

The following is a **partial** list of RESTAT's most commonly used generic drugs.

**ANTIDEPRESSANTS**

citalopram  
fluvoxamine  
fluoxetine  
paroxetine  
sertraline  
venlafaxine

**ANTIHYPERTENSIVES  
(HIGH BLOOD PRESSURE)**

benazepril  
captopril  
enalapril  
fosinopril  
lisinopril  
quinapril  
ramipril  
moexipril  
trandolapril  
benazepril/HCTZ  
captopril/HCTZ  
enalapril/HCTZ  
lisinopril/HCTZ  
puiinapril/HCTZ  
fosinopril/HCTZ  
moexipril/HCTZ  
quinaretic  
amlodipine/Benazepril

**ANTI-VIRALS (ANTI-HERPES)**

acyclovir  
famciclovir

**BISPHOSPHONATES  
(OSTEOPOROSIS)**

alendronate

**NSAIDs (ANTI-INFLAMMATORY)**

ibuprofen  
indomethacin  
naproxen  
piroxicam  
fenoprofen  
ketoprofen  
etodolac  
sulindac  
diclofenac  
nabumetone  
oxaprozin  
meloxicam  
tolmetin sodium  
meclufenamate sodium

**HYPNOTICS (SLEEP AGENTS)**

zolpidem  
zaleplon

**INTRANASAL STEROIDS  
(ALLERGY)**

fluticasone  
flunisolide spray

**NON-SEDATING ANTIHISTA-  
MINES (ALLERGY)**

fexofenadine

**PROTON PUMP INHIBITOR (GI/  
ULCER)**

omeprazole

**STATINS (HIGH CHOLESTEROL)**

lovastatin  
pravastatin  
simvastatin

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**If your prescription is for a generic medication, you will pay the lowest copay.**

**For specific coverage on your plan of copay information, please call RESTAT Customer Service at 1-800-248-1062.**

*Si usted necesita ayuda en Español, por favor llame a Servicios al Cliente de RESTAT al 1-800-248-1062.*



800-248-1062 www.restat.com



# Preferred Product Formulary

## Member Information

RESTAT administers your prescription benefit plan. Our goal is to provide the highest quality pharmaceutical care, at lower costs.

**The most effective way to control costs are through the use of generic drugs and a drug formulary.**

When a generic is not available, there may be more than one brand name drug that may be appropriate for you. The brand name medications listed are considered preferred and were selected based on their ability to meet patient needs at a lower cost.

If a generic medication is not available, ask your physician to prescribe a preferred brand.

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**Always ask for a Generic when available to minimize your out of pocket cost.**

- Generics will take the lowest copay
- Brands on the list will take the middle copay
- Brands not on the list will take the highest copay
- **Drugs printed in red will be removed from preferred status.**
- Effective Date 11/1/09 - 1/31/10

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View the most current Preferred Product Listing at [www.restat.com](http://www.restat.com)

**A**

ABILIFY  
 ACCU-CHEK TEST STRIPS  
 ACEON (CR)  
 ACTONEL (CR)  
 ACTOPLUS MET  
 ACTOS  
 ACULAR  
 ACULAR PF  
 ADVAIR DISKUS (CR)  
 ADVAIR HFA (CR)  
 ADVICOR (CR)  
 ALLEGRA D (CR)  
 ALPHAGAN-P  
 ALREX  
 ALTABAX  
 AMBIEN CR (CR)  
 ANDRODERM (CR)  
 ANDROGEL (CR)  
 ANTARA  
 APIDRA  
 ARANESP (CR)  
 ARICEPT  
 ASACOL  
 ASMANEX  
 ASTELIN  
 AVALIDE (CR)  
 AVANDAMET  
 AVANDARYL  
 AVANDIA  
 AVAPRO (CR)  
 AVELOX/AVELOX-ABC  
 AVINZA  
 AVODART  
 AZILECT  
 AZOR (CR)

**B**

BANZEL  
 BARACLUDE  
 B-D SYRINGES/NEEDLES  
 BENICAR (CR)  
 BENICAR HCT (CR)  
 BENZACLIN  
 BETIMOL  
 BETOPTIC-S  
 BYETTA (CR)  
 BYSTOLIC

**C**

CADUET (CR)  
 CAMPRAL  
 CANASA  
 CARAC  
 CELEBREX (CR)  
 CENESTIN  
 CETROTIDE  
 CHANTIX  
 CIPRODEX  
 CLIMARA PRO  
 COMBIVENT  
 COMTAN  
 CERTACA  
 CONDYLOX GEL ONLY  
 COPAXONE (CR)  
 COREG CR  
 CORTEF  
 CORTIFOAM  
 CREON  
 CUPRIMINE  
 CYMBALTA (CR)

**D**

DAPSONE  
 DEPAKOTE  
 DEPAKOTE ER  
 DEPAKOTE SPRINKLE  
 DETROL  
 DETROL LA  
 DIASTAT  
 DIFFERIN  
 DILANTIN  
 DOVONEX CREAM,  
 OINT ONLY  
 DUAC CS  
 DUETACT  
 DYNACIRC CR

**E**

EFFEXOR XR (CR)  
 ELMIRON  
 ENABLEX  
 ENBREL (CR)  
 ENJUVA  
 ENTOCORT EC  
 EPNEPHRINE INJECTION  
 EPIPEN / EPIPEN JR.  
 ESTRADERM  
 EVISTA  
 EVOXAC  
 EXELON

**F**

FEMRING  
 FLOMAX  
 FLOVENT  
 FLOVENT ROTADISK  
 FOCALIN XR  
 FORADIL  
 FORTEO (CR)  
 FOSRENOL

**G**

GENOTROPIN (CR)  
 GEODON  
 GLUCAGON  
 GRIS-PEG

**H**

HALFLYTELY  
 HECTOROL  
 HEPSERA  
 HUMALOG  
 HUMIRA (CR)  
 HUMULIN

**I**

IMITREX NASAL SPRAY/INJ  
 INTAL INHALERS  
 INTRON A (CR)  
 INVEGA

**J**

JANUMET  
 JANUVIA

**K**

KADIAN  
 KRISTALOSE

**L**

LANTUS  
 LEVAQUIN  
 LEVEMIR  
 LEXAPRO (CR)  
 LIDODERM  
 LIPITOR (CR)  
 LOPROX-GEL, SHAMPOO  
 & LOTION(ONLY)  
 LO SEASONIQUE  
 LOTEMAX  
 LOVAZA  
 LUMIGAN  
 LUXIQ  
 LYRICA

**M**

MALARONE  
 MAXALT  
 METADATE CD  
 MICARDIS (CR)  
 MICARDIS HCT (CR)  
 MIRAPEX  
 MOVIPREP

**N**

NAMENDA  
 NARDIL  
 NASACORT AQ (CR)  
 NASONEX (CR)  
 NEULASTA (CR)  
 NEUPOGEN (CR)  
 NEUPRO  
 NEXIUM (CR)  
 NIASPAN  
 NORDITROPIN (CR)  
 NOVOLIN  
 NOVOLOG  
 NUTROPIN (CR)  
 NUVARING

**O**

ONE TOUCH TEST STRIPS  
 OPANA ER.  
 OPTIVAR  
 ORTHO EVRA  
 ORTHO TRI-CYCLEN LO  
 OSMOPREP  
 OVIDE  
 OXYCONTIN  
 OXYTROL

**P**

PEG-INTRON (CR)  
 PEGASYS (CR)  
 PENTASA  
 PHOSLO  
 PLAVIX  
 PRANDIN  
 PRED MILD  
 PREMARIN  
 PREMARIN CREAM  
 PREMPHASE  
 PREMPRO  
 PREVACID (CR)  
 PRO-AIR HFA  
 PROCIT (CR)  
 PROMETRIUM  
 PROVENTIL HFA

PULMICORT RESPULES  
 PULMICORT TURBIHALER

**Q**

QUIXIN  
 QVAR

**R**

RANEXA  
 RAZADYNE  
 RAZADYNE ER  
 REBETRON (CR)  
 REBIF (CR)  
 RENAGEL  
 RETIN-A MICRO  
 REVATIO (CR)  
 RHINOCORT AQUA (1-31-10)  
 RIDAURA  
 RYTHMOL SR

**S**

SANCTURA XR  
 SEASONIQUE  
 SEREVENT DISKUS  
 SEROQUEL  
 SEROQUEL XR  
 SIMCOR  
 SINGULAIR (CR)  
 SKELAXIN  
 SOLARAZE  
 SPIRIVA  
 STALEVO  
 STRATTERA  
 SYMBICORT (CR)  
 SYMLIN (CR)

**T**

TARKA (CR)  
 TAZORAC  
 TOBRADEX  
 TOPAMAX  
 TOVIAZ  
 TRAVATAN  
 TREXIMET  
 TRILIPIX

**Some of the medications and categories on this list may NOT be covered by your plan. Their presence on this list does NOT guarantee coverage.**

(CR) - These drugs may include a RESTAT clinical review.

TRICOR  
 TRUSOPT  
 TYZEKA

**U**

ULTRASE  
 ULTRASE MT  
 URSO

**V**

VALCYTE  
 VALTREX (CR)  
 VERAMYST (CR)  
 VESICARE  
 VFEND  
 VIGAMOX  
 VIMPAT  
 VIOKASE  
 VIVELLE  
 VYTORIN (CR) (12-31-09)

**W**

WELCHOL

**X**

XALATAN  
 XIBROM  
 XOPENEX  
 XYREM

**Y**

YAZ

**Z**

ZEMPLAR  
 ZETIA  
 ZIANA GEL (1-31-10)  
 ZOMIG TABS/NASAL SPRAY/  
 ZMT TABS  
 ZYLET  
 ZYMAR  
 ZYPREXA  
 ZYPREXA ZYDIS