

Community Health Systems
(Facilities that were formerly Triad, updates effective January 2009)

Prescription Drug Coverage Updates

Below is the list of drugs impacted by changes effective January 2009.

Initial Prior Authorization:

Prior Authorization is a process that requires the prescribing physician to provide information prior to the pharmacy dispensing the prescription.

Drug Class	Drug
ADHD/Narcolepsy	Concerta, Daytrana, Focalin, Focalin XR, Metadate, Methylin, Ritalin, Ritalin LA, Amphetamines PA, Adderall, Adderall XR, Desoxyn, Dexedrine, Dextrostat, Vyvanse
Anabolic Steroids	Androl-50, Oxandrin, Nandrolone
Benign Prostatic Hyperplasia	Avodart, Proscar
Botulinum Toxin	Botox, Myobloc
Narcolepsy	Provigil, Xyrem
Oral Acne	Accutane, Amnesteem, Claravis, Sotret
Oral Antifungal	Diflucan, Lamisil, Sporanox
Oral Fentanyl	Oral Fentanyl, Fentora
Proton Pump Inhibitor*	Aciphex, Nexium, Prilosec, Omeprazole, Prevacid, Protonix, Pantoprazole, Zegerid
Testosterone	Depo-testerone, Testopel pellets, Methyltestosterone, Fluoxymesterone, Delatestryl, Testosterone cypionate, Androgel, Androderm, Testim, Striant, topical ointment, topical cream, and powder for compounding.
Topical Acne	Topical Tretinoin, Differin, Tazorac, Atralin, Avita, Retin-A, Tretin-X, Ziana

Proton Pump Inhibitors are covered for ages under 18 and over if Prior Authorization criteria is met.

Quantity Limit:

If the requested quantity is less than the limit below, prescription claim will process at the point of sale. No action is required from the participant.

Drug Class	Drug	Quantity Limit (tablets, capsules, or units)
Erectile Dysfunction	Viagra, Cialis, Levitra, Caverject, Edex, Muse	# 6 units/25 days at retail # 18 units/75 days at mail
Long Acting Osteoporosis Agents	Boniva, Actonel, Fosamax, Alendronate	Weekly dose- 4 tablet/25 days at retail; 12 tablets/75 days at mail Monthly dose- 1 tablet/25 days at retail; 3 tablets/75 days at mail
Pain	Toradol	# 20 tablets/25 days at retail # 20 tablets/25 days at mail
Pain	Vicoprofen	# 150 tablets/25 days at retail # 450 tablets/75 days at mail

Quantity Limit with a post quantity limit prior authorization:

Initial Quantity limit, followed by a Prior Authorization if initial quantity is exceeded.

Drug Class	Drug	Initial Quantity Limit
Antiemetics	Aloxi, Anzemet, Kytril, Ondasetron, Zofran, Emend	Anzemet Tabs 3 tablets/ 15 days Anzemet Inj 5 mL /15 days Aloxi 5 mL /15 days Aloxi Tabs 6 / 15 days Kytril Soln 30 mL / 15 days Kytril Inj = 1 mL / 15 days Zofran 24 mg tabs = 1 tablets/ 15 days Zofran 4 mg, ODT 9 tablets/ 15 days Zofran 8 mg tablets/ODT tabs - 9 tablets/ 15 days Zofran Soln 100 mL / 15 days Zofran 2 mg/mL inj 10 mL /15 days Zofran 32 mg/50 mL IV = 50 mL /15 days Emend 40mg 3 tables/ 6 months Emend 80 mg 2 tablets/15 days Emend 125 mg 1 tablet/ 15 days Emend 115 mg inj 1 vial/15 days <i>(quantity limit is the same for both retail and mail)</i>
Antimigraine Agents	Amerge, Axert, Frova, Imitrex,Maxalt, Relpax, Zomig	Amerge 9 tablets/ 25 days Axert 12 tablets/ 25 days Frova 9 tablets/ 25 days Imitrex tablets 9 tablets/ 25 days Imitrex Inject syringe 4 syringes (2 kits)/ 25 days Imitrex Inject vials 5 vials / 25 days Imitrex nasal spray 6 doses (1 box) / 25 days Maxalt 12 tablets/ 25 days Maxalt-MLT 12 tablets/ 25 days Migranal Nasal Spray 1 kit (8 units)/ 25 days Relpax 12 / 25 days Treximet 9 / 25 days Zomig 6 / 25 days Zomig ZMT 6 / 25 days Zomig Nasal spray 6 / 25 days
Influenza Treatment	Relenza,Tamiflu	Relenza capsule- 20 units Tamiflu 75 & 45 mg capsules - 10 units Tamiflu 30 mg capsules- 20 units Tamiflu solution- 75 ml <i>(1 fill every 180 days)</i>
Sedative-Hypnotics	Halcion	10 tablets/25 days at retail 30 tablets/30 days at mail
	Ambien, Ambien CR, Dalmane, Doral, Lunesta, Prosom, Restoril, Rozerem, Sonata	15 tablets/25 days at retail 45 tablets/30 days at mail
Pain	Stadol NS	2 x 3ml unit/ 25 days at retail 6 x 3ml unit/ 75 days at mail
Pain	Oxycontin	120 tablets/25 days at retail 360 tablets/75 days at mail <i>(all strengths combined)</i>
Pain	Opana ER	120 tablets/25 days at retail 360 tablets/75 days at mail <i>(all strengths combined)</i>

Quantity Limit with a post quantity limit prior authorization (continued):

Drug Class	Drug	Initial Quantity Limit
Pain	Duragesic Patch	10 patches/25 days at retail 30 patches/75 days at mail
Low Molecular Weight Heparins	Arixtra Fragmin Innohep	10 dosing units/365 days at retail and mail
	Lovenox	20 dosing units/365 days at retail and mail

Step Edit with a post step edit prior authorization

Drug Class	Drug
Non Steroid Anti-inflammatory	Celebrex

Over-the-Counter (OTC) Drugs

As the table below indicates, your prescription drug program does not cover prescription drugs in certain categories that have OTC alternatives. This program helps to lessen the rising cost of medical insurance to CHS and you—and encourages employees to save money by purchasing a less costly OTC drug alternative, when available. OTC medications do not require a prescription. Please review your enrollment guide for additional information.

Some Drugs with OTC Alternatives are NOT Covered

	Non-Sedating Antihistamines (NSAs)	Histamine 2 Blockers (H2s)	Proton Pump Inhibitors (PPIs)
Prescription Drugs NOT covered under the Prescription Drug Program <i>Note: Some prescription medications may not be covered due to other factors and others may be covered subject to age and/or authorization requirements</i>	Allegra tablets and capsules ¹ Allegra D tablets ¹ Clarinex tablets ¹ Clarinex D tablets ¹ Clarinex syrup ² Xyzal tablets ¹ Xyzal syrup ² Zyrtec D tablets ¹	Axid capsules ¹ Axid oral solution ³ cimetidine oral solution ³ cimetidine tablets ¹ famotidine tablets ¹ nizatidine capsules ¹ Pepcid oral suspension ³ Pepcid tablets ¹ ranitidine syrup ¹ ranitidine tablets ¹ Zantac syrup ³ Zantac tablets ¹	AcipHex tablets ⁴ Nexium capsules ⁴ Pantoprazole ⁴ Prevacid oral suspension ⁴ Prevacid tablets and capsules ⁴ Prilosec capsules ⁴ Protonix tablets ⁴ Zegerid oral suspension ⁴
Over-the-Counter Alternatives <i>Note: It is important to discuss OTC alternatives with your doctor or pharmacist. Always consult your physician regarding any medication changes.</i>	Alavert tablets Alavert D tablets Cetirizine tablets/syrup Children's Claritin Claritin 24 Hour Claritin syrup Claritin tablets Claritin D tablets Claritin Reditabs 24 hour Clear-Atadine Dimetapp Children's Non-Drowsy Allergy Loratadine tablets Tavist ND tablets Zyrtec tablets/syrup	Axid AR tablets cimetidine tablets famotidine syrup Omeprazole Pepcid AC tablets & capsules Pepcid Complete Prilosec OTC Ranitidine tablets Tagamet HB tablets Zantac 75 tablets	Axid AR tablets cimetidine tablets famotidine syrup Omeprazole Pepcid AC tablets & capsules Pepcid Complete Prilosec OTC Ranitidine tablets Tagamet HB tablets Zantac 75 tablets

¹Not Covered | ²Covered through age 6 | ³Covered for ages under 18 | ⁴Covered for ages under 18 and over if Prior Authorization criteria is met