

Cypress Care Workers' Compensation Drug List

The **Cypress Care 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.
- Cypress Care 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.

ANALGESICS	ANTI-INFECTIVES	ANTIFUNGALS	ACE INHIBITOR/ CALCIUM CHANNEL BLOCKERS	BETA-BLOCKERS
§ 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 § ERYTHROMYCINS/ MACROLIDES <i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycins</i> § FLUOROQUINOLONES <i>ciprofloxacin ext-rel</i> <i>ciprofloxacin tablet</i> AVELOX CIPRO SUSPENSION LEVAQUIN § PENICILLINS <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> <i>dicloxacillin</i> <i>penicillin VK</i> § TETRACYCLINES <i>doxycycline hyclate</i> <i>minocycline</i> <i>tetracycline</i> § MISCELLANEOUS <i>metronidazole</i> <i>sulfamethoxazole-</i> <i>trimethoprim</i>	§ ANTIFUNGALS <i>fluconazole</i> <i>itraconazole</i> <i>terbinafine tablet</i> ANTIVIRALS § HERPES AGENTS <i>acyclovir</i> VALTREX § INFLUENZA AGENTS <i>amantadine</i> <i>rimantadine</i> RELENZA TAMIFLU	§ ACE INHIBITOR/ CALCIUM CHANNEL BLOCKERS TARKA ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS AVAPRO/AVALIDE BENICAR/BENICAR HCT MICARDIS/MICARDIS HCT ANTILIPEMICS § BILE ACID RESINS <i>cholestyramine</i> WELCHOL CHOLESTEROL ABSORPTION INHIBITORS ZETIA § FIBRATES <i>fenofibrate</i> TRICOR § HMG-CoA REDUCTASE INHIBITORS <i>pravastatin</i> <i>simvastatin</i> CRESTOR LIPITOR NIACINS/COMBINATIONS ADVICOR NIASPAN SIMCOR	§ 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 § CALCIUM CHANNEL BLOCKERS <i>amlodipine</i> <i>diltiazem ext-rel</i> <i>nifedipine ext-rel</i> <i>verapamil ext-rel</i> CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS CADUET § DIGITALIS GLYCOSIDES <i>digoxin</i> § DIURETICS <i>furosemide</i> <i>hydrochlorothiazide</i> <i>metolazone</i> <i>spironolactone-</i> <i>hydrochlorothiazide</i> <i>toremide</i> <i>triamterene-</i> <i>hydrochlorothiazide</i>
COX-2 INHIBITORS CELEBREX § NARCOTIC ANALGESICS <i>hydrocodone-acetaminophen</i> § 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 § NON-NARCOTIC ANALGESICS <i>tramadol</i> <i>tramadol-acetaminophen</i> VISCOSUPPLEMENTS EUFLEXXA SUPARTZ SYNVISC		CARDIOVASCULAR § ACE INHIBITORS <i>enalapril</i> <i>fosinopril</i> <i>lisinopril</i> <i>quinapril</i> <i>ramipril</i> § ACE INHIBITOR/ DIURETIC COMBINATIONS <i>fosinopril-</i> <i>hydrochlorothiazide</i> <i>lisinopril-</i> <i>hydrochlorothiazide</i> <i>quinapril-</i> <i>hydrochlorothiazide</i>		

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)¹

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

§ BISPHTHONATES
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

§ H₂ 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
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

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
BENZACLIN
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
fezofenadine
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
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
toremide
tramadol
tramadol-acetaminophen
TRAVATAN
tretinoin
TREMIMET
*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	<i>omeprazole</i> , KAPIDEX, NEXIUM
ACTONEL W/CALCIUM	<i>alendronate</i> , ACTONEL
ADVANCE	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALORA	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	<i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
AMERGE	<i>sumatriptan</i> , MAXALT, ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , 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	<i>sumatriptan</i> , MAXALT, ZOMIG
AZELEX	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	<i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
BENZAC AC, BENZAC W	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDURA XL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
CENESTIN	<i>estradiol</i> , <i>estropipate</i> , ENJUVA, PREMARIN
CLARINEX	<i>fexofenadine</i>
CLARINEX D	ALLEGRA-D
CLINDAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
CONTROL	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
DESQUAM E, DESQUAM X	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
DORAL	<i>zolpidem</i> , AMBIEN CR
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EASYPRO	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ESTRASORB	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
EXACTECH, EXACTECH RSG	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i> , <i>estropipate</i> , ENJUVA, PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>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</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
MENEST	<i>estradiol</i> , <i>estropipate</i> , ENJUVA, 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</i> , <i>fluoxetine</i> , <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>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
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN

* 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, please call us at 800.419.7191.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
RELPAZ	<i>sumatriptan</i> , MAXALT, ZOMIG
SKELID	<i>alendronate</i> , ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>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</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
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</i> , <i>terazosin</i> , FLOMAX
ZODERM	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>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 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 copay² 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.cypresscare.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.

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

² 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.