



"Pocket" Drug List – 2010

Dear Member,

The ProCare Rx's "Pocket" Drug List is a continuously reviewed list of drugs that best represents the current clinical judgment of our providers and other experts in the diagnosis and treatment of different diseases. The full drug list contains additional prescribing and clinical information that assists in promoting the highest quality affordable care to you, our patient. This sheet with perforated punch-out cards identifies which commonly prescribed drugs your physician should prescribe when ordering your prescription drugs through our program. Simply punch these cards out to carry with you and present to your physician when your prescription is being written.

To simplify your use of this "pocket" drug list, the preferred drugs are listed by clinical category. *Note that only a few clinical categories require use of a preferred drug* – most other categories not listed below do not generally differentiate preferred vs. non-preferred drugs and are usually offered to you at your lower brand copay with some exceptions. **Covered generic drugs are given preferred status and will be dispensed whenever possible regardless of the clinical category.** All strengths of a drug listed on the "Pocket" Drug List are considered preferred unless noted although your specific pharmacy benefit plan may impose restrictions or choose not to cover some drugs listed.

The listing on the next panel provides the clinical category, class and preferred drug(s) within each class. Note that two small "Pocket" Formulary cards have been included in the third panel for your convenience to punch out and carry in your wallet as necessary.

This Pocket Drug List is subject to change. Please visit www.procarerx.com to print the most up-to-date document. Click on "Publications", and look under "National Preferred Drug List" to find the current pocket formulary document.

For additional punch-out cards, please contact your benefits office or the Call Center at **800-699-3542**

CLINICAL CATEGORY	DRUG CLASS	PREFERRED DRUG
ADD/ADHD Agents	ADD / ADHD	Adderall XR, Daytrana (Patch), Vyvanse
Alzheimer's Agents	All Agents	Aricept/ODT, Namenda
Antibiotics	All Orals Ear Antibiotics	Avelox, Adoxa Pak, Generics Floxin OTIC Singles
Anticonvulsants	All Classes	Lamictal XR/ODT, Lyrica, Generics
Anti-Depressants	SSRI Other Classes	Lexapro, Generics Effexor XR, Pristiq
Anti-Diabetic Agents	Insulins Oral Anti-Diabetics Anti-Diabetics, Other Monitors, Strips & Kits	Novolin, Novolog, Lantus, Levemir, Apidra Actos Family, Januvia, Janumet, Onglyza, Fortamet, Glyset, Prandin, Prandimet Byetta, Symlin/ SymlinPen Accu-check (Active, Aviva) TrueTrack, True2Go, TrueTest
Anti-Inflammatory / Analgesic Agents	NSAIDs / COX-II / Others / Fibromyalgia	Generics / Celebrex / Flector, Lidoderm Voltaren Gel / Lyrica, Savella
Anti-Migraine	Triptans	Maxalt/MLT, Relpax, Treximet
Anti-Parkinson's	All Classes	Azilect, Comtan, Mirapex, Requip XL, Stalevo
Cardiovascular Agents	ACE Inhibitors ARBs (including w/HCTZ) ARBs –CCB Combo Beta-blockers/Combinations Calcium Channel Blockers Statins / Statin-CCB Combo Other Lipid Reduction	Generics Atacand/HCT, Benicar/HCT Azor Bystolic, Generics/Coreg CR Generics Lipitor, Crestor / Caduet Niaspan ER, Welchol, Zetia, Tricor, Trilipix, Lovaza
Contraceptives	Oral Contraceptive Packs	Yaz, Seasonique, Lo-Seasonique, Generics
HRT Agents	Estrogens /Combinations Progestational /Androgenic	Premarin Family, Vivelle DOT, Menest, Enjuvia, Elestrin, Evamist , Estraderm, Activella, Climara Pro Prometrium / Androgel
Gastrointestinal Agents	Proton Pump Inhibitors Bowel & Colon Agents	Prilosec OTC, Prevacid 24HR, Nexium, Kapidex Asacol/HD, Lialda, Entocort, Nu/Half/Lytely
Impotency Drugs	P-5 Inhibitors	Viagra
Ophthalmics	Antibiotics / Allergy Glaucoma Anti-Inflammatory / Combo	Zymar, Besivance, Azasite /Alomide, Elestat Alphagan P, Combigan/Lumigan, Xalatan Alrex, Lotemax / Zylet
Osteoporosis	Bisphosphonates Other Classes	Boniva, Generics Miacalcin
Psychotropics	Anti-Psychotics (Atypicals)	Seroquel/XR, Geodon, Generics
Respiratory Agents	Oral Non-Sedating /Others Nasal Allergic Rhinitis Inhalers, Antiinflammatory Inhalers, Bronchodilators Devices/Anaphylaxis Agents	OTC Products/ Singulair, Tussicaps Asthelin/Astepro, Nasonex, Rhinocort AQ, Veramyst Asmanex, Flovent/HFA, Pulmicort, Qvar, Inhal, Symbicort, Advair/HFA Atrovent HFA, Combivent, Foradil, Proventil HFA, ProAir HFA, Perforomist, Serevent, Spiriva Easivent, EpiPen (All)
Sedatives	Sleeping Agents	Lunesta, Generics
Topical Skin Agents	Immunosuppressant / Others Anti-Fungal/ Antibiotic Dermatologic / Wound Care	Elidel, Protopic / Taclonex, Tazorac Lamisil, OTC Agents/ Altanax Benzaclin, Keralac, Kerol, Rosula, Xenaderm, Zoderm
Urological	Benign Prostate Hyperplasia Overactive Bladder	Flomax, Toviaz Detrol/LA, Sanctura XR

Please punch out the cards at right to keep in your wallet and show to your physician as necessary upon getting a written prescription.

Call Center: 800-699-3542

ProCare Rx Pocket Drug List - 2010

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ADD/ADHD	ADD / ADHD	Adderall XR, Daytrana, Vyvanse
Alzheimer's	All Classes	Aricept/ODT, Namenda
Antibiotics	All Orals Ear Antibiotics	Avelox, Generics Floxin OTIC Singles
Anti-Depressants	SSRI / Other Classes	Lexapro, Generics / Effexor XR, Pristiq
Anti-Diabetic Agents	Insulins Oral Anti-Diabetics Anti-Diabetics, Other Monitors, Strips & Kits	Novolin, Novolog, Lantus, Levemir, Apidra Actos Family, Glyset, Januvia, Janumet, Onglyza, Fortamet, Prandin, Prandimet Byetta, Symlin/ SymlinPen Accu-check (Aviva, Active) TrueTrack, True2Go, TrueTest
Anti-Inflammatory	NSAIDs/COX-II/Others/ Fibromyalgia	Generics /Celebrex /Flector, Lidoderm, Voltaren Gel / Lyrica, Savella
Anti-Migraine	Triptans	Maxalt/MLT, Relpax, Treximet
USE GENERICS WHENEVER POSSIBLE		
Anti-Parkinson's	All Classes	Azilect, Comtan, Mirapex, RequipXL, Stalevo
Cardiovascular Agents	ACE Inhibitors ARBs / Combo Beta-Blockers Statins / Combo Other Lipid Reduction	Generics Atacand/HCT, Benicar/HCT / Azor Bystolic, Coreg CR, Generics Lipitor, Crestor / Caduet Lovaza, Niaspan ER, Zetia, Welchol, Tricor, Trilipix
Contraceptives	O/C Packs / Others	Yaz, Seasonique, Lo-Seasonique, Generics
HRT Agents	Estrogens Progestins / Androgenics	Premarin Family, Vivelle DOT, Menest, Enjuvia, Elestrin, Evamist, Estraderm Prometrium / Androgel
Gastrointestinal	Anti-Ulcer / PPI	Prilosec OTC, Prevacid 24HR, Nexium, Kapidex
Impotency Drugs	P-5 Inhibitors	Viagra
Ophthalmics	Antibiotics Glaucoma Antihistamines/Allergy Anti-Inflammatory / Other	Zymar, Besivance, Azasite, Generics Alphagan P, Combigan, Lumigan, Xalatan Elestat/ Alomide Alrex, Lotemax / Zylet

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ProCare Rx Pocket Drug List - 2010		
CATEGORY	DRUG CLASS	PREFERRED DRUG
Osteoporosis	Bisphosphonates Other Classes	Boniva, Generics Miacalcin
Psychotropics	Anti-Psychotics (Atypicals)	Seroquel/XR, Geodon
Respiratory Agents	Oral Non-Sedating /Others Nasal Allergic Rhinitis Inhalers, Antiinflammatory Inhalers, Bronchodilators Devices/Anaphylaxis Agts	OTC Products/ Singulair, Tussicaps Astelin/Astepro, Nasonex, Rhinocort AQ Veramyst Asmanex, Flovent/HFA, Pulmicort, Qvar, Intal, Symbicort, Advair/HFA Atrovent HFA, Combivent, Proventil HFA , ProAir HFA, Foradil, Serevent, Spiriva, Perforomist, Easivent, Epipen (All)
Sedatives	Sleeping Agents	Lunesta, Generics
Topical Skin Agents	Immunosuppressant/Other Anti-Fungal / Antibiotics Dermatologic/Wound Care	Elidel, Protopic / Taclonex, Tazorac Lamisil, OTC Agents / Altanax Benzaclin, Keralac, Kerol, Rosula, Xenaderm, Zoderm
Urological	Benign Prostate Hyperplasia Overactive Bladder	Flomax, Toviaz Detrol/ LA, Sanctura XR
USE GENERICS WHENEVER POSSIBLE		

PLAN BENEFIT DESIGN MAY OVERRIDE FORMULARY COVERAGE

NOTE: Generic products are always preferred for dispensing if allowed by the plan's benefit design. Additionally, drug categories not specifically mentioned on this card should be considered "preferred" if included for coverage. If you have any questions, please contact:

Call Center: 800-699-3542 Mail Service: 800-662-0586

www.procarerx.com ID: PBM PW: 6993542

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ProCare Rx



2010

Pocket Formulary

Your Clinically Preferred
Drug List

Major Product Changes for 2010

Added as Preferred:

Antitussives: Tussicaps (Covidien)*
Diabetes Mellitus: Apidra (Aventis)
Onglyza (BMS/AstraZeneca)
Ophthalmic: Azasite (Inspire)
Urologic: Toviaz (Pfizer)

Moved to Non-Preferred:

ADD/ADHD: Strattera (Lilly)
Antipsychotics: Zyprexa (Lilly)
Bowel & Colon Agents: Dipentum (UCB)
Depression: Cymbalta, Symbyax (Lilly)
Diabetes Mellitus: Humulin, Humalog (Lilly)
Erectile Dysfunction: Cialis (Lilly)
Osteoporosis: Evista, Forteo (Lilly)

*Effective 10/1/09

All formulary changes will be effective on 1/1/2010. Additionally, go to www.procarerx.com and click on "Publications" to review all formulary changes as there are several products that have had generic equivalents released in the past several months.

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