



Pharmacy Benefit Limitations List

Welcome to Cox HealthPlans! We appreciate the opportunity to provide health care coverage for you and your covered family members.

This list of medications is provided for your review and for review with your physician. These medications may require additional information or assistance from your physician prior to your first fill under your new benefits.

Please review this list for any medications you or any covered family members are currently taking. These medications may require additional medical information, require the use of a lower cost alternative before your current medication may be covered, or may be limited in quantity for coverage under your health plan.

If assistance is needed in transitioning from one medication to another formulary medication, please contact your physician or complete the Self-Referral Case Management form for assistance from our medical staff in our "Welcome Aboard" program. We will be happy to assist you and your family with your health care needs!

Please note: Medications prescribed by your physician may be filled with the medication and dosage indicated, however certain medications may not be covered in full or in part by your health insurance coverage. This medication list and the full formulary list does not imply all medications listed are covered benefits. Please consult your Schedule of Benefits for coverage information. Full formulary and additional information regarding each medication may be obtained at: www.coxhealthplans.com or by contacting Catalyst Rx at (888) 341-8578.

Step Therapy		<i>Coverage may depend on previous use or trial of another drug.</i>			
Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
Lamisil	Antifungal	Hyzaar	ARB	Fenoglide	Fenofibrates
Sporanox	Antifungal	Micardis/-HCT	ARB	Fibracor	Fenofibrates
Lexapro	Antidepressant	Teveten/-HCT	ARB	Lipofen	Fenofibrates
Atacand/-HCT	ARB	Altoprev	Cholesterol	Tricor	Fenofibrates
Avalide	ARB	Crestor	Cholesterol	Triglide	Fenofibrates
Avapro	ARB	Lescol XL	Cholesterol	Trilipix	Fenofibrates
Azor	ARB	Lipitor	Cholesterol	Aciphex	PPI
Benicar/-HCT	ARB	Vytorin	Cholesterol	Lansoprazole (Prevacid)	PPI
Cozaar	ARB	Byetta	Diabetes	Nexium	PPI
Diovan/-HCT	ARB	Symmlin	Diabetes	Pantoprazole (Protonix)	PPI
Exforge	ARB	Antara	Fenofibrates	Zegerid	PPI

Quantity Limited		<i>Coverage may be limited to specific quantities per prescription &/or time period</i>			
Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
Bupropion (Wellbutrin 100mg)	Antidepressant	Zetia	Cholesterol	Omeprazole 40mg (Prilosec)	PPI
Bupropion (Wellbutrin 75mg)	Antidepressant	Tussionex	Cough and Cold	Adcirca	Pulmonary Arterial Hypertension
Bupropion (Wellbutrin SR)	Antidepressant	Glucagon, Glucagen	Diabetes	Revatio	Pulmonary Arterial Hypertension
Bupropion (Wellbutrin XL)	Antidepressant	Insulin Injecting Device	Diabetes	Advair	Respiratory
Citalopram (Celexa)	Antidepressant	Cialis	Erectile Dysfunction	Aerobid	Respiratory
Cymbalta	Antidepressant	Levitra	Erectile Dysfunction	Aerochamber, Inspirease	Respiratory
Fluoxetine (Sarafem)	Antidepressant	Muse/Edex/Caverject	Erectile Dysfunction	Alupent	Respiratory
Lexapro	Antidepressant	Viagra	Erectile Dysfunction	Atrovent	Respiratory
Paroxetine (Paxil)	Antidepressant	Depo Provera	Family Planning/ Hormone Replacement	Atrovent HFA	Respiratory
Paroxetine CR (Paxil CR)	Antidepressant	Estring	Family Planning/ Hormone Replacement	Azmacort	Respiratory
Sertraline (Zoloft)	Antidepressant	Femring	Family Planning/ Hormone Replacement	Combivent	Respiratory
fluconazole (Diflucan)	Antifungal	Lunelle	Family Planning/ Hormone Replacement	Epi-Pen, Epi-Pen JR	Respiratory
Actonel 35mg	Bisphosphonate	Nuvaring	Family Planning/ Hormone Replacement	Flovent HFA	Respiratory
Actonel 5/30mg	Bisphosphonate	Amerge	Migraine	Flovent Rotadisk	Respiratory
Actonel with Calcium	Bisphosphonate	Axert	Migraine	Intal	Respiratory
Boniva 150mg	Bisphosphonate	Frova	Migraine	Maxair Autohaler	Respiratory

Quantity Limited - continued

Coverage may be limited to specific quantities per prescription &/or time period

Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
Boniva 2.5mg	Bisphosphonate	Maxalt/-MLT	Migraine	Proventil HFA/ Ventolin HFA	Respiratory
Fosamax 35/70mg	Bisphosphonate	Relpax	Migraine	Proventil/Ventolin	Respiratory
Fosamax 5/10/40mg	Bisphosphonate	Sumatriptan (Imitrex)	Migraine	Pulmicort Respules	Respiratory
Fosamax Plus D	Bisphosphonate	Zomig/-ZMT	Migraine	Pulmicort Turbohaler	Respiratory
Fosamax Solution	Bisphosphonate	Allegra D 12hr	Antihistamines	Qvar	Respiratory
Advicor	Cholesterol	Allegra D 24 hr	Antihistamines	Serevent Diskus	Respiratory
Altacor	Cholesterol	Cetirizine (Zyrtec)	Antihistamines	Tilade	Respiratory
Crestor	Cholesterol	Cetirizine /-D (Zyrtec/-D)	Non Sedating Antihistamines	Twinject	Respiratory
Lescol	Cholesterol	Clarinet/-D	Antihistamines	Ambien CR	Sleep Aid
Lescol XL	Cholesterol	Fexofenadine 180mg (Allegra)	Non Sedating Antihistamines	Lunesta	Sleep Aid
Lipitor	Cholesterol	Fexofenadine 30mg/60mg (Allegra)	Non Sedating Antihistamines	Rozerem	Sleep Aid
lovastatin (Mevacor)	Cholesterol	Xyzal	Antihistamines	Zaleplon (Sonata)	Sleep Aid
pravastatin (Pravachol)	Cholesterol	Celebrex 100/200mg	NSAID	Zolpidem (Ambien)	Sleep Aid
simvastatin (Zocor)	Cholesterol	Celebrex 400mg	NSAID		
Vytorin	Cholesterol	Lansoprazole (Prevacid)	PPI		

Prior Authorization

Requires specific physician request process.

Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
ADHD Stimulant Class (Ritalin, Adderall, etc)	ADHD Stimulant Class	Nuvigil	Antinarcology	Abilify	Antipsychotic
Bupropion (Wellbutrin)	Antidepression	Provigil	Antinarcology	Viracept	HIV

Specialty Medications requiring Prior Authorization:

ACTHAR HP	COLY-MYCIN M	HUMATE-P	MYOZYME	PULMOZYME	TASIGNA
ACTIMMUNE	COPAXONE	HUMATROPE	NAGLAZYME	REBETOL	TEMODAR
ADCIRCA	COPEGUS	HUMIRA	NEULASTA	REBIF	TEV-TROPIN
ADVATE	CYSTAGON	HYALGAN	NEUMEGA	RECLAST	THALOMID
AFINITOR	DACOGEN	HYATE C	NEUPOGEN	RECOMBINATE	THROMBATE III
ALDURAZYME	ELAPRASE	HYPERRHO S/D	NEXAVAR	REFACTO	THYROGEN
ALFERON N	ELIGARD	INCRELEX	NORDITROPIN	REMICADE	TOBI
ALPHANATE	ENBREL	INFERGEN	NOVANTRONE	REMODULIN	TRACLEER
ALPHANINE SD	EPOGEN	INNOHEP	NOVAREL	REPRONEX	TREANDA
AMEVIVE	EUFLEXXA	INTRON A	NOVOSEVEN/ RT	REVIATIO	TRELSTAR LA/ DEPOT
APOKYN	EXTAVIA	IRESSA	NPLATE	REVLIMID	TYKERB
ARALAST	FABRAZYME	KINERET	NUTROPIN	RHOGAM	TYSABRI
ARANESP	FEIBA VH IMMUNO	KOATE-DVI	NUTROPIN AQ	RHOPHYLAC	TYVASO
ARCALYST	FIRMAGON	KOGENATE FS	NUTROPIN DEPOT	ribasphere (generic)	TYZEKA
ARIXTRA	FLEBOGAMMA/ DIF	KUVAN	OCTAGAM	ribavirin (generic)	VANTAS
AUTOPLEX T	FLOLAN	LETAIRIS	OCTREOTIDE	ROFERON-A	VENOGLOBULIN-S
AVONEX	FOLLISTIM AQ	LEUKINE	OMNITROPE	SAIZEN	VENTAVIS
BARACLUDE	FORTEO	leuprolide acetate	ondansetron (generic)	SANDOSTATIN	VIADUR
BAYGAM	FRAGMIN	LOVENOX	ORENCIA	SANDOSTATIN LAR	VISUDYNE
BAYRHO-D	FUZEON	LUCENTIS	ORTHOVISC	SEROSTIM	Vivaglobin
BEBULIN VH	GAMASTAN S/D	LUPRON	OVIDREL	SIMPONI	VOTRIENT
BENEFIX	GAMMAGARD S/D	LUPRON DEPOT	PANGLOBULIN	SOLIRIS	XELODA
BETASERON	GAMMAR-P I.V.	LUPRON DEPOT PED	PEGASYS	SOMATULINE DEPOT	XENAZINE
BONIVA I.V.	GAMUNEX	LUVERIS	PEG-INTRON	SOMAVERT	XOLAIR
BOTOX	GANIRELIX ACETATE	MACUGEN	POLYGAM S/D	SPRYCEL	XYNTHA
BRAVELLE	GENARC	MENOPUR	PREGNYL	SUPARTZ	XYREM
CARIMUNE NF	GENOTROPIN	MICRHOGAM	PRIVIGEN	SUPPRELIN LA	ZAVESCA
CEREDASE	GENOTROPIN MINIQUICK	mitoxantrone	PROCRIT	SUTENT	ZEMAIRA
CEREZYME	GLEEVEC	MONARC-M	PROFILNINE SD	SYNAGIS	ZOLADEX
CETROTIDE	GONAL-F/ RFF	MONOCLATE-P	PROLASTIN	SYNAREL	ZOLINZA
CHORIONIC GONADOTROPIN	HELIXATE FS	MONONINE	PROLEUKIN	SYNVISC	ZOMETA
CIMZIA	HEMOFIL-M	MOZOBIL	PROMACTA	TARCEVA	ZORBITIVE
colistimethate (generic)	HEPSERA	MYOBLOC	PROPLEX T	TARGETIN	