

- ◆ First Choice Health does not take responsibility for any medication decisions made by the prescriber or pharmacist. These decisions are made by the physician and pharmacist using their medical judgment.
- ◆ This list is not all-inclusive. Generic drugs that do not appear on this list are charged at the Tier 1 copay and/or coinsurance\* rate. Branded drugs in therapeutic categories not listed in this formulary are considered Preferred Brand. There may be medicines that are subject to restrictions such as prior authorization, quantity limits, or step therapy that are not listed in this brochure.
- ◆ Newly FDA approved medications will be classified as Non-preferred until reviewed by the P&T Committee.
- ◆ OTC, lifestyle, cosmetic, investigational, and dietary products are not covered by First Choice Health. Immunization and infertility agents, non self-administered injectable drugs, and lost, stolen, spilled, or replacement prescriptions are also excluded from coverage.
- ◆ If a brand name product is requested when an “A” rated generic equivalent is available, the patient pays the difference between the brand and the generic equivalent in addition to the brand copay and/or coinsurance\* rate, with the exception of the following products:
  - Dilantin
  - Lanoxin
  - evothyroxine branded products
  - Cyclosporine solution

\* Please refer to your Benefit Booklet for more information regarding your copayment and/or coinsurance.

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**Prior Authorization (PA)** - PA drugs require pre-approved authorization prior to coverage:

Anzemet®	Arava®
Aricept	Avonex®
Betaseron®	Ceredase
Cerezyme	Cognex®
Copaxone®	Cylert®
DDAVP®	Epogen®
Enbrel®	Infergen®
Growth Hormone: (e.g., Saizen® Humatrope®, Protropin®, Genotropin, Serostim, Nutropin®/Nutropin AQ®)	Intron® A
Kytril®	Lamisil
Leukine®	Lotronex®
Marinol®	Neupogen®
Procrit®	Provigil®
Pulmozyme®	Rebetron®
Roferon®-A	Sporanox®
Zofran®	

**Quantity Limits** - Quantity limits apply for the following drugs:

Drug or Drug Category	Retail	Mail
Amerge®	9 tabs/30 days	27 tabs/90 days
Concerta	30 tabs/30 days	90 tabs/90 days
Diflucan® 150 mg tabs:	2 tabs/30 days	
Imitrex® inj	6 vials or 3 kits/30 days	18 vials or 9 kits/90 days
Imitrex® nasal spray	6 units/30 days	18 units/90days
Imitrex® tabs	9 tabs/30 days	27 tabs/90 days
Ketorolac	20 tabs/month	
Maxalt®	12 tabs/30 days	36 tabs/90 days
Migranal®	1 kit/30 days	3 kits/90 days
Oxycontin	60 tabs/30 days	180 tabs/90 days
Relenza®	2 treatment courses/year	
Tamiflu®	2 treatment courses/year	
Zomig®	6 tabs/30 days	18 tabs/90 days
Marked cholesterol lowering agents	30 pills/30 days	90 pills/90 days

**Step Therapy (ST)** - Accolate and Singulair require a previous trial with an inhaled corticosteroid agent. Cozaar, Hyzaar, and Diovan/Diovan HCT require trial of an ACE inhibitor. Lodine XL and Relafen require trial of a First Tier NSAID agent. Celebrex and Vioxx require trial of two First Tier NSAID agents.

## FIRST CHOICE HEALTH PLAN

# Three Tier Drug Formulary

## Quick Reference List January 1, 2002

### Dear Member:

This quick reference list includes three-tier formulary medications sorted by major therapeutic drug classes. The medications are divided into three tiers of copayment levels; generic, preferred brand and non-preferred brand. This formulary is reviewed on an ongoing basis and changes are updated quarterly. Most changes involve the addition of newly approved drugs. Other changes may include quantity dispensing limitations, prior authorization requirements or removing a drug from the formulary.

Present this formulary to your physician on your next office visit. To reduce your out-of-pocket costs, we encourage you to ask your physician to prescribe generic or preferred brand medications whenever possible. Use of non-preferred brand medications results in higher out-of-pocket cost to the member.

If you need assistance with your prescription drug benefit or you would like a copy of the Three-Tier Drug Formulary, please call Member Services at (800) 783-7312.

Generic First Tier	Preferred Brand Second Tier	Non-preferred Brand Third Tier
<b>Allergy - Antihistamines</b>		
dexchlorpheniramine chlorpheniramine cypheptadine diphenhydramine hydroxyzine	Allegra Allegra-D	Zyrtec Astelin Claritin Claritin-D
<b>Allergy – Nasal Corticosteroids</b>		
	Beconase Beconase AQ Rhinocort Rhinocort AQ Nasarel Nasalide Nasacort Flonase	Vancenase Vancenase AQ Nasonex
<b>Antibiotics</b>		
penicillin VK ampicillin amoxicillin dicloxacillin erythromycin stearate erythromycin base erythromycin ethylsuccinate erythromycin estolate (susp. only) cephalexin cefaclor cefadroxil clindamycin metronidazole nitrofurantoin tetracycline doxycycline minocycline trimethoprim/ sulfamethoxazole	Suprax Cefzil Lorabid Augmentin Zithromax Cipro Tequin Macrobid	Doryx Floxin Noroxin Moxaquin Zagam Biaxin Levaquin Dynabac Cinobac Ceclor CD Vantin Omnicef Cefitin
<b>Antidepressants</b>		
amitriptyline bupropion desipramine doxepin fluoxetine imipramine nortriptyline amoxapine trazodone	<u>SSRI's</u> Celexa Paxil Zoloft 100mg tabs  <u>Other</u> Effexor Effexor XR Wellbutrin S	<u>SSRI's</u> Zoloft 50mg tabs Prozac Prozac Weekly Luvox  <u>Other</u> Tofranil PM Remeron Serzone
<b>Lipid Lowering Agents (Cholesterol Lowering) Agents</b>		
clofibrate gemfibrozil cholestyramine lovastatin	<u>Statins</u> Lescol* Lipitor*  <u>Other</u> Niaspan	<u>Statins</u> Pravachol* Zocor*  <u>Other</u> Tricor Colestid

Generic First Tier	Preferred Brand Second Tier	Non-preferred Brand Third Tier
<b>Anti-Ulcer/Gastrointestinal Agents</b>		
<u>H2 Blockers</u> cimetidine ranitidine famotidine  metoclopramide sucralfate famotidine	Cytotec Helidac  <u>PPI</u> Protonix	Axid Pepcid  <u>PPI's</u> Nexium 40mg Prilosec Aciphex Prevacid
<b>Asthma – Inhaled Beta Agonists/Combinations</b>		
albuterol	Maxair Maxair Autohaler Alupent Serevent Combivent	Xopenex
<b>Asthma – Inhaled Corticosteroids</b>		
	Beclovent Azmacort Pulmicort Flovent	Vanceril Vanceril DS Aerobid Aerobid M
<b>Asthma – Leukotriene Modifiers</b>		
	Accolate <sup>ST</sup> Singulair <sup>ST</sup>	Zyflo
<b>Cardiovascular – Alpha Blockers</b>		
doxazosin prazosin terazosin		Flomax
<b>Cardiovascular – ACE Inhibitors/ARBs/Combinations</b>		
captopril enalapril	<u>ACE Inhibitors</u> Accupril Altace Lotensin Lotensin HCT Zestril Zestoretic Capozide  <u>ARBs</u> Cozaar <sup>ST</sup> Hyzaar <sup>ST</sup> Diovan <sup>ST</sup> Diovan HCT <sup>ST</sup>	<u>ACE Inhibitors</u> Vaseretic Prinivil Prinzide Aceon Mavik Monopril Monopril HCT  <u>ARBs</u> Avapro Avalide Atacand/Atacand HCT Micardis Teveten Micardis HCT
<b>Cardiovascular – Beta Blockers</b>		
atenolol metoprolol propranolol nadolol pindolol	Toprol XL Betapace Coreg	Kerlone Cartrol Zebeta Inderal LA
<b>Cardiovascular – Calcium Channel Blockers</b>		
verapamil nifedipine  diltiazem nicardipine	Adalat CC Norvasc Plendil	Procardia XL Sular Tiazac Dynacirc

Generic First Tier	Preferred Brand Second Tier	Non-preferred Brand Third Tier
<b>Cardiovascular – Diuretics</b>		
spironolactone triamterene/HCTZ hydrochlorothiazide chlorthalidone indapamide furosemide bumetanide	Zaroxolyn	Demadex
<b>Diabetes Agents</b>		
tolbutamide tolazamide glipizide glyburide acetohexamide chlorpropamide	Glucotrol XLPrecose Glucophage ActosAll Lilly Insulins	Amaryl Glynase Glucophage XR Glyset Glucovance Avandia Prandin Starlix All Novo Insulins
<b>Hormone Replacement</b>		
medroxyprogesterone estropipate estradiol	<u>Oral</u> Premarin Prempro PremphaseEvistaFe m-HRT Menest  <u>Patches</u> Alora Combipatch	Cenestin Activella Estratest Estraderm Ortho-Est Ortho-Prefest  <u>Patches</u> Climara Estraderm Vivelle
<b>Migraine Agents</b>		
isometheptene combinations APAP/butalbital/ caffeine ergotamine/caffeine	Imitrex tabs* Imitrex injection* Imitrex nasal* Zomig tabs* Maxalt tabs* Migranal*	Amerge*
<b>NSAIDs (Pain and Anti-Inflammatory Agents)</b>		
ibuprofen indomethacin ketoprofen ketorolac* meclofenamate naproxen naproxen sodium piroxicam sulindac salsalate choline mag trisal. fenopropfen diclofenac diflunisal flurbiprofen etodolac	Lodine XL <sup>ST</sup>	Arthrotec Daypro Naprelan Relafen <sup>ST</sup> Voltaren XR Mobic  <u>COX 2</u> Celebrex* <sup>ST</sup> Vioxx * <sup>ST</sup> Mobic

Generic First Tier	Preferred Brand Second Tier	Non-preferred Brand Third Tier
<b>Oral Contraceptives</b>		
norethindrone/EE 1/35, 1/50	<u>Monophasic</u> Alesse Brevicon Desogen Loestrin 21 Loestrin Fe Lo-Ovral Nordette Norinyl  <u>Biphasic</u> Jenest Mircette Necon 10/11  <u>Triphasic</u> Tri-Norinyl Triphasil  Other Nor QD Preven	All other branded oral contraceptives are considered non- preferred
<b>Sedatives/Hypnotics (Sleep Agents)</b>		
chloral hydrate hydroxyzine lorazepam temazepam flurazepam	Ambien	Doral Sonata
<b>Miscellaneous</b>		
oxybutynin		Buspar Detrol Ditropan XL Provigil Sarafem Stadol nasal spray Ultram

\* Quantity limits may apply

<sup>ST</sup> Step Therapy required