


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
cefepodoxime
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

doxycycline (50,75,100mg)
minocycline
tetracycline

MISC. ANTIBACTERIALS

clindamycin
dapson
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**ANTI-DIABETICS**

acarbose
 chlorpropamide
 glimepiride
 glipizide
 glipizide/metformin
 glyburide
 glyburide/metformin
 LANTUS®
 LEVEMIR®
 HUMALOG/MIX®
 HUMULIN®
 metformin
 nateglinide
 NOVOLIN®
 NOVLOG/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

ANTI-HISTAMINES

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.

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