

# Athens Area Health Plan Select Member Preferred Drug List (PDL)

2009

Effective 1/1/2009

Dear Member,

Health Plan Select (HPS), Inc. ([www.aahps.com](http://www.aahps.com)) is pleased to provide the *2009 Member Preferred Drug List (PDL)* as a useful reference for drug product selection and is not specific to any benefit plan.

The following is a list of some of the most commonly prescribed preferred drugs on your formulary. This is not a complete list of all drugs covered by Health Plan Select's Prescription Drug Benefit Plan.

The Prescription Drug Formulary is reviewed quarterly by a Pharmacy and Therapeutics Committee, and brand name drugs will automatically be moved to third tier when generic equivalents and products are available.

The Prescription Drug Formulary is available for review at [www.aahps.com](http://www.aahps.com). Some medications on the Prescription Drug Formulary or the Preferred Drug List may require Prior Authorization (PA), Step Therapy (ST), and/or have a limited benefit.

If the drug you are looking for is not on the following list, please call the customer service number on your ID card. One of our customer service representatives will be happy to help you determine whether your prescription is covered under your particular plan.

**NOTE:** All of the material in the Preferred Drug listing is provided as a reference for drug therapy selection only. Final drug selection for an individual patient rests solely with the prescriber.

## LEGEND

**Boldface:** indicates generic availability

**Tier 1: (lower case)** generic product available, member pays lowest copayment;  
equivalent branded product is non-preferred, and the highest copayment

**Tier 2: (All CAPS)** preferred branded product, member will be the preferred brand copay

**Tier 3:** non-preferred branded product, or specialty product, member pays the highest copay

**QL:** Quantity Limits, **PA:** Prior Authorization Required, **ST:** Step Therapy Required

**RX:** Prescription Required, **AGE:** Age limit, **OTC:** Over the Counter, **MDL:** Managed Drug Limits

**90 DS:** product is packaged as a 90 day supply, three (3) copayments will be applied

## Prescription Drug Benefits and Limitations

The Preferred Drug List includes generic and brand named drugs. Physicians may prescribe Non Preferred Drugs, those drugs not listed on the Preferred Drug List, and coverage for these medications will be at the highest copayment level (Tier 3).

Generic drugs will be dispensed unless a generic alternative does not exist. When a generic exists and is dispensed, the member is responsible for the generic copayment.

When a generic does not exist and a Preferred Drug is dispensed, the member is responsible for the Preferred Drug copayment. If a generic does not exist and a Non Preferred Drug is dispensed, the member is responsible for the Non Preferred Drug copayment.

When available, FDA approved generic drugs will be dispensed regardless of the brand name indicated. If the member or physician requests a Preferred or Non Preferred Drug in place of the generic, the member will be responsible for payment of the generic copayment plus the difference in the cost (if any) between the generic and the Preferred or Non Preferred Drug.

**Prior Authorization Drugs (PA)**-Prior authorization is advance approval for certain medications and is required in some cases. The following is a list of medications currently requiring prior authorization. As new drugs are approved, some may require prior authorization before being added to the Prescription Drug Plan. This list is subject to change at the discretion of the Pharmacy and Therapeutic Committee.

- Accutane
- Actiq
- All specialty medications\*\*
- Anzemet\*
- Diflucan, except 150mg tabs
- Kytril\*
- Lyrica
- Proton pump inhibitors (PPI)\*
- Provigil\*
- Sporanox
- Androgenic agents
- Zofran\*
- Topamax
- Lamictal
- All antipsychotic agents  
*i.e. Seroquel, Risperdal, Geodon,  
Clozaril, FazoCol, Invega*

\*If the request for prior authorization is approved, Managed Drug Limitation parameters will apply.

\*\*If the request for prior authorization is approved, drug is to be obtained through the Specialty Rx program.

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## Specialty Drugs

HPS has partnered with a comprehensive distributor of specialty injectable and biotech drugs, focusing on the unique needs of patients requiring complex medications and a higher level of pharmaceutical care. The care provided includes individualized care management and medication fulfillment. SpecialtyRx provides specialty medications and clinical support services for many chronic conditions. For each Specialty Medication a copayment equal to the highest level copayment tier or co-insurance will be required for a maximum of a (30) day supply whether the medication is generic, preferred, or non-preferred.

This class of drugs includes but is not limited to treatment for the following conditions:

Anemia	Hepatitis C
Asthma	Immunological disorders
Blood dyscrasia	Mucopolysaccharidosis (MPS-1)
Crohn's disease	Multiple sclerosis
Cystic fibrosis	Neutropenia
Fabry's disease	Psoriasis
Gaucher disease	Psoriatic arthritis
Growth hormone deficiency	Pulmonary hypertension
Hemophilia	Rheumatoid arthritis

## PRESCRIPTION BENEFIT EXCLUSIONS

Drug exclusions are specific in the member's prescription plan, however, general exclusions that require authorization for coverage are listed below. Authorizations are subject to HPS' medical policies specific to coverage criteria and may require medical documentation.

The following drug categories are excluded from the *Preferred Drug Formulary*:

- Experimental or Investigational Drugs
- Coverage of medications outside the HPS approved policy guidelines for coverage of the medication
- Drugs not available, marketed or sold in the United States
- Drugs obtained from a pharmacy or provider located outside the United States, except drugs obtained in connection with a medical emergency
- Drugs or medicines purchased and received prior to the member's effective date or following the member's termination of coverage
- All non-prescription contraceptive jellies, ointments, foams or devices
- Anabolic steroids
- Anti-wrinkle drugs (e.g., Renova)
- Fluoride supplements
- Hair growth stimulants
- Drugs used in the treatment of infertility
- Pigmenting & depigmenting agents
- Tretinoin topical for patients  $\geq 27$  years of age (Avita, Retin-A, and Retin-A Micro)
- Smoking cessation products (except Chantix)
- Weight loss agents (anorectics)
- Medication(s) and/or preparations indicated for the treatment of onychomycosis (nail fungus), regardless of medical indication
- Prescription medications for the treatment of the common cold
- A Prescription which is determined to be abused or otherwise misused by a covered member

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- Any prescription or refill required by a member due to theft or loss of said prescription
- Compounded drugs that do not contain at least one ingredient that requires a prescription order or refill
- Over the counter (OTC) medications, with the exception of insulin, glucose monitors and test strips, \*Prilosec OTC and \*Loratadine/Alavert (\*Exceptions available with written prescription only.)
- Prescription vitamins and minerals alone or in combination, with the exception of prenatal vitamins, pediatric multivitamins with fluoride, Rocaltrol, and Hemocyte Plus
- Non-sedating antihistamines-(Allegra/D, Zyrtec/D exception maybe be granted for children under the age of 16 years)
- Charges for the administration or injection of any drug
- Medication which is taken by or administered to an individual, in whole or in part, while the member is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operate on it premises, a facility for dispensing pharmaceuticals
- Prescription drugs for which the cost is recoverable under any workers compensation or occupation disease law or any federal or state agency, or any medication for which no charge is made.
- Claims for reimbursement submitted greater than one year from the date of service
- Medications(s) that exceeds the dispensing limitations provided in the Managed Drug Limitations
- Off-label use of medications unless the use of the drug meets criteria established in the State of Georgia statute 33-24-59.11. Drugs requested for off-label use will require prior approval by AAHPS
- Health Plan Select reserves the right to exclude any drug at any time from coverage for health and safety concerns or other medical reasons as determined by the Medical Director

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## MANAGED DRUG LIMITATIONS (MDL)

Managed Drug Limitations (MDL) parameters exist for certain preferred and non-preferred drugs. This list is subject to change at the discretion of the Pharmacy and Therapeutics Committee. The following medications are subject to MDL:

· Aciphex	60 per lifetime	· Lunesta	14/25 days
· Actiq	30 lozenges/25 days	· Maxalt	6 tabs/25 days
· Ambien	14 tabs/25 days	· Migranal	1 kit/25 days
· Amerge	9 tabs/25 days	· Muse	6 pellets/25 days
· Anzemet 50mg	4 tabs/25 days	· Nexium	60 per lifetime
· Anzemet 100mg	2 tabs/25 days	· Oxycontin	120 tabs/30 days
· Axert	6 tabs/25 days	· Prevacid	60 per lifetime
· Caverject	6 injections/25 days	· Prilosec	60 per lifetime
· Chantix	3 months/lifetime	· Protonix	60 per lifetime
· Cipro XR 500mg	3 tabs/25 days	· Provigil 100mg	60 tabs/30 days
· Cipro XR 1000mg	14 tabs/25 days	· Provigil 200mg	30 tabs/30 days
· Cialis	6 tabs/25 days	· Relenza/Tamiflu	3 treatments/calendar year
· Diflucan	2 tabs/25 days	· Relpax	6 tabs/25 days
· Emend 80mg	8 tabs/25 days	· Restoril	14 caps/25 days
· Emend 125mg	4 tabs/25 days	· Roxicodone	120 tabs/30 days
· Emend trifold	4 trifolds/25 days	· Sonata	14 caps/25 days
· Frova 2.5 mg	9 tabs/25 days	· Viagra	6 tabs/25 days
· Imitrex inj. kit	2 kits (4 inj)/25 days	· Zofran 4mg	16 tabs/25 days
· Imitrex inj. vials	4 vials/25 days	· Zofran 8mg	8 tabs/25 days
· Imitrex nasal 5mg	12 units/25 days	· Zofran 24mg	6 tabs/25 days
· Imitrex nasal 20mg	6 units/25 days	· Zofran oral soln	one 50ml bottle/25 days
· Imitrex tabs	9 tabs/25 days	· Zomig tabs 2.5mg	6 tabs/25 days
· Kytril	4 tabs/25 days	· Zomig tabs 5mg	3 tabs/25 days
· Levitra	6 tabs/25 days	· Zomig nasal	6 units/25 days

## OVER-THE-COUNTER MEDICATIONS (OTC)

Over the counter (OTC) products, (with the exception of insulin, glucose monitors, test strips, loratadine/alavert and Prilosec OTC) are not covered by HPS. The exceptions noted will require a written prescription by a physician.

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## PRODUCT SELECTION CRITERIA

The Pharmacy and Therapeutics Committee (P&T) considers all recently FDA approved drugs for inclusion on the *Preferred Drug List and Prescription Drug Formulary*. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared which typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Approved indications
- Adverse effects
- Contraindications
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

The Pharmacy and Therapeutics Committee will also periodically review entire therapeutic classes in an effort to continually promote the most clinically useful and cost-effective agents. The class review process may result in a *Preferred Drug Formulary* change that could affect the tier level in which a particular drug appears, and therefore, the members' copayment amount. Drugs evaluated by the P&T Committee but not added to the *Preferred Drug Plan* are not listed.

## DEFINITIONS:

**Brand Name Medication** – A Prescription Medication that has been given a brand or trade name by its manufacturer and is advertised and sold under this name.

**Formulary** - A listing of drug products and in some instances, dosage forms, approved by the Health Plan for coverage under the Health Plan prescription drug program. This list, and the use or non-use of this list, shall be subject to periodic review and modification by the Health Plan.

**Generic Medication** – A pharmaceutical equivalent of one or more Brand Name Medications that is approved by the Food and Drug Administration as meeting the same standards of safety, purity, strength, and effectiveness as the Brand Name Medication.

**Managed Drug** - Managed Drug Limitations (MDLs) are specific limits applied to certain medications that help assure an appropriate quantity is dispensed as it relates to the days supply or length of therapy. These limits are based on FDA approved recommend

**Non-Preferred Drugs** – All Brand Name Medications not selected as Preferred Medications by the Pharmacy and Therapeutics Committee.

**Pharmacy and Therapeutic Committee (P & T)** – A committee of physicians, pharmacists and healthcare professionals who are responsible for ensuring that the quality and cost- effectiveness of the pharmacy benefit is maintained.

**Preferred Drug** – A preferred drug is a formulary agent, which has demonstrated greater value than other comparable drugs through a combination of effectiveness and cost.

**Preferred Drug List** – A continuously updated list of medications eligible for a Preferred Drug copayment. The list of medications is created and updated by the Pharmacy and Therapeutic Committee, based upon current medical standards of practice.

**Prior Authorization** – Due to the nature of some medications, prior plan approval may be required for the medication to be covered. Medications that require Prior Authorization do so because of their potential for misuse and/or abuse and will require that

**Specialty Drugs** – A class of self-injectable and biotech drugs which are infused by the member in a home setting or infused in a physician's office or other medical setting.

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**Step Therapy** - Medications that require a previous trial with a first-line drug before a "second-line" drug is approved. It is intended to ensure the safest and most cost-effective drugs are used prior to "second-line" drugs.

**NOTICE**

The information contained in the *Preferred Drug Plan* booklet and its appendices is provided by HPS solely for the convenience of product selection. HPS does not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature.

This listing is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in their choice of prescription drugs. HPS does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

The information contained in this document is proprietary information subject to a licensing agreement. The information may not be copied in whole or in part without the written permission of HPS. All Rights Reserved.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with HPS. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between the HPS and such third-party pharmaceutical companies. If viewing this formulary via the Internet, please be advised that the formulary is updated periodically and changes may appear prior to their effective date.

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## A

**PA** ABILIFY  
**acarbose**  
**ST** ACCOLATE  
**acebutolol hcl**  
**acetaminophen/caffeine/butalbital**  
**acetaminophen/codiene/caff/butal**  
**acetazolamide**  
**acetic acid**  
**acetic acid/hydrocortizone**  
 ACULAR  
**acyclovir**  
 ADVAIR DISKUS  
**alendronate**  
**alclometasone dipropionate**  
**allopurinol**  
 ALOCRIL  
 ALOMIDE  
**alprazolam**  
 ALREX  
**amantadine hcl**  
**amiloride/hctz**  
**amiodarone hcl**  
**amitriptyline hcl**  
**amlodipine besylate**  
**amlodipine/benzapril**  
**amox tr/pot clavulanate**  
**amoxicillin trihydrate**  
**amphetamine/d-amphet**  
**(d)-amphetamine sulfate**  
**ampicillin trihydrate**  
**antipyrine/benzo/glyc**  
 ARICEPT  
 ARICEPT ODT  
**aspirin/caffeine/butalbital**  
 ASTELIN  
**atenolol**  
**atenolol/chlorthalidone**

**atropine sulfate**  
 AVALIDE  
 AVAPRO  
 AVELOX  
 AVELOX ABC PACK  
**azithromycin**  
 AZOPT  

## B

**bacitracin**  
**baclofen**  
 BACTROBAN  
**benazepril hcl**  
**benazepril/hctz**  
 BENICAR  
 BENICAR HCT  
**benzoyl peroxide**  
**benztropine mesylate**  
**betamethasone diprop**  
**betamethasone valerate**  
**bethanechol chloride**  
 BETIMOL  
**bisoprolol/hctz**  
**brimonidine tartrate**  
**bupropion hcl**  
**buspiron hcl**

## C

**captopril**  
**captopril/hctz**  
**carbamazepine**  
**carbidopa/levodopa**  
**carisoprodol**  
**cefaclor**  
**cefдинир**  
**cefprozil**  
**cefuroxime axetil**  
 CENESTIN  
**cephalexin monohyd**  
**chlordiazepoxide hcl**

**chloroquine phosphate**  
**chlorthalidone**  
**cholestyramine/asp**  
**cholestyramine/sucrose**  
**ciprofloxacin hcl**  
**citalopram hydrobrom**  
**clarithromycin**  
 CLIMARA PRO  
**clindamycin hcl**  
**clindamycin phosphate**  
**clobetasol propionate**  
**clonazepam**  
**clonidine hcl**  
**clotrimazole**  
**clotrimazole/betamet**  
**codeine phos/apap**  
**codeine/apap/caff/butal**  
**colchicine**  
 COMBIVENT  
 CONCERTA  
 COZAAR  
**cromolyn sodium**  
**cyclobenzaprine hcl**  
**carvedilol**

## D

**d-amphetamine sulfate**  
 DAPSONE  
 DEPO-PROVERA  
**desogestrel-ethinyl estrad**  
**desogestrel-ethinyl**  
**desogestrel-ethy estradiol**  
**desog-et estra/ethin estra**  
**desonide**  
**dexamethasone**  
**dexamethasone sod phos**  
 DIAMOX SEQUELS  
 DIASTAT  
**diazepam**

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**D**

**diclofenac sodium**  
**dicloxacillin sodium**  
**dicyclomine hcl**  
AGE **DIFFERIN**  
**digoxin**  
DILANTIN  
**diltiazem hcl**  
**dipivefrin hcl**  
**dipyridamole**  
**divalproex sodium**  
**doxazosin mesylate**  
**doxepin hcl**  
**doxycycline hyclate**

**E**

**econazole nitrate**  
**enalapril maleate**  
EPIPEN  
EPIPEN JR.  
**ergotamine/caffeine**  
**ery e-succ/sulfisoxazole**  
**erythromycin base**  
**erythromycin base/ethanol**  
**erythromycin ethylsuc**  
ESTRACE  
ESTRADERM  
**estradiol**  
ESTRING  
**estrogen,ester/me-test**  
**estropipate**  
ESTROSTEP FE  
**ethambutol hcl**  
  
**ethosuximide**  
**ethynodiol d-ethinyl estr**  
**etodolac**  
EVISTA

**F**

FEMHRT  
**finasteride**

**F**

**flavoxate hcl**  
FLOVENT HFA  
PA,QL **fluconazole**  
**fludrocortisone acetate**  
**fluocinonide**  
**fluorometholone**  
FLUOROPLEX  
**fluorouracil**  
**fluoxetine hcl**  
**fluphenazine hcl**  
**fluticasone propionate**  
FML FORTE  
FORADIL  
**fosinopril sodium**  
**furosemide**

**G**

**gabapentin**  
**ganciclovir**  
GANTRISIN  
**gemfibrozil**  
**gentamicin sulfate**  
**glimepiride**  
**glipizide**  
GLUCAGEN  
GLUCAGON EMERGENCY KIT  
**glyburide**  
**glyburide,micronized**  
**glyburide/metformin hcl**  
**griseofulvin ultramicro**  
GRIS-PEG

**H**

**haloperidol**  
**hydralazine hcl**  
**hydrocodone bit/apap**  
**hydrocortisone**  
**hydromorphone hcl**  
**hydroxychloroquine sulf**

**H**

**hydroxyzine hcl**  
**hydroxyzine pamoate**  
HYZAAR

**I**

**ibuprofen**  
**indapamide**  
**indomethacin**  
**ipratropium bromide**  
**isomethe/apap/dichlphen**  
**isoniazid**  
**isosorbide dinitrate**  
**isosorbide mononitrate**  
PA **isotretinoin**

**J**

**K**

**ketoconazole**  
**ketotifen fumarate**

**L**

**labetalol hcl**  
**lactulose**  
PA **lamotrigine**  
LANTUS  
LEVAQUIN  
**levobunolol hcl**  
**levonorgestrel-eth estra**  
**levothyroxine sodium**  
**lidocaine hcl**  
**lindane**  
**lisinopril**  
  
**lisinopril/hctz**  
**lithium carbonate**  
LITHIUM CARBONATE  
RX **loratadine OTC**  
**lorazepam**  
**lovastatin**  
LUMIGAN

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<p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>M</b></p> <p>QL MAXALT QL MAXALT MLT mebendazole meclizine hcl medroxyprogesterone medroxyprogesterone acet mefloquine hcl meloxicam metformin hcl methadone hcl methazolamide METHERGINE methimazole methocarbamol methyldopa methylphenidate hcl methylprednisolone metoclopramide hcl metolazone metoprolol succinate metoprolol tartrate metronidazole MICRO-K minocycline hcl mirtazapine moexipril hcl mometasone furoate morphine sulfate mupirocin MYCOBUTIN</p>	<p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>N</b></p> <p>NIASPAN nifedipine nisoldipine nitrofurantoin macro nitrofurantoin/nitro mac nitroglycerin NITROLINGUAL SPRAY noreth-estra/fe fumarate norethindrone norethindrone a-e estrate norethindrone-ethyl estrate norethindrone-mestranol norgestimate-ethyl estrate norgestrel-ethinyl estrate NORITATE nortriptyline hcl NOVOLIN 70/30 NOVOLIN 70/30 INNOLET NOVOLIN N NOVOLIN N INNOLET NOVOLIN R NOVOLOG NOVOLOG MIX 70/30 NUVARING nystatin nystatin/triamcin</p> <p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>O</b></p> <p>PA, QL omeprazole RX omeprazole mag OTC PA, QL ondansetron hcl ORAMORPH SR ORTHO EVRA ORTHO TRI-CYCLEN LO OVCON-50 OVRETTE oxazepam OXISTAT oxybutynin chloride</p>	<p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>O</b></p> <p>QL oxycodone hcl oxycodone hcl/apap</p> <p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>P</b></p> <p>paroxetine hcl pemoline penicillin v potassium pergolide mesylate permethrin perphenazine phenobarbital phenytoin phenytoin sodium ext PHOSLO pilocarpine hcl pindolol piroxicam polyethylene glycol 3350 polymyxin b sulfate/tmp potassium chloride PRANDIN pravastatin sodium prazosin hcl prednisolone prednisolone acetate prednisolone sod phos prednisone PREMARIN PREMPHASE PREMPRO PRIMAQUINE primidone PROAIR HFA procainamide hcl prochlorperazine mal promethazine hcl PROMETRIUM propafenone hcl propoxyphene/apap propranolol hcl</p>
<p style="text-align: center; background-color: #f8d7da; margin: 0;"><b>N</b></p> <p>nabumetone NAFTIN naproxen naproxen sodium NASACORT AQ NASONEX neo/polymyx b sulf/dex neomy sul/polymyx sul/hc</p>		

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**P**

**propylthiouracil**

PROVENTIL HFA

PULMICORT

**pyrazinamide**

**pyridostigmine bromide**

**Q**

**quinapril hcl**

**quinidine gluconate**

**quinidine sulfate**

**quinine sulfate**

**R**

**ramipril**

RHEUMATREX

RHINOCORT AQUA

RIDAURA

**rifampin**

**rimantadine hcl**

PA **risperidone**

**ropinirole**

**S**

**salsalate**

SEB-PREV

**selegiline hcl**

**selenium sulfide**

SEREVENT DISKUS

PA SEROQUEL

**sertraline hcl**

**silver sulfadiazine**

**simvastatin**

ST SINGULAIR

**sodium sulfa/prednisone**

**sod chl/nahco3/kcl/peg**

**sodsul/nahco3/kcl/peg**

**sotalol hcl**

SPIRIVA

**spironolactone/hctz**

**spironolactone**

**sucalfate**

**sulfacetamide sod/sulfur**

**S**

**sulfacetamide sodium**

**sulfamethoxazole/trim**

**sulfasalazine**

**sulindac**

**T**

QL **TAMIFLU**

**temazepam**

**terazosin hcl**

**terbutaline sulfate**

**tetracycline hcl**

**theophylline anhydrous**

**thioridazine hcl**

**thiothixene**

**thyroid**

**timolol maleate**

**tizanidine hcl**

TOBRADEX

**tobramycin sulfate**

**tolterodine tartrate**

**tramadol hcl**

**trandolapril**

**tranylcypromine sulfate**

**trazodone hcl**

AGE **tretinoin**

**triamcinolone acetonide**

**triamterene/hctz**

**trifluridine**

**trihexyphenidyl hcl**

**U**

**ursodiol**

**V**

**valproate sodium**

**valproic acid**

**venlafaxine hcl**

VENTOLIN HFA

**verapamil hcl**

VEXOL

**W**

**warfarin sodium**

**X**

XALATAN

**Y**

YASMIN

YAZ

**Z**

QL **zaleplon**

QL **zolpidem tartrate**

QL ZOMIG

QL ZOMIG ZMT

PA ZYPREXA

PA ZYPREXA ZYDIS

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Tier 3 (Non-preferred)	Preferred Alternative
ACIPHEX	<b>Prilosec OTC</b>
ACTIQ	<b>fentanyl citrate</b>
ACTONEL	<b>alendronate</b>
ADDERALL XR	<b>methylphenidate, CONCERTA</b>
ALLEGRA	<b>Alavert OTC, Loratadine OTC</b>
ALLEGRA-D	<b>Alavert D OTC, Loratadine-D OTC</b>
AMBIEN CR	<b>zolpidem, zaleplon</b>
AMERGE	MAXALT, ZOMIG
ANZEMET	<b>ondansetron</b>
ASMANEX	FLOVENT HFA, PULMICORT
ATACAND	AVAPRO, BENICAR, COZAAR
ATACAND HCT	AVALIDE, BENICAR HCT, HYZAAR
AUGMENTIN XR	<b>amoxicillin/clavulanate</b>
AVODART	<b>finasteride</b>
AXERT	MAXALT, ZOMIG
BECONASE AQ	<b>fluticasone</b>
BENZACLIN	<b>clindamycin/benzyl peroxide</b>
BONIVA	<b>alendronate</b>
CARDIZEM LA	<b>diltiazem</b>
CIPRODEX	<b>ciprofloxacin</b>
COSOPT	AZOPT, LUMIGAN, XALATAN
CRESTOR	<b>simvastatin, lovastatin, pravastatin</b>
CYMBALTA	<b>venlafaxine</b>
DAYTRANA	<b>methylphenidate, CONCERTA</b>
DIOVAN	AVAPRO, BENICAR, COZAAR
DIOVAN HCT	AVALIDE, BENICAR HCT, HYZAAR
EFFEXOR XR	<b>venlafaxine</b>
FLOMAX	<b>finasteride</b>
FOCALIN XR	<b>methylphenidate, CONCERTA</b>
GEODON	RISPERDAL, SEROQUEL, ZYPREXA
GLUCOPHAGE XR	<b>metformin</b>
HUMALOG	NOVOLOG
HUMULIN	NOVOLIN
IMITREX	MAXALT, ZOMIG
KYTRIL	<b>ondansetron</b>
LESCOL XL	<b>simvastatin, lovastatin, pravastatin</b>
LEXAPRO	<b>citalopram, sertraline, paroxetine</b>
LIDODERM	<b>lidocaine</b>
LIPITOR	<b>simvastatin, lovastatin, pravastatin</b>

**Athens Area Health Plan Select  
Member Preferred Drug List (PDL)**

2009

Effective 1/1/2009

Tier 3 (Non-preferred)	Preferred Alternative
LUNESTA	<b>zolpidem, zaleplon</b>
METADATE CD	<b>methylphenidate</b> , CONCERTA
MICARDIS	AVAPRO, BENICAR, COZAAR
MICARDIS HCT	AVALIDE, BENICAR HCT, HYZAAR
NASAREL	<b>fluticasone</b>
NEXIUM	<b>Prilosec OTC</b>
PAXIL CR	<b>paroxetine, citalopram, sertraline</b>
PLENDIL	<b>diltiazem, nifedipine, verapamil</b>
PREVACID	<b>Prilosec OTC</b>
PROTONIX	<b>Prilosec OTC</b>
QVAR	FLOVENT HFA, PULMICORT
RELPAK	MAXALT, ZOMIG
RITALIN LA	<b>methylphenidate</b> , CONCERTA
ROZEREM	<b>zolpidem, zaleplon</b>
TRAVATAN	AZOPT, LUMIGAN, XALATAN
VALTREX	<b>acyclovir</b>
XOPENEX HFA	PROVENTIL HFA, PROAIR HFA, VENTOLIN HFA
ZEGERID	<b>Prilosec OTC</b>
ZYRTEC	<b>Alavert OTC, Loratadine OTC</b>
ZYRTEC-D	<b>Alavert D OTC, Loratadine-D OTC</b>