

# TrustPlus

## Pharmacy Benefit Consultants

The drug list is a guide within select therapeutic categories for 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.
- Unless specifically indicated, drug list products will include all dosage forms.

### 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 plan participant's specific 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.

### ANTI-INFECTIVES

#### ANTIBACTERIALS

##### § CEPHALOSPORINS

cefaclor  
cefdinir  
cephalexin

##### § ERYTHROMYCINS/ MACROLIDES

azithromycin  
clarithromycin  
clarithromycin ext-rel  
erythromycins

##### § FLUOROQUINOLONES

ciprofloxacin ext-rel  
ciprofloxacin tablet  
AVELOX  
CIPRO SUSPENSION  
LEVAQUIN

##### § PENICILLINS

amoxicillin  
amoxicillin-clavulanate  
dicloxacillin  
penicillin VK

##### § TETRACYCLINES

doxycycline hyclate  
minocycline  
tetracycline

##### § MISCELLANEOUS

metronidazole  
sulfamethoxazole-  
trimethoprim

### § ANTI-FUNGALS

fluconazole  
itraconazole  
terbinafine tablet

### ANTIVIRALS

#### § HERPES AGENTS

acyclovir  
VALTREX

#### § INFLUENZA AGENTS

TAMIFLU

### CARDIOVASCULAR

#### § ACE INHIBITORS

fosinopril  
lisinopril  
quinapril  
ramipril

#### § ACE INHIBITOR/ DIURETIC COMBINATIONS

fosinopril-  
hydrochlorothiazide  
lisinopril-  
hydrochlorothiazide  
quinapril-  
hydrochlorothiazide

#### § ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

TARKA

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS

ATACAND<sup>2</sup>/ATACAND HCT  
AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

### ANTILIPEMICS

ANTILIPEMIC  
COMBINATIONS  
VYTORIN

### § BILE ACID RESINS

cholestyramine  
WELCHOL

### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

### § FIBRATES

fenofibrate  
TRICOR

### § HMG-CoA REDUCTASE INHIBITORS

pravastatin  
simvastatin  
LIPITOR

### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN  
SIMCOR

### § BETA-BLOCKERS

atenolol  
carvedilol  
metoprolol  
metoprolol succinate  
ext-rel  
nadolol  
propranolol  
COREG CR

### § CALCIUM CHANNEL BLOCKERS

amlodipine  
diltiazem ext-rel  
nifedipine ext-rel  
verapamil ext-rel

### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

### § DIGITALIS GLYCOSIDES

digoxin

### § DIURETICS

furosemide  
hydrochlorothiazide  
metolazone  
spironolactone-  
hydrochlorothiazide  
torsemide  
triamterene-  
hydrochlorothiazide

### CENTRAL NERVOUS SYSTEM

#### 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>3</sup>

venlafaxine  
CYMBALTA  
EFFEXOR XR

#### § HYPNOTICS, NONBENZODIAZEPINES

zolpidem  
LUNESTA

**MIGRAINE**

SELECTIVE SEROTONIN  
AGONISTS  
IMITREX  
MAXALT  
ZOMIG

**MULTIPLE SCLEROSIS  
AGENTS**

COPAXONE  
REBIF

**ENDOCRINE AND  
METABOLIC****ANDROGENS**

ANDROGEL

**ANTIDIABETICS****§ BIGUANIDES**

*metformin*  
*metformin ext-rel*

**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*  
*glyburide-metformin*

**SUPPLIES**

ACCU-CHEK STRIPS  
AND KITS  
BD INSULIN SYRINGES  
AND NEEDLES  
ONETOUCH STRIPS  
AND KITS

**CALCIUM REGULATORS****§ BISPHOSPHONATES**

*alendronate*  
ACTONEL

**§ CALCITONINS**

*Fortical*

**PARATHYROID HORMONES**

FORTEO

**CONTRACEPTIVES****§ MONOPHASIC**

YASMIN  
YAZ

**§ TRIPHASIC**

ORTHO TRI-CYCLEN LO

**§ EXTENDED CYCLE**

*ethinyl estradiol-  
levonorgestrel*

**TRANSDERMAL**

ORTHO EVRA

**VAGINAL**

NUVARING

**ESTROGENS****§ ORAL**

*estradiol*  
*estropipate*  
ENJUVA  
PREMARIN

**§ TRANSDERMAL,  
ESTROGENS**

*estradiol*  
CLIMARA  
ESTRADERM  
VIVELLE-DOT

**§ ORAL ESTROGEN/  
PROGESTINS**

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*  
*pantoprazole*  
NEXIUM  
PREVACID

**GENITOURINARY****§ BENIGN PROSTATIC  
HYPERPLASIA**

*doxazosin*  
*finasteride*  
*terazosin*  
AVODART  
FLOMAX

**§ URINARY  
ANTISPASMODICS**

*oxybutynin*  
*oxybutynin ext-rel*  
DETROL  
DETROL LA  
ENABLEX  
OXYTROL  
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<sup>+</sup>

**BETA AGONISTS****§ SHORT ACTING**

*albuterol*  
PROAIR HFA  
PROVENTIL HFA  
XOPENEX  
XOPENEX HFA

**LONG ACTING**

FORADIL  
SEREVENT

**LEUKOTRIENE RECEPTOR  
ANTAGONISTS**

SINGULAIR

**NASAL ANTIHISTAMINES**

ASTELIN

**§ NASAL STEROIDS**

*fluticasone*  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA  
VERAMYST

**STEROID/BETA AGONISTS**

ADVAIR  
SYMBICORT

**STEROID INHALANTS**

ASMANEX  
FLOVENT  
PULMICORT  
QVAR

**TOPICAL****DERMATOLOGY****§ ACNE**

*erythromycin-  
benzoyl peroxide*  
*tretinoin*  
BENZACLIN  
DIFFERIN  
DUAC CS  
RETIN-A MICRO  
ZIANA

**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<sup>+</sup>  
ALPHAGAN P  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDROGEL  
APIDRA  
ASMANEX  
ASTELIN  
ATACAND<sup>2</sup>

ATACAND HCT  
*atenolol*  
AVALIDE  
AVAPRO  
AVELOX  
AVODART  
*azithromycin*

**B**

BD INSULIN SYRINGES  
AND NEEDLES  
BENICAR  
BENICAR HCT  
BENZACLIN  
BETIMOL  
BETOPTIC S

*brimonidine 0.2%*  
*bupropion*  
*bupropion ext-rel*  
BYETTA

**C**

CADUET  
*carvedilol*  
*cefaclor*  
*cefдинir*  
*cephalexin*

HTTP1008

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

cholestyramine  
CIPRO SUSPENSION  
ciprofloxacin ext-rel  
ciprofloxacin tablet  
citalopram  
clarithromycin  
clarithromycin ext-rel  
CLIMARA  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
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-  
benzoyl peroxide*  
*erythromycins*  
ESTRADERM  
*estradiol*  
*estropipate*  
*ethinyl estradiol-  
levonorgestrel*  
EVISTA

## F

*fenofibrate*  
*fenofenadine*  
*finasteride*  
FLOMAX  
FLOVENT  
*fluconazole*  
*fluoxetine*  
*fluticasone*  
FORADIL  
FORTEO  
*Fortical*  
*fosinopril*  
*fosinopril-  
hydrochlorothiazide*  
*furosemide*

## G

*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*  
*glyburide-metformin*

## H

HUMALOG  
HUMULIN  
*hydrochlorothiazide*

## I

IMITREX  
*ipratropium-albuterol  
inhalation solution*  
*itraconazole*

## L

LANTUS  
LEVAQUIN  
LEVEMIR  
*levothyroxine*  
LEXAPRO  
LIPITOR

*lisinopril*  
*lisinopril-  
hydrochlorothiazide*  
LUMIGAN  
LUNESTA

## 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  
AND KITS  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
OXYTROL

## P

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

## Q

*quinapril*  
*quinapril-  
hydrochlorothiazide*  
QVAR

## R

*ramipril*  
*ranitidine*  
REBIF  
RETIN-A MICRO  
RHINOCORT AQUA

## S

SEREVENT  
*sertraline*  
SIMCOR  
*simvastatin*  
SINGULAIR  
SPIRIVA  
*spironolactone-  
hydrochlorothiazide*  
*sulfamethoxazole-  
trimethoprim*  
SYMBICORT  
SYNTHROID

## T

TAMIFLU  
TARKA  
*terazosin*  
*terbinafine tablet*  
*tetracycline*  
*timolol maleate solution*  
*toremide*  
TRAVATAN  
*tretinoin*  
*triamterene-  
hydrochlorothiazide*  
TRICOR

## V

VALTREX  
*venlafaxine*  
VERAMYST  
*verapamil ext-rel*  
VESICARE  
VIVELLE-DOT  
VYTORIN

## W

*warfarin*  
WELCHOL

## X

XALATAN  
XOPENEX  
XOPENEX HFA

## Y

YASMIN  
YAZ

## Z

ZETIA  
ZIANA  
*zolpidem*  
ZOMIG

**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. 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 for specific products on the list. Unless otherwise 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>§</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> Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

<sup>4</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan.

This 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.