



03-06

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

DATE: January 3, 2006

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

Attached please find the updated **2006 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 drug plan in the most cost efficient manner. Remember the 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 copay, but it is a summary of the most commonly utilized prescription medications by EMHP enrollees. As you may recall **ALL GENERIC MEDICATIONS ARE PREFERRED MEDICATIONS**.

Please note that the Express Scripts National Preferred Medication List is 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, for the most current information.

Should you have questions on the above benefits, please contact the Employee Benefits Unit, Department of Civil Service/Human Resources via e-mail (ebu@suffolkcountyny.gov).



JEFFREY W. SZABO
Deputy County Executive & Chief of Staff

Distribution

One copy per employee & Retirees

Attachment

2006 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 pharmacy benefit plan). The list is not all-inclusive and does not guarantee coverage or the lowest copay. 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 non-preferred status when its generic is available throughout the year.

<p>A</p> <p>ABILIFY (excluding solution) ACCU-CHEK ACTIVE test strips ACCU-CHEK ADVANTAGE test strips ACCU-CHEK AVIVA test strips ACCU-CHEK COMFORT CURVE test strips ACCU-CHEK COMPACT test strips acetaminophen w/codeine acetazolamide acetylcysteine ACTONEL acyclovir ADDERALL XR* ADVAIR DISKUS ADVICOR AGGRENOX albuterol ALOMIDE ALORA ALPHAGAN P ALTACE* aluminum chloride amantadine AMBIEN aminophylline amitriptyline ammonium lactate amox tri/potassium clavulanate amoxicillin amphetamine salt combo ANALPRAM-HC* (1% cream, 2.5% lotion) ANDRODERM ANDROGEL antipyrine w/benzocaine apri aranella ARANESP [INJ] ARICEPT ASACOL ASTELIN atenolol, -chlorthalidone ATROVENT inh, HFA AUGMENTIN XR AVANDAMET AVANDIA AVELOX aviane AVODART</p>	<p>azathioprine azithromycin</p> <p>B</p> <p>benazepril, /hctz benzonatate benzoyl peroxide betamethasone BETASERON [INJ] bisoprolol fumarate/hctz BRAVELLE [INJ] brimonidine tartrate bupropion, sr butalbital/apap/cafeine</p> <p>C</p> <p>camila CANASA captopril, /hctz carbamazepine carisoprodol cefadroxil cefepodoxime cefuroxime CELEBREX CELLCEPT cephalexin cesia CETROTIDE [INJ] CHEMSTRIP bG chloral hydrate chlorzoxazone cholestyramine choline mag trisalicylate chorionic gonadotropin [INJ] ciclopirox clobetasol cimetidine CIPRO HC CIPRODEX ciprofloxacin citalopram clarithromycin CLIMARA PRO clindamycin phosphate clobetasol propionate clomiphene citrate clonidine hcl clotrimazole/ betamethasone clotrimazole troche clozapine COMBIPATCH COMBIVENT CONCERTA* COPEGUS COREG COSOPT COZAAR CREON [G] CRESTOR</p>	<p>cromolyn sodium cryselle cyclobenzaprine hcl cyclosporine, modified CYMBALTA [SNRI]</p> <p>D</p> <p>DEPAKOTE desmopressin acetate desonide desoximetasone dextroamphetamine sulfate diclofenac sodium dicyclomine hcl DIFFERIN [PA] diflunisal diltiazem, extended release DIOVAN, HCT diphenhydramine dipyridamole DITROPAN XL* doxepin hcl DUAC DYNACIRC CR</p> <p>E</p> <p>EDEX [INJ] [PA] EFFEXOR, XR [SNRI] ELIDEL EMADINE* enalapril, hctz enpresse errin erythromycin erythromycin/ benzoyl perox. estradiol, tds ESTRATEST, H.S. estropipate etodolac EXELON</p> <p>F</p> <p>famotidine felodipine er fentanyl citrate FINACEA FLOMAX FLOXASE* FLOVENT, HFA fluconazole fluocinonide fluorouracil fluoxetine hcl fluticasone propionate fluvoxamine maleate folic acid FOLLISTIM AQ [INJ] FOLTZ FORADIL FORTEO [INJ]</p>	<p>FOSAMAX, PLUS D fosinopril, /hctz</p> <p>G</p> <p>gabapentin GANIRELIX ACETATE [INJ] gemfibrozil gentamicin sulfate glipizide, er, xl glyburide, micronized glyburide/metformin GONAL-F, RFF [INJ] guaifenesin w/pseudoephedrine</p> <p>H</p> <p>haloperidol homatropine hydrobromide HUMALOG [INJ] HUMATROPE [INJ] [PA] HUMULIN [INJ] hydrochlorothiazide hydrocodone w/guaifenesin hydrocodone/ acetaminophen hydrocortisone hydroxyurea hyoscymine sulfate HYZAAR</p> <p>I</p> <p>ibuprofen imipramine IMITREX indomethacin INNOPRAN XL INTAL inh ipratropium bromide isotretinoin [PA] itraconazole [PA]</p> <p>J</p> <p>jolivette junel, fe</p> <p>K</p> <p>kariva ketoconazole</p> <p>L</p> <p>labetalol hcl lactulose LAMISIL tabs [PA] lamotrigine LANTUS Vials Only [INJ]</p>	<p>leena lessina leucovorin leuprolide acetate [INJ] LEVAQUIN LEVITRA [PA] levora levothyroxine sodium LEVOXYL LEXAPRO lisinopril, /hctz LOTEMAX LOTREL lovastatin low-ogestrel LUMIGAN lutera</p> <p>M</p> <p>MAXAIR AUTOHALER meclizine hcl medroxyprogesterone acetate megestrol MENEST mercaptapurine MERIDIA [PA] METADATE CD/ER* METANX metaproterenol metformin, er metformin/glyburide methocarbamol methotrexate methylphenidate hcl methylprednisolone metoclopramide hcl metolazone metoprolol, hctz METROGEL, LOTION* metronidazole cream microgestin, fe mirtazapine, soltab moexipril mometasone mononessa morphine sulfate</p> <p>N</p> <p>nabumetone naproxen NASACORT AQ NASONEX necon nefazodone hcl neomycin/polymyxin/ dexamethasone neomycin/polymyxin/hc NEXIUM NIASPAN* nifedipine er nitrofurantoin macrocrystal nizatidine</p>	<p>nora-be nortrel NOVAREL [INJ] NOVOFINE 30 NOVOLIN [INJ] NOVOLOG [INJ] NUTROPIN, AQ (excluding Depot) [INJ] [PA] nystatin nystatin w/triamcinolone</p> <p>O</p> <p>ofloxacin ogestrel omeprazole OMNICEF ONETOUCH II / Basic / Profile test strips ONETOUCH SURESTEP test strips ONETOUCH ULTRA test strips orphenadrine citrate ORTHO EVRA ORTHO TRI-CYCLON LO oxybutynin chloride oxycodone hcl oxycodone w/acetaminophen OXYTROL</p> <p>P</p> <p>paroxetine PATANOL peg 3350/electrolyte PEGASYS [INJ] penicillin v potassium PENLAC PENTASA perphenazine phentermine hcl [PA] phenytoin sodium, extended PHOSLO pilocarpine hcl PLAVIX polymyxin b sul/ trimethoprim portia potassium citrate/ citric acid PRANDIN PRECISION SURE DOSE PRECISION XTRA PRECOSE prednisolone acetate</p>
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(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.
The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. All generics are available at the lowest copay.

You can get more information and updates to this document at our web site at www.express-scripts.com.

prednisolone sodium phosphate
 prednisone
 PREFEST
 PREMARIN
 prochlorperazine
 PROCORIT [INJ] [PA]
 promethazine hcl
 promethazine vc
 promethazine
 w/codeine
 promethazine w/dm
 PROMETRIUM
 propranolol hcl, w/hctz
 PROSCAR*
 PREVENTIL HFA
 pseudoephedrine
 w/chlorpheniramine
 PULMICORT

thiothixene
 thyroid
 ticlidopine
 TILADE
 timolol maleate
 tobramycin sulfate
 TOPAMAX
 TOPROL XL*
 trazodone hcl
 tretinoin [PA]
 triamcinolone
 acetamide
 TRICOR
 trifluoperazine hcl
 trimethobenzamide
 trimethoprim
 trinessa
 tri-previfem
 tri-sprintec
 TRUSOPT
 TUSSIONEX

U

UNIPHYL*
 urea
 URSO, FORTE

Q

quetiapine fumarate
 quinapril
 quinaratic
 QVAR

V

VALTRESX
 velivet
 VENTOLIN HFA
 verapamil hcl
 VERELAN PM
 VESICARE
 VIGAMOX
 VIVELLE, -DOT
 VOLTAREN ophthalmic
 VYTORIN

R

ranitidine
 REBIF [INJ]
 RENAGEL
 REPRONEX [INJ]
 RESTORIL (7.5mg)
 ribasphere
 ribavirin
 rimantadine
 RISPERDAL
 (excluding M-tabs)

W

warfarin
 WELCHOL
 WELLBUTRIN XL*

S

SAIZEN [INJ] [PA]
 salsalate
 selenium sulfide
 SEREVENT DISKUS
 serophene
 SINGULAIR
 SKELAXIN*
 sodium sulfacetamide/
 sulfur
 solia
 SONATA
 SPIRIVA
 sprintec
 STARLIX
 STRATTERA
 SULAR
 sulfacetamide sodium
 sulfasalazine

X

XENICAL [PA]
 XOPENEX

Y

YASMIN

Z

ZADITOR
 ZETIA
 ZOCOR*
 ZOFRAN, ODT*
 ZOLOFT*
 ZOMIG, ZMT
 ZONEGRAN
 zovia
 ZYLET
 ZYMAR
 ZYPREXA
 (excluding Zydys)

T

TAMIFLU
 tamoxifen
 TAZORAC
 TEGRETOL XR
 temazepam
 theophylline,
 anhydrous, er
 thioguanine
 thioridazine hcl

Examples of Non-Preferred Medications with Selected Preferred Alternatives

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

Column 1 lists examples of non-preferred medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Non-Preferred	Preferred Alternative	Non-Preferred	Preferred Alternative
ACCOLATE	Singular	LIPITOR	lovastatin, Crestor, Vytorin, Zocor*
ACEON	Generic Ace Inhibitor, Atace*	LOCOID	hydrocortisone
ACIPHEX	omeprazole, Nexium, Prevacid	LOFIBRA	gemfibrozil, Tricor
ACTIVELLA	Prefest, Prempro/Premphase	LOPROX	clotrogil
ACTIOS	Avandia	LORABID	amox tripotassium clavulanate, Augmentin XR, Omnicef
ACULAR, LS, PF	Voltaren Ophthalmic	LUNESTA	Generic Ace Inhibitor, Atace*
AERODIOL, M	Flovent/HFA, Pulmicort, Qvar	MAXALT, MLT	Imitrex, Zomig/ZMT
ALAMAST	cramolyn sodium, Alomide, Emadine*, Patanol, Zaditor	MAXAQUIN	cefprozoxacin, ofloxacin, Avelox, Levaquin
ALBUTEROL	Maxair Autohaler, Proventil HFA, Ventolin HFA	MENOSTAR	Generic patches, Alora, Vivelle-Dot
SULFATE HFA	cramolyn sodium, Alomide, Emadine*	METAGLIP	glipizide + metformin
ALOCRIL	Patanol, Zaditor	MICALGIN NASAL	(topical), Actonel, Fosamax
ALREX	Generic steroids	MICARDIS	Cozaar, Diovan
ALTOPREV	lovastatin, Crestor, Vytorin, Zocor*	MICARDIS HCT	Diovan HCT, Hyzaar
AMARYL	glipizide er	MOBIC	Generic NSAIDs
AMERGE	Imitrex, Zomig/ZMT	MS CONTIN	morphine sulfate sa
ANALPRAM HC	hc-pramoxine 0.5% cream	MSIR	morphine sulfate soIn
ANTARA	gemfibrozil, Tricor	MUSE [PA]	Edex [PA], Levitra [PA]
ANZEMET	Zofran	NASAREL	Flonase*, Nasacort AQ, Nasonex
ASCENSIA	Accu-Chek, OneTouch	NORITROPIN [PA]	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
ATACANO	Cozaar, Diovan	NORITATE	metronidazole cream
ATACAND HCT	Diovan HCT, Hyzaar	NOROXIN	cefprozoxacin, ofloxacin, Avelox, Levaquin
AVALIDE	Diovan HCT, Hyzaar	NORVASC	felodipine er, nifedipine extended release, Dynacirc CR, Sular
AVAPRO	Cozaar, Diovan	NUTROPIN	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
AVINZA	Generics	NUVAPIN	Generics, Ortho-Evra, Ortho Tri-Cyclen Lo, Yasmin
AVITA [PA]	tretinoin [PA], Differin [PA]	OPTIVAR	cramolyn sodium, Alomide, Emadine*, Patanol, Zaditor
AXERT	Imitrex, Zomig/ZMT	ORAPRED	prednisolone soIn
AZELEX	tretinoin [PA], Differin [PA]	OXYREL	chronic gonadotropin, Novarel
AZMACORT	Flovent/HFA, Pulmicort, Qvar	OXYCONTIN	oxycodone hcl tab sa
AZOPT	bimontidine tartrate, Alphagan P, Cosopt, Trusopt	OXYIR	oxycodone hcl caps immediate release
BECONASE AQ	Flonase*, Nasacort AQ, Nasonex	PAXIL	paroxetine (immediate release), paroxetine
BENICAR	Cozaar, Diovan	PAXIL CR	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
BENZACLIN	Diovan HCT, Hyzaar	PCE	darithromycin, erythromycin
BENZAMYCIN, PAK	benzoyl peroxide+clindamycin, Duac	PEDIAPRED	prednisolone soIn
BETIOL	erythromycin/benzoyl peroxide	PEG-ANTHRON, REDIPEN	Copegus, Pegasys
BIXIAN, XL	befotaxol, timolol, other generics	PHENYTEK	phenytoin sodium extended release
BONIVA	darithromycin	PLENDIL	felodipine er
CADUET	Actonel, Fosamax	PLAVIX, TS, SCT	sulfacetamide sodium/sulfur sublimed
CARDENE SR	Calcium channel blocker (CCB) + HMG combination - CCB - felodipine er, nifedipine er, Dynacirc CR, Sular, HMG - lovastatin, Crestor, Zocor*	PRAMOSONE	lidocaine-hc
CARDIZEM LA	Calcium channel blocker (CCB) + HMG combination - CCB - felodipine er, nifedipine er, Dynacirc CR, Sular, HMG - lovastatin, Crestor, Zocor*	PRAVACHOL	lovastatin, Crestor, Vytorin, Zocor*
CAVERJECT [PA]	nifedipine extended release, felodipine er, Dynacirc CR, Sular	PRECISION	Accu-Chek, OneTouch
CEDAX	amlodipine extended release, Verelan PM	QID, PCX	
CEFZIL	Edex [PA], Levitra [PA]	PRILISEC	omeprazole
CELEXA	amox tripotassium clavulanate, Augmentin XR, Omnicef	PROTONIX	omeprazole, Nexium, Prevacid
CENESTIN	amox tripotassium clavulanate, Augmentin XR, Omnicef	PROTOPIC	Eidel
CEREFOLIN	amlodipine extended release, felodipine er, Dynacirc CR, Sular	PROTROPIN [PA]	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
CHIAS [PA]	amlodipine extended release, felodipine er, Dynacirc CR, Sular	PROZAC WEEKLY	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
CILOXAN	amlodipine extended release, felodipine er, Dynacirc CR, Sular	QUIXIN	fluoxetine (daily), clitalopram, paroxetine, Lexapro, Zoloft*
CILOXAN	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RELEZA	cefprozoxacin, ofloxacin, Vigamox, Zymar
CIPRO XR	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RELEXAX	rimantadine, Tamiflu
CLIMARA	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RESTORIL	Imitrex, Zomig/ZMT
COLAZYL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	(excluding 7.5mg)	temazepam
COVERA-HS	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RETIN-A	tretinoin [PA], Differin [PA]
CYCLESSA	amlodipine extended release, felodipine er, Dynacirc CR, Sular	MICRO [PA]	Flonase*, Nasacort AQ, Nasonex
DETROL LA	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RHINOCORT AQUA	Risperdal (non M-tabs)
DIPROFIL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RISPERDAL M-TAB	Concerta*, methylphenidate, Concerta*
DURAGESIC	amlodipine extended release, felodipine er, Dynacirc CR, Sular	RITALIN LA	Metacate COFEE
(excl 12mcg/hr)	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SANCTURA	oxybutynin, Ditropan XL*, Vesicare
DYNABAC	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SEASONALE	levora, porlia (continuous regimen)
DYNACIRC	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SKELID	Actonel, Fosamax
ELESTAT	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SOF-TACT	amox tripotassium clavulanate, Augmentin XR, Omnicef
ENABLEX	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SPECTRACEF	itraconazole [PA]
EPOGEN [PA]	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SPORANOX	amox tripotassium clavulanate, Augmentin XR, Omnicef
ERTACZO	amlodipine extended release, felodipine er, Dynacirc CR, Sular	caps, kit [PA]	SUPRAX
ESTRADERM	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SYMBYAX	amox tripotassium clavulanate, Augmentin XR, Omnicef
ESTRASORB	amlodipine extended release, felodipine er, Dynacirc CR, Sular	SYNTHROID	fluoxetine+Zyprexa (non-Zydys)
ESTROGEL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TARXA	levofthyroxine sodium, Levoxyl
FACTIVE	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TEQUIN	verapamil ACE Inhibitor, Lotrel
FAMVIR	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TESTIM	cefprozoxacin, ofloxacin, Avelox, Levaquin
FEM-HRT	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TEVETEN	Androderm, Androlog
FERTINEX	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TEVETEN HCT	Cozaar, Diovan
FML FORTE	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TEV-TROPIN [PA]	Diovan HCT, Hyzaar
FOGALIN, XR	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TOBRADEX	Humatrope [PA], Nutropin/AQ [PA], Saizen [PA]
FOSPREMOL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TOFRANIL-PM	Zyfel
FREESTYLE	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TRAVATAN	imipramine tabs
FROVA	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TRIGLIDE	Lumigan, Xalatan
GENOTROPIN [PA]	amlodipine extended release, felodipine er, Dynacirc CR, Sular	TRI-NORINYL	gemfibrozil, Tricor
GEODON	amlodipine extended release, felodipine er, Dynacirc CR, Sular	ULTRASE, MT	aranele, leena
GLUCOMETER	amlodipine extended release, felodipine er, Dynacirc CR, Sular	UNIRETIC	amylase/lipase/protease
GLYSET	amlodipine extended release, felodipine er, Dynacirc CR, Sular	UROXATRAL	benzaprifictz, enalaprilfictz, fosinoprilfictz, lisinaprilfictz, quinarelic
HELIDAC	amlodipine extended release, felodipine er, Dynacirc CR, Sular	VANTIN suspension	Avodart, Flomax, Proscar*
IOPIDINE	amlodipine extended release, felodipine er, Dynacirc CR, Sular	VANTIN tabs	amox tripotassium clavulanate, Omnicef
ISTALOL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	VEEOL	cefprozoxacin
KADIAN	amlodipine extended release, felodipine er, Dynacirc CR, Sular	VIAGRA [PA]	Generic steroids, Lotemax
KETEK, PAK	amlodipine extended release, felodipine er, Dynacirc CR, Sular	WELLBUTRIN SR	Levitra [PA]
KRISTALOSE	amlodipine extended release, felodipine er, Dynacirc CR, Sular	XIBROM	bupropion sr
KYTRIL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	ZEGFRID	Voltaren Ophthalmic
LESCOL XL	amlodipine extended release, felodipine er, Dynacirc CR, Sular	ZYPREXA ZYDIS	omeprazole, Nexium, Prevacid
LEXCEL	amlodipine extended release, felodipine er, Dynacirc CR, Sular		Zyprexa (non-Zydys)

KEY
 The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication.
 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 indicates that Prior Authorization is required.
 The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.
 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.

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The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. All generics are available at the lowest copy.

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