

*Please note that the tables are accurate as of April 2011 and if there are further questions, please refer to the physical health plan formulary website links which are also posted on the Community Care website									
Anti-depressant Formulary Status:									
Key:	GF= Generic Formulary	QL= Quantity Limits	NP= FFS Non-Preferred	P=FFS Preferred					
	BF=Brand Formulary	ST= Step Therapy	PDL NA = FFS Outside scope of PDL - no limits						
	NF= Non-Formulary	PA=Prior Auth	GP= FFS Generic Preferred						
		Plan: Aetna	Coventry	Gateway	Health Partners	KMHP/AMHP	United HealthCare Community and State	UPMC	FFS PDL
Brand Name:	Generic Name:								
Tricyclics:									
Asendin	Amoxapine	GF	GF	GF	GF	GF	GF	GF	PDL NA
Anafranil	Clomipramine HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Elavil	Amitriptyline HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Pamelor	Nortriptyline HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Norpramin	Desipramine HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Sinequan	Doxepin HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Surmontil	Trimipramine Maleate	GF	NF	GF	NF	NF	NF	GF	PDL NA
Tofranil	Imipramine HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Vivactil	Protriptyline HCl	GF	GF	GF	GF	NF	NF	NF	PDL NA
MAO Inhibitors									
Nardil	Phenelzine Sulfate	BF	BF	BF	NF	BF	NF	BF	NP PA
Parnate	Tranylcypromine Sulfate	GF	NF	GF	GF	GF	GF	GF	NP PA
SSRIs									
Celexa	Citalopram HBr	GF QL	GF QL	GF QL	GF	GF	GF	GF	GP QL
Paxil	Paroxetine HCl	GF QL	GF QL	GF QL	GF QL	GF	GF	GF	GP QL
Prozac	Fluoxetine HCl	GF QL	GF (caps only) (NF-40mg & wkly)	GF QL	GF	GF, NF-40mg	GF, NF-40mg	GF	GP QL
Lexapro	Escitalopram Oxalate	NF	NF	NF	NF	BF	NF	BF QL ST	NP PA QL
Zoloft	Sertraline HCl	GF QL	GF QL	GF QL	GF	GF	GF QL	GF	GP QL
Luvox	Fluvoxamine	GF QL	GF QL	GF QL	GF	GF	GF	GF	GP QL
Miscellaneous									
Cymbalta	Duloxetine HCl	NF	NF	BF QL ST	NF	BF	BF ST QL PA	NF	P PA QL
Desyrel	Trazadone HCl	GF	GF	GF	GF	GF	GF	GF	GP
Effexor	Venlafaxine HCl	GF	GF ST	GF	GF	GF	GF QL	GF	NP PA QL
Effexor XR	Venlafaxine HCl - ER	BF ST	GF QL ST	GF QL ST	GF	GF	GF QL ST	GF QL ST	P QL
Etrafon	Amitrip/Perphenazine	NF	GF	NF	GF	GF	GF	GF	NP PA
Ludiomil	Maprotiline HCl	GF	GF	GF	GF	GF	GF	GF	PDL NA
Remeron	Mirtazapine	GF QL	GF QL	GF QL	GF	GF	GF	GF	GP
Pristiq	Desvenlafaxine	NF	NF	NF	NF	NF	BF ST	NF	NP PA QL
Wellbutrin	Bupropion HCl	GF QL	GF	GF	GF QL	GF	GF QL	GF	GP QL
Wellbutrin SR	Bupropion HCl SR	GF QL	GF	GF	GF QL	GF	GF QL	GF	GP QL
Wellbutrin XL	Bupropion HCl XL	NF	GF QL	NF	GF QL	GF	NF	GF QL	GP QL

Miscellaneous Anti-Psychotic Formulary Status:

Key:		GF= Generic Formulary	QL= Quantity Limits	DC= Dose Criteria Requiring Prior Auth	GP= FFS Generic Preferred					
		BF=Brand Formulary	ST= Step Therapy	NP= FFS Non-Preferred						
		NF= Non-Formulary	PA=Prior Auth	PDL NA= FFS Outside scope of PDL - no limits						
Brand Name:	Generic Name:	Plan:	Aetna	Coventry	Gateway	Health Partners	KMHP/AMHP	United HealthCare Community and State	UPMC	FFS PDL
Haldol	Haloperidol	GF PA<3yo	GF	GF	GF	GF	GF DC NF-10mg	GF	GF PA<12	GP PA<6
Haldol decanoate	Haloperidol decanoate	GF PA<3yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Loxitane	Loxapine	GF PA<5yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Mellaril	Thioridazine	GF PA<2yo	GF	GF	GF	GF	GF PA	GF	GF PA<12	NP PA PA<6
Navane	Thiothixene	GF PA<13yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Prolixin	Fluphenazine	GF PA<5yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Prolixin Decanoate	Fluphenazine deccanoate	GF PA<5yo	GF	GF	GF QL	GF	GF	GF	GF PA<12	GP PA<6
Stelazine	Trifluoperazine HCl	GF PA<6yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Thorazine	Chlorpromazine	GF PA<5yo	GF (spans NF)	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Trilafon	Perphenazine	GF PA<5yo	GF	GF	GF	GF	GF	GF	GF PA<12	GP PA<6
Moban	Molindone	NF	NF	BF	BF	BF	BF	NF	BF PA<12	NP PA PA<6

Stimulant Formulary Status:

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Brand Name:	Generic Name:	Plan: Aetna	Coventry	Gateway	Health Partners	KMHP/AMHP	United HealthCare Community and State	UPMC	FFS PDL
Adderall	amphetamine Salt Combo	GF QL	GF	GF QL	NF	GF	GF QL PA>21yo	GF QL	GP QL PA<4
Adderall XR	amphetamine Salt Combo ER	GF QL	GF QL PA>19	GF QL	NF	BF	BF QL PA>21yo	GF QL	P QL PA<4
Concerta	methylphenidate	NF	NF	BF QL	BF QL	BF	BF QL PA>21yo	BF QL	P QL PA<4
Daytrana	methylphenidate	NF	NF	NF	NF	NF	NF	NF	P QL PA<4
Desoxyn	methamphetamine	NF	NF	GF	NF	NF	NF	GF QL	NP PA QL PA<4
Dexedrine	dextroamphetamine	GF	GF	GF QL	NF	GF	GF QL PA>21yo	GF QL	GP QL PA<4
Dexedrine Spansule	dextroamphetamine ER	NF	NF	GF QL	NF	GF	GF QL PA>21yo	GF QL	GP QL PA<4
Focalin	dexmethylphenidate	NF	GF QL	GF QL	NF	NF	NF	GF QL	P QL PA<4
Focalin XR	dexmethylphenidate	NF	NF	BF QL	NF	BF	NF	NF	P QL PA<4
Intuniv	guanfacine ER	NF	NF	NF	NF	NF	BF ST	NF	NP PA QL PA<4
Metadate CD	methylphenidate biphasic	BF QL	NF	BF QL	BF QL	NF	NF QL	NF	P QL PA<4
Metadate ER	methylphenidate ER	NF	NF	BF QL	GF QL	NF	NF QL	GF QL	GP QL PA<4
Provigil	modafinil	NF	NF	NF	NF	NF	NF	BF PA QL	NP PA QL PA<4
Ritalin	methylphenidate	GF QL	GF	GF QL	GF	GF	GF QL PA>21yo	GF QL	GP QL PA<4
Ritalin LA	methylphenidate biphasic	NF	BF QL PA>19	NF	NF	NF	NF QL	NF	NP PA QL PA<4
Ritalin SR	methylphenidate SR	GF	GF QL	GF QL	GF QL	GF	GF QL PA>21yo	GF QL	GP QL PA<4
Strattera	atomoxetine	NF	NF	BF QL	BF	BF	BF QL ST PA>21yo	BF QL	P QL PA<4
Vyvanse	lisdexamfetamine	NF	NF	NF	NF	BF	NF	NF	P QL PA<4
Xyrem	sodium oxybate	NF	NF	BF	NF	NF	NF	BF PA QL	PDL NA PA QL

Mood Stabilizer Formulary Status:									
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Brand Name:	Generic Name:								
Equetro	Carbamazepine ER	NF	BF	NF	NF	NF	NF	NF	P QL
Eskalith	Lithium	GF	GF	GF	GF	GF	GF	GF	PDL NA
Eskalith CR	Lithium CR	GF	GF	GF	GF	GF	GF	GF	PDL NA
Depakote	Divalproex sodium	NF	GF	GF	GF	GF	GF	GF	P GP
Depakote ER	Divalproex sodium ER	GF (sprinkle BF)	GF	GF	GF	GF	GF QL	GF	P GP
Lamictal	Lamotrigine	GF	GF QL	GF	GF QL	GF	GF QL	GF QL	P GP
Tegretol	Carbamazepine	GF	GF	GF	GF	GF	GF	GF	P GP QL
Tegretol XR	Carbamazepine XR	GF QL	GF	GF	GF	GF, (100mg BF)	BF	GF	P GP QL
Topamax	Topiramate	GF QL	GF QL	GF	GF	GF	GF QL	GF QL	P GP QL
Trileptal	Oxcarbazepine	GF	GF QL	GF	GF	GF PA	GF ST QL	GF	P GP QL

Drugs used to treat addictions

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Plan: Aetna Coventry Gateway Health Partners KMHP/AMHP United HealthCare Community and State UPMC FFS PDL

Brand Name:	Generic Name:								
Antabuse	disulfuram	BF	GF	BF	BF	BF	BF	BF	PDL NA
Campral	acamprosate	NF	NF	NF	NF	NF	BF	BF	PDL NA
Chantix	varenicline	BF	NF	NF	NF	BF AL QL	BF QL	NF	PDL NA
Nicotrol inhaler	nicotine inhaler	BF	NF	GF QL	NF	BF	BF QL	BF QL	PDL NA
Nicotrol nasal spray	nicotine nasal spray	BF	NF	BF QL	NF	NF	BF QL	BF QL	PDL NA
Commit	nicotine buccal lozenge	GF	OTC, QL	GF QL	NF	GF	GF QL	GF QL	PDL NA
Nicorette	nicotine gum	GF	OTC, QL	GF QL	GF	GF	GF QL	GF QL	PDL NA
Nicoderm (CQ)	nicotine patch	GF	OTC, QL	GF QL	GF	GF	GF QL	GF QL	PDL NA
ReVia	naltrexone	NF	GF	GF	GF	GF	GF	GF	PDL NA
Vivitrol	naltrexone injection	NF	NF	NF	NF	NF	Medical prior authorization required	NF	PDL NA
Suboxone	buprenorphine/naloxone	NF	PA -film preferred	BF PA QL	NF	NF PA	BF (film) PA QL	BF PA QL	PDL NA PA QL
Subutex	buprenorphine	NF	PA	GF PA QL	NF	NF PA	GF PA QL	GF PA QL	PDL NA PA QL
Zyban	bupropion SR	GF	GF	GF	GF QL	GF	NF QL	GF QL	GP QL