

News and updates from Community Health Plan to network providers

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Network News is published by Community Health Plan to provide network health care providers with current information regarding administrative changes, program updates and other health plan news.

To change your address or suggest an article for future Network News editions, please contact:

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COMMUNITY  
HEALTH PLAN  
www.mychp.com

## Sinusitis, improving diagnostics

Recently the American Academy of Otolaryngologists-Head and Neck Surgery Foundation released guidelines aimed at improving the accuracy of diagnosing Rhinosinusitis, reducing inappropriate antibiotic use, reducing inappropriate use of radiographic imaging and promoting the use of diagnostic tests. These guidelines do not come before a physician's professional judgment.

Strong recommendations included in the guideline are:

- Health care professionals should be careful to distinguish bacterial vs. viral sinus infections and noninfectious sinus conditions.
- Acute bacterial rhinosinusitis (ABRS) diagnosis is supported when acute rhinosinusitis signs or symptoms are present 10 or more days after onset of upper respiratory symptoms or worsen within 10 days after initial improvement.
- Management of ABRS should include pain assessment and treatment.

Recommendations include the following:

- Radiographic imaging such as X-ray, computed tomography (CT), or magnetic resonance imaging (MRI) should not be used in patients who meet diagnostic criteria for acute rhinosinusitis unless a complication or alternative diagnosis is suspected.
- Observation without prescribing antibiotics is a safe and effective option for managing ABRS in selected adults who have mild pain and temperature less than 101 °F.

Amoxicillin is considered the first-line treatment for most adults with more severe illness.

- If a patient's symptoms worsen or fail to improve with first-line therapy by seven days after the diagnosis is made, the health care professional should reassess the patient to confirm the diagnosis of ARBS or exclude other causes of symptoms and detect complications.
- If a patient has chronic rhinosinusitis or recurrent ARBS, the health care professional should assess him or her for other contributing conditions including allergic rhinitis, cystic fibrosis, immunocompromised state, ciliary dyskinesia and sinus or nasal structure variations.
- Additional diagnostic testing may be necessary for a diagnosis of chronic rhinosinusitis or recurrent ARBS to check for underlying causes. This testing may include; nasal endoscopy, Computed Tomography (CT), and allergy and immune testing.
- Patients with chronic or recurrent ARBS should be instructed to avoid smoke or other pollution, wash hands frequently, and use over the counter nasal saline irrigation alleviate symptoms.
- ARBS may take as long as seven days after diagnosis to improve regardless of whether the initial therapy is observation or antibiotics.
- X-rays are not recommended to diagnose acute rhinosinusitis in most patients.

## Durable Medical Equipment Update

The following update has been added to the Provider Reference Manual online at [www.mychp.com](http://www.mychp.com), just click on Provider's tab, then select Provider Reference Manual.

Durable Medical Equipment (DME) may be supplied without a prior-authorization number if:

- DME is supplied through a participating DME provider.
- The purchase price is less than \$1,000.
- The member has a physician's order.
- A participating provider can provide DME if the purchase is under \$200, for example crutches, splints, slings or small braces.

Prior authorization is required for:

- All rental DME
- All DME priced more than \$1,000
- All DME repair
- All DME replacement if the equipment is more than \$1,000

## Microalbumin Testing

Diabetes is the leading cause of end stage renal disease in the U.S. Unfortunately, kidney damage begins long before symptoms are present. The American Diabetes Association recommends all patients with diabetes have yearly microalbumin level drawn, more frequently if levels are high. Research shows that tight blood sugar control reduces the risk of microalbuminuria by one third. In patients with microalbuminuria, the risk of progression to macroalbuminuria was cut in half. Without appropriate treatment, kidney failure can occur

(Maintenance, repair, or replacement that is the result of the member's neglect, misuse, or abuse will be the member's responsibility.)

### DME Rental vs. Purchase

- **Purchase:** All custom DME (braces, AFO's, diabetic shoes) will be purchased along with DME less than \$1000. Other DME (CPAP, O2 concentrators, etc.) will be rented to purchase. Nebulizers qualify for purchase only.
- **Rental:** Some DME (CPAP, etc.) will be rented for a trial of one month to assure efficacy and patient compliance, and then be rented until a purchase price has been satisfied. Any DME over \$1000 to be used for a short time (less than 6 months period of time – wheelchairs, beds, etc.) will be rented, but if the purchase price is reached before the rental period is completed, the item will be considered purchased at that point.

within a few years of developing macroalbuminuria.

### Microalbumin levels:

- Less than 30 mg is normal.
- 30 to 299 mg indicates early-stage kidney disease (microalbuminuria).
- 300 mg or more indicates advanced kidney disease (macroalbuminuria).

For more information on microalbumin testing and diabetic nephropathy, visit the American Diabetes Association website at [www.diabetes.org](http://www.diabetes.org).

## CLAIMS CORNER

Community Health Plan is proud to report the following claims statistics for the month of October 2008:

**Average turn around time (clean claims paid from received date)**  
5.16 calendar days

**Auto adjudication**  
78.44 percent

**Electronic claim submission**  
79.26 percent

**Claims finalized in 30 days**  
99.63 percent

## Skilled Nursing Benefit Change for HMO Groups

Effective January 1, 2009, new HMO groups and upon renewal existing HMO groups will be subject to a co-pay for all skilled nursing admissions.

The amount will be two times that for home health services per day for a maximum of 10 days per admission and will therefore vary according to the individual group's benefit package. The benefit is limited to 30 days per calendar year.

For questions or benefit information please contact Customer Service at (816) 271-1247 locally or (800) 990-9247 toll free.

*Warm Wishes for the holiday season and a prosperous New Year! Thank you for providing excellent care to our members and supporting our health improvement efforts.*

**CUSTOMER SERVICE**

Community Health Plan is proud to report the following customer service statistics for the month of October 2008:

**Abandonment rate (percentage of lost calls)**

2.4 percent

**Average speed of answer**

19 seconds

**Confidentiality of medical records**

To comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), both Community Health Plan and provider offices must adopt and maintain strict policies and procedures to protect the privacy of members. As part of Community Health Plan’s credentialing process, reviewers will verify, as part of onsite office visits, that provider offices organize and maintain their medical records as confidential documents. This includes requiring that medical records

are stored in a secure manner and only authorized personnel are allowed access to the medical records. Community Health Plan also requires a signed HIPAA privacy practices form to be present in each member’s chart.

For any questions related to privacy practices and protected health information, contact the Community Health Plan compliance coordinator at (816) 271-1294, or (800) 271-1247, option 1, ext. 1294.

**1st Quarter Formulary Changes — Effective January 1, 2009**

The table below is a list of medications that will change from non-preferred (3rd Tier) to preferred (2nd tier) on the Caremark Value Plus Formulary, effective January 1, 2009.

New Preferred (2nd tier) Agents	
Brand – (generic name)	Therapeutic Use
Ambien CR (zolpidem extended release)	Sleep Agent
Crestor (rosuvastatin)	Antihyperlipidemic
Lybrel (levonorgestrel/ethinyl estradiol)	Oral contraceptive (continuous cycle)
Seasonique (levonorgestrel/ethinyl estradiol)	Oral contraceptive (extended cycle)
Ocella (ethinyl estradiol/drospirenone)	Oral contraceptive (this is generic equivalent to “Yasmin”)

The table below is a list of medications that will change from preferred (2nd Tier) to non-preferred (3rd tier) on the Caremark Value Plus Formulary, effective January 1, 2009. These medications will be subject to the highest co-pay, the exact co-pay dollar amount is dependent on the member’s benefit. All affected plan participants currently using these drugs have received a notification of this change and have been encouraged to discuss formulary options with their physician.

New Non-preferred (3rd Tier) Agents	
Brand – (generic name)	Preferred Alternative(s)
Activella (estradiol/norethindrone)	Activella will be replaced by a “A” rated generic equivalent
Vytorin (ezetimibe/simvastatin)	Simvastatin, pravastatin,lovastatin, Lipitor, Crestor
Yasmin (ethinyl estradiol/ drospirenone)	Yasmin will be replaced by a “A” rated generic “Ocella”

*Holiday Schedule*

To give our employees time to enjoy and celebrate the holiday season, Community Health Plan will be closed on the following days:

Thursday, December 25, 2008  
 Friday, December 26, 2008  
 Thursday, January 1, 2009

**Benefit summaries**

Please note the following list of renewed, new and termed groups with Community Health Plan:

Renewed Groups	Product Type	Effective Date
Dale Farming Co.	GPM3830, GPK3830 PPM3830	10/1/2008
4TK L.L.C. d/b/a Todd's Tire Service Gage Fertilizer and Grain	GPM2050, GPK2050 GPM2780, GPK2780 PPM2780	10/1/2008 10/1/2008
Halter Transportation Services Inc. Hutch's N.W. MO Inc M & J Transportation	PPM2810 PPM2820 GPM3320, GPK3320 PPP3320	10/1/2008 10/1/2008 10/1/2008
Missouri Mobile Concrete, Inc. Northwest Missouri Industries, Inc.	PPM2800 GPM2070, GPK2070 PPM2070	10/1/2008 10/1/2008
Roberts Roofing Co., Inc.	GPM0885, GPK0885	10/1/2008

New Groups	Product Type	Effective Date
McBride's Boats & Motors d/b/a McBride's Yamaha O. E. Woods Lumber Co.	PPM6220 GPM6230, GPK6230 PPM6230	10/1/2008 10/1/2008

Termed Groups	Product Type	Effective Date
Boyles Motors Doniphan County Services & Workskills	PPM0080 GPK3820, PK3820PB	9/30/2008 9/30/2008

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# Community Health Plan Drug List

For the most up-to-date drug list visit [www.caremark.com](http://www.caremark.com)

The **Community Health Plan Drug List** is a guide within select therapeutic categories for clients, plan participants and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

## PLAN PARTICIPANT

Your benefit plan provides you with a prescription benefit program administered by Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [www.caremark.com](http://www.caremark.com) or contact a Caremark Customer Care representative.
- Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

## HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

### Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage.
- The plan participant's specific prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

## ANTIDIABETIC AGENTS

### INSULINS

#### RAPID-ACTING INSULINS

APIDRA  
HUMALOG  
HUMULIN R  
NOVOLIN R  
NOVOLOG

#### INTERMEDIATE-ACTING INSULINS

HUMALOG MIX  
HUMULIN MIX  
HUMULIN N  
NOVOLIN MIX  
NOVOLIN N  
NOVOLOG MIX

#### LONG-ACTING INSULINS

LANTUS  
LEVEMIR

### ORAL

*acarbose*  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*  
*glyburide*  
*glyburide-metformin*  
*metformin*

*metformin ext-rel*  
ACTOPLUS MET  
ACTOS  
DUETACT  
JANUMET  
JANUVIA  
PRANDIN

### OTHER DIABETIC AGENTS

BYETTA  
GLUCAGEN HYPOKIT  
GLUCAGON EMERGENCY KIT  
SYMLIN

## ALLERGY, COUGH & COLD

### ANTI-HISTAMINE/ DECONGESTANTS

*cyproheptadine*  
*fenofenadine*  
*hydroxyzine HCl*  
ALLEGRA-D

### ANTITUSSIVE COMBINATIONS

*codeine-chlorpheniramine-  
pseudoephedrine*  
*codeine-guaifenesin*  
*codeine-guaifenesin-  
pseudoephedrine*  
*codeine-promethazine*  
*codeine-promethazine-  
phenylephrine*  
*dextromethorphan-  
brompheniramine-  
pseudoephedrine*  
*dextromethorphan-  
promethazine*  
*hydrocodone-homatropine*

## NASAL CORTICOSTEROIDS

*flunisolide*  
*fluticasone*  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA  
VERAMYST

## NASAL ANTIHISTAMINES

ASTELIN

## ANTI-INFECTIVE AGENTS

### ANTHELMINTICS

*mebendazole*

### ANTIBIOTICS

#### CEPHALOSPORINS

*cefaclor*  
*cefдинir*  
*cephalexin*

## MACROLIDES

*azithromycin*  
*clarithromycin*  
*clarithromycin ext-rel*  
*erythromycin*  
*delayed-rel*  
*erythromycin ethylsuccinate*  
*erythromycin stearate*

## PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

## QUINOLONES

*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*

AVELOX  
LEVAQUIN

## SULFONAMIDES

*sulfamethoxazole-  
trimethoprim DS*

## TETRACYCLINES

doxycycline hyclate  
minocycline  
tetracycline

## ORACEA

## OTHER ANTI-INFECTIVES

chloroquine  
clindamycin  
dapson  
ethambutol  
isoniazid  
mefloquine  
metronidazole  
nitrofurantoin macrocrystals  
pyrazinamide  
rifampin  
trimethoprim  
ALINIA  
FURADANTIN  
MALARONE  
TINDAMAX  
TOBI  
VANCOGIN  
ZYVOX

## ANTIFUNGAL AGENTS

fluconazole  
itraconazole  
terbinafine tablet\*

## ANTIVIRALS

acyclovir  
ganciclovir  
ribavirin  
BARACLUDE  
EPIVIR HBV  
HEPSERA  
INFERGEN  
INTRON A\*  
PEGASYS\*  
PEGINTRON\*  
PEGINTRON REDIPEN\*  
REBETOL soln  
TAMIFLU  
TYZEKA  
VALCYTE  
VALTREX

Generally, self-administered single source brand drugs indicated for the treatment of HIV are formulary.

## ANTINEOPLASTIC

Generally, self-administered single source brand drugs indicated for the treatment of cancer are formulary.

## AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS

### ALZHEIMER'S AGENTS

ARICEPT  
EXELON  
NAMENDA  
RAZADYNE  
RAZADYNE ER

### ANALGESICS, NARCOTIC

codeine-acetaminophen  
fentanyl transdermal  
hydrocodone-acetaminophen  
hydromorphone  
morphine  
morphine ext-rel  
morphine supp  
oxycodone  
oxycodone ext-rel  
oxycodone soln  
oxycodone-acetaminophen  
AVINZA  
KADIAN  
OPANA ER  
OXYCONTIN

### ANALGESICS, NON-NARCOTIC

butalbital-acetaminophen-caffeine  
butalbital-aspirin-caffeine  
tramadol

### ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY

diclofenac  
etodolac  
ibuprofen  
indomethacin  
indomethacin ext-rel  
meloxicam  
nabumetone  
naproxen  
naproxen sodium  
oxaprozin  
sulindac

### ANALGESICS, SALICYLATES

diflunisal  
salsalate

## ANTICONVULSANTS

carbamazepine  
clonazepam  
divalproex  
ethosuximide  
gabapentin  
lamotrigine  
oxcarbazepine  
phenobarbital  
phenytoin  
primidone  
valproic acid  
zonisamide  
CARBATROL  
DEPAKOTE  
DEPAKOTE ER  
DEPAKOTE SPRINKLE  
DIASTAT  
DILANTIN INFATAB  
GABITRIL  
KEPPRA  
LAMICTAL tablet  
LYRICA  
TEGRETOL XR  
TOPAMAX  
TRILEPTAL

## ANTIPARKINSON AGENTS

benztropine  
bromocriptine  
carbidopa-levodopa  
carbidopa-levodopa ext-rel  
selegiline  
trihexyphenidyl  
APOKYN  
AZILECT  
COMTAN  
MIRAPEX  
PARCOPA  
REQUIP  
STALEVO

## ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

alprazolam  
buspirone  
diazepam  
lorazepam  
oxazepam  
temazepam  
triazolam  
zolpidem  
AMBIEN CR  
LUNESTA

## CEREBRAL STIMULANTS

amphetamine-  
dextroamphetamine  
dexmethylphenidate  
dextroamphetamine  
dextroamphetamine ext-rel  
methylphenidate  
methylphenidate ext-rel  
ADDERALL XR  
CONCERTA  
DAYTRANA  
FOCALIN XR  
METADATE CD  
METHYLIN  
RITALIN LA  
STRATTERA  
VYVANSE

## MIGRAINE AGENTS

dihydroergotamine  
ergotamine-caffeine tablet  
IMITREX  
MAXALT  
MIGRANAL  
ZOMIG

## MULTIPLE SCLEROSIS AGENTS

COPAXONE\*  
REBIF

## OBSESSIVE-COMPULSIVE DISORDER AGENTS

fluvoxamine

## PSYCHOTHERAPEUTIC AGENTS

### ANTIDEPRESSANTS

amitriptyline  
bupropion  
bupropion ext-rel\*  
citalopram  
clomipramine  
desipramine  
doxepin  
fluoxetine  
imipramine  
mirtazapine  
nortriptyline  
paroxetine  
paroxetine ext-rel  
sertraline  
trazodone  
venlafaxine  
CYMBALTA  
EFFEXOR XR  
LEXAPRO

### ANTIMANIC AGENTS

lithium carbonate  
lithium carbonate ext-rel

## ANTIPSYCHOTIC AGENTS

chlorpromazine  
clozapine  
fluphenazine  
haloperidol  
perphenazine  
risperidone  
thioridazine  
thiothixene  
trifluoperazine  
ABILIFY  
FAZACLO  
GEODON  
INVEGA  
RISPERDAL  
SEROQUEL  
ZYPREXA

## CARDIOVASCULAR AGENTS

### ALDOSTERONE ANTAGONISTS

spironolactone

### ANGIOTENSIN II ANTAGONISTS

ATACAND<sup>2</sup>  
AVAPRO  
BENICAR  
MICARDIS

### ANGIOTENSIN CONVERTING ENZYME INHIBITORS

fosinopril  
lisinopril  
quinapril  
ramipril  
trandolapril

### ANTI-ADRENERGIC AGENTS

### BETA-ADRENERGIC BLOCKERS

atenolol  
carvedilol  
metoprolol  
metoprolol succinate ext-rel  
nadolol  
propranolol  
propranolol ext-rel  
COREG CR

### CENTRALLY ACTING

clonidine  
guanfacine  
methyl dopa  
CATAPRES TTS

**PERIPHERALLY ACTING**

doxazosin  
terazosin  
FLOMAX

**ANTIARRHYTHMICS**

amiodarone  
digoxin  
disopyramide  
disopyramide ext-rel  
flecainide  
mexiletine  
propafenone  
sotalol  
sotalol AF  
RYTHMOL SR  
TIKOSYN

**ANTICOAGULANTS/  
ANTITHROMBOTICS**

warfarin  
AGGRENOX  
ARIXTRA  
COUMADIN  
FRAGMIN  
INNOHEP  
LOVENOX  
PLAVIX

**ANTILIPEMICS**

cholestyramine  
colestipol  
fenofibrate  
pravastatin  
simvastatin  
ADVICOR  
CRESTOR  
LIPITOR  
LOVAZA  
NIASPAN  
SIMCOR  
TRICOR  
WELCHOL  
ZETIA

**CALCIUM CHANNEL  
BLOCKERS**

amlodipine  
diltiazem ext-rel  
nifedipine ext-rel  
verapamil ext-rel

**COMBINATION  
ANTIHYPERTENSIVES**

amlodipine-benazepril  
atenolol-chlorthalidone  
bisoprolol-  
hydrochlorothiazide  
fosinopril-  
hydrochlorothiazide  
lisinopril-  
hydrochlorothiazide  
metoprolol-  
hydrochlorothiazide  
quinapril-  
hydrochlorothiazide

ATACAND HCT  
AVALIDE  
BENICAR HCT  
CADUET  
MICARDIS HCT  
TARKA  
TEKTURNA HCT

**DIRECT RENIN INHIBITORS**

TEKTURNA

**DIURETICS**

furosemide  
hydrochlorothiazide  
metolazone  
spironolactone-  
hydrochlorothiazide  
torsemide  
triamterene-  
hydrochlorothiazide

**PULMONARY  
HYPERTENSION**

REVATIO  
TRACLEER

**VASODILATORS**

dipyridamole  
hydralazine  
isosorbide dinitrate ext-rel  
isosorbide dinitrate oral  
isosorbide mononitrate  
isosorbide mononitrate  
ext-rel  
nitroglycerin sublingual  
nitroglycerin transdermal

**OTHER CARDIOVASCULAR  
AGENTS**

midodrine  
RANEXA

**CONTRACEPTIVES**

EE = ethinyl estradiol  
ME = mestranol

**MONOPHASIC**

desogestrel-EE  
drospirenone-EE  
ethynodiol diacetate-EE  
levonorgestrel-EE  
norethindrone acetate-EE  
norethindrone  
acetate-EE-iron  
norethindrone-EE  
norethindrone-ME  
norgestimate-EE  
norgestrel-EE  
Apri  
Aviane  
Cryelle  
Junel  
Lessina  
Levora  
Low-Ogestrel  
Microgestin  
Microgestin FE  
Mononessa  
Necon 1/50  
Nortrel  
Ocella  
Portia  
Previfem  
Quasense  
Sprintec  
Zovia  
YAZ

**BIPHASIC**

desogestrel-EE  
Kariva

**TRIPHASIC**

desogestrel-EE  
levonorgestrel-EE  
norethindrone-EE  
norgestimate-EE  
Aranelle  
Cesia  
Enpresse  
Necon 7/7/7  
Nortrel 7/7/7  
Trinessa  
Tri-Previfem  
Tri-Sprintec  
Trivora  
Velivet  
ORTHO TRI-CYCLEN LO

**EXTENDED CYCLE**

SEASONIQUE

**CONTINUOUS**

LYBREL

**PROGESTIN ONLY**

Camila  
Errin  
Jolivette

**EMERGENCY  
CONTRACEPTION**

PLAN B

**CONTRACEPTIVE DEVICES**

NUVARING

**CORTICOSTEROIDS**

dexamethasone  
fludrocortisone  
hydrocortisone oral  
methylprednisolone  
prednisolone syrup  
prednisolone tablet  
prednisone

**DERMATOLOGICALS****ACNE**

isotretinoin  
sulfacetamide-sulfur  
tretinoin\*  
BENZACLIN  
DIFFERIN  
DUAC CS  
RETIN-A MICRO\*  
ZIANA

**ANTIBIOTICS**

erythromycin-  
benzoyl peroxide  
gentamicin  
metronidazole  
mupirocin  
silver sulfadiazine  
ALTABAX  
METROGEL

**FUNGICIDES**

ciclopirox  
clotrimazole  
econazole  
ketoconazole  
MENTAX  
OXISTAT

**TOPICAL ANTI-  
INFLAMMATORY AGENTS****LOW POTENCY**

desonide  
fluocinolone acetonide  
hydrocortisone  
CAPEX

**INTERMEDIATE POTENCY**

alclometasone  
dipropionate  
fluocinolone acetonide  
fluticasone propionate  
hydrocortisone butyrate  
hydrocortisone valerate  
mometasone furoate  
triamcinolone acetonide  
CORDRAN lotion  
CORDRAN TAPE  
LUXIQ

**HIGH POTENCY**

betamethasone  
dipropionate  
desoximetasone  
diflorasone diacetate crm  
diflorasone diacetate  
emollient crm  
fluocinonide  
triamcinolone acetonide

**HIGHEST POTENCY**

betamethasone  
dipropionate augmented  
clobetasol propionate  
diflorasone diacetate oint  
halobetasol propionate  
CLOBEX  
OLUX-E

**OTHER****DERMATOLOGICALS**

ammonium lactate  
calcipotriene soln  
fluorouracil  
ketoconazole shampoo  
permethrin 5%  
podofilox  
selenium sulfide shampoo  
ALDARA  
CARAC  
DOVONEX crm  
ELIDEL  
EURAX  
FINACEA  
OVIDE  
OXSORALEN ULTRA  
PROTOPIC  
SORIATANE  
TARGRETIN capsule  
TAZORAC

**DIAGNOSTICS**

ACCU-CHEK products  
BD INSULIN SYRINGES  
AND NEEDLES  
ONETOUCH products

## GASTROINTESTINAL AGENTS

### ANTISPASMODIC/ GI MOTILITY

*chlordiazepoxide-clidinium*  
*dicyclomine*  
*diphenoxylate-atropine*  
*hyoscyamine*  
*loperamide*

### ANTIULCER

*omeprazole*  
*ranitidine*  
*sucralfate*  
PRILOSEC OTC

### BOWEL EVACUANTS

*polyethylene glycol*  
HALFLYTELY  
NULYTELY  
VISICOL

### DIGESTANTS

CREON  
ULTRASE  
ULTRASE MT  
VIOKASE

### OTHER GI PRODUCTS

*hydrocortisone enema*  
*lactulose*  
*mesalamine*  
*misoprostol*  
*sulfasalazine*  
*sulfasalazine delayed-rel*  
*ursodiol*  
ASACOL  
CANASA  
CORTIFOAM  
ENTOCORT EC  
KRISTALOSE  
LIALDA  
PENTASA  
PROCTOFOAM-HC  
URSO  
URSO FORTE

### GOUT AGENTS

*allopurinol*  
*colchicine tablet*  
*probenecid*

## HEMATOPOIETIC GROWTH FACTORS

ARANESP\*  
NEULASTA\*  
NEUPOGEN\*  
PROCRIT\*

## HORMONES

**ANDROGENS**  
ANDRODERM  
ANDROGEL

### ANTIESTROGENS/ ANTIANDROGENS

*finasteride*  
*tamoxifen*  
AVODART

### ESTROGENS

*estradiol*  
*estradiol transdermal*  
*estropipate*  
CLIMARA  
ENJUVA  
ESTRACE VAG CREAM  
ESTRADERM  
ESTRING  
FEMRING  
PREMARIN  
PREMARIN VAG CREAM  
VAGIFEM  
VIVELLE-DOT

### ESTROGEN AND PROGESTERONE COMBINATIONS

*estradiol-norethindrone*  
CLIMARA PRO  
COMBIPATCH  
PREFEST  
PREMPHASE  
PREMPRO

### PROGESTINS

*medroxyprogesterone*  
*megestrol acetate*  
*norethindrone acetate*  
CRINONE  
MEGACE ES  
PROCHIEVE  
PROMETRIUM

### SELECTIVE RECEPTOR MODULATORS

EVISTA

## IMMUNOLOGIC AGENTS

### DMARDs

*hydroxychloroquine*  
*methotrexate*  
CUPRIMINE  
ENBREL\*  
HUMIRA\*  
KINERET  
RIDAURA  
TREXALL

### IMMUNOSUPPRESSIVE AGENTS

*azathioprine*  
*cyclosporine*  
*cyclosporine-modified*  
CELLCEPT  
PROGRAF  
RAPAMUNE

## OPHTHALMICS

### ANTI-ALLERGIC AGENTS

*cromolyn*  
*ketotifen*  
ACULAR LS  
ACULAR PF  
ALOCRIL  
ALOMIDE  
OPTIVAR  
PATADAY  
PATANOL

### ANTI-GLAUCOMA AGENTS

*brimonidine*  
*pilocarpine*  
ALPHAGAN P  
AZOPT  
COMBIGAN  
COSOPT  
LUMIGAN  
TRAVATAN  
TRAVATAN Z  
TRUSOPT  
XALATAN

## ANTI-INFECTIVE/ ANTIVIRAL AGENTS

*bacitracin*  
*ciprofloxacin*  
*erythromycin*  
*gentamicin*  
*neomycin-polymyxin B-gramicidin*  
*ofloxacin*  
*polymyxin B-bacitracin*  
*polymyxin B-trimethoprim*  
*sulfacetamide*  
*tobramycin*  
*trifluridine*  
QUIXIN  
VIGAMOX  
ZYMAR

### ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

*neomycin-polymyxin B-  
bacitracin-hydrocortisone*  
*neomycin-polymyxin B-  
dexamethasone*  
*neomycin-polymyxin B-  
hydrocortisone susp*  
*sulfacetamide-prednisolone  
phosphate*  
BLEPHAMIDE SOP  
TOBRADEX  
ZYLET

### ANTI-INFLAMMATORY AGENTS

*dexamethasone*  
*diclofenac sodium*  
*fluorometholone*  
*prednisolone acetate*  
*prednisolone phosphate*  
ALREX  
LOTEMAX  
PRED MILD  
XIBROM

### BETA-BLOCKERS

*timolol*  
BETIMOL  
BETOPTIC-S

## CARBONIC ANHYDRASE INHIBITORS

*acetazolamide*  
*methazolamide*  
DIAMOX SEQUEL

## OSTEOPOROSIS AGENTS

*alendronate*  
*Fortical*  
ACTONEL  
FORTEO

## OTICS

### ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

*acetic acid*  
*acetic acid-aluminum  
acetate*  
*acetic acid-hydrocortisone*  
*neomycin-polymyxin B-  
hydrocortisone*  
*ofloxacin otic*  
CIPRO HC  
CIPRODEX

### PHOSPHATE BINDER AGENTS

FOSRENOL  
PHOSLO  
RENAGEL  
REVELA

## RESPIRATORY/ASTHMA

### ANAPHYLAXIS TREATMENT AGENTS

EPIPEN  
EPIPEN JR

### ANTI-ASTHMATIC AGENTS

#### ANTILEUKOTRIENES

SINGULAIR\*  
**CORTICOSTEROIDS**  
ASMANEX  
FLOVENT  
FLOVENT HFA  
PULMICORT  
QVAR

#### SYMPATHOMIMETICS

*albuterol*  
*terbutaline*  
FORADIL  
PROAIR HFA  
PROVENTIL HFA  
SEREVENT  
XOPENEX  
XOPENEX HFA

## XANTHINE DERIVATIVES

*theophylline*  
*theophylline ext-rel*  
THEO-24

## OTHER RESPIRATORY/ ASTHMA AGENTS

*cromolyn sodium*  
*ipratropium soln*  
*ipratropium-albuterol*  
*inhalation soln*  
ADVAIR  
ADVAIR HFA  
COMBIVENT  
INTAL INHALER  
PULMOZYME  
SPIRIVA  
SYMBICORT  
TILADE

## SKELETAL MUSCLE RELAXANTS

*baclofen*  
*carisoprodol*  
*chlorzoxazone*  
*cyclobenzaprine*  
*dantrolene*  
*diazepam*  
*methocarbamol*  
*orphenadrine-aspirin-*  
*caffeine*  
*tizanidine*  
SKELAXIN

## THYROID AND ANTITHYROID AGENTS

*levothyroxine*  
*methimazole*  
*propylthiouracil*  
*Levoxyl*  
SYNTHROID

## URINARY AGENTS

*bethanechol*  
*oxybutynin*  
*oxybutynin ext-rel*  
*phenazopyridine*  
*potassium citrate*  
DETROL  
DETROL LA  
ELMIRON  
ENABLEX  
K-PHOS ORIGINAL  
OXYTROL  
VESICARE

## VAGINAL PREPARATIONS

*clindamycin*  
*metronidazole*  
*terconazole*  
CLEOCIN OVULE  
CLINDESSE

## VITAMINS

### VITAMIN D/ANALOGUES

*calcitriol*  
*ergocalciferol*  
HECTOROL  
ZEMPLAR

## MISCELLANEOUS

*cyanocobalamin inj*  
*fluoride drops*  
*fluoride tablet*  
*multivitamins-fluoride*  
*multivitamins-fluoride-iron*  
*vitamin ADC-fluoride*  
*vitamin ADC-fluoride-iron*  
MEPHYTON

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This Community Health Plan Drug List represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. The plan participant's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed are for representational purposes only. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. This is not a complete list of all formulary products. Any brand-name drug for which a generic product becomes available may be designated as a non-formulary product. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

\* May require prior authorization from Community Health Plan for coverage.

<sup>1</sup> Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>2</sup> Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

This Community Health Plan Drug List contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.