

This is an abbreviated version of the January 2012 Total Health Care MiChild Formulary.
For a complete listing, please visit www.totalhealthcareonline.com.

Changes may occur throughout the year and plan exclusions may override this list. Some drugs may have coverage restrictions such as quantity limitations (QL), prior authorization (PA) or step therapy (ST). Some drugs that are available without a prescription (over-the-counter or OTC) may be covered on your plan with an authorization from your provider.

**TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR.
GENERIC DRUGS HELP SAVE MONEY.
ASK YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.**

• Generic Drugs = lower case • Brand-Name Drugs = UPPER CASE

2012 MiChild Preferred Drug List

ANTI-INFECTIVE AGENTS

ANTIVIRALS

acyclovir
RELENZA (QL)
TAMIFLU (QL)

CEPHALOSPORINS

cefactor (ST)
cefadroxil (ST)
cefdinir (ST)
cefprozil (ST)
cefuroxime (ST)
cephalexin

FLUOROQUINOLONES

ciprofloxacin/ er
ofloxacin
AVELOX (ST)
NOROXIN (ST)

MACROLIDE ANTIBIOTICS

azithromycin (QL)
clarithromycin/ er
erythromycin ethylsuccinate
400mg/ 5ml suspension
E.E.S TABLETS/ GRANULES
ERYPED
ERYTHROCIN
ERYTHROMYCIN FILMTAB

PENICILLINS

amoxicillin
amoxicillin/ clavulanate (QL)
ampicillin
dicloxacillin
penicillin
AUGMENTIN
SUSPENSION 125/ 31.25

OTHER ANTI-INFECTIVES

clindamycin
doxycycline
erythromycin/ sulfisoxazole
metronidazole/ er
minocycline
nitrofurantoin
tetracycline
trimethoprim
trimethoprim/
sulfamethoxazole

CARDIOVASCULAR AGENTS

ACE INHIBITORS & COMBINATIONS

benazepril (QL)
benazepril/ amlodipine (QL)
benazepril/ HCTZ (QL)
captopril (QL)
captopril/ HCTZ (QL)
enalapril (QL)
enalapril/ HCTZ (QL)
fosinopril (QL)
lisinopril (QL)
lisinopril/ HCTZ (QL)
moexipril (QL)

ANGIOTENSIN II BLOCKERS & COMBINATIONS

losartan (ST/QL)
losartan/ hctz (ST/QL)

ANTIHYPERLIPIDEMICS

atorvastatin (ST/QL)
cholestyramine
colestipol
fenofibrate
gemfibrozil
simvastatin (except 80mg)

BETA BLOCKERS & COMBINATIONS

acebutolol
atenolol
atenolol/ chlorthalidone
bisoprolol/ HCTZ
metoprolol/ er
(QL on ER tablets)
nadolol
pindolol
propranolol/ er
propranolol/ HCTZ

CALCIUM CHANNEL BLOCKERS

amlodipine (QL)
diltiazem/ er (QL)
felodipine (ST/QL)
nicardipine
nifedipine/ er (QL)
verapamil/ er (QL)

2012 MiChild Preferred Drug List (cont.)

CENTRAL NERVOUS SYSTEM AGENTS

MIGRAINE AGENTS

sumatriptan tablets (QL)

CONTRACEPTION

ALESSE (* /QL)

BREVICON (* /QL)

CYCLESSA (* /QL)

DEMULEN (* /QL)

ESTROSTEP/FE (* /QL)

LEVLEN (* /QL)

LOESTRIN/FE (* /QL)

LO/OVRAL (* /QL)

MIRCETTE (* /QL)

NORDETTE (* /QL)

OCVON-35 (* /QL)

ORTHO-CEPT (* /QL)

ORTHO-CYCLEN (* /QL)

ORTHO-NOVUM (* /QL) 1/35, 7/77

ORTHO-TRI-CYCLEN (* /QL)

TRI-NORINYL (* /QL)

TRIPHASIL (* /QL)

YASMIN (* /QL)

YAZ (* /QL)

(* Only generic version is covered.)

ENDOCRINE & METABOLIC AGENTS

ANTIDIABETICS

acarbose

chlorpropamide

glimepiride

glipizide/ er

(QL on ER tablets)

glyburide

metformin/ er

ACTOPLUS MET (ST/QL)

ACTOS (ST/QL)

DUETACT (ST/QL)

PRANDIN

BISPHOSPHONATES & RELATED AGENTS

calcitonin-salmon nasal spray

DIABETIC TESTING

SUPPLIES

TRUETRACK METERS/

STRIPS (ST/QL)

INSULINS

APIDRA VIALS

LANTUS VIALS

LEVEMIR VIALS

NOVOLOG 70/30 VIALS

NOVOLIN VIALS

GASTROINTESTINAL AGENTS

PROTON PUMP

INHIBITORS

PREVACID OTC (QL)

omeprazole 20mg capsules (QL)

pantoprazole (QL)

MUSCULOSKELETAL AGENTS

NSAIDS

choline/ magnesium

salicylate

diclofenac potassium

diclofenac sodium/ er

diflunisal

etodolac/ er

fenoprofen

flurbiprofen

ibuprofen (OTC)

indomethacin/ er

ketoprofen (QL)

ketorolac (QL)

meloxicam (except suspension)

nabumetone (QL)

naproxen/ er

naproxen sodium (OTC)

oxaprozin

piroxicam

salsalate

sulindac

tolmetin

RESPIRATORY AGENTS

ALLERGY-NASAL

PRODUCTS

flunisolide (QL)

fluticasone propionate (QL)

ipratropium (QL)

ANTI-ASTHMATICS

albuterol nebulization

budesonide suspension

(age limits apply)

cromolyn nebulization

ipratropium

terbutaline

theophylline/ er

ADVAIR 100/50 (ST/QL)

ATROVENT HFA (QL)

COMBIVENT (QL)

DULERA (ST/QL)

FORADIL (QL)

QVAR (QL)

SEREVENT DISKUS (QL)

SINGULAIR (age limits apply

for chewables 4&5mg)

SPIRIVA (ST/QL)

SYMBICORT (ST/QL)

VENTOLIN HFA (QL)

UROLOGICAL MEDICATIONS

BENIGN PROSTATIC

HYPERTROPHY DRUGS

doxazosin

prazosin

terazosin

OVERACTIVE

BLADDER AGENTS

oxybutynin

oxybutynin er (ST)

DETROL/ LA (ST)

Brand-names are the property of their respective manufacturers.

Catalyst Rx Member Services: 1-800-997-3784

Total Health Care: 1-800-826-2862

For more information, please visit www.totalhealthcareonline.com or www.catalystrx.com.

(Login required.)

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