LIHP					Molina				
Statins	**PPIs**	**SSRIs**	**Asthma**	**DM-Strips**	**Statins**	**PPIs (>6 months duration will require PA)**	**SSRIs**	**Asthma**	**DM-Strips**
Lovastatin	Pepcid	Paxil	Ventolin	Ascencia Contour	lovastatin	omeprazole	fluoxetine	ProAir	TrueTest
Simvastatin	Prilosed OTC	Prozac	Symbicort	Ascencia Breeze 2	simvastatin	pantoprazole	sertraline	Ventolin	
Pravastatin	Protonix	Celexa	Dulera		pravastatin	lansoprazole	citalopram	Alupent	
atorvastatin 40/80-CT		Luvox	Combivent		atorvastatin - ST		fluvoxamine	Maxair	
		Zoloft	Qvar		Crestor - PA		paroxetine	Foradil - ST	
			Flovent					Serevent - ST	
			Serevent-CT					QVAR	
			Spiriva-CT					Pulmicort Flexhaler	
								Pulmicort Suspension (< 6 years old)	
								Flovent-PA	
								Asmanex	
								Advair 100/50 (< 12 years old)	
								Advair all other strengths- PA	
								Dulera - PA/ST	
								Symbicort - PA/ST	
								Atrovent	
								Tudorza	
								Spiriva - PA	
								Combivent Respimat	

CHG					Care 1st				
Statins	**PPIs**	**SSRIs**	**Asthma**	**DM-Strips**	**Statins**	**PPIs**	**SSRIs**	**Asthma**	**DM-Strips**
lovastatin	Omeprazole	Prozac	ProAir	Bayer - Contour	lovastatin	Prevacid 24 (OTC	Celexa - QL	ProAIr - QL	FreeStyle
simvastatin	Lansoprazol	Celexa	Atrovent HFA	Bayer - Breeze 2	simvastatin	Prilosec - QL	Prozac - QL	Ventolin - QL	
pravastatin	pantoprazol	Paxil	Combivent		pravastatin	Protonix	Paxil - QL	Foradil - ST	
atorvastatin - ST/QL	Prevacid Sol	Zoloft	Duoneb		atorvastatin	Luvox- AR	Zoloft - QL	Alupent	
Crestor - ST/QL		Luvox -MD	Xopenex Nebulizer- ST				Luvox - AR	Maxair	
		Paxil CR - PA	Serevent					Serevent - ST	
		Lexapro - PA	Spiriva					QVAR	
			Tudorza					Pulmicort	
			Dulera					Flovent	
			QVAR					Combivent	
			Pulmicort					Dulera - ST	
			Flovent HFA					Symbicort - ST	
			Asmanex					Advair - ST	

PA = Prior Authorization; CT = Contingent Therapy; ST = Step Therapy; QL = Quantity Limit; AR = Age Requirements

NOTE: Medications are prioritized in order or preferred use.