

Therapeutic Alternative Drug List

Name Brand Drug	Approximate Drug Cost for a 30 Day Supply**	Therapeutic Alternative	Your Copay Could be as Low as:
Benicar Benicar HCT	\$150.00	losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ	\$10-15
Beconase AQ	\$211.00	flunisolide, fluticasone, triamcinolone	\$10-15
Crestor	\$204.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15
Dexilant (formerly Kapidex)	\$249.00	omeprazole, pantoprazole, lansoprazole, rabeprazole	OTC - \$0 RX - \$10-15
Edarbi	\$150.00	losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ	\$10-15
Glumetza	\$1,050-\$3,150	Metformin ER	\$10-15
Livalo	\$196.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15
Nexium <i>(RX Nexium is NOT covered under the Plan)</i>	\$541.00	Zantac 75, Ranitidine, Tagamet HB, Cimetidine, Axid AR, Pepsid AC, Famotidine, Prilosec OTC, Nexium OTC 24 hr, Prevacid, Lansoprazole	OTC - \$0 RX - Not Covered
Omniaris	\$193.00	flunisolide, fluticasone, triamcinolone	\$10-15
Pristiq	\$200.00	venlafaxine ER HCL, duloxetine	\$10-15
Rhinocort Aqua	\$142.00	flunisolide, fluticasone, triamcinolone	\$10-15
Simcor	\$148.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15
Teveten Teveten HCT	\$118.00	losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ	\$10-15
Travatan Z	\$139.00	latanoprost	\$10-15
Veramyst	\$156.00	flunisolide, fluticasone, triamcinolone	\$10-15
Vytorin	\$233.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15

All Therapeutic Alternative substitutions require physician intervention. Take a copy of this Therapeutic Alternative list to your next physician's visit to assist in selecting the lowest cost medications. In order to receive an OTC product for a zero copay, have your physician write the prescription specifically for that product (Example: Prilosec-OTC).

These drugs are a 50% co-pay regardless of medical necessity. Please see your Summary Plan Description for details.

****Drug costs are approximate. Your cost may be higher or lower based on factors such as dosage, pharmacy, location, etc. This list is not a guarantee of benefits and is a guide to help you understand your drug choices. This list is subject to change at any time.**