



**H N E M E M B E R F O R M U L A R Y**

M A R C H 2 0 0 8

*We are pleased to introduce to you the Health New England (HNE) Member Edition Formulary for 2008. It is designed to introduce members to HNE's selection of Formulary Drugs.*

**About the Formulary:**

Health New England is committed to providing our members with access to safe and effective medications. HNE covers most prescription drugs and a small number of non-prescription drugs and medical supplies. Covered prescription drugs are divided into three tiers with different member copayments. Together, the first two tiers described below are known as the Health New England Formulary. If a covered medication is not in the Formulary, it is considered Brand/Non-Formulary (Tier 3). Members still have access to these medications, but at the highest copayment. Specific prescription drug copayments are listed on your HNE ID card.

**Generic Drugs (Tier 1):**

Approved by the U.S. Food and Drug Administration (FDA), Generic Drugs (Tier 1) contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. In most cases, Massachusetts law requires and HNE encourages the dispensing of generic drugs whenever possible. You pay the lowest copayment for generic drugs.

**Brand/Formulary Drugs (Tier 2):**

Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and usually do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market. Your copayment for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs, which are described below.

**Brand/Non-Formulary Drugs (Tier 3):**

Any brand name drug that HNE has not selected as a Brand/Formulary Drug is a Brand/Non-Formulary Drug (Tier 3). This category includes; any brand name drug that has a generic equivalent (Tier 1), or brand drugs that there are formulary generic and brand alternatives. You and your doctor may decide that a Brand/Non-Formulary Drug is most appropriate for you. These medications are still covered, but at the highest copayment level.

**New Medications:**

1. HNE does not typically add brand name medications to its list of covered drugs for at least six months after FDA approval. Once the FDA approves a drug, HNE's committee of physicians and pharmacists reviews the drug's safety, effectiveness and value. During this clinical review period, HNE does not cover the drug.
2. Your doctor or pharmacist can tell you if the FDA approved a drug within the last 6 months. To check the current formulary status of any prescription drug, you can go to the HNE website at [hne.com](http://hne.com) or call HNE Member Services at 413-787-4004 or 800-310-2835.

**Review request for newly approved drugs:** If your physician requests an FDA approved medication for a non-FDA approved disease state/condition, your physician must submit at least 3 peer-reviewed journal articles or abstracts; a national or published Clinical Guideline; and/or published information regarding current standard of care.

Review process for quantity limitations, step therapy or exceptions:

Your physician may initiate the review request by completing our Review Request Form, which can be found on the HNE website at [hne.com](http://hne.com) or call HNE Member Services at 413-787-4004 or 1-800-310-2835.

**What is compounding?**

Compounding is the producing of a medication using raw chemicals and ingredients that are customized to meet the specific needs of a patient according to a doctor's specifications.

**What is the copay for compounded medications?**

All compounded medications will require a minimum of a Tier 2 copay, however not all compounds are covered. For questions regarding coverage, please call HNE Member Services at 413-787-4004 or 1-800-310-2835.

# How to Use the Health New England Member Edition Formulary

The Formulary is divided into two sections: Generic Drugs (Tier 1) and Brand/Formulary Drugs (Tier 2). Each section is listed alphabetically.

To find out if a covered medication you are currently taking is part of the Formulary, follow these simple steps:

1. Look up the name of the medication you actually received in the Generic Drug (Tier 1) and Brand/Formulary Drug (Tier 2) sections.
2. If you find the medication listed under Generic Drugs (Tier 1), you pay the lowest copayment level. Please keep in mind that the Generic Drug (Tier 1) listing is representative only. There are hundreds of generic drug products available. If you think that your drug is available as a generic, please contact your local pharmacist.
3. If you find the medication listed under Brand/Formulary Drugs (Tier 2), there is usually no available generic equivalent and you pay the middle copayment level.
4. If you do not find the covered medication, then it is probably a Brand/Non-Formulary Drug (Tier 3), which is not a part of the Formulary. You will pay the highest copayment for these drugs. Please consult your doctor to see if there are any formulary brand or generic alternatives right for you.

**NOTE: The contents of this Formulary are subject to change at any time without member notification. For the most up to date listing, please visit our website at [hne.com](http://hne.com).**

The formulary is fully reviewed annually and as necessary throughout the year.

## Questions:

If you have any questions about your prescription drugs, please speak with your doctor. If you have questions about the Member Edition Formulary or your coverage, please call the HNE Member Services Department at 1-800-310-2835 or (413) 787-4004, Monday through Friday, 8am to 5pm, or visit our website at [hne.com](http://hne.com).

## Other Important Information:

Also included in the Formulary is a description of Health New England's non-covered drugs, as well as drugs that might require prior authorization, step therapy or have quantity limitations.

For reference, there is a list of common brand name drugs with available generic equivalents. The brand name products on this list are covered as Brand/Non-Formulary Drugs (Tier 3) and the generic equivalents are covered as Generic Drugs (Tier 1).

Please note: You must be an eligible member with prescription drug coverage when the medication is dispensed. If you are not an eligible member with prescription drug coverage, medications are not covered.

## IMPORTANT NOTES

Please be aware that once a generic equivalent is available, a drug will move to Tier 3.

Massachusetts state law requires pharmacists to dispense a generic equivalent unless otherwise indicated by the physician.

## What are the effects of not switching to a generic?

- You pay a higher copay
- If you choose to continue on the brand name drug, a new script from your physician will need to reflect "Dispense as written." Contact your physician if interested in discussing alternatives.

## Tier 1 – Generic Drug Listing

Approved by the U.S. Food and Drug Administration (FDA), Generic Drugs (Tier 1) contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. In most cases, Massachusetts law requires and HNE encourages the dispensing of generic drugs whenever possible. You pay the lowest copayment for generic drugs.

**This list is representative only. If you think that your drug is available as a generic product, please contact your physician or local pharmacist.**

A-B		
acebutolol	benzoic acid	chlorpropamide
acetaminophen/butalbital/caffeine	benzonatate	chlorthalidone
acetaminophen/codeine	benzoyl peroxide/clindamycin	chlorzoxazone
acetaminophen/phenyltolox	benztropine	cholestyramine
acetazolamide	betamethasone dipropionate	choline magnesium trisalicylate
acetoexamide	betamethasone valerate	ciclopirox gel
acyclovir	bethanechol	ciprofloxacin
albuterol	bisoprolol	ciprofloxacin ER
alendronate	bisoprolol/HCTZ	cimetidine
allopurinol	bromocriptine	citalopram**
alora	budeprion SR	clarithromycin
alprazolam	budeprion XL**	clarithromycin ER
alprazolam ER	buproban**	clemastine
amantadine	bupropion**	clindamycin
amiloride	bupropion HCL	clindamycin vaginal cream
amiloride/hctz	bupropion SR**	clobetasol
amiodarone	bupirone	clomiphene
amitriptyline		clomipramine
amlodipine**	C-D	clonazepam
amlodipinel/benazapril	calcitriol	clonidine
amnestem	captopril	clorazepate
amoxapine	captopril/HCTZ	clotrimazole
amoxicillin	carbamazepine	clozapine**
amoxicillin/clavubrate	carbamazepine, chewable	codeine
ampicillin	carbidopa/levodopa	colchicine
antipyrene/benzocaine otic	carisoprodol	colestipol
aspirin/butalbital/caffeine	carvedilol	colyte flavored
atenolol	cefaclor	cortamax lotion
atenolol/chlorthalidone	cefadroxil	cromolyn
atropine	cefprozil	cyanocobalamin
azathioprine	cefuroxime	cyclobenzaprine
azithromycin	cephalexin	cyclosporine
azithromycin susp	cephadrine	cyproheptadine
bacitracin	chloral hydrate	danazol
baclofen	chloramphenicol	dantrolene
balsalazide disodium	chlordiazepoxide	dapsone
benazepril	chlorhexidine	desipramine
	chloroquine	desmopressin acetate
	chlorthalidone	

Tier 1 – Generic Drug Listing (continued)

desonide  
dexamethasone  
dextroamphetamine  
dexmethylphenidate  
diazepam  
diclofenac  
dicloxacillin  
dicyclomine  
diflunisal  
digitek  
digoxin  
dihydroergotamine  
diltiazem  
diltiazem CD  
diltiazem SR  
diphenoxylate/atropine  
dipivefrin  
disopyramide  
disopyramide SR  
disulfiram  
divalproex sodium  
doxazosin\*\*  
doxepin  
doxycycline

E-F

enalapril  
epinephrine  
erythromycin  
erythromycinbase  
erythromycin estolate  
erythromycin stearate  
estazolam  
estradiol  
estradiol patch  
estropipate  
ethacrynic acid  
ethosuximide  
etidronate  
etodolac  
etodolac ER  
fabb  
famciclovir  
famotidine  
felodipine

fenofibrate  
fenopropfen  
fentanyl  
fentanyl OTFC\*\*  
finasteride  
fisinopril  
fluconazole  
fluocinolone  
fludrocortisone  
flunisolide  
fluocinonide  
fluoride  
fluoxetine\*\*  
fluphenazine  
flurazepam  
flurbiprofen  
fluticasone  
fluvoxamine maleate\*\*  
folic acid  
fortical  
furosemide

G-H

gabapentin\*\*  
gemfibrozil  
gentamicin  
glimepiride  
glipizide  
glipizide/metformin  
glyburide  
granisetron HCL\*\*  
griseofulvin, ultramicro  
guaifenesin  
guanabenz  
guanfacine  
halobetasol  
haloperidol  
heparin  
hydralazine  
hydrochlorothiazide  
hydrocodone  
hydrocortisone  
hydrocortisone valerate  
hydromorphone  
hydroxyurea  
hydroxyzine

hyoscyamine

I-J

ibuprofen  
imipramine  
imipramine pamoate  
indapamide  
indomethacin  
indomethacin SR  
insulin syringes  
iodoquinol  
ipratropium  
ipratropium/albuterol  
ipratropium nasal spray  
isoniazid  
isosorbide dinitrate  
isosorbide dinitrate SL  
isosorbide dinitrate SR  
isosorbide mononitrate  
itraconazole\*\*  
jantoven

K-L

keratol  
ketoconazole  
ketoconazole cream  
ketoprofen  
ketoprofen ER  
ketorolac\*\*  
ketotifen  
klor-con  
labetolol  
lactulose  
lamotrigine chewable  
levobunolol  
levocarnitine  
levothyroxine  
levoxyl  
lidocaine  
lindane  
lisinopril  
lisinopril/HCTZ  
lithium carbonate  
lithium carbonate SR  
lithium carbonate CR  
lithium citrate

Tier 1 – Generic Drug Listing (continued)

loperamide  
lorazepam  
lovastatin\*\*  
loxapine

M-N

maprotiline  
mebendazole  
meclizine  
meclofenamate  
medroxyprogesterone  
megestrol  
meloxicam\*\*  
meloxicam suspension\*\*  
meperidine  
mephobarbital  
meprobamate  
mercaptapurine  
metaproterenol  
metformin  
metformin/glyburide  
methadone  
methazolamide  
methenamine  
methimazole  
methocarbamol  
methotrexate  
methyl dopa  
methylphenidate  
methylprednisolone  
methyltestosterone  
metoclopramide  
metolazone  
metoprolol  
metoprolol ER  
metronidazole  
metronidazole lotion  
mexelitine  
midodrine  
minocycline  
minoxidil  
mirtazapine\*\*  
misoprostol  
moexipril  
mometasone furate

morphine, IR  
morphine SR  
nabumetone  
nadolol  
nadolol/bendroflu  
naproxen  
naproxen sodium  
nefazodone  
neomysulf/polymx/B sulf/Hc  
nic 750  
nicardipine  
nicotine patches \*\*  
nicotinic acid  
nifedipine  
nitrofurantoin  
nitrofurantoin, macro  
nitroglycerin SL  
nitroglycerin patch  
nizatidine  
norethindrone  
nortriptyline  
nystatin  
nystatin vaginal

O-P

ofloxacin  
omeprazole\*\*  
ondansetron\*\*  
ondansetron sol\*\*  
oscion cleanser  
oxaprozin  
oxazepam  
oxcarbazepine  
oxybutynin  
oxybutynin Cl ER  
oxycodone\*\*  
oxycodone/apap  
oxycodone/ibuprofen  
paroxetine HCL\*\*  
pemoline  
penicillamine  
penicillin  
pentobarbital  
pentoxyphylline  
pergolide mesylate  
permethrin

perphenazine  
phenazopyridine  
phenelzine  
phenobarbital  
phenteramine  
phenylephrine  
phenylpropanolamine  
phenyltoloxamine  
phenytoin  
phenytoin, extended release  
phenytoin suspension  
phytonadione  
pilocarpine  
pindolol  
piroxicam  
polymyxin B  
potassium chloride  
potassium citrate  
potassium citrate ER  
pramosone  
pravastatin \*\*  
prazosin  
prednisolone  
prednisone  
prelone  
prenatal vitamins, generic  
Prilosec OTC\*\*  
primaquine  
primidone  
probenecid  
procainamide  
procainamide SR  
prochlorperazine  
promethazine  
propafenone  
propoxyphene  
propoxyphene/acetaminophen  
propranolol  
propranolol/HCTZ  
propylthiouracil  
psyllium  
pyridostigmine  
pyrazinamide  
pyrimethamine

## Tier 1 – Generic Drug Listing (continued)

### Q-R

quinapril HCL  
 quinapril/HCTZ  
 quinidine gluconate SR  
 quinidine sulfate  
 ramipril  
 ranitidine  
 reserpine  
 ribavirin  
 rifampin  
 roxicodone

thioridazine  
 thoithixene  
 ticlopidine  
 timolol  
 timolol, ophth.  
 tizanidine HCL  
 tobramycin  
 tolazamide  
 tolbutamide  
 tolmetin  
 tolnaftate

### S-T

salicylic acid  
 salsalate  
 selegiline  
 selenium  
 sertraline\*\*  
 silver sulfadiazine  
 simethicone  
 simvastatin\*\*  
 sodium fluoride  
 sotalol  
 spironolactone  
 spironolactone/HCTZ  
 sucralfate  
 sulfacetamide  
 sulfamethoxazole  
 sulfamethoxazole/trimethaprin  
 sulfasalazine  
 sulfinpyrazone  
 sulfoxazole  
 sulfoxazole/erythromycin  
 sulindac  
 tamoxifen  
 temazepam  
 terazosin\*\*  
 terbinafine\*\*  
 terconazole cream  
 terconazole suppository  
 terbutaline  
 tetracycline  
 theophylline  
 theophylline ER

tramadol HCL  
 tramadol HCL/APAP  
 tranlycypromine  
 trazodone  
 tretinoin\*\*  
 triamcinolone  
 triamterene  
 triamterene/HCTZ  
 triazolam  
 tricitrate  
 trifluoperazine  
 trifluridine  
 trihexyphenidyl  
 trimethobenzamide  
 trimethoprim  
 trimipramine  
 tripeleminamine

### U -Z

uni-otic  
 ursodiol  
 valproic acid  
 venlafaxine HCL\*\*  
 verapamil  
 verapamil SR  
 viatra  
 warfarin  
 yohimbine  
 zidovudine  
 zolpidem\*\*

## Tier 2 – Brand/Formulary Drug Listing

Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market. Your copayment for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs, which are described below.

A-B			
Actos	Avandia		Cleocin T
Acular	Avapro**		Climara Pro
Acular LS	Avonex		Combipatch
Adalat CC	Azelex		Combivent
Adderall XR**	Azopt		Combivir
Advair Diskus**	Azulfidine EN		Compazine Spansule
Advair Hfa**	Bactroban		Concerta**
Aerochamber	Beclovent		Condylox
Agenerase	Betaseron		Copaxone
Agrylin	Betoptic		Cortane B Lotion
Akne-Mycin	Betoptic S		Cortef
Albenza	Bicitra		Cortone
Alinia	Blephamide		Cosopt
Alkeran	Bromphenex PD		Creon 5
Alphagan	Byetta**		Creon 10
Alphagan-P		C-D	Creon 30
Amicar	Cafergot Suppository		Crinone
Amicar Syrup	Calcimar		Crixivan
AmLactin *	Canasa		Cuprimine
Androderm	Capitrol		Cyclogyl
Anusol HC Suppositories	Carnitor		Cytomel
Aptivus	Casodex		Cytovene, oral
Aquasol A	Catapres TTS-1**		Daraprim
Aralen Phosphate	Catapres TTS-2**		DDAVP Nasal Spray
Arava	Catapres TTS-3**		Deconamine SR
Aricept	Caverject **		Depakote
Arimidex	Celebrex **		Depakote ER
Armour Thyroid	Cellcept		Depakote sprinkles
Asacol	Centany		Dermasmooth/FS
Asmanex	Cerumenex		Dexacort Turbinaire
Astelin	Cetrotide **		DHT
Atripla	Chemet		Diamox Sequels
Atrovent Inhaler	Chlormycetin Otic		Dilantin Infatab
Augmentin ES	Cibalith-S		Dimetane-DC
Augmentin XR	Ciloxin		Diovan**
Avalide**	Ciprodex		Diovan HCT**
	Cleocin Pediatric		Diprolene Lotion

\* Indicates covered over the counter (OTC) medications.

*This list is subject to change.* \*\* Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 14-29.

Tier 2 – Brand/Formulary Drugs Listing (continued)

Dolophine  
 Donnatal  
 Dovonex  
 Drithrocreme  
 Drithro-Scalp  
 Drysol  
 Drysol Dabamatic  
 Duratuss G  
 Dyclone

E-F

Edex\*\*  
 Effexor XR\*\*  
 Efudex  
 Emtriva  
 Enbrel\*\*  
 Entex LA  
 Entex Liquid  
 Entocort EC  
 Epi-pen\*\*  
 Epivir  
 Epogen\*\*  
 Epzicom  
 Ergamisol  
 Ergomar  
 Eryped  
 Eryped Chewable  
 Estrace Vag. Cream  
 Estratab  
 Estratest  
 Estratest HS  
 Estring  
 Estrostep  
 Eulexin  
 Eurax  
 Evista  
 Fansidar  
 Fedahist  
 Femara  
 femhrt  
 Femring

Flavored Colyte  
 Flomax  
 Florinef  
 Flovent  
 Flovent Rotadisk  
 Floxin  
 Foradil\*\*  
 Fortovase  
 Furadantin suspension  
 Furoxone  
 Fuzeon

G-H

Ganirelix\*\*  
 Gastrocrom  
 Gelkam  
 Glucagon Emergency Kit  
 Glucometer Test Strips  
*(Roche/Lifescan products only)*  
 Grifulvin V  
 Gonal-F\*\*  
 Gyne-Lotrimin\*  
 Hepsera  
 Hiprex  
 Humalog  
 Humalog 50/50  
 Humalog 75/25  
 Humira\*\*  
 Humira Pen\*\*  
 Humulin  
 Hydromet  
 Hytakerol

I-J

Imitrex \*\*, injection  
 Imitrex \*\*, intranasal  
 Imitrex \*\*, oral  
 Inderal LA  
 Insulin - all Lilly products  
 Insulin - all Novo products  
 Intal  
 Intelence

Intron-A  
 Isopto Atropine  
 Januvia

K-L

Kaletra  
 Kaon-Cl  
 Ketone Test Strips  
 Lamictal  
 Lamprene  
 Lancets  
 Lantus  
 Lantus Solostar  
 Lente Insulin II  
 Leukeran  
 Levaquin  
 Levid  
 Levemir  
 Levsin  
 Levsin SL  
 Levsinex Timecaps  
 Lexapro\*\*  
 Lexiva Suspension  
 Liquid Pred  
 Loprox cream  
 Loprox shampoo  
 Lovenox\*\*  
 Lumigan  
 Lupron Depo  
 Lysodren

M-N

Matulane  
 Maxair  
 Maxair Autohaler  
 Menest  
 Mephyton  
 Mepron  
 Mesnex  
 Metadate ER  
 Metandren  
 Methergine

**Tier 2 – Brand/Formulary Drugs Listing (continued)**

MetroCreme  
 Metrogel Vag.  
 Migranal Nasal Spray  
 Minirin  
 Mintezol  
 Mirapex  
 MUSE \*\*  
 Myambutol  
 MycelexTroche  
 Mycobutin  
 Myfortic  
 Myleran  
 Naftin  
 Naftin Gel  
 Namenda  
 Nardil  
 Nasonex  
 Nebupent  
 Nembutal  
 Nephrocap  
 Nephrocap Soft Gel  
 Niaspan  
 Nizoral Shampoo  
 Nolvadex  
 Noritate  
 Norvir  
 Novolog  
 Novolog Mix 70/30  
 Novolin  
 Nutropin\*\*

**O-Q**

Ocusert Pilo  
 Ocuflax  
 Optihaler  
 Optivar  
 Oramorph SR  
 Orap  
 Orfadin  
 Ortho Dienestrol  
 Otobiotic

Pancrease  
 Pancrease MT  
 Pentasa  
 PhisoHex  
 Phospholine Iodide  
 Pilopine HS  
 Plavix  
 PolyViFlor  
 PolyViFlor/Iron  
 Precose  
 Pred Mild  
 Premarin  
 Premarin Vag. Cream  
 Premphase  
 Prempro  
 Prempro Low Dose  
 Prevident  
 PrevPac  
 Prezista  
 ProAir HFA  
 Procrit\*\*  
 Proctofoam HC  
 Prograf  
 Protonix\*\*  
 Protopic  
 Pulmicort Respule  
 Pulmicort Turbuhaler  
 Pulmozyme  
 Purinethol  
 Qualagoin

**R-S**

Rapamune  
 Rebetol  
 Rebetrone\*\*  
 Rebif  
 Renagel  
 Repronex\*\*  
 Rescriptor  
 Retin-A micro\*\*  
 Revatio\*\*

Reyataz  
 Rheumatrex  
 Rilutek  
 Risperdal  
 RMS Suppositories  
 Rondec TR  
 Roxicodone  
 Sandimmune  
 Sansert  
 Selzentry  
 Semprex-D  
 Serevent Diskus\*\*  
 Seroquel  
 Seroquel XR  
 Sinemet CR  
 Singulair\*\*  
 Slo-Phyllin  
 Solatene  
 Solganal  
 Spectazole  
 Spiriva  
 Stalevo  
 Sulfacet-R  
 Suprax  
 Sustiva  
 Symlin\*\*  
 Synarel  
 Synthroid

**T-U**

Tegretol XR  
 Teslac  
 Testoderm patches  
 Test Strips  
*(Roche/Lifescan products only)*  
 Thalomid  
 Theo 24  
 Thioguanine  
 Tigan  
 Tilade  
 TOBI  
 Tobradex

\* Indicates covered over the counter (OTC) medications.

This list is subject to change. \*\* Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 14-29.

## Tier 2 Brand/Formulary Drugs Listing *(continued)*

Topamax  
Torecan  
Transderm-Scop \*\*  
Tricor  
Trilisate  
Trisoralen  
TriViFlor/Iron  
Trizivir  
Trusopt  
Truvada  
Tussionex  
Uniretic

Zovirax Ointment  
Zyprexa

### V-Z

Vagifem  
Valcyte  
Valtrex  
Vanceril  
Vanceril DS  
Vancocin  
Ventolin Rotocap  
Viagra \*\*  
Videx  
Videx EC  
Viokase  
Vira-A  
Viracept  
Viramune  
Viread  
Vytone  
Vytorin\*\*  
Xalatan  
Yocon  
Zavesca  
Zerit  
Zetia\*\*  
Ziagen  
Zmax suspension  
Zomig \*\*  
Zomig Spray \*\*  
Zomig ZMT\*\*

\* Indicates covered over the counter (OTC) medications.

**10** This list is subject to change. \*\* Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 14-29.



### Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
Dexedrine	dextroamphetamine	<b>G-H</b>	
Diabeta	glyburide	Gleevec**	not available
Diamox	acetazolamide	Glucophage	metformin
Didronel	etidronate	Glucophage XR	metformin
Diflucan	fluconazole	Glucotrol	glipizide
Dilacor XR	diltiazem	Glucotrol XL	glipizide
Dilantin	phenytoin	Glucovance	glyburide/metformin
Dilantin 125	phenytoin suspension	Glumetza ER	not available
Dilaudid	hydromorphone	Haldol	haloperidol
Diprolone	betamethasone dipropionate	Hylira Lotion	sodium hyaluronate lotion
Disalcid	salsalate	Hyper Sal	not available
Ditropan XL	oxybutynin XL	Hytrin **	terazosin
Ditropan	oxybutynin	Hyzaar**	not available
Doryx	doxycycline	<b>I-J</b>	
Dostinex	cabergoline	Inderal	propranolol
Duac	benzoyl peroxide/ clindamycin	Indocin	indomethacin
Duoneb	ipratropium/albuterol	Invega ER	not available
Duricef	cefadroxil	Isordil	isosorbide dinitrate
Duragesic	fentanyl	<b>K-L</b>	
Dynacin	minocycline	Keflex	cephalexin
<b>E-F</b>		Keralac	urea
Effexor**	venlafaxine HCL	Klonopin	clonazepam
Elavil	amitriptyline	Kytril**	granisetron HCL
Eldepryl	selegiline	Lamictal chewable	lamotrigine
Elocon	mometasone furoate	Lamisil**	terbinafine**
Enablex**	not available	Lariam	mefloquine
Ery-Tab	erythromycin	Lasix	furosemide
Eskalith CR	lithium carbonate	Lescol**	fluvastatin
Estrace	estradiol	Lescol XL**	fluvastatin
Estrostep FE	tilia FE	Librium	chlordiazepoxide
Estrostep FE	tri-legest FE	Lidex	floucinonide
Exforge**	not available	Lidex - E	floucinonide
Famvir	famciclovir	Lipitor**	not available
Feldene	piroxicam	Lipofen	not available
Fentora**	not available	Lithobid	lithium carbonate
Fioricet	APAP/butalbital/caffeine	Lofibra	fenofibrate
Fiorinal	ASA/butalbital/caffeine	Lomotil	diphenoxylate/atropine
Flagyl	metronidazole	Lopressor	metoprolol
Flexeril	cyclobenzaprine	Loprox gel	ciclopirox
Flextra	vistra	Lotensin	benazepril
Flonase	fluticasone	Lotrel	not available
Florinef	fludrocortisone	Lunesta**	not available
Floxin	ofloxacin	Lynox	oxycodone/APAP
Focalin	dexmethylphenidate		
Fosamax	alendronate		

### Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
<b>M-N</b>		Polycitra	tricitrate
Macrobid	nitrofurantoin	Pramotic	chloroxylenol/ pramoxine HCL
Mavik	trandolapril	Pravachol**	pravastatin
Maxzide	triamterene/HCTZ	Pravigard**	not available
Mebaral	mephobarbital	Prenatal vitamins, brand	not available
Mellaril	thioridazine	Prevacid**	not available
Mentinon	pyridostigmine	Prilosec**	omeprazole
Metaglip	glipizide/metformin	Prinivil	lisinopril
Metro lotion	metronidazole	Prinizide	lisinopril/HCTZ
Metrogel	metronidazole	ProAmatine	midodrine
Mevacor**	lovastatin	Procan SR	procainamide SR
Miacalcin	fortical	Pronestyl	procainamide
Micardis**	not available	Proscar	finasteride
Micardis HCT**	not available	Proventil HFA	albuterol
Micronase	glyburide	Provera	medroxyprogesterone
Minipres	prazosin	Prozac**	fluoxetine
Mobic**	meloxicam	<b>Q-R</b>	
Monopril	fisinopril/sodium	Questran	cholestyramine
Motrin	ibuprofen	Quinaglute	quinidine gluconate
MS Contin	morphine sulfate	Qvar	not available
Nalex	phenyltoloxamine	Reglan	metoclopramide
Naprosyn	naproxen	Remeron	mirtazapine
Nasarel	flunisolide	Retrovir	zidovudine
Neoral	cyclosporine	Ritalin	methylphenidate
Neurontin	gabapentin	Rocaltrol	calcitriol
Nexium**	not available	Rozerem**	not available
Nizoral	ketoconazole	Rythmol	propafenone
Nizoral cream	ketoconazole cream	<b>S-T</b>	
Norpace	disopyramide	Salex cream	salicylic acid
Norvasc	amlodipine	Sanctura**	not available
<b>O-P</b>		Serax	oxazepam
Opana	oxymorphone	Serzone	nefazodone
Orudis	ketoprofen	Sinemet	carbidopa/levodopa
Ovace	sulfacetamide	Sinemet CR	carbidopa/levodopa (extended release)
Oxycontin**	oxycodone	Soma	carisoprodol
Oxytrol**	not available	Sonata**	not available
Paptase foam	not available	Sporanox**	itraconazole
Paralodel	bromocriptine	Suboxone**	not available
Parnate	tranlycypromine	Subutex**	not available
Paxil**	paroxetine	Surmontil	trimipramine
Pediapred	prednisolone	Symbicort**	not available
Percocet	oxycodone/APAP	Tagamet	cimetidine
Performomist	not available	Tapazole	methimazole
Permax	pergolide mesylate		
Plendil	felodipine		

This list is subject to change. \*\* Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 14-29.

### Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
Tegretol	carbamazepine	Zaroxolyn	metolazone
Tekturna	not available	Zegerid**	not available
Tenormin	atenolol	Zestril	lisinopril
Terazol cream	terconazole	Zestoretic	lisinopril HCTZ
Terazol suppository	terconazole	Zithromax	azithromycin
Teveten**	not available	Zithromax susp.	azithromycin
Teveten HCT**	not available	Zocor**	simvastatin
Theo-Dur	theophylline	Zoderm	benzoyperoxide
Tiazac	diltiazem	Zofran**	ondansetron
Toprol XL	metoprolol ER	Zofran SOL**	ondansetron
Toradol**	ketorolac	Zoloft**	sertraline
Tofranil PM	imipramine pamoate	Zonegran	zonisamide
Triaz cleanser	oscion	Zovirax	acyclovir
Trileptal	oxcarbazepine		
Tylenol #3	APAP/codeine		
<b>U-Z</b>			
Ultracet	tramadol HCL/APAP		
Ultram	tramadol HCL		
Ultravate	halobetasol		
Umectra emulsion	urea emulsion		
Uniphyll	theophylline ER		
Univasc	moexipril		
Urocit-K	potassium citrate ER		
Valium	diazepam		
Vasotec	enalapril		
Ventavis**	not available		
Veramyst	not available		
Ventolin	albuterol		
Verelan	verapamil		
Verelan PM	verapamil SR		
Vesanoid	tretinoin		
Vesicare**	not available		
Vivelle	estradiol		
Volmax	albuterol sulfate		
Voltaren	diclofenac		
Wellbutrin**	bupropion HCL		
Wellbutrin SR**	bupropion SR		
Wellbutrin XL**	bupropion XL		
Xanax XR	alprazolam ER		
Zaditor drops	ketotifen		
Zanaflex	tizanidine HCL		
Zantac	ranitidine		
Zarontin	ethosuximide		

This section lists medications that are excluded, require prior authorization, require step therapy or have quantity limitations. These lists are subject to change.

**Excluded Medications**

The following brand medications and their generics are currently NOT covered by Health New England:

Brand Drug Name	Indication
Aclaro PD 4% Emulsion	bleaching
Aquoral Spray	dry mouth and throat
Avage	Vit A der
Compounds	various
Didrex	weight loss
Eldopaque Forte	bleaching
Glyquin XM	depigmenting
Lustra	bleaching
Melenex	bleaching
Obagi Nu-Derm	bleaching
Penlac	onychomycosis
Provigil	narcolepsy; MS fatigue
Propecia, Rogaine	male pattern baldness
Remergent HQ	bleaching
Renova	treatment of fine wrinkles
Rinnovi	cosmetic
Singulair	asthma
Solage	hypopigmentation
Solaquin Forte	bleaching
Tri-Luma	depigmenting
Vaniqa	cosmetic
Various	bleaching
Xyrem	cataplexy

Note: The shaded rows indicate medications that are allowed through mail-order, due to their FDA maintenance indicator.

\*\* See quantity limitation list

### Prior Authorizations (PA)

The following medications require HNE's prior approval. For more information, please contact our Member Services department at 1-800-310-2835 or 787-4004, or visit our website [hne.com](http://hne.com) for the appropriate form. **Only FDA maintenance indicator drugs are allowed through mail order.**

Tier	Brand Drug Name
Tier 3	Actiq**
Medical	Amevive
Tier 3	Aranesp
Tier 3	Atralin <i>(PA does not apply to ages 13-29)</i>
Medical	Botox
Tier 3	Bravelle
Tier 2	Celebrex**
Medical	Cerezyme
Tier 2	Cetrotide
Tier 3	Differin <i>(PA does not apply to ages 13-29)</i>
Medical	Elaprase
Tier 2	Enbrel**
Tier 2	Epogen
Medical	Fabrazyme
Tier 1	fentanyl lozenge**
Tier 3	Fentora**
Tier 3	Fertinex
Medical	Flolan
Tier 3	Follistim
Tier 2	Ganirelix
Tier 3	Genotropin
Tier 2	Geref
Tier 3	Gleevec**
Tier 2	Gonal-F
Tier 3	Humatrope
Tier 2	Humira**
Tier 2	Humira Starter Pack**
Tier 3	Increlex
Tier 3	Iplex
Tier 3	Kineret
Tier 3	Leukine

Note: The shaded rows indicate medications that are allowed through mail-order, due to their FDA maintenance indicator.

\*\* See quantity limitation list

Prior Authorizations (PA) *Continued*

Tier	Brand Drug Name
Tier 3	Luveris
Tier 1	meloxicam**
Tier 3	Menopur
Tier 3	Meridia
Tier 2	Metrodin
Tier 3	Mobic**
Medical	Myobloc
Tier 3	Nexavar**
Tier 3	Norditropin
Tier 3	Noxafil
Tier 2	Nutropin, Nutropin AQ
Tier 3	Omnitrope
Medical	Orencia
Tier 2	Pergonal
Tier 2	Procrit
Tier 3	Protropin
Tier 3	Provigil
Tier 3	Raptiva
Medical	Remicade
Medical	Remodulin
Tier 2	Repronex
Tier 3	Retin-A ( <i>PA does not apply to ages 13-29</i> )
Tier 3	Retin-A Micro ( <i>PA does not apply to ages 13-29</i> )
Tier 2	Revatio
Tier 3	Revlimid**
Medical	Rituxan
Tier 3	Saizen
Tier 3	Serostim
Tier 2	Singulair
Medical	Soliris
Tier 3	Sprycel**
Tier 3	Sutent**
Tier 3	Tazorac

Note: The shaded rows indicate medications that are allowed through mail-order, due to their FDA maintenance indicator.

\*\* See quantity limitation list

Prior Authorizations (PA) *Continued*

Tier	Brand Drug Name
Tier 2	Tev-Tropin
Tier 3	Tracleer
Tier 1	tretinoin ( <i>PA does not apply to ages 13-29</i> )
Tier 3	Tykerb**
Medical	Tysabri
Tier 3	Ventavis
Tier 3	Vfend
Tier 3	Xenical
Medical	Xolair
Tier 3	Zolinza**
Tier 3	Zorbtive
Tier 3	Zyvox

Note: The shaded rows indicate medications that are allowed through mail-order, due to their FDA maintenance indicator.

\*\* See quantity limitation list

## Step Therapy

Step therapy is an approach to medication management. Step Therapy is a program designed exclusively for people who have certain conditions—arthritis, high blood pressure, and high cholesterol, for example — that require them to take medications regularly. The HNE Step Therapy program is all about value — about getting the most for your money. Most simply, that means getting a tried-and-true medication that’s proven safe and effective for your condition, and getting it at the lowest possible cost.

Please note: The use of samples does not satisfy the requirements of documented usage of a First Line drug of medical necessity for a Step Therapy drug. If it is medically necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact HNE to request a Pharmacy review.

**Only FDA maintenance indicator drugs are allowed through mail order.**

This program is designed to have your prescription drugs be more affordable. We will work with you and your physician to be certain that you are getting the appropriate drug for your condition. Claims for drugs listed in the first column below will process only if you have had a prescription filled of at least one of the first line medications listed in the third column within the last 180 days.

If you have any questions about the program or need any pharmacy forms, please contact our Member Services Department at 1-800-310-2835 or 413-787-4004, or visit our website at [hne.com](http://hne.com).

Step Therapy Drug	Indications	First Line protocol (no form required)	Process when protocol is not met
Angiotensin II Receptor Antagonist Blocker (ARB)  Atacand Atacand HCT Avalide Avapro Azor Benicar Benicar HCT Cozaar Diovan Diovan HCT Exforge Hyzaar Micardis Micardis HCT Teveten Teveten HCT	<ul style="list-style-type: none"> <li>Hypertension</li> <li>Nephropathy in type 2 diabetes</li> <li>Reduce stroke risk</li> <li>Heart failure</li> <li>Post- MI</li> </ul>	<ul style="list-style-type: none"> <li>Must have tried and failed at least one of the following generic drugs within the previous 180 days:               <ul style="list-style-type: none"> <li>Benazepril hydrochloride</li> <li>Benazepril/hydrochlorothiazide</li> <li>Captopril</li> <li>Captopril/hydrochlorothiazide</li> <li>Enalapril maleate</li> <li>Enalapril/hydrochlorothiazide</li> <li>Fosinopril sodium</li> <li>Fosinopril/hydrochlorothiazide</li> <li>Lisinopril</li> <li>Lisinopril/hydrochlorothiazide</li> <li>Moexipril hydrochloride</li> <li>Moexipril/hydrochlorothiazide</li> <li>Perindopril</li> <li>Quinapril hydrochloride</li> <li>Quinapril/hydrochlorothiazide</li> <li>Ramipril</li> <li>Trandolapril</li> </ul> </li> </ul>	PA form to be submitted by the requesting physician. <i>(specific medical necessity form available for the ARB)</i>

Step Therapy Drug	Indications	First Line protocol (no form required)	Process when protocol is not met
<p>Anti-depressants:</p> <p>Cymbalta Effexor Effexor XR Lexapro Paxil Paxil CR Pexeva Prozac Prozac weekly Wellbutrin XL Zoloft</p>	<p>Depression</p>	<ul style="list-style-type: none"> <li>• Must have tried and failed at least one of the following generic drugs within the previous 180 days: budeprion HCL bupropion SR citalopram HBR fluoxetine HCL fluvoxamine maleate mirtazapine paroxetine HCL sertraline venlafaxine HCL</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> <li>• Does not apply members who are 18 and under.</li> </ul>	<p>Step Therapy exception form must be submitted by the requesting physician.</p>
<p>Cardiovascular Medications:</p> <p>Advicor Altoprev Caduet Crestor Lescol Lescol XL Lipitor Mevacor Pravachol Pravigard Vytorin Zocor</p>	<p>Hypercholesterolemia</p>	<ul style="list-style-type: none"> <li>• Must have tried and failed at least one of the following generic drugs within the previous 180 days: lovastatin pravastatin simvastatin</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	<p>Step Therapy exception form must be submitted by the requesting physician.</p>
<p>Constipation:</p> <p>Amitiza</p>	<p>Constipation</p>	<ul style="list-style-type: none"> <li>• Must have tried and failed the following generic drug within the previous 180 days lactulose</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	<p>Step Therapy exception form must be submitted by the requesting physician.</p>

Step Therapy Drug	Indications	First Line protocol (no form required)	Process when protocol is not met
<p>Hypnotic Medications:</p> <p><b>Ambien</b>  <b>Ambien CR</b>  <b>Lunesta</b>  <b>Rozerem</b>  <b>Sonata</b></p>	Chronic Insomnia	<ul style="list-style-type: none"> <li>• Must have tried and failed the following generic drug within the previous 180 days zolpidem</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	Step Therapy exception form must be submitted by the requesting physician.
<p>Overactive Bladder:</p> <p><b>Detrol</b>  <b>Detrol LA</b>  <b>Ditropan</b>  <b>Ditropan XL</b>  <b>Enablex</b>  <b>Oxytrol</b>  <b>Sanctura</b>  <b>Sanctura XR</b>  <b>Vesicare</b></p>	Overactive bladder	<ul style="list-style-type: none"> <li>• Must have tried and failed one of the following generic drugs within the previous 180 days: oxybutynin oxybutynin XL</li> </ul>	Step Therapy exception form must be submitted by the requesting physician
<p>Proton Pump Inhibitors:</p> <p><b>Aciphex,</b>  <b>Nexium,</b>  <b>Prevacid,</b>  <b>Prilosec,</b>  <b>Protonix,</b>  <b>Zegerid</b></p>	<ul style="list-style-type: none"> <li>• Gastroesophageal reflux (GERD)</li> <li>• Erosive esophagitis</li> <li>• Pathologic hypersecretory</li> </ul>	<ul style="list-style-type: none"> <li>• Must have tried and failed at least one of the following generic drugs within the previous 180 days: omeprazole, Prilosec 20mg OTC</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> <li>• Does not apply members who are 18 and under</li> </ul>	Step Therapy exception form must be submitted by the requesting physician.
<b>Bravelle</b>	Infertility	<ul style="list-style-type: none"> <li>• Must have an approved infertility cycle</li> <li>• Must have tried and failed Gonal-F</li> </ul>	Step Therapy exception form for Medical Necessity to be submitted by requesting physician

Step Therapy Drug	Indications	First Line protocol (no form required)	Process when protocol is not met
Celebrex	<ul style="list-style-type: none"> <li>Rheumatoid Arthritis</li> <li>Osteoarthritis</li> <li>Acute Pain</li> </ul>	<ul style="list-style-type: none"> <li>Age greater than 60 or</li> <li>Within the past 180 days filled prescription for at least 2 different anti-inflammatory drugs</li> <li>Filled one prescription for an oral corticosteroid</li> <li>Filled one prescription for an anticoagulant or antiplatelet agent within the previous 90 days.</li> <li>Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	PA form must be submitted by requesting physician
Emend	Nausea and vomiting associated with chemotherapy	<ul style="list-style-type: none"> <li>Prescription is written by an In-Plan Oncologist/ Hematologist or</li> <li>All other specialties: Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	Step Therapy exception form must be submitted by the requesting physician.
<b>Enbrel</b>  <b>Please Note:</b> <b>For the diagnosis of psoriasis prior authorization is required and step therapy does not apply.</b>	Rheumatoid Arthritis	<ul style="list-style-type: none"> <li>Must have filled at least one prescription written by an In-Plan Rheumatologist within a 12 month period.</li> <li>Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	PA form must be submitted by requesting physician
Follistim	Infertility	<ul style="list-style-type: none"> <li>Must have an approved infertility cycle</li> <li>Must have tried and failed Gonal-F</li> </ul>	Step Therapy exception form for Medical Necessity to be submitted by requesting physician
Humira	Rheumatoid Arthritis Crohn's Disease Psoriatic Arthritis Ankylosing Spondylitis	<ul style="list-style-type: none"> <li>Must have filled at least one prescription written by an In-Plan Rheumatologist within a 12 month period.</li> <li>Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	PA form must be submitted by requesting physician

Step Therapy Drug	Indications	First Line protocol (no form required)	Process when protocol is not met
<b>Kineret</b>	Rheumatoid Arthritis	Must have filled at least one prescription written by an In-Plan Rheumatologist within a 12 month period.	PA form must be submitted by requesting physician
<b>Lyrica</b>	Diabetic Neuropathy	Must have filled at least one prescription, for one of the following or a combination of within the previous 180 days Carbamazepine Depakote Dilantin Felbatol Gabitril Gabapentin Lamictal Keppra Neurontin Tegretol Topamax Zonegran	Step Therapy exception form must be submitted by the requesting physician
<b>Mobic (meloxicam)</b>	Osteoarthritis Arthritis	<ul style="list-style-type: none"> <li>• Age greater than 60 or</li> <li>• Within the past 180 days filled prescription for at least 2 different anti-inflammatory drugs</li> <li>• Filled one prescription for an oral corticosteroid</li> <li>• Filled one prescription for an anticoagulant or antiplatelet agent within the previous 90 days.</li> <li>• Does not exceed quantity limit <i>(please reference quantity limitation list)</i></li> </ul>	PA form must be submitted by requesting physician
<b>Singular</b>	Asthma	Must have filled at least one prescription within the previous 180 days used for the treatment of Asthma.	PA form must be submitted by requesting physician
<b>Vfend</b>	Antifungal	Prescription is written by an In-Plan Oncologist/ Hematologist or Infectious Disease.	PA form must be submitted by requesting physician

\*\* This list is subject to change at any time.

## Quantity Limitations / Quantity-based Copayments

The following medications have quantity limitations or have quantity-based copayments (that is, one copayment is charged for the quantity shown below). This is to ensure safe and appropriate use and to minimize potential waste of expensive medications. ONLY FDA maintenance indicator medications are allowed through mail order.

### HNE PHARMACY BENEFIT QUANTITY LIMITED DRUGS 2008

Copayment Tier	Brand Drug Name <small>*shaded Rx rows are Maintenance Medications</small>	Coverage Limitations
Tier 3	Aciphex	30 tablets per 30 day period;
Tier 3	Actiq	120 lozenges per 30 day period
Tier 2	Adderall XR	20mg = 60 capsules per 30 day period 5mg, 10mg, 15mg, 25mg and 30mg = 30 capsules per 30 day period
Tier 2	Advair Diskus	1 diskus = 60 metered dose per 30 day period
Tier 2	Advair HFA	1 inhaler (120 actuations) for 30 day period
Tier 3	Advicor	60 tablets per 30 day period.
Tier 3	Allegra	30mg and 60mg = 60 tablets per 30 day period 180mg = 30 tablets per 30 day period
Tier 3	Allegra-D-12 hour	60 tablets per 30 day period
Tier 3	Allegra-D-24 hour	30 tablets per 30 day period
Tier 3	Altoprev	30 tablets per 30 day period
Tier 3	Ambien	30 tablets per 30 day period
Tier 3	Ambien CR	30 tablets per 30 day period
Tier 3	Amerge	12 tablets per 30 day period
Tier 3	Amitiza	60 capsules per 30 day period
Tier 1	amlodipine	2.5mg and 5mg = 45 tablets per 30 day period; 10mg = 30 tablets per 30 day period
Tier 3	Anzemet	2 tablets per 30 day period
Tier 3	Arixtra	14 days supply of medication per fill
Tier 3	Axert	12 tablets per fill
Tier 1	Buproban	90 day supply per 12 month period

Note: This list is subject to change. For the most current list go to [hne.com](http://hne.com) and click on the tab labeled Pharmacy.

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 2	Byetta	5mcg and 10mcg = 1 pen per 30 day period
Tier 3	Caduet	30 tablets per 30 day period
Tier 3	Cardura	1mg, 2mg and 4mg = 30 tablets per 30 day period 8mg = 60 tablets per 30 day period
Tier 3	Cardura XL	4mg and 8mg = 30 tablets per 30 day period
Tier 2	Catapres TTS-1, 2, 3	4 patches per 30 day period
Tier 2	Caverject	4 doses per 30 day period
Tier 2	Celebrex	60 capsules per 30 day period
Tier 3	Celexa	45 tablets per 30 day period
Tier 3	Chantix	60 tabs per 30 day period <i>90 days only per 12 month period</i>
Tier 3	Cialis	4 tablets per 30 day period
Tier 1	citalopram	45 tablets per 30 day period.
Tier 3	Clarinet	30 tablets per 30 day period
Tier 3	Clarinet D 12 hour	60 tablets per 30 day period
Tier 3	Clarinet D 24hr	30 tablets per 30 day period
Tier 3	Clarinet Reditabs	30 tablets per 30 day period
Tier 1	clozapine	14 day supply per fill the first year, copay applies each fill. After 1 year then 30 day supply per fill.
Tier 3	Clozaril	14 day supply for fill the first year, copay applies each fill. After 1 year then 30 day supply per fill.
Tier 2	Concerta	18mg, 27mg, 54mg= 30 tablets per 30 day period 36mg = 60 tablets per 30 day period
Tier 3	Crestor	30 tablets per 30 day period
Tier 3	Cymbalta	20mg = 60 capsules per 30 day period 30mg and 60mg = 30 capsules per 30 day period
Tier 3	Daytrana patch	30 patches per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 1	<b>doxazosin</b>	1mg, 2mg and 4mg = 30 tablets per 30 day period 8mg = 60 tablets 30 day period
Tier 2	<b>Edex</b>	4 doses per 30 day period
Tier 3	<b>Effexor</b>	25mg, 37.5mg, 50mg, 100mg = 60 tablets per 30 day period 75mg = 90 tablets per 30 day period
Tier 2	<b>Effexor XR</b>	37.5mg = 30 capsules per 30 day period 75mg = 90 capsules per 30 day period 150mg = 60 capsules per 30 day period
Tier 3	<b>Emend</b>	125mg = 1 capsule per 30 day period 40mg and 80mg = 2 capsules per 30 day period trifold = 1 pack per 30 day period
Tier 2	<b>Enbrel</b>	25mg = 8 syringes per 30 day period 50mg = 4 syringes per 30 day period
Tier 2	<b>Epipen, Epipen JR</b>	1 kit per fill
Tier 3	<b>Exforge</b>	30 tablets per 30 day period
Tier 1	<b>fentanyl lozenge</b>	120 lozenges per 30 day period
Tier 3	<b>Fentora</b>	120 tablets per 30 day period
Tier 1	<b>fexofenadine</b>	30mg and 60mg = 60 tablets per 30 day period 180mg = 30 tablets per 30 day period
Tier 1	<b>fluoxetine</b>	10mg and 20mg = 90 capsules per 30 day period 40mg = 60 capsules per 30 day period
Tier 1	<b>fluvoxamine</b>	25mg = 45 tablets per 30 day period 50mg = 60 tablets per 30 day period 100mg = 90 tablets per 30 day period
Tier 3	<b>Focalin XR</b>	30 capsules per 30 day period
Tier 2	<b>Foradil Aerolizer</b>	1 package (60 blisters) per 30 day period
Tier 3	<b>Fragmin</b>	14 days supply of medication per fill
Tier 3	<b>Frova</b>	12 tablets per 30 day period
Tier 3	<b>Gleevec</b>	100mg = 60 tablets per 30 day period 400mg = 30 tablets per 30 day period
Tier 1	<b>Granisetron HCL</b>	6 tablets per 30 day period Solution = 1 bottle (30ml) per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 2	<b>Humira</b>	2 injections per 30 day period (after initial titration)
Tier 2	<b>Humira Strater Pack</b>	1 starter pack
Tier 3	<b>Hytrin</b>	1mg and 5mg = 30 capsules per 30 day period 2mg and 10mg = 60 capsules per 30 day period
Tier 2	<b>Imitrex, injection</b>	1Kit (2 syringes) per 30 day period
Tier 2	<b>Imitrex, intranasal</b>	6 units per 30 day period
Tier 2	<b>Imitrex, oral</b>	12 tablets per 30 day period
Tier 3	<b>Innohep</b>	14 days supply of medication per fill
Tier 1	<b>itraconazole</b>	90 day supply per 12 month period
Tier 3	<b>Janumet</b>	60 tablets per 30 day period
Tier 2	<b>Januvia</b>	30 tablets per 30 day period
Tier 1	<b>Ketorolac</b>	5 days supply per fill
Tier 3	<b>Kytril</b>	6 tablets per 30 day period solution - 1 bottle (30ml) per 30 day period
Tier 3	<b>Lamisil</b>	90 day supply per 12 month period per member
Tier 3	<b>Lescol, Lescol XL</b>	30 capsules/tablets per 30 day period
Tier 3	<b>Levitra</b>	4 tablets per 30 day period
Tier 2	<b>Lexapro</b>	45 tablets per 30 day period
Tier 3	<b>Lipitor</b>	30 tablets per 30 day period
Tier 3	<b>Lotronex</b>	60 tablets per 30 day period
Tier 1	<b>lovastatin</b>	10mg and 20mg = 30 tablets per 30 day period 40mg = 60 tablets per 30 day period
Tier 2	<b>Lovenox</b>	14 days supply of medication per fill
Tier 3	<b>Lunesta</b>	30 tablets per 30 day period
Tier 3	<b>Luvox</b>	25mg = 45 tablets per 30 day period 50mg = 60 tablets per 30 day period 100mg = 90 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	<b>Maxalt</b>	12 tablets per 30 day period
Tier 3	<b>Maxalt MLT</b>	12 tablets per 30 day period
Tier 1	<b>meloxicam</b>	30 tablets per 30 day period
Tier 3	<b>Mevacor</b>	10mg, 20mg = 30 tablets per 30 day period 40mg = 60 tablets per 30 day period
Tier 3	<b>Mobic</b>	30 tablets per 30 day period
Tier 2	<b>MUSE</b>	4 doses per 30 day period
Tier 3	<b>Neulasta</b>	2 syringes per 30 day period
Tier 3	<b>Neupogen</b>	10 vials/syringes per 30 day period
Tier 3	<b>Nexavar</b>	120 tablets per 30 day period
Tier 3	<b>Nexium</b>	30 tablets per 30 day period
Tier 3	<b>Nexium packet</b>	30 packets per 30 day period
Tier 3	<b>Nicotrol Inhaler</b>	168 units per rx, 90 day supply per 12 month period
Tier 3	<b>Nicotrol Nasal Spray</b>	4 bottles per rx, 90 day supply per 12 month period
Tier 3	<b>Norvasc</b>	2.5mg and 5mg = 45 tablets per 30 day period 10mg = 30 tablets per 30 day period
Tier 1	<b>omeprazole</b>	10mg = 30 capsules per 30 day period 20mg = 60 capsules per 30 day period
Tier 1	<b>ondansetron HCl (injectable)</b>	Solution - 1 day supply per 30 day period
Tier 1	<b>ondansetron HCL</b>	4mg, 8mg-12 tablets per fill 24mg - 1 tablet per 30 day period Solution - 1 day supply per 30 day period
Tier 3	<b>Ortho-Evra</b>	3 patches per 30 day period
Tier 3	<b>Oxycontin</b>	120 tablets per 30 day period
Tier 1	<b>Oxycodone HCL ER</b>	120 tablets per 20 day period
Tier 1	<b>paroxetine</b>	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	<b>Paxil</b>	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period
Tier 3	<b>Paxil CR</b>	12.mg = 30 tablets per 30 day period 25mg and 37.5mg = 60 tablets per 30 day period
Tier 3	<b>Pexeva</b>	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period
Tier 3	<b>Pravachol</b>	30 tablets per 30 day period
Tier 1	<b>pravastatin</b>	30 tablets per 30 day period
Tier 3	<b>Pravigard PAC</b>	30 tablets per 30 day period
Tier 3	<b>Prevacid</b>	30 capsules per 30 day period
Tier 3	<b>Prilosec</b>	10mg and 40mg = 30 capsules per 30 day period 20mg = 60 capsules per 30 day period
Tier 1	<b>Prilosec OTC</b>	120 tablets per 30 days
Tier 2	<b>Protonix</b>	30 tablets per 30 day period
Tier 3	<b>Prozac</b>	10mg and 20mg = 90 capsule per 30 day period 40mg = 60 capsules per 30 day period
Tier 3	<b>Prozac Weekly</b>	4 capsules per 30 day period
Tier 3	<b>Regranex</b>	1 tube per 30 day period 3 tubes (90 day supply) per 12 month period
Tier 3	<b>Relenza</b>	1 kit per 30 day period; 2 kits per 12 month period
Tier 3	<b>Relpax</b>	12 tablets per 30 days
Tier 3	<b>Revlimid</b>	30 tablets per 30 day period
Tier 3	<b>Rozerem</b>	30 tablets per 30 day period
Tier 3	<b>Sarafem</b>	30 capsules per 30 day period
Tier 2	<b>Serevent Diskus</b>	60 metered doses (1 diskus) per 30 day period
Tier1	<b>sertraline</b>	25mg and 50mg = 45 tablets per 30 day period 100mg = 60 tablets per 30 day period.
Tier 1	<b>simvastatin</b>	30 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Sonata	30 capsules per 30 day period
Tier 3	Sporanox	90 day supply per 12 month period
Tier 3	Sprycel	120 tablets per 30 day period.
Tier 3	Strattera	10mg, 18mg, 25mg, 60mg, 80mg and 100mg = 30 capsules per 30 day period 40mg = 60 capsules per 30 day period
Tier 3	Suboxone	2mg = 270 tablets per 30 day period (max 90 day supply per 12 month period for 2mg) 8mg = 90 tablets per 30 day period
Tier 3	Subutex	2mg = 270 tablets per 30 day period (max 90 day supply per 12 month period for 2mg) 8mg = 90 tablets per 30 day period
Tier 3	Sutent	30 tablets per 30 day period
Tier 3	Symbicort	1 inhaler (120 acuations) per 30 day period
Tier 2	Symlin	4 vials per 30 day period
Tier 3	Tamiflu	10 capsules per 30 day period 20 capsules per 12 month period Liquid = 3 bottles per 30 day period or 6 bottles per 12 month period
Tier 1	terazosin	1mg and 5mg = 30 capsules 30 day period 2 mg and 10mg = 60 capsules per 30 day period
Tier 1	Terbinafine	90 day supply per 12 month period
Tier 3	Toradol	5 day supply per fill
Tier 2	Transderm Scop	1 box (4 patches) per fill
Tier 3	Tykerb	150 tablets per 30 day period
Tier 1	venlafaxine	25mg, 37.5mg, 50mg, 100mg = 60 tablets per 30 day period 75mg = 90 tablets per 30 day period
Tier 2	Viagra	4 tablets per 30 day period
Tier 2	Vytorin	30 tablets per 30 day period
Tier 3	Xifaxan	9 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	<b>Zegerid</b>	30 capsules/packets per 30 day period
Tier 2	<b>Zetia</b>	30 tablets per 30 day period
Tier 3	<b>Zocor</b>	30 tablets per 30 day period
Tier 3	<b>Zofran</b>	4mg, 8mg = 12 tablets per fill 24mg = 1 tablet per 30 day period Solution = 1 day supply per 30 day period
Tier 3	<b>Zofran (injectable)</b>	Solution = 1 day supply per 30 day period
Tier 3	<b>Zolinza</b>	120 capsules per 30 day period
Tier 3	<b>Zoloft</b>	25mg and 50mg = 45 tablets per 30 day period 100mg = 60 tablets per 30 day period
Tier 1	<b>zolpidem</b>	30 tablets per 30 day period
Tier 2	<b>Zomig</b>	12 tablets per 30 day period
Tier 2	<b>Zomig Nasal Spray</b>	6 units per 30 day period
Tier 2	<b>Zomig ZMT</b>	12 tablets per 30 day period
Tier 3	<b>Zyban</b>	90 day supply per 12 month period
Tier 3	<b>Zyrtec</b>	30 tablets per 30 day period
Tier 3	<b>Zyrtec-D</b>	60 tablets per 30 day period

## Maintenance Medications Only at Mail Order:

- Generally a maintenance drug can be described as a medication that is used for the treatment of a chronic condition (i.e. diabetes, asthma, arthritis and heart disease) taken to stabilize the illness or symptoms of the illness AND that has been classified by FDB (industry standard classifier) as a maintenance medication.
- Only maintenance medications with a maintenance indicator will be available through mail order.

## When to use the mail service prescription drug benefit (*\*if you have the mail order benefit*):

- You have verified that your medication is a true maintenance medication: all medications are classified as “Maintenance” according to their approved FDA indications for use.
- You have obtained at least 2 refills at Retail and have not had an adverse reaction.
- To take advantage of lower co-payments for your generic and formulary maintenance medications. Note: The co-payments for non-formulary medications will not change.
- To plan ahead when you are going on an extended vacation.

## How to use the mail service prescription drug benefit:

- We recommend obtaining 2 prescriptions one to be used for a preliminary 30-day supply to be filled by your local in network retail pharmacy. The second prescription will be for up to a 90- day supply plus refills for up to one year.
- Complete the mailorder member profile and submit following directions on the form.
- For faster service you can order refills on line as indicated on invoice received from mailorder (this only applies to prescriptions with refills and does not apply to any initial orders)

## PLEASE NOTE:

Attention Deficit Disorder Medications that are classified as a controlled substance (CII & CIII): can now be filled for up to a 60-day supply at an In-Plan Retail Pharmacy (this is subject to the stores internal policy). One copayment applies for each 30-day supply. This applies to the state of Massachusetts pharmacies only. All other states are subject to their own state laws and internal store policies.

## Self-Administered Injectable Medications

Some injectable medications may be injected by properly trained medical staff only. These medications are covered in full when provided during a Covered Service. Other injectable medications are available at retail pharmacies, and may be self administered, that is, injected by the patient him- or herself. These medications are covered under HNE’s pharmacy benefit even if injected by an In-Plan Provider. If your pharmacy coverage is not provided by HNE, HNE will not cover injectable drugs that may be self administered. For a list of self-administered injectable medications, please contact HNE Member Services.

## Curascript’s (Specialty Injection Vendor)

If you so choose to send your prescriptions, you can take advantage of a \$0 copay for all specialty injectable medications (A deductible may apply if you have a prescription benefit that has a yearly deductible).

Curascript’s order forms are available on our website or can be faxed to your provider by calling Health New England’s Member Services Department at 1-800-310-2835.

## QUESTIONS ABOUT YOUR HNE COVERAGE?

We pride ourselves on providing personal and professional quality service to our members. As part of that commitment, our Member Service Representatives are available to assist you with any questions or concerns regarding HNE benefits or procedures.

CALL MEMBER SERVICES AT  
**413-787-4004** or  
**800-310-2835**



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