

NON-PREFERRED	PREFERRED
OXYCONTIN	oxycodone
PANLOR DC	acetaminophen-caffeine-dihydrocodeine
PCE	ery-tab, erythromycin
PENETREX	CIPRO, TEQUIN
PEPCID RPD	cimetidine, ranitidine, famotidine
PERCODAN	oxycodone with aspirin
PERIOSTAT	doxycycline
POLY-HISTINE	pheniramine-phenyltoloxamine-pyrimilamine elixir 4-4-4
PONSTEL	ibuprofen, naproxen, salsalate, sulindac, piroxicam
PRECOSE	NO PREFERRED
PREVACID	PRIOSECC, PROTONIX, NEXIUM, omeprazole when available in 2002
PRINIVIL	enalapril maleate, ACCUPRIL, MAVIK, MONOPRIL, ZESTRIL, lisinopril when available in 2002
PRINZIDE	ZESTORETIC
PROCARDIA XL (single source)	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
PROMETRIUM	medroxyprogesterone
PROSOM	temazepam
PROTOPIC	hydrocortisone, fluocinonide, clobetasol
PROVENTIL HFA	albuterol
PROVIGIL	methylphenidate HCL
PROZAC	fluoxetine, CELEXA, PAXIL, ZOLOFT, SERZONE
PROZAC ONCE WEEKLY	fluoxetine, CELEXA, PAXIL, ZOLOFT, SERZONE
RELENZA - (limit to 5 days therapy)	amantadine, FLUMADINE
REMERON	EFFEXOR, EFFEXOR XR, bupropion, WELLBUTRIN SR
RESCULA	XALATAN, LUMIGAN, TRAVATAN
RETIN-A MICRO	tretinoin
SANSERT	NO PREFERRED
SARAFEM - (limit to 7 day therapy/month)	fluoxetine, CELEXA, PAXIL, ZOLOFT
SKELID	FOSAMAX, MIACALCIN, EVISTA
SOD SULAMYD OPTH SOL	sodium sulfacetamide ophth
SONATA	temazepam
SPECTROBID	ampicillin, amoxicillin
STADOL NS (limit to 2/30 day)	hydrocodone/apap, codeine/apap, oxycodone/apap
STARLIX	PRANDIN, glyburide, glipizide
SULAR	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
SUPRAX	cephalexin, cephadrine, cefadroxil, cefaclor

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SYNALGOS DC	hydrocodone/apap, codeine/apap
TALACEN	pentazocine with APAP
TAMIFLU (limit to 5 days therapy)	amantadine, FLUMADINE
TAO	ery-tab, erythromycin
THIAZAC	diltiazem XR, diltiazem ER, diltia XT
TORNALATE	albuterol
TRANXENE-SD	clorazepate dipotassium
TRILEPTAL	carbamazepine, phenytoin
TRI-LEVELN	ORTHO-TRICYCLEN, ORTHO NOVUM 7/7/7, TRIPHASIL
TRINALIN REP	ALLEGRA-D, SEMPRES-D
TRI-NORINYL	ORTHO-TRICYCLEN, ORTHO NOVUM 7/7/7, TRIPHASIL
ULTRAM (limit to 8/day and 240/30 day)	ibuprofen, naproxen, salsalate, sulindac, piroxicam
VALTRES	acyclovir
VANCENASE AQ	NASALIDE, RHINOCORT/AQ, FLONASE, NASONEX, TRI-NASAL
VANCENASE NA	NASALIDE, RHINOCORT/AQ, FLONASE, NASONEX, TRI-NASAL
VANCOCIN HCL SOL	VANCOMYCIN
VANTIN	cephalexin, cephadrine, cefadroxil, cefaclor
VASERETIC	ZESTORETIC
VECTRIN	doxycycline hyclate or tetracyclines
VERELAN/PM	verapamil SR
VIAGRA (if covered-limit 4/30 day)	NO PREFERRED - LIFESTYLE DRUG
VICOPROFEN (limit - 30/30 day)	ibuprofen-hydrocodone with APAP, acetaminophen with codeine
VIQXX	RELAFEN, diclofenac potassium, ibuprofen, naproxen, salsalate
VISTARIL SUS	HYDROXYZINE HCL
VIVACTIL	amitriptyline, nortriptyline
VOLTAREN-XR	diclofenac sodium
WHELCOL	cholestyramine
XENICAL (if covered)	NO PREFERRED - LIFESTYLE DRUG
ZADITOR SOL	cromolyn sodium ophth, ALAMAST, PATANOL
ZAGAM	CIPRO, TEQUIN
ZANTAC	cimetidine, ranitidine
ZEBETA	atenolol, metoprolol
ZOCOR	LIPITOR, PRAVACHOL
ZONEGRAN	TEGRETOL, DILANTIN, DEPAKOTE, NEURONTIN
ZYFLO	ACCOLATE, SINGULAIR
ZYVOX	NO PREFERRED

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PREFERRED DRUG LIST

This preferred drug list has been reviewed by physicians and pharmacists to assist you in receiving the most cost effective care. Please show this to your doctor each time a prescription is written. This list simply serves as a guide for your physician for prescribing the most cost effective medications.

All brand drugs with generic alternatives are considered non-preferred. The non-preferred brand drugs on this list may be subject to a higher copayment if so required by your plan. This list of drugs is not intended to be a listing of benefits. Consult your plan for coverage and exclusions. This formulary or list of preferred medications will be effective for a Calendar Year and will be updated yearly.

Generic drugs are listed in lowercase.

NON-PREFERRED	PREFERRED
ACCUTANE (limit 60/30 day; 300/yr)	isotretinoin when available in 2002
ACEON	enalapril maleate, MONOPRIL, ZESTRIL, ACCUPRIL, MAVIK, lisinopril when available in 2002
ACHROMYCIN V (single source)	tetracycline
ACIPHEX	PRIOSECC, PROTONIX, NEXIUM, omeprazole when available in 2002
ACTIVELLA	PREMPRO, PREMPHASE, FEMHRT
ACTONEL	FOSAMAX, MIACALCIN, EVISTA
ACTOS	AVANDIA
ADALAT CC (single source)	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
ADOXA	doxycycline, tetracyclines
AEROBID	QVAR, FLOVENT, PULMICORT, VANCERIL, VANCERIL DS
AEROBID-M	QVAR, FLOVENT, PULMICORT, VANCERIL, VANCERIL DS
ALDORIL-D30	methylidopa/hctz
ALDORIL-D50	methylidopa/hctz
ALOCRIIL SOL	cromolyn sodium ophth, ALAMAST, PATANOL
ALTACE	enalapril maleate, MONOPRIL, ZESTRIL, ACCUPRIL, MAVIK, lisinopril when available in 2002
AMBIEN (limit - 14/30 day)	temazepam
AMERGE (limit - 9/30 day)	MIGRANAL, MAXALT - 5/30 day, MAXALT MLT - 5/30 day, ZOMIG - 6/30 day, AXERT

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NON-PREFERRED	PREFERRED
AMOXIL	amoxicillin
ARTHROTEC-50/75	RELAFEN, diclofenac potassium, ibuprofen, naproxen, salsalate
AUGMENTIN	amoxicillin (trihydrate), penicillin VK, ery-tab, erythromycin, cephalexin, cephadrine, cefadroxil, Zithromax
AVC	triple sulfa cream
AVELOX/ABC	CIPRO, TEQUIN
AVITA	tretinoin
AXID	cimetidine, ranitidine
AZMACORT	QVAR, FLOVENT, PULMICORT, VANCERIL, VANCERIL DS
BECLOVENT	QVAR, FLOVENT, PULMICORT, VANCERIL, VANCERIL DS
BECONASE NA/AQ	NASALIDE, RHINOCORT/AQ, FLONASE, NASONEX, TRI-NASAL
BIAXIN	amoxicillin (trihydrate), penicillin VK, ery-tab, erythromycin, cephalexin, cephadrine, cefadroxil, Zithromax
BIAXIN XL	amoxicillin (trihydrate), penicillin VK, ery-tab, erythromycin, cephalexin, cephadrine, cefadroxil, Zithromax
BLEPH-10 OPTH. SOL	sodium sulfacetamide ophth sol
BUSPAR	bupirone, lorazepam, oxazepam, diazepam
CAPITAL/COD	acetaminophen with codeine
CARDENE SR	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
CARTROL	atenolol, metoprolol
CAVERJECT (if covered-limit 6/30day)	NO PREFERRED - LIFESTYLE DRUG
CECLOR CD	cephalexin, cephadrine, cefadroxil, cefaclor
CEDAX	cephalexin, cephadrine, cefadroxil, cefaclor
CEFTIN	cephalexin, cephadrine, cefadroxil, cefaclor
CEFZIL	cephalexin, cephadrine, cefadroxil, cefaclor
CELEBREX	RELAFEN, diclofenac potassium, ibuprofen, naproxen, salsalate (VIOXX PREFERRED COX II)
CIPRO CYSTIT	CIPRO, TEQUIN
COLAZAL	ASACOL, DIPENTUM, PENTASA
CONCERTA	ADDERALL, methylphenidate
COVERA-HS	verapamil SR
COZAAR	AVAPRO, ATACAND
D.H.E. 45	MIGRANAL
DECA-DURABOL INJ	testosterone injection
DELATESTRYL INJ	testosterone injection
DELESTROGEN INJ	estradiol injection
DEPO-ESTRADI INJ	estradiol injection
DEPO-TESTOST INJ	testosterone injection
DESOGEN	apri, ORTHOCEPT

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DESOXYN	methylphenidate hcl
DIDRONEL	FOSAMAX, MIACALCIN, EVISTA
DIFFERIN	tretinoin
DIOVAN	AVAPRO, ATACAND
DIOVAN HCT	AVALIDE AND ATACAND HCT
DORAL	temazepam
DORYX	doxycycline hyclate or tetracycline
DURICEF SUS	cephalexin susp
DYNABAC	ery-tab, erythromycin
DYNACIN	doxycycline hyclate or tetracycline
DYNACIRC	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
DYNACIRC CR	nifedepine CR, nifedepine ER, NORVASC, PLENDIL
EC-NAPROSYN	diclofenac potassium, ibuprofen, naproxen, salsalate
EDECRIN	furosemide, bumetanide
EDEX (if covered - limit 6/30 day)	NO PREFERRED - LIFESTYLE DRUG
ERYPED	erythromycin ethylsuccinate
ERYPED 400	erythromycin ethylsuccinate
ESTRATAB	PREMARIN
ESTROSTEP FE	trivora, ORTH-TRICYCLEN, ORTHO NOVUM 7/7/7, TRIPHASIL
FAMVIR	acyclovir
FELBATOL	NO PREFERRED
FIORICET/COD	acetaminophen-caffeine-butalbitol with codeine
FLOMAX	doxazosin, prazosin, terazosin
FLOXIN	CIPRO, TEQUIN
FORADIL	SEREVENT
GABITRIL	NO PREFERRED
GEOCILLIN	sulfamethoxazole with trimethoprim DS (SMZ-TMP DS)
GLYSET	NO PREFERRED
GRIFULVIN V	griseofulvin ultramicronsize
HYZAAR	AVALIDE AND ATACAND HCT
IMITREX (limit - inj, 9/30; nasal 4/30; tabs 9/30)	MIGRANAL, MAXALT - 5/30 day, MAXALT MLT - 5/30 day, ZOMIG - 6/30 day, AXERT
INDOCIN SUP	NO PREFERRED
KEFTAB	cephalexin HCL
KEPPRA	carbamazepine, phenytoin
LAMISIL (limit - 30/30 day and < 121 days)	SPORANOX (limit - 60/30 day and no more than 240/yr), DIFLUCAN
LEVAQUIN	CIPRO, TEQUIN

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NON-PREFERRED	PREFERRED
LEVATOL	atenolol, metoprolol
LODINE XL	diclofenac potassium, ibuprofen, naproxen, salsalate
LORABID	cephalexin, cephadrine, cefadroxil, cefaclor
LORCET-HD CAP	hydrocodone/apap
LOTENSIN	enalapril maleate, MONOPRIL, ZESTRIL, ACCUPRIL, MAVIK, lisinopril when available in 2002
LUVOX	fluvoxamine maleate, fluoxetine, CELEXA, PAXIL, ZOLOFT, SERZONE
MAXAIR	albuterol
MAXAQUIN	CIPRO, TEQUIN
MENEST	PREMARIN
MERIDIA (if covered)	phentermine HCL
METADATE CD	ADDERALL, methylphenidate
MEVACOR (single source)	LIPITOR, PRAVACHOL, lovastatin when available in 2002
MICARDIS	AVAPRO, ATACAND
MIDRIN	duradrin
MOBIC	RELAFEN, diclofenac potassium, ibuprofen, naproxen, salsalate
MONODOX	doxycycline, tetracyclines
MOTRIN (single source)	IBUPROFEN, NAPROXEN
MS CONTIN	morphine sulfate sustained release
MUSE (if covered-limit 6/30day)	NO PREFERRED - LIFESTYLE DRUG
NAPRELAN	ibuprofen, naproxen, salsalate, sulindac, piroxicam
NASACORT/AQ	NASALIDE, RHINOCORT/AQ, FLONASE, NASONEX, TRI-NASAL
NASAREL	NASALIDE, RHINOCORT/AQ, FLONASE, NASONEX, TRI-NASAL
NEORAL SOL	cyclosporine
NORCO	hydrocodone/apap
NOROXIN	CIPRO, TEQUIN
OMNICEF	cephalexin, cephadrine, cefadroxil
OPTIVAR	cromolyn sodium ophth, ALAMAST, PATANOL
ORAMORPH SR	morphine sulfate sustained release
OVCON 35-21	necon, zovia, OTHRO CYCLEN, ALESSE, LOESTRIN, LO-OVRAL, MICRONOR, MODICON, ORTHOCEPT
OVCON 35-28	necon, zovia, OTHRO CYCLEN, ALESSE, LOESTRIN, LO-OVRAL, MICRONOR, MODICON, ORTHOCEPT
OVCON 50	necon, zovia, OTHRO CYCLEN, ALESSE, LOESTRIN, LO-OVRAL, MICRONOR, MODICON, ORTHOCEPT

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