



First Health® Rx Drug Guide

Please present this to your physician when you or another covered family member have an appointment. If you have questions regarding your prescription drug benefit, call the toll-free number on your ID card.

Carry This Drug Guide With You.

- ❑ Your benefit plan has adopted this pocket guide, with the **First Health® Rx Drug Guide** (or formulary), as an important part of your prescription drug benefit program. It includes a list of preferred brand drugs organized into the most common prescription classifications. The drugs on the **First Health® Rx Drug Guide** have been reviewed and assigned to a category on the formulary by members of an experienced Pharmacy and Therapeutics Committee composed of physicians and pharmacists. The categories include most preferred, preferred and nonpreferred drugs.
- ❑ Drugs on the **First Health® Rx Drug Guide** are assigned to these categories based on their clinical effectiveness, safety and economic considerations. The categories offer you a choice of medications, but your co-pay may vary depending on the category into which the medication is placed.
- ❑ While all FDA – approved drugs are included in the **First Health® Rx Drug Guide**, certain drugs on this list may be excluded from your plan. Please check your benefit plan to review co-pays and exclusions.
- ❑ Carry this guide with you at all times. Make sure you show it to your doctor when he or she is prescribing your medication. Your doctor will be able to see which medications are preferred for each drug category.
- ❑ Keep in mind, the use of generic drugs is usually more cost-effective. Due to space limitations, generic drugs are not listed. When generic drug equivalents are available for brand name drugs, they are noted with the word “generics.”
- ❑ Please understand that this Drug Guide is not intended as a substitute for your doctor’s professional judgment. It is offered as a tool to help you and your doctor to maximize treatment effectiveness while taking into account both drug therapy needs and costs. If you have questions about how your prescription plan works, just call the toll-free number listed on your ID card to speak with a representative.



The **First Health® Rx Drug Guide** is designed expressly for participants covered under the **First Health® Rx** pharmacy program. **First Health®** and the heart logo are registered service marks of **First Health Group Corp.** True to life.™ is a service mark of **First Health Group Corp.** ©2001 **First Health Group Corp.** All rights reserved. Reproduction without permission is prohibited.

I understand that my insurance company, prepayment organization, employer, hospital, physician or pharmacy (or any of their agents) may release or receive all information with respect to myself or any of my dependents for use in connection with the administration of this plan or any other plan providing benefits or services to me or any of my dependents, or for related health benefits services.

Most Preferred Drug Category

*This Drug List is not all-inclusive.

In addition to most generic drugs, the following devices and drugs are in this category.

LIFESCAN Glucose Monitors
LIFESCAN Glucose Strips
Insulin Syringes

Coumadin
Lanoxin
Synthroid

Dilantin
Levoxyol

The brand name drugs listed below will have generic equivalents available in the near future.

Prilosec
Vancenase

Tricor
Zestril

These brand drugs have generic equivalents that have recently been made available. As a result, these drugs have moved to nonpreferred. This may impact your co-pay.

Alesse
Stadol NS*

Glucophage
Ticlid

Mevacor

Most Preferred & Preferred Drug Listing

Drug	Most Preferred	Preferred	Drug	Most Preferred	Preferred	Drug	Most Preferred	Preferred
Accolate		Yes (A&A)	Combivir		Yes (AI)	Lamictal		Yes (SM)
Accupril		Yes (ABH)	Concerta*		Yes (MSC)	Lanoxin	Yes (ABH)	
Accuretic		Yes (ABH)	Coreg		Yes (ABH)	Lantus		Yes (DB)
Aciphex		Yes (S&U)	Coumadin	Yes (ABH)		Lescol		Yes (ABH)
Actiq		Yes (P&A)	Covera-HS		Yes (ABH)	Levaquin		Yes (AI)
Actonel		Yes (DBG)	Crixivan		Yes (AI)	Lipitor		Yes (ABH)
Actos		Yes (DB)	Cromolyn Sodium	Yes (A&A)		Livostin		Yes (EYE)
Acular		Yes (EYE)	Cytotec		Yes (S&U)	Loestrin/FE		Yes (DBG)
Adderall*		Yes (MSC)	Denavir		Yes (SKN)	Lo/Ovral		Yes (DBG)
Advair		Yes (A&A)	Depakote		Yes (SM)	Lorabid		Yes (AI)
Advicor		Yes (ABH)	Depo Provera		Yes (DBG)	Lumigan		Yes (EYE)
Agenerase		Yes (AI)	Detrol		Yes (MSC)	Macrobid		Yes (AI)
Aggrenox		Yes (ABH)	Didronel		Yes (MSC)	Marinol		Yes (MSC)
Albuterol	Yes (A&A)		Differin*		Yes (SKN)	Maxair Autohaler		Yes (A&A)
Alomide		Yes (EYE)	Diflucan		Yes (AI)	Menest		Yes (DBG)
Alora		Yes (DBG)	Dilantin	Yes (SM)		Metrocream		Yes (SKN)
Alphagan P (new)		Yes (EYE)	Diovan/HCT		Yes (ABH)	Metrogel		Yes (SKN)
Altace		Yes (ABH)	Duragesic		Yes (P&A)	Metrogel Vaginal		Yes (DBG)
Amaryl		Yes (DB)	DynaCirc/CR		Yes (ABH)	Miacalcin Spray		Yes (MSC)
Amerge*		Yes (P&A)	Effexor/XR		Yes (AD)	Micronor		Yes (DBG)
Amoxil		Yes (AI)	Elidel (new)		Yes (SKN)	Migranal		Yes (P&A)
Anzemet		Yes (MSC)	Elocon		Yes (SKN)	Mirapex		Yes (MSC)
Arava		Yes (P&A)	Enbrel*		Yes (P&A)	Modicon		Yes (DBG)
Aricept		Yes (MSC)	Epivir		Yes (AI)	MS Contin		Yes (P&A)
Arthrotec		Yes (P&A)	Estrace		Yes (DBG)	Mycelex		Yes (AI)
Astelin		Yes (NI)	Estraderm		Yes (DBG)	Mysoline		Yes (SM)
Atacand/HCT		Yes (ABH)	Estratab		Yes (DBG)	Nasacort/AQ		Yes (NI)
Atrovent		Yes (A&A)	Estratest/HS		Yes (DBG)	Nasonex		Yes (NI)
Augmentin		Yes (AI)	Estrostep FE		Yes (DBG)	Neoral		Yes (MSC)
Avalide		Yes (ABH)	Evista		Yes (DBG)	Neurontin		Yes (SM)
Avandia		Yes (DB)	Famvir		Yes (AI)	Nexium		Yes (S&U)
Avapro		Yes (ABH)	FemPatch		Yes (DBG)	Niaspan		Yes (ABH)
Avita Gel		Yes (SKN)	Flonase		Yes (NI)	Nitro-Dur		Yes (ABH)
Avonex		Yes (MSC)	Flovent		Yes (IS)	Nolvadex		Yes (MSC)
Axid		Yes (S&U)	Fiumadine		Yes (AI)	Nordette		Yes (DBG)
Azelex		Yes (SKN)	Fortovase		Yes (AI)	Noritrate (new)		Yes (SKN)
Azmacort		Yes (IS)	Fosamax		Yes (DBG)	Norvasc		Yes (ABH)
Azopt		Yes (EYE)	Geodon		Yes (MSC)	Norvir		Yes (AI)
Bactroban		Yes (SKN)	Glucophage XR		Yes (DB)	Novolin		Yes (DB)
Benzamycin		Yes (SKN)	Glucotrol XL		Yes (DB)	Novolog (new)		Yes (DB)
Betaseron		Yes (MSC)	Glucovance		Yes (DB)	Ocuflox		Yes (EYE)
Biaxin/XL		Yes (AI)	Glyset		Yes (DB)	Omnicef		Yes (AI)
Celebrex		Yes (P&A)	Grifulvin V		Yes (AI)	Ortho-Cept		Yes (DBG)
CellCept		Yes (MSC)	Hctz	Yes (ABH)		Ortho Cyclen		Yes (DBG)
Cenestin		Yes (DBG)	Hivid		Yes (AI)	Ortho Evra (new)		Yes (DBG)
Cephalexin	Yes (AI)		Humalog		Yes (DB)	Ortho-Novum		Yes (DBG)
Cimetidine	Yes (S&U)		Humulin		Yes (DB)	Ortho Tri-Cyclen		Yes (DBG)
Cipro		Yes (AI)	Imdur		Yes (ABH)	Ovral		Yes (DBG)
Clarinex		Yes (NSA)	Imitrex		Yes (P&A)	Oxycontin*		Yes (P&A)
Claritin/Claritin-D		Yes (NSA)	Intron-A		Yes (MSC)	Paxil		Yes (AD)
Cleocin T		Yes (SKN)	Invirase		Yes (AI)	Penlac (new)		Yes (SKN)
Cleocin Vaginal		Yes (DBG)	K-Dur		Yes (MSC)	Plavix		Yes (ABH)
Climara		Yes (DBG)	Keppra		Yes (SM)	Plendil		Yes (ABH)
CombiPatch		Yes (DBG)	Klaron (new)		Yes (SKN)	Prandin		Yes (DB)
Combivent		Yes (A&A)	Kytril		Yes (MSC)	Pravachol		Yes (ABH)

Preferred Drug Category Key

ABH - Arythmias/Blood Pressure/Heart Failure
AD - Antidepressants
AI - Anti-infectives
A&A - Asthma & Allergy

DB - Diabetes
EYE - Eye
IS - Inhaled Steroids
NI - Nasal Inhalers

NSA - Non/Low Sedating Antihistamines
DBG - DB/GYN
P&A - Pain & Arthritis
SD - Sedatives

SKN - Skin
SM - Seizure Medications
S&U - Stomach & Ulcer
MSC - Miscellaneous

* These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

While all FDA-approved drugs are included in the First Health® Rx Drug Guide, this list is not a complete list of all drugs. Certain drugs on this list may be excluded from your plan's coverage.

Most Preferred & Preferred Drug Listing continued

Drug	Most Preferred	Preferred	Drug	Most Preferred	Preferred	Drug	Most Preferred	Preferred
Premarin		Yes (OBG)	Sonata		Yes (SED)	Viracept		Yes (AI)
Premphase		Yes (OBG)	Sporanox		Yes (AI)	Viramune		Yes (AI)
Prempro		Yes (OBG)	Sustiva		Yes (AI)	Viread		Yes (AI)
Prilosec		Yes (S&U)	Synthroid	Yes (MSC)		Vivelle		Yes (OBG)
Prograf		Yes (MSC)	Tarka (new)		Yes (ABH)	Welchol		Yes (ABH)
Prometrium		Yes (OBG)	Tazorac		Yes (SKN)	Wellbutrin/SR 150mg		Yes (AD)
Protonix		Yes (S&U)	Tegretol XR		Yes (SM)	Xalatan		Yes (EYE)
Protopic		Yes (SKN)	Teveten		Yes (ABH)	Xopenex		Yes (A&A)
Proventil HFA		Yes (A&A)	Tikosyn		Yes (ABH)	Yasmin		Yes (OBG)
Prozac Weekly		Yes (AD)	Tilade		Yes (A&A)	Zanaflex		Yes (P&A)
Pulmicort		Yes (IS)	Tobradex		Yes (EYE)	Zerit		Yes (AI)
Pulmozyme		Yes (MSC)	Topamax		Yes (SM)	Zestoretic		Yes (ABH)
Rebetron		Yes (MSC)	Toprol XL		Yes (ABH)	Zestril		Yes (ABH)
Rebif (new)		Yes (MSC)	Toradol		Yes (P&A)	Ziagen		Yes (AI)
Relafen 750mg		Yes (P&A)	Transderm-Scop		Yes (MSC)	Zithromax		Yes (AI)
Reminyl		Yes (MSC)	Tricor		Yes (ABH)	Zofran		Yes (MSC)
Rescriptor		Yes (AI)	Triphasil		Yes (OBG)	Zoloft		Yes (AD)
Retin-A/Micro*		Yes (SKN)	Valcyte		Yes (AI)	Zomig*		Yes (P&A)
Retrovir		Yes (AI)	Valtrex		Yes (AI)	Zonegran		Yes (SM)
Rhinocort/Aqua		Yes (NI)	Vancenase/AQ		Yes (NI)	Zyban		Yes (MSC)
Risperdal		Yes (MSC)	Vanceril/DS		Yes (IS)	Zyprexa/Zydis		Yes (MSC)
Serevent		Yes (A&A)	Verapamil	Yes (ABH)		Zyrtec		Yes (NSA)
Serzone		Yes (AD)	Viagra*		Yes (MSC)			
Skelaxin		Yes (P&A)	Videx		Yes (AI)			

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IS - Inhaled Steroids
NI - Nasal Inhalers

NSA - Non/Low Sedating Antihistamines
OBG - OB/GYN
P&A - Pain & Arthritis
SD - Sedatives

SKN - Skin
SM - Seizure Medications
S&U - Stomach & Ulcer
MSC - Miscellaneous

Nonpreferred Drug Listing

Drug	Alternatives	Drug	Alternatives	Drug	Alternatives
Aclovate	Elocon	Dynabac	Biaxin, Erythromycin, Zithromax	Prevacid	Aciphex, Nexium, Prilosec, Protonix
Adalat CC	Generics	EC Naprosyn	Generics, Celebrex	Prinivil	Zestril
AeroBid/AeroBid-M	Azmacort, Pulmicort, Vanceril/DS	Elavil	Generics	Prinzide	Zestoretic
Allegra/Allegra-D	Claritin/Claritin-D, Zyrtec	Entex LA	Generics	Procardia XL	Generics
Alupent	Generics, Proventil HFA	Flexeril	Generics	Prozac	Generics
Ambien	Sonata	Floxin	Cipro, Levaquin	Relafen 500mg	Generics
Ansaid	Generics	Foradil	Serevent	Ritalin*	Generics
Avelox	Cipro, Levaquin	Frova*	Amerge, Imitrex, Zomig	Singulair	Accolate
Axert*	Amerge, Imitrex, Zomig	Hyzaar	Atacand HCT, Avalide, Diovan HCT	Spectracef (new)	Generics, Augmentin, Omnicef
Beclovent	Azmacort, Flovent, Pulmicort, Vanceril/DS	Inderal	Generics	Starlix	Prandin
Beconase/Beconase AQ	Flonase, Nasacort/AQ, Nasonex, Rhinocort/AQ, Vancenase/AQ	Klonopin	Generics	Sular	Norvasc, Plendil, Procardia XL
Bextra (new)	Celebrex	Levlen	Nordette	Suprax	Omnicef
Brevicon	Modicon	Lodine XL	Generics	Temovate	Generics
Buspar	Generics	Luvox	Generics	Tequin	Cipro, Levaquin
Cardene SR	Generics, Adalat CC, Covera-HS, Norvasc, Plendil, Procardia XL	Maxair	Generics, Maxair Autohaler, Proventil HFA	Travatan	Lumigan, Xalatan
Cardizem	Generics	Maxalt/Maxalt MLT*	Amerge, Imitrex, Zomig	Ticlid	Generics
Cardura	Generics	Mevacor	Lescol, Lipitor, Pravachol	Tri-Levlen	Triphasil
Ceclor CD	Generics, Augmentin, Omnicef	Micardis	Atacand, Avapro, Diovan	Tri-Norinyl	Triphasil
Cedax	Generics, Augmentin, Omnicef	Micronase	Generics	Ultram	Other Generic Analgesics
Ceftin	Generics, Augmentin, Omnicef	Mircette	Alesse	Univasc	Accupril, Altace, Zestril
Cefzil	Generics, Augmentin, Omnicef	Monopril	Accupril, Altace, Zestril	Valisone	Generics
Celexa	Generics, Effexor XR, Paxil, Zoloft	Naprelan	Generics	Valium	Generics
Ciloxan	Ocuflax	Nasalide	Flonase, Nasacort/AQ, Nasonex	Vantin	Omnicef
Cognex	Aricept	Nasarel	Flonase, Nasacort/AQ, Nasonex	Vasotec	Generics
Colectid	WelChol	Nizoral	Rhinocort/AQ, Vancenase/AQ	Ventolin	Generics
Cozaar	Atacand, Avapro, Diovan	Norinyl	Diflucan, Mycexel, Sporanox	Vioxx	Celebrex
Cyclocort	Elocon	Ortho-Cept	Generics, Lo/Ovral, Modicon, Ortho-Cept, Ortho Cyclen, Ortho-Novum	Volmax	Proventil Repetabs
Daypro	Generics	Orudis	Generics	Wellbutrin 75mg, 100mg	Generics
Demulen	Generics, Lo/Ovral, Loestrin/FE, Modicon	Ovcon	Generics, Lo/Ovral, Modicon, Ortho-Cept, Ortho Cyclen, Ortho-Novum	Xanax	Generics
Desogen	Ortho-Cept	Patanol	Acular, Livostin	Zagam	Cipro, Levaquin
Desyrel	Generics	PCE	Biaxin, Erythromycin Base, Zithromax	Zantac	Generics
Ditropan XL	Generics, Detrol	Pepcid	Generics, Axid	Ziac	Generics
Dovonex	Tazorac	Phenergan	Generics	Zocor	Lescol, Lipitor, Pravachol

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Please note: This is not meant to be a complete list of the drugs covered under your plan. For a complete list of medications, contact your benefits department. Although this Drug Guide was current at the time of printing, it is subject to change. *Certain drugs on this list may be excluded from your plan* or moved from one category to another. Please call the toll-free number listed on your ID card with any questions about your prescription drug benefit.