

# Preferred Drug List

## The Texas Employees Group Benefits Program • Plan Year 2012

Your health plan includes a 3-tier prescription drug benefit; tier 1 & 2 Drugs are Preferred and tier 3 Drugs are Non-Preferred. This Preferred Drug List is administered by Community First and the Pharmacy Benefit Manager (PBM) in accordance with the plan design specified by the Employees Retirement System of Texas (ERS). Your specific prescription benefit plan design may not cover certain categories of drugs. Check your Evidence of Coverage or contact Community First's Member Services Department for those conditions and medications not covered by your plan. The preferred list of covered drugs is subject to change.

- Non-maintenance drug copayments for a 30-day supply are \$15 for Tier 1 drugs; \$35 for Tier 2; and \$60 for Tier 3 drugs.
- Maintenance drug copayments for a 30-day supply are \$20 for Tier 1 drugs; \$45 for Tier 2 drugs; and \$75 for Tier 3 drugs.
- Mail-order copayments for up to a 90-day supply, including oral contraceptives, are \$45 for Tier 1 drugs; \$105 for Tier 2 drugs; and \$180 for Tier 3 drugs.

Please note that there is a \$50 per enrollee plan year deductible. If a brand-name medication is dispensed when a generic is available, you will be responsible for the generic copayment plus the cost difference between the generic and the brand-name medication.

The preferred list of covered drugs is subject to change, when new drugs become available during the year, or when the Pharmacy and Therapeutics Committee meets, drugs may move from one copayment tier to another.

This document lists most of the preferred drugs in alphabetical order; it does not contain a complete list of all drugs. If you don't find your medication listed in this guide, you should contact Community First's Member Services Department at (210) 358-6262, or (877) 698-7032. Do not contact ERS for assistance with your medications.

- PA Indicates Prior Authorization                      Lowercase Names = Tier 1, Primarily preferred generic drugs  
 QL Indicates quantity limit                              Uppercase Names = Tier 2, Mostly preferred brand-name drugs  
 ST Indicates step therapy  
 \* Indicates maintenance medication

\* Maintenance drugs are coded as such if they meet the following criteria:

1. Medications that do not require frequent monitoring and dosage adjustments for side effects or therapeutic responses. Certain drugs that may have potential life threatening toxicity when taken as an intentional overdose may be excluded.
2. Medications that are used to treat a chronic condition with no therapy endpoint. These drugs are taken continuously but do not provide a cure for the condition for which it is being treated.
3. Medications that are typically used as outpatient type of drugs.

-A-	amiloride *	ASTELIN *	benzonatate
acebutolol *	amiloride and HCTZ *	atenolol & chlorthalidone *	benzoyl peroxide *
acetaminophen w/ codeine	aminocaproic acid	atenolol *	benztropine *
acetaminophen w/hydrocodone	amiodarone *	atropine sulfate *	betamethasone & clotrimazole
acetaminophen-butalbital	AMITIZIA	aug betamethasone dipropionate	betamethasone dipropionate
acetaminophen - caffbutalbital	amitriptyline *	AVALIDE ST *	betamethasone valerate
acetazolamide *	amlodipine and benazepril*	AVANDIA ST *	betaxolol *
acetohexamide *	amoxapine *	AVAPRO ST*	bethanechol
acetylcysteine	amoxicillin	AVIANE *	BETIMOL *
ACTOS ST *	amoxicillin & pot clavulanate	azathioprine *	BETOPTIC-S *
ACULAR	amphetamine mixtures *	azelaic acid	bicalutamide
acyclovir	ampicillin	azithromycin	bisoprolol & HCTZ *
ADVAIR *	anagrelide *	AZOPT *	bisoprolol *
albuterol (non MDI) *	ANDRODERM *	-B-	BONIVA *
alclometasone	anthralin *	baclufen *	brimonidine opthal *
alendronate *	APAP-isometheptene- dichloral	BELLAMINE-S	bromocriptine *
ALKERAN	apraclonidine *	benazepril *	brompheniramine, carbinoxamine and pseudoephedrine
allopurinol *	APRI *	benazepril and HCTZ *	brompheniramine, carbinoxamine, pseudoephedrine and dextromethorphan
ALOMIDE	APRISO, QL *	BENICAR, ST *	budesonide amps *
ALPHAGAN P	ASACOL *	BENICAR HCT, ST *	
alprazolam	aspirin w/ codeine	benzocaine & antipyrine	
amantadine *	aspirin/caffeine/butalbital		

This Preferred List of Covered Drugs is subject to change as input is received from the FDA and the CFHP Pharmacy and Therapeutics Committee. Routine tier changes will not be effective in the middle of a plan year.

bumetanide \*  
bupropion SR QL \*  
bupropion QL \*  
buspirone \*  
butalbital/aspirin/ caffeine  
w/codeine  
  
**-C-**  
CALCIFEROL  
calcitonin\*  
calcitriol \*  
captopril \*  
captopril and HCTZ \*  
carbachol \*  
carbamazepine \*  
carbamazepine ER\*  
carbidopa-levodopa \*  
carisoprodol w/ ASA  
cefaclor  
cefaclor ER  
cefadroxil  
cefepodoxime  
cefprozil  
cefuroxime  
cephalexin  
chlordiazepoxide  
chlorothiazide \*  
chlorpheniramine (Rx only)  
chlorpheniramine and  
phenylephrine  
chlorpheniramine, phenylephrine  
and methscopolamine  
chlorpheniramine, phenylephrine  
and pyrilamine  
chlorpromazine  
chlorpropamide \*  
chlorthalidone \*  
cholestyramine \*  
choline & mag salicylate  
cimetidine \*  
ciprofloxacin  
citalopram \*  
clarithromycin  
clemastine 2.68 mg tablets or  
syrup  
CLEOCIN VAG  
CLIMARA PRO\*  
clindamycin  
clobetasol propionate \*  
clomipramine  
clonazepam\*  
clonidine \*  
clotrimazole (topical)  
clotrimazole Troche  
cloxacillin

codeine  
colchicine \*  
colchicines w/ probenecid \*  
COMBIVENT \*  
CORTIFOAM  
cromolyn  
CUPRIMINE \*  
cyclobenzaprine  
cyclophosphamide  
cyclosporine  
cyproheptadine \*  
CYTOMEL \*  
  
**-D-**  
dantrolene\*  
DARAPRIM  
desipramine \*  
desmopressin \*  
desonide  
desoximetasone  
dexamethasone  
dexamethasone sodium phosphate  
dexchlorpheniramine  
dexchlorpheniramine SA  
dextroamphetamine \*  
diazepam  
diclofenac \*  
diclofenac ER \*  
dicloxacillin  
dicyclomine  
didanosine\*  
diflunisal \*  
digoxin \*  
DILATRATE SR \*  
diltiazem \*  
diltiazem SA \*  
DIOVAN ST \*  
DIOVAN HCT ST \*  
DIPENTUM \*  
diphenhydramine 50mg  
dipivefrin \*  
dipyridamole \*  
disopyramide \*  
donepezil \*  
dorzolamide HCl/timolol maleate \*  
doxazosin \*  
doxepin \*  
doxycycline  
DRITHO-SCALP  
  
**-E-**  
econazole  
EFFIENT QL \*  
ELIDEL ST QL

EMADINE  
enalapril \*  
enalapril and HCTZ \*  
EPIPEN, EPIPEN Jr.  
ERGOMAR  
ergotamine and caff  
erythromycin  
erythromycin & sulfisoxazole  
erythromycin base  
erythromycin base (coated)  
erythromycin estolate  
erythromycin ethylsuccinate  
erythromycin Pellets (generic  
ERYC)  
erythromycin stearate  
esterfied estrogens \*  
ESTRACE VAG  
estradiol \*  
ESTRING QL\*  
estrogens & methyltestosterone \*  
estropipate \*  
ethambutol \*  
ethinyl estradiol / drospirenone \*  
ethosuximide \*  
ethynodiol diacetate & eth estrad  
\*  
etidronate sodium \*  
etodolac \*  
etodolac ER \*  
etoposide  
EURAX  
EVISTA \*  
EXELDERM  
  
**-F-**  
famotidine \*  
fenopropfen \*  
fentanyl  
finasteride\*  
flecainide \*  
FLOVENT HFA \*  
FLOVENT ROTADISK \*  
fluconazole  
fludrocortisone \*  
flunisolide \*  
fluocinolone  
fluocinonide  
fluoromethalone  
FLUOROPLEX  
fluorouracil  
fluoxetine \*  
fluoxymesterone \*  
fluphenazine  
flurbiprofen \*  
flutamide \*

fluticasone  
fluticasone intranasal \*  
fluvoxamine \*  
FOSAMAX PLUS D \*  
fosinopril & HCTZ \*  
fosinopril \*  
furosemide \*  
  
**-G-**  
gabapentin \*  
ganciclovir  
GANTRISIN (susp only)  
gemfibrozil \*  
gentamicin sulfate  
glimepiride\*  
glipizide \*  
glipizide ER \*  
GLUCAGON (INJ)  
glyburide \*  
glyburide/metformin \*  
granisetron QL PA  
griseofulvin  
guaifenesin  
guaifenesin / pseudoephedrine (RX  
only)  
guanfacine \*  
  
**-H-**  
halobetasol  
haloperidol \*  
HELIDAC  
HUMALOG \* (all forms)  
HUMULIN \* (all forms)  
hydralazine & HCTZ \*  
hydrochlorothiazide \*  
hydrocortisone  
hydrocortisone valerate  
hydrocortisone w/pramoxine  
hydromorphone HCl  
hydroxychloroquine \*  
hydroxyurea \*  
hydroxyzine  
hyoscyamine  
  
**-I-**  
ibuprofen \*  
ibuprofen/hydrocodone  
imipramine \*  
indamide \*  
indomethacin  
indomethacin ER  
ipratropium \*  
iron w/vitamins  
isometheptene,  
dichloralphenazone, APAP

isoniazid \*  
isosorbide dinitrate \*  
isosorbide mononitrate \*  
isotretinoin  
isoxsuprine \*  
itraconazole

**-K-**

ketoconazole  
ketoprofen \*  
ketoprofen ER \*  
ketorolac

**-L-**

labetalol \*  
lamotrigine\*  
LANTUS \*  
lansaprazole \*  
latanoprost \*  
leflunomide \*  
LESCOL QL \*  
leucovorin  
LEUKERAN  
LEVATOL \*  
levobunolol \*  
levofloxacin \*  
levonorgestrel & ethe stradiol \*  
LEVORA \*  
levothyroxine \*  
lidocaine  
LINDANE  
lisinopril & HCTZ \*  
lisinopril \*  
lithium carbonate \*  
lithium citrate \*  
loratadine (RX Only)  
lorazepam  
lovastatin QL \*  
low-ogestrel \*  
loxapine \*  
LYSODREN

**-M-**

maprotiline \*  
MATULANE  
MAXAIR AUTOHALER \*  
MAXALT QL  
MAXALT-MLT QL  
mebendazole  
meclofenamate \*  
medroxyprogesterone \*  
megestrol \*  
MEPHYTON  
MEPRON

mercaptapurine  
mesalamine \*  
metaproterenol \*  
metformin \*  
metformin ER \*  
methazolamide \*  
METHERGINE  
methimazole \*  
methotrexate \*  
methyclothiazide \*  
methyldopa \*  
methylphenidate \*  
methylphenidate ER \*  
methyltestosterone \*  
metoclopramide HCl  
metolazone \*  
metoprolol \*  
metoprolol XL \*  
metronidazole  
mexiletine \*  
miconazole topical  
MICROGESTIN \*  
MICROGESTIN FE \*  
midodrine  
MIGRANAL  
minocycline  
MINTEZOL  
mirtazapine QL \*  
misoprostal \*  
MOBAN \*  
moexipril \*  
morphine  
morphine ER  
mupirocin  
MYLERAN

**-N-**

nabumetone\*  
nadolol \*  
naltrexone  
naphazoline  
naproxen \*  
naproxen sodium \*  
NATACYN  
NECON 0.5/35, 1/35, 1/50 \*  
nefazodone \*  
neomycin  
neomycin-polymy-dexameth  
neomycin-polymyxin-HC  
neostigmine  
niacin  
nicardipine \*  
nifedipine \*  
nifedipine ER \*

nitrofurantoin  
nitroglycerin(all forms) \*  
nizatidine \*  
norethindrone & eth estradiol \*  
norethindrone & mestranol \*  
norethindrone \*  
norethindrone acet & estradiol Fe  
\*  
norgestimate & ethinyl estradiol \*  
norgestrel & ethinyl estradiol \*  
nortriptyline \*  
NOVOLIN \* (all forms)  
NOVOLOG \* (all forms)  
NUVARING QL \*  
nystatin  
nystatin vaginal  
nystatin-triamcinolone

**-O-**

ofloxacin  
omeprazole \*  
ondansetron QL PA  
orphenadrine citrate \*  
orphenadrine/ASA/caffeine  
ORTHO EVRA \*  
oxacillin  
oxaprozin \*  
oxazepam  
OXISTAT  
oxybutynin \*  
oxycodone  
oxycodone w/aspirin

**-P-**

P1E1P2E1, P3E1, P4E1 \*  
PANCREASE \*  
PANDEL  
pantoprazole \*  
paroxetine \*  
PATANOL  
pediatric multivitamins w/F1& Fe  
pediatric multivitamins w/F1  
pediatric vitamins ACD w/ fluoride  
pediatric vitamins ACD w/ fluoride  
& iron  
penicillin V potassium  
pentazocin and naloxone  
pentazocin/APAP  
pentoxifylline \*  
pergolide \*  
perphenazine  
perphenazine and amitriptyline  
phenazopyridine  
phenelzine \*  
phenobarbital & belladonna alk

phenobarbital \*  
phenyleph-CPM w/hydrocod  
phenyltoloxamine w/ APAP  
phenytoin (all forms) \*  
PHOSPHOLINE IODIDE  
pilocarpine  
PILOPINE HS \*  
pindolol \*  
piperazine  
piroxicam \*  
PLAVIX \*  
podofilox  
polyethylene-glycol electrolyte soln  
potassium bicarbonate \*  
potassium chloride \*  
potassium citrate \*  
potassium gluconate \*  
pramexipole  
pramoxine  
PRANDIN ST \*  
pravastatin QL \*  
prazosin \*  
prednisolone  
prednisone  
PREMARIN \*  
PREMARIN VAG  
PREMPHASE \*  
PREMPRO \*  
prenatal multivitamin w/Fe-Fa  
prenatal vitamin \*  
PRILOSEC OTC\* (w/ a written  
prescription)  
primidone \*  
PROAIR HFA \*  
probenecid \*  
procainamide \*  
prochlorperazine  
PROCTOCREAM-HC  
promethazine  
promethazine with codeine  
PROMETRIUM \*  
propafenone \*  
propoxyphene napsylate  
propranolol & HCTZ \*  
propranolol \*  
propranolol LA \*  
propylthiouracil \*  
pseudoephedrine and  
brompheniramine  
pseudoephedrine and guaifenesin  
pseudoephedrine w/ hydrocodone  
pseudoephedrine-GG  
PULMICORT \*  
pyrazinamide \*  
pyridostigmine \*

pyrilamine

**-Q-**

quinidine gluconate \*  
quinidine sulfate \*

**-R-**

ranitidine \*  
RELPAQ QL  
RIDAURA \*  
rifampin  
rimantadine  
risperidone QL \*  
ropinirole

**-S-**

salsalate \*  
selegiline \*  
selenium sulfide  
SEREVENT INH and Diskus \*  
SEROQUEL \*  
SEROQUEL XR \*  
sertraline \*  
silver sulfadiazine  
SIMCOR\*  
simvastatin\*  
SINGULAIR ST \*  
sodium fluoride \*  
sodium polystyrene  
sotalol \*  
spironolactone & HCTZ \*  
spironolactone \*  
STALEVO \*  
stannous fluoride \*  
sucralfate \*  
sulfacetamide sodium w/sulfur  
sulfacetamide sod-pred  
sulfadiazine  
sulfamethoxazole  
sulfasalazine \*  
sulfapyrazone \*  
sulindac \*  
sumatriptan  
SYNTHROID \*

**-T-**

tamoxifen \*  
tamsulosin HCl \*  
temazepam  
terazosin \*  
terbinafine  
terbutaline \*  
terconazole  
tetracycline

theophylline \*  
thioridazine  
thiothixene \*  
thyroid \*  
THYROLAR \*  
trandolapril/verapamil \*  
ticlopidine \*  
timolol \*  
timolol GFS \*  
TOBRADEX QL  
TOFRANIL-PM \*  
tolazamide \*  
tolbutamide \*  
tolmetin \*  
tramadol  
tramadol with APAP  
tranylcypromine \*  
TRAVATAN Z \*  
trazodone \*  
tretinoin PA if >25y/o  
TREXIMET QL  
triamcinolone acetonide  
triamterene & HCTZ \*  
triazolam  
trichlormethiazide  
trifluridine  
trihexyphenidyl \*  
trimethobenzamide  
trimethoprim  
trimethoprim / sulfamethoxazole  
trimethoprim-polymyxin b  
TRIVORA \*

**-U-**

UROXATRAL \*  
ursodiol \*

**-V-**

valacyclovir HCl \*  
valproate sodium \*  
valproic acid \*  
venlafaxine QL \*  
verapamil \*  
verapamil ER \*  
VEXOL  
VIAGRA QL  
VYTORIN \*

**-W-**

warfarin sodium \*

**-Z-**

zafirlukast\*  
ZENPEP \*

ZETIA ST \*  
zidovudine\*  
zolpidem  
ZOMIG QL  
ZOVIA 1/35, 1/50 \*  
ZYPREXA QL \*

**QUANTITY LIMITS:**

30 per 30-day supply unless otherwise noted

**APRISO**

120 caplets per 30 days

**BUPROPION**

90 per month

**BUPROPION SR**

60 per month

**ELIDEL**

must have tried/failed low potency corticosteroid first

**ESTRING**

1 every 3 months

**GRANISETRON**

10 tablets per prescription

**IMITREX**

tabs: 9; spray: 6 per month

**ISENTRESS**

60 per 30 days

**LESCOL**

60 capsules per 30 days

**LOVASTATIN**

60 tablets per 30 days

**MAXALT, MAXALT MLT**

6 per month

**NUVARING**

1 ring per month

**ONDANSETRON**

10 tablets per prescription

50ml per prescription

**ORTHO EVRA**

3 patches per month

**RELPAQ**

6 per month

RISPERIDONE  
60 tablets per 30 days /  
120ml per 30 days  
1mg/ml solution

**TOBRADEX**

10ml per 6 months

**TREXIMET**

9 tablets per 30 days

**VENLAFAXINE**

60 per month

**VIAGRA**

6 tabs per RX

**ZOMIG**

5mg: 3 per month;

2.5mg & spray: 6 per month

**ZYPREXA**

30 per 30-day supply