

# Primary/Preferred Drug List

The **CVS Caremark Primary/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 CVS Caremark. 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.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark 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 administered by CVS Caremark. 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 for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*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

*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

ATACAND<sup>2</sup>/ATACAND HCT  
AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

#### ANTILIPEMICS

§ BILE ACID RESINS  
*cholestyramine*  
WELCHOL

CHOLESTEROL ABSORPTION  
INHIBITORS  
ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR

#### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
CRESTOR  
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*

#### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

#### § DIGITALIS GLYCOSIDES

*digoxin*

#### § DIURETICS

*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-hydrochlorothiazide*  
*toremide*  
*triamterene-hydrochlorothiazide*

## CENTRAL NERVOUS SYSTEM

#### ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS  
*bupropion*  
*bupropion ext-rel*  
*mirtazapine*

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS

(SSRIs)  
*citalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>3</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
PRISTIQ

§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
AMBIEN CR  
LUNESTA

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*sumatriptan*  
MAXALT  
ZOMIG

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

MULTIPLE SCLEROSIS AGENTS

COPAXONE  
REBIF

**ENDOCRINE AND METABOLIC**

ANDROGENS  
ANDRODERM  
ANDROGEL

ANTIDIABETICS

§ BIGUANIDES  
*metformin*  
*metformin ext-rel*

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<sup>5</sup>

BD INSULIN SYRINGES  
AND NEEDLES  
ONETOUCH STRIPS  
AND KITS<sup>5</sup>

CALCIUM REGULATORS

§ BISPHOSPHONATES  
*alendronate*  
ACTONEL

§ CALCITONINS  
*Fortical*

PARATHYROID HORMONES  
FORTEO

CONTRACEPTIVES

§ MONOPHASIC  
*ethinyl estradiol-  
drospirenone*  
YAZ

§ TRIPHASIC  
ORTHO TRI-CYCLON LO

§ EXTENDED CYCLE  
*ethinyl estradiol-  
levonorgestrel*  
SEASONIQUE

CONTINUOUS  
LYBREL

TRANSDERMAL  
ORTHO EVRA

VAGINAL  
NUVARING

ESTROGENS

§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

§ TRANSDERMAL,  
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*  
NEXIUM  
PREVACID

**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*

§ ANTIHISTAMINE/  
DECONGESTANTS

ALLEGRA-D<sup>4</sup>

BETA AGONISTS

§ SHORT ACTING  
*albuterol*  
PROAIR HFA  
PROVENTIL HFA  
XOPENEX  
XOPENEX 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  
*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 PRIMARY/PREFERRED DRUG LIST

### A

ACCU-CHEK STRIPS  
AND KITS<sup>5</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
ADVAIR  
ADVICOR  
*albuterol*  
*alendronate*  
ALLEGRA-D<sup>4</sup>  
ALPHAGAN P  
AMBIEN CR  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDRODERM  
ANDROGEL  
APIDRA  
ASMANEX  
ASTELIN  
ASTEPRO  
ATACAND<sup>2</sup>  
ATACAND HCT  
*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

### C

CADUET  
*carvedilol*  
*cefaclor*  
*cefdinir*  
*cephalexin*  
*cholestyramine*

CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
CLIMARA  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
CRESTOR  
CYMBALTA

### D

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

### E

EFFEXOR XR  
ENABLEX  
ENJUVA  
EPIPEN  
EPIPEN JR  
*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*

### L

LANTUS  
LEVAQUIN  
LEVEMIR  
*levothyroxine*  
LEXAPRO  
LIPITOR  
*lisinopril*  
*lisinopril-*  
*hydrochlorothiazide*  
LUMIGAN  
LUNESTA  
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<sup>5</sup>  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
OXYTROL

### P

*paroxetine*  
*paroxetine ext-rel*  
*penicillin VK*  
PRANDIN  
*pravastatin*  
PREMARIN  
PREMPHASE  
PREMPRO  
PREVACID  
PRISTIQ  
PROAIR HFA  
PROMETRIUM  
*propranolol*  
PROVENTIL HFA  
PULMICORT

### Q

*quinapril*  
*quinapril-*  
*hydrochlorothiazide*  
QVAR

### R

*ramipril*  
*ranitidine*  
REBIF  
RETIN-A MICRO  
RHINOCORT AQUA

### S

SANCTURA XR  
SEASONIQUE

SEREVENT  
*sertraline*  
SIMCOR  
*simvastatin*  
SINGULAIR  
SPIRIVA  
*spironolactone-*  
*hydrochlorothiazide*  
*sulfamethoxazole-*  
*trimethoprim*  
*sumatriptan*  
SYMBICORT  
SYNTHROID

### T

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

### V

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

### W

*warfarin*  
WELCHOL

### X

XALATAN  
XOPENEX  
XOPENEX HFA

### Y

YAZ

### Z

ZETIA  
ZIANA  
*zolpidem*  
ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	NEXIUM, <i>omeprazole</i> , PREVACID
ACTONEL W/CALCIUM	ACTONEL, <i>alendronate</i>
ADVANCE	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALORA	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
ALTOPREV	CRESTOR, LIPITOR, <i>pravastatin</i> , <i>simvastatin</i>
ALVESCO	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
AMERGE	MAXALT, <i>sumatriptan</i> , ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
ASSURE, ASSURE PRO	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
ATROVENT HFA	SPIRIVA
AXERT	MAXALT, <i>sumatriptan</i> , ZOMIG
AZELEX	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	<i>flunisolide</i> , <i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
BENZAC AC, BENZAC W	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BENZAGEL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BENZIQ	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BREVOXYL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
CARDURA XL	AVODART, <i>doxazosin</i> , <i>finasteride</i> , FLOMAX, <i>terazosin</i>
CENESTIN	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
CLARINEX	<i>fexofenadine</i>
CLARINEX D	ALLEGRA-D <sup>4</sup>
CLINDAGEL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
CONTROL	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
DESQUAM E, DESQUAM X	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
DORAL	AMBIEN CR, LUNESTA, <i>zaleplon</i> , <i>zolpidem</i>
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EASYPRO	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ESTRASORB	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
ESTRATEST, ESTRATEST HS	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
ESTROGEL	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
EXACTECH, EXACTECH RSG	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX PLUS D	ACTONEL, <i>alendronate</i>
FREESTYLE	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
GLUCOFILM	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
GLUCOMETER DEX, GLUCOMETER ELITE, GLUCOMETER ENCORE	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
ISTALOL	BETIMOL, <i>timolol maleate solution</i>
LESCOL, LESCOL XL	CRESTOR, LIPITOR, <i>pravastatin</i> , <i>simvastatin</i>
MENEST	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
MENOSTAR	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
NEXGEN	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
OMNARIS	<i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
OVACE	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , LEXAPRO, <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i>
PRECISION, PRECISION QID, PRECISION XTRA	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
PRESTIGE	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	MAXALT, <i>sumatriptan</i> , ZOMIG
ROZEREM	AMBIEN CR, LUNESTA, <i>zaleplon</i> , <i>zolpidem</i>
SKELID	ACTONEL, <i>alendronate</i>
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
SURE-TEST	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>
TEVETEN, TEVETEN HCT	AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT

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DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRIAZ	BENZAFLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR
TRILIPIX	<i>fenofibrate</i> , TRICOR
TRUE CARE, TRUETEST, TRUETRACK	ACCU-CHEK products <sup>5</sup> , ONETOUCH products <sup>5</sup>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	AVODART, <i>doxazosin</i> , <i>finasteride</i> , FLOMAX, <i>terazosin</i>
ZODERM	BENZAFLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , 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. 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. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

<sup>§</sup> 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> Atacand should be reserved for plan participants who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

<sup>3</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>4</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to [www.caremark.com](http://www.caremark.com) to find the copay under a specific plan.

<sup>5</sup> An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Plan participants must have CVS Caremark Mail Service Pharmacy benefits to qualify.

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

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

