

Primary/Preferred Drug List

For the most up-to-date Primary/Preferred Drug List visit www.caremark.com

The **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 and generic products in lowercase *italics*.

PLAN PARTICIPANT

Your benefit plan provides you with a prescription benefit program administered by 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 copay¹ information, please visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.
- 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 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 to check coverage and copay information for a specific medicine.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefactor
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

ATACAND²/ATACAND HCT
AVAPRO/AVALIDE
BENICAR/BENICAR HCT
MICARDIS/MICARDIS HCT

ANTILIPEMICS

ANTILIPEMIC
COMBINATIONS
VYTORIN

§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
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

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
WELLBUTRIN XL

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO
PAXIL CR

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)³

venlafaxine
CYMBALTA
EFFEXOR XR

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
LUNESTA

MIGRAINE

SELECTIVE SEROTONIN AGONISTS

IMITREX
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

ENDOCRINE AND METABOLIC

ANDROGENS

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
glyburide-metformin

SUPPLIES

ACCU-CHEK STRIPS AND KITS⁵
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH STRIPS AND KITS⁵

§ BISPHOSPHONATES

alendronate
ACTONEL

CONTRACEPTIVES

§ MONOPHASIC

YASMIN
YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL, ESTROGENS

estradiol
CLIMARA
ESTRADERM
VIVELLE-DOT

ORAL ESTROGEN/ PROGESTINS

PREMPHASE
PREMPRO

PARATHYROID HORMONES

FORTEO

§ PROGESTINS

medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

§ PROTON PUMP INHIBITORS

omeprazole
pantoprazole
NEXIUM
PREVACID

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

doxazosin
finasteride
terazosin
AVODART
FLOMAX

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
DETROL
DETROL LA
ENABLEX
OXYTROL
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-D⁴

BETA AGONISTS

§ SHORT ACTING

albuterol
PROAIR HFA
PROVENTIL HFA
XOPENEX
XOPENEX HFA

LONG ACTING

FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone
NASACORT AQ
NASONEX
RHINOCORT AQUA
VERAMYST

STEROID/BETA AGONISTS

ADVAIR
SYMBICORT

STEROID INHALANTS

ASMANEX
FLOVENT
PULMICORT

TOPICAL

DERMATOLOGY

§ ACNE

erythromycin- benzoyl peroxide
tretinoin

BENZACLIN
DIFFERIN
DUAC
RETIN-A MICRO
ZIANA

OPHTHALMIC

§ BETA-BLOCKERS, NONSELECTIVE

timolol maleate solution
BETIMOL

BETA-BLOCKERS, SELECTIVE

PROSTAGLANDINS

LUMIGAN
TRAVATAN
XALATAN

§ SYMPATHOMIMETICS

brimonidine 0.2%
ALPHAGAN P

QUICK REFERENCE PRIMARY/PREFERRED DRUG LIST

A

ACCU-CHEK STRIPS AND KITS⁵
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR
ADVICOR

albuterol
alendronate
ALLEGRA-D⁴
ALPHAGAN P
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDROGEL
APIDRA

ASMANEX
ASTELIN
ATACAND²
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

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

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

D

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

E

EFFEXOR XR
ENABLEX
ENJUVA
EPIPEN
EPIPEN JR
erythromycin-
benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estropipate
ethinyl estradiol-
levonorgestrel
EVISTA

F

fenofibrate
fexofenadine
finasteride
FLOMAX
FLOVENT
fluconazole
fluoxetine
fluticasone
FORADIL
FORTEO
fosinopril
fosinopril-
hydrochlorothiazide
furosemide

G

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide-metformin

H

HUMALOG
HUMULIN
hydrochlorothiazide

I

IMITREX
ipratropium-albuterol
inhalation solution
itraconazole

L

LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIPITOR
lisinopril

lisinopril-
hydrochlorothiazide
LUMIGAN
LUNESTA

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 KITS⁵
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

pantoprazole
paroxetine
PAXIL CR
penicillin VK
PRANDIN
pravastatin
PREMARIN
PREMPHASE
PREMPRO
PREVACID
PROAIR HFA
PROMETRIUM
propranolol
PROVENTIL HFA
PULMICORT

Q

quinapril
quinapril-
hydrochlorothiazide

R

ramipril
ranitidine
REBIF
RETIN-A MICRO
RHINOCORT AQUA

S

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

T

TAMIFLU
TARKA
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torseamide
TRAVATAN
tretinoin
triamterene-
hydrochlorothiazide
TRICOR

V

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

W

warfarin
WELCHOL
WELLBUTRIN XL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

YASMIN
YAZ

Z

ZETIA
ZIANA
zolpidem
ZOMIG

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Caremark 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 otherwise indicated, drug list products will include all dosage forms. This list represents brand products in CAPS and generic products in lowercase *italics*. Generics listed in the 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 to check coverage and copay information for a specific medicine.

⁵ Generics are available in this class and should be considered the first line of prescribing.

¹ 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.

² Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

⁴ Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to www.caremark.com to find the copay under a specific plan.

⁵ 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. Participants must have Caremark Mail Service benefits to qualify.

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

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

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

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