



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

Coverage may depend on previous use or trial of another drug.

Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
Androderm	Androgens	Lipitor	Cholesterol	TRI-NASAL	Nasal Steroids
Testim	Androgens	Vytorin	Cholesterol	VERAMYST	Nasal Steroids
Lamisil	Antifungal	Byetta	Diabetes	Aciphex	PPI
Sporanox	Antifungal	Symlin	Diabetes	Lansoprazole (Prevacid)	PPI
Abilify	Antipsychotics	Antara	Fenofibrates	Nexium	PPI
Abilify	Antipsychotics	Fenoglide	Fenofibrates	Pantoprazole (Protonix)	PPI
Fanapt	Antipsychotics	Fibracor	Fenofibrates	Zegerid	PPI
Invega	Antipsychotics	Lipofen	Fenofibrates	Chantix	Smoking Cessation
Saphris	Antipsychotics	Tricor	Fenofibrates	LEXAPRO	SSRI
Atacand/-HCT	ARB	Triglide	Fenofibrates	LUVOX CR	SSRI
Avalide	ARB	Trilipix	Fenofibrates	PEXEVA	SSRI
Avapro	ARB	AMBIEN CR	Hypnotics	AXERT	Triptans
Benicar/-HCT	ARB	LUNESTA	Hypnotics	FROVA	Triptans
Teveten/-HCT	ARB	ROZEREM	Hypnotics	SUMAVEL	Triptans
Actonel	Bisphosphonates	Beconase AQ	Nasal Steroids	TREXIMET	Triptans
Actonel w/ CA	Bisphosphonates	NASACORT AQ	Nasal Steroids	ZOMIG	Triptans
Altoprev	Cholesterol	OMNARIS	Nasal Steroids		
Lescol XL	Cholesterol	RHINOCORT AQUA	Nasal Steroids		

Quantity Limited

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

Medication Name	Medication Class	Medication Name	Medication Class	Medication Name	Medication Class
Bupropion (Wellbutrin 100mg, 75mg, SR, or XL)	Antidepressant	Fosamax Plus D	Bisphosphonate	Insulin Injecting Devices	Diabetes
Citalopram (Celexa)	Antidepressant	Fosamax Solution	Bisphosphonate	Cialis	Erectile Dysfunction
Cymbalta	Antidepressant	Advicor	Cholesterol	Low dose Cialis	Erectile Dysfunction
Fluoxetine (Sarafem)	Antidepressant	Altacor	Cholesterol	Levitra	Erectile Dysfunction
Lexapro	Antidepressant	Crestor	Cholesterol	Muse/Edex/Caverject	Erectile Dysfunction
Paroxetine (Paxil)	Antidepressant	Lescol	Cholesterol	Viagra	Erectile Dysfunction
Paroxetine CR (Paxil CR)	Antidepressant	Lescol XL	Cholesterol	Depo Provera	Family Planning/Hormone Replacement
Sertraline (Zoloft)	Antidepressant	Lipitor	Cholesterol	Estring	Family Planning/Hormone Replacement
fluconazole (Diflucan)	Antifungal	lovastatin (Mevacor)	Cholesterol	Femring	Replacement
Actonel 35mg	Bisphosphonate	pravastatin (Pravachol)	Cholesterol	Lunelle	Family Planning/Hormone Replacement
Actonel 5/30mg	Bisphosphonate	simvastatin (Zocor)	Cholesterol	Nuvaring	Family Planning/Hormone Replacement
Actonel with Calcium	Bisphosphonate	Vytorin	Cholesterol	Amerge	Migraine
Boniva 150mg	Bisphosphonate	Zetia	Cholesterol	Axert	Migraine
Fosamax 35/70mg	Bisphosphonate	Tussionex	Cough and Cold	Frova	Migraine
Fosamax 5/10/40mg	Bisphosphonate	Glucagon, Glucagen	Diabetes	Maxalt/-MLT	Migraine

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
Relpax	Migraine	Adcirca	Pulmonary Arterial Hypertension	Maxair Autohaler	Respiratory
Sumatriptan (Imitrex)	Migraine	Revatio	Pulmonary Arterial Hypertension	Proventil HFA/Ventolin HFA	Respiratory
Zomig/-ZMT	Migraine	Advair	Respiratory	Proventil/Ventolin	Respiratory
Allegra D 12hr or 24hr	Non Sedating Antihistamines	Aerobid	Respiratory	Pulmicort Respules or Turbohaler	Respiratory
Cetirizine (Zyrtec)	Antihistamines	Aerochamber, Inspirease	Respiratory	Qvar	Respiratory
Cetirizine /-D (Zyrtec/-D)	Antihistamines	Alupent	Respiratory	Serevent Diskus	Respiratory
Clarinetx/-D	Antihistamines	Atrovent	Respiratory	Tilade	Respiratory
Fexofenadine 180mg (Allegra)	Non Sedating Antihistamines	Atrovent HFA	Respiratory	Twinject	Respiratory
(Allegra)	Antihistamines	Azmacort	Respiratory	Ambien CR	Sleep Aid
Xyzal	Non Sedating Antihistamines	Combivent	Respiratory	Lunesta	Sleep Aid
Celebrex 100, 200mg, or 400mg	NSAID	Epi-Pen, Epi-Pen JR	Respiratory	Rozerem	Sleep Aid
Lansoprazole (Prevacid)	PPI	Flovent HFA or Rotadisk	Respiratory	Zaleplon (Sonata)	Sleep Aid
Omeprazole 40mg (Prilosec)	PPI	Intal	Respiratory	Zolpidem (Ambien)	Sleep Aid
				Chantix	Smoking Cessation

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	Provigil	Antinarcoclepsy	Viagra, Cialis, Levitra, Mu	Erectile Dysfunction
Bupropion (Wellbutrin)	Antidepression	Abilify	Antipsychotic		
Nuvigil	Antinarcoclepsy	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	REVATIO	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	OCTREATIDE	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	