

# OSF HealthPlans Preferred Drug List

The **OSF HealthPlans Preferred 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 administered by OSF HealthPlans. 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.

### Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

## HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by OSF HealthPlans. 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.
- The plan participant's specific prescription benefit plan may have a different copay<sup>1</sup> for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

cefaclor  
cefdinir  
cephalexin  
SUPRAX

#### § 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

amantadine  
rimantadine  
RELENZA  
TAMIFLU

## CARDIOVASCULAR

#### § ACE INHIBITORS

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

AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

#### ANTILIPEMICS

§ BILE ACID RESINS  
cholestyramine  
WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

#### § FIBRATES

fenofibrate  
TRICOR  
TRILIPIX

#### § HMG-CoA REDUCTASE INHIBITORS

pravastatin  
simvastatin  
CRESTOR  
LIPITOR

#### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN  
SIMCOR

#### § BETA-BLOCKERS

atenolol  
carvedilol  
metoprolol  
metoprolol succinate ext-rel  
nadolol  
propranolol  
BYSTOLIC

#### § 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  
torsemide  
triamterene-  
hydrochlorothiazide

## CENTRAL NERVOUS SYSTEM

#### ANTIDEPRESSANTS

#### § MISCELLANEOUS AGENTS

bupropion  
bupropion ext-rel  
mirtazapine



HEALTH PLANS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>2</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
PRISTIQ

§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
AMBIEN CR

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*sumatriptan*  
MAXALT  
ZOMIG

SELECTIVE SEROTONIN AGONIST/NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS  
TREXIMET

**ENDOCRINE AND METABOLIC**

ANDROGENS  
ANDRODERM  
ANDROGEL

ANTI-DIABETICS

§ 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

§ BISPHOSPHONATES  
*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

TRANS-DERMAL ORTHO EVRA

VAGINAL  
NUVARING

ESTROGENS

§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

§ TRANS-DERMAL, 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**

§ H<sub>2</sub> RECEPTOR ANTAGONISTS  
*ranitidine*

§ PROTON PUMP INHIBITORS  
*omeprazole*  
KAPIDEX  
NEXIUM

**GENITOURINARY**

§ BENIGN PROSTATIC HYPERPLASIA

*doxazosin*  
*finasteride*  
*terazosin*  
AVODART  
FLOMAX

§ 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*

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

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 PREFERRED DRUG LIST

### A

ACCU-CHEK STRIPS  
AND KITS  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
ADVAIR  
ADVICOR  
*albuterol*  
*alendronate*  
ALPHAGAN P  
*amantadine*  
AMBIEN CR  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDRODERM  
ANDROGEL  
APIDRA  
ASMANEX  
ASTELIN  
ASTEPRO  
*atenolol*  
AVALIDE  
AVAPRO  
AVELOX  
AVODART  
*azithromycin*

### B

BD INSULIN SYRINGES  
AND NEEDLES  
BENICAR  
BENICAR HCT  
BENZACLIN  
BETIMOL  
BETOPTIC S  
*brimonidine 0.2%*  
*bupropion*  
*bupropion ext-rel*  
BYETTA  
BYSTOLIC

### C

CADUET  
*carvedilol*  
*cefaclor*  
*cefdinir*  
*cephalexin*  
*cholestyramine*  
CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*

*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
CLIMARA  
*clindamycin solution*  
COMBIVENT  
COUMADIN  
CRESTOR  
CYMBALTA

### D

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

### E

EFFEXOR XR  
ENABLEX  
ENJUVIA  
EPIPEN  
EPIPEN JR  
*erythromycin solution*  
*erythromycin-  
benzoyl peroxide*  
*erythromycins*  
ESTRADERM  
*estradiol*  
*estradiol-norethindrone*  
*estropipate*  
*ethinyl estradiol-  
drospirenone*  
*ethinyl estradiol-  
levonorgestrel*  
EVISTA

### F

*fenofibrate*  
*fexofenadine*  
*finasteride*  
FLOMAX  
FLOVENT  
*fluconazole*  
*fluoxetine*  
*fluticasone*  
FORADIL  
FORTEO  
*Fortical*

*fosinopril*  
*fosinopril-  
hydrochlorothiazide*  
*furosemide*

### G

*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*

### H

HUMALOG  
HUMULIN  
*hydrochlorothiazide*

### I

*ipratropium-albuterol  
inhalation solution*  
*itraconazole*

### J

JANUMET  
JANUVIA

### K

KAPIDEX

### L

LANTUS  
LEVAQUIN  
LEVEMIR  
*levothyroxine*  
LEXAPRO  
LIPITOR  
*lisinopril*  
*lisinopril-  
hydrochlorothiazide*  
LOSEASONIQUE  
LUMIGAN  
LYBREL

### M

MAXALT  
*medroxyprogesterone*  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
MICARDIS  
MICARDIS HCT  
*minocycline*  
*mirtazapine*

### N

*nadolol*  
NASACORT AQ  
NASONEX  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*  
NOVOLIN  
NOVOLOG  
NUVARING

### O

*omeprazole*  
ONETOUCH STRIPS  
AND KITS  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
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  
*sertraline*  
SIMCOR  
*simvastatin*  
SINGULAIR  
SPIRIVA  
*spironolactone-  
hydrochlorothiazide*  
*sulfamethoxazole-  
trimethoprim*  
*sumatriptan*  
SUPRAX  
SYMBICORT  
SYNTHROID

### T

TAMIFLU  
TARKA  
*terazosin*  
*terbinafine tablet*  
*tetracycline*  
*timolol maleate solution*  
*toremide*  
TRAVATAN  
*tretinoin*  
TREMIMET  
*triamterene-  
hydrochlorothiazide*  
TRICOR  
TRILIPIX

### V

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

### W

*warfarin*  
WELCHOL

### X

XALATAN

### Y

YAZ

### Z

ZETIA  
ZIANA  
*zolpidem*  
ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	omeprazole
ACTONEL W/CALCIUM	alendronate
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR
ALORA	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	pravastatin, simvastatin, CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR
AMERGE	sumatriptan, MAXALT, ZOMIG
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ARMOUR THYROID	levothyroxine, SYNTHROID
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT
ATRALIN	tretinoin
ATROVENT HFA	SPIRIVA
AXERT	sumatriptan, MAXALT, ZOMIG
AZELEX	erythromycin solution
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR
BECONASE AQ	fluticasone
BENZAC AC, BENZAC W	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDIZEM LA	diltiazem ext-rel
CARDURA XL	doxazosin, terazosin, FLOMAX
CENESTIN	estradiol, estropipate, ENJUVA, PREMARIN
CLARINEX	fexofenadine
CLINDAGEL	erythromycin solution
DESQUAM E, DESQUAM X	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
DORAL	zolpidem, AMBIEN CR

DRUG NAME	PREFERRED ALTERNATIVE(S)*
DYNACIRC CR	amlodipine, nifedipine ext-rel
EPIDUO	tretinoin
ESTRASORB	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
EVOCLIN FOAM	clindamycin solution, erythromycin solution
FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
FEMTRACE	estradiol, estropipate, ENJUVA, PREMARIN
FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	metformin, metformin ext-rel
FOSAMAX PLUS D	alendronate
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
GELNIQUE	oxybutynin ext-rel
INNOPRAN XL	atenolol, propranolol ext-rel
ISTALOL	timolol maleate solution, BETIMOL
KLARON LOTION	erythromycin solution
LUNESTA	zolpidem
MAXAIR	PROAIR HFA
MENEST	estradiol, estropipate, ENJUVA, PREMARIN
MENOSTAR	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
OMNARIS	fluticasone
PATANASE	ASTELIN, ASTEPRO
PEXEVA	citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
RAPAFLO	doxazosin, terazosin, FLOMAX
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	sumatriptan, MAXALT, ZOMIG
SKELID	alendronate, ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	amlodipine, nifedipine ext-rel
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
TEKTURNIA, TEKTURNIA HCT	BENICAR, BENICAR HCT

\* 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.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin</i> , FLOMAX
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, 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. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. 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 copay 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.

§ Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> 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.

<sup>2</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with OSF HealthPlans. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.