| Non-Preferred Brands ($$$) | RxEDO Preferred Alternatives ($ or $$) * |
|---|---|
| ACIPHEX | omeprazole, PREVACID |
| AEROBID | FLOVENT, PULMICORT, QVAR |
| ALTOPREV | lovastatin, pravastatin, simvastatin |
| AMBIEN | zolpidem tartrate |
| AVAPRO | BENICAR, MICARDIS |
| AVINZA | morphine sulfate SA |
| CADUET | verapamil SR/pravastatin |
| CONCERTA | ADDERALL XL, METADATE CD |
| COZAAR | BENICAR, MICARDIS, verapamil SR |
| CLARINEX | fexofenadine |
| DETROL | oxybutynin, DETROL LA |
| DIOVAN | BENICAR, MICARDIS, verapamil SR |
| DYNABAC | AVELOX, ciprofloxacin |
| DYNACIRC CR | BENICAR, MICARDIS, verapamil SR |
| FLOMAX | doxazosin, finasteride, terazosin |
| FROVA | IMITREX, MAXALT |
| INDERAL LA | propranolol |
| LAMISIL | itraconazole |
| LEVAQUIN | AVELOX, ciprofloxacin |
| LEXAPRO | fluoxetine, paroxetine |
| LEXXEL | amlodipine/benazepril |
| LIPITOR | lovastatin, pravastatin, simvastatin |
| MOBIC | fenoprofen, ketoprofen, meloxicam |
| NEXIUM | omeprazole, PREVACID |
| NORVASC | amlodipine |
| OXYTROL | oxybutynin, DETROL LA |
| PRAVACHOL | pravastatin |
| PROTONIX | omeprazole, PREVACID |
| PROZAC WEEKLY | fluoxetine |
| RESCULA | TRAVATAN, TRAVATAN Z |
| TEQUIN | AVELOX, ciprofloxacin |
| TRICOR | lofibra, gemfibrozil, lovastatin |
| TRINASAL | NASACORT AQ, NASONEX |
| VANCENASE | NASACORT AQ, NASONEX |
| XOPENEX | albuterol |
| ZOCOR | simvastatin |
| ZOLOFT | sertraline |
| ZYRTEC | fexofenadine |

*Please note that the preferred alternatives listed here are not a complete listing of all alternatives, only those medications that are most commonly prescribed.

**Formulary Disclaimer:**
Please be sure your prescription drug benefit is offered through RxEDO before consulting this list. Coverage for some drugs may be limited to specific dosage forms and/or strengths. Your benefit design determines what is covered for you and what your co-payment will be. Please refer to your benefit materials for specific coverage information. The medications listed on this formulary are subject to change pursuant to the formulary management activities of RxEDO. The presence of a medication on this formulary does not guarantee that you as a plan member will be prescribed that drug by your primary care physician or contracting provider for a particular medical condition. These medications may be subject to Prior Authorization. As new generics become available the corresponding brand name drug will no longer be considered a preferred agent.

ReTHINK
ReEVALUATE
ReDEFINE

RxEDO Rx Education & Design Organization



RxEDO Rx Education & Design Organization

## Preferred Drug List

# Select

**Dear Member:**
Please review this Preferred Drug List (PDL) with your physician at the time he or she writes your prescription. This PDL, which includes both brand and generic medications, is not a complete list, but a summary of the most commonly prescribed medications. Your plan's benefit design determines which medications are included or excluded from coverage. Please refer to your benefit information for applicable copays and medication coverage.

**Dear Physician:**
Please refer to this list when prescribing for your patient. The medications listed and all generic equivalents are Preferred Drug Choices under the patient's prescription benefit. The PDL is not intended as a substitute for your professional judgment; however, when you prescribe Preferred Drugs for your patients, out-of-pocket expense and plan costs may be lowered. When applicable, generic prescribing is optimal. As generic equivalents become available in the marketplace brand named drugs may be removed from this list.

You can access this list via our member portal at our website: www.rxedo.com

2008 Edition

04/01/08

# $R_x$EDO Preferred Drug List

**Allergy**
ASTELIN
cyproheptadine
fexofenadine
fluticasone
hydroxyzine
ipratropium nasal spray
NASACORT AQ
NASONEX
RHINOCORT AQUA

**Antibiotics**
amoxicillin
amoxicillin/clavulanate
ampicillin
AVELOX
cefaclor, cefaclor CD
cefadroxil
cefdinir
cefpodoxime
cefuroxime
cephalexin
ciprofloxacin
CIPRODEX
CIPRO HC
dicloxacillin
doxycycline
erythromycin
metronidazole
minocycline
nitrofurantoin
penicillin VK
sulfamethoxazole/
trimethoprim
tetracycline

**Antidepressants**
amitriptyline
bupropion
citalopram
clomipramine
desipramine
doxepin
EFFEXOR XR
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine
sertraline
trazodone

**Anti-Fungals**
ANCOBON
fluconazole
itraconazole
ketoconazole
MYCELEX
V FEND

**Anti-Inflammatory**
choline mag trisalicylate
diclofenac
diflunisal
ENBREL
etodolac
fenoprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
salsalate
sulindac
tolmetin

**Anti-Migraine Agents**
IMITREX
MAXALT
RELPAX
ZOMIG

**Anti-Virals**
ATRIPLA
acyclovir
BARACLUDE
CRIXIVAN
famciclovir
PEGASYS
PEG-INTRON
PREZISTA
TAMIFLU
VALTREX

**Asthma/COPD**
ACCOLATE
albuterol
ATROVENT INHALER
AZMACORT ORAL INH.
BECLOVENT
COMBIVENT
cromolyn inh. sol.
FLOVENT
FLOVENT HFA
FORADIL
INTAL INHALER
ipratropium inh. sol.
metaproterenol
PROVENTIL HFA ORAL INH.
PULMICORT
QVAR
SEREVENT
SINGULAIR
SPIRIVA
TILADE
UNIPHYL

**Atypical Antipsychotics**
RISPERDAL
SEROQUEL
ZYPREXA

**Blood Glucose Diagnostics**
ASCENSIA PRODUCTS
NOVOFINE NEEDLES

**Cholesterol Reduction**
cholestyramine
CRESTOR
gemfibrozil
lofibra
lovastatin
NIASPAN
pravastatin
simvastatin
VYTORIN

**CNS-Anxiety**
alprazolam
buspirone
clorazepate
diazepam
lorazepam
oxazepam

**CNS-Nausea**
prochlorperazine
promethazine
trimethobenzamide

**CNS-Parkinson's**
amantadine
benztropine
bromocriptine
carbidopa/levodopa/CR
COMTAN
selegiline

**CNS-Seizures**
carbamazepine
clonazepam
DEPAKOTE/ER
DILANTIN
gabapentin
LAMICTAL
MEBARAL
phenytoin
primidone
TEGRETOL/XR
valproic acid

**CNS-Stimulants**
ADDERALL XR
amphetamine mixtures
dextroamphetamine
METADATE CD
methylphenidate

**Contraceptives**
All generic oral contraceptives
DEMULEN
LOESTRIN
LO OVRAL
MICRONOR
MODICON
NORDETTE
NORINYL
ORTHO-CEPT
ORTHO EVRA
ORTHO NOVUM
ORTHO TRI-CYCLEN TAB
ORTHO TRI-CYCLEN LO
PLAN B
TRI-NORINYL
TRIPHASIL

**Estrogens**
alora
CENESTIN
ESTRADERM TRANSDERMAL
estradiol patch
estradiol tablet
FEMHRT
estropipate
PREMARIN
PREMPRO, PREMPHASE
VAGIFEM
VIVELLE TRANSDERMAL
VIVELLE-DOT TRANSDERMAL

**Gastrointestinal**
ANZEMET
cimetidine
CREON
famotidine
nizatidine
omeprazole
PREVACID
PREVPAC
ranitidine
sucralfate

**Growth Hormones**
NUTROPIN
NUTROPIN AQ
SAIZEN

**Heart Disease/Blood Pressure**
acebutolol
amlodipine
atenolol
benazepril,
benazepril/HCTZ
BENICAR, BENICAR HCT
bisoprolol
captopril,
captopril/HCTZ
carvedilol
diltiazem
enalapril,
enalapril/HCTZ
fosinopril
furosemide
hydrochlorothiazide
(HCTZ)
INNOPRAN XL
K-DUR
labetalol
LANOXIN
lisinopril,
lisinopril/HCTZ
metolazone
metoprolol
metoprolol succinate
MICARDIS, MICARDIS HCT
moexipril
nadolol
nifedipine
nimodipine
propranolol
quinapril,
quinapril/HCTZ
sotalol, sotalol AF
spironolactone
SULAR
torsemide
triamterene/HCTZ
verapamil

**Insulin**
HUMALOG
HUMULIN
LANTUS
NOVOLIN
NOVOLOG

**Multiple Sclerosis Agents**
AVONEX
AVONEX ADMIN PACK
COPAXONE
REBIF

**Oral Anti-Diabetic Agents**
ACTOS
AVANDIA
glipizide, glipizide ER
glyburide,
glyburide micronized
glyburide-metformin
metformin, metformin ER
PRANDIN
PRECOSE

**Osteoporosis Agents**
ACTONEL
ACTONEL W/CALCIUM
alendronate sodium
alendronate sodium/
viitamin D3
etidronate disodium
EVISTA

**Ophthalmics**
ACULAR
ALOCRIL
ALPHAGAN P
AZOPT
BETOPTIC S
LUMIGAN
PATANOL
TOBRADEX
TRAVATAN

**Overactive Bladder**
DETROL LA
oxybutynin

**Prostate Agents**
doxazosin
finasteride
terazosin
UROXATRAL

**Sleep Aids**
flurazepam
temazepam
triazolam
zolpidem tartrate

**Topical Preparations**
CUTIVATE
ELOCON
SORIATANE CK
TAZORAC

$ - Generic drugs (listed in all **lowercase** letters) have the lowest copay

$$ - Preferred brand name drugs (listed in all **CAPITAL** letters) have the middle copay

$$$ - Non-preferred brand name drugs (listed in all **CAPITAL** letters on the front of this handout) have the highest copay