

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 administered by Script Care, Ltd. 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.
- For specific information regarding your prescription benefit coverage and copay¹ information, visit www.scriptcare.com or contact a Script Care Customer Service Representative.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

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.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.scriptcare.com to check coverage and copay information for specific medicine.

A

ACANYA
ACCU-CHEK STRIPS & KITS
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR
albuterol
alendronate
ALPHAGAN P
amantadine
amlodipine
amoxicillin
amoxicillin-clavulanate
AMTURNIDE
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTEPRO
atenolol
AVELOX
AVODART
AVONEX
azelastine
azithromycin

B

BD INSULIN SYRINGES & NEEDLES
BENICAR
BENICAR HCT
BETIMOL
BETOPTIC S
BEYAZ
BONIVA
BRAVELLE
brimonidine 0.2%
budesonide inhalation suspension
bupropion
bupropion ext-rel
BYETTA
BYSTOLIC

C

CADUET
calcitonin-salmon
carvedilol
cefaclor
cefdinir
cephalexin
cholestyramine

CIPRO SUSPENSION

ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
COMBIVENT
COPAXONE
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

DETROL
DETROL LA
DEXILANT
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC
DUETACT
DULERA

E

ENABLEX
ENBREL
ENJUVA
EPIDUO
EPIPEN
EPIPEN JR
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norgestimate
EVAMIST
EVISTA

F

fenofibrate
finasteride
FLOVENT

fluconazole

flunisolide
fluoxetine
fluticasone
FOLLISTIM AQ
FORADIL
FORTEO
fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

GELNIQUE
GENOTROPIN
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
HUMIRA
HUMULIN
hydrochlorothiazide

I

ipratropium-albuterol inhalation solution
itraconazole

J

JANUMET
JANUVIA

K

KOMBIGLYZE XR

L

lansoprazole
LANTUS
latanoprost
LEVEMIR
levofloxacin
levothyroxine
LEXAPRO
LIPITOR
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOESTRIN 24 FE
losartan
losartan-hydrochlorothiazide
LOSEASONIQUE
LUMIGAN

M

MAXALT
medroxyprogesterone

metformin

metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
MICARDIS
MICARDIS HCT
minocycline
mirtazapine

N

nadolol
naratriptan
NASACORT AQ
NASONEX
NATAZIA
nateglinide
NEXIUM
NIASPAN
nifedipine ext-rel
nitrofurantoin
NORDITROPIN
NOVOLIN
NOVOLOG
NUVARING

O

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

P

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

Q

quinapril
quinapril-hydrochlorothiazide
QVAR

R

ramipril
ranitidine
RAPAFLO
REBIF
RELENZA
RETIN-A MICRO
rimantadine

S

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

T

TAMIFLU
tamsulosin
TEKAMLO
TEKTURNA
TEKTURNA HCT
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torsemeide
TRAVATAN Z
tretinoin
TREMIMET
triamcinolone
triamterene-hydrochlorothiazide
TRICOR
TRILIPIX
tropium

V
valacyclovir
 VALTURNA
 VELTIN
venlafaxine

venlafaxine ext-rel
 VENTOLIN HFA
 VERAMYST
verapamil ext-rel
 VESICARE

VICTOZA
 VIVELLE-DOT
W
warfarin
 WELCHOL

Z
zafirlukast
 ZETIA
zolpidem

zolpidem extended-release
 ZOMIG

PREFERRED ALTERNATIVE LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole</i>
ADVICOR	SIMCOR
ALORA	<i>estradiol, ESTRADERM, EVAMIST</i> VIVELLE-DOT
ALTOPREV	<i>pravastatin</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>
ASCENSIA STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
ATACAND, ATACAND HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>
ATELVIA	<i>alendronate 70mg</i>
ATROVENT HFA	SPIRIVA
AVAPRO, AVALIDE	<i>losartan, losartan-hydrochlorothiazide</i>
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
AZELEX	<i>erythromycin solution</i>
BECONASE AQ	<i>flunisolide, fluticasone</i>
BENZAC AC, BENZAC W	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
BENZAGEL	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
CARDURA XL	<i>doxazosin, tamsulosin, terazosin, RAPAFLU</i>
CENESTIN	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
CLINDAGEL	<i>erythromycin solution</i>
DESQUAM E, DESQUAM X	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
DORAL	<i>zolpidem, zolpidem ext-rel</i>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>
EDARBI	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
EDLUAR	<i>zolpidem</i>
ESTRASORB	<i>estradiol, ESTRADERM, EVAMIST</i> VIVELLE-DOT
ESTROGEL	<i>estradiol, ESTRADERM, EVAMIST</i> VIVELLE-DOT
FEMTRACE	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
FENOGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin ext-rel</i>
FOSAMAX PLUS D	<i>alendronate</i>
FREESTYLE STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
FROVA	<i>sumatriptan</i>
GLUMETZA	<i>metformin ext-rel</i>
INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
ISTALOL	<i>timolol maleate solution, BETIMOL</i>
LIVALO	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
LUNESTA	<i>zolpidem</i>
MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLINE HFA
MENEST	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
MENOSTAR	<i>estradiol, ESTRADERM, EVAMIST</i> VIVELLE-DOT
OMNARIS	<i>fluticasone</i>
PATANASE	<i>azelastine, ASTEPRO</i>
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO</i>
PRECISION XTRA STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAZ	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
RHINOCORT AQUA	<i>fluticasone</i>
ROZEREM	<i>zolpidem</i>
SKELID	<i>alendronate, ACTONEL</i>
STRIANT	ANDRODERM, ANDROGEL
SUMAVEL DOSEPRO	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
SURE-TEST STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
TESTIM	ANDROGEL
TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide</i>
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
TRUE CARE STRIPS & KITS, TRUETEST STRIPS & KITS, TRUETRACK STRIPS & KITS	ACCU-CHEK STRIPS & KITS, ONETOUCH STRIPS & KITS
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, tamsulosin, terazosin, RAPAFLU</i>
VANOS	<i>clobetasol</i>
VYTORIN	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLINE HFA
ZYFLO, ZYFLO CR	<i>zafirlukast, SINGULAIR</i>

* 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. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. 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 the 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 Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

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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 Log in to www.scriptcare.com to check coverage and copay information for a specific medicine.**