

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

The Complete Formulary Document includes the following sections:

I. Alphabetical Index

II. Listing by Drug Categories (Chapters)

III. Therapeutic Interchange List

Colorado Access Health Plan - Enhanced Care Management Formulary

Alphabetical Index
Last Updated* 2/17/2010

Drug Name	Special Code	Tier	Chapter
8-MOP	-	F	Dermatologicals
ABILIFY (QL = 1 tab/day; Step Therapy requires failure of GEODON or risperidone)	ST/QL	F	CNS & ANS Agents
ABILIFY DISCMELT (QL = 1 tab/day; Step Therapy requires failure of GEODON or risperidone)	ST/QL	F	CNS & ANS Agents
acarbose (PRECOSE equiv)	-	F	Diabetic Agents
ACCU-CHEK AVIVA CONTROL SOLUTION	-	F	Diabetic Agents
ACCU-CHEK AVIVA TEST STRIPS	-	F	Diabetic Agents
ACCU-CHEK CONTROL SOLUTIONS	-	F	Diabetic Agents
ACCU-CHEK TEST STRIPS	-	F	Diabetic Agents
ACCUZYME OINT	-	F	Dermatologicals
acebutolol (SECTRAL EQUIV)	-	F	Cardiovascular
acetaminophen otc (TYLENOL equiv)	OTC	F	CNS & ANS Agents
acetaminophen/codeine (TYLENOL #3 EQUIV)	-	F	CNS & ANS Agents
acetazolamide cap (DIAMOX SEQUELS equiv)	-	F	Ophthalmic Agents
acetazolamide tab (DIAMOX equiv)	-	F	Cardiovascular
acetic acid (VOSOL EQUIV)	-	F	Ears & Throat
acetic acid/hydrocortisone (VOSOL HC EQUIV)	-	F	Ears & Throat
acetylcysteine (MUCOMYST EQUIV)	-	F	Respiratory Agents
acidic vaginal jelly	-	F	OB/GYN Agents
ACTIMMUNE	PA/SP	F	Anti-Infectives
ACTIMUNE	MSP/PA	F	
ACTOPLUS MET	-	F	Diabetic Agents
ACTOS	-	F	Diabetic Agents
ACULAR	-	F	Ophthalmic Agents
ACULAR LS	-	F	Ophthalmic Agents
acyclovir	-	F	Anti-Infectives
ADAGEN INJ	PA	F	
ADVAIR DISKUS	-	F	Respiratory Agents
ADVAIR HFA	-	F	Respiratory Agents
ADVICOR	-	F	Cardiovascular
AEROCHAMBER	OTC	F	Respiratory Agents
AFINITOR (QL= 1 tab/day)	MSP/PA/QL	F	Antineoplastics & Immunosuppressants
AGENERASE	SP	F	Anti-Infectives
AGGRENOX	-	F	Nutrition, Blood & Electrolytes
ALAMAST	-	F	Ophthalmic Agents
alavert allergy-sinus otc	-	F	Respiratory Agents
alavert otc	-	F	Respiratory Agents
alavert reditab otc	-	F	Respiratory Agents
albuterol neb. solution	-	F	Respiratory Agents
albuterol sulfate	-	F	Respiratory Agents
albuterol sulfate er (VOSPIRE ER equiv)	-	F	Respiratory Agents
albuterol/ipratropium neb (DUONEB equiv)	-	F	Respiratory Agents
alclometasone (ACLOVATE EQUIV)	-	F	Dermatologicals
alcohol pads	OTC	F	Diabetic Agents
ALDARA	-	F	Dermatologicals
alendronate tab (FOSAMAX equiv)	-	F	Endocrine Agents
ALFERON-N	MSP	F	Anti-Infectives
ALINIA SUSP	-	F	Anti-Infectives
ALKERAN	SP	F	Antineoplastics & Immunosuppressants
allopurinol	-	F	Musculoskeletal Agents
ALOCRIAL	-	F	Ophthalmic Agents

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Drug Name	Special Code	Tier	Chapter
ALOMIDE	-	F	Ophthalmic Agents
ALPHAGAN P	-	F	Ophthalmic Agents
alprazolam (XANAX equiv)	-	F	CNS & ANS Agents
alprazolam er (XANAX XR equiv)	-	F	CNS & ANS Agents
alprazolam odt (NIRAVAM equiv)	-	F	CNS & ANS Agents
ALREX	-	F	Ophthalmic Agents
aluminum chloride (DRYSOL EQUIV)	-	F	Dermatologicals
amantadine cap	-	F	Anti-Infectives
amcinonide cream (CYCLOCORT CREAM equiv)	-	F	Dermatologicals
AMERGE (QL = 9 tab/30 days)	QL	F	CNS & ANS Agents
AMICAR TAB (1000MG)	SP	F	Nutrition, Blood & Electrolytes
amiloride (MIDAMOR EQUIV)	-	F	Cardiovascular
amiloride/hctz	-	F	Cardiovascular
aminobenzoate potassium cap/powder (POTABA equiv)	-	F	Nutrition, Blood & Electrolytes
aminocaproic acid (AMICAR equiv)	SP	F	Nutrition, Blood & Electrolytes
aminophylline	-	F	Respiratory Agents
amiodarone	-	F	Cardiovascular
amitriptyline	-	F	CNS & ANS Agents
amlodipine (NORVASC equiv)	-	F	Cardiovascular
amlodipine/benazepril (LOTREL equiv)	-	F	Cardiovascular
ammonium lactate cream	-	F	Dermatologicals
amnesteem (ACCUTANE EQUIV)	-	F	Dermatologicals
amoxapine	-	F	CNS & ANS Agents
amoxicillin	-	F	Anti-Infectives
amoxicillin/clav (AUGMENTIN ES EQUIV)	-	F	Anti-Infectives
amoxicillin/clav. (AUGMENTIN EQUIV)	-	F	Anti-Infectives
AMPHETAMINE ER (QL = 1 tab/day)	QL	F	CNS & ANS Agents
amphetamine/dextroamp (ADDERALL EQUIV)	-	F	CNS & ANS Agents
ampicillin	-	F	Anti-Infectives
anagrelide (AGRYLIN equiv)	-	F	Nutrition, Blood & Electrolytes
ANDROGEL	PA	F	OB/GYN Agents
ANTABUSE	-	F	CNS & ANS Agents
apexicon e (PSORCON E equiv)	-	F	Dermatologicals
APOKYN	SP	F	CNS & ANS Agents
apraclonidine ophth (IOPIDINE equiv)	-	F	Ophthalmic Agents
apri (ORTHO-CEPT/DESOGEN equiv)	-	F	OB/GYN Agents
APTIVUS	SP	F	Anti-Infectives
APTIVUS SOLN	SP	F	Anti-Infectives
aranelle (TRI-NORINYL equiv)	-	F	OB/GYN Agents
ARICEPT (QL = Max 1 tab/day)	QL	F	CNS & ANS Agents
ARIMIDEX	SP	F	Endocrine Agents
ARIXTRA	PA	F	Nutrition, Blood & Electrolytes
ARMOUR THROID	-	F	Endocrine Agents
AROMASIN	SP	F	Antineoplastics & Immunosuppressants
artificial tears otc (QL = 25 ml/30 days)	QL/OTC	F	Ophthalmic Agents
ASACOL (HD)	-	F	Gastrointestinal Agents
ascorbic acid tab otc	OTC	F	Nutrition, Blood & Electrolytes
ASMANEX INHALER	-	F	Respiratory Agents
aspirin (otc)	OTC	F	Musculoskeletal Agents
aspirin/butalbital/caffeine/codeine (FIORINAL with CODEINE EQUIV)	-	F	CNS & ANS Agents
aspirin/codeine (EMPIRIN/CODEINE EQUIV)	-	F	CNS & ANS Agents
ASTELIN (QL = 1 bottle/30 days)	QL	F	Respiratory Agents
ASTEPRO (QL = 1 bottle/30 days)	QL	F	Respiratory Agents
atenolol (TENORMIN equiv)	-	F	Cardiovascular
atenolol/chlorthalidone	-	F	Cardiovascular
ATRIPLA	SP	F	Anti-Infectives
atropine oph soln	-	F	Ophthalmic Agents

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Drug Name	Special Code	Tier	Chapter
ATROVENT HFA	-	F	Respiratory Agents
ATROVENT INHALER	-	F	Respiratory Agents
augmented betamethasone	-	F	Dermatologicals
AVALIDE	-	F	Cardiovascular
AVANDAMET	-	F	Diabetic Agents
AVANDARYL	-	F	Diabetic Agents
AVANDIA	-	F	Diabetic Agents
AVAPRO	-	F	Cardiovascular
AVC	-	F	OB/GYN Agents
AVELOX	-	F	Anti-Infectives
aviane (ALESSE equiv)	-	F	OB/GYN Agents
avita cream/gel (acne only - 35 or older requires PA)	PA	F	Dermatologicals
AVODART	-	F	Genitourinary Agents
AVONEX (QL = 4 inj/30 days)	MSP/QL	F	CNS & ANS Agents
AXERT (QL = 9 tab/30 days)	QL	F	CNS & ANS Agents
AZASITE	-	F	Ophthalmic Agents
azathioprine (IMURAN equiv)	SP	F	Antineoplastics & Immunosuppressants
AZILECT	-	F	CNS & ANS Agents
azithromycin susp (ZITHROMAX SUSP equiv)	-	F	Anti-Infectives
azithromycin tab 250mg (ZITHROMAX TAB equiv)	-	F	Anti-Infectives
azithromycin tab 500mg (ZITHROMAX equiv)	-	F	Anti-Infectives
azithromycin tab 600mg (ZITHROMAX TAB equiv)	-	F	Anti-Infectives
AZOPT	-	F	Ophthalmic Agents
azurette (MIRCETTE equiv)	-	F	OB/GYN Agents
bacitracin oint otc	OTC	F	Dermatologicals
bacitracin/polymyxin b otc	OTC	F	Dermatologicals
baclofen	-	F	Musculoskeletal Agents
BACTROBAN CR	-	F	Dermatologicals
balsalazide (COLAZAL equiv)	-	F	Gastrointestinal Agents
balziva (OVCON 35 equiv)	-	F	OB/GYN Agents
BANZEL (Step Therapy requires failure of valproic acid, lamotrigine, FELBATOL, or topiramate)	ST	F	CNS & ANS Agents
BARACLUDE	PA	F	Anti-Infectives
B-D INSULIN SYRINGES	-	F	Diabetic Agents
B-D PEN NEEDLES	-	F	Diabetic Agents
belladonna alkaloids/phenobarb (DONNATAL equiv)	-	F	Gastrointestinal Agents
benazepril (LOTENSIN EQUIV)	-	F	Cardiovascular
benazepril/hctz (LOTENSIN/HCTZ EQUIV)	-	F	Cardiovascular
benzonatate	-	F	Respiratory Agents
benztropine	-	F	CNS & ANS Agents
betamethasone dipropionate	-	F	Dermatologicals
betamethasone valerate	-	F	Dermatologicals
betamethasone/lotrisone (LOTRISONE LOTION EQUIV)	-	F	Dermatologicals
BETASERON (QL = 1 inj/30 days; Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP/QL	F	CNS & ANS Agents
betaxolol (KERLONE EQUIV)	-	F	Cardiovascular
bethanechol (URECHOLINE equiv)	-	F	Genitourinary Agents
BETIMOL	-	F	Ophthalmic Agents
BETOPTIC-S	-	F	Ophthalmic Agents
bicalutamide (CASODEX equiv)	SP	F	Antineoplastics & Immunosuppressants
BICITRA	-	F	Nutrition, Blood & Electrolytes
bisacodyl suppository (otc)	OTC	F	Gastrointestinal Agents
bisacodyl tab (otc)	OTC	F	Gastrointestinal Agents
bismuth subsalicylate chew tab (otc)	OTC	F	Gastrointestinal Agents
bismuth subsalicylate soln (otc)	OTC	F	Gastrointestinal Agents
bisoprolol (ZEBETA EQUIV)	-	F	Cardiovascular
bisoprolol/hctz (ZIAC equiv) (ZIAC EQUIV)	-	F	Cardiovascular
BLEPHAMIDE	-	F	Ophthalmic Agents

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brimonidine (ALPHAGAN EQUIV)	-	F	Ophthalmic Agents
bromocriptine	-	F	OB/GYN Agents
bromocriptine mesylate	-	F	CNS & ANS Agents
broncho saline	-	F	Respiratory Agents
budeprion xl (WELLBUTRIN XL equiv)	-	F	CNS & ANS Agents
budesonide susp. (PULMICORT RESPULE equiv)	PA	F	Respiratory Agents
bumetanide	-	F	Cardiovascular
buproban (ZYBAN EQUIV)	-	F	CNS & ANS Agents
bupropion (WELLBUTRIN equiv)	-	F	CNS & ANS Agents
bupropion er/sr (WELLBUTRIN SR EQUIV)	-	F	CNS & ANS Agents
buspirone	-	F	CNS & ANS Agents
buspirone tab 30mg (BUSPAR equiv)	-	F	CNS & ANS Agents
butalbital/acetaminophen/caffeine (FIORICET EQUIV)	-	F	CNS & ANS Agents
butorphanol nasal spray (STADOL equiv) (QL = 1 bottle/30 days)	QL	F	CNS & ANS Agents
cabergoline (DOSTINEX equiv)	SP	F	Endocrine Agents
CADUET	-	F	Cardiovascular
calcipotriene soln (DOVONEX SOLN equiv)	-	F	Dermatologicals
calcitonin nasal spray (MIACALCIN NS equiv) (QL = 1 bottle/30 days)	SP/QL	F	Endocrine Agents
calcitriol	-	F	Nutrition, Blood & Electrolytes
calcitriol inj. (CALCIJEX equiv)	MSP	F	Nutrition, Blood & Electrolytes
calcium acetate cap (PHOSLO equiv)	-	F	Nutrition, Blood & Electrolytes
calcium carbonate tab otc	OTC	F	Nutrition, Blood & Electrolytes
calcium w/ vitamin d tab otc	OTC	F	Nutrition, Blood & Electrolytes
camila (ORTHO MICRONOR/NOR-QD equiv)	-	F	OB/GYN Agents
CAMPRAL	-	F	CNS & ANS Agents
CANASA	-	F	Gastrointestinal Agents
captopril (CAPOTEN EQUIV)	-	F	Cardiovascular
captopril/hctz (CAPOTEN HCT EQUIV)	-	F	Cardiovascular
CARAC CREAM	-	F	Dermatologicals
carbamazepine (TEGRETOL EQUIV)	-	F	CNS & ANS Agents
carbamazepine er (TEGRETOL XR equiv)	-	F	CNS & ANS Agents
carbamide peroxide otic soln. otc	OTC	F	Ears & Throat
CARBATROL	-	F	CNS & ANS Agents
carbidopa/levodopa (SINEMET EQUIV)	-	F	CNS & ANS Agents
carbidopa/levodopa cr (SINEMET CR EQUIV)	-	F	CNS & ANS Agents
carbidopa/levodopa odt (PARCOPA equiv)	-	F	CNS & ANS Agents
carbinoxamine (PALGIC equiv)	-	F	Respiratory Agents
carboplatin inj. (PARAPLATIN INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
CARDIZEM LA	-	F	Cardiovascular
carisoprodol (SOMA EQUIV) (QL = 90 tab/30 days)	QL	F	Musculoskeletal Agents
carisoprodol compound (QL = 240 tab/30 days)	QL	F	Musculoskeletal Agents
carisoprodol/aspirin (SOMA CPD EQUIV)	-	F	Musculoskeletal Agents
carisoprodol/aspirin & codeine (SOMA CPD/COD equiv) (QL = 240 tab/30 days)	QL	F	Musculoskeletal Agents
carteolol (OCUPRESS EQUIV)	-	F	Ophthalmic Agents
cartia xt	-	F	Cardiovascular
carvedilol (COREG equiv)	-	F	Cardiovascular
CASODEX	SP	F	Antineoplastics & Immunosuppressants
CATAPRES-TTS	-	F	Cardiovascular
CEENU	SP	F	Antineoplastics & Immunosuppressants
cefaclor (CECLOR equiv)	-	F	Anti-Infectives
cefadroxil cap (DURICEF CAP EQUIV)	-	F	Anti-Infectives
cefadroxil susp (DURICEF equiv)	-	F	Anti-Infectives
cefdinir (OMNICEF equiv)	-	F	Anti-Infectives
cefpodoxime proxetil (VANTIN equiv)	-	F	Anti-Infectives
cefprozil (CEFZIL equiv)	-	F	Anti-Infectives
cefuroxime tab/susp (CEFTIN equiv)	-	F	Anti-Infectives
CELEBREX (Max 2 caps/day (Step-Therapy requires failure of 2 generic NSAIDS))	QL/ST	F	Musculoskeletal Agents

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cephalexin (KEFLEX EQUIV)	-	F	Anti-Infectives
cephradine (VELOSEF equiv)	-	F	Anti-Infectives
CEREDASE	PA	F	Endocrine Agents
CEREZYME	PA/MSP	F	Endocrine Agents
CERUMENEX	-	F	Ears & Throat
cesia (CYLESSA equiv)	-	F	OB/GYN Agents
cetirizine chew otc (ZYRTEC CHEW OTC equiv) (QL = 1 tab/day)	OTC/QL	F	Respiratory Agents
cetirizine syrup otc (ZYRTEC SYRUP OTC equiv) (QL = 300 ml/30 days)	QL/OTC	F	Respiratory Agents
cetirizine tab otc (ZYRTEC OTC equiv) (QL = 1 tab/day)	OTC/QL	F	Respiratory Agents
cetirizine/pse otc (ZYRTEC-D OTC equiv)	OTC	F	Respiratory Agents
CHANTIX PAK (QL = 53 tab/180 days; Limited to 2 fills per lifetime)	QL	F	CNS & ANS Agents
CHANTIX TAB 0.5MG (QL = 11 tab/180 days; Limited to 2 fills per lifetime)	QL	F	CNS & ANS Agents
CHANTIX TAB 1MG (QL = 112 tab/180 days; Limited to 2 fills per lifetime)	QL	F	CNS & ANS Agents
chloral hydrate	-	F	CNS & ANS Agents
chlordiazepoxide	-	F	CNS & ANS Agents
chlordiazepoxide/clidinium (LIBRAX equiv)	-	F	Gastrointestinal Agents
chlorhexidine gluconate	-	F	Ears & Throat
chloroquine (ARALEN EQUIV)	-	F	Anti-Infectives
chlorpheniramine er	-	F	Respiratory Agents
chlorpheniramine er (otc)	OTC	F	Respiratory Agents
chlorpheniramine tab (otc)	OTC	F	Respiratory Agents
chlorpromazine	-	F	CNS & ANS Agents
chlorthalidone	-	F	Cardiovascular
chlorzoxazone	-	F	Musculoskeletal Agents
cholecalciferol tab/cap otc	OTC	F	Nutrition, Blood & Electrolytes
cholestyramine/light	-	F	Cardiovascular
choline magnesium trisalicylate	-	F	CNS & ANS Agents
CHROMAGEN	-	F	Nutrition, Blood & Electrolytes
CHROMAGEN FORTE	-	F	Nutrition, Blood & Electrolytes
ciclopirox gel, cream, lotion, soln (LOPROX equiv)	-	F	Dermatologicals
cilostazol (PLETAL EQUIV)	-	F	Nutrition, Blood & Electrolytes
cimetidine (TAGAMET equiv)	-	F	Gastrointestinal Agents
cimetidine otc (TAGAMET equiv)	OTC	F	Gastrointestinal Agents
CIPRODEX	-	F	Ears & Throat
ciprofloxacin (CIPRO EQUIV)	-	F	Anti-Infectives
ciprofloxacin er (CIPRO XR equiv)	-	F	Anti-Infectives
ciprofloxacin ophth drops (CLOXAN OPTH DROPS EQUIV)	-	F	Ophthalmic Agents
cisplatin inj. (PLATINOL INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
citalopram (CELEXA EQUIV)	-	F	CNS & ANS Agents
cladribine inj. (LEUSTATIN INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
claravis (ACCUTANE EQUIV)	-	F	Dermatologicals
clarithromycin (BIAXIN EQUIV)	-	F	Anti-Infectives
clemastine tab otc	OTC	F	Respiratory Agents
clindamycin (300mg Not Covered)	-	F	Anti-Infectives
clindamycin gel (CLEOCIN T GEL equiv)	-	F	Dermatologicals
clindamycin topical solution	-	F	Dermatologicals
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	F	OB/GYN Agents
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	F	Dermatologicals
CLINISTIX	-	F	Diabetic Agents
clobetasol	-	F	Dermatologicals
clobetasol foam (OLUX FOAM equiv)	-	F	Dermatologicals
clomipramine	-	F	CNS & ANS Agents
clonazepam (KLONOPIN EQUIV)	-	F	CNS & ANS Agents
clonazepam odt (KLONOPIN ODT equiv)	-	F	CNS & ANS Agents
clonidine	-	F	Cardiovascular
clonidine patch (CATAPRES-TTS equiv)	-	F	Cardiovascular
clorazepate	-	F	CNS & ANS Agents

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clotrimazole cream otc	OTC	F	Dermatologicals
clotrimazole soln otc	OTC	F	Dermatologicals
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	F	Anti-Infectives
clotrimazole vaginal cream otc	OTC	F	Anti-Infectives
clotrimazole vaginal tab otc	OTC	F	Anti-Infectives
clotrimazole/betamethasone cr (LORTRISONE CR EQUIV)	-	F	Dermatologicals
clozapine (CLOZARIL equiv)	-	F	CNS & ANS Agents
codeine sulfate	-	F	CNS & ANS Agents
colchicine	-	F	Musculoskeletal Agents
COLCRYS	-	F	Musculoskeletal Agents
colestipol powder (COLESTID POWDER equiv)	-	F	Cardiovascular
colestipol tab (COLESTID TAB equiv)	-	F	Cardiovascular
COLY-MYCIN-S	-	F	Ears & Throat
COMBIGAN	-	F	Ophthalmic Agents
COMBIPATCH	-	F	OB/GYN Agents
COMBIVENT	-	F	Respiratory Agents
COMBIVIR	SP	F	Anti-Infectives
COMTAN	-	F	CNS & ANS Agents
CONCERTA	-	F	CNS & ANS Agents
COPAXONE (QL = 1 kit/30 days)	MSP/QL	F	CNS & ANS Agents
CORTEF	-	F	Endocrine Agents
CORTISPORIN OPHTH SUSP	-	F	Ophthalmic Agents
CREON 10	-	F	Gastrointestinal Agents
CRESTOR (Max 1 tab/day; Step Therapy requires failure of simvastatin, lovastatin or pravastatin)	QL/ST	F	Cardiovascular
CRIXIVAN	SP	F	Anti-Infectives
cromolyn nasal soln. otc	OTC	F	Respiratory Agents
cromolyn neb. solution	-	F	Respiratory Agents
cromolyn sodium ophth soln (CROLOM EQUIV)	-	F	Ophthalmic Agents
cryselle (LO-OVRAL equiv)	-	F	OB/GYN Agents
CUPRIMINE	-	F	Nutrition, Blood & Electrolytes
CUTIVATE LOTION	-	F	Dermatologicals
cyanocobalamin	-	F	
cyclobenzaprine (FLEXERIL EQUIV) (QL = 90 tab/30 days)	QL	F	Musculoskeletal Agents
cyclopentolate (CYCLOGYL EQUIV)	-	F	Ophthalmic Agents
cyclophosphamide	-	F	Antineoplastics & Immunosuppressants
cyclosporine (SANDIMMUNE equiv)	SP	F	Antineoplastics & Immunosuppressants
CYMBALTA (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	F	CNS & ANS Agents
cyproheptadine	-	F	Respiratory Agents
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	F	Genitourinary Agents
CYTOMEL	-	F	Endocrine Agents
danazol	-	F	OB/GYN Agents
dantrolene (DANTRIUM EQUIV)	-	F	Musculoskeletal Agents
DAPSONE	-	F	Anti-Infectives
DARAPRIM	-	F	Anti-Infectives
DAYTRANA PATCH	-	F	CNS & ANS Agents
DENAVIR CR (QL = 1 tube/30 days)	QL	F	Dermatologicals
DEPO-PROVERA INJ	-	F	OB/GYN Agents
DERMOTIC	-	F	Ears & Throat
desipramine	-	F	CNS & ANS Agents
desmopressin acetate nasal (DDAVP EQUIV)	SP	F	Endocrine Agents
desmopressin acetate tab (DDAVP TAB EQUIV)	-	F	Endocrine Agents
desmopressin inj (DDAVP INJ EQUIV)	MSP	F	Endocrine Agents
desonide (DESOWEN EQUIV)	-	F	Dermatologicals
desoximetasone cream, gel, oint. (TOPICORT equiv)	-	F	Dermatologicals
DETROL	-	F	Genitourinary Agents
DETROL LA	-	F	Genitourinary Agents

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dexamethasone	-	F	Endocrine Agents
dexamethasone ophth (DECADRON EQUIV)	-	F	Ophthalmic Agents
dexamethasone/neomycin/polymyx b (DEXACIDIN/MAXITROL EQUIV)	-	F	Ophthalmic Agents
dexmethylphenidate (FOCALIN equiv)	-	F	CNS & ANS Agents
dextroamphetamine (DEXEDRINE EQUIV)	-	F	CNS & ANS Agents
DIALYVITE	-	F	Nutrition, Blood & Electrolytes
DIAMOX SEQUELS	-	F	Ophthalmic Agents
DIASTAT RECTAL GEL	-	F	CNS & ANS Agents
diazepam	-	F	CNS & ANS Agents
DIBENZYLIN	-	F	Cardiovascular
diclofenac potassium (CATAFLAM EQUIV)	-	F	Musculoskeletal Agents
diclofenac sodium (VOLTAREN EQUIV)	-	F	Musculoskeletal Agents
diclofenac sodium ophth. (VOLTAREN equiv)	-	F	Ophthalmic Agents
diclofenac sodium xr (VOLTAREN XR equiv)	-	F	Musculoskeletal Agents
dicloxacin sodium	-	F	Anti-Infectives
dicyclomine	-	F	Gastrointestinal Agents
didanosine cap (VIDEX EC equiv)	SP	F	Anti-Infectives
DIFFERIN (acne only - 35 or older requires PA)	PA	F	Dermatologicals
diflorasone	-	F	Dermatologicals
diflunisal (DOLOBID EQUIV)	-	F	CNS & ANS Agents
digoxin (LANOXIN equiv)	-	F	Cardiovascular
dihydroergotamine mesylate (D.H.E. EQUIV)	-	F	CNS & ANS Agents
diltiazem	-	F	Cardiovascular
diltiazem cd	-	F	Cardiovascular
diltiazem sr	-	F	Cardiovascular
diltiazem xr	-	F	Cardiovascular
DIOVAN	-	F	Cardiovascular
DIOVAN/HCT	-	F	Cardiovascular
diphenhydramine (Only 50mg Covered)	-	F	Respiratory Agents
diphenhydramine otc	OTC	F	CNS & ANS Agents
diphenoxylate/atropine (LOMOTIL EQUIV)	-	F	Gastrointestinal Agents
dipivefrin (PROPINE EQUIV)	-	F	Ophthalmic Agents
dipyridamole	-	F	Nutrition, Blood & Electrolytes
divalproex (DEPAKOTE equiv)	-	F	CNS & ANS Agents
divalproex er (DEPAKOTE ER equiv)	-	F	CNS & ANS Agents
divalproex sprinkle (DEPAKOTE SPRINKLE equiv)	-	F	CNS & ANS Agents
docusate otc	OTC	F	Gastrointestinal Agents
DONNATAL EXTENDTABS	-	F	Gastrointestinal Agents
dorzolamide ophth. (TRUSOPT equiv)	-	F	Ophthalmic Agents
dorzolamide/timolol ophth (COSOPT equiv)	-	F	Ophthalmic Agents
DOVONEX CREAM	-	F	Dermatologicals
doxazosin (CARDURA equiv)	-	F	Genitourinary Agents
doxepin	-	F	CNS & ANS Agents
doxycycline hyclate	-	F	Anti-Infectives
doxycycline monohydrate cap (MONODOX equiv)	-	F	Anti-Infectives
doxycycline monohydrate tab (ADOXA equiv)	-	F	Anti-Infectives
doxycycline susp (VIBRAMYCIN equiv)	-	F	Anti-Infectives
DUETACT	-	F	Diabetic Agents
DUREZOL	-	F	Ophthalmic Agents
econazole cr (SPECTAZOLE CR EQUIV)	-	F	Dermatologicals
EDECRIN	-	F	Cardiovascular
EFFEXOR XR (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	F	CNS & ANS Agents
ELESTAT	-	F	Ophthalmic Agents
ELIDEL	-	F	Dermatologicals
ELMIRON	-	F	Genitourinary Agents
EMADINE	-	F	Ophthalmic Agents
EMCYT	SP	F	Antineoplastics & Immunosuppressants

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Drug Name	Special Code	Tier	Chapter
EMEND CAP 125MG (QL = 2 cap/30 days)	QL	F	Gastrointestinal Agents
EMEND CAP 40MG (QL = 8 cap/30 days)	QL	F	Gastrointestinal Agents
EMEND CAP 80MG (QL = 4 cap/30 days)	QL	F	Gastrointestinal Agents
EMEND PACK (QL = 4 cap/30 days)	QL	F	Gastrointestinal Agents
EMLA DISC	-	F	Dermatologicals
EMTRIVA	SP	F	Anti-Infectives
ENABLEX	-	F	Genitourinary Agents
enalapril (VASOTEC equiv)	-	F	Cardiovascular
enalapril/hctz (VASERETIC EQUIV)	-	F	Cardiovascular
ENBREL INJ. 25MG (QL = 2 inj/30 days)	MSP/QL/PA	F	Musculoskeletal Agents
ENBREL INJ. 50MG (QL = 4 inj/30 days)	MSP/QL/PA	F	Musculoskeletal Agents
ENDOMETRIN	PA	F	OB/GYN Agents
enpresse (TRIPHASIL/TRI-LEVLEN equiv)	-	F	OB/GYN Agents
EPIPEN	-	F	Respiratory Agents
EPIPEN JR	-	F	Respiratory Agents
EPIVIR	SP	F	Anti-Infectives
eplerenone (INSPRA equiv)	-	F	Cardiovascular
EPOGEN	PA/MSP	F	Nutrition, Blood & Electrolytes
EPZICOM	SP	F	Anti-Infectives
EQUETRO	-	F	CNS & ANS Agents
ergotamine w/caff. (CAFERGOT EQUIV)	-	F	CNS & ANS Agents
errin (ORTHO MICRONOR/NOR-QD equiv)	-	F	OB/GYN Agents
ERY-TAB	-	F	Anti-Infectives
erythromycin (all oral forms except pce)	-	F	Anti-Infectives
erythromycin gel	-	F	Dermatologicals
erythromycin oph oint	-	F	Ophthalmic Agents
erythromycin topical solution	-	F	Dermatologicals
erythromycin/sulfisoxazole	-	F	Anti-Infectives
estazolam	-	F	CNS & ANS Agents
estra/noreth tab (ACTIVEVELLA equiv)	-	F	OB/GYN Agents
ESTRACE VAGINAL CREAM	-	F	OB/GYN Agents
estradiol patch (CLIMARA equiv)	-	F	OB/GYN Agents
estradiol tab (ESTRACE equiv)	-	F	OB/GYN Agents
ESTRATEST	-	F	OB/GYN Agents
ESTRATEST HS	-	F	OB/GYN Agents
ESTRING	-	F	OB/GYN Agents
estropipate	-	F	OB/GYN Agents
ethambutol	-	F	Anti-Infectives
ethosuximide (ZARONTIN EQUIV)	-	F	CNS & ANS Agents
etidronate (DIDRONEL equiv)	-	F	Endocrine Agents
etodolac	-	F	Musculoskeletal Agents
etodolac sr, xr	-	F	Musculoskeletal Agents
etoposide	MSP	F	Antineoplastics & Immunosuppressants
EURAX CREAM (QL = 60gm/30 days)	QL	F	Dermatologicals
EVISTA	-	F	Endocrine Agents
EVOXAC	-	F	Ears & Throat
EXELON	-	F	CNS & ANS Agents
EXELON PATCH	-	F	CNS & ANS Agents
EXFORGE	-	F	Cardiovascular
EXFORGE HCT	-	F	Cardiovascular
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	F	Endocrine Agents
EXTAVIA INJ. (QL = 1 inj/30 days; Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP/QL	F	CNS & ANS Agents
famciclovir (FAMVIR equiv)	-	F	Anti-Infectives
famotidine (PEPCID equiv)	-	F	Gastrointestinal Agents
FARESTON	SP	F	Antineoplastics & Immunosuppressants
FAZACLO ODT	-	F	CNS & ANS Agents

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FELBATOL	-	F	CNS & ANS Agents
felodipine (PLENDIL EQUIV)	-	F	Cardiovascular
FEMARA	SP	F	Antineoplastics & Immunosuppressants
FEMHRT	-	F	OB/GYN Agents
FEMSTAT 3 VAGINAL CREAM OTC	OTC	F	OB/GYN Agents
fenoprofen	-	F	Musculoskeletal Agents
ferrex-150 forte (NIFEREX-150 CAP FORTE equiv)	-	F	Nutrition, Blood & Electrolytes
ferrous sulfate (otc)	OTC	F	Nutrition, Blood & Electrolytes
fexofenadine (ALLEGRA equiv)	-	F	Respiratory Agents
FINACEA GEL	-	F	Dermatologicals
finasteride (PROSCAR equiv)	-	F	Genitourinary Agents
FIORINAL CAP	-	F	CNS & ANS Agents
flecainide (TAMBOCOR EQUIV)	-	F	Cardiovascular
FLOVENT HFA	-	F	Respiratory Agents
FLOVENT ROTADISK	-	F	Respiratory Agents
fluconazole (DIFLUCAN EQUIV)	-	F	Anti-Infectives
fludarabine inj. (FLUDARA INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
fludrocortisone acetate (FLORINEF EQUIV)	-	F	Endocrine Agents
fluocinolone cr	-	F	Dermatologicals
fluocinonide cr (LIDEX EQUIV)	-	F	Dermatologicals
fluocinonide-e cr	-	F	Dermatologicals
fluoride	-	F	Nutrition, Blood & Electrolytes
fluorometholone (FML EQUIV)	-	F	Ophthalmic Agents
fluorouracil cream (EFUDEX CREAM equiv)	-	F	Dermatologicals
fluorouracil soln (EFUDEX SOLN EQUIV)	-	F	Dermatologicals
fluoxetine (PROZAC equiv)	-	F	CNS & ANS Agents
fluoxetine liquid	-	F	CNS & ANS Agents
fluoxymesterone	-	F	Endocrine Agents
fluphenazine	-	F	CNS & ANS Agents
fluphenazine deconate inj. (PROLIXIN equiv)	-	F	CNS & ANS Agents
flurazepam	-	F	CNS & ANS Agents
flurbiprofen	-	F	Musculoskeletal Agents
flutamide (EULEXIN EQUIV)	SP	F	Endocrine Agents
fluticasone cream/oint (CUTIVATE EQUIV)	-	F	Dermatologicals
fluticasone nasal spray (FLONASE equiv)	-	F	Respiratory Agents
fluvoxamine (LUVOX EQUIV)	-	F	CNS & ANS Agents
FOCALIN XR (QL = 1 cap/day)	QL	F	CNS & ANS Agents
folbee (FOLTX equiv)	-	F	Nutrition, Blood & Electrolytes
folbee plus	-	F	Nutrition, Blood & Electrolytes
folbee plus cz (DIATX equiv)	-	F	Nutrition, Blood & Electrolytes
FOLGARD RX 2.2	-	F	Nutrition, Blood & Electrolytes
folic acid	-	F	Nutrition, Blood & Electrolytes
FOLITAB	-	F	Nutrition, Blood & Electrolytes
FOLTX	-	F	Nutrition, Blood & Electrolytes
FORADIL AEROLIZER	-	F	Respiratory Agents
FORTOVASE	SP	F	Anti-Infectives
FOSAMAX-D	-	F	Endocrine Agents
fosinopril (MONOPRIL EQUIV)	-	F	Cardiovascular
fosinopril/hctz (MONOPRIL HCT equiv)	-	F	Cardiovascular
FOSRENOL	-	F	Genitourinary Agents
FRAGMIN	SP	F	Nutrition, Blood & Electrolytes
FREESTYLE CONTROL SOLUTIONS	-	F	Diabetic Agents
FREESTYLE LITE TEST STRIPS	-	F	Diabetic Agents
FREESTYLE TEST STRIPS	-	F	Diabetic Agents
furosemide (LASIX EQUIV)	-	F	Cardiovascular
FUZEON	MSP	F	Anti-Infectives
gabapentin (NEURONTIN EQUIV)	-	F	CNS & ANS Agents

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GABITRIL	-	F	CNS & ANS Agents
galantamine (RAZADYNE equiv)	-	F	CNS & ANS Agents
galantamine er (RAZADYNE ER equiv)	-	F	CNS & ANS Agents
galantamine oral soln (RAZADYNE equiv)	-	F	CNS & ANS Agents
GALZIN	-	F	Nutrition, Blood & Electrolytes
ganciclovir (CYTOVENE equiv)	-	F	Anti-Infectives
GANTRISIN	-	F	Anti-Infectives
GASTROCROM	-	F	Gastrointestinal Agents
gemfibrozil	-	F	Cardiovascular
gentamicin oph oint	-	F	Ophthalmic Agents
gentamicin oph soln	-	F	Ophthalmic Agents
gentamicin sulfate cr	-	F	Dermatologicals
gentaal ophth oint. otc	OTC	F	Ophthalmic Agents
GEODON	-	F	CNS & ANS Agents
GLEEVEC	MSP/PA	F	Antineoplastics & Immunosuppressants
glimepiride (AMARYL equiv)	-	F	Diabetic Agents
glipizide (GLUCOTROL equiv)	-	F	Diabetic Agents
glipizide er (GLUCOTROL XL equiv)	-	F	Diabetic Agents
glipizide/metformin (METAGLIP equiv)	-	F	Diabetic Agents
GLUCAGEN HYPOKIT	-	F	Diabetic Agents
GLUCAGON KIT 1MG (QL = 2 inj/30 days)	QL	F	Diabetic Agents
glucose gel otc	OTC	F	Diabetic Agents
glucose tab otc	OTC	F	Diabetic Agents
glyburide (DIABETA, MICRONASE equiv)	-	F	Diabetic Agents
glyburide micronized	-	F	Diabetic Agents
glyburide/metformin (GLUCOVANCE equiv)	-	F	Diabetic Agents
glycerin supp. otc	OTC	F	Gastrointestinal Agents
glycopyrrolate (ROBINUL EQUIV)	-	F	Gastrointestinal Agents
GOLYTELY PACKET	-	F	Gastrointestinal Agents
granisetron (KYTRIL equiv) (QL = 20 tab/30 days)	SP/QL	F	Gastrointestinal Agents
granisetron soln (KYTRIL SOLN equiv) (QL = 60ml/fill)	QL/SP	F	Gastrointestinal Agents
GRIFULVIN	-	F	Anti-Infectives
griseofulvin ultramicrosize	-	F	Anti-Infectives
guaifenesin otc	OTC	F	Respiratory Agents
guaifenesin/codeine soln	-	F	Respiratory Agents
guaifenesin/dextromethorphan (otc)	OTC	F	
GUAIFENESIN/PSEUDOEPHEDRINE PRODUCTS	-	F	Respiratory Agents
guanfacine (TENEX EQUIV)	-	F	Cardiovascular
GYNODIOL (1.5MG)	-	F	OB/GYN Agents
gynodiol 0.5mg, 1mg, 2mg (ESTRACE equiv)	-	F	OB/GYN Agents
haloperidol	-	F	CNS & ANS Agents
haloperidol deconate inj.	-	F	CNS & ANS Agents
hc pramoxine cream (ANALPRAM-HC equiv)	-	F	Genitourinary Agents
HECTOROL	-	F	Endocrine Agents
heparin flush	-	F	Nutrition, Blood & Electrolytes
heparin inj.	-	F	Nutrition, Blood & Electrolytes
HEPSERA	MSP	F	Anti-Infectives
HEXALEN	SP	F	Antineoplastics & Immunosuppressants
hexavitamin tab otc	OTC	F	Nutrition, Blood & Electrolytes
HISTUSSIN HC	-	F	Respiratory Agents
HIVID	SP	F	Anti-Infectives
HUMIRA KIT	PA/MSP	F	Musculoskeletal Agents
HUMULIN 50/50 VIAL	-	F	Diabetic Agents
HUMULIN R U-500	-	F	Diabetic Agents
HUMULIN VIAL	-	F	Diabetic Agents
HYCAMTIN	PA/MSP	F	Antineoplastics & Immunosuppressants
HYCAMTIN INJ.	-	F	Antineoplastics & Immunosuppressants

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hydralazine	-	F	Cardiovascular
hydrochlorothiazide (hctz)	-	F	Cardiovascular
hydrocodone/guaifenesin syrup	-	F	Respiratory Agents
hydrocodone/ibuprofen (VICOPROFEN equiv)	-	F	CNS & ANS Agents
hydrocortisone (CORTEF equiv)	-	F	Endocrine Agents
hydrocortisone butyrate cream, soln, oint (LOCOID equiv)	-	F	Dermatologicals
hydrocortisone cr	-	F	Dermatologicals
hydrocortisone cream/ointment	OTC	F	Dermatologicals
hydrocortisone enema	-	F	Genitourinary Agents
hydrocortisone supp	-	F	Genitourinary Agents
hydrocortisone valerate (WESTCORT equiv)	-	F	Dermatologicals
hydromorphone (DILAUDID EQUIV)	-	F	CNS & ANS Agents
hydroxychloroquine (PLAQUENIL equiv)	-	F	Musculoskeletal Agents
hydroxyurea	-	F	Antineoplastics & Immunosuppressants
hydroxyzine	-	F	Respiratory Agents
hyoscyamine (LEVSIN EQUIV)	-	F	Gastrointestinal Agents
hyoscyamine cr (LEVBID EQUIV)	-	F	Gastrointestinal Agents
ibuprofen (Rx Only)	-	F	Musculoskeletal Agents
ibuprofen otc (MOTRIN equiv)	OTC	F	Musculoskeletal Agents
imipramine (TOFRANIL equiv)	-	F	CNS & ANS Agents
INCRELEX	MSP	F	Endocrine Agents
indapamide	-	F	Cardiovascular
indomethacin	-	F	Musculoskeletal Agents
indomethacin cr	-	F	Musculoskeletal Agents
INFERGEN (QL = 2 inj/30 days)	PA/MSP/QL	F	Anti-Infectives
innogel (QL = 1 bottle/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
INNOPRAN XL	-	F	Cardiovascular
INTAL INHALER	-	F	Respiratory Agents
INTELENCE	SP	F	Anti-Infectives
INTRON A	PA/MSP	F	Anti-Infectives
INVEGA SUSTENNA INJ.	PA	F	CNS & ANS Agents
INVIRASE	SP	F	Anti-Infectives
IOPIDINE	-	F	Ophthalmic Agents
ipratropium bromide nasal spray (ATROVENT EQUIV)	-	F	Respiratory Agents
ipratropium nebulizer solution	-	F	Respiratory Agents
IRESSA (Only available through Curascript 1-877-634-8553)	SP	F	Antineoplastics & Immunosuppressants
irinotecan inj. (CAMPTOSAR INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
iron complex cap 150mg otc	OTC	F	Nutrition, Blood & Electrolytes
ISENTRESS	SP	F	Anti-Infectives
isometheptene/acetaminophen/dichlo (MIDRIN EQUIV)	-	F	CNS & ANS Agents
isoniazid	-	F	Anti-Infectives
ISOPTO CARBOCHOL	-	F	Ophthalmic Agents
ISOPTO HOMATROPINE 2%, 5%	-	F	Ophthalmic Agents
isosorbide dinitrate	-	F	Cardiovascular
isosorbide mononitrate	-	F	Cardiovascular
isosorbide mononitrate er	-	F	Cardiovascular
isradipine (DYNACIRC equiv)	-	F	Cardiovascular
ISTALOL	-	F	Ophthalmic Agents
itraconazole (SPORANOX EQUIV) (QL = 2 tab/day)	QL/PA	F	Anti-Infectives
jantoven (COUMADIN equiv)	-	F	Nutrition, Blood & Electrolytes
jolivet (ORTHO MICRONOR/NOR-QD equiv)	-	F	OB/GYN Agents
junel (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	F	OB/GYN Agents
KALETRA	SP	F	Anti-Infectives
KAPIDEX CAP (QL = 1 cap/day (Step Therapy requires failure of omeprazole))	QL/ST	F	Gastrointestinal Agents
kariva (MIRCETTE equiv)	-	F	OB/GYN Agents
ketoconazole (NIZORAL EQUIV)	-	F	Anti-Infectives
ketoconazole cr (NIZORAL CR EQUIV)	-	F	Dermatologicals

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ketoconazole shampoo (NIZORAL SHAMPOO EQUIV)	-	F	Dermatologicals
KETO-DIASTIX	-	F	Diabetic Agents
ketoprofen	-	F	Musculoskeletal Agents
ketorolac (QL = 20 tab/30 days)	QL	F	Musculoskeletal Agents
ketorolac ophth (ACULAR, ACULAR LS equiv)	-	F	Ophthalmic Agents
KETOSTIX	-	F	Diabetic Agents
ketotifen ophth soln (ZADITOR equiv) (QL = 2 bottles/30 days)	QL/OTC	F	Ophthalmic Agents
KINERET	PA/MSP	F	Musculoskeletal Agents
K-PHOS	-	F	Nutrition, Blood & Electrolytes
labetalol (NORMODYNE EQUIV)	-	F	Cardiovascular
LACRISERT	-	F	Ophthalmic Agents
lactulose	-	F	Gastrointestinal Agents
lamotrigine (LAMICTAL equiv)	-	F	CNS & ANS Agents
lamotrigine chew tab (LAMICTAL CHEW TAB equiv)	-	F	CNS & ANS Agents
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	F	CNS & ANS Agents
LAMPRENE	-	F	Anti-Infectives
lancets	-	F	Diabetic Agents
lansoprazole (PREVACID equiv) (QL = 2 caps/day)	QL	F	Gastrointestinal Agents
LANTUS	-	F	Diabetic Agents
leena (TRI-NORINYL equiv)	-	F	OB/GYN Agents
leflunomide (ARAVA equiv)	-	F	Musculoskeletal Agents
lessina (LEVLITE equiv)	-	F	OB/GYN Agents
LETAIRIS	-	F	Cardiovascular
LEUKERAN	SP	F	Antineoplastics & Immunosuppressants
LEUKINE	PA/MSP	F	Nutrition, Blood & Electrolytes
levalbuterol neb 1.25mcg (XOPENEX NEB equiv)	-	F	Respiratory Agents
LEVAQUIN	-	F	Anti-Infectives
LEVEMIR	-	F	Diabetic Agents
levetiracetam (KEPPRA equiv)	-	F	CNS & ANS Agents
levobunolol (BETAGAN EQUIV)	-	F	Ophthalmic Agents
levocarnitine (CARNITOR EQUIV)	-	F	Endocrine Agents
levora (LEVLEN/NORDETTE equiv)	-	F	OB/GYN Agents
LEVORPHANOL	-	F	CNS & ANS Agents
levothroid	-	F	Endocrine Agents
levothyroxine (SYNTHROID equiv)	-	F	Endocrine Agents
levoxyl	-	F	Endocrine Agents
LEXAPRO (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	F	CNS & ANS Agents
LEXIVA	SP	F	Anti-Infectives
LEXIVA SUSPENSION	SP	F	Anti-Infectives
LIALDA	-	F	Gastrointestinal Agents
lice aerosol (QL = 150 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
lice rinse (QL = 120 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
lice shampoo (QL = 120 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
lidocaine ointment 5%	-	F	Dermatologicals
lidocaine viscous	-	F	Ears & Throat
lidocaine/prilocaine cream (EMLA EQUIV)	-	F	Dermatologicals
lindane	-	F	Dermatologicals
lindane shampoo	-	F	Dermatologicals
liothyronine (CYTOMEL equiv)	-	F	Endocrine Agents
lisinopril (PRINIVIL, ZESTRIL equiv)	-	F	Cardiovascular
lisinopril/hctz (ZESTORETIC EQUIV)	-	F	Cardiovascular
lithium carb (LITHOBID equiv)	-	F	CNS & ANS Agents
lithium carbonate er (ESKALITH CR EQUIV)	-	F	CNS & ANS Agents
LOFIBRA	-	F	Cardiovascular
loratadine otc (CLARITIN equiv) (QL = 1 tab/day)	OTC/QL	F	Respiratory Agents
loratadine syrup otc (CLARITIN SYRUP OTC equiv) (QL = 250 ml/30 days)	QL/OTC	F	Respiratory Agents
loratadine-d otc (CLARITIN-D OTC equiv)	OTC	F	Respiratory Agents

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lorazepam (ATIVAN equiv)	-	F	CNS & ANS Agents
LOTEMAX	-	F	Ophthalmic Agents
LOTREL	-	F	Cardiovascular
lovastatin (MEVACOR EQUIV)	-	F	Cardiovascular
LOVAZA	-	F	Cardiovascular
LOVENOX (QL = 28 inj/14 days)	QL/SP	F	Nutrition, Blood & Electrolytes
low-ogestrel (LO-OVRAL equiv)	-	F	OB/GYN Agents
loxapine	-	F	CNS & ANS Agents
LUMIGAN (QL= 2.5ml/fill)	QL	F	Ophthalmic Agents
lutea (ALESSE equiv)	-	F	OB/GYN Agents
LYRICA	-	F	CNS & ANS Agents
LYSODREN	MSP	F	Antineoplastics & Immunosuppressants
magnesium chloride tab (otc)	OTC	F	Nutrition, Blood & Electrolytes
magnesium citrate soln (otc)	OTC	F	Gastrointestinal Agents
magnesium hydroxide soln (otc)	OTC	F	Gastrointestinal Agents
magnesium oxide tab (otc)	OTC	F	Nutrition, Blood & Electrolytes
MALARONE	-	F	Anti-Infectives
malathion lotion (OVIDE LOTION equiv)	-	F	Dermatologicals
MARPLAN	-	F	CNS & ANS Agents
MATULANE	SP	F	Antineoplastics & Immunosuppressants
MAXAIR	-	F	Respiratory Agents
MAXALT (MLT) (QL = 12 tab/30 days)	QL	F	CNS & ANS Agents
MAXIDEX	-	F	Ophthalmic Agents
mebendazole (VERMOX EQUIV)	-	F	Anti-Infectives
meclizine	-	F	Gastrointestinal Agents
meclofen sodium	-	F	Musculoskeletal Agents
medroxyprogesterone	-	F	OB/GYN Agents
mefloquine (LARIAM EQUIV)	-	F	Anti-Infectives
megestrol	-	F	Antineoplastics & Immunosuppressants
meloxicam (MOBIC equiv)	-	F	Musculoskeletal Agents
meperidine	-	F	CNS & ANS Agents
mephobarbital (MEBARAL equiv)	-	F	CNS & ANS Agents
MEPHYTON	-	F	Nutrition, Blood & Electrolytes
meprobamate	-	F	CNS & ANS Agents
MEPRON	-	F	Anti-Infectives
MEPROZINE	-	F	CNS & ANS Agents
mercaptapurine (PURINETHOL EQUIV)	SP	F	Antineoplastics & Immunosuppressants
mesalamine (ROWASA EQUIV)	-	F	Genitourinary Agents
mesna inj. (MESNEX INJ. equiv)	-	F	Antineoplastics & Immunosuppressants
MESNEX	MSP	F	Antineoplastics & Immunosuppressants
MESTINON TIMESPAN	-	F	CNS & ANS Agents
metaproterenol syrup	-	F	Respiratory Agents
metformin (GLUCOPHAGE equiv)	-	F	Diabetic Agents
metformin er (GLUCOPHAGE XR equiv)	-	F	Diabetic Agents
methadone tab/soln	-	F	CNS & ANS Agents
methenamine hippurate (HIPREX EQUIV)	-	F	Anti-Infectives
METHERGINE	-	F	OB/GYN Agents
methimazole (TAPAZOLE EQUIV)	-	F	Endocrine Agents
methocarbamol (ROBAXIN EQUIV)	-	F	Musculoskeletal Agents
methotrexate	-	F	Endocrine Agents
methscopolamine dm/cpm (EXTENDRYL DM equiv)	-	F	Respiratory Agents
methyl dopa	-	F	Cardiovascular
methyl dopa/hctz (ALDORIL equiv)	-	F	Cardiovascular
METHYLIN SOLN	-	F	CNS & ANS Agents
methylphenidate (RITALIN EQUIV)	-	F	CNS & ANS Agents
methylprednisolone (MEDROL EQUIV)	-	F	Endocrine Agents
methylprednisolone dose pak (MEDROL DOSE PAK EQUIV)	-	F	Endocrine Agents

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metipranolol (OPTIPRANOLOL EQUIV)	-	F	Ophthalmic Agents
metoclopramide	-	F	Gastrointestinal Agents
metolazone (ZAROXOLYN EQUIV)	-	F	Cardiovascular
metoprolol (LOPRESSOR equiv)	-	F	Cardiovascular
metoprolol er (TOPROL XL equiv)	-	F	Cardiovascular
metoprolol/hctz (LOPRESSOR HCTZ EQUIV)	-	F	Cardiovascular
METROGEL 1%	-	F	Dermatologicals
METROGEL 1% KIT	-	F	Dermatologicals
metronidazole (FLAGYL EQUIV)	-	F	Anti-Infectives
metronidazole cream 0.75% (METROCREAM 0.75% equiv)	-	F	Dermatologicals
metronidazole lotion 0.75% (METROLOTION 0.75% equiv)	-	F	Dermatologicals
metronidazole topical gel 0.75% (METROGEL Topical Gel equiv)	-	F	Dermatologicals
metronidazole vaginal cream (METROGEL VAG CREAM equiv)	-	F	OB/GYN Agents
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	F	OB/GYN Agents
MEXILETINE	-	F	Cardiovascular
MIACALCIN INJECTION (QL = 2 inj/30 days)	QL/MSP	F	Endocrine Agents
MIACALCIN NASAL (QL = 1 bottle/30 days)	SP/QL	F	Endocrine Agents
miconazole otc	OTC	F	Dermatologicals
miconazole vaginal cream/supp otc	OTC	F	Anti-Infectives
microgestin (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	F	OB/GYN Agents
midodrine (PROAMATINE equiv)	-	F	Cardiovascular
MIDRIN	-	F	CNS & ANS Agents
migergot supp (CAFERGOT EQUIV)	-	F	CNS & ANS Agents
mineral oil (otc)	OTC	F	Gastrointestinal Agents
mineral oil enema (otc)	OTC	F	Gastrointestinal Agents
minocycline	-	F	Anti-Infectives
minoxidil	-	F	Cardiovascular
mirtazapine (REMERON equiv)	-	F	CNS & ANS Agents
mirtazapine odt (REMERON SOLUTAB equiv)	-	F	CNS & ANS Agents
misoprostol (CYTOTEC equiv)	-	F	Gastrointestinal Agents
moexipril (UNIVASC equiv)	-	F	Cardiovascular
moexipril/hctz (UNIRETIC equiv)	-	F	Cardiovascular
mometasone (ELOCON equiv)	-	F	Dermatologicals
mononessa (ORTHO-CYCLEN equiv)	-	F	OB/GYN Agents
morphine sulfate er (MS CONTIN equiv) (QL = 3 tab/day)	QL	F	CNS & ANS Agents
MORPHINE SULFATE IMMEDIATE-RELEASE (MSIR)	-	F	CNS & ANS Agents
MORPHINE SULFATE ODT	-	F	CNS & ANS Agents
morphine sulfate supp	-	F	CNS & ANS Agents
MOZOBIL	PA	F	Nutrition, Blood & Electrolytes
MUCINEX TAB (OTC)	OTC	F	Respiratory Agents
multigen (CHROMAGEN equiv)	-	F	Nutrition, Blood & Electrolytes
multiple vitamin cap/tab (otc)	OTC	F	Nutrition, Blood & Electrolytes
multivitamins/fluoride (iron)	-	F	Nutrition, Blood & Electrolytes
mupirocin oint (BACTROBAN OINT EQUIV)	-	F	Dermatologicals
MYCELEX 3 VAGINAL CREAM OTC	OTC	F	OB/GYN Agents
MYCOBUTIN	-	F	Anti-Infectives
mycophenolate (CELLCEPT equiv)	SP	F	Antineoplastics & Immunosuppressants
MYFORTIC	SP	F	Antineoplastics & Immunosuppressants
MYLERAN	-	F	Antineoplastics & Immunosuppressants
nabumetone (RELAFEN EQUIV)	-	F	Musculoskeletal Agents
nadolol	-	F	Cardiovascular
NAFTIN CR	-	F	Dermatologicals
naltrexone (REVIEW EQUIV)	-	F	CNS & ANS Agents
NAMENDA	-	F	CNS & ANS Agents
naproxen	-	F	Musculoskeletal Agents
naproxen otc (ALEVE equiv)	OTC	F	Musculoskeletal Agents
naproxen sodium	-	F	Musculoskeletal Agents

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naproxen sodium cr (NAPRELAN equiv)	-	F	Musculoskeletal Agents
NARDIL	-	F	CNS & ANS Agents
NASONEX	-	F	Respiratory Agents
nateglinide (STARLIX equiv)	-	F	Diabetic Agents
NEBUPENT	-	F	Anti-Infectives
necon (0.5/35, 1/35, 1/50, 7/7/7, 10/11) (ORTHO-NOVUM/MODICON equiv)	-	F	OB/GYN Agents
neomycin/bacitracin/polymyxin/hc (CORTISPORIN OPHTH equiv)	-	F	Ophthalmic Agents
neomycin/dexamethasone (NEODECADRON EQUIV)	-	F	Ophthalmic Agents
neomycin/polymyxin b/gramicidin (NEOSPORIN EQUIV)	-	F	Ophthalmic Agents
neomycin/polymyxin/hc (CORTISPORIN EQUIV)	-	F	Ears & Throat
NEUPOGEN	PA/MSP	F	Nutrition, Blood & Electrolytes
NEVANAC	-	F	Ophthalmic Agents
NEXAVAR	PA/MSP	F	Antineoplastics & Immunosuppressants
NEXIUM CAP (QL = 90 caps/year)	QL	F	Gastrointestinal Agents
next choice tab (PLAN B equiv)	-	F	OB/GYN Agents
niacin	-	F	Cardiovascular
niacin tab otc	OTC	F	Cardiovascular
NIASPAN	-	F	Cardiovascular
nicardipine	-	F	Cardiovascular
nicotine gum (QL = 30 pieces/30 days: Limited to 3 months per calendar year)	OTC/QL	F	CNS & ANS Agents
nicotine patch (QL = 30 patches/30 days: Limited to 3 months per calendar year)	QL	F	CNS & ANS Agents
NICOTROL INHALER (QL = 1 inhaler/30 days: Limited to 3 months per calendar year)	QL	F	CNS & ANS Agents
NICOTROL NS	-	F	CNS & ANS Agents
nifedipine	-	F	Cardiovascular
nifedipine er (ADALAT CC equiv)	-	F	Cardiovascular
NIFEREX-150 CAP FORTE	-	F	Nutrition, Blood & Electrolytes
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	F	Anti-Infectives
nitrofurantoin monohydrate (MACROBID EQUIV)	-	F	Genitourinary Agents
nitroglycerin oint	-	F	Cardiovascular
nitroglycerin transdermal	-	F	Cardiovascular
nitroquick (NITROSTAT equiv)	-	F	Cardiovascular
NITROSTAT	-	F	Cardiovascular
nix cream rinse (QL = 59 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
nizantidine soln (AXID SOLN. equiv)	-	F	Gastrointestinal Agents
nizatidine otc (AXID equiv)	OTC	F	Gastrointestinal Agents
NORDITROPIN	PA/MSP	F	Endocrine Agents
norethindrone acetate (AYGESTIN EQUIV)	-	F	OB/GYN Agents
NORPACE CR	-	F	Cardiovascular
NORTHYX (15MG & 20MG)	-	F	Endocrine Agents
NORTHYX (5MG & 10MG)	-	F	Endocrine Agents
nortrel (0.5/35, 1/35, 1/50) (ORTHO-NOVUM/MODICON equiv)	-	F	OB/GYN Agents
nortriptyline	-	F	CNS & ANS Agents
NORVIR	SP	F	Anti-Infectives
NOVOFINE PEN NEEDLES	-	F	Diabetic Agents
NOVOLIN VIAL	-	F	Diabetic Agents
NOVOLOG MIX	-	F	Diabetic Agents
NOVOLOG VIALS	-	F	Diabetic Agents
NUCOFED	-	F	Respiratory Agents
NUVARING	-	F	OB/GYN Agents
nystatin	-	F	Ears & Throat
nystatin cr	-	F	Dermatologicals
nystatin powder	-	F	Dermatologicals
nystatin vag tab	-	F	OB/GYN Agents
nystatin/triamcinolone cr	-	F	Dermatologicals
octreotide inj (SANDOSTATIN equiv)	MSP	F	Endocrine Agents
ofloxacin oph soln (OCUFLOX EQUIV)	-	F	Ophthalmic Agents
ofloxacin otic (FLOXIN OTIC equiv)	-	F	Ears & Throat

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ofloxacin tab (FLOXIN TAB equiv)	-	F	Anti-Infectives
omeprazole 20mg (PRILOSEC equiv) (Rx Only)	-	F	Gastrointestinal Agents
omeprazole 40mg (PRILOSEC equiv) (Rx Only)	-	F	Gastrointestinal Agents
omeprazole otc	OTC	F	Gastrointestinal Agents
ondansetron (ZOFTRAN equiv)	SP	F	Gastrointestinal Agents
ondansetron odt (ZOFTRAN ODT equiv)	SP	F	Gastrointestinal Agents
ORAP	-	F	CNS & ANS Agents
orphenadrine citrate er (NORFLEX EQUIV)	-	F	Musculoskeletal Agents
orphenadrine/asa/caff (NORGESIC equiv)	-	F	Musculoskeletal Agents
orphenadrine/asa/caffeine 50-770-60mg (NORGESIC FORTE equiv)	-	F	Musculoskeletal Agents
ORTHO EVRA	-	F	OB/GYN Agents
ORTHO TRI-CYCLEN LO	-	F	OB/GYN Agents
oxandrolone (OXANDRIN equiv)	-	F	OB/GYN Agents
oxaprozin (DAYPRO EQUIV)	-	F	Musculoskeletal Agents
oxazepam	-	F	CNS & ANS Agents
oxcarbazepine tab (TRILEPTAL equiv)	-	F	CNS & ANS Agents
OXISTAT CR	-	F	Dermatologicals
OXSORALEN ULTRA	-	F	Dermatologicals
oxybutynin (DITROPAN equiv)	-	F	Genitourinary Agents
oxybutynin er (DITROPAN XL equiv)	-	F	Genitourinary Agents
oxycodone (ROXICODONE EQUIV)	-	F	CNS & ANS Agents
oxycodone er (OXYCONTIN equiv) (QL = 120 tab/30 days)	QL	F	CNS & ANS Agents
oxycodone/acetaminophen	-	F	CNS & ANS Agents
oxycodone/ibuprofen (COMBUNOX equiv)	-	F	CNS & ANS Agents
OXYCONTIN (QL = 120 tab/30 days)	QL	F	CNS & ANS Agents
oxyfast (ROXICODONE equiv)	-	F	CNS & ANS Agents
PANCREATIC ENZYMES (ALL BRANDS)	-	F	Gastrointestinal Agents
pantoprazole (PROTONIX equiv) (QL = 2 tab/day)	QL	F	Gastrointestinal Agents
paromomycin (HUMATIN EQUIV)	-	F	Anti-Infectives
paroxetine (PAXIL equiv)	-	F	CNS & ANS Agents
paroxetine er (PAXIL CR equiv)	-	F	CNS & ANS Agents
PATADAY (Step Therapy requires failure of ketotifen oph soln; QL = 5ml/30 days)	ST/QL	F	Ophthalmic Agents
PATANOL (Step Therapy requires failure of ketotifen oph soln; QL = 5ml/30 days)	ST/QL	F	Ophthalmic Agents
PEAK FLOW METER	-	F	Respiratory Agents
peg 3350/electrolytes (GOLYTELY/COLYTE EQUIV)	-	F	Gastrointestinal Agents
PEGASYS (QL = 1 kit/30 days)	MSP/PA/QL	F	Anti-Infectives
PEG-INTRON (QL = 4 units/30 days)	PA/MSP/QL	F	Anti-Infectives
penicillin vk	-	F	Anti-Infectives
PENTASA	-	F	Gastrointestinal Agents
pentoxifylline	-	F	Nutrition, Blood & Electrolytes
pergolide (PERMAX EQUIV)	-	F	CNS & ANS Agents
perindopril tab (ACEON equiv)	-	F	Cardiovascular
permethrin cream (ELIMITE EQUIV) (QL = 60gm/30 days)	QL	F	Dermatologicals
permethrin cream/rinse otc	OTC	F	Dermatologicals
perphenazine/amitriptyline	-	F	CNS & ANS Agents
phenazopyridine (PYRIDIDIUM EQUIV)	-	F	Genitourinary Agents
phenazopyridine plus (PYRIDIDIUM PLUS equiv)	-	F	Genitourinary Agents
phenobarbital	-	F	CNS & ANS Agents
phenylephrine oph. soln.	-	F	Ophthalmic Agents
PHENYTEK	-	F	CNS & ANS Agents
phenytoin sodium extended (DILANTIN, PHENYTEK equiv)	-	F	CNS & ANS Agents
phospha (K-PHOS NEUTRAL equiv)	-	F	Nutrition, Blood & Electrolytes
PHOSPHOLINE IODIDE	-	F	Ophthalmic Agents
PHRENALIN	-	F	CNS & ANS Agents
pilocarpine (SALAGEN EQUIV)	-	F	Ears & Throat
pilocarpine oph soln	-	F	Ophthalmic Agents
pindolol	-	F	Cardiovascular

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piroxicam	-	F	Musculoskeletal Agents
PLAN B	-	F	OB/GYN Agents
PLAVIX TAB 75MG (QL = 1 tab/day)	QL	F	Nutrition, Blood & Electrolytes
podofilox soln (CONDYLOX SOLN equiv)	-	F	Dermatologicals
portia (LEVLEN/NORDETTE equiv)	-	F	OB/GYN Agents
POTABA TAB	-	F	Nutrition, Blood & Electrolytes
potassium bicarbonate (K-LYTE equiv)	-	F	Nutrition, Blood & Electrolytes
potassium chloride	-	F	Nutrition, Blood & Electrolytes
potassium chloride cr	-	F	Nutrition, Blood & Electrolytes
potassium chloride powder (K-LOR equiv)	-	F	Nutrition, Blood & Electrolytes
potassium citrate & citric acid (POLYCITRA equiv)	-	F	Nutrition, Blood & Electrolytes
potassium citrate er (UROCIT-K equiv)	-	F	Nutrition, Blood & Electrolytes
potassium gluconate tab (otc)	OTC	F	Nutrition, Blood & Electrolytes
PR OTIC	-	F	Ears & Throat
pramipexole tab (MIRAPEX equiv)	-	F	CNS & ANS Agents
PRAMOSONE CREAM 1%	-	F	Dermatologicals
PRAMOSONE CREAM 2.5%	-	F	Dermatologicals
pramoxine hc (PRAMOSONE CREAM 2.5% equiv)	-	F	Dermatologicals
pramoxine hcl rectal foam (PROCTOFOAM EQUIV)	-	F	Genitourinary Agents
pravastatin (PRAVACHOL equiv)	-	F	Cardiovascular
prazosin (MINIPRESS EQUIV)	-	F	Cardiovascular
PRECARE PREMIER	-	F	Nutrition, Blood & Electrolytes
PRECISION SURE-DOSE INSULIN SYRINGE (ALL)	-	F	Diabetic Agents
PRECISION XTRA CONTROL SOLUTION	-	F	Diabetic Agents
PRECISION XTRA TEST STRIPS	-	F	Diabetic Agents
PRED-MILD	-	F	Ophthalmic Agents
prednicarbate cream/oint (DERMATOP equiv)	-	F	Dermatologicals
prednisolone (PEDIAPRED EQUIV)	-	F	Endocrine Agents
prednisolone acetate (PRED FORTE EQUIV)	-	F	Ophthalmic Agents
prednisolone sodium phos oph soln (INFLAMASE FORTE EQUIV)	-	F	Ophthalmic Agents
prednisone tab	-	F	Endocrine Agents
PREMARIN	-	F	OB/GYN Agents
PREMARIN VAGINAL CREAM	-	F	OB/GYN Agents
PREMPHASE	-	F	OB/GYN Agents
PREMPRO	-	F	OB/GYN Agents
PREMPRO LOW	-	F	OB/GYN Agents
prenatal rx (generic products only)	-	F	OB/GYN Agents
prenatal vitamins (otc)	OTC	F	Nutrition, Blood & Electrolytes
PREVACID OTC (QL = 2 caps/day)	OTC/QL	F	Gastrointestinal Agents
PREVACID SOLUTABS	-	F	Gastrointestinal Agents
PREVALITE	-	F	Cardiovascular
PREVIDENT CREAM OR GEL	-	F	Ears & Throat
PREVIDENT DENTAL RINSE	-	F	Ears & Throat
PREZISTA	SP	F	Anti-Infectives
PRILOSEC OTC (QL = 2 tabs/day)	OTC/QL	F	Gastrointestinal Agents
PRIMACARE	-	F	Nutrition, Blood & Electrolytes
PRIMACARE ADVANTAGE	-	F	Nutrition, Blood & Electrolytes
PRIMACARE ONE	-	F	Nutrition, Blood & Electrolytes
PRIMAQUINE	-	F	Anti-Infectives
primidone	-	F	CNS & ANS Agents
PROAIR HFA (QL = 2 inhalers/30 days)	QL	F	Respiratory Agents
probenecid	-	F	Musculoskeletal Agents
probenecid/colchicine	-	F	Musculoskeletal Agents
prochlorperazine	-	F	Gastrointestinal Agents
PROCRIT	MSP/PA	F	Nutrition, Blood & Electrolytes
PROCTOFOAM HC	-	F	Genitourinary Agents
PROGRAF	SP	F	Antineoplastics & Immunosuppressants

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PROLEUKIN	SP	F	Antineoplastics & Immunosuppressants
PROMACTA TAB 25MG (QL = 90 tab/30 days)	MSP/PA/QL	F	Nutrition, Blood & Electrolytes
PROMACTA TAB 50MG (QL = 45 tab/30 days)	QL/MSP/PA	F	Nutrition, Blood & Electrolytes
promethazine supp (PHENERGAN EQUIV)	-	F	Gastrointestinal Agents
promethazine tab (PHENERGAN EQUIV)	-	F	Gastrointestinal Agents
promethazine vc (PHENERGAN VC EQUIV)	-	F	Respiratory Agents
promethazine vc/codeine (PHENERGAN VC/CODEINE EQUIV)	-	F	Respiratory Agents
promethazine/codeine (PHENERGAN/CODEINE EQUIV)	-	F	Respiratory Agents
PROMETRIUM	-	F	OB/GYN Agents
propafenone (RHYTHMOL EQUIV)	-	F	Cardiovascular
propranolol	-	F	Cardiovascular
propranolol er (INDERAL LA equiv)	-	F	Cardiovascular
propranolol/hctz	-	F	Cardiovascular
propylthiouracil	-	F	Endocrine Agents
PROTOPIC	-	F	Dermatologicals
protriptylin (VIVACTIL equiv)	-	F	CNS & ANS Agents
prudoxin cr. (ZONALON equiv)	-	F	Dermatologicals
pruvate (REPLIVA equiv)	-	F	Nutrition, Blood & Electrolytes
pseudoephedrine otc	OTC	F	Respiratory Agents
pseudoephedrine/guaifenesin	OTC	F	Respiratory Agents
psyllium powder (otc)	OTC	F	Gastrointestinal Agents
PULMICORT FLEXHALER (QL = 2 unit/30 days)	QL	F	Respiratory Agents
PULMICORT RESPULES (No PA required if <8 years old)	PA	F	Respiratory Agents
PULMICORT TURBUHALER (QL = 2 unit/30 days)	QL	F	Respiratory Agents
PULMOZYME	PA	F	Respiratory Agents
pyrazinamide	-	F	Anti-Infectives
pyridostigmine bromide (MESTINON EQUIV)	-	F	CNS & ANS Agents
quinapril (ACCUPRIL EQUIV)	-	F	Cardiovascular
quinapril/hctz (ACCURETIC EQUIV)	-	F	Cardiovascular
quinidine gluconate cr	-	F	Cardiovascular
quinidine sulfate (QUINIDEX EQUIV)	-	F	Cardiovascular
ramipril cap (ALTACE CAP equiv)	-	F	Cardiovascular
RANEXA	-	F	Cardiovascular
ranitidine (ZANTAC equiv)	-	F	Gastrointestinal Agents
RAPAMUNE	SP	F	Antineoplastics & Immunosuppressants
REBETRON	MSP	F	Anti-Infectives
REBIF (QL = 6 unit/30 days)	MSP/QL	F	CNS & ANS Agents
REBIF TITRATION PACK (QL = 9 inj/30 days)	MSP/QL	F	CNS & ANS Agents
reclipsen (ORTHO-CEPT/DESOGEN equiv)	-	F	OB/GYN Agents
REGRANEX (QL = 2 X 15gm tubes per copay)	QL/PA	F	Dermatologicals
RELENZA (QL = 20 units/180 days)	QL	F	Anti-Infectives
RELPAK (QL = 6 tab/30 days)	QL	F	CNS & ANS Agents
RENAGEL	-	F	Genitourinary Agents
REVELA	-	F	Genitourinary Agents
REQUIP KIT	-	F	CNS & ANS Agents
RESCRIPTOR	SP	F	Anti-Infectives
RESTASIS (Restricted to Ophthalmologist or Optometrist)	RS	F	Ophthalmic Agents
RETIN-A MICRO-GEL (acne only - 35 or older requires PA)	PA	F	Dermatologicals
REVATIO	PA/MSP	F	Respiratory Agents
REVLIMID (QL = Max 1 cap/day)	QL/PA/MSP	F	Antineoplastics & Immunosuppressants
REYATAZ	SP	F	Anti-Infectives
ribavirin (REBETOL, COPEGUS equiv)	MSP/PA	F	Anti-Infectives
RIBAVIRIN TAB 500MG	PA/MSP	F	Anti-Infectives
RID FOAM (QL = 156 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	F	Dermatologicals
RIDAURA	-	F	Musculoskeletal Agents
rifampin	-	F	Anti-Infectives
RILUTEK	-	F	Musculoskeletal Agents

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rimantadine	-	F	Anti-Infectives
RISPERDAL INJ.	PA	F	CNS & ANS Agents
risperidone (RISPERDAL equiv)	-	F	CNS & ANS Agents
risperidone odt (RISPERDAL-M equiv)	-	F	CNS & ANS Agents
ROFERON-A	MSP	F	Anti-Infectives
ropinirole (REQUIP equiv)	-	F	CNS & ANS Agents
ROXICET SOLN 5MG/325MG	-	F	CNS & ANS Agents
roxicet tab 5mg/325mg	-	F	CNS & ANS Agents
saline nasal spray otc	OTC	F	Respiratory Agents
salsalate	-	F	Musculoskeletal Agents
SANDOSTATIN	MSP	F	Endocrine Agents
SANTYL	-	F	Dermatologicals
SAPHRIS	-	F	CNS & ANS Agents
SAVELLA	PA	F	CNS & ANS Agents
scalacort lotion (ALA-SCALP equiv)	-	F	Dermatologicals
seb-prev cream (OVACE equiv)	-	F	Dermatologicals
SECONAL	-	F	CNS & ANS Agents
selegiline (ELDEPRYL EQUIV)	-	F	CNS & ANS Agents
selegiline tab (ELDEPRYL EQUIV)	-	F	CNS & ANS Agents
selenium sulfide	-	F	Dermatologicals
SELZENTRY	SP	F	Anti-Infectives
senna otc	OTC	F	Gastrointestinal Agents
SENSIPAR	PA/MSP	F	Endocrine Agents
SEREVENT DISKUS	-	F	Respiratory Agents
SEROQUEL (Step Therapy requires failure of GEODON or risperidone)	ST	F	CNS & ANS Agents
SEROQUEL XR (Step Therapy requires failure of GEODON or risperidone)	ST	F	CNS & ANS Agents
sertraline (ZOLOFT equiv)	-	F	CNS & ANS Agents
silver sulfadiazine cr	-	F	Dermatologicals
SIMCOR	-	F	Cardiovascular
SIMPONI INJ.	MSP/PA	F	Musculoskeletal Agents
simvastatin (ZOCOR equiv)	-	F	Cardiovascular
SINGULAIR (Step Therapy requires failure of albuterol, FLOVENT, PULMICORT, VENTOLIN, or ASMANEX)	ST	F	Respiratory Agents
SKELAXIN (QL = 120 tab/30 days)	QL	F	Musculoskeletal Agents
smz/tmp ds (BACTRIM DS EQUIV)	-	F	Anti-Infectives
sodium bicarbonate tab otc	OTC	F	Gastrointestinal Agents
sodium citrate and citric acid soln (BICITRA EQUIV)	-	F	Nutrition, Blood & Electrolytes
sodium fluoride cream or gel (PREVIDENT EQUIV)	-	F	Ears & Throat
sodium fluoride rinse (PREVIDENT equiv)	-	F	Ears & Throat
sodium phosphate enema (otc)	OTC	F	Gastrointestinal Agents
sodium polystyrene powder (KAYEXALATE equiv)	-	F	Cardiovascular
sodium sulfacetamide soln	-	F	Ophthalmic Agents
sodium sulfacetamide/sulf lotion (SULFACET R EQUIV)	-	F	Dermatologicals
sodium sulfacetamide/sulfur emu (ROSAC/PLEXION equiv)	-	F	Dermatologicals
solia (ORTHO-CEPT/DESOGEN equiv)	-	F	OB/GYN Agents
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	F	Endocrine Agents
sorbitol	-	F	Gastrointestinal Agents
SORIATANE	-	F	Dermatologicals
SORIATANE CK KIT	-	F	Dermatologicals
sotalol (BETAPACE EQUIV)	-	F	Cardiovascular
sotret (ACCUTANE EQUIV)	-	F	Dermatologicals
SPIRIVA (for use with Handihaler Device) (QL = 1 cap/day)	QL	F	Respiratory Agents
spironolactone	-	F	Cardiovascular
spironolactone/hctz	-	F	Cardiovascular
sprintec (ORTHO-CYCLEN equiv)	-	F	OB/GYN Agents
SPRYCEL	PA/MSP	F	Antineoplastics & Immunosuppressants
STALEVO	-	F	CNS & ANS Agents
stavudine (ZERIT equiv)	SP	F	Anti-Infectives

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STIMATE	-	F	Endocrine Agents
STRATTERA (QL = 1 tab/day)	PA/QL	F	CNS & ANS Agents
STROMECTOL	-	F	Anti-Infectives
SUBOXONE	-	F	CNS & ANS Agents
sucralfate	-	F	Gastrointestinal Agents
sulfacetamide liq (OVACE WASH EQUIV)	-	F	Dermatologicals
sulfacetamide sod. lotion (KLARON equiv)	-	F	Dermatologicals
sulfacetamide sodium w/sulfur emulsion (PLEXION EQUIV)	-	F	Dermatologicals
sulfacetamide sodium/prednisolone (BLEPHAMIDE EQUIV)	-	F	Ophthalmic Agents
SULFAMYLON CR	-	F	Dermatologicals
sulfasalazine	-	F	Gastrointestinal Agents
sulfasalazine ec	-	F	Gastrointestinal Agents
sulindac	-	F	Musculoskeletal Agents
sumatriptan inj. (IMITREX equiv) (QL = 6 inj/30 days)	QL/SP	F	CNS & ANS Agents
SUMATRIPTAN NASAL SPRAY (QL = 6 sprays/30 days)	QL	F	CNS & ANS Agents
sumatriptan tab (IMITREX equiv) (QL = 9 tab/30 days)	QL	F	CNS & ANS Agents
SUSTIVA	SP	F	Anti-Infectives
SUTENT	PA/MSP	F	Antineoplastics & Immunosuppressants
SYMBICORT	-	F	Respiratory Agents
SYMBYAX	-	F	CNS & ANS Agents
SYNAGIS	PA	F	Respiratory Agents
syntest (ESTRATEST equiv)	-	F	OB/GYN Agents
syntest hs (ESTRATEST HS equiv)	-	F	OB/GYN Agents
TABLOID	SP	F	Antineoplastics & Immunosuppressants
tacrolimus (PROGRAF equiv)	SP	F	Antineoplastics & Immunosuppressants
TAMIFLU CAP 30MG (QL = 10 cap/180 days)	QL	F	Anti-Infectives
TAMIFLU CAP 45MG (QL = 20 cap/180 days)	QL	F	Anti-Infectives
TAMIFLU CAP 75MG (LQ = 10 cap/180 days)	QL	F	Anti-Infectives
TAMIFLU SOLN. (QL = 75ml/180 days)	QL	F	Anti-Infectives
tamoxifen	-	F	Endocrine Agents
TARCEVA	MSP/PA	F	Antineoplastics & Immunosuppressants
TARGRETIN	PA/MSP	F	Antineoplastics & Immunosuppressants
TARGRETIN GEL	-	F	Antineoplastics & Immunosuppressants
TASIGNA	PA/MSP	F	Antineoplastics & Immunosuppressants
temazepam	-	F	CNS & ANS Agents
TEMODAR	MSP	F	Antineoplastics & Immunosuppressants
terazosin (HYTRIN equiv)	-	F	Genitourinary Agents
terbinafine (LAMISIL equiv)	-	F	Anti-Infectives
terbutaline sulfate	-	F	Respiratory Agents
terconazole supp (TERAZOL 3 SUPP equiv)	-	F	OB/GYN Agents
terconazole vaginal cream (TERAZOL 3 EQUIV)	-	F	OB/GYN Agents
testosterone cypionate inj. (DEPO-TESTOSTERONE equiv)	PA	F	Endocrine Agents
testosterone enanthate inj. (DELATESTRYL equiv)	PA	F	Endocrine Agents
tetracycline	-	F	Anti-Infectives
THALOMID	PA/MSP	F	Antineoplastics & Immunosuppressants
theophylline cr	-	F	Respiratory Agents
theophylline er tab 24 hr (UNIPHYL EQUIV)	-	F	Respiratory Agents
thioguanine	SP	F	Antineoplastics & Immunosuppressants
thioridazine	-	F	CNS & ANS Agents
thiothixene	-	F	CNS & ANS Agents
thyroid (ARMOUR THYROID equiv)	-	F	Endocrine Agents
THYROLAR	-	F	Endocrine Agents
ticlopidine	-	F	Nutrition, Blood & Electrolytes
TIKOSYN	-	F	Cardiovascular
TILADE	-	F	Respiratory Agents
tilia fe (ESTROSTEP FE equiv)	-	F	OB/GYN Agents
timolol	-	F	Cardiovascular

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timolol maleate (TIMOPTIC EQUIV)	-	F	Ophthalmic Agents
timolol maleate oph gel (TIMOPTIC XE EQUIV)	-	F	Ophthalmic Agents
tizanidine tab (ZANAFLEX TAB equiv) (QL = 120 tab/30 days)	QL	F	Musculoskeletal Agents
TOBI	MSP	F	Anti-Infectives
TOBRADEX	-	F	Ophthalmic Agents
tobramycin soln (TOBEX EQUIV)	-	F	Ophthalmic Agents
tobramycin/dex ophth sus (TOBRADEX equiv)	-	F	Ophthalmic Agents
tolazamide (TOLINASE equiv)	-	F	Diabetic Agents
topiramate (TOPAMAX equiv)	-	F	CNS & ANS Agents
topiramate sprinkle (TOPAMAX SPRINKLE equiv)	-	F	CNS & ANS Agents
torseamide (DEMADEX EQUIV)	-	F	Cardiovascular
TRACLEER (Only available through Accredo 1-866-890-3395 and PharmaCare 1-800-238-7828)	-	F	Cardiovascular
tramadol (ULTRAM EQUIV) (QL = 240 tab/30 days)	QL	F	CNS & ANS Agents
tramadol er (ULTRAM ER equiv)	-	F	CNS & ANS Agents
tramadol/apap (ULTRACET equiv)	-	F	CNS & ANS Agents
trandolapril (MAVIK equiv)	-	F	Cardiovascular
tranylcypromine sulfate (PARNATE equiv)	-	F	CNS & ANS Agents
TRAVATAN (Z) (QL= 2.5ml/fill)	QL	F	Ophthalmic Agents
trazodone	-	F	CNS & ANS Agents
tretinoin (acne only - 35 or older requires PA)	PA	F	Dermatologicals
tretinoin cap (VESANOID equiv)	MSP	F	Antineoplastics & Immunosuppressants
TREXALL	-	F	Musculoskeletal Agents
triamcinolone acetonide cr	-	F	Dermatologicals
triamcinolone in orabase	-	F	Ears & Throat
triamterene/hctz (DYAZIDE, MAXZIDE equiv)	-	F	Cardiovascular
triazolam	-	F	CNS & ANS Agents
tricon (TRINSICON equiv)	-	F	Nutrition, Blood & Electrolytes
TRICOR	-	F	Cardiovascular
trifluoperazine	-	F	CNS & ANS Agents
trifluridine (VIROPTIC EQUIV)	-	F	Ophthalmic Agents
trihexyphenidyl (ARTANE EQUIV)	-	F	CNS & ANS Agents
tri-legest fe (ESTROSTEP FE equiv)	-	F	OB/GYN Agents
TRILIPIX (QL = 1 cap/day)	QL	F	Cardiovascular
trilyte (NULYTELY EQUIV)	-	F	Gastrointestinal Agents
trimethobenzamide (TIGAN equiv)	-	F	Gastrointestinal Agents
trimethoprim	-	F	Anti-Infectives
trimethoprim/polymyxin (POLYTRIM EQUIV)	-	F	Ophthalmic Agents
trimipramine tab (SURMONTIL equiv) ((25mg and 50mg))	-	F	CNS & ANS Agents
trinessa (ORTHO TRI-CYCLEN equiv)	-	F	OB/GYN Agents
triple antibiotic oint otc	OTC	F	Dermatologicals
tri-previfem (ORTHO TRI-CYCLEN equiv)	-	F	OB/GYN Agents
tri-sprintec (ORTHO TRI-CYCLEN equiv)	-	F	OB/GYN Agents
tri-vitamin/fluoride (iron)	-	F	Nutrition, Blood & Electrolytes
trivora (TRIPHASIL/TRI-LEVLEN equiv)	-	F	OB/GYN Agents
TRIZIVIR	SP	F	Anti-Infectives
TRUVADA	SP	F	Anti-Infectives
ULESFIA (QL = 3 bottles/180 days; Limited to 2 treatments per year)	QL	F	Dermatologicals
ULORIC (Step Therapy requires failure of allopurinol)	ST	F	Musculoskeletal Agents
ULTRASE	-	F	Gastrointestinal Agents
unithroid	-	F	Endocrine Agents
urea cream, gel, lotion (CARMOL 40 EQUIV)	-	F	Dermatologicals
urea cream, oint, gel (KERALAC equiv)	-	F	Dermatologicals
urea emulsion, susp. (UMECTA equiv)	-	F	Dermatologicals
UROCI-K	-	F	Nutrition, Blood & Electrolytes
UROXATRAL	-	F	Genitourinary Agents
URSO	-	F	Gastrointestinal Agents
URSO FORTE	-	F	Gastrointestinal Agents

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Drug Name	Special Code	Tier	Chapter
ursodiol cap (ACTIGALL equiv)	-	F	Gastrointestinal Agents
ursodiol tab (URSO/URSO FORTE equiv)	-	F	Gastrointestinal Agents
usept	-	F	Genitourinary Agents
valacyclovir tab (VALTREX equiv)	-	F	Anti-Infectives
VALCYTE	-	F	Anti-Infectives
valproic acid	-	F	CNS & ANS Agents
VALTREX	-	F	Anti-Infectives
VANCOCIN	PA	F	Anti-Infectives
VECTICAL OINT.	-	F	Dermatologicals
velivet (CYCLESSA equiv)	-	F	OB/GYN Agents
VELOSULIN	-	F	Diabetic Agents
venlafaxine (EFFEXOR equiv)	-	F	CNS & ANS Agents
VENLAFAXINE ER	-	F	CNS & ANS Agents
VENTAVIS	-	F	Respiratory Agents
VENTOLIN HFA (QL = 2 inhalers/30 days)	QL	F	Respiratory Agents
VEPESID	MSP	F	Antineoplastics & Immunosuppressants
VERAMYST	-	F	Respiratory Agents
verapamil	-	F	Cardiovascular
verapamil er (VERELAN PM equiv)	-	F	Cardiovascular
verapamil sr (CALAN SR, ISOPTIN SR, VERELAN equiv)	-	F	Cardiovascular
VESICARE	-	F	Genitourinary Agents
VEXOL	-	F	Ophthalmic Agents
VIDEX	SP	F	Anti-Infectives
VIGAMOX	-	F	Ophthalmic Agents
VIMPAT TAB (QL = 2 tab/day; Step Therapy requires failure of divalproex, lamotrigine, carbamazepine, or topiramate)	ST/QL	F	CNS & ANS Agents
VIRACEPT	SP	F	Anti-Infectives
VIRAMUNE	SP	F	Anti-Infectives
VIREAD	SP	F	Anti-Infectives
vitamin d (Rx strength only)	-	F	Nutrition, Blood & Electrolytes
vitamin d cap/tab otc	OTC	F	Nutrition, Blood & Electrolytes
vitamin e otc	OTC	F	Nutrition, Blood & Electrolytes
VIVAGLOBIN	-	F	Anti-Infectives
VIVELLE/DOT	-	F	OB/GYN Agents
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	F	Dermatologicals
VYVANSE	-	F	CNS & ANS Agents
warfarin (COUMADIN equiv)	-	F	Nutrition, Blood & Electrolytes
WELCHOL	-	F	Cardiovascular
XALATAN (QL= 2.5ml/fill)	QL	F	Ophthalmic Agents
XELODA	MSP	F	Antineoplastics & Immunosuppressants
XIBROM	-	F	Ophthalmic Agents
YASMIN	-	F	OB/GYN Agents
YAZ	-	F	OB/GYN Agents
zaleplon (SONATA equiv)	-	F	CNS & ANS Agents
ZAVESCA	-	F	Endocrine Agents
ZEMPLAR	-	F	Nutrition, Blood & Electrolytes
zenchent (OVCON 35 equiv)	-	F	OB/GYN Agents
ZENPEP	-	F	Gastrointestinal Agents
ZETIA (QL = Max 1 tab/day)	QL	F	Cardiovascular
ZIAGEN	SP	F	Anti-Infectives
zidovudine (RETROVIR equiv)	SP	F	Anti-Infectives
zinc sulfate	-	F	Nutrition, Blood & Electrolytes
ziox oint (PANAFIL OINT equiv)	-	F	Dermatologicals
ZMAX	-	F	Anti-Infectives
ZOLINZA	PA/MSP	F	Antineoplastics & Immunosuppressants
zolpidem (AMBIEN equiv) (QL = 1 tab/day)	QL	F	CNS & ANS Agents
zonisamide (ZONEGRAN equiv)	-	F	CNS & ANS Agents
zovia 1/35, 1/50 (DEMULEN equiv)	-	F	OB/GYN Agents

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Drug Name	Special Code	Tier	Chapter
ZOVIRAX CREAM (QL = 1 tube/30 days)	QL	F	Dermatologicals
ZOVIRAX OINT	-	F	Dermatologicals
ZYLET (QL = 5ml/Rx, 10ml bottle is Not Covered)	QL	F	Ophthalmic Agents
ZYPREXA (QL = 1 tab/day)	QL	F	CNS & ANS Agents
ZYPREXA TAB 10MG (QL = 2 tab/day)	QL	F	CNS & ANS Agents
ZYPREXA ZYDIS (QI = 1 tab/day)	QL	F	CNS & ANS Agents
ZYVOX	PA	F	Anti-Infectives

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Chapter 1 - Anti-Infectives

Drug Name	Spec Code	Most Common Str	Tier
Anti-Fungals			
clotrimazole vaginal cream otc	OTC	-	F
clotrimazole vaginal tab otc	OTC	-	F
miconazole vaginal cream/supp otc	OTC	-	F
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	10mg	F
fluconazole (DIFLUCAN EQUIV)	-	150mg	F
griseofulvin ultramicrosize	-	-	F
itraconazole (SPORANOX EQUIV) (QL = 2 tab/day)	QL/PA	100mg	F
ketoconazole (NIZORAL EQUIV)	-	200mg	F
nystatin	-	100,000 units/ml	F
nystatin powder	-	1000,000 units	F
terbinafine (LAMISIL equiv)	-	250mg	F
GRIFULVIN	-	500mg	F
Anti-Virals			
acyclovir	-	200mg	F
amantadine cap	-	100mg	F
famciclovir (FAMVIR equiv)	-	500mg	F
ribavirin (REBETOL, COPEGUS equiv)	MSP/PA	200mg	F
rimantadine	-	100mg	F
ALFERON-N	MSP	5mu/ml	F
HEPSERA	MSP	10mg	F
INFERGEN (QL = 2 inj/30 days)	PA/MSP/QL	30mg/ml	F
INTRON A	PA/MSP	-	F
PEGASYS (QL = 1 kit/30 days)	MSP/PA/QL	-	F
PEG-INTRON (QL = 4 units/30 days)	PA/MSP/QL	150mcg	F
REBETRON	MSP	1000mg	F
RELENZA (QL = 20 units/180 days)	QL	-	F
RIBAVIRIN TAB 500MG	PA/MSP	500mg	F
ROFERON-A	MSP	6mu/0.5ml	F
TAMIFLU CAP 30MG (QL = 10 cap/180 days)	QL	30mg	F
TAMIFLU CAP 45MG (QL = 20 cap/180 days)	QL	45mg	F
TAMIFLU CAP 75MG (LQ = 10 cap/180 days)	QL	75mg	F
TAMIFLU SOLN. (QL = 75ml/180 days)	QL	12mg/ml	F
VALTREX	-	1gm	F
BARACLUDE	PA	0.5mg	F
valacyclovir tab (VALTREX equiv)	-	1gm	F
Cephalosporins			
cefaclor (CECLOR equiv)	-	250mg/5ml	F
cefadroxil cap (DURICEF CAP EQUIV)	-	500mg	F
cefadroxil susp (DURICEF equiv)	-	500mg/5ml	F
cefdinir (OMNICEF equiv)	-	300mg	F
cefepodoxime proxetil (VANTIN equiv)	-	200mg	F
cefprozil (CEFZIL equiv)	-	250 mg/5ml	F
cefuroxime tab/susp (CEFTIN equiv)	-	500mg	F
cephalexin (KEFLEX EQUIV)	-	500mg	F
cephradine (VELOSEF equiv)	-	500mg	F
HIV Drugs			
didanosine cap (VIDEX EC equiv)	SP	200 mg	F
ganciclovir (CYTOVENE equiv)	-	500mg	F
stavudine (ZERIT equiv)	SP	40mg	F
zidovudine (RETROVIR equiv)	SP	300mg	F
AGENERASE	SP	150mg	F
APTIVUS	SP	250mg	F
APTIVUS SOLN	SP	100mg/ml	F
ATRIPLA	SP	600mg/200mg/300mg	F
COMBIVIR	SP	-	F

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Chapter 1 - Anti-Infectives cont.

Drug Name	Spec Code	Most Common Str	Tier
HIV Drugs cont.			
CRIXIVAN	SP	400mg	F
EMTRIVA	SP	600/300mg	F
EPIVIR	SP	150mg	F
EPZICOM	SP	600/300mg	F
FORTOVASE	SP	200mg	F
FUZEON	MSP	90mg	F
HIVID	SP	375mg	F
INTELENCE	SP	100 mg	F
INVIRASE	SP	200mg	F
ISENTRESS	SP	400mg	F
KALETRA	SP	133mg	F
LEXIVA	SP	700mg	F
LEXIVA SUSPENSION	SP	50 mg/ml	F
NORVIR	SP	100mg	F
PREZISTA	SP	300 mg	F
RESCRIPTOR	SP	100mg	F
REYATAZ	SP	150mg	F
SELZENTRY	SP	300mg	F
SUSTIVA	SP	200mg	F
TRIZIVIR	SP	-	F
TRUVADA	SP	200/300mg	F
VALCYTE	-	450mg	F
VIDEX	SP	50mg	F
VIRACEPT	SP	250mg	F
VIRAMUNE	SP	200mg	F
VIREAD	SP	300mg	F
ZIAGEN	SP	300mg	F
Macrolides			
azithromycin susp (ZITHROMAX SUSP equiv)	-	200mg/5ml	F
azithromycin tab 250mg (ZITHROMAX TAB equiv)	-	250mg	F
azithromycin tab 500mg (ZITHROMAX equiv)	-	500mg	F
azithromycin tab 600mg (ZITHROMAX TAB equiv)	-	600mg	F
clarithromycin (BIAXIN EQUIV)	-	500mg	F
ERY-TAB	-	333mg	F
erythromycin (all oral forms except pce)	-	500mg	F
ZMAX	-	2mg	F
Misc. Anti-Infectives			
chloroquine (ARALEN EQUIV)	-	500mg	F
clindamycin (300mg Not Covered)	-	150mg	F
DAPSONE	-	100mg	F
erythromycin/sulfisoxazole	-	200mg/600mg	F
ethambutol	-	400mg	F
isoniazid	-	300mg	F
mebendazole (VERMOX EQUIV)	-	100mg	F
mefloquine (LARIAM EQUIV)	-	250mg	F
methenamine hippurate (HIPREX EQUIV)	-	-	F
metronidazole (FLAGYL EQUIV)	-	500mg	F
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	100mg	F
nitrofurantoin monohydrate (MACROBID EQUIV)	-	100mg	F
paromomycin (HUMATIN EQUIV)	-	250mg	F
pyrazinamide	-	500mg	F
rifampin	-	300mg	F
smz/tmp ds (BACTRIM DS EQUIV)	-	800/160mg	F
trimethoprim	-	100mg	F
ALINIA SUSP	-	100mg/5ml	F

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Chapter 1 - Anti-Infectives cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Anti-Infectives cont.			
DARAPRIM	-	25mg	F
GANTRISIN	-	500mg/5ml	F
LAMPRENE	-	50mg	F
MALARONE	-	250-100mg	F
MEPRON	-	750mg/5ml	F
MYCOBUTIN	-	150mg	F
NEBUPENT	-	300mg/vial	F
PRIMAQUINE	-	30mg	F
STROMEKTOL	-	6mg	F
TOBI	MSP	300mg	F
VANCOCIN	PA	250mg	F
VIVAGLOBIN	-	160 mg/ml	F
ZYVOX	PA	600mg	F
ACTIMMUNE	PA/SP	2MIU/0.5ml	F
Penicillins			
amoxicillin	-	500mg	F
amoxicillin/clav (AUGMENTIN ES EQUIV)	-	600/5ml	F
amoxicillin/clav. (AUGMENTIN EQUIV)	-	875mg	F
ampicillin	-	250mg	F
dicloxacillin sodium	-	500mg	F
penicillin vk	-	500mg	F
Quinolones			
ciprofloxacin (CIPRO EQUIV)	-	500mg	F
ciprofloxacin er (CIPRO XR equiv)	-	500mg	F
ofloxacin tab (FLOXIN TAB equiv)	-	400mg	F
AVELOX	-	400mg	F
LEVAQUIN	-	500mg	F
Tetracyclines			
doxycycline hyclate	-	100mg	F
doxycycline monohydrate cap (MONODOX equiv)	-	100mg	F
doxycycline monohydrate tab (ADOXA equiv)	-	75mg	F
doxycycline susp (VIBRAMYCIN equiv)	-	25mg/5ml	F
minocycline	-	100mg	F
tetracycline	-	500mg	F

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BRAND = CAPITAL LETTERS	QL	Quantity Limit		
MSP Mandatory Specialty Pharmacy Program	RS	Restricted to Specialist		
OTC Over-the-Counter	SP	Avail. through Specialty Pharmacy Program		

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 3 - Cardiovascular

Drug Name	Spec Code	Most Common Str	Tier
Ace Inhibitors			
benazepril (LOTENSIN EQUIV)	-	20mg	F
benazepril/hctz (LOTENSIN/HCTZ EQUIV)	-	20/25	F
captopril (CAPOTEN EQUIV)	-	25mg	F
captopril/hctz (CAPOTEN HCT EQUIV)	-	25/25mg	F
enalapril (VASOTEC equiv)	-	5mg	F
enalapril/hctz (VASERETIC EQUIV)	-	10/25mg	F
fosinopril (MONOPRIL EQUIV)	-	20mg	F
fosinopril/hctz (MONOPRIL HCT equiv)	-	20/12.5	F
lisinopril (PRINIVIL, ZESTRIL equiv)	-	10mg	F
lisinopril/hctz (ZESTORETIC EQUIV)	-	10/25mg	F
moexipril (UNIVASC equiv)	-	15mg	F
moexipril/hctz (UNIRETIC equiv)	-	15/12.5mg	F
perindopril tab (ACEON equiv)	-	4mg	F
quinapril (ACCUPRIL EQUIV)	-	10mg	F
quinapril/hctz (ACCURETIC EQUIV)	-	10/12.5	F
ramipril cap (ALTACE CAP equiv)	-	10mg	F
trandolapril (MAVIK equiv)	-	4mg	F
Angiotensin Receptor Blockers			
AVALIDE	-	150-12.5mg	F
AVAPRO	-	150mg	F
DIOVAN	-	160mg	F
DIOVAN/HCT	-	160/12.5mg	F
Antiarrhythmic Agents			
amiodarone	-	200mg	F
flecainide (TAMBOCOR EQUIV)	-	100mg	F
propafenone (RHYTHMOL EQUIV)	-	150mg	F
quinidine gluconate cr	-	324 mg	F
MEXILETINE	-	200mg	F
NORPACE CR	-	150mg	F
TIKOSYN	-	250mcg	F
Beta Blockers			
acebutolol (SECTRAL EQUIV)	-	200mg	F
atenolol (TENORMIN equiv)	-	50mg	F
atenolol/chlorthalidone	-	100/25mg	F
betaxolol (KERLONE EQUIV)	-	10mg	F
bisoprolol (ZEBETA EQUIV)	-	5mg	F
bisoprolol/hctz (ZIAC equiv) (ZIAC EQUIV)	-	2.5/6.25mg	F
carvedilol (COREG equiv)	-	12.5mg	F
INNOPRAN XL	-	80mg	F
labetalol (NORMODYNE EQUIV)	-	200mg	F
metoprolol (LOPRESSOR equiv)	-	50mg	F
metoprolol er (TOPROL XL equiv)	-	25 mg	F
metoprolol/hctz (LOPRESSOR HCTZ EQUIV)	-	100/25	F
nadolol	-	80mg	F
pindolol	-	10mg	F
propranolol	-	40mg	F
propranolol er (INDERAL LA equiv)	-	80mg	F
propranolol/hctz	-	40/25mg	F
sotalol (BETAPACE EQUIV)	-	80mg	F
timolol	-	10mg	F
Calcium Channel Blockers			
amlodipine (NORVASC equiv)	-	10mg	F
amlodipine/benazepril (LOTREL equiv)	-	5-10 mg	F
cartia xt	-	120mg	F
diltiazem	-	60mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 3 - Cardiovascular cont.

Drug Name	Spec Code	Most Common Str	Tier
Calcium Channel Blockers cont.			
diltiazem cd	-	240mg	F
diltiazem sr	-	120mg	F
diltiazem xr	-	240mg	F
felodipine (PLENDIL EQUIV)	-	-	F
isradipine (DYNACIRC equiv)	-	5mg	F
nicardipine	-	30mg	F
nifedipine	-	10mg	F
nifedipine er (ADALAT CC equiv)	-	60mg	F
verapamil	-	120mg	F
verapamil er (VERELAN PM equiv)	-	200mg	F
verapamil sr (CALAN SR, ISOPTIN SR, VERELAN equiv)	-	240mg	F
CARDIZEM LA	-	240mg	F
LOTREL	-	5-10mg	F
Cholesterol Lowering Agents			
niacin tab otc	OTC	-	F
cholestyramine/light	-	4gm	F
colestipol powder (COLESTID POWDER equiv)	-	5gm	F
colestipol tab (COLESTID TAB equiv)	-	1 gm	F
gemfibrozil	-	600mg	F
LOFIBRA	-	200mg	F
lovastatin (MEVACOR EQUIV)	-	40mg	F
niacin	-	500mg	F
pravastatin (PRAVACHOL equiv)	-	40mg	F
simvastatin (ZOCOR equiv)	-	40mg	F
ADVICOR	-	750/20mg	F
CADUJET	-	10/40mg	F
CRESTOR (Max 1 tab/day; Step Therapy requires failure of simvastatin, lovastatin or pravastatin)	QL/ST	10mg	F
LOVAZA	-	1gm	F
PREVALITE	-	5gm	F
SIMCOR	-	-	F
TRICOR	-	145mg	F
TRILIPIX (QL = 1 cap/day)	QL	135mg	F
WELCHOL	-	625mg	F
ZETIA (QL = Max 1 tab/day)	QL	10mg	F
NIASPAN	-	1gm	F
Diuretics			
acetazolamide cap (DIAMOX SEQUELS equiv)	-	500mg	F
acetazolamide tab (DIAMOX equiv)	-	250mg	F
amiloride (MIDAMOR EQUIV)	-	5mg	F
amiloride/hctz	-	5/50mg	F
bumetanide	-	1mg	F
chlorthalidone	-	25mg	F
eplerenone (INSPRA equiv)	-	50mg	F
furosemide (LASIX EQUIV)	-	40mg	F
hydrochlorothiazide (hctz)	-	25mg	F
indapamide	-	2.5mg	F
metolazone (ZAROXOLYN EQUIV)	-	5mg	F
spironolactone	-	25mg	F
spironolactone/hctz	-	25/25mg	F
toremide (DEMADEX EQUIV)	-	20mg	F
triamterene/hctz (DYAZIDE, MAXZIDE equiv)	-	50/25mg	F
DIAMOX SEQUELS	-	500mg	F
EDECIN	-	50mg	F
Glycosides			

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 3 - Cardiovascular cont.

Drug Name	Spec Code	Most Common Str	Tier
Glycosides cont.			
digoxin (LANOXIN equiv)	-	0.25mg	F
Other Cardiovascular Agents			
clonidine	-	0.2mg	F
clonidine patch (CATAPRES-TTS equiv)	-	0.2/24 hrs	F
doxazosin (CARDURA equiv)	-	4mg	F
guanfacine (TENEX EQUIV)	-	2mg	F
hydralazine	-	50mg	F
methyldopa	-	250mg	F
methyldopa/hctz (ALDORIL equiv)	-	250-25mg	F
midodrine (PROAMATINE equiv)	-	5mg	F
minoxidil	-	10mg	F
prazosin (MINIPRESS EQUIV)	-	5mg	F
quinidine sulfate (QUINIDEX EQUIV)	-	200mg	F
sodium polystyrene powder (KAYEXALATE equiv)	-	-	F
terazosin (HYTRIN equiv)	-	5mg	F
CATAPRES-TTS	-	0.2/24 hrs	F
DIBENZYLINE	-	10mg	F
EXFORGE	-	10-160mg	F
EXFORGE HCT	-	-	F
LETAIRIS	-	10mg	F
RANEXA	-	500mg	F
TRACLEER (Only available through Accredo 1-866-890-3395 and PharmaCare 1-800-238-7828)	-	125mg	F
Vasodialators			
isosorbide dinitrate	-	10mg	F
isosorbide mononitrate	-	20mg	F
isosorbide mononitrate er	-	60mg	F
nitroglycerin oint	-	2%	F
nitroglycerin transdermal	-	0.4mg	F
nitroquick (NITROSTAT equiv)	-	0.4mg	F
NITROSTAT	-	0.4mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 4 - CNS & ANS Agents**

Drug Name	Spec Code	Most Common Str	Tier
Analgesics			
acetaminophen otc (TYLENOL equiv)	OTC	-	F
acetaminophen/codeine (TYLENOL #3 EQUIV)	-	300-30mg	F
aspirin/butalbital/caffeine/codeine (FIORINAL with CODEINE EQUIV)	-	325/40/50/30	F
aspirin/codeine (EMPIRIN/CODEINE EQUIV)	-	325/30	F
choline magnesium trisalicylate	-	1000mg	F
codeine sulfate	-	30mg	F
diflunisal (DOLOBID EQUIV)	-	500mg	F
hydrocodone/ibuprofen (VICOPROFEN equiv)	-	7.5/200mg	F
hydromorphone (DILAUDID EQUIV)	-	8mg	F
meperidine	-	50mg	F
methadone tab/soln	-	10mg	F
morphine sulfate er (MS CONTIN equiv) (QL = 3 tab/day)	QL	30mg	F
MORPHINE SULFATE IMMEDIATE-RELEASE (MSIR)	-	30mg	F
morphine sulfate supp	-	10mg	F
oxycodone (ROXICODONE EQUIV)	-	5mg	F
oxycodone er (OXYCONTIN equiv) (QL = 120 tab/30 days)	QL	20mg	F
oxycodone/acetaminophen	-	5mg/325mg	F
oxycodone/ibuprofen (COMBUNOX equiv)	-	5/400mg	F
oxyfast (ROXICODONE equiv)	-	20mg/ml	F
roxicet tab 5mg/325mg	-	5mg/325mg	F
salsalate	-	500mg	F
tramadol (ULTRAM EQUIV) (QL = 240 tab/30 days)	QL	50mg	F
tramadol er (ULTRAM ER equiv)	-	100mg	F
tramadol/apap (ULTRACET equiv)	-	37.5/325mg	F
LEVORPHANOL	-	2mg	F
MEPROZINE	-	50-25mg	F
MORPHINE SULFATE ODT	-	15mg	F
OXYCONTIN (QL = 120 tab/30 days)	QL	40mg	F
PHRENALIN	-	325mg/50mg	F
ROXICET SOLN 5MG/325MG	-	5mg/325mg/5ml	F
Anti-Anxiety Agents & Sedatives			
diphenhydramine otc	OTC	-	F
alprazolam (XANAX equiv)	-	1mg	F
alprazolam er (XANAX XR equiv)	-	1mg	F
alprazolam odt (NIRAVAM equiv)	-	1 mg	F
buspirone	-	10mg	F
buspirone tab 30mg (BUSPAR equiv)	-	30mg	F
chlordiazepoxide	-	10mg	F
clorazepate	-	7.5mg	F
diazepam	-	5mg	F
estazolam	-	2mg	F
flurazepam	-	30mg	F
lorazepam (ATIVAN equiv)	-	1mg	F
mephobarbital (MEBARAL equiv)	-	50mg	F
meprobamate	-	400mg	F
oxazepam	-	15mg	F
temazepam	-	30mg	F
triazolam	-	0.25mg	F
zaleplon (SONATA equiv)	-	10 mg	F
zolpidem (AMBIEN equiv) (QL = 1 tab/day)	QL	10mg	F
SECONAL	-	100mg	F
Anti-Convulsants			
carbamazepine (TEGRETOL EQUIV)	-	200mg	F
carbamazepine er (TEGRETOL XR equiv)	-	400mg	F
clonazepam (KLONOPIN EQUIV)	-	1mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Convulsants cont.			
clonazepam odt (KLONOPIN ODT equiv)	-	1mg	F
divalproex (DEPAKOTE equiv)	-	125mg	F
divalproex er (DEPAKOTE ER equiv)	-	500mg	F
divalproex sprinkle (DEPAKOTE SPRINKLE equiv)	-	125mg	F
ethosuximide (ZARONTIN EQUIV)	-	250mg	F
gabapentin (NEURONTIN EQUIV)	-	300mg	F
lamotrigine (LAMICTAL equiv)	-	100mg	F
lamotrigine chew tab (LAMICTAL CHEW TAB equiv)	-	25mg	F
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	-	F
levetiracetam (KEPPRA equiv)	-	500mg	F
oxcarbazepine tab (TRILEPTAL equiv)	-	600 mg	F
phenobarbital	-	60mg	F
PHENYTEK	-	200mg	F
phenytoin sodium extended (DILANTIN, PHENYTEK equiv)	-	100mg	F
primidone	-	250mg	F
topiramate (TOPAMAX equiv)	-	100mg	F
topiramate sprinkle (TOPAMAX SPRINKLE equiv)	-	15mg	F
valproic acid	-	250mg/5ml	F
zonisamide (ZONEGRAN equiv)	-	100mg	F
BANZEL (Step Therapy requires failure of valproic acid, lamotrigine, FELBATOL, or topiramate)	ST	200mg	F
CARBATROL	-	300mg	F
DIASTAT RECTAL GEL	-	15mg	F
FELBATOL	-	600mg	F
GABITRIL	-	16mg	F
LYRICA	-	100	F
VIMPAT TAB (QL = 2 tab/day; Step Therapy requires failure of divalproex, lamotrigine, carbamazepine, or topiramate)	ST/QL	100mg	F

Anti-Parkinson Agents

amantadine cap	-	100mg	F
benztropine	-	1mg	F
bromocriptine mesylate	-	2.5mg	F
carbidopa/levodopa (SINEMET EQUIV)	-	25/100mg	F
carbidopa/levodopa cr (SINEMET CR EQUIV)	-	25/250mg	F
carbidopa/levodopa odt (PARCOPA equiv)	-	25/100mg	F
pergolide (PERMAX EQUIV)	-	0.25mg	F
pramipexole tab (MIRAPEX equiv)	-	-	F
ropinirole (REQUIP equiv)	-	5 mg	F
selegiline (ELDEPRYL EQUIV)	-	5mg	F
selegiline tab (ELDEPRYL EQUIV)	-	5mg	F
trihexyphenidyl (ARTANE EQUIV)	-	2mg	F
APOKYN	SP	10mg/ml	F
AZILECT	-	1 mg	F
COMTAN	-	200mg	F
REQUIP KIT	-	-	F
STALEVO	-	25/100/200mg	F

Anti-Psychotic Agents

chlorpromazine	-	50mg	F
clozapine (CLOZARIL equiv)	-	100mg	F
fluphenazine	-	5mg	F
haloperidol	-	5mg	F
loxapine	-	25mg	F
risperidone (RISPERDAL equiv)	-	-	F
risperidone odt (RISPERDAL-M equiv)	-	0.5mg	F
thioridazine	-	50mg	F
thiothixene	-	2mg	F

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 OTC Over-the-Counter

PA Prior Authorization
 QL Quantity Limit
 RS Restricted to Specialist
 SP Avail. through Specialty Pharmacy Program

ST Step Therapy

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 4 - CNS & ANS Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Psychotic Agents cont.			
trifluoperazine	-	5mg	F
ABILIFY (QL = 1 tab/day; Step Therapy requires failure of GEODON or risperidone)	ST/QL	15mg	F
ABILIFY DISCMELT (QL = 1 tab/day; Step Therapy requires failure of GEODON or risperidone)	ST/QL	10mg	F
EQUETRO	-	200	F
FAZACLO ODT	-	100mg	F
GEODON	-	60mg	F
INVEGA SUSTENNA INJ.	PA	-	F
RISPERDAL INJ.	PA	37.5mg	F
SEROQUEL (Step Therapy requires failure of GEODON or risperidone)	ST	100 mg	F
SEROQUEL XR (Step Therapy requires failure of GEODON or risperidone)	ST	300 mg	F
SYMBYAX	-	6-25mg	F
ZYPREXA (QL = 1 tab/day)	QL	5mg	F
ZYPREXA TAB 10MG (QL = 2 tab/day)	QL	10mg	F
ZYPREXA ZYDIS (QL = 1 tab/day)	QL	15mg	F
fluphenazine deconate inj. (PROLIXIN equiv)	-	-	F
haloperidol deconoate inj.	-	-	F
SAPHRIS	-	5mg	F
Antidepressants			
amitriptyline	-	25mg	F
amoxapine	-	50mg	F
budeprion xl (WELLBUTRIN XL equiv)	-	300mg	F
bupropion (WELLBUTRIN equiv)	-	75mg	F
bupropion er/sr (WELLBUTRIN SR EQUIV)	-	150mg	F
citalopram (CELEXA EQUIV)	-	20mg	F
clomipramine	-	50mg	F
desipramine	-	50mg	F
doxepin	-	75mg	F
fluoxetine (PROZAC equiv)	-	-	F
fluoxetine liquid	-	20mg/5ml	F
fluvoxamine (LUVOX EQUIV)	-	50mg	F
imipramine (TOFRANIL equiv)	-	50mg	F
mirtazapine (REMERON equiv)	-	30mg	F
mirtazapine odt (REMERON SOLUTAB equiv)	-	30mg	F
nortriptyline	-	50mg	F
paroxetine (PAXIL equiv)	-	20mg	F
paroxetine er (PAXIL CR equiv)	-	25mg	F
protriptylin (VIVACTIL equiv)	-	5mg	F
sertraline (ZOLOFT equiv)	-	100mg	F
tranylcypromine sulfate (PARNATE equiv)	-	10mg	F
trazodone	-	100mg	F
trimipramine tab (SURMONTIL equiv) ((25mg and 50mg))	-	50mg	F
venlafaxine (EFFEXOR equiv)	-	100mg	F
CYMBALTA (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	60mg	F
EFFEXOR XR (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	150mg	F
LEXAPRO (Step Therapy requires failure of paroxetine, sertraline, fluoxetine, or citalopram)	ST	20mg	F
MARPLAN	-	10	F
NARDIL	-	15mg	F
VENLAFAXINE ER	-	150mg	F
Migraine Agents			
bitalbital/acetaminophen/caffeine (FIORICET EQUIV)	-	-	F
butorphanol nasal spray (STADOL equiv) (QL = 1 bottle/30 days)	QL	10mg	F
dihydroergotamine mesylate (D.H.E. EQUIV)	-	1mg/ml	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 4 - CNS & ANS Agents cont.**

Drug Name	Spec Code	Most Common Str	Tier
Migraine Agents cont.			
divalproex er (DEPAKOTE ER equiv)	-	500mg	F
ergotamine w/caff. (CAFERGOT EQUIV)	-	1-100	F
isometheptene/acetaminophen/dichlo (MIDRIN EQUIV)	-	-	F
migergot supp (CAFERGOT EQUIV)	-	-	F
sumatriptan inj. (IMITREX equiv) (QL = 6 inj/30 days)	QL/SP	6mg/0.5ml	F
SUMATRIPTAN NASAL SPRAY (QL = 6 sprays/30 days)	QL	5mg/ACT	F
sumatriptan tab (IMITREX equiv) (QL = 9 tab/30 days)	QL	50mg	F
AMERGE (QL = 9 tab/30 days)	QL	2.5mg	F
AXERT (QL = 9 tab/30 days)	QL	12.5mg	F
FIORINAL CAP	-	325/40/50	F
MAXALT (MLT) (QL = 12 tab/30 days)	QL	10mg	F
MIDRIN	-	-	F
RELPAK (QL = 6 tab/30 days)	QL	40mg	F
Misc. CNS Agents			
buproban (ZYBAN EQUIV)	-	150mg	F
chloral hydrate	-	500mg/5ml	F
galantamine (RAZADYNE equiv)	-	8mg	F
galantamine er (RAZADYNE ER equiv)	-	16mg	F
galantamine oral soln (RAZADYNE equiv)	-	4mg/ml	F
lithium carb (LITHOBID equiv)	-	300mg	F
lithium carbonate er (ESKALITH CR EQUIV)	-	450mg	F
naltrexone (REVIA EQUIV)	-	50mg	F
nicotine patch (QL = 30 patches/30 days: Limited to 3 months per calendar year)	QL	-	F
perphenazine/amitriptyline	-	4-10mg	F
pyridostigmine bromide (MESTINON EQUIV)	-	60mg	F
ANTABUSE	-	250mg	F
ARICEPT (QL = Max 1 tab/day)	QL	10mg	F
AVONEX (QL = 4 inj/30 days)	MSP/QL	30mcg	F
BETASERON (QL = 1 inj/30 days; Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP/QL	0.3mg	F
CAMPRAL	-	333mg	F
CHANTIX PAK (QL = 53 tab/180 days; Limited to 2 fills per lifetime)	QL	-	F
CHANTIX TAB 0.5MG (QL = 11 tab/180 days; Limited to 2 fills per lifetime)	QL	0.5mg	F
CHANTIX TAB 1MG (QL = 112 tab/180 days; Limited to 2 fills per lifetime)	QL	1mg	F
COPAXONE (QL = 1 kit/30 days)	MSP/QL	20mg	F
EXELON	-	6mg	F
EXELON PATCH	-	9.5mg/24hr	F
EXTAVIA INJ. (QL = 1 inj/30 days; Requires failure of 2 of the 3 products: Avonex, Rebif or Copaxone)	ST/MSP/QL	0.3mg	F
MESTINON TIMESPAN	-	180mg	F
NAMENDA	-	10mg	F
NICOTROL INHALER (QL = 1 inhaler/30 days: Limited to 3 months per calendar year)	QL	-	F
NICOTROL NS	-	10mg/ml	F
ORAP	-	1mg	F
REBIF (QL = 6 unit/30 days)	MSP/QL	44mcg/0.5ml	F
REBIF TITRATION PACK (QL = 9 inj/30 days)	MSP/QL	-	F
RILUTEK	-	50mg	F
SAVELLA	PA	50mg	F
SUBOXONE	-	2/0.5mg	F
nicotine gum (QL = 30 pieces/30 days: Limited to 3 months per calendar year)	OTC/QL	-	F
Stimulants			
AMPHETAMINE ER (QL = 1 tab/day)	QL	20mg	F
amphetamine/dextroamp (ADDERALL EQUIV)	-	20mg	F
dexmethylphenidate (FOCALIN equiv)	-	5 mg	F
dextroamphetamine (DEXEDRINE EQUIV)	-	10mg	F
methylphenidate (RITALIN EQUIV)	-	10mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 4 - CNS & ANS Agents cont.

<u>Drug Name</u>	<u>Spec Code</u>	<u>Most Common Str</u>	<u>Tier</u>
Stimulants cont.			
CONCERTA	-	36mg	F
DAYTRANA PATCH	-	15mg	F
FOCALIN XR (QL = 1 cap/day)	QL	20mg	F
METHYLIN SOLN	-	5mg/5ml	F
STRATTERA (QL = 1 tab/day)	PA/QL	40mg	F
VYVANSE	-	50mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 5 - Dermatologicals**

Drug Name	Spec Code	Most Common Str	Tier
Acne Agents			
amnesteem (AC CUTANE EQUIV)	-	40mg	F
avita cream/gel (acne only - 35 or older requires PA)	PA	0.025%	F
claravis (AC CUTANE EQUIV)	-	40mg	F
clindamycin gel (CLEOCIN T GEL equiv)	-	1%	F
clindamycin topical solution	-	1%	F
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1-5%	F
erythromycin topical solution	-	2%	F
minocycline	-	100mg	F
sodium sulfacetamide/sulfur emu (ROSAC/PLEXION equiv)	-	10-5%	F
sotret (AC CUTANE EQUIV)	-	40mg	F
sulfacetamide sod. lotion (KLARON equiv)	-	10%	F
sulfacetamide sodium w/sulfur emulsion (PLEXION EQUIV)	-	10-5%	F
tetracycline	-	500mg	F
tretinoin (acne only - 35 or older requires PA)	PA	0.025%	F
DIFFERIN (acne only - 35 or older requires PA)	PA	0.1%	F
FINACEA GEL	-	15%	F
RETIN-A MICRO-GEL (acne only - 35 or older requires PA)	PA	0.1%	F
Misc. Topical Agents			
innogel (QL = 1 bottle/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
lice aerosol (QL = 150 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
lice rinse (QL = 120 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
lice shampoo (QL = 120 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
nix cream rinse (QL = 59 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
permethrin cream/rinse otc	OTC	-	F
RID FOAM (QL = 156 ml/7 days; Limited to 2 fills per 60 days)	OTC/QL	-	F
aluminum chloride (DRYSOL EQUIV)	-	20%	F
ammonium lactate cream	-	12%	F
fluorouracil cream (EFUDEX CREAM equiv)	-	5%	F
fluorouracil soln (EFUDEX SOLN EQUIV)	-	5%	F
lidocaine ointment 5%	-	5%	F
lidocaine/prilocaine cream (EMLA EQUIV)	-	2.5-2.5%	F
lindane	-	1%	F
lindane shampoo	-	1%	F
malathion lotion (OVIDE LOTION equiv)	-	0.5%	F
metronidazole cream 0.75% (METROCREAM 0.75% equiv)	-	0.75%	F
metronidazole lotion 0.75% (METROLOTION 0.75% equiv)	-	0.75%	F
metronidazole topical gel 0.75% (METROGEL Topical Gel equiv)	-	0.75%	F
mometasone (ELOCON equiv)	-	0.1%	F
permethrin cream (ELIMITE EQUIV) (QL = 60gm/30 days)	QL	5%	F
podofilox soln (CONDYLOX SOLN equiv)	-	0.5%	F
pramoxine hc (PRAMOSONE CREAM 2.5% equiv)	-	1-2.5%	F
prudoxin cr. (ZONALON equiv)	-	5%	F
seb-prev cream (OVACE equiv)	-	10%	F
sulfacetamide liq (OVACE WASH EQUIV)	-	10%	F
urea cream, gel, lotion (CARMOL 40 EQUIV)	-	40%	F
urea cream, oint, gel (KERALAC equiv)	-	50%	F
urea emulsion, susp. (UMECTA equiv)	-	40%	F
ziox oint (PANAFIL OINT equiv)	-	-	F
ACCUZYME OINT	-	-	F
ALDARA	-	5%	F
CARAC CREAM	-	0.5%	F
ELIDEL	-	1%	F
EMLA DISC	-	2.5-2.5%	F
EURAX CREAM (QL = 60gm/30 days)	QL	10%	F
METROGEL 1%	-	1%	F
METROGEL 1% KIT	-	1%	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 5 - Dermatologicals cont.**

Drug Name	Spec Code	Most Common Str	Tier
Misc. Topical Agents cont.			
PRAMOSONE CREAM 1%	-	1-1%	F
PRAMOSONE CREAM 2.5%	-	1-2.5%	F
PROTOPIC	-	0.1%	F
REGRANEX (QL = 2 X 15gm tubes per copay)	QL/PA	-	F
SANTYL	-	-	F
VOLTAREN GEL (QL = Retail 5 tubes/fill; Mail Order 15 tubes/fill)	QL	1%	F
ULESFIA (QL = 3 bottles/180 days; Limited to 2 treatments per year)	QL	5%	F
Psoriasis And Eczema Agents			
calcipotriene soln (DOVONEX SOLN equiv)	-	0.005%	F
selenium sulfide	-	2.5%	F
8-MOP	-	10mg	F
DOVONEX CREAM	-	0.005	F
ENBREL INJ. 25MG (QL = 2 inj/30 days)	MSP/QL/PA	25mg	F
ENBREL INJ. 50MG (QL = 4 inj/30 days)	MSP/QL/PA	50mg	F
OXSORALEN ULTRA	-	10mg	F
SORIATANE	-	25mg	F
SORIATANE CK KIT	-	25mg	F
VECTICAL OINT.	-	3mcg/gm	F
Topical Anti-Fungals			
clotrimazole cream otc	OTC	-	F
clotrimazole soln otc	OTC	-	F
miconazole otc	OTC	-	F
betamethasone/clotrimazole (LORTRISONE LOTION EQUIV)	-	0.05%/1%	F
ciclopirox gel, cream, lotion, soln (LOPROX equiv)	-	0.77%	F
clotrimazole/betamethasone cr (LORTRISONE CR EQUIV)	-	-	F
econazole cr (SPECTAZOLE CR EQUIV)	-	1%	F
ketoconazole cr (NIZORAL CR EQUIV)	-	2%	F
ketoconazole shampoo (NIZORAL SHAMPOO EQUIV)	-	2%	F
nystatin cr	-	100mu/g	F
nystatin powder	-	1000,000 units	F
nystatin/triamcinolone cr	-	100mu/1mg	F
NAFTIN CR	-	1%	F
OXISTAT CR	-	1%	F
Topical Anti-Infectives			
bacitracin oint otc	OTC	-	F
bacitracin/polymyxin b otc	OTC	-	F
triple antibiotic oint otc	OTC	-	F
erythromycin gel	-	2%	F
gentamicin sulfate cr	-	0.10%	F
mupirocin oint (BACTROBAN OINT EQUIV)	-	2%	F
silver sulfadiazine cr	-	1%	F
sodium sulfacetamide/sulf lotion (SULFACET R EQUIV)	-	10%	F
BACTROBAN CR	-	2%	F
DENAVIR CR (QL = 1 tube/30 days)	QL	1%	F
SULFAMYLLON CR	-	-	F
ZOVIRAX CREAM (QL = 1 tube/30 days)	QL	5%	F
ZOVIRAX OINT	-	5%	F
Topical Steroids			
hydrocortisone cream/oint otc	OTC	-	F
alclometasone (ACLOVATE EQUIV)	-	0.05%	F
amcinonide cream (CYCLOCORT CREAM equiv)	-	0.1%	F
apexicon e (PSORCON E equiv)	-	0.05%	F
augmented betamethasone	-	0.05%	F
betamethasone dipropionate	-	0.05%	F
betamethasone valerate	-	0.1%	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 5 - Dermatologicals cont.

Drug Name	Spec Code	Most Common Str	Tier
Topical Steroids cont.			
clobetasol	-	0.05%	F
clobetasol foam (OLUX FOAM equiv)	-	0.05%	F
desonide (DESOWEN EQUIV)	-	0.05%	F
desoximetasone cream, gel, oint. (TOPICORT equiv)	-	0.25%	F
diflorasone	-	0.05%	F
fluocinolone cr	-	0.025	F
fluocinonide cr (LIDEX EQUIV)	-	0.05%	F
fluocinonide-e cr	-	0.05%	F
fluticasone cream/oint (CUTIVATE EQUIV)	-	-	F
hydrocortisone butyrate cream, soln, oint (LOCOID equiv)	-	0.1%	F
hydrocortisone cr	-	2.5%	F
hydrocortisone valerate (WESTCORT equiv)	-	0.2%	F
prednicarbate cream/oint (DERMATOP equiv)	-	0.1%	F
scalacort lotion (ALA-SCALP equiv)	-	2%	F
triamcinolone acetonide cr	-	0.1%	F
CUTIVATE LOTION	-	0.05%	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 6 - Ears & Throat**

Drug Name	Spec Code	Most Common Str	Tier
Otics			
carbamide peroxide otic soln. otc	OTC	-	F
acetic acid (VOSOL EQUIV)	-	2%	F
acetic acid/hydrocortisone (VOSOL HC EQUIV)	-	-	F
neomycin/polymyxin/hc (CORTISPORIN EQUIV)	-	-	F
ofloxacin otic (FLOXIN OTIC equiv)	-	0.3%	F
CERUMENEX	-	-	F
CIPRODEX	-	-	F
COLY-MYCIN-S	-	-	F
DERMOTIC	-	0.01%	F
PR OTIC	-	-	F
Throat And Mouth Agents			
chlorhexidine gluconate	-	0.12%	F
clotrimazole troches (MYCELEX TROCHES EQUIV)	-	10mg	F
lidocaine viscous	-	2%	F
nystatin	-	100,000 units/ml	F
pilocarpine (SALAGEN EQUIV)	-	5mg	F
sodium fluoride cream or gel (PREVIDENT EQUIV)	-	1.1%	F
sodium fluoride rinse (PREVIDENT equiv)	-	0.02%	F
triamcinolone in orabase	-	0.10%	F
EVOXAC	-	30mg	F
PREVIDENT CREAM OR GEL	-	1.1%	F
PREVIDENT DENTAL RINSE	-	0.2%	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 7 - Gastrointestinal Agents**

Drug Name	Spec Code	Most Common Str	Tier
Antidiarrheals			
diphenoxylate/atropine (LOMOTIL EQUIV)	-	2.5mg	F
Antiemetics			
granisetron (KYTRIL equiv) (QL = 20 tab/30 days)	SP/QL	1 mg	F
granisetron soln (KYTRIL SOLN equiv) (QL = 60ml/fill)	QL/SP	2 mg/10 ml	F
meclizine	-	25mg	F
ondansetron (ZOFTRAN equiv)	SP	8mg	F
ondansetron odt (ZOFTRAN ODT equiv)	SP	8mg	F
prochlorperazine	-	10mg	F
promethazine supp (PHENERGAN EQUIV)	-	25mg	F
promethazine tab (PHENERGAN EQUIV)	-	25mg	F
trimethobenzamide (TIGAN equiv)	-	250mg	F
EMEND CAP 125MG (QL = 2 cap/30 days)	QL	125mg	F
EMEND CAP 40MG (QL = 8 cap/30 days)	QL	40mg	F
EMEND CAP 80MG (QL = 4 cap/30 days)	QL	80mg	F
EMEND PACK (QL = 4 cap/30 days)	QL	-	F
Antispasmodics			
belladonna alkaloids/phenobarb (DONNATAL equiv)	-	-	F
chlordiazepoxide/clidinium (LIBRAX equiv)	-	5-2.5mg	F
dicyclomine	-	10mg	F
hyoscyamine (LEVSIN EQUIV)	-	125mcg	F
hyoscyamine cr (LEVBID EQUIV)	-	375 mcg	F
metoclopramide	-	10mg	F
DONNATAL EXTENDTABS	-	48mg	F
Antiulcer Agents			
cimetidine otc (TAGAMET equiv)	OTC	-	F
nizatidine otc (AXID equiv)	OTC	-	F
omeprazole otc	OTC	-	F
PREVACID OTC (QL = 2 caps/day)	OTC/QL	15mg	F
PRILOSEC OTC (QL = 2 tabs/day)	OTC/QL	20mg	F
cimetidine (TAGAMET equiv)	-	400mg	F
famotidine (PEPCID equiv)	-	40mg	F
lansoprazole (PREVACID equiv) (QL = 2 caps/day)	QL	15mg	F
misoprostol (CYTOTEC equiv)	-	200mcg	F
omeprazole 20mg (PRILOSEC equiv) (Rx Only)	-	20mg	F
omeprazole 40mg (PRILOSEC equiv) (Rx Only)	-	40mg	F
pantoprazole (PROTONIX equiv) (QL = 2 tab/day)	QL	40mg	F
ranitidine (ZANTAC equiv)	-	150mg	F
sucralfate	-	1gm	F
KAPIDEX CAP (QL = 1 cap/day (Step Therapy requires failure of omeprazole))	QL/ST	60mg	F
NEXIUM CAP (QL = 90 caps/year)	QL	40mg	F
PREVACID SOLUTABS	-	30mg	F
nizatidine soln (AXID SOLN. equiv)	-	15mg/ml	F
Laxatives			
bisacodyl suppository (otc)	OTC	5mg	F
bisacodyl tab (otc)	OTC	5mg	F
docusate otc	OTC	-	F
glycerin supp. otc	OTC	-	F
magnesium citrate soln (otc)	OTC	-	F
magnesium hydroxide soln (otc)	OTC	-	F
mineral oil (otc)	OTC	-	F
mineral oil enema (otc)	OTC	-	F
psyllium powder (otc)	OTC	-	F
senna otc	OTC	-	F
sodium phosphate enema (otc)	OTC	-	F
GOLYTELY PACKET	-	-	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 7 - Gastrointestinal Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Laxatives cont.			
lactulose	-	10gm	F
peg 3350/electrolytes (GOLYTELY/COLYTE EQUIV)	-	-	F
sorbitol	-	-	F
trilyte (NULYTELY EQUIV)	-	-	F
Misc. GI Agents			
bismuth subsalicylate chew tab (otc)	OTC	-	F
bismuth subsalicylate soln (otc)	OTC	-	F
sodium bicarbonate tab otc	OTC	-	F
balsalazide (COLAZAL equiv)	-	750mg	F
glycopyrrolate (ROBINUL EQUIV)	-	1mg	F
sulfasalazine	-	500mg	F
sulfasalazine ec	-	500mg	F
ursodiol cap (ACTIGALL equiv)	-	300mg	F
ursodiol tab (URSO/URSO FORTE equiv)	-	500mg	F
ASACOL (HD)	-	-	F
CANASA	-	500mg	F
CREON 10	-	-	F
GASTROCROM	-	100mg/5ml	F
LIALDA	-	1.2 gm	F
PANCREATIC ENZYMES (ALL BRANDS)	-	400mg	F
PENTASA	-	250mg	F
ULTRASE	-	-	F
URSO	-	250mg	F
URSO FORTE	-	500mg	F
ZENPEP	-	-	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

**Last Updated* 2/17/2010
Chapter 8 - Genitourinary Agents**

Drug Name	Spec Code	Most Common Str	Tier
Misc. Urinary/Renal Products			
nitrofurantoin macrocrystals (MACRODANTIN EQUIV)	-	100mg	F
phenazopyridine (PYRIDIDIUM EQUIV)	-	100mg	F
phenazopyridine plus (PYRIDIDIUM PLUS equiv)	-	-	F
usept	-	-	F
CYSTAGON (Only available through PharmaCare 1-800-238-7828)	-	150mg	F
ELMIRON	-	100mg	F
FOSRENOL	-	500mg	F
RENAGEL	-	800mg	F
RENVELA	-	800mg	F
Prostatic Hypertrophy Agents			
doxazosin (CARDURA equiv)	-	4mg	F
finasteride (PROSCAR equiv)	-	5mg	F
terazosin (HYTRIN equiv)	-	5mg	F
AVODART	-	0.5mg	F
UROXATRAL	-	10mg	F
Rectal Agents			
hc pramoxine cream (ANALPRAM-HC equiv)	-	1-1%	F
hydrocortisone enema	-	100mg	F
hydrocortisone supp	-	25mg	F
mesalamine (ROWASA EQUIV)	-	4gm	F
pramoxine hcl rectal foam (PROCTOFOAM EQUIV)	-	1%	F
PROCTOFOAM HC	-	-	F
Urinary Anti-Infectives			
nitrofurantoin monohydrate (MACROBID EQUIV)	-	100mg	F
Urinary Antispasmodics			
bethanechol (URECHOLINE equiv)	-	25mg	F
oxybutynin (DITROPAN equiv)	-	5mg	F
oxybutynin er (DITROPAN XL equiv)	-	10mg	F
DETROL	-	2mg	F
DETROL LA	-	4mg	F
ENABLEX	-	15mg	F
VESICARE	-	10mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 9 - Antineoplastics & Immunosuppressants

Drug Name	Spec Code	Most Common Str	Tier
Anti-Neoplastics Immunosuppressive Agents			
azathioprine (IMURAN equiv)	SP	50mg	F
bicalutamide (CASODEX equiv)	SP	50mg	F
carboplatin inj. (PARAPLATIN INJ. equiv)	-	-	F
cisplatin inj. (PLATINOL INJ. equiv)	-	-	F
cladribine inj. (LEUSTATIN INJ. equiv)	-	-	F
cyclophosphamide	-	50mg	F
cyclosporine (SANDIMMUNE equiv)	SP	25mg	F
etoposide	MSP	50mg	F
fludarabine inj. (FLUDARA INJ. equiv)	-	-	F
flutamide (EULEXIN EQUIV)	SP	125mg	F
hydroxyurea	-	500mg	F
irinotecan inj. (CAMPTOSAR INJ. equiv)	-	-	F
megestrol	-	40mg	F
mercaptopurine (PURINETHOL EQUIV)	SP	50mg	F
mesna inj. (MESNEX INJ. equiv)	-	-	F
mycophenolate (CELLCEPT equiv)	SP	500mg	F
tacrolimus (PROGRAF equiv)	SP	5mg	F
tamoxifen	-	10mg	F
thioguanine	SP	40mg	F
tretinoin cap (VESANOID equiv)	MSP	10 mg	F
ALKERAN	SP	2mg	F
ARIMIDEX	SP	1mg	F
AROMASIN	SP	25mg	F
CASODEX	SP	50mg	F
CEENU	SP	-	F
EMCYT	SP	-	F
FARESTON	SP	60mg	F
FEMARA	SP	2.5mg	F
GLEEVEC	MSP/PA	400mg	F
HEXALEN	SP	50mg	F
HYCAMTIN	PA/MSP	0.25mg	F
HYCAMTIN INJ.	-	-	F
IRESSA (Only available through Curascript 1-877-634-8553)	SP	250mg	F
LEUKERAN	SP	2mg	F
LYSODREN	MSP	500mg	F
MATULANE	SP	50mg	F
MESNEX	MSP	400mg	F
MYFORTIC	SP	360mg	F
MYLERAN	-	2mg	F
NEXAVAR	PA/MSP	200mg	F
PROGRAF	SP	5mg	F
PROLEUKIN	SP	22miu	F
RAPAMUNE	SP	1mg	F
REVLIMID (QL = Max 1 cap/day)	QL/PA/MSP	5mg	F
SPRYCEL	PA/MSP	70mg	F
SUTENT	PA/MSP	50mg	F
TABLOID	SP	40mg	F
TARCEVA	MSP/PA	150mg	F
TARGRETIN	PA/MSP	75mg	F
TARGRETIN GEL	-	1%	F
TASIGNA	PA/MSP	200 mg	F
TEMODAR	MSP	100mg	F
THALOMID	PA/MSP	50mg	F
VEPESID	MSP	-	F
XELODA	MSP	500mg	F
ZOLINZA	PA/MSP	100 mg	F

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MSP Mandatory Specialty Pharmacy Program	RS	Restricted to Specialist		
OTC Over-the-Counter	SP	Avail. through Specialty Pharmacy Program		

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 9 - Antineoplastics & Immunosuppressants cont.

Drug Name	Spec Code	Most Common Str	Tier
Anti-Neoplastics Immunosuppressive Agents cont.			
AFINITOR (QL= 1 tab/day)	MSP/PA/QL	5 MG	F

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. The examples listed are based on most frequently prescribed dosage and quantity. The cost of every dose or package size is not listed.

generics = small letters	PA Prior Authorization	ST Step Therapy
BRAND = CAPITAL LETTERS	QL Quantity Limit	
MSP Mandatory Specialty Pharmacy Program	RS Restricted to Specialist	
OTC Over-the-Counter	SP Avail. through Specialty Pharmacy Program	

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 10 - Diabetic Agents

Drug Name	Spec Code	Most Common Str	Tier
Diabetic Supplies			
alcohol pads	OTC	-	F
ACCU-CHEK AVIVA CONTROL SOLUTION	-	-	F
ACCU-CHEK CONTROL SOLUTIONS	-	-	F
B-D INSULIN SYRINGES	-	-	F
B-D PEN NEEDLES	-	-	F
CLINISTIX	-	-	F
FREESTYLE CONTROL SOLUTIONS	-	-	F
KETO-DIASTIX	-	-	F
KETOSTIX	-	-	F
lancets	-	-	F
NOVOFINE PEN NEEDLES	-	-	F
PRECISION SURE-DOSE INSULIN SYRINGE (ALL)	-	-	F
PRECISION XTRA CONTROL SOLUTION	-	-	F
ACCU-CHEK AVIVA TEST STRIPS	-	-	F
ACCU-CHEK TEST STRIPS	-	-	F
FREESTYLE LITE TEST STRIPS	-	-	F
FREESTYLE TEST STRIPS	-	-	F
PRECISION XTRA TEST STRIPS	-	-	F
Hyperglycemic Agents			
glucose gel otc	OTC	-	F
glucose tab otc	OTC	-	F
GLUCAGEN HYPOKIT	-	-	F
GLUCAGON KIT 1MG (QL = 2 inj/30 days)	QL	-	F
Hypoglycemic Agents			
acarbose (PRECOSE equiv)	-	50mg	F
glimepiride (AMARYL equiv)	-	4mg	F
glipizide (GLUCOTROL equiv)	-	5mg	F
glipizide er (GLUCOTROL XL equiv)	-	10mg	F
glipizide/metformin (METAGLIP equiv)	-	5/500mg	F
glyburide (DIABETA, MICRONASE equiv)	-	5mg	F
glyburide micronized	-	3mg	F
glyburide/metformin (GLUCOVANCE equiv)	-	2.5/500mg	F
metformin (GLUCOPHAGE equiv)	-	500mg	F
metformin er (GLUCOPHAGE XR equiv)	-	500mg	F
nateglinide (STARLIX equiv)	-	120mg	F
NOVOLIN VIAL	-	U-100	F
tolazamide (TOLINASE equiv)	-	250mg	F
ACTOPLUS MET	-	15mg/500mg	F
ACTOS	-	30mg	F
AVANDAMET	-	4/500mg	F
AVANDARYL	-	4mg/2mg	F
AVANDIA	-	4mg	F
DUETACT	-	30-4 mg	F
HUMULIN 50/50 VIAL	-	U-100	F
HUMULIN R U-500	-	U-500	F
HUMULIN VIAL	-	U-100	F
LANTUS	-	U-100	F
LEVEMIR	-	100 units/ml	F
NOVOLOG MIX	-	U-100	F
NOVOLOG VIALS	-	U-100	F
VELOSULIN	-	100units/ml	F

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BRAND = CAPITAL LETTERS	QL	Quantity Limit		
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OTC Over-the-Counter	SP	Avail. through Specialty Pharmacy Program		

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 11 - Endocrine Agents

Drug Name	Spec Code	Most Common Str	Tier
Corticosteroids			
CORTEF	-	10mg	F
dexamethasone	-	4mg	F
fludrocortisone acetate (FLORINEF EQUIV)	-	0.1mg	F
hydrocortisone (CORTEF equiv)	-	20mg	F
methylprednisolone (MEDROL EQUIV)	-	4mg	F
methylprednisolone dose pak (MEDROL DOSE PAK EQUIV)	-	4mg	F
prednisolone (PRELONE EQUIV)	-	15mg/5ml	F
prednisolone (PEDIAPRED EQUIV)	-	6.7mg/5ml	F
prednisone tab	-	5mg	F
Growth Hormones			
NORDITROPIN	PA/MSP	-	F
Osteoporosis Agents			
alendronate tab (FOSAMAX equiv)	-	70mg	F
calcitonin nasal spray (MIACALCIN NS equiv) (QL = 1 bottle/30 days)	SP/QL	-	F
etidronate (DIDRONEL equiv)	-	400mg	F
EVISTA	-	60mg	F
FOSAMAX-D	-	-	F
MIACALCIN INJECTION (QL = 2 inj/30 days)	QL/MSP	200units/ml	F
MIACALCIN NASAL (QL = 1 bottle/30 days)	SP/QL	-	F
Other Endocrine Agents			
cabergoline (DOSTINEX equiv)	SP	0.5mg	F
danazol (DANOCRINE EQUIV)	-	200mg	F
desmopressin acetate nasal (DDAVP EQUIV)	SP	0.01%	F
desmopressin acetate tab (DDAVP TAB EQUIV)	-	0.2mg	F
desmopressin inj (DDAVP INJ EQUIV)	MSP	4mcg/ml	F
fluxymesterone	-	10mg	F
flutamide (EULEXIN EQUIV)	SP	125mg	F
levocarnitine (CARNITOR EQUIV)	-	10%	F
methotrexate	-	2.5mg	F
octreotide inj (SANDOSTATIN equiv)	MSP	0.5mg/ml	F
tamoxifen	-	10mg	F
testosterone cypionate inj. (DEPO-TESTOSTERONE equiv)	PA	100mg/ml	F
testosterone enanthate inj. (DELATESTRYL equiv)	PA	200mg/ml	F
ARIMIDEX	SP	1mg	F
CEREZYME	PA/MSP	-	F
EXJADE (Only available through Accredo phone 1-866-890-3395, fax 1-866-591-9094)	-	250mg	F
HECTOROL	-	2.5mcg	F
INCRELEX	MSP	10mg/ml	F
SANDOSTATIN	MSP	0.5mg/ml	F
SENSIPAR	PA/MSP	30mg	F
SOMAVERT (Only available through Pfizer Bridge Program 1-800-645-1280)	SP	10mg/ml	F
STIMATE	-	1.5mg/ml	F
TREXALL	-	10mg	F
ZAVESCA	-	100mg	F
CEREDASE	PA	80 units/ml	F
Thyroid Agents			
ARMOUR THROID	-	60mg	F
levothyroid	-	100mcg	F
levothyroxine (SYNTHROID equiv)	-	100mcg	F
levoxyI	-	100mcg	F
liothyronine (CYTOMEL equiv)	-	25mcg	F
methimazole (TAPAZOLE EQUIV)	-	5mg	F
NORTHYX (5MG & 10MG)	-	5mg	F
propylthiouracil	-	50mg	F
thyroid (ARMOUR THYROID equiv)	-	60mg	F

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 BRAND = CAPITAL LETTERS
 MSP Mandatory Specialty Pharmacy Program
 OTC Over-the-Counter

PA Prior Authorization
 QL Quantity Limit
 RS Restricted to Specialist
 SP Avail. through Specialty Pharmacy Program

ST Step Therapy

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 11 - Endocrine Agents cont.

<u>Drug Name</u>	<u>Spec Code</u>	<u>Most Common Str</u>	<u>Tier</u>
Thyroid Agents cont.			
unithroid	-	100 mcg	F
CYTOMEL	-	25mcg	F
NORTHYX (15MG & 20MG)	-	15mg	F
THYROLAR	-	60mg	F

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BRAND = CAPITAL LETTERS	QL	Quantity Limit		
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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 12 - Musculoskeletal Agents

Drug Name	Spec Code	Most Common Str	Tier
COX-2 Inhibitors			
CELEBREX (Max 2 caps/day (Step-Therapy requires failure of 2 generic NSAIDS))	QL/ST	200mg	F
Gout Agents			
allopurinol	-	300mg	F
colchicine	-	0.6mg	F
probenecid	-	500mg	F
probenecid/colchicine	-	0.5mg/500mg	F
COLCRYS	-	0.6mg	F
ULORIC (Step Therapy requires failure of allopurinol)	ST	80mg	F
Misc. Musculoskeletal			
hydroxychloroquine (PLAQUENIL equiv)	-	200mg	F
leflunomide (ARAVA equiv)	-	20mg	F
methotrexate	-	2.5mg	F
ENBRELE INJ. 25MG (QL = 2 inj/30 days)	MSP/QL/PA	25mg	F
ENBRELE INJ. 50MG (QL = 4 inj/30 days)	MSP/QL/PA	50mg	F
HUMIRA KIT	PA/MSP	40mg	F
KINERET	PA/MSP	100mg	F
RIDAURA	-	3mg	F
RILUTEK	-	50mg	F
TREXALL	-	10mg	F
SIMPONI INJ.	MSP/PA	50mg	F
Muscle Relaxants			
baclofen	-	20mg	F
carisoprodol (SOMA EQUIV) (QL = 90 tab/30 days)	QL	350mg	F
carisoprodol compound (QL = 240 tab/30 days)	QL	-	F
carisoprodol/aspirin (SOMA CPD EQUIV)	-	200/325mg	F
carisoprodol/aspirin & codeine (SOMA CPD/COD equiv) (QL = 240 tab/30 days)	QL	-	F
chlorzoxazone	-	500mg	F
cyclobenzaprine (FLEXERIL EQUIV) (QL = 90 tab/30 days)	QL	10mg	F
dantrolene (DANTRUM EQUIV)	-	100mg	F
methocarbamol (ROBAXIN EQUIV)	-	750mg	F
orphenadrine citrate er (NORFLEX EQUIV)	-	100mg	F
orphenadrine/asa/caff (NORGESIC equiv)	-	25-385-30 mg	F
orphenadrine/asa/caffeine 50-770-60mg (NORGESIC FORTE equiv)	-	50-770-60mg	F
tizanidine tab (ZANAFLEX TAB equiv) (QL = 120 tab/30 days)	QL	2mg	F
SKELAXIN (QL = 120 tab/30 days)	QL	400mg	F
NSAIDs			
aspirin (otc)	OTC	-	F
ibuprofen otc (MOTRIN equiv)	OTC	-	F
naproxen otc (ALEVE equiv)	OTC	-	F
diclofenac potassium (CATAFLAM EQUIV)	-	50mg	F
diclofenac sodium (VOLTAREN EQUIV)	-	75mg	F
diclofenac sodium xr (VOLTAREN XR equiv)	-	100 mg	F
etodolac	-	300/400mg	F
etodolac sr, xr	-	-	F
fenoprofen	-	600mg	F
flurbiprofen	-	100mg	F
ibuprofen (Rx Only)	-	800mg	F
indomethacin	-	25mg	F
indomethacin cr	-	75mg	F
ketoprofen	-	75mg	F
ketorolac (QL = 20 tab/30 days)	QL	10mg	F
meclufen sodium	-	100mg	F
meloxicam (MOBIC equiv)	-	15mg	F
nabumetone (RELAFEN EQUIV)	-	500mg	F
naproxen	-	500mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010

Chapter 12 - Musculoskeletal Agents cont.

<u>Drug Name</u>	<u>Spec Code</u>	<u>Most Common Str</u>	<u>Tier</u>
NSAIDs cont.			
naproxen sodium	-	550mg	F
naproxen sodium cr (NAPRELAN equiv)	-	500mg	F
oxaprozin (DAYPRO EQUIV)	-	600mg	F
piroxicam	-	20mg	F
salsalate	-	500mg	F
sulindac	-	200mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 13 - OB/GYN Agents

Drug Name	Spec Code	Most Common Str	Tier
Androgens			
fluoxymesterone	-	10mg	F
oxandrolone (OXANDRIN equiv)	-	2.5mg	F
ANDROGEL	PA	1%	F
Anti-Infectives			
FEMSTAT 3 VAGINAL CREAM OTC	OTC	-	F
MYCELEX 3 VAGINAL CREAM OTC	OTC	-	F
acidic vaginal jelly	-	-	F
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	2%	F
fluconazole (DIFLUCAN EQUIV)	-	150mg	F
metronidazole vaginal cream (METROGEL VAG CREAM equiv)	-	0.75%	F
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	0.75%	F
nystatin vag tab	-	100,000units	F
terconazole supp (TERAZOL 3 SUPP equiv)	-	80mg	F
terconazole vaginal cream (TERAZOL 3 EQUIV)	-	8%	F
AVC	-	15%	F
Contraceptives			
apri (ORTHO-CEPT/DESOGEN equiv)	-	-	F
aranelle (TRI-NORINYL equiv)	-	-	F
aviane (ALESSE equiv)	-	2.5mg	F
azurette (MIRCETTE equiv)	-	-	F
balziva (OVCON 35 equiv)	-	-	F
camila (ORTHO MICRONOR/NOR-QD equiv)	-	-	F
cesia (CYLESSA equiv)	-	-	F
cryselle (LO-OVRAL equiv)	-	-	F
enpresse (TRIPHASIL/TRI-LEVLEN equiv)	-	-	F
errin (ORTHO MICRONOR/NOR-QD equiv)	-	-	F
jolivet (ORTHO MICRONOR/NOR-QD equiv)	-	-	F
junel (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	-	F
kariva (MIRCETTE equiv)	-	-	F
leena (TRI-NORINYL equiv)	-	-	F
lessina (LEVLITE equiv)	-	-	F
levora (LEVLEN/NORDETTE equiv)	-	-	F
low-ogestrel (LO-OVRAL equiv)	-	-	F
luter (ALESSE equiv)	-	-	F
microgestin (fe) 1.5/30, 1/20 (LOESTRIN (FE) equiv)	-	-	F
mononessa (ORTHO-CYCLEN equiv)	-	-	F
neon (0.5/35, 1/35, 1/50, 7/7/7, 10/11) (ORTHO-NOVUM/MODICON equiv)	-	-	F
next choice tab (PLAN B equiv)	-	-	F
nortrel (0.5/35, 1/35, 1/50) (ORTHO-NOVUM/MODICON equiv)	-	-	F
portia (LEVLEN/NORDETTE equiv)	-	-	F
reclipsen (ORTHO-CEPT/DESOGEN equiv)	-	-	F
solia (ORTHO-CEPT/DESOGEN equiv)	-	-	F
sprintec (ORTHO-CYCLEN equiv)	-	-	F
tilia fe (ESTROSTEP FE equiv)	-	-	F
tri-legest fe (ESTROSTEP FE equiv)	-	-	F
trinessa (ORTHO TRI-CYCLEN equiv)	-	-	F
tri-previfem (ORTHO TRI-CYCLEN equiv)	-	-	F
tri-sprintec (ORTHO TRI-CYCLEN equiv)	-	-	F
trivora (TRIPHASIL/TRI-LEVLEN equiv)	-	-	F
velivet (CYCLESSA equiv)	-	-	F
YASMIN	-	-	F
zenchent (OVCON 35 equiv)	-	-	F
zovia 1/35, 1/50 (DEMULEN equiv)	-	-	F
DEPO-PROVERA INJ	-	150mg/ml	F
NUVARING	-	-	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 13 - OB/GYN Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Contraceptives cont.			
ORTHO EVRA	-	-	F
ORTHO TRI-CYCLEN LO	-	-	F
PLAN B	-	-	F
YAZ	-	3.0.02mg	F
Estrogens			
estra/noreth tab (ACTIVEVELLA equiv)	-	-	F
estradiol tab (ESTRACE equiv)	-	1mg	F
estropipate	-	0.75mg	F
gynodiol 0.5mg, 1mg, 2mg (ESTRACE equiv)	-	1mg	F
syntest (ESTRATEST equiv)	-	-	F
syntest hs (ESTRATEST HS equiv)	-	-	F
COMBIPATCH	-	-	F
ENDOMETRIN	PA	100 mg	F
ESTRACE VAGINAL CREAM	-	-	F
ESTRATEST	-	-	F
ESTRATEST HS	-	-	F
ESTRING	-	2mg	F
FEMHRT	-	-	F
GYNODIOL (1.5MG)	-	1.5mg	F
PREMARIN	-	0.625	F
PREMARIN VAGINAL CREAM	-	0.625mg/gm	F
PREMPHASE	-	-	F
PREMPRO	-	0.625-2.5m	F
PREMPRO LOW	-	0.45/1.5mg	F
VIVELLE/DOT	-	0.05mg	F
estradiol patch (CLIMARA equiv)	-	0.05mg	F
Other OB/GYN Agents			
bromocriptine	-	2.5mg	F
danazol	-	200mg	F
METHERGINE	-	0.2mg	F
Prenatal Products			
prenatal vitamins (otc)	OTC	-	F
prenatal rx (generic products only)	-	-	F
PRECARE PREMIER	-	-	F
PRENATAL RX (Brand Name Products)	-	-	F
PRIMACARE	-	-	F
PRIMACARE ADVANTAGE	-	-	F
PRIMACARE ONE	-	-	F
Progestins			
medroxyprogesterone	-	10mg	F
norethindrone acetate (AYGESTIN EQUIV)	-	5mg	F
PROMETRIUM	-	100mg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

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Chapter 14 - Nutrition, Blood & Electrolytes

Drug Name	Spec Code	Most Common Str	Tier
Anti-Coagulants/Blood Modifiers			
aminocaproic acid (AMICAR equiv)	SP	500mg	F
anagrelide (AGRYLIN equiv)	-	1mg	F
cilostazol (PLETAL EQUIV)	-	100mg	F
dipyridamole	-	75mg	F
heparin flush	-	-	F
heparin inj.	-	-	F
jantoven (COUMADIN equiv)	-	5mg	F
pentoxifylline	-	400mg	F
ticlopidine	-	250mg	F
warfarin (COUMADIN equiv)	-	5mg	F
AGGRENOX	-	200/25mg	F
AMICAR TAB (1000MG)	SP	1000mg	F
EPOGEN	PA/MSP	10,000units	F
FRAGMIN	SP	5000units	F
LEUKINE	PA/MSP	-	F
LOVENOX (QL = 28 inj/14 days)	QL/SP	80mg/0.8ml	F
MOZOBIL	PA	20mg/ml	F
NEUPOGEN	PA/MSP	480mcg	F
PLAVIX TAB 75MG (QL = 1 tab/day)	QL	75mg	F
PROCRIT	MSP/PA	10,000units	F
PROMACTA TAB 25MG (QL = 90 tab/30 days)	MSP/PA/QL	25mg	F
PROMACTA TAB 50MG (QL = 45 tab/30 days)	QL/MSP/PA	50mg	F
ARIXTRA	PA	2.5mg	F
Chelating Agents			
CUPRIMINE	-	250mg	F
Potassium Supplements			
phospha (K-PHOS NEUTRAL equiv)	-	250	F
potassium bicarbonate (K-LYTE equiv)	-	25meq	F
potassium chloride	-	20%	F
potassium chloride cr	-	8meq	F
potassium chloride powder (K-LOR equiv)	-	20meq	F
K-PHOS	-	-	F
Systemic Alkalinizers			
calcium acetate cap (PHOSLO equiv)	-	667mg	F
potassium citrate & citric acid (POLYCITRA equiv)	-	-	F
potassium citrate er (UROCIT-K equiv)	-	1080mg	F
sodium citrate and citric acid soln (BICITRA EQUIV)	-	-	F
BICITRA	-	-	F
UROCIT-K	-	1080mg	F
Vitamins And Minerals			
ascorbic acid tab otc	OTC	-	F
calcium carbonate tab otc	OTC	-	F
calcium w/ vitamin d tab otc	OTC	-	F
cholecalciferol tab/cap otc	OTC	-	F
ferrous sulfate (otc)	OTC	-	F
hexavitamin tab otc	OTC	-	F
iron complex cap 150mg otc	OTC	-	F
magnesium chloride tab (otc)	OTC	-	F
magnesium oxide tab (otc)	OTC	-	F
multiple vitamin cap/tab (otc)	OTC	-	F
potassium gluconate tab (otc)	OTC	-	F
prenatal vitamins (otc)	OTC	-	F
vitamin d cap/tab otc	OTC	-	F
vitamin e otc	OTC	-	F
aminobenzoate potassium cap/powder (POTABA equiv)	-	-	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

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Chapter 14 - Nutrition, Blood & Electrolytes cont.

Drug Name	Spec Code	Most Common Str	Tier
Vitamins And Minerals cont.			
calcitriol	-	0.25mg	F
calcitriol inj. (CALCIJEX equiv)	MSP	1mcg/ml	F
DIALYVITE	-	-	F
ferrex-150 forte (NIFEREX-150 CAP FORTE equiv)	-	-	F
fluoride	-	1mg	F
folbee (FOLTX equiv)	-	-	F
folbee plus	-	-	F
folbee plus cz (DIATX equiv)	-	-	F
folic acid	-	1mg	F
FOLITAB	-	-	F
multigen (CHROMAGEN equiv)	-	-	F
multivitamins/fluoride (iron)	-	-	F
multivitamins/fluoride (iron)	-	0.5ml	F
prenatal rx (generic products only)	-	-	F
pruvate (REPLIVA equiv)	-	-	F
tricon (TRINSICON equiv)	-	-	F
tri-vitamin/fluoride (iron)	-	-	F
tri-vitamin/fluoride (iron)	-	0.5ml	F
vitamin d (Rx strength only)	-	50000	F
zinc sulfate	-	220mg	F
CHROMAGEN	-	-	F
CHROMAGEN FORTE	-	-	F
FOLGARD RX 2.2	-	-	F
FOLTX	-	-	F
GALZIN	-	25mg	F
MEPHYTON	-	5mg	F
NIFEREX-150 CAP FORTE	-	-	F
POTABA TAB	-	-	F
PRECARE PREMIER	-	-	F
PRENATAL RX (Brand Name Products)	-	-	F
PRIMACARE	-	-	F
PRIMACARE ADVANTAGE	-	-	F
PRIMACARE ONE	-	-	F
ZEMPLAR	-	2mcg	F

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BRAND = CAPITAL LETTERS	QL Quantity Limit	
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OTC Over-the-Counter	SP Avail. through Specialty Pharmacy Program	

Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 15 - Respiratory Agents

Drug Name	Spec Code	Most Common Str	Tier
Antihistamines			
cetirizine chew otc (ZYRTEC CHEW OTC equiv) (QL = 1 tab/day)	OTC/QL	10mg	F
cetirizine syrup otc (ZYRTEC SYRUP OTC equiv) (QL = 300 ml/30 days)	QL/OTC	1mg/ml	F
cetirizine tab otc (ZYRTEC OTC equiv) (QL = 1 tab/day)	OTC/QL	10mg	F
cetirizine/pse otc (ZYRTEC-D OTC equiv)	OTC	5-120 mg	F
chlorpheniramine er (otc)	OTC	12MG	F
chlorpheniramine tab (otc)	OTC	-	F
clemastine tab otc	OTC	-	F
diphenhydramine otc	OTC	-	F
loratadine otc (CLARITIN equiv) (QL = 1 tab/day)	OTC/QL	10mg	F
loratadine syrup otc (CLARITIN SYRUP OTC equiv) (QL = 250 ml/30 days)	QL/OTC	5 mg/5 ml	F
loratadine-d otc (CLARITIN-D OTC equiv)	OTC	10-240 mg	F
alavert allergy-sinus otc	-	5/120mg	F
alavert otc	-	10mg	F
alavert reditab otc	-	10mg	F
carbinoxamine (PALGIC equiv)	-	4mg	F
chlorpheniramine er	-	12mg	F
cyproheptadine	-	4mg	F
diphenhydramine (Only 50mg Covered)	-	50mg	F
fexofenadine (ALLEGRA equiv)	-	60mg	F
hydroxyzine	-	25mg	F
ASTELIN (QL = 1 bottle/30 days)	QL	137mcg	F
ASTEPRO (QL = 1 bottle/30 days)	QL	137mcg	F
Antileukotriene Drugs			
SINGULAIR (Step Therapy requires failure of albuterol, FLOVENT, PULMICORT, VENTOLIN, or ASMANEX)	ST	10mg	F
Asthma/Pulmonary Agents			
AEROCHAMBER	OTC	-	F
albuterol neb. solution	-	0.083%	F
albuterol sulfate	-	4mg	F
albuterol sulfate er (VOSPIRE ER equiv)	-	4mg	F
albuterol/ipratropium neb (DUONEB equiv)	-	-	F
aminophylline	-	200mg	F
broncho saline	-	0.90%	F
budesonide susp. (PULMICORT RESPULE equiv)	PA	0.5mg	F
cromolyn neb. solution	-	20mg/2ml	F
ipratropium nebulizer solution	-	0.2mg/ml	F
levalbuterol neb 1.25mcg (XOPENEX NEB equiv)	-	1.25mcg/0.5ml	F
metaproterenol syrup	-	10mg/5ml	F
PEAK FLOW METER	-	-	F
terbutaline sulfate	-	2.5mg	F
theophylline cr	-	300mg	F
theophylline er tab 24 hr (UNIPHYL EQUIV)	-	600mg	F
ADVAIR DISKUS	-	250/50	F
ADVAIR HFA	-	115-21mcg/ACT	F
ASMANEX INHALER	-	220mcg	F
ATROVENT HFA	-	17mcg	F
ATROVENT INHALER	-	18mcg	F
COMBIVENT	-	-	F
FLOVENT HFA	-	110mcg	F
FLOVENT ROTADISK	-	100mcg	F
FORADIL AEROLIZER	-	-	F
INTAL INHALER	-	800mcg	F
MAXAIR	-	200mcg	F
PROAIR HFA (QL = 2 inhalers/30 days)	QL	108mcg/ACT	F
PULMICORT FLEXHALER (QL = 2 unit/30 days)	QL	180mcg/ACT	F

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Last Updated* 2/17/2010

Chapter 15 - Respiratory Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Asthma/Pulmonary Agents cont.			
PULMICORT RESPULES (No PA required if <8 years old)	PA	0.25mg	F
PULMICORT TURBUHALER (QL = 2 unit/30 days)	QL	200mcg	F
PULMOZYME	PA	1mg/ml	F
SEREVENT DISKUS	-	50mcg	F
SPIRIVA (for use with Handihaler Device) (QL = 1 cap/day)	QL	18mcg	F
SYMBICORT	-	160-4.5	F
TILADE	-	1.75mg	F
VENTOLIN HFA (QL = 2 inhalers/30 days)	QL	-	F
Cough And Cold Agents			
guaifenesin otc	OTC	-	F
MUCINEX TAB (OTC)	OTC	-	F
pseudoephedrine otc	OTC	-	F
pseudoephedrine/guaifenesin	OTC	-	F
benzonatate	-	100mg	F
guaifenesin/codeine soln	-	100mg/10mg	F
GUAIFENESIN/PSEUDOEPHEDRINE PRODUCTS	-	-	F
HISTUSSIN HC	-	100mg/10mg	F
hydrocodone/guaifenesin syrup	-	5-100	F
methscopolamine dm/cpm (EXTENDRYL DM equiv)	-	-	F
promethazine vc (PHENERGAN VC EQUIV)	-	-	F
promethazine vc/codeine (PHENERGAN VC/CODEINE EQUIV)	-	-	F
promethazine/codeine (PHENERGAN/CODEINE EQUIV)	-	-	F
NUCOFED	-	-	F
Misc. Respiratory Products			
cromolyn nasal soln. otc	OTC	-	F
saline nasal spray otc	OTC	-	F
acetylcysteine (MUCOMYST EQUIV)	-	20%	F
EPIPEN	-	0.3mg	F
EPIPEN JR	-	0.15mg	F
REVATIO	PA/MSP	20mg	F
SYNAGIS	PA	100mg/ml	F
VENTAVIS	-	5mcg	F
Nasal Products			
fluticasone nasal spray (FLONASE equiv)	-	50mcg	F
ipratropium bromide nasal spray (ATROVENT EQUIV)	-	-	F
ASTELIN (QL = 1 bottle/30 days)	QL	137mcg	F
ASTEPRO (QL = 1 bottle/30 days)	QL	137mcg	F
NASONEX	-	50mcg	F
VERAMYST	-	27.5 mcg	F

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Colorado Access Health Plan - Enhanced Care Management Formulary

Last Updated* 2/17/2010
Chapter 16 - Ophthalmic Agents

Drug Name	Spec Code	Most Common Str	Tier
Anti-Infective/Steroids			
dexamethasone/neomycin/polymyx b (DEXACIDIN/MAXITROL EQUIV)	-	-	F
neomycin/bacitracin/polymyxin/hc (CORTISPORIN OPHTH equiv)	-	-	F
neomycin/dexamethasone (NEODECADRON EQUIV)	-	5ml	F
sulfacetamide sodium/prednisolone (BLEPHAMIDE EQUIV)	-	-	F
tobramycin/dex ophth sus (TOBRADEX equiv)	-	-	F
BLEPHAMIDE	-	-	F
CORTISPORIN OPHTH SUSP	-	-	F
TOBRADEX	-	-	F
ZYLET (QL = 5ml/Rx, 10ml bottle is Not Covered)	QL	0.5%/0.3%	F
Glaucoma Agents			
acetazolamide cap (DIAMOX SEQUELS equiv)	-	500mg	F
acetazolamide tab (DIAMOX equiv)	-	250mg	F
apraclonidine ophth (IOPIDINE equiv)	-	0.5%	F
brimonidine (ALPHAGAN EQUIV)	-	0.2%	F
carteolol (OCUPRESS EQUIV)	-	1%	F
dipivefrin (PROPINE EQUIV)	-	0.1%	F
dorzolamide ophth. (TRUSOPT equiv)	-	2%	F
dorzolamide/timolol ophth (COSOPT equiv)	-	2-0.5%	F
levobunolol (BETAGAN EQUIV)	-	0.25%	F
metipranolol (OPTIPRANOLOL EQUIV)	-	0.3%	F
pilocarpine ophth soln	-	4%	F
timolol maleate (TIMOPTIC EQUIV)	-	0.5%	F
timolol maleate ophth gel (TIMOPTIC XE EQUIV)	-	0.5%	F
ALPHAGAN P	-	0.15%	F
AZOPT	-	1%	F
BETIMOL	-	0.5%	F
BETOPTIC-S	-	0.25%	F
COMBIGAN	-	0.2-0.5%	F
DIAMOX SEQUELS	-	500mg	F
IOPIDINE	-	0.5%	F
ISOPTO CARBOCHOL	-	3%	F
ISTALOL	-	0.5%	F
LUMIGAN (QL= 2.5ml/fill)	QL	0.03%	F
PHOSPHOLINE IODIDE	-	0.125%	F
TRAVATAN (Z) (QL= 2.5ml/fill)	QL	0.004	F
XALATAN (QL= 2.5ml/fill)	QL	0.005%	F
Misc. Ophthalmic Agents			
artificial tears otc (QL = 25 ml/30 days)	QL/OTC	-	F
gentle ophth oint. otc	OTC	-	F
ketotifen ophth soln (ZADITOR equiv) (QL = 2 bottles/30 days)	QL/OTC	0.025%	F
atropine ophth soln	-	1%	F
cromolyn sodium ophth soln (CROLOM EQUIV)	-	4%	F
cyclopentolate (CYCLOGYL EQUIV)	-	1%	F
diclofenac sodium ophth. (VOLTAREN equiv)	-	0.1%	F
ketorolac ophth (ACULAR, ACULAR LS equiv)	-	0.5%	F
phenylephrine ophth. soln.	-	2.5%	F
ACULAR	-	0.5%	F
ACULAR LS	-	0.4%	F
ALAMAST	-	0.15%	F
ALOCRIAL	-	2%	F
ALOMIDE	-	-	F
ELESTAT	-	0.05%	F
EMADINE	-	0.05%	F
ISOPTO HOMATROPINE 2%, 5%	-	-	F
LACRISERT	-	-	F

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Last Updated* 2/17/2010

Chapter 16 - Ophthalmic Agents cont.

Drug Name	Spec Code	Most Common Str	Tier
Misc. Ophthalmic Agents cont.			
NEVANAC	-	0.1%	F
PATADAY (Step Therapy requires failure of ketotifen oph soln; QL = 5ml/30 days)	ST/QL	0.2%	F
PATANOL (Step Therapy requires failure of ketotifen oph soln; QL = 5ml/30 days)	ST/QL	0.1%	F
RESTASIS (Restricted to Ophthalmologist or Optometrist)	RS	0.05%	F
XIBROM	-	0.9%	F
Ophthalmic Anti-Infectives			
ciprofloxacin oph drops (CILOXAN OPTH DROPS EQUIV)	-	0.3%	F
erythromycin oph oint	-	-	F
gentamicin oph oint	-	0.3%	F
gentamicin oph soln	-	0.3%	F
neomycin/polymyxin b/gramicidin (NEOSPORIN EQUIV)	-	-	F
ofloxacin oph soln (OCUFLOX EQUIV)	-	0.3%	F
sodium sulfacetamide soln	-	10%	F
tobramycin soln (TOBREX EQUIV)	-	0.3%	F
trifluridine (VIROPTIC EQUIV)	-	1%	F
trimethoprim/polymyxin (POLYTRIM EQUIV)	-	-	F
AZASITE	-	1%	F
VIGAMOX	-	0.5%	F
Ophthalmic Steroids			
dexamethasone oph (DECADRON EQUIV)	-	0.1%	F
fluorometholone (FML EQUIV)	-	0.1%	F
prednisolone acetate (PRED FORTE EQUIV)	-	1%	F
prednisolone sodium phos oph soln (INFLAMASE FORTE EQUIV)	-	1%	F
ALREX	-	0.2%	F
LOTEMAX	-	0.5%	F
MAXIDEX	-	0.1%	F
PRED-MILD	-	0.12%	F
VEXOL	-	1%	F
DUREZOL	-	0.05%	F

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Prior Authorization Drug List

Last Updated* 2/17/2010

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ACTIMMUNE	F
actimune	F
ADAGEN INJ	F
AFINITOR	F
ANDROGEL	F
ARIXTRA	F
avita cream/gel	F
BARACLUDE	F
budesonide susp.	F
Ceredase	F
Cerezyme	F
DIFFERIN	F
ENBREL INJ. 25mg	F
ENBREL INJ. 50mg	F
ENDOMETRIN	F
EPOGEN	F
GLEEVEC	F
HUMIRA KIT	F
HYCANTIN	F
INFERGEN	F
INTRON A	F
INVEGA SUSTENNA INJ.	F
itraconazole	F
KINERET	F
LEUKINE	F
MOZOBIL	F
NEUPOGEN	F
NEXAVAR	F
NORDITROPIN	F
PEGASYS	F
PEG-INTRON	F
PROCRIT	F
PROMACTA TAB 25mg	F
PROMACTA TAB 50mg	F
PULMICORT RESPULES	F
PULMOZYME	F
REGRANEX	F
RETIN-A MICRO-GEL	F
REVATIO	F
REVLIMID	F
ribavirin	F
RIBAVIRIN TAB 500MG	F
RISPERDAL INJ.	F
SAVELLA	F
SENSIPAR	F
SIMPONI INJ.	F
SPRYCEL	F
STRATTERA	F
SUTENT	F
SYNAGIS	F
TARCEVA	F

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TARGRETIN	F
TASIGNA	F
testosterone cypionate inj.	F
testosterone enanthate inj.	F
THALOMID	F
tretinoin	F
VANCOCIN	F
ZOLINZA	F
ZYVOX	F

