



2015 HIP Medicaid/FHPlus Formulary

ANTI-INFECTIVES

Antifungal Agents

fluconazole [PA]
nystatin oral suspension

Antivirals

acyclovir

OLYSIO [PA] [ST]

RELENTA

TAMIFLU

valacyclovir

VICRELIS [PA]

VIEKIRA PAK [PA]

Cephalosporins

cefdinir

cefturoxime

cephalexin

Erythromycins & Other Macrolides

azithromycin

clarithromycin

Penicillins

amoxicillin

amoxicillin/potassium clavulanate

penicillin v potassium

Quinolones

ciprofloxacin

levofloxacin

moxifloxacin

Tetracyclines

doxycycline hyclate

doxycycline monohydrate

minocycline

Urinary Tract Agents

nitrofurantoin monohydrate/
macrocrystals

Misc. Anti-Infectives

clindamycin hcl

hydroxychloroquine

metronidazole

sulfamethoxazole/

trimethoprim

XIFAXAN

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole

azathioprine

methotrexate

SANDIMMUNE SOLUTION

SPRYCEL

tamoxifen

ZYTIGA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

clonazepam

divalproex delayed-release

divalproex ext-release

gabapentin

lamotrigine

levetiracetam

LYRICA [ST]

oxcarbazepine

POTIGA

topiramate [PA]

VIMPAT

Antiparkinsonism Agents

carbidopa/levodopa

pramipexole

ropinirole

Misc. Neurological Therapy

AMPYRA

COPAXONE 20 MG [INJ] [PA]

donepezil

GILENYA

NAMENDA

NAMENDA XR

NUEDEXTA

TECFIDERA [ST]

Antipsychotics

ABILITY, ABILITY DISCMELT

olanzapine

quetiapine

risperidone

Misc. Psychotherapeutic Agents

dextroamphetamine/

amphetamine

dextroamphetamine/

amphetamine ext-release

guanfacine ext-release

INTUNIV [ST]

methylphenidate

methylphenidate ext-release

modafinil

STRATTERA [ST]

VYVANSE

Antivertigo & Antiemetic Drugs

meclizine hcl

ondansetron

ondansetron orally

disintegrating tablets

Anxiolytics

alprazolam

buspirone

diazepam

lorazepam

Hypnotic Agents

eszopiclone

temazepam

zolpidem

zolpidem ext-release

Migraine & Cluster Headache Therapy

butilbital/acetaminophen/

caffeine

rizatriptan

rizatriptan orally

disintegrating tablets

sumatriptan

ZOMIG NASAL [ST]

Narcotic Analgesics

acetaminophen/codeine

fentanyl patch [PA]

hydrocodone/acetaminophen

hydrocodone/ibuprofen

hydromorphone

methadone

morphine sulfate ext-release

oxycodone

oxycodeine/acetaminophen

Narcotic Antagonists

ZUBSOLV

Non-Narcotic Analgesics

tramadol

tramadol/acetaminophen

Selective Serotonin Reuptake Inhibitors

citalopram

escitalopram

fluoxetine

paroxetine

sertraline

Tricyclics

amitriptyline

doxepin

nortriptyline

Misc. Antidepressants

bupropion

bupropion ext-release

(12 hour)

bupropion ext-release

(24 hour)

duloxetine delayed-release

mirtazapine

trazodone hcl

venlafaxine

venlafaxine ext-release

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

benazepril

benazepril/ hydrochlorothiazide

enalapril

lisinopril

lisinopril/hydrochlorothiazide

quinapril

ramipril

Adrenergic Antagonists & Related Drugs

clonidine

doxazosin

terazosin

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

irbesartan

losartan

losartan/hydrochlorothiazide

telmisartan

telmisartan/ hydrochlorothiazide

valsartan

valsartan/ hydrochlorothiazide

Therapy for Acne

clindamycin phosphate

clindamycin phosphate/ benzoyl peroxide

metronidazole

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

Antiarrhythmic Agents

amiodarone

Beta-Blockers & Combos

atenolol

atenolol/chlorthalidone

bisoprolol/ hydrochlorothiazide

carvedilol

labetalol hcl

metoprolol succinate

ext-release

metoprolol tartrate

propranolol

propranolol ext-release

Calcium Channel Blockers

amlodipine

diltiazem ext-release

(24 hour)

nifedipine ext-release

verapamil ext-release

Other Antihypertensive Combos

amlodipine/benazepril

amlodipine/valsartan

Cardiac Glycosides

digoxin

Lipid/Cholesterol Lowering Agents

atorvastatin

fenofibrate

fenofibrate micronized

fenofibric acid

delayed-release

gemfibrozil

lovastatin

niacin ext-release

pravastatin

simvastatin

VASCEPA

ZETIA [ST]

Nitrates

isosorbide mononitrate

ext-release

Thiazide & Related Diuretics

chlorthalidone

furosemide

hydrochlorothiazide

spironolactone

triamterene/ hydrochlorothiazide

Misc. Cardiovascular Agents

hydralazine

DERMATOLOGICALS/ TOPICAL THERAPY

Antipsoriatic/Antiseborrheic

calcipotriene

Therapy for Acne

clindamycin phosphate

clindamycin phosphate/ benzoyl peroxide

metronidazole

Non-Insulin Hypoglycemic Agents

BYDUREON [INJ] [PA]

BYETTA [INJ] [PA]

glimepiride

glipizide

glipizide ext-release

glyburide

glyburide/metformin

INVOKAMET

INVOKANA

TAZORAC [PA]

Topical Antibacterials

mupirocin

Topical Antifungals

clotrimazole/betamethasone

dipropionate

ketoconazole

nystatin

nystatin/triamcinolone

Topical Corticosteroids

clobetasol propionate

desonide

fluocinolide

hydrocortisone

mometasone

triamcinolone acetonide

Misc. Dermatologicals

lidocaine patch

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

antipyrine/benzocaine

CIPRODEX

neomycin/polymyxin/

hydrocortisone

Drugs Affecting the Nose

azelastine

fluticasone

Misc. Agents

chlorhexidine gluconate

ENDOCRINE/DIABETES

Adrenal Hormones

dexamethasone

methylprednisolone

prednisolone sodium

phosphate

prednisone

veripred

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MUSCULOSKELETAL & RHEUMATOLOGY

Gout Therapy

allopurinol
COLCRYS
ULORIC [ST]

Muscle Relaxants & Antispasmodic Therapy

baclofen
cyclobenzaprine
metaxalone
methocarbamol
tizanidine

NSAID Agents

celecoxib
diclofenac sodium
delayed-release
etodolac
ibuprofen
indometacin
meloxicam
nabumetone
naproxen, naproxen sodium
Osteoporosis Therapy

alendronate sodium
FORTEO [INJ]

ibandronate
raloxifene

Misc. Rheumatological Agents

ENBREL [INJ] [PA]
HUMIRA [INJ] [PA]
ORENCIA [INJ] [ST]
OTEZLA
SAVELLA [ST]

OBSTETRICS & GYNECOLOGY

Estrogen Combos

estradiol/norethindrone
acetate

Estrogens

estradiol
estradiol patch
VAGIFEM

Oral Contraceptives & Related Agents

NOTE: All generic contraceptives are considered formulary
NUWARING
ORTHO EVRA
ORTHO TRI-CYCLEN LO

Progesterins

medroxyprogesterone acetate
progesterone micronized

Vaginal Anti-Infectives

metronidazole gel

terconazole

OPHTHALMOLOGY

Antibiotics

erythromycin
levofloxacin
polymyxin/trimethoprim
tobramycin

Glaucoma Drugs

ALPHAGAN P 0.1%
latanoprost

timolol maleate

Steroid-Antibiotic Combos

tobramycin/
dexamethasone susp

Steroids

prednisolone acetate

Misc. Ophthalmologics

RESTASIS

RESPIRATORY, ALLERGY, COUGH & COLD

Adrenergics

AUVI-Q [INJ]

Antihistamines

ariboxa
desloratadine
hydroxyzine hcl
hydroxyzine pamoate
levocetirizine
promethazine

Antitussive Combos

benzonatate
hydrocodone/
chlorpheniramine
polistirex
hydrocodone/homatropine
promethazine/
dextromethorphan

Inhaled Beta Agonists

albuterol
FORADIL
PERFOROMIST
VENTOLIN HFA

Inhaled Corticosteroids

budesonide
FLOVENT DISKUS, HFA [ST]
QVAR

Misc. Pulmonary Agents

ANORO ELLIPTA
COMBIVENT RESPIMAT

montelukast

OPSUMIT

SYMBICORT

TRACLEER [PA]

TUDORZA

UROLOGICALS

Anticholinergics & Antispasmodics

oxybutynin
oxybutynin ext-release
tolterodine ext-release

Benign Prostatic Hyperplasia (BPH) Therapy

finasteride
tamsulosin ext-release

VITAMINS, HEMATINICS & ELECTROLYTES

Anticoagulants

ELIQUIS
enoxaparin [INJ]
warfarin
XARELTO

Antiplatelet Drugs

AGGRENOX
BRILINTA
clopidogrel

Electrolytes

eliphos
potassium chloride
ext-release

Vitamins & Hematinics

ergocaliferol
folic acid
multivitamins/fluoride
prenatal vitamins

MISCELLANEOUS AGENTS

RENVELA

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.

Nonformulary Medications	Formulary Alternative(s)	Nonformulary Medications	Formulary Alternative(s)
ABSTRAL	fentanyl citrate [PA]	OMNARIS	flunisolide, fluticasone, triamcinolone acetonide
ACCU-CHEK	FREESTYLE, PRECISION	ONETOUCH	FREESTYLE, PRECISION
ADVAIR DISKUS/HFA	SYMBICORT	ONGLYZA	JANUVIA [ST], TRAJENTA [ST]
ALVESCO	FLOVENT DISKUS/HFA [ST], QVAR	OPANA ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release
ANDROGEL	AXIRON [PA]	OXCODONE ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release
APIDRA	HUMALOG	OXYCONTIN	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release
ASMANEX	FLOVENT DISKUS/HFA [ST], QVAR	PANCREAZE	pancrelipase delayed-release, CREON
AXERT	rizatriptan, sumatriptan, zolmitriptan	PEGINTRON	PEGASYS [PA]
BAYER	FREESTYLE, PRECISION	PERTZYE	pancrelipase delayed-release, CREON
BECONASE AQ	flunisolide, fluticasone, triamcinolone acetonide	PLEGRIDY	AVONEX [PA], EXTAVIA [ST], REBIF [PA]
BENZACLIN GEL PUMP	clindamycin phosphate/benzoyl peroxide	PROAIR HFA	VENTOLIN HFA
BETASERON	AVONEX [PA], EXTAVIA [ST], REBIF [PA]	PROVENTIL HFA	VENTOLIN HFA
BREEZE, CONTOUR	FREESTYLE, PRECISION	PULMICORT FLEXHALER	FLOVENT DISKUS/HFA [ST], QVAR
BREO ELLIPTA	SYMBICORT	QNASL	flunisolide, fluticasone, triamcinolone acetonide
CETRAXAL	ciprofloxacin ear solution, CIPRODEX	SAIZEN	OMNITROPE [PA], TEV-TROPIN [PA]
CIMZIA	ENBREL [PA], HUMIRA [PA]	SIMPONI	ENBREL [PA], HUMIRA [PA]
DUEXIS	ibuprofen + famotidine	STELARA	ENBREL [PA], HUMIRA [PA]
DULERA	SYMBICORT	SUBSYS	fentanyl citrate [PA]
EDARBI/EDARBYCLOR	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz	TANZEUM	BYDUREON [PA], BYETTA [PA]
EPIPEN, EPIPEN JR	AUVI-Q	TESTIM	AXIRON [PA]
FENTORA	fentanyl citrate [PA]	TESTOSTERONE GEL	AXIRON [PA]
FORTESTA	AXIRON [PA]	TEVETEN HCT	candesartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz
FROVA	rizatriptan, sumatriptan, zolmitriptan	TRAVATAN Z	latanoprost, travoprost
GENOTROPIN	OMNITROPE [PA], TEV-TROPIN [PA]	TRUETEST, TRUETRACK	FREESTYLE, PRECISION
HARVONI	VIEKIRA PAK [PA]	TRULICITY	BYDUREON [PA], BYETTA [PA]
HUMATROPE	OMNITROPE [PA], TEV-TROPIN [PA]	ULTRESA	pancrelipase delayed-release, CREON
INCIVEK	OLYSIO [PA] [ST], VICTRELIS [PA], VIEKIRA PAK [PA]	VELTIN	clindamycin phosphate + tretinoin [PA]
KADIAN	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release	VERAMYST	flunisolide, fluticasone, triamcinolone acetonide
KAZANO	JANUMET [ST], JANUMET XR [ST], JENTADUETO [ST]	VICTOZA	BYDUREON [PA], BYETTA [PA]
KOMBIGLYZE XR	JANUMET [ST], JANUMET XR [ST], JENTADUETO [ST]	VIMOVO	omeprazole delayed-release + naproxen sodium
LAZANDA	fentanyl citrate [PA]	VOGELXO	AXIRON [PA]
LUMIGAN	latanoprost, travoprost	XELJANZ	ENBREL [PA], HUMIRA [PA]
NASONEX	flunisolide, fluticasone, triamcinolone acetonide	XOPENEX HFA	VENTOLIN HFA
NESINA	JANUVIA [ST], TRAJENTA [ST]	ZENPEP	pancrelipase delayed-release, CREON
NORDITROPIN	OMNITROPE [PA], TEV-TROPIN [PA]	ZETONNA	flunisolide, fluticasone, triamcinolone acetonide
NOVOLIN	HUMULIN	ZIOPTAN	latanoprost, travoprost
NOVOLOG	HUMALOG	ZOHYDRO ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release
NUCYNTA ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release		
NUTROPIN/NUTROPIN AQ	OMNITROPE [PA], TEV-TROPIN [PA]		

KEY

[INJ] - Injectable Drug

[PA] - Prior Authorization is required for coverage

[ST] - Step Therapy may apply to some or all strengths of the drug

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

THIS FORMULARY SUMMARY IS EFFECTIVE JANUARY 1, 2015 THROUGH DECEMBER 31, 2015, AND IS SUBJECT TO CHANGE.

You can get more information about our formularies and our Pharmacy Benefit Services program at www.emblemhealth.com.

Please contact EmblemHealth Pharmacy Benefit Services at 1-888-447-7364, Monday through Friday from 8 am to 6 pm, if you have questions about this transition or need to obtain a prior approval.