

**PRIMARY/PREFERRED DRUG LIST  
(TIER 2/FORMULARY)**

January 2012

<p><b>A</b></p> <p>ACANYA ACCU-CHEK STRIPS &amp; KITS<sup>2</sup> ACTONEL ACTOPLUS MET ACTOS ADVAIR ALPHAGAN P AMTURNIDE ANDRODERM ANDROGEL APIDRA ASMANEX ASTEPRO AVELOX AVODART AVONEX</p> <hr/> <p><b>B</b></p> <p>BD INSULIN SYRINGES &amp; NEEDLES BENICAR BENICAR HCT BETASERON BETIMOL BETOPTIC S BEYAZ BONIVA BRAVELLE BYETTA BYSTOLIC</p> <hr/> <p><b>C</b></p> <p>CADUET CIPRO SUSPENSION COMBIVENT COPAXONE COREG CR COUMADIN CRESTOR CYMBALTA</p> <hr/> <p><b>D</b></p> <p>DETROL DETROL LA</p>	<p>DEXILANT DIFFERIN DIOVAN DIOVAN HCT DUAC DUETACT DULERA</p> <hr/> <p><b>E</b></p> <p>ENABLEX ENBREL ENJUVIA EPIDUO EPIPEN EPIPEN JR EVAMIST EVISTA</p> <hr/> <p><b>F</b></p> <p>FLOVENT FOLLISTIM AQ FORADIL FORTEO</p> <hr/> <p><b>G</b></p> <p>GELINIQUE</p> <hr/> <p><b>H</b></p> <p>HUMIRA HUMULIN R U-500</p> <hr/> <p><b>J</b></p> <p>JANUMET JANUVIA</p> <hr/> <p><b>K</b></p> <p>KOMBIGLYZE XR</p> <hr/> <p><b>L</b></p> <p>LANTUS LEVEMIR LEXAPRO LIPITOR LO LOESTRIN FE LOESTRIN 24 FE</p>	<p>LOSEASONIQUE LUMIGAN</p> <hr/> <p><b>M</b></p> <p>MAXALT MICARDIS MICARDIS HCT</p> <hr/> <p><b>N</b></p> <p>NASONEX NATAZIA NEXIUM NIASPAN NORDITROPIN NOVOLIN NOVOLOG NUVARING</p> <hr/> <p><b>O</b></p> <p>ONETOUCH STRIPS &amp; KITS<sup>2</sup> ONGLYZA ORTHO EVRA ORTHO TRI-CYCLEN LO</p> <hr/> <p><b>P</b></p> <p>PRADAXA PRANDIN PREMARIN PREMPHASE PREMPRO PRISTIQ PROAIR HFA PROMETRIUM PROVENTIL HFA PULMICORT FLEXHALER</p> <hr/> <p><b>Q</b></p> <p>QVAR</p> <hr/> <p><b>R</b></p> <p>RAPAFLO RELENZA</p>	<p>RETIN-A MICRO</p> <hr/> <p><b>S</b></p> <p>SEREVENT SIMCOR SINGULAIR SPIRIVA SUPRAX SYMBICORT SYNTHROID SYNVISC SYNVISC-ONE</p> <hr/> <p><b>T</b></p> <p>TAMIFLU TEKAMLO TEKURNA TEKURNA HCT TRAVATAN Z TREXIMET TRICOR TRILIPIX</p> <hr/> <p><b>V</b></p> <p>VALTURNA VELTIN VENTOLIN HFA VERAMYST VESICARE VICTOZA VIIBRYD VIVELLE-DOT</p> <hr/> <p><b>W</b></p> <p>WELCHOL</p> <hr/> <p><b>X</b></p> <p>XARELTO</p> <hr/> <p><b>Z</b></p> <p>ZETIA ZOMIG</p>
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This document is in effect beginning January 1, 2012. Formulary consultation and administrative support is provided by Caremark Inc.

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This SignatureScripts primary drug list is not all inclusive nor does it guarantee coverage, but represents a summary of prescription coverage. Specific prescription benefit plan design may not cover 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 this list. Unless otherwise indicated, drug list products will include all dosage forms. 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. Contact SignatureScripts Customer Service to check coverage and co-payments\* for a specific medicine.

<sup>1</sup> Higher co-payments\* may apply depending on the plan participant's specific prescription benefit plan. Call SignatureScripts to find the co-payment under a specific plan.  
<sup>2</sup> An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call SignatureScripts Customer Service.

## INFORMATION FOR THE PLAN PARTICIPANT

Your Benefit Plan provides you with a prescription benefit program that is administered by SignatureScripts. 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.

- For specific information regarding your prescription benefit coverage and co-pay\* information, contact a SignatureScripts customer service representative, toll-free: 1-800-455-4460.
- An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call SignatureScripts Customer Service.
- The drug list is subject to change. For the most up-to-date list visit [www.signaturescripts.com](http://www.signaturescripts.com)
- SignatureScripts/Caremark 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.
- Generics should be considered the first line of prescribing.
- The drug list is not all inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- The plan participant's specific prescription benefit plan may have different co-pays for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.
- The drug list is subject to change. For the most up-to-date list visit [www.signaturescripts.com](http://www.signaturescripts.com)

### For plans with traditional 3-tier co-pays:

Tier 1 = All generic medications.

Tier 2 = All brand name / formulary medications that appear on this list.

Tier 3 = All brand name / non-formulary medications that DO NOT appear on this list.

## INFORMATION FOR THE HEALTHCARE PROVIDER

Your patient is covered under a prescription benefit plan administered by SignatureScripts.

As a way to help manage healthcare costs, authorize generic substitution whenever possible. If you believe a brand name product is necessary, consider prescribing a brand listed in this brochure. Healthcare providers may direct questions about the list to a SignatureScripts customer service representative at 1-800-455-4460.

Thank you for your professional cooperation in providing cost-effective quality healthcare.

*\* Co-payment or co-pay 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 SignatureScripts primary / preferred drug list contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with SignatureScripts. Listed products are for informational purposes only and are not intended to replace clinical judgment of the prescriber.*

*Your privacy is important to us. Our associates are trained regarding the appropriate way to handle your private health information.*

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## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVES(S)*	DRUG NAME	PREFERRED ALTERNATIVES(S)*
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole – sodium bicarbonate capsule, pantoprazole</i>	DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>
ADVICOR	SIMCOR	EDARBI	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
ALORA	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	EDLUAR	<i>zolpidem</i>
ALTOPREV	<i>pravastatin</i>	ESTRASORB	<i>estradiol, EVAMIST, VIVELLE-DOT</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT, FLEXHALER, QVAR	ESTROGEL	<i>estradiol, EVAMIST, VIVELLE-DOT</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	FEMTRACE	<i>estradiol, estropipate, ENJUVA, PREMARIN</i>
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>	FENOGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
ASCENSIA STRIPS & KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ATACAND, ATACAND HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS-HCT</i>	FORTAMET	<i>metformin ext-rel</i>
ATELVIA	<i>alendronate 70 mg</i>	FORTESTA	ANDRODERM, ANDROGEL
ATROVENT HFA	SPIRIVA	FOSAMAX PLUS D	<i>alendronate</i>
AVAPRO, AVALIDE	<i>losartan, losartan-hydrochlororothiazide</i>	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	FROVA	<i>sumatriptan</i>
AXIRON	ANDRODERM, ANDROGEL	GLUMETZA	<i>metformin ext-rel</i>
AZELEX	<i>erythromycin solution</i>	HUMALOG	NOVOLOG
BECONASE AQ	<i>flunisolide, fluticasone</i>	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
BENZAC AC, BENZAC W	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>	HUMALONG MIX 75/25	NOVOLOG MIX 70/30
BENZAGEL	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>	HUMULIN	NOVOLIN
BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>	INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
CARDURA XL	<i>doxazosin, tamsulosin, terazosin, RAPAFLO</i>	ISTALOL	<i>timolol maleate solution, BETIMOL</i>
CENESTIN	<i>estradiol, estropipate, ENJUVA, PREMARIN</i>	LIVALO	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
CLINDAGEL	<i>erythromycin solution</i>	LUNESTA	<i>zolpidem</i>
DESQUAM E, DESQUAM X	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>	MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
DORAL	<i>zolpidem, zolpidem ext-rel</i>	MENEST	<i>estradiol, estropipate, ENJUVA, PREMARIN</i>

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVES(S)*	DRUG NAME	PREFERRED ALTERNATIVES(S)*
MENOSTAR	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	SUMAVEL DOSEPRO	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
OMNARIS	<i>flunisolide, fluticasone</i>	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
OXYTROL	<i>Oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>	TESTIM	ANDROGEL
PATANASE	<i>azelastine, ASTEPRO</i>	TEVETEN, TEVETEN-HCT	<i>losartan, losartan-hydrochlorothiazide</i>
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO, VIIBRYD</i>	TOVIAZ	<i>oxybutynin ext-rel</i>
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>	TRADJENTA	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzol peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</i>
RELION INSULIN	NOVOLIN INSULIN	TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
RELPAK	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
RHINOCORT AQUA	<i>flunisolide, fluticasone</i>	TWINJECT	EPIPEN, EPEPEN JR
RIOMET	<i>metformin ext-rel</i>	VANOS	<i>clobetasol</i>
ROZEREM	<i>zolpidem</i>	VYTORIN	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
SANCTURA XR	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
SKELID	<i>alendronate, ACTONEL</i>	ZYFLO, ZYFLO CR	zafirlukast, SINGULAR
STRIANT	ANDRODERM, ANDROGEL		

**Note:** Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. Contact SignatureScripts Customer Service to check coverage and co-pays for a specific medicine.

\*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.signaturescripts.com](http://www.signaturescripts.com) or contact a SignatureScripts Customer Service Representative. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.