

PersonalCare's Mail Order Benefit Exclusion List

The following medications are not covered through PersonalCare's mail order benefit:

Plan approved maintenance medications are available through mail order if the member's employer has purchased a mail order benefit. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. Some of the drugs that are excluded are listed below and include non-maintenance medications, all controlled substances, and self administered injectables. Members may call the Customer Service telephone number on the back of their identification card, to inquire about whether specific medications are covered through mail order.

Antibiotics

Examples include—Amoxil, Augmentin, Biaxin, Ceclor, Ceftin, Duricef, Dynapen, Erythromycin, Keflex, Lorabid, Omnicef, Pediazole, Pen Vee K, Principen, Trimox, Veetids, Zithromax, Zyxov

Antiemetics

Examples include—Anzemet, Emend, Kytril, Zofran

Antifungals

Examples include—Diflucan, Griseofulvin, Lamisil, Nizoral, Nystatin, Sporanox, Vfend

Cancer Drugs (oral)

Examples include—Gleevec, Iressa, Nexavar, Sutent, Sprycel, Tarceva, Temodar, Tykerb, Xeloda, Zolinda (does not include Nolvadex (tamoxifen))

Controlled Substances

All controlled substances are excluded from mail order.

Examples include drugs in the following classes:

- Opioids—Darvocet, MS Contin, Opana, Opana ER, Oxycontin, Percocet, Vicodin
- Antianxiety—Ativan, Valium, Xanax
- Stimulants—Adderall, Adderall XR, Concerta, Focalin, Focalin XR, Provigil, Ritalin, Ritalin LA, Vyvanse
- Cannabinoids—Marinol
- Anabolic Steroids—Androderm, Androgel, Testim,
- Sleep aids—Ambien, Ambien CR, Lunesta, Restoril, Sonata,
- Miscellaneous—Lyrica

Drugs Dispensed in Limited Quantities

Examples include—Accutane and generic, Clozaril, Elidel, Protopic

Drugs Not Approved for Routine Long Term Use (non-maintenance)

Examples include – Amitiza, Cialis, Levitra, Lotronex, Muse, Toradol (and generic), Valcyte, Valtrex, Vesanoid, Viagra

Drugs with Restricted Distribution

Examples include – Revlimid, Thalomid, Xyrem

High Cost Drugs

Drugs with a total cost over \$1,500 require prior authorization.

Examples include—Exjade, Kuvan, Rilutek, Revatio, Tracleer, TOBI, Pulmozyme

Migraine Relief Drugs

Examples include—Amerge, Axert, Cafegot, D.H.E 45, Ergotamine, Frova, Imitrex, Maxalt, Maxalt MLT, Midrin, Migral, Migranal, Relpax, Sansert, Zomig, Zomig ZMT

Self Administered Injectables

Examples include—Actimmune, Apokyn, Arixtra, Avonex, Betaseron, Caverject, Copaxone, D.H.E. 45, Edex, Enbrel, Epogen, Forteo, Fragmin, Fuzeon, Genotropin, Heparin, Humatrope, Humira, Infergen, Innohep, Intron-A, Kineret, Leukine, Lovenox, Methotrexate, Miacalcin, Neupogen, Norditropin, Normiflo, Nutropin, Nutropin Depot, Pegasys, PEG-Intron, Procrit, Protropin, Rebif, Saizen, Sandostatin, Serostim, Somavert, Vivaglobin

Miscellaneous Agents

Examples include—Ana-Kit, EpiPen, EpiPen Jr, Twinject Glucagon Emergency Kit
Diaphragms
Spacers for inhalers

This is not meant to be a complete list of the drugs excluded from mail order coverage under your plan, these are examples in each class. Determination of maintenance medications is defined by the health plan. This list is subject to change.