

Fidelis Care New York

Family Health Plus and Child Health Plus Formulary Effective 04/01/10

This formulary does not list all products covered. Please consider a generic drug in any class as a first line medication unless a drug is exempted from generic substitution by NY State law. All generic and brand medications without a generic equivalent are covered unless specifically listed as a non-formulary agent or are restricted by the plans benefit guidelines.

Note: **Mandatory Generics**

GE* = Generic Equivalents

	Preferred 1st Line	Preferred 2nd Line	Non-Formulary†
Allergy/ Cough & Cold			
Antihistamines (Non – Sedating)	OTC Ceterizine ^{QL} , OTC Loratadine, OTC Loratadine D, Generics	Astelin, , Allegra-D ^{QL ST} fexofenadine ^{QL ST}	All Brand Products with GE* Clarinet, Clarinet-D
Cough & Cold	Consider OTC first, Generics		All Brand Products with GE*
Nasal Products	Nasalacrom		
Nasal Steroids	Fluticasone propionate	Rhinocort Aqua ST	Beconase, Beconase AQ, Flonase Brand, Nasacort AQ, Nasalide, Nasonex, Nasarel, Vancenase, Vancenase AQ
Asthma / Respiratory			
Leukotriene Modulators	Singular ^{ST, QL}		Accolate
Steroid Inhalants	Asmanex ^{QL} , Flovent ^{QL} , Pulmicort ^{QL} ,		Aerobid ^{QL} , Aerobid-M ^{QL} , Azmacort ^{QL} , Beclovent, Vanceril, Vanceril-DS, QVAR ^{QL}
Sympathomimetics	Generics ^{QL}	Foradil ^{QL ST} , Symbicort, ProAir HFA ^{QL} , Ventolin HFA, Serevent ^{QL ST} , Xopenex ^{QL PA} , Xopenex HFA ^{ST, age, QL}	All Brand Products with GE*
Other Asthma Medications	Cromolyn sodium ^{QL}	Advair ^{QL} , Atrovent ^{QL} , Combivent ^{QL} , Spiriva ^{age, QL}	
Assistive Devices	ACE Aerosol Cloud Enhancer, Aerotrach, Breathrite, Ellipse, Inspirease, Aerovent II, Easivent, Microchamber, Optihaler, Space Chamber		
Behavioral Health			
Antianxiety Agents	Generics		All Brand Products with GE*
Antidepressants - SSRI	Generics, Citalopram ^{QL} , Fluoxetine, Paroxetine ^{QL} , Sertraline ^{QL}	Lexapro ^{QL} , Paroxetine CR ^{ST, QL}	All Brand Products with GE*, fluoxetine 40mg, Prozac Weekly
Antidepressants - Other	Generics, Nefazodone ST	Cymbalta ^{PA} , Effxor XR ST	All Brand Products with GE*, Wellbutrin XL
Antipsychotics	Clozapine	Geodon, Risperdal, Risperdal Consta ^{PA} , Seroquel ^{QL} , Symbyax ^{QL} , Zyprexa ^{QL} , Zyprexa ZYDIS ^{PA, QL} , Invega Sustena ^{pa}	Invega, Abilify, Saphris
Alzheimers		Aricept, Exelon, Razadyne	
Hypnotics	Generics, Zolpidem	Zaleplon ^{QL}	All Brand Products with GE*, Sonata, Lunesta, Ambien, Ambien CR, Doral
Migraine Products	Amerge ^{QL} , Axert ^{QL L} , Sumatriptan ^{QL} , Maxalt ^{QL} , Migranal ^{QL} , Zomig ^{QL}		Imitrex, Frova, Relpax
Cerebral Stimulants	Generics	Concerta ^{QL} , Focalin XR ^{QL} , Metadate CD ^{ql} , Ritalin LA ^{QL} , Vyvanse ^{ql}	Strattera, Intuniv
Bladder			
Genitourinary Medications	Oxybutynin	Detrol, Detrol LA	All Brand Products with GE*, Ditropan XL
Blood Modifiers			
Anticlaudication	Pentoxifylline		All Brand Products with GE*
Anticoagulants	Warfarin		All Brand Products with GE*
Antiplatelets	Generics, Aspirin, Cilostazol	Aggrenox, Plavix	ticlopidine, Agrylin, Pletal, Ticlid, Effient

	Preferred 1st Line	Preferred 2nd Line	Non-Formulary†
Diabetes			
Insulin Sensitizing Agents		Avandia ST , Avandaryl ST Avandamet ST , Actos ST	
Insulin	Humulin ^{QL} , Humalog ^{QL} , Lantus ^{QL} , Levemir ^{QL} , Novolin ^{QL} , Novolog ^{QL}		
Other Diabetic Medications	Generics	Januvia ST , Onglyza ST	All Brand Products with GE*, Glyset, Prandin, Precose, Starlix
Diabetic Supplies	Accu-check Monitors and test strips, One Touch monitors and strips		
Ear			
Anti-Infectives	Generics		All Brand Products with GE*
Otic Miscellaneous	generic Debrox OTC		
Eye			
Glaucoma Agents	Generics	Azopt, Alphagan, Betoptic-S, Cosopt, Lumigan, Trusopt, Xalatan	All Brand Products with GE*, Rescula, Travatan
Ophthalmic Allergy Agents	Cromolyn sodium, Ketotifen, Alaway	Patanol ST	All Brand Products with GE*, Alamast, Alocril, Alomide, Bepreve, Optivar,
Ophthalmic Anti-Infective Agents	Generics, ciprofloxacin, gentamicin sulfate, ofloxacin, polymyxin B sulfate and trimethoprim, tobramycin		All Brand Products with GE*
Ophthalmic Topical Steroids	Generics, dexamethasone, flouromethalone, hydrocortisone, prednisolone		All Brand Products with GE*
Heart / Cardiovascular			
Antihyperlipidemic-HMG CoA RI	Generics, Pravastatin ^{QL} , Simvastatin ^{QL} , Lovastatin		All Brand Products with GE*, Atoprev, Crestor, Lescol, Lipitor
Antihyperlipidemic Combinations	Vytorin ^{QL}		Caduet
Antihyperlipidemic-Other	Gemfibrozil, Fenofibrate, Niacin	Simcor, Tricor, Welchol, Zetia, Trilipix ^{PA} , Niaspan	Brand Products with GE*, Pravigard
ACE Inhibitors	Generics		All Brand Products with GE*, Accupril, Aceon, Mavik, Univas
Angiotensin II Rec Antagonist (ARB)		Cozaar, Micardis	Atacand, Avapro, Benicar, Teveten, Diovan
Antihypertensive Combinations	Generics	Hyzaar, Lopressor HCT, Micardis HCT, Tarka	Atacand HCT, Avalide, Benicar- HCT, Corzide, Lexxel, Lotensin HCT, Teczem CR, Diovan HCT
Antihypertensive Other	Generics		All Brand Products with GE*
Beta Blockers	Generics		All Brand Products with GE*, Inderal LA, Innopran XL
Calcium Channel Blockers	Generics	Covera HS, Sular, Verelan PM	All Brand Products with GE*, Dynacirc, Dynacirc CR, Tiazac 420mg, Vasocor
Diuretics	Generics		All Brand Products with GE*
Infection			
Antifungals	Generics	Griseofulvin products,	All Brand Products with GE*, Sporanox, Penlac
Antivirals - Flu	Amantadine, Rimantadine Tablets, Relenza, Tamiflu		All Brand Products with GE*,
Antivirals - Herpes	Generics		All Brand Products with GE*
Antivirals – Hepatitis C	Pegasys ^{PA} , Ribavirin ^{PA}		Peg-Intron, Copegus, Rebetol
Antibiotics			
Cephalosporins - 1st Generation	Generics	Duricef oral suspension	All Brand Products with GE*
Cephalosporins - 2nd Generation	Generics	Cefzil	All Brand Products with GE*, Ceclor CD, Ceftin suspension, Lorabid
Cephalosporins - 3rd Generation			All Brand Products with GE*, Cedax, Spectracef, Suprax, Vantin
Macrolides	Generics, azithromycin, clarithromycin ^{QL}		All Brand Products with GE*, Dynabac
Fluoroquinolones	Generics, Ciprofloxacin ^{QL}	Levaquin ^{QL}	All Brand Products with GE*, Avelox, Cipro XR, Maxaquin, Noroxin, Penetrex, Tequin
Penicillins	Generics		All Brand Products with GE*, Augmentin ES, Augmentin XR

Tetracyclines	Generics		All Brand Products with GE*
Other Antibiotics		Vancocin oral ^{PA}	Zyvox

Men's Health

Impotence Agents	not covered	not covered	not covered
Prostatic Hypertrophy Agents	Generics, Flnasteride	Avodart, Tamsulosin ^{gender}	All Brand Products with GE*

Osteoporosis

Calcium Regulators	Actonel, Actonel with Calcium, alendronate	Miacalcin ^{PA} , Forteo ^{PA}	Didronel, Boniva, Actonel 150mg
Hormone Receptor Modulators	Evista		
Systemic Corticosteroids	Generics	Florinef	All Brand Products with GE*

Other

Nutritional Supplements			
Smoking Deterrents	OTC nicotine gum ^{QL} , lozenges ^{QL} , patches ^{QL} , Nicotrol Inhaler ^{QL} , Bupropion SR	Chantix ^{QL}	Zyban
Biologics		Enbrel ^{PA} , Humira ^{PA} ,	Simponi , Cimzia

Pain / Arthritis / Muscles

Analgesics – Narcotic	Generics		All Brand Products with GE*, Avinza, Kadian, OxyContin ^{QL}
Analgesics - NSAIDs	Generics		All Brand Products with GE*, Arthrotec, Celebrex
Analgesics – Topical		Lidoderm ^{PA}	

Skin

Dermatological - all	Generics, tretinoin topical ^{PA}	Differin ^{PA} , Isotretinoin ^{PA} , Retin-A Micro ST , Tazorac ^{PA}	All Brand Products with GE*, Azelex, Benzaclin, Benzamycin, Clindagel 5, Duac ,Finacea, Klaron 10% lotion
Dermatological - Steroid	Generics		Brand name products and brand name products where generics are available.

Stomach / Ulcer

H-2 Antagonists	Famotidine, Ranitidine		All Brand Products with OTC or GE*, cimetidine, nizatadine, Axid, Tagamet
Proton Pump Inhibitors	Omeprazole 10mg ^{QL} , PriLOSEC OTC 20mg , Prevacid OTC 15mg 24hr	Kapidex ST Pantoprazole st	omeprazole 40mg, Aciphex, PriLOSEC, Protonix, Zegerid, Prevacid, Nexium
H Pylori Treatments	Prevpac ^{QL}	Helidac ^{PA}	
Misc Stomach/Ulcer Products	Metoclopramide		All Brand Products with GE*

Thyroid

Thyroid medications	Levoxyl, Unithroid	Synthroid	
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Woman's Health

Estrogens / HRT	Generics	Activella, Cenestin, ClimaraPro, Combipatch, Fem HRT, Ortho- Prefest, Premarin, Prempro, Premphase	All Brand Products with GE*
Oral Contraceptives and other medications for contraceptive purposes	Family Planning medications are not covered by Fidelis	Family Planning medications are not covered by Fidelis	Family Planning medications are not covered by Fidelis

† = Non-formulary medications are available with prior authorization from the health plan.

PA = prior authorization required

QL = quantity limit

ST = step therapy required

RST= Reverse Step Therapy

Age Restriction

The listed medications are restricted to indicated age ranges

Multiple vitamins with fluoride	Members through age of 16
Xopenex HFA MDI	Members 4 years and older
Spiriva	Members older than 45 years old
Omeprazole 20mg	Members through age of 18

Mandatory Generics

All brand drugs prescribed for Fidelis Care members, where an A-rated generic equivalent is available, must be filled with the generic equivalent unless listed below.

Coumadin	Neoral
Clozaril	Sandimmune
Dilantin	Synthroid, Levoxyl, Unithroid
Gengraf	Tegretol
Lanoxin	Zarontin

Prior Authorization

Prescribers can request prior authorization by telephone at 1-888-FIDELIS or 1-888-343-3547.

* Dispensing limited to specialty pharmacy provider. To order after prior authorization approval call 1-866-295-2779.

Actonel 30 mg	Lunelle†
Amerge (members under 18 years of age)	Lupron/Lupron Depot*
Amitiza	Maxalt/Maxalt MLT (members under 18 years of age)
Androgens (all dosage forms)	Miacalcin
Anti-obesity agents (including Meridia and Xenical)	Migranal (members under 18 years of age)
Aptivus	Neulasta*
Aranesp*	Neumega*
Atripla	Neupogen*
Avonex*	Novantrone*
Axert (members under 18 years of age)	Nutritional supplements
Baraclude	Procrit*
Betaseron*	Provigil
Blood and plasma products*	Rebetol*
Concerta (members over 18 years of age)	Rebif*
Copaxone*	Regranex Gel
Cymbalta	Risperal Consta
Daytrana	Ritalin/Ritalin SR (members over 18 years of age)
Dexedrine (members over 18 years of age)	Roferon-A*
DepoProvera†	Sensipar*
Enbrel*	Smoking deterrents (members under 18 years of age)
Epogen*	Sonata (members under 19 years of age)
Estrogen &/or progestin containing agents (e.g. OrthoNovum)†	Soriatane
Fentanyl citrate transmucosal	Spiriva (members 45 years and under)
Ferlecit	Sprycel
Flolan*	Sutent
Forteo*	Symbyax (members under 18 years of age)
Growth Hormones*	Synagis*
Helidac	Tarceva*
Hepsera	Tretinoin topical (members over 24 years of age)
Humira*	Vancocin Oral
Imitrex (members under 18 years of age)	Venofer
Infed	Vesanoid
Infergen*	Vyvanse (members under 18 years of age)
Intron-A*	Xolair*
Iressa*	Xopenex
Isotretinoin	Zavesca
Kineret*	Zolpidem (members under 19 years of age)
Lamisil	Zomig/Zomig ZMT (members under 18 years of age)
Leukine*	Zyprexa (members under 18 years of age)
Levaquin (member under 18 years of age)	Zyprexa Zydis
Lidoderm Patches	

† NOTE: FOR NON-CONTRACEPTIVE PURPOSES ONLY

Step-Therapy

Use outside the established prerequisite therapy requires prior authorization from the health plan.

Drug	Prerequisite Therapy
Actos	30 days of insulin therapy or metformin in previous 90 days
Avandia	30 days of insulin therapy or metformin in previous 90 days
Avandamet	30 days of metformin therapy in the previous 180 days
Avandaryl	30 days of sulfonylurea in the previous 90 days
Effexor XR	30 days of any generic SSRI in the previous 90 days
Elidel	14 days of 2 medium or higher potency topical corticosteroid therapy in the previous 180 days
Fexofenadine/Allegra-D	30 days of loratadine or loratadine -D in the previous 365 days
Januvia	30 days of metformin or Glucovance in the previous 120 days
Kapidex	56 days of generic omeprazole 10mg or Prilosec OTC and 56 day trial with Prevacid 24HR 15mg capsule in the previous 120 days
Omnicef	10 days of amoxicillin/clavulanate in the previous 60 days
Onglyza	30 days of Meftormin and 30 days of a sulfonylurea in the previous 90 days
Paxil CR	30 days of generic paroxetine in the previous 90 days
Pantoprazole	28 days of generic omeprazole 10mg or Prilosec OTC and 28in the previous 60 days
Patanol	30 days of ketotifen or Alaway
Protopic	14 days of 2 medium or higher potency topical corticosteroid therapy in the previous 180 days
Restasis	28 days of artificial tears solution or ointment in the previous 90 days
Retin-A Micro	30 days generic tretinoin in previous 90 days
Rhinocort Aqua	30 days of generic fluticasone propionate in previous 365 days
Serevent	10 days of any inhaled oral corticosteroid in the previous 90 days
Serzone	60 days of alternative antidepressant in previous 90 days
Singulair	20 days of 2 alternative asthma medications in previous 365 days
Xopenex HFA MDI	16 days of albuterol in the previous 60 days

Reverse Step-Therapy

To assure appropriate utilization of these drugs when the other drugs noted are in the members profile, the below will be blocked and may require Prior Authorization ;otherwise no restrictions

Drug	Prerequisite Therapy
Epivir HBV	1 day of Hepsera or Baraclude in the previous 90 days
Zetia	1 day of Vytorin in the previous 30 days
Januvia	1 day of Byetta in the previous 30 days

Quantity Limits

Quantity limits include all strengths unless otherwise noted.

Drug/Drug Class	Limit Parameters	Notes
Actos 15mg or 30 mg	30 tablets per 30 days	
Advicor	30 tablets per 30 days	
Advair Diskus	1 package per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Albuterol/HFA inhalers	2 inhalers (34gm) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Albuterol 0.5% Solution	3 packages (60ml) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Albuterol 0.83% Solution	5 packages (375ml) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Albuterol 0.63mg/3ml & 1.25 mg/3ml	5 containers (375ml) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Allegra-D 12 hrs	60 tablets per 30 days	
Allegra-D 24 hrs	30 tablets per 30 days	
Alupent Inhaler	2 inhalers (28 gm) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Alupent 5% Solution	Adults age 12 and older 3 packages (90ml) Children under age 12 1 package (30ml)	Limits includes all Beta-2 adrenergic agonists/combinations
Alupent Solution 0.4% & 0.6%	4 packages (250ml)	Limits includes all Beta-2 adrenergic agonists/combinations
Alinia	60ml or 150ml per 30 days	1-11 years = 60ml; 12+ years = 150ml
Alphagan P	5ml per 30 days	
Amerge	9 tablets per 30 days	Limited to 1 triptan migraine agent a month
Anzemet injection	5ml per 30 days	
Anzemet tablets	3 tablets per 30 days	
Asmanex 120 Aer 220mcg	1 package per 30 days	Limit includes all inhalant oral corticosteroids

Quantity Limits cont...

Quantity limits include all strengths unless otherwise noted.

Drug/Drug Class	Limit Parameters	Notes
Atrovent/HFA Inhalers	2 inhalers per 30 days	Limit includes all inhaled oral anticholinergics
Atrovent Solution	4 packages per 30 days	Limit includes all inhaled oral anticholinergics
Axert	12 tablets per 30 days	Limited to 1 triptan migraine agent a month
Cabergoline 0.5mg	16 tablets per 30 days	
Ciprofloxacin tablets	30 tablets per 30 days	
Citalopram	45 tablets per 30 days	limit includes all SSRI antidepressants
Clarithromycin tablets	60 tablets per 30 days	
Condylox gel or solution	7 gm per 30 days	
Combivent	2 inhalers per 30 days	Limit includes all inhaled oral anticholinergics
Concerta 18mg, 27mg & 54mg	30 tablets per 30 days	
Concerta 36mg only	60 tablets per 30 days	
Duragesic-individual strengths	15 patches/30 days individual strength	
Duragesic-all strengths	30 patches/30 days all strengths combined	
Elmiron	90 capsules per 30 days	
Fexofenadine 30 mg,60mg	60 tablets per 30 days	
Fexofenadine 180 mg	30 tablets per 30 days	
Flovent/HFA	1 packages per 30 days	Limit includes all inhalant oral corticosteroids
Flovent Rotadisk & Diskus	2 packages (120) per 30 days	Limit includes all inhalant oral corticosteroids
Foradil	1 package (60cap) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Focalin XR	30 capsules per 30 days	Limits includes all long acting stimulants
Frova	9 tablets per 30 days	Limited to 1 triptan migraine agent a month
Imitrex injection	8 injections per 30 days	Limited to 1 triptan migraine agent a month
Insulin vials	40 mls per 30 days	
Insulin syringes	45 mls per 30 days	
Intal and Intal Solution	1 package per 30 days	
Januvia	30 tablets per 30 days	Limit includes all strengths
Kytril injection	1ml/30 days	
Kytril tablets	6 tablets/30 days	
Lexapro	45 tablets per 30 days	limit includes all SSRI antidepressants
Levemir	20 mls per 30 days	Vials are only covered
Lidoderm	90 patches per 30 days	
Levaquin tablets	30 tablets per 30 days	
Lovastatin	30 tablets per 30 days	
Marinol capsules	60 capsules/30 days	
Maxalt/Maxalt MLT	12 tablets per 30 days	Limited to 1 triptan migraine agent a month
Metadate CD	30 capsules per 30 days	Limits includes all long acting stimulants
Migranal nasal spray	1 bottle per 30 days	
Nasonex	1 package per 30 days	
Nicotine Smoking Deterrents	90 days every 6 months	
Omeprazole 10mg	30 capsules per 30 days	
OxyContin 10, 20 & 40mg	60 tablets per 30 days individual strengths	
OxyContin 80mg	120 tablets per 30 days	
OxyContin-all strengths	120 tablets per 30 days all strengths combined	
Paroxetine, Paroxetine CR	45 tablets per 30 days	
Pepcid 40mg/5ml suspension	150ml per 30 days	
Pulmicort Respules	60 vials per 30 days	
Pulmicort Turbuhaler	2 inhalers per 30 days	Limit includes all inhalant oral corticosteroids
Pravastatin	30 tablets per 30 days	
Prevpac	1 package per 1 year	
ProAir HFA	2 inhalers per 30 days	
Relenza	1 fill per 180 days	
Relpax	6 tablets per 30 days	Limited to 1 triptan migraine agent a month
Risperdal	60 tablets per 30 days	
Ritalin LA	30 capsules per 30 days	Limits includes all long acting stimulants
Serevent Discus	1 package (60) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Seroquel 100mg	120 tablets per 30 days	
Sertraline	45 tablets per 30 days	limit includes all SSRI antidepressants
Sertraline 100 mg	60 tablets per 30 days	
Singulair, except 10mg tablet	30 tablets per 30 days	limit Includes 4mg & 5mg tablets & 4mg granules
Suboxone 2mg/0.5mg	90 tablets per 30 days	
Sumatriptan nasal spray	12 units per 30 days	Limited to 1 triptan migraine agent a month
Sumatriptan tabs	9 tablets per 30 days	Limited to 1 triptan migraine agent a month
Symbyax	30 capsules per 30 days	PA required members under 18 years old
Tablet splitter	1 device per 2 years	

Tracleer	60 tablets per 30 days	
Ventolin HFA	2 inhalers per 30 days	
Vytorin	30 tablets per 30 days	
Vyvanse	30 capsules per 30 days	Limits includes all long acting stimulants
Xalatan	2.5ml per 30 days	
Xopenex 0.31mg/3 ml, 0.63mg/3ml, & 1.25mg/3ml	4 boxes (288ml) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Xopenex HFA MDI	2 inhalers (30 gm) per 30 days	Limits includes all Beta-2 adrenergic agonists/combinations
Zaleplon caps	14 capsules per 30 days	
Zantac 150mg/10ml syrup	600ml per 30 days	
Zofran 32mg/50ml injection	50ml per 30 days	
Zofran oral solution	90ml per 30 days	
Zofran 4 & 8mg tablets	9 tablets per 30 days	includes oral and oral disintegrating tablets
Zomig/Zomig ZMT	6 tablets per 30 days	Limited to 1 triptan migraine agent a month
Zovirax 5% Cr	30 gm per 30 days	
Zyprexa/Zyprexa Zydis	30 tablets per 30 days	Zyprexa = PA required under 18 years of age Zyprexa Zydis = PA required all members
OTC Ceterizine, OTC Ceterizine-D	30 tablets per 30 days	
OTC Ceterizine Syrup	150ml per 30 days	

Gender Restriction

The listed medications are restricted to indicated age ranges

Flomax	Males only	
Estrogen Products	Females only	
Prenatal vitamins	Females only	