

MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Allergy Medications | | |
| AGENT | | |
| Generic (Brand) | | |
| <i>Antihistamines</i> | | |
| Atarax (Hydroxyzine HCl) | x + MPD | |
| Benadryl (diphenhydramine) (Rx only, not OTC) | x + MPD | |
| Chlorpheniramine (generic Chlortrimeton) (Rx only, not OTC) | x | |
| Cyproheptadine (generic Periactin) | x | |
| Dexchlorpheniramine Maleate (generic Polaramine) | x | |
| Dexchlorpheniramine SA (generic Polaramine) | x | |
| Diphenhydramine (generic Benadryl) (Rx only, not OTC) | x | |
| Hydroxyzine HCl (generic Atarax) | x | |
| Hydroxyzine Pamoate (generic Vistaril) | x | |
| Phenergan VC Syrup (Promethazine/phenylephrine/codeine) | x + MPD | |
| Promethazine VC (generic Phenergan VC) | x | |
| Vistaril (Hydroxyzine Pamoate) | x + MPD | |
| <i>Antihistamine/Decongestant Combinations</i> | | |
| Bromfed/Bromfed PD (pseudoephedrine/brompheniramine) | x + MPD | |
| Cardec DM (dextromethorphan/pseudoephedrine/carbinoxamine) | x | |
| Chlorpheniramine/pseudoephedrine (generic Deconamine) | x | |
| Codimal LA (Chlorpheniramine/pseudoephedrine) | x | |
| D.A. Chewable (phenylephrine/scopolamine/scopolamine) | x | |
| Deconamine SR (Pseudoephedrine/pseudoephedrine) | x + MPD | |
| Phenergan (Promethazine) | x + MPD | |
| Promethazine (generic Phenergan) | x | |
| Pseudoephedrine/azatadine Maleate (generic Trinalin) | x | |
| Pseudoephedrine/brompheniramine (generic Bromfed PD) | x | |
| Pseudoephedrine/brompheniramine (generic Bromfed) | x | |
| Pseudoephedrine/carbinoxamine (generic Rondec) | x | |
| Pseudoephedrine/Chlorpheniramine (generic Rescon) | x | |
| Pseudoephedrine/scopolamine/scopolamine (generic Rescon MX) | x | |
| Rescon Jr. (pseudoephedrine/Chlorpheniramine) | x | |
| Rescon MX (pseudoephedrine/scopolamine/scopolamine) | x + MPD | |
| Rondec (pseudoephedrine/carbinoxamine) | x + MPD | |
| Rynatan (phenylephrine/chlor-tan) | x + MPD | |
| Rynatuss (car-b-pen/ephed/pseudoephedrine/chlorpheniramine) | x + MPD | |
| Semprex-D (acrivastine-pseudoephedrine) | x | |
| Trinalin Repetabs (pseudoephedrine/azatadine Maleate) | x + MPD | |
| <i>Miscellaneous</i> | | |
| Astelín (azelastine) | | x |
| <i>Non-Sedating Antihistamine</i> | | |
| Allegra (Fexofenadine) | x + MPD | x |
| Allegra-D (Pseudoephedrine/pseudoephedrine) | | x |
| Clarínex (desloratadine) | | x |
| Claritin (Rx) (loratadine)* | x + MPD | |
| Fexofenadine HCl (generic Allegra) | x | |
| OTC Claritin-D (loratadine/pseudoephedrine)* | x | |
| OTC Loratadine: Claritin, Alavert, Tavist ND, Loratadine, etc.* | x | |
| Zyrtec (cetirizine) | | x |
| Zyrtec-D (cetirizine/pseudoephedrine) | | x |
| * Some plans cover only the Over-the-Counter versions, only the Prescription versions, or neither version. Please refer to the individual plan specification pages for detailed coverage information or contact our office for assistance. | | |
| <i>Nasal Corticosteroid</i> | | |
| Beconase (beclomethasone dipropionate) | x | |
| Beconase AQ (beclomethasone dipropionate AQ) | x | |
| Flonase (fluticasone propionate) | x | |
| Flunisolide (generic Nasalide) | x | |
| Nasacort (triamcinolone) | | x |
| Nasacort AQ (triamcinolone acetate) | | x |
| Nasarel/Nasalide (flunisolide) | x + MPD | |
| Nasonex (mometasone furoate) | | x |
| Rhinocort (budesonide) | x | |
| Rhinocort Aqua (budesonide) | x | |
| Vancenase (beclomethasone dipropionate) | x | |
| Vancenase AQ Double Strength (beclomethasone dipropionate AQ) | x | |

MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|---|-----------|---------------|
| Antidepressant Agents | | |
| AGENT | | |
| Generic (Brand) | | |
| <i>Alpha-2 Receptor Antagonist</i> | | |
| Mirtazapine (generic Remeron) | x | |
| Remeron (mirtazapine) | x + MPD | |
| <i>NDRI</i> | | |
| Bupropion HCl (generic Wellbutrin) | x | |
| Wellbutrin (bupropion HCl) | x + MPD | |
| Wellbutrin SR (bupropion HCl sustained release) | x | |
| Wellbutrin XL (bupropion HCl extended-release) | x | |
| <i>SARI</i> | | |
| Desyrel (trazodone) | x + MPD | |
| Serzone (nefazadone) | x | |
| Trazodone (generic Desyrel) | x | |
| <i>SNRI</i> | | |
| Effexor (venlafaxine) | x | |
| Effexor-XR (venlafaxine extended release) | x | |
| <i>SSRI</i> | | |
| Celexa (citalopram) | x + MPD | |
| Citalopram Hydrobromide (generic Celexa) | x | |
| Fluoxetine (generic Prozac) | x | |
| Fluvoxamine (generic Luvox) | x | |
| Lexapro (escitalopram oxalate) | x | |
| Paroxetine HCl (generic Paxil) | x | |
| Paxil (paroxetine) | x + MPD | |
| Paxil CR (paroxetine) | | x |
| Prozac (fluoxetine) | x + MPD | |
| Prozac Weekly (fluoxetine) | | x |
| Sarafem (fluoxetine HCl) | | x |
| Zoloft (sertraline) | | x |
| <i>SSRI/Dopamine & Serotonin Antagonist Combination</i> | | |
| Symbyax (onlanzapine/fluoxetine) | | x |
| <i>Tricyclic</i> | | |
| Amitriptyline (generic Elavil) | x | |
| Amoxapine (generic Asendin) | x | |
| Anafranil (clomipramine) | x + MPD | |
| Clomipramine (generic Anafranil) | x | |
| Desipramine (generic Norpramin) | x | |
| Doxepin (generic Sinequan) | x | |
| Elavil (amitriptyline) | x + MPD | |
| Imipramine HCl (generic Tofranil) | x | |
| Maprotiline (generic Ludiomil) | x | |
| Norpramin (desipramine) | x + MPD | |
| Nortriptyline (generic Pamelor) | x | |
| Sinequan (doxepin) | x + MPD | |
| Surmontil (trimepramine) | x | |
| Tofranil (imipramine Pamoate) | x + MPD | |
| Tofranil-PM (imipramine Pamoate) | x | |
| Vivactil (protriptyline) | x | |
| <i>Tricyclic/Phenothiazine Combination</i> | | |
| Perphenazine/Amitriptyline (generic Triavil) | x | |
| Triavil (perphenazine/amitriptyline) | x + MPD | |
| Antihypertensive Agents | | |
| AGENT | | |
| Generic (Brand) | | |
| <i>ACE Inhibitors</i> | | |
| Accupril (quinapril) | x + MPD | |
| Accuretic (quinapril magnesium/hydrochlorothiazide/magnesium carbonate) | x + MPD | |
| Aceon (perindopril) | | x |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Altace (ramipril) | | x |
| Benazepril (generic Lotensin) | x | |
| Benazepril/Hydrochlorothiazide (generic Lotensin HCT) | x | |
| Capoten (captopril) | x + MPD | |
| Capozide (captopril/hydrochlorothiazide) | x + MPD | |
| Captopril (generic Capoten) | x | |
| Captopril/Hydrochlorothiazide (generic Capozide) | x | |
| Enalapril (generic Vasotec) | x | |
| Enalapril/Hydrochlorothiazide (generic Vasertec) | x | |
| Fosinopril (generic Monopril) | x | |
| Fosinopril/Hydrochlorothiazide (generic Monopril HCT) | x | |
| Lisinopril (generic Prinivil, Zestril) | x | |
| Lisinopril/Hydrochlorothiazide (generic Prinzide, Zestoretic) | x | |
| Lotensin (benazepril) | x + MPD | |
| Lotensin HCT (benazepril/Hydrochlorothiazide) | x + MPD | |
| Mavik (trandolapril) | x | |
| Monopril (fosinopril) | x + MPD | |
| Monopril HCT (fosinopril/hydrochlorothiazide) | x + MPD | |
| Prinivil (lisinopril) | x + MPD | |
| Prinzide (lisinopril/Hydrochlorothiazide) | x + MPD | |
| Quinapril (generic Accupril) | x | |
| Quinapril/Hydrochlorothiazide (generic Accuretic) | x | |
| Tarka (trandolapril/verapamil) | | x |
| Uniretic (moexipril/Hydrochlorothiazide) | x | |
| Univasc (moexipril) | x | |
| Vasotec (enalapril) | x + MPD | |
| Zestoretic (lisinopril/Hydrochlorothiazide) | x + MPD | |
| Zestril (lisinopril) | x + MPD | |
| Alpha Blocker | | |
| Cardura (doxazosin) | x + MPD | |
| Doxazosin (generic Cardura) | x | |
| Hytrin (terazosin) | x + MPD | |
| Minipress (prazosin) | x + MPD | |
| Prazosin (generic Minipress) | x | |
| Terazosin (generic Hytrin) | x | |
| ARB | | |
| Atacand (candesartan) | | x |
| Atacand HCT (candesartan/Hydrochlorothiazide) | | x |
| Avalide (irbesartan/Hydrochlorothiazide) | | x |
| Avapro (irbesartan) | | x |
| Cozaar (losartan) | | x |
| Diovan (valsartan) | | x |
| Diovan HCT (valsartan/Hydrochlorothiazide) | | x |
| Hyzaar (losartan/Hydrochlorothiazide) | | x |
| Micardis (telmisartan) | | x |
| Micardis HCT (telmisartan/hydrochlorothiazide) | | x |
| Teveten (eprosartan) | | x |
| Beta Blocker | | |
| Acebutolol (generic Sectral) | x | |
| Atenolol (generic Tenormin) | x | |
| Atenolol/Chlorthalidone (generic Tenoretic) | x | |
| Betapace AF (sotalol) | x + MPD | |
| Betaxolol (generic Kerlone) | x | |
| Bisoprolol (generic Zebeta) | x | |
| Bisoprolol/Hydrochlorothiazide (generic Ziac) | x | |
| Blocadren (timolol Maleate) | x + MPD | |
| Coreg (carvedilol) | x | |
| Corgard (nadolol) | x + MPD | |
| Inderal (propranolol) | x + MPD | |
| Inderide (propranolol/hydrochlorothiazide) | x + MPD | |
| Kerlone (betaxolol) | x + MPD | |
| Labetalol (generic Normodyne, Trandate) | x | |
| Levatol (penbutolol) | x | |
| Lopressor (metoprolol) | x + MPD | |
| Lopressor HCT (metoprolol/Hydrochlorothiazide) | x | |
| Metoprolol (generic Lopressor) | x | |
| Nadolol (generic Corgard) | x | |
| Pindolol (generic Visken) | x | |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Propranolol (generic Inderal) | x | |
| Propranolol/Hydrochlorothiazide (generic Inderide) | x | |
| Sectral (acebutolol) | x + MPD | |
| Sotalol (generic Betapace) | x | |
| Tenoretic (atenolol/Chlorthalidone) | x + MPD | |
| Tenormin (atenolol) | x + MPD | |
| Timolol (generic Blocadren) | x | |
| Toprol XL (metoprolol) | x | |
| Zebeta (bisoprolol) | x + MPD | |
| Ziac (bisoprolol/hydrochlorothiazide) | x + MPD | |
| Calcium Blocker | | |
| Adalat CC (nifedipine SR) | x + MPD | |
| Calan (verapamil) | x + MPD | |
| Cardene (nicardipine) | x + MPD | |
| Cardene SR (nicardipine) | x | |
| Cardizem (diltiazem HCl) | x + MPD | |
| Cardizem CD (diltiazem HCl SR) | x + MPD | |
| Cartia XT (diltiazem ER) | x + MPD | |
| Dilacor XR (diltiazem HCl CR) | x + MPD | |
| Diltia XT (diltiazem ER) | x | |
| Diltiazem HCl (generic Cardizem) | x | |
| Diltiazem HCl ER/XR (generic Dilacor XR, Cardizem CD) | x | |
| Diltiazem HCl SR (generic Cardizem SR) | x | |
| DynaCirc (isradipine) | x | |
| DynaCirc CR (isradipine CR) | x | |
| Isoptin SR (verapamil SR) | x + MPD | |
| Nicardipine (generic Cardene) | x | |
| Nifedipine (generic Procardia, Adalat) | x | |
| Nifedipine SR (generic Procardia XL, Adalat CC) | x | |
| Nimotop (nimodipine) | x | |
| Norvasc (amlodipine) | x | |
| Plendil (felodipine) | x | |
| Procardia XL (nifedipine SR) | x + MPD | |
| Sular (nisoldipine) | x | |
| Tiazac (diltiazem HCl SR) | x | |
| Verapamil (generic Calan, Isoptin) | x | |
| Verapamil SR (generic Calan SR, Isoptin SR) | x | |
| Verelan (verapamil) | x + MPD | |
| Verelan PM (verapamil) | x | |
| Hypotensives, Sympatholytic | | |
| Aldomet (methyldopa) | x + MPD | |
| Aldoril (methyldopa/hydrochlorothiazide) | x + MPD | |
| Catapres (clonidine HCl) | x + MPD | |
| Catapres-TTS (clonidine HCl) | | x |
| Clonidine (generic Catapres) | x | |
| Guanabenz acetate (generic Wytensin) | x | |
| Guanfacine (generic Tenex) | x | |
| Methyldopa (generic Aldomet) | x | |
| Methyldopa/hydrochlorothiazide (generic Aldoril) | x | |
| Reserpine | x | |
| Tenex (guanfacine) | x + MPD | |
| Miscellaneous Combinations | | |
| Lexxel (enalapril/felodipine) | x | |
| Lotrel (amlodipine/benazepril HCl) | | x |
| Anti-inflammatory/Pain Relief | | |
| AGENT | | |
| Generic (Brand) | | |
| Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | | |
| Anaprox (naproxen sodium) | x + MPD | |
| Anaprox DS (naproxen sodium) | x + MPD | |
| Ansaid (flurbiprofen) | x + MPD | |
| Arthrotec (diclofenac/Misoprostol) | | x |
| Bextra (valdecoxib) | | x |
| Cataflam (diclofenac potassium) | x + MPD | |
| Celebrex (celecoxib) | | x |
| Diclofenac Potassium (generic Cataflam) | x | |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Diclofenac Sodium (generic Voltaren) | x | |
| Diclofenac Sodium XR (generic Voltaren XR) | x | |
| Etodolac (generic Lodine) | x | |
| Etodolac XR (generic Lodine XL) | x | |
| Fenoprofen (generic Nalfon) | x | |
| Flurbiprofen (generic Ansaid) | x | |
| Ibuprofen (generic Motrin) | x | |
| Indocin (indomethacin) | x + MPD | |
| Indocin/Indocin SR (indomethacin) | x + MPD | |
| Indomethacin (generic Indocin) | x | |
| Indomethacin SR (generic Indocin SR) | x | |
| Ketoprofen (generic Orudis/Oruvail) | x | |
| Ketorolac (generic Toradol)** | x | |
| Lodine (etodolac) | x + MPD | |
| Lodine XL (etodolac) | x + MPD | |
| Meclizolam (generic Meclomen) | x | |
| Mobic (meloxicam) | | x |
| Motrin (ibuprofen) | x + MPD | |
| Nabumetone (generic Relafen) | x | |
| Naprelan (naproxen sodium SA) | x + MPD | |
| Naproxen (generic Naprosyn) | x | |
| Naproxen Sodium (generic Anaprox) | x | |
| Naproxen Sodium SR (generic Naprelan) | x | |
| Orudis (ketoprofen) | x + MPD | |
| Oxaprozin (generic Daypro) | x | |
| Piroxicam (generic Feldene) | x | |
| Relafen (nabumetone) | x + MPD | |
| Sulindac (generic Clinoril) | x | |
| Tolectin (tolmetin) | x + MPD | |
| Tolmetin (generic Tolectin) | x | |
| Toradol (ketorolac)** | x + MPD | |
| Voltaren (diclofenac sodium) | x + MPD | |
| Voltaren XR (diclofenac sodium) | x + MPD | |
| **Due to side effect profile, no more than 40mg/day for up to 5 days is permitted within 30 days. | | |
| Analgesic/Antipyretics, Salicylates | | |
| Choline Salicylate/Magnesium Salicylate (generic Trilisate) | x | |
| Diflunisal (generic Dolobid) | x | |
| Disalcid (salsalate) | x + MPD | |
| Dolobid (diflunisal) | x + MPD | |
| Salsalate (generic Disalcid) | x | |
| Trilisate (choline salicylate/magnesium salicylate) | x + MPD | |
| Analgesics, Other | | |
| Stadol NS (butorphanol tartrate) | | x |
| Butorphanol tartrate (generic Stadol NS) | x | |
| Antifungative | | |
| AGENT | | |
| Generic (Brand) | | |
| Antifungal Agents | | |
| Ancobon (flucytosine) | x | |
| Clotrimazole troche (generic Mycelex) | x | |
| Diflucan (fluconazole) | x + MPD | |
| Flagyl 375 capsules (metronidazole) | x + MPD | |
| Flagyl ER (metronidazole) | | x |
| Fluconazole (generic Diflucan) | x | |
| Grifulvin V (griseofulvin microsize) | x + MPD | |
| Griseofulvin microsize (generic Grifulvin V) | x | |
| Griseofulvin ultramicrosize 250 (generic Gris-Peg) | x | |
| Gris-Peg 125 (griseofulvin ultramicrosize) | x | |
| Gris-Peg 250 (griseofulvin ultramicrosize) | x | |
| Itraconazole (generic Sporanox) | x | |
| Ketoconazole (generic Nizoral) | x | |
| Lamisil (terbinafine) | | x |
| Metronidazole capsules | x | |
| Metronidazole tablets | x | |
| Mycelex lozenge (clotrimazole) | x | |
| Mycostatin (nystatin) | x + MPD | |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Nizoral (ketoconazole) | x + MPD | |
| Nystatin (generic Mycostatin) | x | |
| Sporanox (itraconazole) | x + MPD | |
| Cephalosporins | | |
| Cefaclor SR | x | |
| Cefadroxil Hydrate (generic Duricef) | x | |
| Cephalexin Monohydrate (generic Keflex) | x | |
| Cephradine (generic Velosef) | x | |
| Cipro (ciprofloxacin) | x + MPD | |
| Cipro XR (ciprofloxacin extended-release) | | x |
| Ciprofloxacin (generic Cipro) | x | |
| Duricef (cefadroxil hydrate) | x + MPD | |
| Keflex (cephalexin) | x + MPD | |
| Keftab (cephalexin) | | x |
| Velosef (Cephradine) | x + MPD | |
| Antipsychotic | | |
| AGENT | | |
| Generic (Brand) | | |
| Clozapine (generic Clozaril)*** | x | |
| Clozaril (clozapine)*** | x + MPD | |
| Geodon (ziprasidone) | x | |
| Risperdal (risperidone) | x | |
| Seroquel (Quetiapine fumarate) | x | |
| Zyprexa (olanzepine) | | x |
| Zyprexa Zydis (olanzepine) | | x |
| ***Due to side effect profile, upon initiation of clozapine therapy, weekly white blood counts will be required for the first six (6) months of treatment. Thereafter, once patient is stabilized and white blood counts remain within normal range, every other week. Initially, no more than a one (1) week supply will be authorized for the first six (6) months. Thereafter, a two (2) week supply will be allowed. | | |
| Anxiolytic Agents | | |
| AGENT | | |
| Generic (Brand) | | |
| Benzodiazepines | | |
| Alprazolam (generic Xanax) | x | |
| Alprazolam ER (generic Xanax XR) | x | |
| Ativan (lorazepam) | x + MPD | |
| Chlordiazepoxide (generic Librium) | x | |
| Clonazepam orally disintegrating tablets (generic Klonopin Wafers) | x | |
| Clonazepam tablets (generic Klonopin) | x | |
| Clorazepate (generic Tranxene) | x | |
| Diazepam (generic Valium) | x | |
| Klonopin tablets (clonazepam) | x + MPD | |
| Klonopin wafers (clonazepam) | x + MPD | |
| Librium (chlordiazepoxide) | x + MPD | |
| Lorazepam (generic Ativan) | x | |
| Niravam (alprazolam in orally dissolving tablet form) | | x |
| Oxazepam (generic Serax) | x | |
| Serax (oxazepam) | x + MPD | |
| Tranxene (clorazepate) | x + MPD | |
| Valium (diazepam) | x + MPD | |
| Xanax (alprazolam) | x + MPD | |
| Xanax XR (alprazolam) | x + MPD | |
| Miscellaneous | | |
| Buspar (buspirone) | x + MPD | |
| Buspirone (generic Buspar) | x | |
| Meprobamate (generic Miltown, Equanil) | x | |
| Miltown (meprobamate) | x + MPD | |
| Asthma | | |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| AGENT | | |
| Generic (Brand) | | |
| Bronchial Dilators | | |
| Albuterol inhaler, solution, syrup, tablets (generic Proventil, Ventolin) | x | |
| Alupent Inhalation solution (metaproterenol) | x + MPD | |
| Alupent Inhaler (metaproterenol) | x | |
| Alupent syrup (metaproterenol) | x + MPD | |
| Atrovent Inhalation Solution (ipratropium) | x + MPD | |
| Brethine (terbutaline) | x + MPD | |
| Combivent (albuterol/ipratropium) | x | |
| Cromolyn Sodium (generic Intal) | x | |
| Foradil (formoterol) | x | |
| Intal Inhaler (cromolyn) | x | |
| Intal Nebulizer solution (cromolyn) | x + MPD | |
| Ipratropium (generic Atrovent) | x | |
| Maxair (pirbuterol acetate) | x | |
| Metaproterenol (generic Alupent) | x | |
| Proventil HFA (albuterol) | | x |
| Proventil inhaler, solution, syrup, tablets (albuterol) | x + MPD | |
| Serevent (Salmeterol) | x | |
| Serevent diskus (Salmeterol) | x | |
| Terbutaline (generic Brethine) | x | |
| Tilade (Nedocromil sodium) | x | |
| Ventolin HFA (albuterol) | | x |
| Ventolin inhaler, solution, syrup (albuterol) | x + MPD | |
| Volmax (albuterol SR tab) | x | |
| Xopenex (levabuterol HCl) | | x |
| Combination | | |
| Advair diskus (fluticasone/Salmeterol) | x | |
| Inhaled Steroids | | |
| Flovent (fluticasone) | x | |
| Flovent Rotadisk (fluticasone) | x | |
| Aerobid (flunisolide) | | x |
| Aerobid M (flunisolide/menthol) | | x |
| Azmacort (triamcinolone) | x | |
| Beclovent (beclomethasone) | x | |
| Pulmicort respules (budesonide) | x | |
| Pulmicort turbohaler (budesonide) | x | |
| Leukotriene Receptor Antagonists | | |
| Singulair (Montelukast sodium) | x | |
| Zyflo (Zileuton) | x | |
| Accolate (Zafirlukast) | x | |
| Attention Deficit Hyperactivity Disorder | | |
| AGENT | | |
| Generic (Brand) | | |
| Adderall (dextroamphetamine saccharate, amphetamine aspartate monohydrate, dextroamphetamine sulfate, amphetamine sulfate) | x + MPD | |
| Adderall XR (dextroamphetamine saccharate, amphetamine aspartate monohydrate, dextroamphetamine sulfate, amphetamine sulfate) | | x |
| Concerta SA (methylphenidate SA OSM) | | x |
| Daytrana (methylphenidate) | | x |
| Dexedrine (dextroamphetamine sulfate) | x + MPD | |
| Dextroamphetamine saccharate, amphetamine aspartate monohydrate, dextroamphetamine sulfate, amphetamine sulfate (generic) | x | |
| Dextroamphetamine sulfate (generic Dexedrine) | x | |
| Focalin (dexmethylphenidate HCl) | x | |
| Focalin XR (dexmethylphenidate HCl) | | x |
| Metadate CD (methylphenidate HCl mphase) | | x |
| Metadate ER (methylphenidate) | | x |
| Methylphenidate (generic Ritalin) | x | |
| Methylphenidate CR (generic Ritalin SR) | x | |
| Methylphenidate SA (generic Ritalin LA) | x | |
| Provigil (Modafinil) | x | |
| Ritalin (methylphenidate) | x + MPD | |
| Ritalin LA (methylphenidate) | | x |
| Ritalin SR (methylphenidate) | x + MPD | |
| Cholesterol Lowering Agents | | |

MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|---|-----------|---------------|
| AGENT | | |
| Generic (Brand) | | |
| Bile Salt Sequestrants | | |
| Cholestyramine (generic Questran/Light, Prevalite) | x | |
| Colestid (Colestipol) | | x |
| Prevalite (Cholestyramine) | x + MPD | |
| Questran (sucrose/sucrose) | x + MPD | |
| Questran Light (aspartame/aspartame) | x + MPD | |
| WelChol (Colestevlam) | | x |
| Fibric Acid Derivatives | | |
| Gemfibrozil (generic Lopid) | x | |
| Lopid (Gemfibrozil) | x + MPD | |
| Tricor (Fenofibrate) | | x |
| HMG-COA Reductase Inhibitors | | |
| Lescol (Fluvastatin) | x | |
| Lescol XL (Fluvastatin) | x | |
| Lipitor (Atorvastatin) | x | |
| Lovastatin (generic Mevacor) | x | |
| Mevacor (Lovastatin) | x + MPD | |
| Pravachol (Pravastatin) | x + MPD | |
| Pravastatin Sodium (generic Pravachol) | x | |
| Zocor (Simvastatin) | | x |
| Miscellaneous | | |
| Advicor (niacin/niacin) | x | |
| Niaspan (niacin) | x | |
| Contraception Injections | | |
| AGENT | | |
| Generic (Brand) | | |
| Depo-Provera (Medroxyprogesterone acetate) | x | |
| Lunelle (Estradiol cypionate/medroxyprogesterone acetate) | | x |
| Diabetes Therapy | | |
| AGENT | | |
| Generic (Brand) | | |
| Hypoglycemics, Alpha Glucosidase Inhibitors | | |
| Glyset (Miglitol) | x | |
| Precose (Acarbose) | x | |
| Hypoglycemics, Biguanide | | |
| Glucophage (metformin) | x + MPD | |
| Glucophage XR 500mg (metformin) | x + MPD | |
| Glucophage XR 750mg (metformin) | x + MPD | |
| Metformin (generic Glucophage) | x | |
| Metformin ER 500mg (generic Glucophage XR) | x | |
| Hypoglycemics, Meglitinides | | |
| Prandin (Repaglinide) | x | |
| Starlix (Nateglinide) | x | |
| Hypoglycemics, Thiazolidinediones | | |
| Actos (Pioglitazone) | x | |
| Avandamet (Rosiglitazone/metformin HCl) | x | |
| Avandia (Rosiglitazone) | x | |
| Insulins | | |
| Humalog (lispro insulin) | x | |
| Humulin (human insulin) (all types) | x | |
| Iletin I (insulin) (all types) | x | |
| Iletin II (purified pork or beef insulin) (all types) | x | |
| Lantus (insulin glargine) | x | |
| Novolin (human recombinant insulin) (all types) | x | |
| Velosulin BR (human regular insulin buffered) | x | |
| Velosulin Human (human insulin) | x | |

**MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST**

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|--|-----------|---------------|
| Sulfonylureas | | |
| Acetohexamide (generic Dymelor) | x | |
| Amaryl (Glimepiride) | x | |
| Chlorpropamide (generic Diabinese) | x | |
| Diabinese (Chlorpropamide) | x + MPD | |
| Glipizide (generic Glucotrol) | x | |
| Glipizide ER (generic Glucotrol XL) | x | |
| Glucotrol XL (Glipizide) | x + MPD | |
| Glucovance (metformin/glyburide) | x + MPD | |
| Glyburide (generic Glynase, Diabeta, Micronase) | x | |
| Glyburide/Metformin (generic Glucovance) | x | |
| Glynase Prestab (glyburide) | x + MPD | |
| Metaglip (metformin/Glipizide) | | x |
| Metformin (generic Glucophage) | x | |
| Micronase (glyburide) | x + MPD | |
| Tolazamide (generic Tolinase) | x | |
| Tolbutamide (generic Orinase) | x | |
| Tolinase (Tolazamide) | x + MPD | |
| Gastrointestinal Preparations | | |
| AGENT | | |
| Generic (Brand) | | |
| PPI | | |
| Aciphex (rabeprazole) | | x |
| Nexium (esomeprazole) | | x |
| Omeprazole (generic Prilosec) | x | |
| Prevacid (lansoprazole) capsules and Solutabs | | x |
| Prevpac (lansoprazole/amoxicillin/clarithromycin) | | x |
| Prilosec (Omeprazole)* | x +MPD | |
| Protonix (pantoprazole) | x | |
| Zegerid (sodium/sodium bicarbonate) | | x |
| H2 Antagonists | | |
| Axid (nizatidine) | x + MPD | |
| Cimetidine (generic Tagamet)* | x | |
| Famotidine (generic Pepcid)* | x | |
| Nizatidine (generic Axid) | x | |
| Pepcid (Famotidine)* | x + MPD | |
| Ranitidine (generic Zantac)* | x | |
| Tagamet (Cimetidine)* | x + MPD | |
| Zantac (ranitidine) packets | | x |
| Zantac (ranitidine)* | x + MPD | |
| * Some plans cover the Over-the-Counter versions and/or the Prescription versions. Please refer to the individual plan specification pages for detailed coverage information or contact our office for assistance. | | |
| Miscellaneous | | |
| Carafate (sucralfate) | x + MPD | |
| Cytotec (Misoprostol) | x | |
| Helidac (tetracycline/metronidazole/BIS SS) | x | |
| Sucralfate (generic Carafate) | x | |
| Sedative Hypnotic Agents | | |
| AGENT | | |
| Generic (Brand) | | |
| Benzodiazepines | | |
| Ativan (lorazepam) | x + MPD | |
| Doral (quazepam) | | x |
| Estazolam (generic Prosom) | x | |
| Flurazepam (generic Dalmane) | x | |
| Halcion (triazolam) | x + MPD | |
| Lorazepam (generic Ativan) | x | |
| Prosom (Estazolam) | x + MPD | |
| Restoril (Temazepam) | x + MPD | |
| Temazepam (generic Restoril) | x | |
| Triazolam (generic Halcion) | x | |
| Non-Benzodiazepines | | |
| Ambien (zolpidem tartrate) | | x |

MAXCARE PRESCRIPTION BENEFIT SERVICES
PREFERRED/NON-PREFERRED DRUG LIST

Due to space constraints, not all manufacturer names for each medication are listed. If you do not find a certain medication on this list, please contact our office for assistance. There may be occasional additions or deletions to this list in compliance with Plan Sponsor instructions.

| | Preferred | Non-Preferred |
|-------------------------------|-----------|---------------|
| Ambien CR (zolpidem tartrate) | | x |
| Lunesta (eszopiclone) | | x |
| Rozerem (ramelteon) | | x |
| Sonata (zaleplon) | | x |