Different drugs listed within the same category are not exact equivalents, as each drug has the potential to produce different side effects, and may have different dosing or efficacy profiles. Physicians should use their own professional judgement in prescribing medications based on the patient's medical condition and history. For more in-depth clinical information, please refer to a clinical publication of choice. Suitable references for clinical questions include *AHFS (American Hospital Formulary Service)* and *Drug Facts and Comparisons.*

Maine Association of Health Plans

Maine Medical Association — Natura Ducit, Arte Adjuvante

Maine Osteopathic Association
Osteopathic Physicians Offer Something More
693 Western Ave., #1
Manchester, ME 04351

Maine Health Plans Prescription Guide 2004

CATEGORY	GENERICS COMMON TO ALL PLANS (LISTED ALPHABETICALLY)	HEALTH PLAN PREFERRED BRANDS (Use when generics are not appropriate - Listed in alphabetical order)				MAINE MEDICAID PROGRAM COST EFFECTIVE CHOICES (Not a formulary list) Paula Knight, R.Ph. 207-287-3941
		Aetna www.aetna.com 1-800-238-6279	**Anthem Blue Cross & Blue Shield** www.anthem.com 1-800-338-6180	**CIGNA HealthCare** www.cigna.com 1-800-832-3211	**Harvard Pilgrim Health Care** pharmacy_services@hphc.org 1-800-353-4247 ext.39060	
ACE Inhibitors	captopril captopril (HCTZ) enalapril enalapril (HCTZ) lisinopril lisinopril (HCTZ) moexipril quinipril/hctz	Altace Lotrel	Accupril /Accuretic Lotensin (HCT) Uniretic	Accupril / Accuretic Altace Lotensin (HCT) Lotrel Mavik Tarka Uniretic	Accupril / Accuretic Altace Mavik Uniretic	See generics
ARB's	no generics	Cozaar (QL) Diovan (HCT) (QL) Hyzaar (QL)	Avapro/Avalide Diovan (HCT)	Cozaar Diovan (HCT) Hyzaar	Avapro/Avalide Benicar/Benicar HCT Diovan/Diovan HCT	Cozaar Teveten Diovan (HCT) Hyzaar Micardis (HCT)
Antibacterials (oral)	all penicillins all erythromycins amox/clavulanate cefadroxil ceflacor ceflacor/ER cefuroxime cephalexin cephradine clindamycin doxycycline EES/sulfisoxazole metronidazole minocycline nitrofurantoin SMZ/TMP tetracycline	Augmentin (ES, XR) Avelox Biaxin (XL) Cedax Chloromycetin Cipro (XR) Lorabid Omnicef Zithromax Zyvox	Augmentin Ceftin Cefzil Cipro Levaquin Omnicef Zithromax	Augmentin Augmentin ES-600 Biaxin (XL) Ceftin Cefzil Cipro Levaquin Zithromax	Augmentin Ceftin Suspension Cipro L/R * Cipro XR L/R * Ciprofloxacin L/R * Omnicef Zithromax	Cipro Tequin Vantin Zithromax
Antidepressants	amitriptyline amoxapine bupropion clomipramine doxepin desipramine fluoxetine fluvoxamine imipramine lexapro maprotiline mirtazapine nefazodone nortriptyline paroxetine trazodone	Effexor (XR) Nardil Parnate Paxil (CR) Wellbutrin SR Zoloft	Celexa Effexor (XR) Lexapro Paxil CR Remeron Soltab Wellbutrin SR Zoloft	Effexor (XR) Paxil CR Wellbutrin SR Zoloft	Celexa Vivactil Effexor Effexor (XR) Lexapro Wellbutrin SR Nardil Wellbutrin XL Parnate Zoloft Paxil CR Serzone	Celexa Lexapro Paxil (CR) Remeron Serzone Wellbutrin SR
Antihistamines	clemastine cyproheptadine hydroxyzine	Astelin Nasal Rynatan Ped. Susp.	Astelin Nasal Spray	Astelin Nasal Spray	Allegra Allegra-D Astelin Nasal Deconamine-SR Rondec TR Semprex-D	Allegra (PA) OTC loratadine (package size 48) Zyrtec (PA)
Calcium Channel Blockers	diltiazem/XR/CD/SR nicardipine nifedipine (IR/XR) nifedipine (ER) nifedipine (SR) verapamil verapamil (SR)	Norvasc (QL)	Norvasc	Dynacirc Nimotop Norvasc Plendil	Norvasc Plendil Tiazac	Adalat CC (nifedipine) Norvasc Plendil Sular Tiazac (diltiazem) Verapamil SR/XR
Hypoglycemics (Oral)	acetohexamide chlorpropamide glipizide glyburide (micronized) metformin tolazamide tolbutamide	Actos Glucovance Amaryl Metaglib Avandia Prandin Avandamet Starlix	Actos Metaglip Amaryl Precose Avandia Starlix Avandamet Glucophage XR Glucotrol XL Glucovance	Avandamet Avandia Glucotrol XL Prandin Precose	Actos Metaglip Avandemet Starlix Avandia Glucophage XR Glucotrol XL Glucovance	Amaryl Glucotrol XL Prandin Precose
Inhaled Steroids	no generics	Advair Flovent/Rotadisk Pulmicort Respules only	Azmacort Flovent Pulmicort	Advair Aerobid (M) Azmacort Flovent (Rotadisk) Pulmicort	Advair Diskus Aerobid/Aerobid M Azmacort Combivent Flovent/Rotadisk Pulmicort QVAR	Azmacort Beclovent Vanceril (NOT DS)
Lipid Lowering Agents	cholestyramine/aspartame cholestyramine/sucrose gemfibrozil lovastatin	Advicor (QL) Lescol (XL)(QL) Niaspan ER Tricor Welchol Zocor (QL)	Lipitor Pravachol Zetia	Lescol (XL) Lofibra/Tricor Niaspan Zocor	Colestid Slo-Niacin Lipitor Tricor Lofibra Zetia SE Niaspan Zocor Pravachol	Lescol Lipitor Zocor
Migraine Agents (Triptans)	no generics	Amerge (QL) Imitrex (QL) Maxalt (MLT)(QL)	Imitrex (QL) Zomig (QL)	Imitrex (QL) Zomig (ZMT) (QL)	Amerge L/R Axert L/R Imitrex L/R	Amerge (QL) Axert (QL) Imitrex (QL)
Nasal Steroids	flunisolide	Flonase Nasonex	Flonase (QL) Nasacort AQ (QL) Nasonex (QL)	Beconase AQ Flonase Nasarel Rhinocort AQ	Beconase AQ Flonase Nasacort/Nasacort AQ Nasarel Nasonex Rhinocort/Rhinocort AQ Vancenase AQ	Beconase (AQ) Flonase Nasacort AQ
NSAIDs	diclofenic diflunisal etodolac etodolac xl fenoprofen flurbiprofen ibuprofen indomethacin (SA) ketoprofen ketorolac meclofenamate nabumetone naproxen oxaprozin piroxicam salsalate sulindac tolmentin	Vioxx (QL)	Celebrex (PA)	See Generics	Trilisate Vioxx PA	Vioxx (PA)
Proton Pump Inhibitors	omeprazole	Aciphex (QL) Prevacid (QL)	Protonix	Prevacid (PA) Protonix (PA)	Protonix	Protonix Prevacid

Disclaimer: This Guide is intended for informational purposes only and represents information provided independently by each health plan to the Maine Association of Health Plans. Prescribing decisions are the sole responsibility of the physician. *(Disclaimer continued on back.)*

KEY:
L/R: *Limitations/Restrictions Apply*
*: *PA Required When L/R Exceeded*
PA: *Prior Authorization Required*
SE: *Step Therapy Edit Applies*
QL: *Quantity Limit*

Disclaimer continued: The formularies are reproduced here only for your ease of reference and there is no understanding or agreement among the listed HMOs as to what drugs will or will not be included in each separate formulary. Each participating HMO makes its own independent decision as to which drugs to include or exclude from its own formulary. The Guide does not represent an inclusive list of all medications covered by the health plans or on their formularies, and is subject to change. Nonformulary drugs may be covered under some prescription drug benefit programs. Some drugs may not be available to all members, and some drugs may require prior authorization. Certain medications are subject to quantity limits and other conditions of the member's plan. This Guide is not an endorsement of any particular drug. Copyright in each formulary contained in this Guide is owned by, and reproduced with the permission of, the respective health plan. While this information is believed to be correct at the time of printing, it is subject to change without notice. Please contact the appropriate health plan at the numbers listed on the front of this chart for complete information about the plan's current formulary, prior authorization and step-therapy listings. The Maine Association of Health Plans accepts no responsibility for the accuracy and timeliness of the information presented herein. Note: The term "formulary" is used generically in this Guide to mean a list of drugs for which a health benefit plan generally provides coverage subject to applicable terms and limitations. The term "formulary" includes closed formularies, open formularies and preferred drug lists. Physicians should always check with the specific health benefit plan to confirm the nature and purpose of the plan's formulary/drug list.

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