

2010 ASCENSION HEALTH PREFERRED FORMULARY BRANDS

GENERIC:	DRUG/DRUG CLASS EXCLUSIONS:	QUANTITY LIMITS (QL):
Ascension Health endorses the use of FDA approved bioequivalent generics and encourages the prescribing and dispensing of these generic medications whenever medically appropriate.	Ascension Health has excluded the following drugs or drug classes from coverage under the pharmacy benefit: allergy ophthalmics (e.g. Patanol), H2 Blockers (e.g. Zantac, Tagamet), non-sedating antihistamines (e.g. Allegra, Clarinex), meperidine (Demerol), propoxyphene (e.g. Darvocet), medical foods and drug/medical food combinations.	Ascension Health has identified a number of select medications which will be subject to quantity limits. A quantity limit establishes the maximum amount of a prescription medication Ascension Health will cover as a benefit within a defined period of time. Quantity limits may be implemented on a per day basis (e.g. 1 tablet per day), per prescription or per 30 days.
PRIOR AUTHORIZATION:	SPECIALTY DRUGS:	STEP THERAPY PROTOCOLS (ST):
Select drugs require prior authorization (PA) of benefits. Medication utilization must meet FDA approved indications as well as Ascension Health guidelines. For prior authorization guidelines, visit www.mp.medimpact.com/asc .	Ascension Health has specified certain specialty drugs are to be filled only through the in-house pharmacies or from Coram.	Step therapy requires the use of one or more medications before benefits for the use of another medication can be authorized.
A-D	ISENTRESS KALETRA LEVOTHROID LEVEMIR LEXIVA MYCOBUTIN MYSOLINE NEBUPENT NEORAL NIASPAN NORVIR NOVOLIN 70-30 NOVOLIN 70-30 INNOLET NOVOLIN N NOVOLIN N INNOLET NOVOLIN R NOVOLOG NOVOLOG MIX 70-30	SEROQUEL / XR SINGULAIR (QL) SPIRIVA SUSTIVA SYMBICORT SYNTHROID
ADVAIR / HFA ALPHAGAN P APTIVUS ASACOL/HD ATRIPLA ATROVENT HFA AVELOX (QL) AZOPT BARACLUDE BENICAR / HCT (ST,QL) COMBIVENT COMBIVIR CONCERTA COUMADIN CREON CRIXIVAN DAUNOXOME DEPAKOTE ER DIOVAN / HCT (ST,QL) DOXIL	O-S	T-Z
E-N	ONE TOUCH TEST STRIPS (QL) ONE TOUCH ULTRA TEST STRIPS (QL) PLAVIX (QL) PREMARIN PREVPAC PREZISTA QVAR RESCRIPTOR RETROVIR REYATAZ SANDIMMUNE SELZENTRY SEREVENT DISKUS	TEGRETOL TRIZIVIR TRUVADA TYZEKA UNITHROID VENTOLIN HFA VIDEX VIRACEPT VIRAMUNE VIREAD VISTIDE ZERIT ZIAGEN ZOVIRAX

To search the formulary status of a drug, visit www.mp.medimpact.com/asc