

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

DATE: February 24, 2010

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY
PRESCRIPTION DRUG PLAN UPDATES

Preferred Medication List 2010

Attached please find the updated **2010 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, for the most current information or contact them at 1-800-950-2662.

Enhanced ESI Therapeutic Equivalent Program (“Step Therapy”)

Also attached is the **2010 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 into the following categories, based on cost:

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 only affects **NEW** users or prescriptions that you have not filled in the previous **130 days**, or in the case of Topical Corticosteroid’s, 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 that 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, 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 about the above benefits, please contact Express Scripts at 1-800-950-2662 or visit their website at www.express-scripts.com.

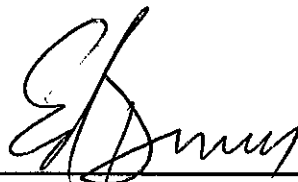
Drug Quantity Management Program

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, 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 medication.

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



ED DUMAS

**Chief Deputy County Executive for Policy
& Communications**

Distribution

One copy per employee

Attachments: (2)

SUFFOLK COUNTY EMHP

Step Therapy Drug List

(Effective 2/1/2010)

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®, Zyrtec®/D®	fexofenadine
Allergies	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasarel, Nasonex, Flonase, Veramyst, Omnaris	fluticasone propionate, flunisolide
Allergies/Asthma	Accolate®, Singulair®, Zyflo®	*Category 1: flunisolide, fluticasone, Beconase AQ, Flonase®, Nasacort®/AQ, Nasalide®, Nasarel®, Nasonex®, Rhinocort®/Aqua, Veramyst® *Category 2: fexofenadine, Allegra®/D®, Clarinex®/D®, Xyzal®, Zyrtec®/D®
Alzheimer's	Aricept, Cognex, Exelon, Razadyne/ER	galantamine/ER
Asthma Respiratory	Xopenex Inhalation Solution	albuterol inhalation solution, albuterol/ipratropium inhalation solution, levalbuterol inhalation solution
Attention Deficit Disorder	Strattera	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	finasteride
Depression	Wellbutrin XL®	bupropion SR/XL
Depression	Celexa™, Lexapro™, Luvox®, Paxil®/CR, Pexeva™, Prozac®, Sarafem™, Zoloft®	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Depression	Cymbalta®, Effexor®/XR	citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine
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

PLEASE NOTE: This drug list is subject to change so please visit the Express Scripts website at www.express-scripts.com for the most current list and program criteria.

SUFFOLK COUNTY EMHP

Step Therapy Drug List

(Effective 2/1/2010)

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)
High Blood Pressure	Accupril [®] , Accuretic [™] , Aceon [®] , Altace [®] , Capoten [®] , Capozide [®] , Lexxel [®] , Lotensin HCT [®] , Lotensin [®] , Lotrel [®] , Mavik [®] , Monopril [®] HCT, Monopril [®] , Prinivil [®] , Prinzide [®] , Tarka [®] , Uniretic [®] , Univasc [®] , Vaserec [®] , Vasotec [®] , Zestoretic [®] , Zestril [®]	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, trandolapril, benazepril/amlodipine
High Blood Pressure	Atacand HCT [®] , Atacand [®] , Avalide [®] , Avapro [®] , Benicar [™] , Benicar [™] HCT, Cozaar [®] , Diovan HCT [®] , Diovan [®] , Exforge [®] , Hyzaar [®] , Micardis [®] , Micardis [®] HCT, Teveten [®] , Teveten [®] HCT	benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, quinapril, quinapril/HCTZ, trandolapril, benazepril/amlodipine
High Blood Pressure	Blocadren [®] , Cartrol [®] , Coreg/CR [®] , Corgard [®] , Corzide [®] , Inderal/LA [®] , Inderide [®] , InnoPran XL [®] , Kerlone [®] , Levatol [®] , Lopressor/HCT [®] , Normodyne [®] , Sectral [®] , Temolide [®] , Tenoretic [®] , Tenormin [®] , Toprol XL [®] , Trandate [®] , Visken [®] , Zebeta [®] , Ziac [®]	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/LA, timolol, atenolol/chlorthalidone, bisoprolol/HCTZ, metoprolol/HCTZ, nadolol/bendroflumethiazide, propranolol/HCTZ
High Blood Pressure	Cardene [®] /SR, Dynacirc/CR [®] , Norvasc [®] , Sular [®]	amlodipine, amlodipine/benazepril, felodipine, isradipine, nifedipine, nifedipine/ER
High Blood Pressure	Adalat CC [®] , Calan/SR [®] , Covera-HS [®] , Isoptin/SR [®] , Plendil [®] , Procardia/XL [®] , Verelan [®] /PM	verapamil/SR
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
High Cholesterol	Altoprev, Caduet, Lescol, Lescol XL, Mevacor, Pravachol, Zocor, Vytorin, Lipitor	Step-One: lovastatin, pravastatin, simvastatin Step-Two: Crestor
High Cholesterol	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fibricor	fenofibrate
High Cholesterol	Zetia	simvastatin, pravastatin, lovastatin <i>(try one of these generics first to avoid being targeted by another step therapy program)</i>

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SUFFOLK COUNTY EMHP

Step Therapy Drug List

(Effective 2/1/2010)

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)
<i>High Triglycerides (cholesterol)</i>	<i>Welchol</i>	<i>cholestyramine, colestipol</i>
<i>Neuropathic Pain</i>	<i>Lyrica</i>	<i>gabapentin</i>
<i>Osteoporosis (Bone Loss)</i>	<i>Fosamax tablets, Fosamax oral solution, Fosamax Plus D</i>	<i>Step-One: alendronate Step-Two: Actonel, Actonel Plus Calcium, Boniva</i>
<i>Overactive Bladder</i>	<i>Detrol, Detrol LA, Sanctura, Vesicare, Enablex, Oxytrol, Ditropan, Ditropan XL, Toviaz, Gelnique</i>	<i>oxybutynin IR, oxybutynin XL</i>
<i>Pain/Inflammation</i>	<i>Anaprox/DS[®], Ansaid[®], Arthrotec[®], Cataflam[®], Clinoril[®], Daypro[®], Feldene[®], Indocin/SR[®], Lodine/XL[®], Meclomen[®], Mobic[®], Motrin[®], Nalfon[®], Naprelan[®], Naprosyn[®], Orudis[®], Oruvail[®], Ponstel[®], Relafen[®], Tolectin[®], Toradol[®], Voltaren/XR[®]</i>	<i>diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin</i>
<i>Pain/Inflammation</i>	<i>Prevacid NapraPac[®]</i>	<i>omeprazole and naproxen</i>
<i>Pain/Inflammation</i>	<i>Celebrex[®]</i>	<i>diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin</i>
<i>Pain</i>	<i>Ultram, Ultracet, Ultram ER, Ryzolt</i>	<i>tramadol, tramadol/acetaminophen</i>
<i>Restless Leg Syndrome/Parkinson's Disease</i>	<i>Mirapex, Requip XL, Requip</i>	<i>ropinirole</i>
<i>Skin Disorders</i>	<i>Elidel[®], Protopic[®]</i>	<i>Aclovate, Aristocort, Cloderm, Cordran, Cutivate, Cyclocort, Diprolene/AF, Elocon, Florone/E, Halog/E, Kenalog, Locoid, Pandel, Psorcon E, Temovate, Topicort, Ultravate</i>

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SUFFOLK COUNTY EMHP

Step Therapy Drug List

(Effective 2/1/2010)

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)
Skin Disorders	<i>Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene, Vanos, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort, Lidex, Westcort, Momexin</i>	<i>alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone</i>
Sleep Disorders	Ambien/CR [®] , Lunesta [®] , Rozerem [®] , Sonata [®]	zolpidem
Ulcers/Acid Reflux	Aciphex [®] , Prilosec [®] , Protonix [®] , Zegerid [®]	**Step-One: omeprazole **Step-Two: Nexium [®] , Prevacid [®]

* 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.



2010 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.

<p>A</p> <p>ABILIFY (excluding Discmelt & solution) acetabose ACCU-CHEK MULTICLIX lancets acebutolol acetaminophen w/codeine acetazolamide ACTONEL with calcium [QLL] ACTOPLUS MET [QLL] ACTOS [QLL] ACULAR, LS* acyclovir ADVAIR DISKUS, HFA [QLL] ADVICOR AGGRENOX albuterol [QLL] alendronate sodium [QLL] ALPHAGAN P* ALTABAX amantadine AMBIEN CR* [QLL] [ST] aminophylline amitriptyline amlodipine besylate amox tri/potassium clavulanate amoxicillin amphetamine salt combo [PA] anagrelide ANALPRAM-HC ANDRODERM ANDROGEL antipyrine w/benzocaine apri aranelle ARANESE [INJ] [PA] ARICEPT, ODT ARIMIDEX* ARIXTRA [INJ] ASACOL HD ASCENSIA AUTODISC, BREEZE/2 ASCENSIA CONTOUR SYSTEM ASCENSIA ELITE ASTELIN* [QLL] ASTEPRO [QLL] atenolol, -chlorthalidone atropine sulfate AUGMENTIN XR AVANDAMET [QLL] AVANDARYL [QLL] AVANDIA [QLL] AVELOX aviane AVODART AXID solution only AZASITE azathioprine AZILECT azithromycin [QLL] AZOR [ST]</p>	<p>B</p> <p>balsalazide disodium balziva benazepril, /hctz BENZAFLIN (excluding carekit)* benzonatate benzoyl peroxide betamethasone dp, valerate BETASERON [INJ] [QLL] bisoprolol fumarate/hctz BONIVA TAB [QLL] brimonidine tartrate bupropion, sr butalbital/apap/caffeine BYETTA [INJ] [QLL]</p> <p>C</p> <p>calcipotriene calcitriol camila CANASA captopril, /hctz carbamazepine, xr carbidopa-levodopa, er CARDIZEM LA* carisoprodol carvedilol cefaclor, er cefadroxil cefdinir cefepodoxime cefprozil cefuroxime CELEBREX [ST] CELLCEPT oral susp* cephalexin cesia CETROTIDE [INJ] chlorzoxazone cholestyramine choline mag trisalcylate chorionic gonadotropin [INJ] [QLL] ciclopirox cilostazol cimetidine CIPRODEX ciprofloxacin, er citalopram clarithromycin, er CLIMARA PRO [QLL] clidinium- chlordiasepoxide clindamycin phosphate clobetasol propionate clobenpropine clobenpropine clobenpropine clozapine colestipol COMBIPATCH CONCERTA* COPAXONE [INJ] [QLL] COREG CR* [ST] COZAAR* [ST] CREON CRESTOR [QLL] [ST] CRINONE cryselle cyclobenzaprine hcl cyclosporine, modified</p>	<p>CYMBALTA [ST]</p> <p>D</p> <p>desmopressin acetate desonide desoximetasone dexmethylphenidate dextroamphetamine- amphetamine [PA] dextroamphetamine sulfate [PA] diclofenac sodium dicyclanide hcl DIFFERIN* [PA] diflunisal diltiazem, extended release DIOVAN, HCT [ST] diphenhydramine dipyridamole divalproex sodium dorzolamide, -timolol doxepin hcl DUAC CS DUETACT [QLL] DYNACIRC CR* [ST]</p> <p>E</p> <p>econazole EFFEXOR XR* [ST] ELIDEL [ST] eliphas ENABLEX enalapril, hctz ENBREL [INJ] [PA] [QLL] enpresse enulose EPIPEN, JR [INJ] [QLL] errin erythromycin erythromycin/ benzoyl perox. ESTRADERM [QLL] estradiol, tds [QLL] estropipate etidronate disodium etodolac EVAMIST [QLL] EXELON EXFARGE, HCT [ST]</p> <p>F</p> <p>famciclovir [QLL] famotidine felodipine er fenofibrate fentanyl citrate FINACEA, PLUS finasteride FLECTOR [QLL] [ST] FLOMAX* FLOVENT DISKUS, HFA [QLL] fluconazole [QLL] fluocinonide fluorouracil fluoxetine hcl fluphenazine flurazepam fluticasone nasal spray [QLL]</p>	<p>fluvoxamine maleate folic acid FORADIL [QLL] FORTEO [INJ] [QLL] fortical fosinopril, /hctz FOSRENOL</p> <p>G</p> <p>gabapentin gemfibrozil GENOTROPIN [INJ] [PA] gentamicin sulfate glimepiride glipizide, er, xl glipizide/metformin GLUCAGEN [INJ] glyburide, micronized glyburide/metformin GONAL-F, RFF [INJ] granisetron [QLL]</p> <p>H</p> <p>HALFLYTELY, -BISACODYL haloperidol HUMALOG [INJ] HUMATROPE [INJ] [PA] HUMIRA [INJ] [PA] [QLL] HUMULIN [INJ] hydrochlorothiazide hydrocodone/ acetaminophen hydrocortisone hydromorphone hydroxyurea hyoscyamine sulfate HYZAAR* [ST]</p> <p>I</p> <p>ibuprofen ipipramine indomethacin INTAL inh [QLL] ipratropium bromide ipratropium-albuterol [QLL] ipratropium, hctz METROGEL metronidazole isotretinoin [PA] itraconazole [PA] [QLL]</p> <p>J</p> <p>JANUMET [QLL] JANUVIA [QLL] jolesa jolvette junel, fe</p> <p>K</p> <p>kariva kelnor KEPPRA XR ketoconazole</p> <p>L</p> <p>labetalol hcl lactulose lamotrigine</p>	<p>LANTUS, SOLOSTAR [INJ] leena leflunomide [QLL] lessina LETAHRIS leucovorin leuprolide acetate [INJ] LEVAQUIN LEVEMIR, FLEXPEN [INJ] levetiracetam levora levotiroxine sodium levoxy LEXAPRO [ST] LIALDA LIDODERM LIPITOR [ST] lisinopril, /hctz LOTEMAX LOTREL* [ST] lovastatin LOVAZA LOVENOX* [INJ] low-ogestrel LUMIGAN lutera LYRICA</p> <p>M</p> <p>MAXALT, MLT [QLL] meclizine hcl medroxyprogesterone acetate [QLL] megestrol meloxicam [QLL] MENEST mercaptapurine MERIDIA [PA] METANX metaproterenol metformin, er methocarbamol methotrexate methylphenidate hcl methylprednisolone metoclopramide hcl metolazone metoprolol, hctz METROGEL metronidazole microgestin, fe MIRAPEX* mirtazapine, soltab moexipril/hctz mometasone mononessa morphine sulfate MOVIPREP MUSE [PA] [QLL] mycophenolate mofetil</p> <p>N</p> <p>nabumetone nadolol NAMENDA naproxen NASACORT AQ [QLL] NASONEX [QLL] nateglinide necon NEEVO</p>	<p>neomycin/polymyxin/ dexamethasone neomycin/polymyxin/hc NEVANAC NEXIUM [QLL] [ST] NIASPAN nifedipine er nisoldipine nitrofurantoin inacrocystal nitroglycerin NITROLINGUAL SPRAY nizatidine nora-be norel NOVOFINE NOVOLIN [INJ] NOVOLOG [INJ] NUTROPIN, AQ [INJ] [PA] nystatin</p> <p>O</p> <p>ofloxacin ogestrel omeprazole [QLL] ondansetron [QLL] ONETOUCH BASIC ONETOUCH FASTAKE ONETOUCH SURESTEP ONETOUCH ULTRA,-2, -SMART ONETOUCH ULTRAMINI OPANA ER orphenadrine citrate ORTHO TRI-CYCLEN LO OSMOPREP oxcarbazepine oxybutynin, er [QLL] oxycodone w/acetaminophen OXYCONTIN OXYTROL [QLL]</p> <p>P</p> <p>paroxetine PATADAY PATANOL peg 3350/electrolyte PEGASYS [INJ] [QLL] PEG-INTRON, REDIPEN [INJ] [QLL] penicillin v potassium PERFORMIST [QLL] perphenazine phentermine hcl [PA] phenytoin sodium, extended pilocarpine hcl pindolol PLAVIX polymyxin b sul/ trimethoprim portia PRAMOSONE PRANDIMET [QLL] PRANDIN* pravastatin PRECISION SURE DOSE PRECISION XTRA prednisolone prednisolone acetate (continued)</p>
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THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2010 THROUGH DECEMBER 31, 2010. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.

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

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.

prednisone
PREMARIN
PREMPHASE
PREMPRO
PRENATE ELITE
previfem
PRISTIQ [ST]
PROAIR HFA [QLL]
PROCHIEVE
prochlorperazine
PROCRIPT [INJ] [PA]
promethazine
promethazine w/codeine
promethazine w/dm
PROMETRIUM
proparanolol hcl w/hctz
PROTOPIC* [ST]
pseudoephedrine
w/chlorpheniramine
PULMICORT
FLEXHALER [QLL]
PYLERA

Q

quasense
quinapril
quinaretic
QVAR [QLL]

R

ramipril
RANEXA
ranitidine
REBIF [INJ] [QLL]
reclipsen
RELENZA [QLL]
RENAGEL
RENVELA
reprexain
REQUIP XL
RESTASIS [QLL]
ribasphere
ribavirin
risperidone, odt
ropinirole
RYTHMOL SR

S

salsalate
selenium sulfide
SEREVENT DISKUS [QLL]
SEROQUEL, XR
sertraline
SIMCOR
simvastatin
SINGULAR [ST]
SKELAXIN*
sodium sulfacetamide/
sulfur
SOFT TOUCH lancets
SOFTCLIX lancets
solia
SOMATULINE DEPOT [INJ]
SPIRIVA [QLL]
sprintec
sronyx
STRATTERA
STRIANT
SULAR [ST]
sulfacetamide sodium
sulfasalazine
sumatriptan
tab, inj [QLL]
SYMBICORT [QLL]
SYMBYAX
SYMLIN, SYMLINPEN
[INJ] [QLL]

T

TAMIFLU [QLL]
tamoxifen
TAZORAC
TEKTRUNA, HCT

temazepam
terbinatine hcl [PA]
terbutaline sulfate
theophylline,
anhydrous, er
thioridazine hcl
thyroid
tilia fe
timolol maleate
tobramycin sulfate
topiramate
TRACLEER
trandolapril
trazodone hcl
tretinoin [PA]
TREXIMET [QLL]
triamcinolone acetonide
triazolam
tri-erest fe
TRILIPIX
trimethobenzamide
trimethoprim
trinessa
tri-previfem
tri-sprintec
trivora
TUSSICAPS
TUSSIONEX
TWINJECT [INJ] [QLL]

U

ULTRASE, -MT
UROXATRAL
ursodiol

V

VAGIFEM
VALTRESX* [QLL]
VECTICAL
velivet
venlafaxine
(immediate release)
VENTOLIN HFA [QLL]
VERAMYST [QLL]
verapamil hcl
veripred
VESICARE
VIAGRA [PA] [QLL]
VIGAMOX
VIMPAT
VIVELLE-DOT [QLL]
VOLTAREN GEL [ST]
VYVANSE [PA]

W

warfarin
WELCHOL

X

XALATAN
XOPENEX neb solution

Y

YAZ

Z

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

Nonpreferred	Preferred Alternative	Nonpreferred	Preferred Alternative
ACCOLATE [ST] ACCU-CHEK meters/strips ACIPHEX [ST] ADDERALL XR [PA] AEROBID, M [QLL]	Singular [ST] Ascensia, OneTouch omeprazole [QLL], Nexium [QLL] [ST] dexdroamphetamine-amphetamine [PA] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] Pataday, Patanol Pataday, Patanol Pataday, Patanol Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL]	GELNIQUE [QLL] GEDDON IMITREX Nasal [QLL] INVEGA IQUIX KADIAX KAPIDEX [QLL] [ST] LESCOL, XL [ST]	oxybutynin er [QLL], Oxytrol [QLL] risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydys) Zomig Nasal [QLL] risperidone, Abilify (regular tabs), Seroquel/XR, Zyprexa (non-Zydys) ciprofloxacin, Vigamox, Zymar* morphine sulfate er omeprazole [QLL], Nexium [QLL] [ST] lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Viagra [PA] [QLL] fenofibrate, Trilipix zolidem tartrate [QLL], Ambien CR* [QLL] [ST] ProAir HFA [QLL], Ventolin HFA [QLL]
ALAMAST ALOCRIL ALOMIDE ALORA [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	LEVITRA [PA] [QLL] LIPOFEN LUNESTA [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
ALTOPREV [ST]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	MAXAIR AUTOHALER [QLL] MENOSTAR [QLL]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
ALVESCO [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	MAXAIR AUTOHALER [QLL] MENOSTAR [QLL]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
AMERGE [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	MAXAIR AUTOHALER [QLL] MENOSTAR [QLL]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
ANGELIQ ANTARA APIORA APRISO ASMANEX [QLL]	balsalazide, Asacol/HLD, Lialda Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] tretinoin [PA], Differin* [PA] Diovan HCT [ST], Hyzaar* [ST] Cozaar* [ST], Diovan [ST] morphine sulfate er tretinoin [PA], Differin* [PA] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	MICARDIS [ST] MICARDIS HCT [ST] NORDITROPIN [PA] NOROXIN NUVARING OMNARIS [QLL]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
ATACAND [ST] ATAGAND HCT [ST] ATRALIN [PA] AVALIDE [ST] AVAPRO [ST] AVINZA AVITA [PA] AXERT [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	OMNITROPE [PA] OPTIVAR ORTHO EVRA PATANASE [QLL] PRECISION PCX, QID PREFEST PREVACID [QLL] [ST] PREVPAC [QLL] PROVENTIL HFA [QLL] PROZAC WEEKLY [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
AZMACORT [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	OPTIVAR ORTHO EVRA PATANASE [QLL] PRECISION PCX, QID PREFEST PREVACID [QLL] [ST] PREVPAC [QLL] PROVENTIL HFA [QLL] PROZAC WEEKLY [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
AZOPT	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	PRECISION PCX, QID PREFEST PREVACID [QLL] [ST] PREVPAC [QLL] PROVENTIL HFA [QLL] PROZAC WEEKLY [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
BEGONASE AQ [QLL]	lovastatin, pravastatin, simvastatin, Crestor [QLL] [ST], Lipitor [ST] Flovent Diskus/HFA [QLL], Pulmicort Flexhaler [QLL], Qvar [QLL] sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	PRECISION PCX, QID PREFEST PREVACID [QLL] [ST] PREVPAC [QLL] PROVENTIL HFA [QLL] PROZAC WEEKLY [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
BENICAR [ST] BENICAR HCT [ST] BESWANCE BRAVELLE BROVANA [QLL] CARDENE SR [ST]	amlodipine, felodipine er, nifedipine er, Dyncacir CR* [ST], Sular [ST] amox tr/potassium clavulanate, cefdinir, Augmentin XR estradiol [QLL], Menest, Premarin Ciprodex Viagra [PA] [QLL] Enbrel [PA] [QLL], Humira [PA] [QLL] Ciprodex oxybutynin/er [QLL], Enablex, Vesicare Generic patches [QLL], Evamist [QLL] Generic steroids, Lotemax Caveject [PA] [QLL], Muse [PA] [QLL] zolidem tartrate [QLL], Ambien CR* [QLL] [ST] Pataday, Patanol Generic patches [QLL], Evamist [QLL] Pataday, Patanol estradiol [QLL], Menest, Premarin Aranesp [PA], Procrit [PA] Generic patches [QLL], Evamist [QLL] Generic patches [QLL], Evamist [QLL] ciprofloxacin/er, ofloxacin, Avelox, Levaquin Prempro/Premphase estradiol [QLL], Menest, Premarin fenofibrate, Trilipix Gonal-F/RFF Generic steroids, Lotemax dexmethylphenidate, dexdroamphetamine- amphetamine [PA], Concerta*, Vyvanse Gonal-F/RFF Ascensia, OneTouch sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	RETIN-A MICRO [PA] RHINOCORT AQUA [QLL] RITALIN LA SAIZEN [PA] SANCTURA, XR SIMPONI [PA] SOF-TACT SPECTRACEF STARLIX SUMATRIPTAN Nasal [QLL] SYNTHROID TESTIM TEVETEN [ST] TEVETEN HCT [ST] TEV-TROPIN [PA] TOVIAZ TRAVATAN, Z TRICOR TRIGLIDE VENLAFAXINE ER [ST] VYTORIN [ST] XIBROM XOPENEX HFA [QLL] ZEGERID [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
CEDEX	amlodipine, felodipine er, nifedipine er, Dyncacir CR* [ST], Sular [ST] amox tr/potassium clavulanate, cefdinir, Augmentin XR estradiol [QLL], Menest, Premarin Ciprodex Viagra [PA] [QLL] Enbrel [PA] [QLL], Humira [PA] [QLL] Ciprodex oxybutynin/er [QLL], Enablex, Vesicare Generic patches [QLL], Evamist [QLL] Generic steroids, Lotemax Caveject [PA] [QLL], Muse [PA] [QLL] zolidem tartrate [QLL], Ambien CR* [QLL] [ST] Pataday, Patanol Generic patches [QLL], Evamist [QLL] Pataday, Patanol estradiol [QLL], Menest, Premarin Aranesp [PA], Procrit [PA] Generic patches [QLL], Evamist [QLL] Generic patches [QLL], Evamist [QLL] ciprofloxacin/er, ofloxacin, Avelox, Levaquin Prempro/Premphase estradiol [QLL], Menest, Premarin fenofibrate, Trilipix Gonal-F/RFF Generic steroids, Lotemax dexmethylphenidate, dexdroamphetamine- amphetamine [PA], Concerta*, Vyvanse Gonal-F/RFF Ascensia, OneTouch sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	RETIN-A MICRO [PA] RHINOCORT AQUA [QLL] RITALIN LA SAIZEN [PA] SANCTURA, XR SIMPONI [PA] SOF-TACT SPECTRACEF STARLIX SUMATRIPTAN Nasal [QLL] SYNTHROID TESTIM TEVETEN [ST] TEVETEN HCT [ST] TEV-TROPIN [PA] TOVIAZ TRAVATAN, Z TRICOR TRIGLIDE VENLAFAXINE ER [ST] VYTORIN [ST] XIBROM XOPENEX HFA [QLL] ZEGERID [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
CENESTIN CETRAHAL CIALIS [PA] [QLL] CIMZIA [PA] CIPRO HC DETROL, LA DIVIGEL [QLL] DUREZOL EDEX [PA] [QLL] EDLUAR [QLL] [ST]	amlodipine, felodipine er, nifedipine er, Dyncacir CR* [ST], Sular [ST] amox tr/potassium clavulanate, cefdinir, Augmentin XR estradiol [QLL], Menest, Premarin Ciprodex Viagra [PA] [QLL] Enbrel [PA] [QLL], Humira [PA] [QLL] Ciprodex oxybutynin/er [QLL], Enablex, Vesicare Generic patches [QLL], Evamist [QLL] Generic steroids, Lotemax Caveject [PA] [QLL], Muse [PA] [QLL] zolidem tartrate [QLL], Ambien CR* [QLL] [ST] Pataday, Patanol Generic patches [QLL], Evamist [QLL] Pataday, Patanol estradiol [QLL], Menest, Premarin Aranesp [PA], Procrit [PA] Generic patches [QLL], Evamist [QLL] Generic patches [QLL], Evamist [QLL] ciprofloxacin/er, ofloxacin, Avelox, Levaquin Prempro/Premphase estradiol [QLL], Menest, Premarin fenofibrate, Trilipix Gonal-F/RFF Generic steroids, Lotemax dexmethylphenidate, dexdroamphetamine- amphetamine [PA], Concerta*, Vyvanse Gonal-F/RFF Ascensia, OneTouch sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	RETIN-A MICRO [PA] RHINOCORT AQUA [QLL] RITALIN LA SAIZEN [PA] SANCTURA, XR SIMPONI [PA] SOF-TACT SPECTRACEF STARLIX SUMATRIPTAN Nasal [QLL] SYNTHROID TESTIM TEVETEN [ST] TEVETEN HCT [ST] TEV-TROPIN [PA] TOVIAZ TRAVATAN, Z TRICOR TRIGLIDE VENLAFAXINE ER [ST] VYTORIN [ST] XIBROM XOPENEX HFA [QLL] ZEGERID [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
ELESTAT ELESTRIN [QLL] EMADINE ENJUVA EPOGEN [PA] ESTRASORB [QLL] ESTROGEL [QLL] FACTIVE [QLL] FemHRT FEMTRACE FENOGLIDE FERTINEX FML FORTE FOCALIN, XR	amlodipine, felodipine er, nifedipine er, Dyncacir CR* [ST], Sular [ST] amox tr/potassium clavulanate, cefdinir, Augmentin XR estradiol [QLL], Menest, Premarin Ciprodex Viagra [PA] [QLL] Enbrel [PA] [QLL], Humira [PA] [QLL] Ciprodex oxybutynin/er [QLL], Enablex, Vesicare Generic patches [QLL], Evamist [QLL] Generic steroids, Lotemax Caveject [PA] [QLL], Muse [PA] [QLL] zolidem tartrate [QLL], Ambien CR* [QLL] [ST] Pataday, Patanol Generic patches [QLL], Evamist [QLL] Pataday, Patanol estradiol [QLL], Menest, Premarin Aranesp [PA], Procrit [PA] Generic patches [QLL], Evamist [QLL] Generic patches [QLL], Evamist [QLL] ciprofloxacin/er, ofloxacin, Avelox, Levaquin Prempro/Premphase estradiol [QLL], Menest, Premarin fenofibrate, Trilipix Gonal-F/RFF Generic steroids, Lotemax dexmethylphenidate, dexdroamphetamine- amphetamine [PA], Concerta*, Vyvanse Gonal-F/RFF Ascensia, OneTouch sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	RETIN-A MICRO [PA] RHINOCORT AQUA [QLL] RITALIN LA SAIZEN [PA] SANCTURA, XR SIMPONI [PA] SOF-TACT SPECTRACEF STARLIX SUMATRIPTAN Nasal [QLL] SYNTHROID TESTIM TEVETEN [ST] TEVETEN HCT [ST] TEV-TROPIN [PA] TOVIAZ TRAVATAN, Z TRICOR TRIGLIDE VENLAFAXINE ER [ST] VYTORIN [ST] XIBROM XOPENEX HFA [QLL] ZEGERID [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]
FOLLISTIM AQ FREESTYLE FROVA [QLL]	amlodipine, felodipine er, nifedipine er, Dyncacir CR* [ST], Sular [ST] amox tr/potassium clavulanate, cefdinir, Augmentin XR estradiol [QLL], Menest, Premarin Ciprodex Viagra [PA] [QLL] Enbrel [PA] [QLL], Humira [PA] [QLL] Ciprodex oxybutynin/er [QLL], Enablex, Vesicare Generic patches [QLL], Evamist [QLL] Generic steroids, Lotemax Caveject [PA] [QLL], Muse [PA] [QLL] zolidem tartrate [QLL], Ambien CR* [QLL] [ST] Pataday, Patanol Generic patches [QLL], Evamist [QLL] Pataday, Patanol estradiol [QLL], Menest, Premarin Aranesp [PA], Procrit [PA] Generic patches [QLL], Evamist [QLL] Generic patches [QLL], Evamist [QLL] ciprofloxacin/er, ofloxacin, Avelox, Levaquin Prempro/Premphase estradiol [QLL], Menest, Premarin fenofibrate, Trilipix Gonal-F/RFF Generic steroids, Lotemax dexmethylphenidate, dexdroamphetamine- amphetamine [PA], Concerta*, Vyvanse Gonal-F/RFF Ascensia, OneTouch sumatriptan tab [QLL], Maxalt/MLT [QLL], Zomig/ZMT [QLL]	RETIN-A MICRO [PA] RHINOCORT AQUA [QLL] RITALIN LA SAIZEN [PA] SANCTURA, XR SIMPONI [PA] SOF-TACT SPECTRACEF STARLIX SUMATRIPTAN Nasal [QLL] SYNTHROID TESTIM TEVETEN [ST] TEVETEN HCT [ST] TEV-TROPIN [PA] TOVIAZ TRAVATAN, Z TRICOR TRIGLIDE VENLAFAXINE ER [ST] VYTORIN [ST] XIBROM XOPENEX HFA [QLL] ZEGERID [QLL] [ST]	Generic patches [QLL], Estraderm [QLL], Vivelle-Dot [QLL] dexdroamphetamine-amphetamine [PA], methylphenidate, Concerta*, Vyvanse Cozaar* [ST], Diovan [ST] Diovan HCT [ST], Hyzaar* [ST] Genotropin [PA], Humatrope [PA], Nutropin/AQ [PA]

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 Limit 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.

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