	ORTHO EVRA	
G			ethinyl estradiol/drospirenone	YASMIN 28	
G			ethinyl estradiol/norethindrone	OVCON-35, 50	
G		Bi-Phasic Oral Contraceptives			
G			desogestrel/ethinyl estradiol	MIRCETTE	
G			norethindrone/ethinyl estradiol	ORTHO-NOVUM 10/11	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
G		Tri-Phasic Oral Contraceptives			
G			levonorgestrel/ethinyl estradiol	TRIPHASIL	
G			norethindrone/ethinyl estradiol	ORTHO-NOVUM 7/7/7	
G			norethindrone/ethinyl estradiol	ESTROSTEP	
G			norgestimate/ethinyl estradiol	ORTH TRI CYCLEN	
			norgestimate/ethinyl estradiol	ORTH TRI CYCLEN LO	
G		Progestin Only Oral Contraceptives			
G			norethindrone	ORTHO MICRONOR	
G			levonorgestrel	PLAN B OTC	
G			norgestrel	OVRETTE	
G		Other Contraceptive Devices			
G			condoms-OTC		
G			contraceptive cream/jelly-OTC		
G			contraceptive foam w/applicator-OTC		
G			diaphragm, Diaphragm Kit	ORTHO FLEX, KOROMEX	
G			spermicidal jelly-OTC		
G		Progestins			
G			medroxyprogesterone	PROVERA, CYCRIN	
G			medroxyprogesterone injection	DEPO-PROVERA	
G			norethindrone acetate	AYGESTIN	
G			progesterone gel	CRINONE	
G		Oral Hypoglycemics			
G			acarbose	PRECOSE	
G			chlorpropamide	DIABINESE	
G			glimepiride	AMARYL	
G			glipizide	GLUCOTROL	
G			glipizide extended release	GLUCOTROL XL	
G			glyburide	GLYNASE 1.5mg, 3mg, MICRONASE	
G			glyburide/metformin	GLYCOVANCE	
G			metformin	GLUCOPHAGE	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
G			metformin XR	GLUCOPHAGE XR	
G			tolazamide	TOLINASE	
G			tolbutamide	ORINASE	
			pioglitazone	ACTOS	
G			rosiglitazone	AVANDIA	
G			rosiglitazone/Metformin	AVANDAMET	
G		Insulins			
G			insulin, aspart	NOVOLOG	
G			insulin, glargine	LANTUS	
			insulin, human	NOVOLIN	
G		Diabetic Supplies			
G			alcohol Prep Pads		
G			glucose Test Strips	ACCU-CHEK-	
G				ACTIVE	
G				AVIVA	
G				ADVANTAGE	
G				COMPACT	
G				COMPLETE	
G			insulin Syringes		
G			lancets		
G		Glucagon			
G			glucagon injection	GLUCAGON KIT	
G		Anti-thyroid Drugs			
G			propylthiouracil	PTU	
G			methimazole	TAPAZOLE	
G		Thyroid Hormones			
G			levothyroxine-T4	LEVOTHROID, LEVOXYL	Generics only
G		Other Endocrine Drugs	thyroid desiccated	ARMOUR THYROID	
G					
G			bromocriptine	PARLODEL	
G			alendronate	FOSAMAX	
G			calcitonin Nasal Spray	MIACALCIN NASAL SPRAY	
G			raloxifene	EVISTA	
G			risedronate	ACTONEL	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
H	GASTROINTESTINAL AGENTS				
H		Antidiarrheal preparations			
H			diphenoxylate/atropine	LOMOTIL	
H			kaolin-pectin- OTC	KAOPECTATE	
H			loperamide HCL – OTC	IMODIUM A-D	
H		Antiulcer Drugs			
H		H2 Antagonists			
H			cimetidine	TAGAMET	
H			famotidine - OTC	PEPCID AC	
H			ranitidine - OTC	ZANTAC	
H			<i>ranitidine syrup</i>	<i>ZANTAC SYRUP</i>	<i>PA > 8 years old</i>
H		Proton Pump Inhibitors			
H			omeprazole – OTC	PRILOSEC OTC	up to 80mg/d (#4, 20mg each)
H		Other Anti-ulcer and gastrointestinal products			
H			antacid liquid – OTC	MAALOX	
H			antacid liquid – OTC	MYLANTA/RIOPAN	
H			antacid tablets/capsules – OTC	GAVISCONTUMS	
H			bismuth subsalicylate	PEPTO BISMOL	
H			docusate capsules – OTC	COLACE	
H			magnesium hydroxide - OTC	MILK OF MAGNESIA	
H			simethicone – OTC	MYLICON	
H			sodium phosphate ped – OTC	FLEETS PED – OTC	
H			sucralfate	CARAFATE	<i>tablets are covered</i>
H			ursodiol	ACTIGALL	
H			senna laxatives	SENOKOT	
H		Antiemetics			
H			hydroxyzine	ATARAX	
H			meclizine - OTC	ANTIVERT	
H			prochlorperazine	COMPRO	<i>tablets, supps are covered</i>
H			promethazine	PHENERGAN	<i>tablets, supps are covered</i>

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
H		Antispasmodics & Drugs Affecting GI Motility			
H			dicyclomine	BENTYL	
H			l-hyoscyamine sulfate	LEVSIN, LEVSIN EX	
H			lactulose	CEPHULAC	
H			metoclopramide	REGLAN	
H			PEG solution	COLYTE, COLYTE FLAVORED	
H			propantheline	PRO-BANTHINE	
H			psyllium powder	METAMUCIL	
H			scopolamine tablets	SCOPACE	
H		Misc. Gastrointestinals			
			polycarbophil	FIBERCON	
H			sulfasalazine	AZULFIDINE	
H			mesalamine	ASACOL	
H		Digestive Enzymes			
H			Lipase/protease/amylase	CREON CR	
I	GENITOURINARY AGENTS				
I		Vaginal Anti-Infectives			
I					
I			butoconazole - OTC	FEMSTAT-3	
I			clindamycin	CLEOCIN VAGINAL	
I			clotrimazole - OTC	GYNE-LOTRIMIN, MYCELEX-G	
I			metronidazole	METROGEL VAGINAL	
I			miconazole - OTC	MONISTAT-7	
I			nystatin	MYCOSTATIN	
I			terconazole	TERAZOL	
I			tioconazole - OTC	VAGISTAT-1	
I			triple sulfa vaginal cream	SULTRIN VAG CREAM	
I		Anti-cholinergic / Anti-spasmodics			
I			oxybutynin	DITROPAN	
I			oxybutynin XL	DITROPAN XL	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
I		Cholinergic Drugs			
I			bethanechol	URECHOLINE	
I		Miscellaneous Genitourinary			
I			doxazosin	CARDURA	
I			prazosin	MINIPRESS	
I			terazosin	HYTRIN	
I			finasteride	PROSCAR	
J	HEMATOLOGICAL AGENTS				
J		Anticoagulant Drugs			
J			warfarin	COUMADIN	
J			warfarin	COUMADIN	
J		Antiplatelet Drugs			
J			aspirin- OTC	ASPIRIN	
J			cilostazol	PLETAL	
J			clopidogrel	PLAVIX	
J			dipyridamole	PERSANTINE	
J			ticlopidine	TICLID	
J			apirin/dipyridamole	AGGRENOX	
K	NUTRITIONAL - VITAMINS, MINERALS, ELECTROLYTES, SUPPLEMENTS				
K		Prenatal vitamins			
K			prenatal vitamins	NESTABS FA,	
K		Vitamins/Minerals			
K			calcitriol	ROCALTROL	
K			calcium carbonate	TUMS	
K			calcium carbonate w/ Vitamin D	OSCAL-D	
K			cholecalciferol (D3)	VITAMIN D 3	
K			ferrous sulfate tabs, liquid, drops	FEOSOL	
K			folic acid	FOLVITE	
K			MVI w/ FI & / or FE	TRI-VI-FLOR	tablets and drops are covered

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
K				POLYR-VI-FLO	
K			MVI – OTC	VARIOUS	maximum of #100 covered
K			sodium fluoride	LURIDE TABS	
K			sodium fluoride drops	LURIDE DROPS	
K			vitamin B-12/folic acid/B-6	FOLTIX	
K		Potassium Supplements			
K			potassium chloride packets	KLOR CON	
K			potassium chloride liquid	Potassium Liquid	
K			potassium chloride tablets	K-DUR, KTABS, KLOTRIX	
K		Electrolytes and Other Products			
K			pediatric electrolyte solution	PEDIALYTE	
K			potassium citrate/citric acid	CITRA-K	
L	OPHTHALMIC AGENTS				
L		Antibiotics			
L			bacitracin	BACITRACIN OPHTH OINT	
L			chloramphenicol	CHLOROPTIC	
L			erythromycin	ILOTYCIN OPHTH OINT	
L			gentamicin	GENOPTIC	
L			ofloxacin	OCUFLOX	
L			tobramycin	TOBREX	
L		Antibiotic Combinations			
L			bacitracin/polymyxin B	POLYSPORIN	
L			gram/neomycin/polymixin B	NEOSPORIN	
L			trimethoprim/ polymyxin B	POLYTRIM	
L		Antibiotic-Steroid Combinations			
L			dexamethasone/neomycin/polymixin	MAXITROL, POLYDEX	
L			hydrocortisone/neomycin/polymyxin B	CORTISPORIN,	
L			neomycin 0.35%/polymyxin B/	POLY PRED	
L			prednisolone		
L			prednisolone 1%/gentamicin 3mg/ml drops	PRED-G	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
L			sulfacetamide/prednisolone	BLEPHAMIDE	
L			tobramycin 0.3% /dexamethasone 0.1%	TOBRADEX	
L				VASOCIDIN	
L		Antiviral Agents			
L			trifluridine	VIROPTIC	
L			vidarabine	VIRA-A	
L		Sulfonamides			
L			sulfacetamide 10%	BLEPH 10,	
L				SODIUM SULAMYD	
L		Corticosteroids			
L			dexamethasone 0.1%	DECADRON,	
L				AK-DEX SOL PRED	
L			fluorometholone 0.1%, 0.25%	FML	
L			prednisolone 0.12%	PRED MILD	
L			prednisolone 1%	PRED FORTE	
L		Sympathomimetics			
L			dipivefrin	PROPINE	
L		Beta-Blockers			
L			betaxolol	BETOPTIC	
L			levobunolol	BETAGAN	
L			timolol maleate soln	TIMOPTIC	
L			timolol maleate gel	TIMOPTIC-XE GEL	
L		Miotics			
L			pilocarpine hydrochloride	PILOCAR	
L		Vaso-constrictors			
L			phenylephrine	NEOSYNEPHRINE	
L		Cycloplegic Mydriatics			
L			atropine	ISOPTO ATROPINE	
L			cyclopentolate	CYCLOGYL	
L			homatropine	ISOPTO HOMATROPINE	
L			tropicamide	MYDRIACYL	
L			scopolamine	ISOPTO HYOSCINE	
L		Alpha Adrenergic Receptor Agonists			

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
L			brimonidine 0.2%	ALPHAGAN	
L			brimonidine 0.2%	ALPHAGAN P	
L		Non-steroidal Anti-inflammatory Drugs (NSAIDS)			
L			flurbiprofen 0.03%	OCUFEN	
L			diclofenac 0.1%	VOLTAREN	
L			ketorolac 0.5%	ACULAR,	
L				ACULAR P.F.	
L		Anti-Allergy Agents			
L			cromolyn sodium	OPTICROM	
L			ketorolac 0.5%	ACULAR,	
L				ACULAR P.F.	
L			Iodoxamine 0.1%	ALOMIDE	
L			olopatadine HCL 0.4%	PATANOL	
L		Antifungal Agents			
L			natamycin 5%	NATACYN	
L		Artificial Tear Products/Lubricants			
L			carboxymethylcellulose (CMC) 0.5%, 1% - OTC	REFRESH TEARS	
L					
L					
L			hydroxypropyl cellulose - OTC	LACRI-LUBE	
L			hydroxypropyl cellulose - OTC	GENTEAL	
L					
L		Carbonic Anhydrase Inhibitors			
L			dorzolamide 1%	TRUSOPT	
L		Prostaglandins			
L			latanoprost 0.005%	XALATAN	
M	RESPIRATORY AGENTS				
M		Antihistamines			
M					

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
M		Single-Entity Products			
M			carbinoxamine	HISTEX/PD	
M			cetirizine	ZYRTEC	
			chlorpheniramine - OTC	CHLOR-TRIMETON	
M			clemastine – OTC	TAVIST	
M			cyproheptadine	PERIACTIN	
M			diphenhydramine 12.5mg/5ml elixir- OTC	BENADRYL	
M			diphenhydramine 25mg – OTC	BENADRYL 25mg	
M			diphenhydramine 50mg	BENADRYL 50mg	
M			fexofenadine	ALLEGRA	
M			hydroxyzine	ATARAX, VISTARIL	
M			loratadine – OTC	CLARITIN – OTC	
M		Combination Products			
M					
M			brompheniramine/Pseudoephedrine- OTC	DIMETAPP ELIXER	
M			carbinoxamine/pseudoephedrine	RONDEC TABS, DROPS	
M			pyrilamine/phenyltoloxmine/ pheniramine	POLY-HISTINE	
M			triprolidine/pseudoephedrine – OTC	ACTIFED TABS, SYRUP	
M		Pediatric Cough/Cold Products			
M			guaifenesin/ dextromethorphan – OTC	ROBITUSSIN DM	
M			phenylephrine tannate/Chlorpheniramine tannate	RYNATAN PED SUSP	
M			pseudoephedrine/ brompheniramine	RONDEC SYRUP	
M			pseudoephedrine/ carbinoxamine DM	RONDEC DM	
M			pseudoephedrine/CTM/ dextromethorphan - OTC	PEDIA-CARE	
M				COUGH/COLD	
M		Decongestant Products			
M			phenylephrine/guaifenesin	ENTEX LA	
M			pseudoephedrine – OTC	SUDAFED TABS,	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
M				SYRUP	
M			pseudoephedrine/guaifenesin	ENTEX PSE,	
M				GUAIMAX-D,	
M				DURATUSS	
M			pseudoephedrine/guaifenesin	ZEPHREX LA,	
M				DECONSAL II	
M		Antitussives &			
M		Expectorants			
M			benzonatate	TESSALON PERLES	
M			codeine/promethazine	PHENERGAN/COD	
M			codeine/promethazine/phenylephrine	PHENERGAN VC	
M			dextromethorphan/promethazine	PHENERGAN DM	
M			guaifenesin liquid – OTC	ROBITUSSIN	
M			guaifenesin tablet	HUMIBID LA, FENESIN	
M			guaifenesin/codeine	ROBITUSSIN AC	
M			guaifenesin/codeine	TUSSI-ORGANIDIN NR	
M			guaifenesin/dextromethorphan	HUMIBID DM,	
M			guaifenesin/dextromethorphan	TUSSI-ORGANIDIN DM NR	
M			guaifenesin/dextromethorphan – OTC	ROBITUSSIN DM	
M			hydrocodone/phenylephrine/CTM	HISTUSSIN HC	
M			phenylephrine/promethazine	PHENERGAN VC	
M			phenylephrine/pyrilamine/ pheniramine	POLY-HISTINE	
M			pseudoephedrine/DM/ guaifenesin	ROBITUSSIN CF	
M				FENESIN DM	
M		Antiasthmatics			
M		Adrenergic Stimulants- inhalation			
M			albuterol, inhaler	PROAIR	HFA only
M			albuterol, nebulization	albuterol, nebulization	
M			ipratropium, nebulization	ipratropium, nebulization	
M			ipratropium & albuterol, inhaler	COMBIVENT	
M			metaproterenol	ALUPENT INHALER	

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
M		Adrenergic Stimulants- Oral solutions			
M			albuterol	PROVENTIL	
M			metaproterenol	METAPREL	
M		Adrenergic Stimulants- Oral Tabs			
M			albuterol	PROVENTIL	
M			metaproterenol tablets	ALUPENT	
M			terbutaline	BRETHINE	
M		Xanthine Derivatives			
M			theophylline	THEO-DUR	
M			theophylline SR	SLO-BID GYROCAPS	
M			theophylline XR	UNIPHYL	
M		Corticosteroids for inhalation			
M			beclomethasone dipropionate	QVAR	
M			<i>budesonide inhalation susp</i>	<i>PULMICORT RESPULES</i>	<i>PA > 8 years old</i>
M			fluticasone propionate inhalation	FLOVENT HFA	
M		Other Respiratory drugs and Devices			
M			ipratropium bromide	ATROVENT SOLUTION	
M			ipratropium	ATROVENT INHALER	
M			sodium chloride solution-OTC canister	BRONCHO SALINE	
N	TOPICALS				
N		Anti-Acne Medications			
N			benzoyl peroxide - OTC	BENZAC	
N			clindamycin	CLEOCIN T	
N			erythromycin topical solution	T-STAT, ERYCETTE	
N			<i>tretinoin</i>	<i>RETIN-A</i>	<i>PA > 18 y.o.</i>
N		Topical Anti-Infectives			
N			bacitracin ointment	BACITRACIN	
N			bacitracin/neomycin/polymixin B ointment	NEOSPORIN	
N			gentamicin	GARAMYCIN	

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Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
N			mupirocin	BACTROBAN	
N			silver sulfadiazine	SILVADENE	
N		Topical Anti-Fungals			
N			clotrimazole cream/solution – OTC	MYCELEX	
N			nystatin	MYCOSTATIN	
N			tolnaftate cream/solution – OTC	TINACTIN	
		Topical Antiparasitic			
N			permethrin 1%, 5%	NIX, ACTICIN	
N		Topical Corticosteroids			
N		GROUP I (HIGH POTENCY)			
N			clobetasol	TEMOVATE	
N		GROUP II (HIGH POTENCY)			
N			fluocinonide	LIDEX	
N			betamethasone dipropionate	DIPROSONE	
N			betamethasone valerate	VALISONE	
N		GROUP III (MEDIUM POTENCY)			
N			fluocinolone acetonide	SYNALAR	
N			triamcinolone acetonide	KENALOG	
N		GROUP IV (LOW POTENCY)			
N			hydrocortisone	HYTONE	
N			hydrocortisone 1% - OTC	Hydrocortisone 1%	
N		Corti-costeroid Combination			
N			triamcinolone/nystatin	MYCOLOG II	
N		Antiparasitics			
N			permethrin - OTC	ELIMITE	
N			malathion	OVIDE	
N		Anorectal Medications			
N			hydrocortisone retention enema	CORTENEMA	
N					
N		Miscellaneous Topicals			

PHP Formulary

Section	DRUG CLASS	Sub- Class	Generic Name	Reference Brand Name	Limitations / Restrictions
N			ammonium Lactate	LAC-HYDRIN	
N			capsaicin – OTC	ZOSTRIX	
			cod liver oil/ zinc ointment	DIAPER RASH OINTMENT	
N			lidocaine topical 2%, 5%	XYLOCAINE topical	
N			salicylic acid – OTC	SALICYLIC ACID	
N			selenium sulfide	SELSUN BLUE	
N			urea – 10, 20, 40%	CARMOL, AQUACARE	
N		Enzyme Preparations			
N			PODOCON-25 LIQUID		
N		Vaginal			
N			conjugated estrogen cream	PREMARIN CREAM	
N					
N			PODOFILOX 0.5% TOPICAL SOLN		
O	MISCELLANEOUS				
O			spacers	AEROCHAMBERS+	Limit one per year
O			vaporizers	Cool Mist Vaporizers	\$10.00, limit one per member per year
O					
O			epinephrine	EPI-PEN, EPI-PEN JR	
O		End Stage Renal Disease Medications			
O			aluminum hydroxide – OTC	ALTERNAGEL	
O			calcium acetate tabs, caps	PHOSLO TABS, CAPS	
O			calcium carbonate – OTC	TUMS	
O		Uterine Active Agents			
O			methergine	METHERGINE	
P	Preferred Prior Authorization Medications - see attached				