



ScripNet Workers' Compensation Drug List

The **ScripNet 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.
- ScripNet 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

§ NSAIDs

ibuprofen
nabumetone
naproxen

COX-2 INHIBITORS

CELEBREX

§ NARCOTIC ANALGESICS

hydrocodone-acetaminophen

§ NARCOTIC ANALGESICS, CII

fentanyl
morphine
morphine ext-rel
oxycodone
oxycodone ext-rel
oxycodone-acetaminophen
AVINZA
KADIAN
OPANA ER
OXYCONTIN

§ NON-NARCOTIC ANALGESICS

tramadol
tramadol-acetaminophen

VISCOSUPPLEMENTS

EUFLEXXA
SUPARTZ
SYNVISC

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor
cefadroxil
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

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS
acyclovir
VALTREX

§ INFLUENZA AGENTS

TAMIFLU

CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
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

ATACAND²/ATACAND HCT
AVAPRO/AVALIDE
BENICAR/BENICAR HCT
MICARDIS/MICARDIS HCT

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
CRESTOR
LIPITOR

NIACINS/COMBINATIONS

ADVICOR
NIASPAN
SIMCOR

§ BETA-BLOCKERS

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

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. Visit our Web site at www.scripnet.com for specific information.

§ 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
toremide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS

carbamazepine
gabapentin
KEPPRA
LYRICA

§ 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)³

venlafaxine
CYMBALTA
EFFEXOR XR

§ ANTIPSYCHOTICS

GEODON
SEROQUEL
SEROQUEL XR
ZYPREXA

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADDERALL XR
CONCERTA
DAYTRANA
FOCALIN XR
METADATE CD
STRATTERA
VYVANSE

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
AMBIEN CR
LUNESTA

MIGRAINE

SELECTIVE SEROTONIN AGONISTS

IMITREX
MAXALT/MAXALT-MLT
ZOMIG/ZOMIG-ZMT

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

§ 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
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

ethinyl estradiol-
drospirenone

YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-
levonorgestrel
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
NEXIUM
PREVACID

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
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
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

§ 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
ADDERALL XR
ADVAIR
ADVICOR
albuterol
alendronate
ALLEGRA-D
ALPHAGAN P
AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDRODERM
ANDROGEL
APIDRA
ARICEPT
ASMANEX
ASTELIN
ATACAND²
ATACAND HCT
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
COMBIVENT
CONCERTA
COPAXONE
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-
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
glyburide-metformin

H

HUMALOG
HUMULIN
hydrochlorothiazide
hydrocodone-acetaminophen

I

ibuprofen
IMITREX
ipratropium-albuterol
inhalation solution
itraconazole

J

JANUMET
JANUVIA

K

KADIAN
KEPPRA

L

LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIDODERM
LIPITOR
lisinopril
lisinopril-
hydrochlorothiazide
LUMIGAN
LUNESTA
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 ext-rel
oxycodone-acetaminophen
OXYCONTIN
OXYTROL

P

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

Q	SEROQUEL XR	T	V	X
<i>quinapril</i>	<i>sertraline</i>	TAMIFLU	VALTREX	XALATAN
<i>quinapril-hydrochlorothiazide</i>	SIMCOR	TARKA	<i>venlafaxine</i>	XOPENEX
QVAR	<i>simvastatin</i>	<i>terazosin</i>	VERAMYST	XOPENEX HFA
R	SINGULAIR	<i>terbinafine tablet</i>	<i>verapamil ext-rel</i>	Y
<i>ramipril</i>	SKELAXIN	<i>tetracycline</i>	VESICARE	YAZ
<i>ranitidine</i>	SPIRIVA	<i>timolol maleate solution</i>	VIAGRA	Z
REBIF	<i>spironolactone-hydrochlorothiazide</i>	<i>tizanidine</i>	VIVELLE-DOT	ZETIA
RETIN-A MICRO	STRATTERA	<i>torseamide</i>	VYVANSE	ZIANA
RHINOCORT AQUA	<i>sulfamethoxazole-trimethoprim</i>	<i>tramadol</i>	W	<i>zolpidem</i>
S	SUPARTZ	<i>tramadol-acetaminophen</i>	<i>warfarin</i>	ZOMIG
SEASONIQUE	SYMBICORT	TRAVATAN	WELCHOL	ZOMIG-ZMT
SEREVENT	SYMLIN	<i>treprostinil</i>		ZYPREXA
SEROQUEL	SYNTHROID	<i>triamterene-hydrochlorothiazide</i>		
	SYNVISC	TRICOR		

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This ScripNet 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 copay¹ 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.scripnet.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 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.

² Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

This ScripNet 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.