

# StoneRiver Workers' Compensation Drug List

The **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.
- Your Workers' Compensation provider 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.

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

CALCIUM CHANNEL  
BLOCKER/ANTILIPEMIC  
COMBINATIONS  
CADUET

§ DIGITALIS GLYCOSIDES  
*digoxin*

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

### CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS  
*carbamazepine*  
*gabapentin*  
*levetiracetam*  
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>2</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

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

§ BIPHOSPHONATES  
*alendronate*  
ACTONEL

§ 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  
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  
RHINOCORT AQUA  
VERAMYST

**STEROID/BETA AGONISTS**ADVAIR  
SYMBICORT**STEROID INHALANTS**ASMANEX  
FLOVENT  
PULMICORT  
QVAR**TOPICAL****DERMATOLOGY****§ ACNE***clindamycin solution*  
*erythromycin solution*  
*erythromycin-  
benzoyl peroxide*  
*tretinoin*  
BENZAFLIN  
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****A**ACCU-CHEK STRIPS  
AND KITS  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
ADVAIR  
ADVICOR  
*albuterol*  
*alendronate*  
ALLEGRA-D  
ALPHAGAN P  
*amantadine*  
AMBIEN CR  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDRODERM  
ANDROGEL  
APIDRA  
ARICEPT  
ASMANEX  
ASTELIN  
ASTEPRO  
*atenolol*  
AVALIDE  
AVAPRO  
AVELOX  
AVINZA  
AVODART  
*azithromycin***B***baclofen*  
BD INSULIN SYRINGES  
AND NEEDLES  
BENICAR  
BENICAR HCT  
BENZAFLIN  
BETIMOL  
BETOPTIC S  
*brimonidine 0.2%*  
*bupropion*  
*bupropion ext-rel*  
BYETTA**C**CADUET  
*carbamazepine*  
*carvedilol*  
*cefaclor*  
*cefadroxil*  
*cefdinir*  
CELEBREX  
*cephalexin*  
*cholestyramine*  
CIALIS  
CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
CLIMARA  
*clindamycin solution*  
COMBIVENT  
CONCERTA  
COREG CR  
COUMADIN  
CRESTOR  
*cyclobenzaprine*  
CYMBALTA**D**DAYTRANA  
DETROL  
DETROL LA  
*dicloxacillin*  
DIFFERIN  
*digoxin*  
*diltiazem ext-rel*  
*doxazosin*  
*doxycycline hyclate*  
DUAC CS  
DUETACT**E**EFFEXOR XR  
ENABLEX  
*enalapril*  
ENJUVIA  
EPIPEN  
EPIPEN JR*erythromycin solution*  
*erythromycin-  
benzoyl peroxide*  
*erythromycins*  
ESTRADERM  
*estradiol*  
*estradiol-norethindrone*  
*estropipate*  
*ethinyl estradiol-  
drospirenone*  
*ethinyl estradiol-  
levonorgestrel*  
EUFLEXXA  
EVISTA  
EXELON**F***fenofibrate*  
*fentanyl*  
*fexofenadine*  
*finasteride*  
FLOMAX  
FLOVENT  
*fluconazole*  
*fluoxetine*  
*fluticasone*  
FOCALIN XR  
FORADIL  
FORTEO  
*Fortical*  
*fosinopril*  
*fosinopril-  
hydrochlorothiazide*  
*furosemide***G***gabapentin*  
GEODON  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin***H**HUMALOG  
HUMULIN*hydrochlorothiazide*  
*hydrocodone-acetaminophen***I***ibuprofen*  
*ipratropium-albuterol*  
*inhalation solution*  
*itraconazole***J**JANUMET  
JANUVIA**K**KADIAN  
KAPIDEX  
KEPPRA XR**L**LANTUS  
LEVAQUIN  
LEVEMIR  
*levetiracetam*  
*levothyroxine*  
LEXAPRO  
LIDODERM  
LIPITOR  
*lisinopril*  
*lisinopril-  
hydrochlorothiazide*  
LOSEASONIQUE  
LUMIGAN  
LYBREL  
LYRICA**M**MAXALT  
MAXALT-MLT  
*medroxyprogesterone*  
METADATE CD  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
MICARDIS  
MICARDIS HCT*minocycline*  
*mirtazapine*  
*morphine*  
*morphine ext-rel***N***nabumetone*  
*nadolol*  
NAMENDA  
*naproxen*  
NASACORT AQ  
NASONEX  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*  
NOVOLIN  
NOVOLOG  
NUVARING**O***omeprazole*  
ONETOUCH STRIPS  
AND KITS  
OPANA ER  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
*oxycodone*  
*oxycodone-acetaminophen*  
OXYCONTIN  
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  
 RHINOCORT AQUA  
 rimantadine

**S**  
 SANCTURA XR  
 SEASONIQUE

SEREVENT  
 SEROQUEL  
 SEROQUEL XR  
 sertraline  
 SIMCOR  
 simvastatin  
 SINGULAIR  
 SKELAXIN  
 SPIRIVA  
 spironolactone-  
 hydrochlorothiazide  
 STRATTERA  
 sulfamethoxazole-  
 trimethoprim  
 sumatriptan  
 SUPARTZ  
 SUPRAX  
 SYMBICORT

SYMLIN  
 SYNTHROID  
 SYNVISC

**T**  
 TAMIFLU  
 TARKA  
 terazosin  
 terbinafine tablet  
 tetracycline  
 timolol maleate solution  
 tizanidine  
 torsemide  
 tramadol  
 tramadol-acetaminophen  
 TRAVATAN  
 tretinoin  
 TREXIMET

triamterene-  
 hydrochlorothiazide  
 TRICOR

**V**  
 VALTREX  
 venlafaxine  
 VERAMYST  
 verapamil ext-rel  
 VESICARE  
 VIAGRA  
 VIMPAT  
 VIVELLE-DOT  
 VYVANSE

**W**  
 warfarin  
 WELCHOL

**X**  
 XALATAN

**Y**  
 YAZ

**Z**  
 ZETIA  
 ZIANA  
 zolpidem  
 ZOMIG  
 ZOMIG-ZMT  
 ZYPREXA

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	omeprazole, KAPIDEX, NEXIUM
ACTONEL W/CALCIUM	alendronate, ACTONEL
ADVANCE	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALORA	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	pravastatin, simvastatin, CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
AMERGE	sumatriptan, MAXALT, ZOMIG
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ARMOUR THYROID	levothyroxine, SYNTHROID
ASCENSIA	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ASSURE, ASSURE PRO	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ATROVENT HFA	SPIRIVA
AXERT	sumatriptan, MAXALT, ZOMIG
AZELEX	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	fluticasone, NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
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

DRUG NAME	PREFERRED ALTERNATIVE(S)*
BENIQ	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
CARDURA XL	doxazosin, terazosin, FLOMAX
CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN
CLARINEX	fexofenadine
CLARINEX D	ALLEGRA-D
CLINDAGEL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CONTROL	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
DESQUAM E, DESQUAM X	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
DORAL	zolpidem, AMBIEN CR
DYNACIRC CR	amlodipine, nifedipine ext-rel
EASYPRO	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ESTRASORB	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
EXACTECH, EXACTECH RSG	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
FEMTRACE	estradiol, estropipate, ENJUVIA, PREMARIN
FENOGLIDE	fenofibrate, TRICOR

\* 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.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin, metformin ext-rel</i>
FOSAMAX PLUS D	<i>alendronate</i> , ACTONEL
FREESTYLE	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
GLUCOFILM	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
GLUCOMETER DEX, GLUCOMETER ELITE, GLUCOMETER ENCORE	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ISTALOL	<i>timolol maleate solution</i> , BETIMOL
LESCOL, LESCOL XL	<i>pravastatin, simvastatin</i> , CRESTOR, LIPITOR
MENEST	<i>estradiol, estropipate</i> , ENJUVIA, PREMARIN
MENOSTAR	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
NEXGEN	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
OMNARIS	<i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i> , LEXAPRO
PRECISION, PRECISION QID, PRECISION XTRA	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
PRESTIGE	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS

DRUG NAME	PREFERRED ALTERNATIVE(S)*
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	<i>sumatriptan</i> , MAXALT, ZOMIG
SKELID	<i>alendronate</i> , ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine, nifedipine ext-rel</i>
SURE-TEST	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
TEVETEN, TEVETEN HCT	AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT
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	<i>fenofibrate</i> , TRICOR
TRUE CARE, TRUETEST, TRUETRACK	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin</i> , FLOMAX
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, 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 Workers' Compensation 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 copay<sup>1</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.

<sup>5</sup> Generics are available in this class and should be considered the first line of prescribing.

<sup>1</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.

<sup>2</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

This Workers' Compensation 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.