

**Non-Preferred
Brands (\$\$\$)**

ACIPHEX
AEROBID
ALTOPREV
AMBIEN
AVAPRO
AVINZA
CADUET
CONCERTA
COZAAR
CLARINEX
DETROL
DIOVAN
DYNABAC
DYNACIRC CR
FLOMAX
FROVA
INDERAL LA
LAMISIL
LEVAQUIN
LEXAPRO
LEXXEL
LIPITOR
MOBIC
NEXIUM
NORVASC
OXYTROL
PRAVACHOL
PROTONIX
PROZAC WEEKLY
RESCULA
TEQUIN
TRICOR
TRINASAL
VANCENASE
XOPENEX
ZOCOR
ZOLOFT
ZYRTEC

**RxEDO Preferred
Alternatives (\$ or \$\$) ***

omeprazole, lansoprazole
FLOVENT, PULMICORT, QVAR
lovastatin, pravastatin, simvastatin
zolpidem tartrate
BENICAR, MICARDIS
morphine sulfate SA
verapamil SR/pravastatin
ADDERALL XL, METADATE CD
BENICAR, MICARDIS, verapamil SR
fexofenadine
oxybutynin, DETROL LA
BENICAR, MICARDIS, verapamil SR
AVELOX, ciprofloxacin
BENICAR, MICARDIS, verapamil SR
doxazosin, finasteride, terazosin
MAXALT, sumatriptan succinate
propranolol
itraconazole
AVELOX, ciprofloxacin
fluoxetine, paroxetine
amlodipine/benazepril
lovastatin, pravastatin, simvastatin
fenoprofen, ketoprofen, meloxicam
omeprazole, lansoprazole
amlodipine
oxybutynin, DETROL LA
pravastatin
omeprazole, lansoprazole
fluoxetine
TRAVATAN, TRAVATAN Z
AVELOX, ciprofloxacin
lofibra, gemfibrozil, lovastatin
NASACORT AQ, mometasone furoate
NASACORT AQ, mometasone furoate
albuterol
simvastatin
sertraline
fexofenadine

**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



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**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.

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

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

2010 Edition

R_xEDO Preferred Drug List

Allergy

ASTEPRO
azelastine
budesonide
cyproheptadine
fexofenadine
fluticasone
hydroxyzine
ipratropium nasal spray
mometasone furoate
NASACORT AQ

Antibiotics

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

Antidepressants

amitriptyline
bupropion
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine
sertraline
trazodone
venlafaxine

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

MAXALT
RELPA
sumatriptan succinate
zolmitriptan

Anti-Virals

ATRIPLA
acyclovir
BARACLUDE**
CRIXIVAN
famciclovir
PEGASYS**
PEG-INTRON**
PREZISTA
TAMIFLU
TRUVADA
valacyclovir

Asthma/COPD

ACCOLATE
ADVAIR
albuterol
ATROVENT INHALER
AZMACORT ORAL INH.
BECLOVENT
COMBIVENT
cromolyn inh. sol.
FLOVENT
FLOVENT HFA
FORADIL
INTAL INHALER
ipratropium inh. sol.

metaproterenol
PULMICORT
QVAR
SEREVENT
SINGULAIR
SPIRIVA
UNIPHYL
VENTOLIN HFA

Atypical Antipsychotics

ABILIFY
GEODON
risperidone
SEROQUEL
ZYPREXA

Blood Glucose Diagnostics

ASCENSIA PRODUCTS
NOVOFINE NEEDLES

Cholesterol Reduction

cholestyramine
CRESTOR
gemfibrozil
lofibra
lovastatin
NIASPAN
pravastatin
simvastatin

CNS-Anxiety

alprazolam
buspirone
clorazepate
diazepam
lorazepam
oxazepam

CNS-Nausea

prochlorperazine
promethazine
trimethobenzamide

CNS-Parkinson's

amantadine
bentropine
bromocriptine
carbidopa/levodopa/CR
COMTAN
selegiline

CNS-Seizures

carbamazepine
clonazepam
divalproex/ER
DILANTIN
gabapentin
lamotrigine

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
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**
ASACOL
cimetidine
CREON
Famotidine
KAPIDEX
lansoprazole
nizatidine
omeprazole
PREVPAC
ranitidine
sucralfate

Growth Hormones

NUTROPIN**
NUTROPIN AQ**
OMNITROPE**

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

Osteoporosis Agents

ACTONEL
ACTONEL W/CALCIUM
alendronate sodium
alendronate sodium/
vitamin D3
etidronate disodium
EVISTA

Ophthalmics

ALOCRIL
ALPHAGAN P
AZOPT
BETOPTIC S
ketorolac tromethamine
LUMIGAN
PATANOL
PROPINE
TOBRADEX
TRAVATAN

Overactive Bladder

DETROL LA
oxybutynin

Prostate Agents

AVODART
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

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

** - Specialty medications may be subject to a unique copay (Please refer to your benefits information for applicable copays and medication coverage)

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