

2009 Preferred Drug List

This is a condensed version of the Catalyst Rx Incentive 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.

**TAKE THIS LIST WITH YOU
EACH TIME YOU VISIT A DOCTOR.**

**ASK YOUR DOCTOR FOR GENERIC
DRUGS WHENEVER POSSIBLE.**

- *Brand Drugs* = CAPITAL LETTERS
- *Generic Drugs* = lower case

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ANTI-INFECTIVE AGENTS

ANTIFUNGALS

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

CEPHALOSPORINS

cefaclor/ extended-release
cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES

ciprofloxacin
ofloxacin
AVELOX®

MACROLIDE ANTIBIOTICS

azithromycin
clarithromycin/
extended-release
erythromycin

PENICILLINS

amoxicillin
amoxicillin/ clavulanate
ampicillin
dicloxacillin
penicillin

MISC. ANTI-INFECTIVES

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

CARDIOVASCULAR AGENTS

ACE INHIBITORS

benazepril
captopril
enalapril

ACE INHIBITORS (cont.)

fosinopril
lisinopril
moexipril
quinapril
ramipril capsules
trandolapril

ANGIOTENSIN II BLOCKERS

BENICAR®
DIOVAN®

ANTHYPERLIPIDEMICS

cholestyramine
colestipol
gemfibrozil
lovastatin
pravastatin
simvastatin
ADVICOR®
CADUET®
CRESTOR®
LIPITOR®
LOVAZA®
NIASPAN®
SIMCOR®
TRICOR®
WELCHOL®
ZETIA®

ANTHYPERTENSIVES & COMBINATIONS

amlodipine/ benazepril
atenolol/ chlorthalidone
benazepril/ HCTZ
bisoprolol/ HCTZ
captopril/ HCTZ
clonidine
doxazosin
enalapril/ HCTZ
fosinopril/ HCTZ
guanfacine
hydralazine/ HCTZ
lisinopril/ HCTZ
methyldopa/ HCTZ
metoprolol/ HCTZ
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™

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/
extended-release
protriptyline
sertraline
trazodone
trimipramine
venlafaxine
CYMBALTA®
EFFEXOR XR®
LEXAPRO®
PRISTIQ®

ANTIPSYCHOTICS

chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine

ANTIPSYCHOTICS (cont.)

perphenazine
risperidone
thioridazine
thiothixene
trifluoperazine
ABILIFY®/ DISCMELT®
GEODON®
MOBAN®
ORAP®
RISPERDAL M-TAB®
SEROQUEL™/ XR™
ZYPREXA®/ ZYDIS®

CNS STIMULANTS

amphetamine-
 dextroamphetamine
dexamethylphenidate
dextroamphetamine
methylphenidate
CONCERTA®
STRATTERA®

HYPNOTICS/ ANXIOLYTICS

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

**MIGRAINE AGENTS
(QTY. LIMITS APPLY)**

IMITREX®
MAXALT®
RELPAX®

**ENDOCRINE AND
METABOLIC AGENTS**

ANTIDIABETICS

acarbose
glimepiride
glipizide/ extended-release
glipizide/ metformin
glyburide
glyburide/ metformin
metformin/ extended-release
ACTOplus MET®
ACTOS®
AVANDAMET®
AVANDARYL®
AVANDIA®
BYETTA®
DUETACT®
GLYSET®
JANUMET™
JANUVIA™
PRANDIN®
STARLIX®
SYMLIN®

**ESTROGENS &
PROGESTERONES/
COMBINATIONS**

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

INSULINS

LANTUS®
LEVEMIR®
NOVOLIN®
NOVOLOG®

**OTHER ENDOCRINE
DRUGS**

alendronate
ACTONEL®
ACTONEL® WITH CALCIUM
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
pantoprazole
NEXIUM®
PREVACID®

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

MISC. ULCER

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

**MUSCULOSKELETAL
AGENTS**

NSAIDS

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

NSAIDS (cont.)

oxaprozin
piroxicam
sulindac
tolmetin

RESPIRATORY AGENTS

**ALLERGY-NASAL
PRODUCTS**

flunisolide
fluticasone
ipratropium
ASTELIN®
NASACORT AQ®
NASONEX®

ANTIASTHMATICS

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

**UROLOGICAL
MEDICATIONS**

**ANTICHOLINERGICS/
ANTISPASMODICS**

flavoxate
hyoscyamine sublingual
oxybutynin/
 extended-release
DETROL/ LA®
ENABLEX®
VESICARE®

**BENIGN PROSTATIC
HYPERTROPHY DRUGS**

doxazosin
finasteride
terazosin
AVODART®
FLOMAX®