

# PMSI Workers' Compensation Drug List

The **PMSI Workers' Compensation 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 see a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- Some medications may require prior authorization to insure relationship to the workplace incident. Eligibility questions should be referred to your workers' compensation benefits coordinator.
- PMSI may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- 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.
- Some medications may require prior authorization to insure relationship to the workplace incident. Eligibility questions should be referred to the workers' compensation benefits coordinator.
- Unless specifically indicated, drug list products will include all dosage forms.

<b>ANALGESICS</b>	<b>ANTI-INFECTIVES</b>	<b>§ MISCELLANEOUS</b>	<b>§ ACE INHIBITOR/ DIURETIC COMBINATIONS</b>	<b>§ HMG-CoA REDUCTASE INHIBITORS</b>
§ NSAIDS	ANTIBACTERIALS	<i>metronidazole</i>	<i>fosinopril-</i>	<i>pravastatin</i>
<i>ibuprofen</i>	§ CEPHALOSPORINS	<i>sulfamethoxazole-</i>	<i>hydrochlorothiazide</i>	<i>simvastatin</i>
<i>nabumetone</i>	<i>cefaclor</i>	<i>trimethoprim</i>	<i>lisinopril-</i>	CRESTOR
<i>naproxen</i>	<i>cefadroxil</i>	§ ANTIFUNGALS	<i>hydrochlorothiazide</i>	LIPITOR
COX-2 INHIBITORS	<i>cefdinir</i>	<i>fluconazole</i>	<i>quinapril-</i>	NIACINS/COMBINATIONS
CELEBREX	<i>cephalexin</i>	<i>itraconazole</i>	<i>hydrochlorothiazide</i>	ADVICOR
§ NARCOTIC ANALGESICS	SUPRAX	<i>terbinafine tablet</i>		NIASPAN
<i>hydrocodone-acetaminophen</i>	§ ERYTHROMYCINS/ MACROLIDES	ANTIVIRALS	§ ACE INHIBITOR/ CALCIUM CHANNEL BLOCKERS	SIMCOR
§ NARCOTIC ANALGESICS, CII	<i>azithromycin</i>	§ HERPES AGENTS	TARKA	§ BETA-BLOCKERS
<i>fentanyl</i>	<i>clarithromycin</i>	<i>acyclovir</i>		<i>atenolol</i>
<i>morphine</i>	<i>clarithromycin ext-rel</i>	VALTREX	ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS	<i>carvedilol</i>
<i>morphine ext-rel</i>	<i>erythromycins</i>	§ INFLUENZA AGENTS	AVAPRO/AVALIDE	<i>metoprolol</i>
<i>oxycodone</i>	§ FLUOROQUINOLONES	<i>amantadine</i>	BENICAR/BENICAR HCT	<i>metoprolol succinate ext-rel</i>
<i>oxycodone-acetaminophen</i>	<i>ciprofloxacin ext-rel</i>	<i>rimantadine</i>	MICARDIS/MICARDIS HCT	<i>nadolol</i>
AVINZA	<i>ciprofloxacin tablet</i>	RELENZA		<i>propranolol</i>
KADIAN	AVELOX	TAMIFLU		BYSTOLIC
OPANA ER	CIPRO SUSPENSION	<b>CARDIOVASCULAR</b>		COREG CR
OXYCONTIN	LEVAQUIN	§ ACE INHIBITORS	ANTILIPEMICS	§ CALCIUM CHANNEL BLOCKERS
§ NON-NARCOTIC ANALGESICS	§ PENICILLINS	<i>enalapril</i>	§ BILE ACID RESINS	<i>amlodipine</i>
<i>tramadol</i>	<i>amoxicillin</i>	<i>fosinopril</i>	<i>cholestyramine</i>	<i>diltiazem ext-rel</i>
<i>tramadol-acetaminophen</i>	<i>amoxicillin-clavulanate</i>	<i>lisinopril</i>	WELCHOL	<i>nifedipine ext-rel</i>
VISCOSUPPLEMENTS	<i>dicloxacillin</i>	<i>quinapril</i>	CHOLESTEROL ABSORPTION INHIBITORS	<i>verapamil ext-rel</i>
EUFLEXXA	<i>penicillin VK</i>	<i>ramipril</i>	ZETIA	CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS
SUPARTZ	§ TETRACYCLINES		§ FIBRATES	CADUET
SYNVISC	<i>doxycycline hyclate</i>		<i>fenofibrate</i>	
	<i>minocycline</i>		TRICOR	
	<i>tetracycline</i>		TRILIPIX	

§ DIGITALIS GLYCOSIDES  
*digoxin*

§ DIURETICS  
*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-*  
*hydrochlorothiazide*  
*torseamide*  
*triamterene-*  
*hydrochlorothiazide*

### CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS  
*carbamazepine*  
*gabapentin*  
KEPPRA XR  
LYRICA  
VIMPAT

§ ANTIDEMENTIA  
ARICEPT  
EXELON  
NAMENDA

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS  
*bupropion*  
*bupropion ext-rel*  
*mirtazapine*

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)  
*citalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>1</sup>  
*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
PRISTIQ

§ ANTIPSYCHOTICS  
GEODON  
SEROQUEL  
SEROQUEL XR  
ZYPREXA

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER  
CONCERTA  
DAYTRANA  
FOCALIN XR  
METADATE CD  
STRATTERA  
VYVANSE

§ HYPNOTICS, NONBENZODIAZEPINES  
*zolpidem*  
AMBIEN CR

MIGRAINE  
§ SELECTIVE SEROTONIN AGONISTS  
*sumatriptan*  
MAXALT/MAXALT-MLT  
ZOMIG/ZOMIG-ZMT  
SELECTIVE SEROTONIN AGONIST/NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS  
TREXIMET

§ MUSCULOSKELETAL THERAPY AGENTS  
*baclofen*  
*cyclobenzaprine*  
*tizanidine*  
SKELAXIN

### ENDOCRINE AND METABOLIC

ANDROGENS  
ANDRODERM  
ANDROGEL

ANTIDIABETICS  
AMYLIN ANALOGS  
SYMLIN

§ BIGUANIDES  
*metformin*  
*metformin ext-rel*  
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS  
JANUVIA  
ONGLYZA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/  
BIGUANIDE COMBINATIONS  
JANUMET  
INCRETIN MIMETIC AGENTS  
BYETTA

INSULINS  
APIDRA  
HUMALOG  
HUMULIN  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG  
INSULIN SENSITIZERS  
ACTOS

INSULIN SENSITIZER/  
BIGUANIDE COMBINATIONS  
ACTOPLUS MET  
INSULIN SENSITIZER/  
SULFONYLUREA COMBINATIONS  
DUETACT

MEGLITINIDES  
PRANDIN  
§ SULFONYLUREAS  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
§ SULFONYLUREA/  
BIGUANIDE COMBINATIONS  
*glipizide-metformin*  
SUPPLIES  
ACCU-CHEK STRIPS AND KITS  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH STRIPS AND KITS

CALCIUM REGULATORS  
§ BISPHOSPHONATES  
*alendronate*  
ACTONEL  
BONIVA  
§ CALCITONINS  
*Fortical*  
PARATHYROID HORMONES  
FORTEO

CONTRACEPTIVES  
§ MONOPHASIC  
*ethinyl estradiol-*  
*drospirenone*  
YAZ

§ TRIPHASIC  
ORTHO TRI-CYCLEN LO  
§ EXTENDED CYCLE  
*ethinyl estradiol-*  
*levonorgestrel*  
LOSEASONIQUE  
SEASONIQUE  
CONTINUOUS  
LYBREL  
TRANSDERMAL  
ORTHO EVRA  
VAGINAL  
NUVARING

ESTROGENS  
§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN  
§ TRANSDERMAL,  
ESTROGENS  
*estradiol*  
CLIMARA  
ESTRADERM  
VIVELLE-DOT  
§ ORAL ESTROGEN/  
PROGESTINS  
*estradiol-norethindrone*  
PREMPHASE  
PREMPRO

§ PROGESTINS  
*medroxyprogesterone*  
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS  
EVISTA

§ THYROID SUPPLEMENTS  
*levothyroxine*  
SYNTHROID

### GASTROINTESTINAL

§ H<sub>2</sub> RECEPTOR ANTAGONISTS  
*ranitidine*

§ PROTON PUMP INHIBITORS  
*omeprazole*  
KAPIDEX  
NEXIUM

### GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA  
*doxazosin*  
*finasteride*  
*terazosin*  
AVODART  
FLOMAX

ERECTILE DYSFUNCTION  
PHOSPHODIESTERASE INHIBITORS  
CIALIS  
VIAGRA

§ URINARY ANTISPASMODICS  
*oxybutynin*  
*oxybutynin ext-rel*  
DETROL  
DETROL LA  
ENABLEX  
GELNIQUE  
OXYTROL  
SANCTURA XR  
VESICARE

### HEMATOLOGIC

§ ANTICOAGULANTS  
*warfarin*  
COUMADIN

### RESPIRATORY

ANAPHYLAXIS  
TREATMENT AGENTS  
EPIPEN  
EPIPEN JR

§ ANTICHOLINERGICS  
SPIRIVA

§ ANTICHOLINERGIC/  
BETA AGONISTS  
*ipratropium-albuterol*  
*inhalation solution*  
COMBIVENT

§ ANTIHISTAMINES,  
NONSEDATING  
*fexofenadine*

§ ANTIHISTAMINE/  
DECONGESTANTS  
ALLEGRA-D

BETA AGONISTS  
§ SHORT ACTING  
*albuterol*  
PROAIR HFA  
PROVENTIL HFA  
LONG ACTING  
FORADIL  
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS  
SINGULAIR

NASAL ANTIHISTAMINES  
ASTELIN  
ASTEPRO

§ NASAL STEROIDS  
*fluticasone*  
NASACORT AQ  
NASONEX  
VERAMYST

STEROID/BETA AGONISTS  
ADVAIR  
SYMBICORT

STEROID INHALANTS  
ASMANEX  
FLOVENT  
PULMICORT  
QVAR

### TOPICAL

DERMATOLOGY  
§ ACNE  
*clindamycin solution*  
*erythromycin solution*  
*erythromycin-*  
*benzoyl peroxide*  
*tretinoin*  
BENZACLIN  
DIFFERIN  
DUAC CS  
RETIN-A MICRO  
ZIANA  
§ LOCAL ANALGESICS  
LIDODERM

OPHTHALMIC  
§ BETA-BLOCKERS,  
NONSELECTIVE  
*timolol maleate solution*  
BETIMOL  
BETA-BLOCKERS,  
SELECTIVE  
BETOPTIC S  
PROSTAGLANDINS  
LUMIGAN  
TRAVATAN  
XALATAN  
§ SYMPATHOMIMETICS  
*brimonidine 0.2%*  
ALPHAGAN P

## QUICK REFERENCE DRUG LIST

<p><b>A</b></p> <p>ACCU-CHEK STRIPS AND KITS</p> <p>ACTONEL</p> <p>ACTOPLUS MET</p> <p>ACTOS</p> <p><i>acyclovir</i></p> <p>ADVAIR</p> <p>ADVICOR</p> <p><i>albuterol</i></p> <p><i>alendronate</i></p> <p>ALLEGRA-D</p> <p>ALPHAGAN P</p> <p><i>amantadine</i></p> <p>AMBIEN CR</p> <p><i>amlodipine</i></p> <p><i>amoxicillin</i></p> <p><i>amoxicillin-clavulanate</i></p> <p>ANDRODERM</p> <p>ANDROGEL</p> <p>APIDRA</p> <p>ARICEPT</p> <p>ASMANEX</p> <p>ASTELIN</p> <p>ASTEPRO</p> <p><i>atenolol</i></p> <p>AVALIDE</p> <p>AVAPRO</p> <p>AVELOX</p> <p>AVINZA</p> <p>AVODART</p> <p><i>azithromycin</i></p>	<p><i>citalopram</i></p> <p><i>clarithromycin</i></p> <p><i>clarithromycin ext-rel</i></p> <p>CLIMARA</p> <p><i>clindamycin solution</i></p> <p>COMBIVENT</p> <p>CONCERTA</p> <p>COREG CR</p> <p>COUMADIN</p> <p>CRESTOR</p> <p><i>cyclobenzaprine</i></p> <p>CYMBALTA</p>	<p><i>fosinopril-hydrochlorothiazide</i></p> <p><i>furosemide</i></p>	<p><b>G</b></p> <p><i>gabapentin</i></p> <p>GELNIQUE</p> <p>GEODON</p> <p><i>glimepiride</i></p> <p><i>glipizide</i></p> <p><i>glipizide ext-rel</i></p> <p><i>glipizide-metformin</i></p>	<p><b>N</b></p> <p><i>nabumetone</i></p> <p><i>nadolol</i></p> <p>NAMENDA</p> <p><i>naproxen</i></p> <p>NASACORT AQ</p> <p>NASONEX</p> <p>NEXIUM</p> <p>NIASPAN</p> <p><i>nifedipine ext-rel</i></p> <p>NOVOLIN</p> <p>NOVOLOG</p> <p>NUVARING</p>	<p>SIMCOR</p> <p><i>simvastatin</i></p> <p>SINGULAIR</p> <p>SKELAXIN</p> <p>SPIRIVA</p> <p><i>spironolactone-hydrochlorothiazide</i></p> <p>STRATTERA</p> <p><i>sulfamethoxazole-trimethoprim</i></p> <p><i>sumatriptan</i></p> <p>SUPARTZ</p> <p>SUPRAX</p> <p>SYMBICORT</p> <p>SYMLIN</p> <p>SYNTHROID</p> <p>SYNVISC</p>
<p><b>B</b></p> <p><i>baclofen</i></p> <p>BD INSULIN SYRINGES AND NEEDLES</p> <p>BENICAR</p> <p>BENICAR HCT</p> <p>BENZACLIN</p> <p>BETIMOL</p> <p>BETOPTIC S</p> <p>BONIVA</p> <p><i>brimonidine 0.2%</i></p> <p><i>bupropion</i></p> <p><i>bupropion ext-rel</i></p> <p>BYETTA</p> <p>BYSTOLIC</p>	<p><b>D</b></p> <p>DAYTRANA</p> <p>DETROL</p> <p>DETROL LA</p> <p><i>dicloxacillin</i></p> <p>DIFFERIN</p> <p><i>digoxin</i></p> <p><i>diltiazem ext-rel</i></p> <p><i>doxazosin</i></p> <p><i>doxycycline hyclate</i></p> <p>DUAC CS</p> <p>DUETACT</p>	<p><b>H</b></p> <p>HUMALOG</p> <p>HUMULIN</p> <p><i>hydrochlorothiazide</i></p> <p><i>hydrocodone-acetaminophen</i></p>	<p><b>O</b></p> <p><i>omeprazole</i></p> <p>ONETOUCH STRIPS AND KITS</p> <p>ONGLYZA</p> <p>OPANA ER</p> <p>ORTHO EVRA</p> <p>ORTHO TRI-CYCLEN LO</p> <p><i>oxybutynin</i></p> <p><i>oxybutynin ext-rel</i></p> <p><i>oxycodone</i></p> <p><i>oxycodone-acetaminophen</i></p> <p>OXYCONTIN</p> <p>OXYTROL</p>	<p><b>T</b></p> <p>TAMIFLU</p> <p>TARKA</p> <p><i>terazosin</i></p> <p><i>terbinafine tablet</i></p> <p><i>tetracycline</i></p> <p><i>timolol maleate solution</i></p> <p><i>tizanidine</i></p> <p><i>torseamide</i></p> <p><i>tramadol</i></p> <p><i>tramadol-acetaminophen</i></p> <p>TRAVATAN</p> <p><i>tretinoin</i></p> <p>TREXIMET</p> <p><i>triamterene-hydrochlorothiazide</i></p> <p>TRICOR</p> <p>TRILIPIX</p>	
<p><b>C</b></p> <p>CADUET</p> <p><i>carbamazepine</i></p> <p><i>carvedilol</i></p> <p><i>cefaclor</i></p> <p><i>cefadroxil</i></p> <p><i>cefdinir</i></p> <p>CELEBREX</p> <p><i>cephalexin</i></p> <p><i>cholestyramine</i></p> <p>CIALIS</p> <p>CIPRO SUSPENSION</p> <p><i>ciprofloxacin ext-rel</i></p> <p><i>ciprofloxacin tablet</i></p>	<p><b>E</b></p> <p>EFFEXOR XR</p> <p>ENABLEX</p> <p><i>enalapril</i></p> <p>ENJUVA</p> <p>EPIPEN</p> <p>EPIPEN JR</p> <p><i>erythromycin solution</i></p> <p><i>erythromycin-benzoyl peroxide</i></p> <p><i>erythromycins</i></p> <p>ESTRADERM</p> <p><i>estradiol</i></p> <p><i>estradiol-norethindrone</i></p> <p><i>estropipate</i></p> <p><i>ethinyl estradiol-drospirenone</i></p> <p><i>ethinyl estradiol-levonorgestrel</i></p> <p>EUFLEXXA</p> <p>EVISTA</p> <p>EXELON</p>	<p><b>I</b></p> <p><i>ibuprofen</i></p> <p><i>ipratropium-albuterol inhalation solution</i></p> <p><i>itraconazole</i></p>	<p><b>J</b></p> <p>JANUMET</p> <p>JANUVIA</p>	<p><b>P</b></p> <p><i>paroxetine</i></p> <p><i>paroxetine ext-rel</i></p> <p><i>penicillin VK</i></p> <p>PRANDIN</p> <p><i>pravastatin</i></p> <p>PREMARIN</p> <p>PREMPHASE</p> <p>PREMPRO</p> <p>PRISTIQ</p> <p>PROAIR HFA</p> <p>PROMETRIUM</p> <p>PROPRANOLOL</p> <p>PROVENTIL HFA</p> <p>PULMICORT</p>	<p><b>V</b></p> <p>VALTRES</p> <p><i>venlafaxine</i></p> <p>VERAMYST</p> <p><i>verapamil ext-rel</i></p> <p>VESICARE</p> <p>VIAGRA</p> <p>VIMPAT</p> <p>VIVELLE-DOT</p> <p>VYVANSE</p>
<p><b>F</b></p> <p><i>fenofibrate</i></p> <p><i>fentanyl</i></p> <p><i>fezofenadine</i></p> <p><i>finasteride</i></p> <p>FLOMAX</p> <p>FLOVENT</p> <p><i>fluconazole</i></p> <p><i>fluoxetine</i></p> <p><i>fluticasone</i></p> <p>FOCALIN XR</p> <p>FORADIL</p> <p>FORTEO</p> <p><i>Fortical</i></p> <p><i>fosinopril</i></p>	<p><b>K</b></p> <p>KADIAN</p> <p>KAPIDEX</p> <p>KEPPRA XR</p>	<p><b>L</b></p> <p>LANTUS</p> <p>LEVAQUIN</p> <p>LEVEMIR</p> <p><i>levothyroxine</i></p> <p>LEXAPRO</p> <p>LIDODERM</p> <p>LIPITOR</p> <p><i>lisinopril</i></p> <p><i>lisinopril-hydrochlorothiazide</i></p> <p>LOSEASONIQUE</p> <p>LUMIGAN</p> <p>LYBREL</p> <p>LYRICA</p>	<p><b>M</b></p> <p>MAXALT</p> <p>MAXALT-MLT</p> <p><i>medroxyprogesterone</i></p> <p>METADATE CD</p> <p><i>metformin</i></p> <p><i>metformin ext-rel</i></p> <p><i>metolazone</i></p> <p><i>metoprolol</i></p> <p><i>metoprolol succinate ext-rel</i></p> <p><i>metronidazole</i></p> <p>MICARDIS</p> <p>MICARDIS HCT</p> <p><i>minocycline</i></p> <p><i>mirtazapine</i></p> <p><i>morphine</i></p> <p><i>morphine ext-rel</i></p>	<p><b>Q</b></p> <p><i>quinapril</i></p> <p><i>quinapril-hydrochlorothiazide</i></p> <p>QVAR</p>	<p><b>W</b></p> <p><i>warfarin</i></p> <p>WELCHOL</p>
<p><b>R</b></p> <p><i>ramipril</i></p> <p><i>ranitidine</i></p> <p>RELENZA</p> <p>RETIN-A MICRO</p> <p><i>rimantadine</i></p>	<p><b>S</b></p> <p>SANCTURA XR</p> <p>SEASONIQUE</p> <p>SEREVENT</p> <p>SEROQUEL</p> <p>SEROQUEL XR</p> <p><i>sertraline</i></p>	<p><b>X</b></p> <p>XALATAN</p>	<p><b>Y</b></p> <p>YAZ</p>	<p><b>Z</b></p> <p>ZETIA</p> <p>ZIANA</p> <p><i>zolpidem</i></p> <p>ZOMIG</p> <p>ZOMIG-ZMT</p> <p>ZYPREXA</p>	

## PREFERRED ALTERNATIVES LIST

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

DRUG NAME	PREFERRED ALTERNATIVE(S)*
DORAL	zolpidem, AMBIEN CR
DYNACIRC CR	amlodipine, nifedipine ext-rel
EPIDUO	tretinoin
ESTRASORB	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
EVOCLIN FOAM	clindamycin solution, erythromycin solution
FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
FEMTRACE	estradiol, estropipate, ENJUVA, PREMARIN
FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	metformin, metformin ext-rel
FOSAMAX PLUS D	alendronate
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
INNOPRAN XL	atenolol, propranolol ext-rel
ISTALOL	timolol maleate solution, BETIMOL
KLARON LOTION	erythromycin solution
LUNESTA	zolpidem
MAXAIR	PROAIR HFA
MENEST	estradiol, estropipate, ENJUVA, PREMARIN
MENOSTAR	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
OMNARIS	fluticasone
PATANASE	ASTELIN, ASTEPRO
PEXEVA	citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
RAPAFLO	doxazosin, terazosin, FLOMAX
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	sumatriptan, MAXALT, ZOMIG
RHINOCORT AQUA	fluticasone
SKELID	alendronate, ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	amlodipine, nifedipine ext-rel

\* 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. Your specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. For specific information, visit [www.pmsionline.com](http://www.pmsionline.com)

DRUG NAME	PREFERRED ALTERNATIVE(S)*
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
TEKTURNA, TEKTRNA HCT	BENICAR, BENICAR HCT
TESTIM	ANDROGEL
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin</i> , FLOMAX
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

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**FOR YOUR INFORMATION: 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. 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 copay<sup>2</sup> 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. Log in to [www.pmsionline.com](http://www.pmsionline.com) to check coverage and copay information for a specific medicine.

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

<sup>1</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>2</sup> 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.

This document 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.