

**OFFICE OF THE COUNTY EXECUTIVE  
ALL-EMPLOYEES MEMORANDUM**

**DATE:** March 28, 2011

**EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY**  
**PRESCRIPTION DRUG PLAN UPDATES**

**Preferred Medication List 2011**

Attached please find the updated **2011 Express Scripts National Preferred Medication List** for the Suffolk County EMHP. We recommend that you share this list with your doctor. Your doctor may refer to this list when prescribing medication in order for you to utilize your prescription drug plan in the most cost efficient manner. Please be advised that EMHP has a mandatory generic requirement – generic prescribing is always preferable whenever possible so that you do not pay additional out-of-pocket costs.

This list is not all-inclusive, nor does it guarantee coverage or the lowest copayment, but it is a summary of the most commonly utilized prescription medications by EMHP enrollees. Again, **ALL GENERIC MEDICATIONS ARE PREFERRED MEDICATIONS.**

Please note that the Express Scripts National Preferred Medication List is continually updated as new products and generic medications become available. Therefore, we recommend that you periodically check the Express Scripts website, [www.express-scripts.com](http://www.express-scripts.com), for the most current information or contact them at 1-800-950-2662.

**ESI Therapeutic Equivalent Program (“Step Therapy”)**

Also attached is the **2011 ESI Therapeutic Equivalent Program (Step Therapy) Drug List**. Step Therapy is a program designed exclusively for people who have certain conditions, including but not limited to acid reflex/heartburn, Alzheimer’s, arthritis, asthma/allergies, Attention Deficit Disorder, depression, diabetes, eczema/dermatitis, high blood pressure, high cholesterol, insomnia, osteoporosis, overactive bladder, pain/inflammation, Restless Leg Syndrome/Parkinson’s Disease and other conditions that require medications to be taken regularly. In Step Therapy, medications are grouped in categories, based on cost to you:

**Front-Line (First Step) Medications:** – These are the medications recommended for you to take first - usually generic medications, which have been proven safe and effective. You pay the lowest copayment for these medications.

**Back-up (Second Step) Medications:** These are brand name medications. They are recommended for you to take only if a front-line medication does not work for you. You almost always pay more for brand-name medications.

### **To Whom Does Step Therapy Apply?**

Step therapy applies to the following individuals:

- New users – A new user is considered a patient that has never used any medications in a Step Therapy category before.
- A patient that has not filled Step Therapy medications in the past 130 days (in the case of Topical Immunomodulators, in the last 60 days)
- A patient who was utilizing a step therapy medication prior to November 15, 2007 and allowed their prescription to lapse by not filling it for a period of 130 days (in the case of Topical Immunomodulators, in the last 60 days).

Please note that using samples from the doctor does not count as taking a medication consistently.

### **If Step Therapy Applies to You, What Should You Do Now?**

When your doctor prescribes a new medication for you, ask if a generic medication is right for you. It makes good sense to ask for these medications first because they usually work as well as brand-name medications and they almost always cost less.

If you have already tried a front-line medication within the previous 130 days, without success, then your doctor can prescribe a back-up medication. Although the medication will be covered under this circumstance, you will pay the applicable copayment. If your doctor decides a front-line medication is not medically appropriate for you, **your doctor** can request an override by calling Express Scripts at 1-800-417-8164.

Please note the applicable front line drugs are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, [www.express-scripts.com](http://www.express-scripts.com), for the most current information or you can contact Express Scripts directly at 1-800-950-2662. Step Therapy helps you get an effective medication to treat your condition while keeping your costs as low as possible. The lowest-cost Step Therapy medications also save money for your prescription-drug plan.

Should you have questions on the above benefits, please contact Express Scripts at 1-800-950-2662 or visit their website at [www.express-scripts.com](http://www.express-scripts.com).

## **Drug Quantity Management Program**

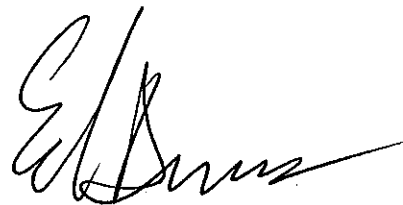
The **Drug Quantity Management (DQM) program** is designed to help you get the medications you need, when you need them, in safe, economical amounts. The program follows guidelines

developed by the U.S. Food & Drug Administration, medical researchers, and drug manufacturers.

Please note that the Drug Quantity Management List is continually updated as new products and generic medications become available. Therefore, we recommend that you periodically check the Express Scripts website, [www.express-scripts.com](http://www.express-scripts.com), for the most current information or contact them at 1-800-950-2662.

Again, it is recommended that you show your doctor this list for reference when prescribing medications.

Inquiries may be directed to either Express Scripts or to the Suffolk County Employee Benefits Unit, Department of Civil Service/Human Resources, via e-mail at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov).



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**ED DUMAS**  
**Chief Deputy County Executive**

Distribution

One copy per employee: electronic & hardcopy

Attachments (2):

2011 Express Scripts National Preferred Medication List

Suffolk County EMHP Step Therapy Drug List

# 2011 Express Scripts National Preferred Medication List For Suffolk County EMHP

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list that is at the core of the Suffolk County EMHP Prescription-Drug Plan (your prescription-drug benefit plan). The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** The symbol \* next to a drug signifies that this medication is subject to nonpreferred status when a generic is available throughout the year.

Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

**A**

ABILIFY (excluding Discmelt & solution)  
acarbose  
ACCU-CHEK  
MULTICLIX lancets  
acebutolol  
acetaminophen w/codeine  
acetazolamide  
ACTONEL, with calcium [QLL] [ST]  
ACTOPLUS MET, XR [QLL]  
ACTOS [QLL]  
acyclovir  
ADCIRCA  
ADVAIR DISKUS, HFA [QLL]  
ADVICOR  
AGGRENOX  
albuterol inhaler [QLL]  
alendronate sodium [QLL]  
ALPHAGAN P\*  
ALTABAX  
amantadine  
AMBIEN CR\* [QLL] [ST]  
AMITIZA  
amitriptyline  
amlodipine besylate  
amox tr/potassium clavulanate  
amoxicillin  
amphetamine salt combo [PA]  
anagrelide  
ANALPRAM E, -HC  
anastrozole  
ANDRODERM\*  
ANDROGEL  
antipyrine w/benzocaine  
apri  
aranelle  
ARANESP [INJ] [PA]  
ARICEPT, ODT\*  
ARIXTRA [INJ]  
ASACOL, HD  
ASTELIN\* [QLL]  
ASTEPRO [QLL]  
atenolol, -chlorthalidone  
AVANDAMET [QLL]  
AVANDARYL [QLL]  
AVANDIA [QLL]  
AVELOX  
aviane  
AVODART [ST]  
AZASITE  
azathioprine  
azelastine  
AZILECT  
azithromycin [QLL]  
AZOR [ST]

**B**

balsalazide disodium  
balziva  
BAYER ASCENSIA AUTODISC  
BAYER BREEZE 2  
BAYER CONTOUR (excluding USB meter)  
benazepril, /hctz

BENICAR, HCT [ST]  
BENZACLIN PUMP (excluding carekit)  
benzonatate  
benzoyl peroxide  
betamethasone dp, valerate  
BETASERON [INJ] [QLL]  
BONIVA TAB [QLL] [ST]  
brimonidine tartrate  
bupropion, sr  
butalbital/apap/caffeine [QLL] [ST]  
BYETTA [INJ] [QLL]  
BYSTOLIC [ST]

**C**

calcipotriene  
calcitriol  
camila  
CANASA  
captopril, /hctz  
carbamazepine, xr  
carbidopa-levodopa, er  
carvedilol  
cefadroxil  
cefdinir  
cefprozil  
cefuroxime  
CELEBREX [ST]  
cephalexin  
cesia  
CETROTIDE [INJ]  
chlorzoxazone  
cholestyramine  
chorionic gonadotropin [INJ] [QLL]  
CIALIS [PA] [QLL]  
ciclopirox  
cilostazol  
cimetidine  
CIPRODEX  
ciprofloxacin, er  
citalopram  
clarithromycin, er  
CLIMARA PRO [QLL]  
clindamycin phosphate  
clobetasol propionate  
clomiphene citrate  
clotrimazole troche  
clozapine  
colestipol  
COMBIGAN  
COMBIPATCH  
CONCERTA\*  
COPAXONE [INJ] [QLL]  
COREG CR\* [ST]  
CREON DR  
CRESTOR [QLL] [ST]  
CRINONE  
cryselle  
cyclosporine, modified  
CYMBALTA [ST]

**D**

desmopressin acetate  
desonide  
desoximetasone  
dexmethylphenidate

dextroamphetamine-amphetamine [PA]  
dextroamphetamine sulfate [PA]  
diclofenac sodium  
dicyclomine hcl  
DIFFERIN\* [PA]  
diltiazem, extended release  
DIOVAN, HCT [ST]  
divalproex sodium  
dorzolamide, -timolol  
doxazosin  
DUAC CS\*  
DUECTACT [QLL]  
DYNACIRC CR\* [ST]

**E**

EFFEXOR XR\* [ST]  
EFFIENT  
ELIDEL [ST]  
eliphos  
EMBEDA  
ENBLEX [ST]  
enalapril, hctz  
ENBREL [INJ] [PA] [QLL]  
ENDOMETRIN  
enpresse  
EPIDUO  
EPIPEN, JR [INJ] [QLL]  
errin  
erythromycin  
erythromycin/benzoyl perox.  
ESTRADERM [QLL]  
estradiol, tds [QLL]  
estradiol/norethindrone  
EURAX  
EVAMIST [QLL]  
EXELON PATCH [ST]  
EXFORGE, HCT [ST]

**F**

famciclovir [QLL]  
famotidine  
felodipine er  
fenofibrate  
fentanyl citrate  
FINACEA, PLUS  
finasteride  
FLECTOR [QLL] [ST]  
FLOVENT DISKUS, HFA [QLL]  
fluconazole [QLL]  
flunisolide nasal spray [QLL]  
fluocinonide  
fluorouracil  
fluoxetine, dr  
fluticasone nasal spray [QLL]  
fluvoxamine maleate  
folic acid  
FORADIL [QLL]  
FORTAMET  
FORTEO [INJ] [QLL]  
fortical  
fosinopril, /hctz  
FOSRENOL

**G**

gabapentin  
galantamine  
GELNIQUE [QLL] [ST]  
gemfibrozil  
GENOTROPIN [INJ] [PA]  
gentamicin sulfate  
gianvi  
glimperide  
glipizide, er, xl  
glipizide/metformin  
GLUCAGEN [INJ]  
glyburide, micronized  
glyburide/metformin  
GONAL-F, RFF [INJ]  
granisetron [QLL]

**H**

HALFLYELY-BISACODYL\*  
haloperidol  
HECTOROL  
HUMALOG [INJ]  
HUMATROPE [INJ] [PA]  
HUMIRA [INJ] [PA] [QLL]  
HUMULIN [INJ]  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocortisone  
hydromorphone  
hydroxyurea

**I**

ibuprofen  
imipramine  
imiquimod  
indomethacin  
ipratropium bromide [QLL]  
ipratropium-albuterol [QLL]  
isosorbide mononitrate  
isotretinoin [PA]

**J**

JALYN [ST]  
JANUMET [QLL]  
JANUVIA [QLL]  
jolesa  
jolvette  
junel, fe

**K**

kariva  
kelnor  
KEPPRA XR\*  
ketoconazole  
ketorolac

**L**

labetalol hcl  
lactulose  
LAMICTAL ODT\*  
LAMICTAL XR  
lamotrigine  
lansoprazole [QLL]

**LANTUS, SOLOSTAR [INJ]**

leena  
leflunomide [QLL]  
lessina  
LETAIRIS  
leucovorin  
leuprolide acetate [INJ]  
LEVAQUIN\*  
LEVEMIR, FLEXPEN [INJ]  
levetiracetam  
levora  
levothyroxine sodium  
levoxyl  
LEXAPRO [ST]  
LIALDA  
LIDODERM  
LIPITOR\* [ST]  
lisinopril, /hctz  
losartan, /hctz  
LOTEMAX  
LOTREL\* [ST]  
lovastatin  
LOVAZA  
LOVENOX\* [INJ]  
low-ogestrel  
LUMIGAN  
lutera  
LYRICA [ST]

**M**

MAXALT, MLT [QLL]  
meclizine hcl  
medroxyprogesterone acetate [QLL]  
megestrol  
meloxicam [QLL]  
MENEST  
mercaptopurine  
metaxalone  
metformin, er  
methocarbamol  
methotrexate  
methylphenidate hcl  
methylprednisolone  
metoclopramide hcl  
metolazone  
metoprolol, hctz  
METROGEL  
metronidazole  
microgestin, fe  
MIGRANAL nasal spray [QLL]  
mirtazapine, soltab  
moexipril/hctz  
mometasone  
mononessa  
morphine sulfate  
MOVIPREP  
MULTAQ  
MUSE [PA] [QLL]  
mycophenolate mofetil

**N**

nabumetone  
NAMENDA  
naproxen  
naratriptan [QLL]  
NASONEX [QLL] [ST]

nateglinide  
necon  
NEEVO  
neomycin/polymyxin/dexamethasone  
neomycin/polymyxin/hc  
NEVANAC  
NEXIUM [QLL] [ST]  
NIASPAN  
nifedipine er  
nitrofurantoin macrocrystal  
nitroglycerin patch  
nora-be  
norel  
NOVOFINE  
NOVOLIN [INJ]  
NOVOLOG [INJ]  
NUCYNTA  
NUTROPIN, AQ [INJ] [PA]  
NUVARING  
nystatin

**O**

ocella  
ofloxacin  
ogestrel  
omeprazole [QLL]  
ondansetron [QLL]  
ONETOUCH BASIC  
ONETOUCH FASTTAKE  
ONETOUCH SURESTEP  
ONETOUCH ULTRA, -2, -SMART  
ONETOUCH ULTRAMINI  
ONGLYZA [QLL]  
OPANA ER\*  
ORTHO TRI-CYCLEN LO  
OSMOPREP  
oxcarbazepine  
oxybutynin, er [QLL]  
oxycodone w/acetaminophen  
OXYCONTIN

**P**

paroxetine  
PATADAY\*  
PATANOL\*  
peg 3350/electrolyte  
PEGASYS [INJ] [QLL]  
PEG-INTRON, REDIPEN [INJ] [QLL]  
penicillin v potassium  
PERFORMIST [QLL]  
phentermine hcl [PA]  
phenytoin sodium, extended  
pilocarpine hcl  
PLAVIX  
portia  
PRANDIMET [QLL]  
PRANDIN\*  
pravastatin  
PRECISION SURE DOSE  
PRECISION XTRA  
prednisolone  
prednisolone acetate  
prednisone

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You can get more information and updates to this document at our web site at [www.express-scripts.com](http://www.express-scripts.com).

(continued)

PREMARIN  
PREMPHASE  
PREMPRO  
PRENATE DHA, ELITE  
previfem  
PRISTIQ [ST]  
PROAIR HFA [QLL]  
PROCHIEVE  
prochlorperazine  
PROCRIPT [INJ] [PA]  
promethazine  
promethazine w/codeine  
promethazine w/dm  
PROMETRIUM  
propranolol hcl, w/hctz  
PROTOPIC [ST]  
PULMICORT FLEXHALER  
[QLL]  
PYLERA

**Q**

quasense  
quinapril  
QVAR [QLL]

**R**

ramipril  
RANEXA  
ranitidine  
REBIF [INJ] [QLL]  
reclipsen  
RELENZA [QLL]  
RENAGEL  
RENVELA  
reprexain  
REQUIP XL  
RESTASIS [QLL]  
REVATIO  
ribavirin  
RIOMET  
risperidone, odt  
rivastigmine caps [ST]  
ropinirele  
RHYTHMOL SR\*

**S**

SANGUSO [QLL]  
SAVELLA [ST]  
SEREVENT DISKUS [QLL]  
SEROQUEL, XR  
sertraline  
SIMCOR  
simvastatin  
SINGULAIR [ST]  
sodium sulfacetamide/  
sulfur  
SOFT TOUCH lancets  
SOFTCLIX lancets  
solia  
SOMATULINE DEPOT [INJ]  
SPIRIVA [QLL]  
sprintec  
sronyx  
STRATTERA\*  
STRIANT  
SUBOXONE\*  
SULAR\* [ST]  
sulfacetamide sodium  
sulfasalazine  
sumatriptan tab, inj [QLL]  
SYMBICORT [QLL]  
SYMBYAX  
SYMLIN, SYMLINPEN  
[INJ] [QLL]

**T**

TAMIFLU [QLL]  
tamoxifen  
tamsulosin

TAZORAC\*  
TEKTURNA, HCT [ST]  
temazepam  
terbinafine hcl [PA]  
theophylline, anhydrous, er  
thyroid  
tilia fe  
timolol maleate  
tobramycin sulfate  
topiramate  
TRACLEER  
trandolapril  
trandolapril/verapamil  
trazodone hcl  
tretinoin [PA]  
TREMIMET [QLL]  
triamcinolone acetonide  
triazolam  
tri-igest fe  
TRILIPIX [ST]  
trinessa  
tri-previfem  
tri-sprintec  
trivora  
TUSSICAPS  
TUSSIONEX  
TWINJECT [INJ] [QLL]

**U**

ULORIC  
UROXATRAL\*  
ursodiol

**V**

VAGIFEM  
valacyclovir [QLL]  
VALTURNA [ST]  
velivet  
VENTOLIN HFA [QLL]  
VERAMYST [QLL] [ST]  
verapamil hcl  
veripred  
VESICARE [ST]  
BRAVELLE  
BROYANA [QLL]  
VIAGRA [PA] [QLL]  
VIGAMOX  
VIMOVO [ST]  
VIMPAT  
VIVELLE-DOT [QLL]  
VOLTAREN GEL\* [ST]  
VYVANSE [PA]

**W**

warfarin  
WELCHOL

**X**

XALATAN\*  
XOPENEX neb solution

**Z**

zaleplon [QLL]  
zamicet  
zenchent  
ZETIA  
zolidem tartrate [QLL]  
ZOMIG, ZMT [QLL]  
zonisamide  
zovia  
ZYCLARA  
ZYLET  
ZYMAR\*  
ZYMAGID  
ZYPREXA (excluding Zydys)\*

Examples of Nonpreferred Medications With Selected Preferred Alternatives

The following is a list of some nonpreferred brand-name medications with examples of selected preferred alternatives.

Column 1 lists examples of nonpreferred medications.  
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonpreferred	Preferred Alternative	Nonpreferred	Preferred Alternative
ACCOLATE [ST]	Singulair [ST]	FROVA [QLL]	sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]
ACCU-CHEK meters/strips	Bayer Breeze 2/Contour (excluding USB meter), OneTouch	GEODON	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydys)* Zomig Nasal [QLL]
ACIPHEX [ST]	lansoprazole [QLL], omeprazole [QLL], Nexium [QLL] [ST]	IMITREX Nasal [QLL]	Arixtra
ACUVAIL	diclofenac sodium, ketorolac, Nevanac	INNOHEP	risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydys)*
AEROBID, M [QLL]	Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL]	INVEGA	ciprofloxacin, Vigamox, Zymar*, Zymaxid
ALAMAST	azelastrine, Pataday*, Patanol*	IOQUIX	morphine sulfate er
ALOCRIL	azelastrine, Pataday*, Patanol*	KADIAN	lovastatin, simvastatin, Crestor [QLL] [ST], Lipitor* [ST]
ALOMIDE	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL]	LESCOL, XL [ST]	LEVITRA [PA] [QLL]
ALORA [QLL]	lovastatin, simvastatin, Crestor [QLL] [ST], Lipitor* [ST]	LIPOFEN [ST]	fenofibrate, Trilipix [ST]
ALTOPREV [ST]	Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL]	LUNESTA [QLL] [ST]	zolpidem tartrate [QLL], Ambien CR* [QLL] [ST]
ALVESCO [QLL]	estradiol/noreth, Prempro/Premphase	MAXAIR AUTOHALER [QLL]	ProAir HFA [QLL], Ventolin HFA [QLL]
ANGELIQ	fenofibrate, Trilipix [ST]	MENOSTAR	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL]
ANTARA [ST]	Humalog, Novolog	METADATE CD	dextroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse [PA]
APIDRA	balsalazide, Asacol/Hd, Lialda	MICARDIS [ST]	losartan, Benicar [ST], Diovan [ST]
APRISO	Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL]	MICARDIS HCT [ST]	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]
ASMANEX [QLL]	Pulmicort Flexhaler [QLL], Qvar [QLL]	NASACORT AQ [QLL] [ST]	flunisolide [QLL], fluticasone [QLL]
ATACAND [ST]	losartan, Benicar [ST], Diovan [ST]	NORDITROPIN [PA]	Nasonex [QLL] [ST], Veramyst [QLL] [ST]
ATACAND HCT [ST]	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]	NOROXIN	Humatrope [PA]
ATRALIN [PA]	tretinoin [PA], Differin* [PA], Epiduo	OMNITROPE [PA]	Humatrope [PA]
AUGMENTIN XR	amox/clavulanate er	OMNITROPE [PA]	Humatrope [PA]
AVALIDE [ST]	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]	ORTHO EVRA	Humatrope [PA]
AVAPRO [ST]	losartan, Benicar [ST], Diovan [ST]	OXYTROL [QLL] [ST]	oxybutynin er [QLL], Gelnique [QLL] [ST]
AVINZA	morphine sulfate er	PATANASE [QLL]	Astelin* [QLL], Astepro [QLL]
AVITA [PA]	tretinoin [PA], Differin* [PA], Epiduo	PRECISION PCX, QID	Bayer Breeze 2/Contour (excluding USB meter), OneTouch
AXERT [QLL]	sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	PREFEST	estradiol/noreth, Prempro/Premphase
AZOPT	brimonidine tartrate, dorzolamide, Alphagan P*, Combigan	PREVACID [QLL] [ST]	lansoprazole [QLL]
BEGONASE AQ [QLL] [ST]	flunisolide [QLL], fluticasone [QLL], Nasonex [QLL] [ST], Veramyst [QLL] [ST]	PREVPAC [QLL]	Pylera
BEPREVE	azelastrine, Pataday*, Patanol*	PROVENTIL HFA [QLL]	ProAir HFA [QLL], Ventolin HFA [QLL]
BESIVANCE	ciprofloxacin, Vigamox, Zymar*, Zymaxid	QUIXIN	ciprofloxacin, Vigamox, Zymar*, Zymaxid
BRAVELLE	Gonal-F/RF	RAPAPLO	doxazosin, tamsulosin, Uroxatral*
BROYANA [QLL]	Perforomist [QLL]	RELPAK [QLL]	sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]
CARDENE SR [ST]	amlodipine, felodipine er, nifedipine er, Dynacirc CR* [ST], Sular* [ST]	RETIN-A MICRO [PA]	tretinoin [PA], Differin* [PA], Epiduo
CARDIZEM LA	diltiazem 24 hr er	RHINOCORT AQUA [QLL] [ST]	flunisolide [QLL], fluticasone [QLL]
CENESTIN	estradiol [QLL], Menest, Premarin	RITALIN LA	Nasonex [QLL] [ST], Veramyst [QLL] [ST]
CETRAHAL	Ciprodex	SAIZEN [PA]	dextroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse [PA]
CIMZIA [PA]	Enbrel [PA] [QLL], Humira [PA] [QLL]	SANCTURA XR [ST]	Humatrope [PA], Humatrope [PA], Nutropin/AQ [PA]
CIPRO HC	Ciprodex	SIMPONI [PA]	oxybutynin er [QLL], Enablex [ST], Vesicare [ST]
DIETROL, LA [ST]	oxybutynin er [QLL], Enablex [ST], Vesicare [ST]	SUMATRIPTAN Nasal [QLL]	Enbrel [PA] [QLL], Humira [PA] [QLL]
DEXILANT [QLL] [ST]	lansoprazole [QLL], omeprazole [QLL], Nexium [QLL] [ST]	SYNTHROID	Zomig Nasal [QLL]
DIVIGEL [QLL]	Generic patches [QLL], Evamist [QLL]	TESTIM	levothyroxine sodium, levoxyl
DUREZOL	Generic steroids, Lotemax	TEVETEN [ST]	Androderm*, AndroGel
EDEX [PA] [QLL]	Caverject [PA] [QLL], Muse [PA] [QLL]	TEVETEN HCT [ST]	losartan, Benicar [ST], Diovan [ST]
EDLUAR [QLL] [ST]	zolpidem tartrate [QLL], Ambien CR* [QLL] [ST]	TEVETEN HCT [ST]	losartan/hctz, Benicar HCT [ST], Diovan HCT [ST]
ELESTAT	azelastrine, Pataday*, Patanol*	TEV-TROPIN [PA]	Humatrope [PA], Humatrope [PA], Nutropin/AQ [PA]
ELESTRIN [QLL]	Generic patches [QLL], Evamist [QLL]	TOVIAZ [ST]	oxybutynin er [QLL], Enablex [ST], Vesicare [ST]
EMADINE	azelastrine, Pataday*, Patanol*	TRAVATAN Z	Lumigan, Xalatan*
ENJUWIA	estradiol [QLL], Menest, Premarin	TRICORT [ST]	fenofibrate, Trilipix [ST]
EPOGEN [PA]	Aranesp [PA], Procrit [PA]	TRIGLIDE [ST]	fenofibrate, Trilipix [ST]
ESTRASORB [QLL]	Generic patches [QLL], Evamist [QLL]	VYTORIN [ST]	simvastatin, Crestor [QLL] [ST], Lipitor* [ST]
ESTROGEL [QLL]	Generic patches [QLL], Evamist [QLL]	XIBROM	diclofenac sodium, ketorolac, Nevanac
EXELON CAPS [ST]	rivastigmine [ST]	XOPENEX HFA [QLL]	ProAir HFA [QLL], Ventolin HFA [QLL]
FACTIVE [QLL]	ciprofloxacin/er, ofloxacin, Avelox, Levaquin*	YAZ	gianvi, Ortho Tri-Cyclen Lo
FemHRT	estradiol/noreth, Prempro/Premphase	ZGERID [QLL] [ST]	lansoprazole [QLL], omeprazole [QLL], Nexium [QLL] [ST]
FEMTRACE	estradiol [QLL], Menest, Premarin		
FENOGlide [ST]	fenofibrate, Trilipix [ST]		
FERTINEX	Gonal-F/RF		
FML FORTE	Generic steroids, Lotemax		
FOCALIN, XR	dexmethylphenidate, Concerta*, Vyvanse [PA]		
FOLLISTIM AQ	Gonal-F/RF		
FREESTYLE	Bayer Breeze 2/Contour (excluding USB meter), OneTouch		

KEY

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.  
The symbol [PA] next to a drug name indicates that a Prior Authorization is required for coverage.  
The symbol [QLL] next to a drug name indicates that a Quantity Level Limit may apply to certain strengths and/or doses of this medication.  
The symbol [ST] next to a drug name indicates that Step Therapy may apply to some or all strengths of the drug.  
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.  
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.  
Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

# SUFFOLK COUNTY EMHP

## Step Therapy Drug List

(Effective 1/1/2011)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
Allergies	Allegra®/D®, Clarinex®/D®, Xyzal®	Fexofenadine, fexofenadine-D, cetirizine syrup
Allergies	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasarel, Nasonex, Flonase, Veramyst, Omnaris	fluticasone propionate, flunisolide
Allergies/Asthma	Accolate®, Singulair®, Zyrflo®	<p><b>For non-asthma conditions:</b></p> <p><b>Category 1:</b> Fluticasone propionate*, Beconase AQ, Flonase, Flunisolide*, Nasacort, Nasarel, Veramyst, Nasonex, Rhinocort AQ, Omnaris</p> <p><b>Category 2:</b> Fexofenadine*, Allegra, Allegra-D, Clarinex, Clarinex-D, Claritin, Claritin-D, Zyrtec, Zyrtec D, Xyzal, Astelin/Astepro, Patanase</p>
Alzheimer's	Aricept, Cognex, Exelon, Razadyne/ER <i>(Added coverage rule requiring use of Aricept 10mg before Aricept 23mg)</i>	galantamine/ER, rivastigmine
Asthma Respiratory	Xopenex Inhalation Solution	albuterol inhalation solution, albuterol/ipratropium inhalation solution, levalbuterol inhalation solution
Attention Deficit Disorder	Strattera, Intuniv	Adderall, Adderall XR, Concerta, Daytrana, Desoxyn, Dexedrine, Dexedrine Spansules, Dextroamphetamine IR, Dextroamphetamine SR, dexamethylphenidate IR, Focalin, Focalin XR, Metadate CD, Metadate ER, methamphetamine, Methylin, Methylin ER, methylphenidate ER, methylphenidate immediate release, mixed amphetamine salts IR, Ritalin LA, Ritalin SR, Vyvanse
Benign Prostatic Hypertrophy	Avodart, Jalyn	finasteride
Depression	Wellbutrin SR/XL, Aplenzin	bupropion SR, bupropion XL, bupropion SR, bupropion XL
Depression	Celexa, Lexapro, Luvox CR, Paxil CR, Paxil, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft	fluoxetine, fluvoxamine, paroxetine, paroxetine CR, citalopram, sertraline
Depression	Cymbalta, Effexor, Effexor XR, Pristiq, Venlafaxine extended-release, Savella	fluoxetine, fluvoxamine, paroxetine/CR, citalopram, sertraline, venlafaxine, venlafaxine/XR

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# SUFFOLK COUNTY EMHP

## Step Therapy Drug List

(Effective 1/1/2011)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
Diabetes	Januvia, Janumet, Onglyza	metformin, metformin extended-release, metformin/glyburide, metformin/glipizide
Diabetes	Actos, Avandia, Actoplus Met, Avandamet, Duetact, Avandaryl	metformin, metformin extended-release, metformin/glyburide, metformin, glipizide, metformin/repaglinide
High Blood Pressure	Accupril, Accuretic, Aceon, Altace, Capoten, Capozide, Lexxel, Lotensin HCT, Lotensin, Lotrel, Mavik, Monopril HCT, Monopril, Prinivil, Prinzide, Tarka, Uniretic, Univasc, Vaseretic, Vasotec, Zestoretic, Zestril	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, moexipril, trandolapril, moexipril/HCTZ, benazepril/amlodipine, perindopril
High Blood Pressure	Atacand HCT, Atacand, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan HCT, Diovan, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Tribenzor, Twynsta	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, ramipril, quinapril, quinapril/HCTZ, moexipril, trandolapril, moexipril/HCTZ, benazepril/amlodipine, perindopril, trandolapril/verapamil, enalapril/felodipine, losartan, losartan/HCTZ, losartan, losartan/HCTZ
High Blood Pressure	Toprol XL, Bystolic, Coreg, Levatol, Inderal LA, InnoPran XL, Sectral, Corzide, Tenormin, Kerlone, Timolide, Zebeta, Normodyne, Trandate, Lopressor, Corgard, Blocadren, Inderal, Coreg CR, Ziac, Lopressor HCT, Ziac, Inderide, Tenoretic	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol tartrate, metoprolol succinate (ER), nadolol, pindolol, propranolol, propranolol ER, timolol, atenolol/chlorthalidone, bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide, propranolol/hydrochlorothiazide, nadolol/bendroflumethiazide
High Blood Pressure	Adalat CC, Cardene, Cardene SR, Dynacirc, Dynacirc CR, Norvasc, Plendil, Procardia, Procardia XL, Sular	nifedipine SR, nifedipine IR, nifedipine IR, felodipine ER, isradipine, amlodipine, nisoldipine ER (20, 30, 40mg)
High Blood Pressure	Covera-HS, Verelan PM, Verelan, Calan, Calan SR, Isoptin, Isoptin SR	verapamil SR, verapamil IR, verapamil ER
High Blood Pressure	Tekturna, Tekturna HCT, Valturna	benazepril, benazepril/HCTZ, benazepril/amlodipine, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ, trandolapril, trandolapril/verapamil,

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# SUFFOLK COUNTY EMHP

## Step Therapy Drug List

(Effective 1/1/2011)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
		enalapril/felodipine, benazepril/amlodipine
High Cholesterol	Altoprev, Caduet, Lescol, Lescol XL, Mevacor, Pravachol, Zocor, Vytorin, Livalo	<b>Step-One:</b> lovastatin, pravastatin, simvastatin, Crestor, Lipitor
High Cholesterol	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fibricor	fenofibrate
High Cholesterol	Zetia	simvastatin, pravastatin, lovastatin (try one of these generics first to avoid being targeted by another step therapy program)
High Triglycerides (cholesterol)	Welchol, Questran/Light, Prevalite, Colestid	cholestyramine, colestipol
Neuropathic Pain	Lyrica	gabapentin
Osteoporosis (Bone Loss)	Boniva, Actonel, Actonel Plus Calcium, Fosamax solution, Fosamax Plus D, Fosamax tablets, Fosamax oral solution, Fosamax Plus D	<b>Step-One:</b> alendronate <b>Step-Two:</b> Actonel, Actonel Plus Calcium, Boniva
Overactive Bladder	Detrol, Detrol LA, Sanctura, Vesicare, Enablex, Oxytrol, Ditropan, Ditropan XL, Toviaz, Gelnique	oxybutynin IR, oxybutynin XL, trospium
Pain/Inflammation	Arthrotec, Mobic, Ponstel, Cataflam, Voltaren, Voltaren XR, Lodine, Lodine XL, Nalfon, Ansaid, Motrin, Indocin, Indocin SR, Orudis, Toradol, Relafen, Naprosyn, Naprelan, Anaprox, Anaprox DS, Daypro, Feldene, Clinoril, Flector, Voltaren Gel, IC 400, IC 800, Zipsor	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Pain/Inflammation	Prevacid NapraPac®	omeprazole and naproxen
Pain/Inflammation	Celebrex®	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Pain	Ultram, Ultracet, Ultram ER, Ryzolt	tramadol/ER, tramadol/acetaminophen

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# SUFFOLK COUNTY EMHP

## Step Therapy Drug List

(Effective 1/1/2011)

Drug Class	Your prescription is for one of these Back-up Drugs (second step drugs)	Your program points you to one of these Front-Line Drugs (first step drugs)
Restless Leg Syndrome/Parkinson's Disease	Mirapex, Mirapex ER, Requip XL, Requip	ropinirole, pramipexole
Skin Disorders	Elidel <sup>o</sup> , Protopic <sup>o</sup>	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone buteprate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clocortolone, flurandrenolide, halocinonide, prednicarbate
Skin Disorders	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene, Vanos, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytotic, Nucort Lotion, Florone, Ultravate, Topicort, Lidex, Westcort, Momexin, Pediaderm	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone
Skin Disorders	Declomycin, Adoxa, Monodox, Avidoxy/kit, Adoxa/CK/TT/Pak, Doryx, Vibramycin, Vibra-Tabs, Oraxyl, Periostat, Oracea, Dynacin, Minocin/kit/PAC, Solodyn, Sumycin	demeclocycline, doxycycline, minocycline, tetracycline
Sleep Disorders	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor	zolpidem, zaleplon
Ulcers/Acid Reflux	Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Zegerid	<b>**Step-One:</b> omeprazole, lansoprazole, omeprazole-sodium bicarbonate <b>**Step-Two:</b> Nexium <sup>o</sup> , Prevacid <sup>o</sup>

\* You must use a Front-Line Drug from Category 1 and Category 2, in either order, before using a Back-up Drug.

\*\* You must use a Front-Line Drug from Step-One then from the Step-Two before using a Back-up Drug.

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