

# Primary Drug List

January 2005

For the most up-to-date Primary Drug List visit [www.caremark.com](http://www.caremark.com)

## ANALGESIC

### § NSAIDs

MOBIC

### COX-2 INHIBITORS

BEXTRA  
CELEBREX

### § NARCOTIC ANALGESIC

MAXIDONE

### § NARCOTIC ANALGESICS, CII

AVINZA  
DURAGESIC  
MSIR  
OXYCONTIN  
OXYFAST  
OXYIR

## ANTI-INFECTIVE

### ANTIBACTERIALS

#### § CEPHALOSPORIN

OMNICEF

#### § ERYTHROMYCINS/MACROLIDES

BIAXIN  
BIAXIN XL  
ZITHROMAX

#### § FLUOROQUINOLONES

AVELOX  
CIPRO SUSPENSION  
CIPRO XR  
LEVAQUIN

#### § PENICILLINS

AUGMENTIN  
AUGMENTIN ES  
AUGMENTIN XR

#### § TETRACYCLINE

PERIOSTAT

### § ANTIFUNGALS

LAMISIL TABLET  
MYCELEX TROCHE

### ANTIRETROVIRALS

#### FUSION INHIBITOR

FUZEON

#### NON-NUCLEOSIDE

#### REVERSE-TRANSCRIPTASE INHIBITORS

RESCRIPTOR  
SUSTIVA  
VIRAMUNE

#### NUCLEOSIDE

#### REVERSE-TRANSCRIPTASE INHIBITORS

EMTRIVA  
EPIVIR  
HIVID  
RETROVIR

VIDEX

VIDEX EC

ZERIT

ZIAGEN

#### NUCLEOSIDE

#### REVERSE-TRANSCRIPTASE INHIBITOR

#### COMBINATIONS

COMBIVIR  
TRIZIVIR

#### NUCLEOTIDE

#### REVERSE-TRANSCRIPTASE INHIBITOR

VIREAD

### PROTEASE INHIBITORS

AGENERASE  
CRIVAN  
FORTOVASE  
INVIRASE  
KALETRA  
LEXIVA  
NORVIR  
REYATAZ  
VIRACEPT

### ANTIVIRALS

#### § CYTOMEGALOVIRUS AGENT

VALCYTE

#### § HEPATITIS AGENTS

COPEGUS  
EPIVIR-HBV  
HEPSERA  
REBETOL

#### § HERPES AGENTS

FAMVIR  
VALTRES

#### § INFLUENZA AGENT

TAMIFLU

## ANTINEOPLASTIC

### ALKYLATING AGENTS

ALKERAN  
CEENU  
LEUKERAN  
MYLERAN  
TEMODAR

### ANTIMETABOLITES

THIOGUANINE  
XELODA

### MISCELLANEOUS AGENTS

HEXALEN  
LYSODREN  
MATULANE  
TARGRETIN CAP  
VESANOID

### TYROSINE KINASE INHIBITORS

GLEEVEC  
IRESSA

### HORMONAL ANTINEOPLASTIC AGENTS

#### ANTIANDROGEN

CASODEX

#### ANTIESTROGENS

FARESTON  
FASLODEX

#### AROMATASE INHIBITORS

ARIMIDEX  
AROMASIN  
FEMARA

#### LUTEINIZING

#### HORMONE-RELEASING HORMONE (LHRH) AGONISTS

LUPRON DEPOT  
TRELSTAR  
ZOLADEX

## CARDIOVASCULAR

### § ACE INHIBITORS

ACCUPRIL  
ALTACE

### ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

LOTREL  
TARKA

### § ADRENOLYTIC, CENTRAL

CATAPRES-TTS

### ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO  
COZAAR

### ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

AVALIDE  
HYZAAR

### ANTIARRHYTHMIC

TIKOSYN

### ANTILIPEMICS

#### § BILE ACID RESIN

WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITOR

ZETIA

#### § FIBRATE

TRICOR

#### § HMG-CoA REDUCTASE INHIBITORS

CRESTOR  
LIPITOR  
PRAVACHOL  
NIACIN  
NIASPAN

### § BETA-BLOCKERS

COREG  
TOPROL-XL

### § CALCIUM CHANNEL BLOCKERS

CARDIZEM LA  
NORVASC  
VERELAN PM

### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATION

CADUET

### § DIGITALIS GLYCOSIDE

LANOXIN PED ELIXIR

### ENDOTHELIN RECEPTOR ANTAGONIST

TRACLEER

### NITRATES

#### SUBLINGUAL

NITROLINGUAL

#### § TRANSDERMAL

NITRO-DUR

## CENTRAL NERVOUS SYSTEM

### § ANTICONVULSANTS

CARBATROL  
DEPAKOTE  
DEPAKOTE ER  
DILANTIN  
GABITRIL  
KEPPRA  
LAMICTAL  
NEURONTIN  
TEGRETOL XR  
TOPAMAX  
TRILEPTAL  
ZONEGRAN

### ANTIDEMENTIA

ARICEPT  
EXELON  
NAMENDA  
REMINYL

### ANTIDEPRESSANTS

#### § MISCELLANEOUS AGENT

WELLBUTRIN XL

#### MONOAMINE OXIDASE INHIBITORS (MAOIs)

NARDIL  
PARNATE

**FOR YOUR INFORMATION:** Generics should be considered the first line of prescribing. The Caremark Primary Drug List is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage. The plan participant's specific prescription benefit plan may have a different co-pay\* for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. To check coverage and co-payments for a specific medicine, log in to [www.caremark.com](http://www.caremark.com).

\* Co-payment or co-pay 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.

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

**§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

LEXAPRO  
PAXIL CR  
ZOLOFT

**SELECTIVE SEROTONIN/ NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)†**

EFFEXOR  
EFFEXOR XR

**§ ANTIPARKINSONIAN**

COMTAN  
MIRAPEX  
REQUIP  
STALEVO

**ANTIPSYCHOTICS**

ABILIFY  
RISPERDAL  
SEROQUEL  
ZYPREXA

**§ ATTENTION DEFICIT HYPERACTIVITY DISORDER/ NARCOLEPSY**

ADDERALL XR  
CONCERTA  
METADATE CD  
PROVIGIL  
RITALIN LA  
STRATTERA

**HYPNOTIC, NON-BENZODIAZEPINE**

AMBIEN

**MIGRAINE**

**SELECTIVE SEROTONIN AGONISTS**

IMITREX  
RELPAK  
ZOMIG

**MULTIPLE SCLEROSIS AGENTS**

COPAXONE  
REBIF

**§ MUSCULOSKELETAL THERAPY AGENT**

SKELAXIN

**ENDOCRINE AND METABOLIC**

**ANDROGENS**

ANDRODERM  
ANDROGEL

**ANTIDIABETICS**

**ALPHA-GLUCOSIDASE INHIBITOR**

PRECOSE

**§ BIGUANIDE**

GLUCOPHAGE XR

**INSULINS**

HUMALOG  
HUMULIN  
LANTUS  
NOVOLIN  
NOVOLOG

**INSULIN SENSITIZERS**

ACTOS  
AVANDIA

**INSULIN SENSITIZER/ BIGUANIDE COMBINATION**

AVANDAMET

**MEGLITINIDE**

PRANDIN

**§ SULFONYLUREA**

AMARYL

**SUPPLIES**

ACCU-CHEK STRIPS & KITS‡  
BD INSULIN SYRINGES  
ONETOUCH STRIPS & KITS‡

**BISPHOSPHONATES**

ACTIONEL  
FOSAMAX

**CONTRACEPTIVES**

**§ MONOPHASIC**

LEVLEN  
LEVLITE  
MODICON  
ORTHO-CEPT  
ORTHO-CYCLEN

ORTHO-NOVUM 1/35,  
1/50

YASMIN

**§ BIPHASIC**

MIRCETTE  
ORTHO-NOVUM 10/11

**§ TRIPHASIC**

CYCLESSA  
ESTROSTEP FE  
ORTHO-NOVUM 7/7/7  
ORTHO TRI-CYCLEN  
ORTHO TRI-CYCLEN LO  
TRI-LEVELN

**EXTENDED CYCLE**

SEASONALE

**§ PROGESTIN ONLY**

ORTHO MICRONOR

**TRANSDERMAL**

ORTHO EVRA

**VAGINAL**

NUVARING

**ESTROGENS**

**§ ORAL**

CENESTIN  
PREMARIN

**TRANSDERMAL,**

**ESTROGEN**

CLIMARA

**ORAL ESTROGEN/**

**PROGESTIN**

FEMHRT  
PREFEST  
PREMPHASE  
PREMPRO  
**VAGINAL**  
ESTRACE VAGINAL  
CREAM

**FERTILITY REGULATORS**

ANTAGON  
CETROTIDE  
FOLLISTIM AQ  
GONAL-F  
OVIDREL  
PERGONAL

**§ GLUCOCORTICOID**

ORAPRED

**HUMAN GROWTH HORMONES**

GENOTROPIN  
HUMATROPE  
NORDITROPIN  
NUTROPIN  
NUTROPIN AQ  
PROTROPIN  
SAIZEN

**§ PROGESTIN**

PROMETRIUM

**SELECTIVE ESTROGEN RECEPTOR MODULATOR**

EVISTA

**§ THYROID SUPPLEMENT**

SYNTHROID

**GASTROINTESTINAL**

**§ ANTIEMETIC**

KYTRIL ORAL  
MARINOL  
TRANSDERM SCOP

**ANTIOBESITY – FAT ABSORPTION DECREASING AGENT**

XENICAL

**§ ANTISPASMODIC**

NULEV

**§ CHOLELITHOLYTIC**

URSO

**INFLAMMATORY BOWEL DISEASE**

**§ ORAL AGENTS**

ASACOL  
PENTASA

**§ RECTAL AGENTS**

CANASA  
CORTIFOAM  
ROWASA

**§ LAXATIVES**

KRISTALOSE  
MIRALAX

**PANCREATIC ENZYMES**

CREON  
ULTRASE  
ULTRASE MT  
VIOKASE

**§ PROTON PUMP INHIBITORS**

NEXIUM  
PREVACID

**PROTON PUMP INHIBITOR WITH ANTI-INFECTIVE**

PREVPAC

**§ RECTAL STEROID**

PROCTOFOAM-HC

**SALIVA STIMULANT**

EVOXAC

**GENITOURINARY**

**BENIGN PROSTATIC HYPERPLASIA**

FLOMAX  
PROSCAR

**ERECTILE DYSFUNCTION**

**PHOSPHODIESTERASE INHIBITORS**

CIALIS  
LEVITRA  
VIAGRA

**ALPROSTADIL AGENT**

MUSE

**§ URINARY**

**ANTISPASMODICS**

DETROL  
DETROL LA  
DITROPAN XL  
OXYTROL

**HEMATOLOGIC**

**§ ANTICOAGULANT**

COUMADIN

**PLATELET AGGREGATION INHIBITORS**

AGGRENOX  
PLAVIX

**PLATELET SYNTHESIS INHIBITOR**

AGRYLIN

**IMMUNOLOGIC**

**IMMUNOMODULATORS**

**INTERFERONS**

INTRON A  
PEG-INTRON  
PEGASYS

**INTERFERON/ANTIVIRAL**

**COMBINATION**  
REBETRON

**IMMUNOSUPPRESSANTS**

**ANTIMETABOLITES**

AZASAN  
CELLCEPT

**CALCINEURIN**

**INHIBITORS**

NEORAL  
PROGRAF  
SANDIMMUNE  
**RAPAMYCIN**  
**DERIVATIVE**  
RAPAMUNE

**NUTRITIONAL**

**FOLIC ACID**

**COMBINATION**

FOLTX

**§ PRENATAL VITAMIN**

PRENATE ELITE

**RESPIRATORY**

**ANAPHYLAXIS**

**TREATMENT AGENTS**

EPIPEN  
EPIPEN JR

**§ ANTICHOLINERGICS**

ATROVENT ORAL INHALER  
SPIRIVA

**ANTICHOLINERGIC/ BETA AGONIST**

COMBIVENT  
DUONEB

**ANTIHISTAMINE, LOW SEDATING**

ZYRTEC\*\*

**ANTIHISTAMINE, NONSEDATING**

ALLEGRA\*\*

**ANTIHISTAMINE/ DECONGESTANTS**

ALLEGRA-D\*\*  
ZYRTEC-D 12 HOUR\*\*

**§ BETA AGONISTS**

ACCUNEB  
FORADIL  
PROVENTIL HFA  
SEREVENT  
XOPENEX

**§ DECONGESTANT/ EXPECTORANT**

ENTEX PSE

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

‡ 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.

\*\* Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. To find the co-payment under a specific plan, log in to [www.caremark.com](http://www.caremark.com).

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**LEUKOTRIENE  
RECEPTOR  
ANTAGONIST**  
SINGULAIR

**§ NARCOTIC  
ANTITUSSIVE/  
ANTIHISTAMINE**  
TUSSIONEX

**NASAL ANTIHISTAMINE**  
ASTELIN

**§ NASAL STEROIDS**  
FLONASE  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA

**STEROID/BETA AGONIST  
COMBINATION**  
ADVAIR

**STEROID INHALANTS**  
FLOVENT  
PULMICORT

**§ XANTHINE**  
THEO-24

**TOPICAL**

**DERMATOLOGY**

**§ ACNE**  
BENZACLIN  
DIFFERIN  
DUAC  
RETIN-A MICRO  
**§ ACTINIC KERATOSIS**  
CARAC  
**§ ANTIBIOTICS**  
BACTROBAN  
BACTROBAN NASAL

**§ ANTIFUNGALS**  
LOPROX  
MENTAX  
**ANTIPSORIATIC**  
DOVONEX  
TAZORAC  
**IMMUNOMODULATORS**  
ELIDEL  
PROTOPIC

**§ LOCAL ANALGESIC**

LIDODERM

**§ ROSACEA**

METROGEL  
METROLOTION

**§ STEROIDS**

CORDRAN  
DESOWEN OINTMENT  
LUXIQ  
OLUX  
ULTRAVATE

**MISCELLANEOUS SKIN  
AND MUCOUS  
MEMBRANE**

ALDARA  
CONDYLOX

**OPHTHALMIC**

**§ ANTIALLERGICS**

ALREX  
LIVOSTIN  
PATANOL  
ZADITOR

**§ ANTI-INFECTIVE/  
ANTI-INFLAMMATORY**

TOBRADEX

**§ ANTI-INFLAMMATORY,  
STEROIDAL**

LOTEMAX

**§ ANTI-INFLAMMATORY,  
NONSTEROIDAL**

ACULAR  
VOLTAREN

**§ BETA-BLOCKER,  
NONSELECTIVE**

BETIMOL

**BETA-BLOCKER,  
SELECTIVE**

BETOPTIC S

**CARBONIC  
ANHYDRASE**

**INHIBITORS**

AZOPT

TRUSOPT

**CARBONIC**

**ANHYDRASE**

**INHIBITOR/  
BETA-BLOCKER**

COSOPT

**IMMUNOMODULATOR**

RESTASIS

**PROSTAGLANDINS**

LUMIGAN

TRAVATAN

**SYMPATHOMIMETIC**

ALPHAGAN P

**OTIC**

**ANTI-INFECTIVE**

FLOXIN OTIC

**§ ANTI-INFECTIVE/  
ANTI-INFLAMMATORY**

CIPRO HC

CIPRODEX

Questions about this drug list may be answered by a Caremark pharmacist on our resource line toll-free at **1-800-282-2229**.

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

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

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

The Caremark Primary Drug List contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark Inc. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

**QUICK REFERENCE BRAND PRIMARY DRUG LIST**

<b>A</b>	AMBIEN	<b>B</b>	CELEBREX	COUMADIN	<b>E</b>
ABILIFY	ANDRODERM	BACTROBAN	CELLCEPT	COZAAR	EFFEXOR
ACCU-CHEK STRIPS & KITS	ANDROGEL	BACTROBAN NASAL	CENESTIN	CREON	EFFEXOR XR
ACCUNEB	ANTAGON	BD INSULIN SYRINGES	CETROTIDE	CRESTOR	ELIDEL
ACCUPRIL	ARICEPT	BENZACLIN	CIALIS	CRIVIVAN	EMTRIVA
ACTONEL	ARIMIDEX	BETIMOL	CIPRO HC	CYCLESSA	ENTEX PSE
ACTOS	ASACOL	BETOPTIC S	CIPRO SUSPENSION		EPIPEN
ACULAR	ASTELIN	BEXTRA	CIPRO XR	<b>D</b>	EPIPEN JR
ADDERALL XR	ATROVENT ORAL INHALER	BIAXIN	CIPRODEX	DEPAKOTE	EPIVIR
ADVAIR	AUGMENTIN	BIAXIN XL	CLIMARA	DEPAKOTE ER	EPIVIR-HBV
AGENERASE	AUGMENTIN ES		COMBIVENT	DESOWEN OINTMENT	ESTRACE VAGINAL CREAM
AGGRENOX	AUGMENTIN XR	<b>C</b>	COMBIVIR	DETROL	ESTROSTEP FE
AGRYLIN	AVALIDE	CADUET	COMTAN	DETROL LA	EVISTA
ALDARA	AVANDAMET	CANASA	CONCERTA	DIFFERIN	EVOXAC
ALKERAN	AVANDIA	CARAC	CONDYLOX	DILANTIN	EXELON
ALLEGRA**	AVAPRO	CARBATROL	COPAXONE	DITROPAN XL	
ALLEGRA-D**	AVELOX	CARDIZEM LA	COPEGUS	DOVONEX	<b>F</b>
ALPHAGAN P	AVINZA	CASODEX	CORDRAN	DUAC	FAMVIR
ALREX	AZASAN	CATAPRES-TTS	COREG	DUONEB	FARESTON
ALTACE	AZOPT	CEENU	CORTIFOAM	DURAGESIC	FASLODEX
AMARYL			COSOPT		FEMARA

\*\* Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. To find the co-payment under a specific plan, log in to [www.caremark.com](http://www.caremark.com).

FEMHRT	LANTUS	NEXIUM	PEGASYS	<b>S</b>	<b>V</b>
FLOMAX	LEUKERAN	NIASPAN	PENTASA	SAIZEN	VALCYTE
FLOXIN	LEVAQUIN	NITRO-DUR	PERGONAL	SANDIMMUNE	VALTRES
FLOVENT	LEVITRA	NITROLINGUAL	PERIOSTAT	SEASONALE	VERELAN PM
FLOXIN OTIC	LEVLEN	NORDITROPIN	PLAVIX	SEREVENT	VESANOID
FOLLISTIM AQ	LEVLITE	NORVASC	PRANDIN	SEROQUEL	VIAGRA
FOLTIX	LEXAPRO	NORVIR	PRAVACHOL	SINGULAIR	VIDEX
FORADIL	LEXIVA	NOVOLIN	PRECOSE	SKELAXIN	VIDEX EC
FORTOVAASE	LIDODERM	NOVOLOG	PREFEST	SPIRIVA	VIOKASE
FOSAMAX	LIPITOR	NULEV	PREMARIN ORAL	STALEVO	VIRACEPT
FUZEON	LIVOSTIN	NUTROPIN	PREMPHASE	STRATTERA	VIRAMUNE
	LOPROX	NUTROPIN AQ	PREMPRO	SUSTIVA	VIREAD
<b>G</b>	LOTEMAX	NUVARING	PRENATE ELITE	SYNTHROID	VOLTAREN OPHTH
GABITRIL	LOTREL		PREVACID		
GENOTROPIN	LUMIGAN	<b>O</b>	PREVPAC	<b>T</b>	<b>W</b>
GLEEVEC	LUPRON DEPOT	OLUX	PROCTOFOAM-HC	TAMIFLU	WELCHOL
GLUCOPHAGE XR	LUXIQ	OMNICEF	PROGRAF	TARGRETIN CAP	WELLBUTRIN XL
GONAL-F	LYSODREN	ONETOUCH STRIPS & KITS	PROMETRIUM	TARKA	
		ORAPRED	PROSCAR	TAZORAC	<b>X</b>
<b>H</b>	<b>M</b>	ORTHO EVRA	PROTOPIC	TEGRETOL XR	XELODA
HEPSERA	MARINOL	ORTHO MICRONOR	PROTROPIN	TEMODAR	XENICAL
HEXALEN	MATULANE	ORTHO TRI- CYCLEN	PROVENTIL HFA	THEO-24	XOPENEX
HIVID	MAXIDONE	ORTHO TRI- CYCLEN LO	PROVIGIL	THIOGUANINE	
HUMALOG	MENTAX	ORTHO-CEPT	PULMICORT	TIKOSYN	<b>Y</b>
HUMATROPE	METADATE CD	ORTHO-CYCLEN		TOBRADEX	YASMIN
HUMULIN	METROGEL	ORTHO-NOVUM	<b>R</b>	TOPAMAX	
HYZAAR	METROLOTION	ORTHO-NOVUM 1/35, 1/50	RAPAMUNE	TOPROL-XL	<b>Z</b>
	MIRALAX	ORTHO-NOVUM 10/11	REBETOL	TRACLEER	ZADITOR
<b>I</b>	MIRAPEX	ORTHO-NOVUM 7/77	REBETRON	TRANSDERM SCOP	ZERIT
IMITREX	MIRCETTE		REBIF	TRAVATAN	ZETIA
INTRON A	MOBIC		RELPAK	TRELSTAR	ZIAGEN
INVIRASE	MODICON		REMINYL	TRICOR	ZITHROMAX
IRESSA	MSIR		REQUIP	TRI-LEVLEN	ZOLADEX
	MUSE		RESCRIPTOR	TRILEPTAL	ZOLOFT
<b>K</b>	MYCELEX TROCHE	OIDREL	RESTASIS	TRIZIVIR	ZOMIG
KALETRA	MYLERAN	OXYCONTIN	RETIN-A MICRO	TRUSOPT	ZONEGRAN
KEPPRA		OXYFAST	RETROVIR	TUSSIONEX	ZYPREXA
KRISTALOSE		OXYIR	REYATAZ		ZYRTEC**
KYTRIL ORAL		OXYTROL	RHINOCORT AQUA	<b>U</b>	ZYRTEC-D 12 HOUR**
	<b>N</b>		RISPERDAL	ULTRASE	
<b>L</b>	NAMENDA	<b>P</b>	RITALIN LA	ULTRASE MT	
LAMICTAL	NARDIL	PARNATE	ROWASA	ULTRAVATE	
LAMISIL TABLET	NASACORT AQ	PATANOL		URSO	
LANOXIN PED ELIXIR	NASONEX	PAXIL CR			
	NEORAL	PEG-INTRON			
	NEURONTIN				

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