

Attachment 1
Preferred Brand-name drugs (restricted classes)

<u>Alzheimer's Agents</u>
Aricept, ODT
Namenda
Cognex (01/01/09 – 06/30/09)
Exelon, patch (01/01/09 – 06/30/09)
Razadyne ER (01/01/09 – 06/30/09)
<u>Androgenic Agents</u>
Androderm
Androgel
<u>Antibiotics, GI</u>
Alinia
Tindamax
Vancocin HCL
<u>Anticoagulants, Injectables</u>
Arixtra
Fragmin
Lovenox
<u>Anticonvulsants</u>
Carbatrol
Celontin
Depakote ER, sprinkle
Diastat
Equetro
Felbatol
Gabitril
Lamictal Starter Kits
Keppra XR (effective 01/01/09)
Lyrica
Mebaral
Peganone
Topamax
Trileptal syrup
Phenytek (01/01/09 – 06/30/09)
Stavzor (01/01/09 – 06/30/09)
Tegretol XR (01/01/09 – 06/30/09)
<u>Antidepressants, Other</u>
Effexor XR
nefazodone (01/01/09 – 06/30/09)
Cymbalta (01/01/09 – 06/30/09)
Emsam (01/01/09 – 06/30/09)

Pristiq (01/01/09 – 06/30/09)
Venlafaxine ER (01/01/09 – 06/30/09)
<u>Antidepressants, SSRI</u>
paroxetine CR (01/01/09 – 06/30/09)
selfemra (01/01/09 – 06/30/09)
Lexapro (01/01/09 – 06/30/09)
Luvox CR (01/01/09 – 06/30/09)
Pexeva (01/01/09 – 06/30/09)
Prozac Weekly (01/01/09 – 06/30/09)
<u>Antiparkinson's Agents</u>
Kemadrin
Stalevo
Azilect (01/01/09 – 06/30/09)
Comtan (01/01/09 – 06/30/09)
Mirapex (01/01/09 – 06/30/09)
Neupro (01/01/09 – 06/30/09)
Parcopa (01/01/09 – 06/30/09)
Requip XL (01/01/09 – 06/30/09)
Tasmar (01/01/09 – 06/30/09)
Zelapar (01/01/09 – 06/30/09)
<u>Antipsychotics, Atypical</u>
Geodon
Seroquel
Abilify (01/01/09 – 06/30/09*)
Fazaclo (01/01/09 – 06/30/09*)
Invega (01/01/09 – 06/30/09*)
Seroquel XR (01/01/09 – 06/30/09*)
Symbyax (01/01/09 – 06/30/09*)
Zyprexa (01/01/09 – 06/30/09*)
<u>Bronchodilators, Anticholinergic</u>
Atrovent HFA
Combivent
Spiriva
<u>Bronchodilators, Beta Agonists</u>
Foradil
Maxair
Proair HFA
Proventil HFA
Serevent
Ventolin HFA
Xopenex HFA
metaproterenol (01/01/09 – 06/30/09)
Alupent (01/01/09 – 06/30/09)
Brovana (01/01/09 – 06/30/09)
Perforomist (01/01/09 – 06/30/09)

Xopenex (01/01/09 – 06/30/09)
<u>Cytokine and CAM Antagonists</u>
Enbrel
Humira
Kineret
Raptiva
<u>Erythropoiesis Stimulating Agents</u>
Aranesp
Procrit
<u>Glucocorticoids, Inhaled</u>
Advair, HFA
Aerobid, Aerobid-M
Azmacort
Flovent HFA
Pulmicort Respules
Qvar
Symbicort
Alvesco Inhaler (01/01/09 – 06/30/09)
Asmanex (01/01/09 – 06/30/09)
Pulmicort Flexhaler (01/01/09 – 06/30/09)
<u>Hepatitis B Agents</u>
Baraclude
Epivir HBV
Hepsera
Tyzeka
<u>Hepatitis C Agents</u>
Pegasys
Peg-Intron, Redipen
<u>Hypoglycemics, Adjunct Therapy</u>
Byetta
Janumet
Januvia
Symlyn, pen
<u>Hypoglycemics, Insulins</u>
Humulin
Humalog
Humalog Mix
Lantus
Levemir
Apidra (01/01/09 – 06/30/09)
Novolin (01/01/09 – 06/30/09)
Novolog (01/01/09 – 06/30/09)
Novolog Mix (01/01/09 – 06/30/09)

<u>Hypoglycemics, Thiazolidinediones</u>
Actos
Actoplus MET
Avandamet
Avandaryl
Avandia
Duetact
<u>Leukotriene Modifiers</u>
Accolate
Singulair (effective 01/01/09)
<u>Lipotropics, Other</u>
Niaspan
Zetia
<u>Multiple Sclerosis Agents</u>
Avonex
Betaseron
Copaxone
Rebif
<u>Ophthalmics, Glaucoma Agents</u>
Alphagan P
Azopt
Betimol
Betoptic S
Combigan
Istalol
Lumigan
Travatan, Z
<u>Pancreatic Enzymes</u>
Creon
Lipram
Pancrease Mt
Ultrase
Viokase
<u>Phosphate Binders</u>
Fosrenol
Phoslo
Renagel
<u>Platelet Aggregation Inhibitors</u>
Aggrenox
Plavix (effective 01/01/09)
<u>Pulmonary Arterial Hypertension</u>

Letairis
Revatio
<u>Stimulants and Related Agents</u>
Adderall XR
Concerta
Focalin XR
Metadate CD
Vyvanse
pemoline (01/01/09 – 06/30/09)
Daytrana (01/01/09 – 06/30/09)
Desoxyn (01/01/09 – 06/30/09)
Liquadd (01/01/09 – 06/30/09)
Provigil (non-preferred brand)
Ritalin LA (01/01/09 – 06/30/09)
Strattera (01/01/09 – 06/30/09*)
<u>Additional Brand-name Drugs</u>
Suboxone (effective 01/01/09)
Subutex
<u>Specific injectible Mental Health drugs (01/01/09 – 06/30/09)</u>

* Transitioned members (GT medical status code)
will continue to receive coverage.
(see requirement 4)

