

2008

Preferred Drug List

TAKE THIS LIST WITH YOU EACH TIME YOU VISIT A DOCTOR

This is a condensed version of the preferred formulary. Please be aware that this is not an all-inclusive list. Changes may occur throughout the year and plan exclusions may override this list. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days supply and prior authorization.

• **Brand Drugs** = CAPITAL LETTERS • **Generic Drugs** = lower case 14983STDPDL1007

ANALGESICS

NSAIDS

diclofenac
 etodolac/ extended-release
 fenoprofen
 flurbiprofen
 ibuprofen
 indomethacin
 ketoprofen
 ketorolac
 meclofenamate
 meloxicam
 nabumetone
 naproxen
 oxaprozin
 piroxicam
 sulindac
 tolmetin

ANTI-INFECTIVE AGENTS

ANTIFUNGALS

clotrimazole
 fluconazole
 griseofulvin suspension
 itraconazole
 ketoconazole
 nystatin
 terbinafine
 GRIS-PEG®

CEPHALOSPORINS

cefactor/ extended-release
 cefadroxil
 cefdinir
 cefpodoxime
 cefprozil
 cefuroxime
 cephalixin

FLUOROQUINOLONES

ciprofloxacin
 ofloxacin
 AVELOX®
 LEVAQUIN®

MACROLIDE ANTIBIOTICS

azithromycin
 clarithromycin/
 extended-release
 erythromycin

PENICILLINS

amoxicillin
 amoxicillin/ clavulanate
 potassium
 ampicillin
 dicloxacillin
 penicillin
 AUGMENTIN XR®

MISC. ANTI-INFECTIVES

doxycycline
 erythromycin/ sulfisoxazole
 metronidazole
 minocycline
 nitrofurantoin
 tetracycline
 trimethoprim
 trimethoprim/
 sulfamethoxazole
 FURADANTIN®

CARDIOVASCULAR AGENTS

ACE INHIBITORS

benazepril
 captopril
 enalapril
 fosinopril
 lisinopril
 moexipril
 quinapril
 trandolapril
 ALTACE®

ANGIOTENSIN II

BLOCKERS

BENICAR®
 DIOVAN®

ANTHYPERLIPIDEMICS

cholestyramine
 colestipol
 gemfibrozil
 lovastatin
 pravastatin
 simvastatin
 ADVICOR®
 CADUET®
 LIPITOR®
 LOVAZA™
 NIASPAN®
 TRICOR®
 VYTORIN®
 WELCHOL®
 ZETIA®

ANTHYPERTENSIVES & COMBINATIONS

amlodipine/ benazepril
 atenolol/ HCTZ
 benazepril/ HCTZ
 bisoprolol/ HCTZ
 captopril/ HCTZ
 clonidine
 doxazosin
 enalapril/ HCTZ
 fosinopril/ HCTZ
 guanfacine
 hydralazine/ HCTZ
 lisinopril/ HCTZ
 methyl dopa/ HCTZ
 metoprolol/ HCTZ

ANTHYPERTENSIVES & COMBINATIONS (cont.)

minoxidil
 moexipril/ HCTZ
 nadolol/ bendroflumethiazide
 prazosin
 propranolol/ HCTZ
 terazosin
 BENICAR HCT®
 DIOVAN HCT®

BETA BLOCKERS

acebutolol
 atenolol
 betaxolol
 bisoprolol
 carvedilol
 labetalol
 metoprolol/ extended-release
 nadolol
 pindolol
 propranolol/
 extended-release
 timolol
 COREG CR™
 INNOPRAN XL®

CALCIUM BLOCKERS

amlodipine
 diltiazem/ extended-release
 felodipine
 nicardipine
 nifedipine/ extended-release
 verapamil/ extended-release
 CARDIZEM LA®
 SULAR®

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS

amitriptyline
 bupropion/ extended-release
 citalopram
 clomipramine
 desipramine
 doxepin
 fluoxetine
 fluvoxamine
 imipramine
 maprotiline
 mirtazapine
 nortriptyline
 paroxetine
 sertraline
 trazodone
 trimipramine
 venlafaxine
 EFFEXOR XR®
 LEXAPRO®
 VIVACTIL®
 WELLBUTRIN XL®

2008 Preferred Drug List (cont.)

ANTIPSYCHOTICS

chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
perphenazine
thioridazine
thiothixene
trifluoperazine
ABILIFY®/ DISCMELT™
GEODON®
MOBAN®
ORAP®
RISPERDAL®/ M-TAB®
SEROQUEL®/ XR™
ZYPREXA®/ ZYDIS®

CNS STIMULANTS

amphetamine-
dextroamphetamine
dexmethylphenidate
dextroamphetamine
methamphetamine
methylphenidate
CONCERTA®
STRATTERA®

HYPNOTICS/ ANXIOLYTICS

alprazolam
buspirone
chloral hydrate
chlordiazepoxide
clorazepate
diazepam
estazolam
flurazepam
lorazepam
oxazepam
temazepam
triazolam
zolpidem

MIGRAINE AGENTS

(QTY. LIMITS APPLY)

IMITREX®
MAXALT®
ZOMIG®

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETICS

glimepiride
glipizide/ extended-release
glipizide/ metformin
glyburide
glyburide/ metformin
metformin/ extended-release
ACTOplus MET™
ACTOS®
AVANDAMET®
AVANDARYL™
AVANDIA®
BYETTA™ (for diabetes only)

ANTIDIABETICS (cont.)

DUETACT™
GLYSET®
JANUMET™
JANUVIA™
PRANDIN®
PRECOSE®
STARLIX®
SYMLIN® (for diabetes only)

DIABETIC TESTING SUPPLIES

ACCU-CHEK® STRIPS/ KITS
ASCENSIA® STRIPS/ KITS

ESTROGENS & PROGESTERONES/ COMBINATIONS

estradiol transdermal system
estropipate
ACTIVELLA®
CENESTIN®
ENJUVIA®
ESTRATEST/ HS®
PREMARIN/ LOW-DOSE®
PREMPHASE®
PREMPRO™
VIVELLE/ DOT®

INSULINS

LANTUS®
LEVEMIR®
NOVOLIN®
NOVOLOG®

OTHER ENDOCRINE DRUGS

ACTONEL®
ACTONEL® WITH CALCIUM
FOSAMAX®
FOSAMAX® PLUS D
MIACALCIN
NASAL SPRAY®

GASTROINTESTINAL AGENTS

H-2 ANTAGONISTS

cimetidine
famotidine
nizatidine
ranitidine

Note: Consider over-the-counter alternatives such as Axid, Pepcid, Tagamet or Zantac (may not be covered by your plan)

PROTON PUMP INHIBITORS

omeprazole
NEXIUM®
PREVACID®

Note: Consider over-the-counter alternatives such as Prilosec OTC (may not be covered by your plan)

MISC. ULCER

methscopolamine
misoprostol
sucralfate
CARAFATE® (suspension only)
PREVACID® NapraPAC™
PREVPAC®
PYLERA™

RESPIRATORY AGENTS

ALLERGY-NASAL PRODUCTS

flunisolide
fluticasone
ipratropium
ASTELIN®
NASACORT AQ®
NASONEX®

ANTIASTHMATICS

albuterol extended-release tablets
albuterol nebulization
cromolyn nebulization
metaproterenol nebulization
terbutaline
theophylline
ACCUNEB®
ADVAIR®
ALUPENT® INHALER
ASMANEX®
ATROVENT® HFA
COMBIVENT®
DUONEB®
FLOVENT® HFA INH/ DISKUS®
FORADIL®
INTAL® INHALER
PROAIR® HFA
PULMICORT®
SEREVENT® DISKUS®
SINGULAIR®
SPIRIVA®
SYMBICORT®
TILADE®
XOPENEX®/ HFA®

UROLOGICAL MEDICATIONS

ANTICHOLINERGIC/ ANTISPASMODICS

flavoxate
hyoscyamine oral disintegrating tablet
oxybutynin
DETROL/ LA®
ENABLEX®
VESICARE®

BENIGN PROSTATIC HYPERTROPHY DRUGS

doxazosin
finasteride
terazosin
AVODART®
FLOMAX®

ASK YOUR DOCTOR FOR GENERIC DRUGS WHENEVER POSSIBLE.

Catalyst Rx Customer Service: 1-800-997-3784 • 1-888-869-4600

For a complete Preferred Drug List, please visit www.catalystrx.com
(Login required. Please contact your benefits office for more information.)