PRESBYTERIAN HEALTH PLAN

2011 Presbyterian Health Plan 4-Tier Preferred Drug List for City of Albuquerque and Covered Entities

This is a condensed version of the Presbyterian Health Plan 4-Tier Formulary. The medications listed are subject to change. For a complete listing, please visit www.phs.org/cabq or call Presbyterian Customer Service Center's dedicated line for the City of Albuquerque employees. You can reach us at (505) 923-7787, Monday through Friday from 7:00 a.m. to 6:00 p.m. TTY users, please call 1-877-298-7407.

Take this list with you each time you visit a healthcare provider. Ask your prescriber for generic drugs whenever possible.

Brand Drugs = CAPITAL LETTERS
Generic Drugs = Lowercase
(QL) = Quantity Limit

ANTI-INFECTIVE AGENTS

ANTIVIRALS
acyclovir
famciclovir
valacyclovir

CEPHALOSPORINS
cefaclor
cefadroxil
cefuroxime axetil
cefuroxime sodium
cephalexin
cefdinir
cefpodoxime
cefprozil
SUPRAX®

QUINOLONES
cilprofloxacin
ofloxacin
AVELOX®
FACTIVE®
NOROXIN®

MACROLIDES
azithromycin
clarithromycin (QL)
ERYTHROMYCIN TAB®
erythromycin ethyl succinate
erythromycin stearate
erythromycin/sulfisoxazole
ERY-TAB®

PENICILLINS
amoxicillin
amoxicillin/clavulanate
ampicillin
dicloxacillin
penicillin

TETRACYCLINES
doxycyline (50,75,100mg)
minocycline
tetracycline

MISC. ANTIBACTERIALS
clindamycin
dapsone
methenamine
metronidazole
nitrofurantoin
rifampin
trimethoprim

CARDIOVASCULAR AGENTS

ACE INHIBITORS and COMBINATIONS
ACEON®
benazepril
benazepril/amlodipine
benazepril/hctz
captopril
captopril/hctz
enalapril
enalapril/hctz
fosinopril
fosinopril/hctz
lisinopril
lisinopril/hctz
moexipril
moexipril/hctz
perindopril
quinapril
quinapril/hctz
ramipril
trandolapril

ANGIOTENSIN II RECEPTOR BLOCKERS and COMBINATIONS
ATACAND®
ATACAND HCT®
AVALIDE®
AVAPRO®
BENICAR®
BENICAR HCT®
DIOVAN®
DIOVAN HCT®
losartan
losartan/hctz

ANTIHYPERLIPIDEMICS
lovastatin
pravastatin
simvastatin
CRESTOR®
VYTORIN®
LESCOL®
LESCOL XL®
fenofibrate
fenofibrate micronized
gemfibrozil
niacin
NIASPAN®
ZETIA®

BETA BLOCKERS and COMBINATIONS
acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hctz
BYSTOLIC®
carvedilol
labetalol
LEVATOL®
metoprolol
nadolol
pindolol
propranolol
propranolol/hctz
sotalol
sotalol AF
timolol

CALCIUM CHANNEL BLOCKERS
amlodipine
CARDENE SR®
diltiazem/diltiazem er
DYNACIRC CR®
felodipine
isradipine
nicardipine
nifedipine
nimodipine
nisoldipine
verapamil

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS
amitriptyline
amoxapine
bupropion
budeprion SR
budeprion XL
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nefazodone
nortriptyline
paroxetine
sertraline
trazodone
tranylcypromine
venlafaxine

ANTIPSYCHOTICS
ABILIFY®
chlorpromazine
clozapine
fluphenazine
GEODON®
haloperidol
ORAP®
perphenazine
prochlorperazine
risperidone
SEROQUEL®
thioridazine
thiothixene
trifluoperazine
ZYPREXA®

CNS STIMULANTS
dextroamphetamine
dextroamphetamine/amphetamine (QL)
METADATE CD® (QL)
Methylin ER (QL)
methylphenidate (QL)
methylphenidate er (QL)
VYVANSE® (QL)

ENDOCRINE AND METABOLIC AGENTS

ANTIDIABETICS
- acarbose
- chlorpropamide
- glimepiride
- glipizide
- glipizide/metformin
- glyburide
- glyburide/metformin
- LANTUS®
- LEVEMIR®
- HUMALOG/MIX®
- HUMULIN ®
- metformin
- nateglinide
- NOVOLIN ®
- NOVOLOG/MIX®
- PRANDIN®
- tolazamide
- tobutamide

DIABETIC TESTING SUPPLIES
- ACCU-CHEK® METERS/STRIPS

ESTROGENS, PROGESTERONES and COMBINATIONS
- ACTIVELLA®
- ALORA®
- CENESTIN®
- DIVIGEL®
- ESTRACE VAGINAL®
- ESTRADERM®
- estradiol
- estradiol transdermal
- estradiol/ norethindrone acetate
- ESTRASORB®
- ESTRING®
- ESTROGEL®
- estropipate
- EVAMIST®
- FEMHRT®
- FEMRING®
- Jinteli
- MENEST®
- Mimvey
- PREFEST®
- PREMARIN®
- PREMARIN VAGINAL®
- PREMPHASE®
- PREMPRO®
- VAGIFEM®
- VIVELLE-DOT®

OSTEOPOROSIS
- ACTONEL®
- ACTONEL/CALCIUM®
- alendronate
- ATELVIA®
- calcitonin-salmon nasal
- EVISTA®
- FOSAMAX PLUS D®
- MIACALCIN®

GASTROINTESTINAL AGENTS

PROTON PUMP INHIBITORS
- lansoprazole (capsules only) (QL)
- omeprazole (QL)
- omeprazole/ sodium bicarbonate (QL)
- pantoprazole (QL)

NAUSEA/VOMITING
- ondansetron (QL)
- prochlorperazine
- promethazine
- TRANSDERM SCOPOLAMINE®

ANALGESICS

NSAIDS
- ARTHROTEC®
- CELEBREX ® (QL)
- diclofenac
- etodolac
- fenoprofen
- flurbiprofen
- ibuprofen
- indomethacin
- ketoprofen
- ketorolac (QL)
- meclofenamate
- meloxicam
- nabumetone
- naproxen
- oxaprozin
- piroxicam
- sulindac
- tolmetin

OPIOIDS and OPIOID COMBINATIONS
- acetaminophen/ codeine (QL)
- butorphanol nasal
- codeine
- fentanyl transdermal (QL)
- hydrocodone/ acetaminophen (QL)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine
- morphine sulfate
- oxycodone/ acetaminophen (QL)
- oxycodone/aspirin
- oxycodone immediate release
- OXYFAST ®
- pentazocine/ acetaminophen (QL)
- tramadol
- tramadol/ acetaminophen (QL)

SALICYLATES
- diflunisal
- salsalate

MUSCLE RELAXANTS
- baclofen
- carisoprodol
- carisoprodol/ aspirin
- carisoprodol/ aspirin/codeine
- cyclobenzaprine
- dantrolene
- methocarbamol
- orphenadrine
- tizanidine (tablets only)

RESPIRATORY AGENTS

ALLERGY NASAL PRODUCTS
- azelastine nasal
- flunisolide nasal
- fluticasone propionate nasal
- ipratropium nasal

ANTIHISTAMINES
- brompheniramine
- cyproheptadine
- fexofenadine
- hydroxyzine

ASTHMA
- albuterol inhaled
- albuterol tablets
- AEROBID®
- ASMANEX®
- ATROVENT HFA®
- budesonide inhaled (age restriction)
- COMBIVENT®
- FLOVENT DISKUS®
- FLOVENT HFA®
- FORADIL®
- ipratropium inhaled
- ipratropium/ albuterol inhaled
- MAXAIR®
- metaproterenol
- PROAIR HFA®
- PROVENTIL HFA®
- PULMICORT FLEXHALER®
- QVAR®
- SEREVENT DISKUS®
- SPIRIVA®
- terbutaline
- theophylline
- VENTOLIN HFA®

UROLOGICAL MEDICATIONS

ANTICHOLINERGICS and ANTISPASMODICS
- DETROL®
- DETROL LA®
- flavoxate
- hyoscyamine
- oxybutynin
- oxybutynin XL

BENIGN PROSTATIC HYPERTROPHY DRUGS
- AVODART®
- doxazosin
- finasteride
- prazosin
- terazosin
- UROXATRAL®

This list is not all-inclusive, nor does it imply a guarantee of coverage. Coverage for some drugs listed may be limited to specific dosage forms and/or strengths.

Substitution of a generic product for a brand-name drug is mandatory when a generic equivalent is available. If a member requests the brand-name drug in this situation, a Pharmacy Exception may be required and the member must pay the difference in cost between the generic and brand versions.

[MPC051108]