

BUREAU OF TENNCARE
FIRST HEALTH



PREFERRED DRUG LIST

Dear TennCare Provider:

Attached is the TennCare Preferred Drug List (PDL) that will be effective on December 1, 2005. For your information and convenience, we have placed dollar signs (\$, \$\$, \$\$\$) next to the preferred medications in order to assist with your prescribing/dispensing decisions. Please note that these dollar signs are relative within each class.

TennCare asks your cooperation when prescribing in choosing preferred medications from the PDL whenever possible. This will be especially important after the first of the year when several major changes related to the Grier Consent Decree take effect. Beginning on January 1, if you prescribe a non-preferred medication and have not sought and obtained a prior approval, pharmacists will only dispense a 3-day supply in emergency situations. This represents a significant change from current practice, in which all recipients receive a 3-day supply, regardless of circumstances. In addition, unless a prior authorization is approved during the 3 days, the recipient will not be able to receive the balance of the supply. Again, this represents a significant change from current practice in which the recipient need do nothing more than return to the pharmacy to receive the remainder of the prescription. *Grier* overrides for the balance of the prescription will no longer be effective after January 1, 2006.

Prescriptions for most preferred medications on the PDL will fill at the pharmacy without any additional steps by the prescriber. However, some preferred medications require the satisfaction of clinical criteria (e.g. confirmation that a patient has a specific diagnosis) or step-edits (e.g. confirmation that a patient has tried and failed a first line agent) as specified in the PDL. For example if you're prescribing a Proton Pump Inhibitor, all three preferred agents have step-therapy edits that must be met before prescriptions for these agents can be filled at the pharmacy. Drug classes in which even the preferred agents require prior approval are noted on the PDL with the superscript "Class ST" or "Class CC" next to the class name and with "ST" or "CC" next to the drug name. In some cases, prior approval may be granted on the basis of information available in the pharmacy computer system that indicates the prior authorization criteria have been met. In other cases, the prescriber may have to interact with the pharmacy benefits manager (First Health) to supply the needed information and obtain prior approval. Separate documents are available on the First Health website that describe the specific step or clinical criteria associated with these classes.

We urge you to seek prior authorization at the time a prescription is written for a non-preferred agent or a preferred agent subject to clinical criteria or step therapy, so that your patients can fill their prescriptions without delay.

Listed below is a brief table of contents of the major therapeutic categories listed in the PDL:

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The TennCare PDL will be updated quarterly. Please refer to the First Health website for updates (<https://tennessee.fhsc.com/>).

Thank you for your valuable participation in the TennCare program.

TennCare Pharmacy Program

PHARMACY PREFERRED DRUG LIST
EFFECTIVE DECEMBER 1, 2005

I. CARDIOVASCULAR

ACE Inhibitors

PREFERRED AGENTS	RELATIVE COST
benazepril	\$
captopril	\$
enalapril	\$
lisinopril	\$

ACE Inhibitors

NON-PREFERRED AGENTS	
<i>Accupril[®]</i>	<i>moexipril</i>
<i>Aceon^{® QL}</i>	<i>Monopril[®]</i>
<i>Altace^{® CC, QL}</i>	<i>Prinivil[®]</i>
<i>Capoten[®]</i>	<i>quinapril</i>
<i>fosinopril</i>	<i>Univasc[®]</i>
<i>Lotensin[®]</i>	<i>Vasotec[®]</i>
<i>Mavik[®]</i>	<i>Zestril[®]</i>

ACEI + Calcium Channel Blocker Combination

PREFERRED AGENTS	RELATIVE COST
Lotrel ^{® QL}	\$\$

ACEI + Calcium Channel Blocker Combination

NON-PREFERRED AGENTS	
<i>Lexxel^{® QL}</i>	
<i>Tarka^{® QL}</i>	

ACEI + Diuretic Combination

PREFERRED AGENTS	RELATIVE COST
benazepril/HCTZ	\$
captopril/HCTZ	\$
enalapril/HCTZ	\$
lisinopril/HCTZ	\$

ACEI + Diuretic Combination

NON-PREFERRED AGENTS	
<i>Accuretic[®]</i>	<i>Prinzide[®]</i>
<i>Capozide[®]</i>	<i>Quinaretic[®]</i>
<i>fosinopril HCT</i>	<i>Uniretic[®]</i>
<i>Lotensin HCT[®]</i>	<i>Vaseretic[®]</i>
<i>Monopril HCT[®]</i>	<i>Zestoretic[®]</i>

Angiotensin Receptor Blockers Class ST

PREFERRED AGENTS	RELATIVE COST
Cozaar ^{® ST, QL}	\$\$
Diovan ^{® ST, QL}	\$\$

Angiotensin Receptor Blockers Class ST

NON-PREFERRED AGENTS	
<i>Atacand^{® ST, QL}</i>	<i>Micardis^{® ST, QL}</i>
<i>Avapro^{® ST, QL}</i>	<i>Teveten^{® ST, QL}</i>
<i>Benicar^{® ST, QL}</i>	

Angiotensin Receptor Blockers + Diuretic Class ST

PREFERRED AGENTS	RELATIVE COST
Diovan HCT ^{® ST, QL}	\$\$
Hyzaar ^{® ST, QL}	\$\$

Angiotensin Receptor Blockers + Diuretic Class ST

NON-PREFERRED AGENTS	
<i>Atacand HCT^{® ST, QL}</i>	<i>Micardis HCT^{® ST, QL}</i>
<i>Avalide^{® ST, QL}</i>	<i>Teveten HCT^{® ST, QL}</i>
<i>Benicar HCT^{® ST, QL}</i>	

Beta Blockers

PREFERRED AGENTS	RELATIVE COST
acebutolol	\$
atenolol	\$
betaxolol	\$
bisoprolol fumerate	\$
metoprolol tartrate	\$
nadolol	\$
pindolol	\$
propranolol	\$
sotalol AF	\$
sotalol HCl	\$
timolol maleate	\$

Beta Blockers

NON-PREFERRED AGENTS	
<i>Betapace[®]</i>	<i>Levotal^{® QL}</i>
<i>Betapace AF[®]</i>	<i>Lopressor[®]</i>
<i>Blocadren[®]</i>	<i>Sectral[®]</i>
<i>Cartrol[®]</i>	<i>Sorine[®]</i>
<i>Corgard[®]</i>	<i>Tenormin[®]</i>
<i>Inderal[®]</i>	<i>Toprol XL^{® QL, CC}</i>
<i>Inderal LA[®]</i>	<i>Visken[®]</i>
<i>InnoPran XL^{® QL}</i>	<i>Zebeta[®]</i>
<i>Kerlone[®]</i>	

PHARMACY PREFERRED DRUG LIST
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I. CARDIOVASCULAR (CONTINUED)

Beta Blockers + Diuretic

PREFERRED AGENTS	RELATIVE COST
atenolol/chlorthalidone	\$
bisoprolol HCT	\$
metoprolol HCT	\$
propranolol HCT	\$

Alpha/Beta Blockers

PREFERRED AGENTS	RELATIVE COST
labetalol	\$

Calcium Channel Blockers (DHP)

PREFERRED AGENTS	RELATIVE COST
felodipine ER	\$
nicardipine HCl	\$
nifedipine IR	\$
nifedipine ER/SA/XL	\$
Norvasc [®] QL	\$\$

Calcium Channel Blockers (Non-DHP)

PREFERRED AGENTS	RELATIVE COST
diltiazem ER/SR/XR	\$
diltiazem IR	\$
verapamil HCl	\$
verapamil ER	\$

Vasodilator and Nitrate Combinations

PREFERRED AGENTS	RELATIVE COST
N/A	

Lipotropics: Bile Acid Sequestrants

PREFERRED AGENTS	RELATIVE COST
cholestyramine	\$
cholestyramine light	\$
WelChol [®]	\$\$

Lipotropics: Cholesterol Absorption Inhibitors

PREFERRED AGENTS	RELATIVE COST
Zetia [®] CC, QL	\$\$

Lipotropics: Fibric Acid Derivatives

PREFERRED AGENTS	RELATIVE COST
gemfibrozil	\$
TriCor [®] CC	\$\$

Beta Blockers + Diuretic

NON-PREFERRED AGENTS	
Corzide [®]	Tenoretic [®]
Inderide [®]	Timolide [®]
Lopressor HCT [®]	Ziac [®]

Alpha/Beta Blockers

NON-PREFERRED AGENTS	
Coreg [®] CC, QL	
Trandate [®]	

Calcium Channel Blockers (DHP)

NON-PREFERRED AGENTS	
Adalat [®]	Dynacirc CR [®] QL
Adalat CC [®]	Plendil [®]
Cardene [®] QL	Procardia [®]
Cardene SR [®] QL	Procardia XL [®]
Dynacirc [®] QL	Sular [®] QL

Calcium Channel Blockers (Non-DHP)

NON-PREFERRED AGENTS	
Calan [®]	Covera-HS [®] QL
Calan SR [®]	Dilacor XR [®]
Cardizem [®]	Isoptin SR [®]
Cardizem CD [®]	Tiazac [®]
Cardizem LA [®] QL	Verelan [®]
Cardizem SR [®]	Verelan PM [®]

Vasodilator and Nitrate Combinations

NON-PREFERRED AGENTS	
BiDil [®] CC	

Lipotropics: Bile Acid Sequestrants

NON-PREFERRED AGENTS	
Colestid [®]	Questran [®]
LoCholest [®]	Questran Light [®]
Prevalite [®]	

Lipotropics: Cholesterol Absorption Inhibitors

NON-PREFERRED AGENTS	
N/A	

Lipotropics: Fibric Acid Derivatives

NON-PREFERRED AGENTS	
Antara [®] CC	
Lofibra [®] CC	
Lopid [®]	
Triglide [®] CC	

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I. CARDIOVASCULAR (CONTINUED)
Lipotropics: High Potency Statins

PREFERRED AGENTS	RELATIVE COST
Crestor [®] QL	\$\$
Vytorin [®] QL	\$\$
Zocor [®] QL	\$\$

Lipotropics: Statins

PREFERRED AGENTS	RELATIVE COST
lovastatin QL	\$
Lescol [®] QL	\$\$
Lescol XL [®] QL	\$\$
Advicor [®] QL	\$\$\$
Altoprev [®] QL	\$\$\$

Lipotropics: Statin + CCB Combination

PREFERRED AGENTS	RELATIVE COST
N/A	

Lipotropics: Niacin Derivatives

PREFERRED AGENTS	RELATIVE COST
Niacor [®]	\$\$
Niaspan [®]	\$\$

Platelet Inhibitors

PREFERRED AGENTS	RELATIVE COST
cilostazol	\$
dipyridamole	\$
ticlopidine	\$
Aggrenox [®]	\$\$
Plavix [®]	\$\$

Lipotropics: High Potency Statins

NON-PREFERRED AGENTS
<i>Lipitor[®] QL</i>

Lipotropics: Statins

NON-PREFERRED AGENTS
<i>Mevacor[®] QL</i>
<i>Pravachol[®] CC, QL</i>
<i>Pravigard PAC[®] QL</i>

Lipotropics: Statin + CCB Combination

NON-PREFERRED AGENTS
<i>Caduet[®] CC, QL</i>

Lipotropics: Niacin Derivatives

NON-PREFERRED AGENTS
<i>N/A</i>

Platelet Inhibitors

NON-PREFERRED AGENTS
<i>Persantine[®]</i>
<i>Pletal[®]</i>
<i>Ticlid[®]</i>

II. GASTROINTESTINAL
Oral Anti-Emetics: Anticholinergics

PREFERRED AGENTS	RELATIVE COST
meclizine	\$
prochlorperazine	\$
promethazine	\$

Oral Anti-Emetics: 5-HT3 Antagonists Class ST

PREFERRED AGENTS	RELATIVE COST
Kytril [®] ST, QL	\$\$
Kytril [®] Solution ST	\$\$
Zofran [®] ST, QL	\$\$
Zofran ODT [®] ST, QL	\$\$
Zofran [®] Solution ST	\$\$

Oral Anti-Emetics: Anticholinergics

NON-PREFERRED AGENTS	
<i>Antivert[®]</i>	<i>Tigan[®] CC</i>
<i>Compazine[®]</i>	<i>trimethobenzamide CC</i>
<i>Phenergan[®]</i>	

Oral Anti-Emetics: 5-HT3 Antagonists Class ST

NON-PREFERRED AGENTS
<i>Aloxi[®] ST</i>
<i>Anzemet[®] ST, QL</i>

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II. GASTROINTESTINAL (CONTINUED)
Oral Anti-Emetics: NK-1 Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST
N/A	

H2 Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST
cimetidine	\$
famotidine	\$
nizatidine	\$
ranitidine	\$

Proton Pump Inhibitors Class ST

PREFERRED AGENTS	RELATIVE COST
Nexium [®] ST, QL	\$\$
Prevacid [®] ST, QL	\$\$
Prilosec OTC [®] ST, QL	\$\$

Oral Anti-Emetics: NK-1 Receptor Antagonists

NON-PREFERRED AGENTS
<i>Emend[®] CC, QL</i>

H2 Receptor Antagonists

NON-PREFERRED AGENTS
<i>Axid[®]</i>
<i>Pepcid[®]</i>
<i>Tagamet[®]</i>
<i>Zantac[®]</i>

Proton Pump Inhibitors Class ST

NON-PREFERRED AGENTS	
<i>Aciphex[®] ST, QL</i>	<i>Prevacid NapraPAC[®] ST, QL</i>
<i>omeprazole ST, QL</i>	<i>Prilosec[®] ST, QL</i>
<i>Prevacid SoluTab[®] ST, QL</i>	<i>Protonix[®] ST, QL</i>
<i>Prevacid[®] Suspension ST, QL</i>	<i>Zegerid[®] ST, QL</i>

III. RESPIRATORY
Antihistamines, Non-Sedating

PREFERRED AGENTS	RELATIVE COST
loratadine ^{QL}	\$
loratadine/pseudoephedrine ^{QL}	\$

Antihistamines, Intranasal

PREFERRED AGENTS	RELATIVE COST
Astelin [®]	\$\$

Beta Agonists: Short-Acting MDI

PREFERRED AGENTS	RELATIVE COST
albuterol MDI ^{QL}	\$
Maxair Autohaler [®] QL	\$\$

Beta Agonists: Long-Acting MDI Class ST

PREFERRED AGENTS	RELATIVE COST
Serevent Diskus [®] ST, QL	\$\$
Foradil [®] ST, QL	\$\$

Antihistamines, Non-Sedating

NON-PREFERRED AGENTS	
<i>Allegra[®] CC, QL</i>	<i>Clarinet[®] CC, QL</i>
<i>Allegra-D 12 Hr[®] CC, QL</i>	<i>Clarinet RediTabs[®] CC, QL</i>
<i>Allegra-D 24 Hr[®] CC, QL</i>	<i>Clarinet-D 12 Hr[®] CC, QL</i>
<i>Claritin[®] CC, QL</i>	<i>Clarinet-D 24 Hr[®] CC, QL</i>
<i>Claritin-D 12 Hr[®] CC, QL</i>	<i>fexofenadine CC, QL</i>
<i>Claritin-D 24 Hr[®] CC, QL</i>	<i>Zyrtec[®] CC, QL</i>
<i>Claritin RediTabs[®] CC, QL</i>	<i>Zyrtec-D[®] CC, QL</i>

Antihistamines, Intranasal

NON-PREFERRED AGENTS
N/A

Beta Agonists: Short-Acting MDI

NON-PREFERRED AGENTS	
<i>albuterol HFA CC, QL</i>	<i>Proventil HFA[®] QL</i>
<i>Alupent MDI[®] QL</i>	<i>Ventolin HFA[®] QL</i>
<i>Proventil[®] QL</i>	<i>Xopenex MDI[®] CC, QL</i>

Beta Agonists: Long-Acting MDI Class ST

NON-PREFERRED AGENTS
N/A

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III. RESPIRATORY (CONTINUED)
Beta Agonists: Nebulizer

PREFERRED AGENTS	RELATIVE COST
albuterol inhalation solution ^{QL}	\$
metaproterenol	\$

Beta Agonists: Combination Products

PREFERRED AGENTS	RELATIVE COST
N/A	

Anticholinergics, Inhaled

PREFERRED AGENTS	RELATIVE COST
Atrovent ^{® QL}	\$\$
Atrovent [®] HFA ^{QL}	\$\$

Corticosteroids, Inhaled

PREFERRED AGENTS	RELATIVE COST
Azmacort ^{® QL}	\$\$
Flovent ^{® QL}	\$\$
QVAR ^{® QL}	\$\$
Flovent HFA ^{® QL}	\$\$\$

Corticosteroids, Intranasal

PREFERRED AGENTS	RELATIVE COST
flunisolide ^{QL}	\$
Nasonex ^{® QL}	\$\$

Leukotriene Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST
Singulair ^{® CC, QL}	\$\$

Beta Agonists: Nebulizer

NON-PREFERRED AGENTS
AccuNeb [®]
Alupent Inhalation Solution [®]
Xopenex ^{® CC, QL}

Beta Agonists: Combination Products

NON-PREFERRED AGENTS
Advair Diskus ^{® CC, QL}

Anticholinergics, Inhaled

NON-PREFERRED AGENTS
Combivent ^{® CC, QL}
DuoNeb ^{® QL}
Spiriva ^{® CC, QL}

Corticosteroids, Inhaled

NON-PREFERRED AGENTS	
AeroBid ^{® QL}	Pulmicort Turbuhaler ^{® QL}
AeroBid-M ^{® QL}	Pulmicort Respules ^{® CC, QL}
Asmanex ^{® QL}	

Corticosteroids, Intranasal

NON-PREFERRED AGENTS	
Beconase AQ ^{® QL}	Nasarel ^{® QL}
Flonase ^{® QL}	Rhinocort Aqua ^{® QL}
Nasacort AQ ^{® QL}	Tri-Nasal ^{® QL}
Nasacort HFA ^{® QL}	

Leukotriene Receptor Antagonists

NON-PREFERRED AGENTS
Accolate ^{® QL}

IV. CENTRAL NERVOUS SYSTEM
Alzheimer's: Cholinesterase Inhibitors

PREFERRED AGENTS	RELATIVE COST
Aricept [®]	\$\$
Exelon [®]	\$\$

Alzheimer's: NMDA Receptor Antagonists

PREFERRED AGENTS	RELATIVE COST
N/A	

Alzheimer's: Cholinesterase Inhibitors

NON-PREFERRED AGENTS	
Cognex [®]	Razadyne ER ^{® CC}
Razadyne ^{® CC}	

Alzheimer's: NMDA Receptor Antagonists

NON-PREFERRED AGENTS
Namenda ^{® ST, QL}

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IV. CENTRAL NERVOUS SYSTEM (CONTINUED)

Antidepressants: SSRIs

PREFERRED AGENTS	RELATIVE COST
citalopram HBr ^{QL}	\$
fluoxetine HCl ^{QL}	\$
fluvoxamine ^{QL}	\$
paroxetine HCl ^{QL}	\$

Antidepressants: SNRIs Class ST

PREFERRED AGENTS	RELATIVE COST
Effexor ^{® ST, QL}	\$\$
Effexor XR ^{® ST, QL}	\$\$\$

Antidepressants: New Generation

PREFERRED AGENTS	RELATIVE COST
bupropion HCl/SA/SR	\$
maprotiline	\$
mirtazapine	\$
mirtazapine rapdis	\$
nefazodone HCl	\$
trazodone	\$

Antidepressants: Tricyclics

PREFERRED AGENTS	RELATIVE COST
amitriptyline	\$
amoxapine	\$
clomipramine	\$
desipramine	\$
doxepin	\$
imipramine	\$
nortriptyline	\$

Antipsychotics: Typical

PREFERRED AGENTS	RELATIVE COST
chlorpromazine	\$
fluphenazine	\$
haloperidol	\$
loxapine	\$
perphenazine	\$
thioridazine	\$
thiothixene	\$
trifluoperazine	\$

Antidepressants: SSRIs

NON-PREFERRED AGENTS	
<i>Celexa^{® QL}</i>	<i>Pexeva^{® QL}</i>
<i>Lexapro^{® QL}</i>	<i>Prozac^{® QL}</i>
<i>Luvox^{® QL}</i>	<i>Prozac Weekly^{® CC, QL}</i>
<i>Paxil^{® QL}</i>	<i>Sarafem^{® QL}</i>
<i>Paxil CR^{® QL}</i>	<i>Zoloft^{® CC, QL}</i>

Antidepressants: SNRIs Class ST

NON-PREFERRED AGENTS	
<i>Cymbalta^{® CC, QL}</i>	

Antidepressants: New Generation

NON-PREFERRED AGENTS	
<i>Desyrel[®]</i>	
<i>Remeron[®]</i>	
<i>Remeron SolTab[®]</i>	
<i>Wellbutrin[®]</i>	
<i>Wellbutrin SR[®]</i>	
<i>Wellbutrin XL^{® QL}</i>	

Antidepressants: Tricyclics

NON-PREFERRED AGENTS	
<i>Anafranil[®]</i>	<i>Sinequan[®]</i>
<i>Asendin[®]</i>	<i>Surmontil[®]</i>
<i>Aventyl[®]</i>	<i>Tofranil[®]</i>
<i>Elavil[®]</i>	<i>Tofranil-PM[®]</i>
<i>Norpramin[®]</i>	<i>Vivactil[®]</i>
<i>Pamelor[®]</i>	

Antipsychotics: Typical

NON-PREFERRED AGENTS	
<i>Haldol[®]</i>	
<i>Loxitane[®]</i>	
<i>Mellaril[®]</i>	
<i>Moban[®]</i>	
<i>Navane[®]</i>	
<i>Permitil[®]</i>	
<i>Prolixin[®]</i>	
<i>Serentil[®]</i>	
<i>Stelazine[®]</i>	
<i>Thorazine[®]</i>	

PHARMACY PREFERRED DRUG LIST
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IV. CENTRAL NERVOUS SYSTEM (CONTINUED)

Antipsychotics: Atypical Class CC

PREFERRED AGENTS	RELATIVE COST
clozapine ^{CC}	\$
FazaClo ODT ^{® CC}	\$\$
Geodon ^{® CC, QL}	\$\$\$
Risperdal ^{® CC, QL}	\$\$\$
Seroquel ^{® CC, QL}	\$\$\$

Atypical Antipsychotic and SSRI Comb. Class CC

PREFERRED AGENTS	RELATIVE COST
N/A	

Antihyperkinesia Agents

PREFERRED AGENTS	RELATIVE COST
amphetamine salt combination	\$
dextroamphetamine	\$
methamphetamine	\$
methylphenidate	\$
methylphenidate ER	\$
Dextrostat [®]	\$\$
Focalin [®]	\$\$
Focalin XR ^{® QL}	\$\$
Metadate ER [®]	\$\$
Methylin [®]	\$\$
Methylin ER [®]	\$\$
Adderall XR [®]	\$\$\$
Metadate CD [®]	\$\$\$
Ritalin LA [®]	\$\$\$

Anti-Migraine: 5-HT₁ Receptor Agonists

PREFERRED AGENTS	RELATIVE COST
Maxalt ^{® QL}	\$\$
Maxalt MLT ^{® QL}	\$\$
Zomig ^{® QL}	\$\$
Zomig [®] Spray ^{QL}	\$\$
Zomig ZMT ^{® QL}	\$\$
Imitrex [®] Injectable ^{QL}	\$\$\$

Antipsychotics: Atypical Class CC

NON-PREFERRED AGENTS
Abilify ^{® CC, QL}
Clozaril ^{® CC}
Risperdal M-Tab ^{® CC, QL}
Risperdal Consta ^{® CC, QL}
Zyprexa ^{® CC, QL}
Zyprexa Zydys ^{® CC, QL}

Atypical Antipsychotic and SSRI Comb. Class CC

NON-PREFERRED AGENTS
Symbyax ^{® CC, QL}

Antihyperkinesia Agents

NON-PREFERRED AGENTS
Adderall [®]
Concerta ^{® QL}
Desoxyn [®]
Dexedrine [®]
Dexedrine Spansule [®]
Provigil ^{® CC, QL}
Ritalin [®]
Ritalin SR [®]
Strattera ^{® CC}

Anti-Migraine: 5-HT₁ Receptor Agonists

NON-PREFERRED AGENTS	
Amerge ^{® QL}	Imitrex [®] Kit ^{QL}
Axert ^{® QL}	Imitrex Nasal ^{® QL}
Frova ^{® QL}	Relpax ^{® QL}
Imitrex ^{® QL}	

PHARMACY PREFERRED DRUG LIST

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IV. CENTRAL NERVOUS SYSTEM (CONTINUED)
Non-Ergot Dopamine Receptor Agonists

PREFERRED AGENTS	RELATIVE COST
Mirapex ^{® QL}	\$\$
Requip [®]	\$\$

Sedative Hypnotic Agents

PREFERRED AGENTS	RELATIVE COST
chloral hydrate ^{QL}	\$
estazolam	\$
temazepam	\$
triazolam	\$
Lunesta ^{® QL}	\$\$

Miscellaneous CNS Agents

PREFERRED AGENTS	RELATIVE COST
N/A	

Skeletal Muscle Relaxants

PREFERRED AGENTS	RELATIVE COST
baclofen	\$
chlorzoxazone	\$
cyclobenzaprine	\$
dantrolene	\$
methocarbamol	\$
orphenadrine	\$
orphenadrine/ASA/caffeine	\$
orphengesic	\$
orphengesic forte	\$
tizanidine	\$
Dantrium [®]	\$\$

Non-Ergot Dopamine Receptor Agonists

NON-PREFERRED AGENTS
N/A

Sedative Hypnotic Agents

NON-PREFERRED AGENTS
<i>Ambien^{® QL}</i>
<i>Ambien CR^{® QL}</i>
<i>Dalmane[®]</i>
<i>Doral[®]</i>
<i>flurazepam</i>
<i>Halcion[®]</i>
<i>Prosom[®]</i>
<i>Restoril[®]</i>
<i>Rozerem^{® QL}</i>
<i>Sonata^{® QL}</i>

Miscellaneous CNS Agents

NON-PREFERRED AGENTS
<i>Xyrem^{® CC}</i>

Skeletal Muscle Relaxants

NON-PREFERRED AGENTS
<i>carisoprodol^{QL}</i>
<i>carisoprodol/ASA^{QL}</i>
<i>carisoprodol/ASA/codeine^{QL}</i>
<i>Flexeril^{® CC}</i>
<i>Norflex[®]</i>
<i>Norgesic Forte[®]</i>
<i>Parafon Forte[®]</i>
<i>Robaxin[®]</i>
<i>Skelaxin[®]</i>
<i>Soma^{® QL}</i>
<i>Soma Compound^{® QL}</i>
<i>Soma Compound with Codeine^{® QL}</i>
<i>Zanaflex[®]</i>

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

V. ANALGESICS
Narcotic Agonist/Antagonists

PREFERRED AGENTS	RELATIVE COST
pentazocine/APAP ^{CC}	\$
pentazocine/naloxone ^{CC}	\$

Narcotics: Long-Acting

PREFERRED AGENTS	RELATIVE COST
morphine sulfate SA	\$
Kadian [®]	\$\$
Oramorph SR [®]	\$\$

Narcotics: Short-Acting

PREFERRED AGENTS	RELATIVE COST
codeine	\$
codeine/APAP	\$
codeine/APAP/caff/butal	\$
codeine/ASA	\$
codeine/ASA/caff/butal	\$
hydrocodone/APAP ^{QL}	\$
hydrocodone/ibuprofen ^{QL}	\$
hydromorphone	\$
meperidine ^{QL}	\$
methadone ^{CC}	\$
morphine IR	\$
nalbuphine	\$
oxycodone ^{QL}	\$
oxycodone/APAP ^{QL}	\$
oxycodone/ASA ^{QL}	\$
propoxyphene/APAP	\$
propoxyphene naps/APAP	\$

Narcotics: Lozenges

PREFERRED AGENTS	RELATIVE COST
N/A	

Non-Narcotics

PREFERRED AGENTS	RELATIVE COST
tramadol ^{QL}	\$

Narcotic Agonist/Antagonists

NON-PREFERRED AGENTS	
<i>butorphanol NS^{CC, QL}</i>	<i>Talwin^{® CC}</i>
<i>Stadol NS^{® QL}</i>	<i>Talwin NX^{® CC}</i>
<i>Talacen^{® CC}</i>	

Narcotics: Long-Acting

NON-PREFERRED AGENTS	
<i>Avinza[®]</i>	<i>MS Contin[®]</i>
<i>Duragesic^{® CC, QL}</i>	<i>oxycodone SR^{CC, QL}</i>
<i>fentanyl patch^{CC, QL}</i>	<i>OxyContin^{® CC, QL}</i>

Narcotics: Short-Acting

NON-PREFERRED AGENTS	
<i>Anexsia^{® QL}</i>	<i>Lortab ASA^{® QL}</i>
<i>Balacet 325[®]</i>	<i>Maxidone^{® QL}</i>
<i>Bancap HC^{® QL}</i>	<i>MSIR[®]</i>
<i>Capital with Codeine[®]</i>	<i>Norco^{® QL}</i>
<i>Co-Gesic^{® QL}</i>	<i>Oxydose^{® QL}</i>
<i>Combunox[®]</i>	<i>OxyFast^{® QL}</i>
<i>Darvon[®]</i>	<i>OxyIR^{® QL}</i>
<i>Darvon-N[®]</i>	<i>Panlor DC[®]</i>
<i>Darvon-CPD[®]</i>	<i>Panlor SS[®]</i>
<i>Darvocet A500[®]</i>	<i>Percocet^{® QL}</i>
<i>Darvocet-N 50[®]</i>	<i>Percodan^{® QL}</i>
<i>Darvocet-N 100[®]</i>	<i>Roxanol[®]</i>
<i>Demerol^{® QL}</i>	<i>Roxicodone^{® QL}</i>
<i>Dilaudid[®]</i>	<i>Synalgos-DC[®]</i>
<i>Dolophine[®]</i>	<i>Tylenol with Codeine[®]</i>
<i>Empirin with Codeine[®]</i>	<i>Tylox^{® QL}</i>
<i>Fioricet with Codeine[®]</i>	<i>Vicodin^{® QL}</i>
<i>Fiorinal with Codeine[®]</i>	<i>Vicoprofen^{® QL}</i>
<i>Hycet^{® QL}</i>	<i>Vopac[®]</i>
<i>Hydrocet^{® QL}</i>	<i>Wygesic^{® QL}</i>
<i>Lorcet^{® QL}</i>	<i>Zydone^{® QL}</i>
<i>Lortab^{® QL}</i>	

Narcotics: Lozenges

NON-PREFERRED AGENTS	
<i>Actiq^{® CC, QL}</i>	

Non-Narcotics

NON-PREFERRED AGENTS	
<i>tramadol/APAP^{QL}</i>	
<i>Ultracet^{® QL}</i>	
<i>Ultram^{® QL}</i>	

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

V. ANALGESICS (CONTINUED)
Non-Steroidal Anti-Inflammatory Drugs

PREFERRED AGENTS	RELATIVE COST
diclofenac potassium	\$
diclofenac sodium	\$
diflunisal	\$
etodolac	\$
fenoprofen	\$
flurbiprofen	\$
ibuprofen	\$
indomethacin	\$
ketoprofen	\$
ketoprofen ER	\$
mefenamic acid	\$
meclofenamate	\$
nabumetone	\$
naproxen	\$
naproxen sodium	\$
oxaprozin	\$
piroxicam	\$
sulindac	\$
tolmetin	\$
Arthrotec [®] CC	\$\$

Non-Steroidal Anti-Inflammatory Drugs

NON-PREFERRED AGENTS	
<i>Anaprox[®]</i>	<i>Meclomen[®]</i>
<i>Anaprox DS[®]</i>	<i>Motrin[®]</i>
<i>Ansaid[®]</i>	<i>Nalfon[®]</i>
<i>Cataflam[®]</i>	<i>Naprelan[®]</i>
<i>Clinoril[®]</i>	<i>Naprosyn[®]</i>
<i>Daypro[®]</i>	<i>Orudis[®]</i>
<i>Dolobid[®]</i>	<i>Oruvail[®]</i>
<i>EC-Naprosyn[®]</i>	<i>Ponstel[®]</i>
<i>Feldene[®]</i>	<i>Relafen[®]</i>
<i>Indocin[®]</i>	<i>Tolectin[®]</i>
<i>Indocin SR[®]</i>	<i>Toradol[®] QL</i>
<i>ketorolac^{QL}</i>	<i>Voltaren[®]</i>
<i>Lodine[®]</i>	<i>Voltaren XR[®]</i>
<i>Lodine XL[®]</i>	

COX-II Inhibitors and Related Agents Class ST

PREFERRED AGENTS	RELATIVE COST
Celebrex [®] ST, QL	\$\$
Mobic [®] ST, QL	\$\$

COX-II Inhibitors and Related Agents Class ST

NON-PREFERRED AGENTS	
<i>N/A</i>	

VI. ANTI-INFECTIVES
Antibiotics: Cephalosporins 1st Generation

PREFERRED AGENTS	RELATIVE COST
cefadroxil	\$
cephalexin	\$

Antibiotics: Cephalosporins 1st Generation

NON-PREFERRED AGENTS	
<i>Duricef[®]</i>	
<i>Keflex[®]</i>	
<i>Keftab[®]</i>	

Antibiotics: Cephalosporins 2nd Generation

PREFERRED AGENTS	RELATIVE COST
cefuroxime	\$
cefaclor	\$
Cefzil [®] suspension	\$\$
Ceftin [®] suspension	\$\$\$

Antibiotics: Cephalosporins 2nd Generation

NON-PREFERRED AGENTS	
<i>cefaclor ER</i>	<i>Ceftin[®]</i>
<i>Ceclor[®]</i>	<i>Lorabid[®]</i>
<i>Ceclor CD[®]</i>	<i>Raniclор[®]</i>
<i>Cefzil[®]</i>	

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

VI. Anti-Infectives (CONTINUED)
Antibiotics: Cephalosporins 3rd Generation

PREFERRED AGENTS	RELATIVE COST
cefepodoxime	\$
Cedax [®]	\$\$
Omnicef [®]	\$\$
Suprax [®]	\$\$

Antibiotics: Ketolides

PREFERRED AGENTS	RELATIVE COST
N/A	

Antibiotics: Macrolides

PREFERRED AGENTS	RELATIVE COST
erythromycin	\$
Biaxin [®]	\$\$
Zithromax [®] QL	\$\$

Antibiotics: Oxazolidinones

PREFERRED AGENTS	RELATIVE COST
N/A	

Antibiotics: Penicillins

PREFERRED AGENTS	RELATIVE COST
amoxicillin	\$
amoxicillin/clavulanate	\$
ampicillin	\$
dicloxacillin	\$
penicillin	\$

Antibiotics: Quinolones

PREFERRED AGENTS	RELATIVE COST
ciprofloxacin	\$
ofloxacin	\$
Avelox [®]	\$\$
Avelox ABC Pack [®]	\$\$

Antifungals: Oral

PREFERRED AGENTS	RELATIVE COST
griseofulvin	\$
Lamisil [®] CC, QL	\$\$

Antivirals: Herpes

PREFERRED AGENTS	RELATIVE COST
acyclovir	\$
Famvir [®] QL	\$\$

Antibiotics: Cephalosporins 3rd Generation

NON-PREFERRED AGENTS
<i>Spectracef[®]</i>
<i>Vantin[®]</i>

Antibiotics: Ketolides

NON-PREFERRED AGENTS
<i>Ketek[®] ST</i>

Antibiotics: Macrolides

NON-PREFERRED AGENTS
<i>Biaxin XL[®]</i>
<i>clarithromycin</i>
<i>Zmax[®] QL</i>

Antibiotics: Oxazolidinones

NON-PREFERRED AGENTS
<i>Zyvox[®] CC, QL</i>

Antibiotics: Penicillins

NON-PREFERRED AGENTS
<i>all brand penicillins</i>

Antibiotics: Quinolones

NON-PREFERRED AGENTS	
<i>Cipro[®]</i>	<i>Levaquin[®]</i>
<i>Cipro XR[®]</i>	<i>Maxaquin[®]</i>
<i>Factive[®]</i>	<i>Noroxin[®]</i>
<i>Floxin[®]</i>	<i>Tequin[®]</i>

Antifungals: Oral

NON-PREFERRED AGENTS
<i>Sporanox[®] CC, QL</i>

Antivirals: Herpes

NON-PREFERRED AGENTS
<i>Valtrex[®] CC, QL</i>
<i>Zovirax[®]</i>

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

VI. Anti-Infectives (CONTINUED)
Antivirals: Influenza

PREFERRED AGENTS	RELATIVE COST
amantadine	\$
rimantadine	\$

Antivirals: Influenza

NON-PREFERRED AGENTS	
<i>Flumadine</i> ^{® QL}	<i>Symmetrel</i> [®]
<i>FluMist</i> ^{® CC, QL}	<i>Tamiflu</i> ^{® CC, QL}
<i>Relenza</i> ^{® CC, QL}	

VII. ENDOCRINE AND METABOLIC AGENTS
Diabetes: Injectable Insulins

PREFERRED AGENTS	RELATIVE COST
Lantus [®]	\$\$
Novolin L [®]	\$\$
Novolin N [®]	\$\$
Novolin R [®]	\$\$
Novolin 70/30 [®]	\$\$
Novolog [®]	\$\$
Novolog Mix 70/30 [®]	\$\$

Diabetes: Injectable Insulins

NON-PREFERRED AGENTS	
<i>Humalog</i> [®]	<i>Humulin U</i> [®]
<i>Humalog 75/25</i> [®]	<i>Humulin 70/30</i> [®]
<i>Humulin L</i> [®]	<i>Humulin 50/50</i> [®]
<i>Humulin N</i> [®]	<i>Levemir</i> [®]
<i>Humulin R</i> [®]	

Diabetes: Amylin Analog

PREFERRED AGENTS	RELATIVE COST
N/A	

Diabetes: Amylin Analog

NON-PREFERRED AGENTS	
<i>Symlin</i> ^{® CC}	

Diabetes: Incretin Mimetic

PREFERRED AGENTS	RELATIVE COST
N/A	

Diabetes: Incretin Mimetic

NON-PREFERRED AGENTS	
<i>Byetta</i> ^{® CC}	

Diabetes: Alpha-Glucosidase Inhibitors

PREFERRED AGENTS	RELATIVE COST
Glyset [®]	\$\$
Precose [®]	\$\$

Diabetes: Alpha-Glucosidase Inhibitors

NON-PREFERRED AGENTS	
N/A	

Diabetes: Biguanides

PREFERRED AGENTS	RELATIVE COST
metformin	\$
metformin ER	\$

Diabetes: Biguanides

NON-PREFERRED AGENTS	
<i>Fortamet</i> [®]	<i>Glucophage XR</i> [®]
<i>Glucophage</i> [®]	<i>Riomet</i> [®]

Diabetes: Meglitinides

PREFERRED AGENTS	RELATIVE COST
Starlix ^{® QL}	\$\$

Diabetes: Meglitinides

NON-PREFERRED AGENTS	
<i>Prandin</i> ^{® QL}	

PHARMACY PREFERRED DRUG LIST
EFFECTIVE DECEMBER 1, 2005

VII. ENDOCRINE AND METABOLIC AGENTS (CONTINUED)

Diabetes: Sulfonylureas and Combinations

PREFERRED AGENTS	RELATIVE COST
glipizide	\$
glipizide ER/XL	\$
glyburide	\$
glyburide/metformin	\$
glyburide micronized	\$

Diabetes: Thiazolidinediones Class ST

PREFERRED AGENTS	RELATIVE COST
Actos [®] ST, QL	\$\$

Diabetes: Thiazolidinedione Combination Class ST

PREFERRED AGENTS	RELATIVE COST
N/A	

Bone: Bisphosphonates

PREFERRED AGENTS	RELATIVE COST
Fosamax [®] QL	\$\$
Fosamax Plus D [®] QL	\$\$

Bone: Calcitonin

PREFERRED AGENTS	RELATIVE COST
Miacalcin [®] QL	\$\$

Bone: SERMs

PREFERRED AGENTS	RELATIVE COST
Evista [®] QL	\$\$

Hormones: Oral Estrogens

PREFERRED AGENTS	RELATIVE COST
estradiol	\$
estropipate	\$
Cenestin [®]	\$\$
Gynodiol [®]	\$\$
Menest [®]	\$\$
Ogen [®]	\$\$
Premarin [®]	\$\$
Estrace [®]	\$\$\$

Hormones: Vaginal Estrogens

PREFERRED AGENTS	RELATIVE COST
Premarin Vaginal Cream [®] QL	\$\$
Vagifem [®]	\$\$
Estrace Vaginal Cream [®]	\$\$\$

Diabetes: Sulfonylureas and Combinations

NON-PREFERRED AGENTS	
Amaryl [®] CC, QL	Glucotrol XL [®]
Diabeta [®]	Glucovance [®]
glimepiride CC, QL	Glynase PresTab [®]
glipizide/metformin	Metaglip [®]
Glucotrol [®]	

Diabetes: Thiazolidinediones Class ST

NON-PREFERRED AGENTS	
Avandia [®] ST, QL	

Diabetes: Thiazolidinedione Combination Class ST

NON-PREFERRED AGENTS	
ACTOplus Met [®] ST, QL	
Avandamet [®] CC, ST, QL	

Bone: Bisphosphonates

NON-PREFERRED AGENTS	
Actonel [®] QL	
Actonel with Calcium [®] QL	
Boniva [®] QL	

Bone: Calcitonin

NON-PREFERRED AGENTS	
Fortical [®]	

Bone: SERMs

NON-PREFERRED AGENTS	
N/A	

Hormones: Oral Estrogens

NON-PREFERRED AGENTS	
Ortho-Est [®]	

Hormones: Vaginal Estrogens

NON-PREFERRED AGENTS	
Estring [®] ST	
Femring [®] ST	

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

VII. ENDOCRINE AND METABOLIC AGENTS (CONTINUED)
Hormones: Transdermal Estrogens

PREFERRED AGENTS	RELATIVE COST
estradiol TDS ^{QL}	\$
Alora ^{® QL}	\$\$
Estraderm ^{® QL}	\$\$
Vivelle ^{® QL}	\$\$
Climara ^{® QL}	\$\$\$
Vivelle-Dot ^{® QL}	\$\$\$

Hormones: Transdermal Estrogens

NON-PREFERRED AGENTS
<i>EstroGel^{® ST}</i>
<i>Menostar^{® QL}</i>
<i>Estrasorb[®]</i>

Hormones: Oral Progestins

PREFERRED AGENTS	RELATIVE COST
medroxyprogesterone	\$
norethindrone acetate	\$
Provera [®]	\$\$
Aygestin [®]	\$\$\$
Prometrium [®]	\$\$\$

Hormones: Oral Progestins

NON-PREFERRED AGENTS
<i>N/A</i>

Hormones: Oral Estrogen/Progestins

PREFERRED AGENTS	RELATIVE COST
Activella [®]	\$\$
FemHRT [®]	\$\$
PreFest [®]	\$\$\$
PremPhase ^{® QL}	\$\$\$
PremPro ^{® QL}	\$\$\$

Hormones: Oral Estrogen/Progestins

NON-PREFERRED AGENTS
<i>N/A</i>

Hormones: Transdermal Estrogen/Progestins

PREFERRED AGENTS	RELATIVE COST
Combipatch ^{® QL}	\$\$

Hormones: Transdermal Estrogen/Progestins

NON-PREFERRED AGENTS
<i>Climara Pro^{® QL}</i>

VIII. HEPATITIS C
Pegylated Interferons

PREFERRED AGENTS	RELATIVE COST
Pegasys ^{® QL}	\$\$
Pegasys Convenience Pack ^{® QL}	\$\$
PEG-Intron ^{® QL}	\$\$\$
PEG-Intron Redipen ^{® QL}	\$\$\$

Pegylated Interferons

NON-PREFERRED AGENTS
<i>N/A</i>

Ribavirins

PREFERRED AGENTS	RELATIVE COST
ribavirin	\$
Rebetol [®]	\$\$
Copegus [®]	\$\$\$
Ribasphere [®]	\$\$\$

Ribavirins

NON-PREFERRED AGENTS
<i>N/A</i>

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

IX. IMMUNOLOGIC AGENTS
Immunomodulators

PREFERRED AGENTS	RELATIVE COST
Enbrel [®] CC, QL	\$\$
Humira [®] CC	\$\$

Topical Immunomodulators Class ST

PREFERRED AGENTS	RELATIVE COST
Elidel [®] ST	\$\$
Protopic [®] ST	\$\$

Multiple Sclerosis Agents

PREFERRED AGENTS	RELATIVE COST
Avonex [®] QL	\$\$
Avonex Administration Pack [®] QL	\$\$
Betaseron [®] QL	\$\$
Copaxone [®] QL	\$\$
Rebif [®] QL	\$\$

Immunomodulators

NON-PREFERRED AGENTS
<i>Kineret[®] CC, QL</i>

Topical Immunomodulators Class ST

NON-PREFERRED AGENTS
<i>N/A</i>

Multiple Sclerosis Agents

NON-PREFERRED AGENTS
<i>N/A</i>

X. OPHTHALMICS
Alpha-2 Agonists

PREFERRED AGENTS	RELATIVE COST
brimonidine tartrate	\$
Alphagan P [®]	\$\$

Antibiotics, Non-Quinolone

PREFERRED AGENTS	RELATIVE COST
bacitracin	\$
bacitracin/poly B	\$
erythromycin	\$
gentamicin	\$
neomycin/bac/poly B	\$
neomycin/poly B/HC	\$
neomycin/bac/poly B/HC	\$
neomycin/poly B/dexamethasone	\$
neomycin/dexamethasone	\$
polymyxin B/TMP	\$
sulfacetamide sodium	\$
sulfacetamide/prednisolone	\$
tobramycin	\$

Antibiotics, Quinolone

PREFERRED AGENTS	RELATIVE COST
ciprofloxacin	\$
Vigamox [®]	\$\$

Alpha-2 Agonists

NON-PREFERRED AGENTS
<i>Iopidine[®]</i>

Antibiotics, Non-Quinolone

NON-PREFERRED AGENTS	
<i>Bleph-10[®]</i>	<i>Neosporin[®]</i>
<i>Blephamide[®]</i>	<i>Poly-Pred[®]</i>
<i>Cortisporin[®]</i>	<i>Polysporin[®]</i>
<i>Garamycin[®]</i>	<i>Polytrim[®]</i>
<i>Ilotycin[®]</i>	<i>TobraDex[®]</i>
<i>Maxitrol[®]</i>	<i>Tobrex[®]</i>
<i>NeoDecadron[®]</i>	<i>Vasocidin[®]</i>

Antibiotics, Quinolone

NON-PREFERRED AGENTS	
<i>Ciloxan[®] QL</i>	<i>Quixin[®]</i>
<i>Ocuflox[®]</i>	<i>Zymar[®]</i>
<i>ofloxacin</i>	

PHARMACY PREFERRED DRUG LIST

EFFECTIVE DECEMBER 1, 2005

X. OPHTHALMICS (CONTINUED)
Antihistamines

PREFERRED AGENTS	RELATIVE COST
Elestat [®] QL	\$\$
Zaditor [®] QL	\$\$

Beta Blockers

PREFERRED AGENTS	RELATIVE COST
betaxolol HCl	\$
carteolol HCl	\$
levobunolol	\$
metipranolol	\$
timolol maleate	\$
Betoptic S [®]	\$\$

Carbonic Anhydrase Inhibitors

PREFERRED AGENTS	RELATIVE COST
Azopt [®] QL	\$\$
Trusopt [®] QL	\$\$
Cosopt [®] QL	\$\$\$

Mast Cell Stabilizers

PREFERRED AGENTS	RELATIVE COST
cromolyn sodium	\$
Alocril [®]	\$\$

Prostaglandin Agonists

PREFERRED AGENTS	RELATIVE COST
Lumigan [®] QL	\$\$

Antihistamines

NON-PREFERRED AGENTS
<i>Emadine[®] QL</i>
<i>Livostin[®] QL</i>
<i>Optivar[®] QL</i>
<i>Patanol[®] QL</i>

Beta Blockers

NON-PREFERRED AGENTS
<i>Betagan[®]</i>
<i>Betimol[®]</i>
<i>Betoptic[®]</i>
<i>Istalol[®]</i>
<i>Ocupress[®]</i>
<i>OptiPranolol[®]</i>
<i>Timoptic[®]</i>
<i>Timoptic XE[®]</i>

Carbonic Anhydrase Inhibitors

NON-PREFERRED AGENTS
<i>N/A</i>

Mast Cell Stabilizers

NON-PREFERRED AGENTS
<i>Alamast[®]</i>
<i>Alomide[®]</i>
<i>Crolom[®]</i>
<i>Opticrom[®]</i>

Prostaglandin Agonists

NON-PREFERRED AGENTS
<i>Travatan[®] QL</i>
<i>Xalatan[®] QL</i>

XI. RENAL AND GENITOURINARY
Alpha Blockers for BPH

PREFERRED AGENTS	RELATIVE COST
Flomax [®] QL	\$\$
Uroxatral [®] QL	\$\$

Androgen Hormone Inhibitors

PREFERRED AGENTS	RELATIVE COST
Proscar [®] QL	\$\$

Alpha Blockers for BPH

NON-PREFERRED AGENTS
<i>N/A</i>

Androgen Hormone Inhibitors

NON-PREFERRED AGENTS
<i>Avodart[®] QL</i>



PHARMACY PREFERRED DRUG LIST
EFFECTIVE DECEMBER 1, 2005

XI. RENAL AND GENITOURINARY (CONTINUED)

Electrolyte Depleters

PREFERRED AGENTS	RELATIVE COST
PhosLo [®]	\$\$
Fosrenol [®]	\$\$\$
Renagel [®]	\$\$\$

Urinary Tract Antispasmodics

PREFERRED AGENTS	RELATIVE COST
oxybutynin	\$
Enablex ^{® QL}	\$\$
Detrol LA ^{® QL}	\$\$\$

Electrolyte Depleters

NON-PREFERRED AGENTS
<i>N/A</i>

Urinary Tract Antispasmodics

NON-PREFERRED AGENTS
<i>Detrol^{® QL}</i>
<i>Ditropan[®]</i>
<i>Ditropan XL^{® QL}</i>
<i>Oxytrol^{® QL}</i>
<i>Sanctura^{® QL}</i>
<i>VESIcare^{® QL}</i>

FIRST HEALTH / TENNCARE WEBSITE HTTP://TENNESSEE.FHSC.COM

FIRST HEALTH CLINICAL CALL CENTER 866-434-5524