

**QUICK REFERENCE BRAND PRIMARY / PREFERRED LIST
(TIER 2)****A**

ACCU-CHEK STRIPS
& KITS²
ACTONEL
ACTOPLUS MET
ACTOS
ADVAIR
ADVICOR
ALLEGRA-D¹
ALPHAGAN P
AMBIEN CR
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTELIN
ASTEPRO
AVALIDE
AVAPRO
AVELOX
AVODART

B

BD INSULIN SYRINGES
& NEEDLES
BENICAR
BENICAR HCT
BENZACLIN
BETIMOL
BETOPTIC S
BONIVA
BYETTA
BYSTOLIC

C

CADUET
CIPRO SUSPENSION
CLIMARA
COMBIVENT
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

DETROL
DETROL LA
DIFFERIN
DUAC CS
DUETACT

E

EFFEXOR XR
ENABLEX
ENJUVA
EPIPEN
EPIPEN JR
ESTRADERM
EVISTA

F

FLOMAX
FLOVENT
FORADIL
FORTEO

G

GELINIQUE

H

HUMALOG
HUMULIN

J

JANUMET
JANUVIA

K

KAPIDEX

L

LANTUS
LEVAQUIN
LEVEMIR
LEXAPRO

LIPITOR
LOSEASONIQUE
LUMIGAN
LYBREL

M

MAXALT
MICARDIS
MICARDIS HCT

N

NASACORT AQ
NASONEX
NEXIUM
NIASPAN
NOVOLIN
NOVOLOG
NUVARING

O

ONETOUCH STRIPS
& KITS²
ONGLYZA
ORTHO EVRA
ORTHO TRI-CYCLEN LO
OXYTROL

P

PRANDIN
PREMARIN
PREMPHASE
PREMPRO
PRISTIQ
PROAIR HFA
PROMETRIUM
PROVENTIL HFA
PULMICORT

Q

QVAR

R

RELENZA

RETIN-A MICRO

S

SANCTURA XR
SEASONIQUE
SEREVENT
SIMCOR
SINGULAIR
SPIRIVA
SUPRAX
SYMBICORT
SYNTHROID

T

TAMIFLU
TARKA
TRAVATAN
TREMIMET
TRICOR
TRILIPIX

V

VALTREX
VERAMYST
VESICARE
VIVELLE-DOT

W

WELCHOL

X

XALATAN

Y

YAZ

Z

ZETIA
ZIANA
ZOMIG

This document is in effect beginning January 1, 2010. 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 or 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 copay¹ 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.

¹ 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.

² 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**
- 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.
- The drug list is subject to change. For the most up-to-date list visit www.signaturescripts.com

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.

For plans with traditional 3-tier co-pay design:

Tier 1 = All generic medications.

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

Tier 3 = All brand name medications that DO NOT appear on this list.

** 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 employees are trained regarding the appropriate way to handle your private health information.

PREFERRED ALTERNATIVES LIST

| DRUG NAME | PREFERRED ALTERNATIVES(S)* | DRUG NAME | PREFERRED ALTERNATIVES(S)* |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------|
| ACCOLATE | SINGULAR | EPIDUO | zolpidem, AMBIEN CR |
| ACIPHEX | omeprazole | ESTRASORB | estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT |
| ACTONEL W/CALCIUM | alendronate | ESTROGEL | estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT |
| AEROBID, AEROBID M | ASMANEX, FLOVENT, PULMICORT, QVAR | EVOCLIN FOAM | clindamycin solution, erythromycin solution |
| ALORA | estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT | FEMHRT | estradiol-norethindrone, PREMPHASE, PREMPRO |
| ALTOPREV | Pravastatin, simvastatin, CRESTOR, LIPITOR | FEMTRACE | estradiol, estropipate, ENJUVA, PREMARIN |
| ALVESCO | ASMANEX, FLOVENT, PULMICORT, QVAR | FENOGLIDE | fenofibrate, TRICOR, TRILIPIX |
| AMERGE | sumatriptan, MAXALT, ZOMIG | FIRST TESTOSTERONE | ANDRODERM, ANDROGEL |
| ANGELIQ | estradiol-norethindrone, PREMPHASE, PREMPRO | FORTAMET | metformin, metformin ext-rel |
| ARMOUR THYROID | levothyroxine, SYNTHROID | FOSAMAX PLUS D | alendronate |
| ASCENSIA STRIPS & KITS | ACCU-CHEK STRIPS AND KITS ² , ONETOUCH STRIPS AND KITS ² | FREESTYLE STRIPS AND KITS | ACCU-CHEK STRIPS AND KITS ² , ONETOUCH STRIPS AND KITS ² |
| ATACAND, ATACAND HCT | BENICAR, BENICAR HCT | INNOPRAN XL | atenolol, propranolol ext-rel |
| ATRALIN | tretinoin | ISTALOL | timolol maleate solution, BETIMOL |
| ATROVENT HFA | SPIRIVA | KLARON LOTION | erythromycin solution |
| AXERT | sumatriptan, MAXALT, ZOMIG | LUNESTA | zolpidem |
| AZELEX | erythromycin solution | MAXAIR | PROAIR HFA |
| AZMACORT | ASMANEX, FLOVENT, PULMICORT, QVAR | MENEST | estradiol, estropipate, ENJUVA, PREMARIN |
| BECONASE AQ | fluticasone | MENOSTAR | estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT |
| BENZAC AC, BENZAC W | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BEZACLIN, DIFFERIN, DUAC CS, RETIN-A, MICRO, ZIANA | OMNARIS | fluticasone |
| BENZAGEL | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BEZACLIN, DIFFERIN, DUAC CS, RETIN-A, MICRO, ZIANA | PATANASE | ASTELIN, ASTEPRO |
| BENIQ | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BEZACLIN, DIFFERIN, DUAC CS, RETIN-A, MICRO, ZIANA | PEXEVA | citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO |
| BREVOXYL | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BEZACLIN, DIFFERIN, DUAC CS, RETIN-A, MICRO, ZIANA | PRECISION XTRA STRIPS AND KITS | ACCU-CHEK STRIPS AND KITS ² , ONETOUCH STRIPS AND KITS ² |
| CARDIZEM LA | diltiazem ext-rel | PREFEST | estradiol-norethindrone, PREMPHASE, PREMPRO |
| CARDURA XL | doxazosin, terazosin, FLOMAX | RAPAFLO | Doxazosin, terazosin, FLOMAX |
| CENESTIN | estradiol, estropipate, ENJUVA, PREMARIN | RELION INSULIN | HUMLIN INSULIN, NOVOLIN INSULIN |
| CLARINEX | fexofenadine | RELPAK | sumatriptan, MAXALT, ZOMIG |
| CLARINEX-D | ALLEGRA-D ¹ | RHINOCORT AQUA | fluticasone |
| CLINDAGEL | erythromycin solution | SKELID | alendronate, ACTONEL |
| DESQUAM E, DESQUAM X | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BEZACLIN, DIFFERIN, DUAC CS, RETIN-A, MICRO, ZIANA | STARLIX | PRANDIN |
| DORAL | Zolpidem, AMBIEN CR | STRIANT | ANDRODERM, ANDROGEL |
| DYNACIRC CR | amlodipine, nifedipine ext-rel | 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.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.