

2010 Medica

Abridged List of Preferred Drugs

The following is an abbreviated list of the most commonly prescribed drugs. This list is NOT all-inclusive and does not guarantee coverage. Please refer to your benefit document for coverage limitations and copay structure. Our complete List of Preferred Drugs (formulary) is available online at www.medica.com. You are encouraged to ask your doctor to prescribe generic drugs whenever possible.

PLEASE NOTE: This list is subject to change. Medications in CAPITAL letters are brand name drugs that are not currently available as a cost-saving generic. However, when generic versions do become available, brand name medications will no longer be available at a preferred copay.

A

ABILIFY
ACCU-CHEK test strips and meters
acetaminophen w/codeine
ACTOPLUS MET (ST)
ACTOS (ST)
ACULAR 0.5% DROPS
ACULAR LS
ACULAR PF
acyclovir oral
ADVAIR DISKUS (QL)
AFINITOR (✦, QL, PA)
albuterol
ALDARA PKT
allopurinol
ALPHAGAN P
alprazolam
AMBIEN CR (ST, QL)
AMEVIVE (✦, PA)
amiodarone hcl
amitriptyline
amlodipine
amlodipine/benazepril
amoxicillin
amoxicillin/clavulanate
amphetamine salt
ANALPRAM HC
ANDRODERM
ANDROGEL
ARANESP (PA, ✦)
ARICEPT/ARICEPT ODT
ARIMIDEX
ASACOL
ASMANEX
ASTELIN
ASTEPRO
atenolol
atenolol w/chlorthalidone
ATROVENT
AVANDAMET (ST)
AVANDIA (ST)
azathioprine
AVODART (males over 46 yrs)
AVONEX (ST, ✦)
AZILECT
azithromycin
AZOPT

B

baclofen
BAYER CONTOUR and BREEZE2 test strips and meters
BENZAFLIN GEL
benzonatate
BETOPTIC S
BETASERON (QL, ST, ✦)
BRAVELLE (MD, ✦)
BROVANA, age > 40 (QL)
budesonide neb
bumetanide
bupropion
bupropion sr/xl
buspirone

butalbital-apap-caff
BYETTA (QL)

C

calcitriol
calcitonin nasal spray
CANASA SUPPS
CARAC
CARBATROL
carbamazepine
carbamazepine XR
carbidopa/levodopa
carisoprodol
carvedilol
cefdinir
cefprozil
CEFTIN suspension
cefuroxime
CELEBREX (ST)
cephalexin
chlorhexidine gluconate
ciclopirox soln (PA)
CIMZIA (PA, ✦)
CINRYZE (PA, ✦)
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin caps
clobetasol propionate
clonazepam
clonidine
clotrimazole
clotrimazole/betamethasone
colchicine
COMBIPATCH
COMBIVENT
CONCERTA
CONDYLON
COPAXONE (✦)
COSOPT
COZAAR (ST)
CREON DR
CRESTOR
CRIVAN
cyanocobalamin
cyclobenzaprine
CYMBALTA (ST)

D

desmopressin
desonide
DETROL LA
dexamethasone
dexmethylphenidate
dextroamphetamine
diazepam
diclofenac
dicyclomine hcl
DIFFERIN
digoxin tablets
diltiazem
DIOVAN (ST)
DIOVAN HCT (ST)
divalproex
DIVIGEL (QL)

doxazosin
doxepin
doxycycline
DUAC

E

EFFEXOR XR (ST)
ELIDEL (QL)
EMEND 40mg (QL)
EMEND 80mg, 125mg (MD, QL)
enalapril
ENBREL (MD, ✦, PA)
EPIPEN (QL)
erythromycin
erythro/ benzoyl per gel
estradiol
etodolac
EVISTA
EVOXAC
EXELON

F

famotidine
FEMHRT
fenofibrate
fentanyl patches (QL)
fentanyl transmucosal (PA, QL)
FINACEA PLUS
FLOMAX, males only
FLOVENT HFA
fluconazole
flucocinonide
fluoxetine
fluticasone nasal spray
FOCALIN XR
folic acid
FOLLISTIM AQ (MD, ✦)
FORADIL
FOSAMAX PLUS D (QL)
FRAGMIN
furosemide

G

gabapentin
gemfibrozil
gentamicin sulfate
GEODON
glimepiride
glipizide
glipizide xl
glyburide
glyburide-metformin
glycolax

H

HUMALOG
HUMIRA (MD, ✦, PA)
HUMULIN
hydralazine hcl
hydrochlorothiazide
hydrocodone/apap
hydrocortisone
hydromorphone

hydroxychloroquine sulfate
hydroxyzine
hyoscyamine
HYZAAR (ST)

I

ibuprofen
imipramine
indapamide
indomethacin
ipratropium/albuterol neb solution
ipratropium
ISENTRESS
isosorbide

J

JANUMET (ST)
JANUVIA (ST)

K

KETEK
ketoconazole
KETOSTIX
ketotifen susp
KUVAN (✦)

L

labetalol hcl
lamotrigine
LANTUS
LETAIRIS (✦)
LEVAQUIN
levetiracetam
levonorgestrel (ages 17 and younger)
levofloxacin sodium
LEVOXYL
lidocaine viscous
liothyronine
lisinopril/ hctz
lithium carbonate
loratadine (QL)
lorazepam
LOTREL 5/40, 10/40
lovastatin
LOVENOX

M

MAXAIR AUTOHALER

MAXALT/ MLT (ST, QL)
MENOPUR (MD, ✦)
mercaptopurine
METADATE CD
metformin
metformin er
methadone
methocarbamol
methotrexate
methylphenidate
methylprednisolone
metoclopramide
metolazone
metoprolol succinate xl
metoprolol tartrate
metronidazole tabs
minocycline
MIRAPEX
mirtazapine
mixed amphetamine salts XR
morphine sulfate
MOVIPREP
mupirocin
mycophenolate

N

nabumetone
nadolol
NAMENDA
naproxen
NASONEX
NIASPAN
LEVTAIRIS (✦)
nicotine lozenge (QL)
nifedipine er
nitrofurantoin
nitroglycerin sublingual tabs
NORDITROPIN (PA, ✦)
nortrel
nortriptyline
NOVOLIN
NOVOLOG
NUVARING
nystatin
nystatin w/triamcinolone

O

ofloxacin
omeprazole (QL)
omeprazole OTC (QL)
OMNITROPE (PA, ✦)
ondansetron (QL)

Key:

Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

PA – prior authorization required for coverage

ST – step therapy required for coverage*

QL – quantity limits apply

MD – specific MD specialty required for coverage

✦ – specialty pharmacy program, please refer to that section for more information.

*These medications will be covered only for members who have already tried and failed therapeutic alternatives.

oxybutynin
oxybutynin xl
oxycodone
oxycodone/apap
oxycodone er (QL)
OXYCONTIN (QL)

P

pantoprazole (ST, QL)
paroxetine
paroxetine er
PATANOL
peg 3350/electrolyte soln
PEGASYS (PA, ✧)
penicillin
phenazopyridine
phenytoin sodium, ext rel
piroxicam
PLAVIX (QL)
polymixin b sulf/tmp
potassium chloride
pravastatin
prednisolone
prednisone
PREMARIN
PREMPRO
PREVACID (QL, ST)
PRISTIQ (ST, QL)
PROAIR HFA
prochlorperazine maleate
PROCRIPT (PA, ✧)
progesterone
PROGRAF
PROMACTA (PA, ✧)
promethazine hcl
PROMETRIUM
propoxyphene nap w/apap
propranolol LA
PROTOPIC (QL)
PULMICORT turbuhaler

Q

quinapril
QVAR

R

ramipril
ranitidine
REBIF (✧)
RELENZA (QL)
RESTASIS (MD, QL)
risperidone
ropinirole
RYTHMOL SR

S

SELZENTRY
SEREVENT DISKUS
SEROQUEL/XR
sertraline
simvastatin
SINGULAIR
SOFT CLIX LANCET
SOFT TOUCH LANCET
SOMATULINE DEPOT (✧)

SPIRIVA
spironolactone
STRATTERA (QL)
sucralfate
sulfa/tmp
sulindac
sumatriptan (QL)
SUPRAX

T

TAMIFLU (QL)
tamoxifen citrate
TASIGNA (✧)
TAZORAC
TEKTURN (ST)
TEKTURN HCT (ST)
temazepam
terazosin
terbinafine
tetracycline
timolol maleate
tindazole
tizanidine
TOBRADEX
tobramycin
tobramycin/dexamethasone
topiramate
torsemide
tramadol
TRAVATAN
trazodone
tretinoin (PA)
triamcinolone cream/oint
triamterene/hctz
TRUSOPT

U

ULTRASEMT
UROXATRAL (males only)
URSO FORTE

V

valproic acid
VALTRES (QL)
verapamil hcl/er/pm/sr
VIGAMOX
VIMPAT (QL)
VIVELLE-DOT (QL)
VYTORIN
VYVANSE

W

warfarin

X

XALATAN
XENAZINE (PA, ✧)

Y

YAZ

Z

zaleplon
ZETIA
zolpidem (QL)
ZOVIRAX OINT
ZYPREXA
ZYVOX (PA)

Examples of Non-Preferred Medications with Selected Preferred Alternatives

NON-PREFERRED DRUG

PREFERRED ALTERNATIVE

ACCOLATE	SINGULAIR
ACIPHEX (ST).....	omeprazole (QL)
ACTONEL.....	aledronate, FOSAMAX PLUS D
ADVICOR.....	lovastatin, NIASPAN
AGGRENOX.....	aspirin, ticlopidine or PLAVIX
ALREX.....	ACULAR, ALAMAST, PATANOL
AMERGE.....	sumatriptan, MAXALT/MAXALT MLT (ST)
AMITIZA.....	PEG 3350, lactulose
ANZEMET.....	ondansetron, granisetron (QL)
APIDRA.....	HUMALOG, NOVALOG
ARAVA.....	leflunomide
ARMOUR THYROID.....	levothyroxine sodium
ATACAND/ATACAND HCT (ST)....	COZAAR (ST), DIOVAN (ST)
AVANDARYL (ST).....	metformin
AVAPRO/AVALIDE (ST).....	COZAAR (ST), DIOVAN (ST)
AVELOX.....	ciprofloxacin, LEVAQUIN
AVINZA.....	morphine sulfate er, fentanyl patches, OXYCONTIN
AXERT.....	sumatriptan, MAXALT/MAXALT MLT (ST)
AZELEX.....	metronidazole, erythromycin, clindamycin topicals
AZMACORT.....	ASMANEX, FLOVENT HFA, PULMICORT, QVAR
BENICAR/BENICAR HCT (ST).....	COZAAR (ST), DIOVAN (ST)
BONIVA.....	aledronate, FOSAMAX PLUS D
CLARINEX/CLARINEX D.....	loratadine (QL)
CLIMARA PRO.....	estradiol, VIVELLE DOT
CLOBEX.....	clobetasol cream, ointment, gel solution or foam
COLAZAL.....	sulfasalazine, ASACOL
COUMADIN.....	warfarin
DAYTRANA.....	methylphenidate, ADDERALL XR, FOCALIN XR
DENAVIR.....	ZOVIRAX OINTMENT
DUETACT (ST).....	metformin
ENABLEX.....	oxybutynin xr, DETROL, DETROL LA
feofenadine.....	loratadine (QL)
FROVA.....	sumatriptan, MAXALT/MAXALT MLT (ST)
KADIAN.....	morphine sulfate er
LESCOL/LESCOL XL.....	simvastatin, pravastatin, CRESTOR, VYTORIN
LEVEMIR.....	LANTUS, NPH
LIPITOR.....	simvastatin, pravastatin, CRESTOR, VYTORIN
LOVAZA.....	gemfibrozil, fenofibrate
LUMIGAN.....	XALATAN, TRAVATAN
LUNESTA (QL).....	zaleplon, zolpidem (QL)
LUXIQ.....	betamethasone, DOVONEX
LYRICA.....	gabapentin
MIACALCIN.....	FORTICAL
MICARDIS/MICARDIS HCT (ST).....	COZAAR (ST), DIOVAN (ST)
NASACORT AQ.....	fluticasone, flunisolide, NASONEX
NEXIUM (ST).....	omeprazole (QL), pantoprazole (ST, QL)
NORITATE.....	metronidazole, erythromycin, clindamycin topicals
OLUX.....	clobetasol cream ointment, gel solution or foam
ONE TOUCH strips/meters.....	ACCU-CHECK , BAYER BREEZE2/CONTOUR
OPTIVAR.....	ketotifen, ACULAR, ALAMAST, PATANOL
ORACEA.....	doxycycline 20mg
ORAPRED ODT.....	prednisolone syrup
OXYTROL.....	DETROL, DETROL LA oxybutynin
PARCOPA.....	carbidopa/levodopa tabs
PENTASA.....	sulfasalazine, ASACOL
PRIOSEC 40mg.....	omeprazole (QL, OTC)
PROVIGIL (QL).....	methylphenidate, dextroamphetamine, pemoline
QUIXIN.....	VIGAMOX, ciprofloxacin, ofloxacin
RAZADYNE.....	ARICEPT, EXELON, NAMENDA
RELPAK.....	sumatriptan, MAXALT/MAXALT MLT (ST)
RHINOCORT AQUA.....	fluticasone, flunisolide, NASONEX
ROZEREM.....	zaleplon, zolpidem (QL)
SANCTURA.....	DETROL, DETROL LA, oxybutynin xl
SKELAXIN.....	carisoprodol, cyclobenzaprine, methocarbamol
STALEVO 100.....	carbidopa/levodopa, COMTAN
STARLIX.....	PRANDIN
SULAR.....	verapamil, felodipine, diltiazem er, amlodipine
TACLONEX.....	betamethasone cream ointment or DOVONEX
TARKA.....	veramil, felodipine, diltiazem er, amlodipine
TRANSDERM-SCOP.....	meclizine
TRICOR.....	fenofibrate , gemfibrozil
ULTRAM ER.....	tramadol
UNIVASC.....	lisinopril, captopril, enalapril, quinapril
VAGIFEM.....	PREMARIN CREAM, estradiol vag cream, ESTRING
VENTOLIN HFA.....	PROAIR HFA
VESICARE.....	oxybutynin xl, DETROL, DETROL LA
VIVELLE.....	estradiol patches, VIVELLE DOT
WELCHOL.....	colestipol
XIBROM.....	ketotifen, ACULAR, ALAMAST, NEVANAC
XIFAXAN.....	ciprofloxacin, norfloxacin, azithromycin, LEVAQUIN
XOPENEX.....	albuterol nebs
XOPENEX HFA.....	PROAIR HFA
ZEGERID.....	omeprazole (QL, OTC)
ZMAX.....	clarithromycin, axithromycin, erythromycin
ZOMIG.....	sumatriptan, MAXALT/MAXALT MLT (ST)
ZYLET.....	neomycin/poly b/hydroc, TOBRADEX
ZYMAR.....	VIGAMOX, ciprofloxacin, ofloxacin
ZYRTEC/ZYRTEC D.....	loratadine (QL)

Key:

Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

PA – prior authorization required for coverage

ST – step therapy required for coverage*

QL – quantity limits apply

MD – specific MD specialty required for coverage

✧ – specialty pharmacy program, please refer to that section for more information.

*These medications will be covered only for members who have already tried and failed therapeutic alternatives.