

# TennCare Preferred Drug List

Updated October 14, 2008

CC - Clinical Criteria, QL - Quantity Limit, ST - Step Therapy (CC and ST require a PA before dispensing)

## I. CARDIOVASCULAR

### Diuretics: Carbonic Anhydrase Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
acetazolamide	\$	Diamox® Sequels
methazolamide	\$	

### Diuretics: Thiazide and Related Diuretics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
chlorothiazide	\$	Diuril®
chlorthalidone	\$	Lozol®
hydrochlorothiazide	\$	Microzide®
indapamide	\$	Thalitone®
methyclothiazide	\$	Zaroxolyn®
metolazone	\$	

### Diuretics: Loop

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
bumetanide	\$	Bumex®
furosemide	\$	Demadex®
toremide	\$	Lasix®
Edecrin®	\$\$	

### Diuretics: Potassium Sparing

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amiloride	\$	Aldactone®
spironolactone	\$	eplerenone <sup>ST</sup> Inspra® <sup>ST</sup>

### Diuretics: Combination Diuretics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amiloride/HCTZ	\$	Aldactazide®
spironolactone/HCTZ	\$	Dyazide®
triamterene/HCTZ	\$	Maxzide®

## ACE Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
benazepril	\$	Accupril®	Monopril®
captopril <sup>QL</sup>	\$	Aceon® <sup>QL</sup>	Prinivil®
enalapril	\$	Altace® <sup>CC, QL</sup>	quinapril
lisinopril <sup>QL</sup>	\$	Capoten® <sup>QL</sup>	ramipril <sup>CC, QL</sup>
		fosinopril	trandolapril
		Lotensin®	Univasc® <sup>QL</sup>
		Mavik® <sup>QL</sup>	Vasotec®
		moexipril <sup>QL</sup>	Zestril®

## ACEI + Calcium Channel Blocker Combo

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
Lotrel® <sup>QL</sup>	\$\$	benazepril/amlodipine <sup>QL</sup>	Tarka® <sup>QL</sup>

## ACEI + Diuretic Combination

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
benazepril/HCTZ	\$	Accuretic®	Prinzide®
captopril/HCTZ	\$	Capozide®	quinapril/HCTZ
enalapril/HCTZ	\$	fosinopril HCT	Quinaretic®
lisinopril/HCTZ	\$	Lotensin HCT®	Uniretic®
		moexipril/HCTZ	Vaseretic®
		Monopril HCT®	Zestoretic®

## Angiotensin Receptor Blockers Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Avapro® <sup>ST, QL</sup>	\$\$	Atacand® <sup>ST, QL</sup>
Cozaar® <sup>ST, QL</sup>	\$\$	Benicar® <sup>ST, QL</sup>
Diovan® <sup>ST, QL</sup>	\$\$	Teveten® <sup>ST, QL</sup>
Micardis® <sup>ST, QL</sup>	\$\$	

## Angiotensin Receptor Blockers + Diuretic Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Avalide® <sup>ST, QL</sup>	\$\$	Atacand HCT® <sup>ST, QL</sup>
Diovan HCT® <sup>ST, QL</sup>	\$\$	Benicar HCT® <sup>ST, QL</sup>
Hyzaar® <sup>ST, QL</sup>	\$\$	Teveten HCT® <sup>ST, QL</sup>
Micardis HCT® <sup>ST, QL</sup>	\$\$	

## ARB + CCB Combo Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
N/A		Exforge® <sup>CC, QL</sup>	Azor® <sup>CC, QL</sup>

## Direct Renin Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Tekturna® <sup>ST, QL</sup> Tekturna HCT® <sup>ST, QL</sup>

### Beta Blockers

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
acebutolol	\$	Betapace®      Levatol® <sup>QL</sup>
atenolol	\$	Blocadren®      Lopressor®
betaxolol	\$	Bystolic®      metoprolol succinate
bisoprolol fumerate	\$	Cartrol®      propranolol LA
metoprolol tartrate	\$	Corgard®      Sectral®
nadolol	\$	Inderal®      Tenormin®
pindolol	\$	Inderal LA®      Toprol XL® <sup>QL, CC</sup>
propranolol	\$	InnoPran XL® <sup>QL</sup> Visken®
sotalol HCl	\$	Kerlone®      Zebeta®
timolol maleate	\$	

### Beta Blockers + Diuretic

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
atenolol/chlorthalidone	\$	nadolol/ bendroflumethiazide
bisoprolol HCT	\$	Inderide®      Timolide®
metoprolol HCT	\$	Lopressor HCT®      Ziac®
propranolol HCT	\$	Tenoretic®

### Alpha/Beta Blockers

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
labetalol	\$	Coreg® <sup>QL</sup> Trandate®
carvedilol <sup>QL</sup>	\$	Coreg CR® <sup>QL</sup>

### Calcium Channel Blockers (DHP)

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amlodipine <sup>QL</sup>	\$	Adalat®      nifedipine IR
felodipine ER	\$	Adalat CC® <sup>QL</sup> nimodipine <sup>CC</sup>
nicardipine HCl	\$	Cardene® <sup>QL</sup> Nimotop® <sup>CC</sup>
nifedipine ER/SA/XL <sup>QL</sup>	\$	Cardene SR® <sup>QL</sup> nisoldipine <sup>QL</sup>
		Dynacirc® <sup>QL</sup> Norvasc® <sup>QL</sup>
		Dynacirc CR® <sup>QL</sup> Plendil®
		Isradipine <sup>QL</sup> Procardia®
		Sular® <sup>QL</sup> Procardia XL®

### Calcium Channel Blockers (Non-DHP)

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
diltiazem ER/SR/XR	\$	Calan®      Covera-HS® <sup>QL</sup>
diltiazem IR	\$	Calan SR®      Dilacor XR®

verapamil HCl	\$	Cardizem®	Isoptin SR®
verapamil ER <sup>QL</sup>	\$	Cardizem CD®	Tiazac®
		Cardizem LA® <sup>QL</sup>	verapamil ER PM
		Cardizem SR®	Verelan®
			Verelan PM®

### Alpha-Blockers

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
doxazosin	\$	Cardura®	Minipress®
prazosin	\$	Hytrin®	
terazosin	\$		

### Miscellaneous Anti-Hypertensives

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
clonidine	\$	Apresoline®	
clonidine/chlorthalidone	\$	Catapres®	
guanfacine	\$	guanabenz	
hydralazine	\$	reserpine	
methyldopa	\$	Inversine® <sup>CC</sup>	
methyldopa/hydrochlorothiazide	\$	Minoxidil® <sup>CC</sup>	
Hydra-Zide®	\$\$	Tenex®	
Catpres-TTS®	\$\$\$		

### Pulmonary Arterial Hypertension Agents Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
Tracleer® <sup>CC</sup>	\$\$	Letairis® <sup>CC</sup>	
Revatio® <sup>CC, QL</sup>	\$\$		
Ventavis® <sup>CC</sup>	\$\$		

### Agents for Pheochromocytoma

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
Dibenzylin®	\$\$	Demser®	

### Anti-Anginal Agents-Nitrates

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
isosorbide dinitrate	\$	amyl nitrite	Monoket®
isosorbide mononitrate	\$	Dilatrate-SR®	Nitrek®
Nitroglycerin	\$	Imdur®	Nitro-Bid®
Nitrolingual®	\$\$	Ismo®	Nitro-Dur®
		Isordil®	Nitro-Quick®
		Isochron®	Nitrostat®
		isosorbide dinitrate, sublingual	Nitro-Time®
		Minitran®	

### Anti-Anginal Agents-Miscellaneous

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Ranexa® <sup>CC</sup>

### **Vasopressors**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Midodrine	\$	Proamatine®

### **Vasodilator and Nitrate Combinations**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		BiDil® <sup>CC</sup>

### **Anti-Arrhythmics, Oral**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amiodarone	\$	Betapace® Pacerone®
disopyramide	\$	Betapace AF® Pronestyl®
disopyramide SA	\$	Cordarone® Rythmol®
flecainide	\$	Mexitil® Rythmol SR®
mexiletine	\$	Norpace® Sorine®
Procainamide	\$	Norpace CR® Tambocor®
Propafenone	\$	
quinidine gluconate	\$	
quinidine sulfate	\$	
sotalol	\$	
sotalol AF	\$	
Tikosyn®	\$\$\$	
Ethmozine®	\$\$\$	

### **Cardiac Glycosides**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
digoxin	\$	Digitek® Lanoxin® Lanoxicaps®

### Lipotropics: High Potency Statins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
simvastatin <sup>QL</sup>	\$	Lipitor® <sup>QL</sup> Zocor® <sup>QL</sup>
Crestor® <sup>QL</sup>	\$\$	Vytorin® <sup>QL</sup>

### Lipotropics: Statins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
lovastatin <sup>QL</sup>	\$	Altprev® <sup>QL</sup>
pravastatin <sup>QL</sup>	\$	Mevacor® <sup>QL</sup>
Advicor® <sup>QL</sup>	\$\$\$	Lescol® <sup>QL</sup> , grandfathered until 4/1/09

Lescol XL®<sup>QL</sup>, grandfathered until 4/1/09  
 Pravachol®<sup>QL</sup>  
 Pravigard PAC®<sup>QL</sup>

### **Lipotropics: Statin + CCB Combination**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
N/A		Caduet® <sup>CC, QL</sup>

### **Lipotropics: Cholesterol Absorption Inhibitors**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Zetia® <sup>ST, QL</sup>	\$\$	N/A

### **Lipotropics: Fibric Acid Derivatives**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
gemfibrozil	\$	Antara® <sup>CC</sup> Lofibra® <sup>CC</sup>
TriCor® <sup>CC</sup>	\$\$	fenofibrate <sup>CC</sup> Lopid®
		Fenoglide® <sup>CC</sup> Triglide® <sup>CC</sup>
		Lipofen® <sup>CC</sup>

### **Lipotropics: Niacin Derivatives**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Niaspan®	\$\$	Niacor®
Simcor® <sup>QL</sup>	\$\$	

### **Lipotropics: Bile Acid Sequestrants**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
cholestyramine	\$	Colestid®                      Prevalite®
cholestyramine light	\$	colestipol                      Questran®
WelChol®	\$\$	LoCholest®                      Questran Light®

### **Lipotropics: Omega-3 Fatty Acids**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Lovaza® <sup>ST</sup>	\$\$	N/A

### **Platelet Inhibitors**

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
anagrelide	\$	Agrylin®
cilostazol	\$	Persantine®
clopidogrel	\$	Plavix® 300 mg
dipyridamole	\$	Pletal®
ticlopidine	\$	Ticlid®
Aggrenox®	\$\$	
Plavix®	\$\$	

## Intermittent Claudication

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
cilostazol	\$	Pletal®
pentoxifylline	\$	Trental®

## Oral Anticoagulants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
warfarin	\$	Coumadin®
Jantoven®	\$\$	

## Low Molecular Weight Heparins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Arixtra®	\$\$	Innohep®
Fragmin®	\$\$	
Lovenox®	\$\$	

## Hemostatics, Oral

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
aminocaproic acid	\$	Amicar®

## II. GASTROINTESTINAL

### Oral Anti-Emetics: Anticholinergics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
meclizine	\$	Antivert®
prochlorperazine	\$	Compazine®
promethazine	\$	Phenergan®
		Tigan® <sup>CC</sup>
		trimethobenzamide <sup>CC</sup>

### Oral Anti-Emetics: 5-HT3 Antagonists <sup>Class CC</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ondansetron <sup>CC, QL</sup>	\$	Aloxi® <sup>CC</sup>
		Anzemet® <sup>CC, QL</sup>
		Kytril® <sup>CC, QL</sup>
		Kytril® Solution <sup>CC</sup>
		Zofran ODT® <sup>CC, QL</sup>
		Zofran® Solution <sup>CC</sup>
		Zofran®

### Oral Anti-Emetics: NK-1 Antagonists <sup>Class CC</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Emend® <sup>CC, QL</sup>

### Oral Anti-Emetics: Δ-9-THC Derivatives <sup>Class CC</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Cesamet® <sup>CC</sup> dronabinol <sup>CC</sup>
		Marinol® <sup>CC</sup>

## H2 Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
cimetidine	\$	nizatidine Tagamet®
famotidine	\$	Axid® Zantac®
ranitidine	\$	Pepcid®

## Proton Pump Inhibitors Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Nexium® <sup>ST, QL</sup>	\$\$	Aciphex® <sup>ST, QL</sup> omeprazole <sup>ST, QL</sup> pantoprazole <sup>ST, QL</sup> Prevacid NapraPAC® <sup>ST, QL</sup> Prevacid® <sup>ST, QL</sup> , grandfathered until 1/1/09 Prilosec OTC® <sup>ST, QL</sup> , grandfathered until 1/1/09
Zegerid® <sup>ST, QL</sup>	\$\$	Prevacid SoluTab® <sup>ST, QL</sup> Prilosec® <sup>ST, QL</sup> Protonix® <sup>ST, QL</sup>

## Saliva Stimulating Agents Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Evxac® <sup>ST, QL</sup> Salagen® <sup>ST, QL</sup>

## Anti-Ulcer Protectants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
misoprostol	\$	Carafate®
sucralfate	\$	Cytotec®

## Combination Products for H. pylori Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Helidac® <sup>CC</sup> Prevpac® <sup>CC, QL</sup>
		Pylera® <sup>CC</sup>

## Pancreatic Enzymes (L = lipase; P = Protease; A = Amylase)

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
<u>1,200 L /15,000 P /15,000 A</u> Enzycap® Lapase®	\$\$	<u>1,200 L /15,000 P /15,000 A</u> Ku-Zyme®
<u>2,400 L /30,000 P /30,000 A</u> Dygase®	\$\$	<u>2,400 L /30,000 P /30,000 A</u> Kutraxe®
<u>4,000 L /12,000 P /12,000 A</u> Pancrease® MT 4	\$\$	<u>4,000 L /12,000 P /12,000 A</u> N/A
<u>4,000 L /25,000 P /20,000 A</u> Pancrelipase®	\$\$	<u>4,000 L /25,000 P /20,000 A</u> Pancrease®

Lipram® 4500	\$\$	Panocaps®
Pangestyme®	\$\$	
Ultrase®	\$\$	
<u>4,000 L /25,000 P /25,000 A</u>		<u>4,000 L /25,000 P /25,000 A</u>
N/A		Pancrecarb® MS-4
<u>5,000 L /18,750 P /18,750 A</u>		<u>5,000 L /18,750 P /18,750 A</u>
Creon®5	\$\$	N/A
Lipram® CR 5	\$\$	
<u>8,000 L /30,000 P /30,000 A</u>		<u>8,000 L /30,000 P /30,000 A</u>
Pancrelipase®	\$\$	Ku-Zyme®HP
Panokase®	\$\$	
Plaretase®	\$\$	
Viokase®8	\$\$	
<u>8,000 L /45,000 P /40,000 A</u>		<u>8,000 L /45,000 P /40,000 A</u>
N/A		Pancrecarb® MS-8
<u>10,000 L /30,000 P /30,000 A</u>		<u>10,000 L /30,000 P /30,000 A</u>
Lipram® PN 10	\$\$	Pancrease® MT 10
<u>10,000 L /37,500 P /33,200 A</u>		<u>10,000 L /37,500 P /33,200 A</u>
Creon® 10	\$\$	N/A
Lipram® CR 10	\$\$	
Palcaps®	\$\$	
Pancron® 10	\$\$	
Pangestyme® CN 10	\$\$	
<u>12,000 L /39,000 P /39,000 A</u>		<u>12,000 L /39,000 P /39,000 A</u>
Lipram® UL 12	\$\$	N/A
Pangestyme® UL 12	\$\$	
Ultrase® MT 12	\$\$	
<u>16,000 L /48,000 P /48,000 A</u>		<u>16,000 L /48,000 P /48,000 A</u>
Lipram® PN 16	\$\$	Pancrease® MT 16
Panocaps® MT 16	\$\$	
Pangestyme® MT 16	\$\$	
Palipase® MT 16	\$\$	
<u>16,000 L /52,000 P /52,000 A</u>		<u>16,000 L /52,000 P /52,000 A</u>
N/A		Pancrecarb® MS-16
<u>16,000 L /60,000 P /60,000 A</u>		<u>16,000 L /60,000 P /60,000 A</u>
Pancrelipase® 16,000	\$\$	N/A
Panokase® 16	\$\$	
Viokase® 16	\$\$	
<u>16,800 L /70,000 P /70,000 A</u>		<u>16,800 L /70,000 P /70,000 A</u>
Viokase® powder		N/A
<u>18,000 L /58,500 P /58,500 A</u>		<u>18,000 L /58,500 P /58,500 A</u>
Lipram® UL 18	\$\$	N/A
Pangestyme® UL 18	\$\$	
Ultrase® MT 18	\$\$	
<u>20,000 L /44,000 P /56,000 A</u>		<u>20,000 L /44,000 P /56,000 A</u>
Lipram® PN 20	\$\$	Pancrease® MT 20
Panocaps® MT 20	\$\$	
<u>20,000 L /65,000 P /65,000 A</u>		<u>20,000 L /65,000 P /65,000 A</u>
Lipram® UL 20	\$\$	N/A
Ultrase® MT 20	\$\$	

Creon® 20	\$\$
Palcaps® 20	\$\$
Pancron® 20	\$\$
Pangestyme® CN 20	\$\$
Lipram® CR 20	\$\$\$

### Motility Agents

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
metoclopramide	\$	Reglan®

### Antispasmodics / Anticholinergics

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
atropine sulfate	\$	Bentyl® Robinul®
dicyclomine	\$	Cantil® Robinul Forte®
glycopyrrolate	\$	Donnamar® Sal-Tropine®
hyoscyamine	\$	IB-Stat® Scopace®
propantheline	\$	Pamine® Symax®Duotabs
scopolamine	\$	Pamine®Forte Symax SR®
Atreza®	\$\$	Pro-Banthine® Transderm-Scop Patch® <sup>CC QL</sup>

### Gallstone Solubilizing Agents

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
ursodiol <sup>QL</sup>	\$	Actigall® <sup>QL</sup> Urso Forte® <sup>QL</sup>
		Urso® <sup>QL</sup>

### 5-ASA Derivatives, Rectal Preparations

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
mesalamine enema	\$	N/A
Canasa® <sup>QL</sup>	\$\$\$	
Rowasa® enema	\$\$\$	

### 5-ASA Derivatives, Oral Preparations

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
sulfasalazine <sup>QL</sup>	\$	Azulfidine® <sup>QL</sup> Colazal® <sup>QL</sup>
sulfasalazine EC <sup>QL</sup>	\$	Azulfidine EN® <sup>QL</sup> Dipentum® <sup>QL</sup>
Asacol® <sup>QL</sup>	\$\$	balsalazide <sup>QL</sup> Pentasa® <sup>CC, QL</sup>
Lialda® <sup>QL</sup>	\$\$	

### 5HT-3 Receptor Antagonists <sup>Class CC</sup>

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
N/A		Lotronex® <sup>CC, QL</sup>

### Antidiarrheals

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS

diphenoxylate with atropine	\$	Imodium®	Motofen®
loperamide	\$	Lomotil®	

### Laxatives

	RELATIVE COST		
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
lactulose syrup	\$	Amitiza® <sup>QL</sup>	Miralax®
polyethylene glycol (PEG) 3350 powder	\$	CoLyte®	MoviPrep®
PEG 3350 solution	\$	Constulose®	NuLYTELY®
PEG 3350 electrolyte solution	\$	Enulose®	OsmoPrep®
Glycolax®	\$\$	GoLYTELY®	Trilyte®
Kristalose®	\$\$	HalfLyte®	Visicol®

## III. RESPIRATORY

### Antihistamines, Non-Sedating

	RELATIVE COST		
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
cetirizine <sup>QL</sup>	\$	Allegra® <sup>CC, QL</sup>	Clarinetx® <sup>CC, QL</sup>
loratadine <sup>QL</sup>	\$	Allegra-D 12 Hr® <sup>CC, QL</sup>	Clarinetx RediTabs® <sup>CC, QL</sup>
loratadine/pseudoephedrine (PSE) <sup>QL</sup>	\$	Allegra-D 24 Hr® <sup>CC, QL</sup>	Clarinetx-D 12 Hr® <sup>CC, QL</sup>
		cetirizine/PSE <sup>QL</sup>	Clarinetx-D 24 Hr® <sup>CC, QL</sup>
		Claritin® <sup>QL</sup>	fexofenadine <sup>CC, QL</sup>
		Claritin-D 12 Hr® <sup>CC, QL</sup>	Xyzal® <sup>QL</sup>
		Claritin-D 24 Hr® <sup>CC, QL</sup>	Zyrtec® <sup>CC, QL</sup>
		Claritin RediTabs® <sup>QL</sup>	Zyrtec-D® <sup>QL</sup>

### Antihistamines, First Generation

	RELATIVE COST		
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
brompheniramine	\$	Aldex AN®	
chlorpheniramine	\$	dexchlorpheniramine	
clemastine	\$	Vistaril®	
diphenhydramine	\$	Zymine®	
hydroxyzine	\$	Zymine XR®	
promethazine	\$		

### Non-Narcotic Antitussives

	RELATIVE COST		
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
benzonatate <sup>CC</sup>	\$	Tessalon® <sup>CC</sup>	Tessalon Perles® <sup>CC</sup>

### Mucolytics

	RELATIVE COST		
<b>PREFERRED AGENTS</b>		<b>NON-PREFERRED AGENTS</b>	
acetylcysteine	\$	Mucomyst®	

### Miscellaneous Agents for CF

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Pulmozyme® <sup>QL</sup>	\$\$		N/A
TOBI® <sup>QL</sup>	\$\$		

### Antihistamines, Intranasal

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Astelin® <sup>QL</sup>	\$\$		Patanase® <sup>QL</sup>

### Beta Agonists: Short-Acting MDI

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
albuterol CFC <sup>QL</sup>	\$		albuterol HFA <sup>QL</sup> Proventil HFA® <sup>QL</sup>
Maxair Autohaler® <sup>QL</sup>	\$\$		Alupent MDI® <sup>QL</sup> Xopenex HFA® <sup>CC, QL</sup>
ProAir® HFA <sup>QL</sup>	\$\$		Proventil® <sup>QL</sup>
Ventolin HFA® <sup>QL</sup>	\$\$		

### Beta Agonists: Long-Acting MDI Class ST

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Serevent Diskus® <sup>ST, QL</sup>	\$\$		N/A
Foradil® <sup>ST, QL</sup>	\$\$		

### Beta Agonists: Nebulizer

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
albuterol inhalation solution <sup>QL</sup>	\$		AccuNeb®
metaproterenol <sup>QL</sup>	\$		Alupent Inhalation Solution®
Brovana® <sup>CC, QL</sup>	\$\$		Perforomist® <sup>CC, QL</sup> Xopenex® <sup>CC, QL</sup>

### Beta Agonist: Oral

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
albuterol	\$		metaproterenol
albuterol ER	\$		Proventil®
terbutaline	\$		VoSpire ER®

### Beta Agonists: Combination Products

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
N/A			Advair Diskus® <sup>CC, QL</sup> Advair HFA® <sup>CC, QL</sup>
			Symbicort® <sup>CC, QL</sup>

### Anticholinergics, Inhaled

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
albuterol/ipratropium <sup>QL</sup>	\$		DuoNeb® <sup>QL</sup>
ipratropium solution	\$		

Atrovent® HFA <sup>QL</sup>	\$\$
Combivent® <sup>QL</sup>	\$\$
Spiriva® <sup>QL</sup>	\$\$\$

### Anticholinergics, Nasal

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ipratropium 0.3%, 0.6% <sup>QL</sup>	\$	Atrovent 0.3%, 0.6% <sup>QL</sup>

### Corticosteroids, Inhaled

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Azmacort® <sup>QL</sup>	\$\$	AeroBid® <sup>QL</sup> Pulmicort Flexhaler® <sup>QL</sup>
Flovent HFA® <sup>QL</sup>	\$\$	AeroBid-M® <sup>QL</sup> Pulmicort Respules® <sup>CC, QL</sup>
Flovent Diskus® <sup>QL</sup>	\$\$	Aerospan® <sup>QL</sup>
QVAR® <sup>QL</sup>	\$\$	Asmanex® <sup>QL</sup> , grandfathered until 2/1/09

### Corticosteroids, Intranasal

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
flunisolide <sup>QL</sup>	\$	Beconase AQ® <sup>QL</sup> Omnaris® <sup>QL</sup>
fluticasone propionate	\$	Flonase® <sup>QL</sup> Rhinocort Aqua® <sup>QL</sup>
Nasacort AQ® <sup>QL</sup>	\$\$	Nasarel® <sup>QL</sup> Veramyst® <sup>QL</sup>
		Nasonex® <sup>QL</sup> , grandfathered until 2/1/09

### Expectorants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
guaifenesin	\$	Allfen, Jr® Organidin NR®
SSKI	\$	Ganidin® PIMA®
		Liquibid®

### Leukotriene Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Singulair® <sup>CC, QL</sup>	\$\$	Accolate® <sup>QL</sup> Zyflo CR®

### Xanthine Derivatives

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
aminophylline	\$	Theocap® Theo-Dur®
theophylline IR/ER	\$	Theochron® Uniphyll®
Elixophyllin®	\$\$	
Theo-24®	\$\$	

### Mast Cell Stabilizers

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
cromolyn <sup>QL</sup>	\$	N/A
Intal MDI® <sup>QL</sup>	\$\$	

## IV. CENTRAL NERVOUS SYSTEM

### Alzheimer's: Cholinesterase Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Aricept® <sup>QL</sup>	\$\$	Cognex®
Exelon®	\$\$	Exelon® Patch <sup>QL</sup>
		Razadyne® <sup>CC</sup>
		Razadyne ER® <sup>CC, QL</sup>

### Alzheimer's: NMDA Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Namenda® <sup>ST, QL</sup>

### Antidepressants: SSRIs

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
citalopram HBr <sup>QL</sup>	\$	Celexa® <sup>QL</sup>
fluoxetine HCl <sup>QL</sup>	\$	Lexapro® <sup>CC, QL</sup>
fluvoxamine <sup>QL</sup>	\$	Luvox® <sup>QL</sup>
paroxetine HCl <sup>QL</sup>	\$	Luvox CR® <sup>QL</sup>
sertraline <sup>QL</sup>	\$	paroxetine CR <sup>QL</sup>
		Paxil® <sup>QL</sup>
		Paxil CR® <sup>QL</sup>
		Pexeva® <sup>QL</sup>
		Prozac® <sup>QL</sup>
		Prozac Weekly® <sup>CC, QL</sup>
		Sarafem® <sup>QL</sup>
		Zoloft® <sup>QL</sup>

### Antidepressants: SNRIs <sup>Class ST</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
venlafaxine <sup>ST, QL</sup>	\$	Cymbalta® <sup>CC, QL</sup>
Effexor XR® <sup>ST, QL</sup>	\$\$\$	Effexor® <sup>ST, QL</sup>
		Pristiq® <sup>ST, QL</sup>

### Antidepressants: New Generation

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
bupropion SR/XL	\$	Desyrel®
bupropion HCl IR/SR/XL	\$	Remeron®
maprotiline	\$	Remeron SolTab®
mirtazapine, mirtazapine raptis	\$	Wellbutrin®
nefazodone HCl	\$	Wellbutrin SR®
trazodone	\$	Wellbutrin XL® <sup>QL</sup>

### Antidepressants: Tricyclics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amitriptyline	\$	Anafranil®
amoxapine	\$	Asendin®
clomipramine	\$	Aventyl®
desipramine	\$	Elavil®
doxepin	\$	Norpramin®
		Sinequan®
		Surmontil®
		Tofranil®
		Tofranil-PM®
		Vivactil®

imipramine	\$	Pamelor®
nortriptyline	\$	

### Antidepressants: MISC.

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		EMSAM® <sup>CC, QL</sup>

### Antipsychotics: Typical

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
chlorpromazine	\$	Haldol®
fluphenazine	\$	Loxitane®
haloperidol	\$	Mellaril®
loxapine	\$	Moban®
perphenazine	\$	Navane®
thioridazine	\$	Permitil®
thiothixene	\$	Prolixin®
trifluoperazine	\$	Serentil®
		Stelazine®
		Thorazine®

### Antipsychotics: Atypical <sup>Class CC</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
clozapine <sup>CC</sup>	\$	Clozaril® <sup>CC</sup>
FazaClo ODT® <sup>CC, QL</sup>	\$\$	Invega® <sup>CC</sup>
Abilify® <sup>CC, QL</sup>	\$\$\$	Risperdal M-Tab® <sup>CC, QL</sup>
Abilify Discmelt® <sup>CC, QL</sup>	\$\$\$	Risperdal Consta® <sup>CC, QL</sup>
Geodon® <sup>CC, QL</sup>	\$\$\$	risperidone <sup>CC, QL</sup>
Risperdal® <sup>CC, QL</sup>	\$\$\$	Zyprexa® <sup>CC, QL</sup>
Seroquel® <sup>CC, QL</sup>	\$\$\$	Zyprexa Zydis® <sup>CC, QL</sup>
Seroquel® XR <sup>CC, QL</sup>	\$\$\$	

### Atypical Antipsychotic and SSRI Combinations <sup>Class CC</sup>

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Symbyax® <sup>CC, QL</sup>

### Anti-Migraine: 5-HT<sub>1</sub> Receptor Agonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Maxalt® <sup>QL</sup>	\$\$	Amerge® <sup>QL</sup>
Maxalt MLT® <sup>QL</sup>	\$\$	Axert® <sup>QL</sup>
Zomig® <sup>QL</sup>	\$\$	Frova® <sup>QL</sup>
Zomig® Spray <sup>QL</sup>	\$\$	Imitrex® Kit <sup>QL</sup>
Zomig ZMT® <sup>QL</sup>	\$\$	Relpax® <sup>QL</sup>
Imitrex® <sup>QL</sup>	\$\$	Treximet® <sup>QL</sup>
Imitrex Nasal® <sup>QL</sup>	\$\$	
Imitrex® Injectable <sup>QL</sup>	\$\$\$	

### Antihyperkinesia Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
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	COST	
amphetamine salt combination	\$	Adderall®
dexmethylphenidate	\$	Daytrana® <sup>QL</sup>
dextroamphetamine	\$	Desoxyn®
methamphetamine	\$	Dexedrine®
methylphenidate	\$	Dexedrine Spansule®
methylphenidate ER	\$	Focalin®
Dextrostat®	\$\$	Provigil® <sup>CC, QL</sup>
Focalin XR® <sup>QL</sup>	\$\$	Ritalin®
Metadate ER® <sup>QL</sup>	\$\$	Ritalin SR®
Methylin®	\$\$	Strattera® <sup>CC</sup>
Methylin ER®	\$\$	
Vyvanse® <sup>QL</sup>	\$\$	
Adderall XR® <sup>QL</sup>	\$\$\$	
Concerta® <sup>QL</sup>	\$\$\$	
Metadate CD® <sup>QL</sup>	\$\$\$	
Ritalin LA® <sup>QL</sup>	\$\$\$	

### Non-Ergot Dopamine Receptor Agonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ropinirole	\$	Requip®
Mirapex® <sup>QL</sup>	\$\$	

### Anticonvulsants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
carbamazepine	\$	Celontin®
ethosuximide	\$	Depakene®
gabapentin	\$	Dilantin-125®
lamotrigine chewable tabs	\$	Dilantin Kapseal® 100 mg
phenytoin	\$	Epitol®
primidone	\$	Felbatol® <sup>ST</sup>
valproic acid	\$	Gabarone®
zonisamide	\$	Lamictal® chewable tabs
Carbatrol®	\$\$	lamotrigine tabs
Depakote®	\$\$	
Depakote® ER	\$\$	
Depakote Sprinkles®	\$\$	
Dilantin Infatab®	\$\$	
Dilantin Kapseal® 30 mg	\$\$	
Equetro®	\$\$	
Gabitril®	\$\$	
Keppra®	\$\$	
Lamictal® tabs	\$\$	
Lyrica®	\$\$	
Phenytek®	\$\$	
Tegretol-XR®	\$\$	
Topamax® <sup>CC</sup>	\$\$	
Trileptal®	\$\$	
		Mysoline®
		Neurontin®
		oxcarbazepine
		PegaNOne®
		Tegretol®
		Zarontin®
		Zonegran®

## Sedative Hypnotic Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
chloral hydrate <sup>QL</sup>	\$	Ambien® <sup>QL</sup>
zolpidem <sup>QL</sup>	\$	Ambien CR® <sup>QL</sup>
Lunesta® <sup>QL</sup>	\$\$	Rozerem® <sup>QL</sup>
		Sonata® <sup>QL</sup>
		Somnote® <sup>QL</sup>
		zaleplon <sup>QL</sup>

\*\* Clinical criteria are in development for Lunesta

## Miscellaneous CNS Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Xyrem® <sup>CC</sup>

## Skeletal Muscle Relaxants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
baclofen	\$	Amrix® <sup>QL</sup>
chlorzoxazone	\$	carisoprodol <sup>QL</sup>
cyclobenzaprine	\$	carisoprodol/ASA <sup>QL</sup>
dantrolene	\$	carisoprodol/ASA/codeine
methocarbamol	\$	Fexmid®
orphenadrine	\$	Flexeril®
orphenadrine/ASA/caffeine	\$	Norgesic Forte®
orphengesic	\$	Robaxin®
orphengesic forte	\$	Skelaxin®
tizanidine	\$	Soma® <sup>QL</sup>
Dantrium®	\$\$	Soma Compound® <sup>QL</sup>
		Zanaflex®

# V. ANALGESICS

## Non-Steroidal Anti-Inflammatory Drugs

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
diclofenac potassium	\$	Anaprox®
diclofenac sodium	\$	Anaprox DS®
diflunisal	\$	Ansaid®
etodolac	\$	Cataflam®
flurbiprofen	\$	Clinoril®
ibuprofen	\$	Daypro®
indomethacin	\$	Dolobid®
ketoprofen	\$	EC-Naprosyn®
ketoprofen ER	\$	Feldene®
mefenamic acid	\$	fenoprofen
meclufenamate	\$	Flector® <sup>CC, QL</sup>
nabumetone	\$	Indocin®
naproxen	\$	Indocin SR®
naproxen sodium	\$	ketorolac <sup>QL</sup>
		Lodine XL®
		Meclomen®
		Motrin®
		Nalfon®
		Naprelan®
		Naprosyn®
		Orudis®
		Oruvail®
		Ponstel®
		Relafen®
		Tolectin®
		Toradol® <sup>QL</sup>
		Voltaren®
		Voltaren® Gel <sup>CC</sup>

oxaprozin	\$	Lodine®	Voltaren XR®
piroxicam	\$		
sulindac	\$		
tolmetin	\$		
Arthrotec® <sup>CC</sup>	\$\$		

### COX-II Inhibitors and Related Agents Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Celebrex® <sup>ST, QL</sup>	\$\$	Mobic® <sup>ST, QL</sup>
meloxicam <sup>ST, QL</sup>	\$\$	

### Non-Narcotics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
tramadol <sup>QL</sup>	\$	tramadol/APAP <sup>QL</sup> Ultram® <sup>QL</sup>
		Ultracet® <sup>QL</sup> Ultram ER® <sup>QL</sup>

### Narcotic Agonist/Antagonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
pentazocine/APAP <sup>CC</sup>	\$	butorphanol NS <sup>CC, QL</sup> Talwin® <sup>CC</sup>
pentazocine/naloxone <sup>CC</sup>	\$	Stadol NS® <sup>QL</sup> Talwin NX® <sup>CC</sup>
		Talacen® <sup>CC</sup>

### Narcotics: Long-Acting

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
morphine sulfate SA <sup>QL</sup>	\$	Avinza® <sup>QL</sup> MS Contin® <sup>QL</sup>
Kadian® <sup>QL</sup>	\$\$	Dolophine® <sup>CC, QL</sup> oxycodone SR <sup>CC, QL</sup>
Opana ER® <sup>QL</sup>	\$\$	Duragesic® <sup>CC, QL</sup> OxyContin® <sup>CC, QL</sup>
		fentanyl patch <sup>CC, QL</sup> Roxanol® <sup>QL</sup>
		Methadose® <sup>CC, QL</sup>
		methadone <sup>CC, QL</sup> , grandfathered until 4/1/09
		Oramorph SR® <sup>QL</sup> , grandfathered until 4/1/09

### Narcotics: Fentanyl Buccal Products

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Actiq® <sup>CC, QL</sup> fentanyl citrate lollipop <sup>CC, QL</sup>
		Fentora® <sup>CC, QL</sup>

### Narcotics: Short-Acting

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
codeine	\$	Anexsia® <sup>QL</sup> Lynox® <sup>QL</sup>
codeine/APAP	\$	Balacet 325®      Maxidone® <sup>QL</sup>
codeine/APAP/caff/butal	\$	Bancap HC® <sup>QL</sup> MSIR®
codeine/ASA	\$	Capital with Codeine®      Norco® <sup>QL</sup>
codeine/ASA/caff/butal	\$	Co-Gesic® <sup>QL</sup> Opana®

hydrocodone/APAP <sup>QL</sup>	\$	Combunox®	Oxydose® <sup>QL</sup>
hydrocodone/ibuprofen <sup>QL</sup>	\$	Darvon®	OxyFast® <sup>QL</sup>
hydromorphone	\$	Darvon-N®	OxylR® <sup>QL</sup>
meperidine <sup>QL</sup>	\$	Darvon-CPD®	Panlor DC®
morphine IR	\$	Darvocet A500®	Panlor SS®
nalbuphine	\$	Darvocet-N 50®	Percocet® <sup>QL</sup>
oxycodone <sup>QL</sup>	\$	Darvocet-N 100®	Percodan® <sup>QL</sup>
oxycodone/APAP <sup>QL</sup>	\$	Demerol® <sup>QL</sup>	Roxanol®
oxycodone/ASA <sup>QL</sup>	\$	Dilaudid®	Roxicodone® <sup>QL</sup>
propoxyphene/APAP	\$	Empirin with Codeine®	Synalgos-DC®
propoxyphene naps/APAP	\$	Fioricet with Codeine®	Tylenol with Codeine®
Reprexain® <sup>QL</sup>	\$	Fiorinal with Codeine®	Tylox® <sup>QL</sup>
		Hycet® <sup>QL</sup>	Vicodin® <sup>QL</sup>
		Hydrocet® <sup>QL</sup>	Vicoprofen® <sup>QL</sup>
		Lorcet® <sup>QL</sup>	Vopac®
		Lortab® <sup>QL</sup>	Wygesic® <sup>QL</sup>
		Lortab ASA® <sup>QL</sup>	Xodol® <sup>QL</sup>
		Zydone® <sup>QL</sup>	

## VI. ANTI-INFECTIVES

### Antibiotics: Cephalosporins 1st Generation

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
cefadroxil	\$	Duricef®	Keftab®
cephalexin	\$	Keflex®	Velosef®
cephradine	\$		

### Antibiotics: Cephalosporins 2nd Generation

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
cefuroxime	\$	cefaclor ER	Ceftin®
cefaclor	\$	Ceclor®	Lorabid®
cefprozil	\$	Ceclor CD®	Raniclор®
Ceftin® suspension	\$\$\$	Cefzil®	

### Antibiotics: Cephalosporins 3rd Generation

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
cefepodoxime	\$	Omnicef®	
cefdinir	\$	Spectracef®	
Cedax®	\$\$	Vantin®	
Suprax®	\$\$		

### Antibiotics: Ketolides

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	

N/A

Ketek®<sup>ST</sup>**Antibiotics: Macrolides**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
azithromycin <sup>QL</sup>	\$	Biaxin® erythromycin brand products
clarithromycin	\$	Biaxin XL® <sup>QL</sup> Zithromax® <sup>QL</sup>
erythromycin generic products	\$	clarithromycin ER/XL <sup>QL</sup> Zmax® <sup>QL</sup>

**Antibiotics: Oxazolidinones**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Zyvox® <sup>CC, QL</sup>

**Antibiotics: Penicillins**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
amoxicillin	\$	all brand penicillins
amoxicillin/clavulanate	\$	
penicillin	\$	
ampicillin	\$	
dicloxacillin	\$	

**Antibiotics: Quinolones**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ciprofloxacin	\$	Cipro® Floxin®
ofloxacin	\$	Cipro XR® <sup>QL</sup> Levaquin®
Avelox®	\$\$	ciprofloxacin XR/ER <sup>QL</sup> Noroxin®
Avelox ABC Pack®	\$\$	Factive® Proquin® XR <sup>QL</sup>

**Antibiotics: Tetracyclines**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
doxycycline	\$	Adoxa® Monodox®
minocycline	\$	Adoxa® Kit Myrac®
tetracycline	\$	Adoxa® Pac Oracea® <sup>CC, QL</sup>
		Declomycin® <sup>CC</sup> Periostat® <sup>CC, QL</sup>
		demeclocycline <sup>CC</sup> Solodyn® <sup>CC, QL</sup>
		Doryx® Sumycin®
		Dynacin® Vibra-Tabs®
		Minocin® Vibramycin®
		doxycycline hyclate (generic for Periostat® only) <sup>CC</sup>

**Anti-Infectives: Oral Nitrofurans**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
nitrofurantoin	\$	Macrochantin®
Furadantin®	\$\$	Macrobid®

### Anti-Infective: Sulfonamides, Folate Antagonist

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
sulfadiazine	\$	Bactrim®
sulfisoxazole	\$	Bactrim DS®
trimethoprim	\$	Proloprim®
trimethoprim/sulfamethoxazole	\$	Septra®
Gantrisin®	\$\$	Septra DS®
Primsol®	\$\$	

### Anti-Infective: Miscellaneous Agents for UTI

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Monurol® <sup>CC</sup>

### Anti-Infectives: Oral Nitroimidazoles

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
metronidazole	\$	Flagyl® Tindamax®
metronidazole ER	\$	Flagyl® ER

### Anti-Infectives: Oral Lincosamines

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
clindamycin	\$	Cleocin®
Cleocin® Pediatric granules	\$\$	

### Anti-Infectives: Vaginal Antibiotics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
clindamycin phosphate 2% cream	\$	Cleocin cream
metronidazole 0.75% gel	\$	Cindesse®
Cleocin® suppositories	\$\$	MetroGel® Vaginal
Vandazole®	\$\$	

### Anti-Infectives: Oral Aminoglycosides

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Neomycin®	\$\$	N/A
Neofradin®	\$\$	
Humatin®	\$\$	

### Anti-Infectives: Oral Glycopeptides

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Vancocin® <sup>CC</sup>

### Anti-Infectives: Methenamine and Combo

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
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all generic combinations of:  
 methenamine, phenylsalicylate,  
 hyoscyamine, atropine, etc. \$  
 methenamine mandelate \$  
 methenamine hippurate \$

all brand combinations of:  
 methenamine, phenylsalicylate,  
 hyoscyamine, atropine, etc.  
 Mandelamine®  
 Hiprex®

### Anti-Infectives: Oral Antiparasitics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
chloroquine	\$	Alinia® <sup>CC</sup>
dapsone	\$	Aralen®
mebendazole	\$	Lariam®
mefloquine	\$	Vermox®
pentamidine	\$	
primaquine	\$	
quinine	\$	
Albenza®	\$\$	
Biltricide®	\$\$	
Daraprim®	\$\$	
Fansidar®	\$\$	
Humatin®	\$\$	
Malarone®	\$\$	
Mepron®	\$\$	
Mintezol®	\$\$	
Stromectol®	\$\$	
Yodoxin®	\$\$	

### Anti-Infectives: Oral Anti-Tuberculosis

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ethambutol	\$	Myambutol®
isoniazid	\$	Rifadin®
pyrazinamide	\$	Rimactane®
rifampin	\$	
Isonarif®	\$\$	
Mycobutin®	\$\$	
Paser®	\$\$	
Priftin®	\$\$	
Rifamate®	\$\$	
Rifater®	\$\$	
Seromycin® Pulvules	\$\$	
Trecator-SC®	\$\$	

### Anti-Infectives: Non-Absorbable Rifamycin

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Xifaxan® <sup>CC</sup>

### Anti-Infectives: Cytomegalovirus Anti-Virals

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
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	COST	
ganciclovir	\$	Cytovene®
Valcyte®	\$\$	

### Anti-Infectives: Hepatitis B

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Baraclude®	\$\$	N/A
Epivir-HB®	\$\$	
Hepsera®	\$\$	
Tyzeka®	\$\$	

### Hepatitis C: Pegylated Interferons

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Pegasys® <sup>QL</sup>	\$\$	N/A
Pegasys Convenience Pack® <sup>QL</sup>	\$\$	
PEG-Intron® <sup>QL</sup>	\$\$\$	
PEG-Intron Redipen® <sup>QL</sup>	\$\$\$	

### Hepatitis C: Ribavirins

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
ribavirin	\$	N/A
Rebetol®	\$\$	
Copegus®	\$\$\$	
Ribasphere®	\$\$\$	

### Antifungals: Oral

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
clotrimazole troches	\$	Ancobon® <sup>CC</sup> Mycostatin®
fluconazole <sup>QL</sup>	\$	Diflucan® <sup>QL</sup> Nizoral®
griseofulvin	\$	itraconazole <sup>CC, QL</sup> Noxafil® <sup>CC</sup>
ketoconazole	\$	Lamisil® <sup>CC, QL</sup> Sporanox® <sup>CC, QL</sup>
nystatin	\$	Mycelex® Vfend® <sup>CC</sup>
Gris-Peg®	\$\$	
Grifulvin V®	\$\$	
terbinafine® <sup>CC, QL</sup>	\$\$	

### Antifungals: Vaginal

	RELATIVE COST	
PREFERRED AGENTS		NON-PREFERRED AGENTS
Miconazole-3® vaginal suppository	\$	Monistat®
nystatin	\$	Terazol®
terconazole	\$	
Gynazole-1®	\$\$	
Zazole®	\$\$	

### Antivirals: Influenza

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Flumadine® <sup>QL</sup> Relenza® <sup>CC, QL</sup> Symmetrel® Tamiflu® <sup>CC, QL</sup>

### Antivirals: Herpes

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
acyclovir	\$	Zovirax®
Famvir® <sup>QL</sup>	\$\$	
Valtrex® <sup>QL</sup>	\$\$	

## VII. ENDOCRINE AND METABOLIC AGENTS

### Diabetes: Insulins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Lantus® vials	\$\$	Apidra® Humulin 70/30®
Levemir® vials	\$\$	Humalog® Humulin 50/50®
Novolin N®	\$\$	Humalog 50/50® Lantus® OptiClick <sup>CC</sup>
Novolin R®	\$\$	Humalog 75/25® Lantus® Sol
Novolin 70/30®	\$\$	Humulin N® Levemir® FI
Novolog®	\$\$	Humulin R®
Novolog Mix 70/30®	\$\$	

### Diabetes: Amylin Analog

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Symlin® <sup>CC</sup>

### Diabetes: DPP-4 Inhibitors and Combination

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Januvia® <sup>CC, QL</sup> Janumet® <sup>CC, QL</sup>

### Diabetes: Incretin Mimetic

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Byetta® <sup>CC, QL</sup>		N/A

### Diabetes: Alpha-Glucosidase Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Acarbose®	\$	Precose®
Glyset®	\$\$	

### Diabetes: Biguanides

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS

	COST		
metformin	\$	Fortamet®	Glucophage XR®
metformin ER	\$	Glucophage®	Glumetza® <sup>QL</sup>
Riomet®	\$\$		

### Diabetes: Meglitinides

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Starlix® <sup>QL</sup>	\$\$		Prandin® <sup>QL</sup>

### Diabetes: Sulfonylureas & Combination

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
glimepiride <sup>QL</sup>	\$	acetohexamide	Glucotrol XL®
glipizide	\$	Amaryl® <sup>QL</sup>	Glynase PresTab®
glipizide ER/XL	\$	chlorpropamide	Metaglip®
glipizide/metformin	\$	Diabeta®	Orinase®
glyburide	\$	Diabinese®	tolazamide
glyburide micronized	\$	Glucotrol®	tolbutamide
glyburide/metformin	\$	Glucovance®	

### Diabetes: Thiazolidinediones Class ST

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Actos® <sup>ST, QL</sup>	\$\$		Avandia® <sup>ST, QL</sup>

### Diabetes: Thiazolidinedione Combination Class ST

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
ACTOplus Met® <sup>ST, QL</sup>	\$\$		Avandamet® <sup>ST, QL</sup>
DuetAct® <sup>ST, QL</sup>	\$\$		Avandaryl® <sup>ST, QL</sup>

### Oral Contraceptives

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Alesse®	\$	Balziva®	
Apri®	\$	Jolessa®	
Aranelle®	\$	Kariva®	
Aviane®	\$	Lybrel®	
Brevicon®	\$	Ogestrel®	
Camila®	\$	Quasense®	
Cesia®	\$	Seasonale®	
Cryselle®	\$	Seasonique®	
Cyclessa®	\$	Tilia FE®	
Demulen®	\$	Tri-Ligest®	
Desogen®	\$	Zenchant®	
Enpresse®	\$		
Errin®	\$		
Estrostep® / Estrostep FE®	\$		
Femcon FE®	\$		

Jolivette®	\$
Junel® / Junel FE®	\$
Kelnor 1/35®	\$
Leena®	\$
Lessina®	\$
Levlen®	\$
Levlite®	\$
Levora®	\$
Lo/Ovral®	\$
Loestrin®	\$
Loestrin 24 FE®	\$
Loestrin FE® 1/20	\$
Loestrin FE® 1.5/30	\$
Low-Ogestrel®	\$
Lutera®	\$
Microgestin® / Microgestin FE®	\$
Mircette®	\$
Modicon®	\$
Mononessa®	\$
Necon®	\$
Nor-Q-D®	\$
Nora-BE®	\$
Nordette®	\$
Norinyl®	\$
Nortrel®	\$
Ortho Micronor®	\$
Ortho Tri-Cyclen®	\$
Ortho Tri-Cyclen Lo®	\$
Ortho-Cept®	\$
Ortho Cyclen®	\$
Ortho-Novum®	\$
Ovcon FE®	\$
Ovcon-50	\$
Ovral®	\$
Ovrette®	\$
Plan B®	\$
Portia®	\$
Previfem®	\$
Reclipsen®	\$
Solia®	\$
Sprintec®	\$
Sronyx®	\$
Tri-Levlen®	\$
Tri-Norinyl®	\$
Tri-Previfem®	\$
Tri-Sprintec®	\$
Trinessa®	\$
Triphasil®	\$
Trivora®	\$
Velivet®	\$



Yasmin®	\$
YAZ®	\$
Zovia®	\$

### **Non-Oral Contraceptives** Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Nuvaring® <sup>ST</sup>	\$\$	Ortho-Evra® <sup>ST</sup>

### **Injectable Contraceptives**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
medroxyprogesterone <sup>QL</sup>	\$	Depo-Provera® <sup>QL</sup>
Depo SubQ Provera® <sup>QL</sup>	\$\$	

### **Bone: Bisphosphonates**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Fosamax® <sup>QL</sup>	\$\$	Actonel® <sup>QL</sup> Didronel®
Fosamax Plus D® <sup>QL</sup>	\$\$	Actonel with Calcium® <sup>QL</sup> etidronate
		alendronate <sup>QL</sup> Boniva® <sup>QL</sup>

### **Bone: Calcitonin**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Miacalcin® <sup>QL</sup>	\$\$	Fortical® <sup>QL</sup>

### **Bone: SERMs**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Evista® <sup>QL</sup>	\$\$	N/A

### **Bone: Parathyroid Hormone**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Forteo® <sup>CC</sup>

### **Oral Glucocorticoids**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
cortisone	\$	Celestone®      Meprolone Unipak®
dexamethasone	\$	Decadron®      Millipred®
hydrocortisone	\$	Dexpak®      Prelone®
methylprednisolole	\$	Dexpak Jr.®      Pediapred®
prednisolone	\$	Cortef®      Orapred®
prednisone	\$	Medrol®      Sterapred®
Entocort EC® <sup>CC</sup>	\$\$\$	

### **Oral Mineralocorticoids**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS

fludrocortisone	\$	Florinef®
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### Hormones: Adrenocorticotropic

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		H.P. Acthar® <sup>CC, QL</sup>

### **Disease Modifying Anti-Rheumatic Drugs**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
methotrexate	\$	Arava®
hydroxychloroquine	\$	Azulfidine®
leflunomide	\$	Cuprimine®
sulfasalazine	\$	Depen®
Ridaura®	\$\$	gold sodium thiomalate
		Myochrisine®
		Plaquenil®
		Rheumatrex®
		Trexall®

### **Hormones: Oral Estrogens**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
estradiol	\$	EnJuvia®
estropipate	\$	Estrace®
Cenestin®	\$\$	Femtrace®
Premarin®	\$\$	Ogen®
		Ortho-Est®
		Menest®

### Hormones: Oral Progestins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
medroxyprogesterone	\$	Aygestin®
megestrol <sup>QL</sup>	\$	Megace® <sup>QL</sup>
norethindrone acetate	\$	Megace ES® <sup>CC, QL</sup>
Prometrium®	\$\$\$	Provera®

### Hormones: Oral Estrogen/Progestins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Activella®	\$\$	Angeliq®
FemHRT®	\$\$	
PreFest®	\$\$\$	
PremPhase® <sup>QL</sup>	\$\$\$	
PremPro® <sup>QL</sup>	\$\$\$	

### Hormones: Transdermal Estrogens

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
estradiol TDS <sup>QL</sup>	\$	Elestrin®
Alora® <sup>QL</sup>	\$\$\$	Estraderm® <sup>QL</sup>
Climara® <sup>QL</sup>	\$\$\$	Estrasorb®
Divigel®	\$\$\$	EstroGel®
Vivelle-Dot® <sup>QL</sup>	\$\$\$	Evamist®
		Menostar® <sup>QL</sup>

### Hormones: Transdermal Estrogen/Progestins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Combipatch® <sup>QL</sup>	\$\$	Climara Pro® <sup>QL</sup>

### Hormones: Vaginal Estrogens

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Premarin Vaginal Cream® <sup>QL</sup>	\$\$\$	Estrace®
Estring®	\$\$\$	Femring®
Vagifem®	\$\$\$	

### Hormones: Thyroid

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
levothyroxine	\$	Thyro-Tabs®
Levothroid®	\$\$	Thyrolar®
Levoxyl®	\$\$	Thyroid®
Synthroid®	\$\$	Armour Thyroid®
Unithroid®	\$\$	Nature-Throid NT®
Cytomel®	\$\$	Westhroid®

### Hormones: Anti-Thyroid

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
methimazole	\$	Tapazole®
propylthiouracil	\$	

### Agents for Gout

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
allopurinol	\$	Anturane®
colchicine	\$	Benemid®
probenecid	\$	Colsalide®
probenecid/colchicine	\$	Probalan®
		sulfinpyrazone
		Zyloprim®

### Growth Hormone Agents Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Genotropin® <sup>CC</sup>	\$\$	Humatrope® <sup>CC</sup>
Norditropin® <sup>CC</sup>	\$\$	Zorbitive® <sup>CC</sup>
Nutropin® <sup>CC</sup>	\$\$	Omnitrope® <sup>CC</sup>
Nutropin AQ® <sup>CC</sup>	\$\$	Saizen® <sup>CC</sup> , grandfathered until 4/1/09
Serostim® <sup>CC</sup>	\$\$	Tev-Tropin® <sup>CC</sup>

### Insulin-Like Growth Factor-1 Hormones Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Increlex® <sup>CC</sup>	\$\$\$	N/A

### LHRH Hormones

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Lupron®	\$\$\$	N/A
Synarel®	\$\$\$	

## Androgens

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Androderm®	\$\$\$	Android®      Methitest®
Androgel®	\$\$\$	Androxy®      Testred®
Testim®	\$\$\$	

## Agents for Acromegaly

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
octreotide	\$	Sandostatin®
Sandostatin LAR®	\$\$\$	Somavert®

## Anabolic Steroids Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Anadrol-50® <sup>CC</sup> Oxandrin® <sup>CC</sup> oxandrolone <sup>CC</sup>

# VIII. IMMUNOLOGIC AGENTS

## Immunomodulators Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Enbre® <sup>CC, QL</sup>	\$\$	Kineret® <sup>CC, QL</sup>
Humira® <sup>CC, QL</sup>	\$\$	
Raptiva® <sup>CC</sup>	\$\$	

## Topical Immunomodulators Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Elidel® <sup>ST</sup>	\$\$	N/A
Protopic® <sup>ST</sup>	\$\$	

## Multiple Sclerosis Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Avonex® <sup>QL</sup>	\$\$	N/A
Avonex Administration Pack® <sup>QL</sup>	\$\$	
Betaseron® <sup>QL</sup>	\$\$	
Copaxone® <sup>QL</sup>	\$\$	
Rebif® <sup>QL</sup>	\$\$	

## Immunosuppressants

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
azathioprine	\$	Azasan® <sup>CC</sup>
cyclosporine	\$	Cellcept® <sup>CC</sup>
Gengraf®	\$\$\$	Imuran® <sup>CC</sup>
Neoral®	\$\$\$	Myfortic® <sup>CC</sup>
		Prograf® <sup>CC</sup>
		Rapamune® <sup>CC</sup>
		Sandimmune® <sup>CC</sup>

## IX. OPHTHALMICS

### Ophthalmic Alpha-2 Agonists

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
brimonidine tartrate	\$	lopidine®
Alphagan P®	\$\$	

### Ophthalmic Antivirals

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
trifluridine	\$	Viroptic®

### Ophthalmic Antifungals

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Natacyn®	\$\$	N/A

### Ophthalmic Antibiotics, Quinolone

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
ciprofloxacin	\$	Ciloxan®
Vigamox®	\$\$	Iquix®
		Ocuflox®
		ofloxacin
		Quixin®
		Zymar®

### Ophthalmic Antibiotics, Non-Quinolone

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Bacitracin	\$	AzaSite®
Bacitracin/poly B	\$	Bleph-10®
erythromycin	\$	Blephamide®
gentamicin	\$	Cortisporin®
neomycin/bac/poly B	\$	Garamycin®
neomycin/poly B/HC	\$	Ilotycin®
neomycin/bac/poly B/HC	\$	Maxitrol®
neomycin/poly B/dexamethasone	\$	NeoDecadron®
neomycin/dexamethasone	\$	Neosporin®
polymyxin B/TMP	\$	
sulfacetamide sodium	\$	
sulfacetamide/prednisolone	\$	
		Poly-Pred®
		Polysporin®
		Polytrim®
		TobraDex® ointment
		Tobrex®
		Vasocidin®
		Zylet® <sup>CC</sup>

tobramycin	\$
Pred-G®	\$\$
TobraDex® suspension	\$\$

### Ophthalmic Beta Blockers

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
betaxolol HCl	\$		Betagan®
carteolol HCl	\$		Optipranolol®
levobunolol	\$		Timoptic®
metipranolol	\$		Timoptic XE®
timolol maleate	\$		
Betoptic S®	\$\$		

### Ophthalmic Antihistamines

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Elestat® <sup>QL</sup>	\$\$		Optivar® <sup>QL</sup>
Pataday® <sup>QL</sup>	\$\$		
Patanol® <sup>QL</sup>	\$\$		
			Emadine® <sup>QL</sup>
			ketotifen <sup>QL</sup>

### Ophthalmic Carbonic Anhydrase Inhibitors

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Azopt® <sup>QL</sup>	\$\$		N/A
Trusopt® <sup>QL</sup>	\$\$		
Cosopt® <sup>QL</sup>	\$\$\$		

### Ophthalmic Decongestants

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
naphazoline	\$		Albalon®
phenylephrine	\$		Neo-Synephrine®

### Ophthalmic Mast Cell Stabilizers

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
cromolyn sodium	\$		Alomast®
Alocril®	\$\$		Alomide®
			Crolom®

### Ophthalmic Mydriatics & Mydriatic Combos

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
atropine	\$		Cyclogyl®
cyclopentolate	\$		Mydriacyl®
tropicamide	\$		Isopto Atropine®
			Isopto Hyoscine®
			Cyclomydril™

### Ophthalmic NSAIDs Class ST

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			

flurbiprofen <sup>ST</sup>	\$	diclofenac <sup>ST</sup>	Voltaren® <sup>ST</sup>
Acular® <sup>ST</sup>	\$\$	Ocufen® <sup>ST</sup>	Xibrom® <sup>ST</sup>
Acular LS® <sup>ST</sup>	\$\$		
Acular PF® <sup>ST</sup>	\$\$		
Nevanac® <sup>ST</sup>	\$\$		

### **Ophthalmic Prostaglandin Agonists**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Lumigan® <sup>QL</sup>	\$\$	Travatan® <sup>QL</sup>
Xalatan® <sup>QL</sup>	\$\$	Travatan Z® <sup>QL</sup>

### **Ophthalmic Anti-Inflammatory Steroids**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
dexamethasone	\$	Alrex® <sup>CC</sup>	Maxidex®
fluorometholone	\$	Decadron®	Lotemax® <sup>CC</sup>
prednisolone	\$	Econopred®	Pred Forte®
		Flarex®	Pred Mild®
		FML®	

### **Ophthalmic Glaucoma Direct Acting Miotics**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
carbachol	\$	Isopto Carbachol®	Pilopine HS®
pilocarpine	\$	Isopto Carpine®	Piloptic®
		Pilocar®	

### **Ophthalmic Combinations for Glaucoma**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Combigan® <sup>CC</sup>	\$\$	N/A

### **Ophthalmic Sympathomimetics**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
dipivefrin	\$	Propine®

### **Ophthalmic Immunomodulators**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Restasis® <sup>CC</sup>	\$\$	N/A

## **X. OTICS**

### **Otic: Quinolone Antibiotics**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
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ofloxacin otic	\$	Floxin Otic®
CiproDex®	\$\$	Cipro HC®

### Otic: Steroid and Antibiotic Combinations

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
hydrocortisone/neomycin/polymyxinB Pediotic®	\$ \$\$	Cortisporin Otic® Cortisporin-TC ®Otic
		Coly-Mycin®S

### Otic: Miscellaneous

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
acetic acid/aluminum/borofair	\$	Acetasol HC®
benzocaine/antipyrine	\$	Auralgan®
benzocaine/antipyrine/oxyquinoline	\$	Otocain®
benzocaine/benzethonium/glycerin	\$	
hydrocortisone/acetic acid	\$	
Cortic®	\$\$	
Cortic®-ND	\$\$	
Tri-otic®	\$\$	
		Otic Domeboro® Zoto-HC®

## XI. RENAL AND GENITOURINARY

### Alpha Blockers for BPH

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
doxazosin	\$	Cardura®
terazosin	\$	Cardura XL® <sup>QL</sup>
Uroxatral® <sup>QL</sup>	\$\$	Flomax® <sup>QL</sup> , grandfathered until 3/1/09

### Androgen Hormone Inhibitors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Proscar® <sup>QL</sup>	\$	Avodart® <sup>QL</sup>
		finasteride <sup>QL</sup>

### Phosphorous Depleters

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
PhosLo®	\$	Renvela®
Fosrenol®	\$\$\$	
Renagel®	\$\$\$	

### Alpha-Blockers

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
doxazosin	\$	Cardura®
prazosin	\$	Cardura® XR
terazosin	\$	Hytrin®
		Minipress®

## Urinary Tract Antispasmodics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
oxybutynin	\$	Ditropan®	oxybutynin ER <sup>QL</sup>
Enablex® <sup>QL</sup>	\$\$	Ditropan XL® <sup>QL</sup>	Oxytrol® <sup>QL</sup>
Flavoxate® <sup>QL</sup>	\$\$	Detrol® <sup>QL</sup>	Urispas®
Sanctura® <sup>QL</sup>	\$\$	Detrol LA® <sup>QL</sup> , grandfathered until 3/1/09	
Sanctura XR® <sup>QL</sup>	\$\$		
VESIcare® <sup>QL</sup>	\$\$		

## Urinary Alkalinizing Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
citric acid/sodium citrate	\$	Bicitra®
potassium citrate	\$	Citrolith®
potassium citrate/citric acid	\$	Ora-Cit®
Cytra-2®	\$\$	Polycitra®
Cytra-3®	\$\$	Polycitra-K®
Citra-K®	\$\$	Polycitra-LC S/F®
Tricitrates®	\$\$	Urocit-K®

## Urinary Acidifying Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
K-Phos Original®	\$	Pedameth®
K-Phos #2®	\$	Renacidin® <sup>CC</sup>
K-Phos MF®	\$	Uroquid Acid #2®
K-Phos Neutral®	\$	
Phospha Neutral®	\$	
Uro-KP Neutral®	\$	

## Urinary Analgesics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
phenazopyridine	\$	Pyridium®
phenazopyridine plus	\$	Pyridium Plus®
Pyrelle HB®	\$\$	
Trellium Plus®	\$\$	
Urelief Plus®	\$\$	
Urodol®	\$\$	

## Urinary Interstitial Cystitis Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Elmiron®	\$\$	N/A

## Vaginal Antiseptics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
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acid jelly	\$	N/A
acidic vaginal gel	\$	
Fem pHTM	\$\$	
Relagard®	\$\$	

## XII. VITAMINS AND ELECTROLYTES

### Kidney Stone Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Cystagon®	\$\$	Calcibind®
Thiola®	\$\$	

### Potassium Supplements

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
potassium chloride	\$	Kaochlor-Eff®
potassium bicarbonate	\$	Kaon®
		Klor-Con®
		K-Lyte®
		K-Lyte DS®
		K-Lyte/Cl®
		Micro-K Extencaps®
		Quick-K®
		Rum-K®
		Tri-K®

### Potassium Depletors

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
sodium polystyrene sulfonate	\$	Kayexalate®
		SPS®

### Zinc Supplements

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
zinc sulfate	\$	Mar-Zinc®
		Zincate®

### Vitamin K Products

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Mephyton®	\$\$	N/A

### Vitamin D / Vitamin D-Analogs

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
calcitriol	\$	DHT®
ergocalciferol	\$	Drisdol®
		Hectorol® <sup>CC</sup>
		Rocaltrol®
		Zemplar® <sup>CC</sup>

### Prenatal Vitamins

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
All OTC & generic prescription products		All prescription brand products

(various manufacturers)

(Sample generic products as of 06/01/2006 include:  
Advanced-RF Natalcare®, NatalCare®, Prenatal Rx  
1®, Prenatal Plus®, Prenatal-U®, Prenatal Z®,  
Prenatal Rx®)

\*This list is subject to change\*

(various manufacturers)

## Renal Vitamins

### PREFERRED AGENTS

All OTC & generic prescription products  
(various manufacturers)

(Sample generic products as of 06/01/2006 include:  
Dialyvite® 800, Full Spectrum B®, Nephronex®,  
Nephro-Vite®, Renal Caps®, Renaphro®,  
Rena-Vite Rx®)

\*This list is subject to change\*

### RELATIVE COST

### NON-PREFERRED AGENTS

All prescription brand products  
(various manufacturers)

## Multivitamins with Fluoride

### PREFERRED AGENTS

All generic prescription products  
(various manufacturers)

(Sample generic products as of 06/01/2006 include:  
multivitamin w/ fluoride, multivitamin w/ fluoride & iron,  
poly-vitamin w/ fluoride, poly-vitamin w/ fluoride iron,  
tri-vitamin w/ fluoride, tri-vitamin w/ iron & fluoride)

\*This list is subject to change\*

### RELATIVE COST

### NON-PREFERRED AGENTS

All prescription brand products  
(various manufacturers)

## Fluoride Products

### PREFERRED AGENTS

All generic prescription products  
(various manufacturers)

(Sample generic products as of 06/01/2006 include:  
sodium fluoride, Ethedent®, SF 5000 Plus®,  
Prevident 5000 Plus®)

\*This list is subject to change\*

### RELATIVE COST

### NON-PREFERRED AGENTS

All prescription brand products  
(various manufacturers)

## Folic Acid Preparations

### PREFERRED AGENTS

All OTC & generic prescription products  
(various manufacturers)

(Sample generic products as of 06/01/2006 include:  
Folgard® , Foltabs® 800, ComBgen®, Folbalin®,  
Folbee®, Folbic®, Foltrate®)

\*This list is subject to change\*

### RELATIVE COST

### NON-PREFERRED AGENTS

All prescription brand products  
(various manufacturers)

## XIII. DERMATOLOGICS

### Dermatologics: Antipruritic/Antihistamine

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Prudoxin® <sup>CC</sup> Zonalon® <sup>CC</sup>

### **Dermatologics: Anti-Virals**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Zovirax® ointment	\$\$	Denavir® cream                      Zovirax® cream <sup>CC</sup>

### **Dermatologics: Agents for Burns**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
silver sulfadiazine	\$	Furacin®                      SSD®
nitrofurazone	\$	Silvadene®                      Sulfamylon®

### **Dermatologics: Antiseborrheic Agents**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
selenium sulfide	\$	Carmol Scalp® lotion                      Rosanil®
sulfacetamide sodium	\$	Extina®                      Rosula® NS Pads
ketoconazole shampoo	\$	Nizoral® shampoo                      Selsun®
		Ovace®                      Xolegel Duo®
		Plexion®

### **Dermatologics: Antibiotic Agents**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
gentamicin	\$	Altanax®                      Bactroban® ointment
mupirocin ointment	\$	Bactroban®cream                      CentanyTM

### Dermatologics: Antibiotic Agents for Acne

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
benzoyl peroxide	\$	all brand benzoyl peroxide products
clindamycin	\$	all brand clindamycin products
erythromycin	\$	all brand erythromycin products
erythromycin/benzoyl peroxide	\$	all brand erythromycin/benzoyl peroxide products
sodium sulfactemide	\$	all brand sodium sulfactemide products
sodium sulfactemide/sulfur	\$	all brand sodium sulfactemide/sulfur products
Duac CS® <sup>QL</sup>	\$\$	Benzaclin®                      SulfoxyI®

### **Dermatologics: Topical Antibiotics**

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
metronidazole 0.75% lotion / cream	\$	MetroLotion®                      Nydamax® 0.75% gel
Azelex® 20% cream	\$\$	Metrocream®                      MetroGel®1% Kit

Finacea® 15% gel	\$\$	Noritate® 1% cream
MetroGel® 0.75%	\$\$	
MetroGel® 1%	\$\$	

### Dermatologics: Topical Antifungal Agents

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
clotrimazole/betamethasone	\$		CNL 8 Nail Kit®
triamcinolone/nystatin	\$		Ertaczo®
ciclopirox	\$		Loprox®
econazole	\$		Mentax®
ketoconazole	\$		Mycostatin®
Kuric®	\$		Naftin®
nystatin	\$		Nizoral®
			Oxistat®
			Penlac®
			Vusion® <sup>CC</sup>

### Dermatologics: Antipsoriatics

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
anthralin <sup>ST</sup>	\$		Dovonex® Scalp Solution <sup>ST</sup>
calcipotriene scalp solution <sup>ST</sup>	\$		Psoriasisec® <sup>ST</sup>
Dovonex® <sup>ST</sup>	\$\$		
Taclonex® <sup>ST</sup>	\$\$		
Tazorac® <sup>ST</sup>	\$\$		

### Dermatologics: Agents for Genital Warts

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
podofilox	\$		Condylox®
Aldara®	\$\$		Veregen®
Podocon-25®	\$\$		

### Dermatologics: Immunomodulators, Misc.

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
Aldara®	\$\$		N/A

### Dermatologics: Emollients

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
ammonium lactate	\$		Bionect®
lactic acid	\$		Eletone®
			Hylira®
			Lac-Hydrin®
			LacLotion®
			Lactinol®

### Dermatologics: Oral Retinoids

	RELATIVE COST		NON-PREFERRED AGENTS
PREFERRED AGENTS			
N/A			Accutane® <sup>CC</sup>
			Amnesteem® <sup>CC</sup>
			Claravis® <sup>CC</sup>
			Sotret® <sup>CC</sup>
			Soriatane CK® <sup>CC</sup>
			Soriatane Emol

### Dermatologics: Topical Retinoids Class ST

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
tretinoin <sup>ST</sup>	\$	Atralin® <sup>ST</sup>	Retin-A Micro® <sup>ST</sup>
Avita® <sup>ST</sup>	\$\$	Differin® <sup>ST</sup>	Tretin-X® <sup>ST</sup>
Tazorac® <sup>CC, ST</sup>	\$\$	Retin-A® <sup>ST</sup>	Ziana® <sup>ST</sup>

### Dermatologics: Pediculocides/Scabicides

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
permethrin	\$	Elimite®
Acticin®	\$\$	Eurax®
Ovide®	\$\$	lindane <sup>CC</sup>

### Dermatologics: Topical Steroids

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
all generic agents	\$	all brand agents

### Dermatologics: Enzyme Preps & Wound Healing

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Accuzyme®	\$\$	Allanfil®
Allanzyme®	\$\$	Panafil® ointment
Ethezyme®	\$\$	Ziox®
Gladase®	\$\$	
Gladase-C®	\$\$	
Kovia®	\$\$	
Pap-Urea®	\$\$	
Regranex® <sup>CC</sup>	\$\$	
Santyl®	\$\$	

### Dermatologics: Topical Keratolytic Agents

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
all generic urea products	\$	all brand urea products
Keralyt®	\$\$	Zacare®
Salex®	\$\$	
Ultralytic-2®	\$\$	

### Dermatologics: Topical Anesthetics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS	
lidocaine	\$	all brand lidocaine products	Garylín®
lidocaine HC	\$	Americaine®	Lidoderm® <sup>CC</sup>
lidocaine viscous	\$	Anacaine®	Lidamantle®
lidocaine/prilocaine	\$	Bucalsep®	Orasep®
tetracaine	\$	EMLA®	Pontocaine®
		Fluori-Methane®	

## Dermatologics: Topical Antineoplastics

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
fluorouracil	\$	Effudex® 2% solution
Carac®	\$\$	Effudex® 5% solution
Effudex® 5% cream	\$\$	
Fluoroplex®	\$\$	
Panretin®	\$\$	
Targetin®	\$\$	
Solaraze®	\$\$	

## XIII. DIABETIC SUPPLIES

### Diabetic Supplies: Blood Glucose Test Strips

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Bayer Healthcare Products	\$\$	Lifescan Products, grandfathered until 1/1/09
Roche Diagnostics Products	\$\$	Abbott Diabetes Care Products, grandfathered until 1/1/09
		AgaMatrix Products, grandfathered until 1/1/09
		Home Diagnostics Products, grandfathered until 1/1/09
		All Other Brands, grandfathered until 1/1/09

### Diabetic Supplies: Blood Glucose Meters

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
Bayer Healthcare Products	\$\$	LifeScan Products, grandfathered until 1/1/09
Roche Diagnostics Products	\$\$	Abbott Diabetes Care Products, grandfathered until 1/1/09
		AgaMatrix Products, grandfathered until 1/1/09
		Home Diagnostics Products, grandfathered until 1/1/09
		All Other Brands, grandfathered until 1/1/09

## XIV. MISCELLANEOUS

### Oral Iron Chelators Class CC

PREFERRED AGENTS	RELATIVE COST	NON-PREFERRED AGENTS
N/A		Exjade® <sup>CC</sup>