



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 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

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

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

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

**CALCIUM CHANNEL
BLOCKER/ANTILIPEMIC
COMBINATIONS**

CADUET

§ DIGITALIS GLYCOSIDES*digoxin***§ DIURETICS***furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide***CENTRAL NERVOUS
SYSTEM****§ ANTICONVULSANTS***carbamazepine
gabapentin
KEPPRA
LYRICA***ANTIDEMENTIA**

ARICEPT

ANTIDEPRESSANTS**§ MISCELLANEOUS AGENTS***bupropion
bupropion ext-rel
mirtazapine
WELLBUTRIN XL***§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)***citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO
PAXIL CR***§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)³***venlafaxine
CYMBALTA
EFFEXOR XR***§ ANTIPSYCHOTICS***GEODON
SEROQUEL
ZYPREXA***§ ATTENTION DEFICIT
HYPERACTIVITY DISORDER***CONCERTA
FOCALIN XR
METADATE CD
STRATTERA***§ HYPNOTICS,
NONBENZODIAZEPINES***zolpidem
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**

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**§ BISPHOSPHONATES***alendronate
ACTONEL***CONTRACEPTIVES****§ MONOPHASIC**YASMIN
YAZ**§ TRIPHASIC**

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE*ethinyl estradiol-
levonorgestrel***TRANSDERMAL**

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL***estradiol
estropipate
ENJUVIA
PREMARIN***§ TRANSDERMAL,
ESTROGENS***estradiol
CLIMARA
ESTRADERM
VIVELLE-DOT***ORAL ESTROGEN/
PROGESTINS***PREMPHASE
PREMPRO***PARATHYROID HORMONES**

FORTEO

§ PROGESTINS*medroxyprogesterone
PROMETRIUM***SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

EVISTA

§ THYROID SUPPLEMENTS*levothyroxine
SYNTHROID***GASTROINTESTINAL****§ H₂ RECEPTOR
ANTAGONISTS***ranitidine***§ PROTON PUMP
INHIBITORS***omeprazole
pantoprazole
NEXIUM
PREVACID***GENITOURINARY****§ BENIGN PROSTATIC
HYPERPLASIA***doxazosin
finasteride
terazosin
AVODART
FLOMAX***ERECTILE DYSFUNCTION****PHOSPHODIESTERASE
INHIBITORS**

CIALIS

**§ 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**TOPICAL****DERMATOLOGY****§ ACNE***erythromycin-
benzoyl peroxide
tretinoin*BENZACLIN
DIFFERINDUAC
RETIN-A MICRO
ZIANA**§ LOCAL ANALGESICS**
LIDODERM**OPHTHALMIC****§ BETA-BLOCKERS,
NONSELECTIVE***timolol maleate solution
BETIMOL***BETA-BLOCKERS,
SELECTIVE**

BETOPTIC S

PROSTAGLANDINSLUMIGAN
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
amlodipine
amoxicillin
amoxicillin-clavulanate
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
cyclobenzaprine
CYMBALTA

D

DETROL
DETROL LA
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
doxazosin
doxycycline hyclate
DUAC
DUETACT

E

EFFEXOR XR
ENABLEX
enalapril
ENJUVA
EPIPEN
EPIPEN JR
erythromycin-
benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estropipate
ethinyl estradiol-
levonorgestrel
EVISTA

F

fenofibrate
fentanyl
fexofenadine
finasteride
FLOMAX
FLOVENT
fluconazole
fluoxetine
fluticasone
FOCALIN XR
FORADIL
FORTEO
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
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
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

pantoprazole
paroxetine
PAXIL CR
penicillin VK
PRANDIN
pravastatin
PREMARIN
PREMPHASE
PREMPRO
PREVACID
PROAIR HFA
PROMETRIUM
propranolol
PROVENTIL HFA
PULMICORT

Q

quinapril
quinapril-
hydrochlorothiazide

R

ramipril
ranitidine
REBIF
RETIN-A MICRO
RHINOCORT AQUA

S

SEREVENT
SEROQUEL
sertraline
SIMCOR
simvastatin

SINGULAIR
SKELAXIN
SPIRIVA
spironolactone-
hydrochlorothiazide
STRATTERA
sulfamethoxazole-
trimethoprim
SYMBICORT
SYMLIN
SYNTHROID

T

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

V

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

W

warfarin
WELCHOL
WELLBUTRIN XL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

YASMIN
YAZ

Z

ZETIA
ZIANA
zolpidem
ZOMIG
ZOMIG-ZMT
ZYPREXA

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 otherwise indicated, drug list products will include all dosage forms. This list represents brand products in CAPS 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.

⁵ 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.