



Originally effective January 1, 2010

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## What is the Drug List?

Also called a “formulary” by doctors and pharmacists, the Drug List is an extensive list of safe and effective, FDA-approved, brand name and generic prescription drugs used to treat the most common medical conditions.

The Health First Health Plans Pharmacy and Therapeutics Committee (P & T), a panel of physicians and pharmacists, developed our Drug List and updates it regularly. The list includes quality drugs available to you at reasonable cost. Only those medications that have successfully passed federally required clinical testing and evaluation and have been proven effective are included. The Pharmacy and Therapeutics Committee reviews and evaluates all available literature about a drug when updating the list.

## About tiers

Most covered prescription drugs will be categorized into one of five tiers. The cost of drugs varies widely, even though several different medications may be used to treat the same condition. What you pay for the prescription depends upon what tier the drug is listed in. Health First Health Plans offers many benefit plans that can vary in coverage for each tier. Details about your specific benefit for each tier are included in the Health First Health Plans Summary of Benefits.

- **Tier 1** — A select list of medications
- **Tier 2** — The majority of generic drugs available on the market

- **Tier 3** — Generally brand name drugs that do not have a generic equivalent available, and some expensive generic drugs.
- **Tier 4** — Brand name drugs that either:
  - have equally effective and less costly generic equivalents; *or*
  - may have one or more alternatives in Tier 3
- **Tier 5** — Brand name high-technology drugs that are generally the most expensive

*Generic drugs are prescription drugs that are identified by their chemical name. When the patent has expired on a brand name drug, the FDA permits new manufacturers to create an equivalent of the brand name drug and make it available to the public. Generally, more than one manufacturer will create generic versions, although often the same pharmaceutical firm that produces the brand name drug also makes the generic version. This prompts competitive pricing of the generic version and usually results in a less expensive drug.*

## The Drug List is subject to change

In order to continue to offer a safe and cost effective selection of prescription drugs, Health First periodically makes changes to the Drug List. These changes may include removing medications, adding restrictions, and/or covering a drug at a higher tier. The following list represents some of the most common scenarios in which changes to drug coverage will occur:

- Throughout the year, new medications are approved by the FDA. It is the policy of Health First Health Plans that new drugs will be excluded for 6 months from the date of FDA

\* Covered 100% with no member cost share    X=Excluded    PA=Prior Authorization required

\*\* Specialty medication restricted to Circles of Care Pharmacy or Health First Family Pharmacy  
(1/2) = Certain strengths may be eligible for the Pill-Splitting program. Call Customer Service for details.

approval, during which time the Health First Pharmacy and Therapeutics Committee can review the drug for safety and efficacy.

- The Drug List may change when a medication is withdrawn from the market due to safety reasons or if it becomes available over-the-counter (OTC). At the time that a medication on the Health First Drug List becomes available OTC, it may be excluded from coverage from that point forward.
- When a brand-name prescription drug loses its patent and the equivalent generic form is added to the Drug List, the brand-name drug may be moved to the highest non-specialty drug tier, which is generally Tier 4.

This formulary is current as of July 12, 2010. To get updated information about the drugs we cover, please visit our Web site at [www.healthfirsthealthplans.org](http://www.healthfirsthealthplans.org) or call Customer Service at 1-800-716-7737 8am-8pm any day of the week. TTY/TDD users should call the Florida Relay Center at 1-800-955-8771 during the same business hours.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Health First requires you and/or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions.
- **Step Therapy:** In some cases, Health First requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. Please see the reference table on

page 8 for a complete listing of the drugs which currently require step therapy.

## How can I make the most of my prescription drug benefit?

Prescription drug costs continue to rise every year and can represent a significant part of your healthcare expenses. Health First Health Plans can help you pay for your medications by sharing the cost with you and providing substantial discounts for medications you purchase. To help you manage your drug costs, here are some money-saving tips to consider:

- **Use Tier 1 generic medications whenever possible**

Generic drugs are the chemical equivalent of brand-name drugs, and are just as effective in most cases. If you take generic drugs you will generally pay less, so talk to your doctor about switching to a generic equivalent of any brand-name you are taking if it is appropriate. In addition, many of our prescription drug riders include a \$2 copayment for Tier 1 generic drugs ensuring affordable access to many commonly prescribed medications. Please see the list of drugs below to determine which drugs are included in Tier 1.

- **See if your prescription pills can be split in half**

For some medications, pills may be available in different strengths but still have the same price. If you need one of these select medications, your doctor may be able to write your prescription so that you can get your pills at double strength, but half of the number of pills you'd normally need, and you'd only pay half of the regular price. Then you'd split them in half, so you'd get the proper dose – saving up to 50 percent of the cost! The drugs that may be eligible for the Pill-Splitting program are marked with the symbol (1/2) on the list below, so review this information with your doctor if your drug qualifies.

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The following list includes the **majority** of drugs prescribed.

**This list is not a complete list of all drugs covered under your benefit plan.**

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**For information about a specific drug not listed, please contact Customer Service.** Health First Health Plans Customer Service is available daily from 8 am to 8pm. TTY is available during the same hours.

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(1/2) = Certain strengths may be eligible for the Pill-Splitting program. Call Customer Service for details.

- Phone (321) 434-5665
- Toll free (800) 716-7737

- TTY relay (800) 955-8771
- E-mail [hfhinfo@health-first.org](mailto:hfhinfo@health-first.org)

Drug Name	Tier
A/b otic	2
Abilify	4
Accolate	3
Accupril	4
Accuretic	4
Accutane	4
Acebutolol HCL	2
Aceon	4 (1/2)
Acetaminophen w/codeine	2
Acetasol HC	2
Acetazolamide	2
Aciphex	X
Aclovate ointment	4
Acticin	2
Activella	4
Actonel	4
Actoplus met	3
Actos	3
Acular	4
Acyclovir	2
Adalat CC	4
Adcirca	X
Adderall	4
Adderall XR	3
Adipex	PA-4
Advair diskus	3
Advair HFA	3
Advanced natalcare	2
Advicor	3
Aerobid	4
Afinitor	PA-4
Aggrenox	3
Albuterol	2
Albuterol sulfate	2
Albuterol sulfate nebulizer solution	2
Aldara	4
Alesse-28	4
Alkeran	3
Allegra	4
Allegra-D	4
Allfen	4
Allfen-DM	4
Allopurinol	2

Drug Name	Tier
Alocril	3
Alphagan P	3
Alprazolam	2
Altace	4
Altabax	3
Amantadine HCL	2
Amaryl	4
Amcinonide	2
Amerge (see Step Therapy table on p. 9)	4
Amidrine	2
Amiloride HCL w/HCTZ	2
Amiodarone HCL	2
Ami-tex LA	2
Amitiza	3
Amitriptyline HCL	2
Amitriptyline w/perphenazine	2
Amitriptyline/chlordiazepoxide	2
Amlodipine	1
Ammonium lactate	2
Amox tr/potassium clavulanate	2
Amoxicillin	1
Amoxicillin trihydrate	1
Amoxil	4
Amphetamine XR	X
Amphetamine salt combo	2
Ampicillin trihydrate	2
Amrix	4
Analpram-HC cream	4
Andehist-DM	2
Androderm	4
Androgel	3
Antara	4
Anucort-HC	2
Anzemet	PA-4
Apri	2
Aranesp	PA-5**
Arava	5**
Aricept	4
Arimidex	3
Arixtra >10 days	PA-5

Drug Name	Tier
Armour thyroid	4
Arthrotec 50	4
Arthrotec 75	4
Asacol	3
Ascomp w/codeine	2
Asmanex	4
Astelin	3
Astepro	3
Atacand	4 (1/2)
Atenolol	1
Atenolol w/chlorthalidone	1
Ativan	4
Atrovent HFA inhaler	4
Atrovent nasal spray	4
Atrovent nebulizer solution	4
Atuss HC	4
Augmentin	4
Augmentin ES-600	4
Augmentin XR	3
Auroto	2
Avalide	4
Avandamet	3
Avandaryl	3
Avandia	3
Avapro	4 (1/2)
Avelox	X
Aviane	2
Avinza	4
Avodart	3
Avonex admin. pack	X
Axert (see Step Therapy table on p. 9)	4
Azasan	4
Azathioprine	2
Azelastine hcl	2
Azithromycin	2
Azmacort	4
Azopt	3
Azulfidine	4
Azor	3
Bacitracin	2
Baclofen	2
Bactroban cream	3
Bactroban ointment	4

Drug Name	Tier
B-D ultra fine lancets	3
Beconase AQ	4
Belladonna w/phenobarbital	2
Bellaspas	2
Benazepril HCL	2
Benicar	3 (1/2)
Benicar w/HCTZ	3
Benzaclin	4
Benzonatate	2
Benzoyl peroxide	2
Benzotropine mesylate	2
Betamethasone dipropionate	2
Betamethasone DP augmented	2
Betamethasone valerate	2
Betapace	4
Betapace AF	4
Betaseron	5**
Betimol	3
Betoptic S	3
Biaxin	4
Biaxin XL	4
Bidil	3
Bisoprolol fumarate	2
Bisoprolol fumarate/HCTZ	2
Blephamide	3
Blephamide S.O.P.	3
Boniva oral	3
Brometane DX	2
Bromfenex-PD	2
Brompheniramine w/pseudoephed	2
Bumetanide	2
Bupropion HCL	2
Buspirone HCL	2
Butalbital compound	2
Butalbital/apap /caffeine	2
Butalbital/caff/apap/ codeine	2
Butorphanol	PA-2
Byetta	3
Bystolic	3

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Drug Name	Tier
Caduet	X
Calan SR	4
Calcitriol	2
Camila	2
Capex shampoo	3
Capital w/codeine	3
Captopril	1
Captopril/ hydrochlorothiazide	1
Carac	3
Carbamazepine	2
Carbatrol	3
Carbidopa/levodopa	2
Carbofed DM	2
Cardizem CD	4
Cardura	4
Carisoprodol	2
Carnitor	4
Carteolol HCL	2
Cartia XT	2
Casodex	4
Catapres tabs.	4
Catapres-TTS	4
Cefaclor	2
Cefadroxil	2
Ceftin tablets	4
Cefuroxime	2
Cefzil	4
Celebrex	4
Celexa	4
Cellcept	4
Cenestin	2
Cephalexin	1
Cheratussin AC	2
Chlordiazepoxide HCL	2
Chlorhexidine gluconate	2
Chlorothiazide	2
Chlorpromazine HCL	2
Chlorthalidone	2
Chlorzoxazone	2
Cholestyramine	1
Cholestyramine light	1
Choline mag trisalicylate	2
Ciloxan oph. ointment	3
Cimetidine	2
Cimzia	X
Cipro	4
Cipro XR	4
Ciprodex	3

Drug Name	Tier
Ciprofloxacin	1
Citalopram	1
Citraecal prenatal RX	4
Clarinox	4
Clarithromycin	2
Cleocin vaginal	3
Clidinium w/chlordiazepoxide	2
Climara	4
Clindamycin HCL	2
Clindamycin phosphate	2
Clobetasol propionate	2
Clomipramine HCL	2
Clonazepam	2
Clonidine HCL	2
Clorazepate dipotassium	2
Clotrimazole	2
Clotrimazole/ betamethasone	2
Clozapine	2
Cognex	4
Colazal	4
Colchicine	2
Colyte flavored	4
Combigan	3
Combipatch	3
Combivent	3
Comtan	4
Concerta	3
Copaxone	5**
Coreg	4
Coreg CR	3
Cortef	4
Cortisporin cream	3
Cortisporin otic	4
Cortisporin-TC	3
Cosopt	4
Coumadin	2
Covera-HS	3
Cozaar	X
Cpm 8/pse 90/msc 2.5	2
Crantex LA	2
Crestor	3 (1/2)
Crixivan	3
Cryselle	1
Cutivate	4
Cyclessa	4
Cyclobenzaprine HCL	2
Cycloset	X

Drug Name	Tier
Cymbalta	3
Cyproheptadine HCL	2
Cytomel	4
Cytuss HC	2
Darvocet-n 100	4
Darvon	4
Ddavp	4
Denavir	3
Depakote	4
Depakote ER	4
Depakote sprinkle	4
Depo-testosterone	4
Derma-smoothe/FS	3
Desipramine HCL	2
Desmopressin acetate	2
Desogen	4
Desonide	2
Desoximetasone	2
Detrol	3
Detrol LA	3
Dexamethasone	2
Dexilant	3
Dextroamphetamine sulfate	2
Diazepam	2
Diclofenac potassium	2
Diclofenac sodium	2
Dicloxacillin sodium	2
Dicyclomine HCL	2
Differin	3
Diflorasone diacetate	2
Diflucan	4
Digitek	2
Digoxin	2
Dilantin	4
Dilaudid	4
Diltia XT	2
Diltiazem HCL	2
Diovan	3 (1/2)
Diovan HCT	3
Diphenhydramine HCL	2
Diphenoxylate w/atropine	2
Dipivefrin HCL	2
Diprolene AF	4
Dipyridamole	2
Ditropan XL	4
Doryx	4
Dostinex	4
Dovonex cream	3
Doxazosin mesylate	2

Drug Name	Tier
Doxepin HCL	2
Doxycycline hyclate	1
Drituss HD	2
Duac gel	3
Duet tabs	4
Duetact	3
Duoneb	4
Duradrin	2
Duragesic qt. limit 10/30 days	4
Duricef tablets	4
Dyazide	4
Dynacirc CR	3
Econazole nitrate	2
Effexor	4
Effexor XR	3
Effient	3
Efudex cream	4
Efudex solution	4
Elavil	4
Elidel	3
Elocon	4
Embeda	X
Emend	4**
Enablex	3
Enalapril maleate	1
Enalapril maleate/HCTZ	1
Enbrel	5**
Endocet	2
Endodan	2
Enpresse	2
Entab-DM	2
Entex ER	4
Enulose	2
Epipen	3
Epipen Jr.	3
Epivir	4
Epogen	X
Errin	2
Ery	2
Ery-tab	2
Erythrocin stearate	2
Erythromycin	2
Erythromycin base tabs	3
Erythromycin ethylsuccinate	2
Erythromycin-benzoyl peroxide	2
Esgic-plus	4

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Drug Name	Tier
Eskalith CR	4
Estazolam	2
Estrace	4
Estraderm	3
Estradiol	2
Estradiol transdermal patch	2
Estratest	4
Estratest H.S.	4
Estropipate	2
Estrostep Fe	4
Ethambutol hydrochloride	2
Etodolac	2
Euflexxa	**
Evista	3
Exelon	4
Exforge	3
Exforge HCT	3
Extavia	X
Factive	3
Famotidine	2
Famvir	4
Fanapt	X
Fast Take	X
Felodipine	2
Femara	4
Femhrt	3
Fentanyl patch qty. limit 10/30 days	2
Flector	3
Fioricet	4
Fiorinal w/codeine #3	4
Flecainide acetate	2
Flexeril	4
Flomax	4
Flonase	4
Florinef acetate	4
Flovent	3
Flovent Disk	3
Floxin	4
Fludrocortisone acetate	2
Fluocinolone acetonide	2
Fluocinonide	2
Fluocinonide-e	2
Fluoxetine HCL	1
Fluoxetine 40mg	X
Flurazepam HCL	2
Flurbiprofen	2

Drug Name	Tier
Fluticasone	2
Fluvoxamine maleate	2
Focalin	4
Foradil	4
Fortamet	3
Forteo	PA-5**
Fortical	3
Fosamax	4
Fosamax Plus D	4
Fragmin >10 days	PA-5
FreeStyle Freedom Lite Meter	*
FreeStyle Lite Meter	*
FreeStyle Lite test strips	3
FreeStyle test strips	3
Frova (see Step Therapy table on p. 9)	4
Furosemide	1
Gabapentin	2
Gabitril	4
Gelnique	X
Gemfibrozil	1
Genotropin	X
Gentamicin sulfate	2
Geodon	4
Gleevec	PA-5**
Glipizide	1
Glucophage	4
Glucophage XR	4
Glucotrol XL	4
Glucovance	X
Glyburide	1
Glyburide micronized	2
Grifulvin V tabs.	4
Guaifen PSE	2
Guaifenesin	2
Guaifenesin 600/pse 120	2
Guaifenesin LA	2
Guaifenesin w/codeine	2
Guaifenesin w/pseudoephedrine	2
Guaifenesin phenylephrine	2
Guaifenex DM	2
Guaifenex G	2
Guaifenex GP	2
Guaifenex LA	2
Guaifenex PSE	2
Guaifen-PSE	2
Guanfacine HCL	2

Drug Name	Tier
Guiatuss AC	2
Haloperidol	2
H-C Tussive	2
Hemorrhoidal HC	2
Histinex HC	2
Humalog	X
Humalog mix 75/25	X
Humatrope	X
Humira	5**
Humulin 70/30	X
Humulin N	X
Humulin R	X
Hyalgan	PA**
Hydralazine HCL	2
Hydrochlorothiazide	1
Hydrocodone bit-ibuprofen	2
Hydrocodone BT/homatropine mbr	2
Hydrocodone compound	2
Hydrocodone w/acetaminophen	2
Hydrocodone w/guaifenesin	2
Hydrocodone/acetaminophen	2
Hydrocodone-acetaminophen	2
Hydrocortisone	2
Hydrocortisone w/iodoquinol	2
Hydromorphone HCL	2
Hydro-tussin DM	2
Hydro-tussin HC	2
Hydroxychloroquine sulfate	2
Hydroxyurea	2
Hydroxyzine HCL	2
Hydroxyzine pamoate	2
Hyoscyamine sulfate	2
Hyzaar	X
Ibuprofen	1
Imipramine HCL	2
Imitrex qty. limit 12/30	4
Indapamide	2
Inderal LA	4
Indomethacin	2
Inspira	4
Insulin syringe	3
Insulin syringe ultra fine II	3

Drug Name	Tier
Intal Inhaler	3
Intuniv	3
Invega Sustenna	X
Ipratropium bromide nasal spray	2
Ipratropium nebulizer solution	2
Isosorbide dinitrate	1
Isosorbide mononitrate	2
Istalol	3
Janumet	3
Januvia	3
Kadian	4
Kariva	2
K-dur	4
Keppra	4
Ketek	3
Ketoconazole	2
Ketoprofen	2
Ketorolac tromethamine	2
Kineret	5**
Klaron	4
Klonopin	4
Kristalose	3
Kuvan	PA-5**
Kytril	PA-4
Labetalol HCL	2
Lac-hydrin	4
Laclotion	2
Lactulose	2
Lamictal	4
Lamictal ODT	3
Lamictal XR	3
Lamisil	X
Lancets	3
Lanoxin tabs.	4
Lantus	3
Lasix	4
Lescol	4
Lescol XL	4
Lessina	2
Leukeran	3
Levaquin	3
Levemir	3
Levlen 28	4
LevLite-28	4
Levobunolol HCL	2
Levora-28	2
Levothroid	2
Levothyroxine sodium	2

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Drug Name	Tier
Levoxyl	2
Lexapro	3 (1/2)
Lialda	3
Lidocaine HCL	2
Lidocaine HCL viscous	2
Lidoderm	4
Lindane lotion	2
Lipitor (see Step Therapy table on p. 9)	4 (step therapy) (1/2)
Lisinopril	1
Lisinopril-HCTZ	1
Lithium carbonate	2
Lithobid	4
Livalo	X
Lo/ovral-28	4
Locoid Lipocream	3
Loestrin	4
Loestrin Fe	4
Lonox	2
Loperamide HCL	2
Lopressor	4
Lopressor HCT	4
Loprox cream	4
Loprox gel	4
Lorazepam	2
Lortab	4
Lotemax	3
Lotensin	4
Lotensin HCT	4
Lotrel	4
Lotrisone	4
Lotronex	PA-4
Lovastatin	1
Lovaza	3
Lovenox > 10 days	PA-5
Low-ogestrel	1
Lumigan	3
Lupron	PA-* **
Luxiq	3
Lybrel	3
Lyricea (See Step Therapy table on p. 9)	4 (step therapy)
Lysteda qty. limit 30/30	PA-4
Macrobid	4
Marinol	4
Mavik	4 (1/2)
Maxair autohaler	3
Maxalt (see Step Therapy table on p. 9)	3

Drug Name	Tier
Maxalt MLT (see Step Therapy table on p. 9)	3
Maxifed	4
Maxifed DM	2
Maxifed-G	4
Maxzide-25mg	4
Mebendazole	2
Meclizine HCL	2
Medroxyprogesterone acetate	2
Mefloquine HCL	2
Megestrol acetate	2
Menest	3
Mentax	3
Meperidine HCL	2
Meperidine w/promethazine	2
Meprobamate	2
Meprozone	4
Meridia	PA-3
Metadate CD	4
Metadate ER	4
Metformin HCL	1
Metformin ER	1
Methadone HCL	2
Methadose	2
Methimazole	2
Methocarbamol	2
Methotrexate	2
Methylidopa	2
Methylin	2
Methylin er	2
Methylphenidate HCL	2
Methylprednisolone	2
Metipranolol	2
Metoclopramide HCL	2
Metoprolol tartrate	1
Metrocream	4
Metrogel	3
Metrogel-vaginal	4
Metrolotion	4
Metronidazole	2
Miacalcin	3
Micardis	4
Microgestin Fe	2
Migrazone	2
Migrin-A	2
Minitran	2
Minocycline HCL	2
Minoxidil	2
Miralax	4

Drug Name	Tier
Mirapex	4
Mircette	4
Mirtazapine	2
Misoprostol	2
Mobic	4
Moexipril HCL	2
Mometasone furoate	2
Monopril	4
Monopril HCT	4
Morphine sulfate	2
Morphine sulfate IR	2
Multaq	4
Mycelex troche	4
Mytussin AC	2
Nabumetone	2
Nadolol	2
Namenda	4
Naproxen	1
Naproxen sodium	1
Nasacort	4
Nasacort AQ	4
Nasarel 29mcg.	4
Nasonex	4
Natacare	2
Natatab	2
Necon	1
Neo/polymyxin/dexamethasone	2
Neomycin sulfate	2
Neomycin/polymyxin/dexameth	2
Neomycin/polymyxin/gramicidin	2
Neomycin/polymyxin/H C	2
Neoral	4
Neupogen	5 **
Neurontin	4
Nevanac	3
Nexium	X
Niaspan	3
Nifedical XL	2
Nifedipine	2
Nifedipine ER	2
Nitro-dur	4
Nitrofurantoin macrocrystal	2
Nitroglycerin	2
Nitroglycerin transdermal	2
Nitrolingual	3
Nitroquick	2

Drug Name	Tier
Nitrostat	4
Nitrotab	2
Nizatidine	2
Nizoral	4
Norco	4
Nordette-28	4
Norditropin	5- PA**
Norethindrone acetate	2
Noritate	3
Nor-Q-D	4
Nortrel	1
Nortriptyline HCL	2
Norvasc	4
Novofine 30	3
Novofine 31	3
Novofine 32	3
Novolin 70/30	3
Novolin N	3
Novolin R	3
Novolog	3
Novolog mix 70/30	3
Nplate	X
Nulytely	4
Nutrinat	2
Nutropin	X
Nuvaring	4
Nuvigil qty. limit 30/30	PA-4
Nystatin	2
Nystatin w/triamcinolone	2
Nystop	2
Ocuflox	4
Olux	4
Omeprazole	2
Omnicef	4
Ondansetron	PA-2**
One touch basic system®	X
One touch lancets	X
One touch test strips®	X
One touch ultra system®	X
One touch ultra test strips®	X
Onglyza	3
Onsolis	X
Opana ER	3
Optivar	4
Oramorph SR	4
Orapred	4
Orapred ODT	3

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Drug Name	Tier
Orphenadrine citrate	2
Ortho evra	4
Ortho tri-cyclen	4
Ortho-cyclen	4
Ortho-novum	4
Orthovisc	PA**
OT ultra/fast tk cntrl soln	X
Ovcon-35	4
Ovide	4
Oxaprozin	2
Oxazepam	2
Oxistat	3
Oxybutynin chloride	1
Oxycodone HCL	2
Oxycodone w/acetaminophen	2
Oxycodone/apap	2
Oxycontin	4
Pacerone	2
Pantoprazole	X
Pataday	3
Patanase	4
Patanol	3
Paxil	4
Paxil CR	4
Pegasys	5**
Peg 3350/electrolyte	2
Peg-intron	PA-5**
Pen needle	3
Penicillin V potassium	1
Pentasa	4
Pentazocine and naloxone HCL	2
Pentazocine/naloxone	2
Pentoxifylline	2
Percocet	4
Pergolide mesylate	2
Periogard	2
Periostat	4
Phenazopyridine HCL	2
Phenergan	4
Phenobarbital	2
Phentermine	PA-2
Phenytoin sodium, extended	2
Phoslo	4
Phrenilin forte	4
Pilocarpine HCL	2
Piroxicam	2
Plavix	3

Drug Name	Tier
Plendil	4
Pletal	4
Polymyxin B sul/ trimethoprim	2
Portia	2
Potassium chloride	1
Pramosone	3
Prandin	3
Pravachol	4
Prazosin HCL	2
Precare	4
Precision Xtra Meter	*
Precision Xtra test strips	3
Precose	4
Prednisolone	2
Prednisone	2
Premarin tabs.	2
Premarin vaginal cream	3
Premesis RX	4
Premphase	3
Prempro	3
Prenatal optima advance	2
Prenatal RX	2
Prenatal 19 chew	1
Prenate GT	4
Prevacid	X
Prevident 5000 plus	4
Prevpac	4
Prilosec	X
Primacare	3
Primidone	2
Principen	2
Prinivil	4
Pristiq	4
Proair	X
Proamatine	4
Probenecid	2
Procainamide HCL	2
Procardia XL	4
Prochlorperazine maleate	2
Procrit	PA-5**
Proctofoam-HC	3
Proctosol-HC	2
Proctozone-HC	2
Progesterone	3
Prograf	4
Promacet	4

Drug Name	Tier
Promethazine HCL	2
Promethazine VC	2
Promethazine VC w/codeine	2
Promethazine w/codeine	2
Promethazine w/DM	2
Promethegan	2
Prometrium	3
Propafenone HCL	2
Propoxyphene HCL	2
Propoxyphene HCL w/apap	2
Propoxyphene napsylate w/apap	2
Propoxyphene napsylate-apap	2
Propranolol HCL	1
Propranolol HCL w/HCTZ	1
Propylthiouracil	2
Proscar	4
Protonix	X
Protopic	4
Proventil HFA	X
Provera	4
Provigil qty. limit 30/30	PA-4
Prozac	4
Prozac 40mg	X
Pulmicort	4
Pulmicort flexhaler	3
Pulmozyme	PA-5**
Purinethol	4
Q-bid LA	2
Q-bid-DM	2
Quinapril	2
Quinidine gluconate	2
Quinine sulfate	3
Quixin	3
Ranitidine HCL	2
Rebetol	* **
Rebif	X
Regranex	PA-5**
Relagard	4
Relpax (see Step Therapy table on p. 9)	4
Relistor	PA-5**
Remeron	4
Remeron soltab	4
Reminyl	4
Remodulin	X

Drug Name	Tier
Renagel	3
Requip	4
Rescon MX	4
Restasis	3
Restoril	4
Retin-A micro	PA-3
Revelmid	PA-5**
Rhinocort aqua	3
Rifampin	2
Risperdal	4
Ritalin	4
Ritalin LA	3
Rosanil	4
Rowasa	4
Roxicet	2
Rx-otic	2
Sabril	X
Saizen	X
Salagen	4
Samsca	PA-T5**
Sanctura	3
Sanctura XR	3
Sancuso	X
Sandostatin	5**
Sandostatin LAR	5**
Seasonale (3 copays)	4
Selegiline HCL	2
Selenium sulfide	2
Serevent diskus	3
Seroquel	4
Serzone	4
SF 5000 plus	2
Silver sulfadiazine	2
Simcor	X
Simponi	PA-T5**
Simvastatin	2
Singulair	3
Skelaxin	4
Sodium chloride	2
Sodium sulfacetamide/sulfur	2
Solaraze	3
Sotalol	2
Spiriva	3
Spironolactone	2
Spironolactone w/HCTZ	2
Sprintec	2
SPS	2

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Drug Name	Tier
SSD	2
Starlix	4
Strattera	3
Sucralfate	2
Sular	3
Sulfacetamide sodium	2
Sulfamethoxazole/ trimethoprim	1
Sulfasalazine	2
Sulfazine EC	2
Sulindac	2
Sumavel	X
Supartz	PA**
Suprax	X
Surestep	X
Sustiva	4
Su-tuss HD	2
Symbiax	4
Symbicort	3
Symlin	3
Synagis	PA*
Syntest D.S.	2
Syntest H.S.	2
Synthroid	2
Synvisc	PA**
Tamiflu	4
Tamoxifen citrate	2
Tamsulosin	2
Tarka	4
Tazorac	4
Taztia XT	2
Tegretol	4
Tegretol XR	3
Tekturna	3
Tekturna HCT	3
Temazepam	2
Temodar	5**
Tenormin	4
Tenuate dosepan tab.	PA-4
Terazol vaginal	4
Terazosin HCL	2
Terbinafine qty. limit 84/84	2
Testim	4
Testosterone	3
Tetracycline HCL	2
Thalomid	5**

Drug Name	Tier
Theo-24	3
Theophylline anhydrous	2
Thiothixene	2
Thyroid	2
Thyrolar-1	3
Tiazac	4
Ticlopidine HCL	2
Timolol maleate	2
Timoptic-XE	4
Tizanidine HCL	2
Tobradex	4
Tobramycin sulfate	2
Topamax	4
Toprol XL	4
Torseamide	2
Tramadol HCL	2
Transderm scop patches	PA-4
Travatan	3
Travatan Z	3
Trazodone HCL	1
Treanda	PA-5
Tretinoin	PA-2
Treximet (see Step Therapy table on p. 9)	3
Triamcinolone acetanide	2
Triamterene w/HCTZ	1
Triaz	4
Triazolam	2
Tricor	3
Triglide	X
Trihexyphenidyl HCL	2
Trileptal	4
Trilipix	3
Trimethobenzamide HCL	2
Trimethoprim	2
Trimox	2
Trimox 250	2
Trinessa	1
Tri-norinyl	4
Triphasil-28	4
Tri-Previfem	1
Tri-Sprintec	1
Trivora-28	2

Drug Name	Tier
Trusopt	4
Tussi-bid	2
Tussionex	3
Tykerb	PA-4
Tyvaso	X
Uloric	PA-4
Ultracet	4
Ultram	4
Ultravate	4
Uniphyll	2
Uniretic	4
Univasc	4
Urecholine	4
Urocit-K	4
Ursodiol	2
Usept	2
Uroxatral	X
Vagifem	3
Vancocin >14 days	PA-5**
Valium	4
Valproic acid	2
Valtrex	4
Valturna	3
Vasotec	4
Vectical	X
Ventolin HFA	2
Veramyst	3
Verapamil HCL	2
Verelan PM	4
Vesicare	3
Vicodin ES	4
Vicoprofen	4
Vigamox	3
Vinate GT	2
Vi-Q-tuss	2
Viramune	4
Viread	4
Visicol	3
Vivelle	3
Vivelle-dot	3
Vytorin	3
Vyvanse	3
Warfarin sodium	2
Welchol	X
Wellbutrin SR	4
Wellbutrin XL	4

Drug Name	Tier
Xalatan	3
Xanax	4
Xanax XR	4
Xeloda	5**
Xenazine	PA-5**
Xenical	PA-3
Xibrom	3
Xolair	PA-5**
Xopenex	3
Xopenex HFA	X
Xyzal	X
Yasmin 28	4
Yaz	3
Zaditor	4
Zantac	4
Zaroxolyn	4
Zegerid	4
Zelnorm	4
Zetia	3
Ziagen	4
Zithromax	4
Zocor	4
Zofran	PA-4**
Zofran ODT	PA-4**
Zolofit	4
Zolpidem (qty . limit 1 tab per day)	2
Zomig (see Step Therapy table on p. 9)	4
Zonegran	4
Zovia 1/35e	2
Zovirax	4
Zyban	4
Zydone	3
Zymar	3
Zyprexa	4
Zyrtec	4
Zyrtec-D	4
Zyvox	PA-5**

## Step Therapy Reference Table

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Step 2 Drugs	Step Therapy Criteria	Step 1 Drugs
<b>AMERGE</b> (page 3)	Before using AMERGE, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>AXERT</b> (page 3)	Before using AXERT, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>FROVA</b> (page 5)	Before using FROVA, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>LIPITOR</b> (page 6)	Before using LIPITOR, you must first try at least 1 of the following <u>generic</u> Step 1 drugs <b>and</b> at least 1 of the following <u>brand</u> Step 1 drugs:	<i>pravastatin</i> <i>lovastatin</i> <i>simvastatin</i> CRESTOR VYTORIN
<b>LYRICA</b> (page 6)	Before using LYRICA, you must first try the following Step 1 drug:	<i>gabapentin</i>
<b>MAXALT &amp; MAXALT MLT</b> (page 6)	Before using MAXALT or MAXALT MLT, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>RELPAX</b>	Before using RELPAX, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>TREXIMET</b> (page 8)	Before using TREXIMET, you must first try the following Step 1 drug:	<i>sumatriptan</i>
<b>ZOMIG</b> (page 8)	Before using ZOMIG you must first try the following Step 1 drug:	<i>sumatriptan</i>

\* Brand-name drugs are capitalized (e.g., LIPITOR) and generic drugs are listed in lower-case italics (e.g., *lovastatin*)

## Notes

**Drugs needing prior HFHP authorization:** Some covered drugs require proof of medical necessity from the physician before filling the prescription. In order for the plan to pay for these drugs, the physician ordering the prescription is required to submit all medical information to Health First Health Plans documenting the medical necessity. These drugs are identified in the Drug List.

**Excluded drugs:** Health First Health Plans does not provide coverage for all drugs. In addition to the drugs marked “excluded” in this drug list, newly FDA approved drugs are not covered unless the P & T Committee in its sole discretion approves these drugs for coverage. Health First Health Plans will automatically exclude a particular drug if a generic version becomes available and an entire class of drugs if a particular drug within that class becomes available over the counter.

The following are NOT covered by HFHP:

- Compounded drugs
- Cosmetics or any drugs used for cosmetic purposes (such as Retin-A, Rogaine, Topical Minoxidil, and Vaniqa)
- Diabetic supplies, blood glucose monitors and test strips other than those manufactured by Abbott under the product name Freestyle, Precision, and test strips®
- Erectile dysfunction drugs (such as Viagra)
- Infertility drugs (such as Clomid) and abortive drugs such as Plan B and RU486
- Injectables (except insulin, Imitrex, and those requiring prior authorization)
- Multivitamins and nutritional supplements (except prescription pre-natal vitamins)
- Nicotine products
- Nonprescriptive supplies or substances
- Oral and topical antifungals for onychomycosis (such as Lamisil, Sporanox, and Penlac)
- Outpatient drugs for influenza (such as Relenza)

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- Over-the-counter medications (such as Lotrimin, Zantac 75, Pepcid AC), or any drug for which a similar over-the-counter version is available
- All new drugs approved by the FDA will be excluded from the preferred drug list/formulary unless HFHP's Pharmacy and Therapeutics Committee, in its sole discretion, decides to waive this exclusion for a particular drug.
- Sleeping agents (such as Ambien and Sonata)
- Support garments
- Syringes, needles, or other disposable supplies (except those used with insulin)

*Subject to change*

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