Catalyst Rx® OhioDAS

This is an abbreviated version of the 2010 Catalyst Rx Preferred National Formulary.
Please be aware that this is not an all-inclusive list.
For a complete listing, please visit www.catalystrx.com.

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

2010 PREFERRED DRUG LIST

14983STOHPDL1109

ANTI-INFECTIVE AGENTS

ANTIVIRALS
acyclovir
famciclovir
RELENZA
TAMIFLU
VALCYTE

CEPHALOSPORINS
cefaclor
cefadroxil
cefdinir
cefpodoxime
cefprozil
cefuroxime
cephalexin

FLUOROQUINOLONES
ciprofloxacin/ er
ofloxacin
CIPRO SUSPENSION
LEVAQUIN

MACROLIDE ANTIBIOTICS
azithromycin
clarithromycin/ er
erythromycin ethylsuccinate 400mg/ 5ml suspension
E.E.S TABLETS/ GRANULES
ERYPED
ERYTHROCIN
ERYTHROMYCIN FILMTAB

PENICILLINS
amoxicillin
amoxicillin/ clavulanate
ampicillin
dicloxacillin
penicillin
AUGMENTIN SUSPENSION 125/ 31.25
AUGMENTIN XR

OTHER ANTI-INFECTIVES
clindamycin
doxycycline
erythromycin/ sulfisoxazole
metronidazole/ er
minocycline
nitrofurantoin
tetracycline
trimethoprim
trimethoprim/ sulfamethoxazole
ADOXA
FURADANTIN
ORACEA
VANCOCIN CAPSULES
ZYVOX

CARDIOVASCULAR AGENTS

ACE INHIBITORS & COMBINATIONS
benazepril
benazepril/ amlodipine
benazepril/ HCTZ
captopril
captopril/ HCTZ
enalapril
enalapril/ HCTZ
fosinopril
fosinopril/ HCTZ
lisinopril
lisinopril/ HCTZ
moexipril
moexipril/ HCTZ
quinapril
ramipril capsules
trandolapril
ALTACE TABLETS
LOTREL 5/40, 10/40

ANGIOTENSIN II BLOCKERS & COMBINATIONS
ATACAND/ HCT
BENICAR/ HCT
COZAAR
DIOVAN/ HCT
EXFORGE/ HCT
HYZAAR
MICARDIS/ HCT

ANTIHYPERLIPIDEMICS
cholestyramine
colestipol
fenofibrate micronized
gemfibrozil
lovastatin
pravastatin
simvastatin
ADVICOR
ALTOPREV
CRESTOR
FENOGLIDE
LIPITOR
LOVAZA
NIASPAN
SIMCOR
TRICOR
TRIGLIDE
TRILIPIX
VYTORIN
WELCHOL
ZETIA

BETA BLOCKERS & COMBINATIONS
acebutolol
atenolol
atenolol/ chlorthalidone
betaxolol
bisoprolol
bisoprolol/ HCTZ
carvedilol
labetalol
metoprolol/ er
metoprolol/ HCTZ
nadolol
pindolol
propranolol/ er
propranolol/ HCTZ
COREG CR

CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem/ er
felodipine
isradipine
nicardipine
nifedipine/ er
verapamil/ er
CARDIZEM LA
SULAR

CENTRAL NERVOUS SYSTEM AGENTS

ANTIDEPRESSANTS
amitriptyline
bupropion/ er
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine/ er
protriptyline
sertraline
trazodone
trimipramine
venlafaxine
CYMBALTA
EFFEXOR XR
PRISTIQ
VENLAFAXINE ER

2010 PREFERRED DRUG LIST (CONT.)

ANTIPSYCHOTICS
chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
perphenazine
risperidone
thioridazine
thiothixene
trifluoperazine
GEODON
MOBAN
ORAP
SEROQUEL/ XR
ZYPREXA/ ZYDIS

CNS STIMULANTS
amphetamine/ dextroamphetamine
dexmethylphenidate
dextroamphetamine
methylphenidate/ er
CONCERTA
DAYTRANA
METADATE CD
STRATTERA
VYVANSE

MIGRAINE AGENTS
sumatriptan injection (6mg/0.5mL)
sumatriptan tablets
AMERGE
FROVA
IMITREX injection (4mg/0.5mL)/ nasal
MAXALT/ -MLT
RELPAX
ZOMIG/ -ZMT

ENDOCRINE & METABOLIC AGENTS

ANTIDIABETICS
acarbose
chlorpropamide
glimepiride
glipizide/ er
glipizide/ metformin
glyburide
glyburide/ metformin
metformin/ er
ACTOPLUS MET
ACTOS
AVANDAMET
AVANDARYL
AVANDIA
BYETTA
DUETACT
GLYSET
JANUMET
JANUVIA
PRANDIMET
PRANDIN
STARLIX
SYMLIN

BISPHOSPHONATES & RELATED AGENTS
alendronate *(except solution)*
calcitonin-salmon nasal spray
etidronate
BONIVA *(except injection)*
EVISTA
FORTEO
FOSAMAX PLUS D
FOSAMAX SOLUTION
MIACALCIN INJECTION

DIABETIC TESTING SUPPLIES
ACCU-CHEK
ASCENSIA

ESTROGENS, PROGESTERONES & COMBINATIONS
estradiol
estradiol/ norethindrone (1-0.5mg)
estradiol transdermal system
estropipate
ACTIVELLA 0.5-0.1MG
CENESTIN
COMBIPATCH
ENJUVIA
ESTRADERM
PREMARIN
PREMPHASE
PREMPRO
VIVELLE DOT

INSULINS
APIDRA
HUMALOG/ MIX
HUMULIN
LANTUS
LEVEMIR
NOVOLOG/ MIX

GASTROINTESTINAL AGENTS

PROTON PUMP INHIBITORS
lansoprazole
omeprazole
omeprazole OTC*
pantoprazole
Prilosec OTC*

**Require a written prescription. First retail fill is free and each retail fill thereafter has a $5 copayment ($12.50 through mail service).*

MUSCULOSKELETAL AGENTS

NSAIDS
choline/ magnesium salicylate
diclofenac potassium
diclofenac sodium/ er
diflunisal
etodolac/ er
fenoprofen
flurbiprofen
ibuprofen
indomethacin/ er
ketoprofen
ketorolac

NSAIDS (cont.)
meloxicam *(except suspension)*
nabumetone
naproxen/ er
naproxen sodium
oxaprozin
piroxicam
salsalate
sulindac
tolmetin
CELEBREX

RESPIRATORY AGENTS

ALLERGY-NASAL PRODUCTS
flunisolide
fluticasone propionate
ipratropium
ASTELIN
ASTEPRO
NASACORT AQ
NASONEX
RHINOCORT AQUA
VERAMYST

ANTIASTHMATICS
albuterol/ ipratropium nebulization
albuterol nebulization
cromolyn nebulization
ipratropium
levalbuterol
terbutaline
theophylline/ er
ADVAIR
ASMANEX
ATROVENT HFA
COMBIVENT
FLOVENT HFA/ DISKUS
FORADIL
MAXAIR
PERFOROMIST
PROAIR HFA
PULMICORT
QVAR
SEREVENT DISKUS
SINGULAIR
SPIRIVA
SYMBICORT
TILADE
UNIPHYL
XOPENEX/ HFA

UROLOGICAL MEDICATIONS

BENIGN PROSTATIC HYPERTROPHY DRUGS
doxazosin
finasteride
terazosin
AVODART
FLOMAX
UROXATRAL

OVERACTIVE BLADDER AGENTS
flavoxate
oxybutynin/ er
DETROL/ LA
ENABLEX
SANCTURA XR
VESICARE

Brand-names are the property of their respective manufacturers.