

The **Script Care Drug List** is a guide within select therapeutic categories for clients, plan participants and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*

PLAN PARTICIPANT

Your benefit plan provides you with a prescription benefit program. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage.
- Unless specifically indicated, drug list products will include all dosage forms.

QUICK REFERENCE DRUG LIST

A

ACCU-CHEK STRIPS & KITS
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
 ADVAIR
 ADVICOR
albuterol
alendronate
 ALLEGRA-D
 ALPHAGAN P
amantadine
 AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
 ANDRODERM
 ANDROGEL
 APIDRA
 ASMANEX
 ASTELIN
 ASTEPRO
atenolol
 AVALIDE
 AVAPRO
 AVELOX
 AVODART
azithromycin

B

BD INSULIN SYRINGES & NEEDLES
 BENICAR
 BENICAR HCT
 BENZACLIN
 BETIMOL
 BETOPTIC S
 BONIVA
brimonidine 0.2%
bupropion
bupropion ext-rel
 BYETTA
 BYSTOLIC

C

CADUET
carvedilol
cefaclor
cefdinir
cephalexin
cholestyramine
 CIPRO SUSPENSION

ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
 CLIMARA
clindamycin solution
 COMBIVENT
 COREG CR
 COUMADIN
 CRESTOR
 CYMBALTA

D

DETROL
 DETROL LA
dicloxacillin
 DIFFERIN
digoxin
diltiazem ext-rel
doxazosin
doxycycline hyclate
 DUAC CS
 DUETACT

E

EFFEXOR XR
 ENABLEX
 ENJUVIA
 EPIPEN
 EPIPEN JR
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
 ESTRADERM
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
 EVISTA

F

fenofibrate
fexofenadine
finasteride
 FLOMAX
 FLOVENT
fluconazole
fluoxetine
fluticasone

FORADIL
 FORTEO
fortical
fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

GELNIQUE
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
 HUMULIN
hydrochlorothiazide

I

ipratropium-albuterol inhalation solution
itraconazole

J

JANUMET
 JANUVIA

K

KAPIDEX

L

LANTUS
 LEVAQUIN
 LEVEMIR
levothyroxine
 LEXAPRO
 LIPITOR
lisinopril
lisinopril-hydrochlorothiazide
 LOSEASONIQUE
 LUMIGAN
 LYBREL

M

MAXALT
medroxyprogesterone
metformin
metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
 MICARDIS
 MICARDIS HCT

minocycline
mirtazapine

N

nadolol
 NASACORT AQ
 NASONEX
 NEXIUM
 NIASPAN
nifedipine ext-rel
 NOVOLIN
 NOVOLOG
 NUVARING

O

omeprazole
 ONETOUCH STRIPS & KITS
 ONGLYZA
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
 OXYTROL

P

paroxetine
paroxetine ext-rel
penicillin VK
 PRANDIN
pravastatin
 PREMARIN
 PREMPHASE
 PREMPRO
 PRISTIQ
 PROAIR HFA
 PROMETRIUM
propranolol
 PROVENTIL HFA
 PULMICORT

Q

quinapril
quinapril-hydrochlorothiazide
 QVAR

R

ramipril
ranitidine
 RELENZA
 RETIN-A MICRO
rimantadine

S

SANCTURA XR

SEASONIQUE
 SEREVENT
sertraline
 SIMCOR
simvastatin
 SINGULAIR
 SPIRIVA
spironolactone-hydrochlorothiazide
sulfamethoxazole-trimethoprim
sumatriptan
 SUPRAX
 SYMBICORT
 SYNTHROID

T

TAMIFLU
 TARKA
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torseamide
 TRAVATAN
tretinoin
 TREXIMET
triamterene-hydrochlorothiazide
 TRICOR
 TRILIPIX

V

VALTREX
venlafaxine
 VERAMYST
verapamil ext-rel
 VESICARE
 VIVELLE-DOT

W

warfarin
 WELCHOL

X

XALATAN

Y

YAZ

Z

ZETIA
 ZIANA
zolpidem
 ZOMIG

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

PREFERRED ALTERNATIVE LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	<i>omeprazole</i>
ACTONEL W/CALCIUM	<i>alendronate</i>
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR
ALORA	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	<i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR
AMERGE	<i>sumatriptan</i> , MAXALT, ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT
ATRALIN	<i>tretinoin</i>
ATROVENT HFA	SPIRIVA
AXERT	<i>sumatriptan</i> , MAXALT, ZOMIG
AZELEX	<i>erythromycin solution</i>
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR
BECONASE AQ	<i>fluticasone</i>
BENZAC AC, BENZAC W	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDIZEM LA	<i>diltiazem ext-rel</i>
CARDURA XL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
CENESTIN	<i>estradiol</i> , <i>estropipate</i> , ENJUUIA, PREMARIN
CLARINEX	<i>fexofenadine</i>
CLARINEX-D	ALLEGRA-D
CLINDAGEL	<i>erythromycin solution</i>
DESQUAM E, DESQUAM X	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
DORAL	<i>zolpidem</i> , AMBIEN CR
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EPIDUO	<i>tretinoin</i>
ESTRASORB	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
EVOCLIN FOAM	<i>clindamycin solution</i> , <i>erythromycin solution</i>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i> , <i>estropipate</i> , ENJUUIA, PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX PLUS D	<i>alendronate</i>
FREESTYLE STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
INNOPRAN XL	<i>atenolol</i> , <i>propranolol ext-rel</i>
ISTALOL	<i>timolol maleate solution</i> , BETIMOL
KLARON LOTION	<i>erythromycin solution</i>
LUNESTA	<i>zolpidem</i>
MAXAIR	PROAIR HFA
MENEST	<i>estradiol</i> , <i>estropipate</i> , ENJUUIA, PREMARIN
MENOSTAR	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
OMNARIS	<i>fluticasone</i>
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i> , LEXAPRO
PRECISION XTRA STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
RAPAFLO	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	<i>sumatriptan</i> , MAXALT, ZOMIG
RHINOCORT AQUA	<i>fluticasone</i>
SKELID	<i>alendronate</i> , ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
SURE-TEST STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
TEKTURNA, TEKTURNA HCT	BENICAR, BENICAR HCT
TESTIM	ANDROGEL
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
TRUE CARE STRIPS & KITS, TRUETEST STRIPS & KITS, TRUETRACK STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

* The preferred alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Script Care Drug List represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. The plan participant's prescription benefit plan may have a different copay¹ for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

[§] Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

³ Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

⁴ Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to www.scriptcare.com to find the copay under a specific plan.

This Script Care Drug List contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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