Primary/Preferred Drug List

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, 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 Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. This list will help you identify products that are clinically appropriate and cost-effective. Generics should be considered the first line of prescribing.

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 information, please visit our Web site at [www.caremark.com](http://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.

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

**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](http://www.caremark.com) to check coverage and copay information for a specific medicine.

### ANTI-INFECTIVES

#### ANTIBACTERIALS

- **§ CEPHALOSPORINS** cefaclor cefdinir cephalixin
- **§ ERYTHROMYCINS/MACROLIDES** azithromycin clarithromycin clarithromycin ext-rel erythromycins
- **§ FLUOROQUINOLONES** ciprofloxacin ext-rel ciprofloxacin tablet AVELOX CIPRO SUSPENSION LEVAQUIN
- **§ PENCILLINS** amoxicillin amoxicillin-clavulanate dicloxacillin penicillin VK
- **§ TETRACYCLINES** doxycycline hyclate minocycline tetracycline

#### § MISCELLANEOUS

- metronidazole
- sulfamethoxazole-trimethoprim
- fluconazole
- itraconazole terbinafine tablet

#### § ANTIFUNGALS

- fluconazole
- itraconazole terbinafine tablet

#### § HERPES AGENTS

- acyclovir
- VALTREX

#### § INFLUENZA AGENTS

- TAMIFLU

### ANTIHYPERTENSIVES

#### § 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/ATACAND HCT AVAPRO/AVALIDE BENICAR/BENICAR HCT MIRALDS/MIRALDS HCT

### ANTILIPEMICS

#### § ANTI-FLUORIDES

§ VYTORIN

#### § BILE ACID RESINS

- cholystyramine
- WELCHOL

### CALCIUM CHANNEL BLOCKER

- amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

For specific information, visit our Web site at [www.caremark.com](http://www.caremark.com) or contact a Caremark Customer Care representative.
<table>
<thead>
<tr>
<th>Category</th>
<th>Example Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Accu-Chek, OneTouch</td>
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<tr>
<td>B</td>
<td>Benadryl, Claritin</td>
</tr>
<tr>
<td>C</td>
<td>Clarithromycin, Ciprofloxacin</td>
</tr>
<tr>
<td>D</td>
<td>Detrol, Duac, Duetact</td>
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<td>E</td>
<td>Effexor, Enablex, Enjuvia</td>
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<td>F</td>
<td>Fenofibrate, Fexofenadine</td>
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<tr>
<td>G</td>
<td>Gliclazide, Glipizide</td>
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<tr>
<td>H</td>
<td>Humalog, Humulin</td>
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<tr>
<td>I</td>
<td>Imitrex, Ipratropium-Albuterol Inhalation Solution</td>
</tr>
<tr>
<td>J</td>
<td>Jecta, Jittery</td>
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<tr>
<td>K</td>
<td>Kemadril, Ketamine</td>
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<td>L</td>
<td>Lantus, Levonorgestrel, Levemir</td>
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<tr>
<td>M</td>
<td>Maxalt, Medroxyprogesterone, Metformin</td>
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<td>N</td>
<td>Nadolol, Nasacort AQ</td>
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<td>P</td>
<td>Pantoprazole, Paroxetine</td>
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<tr>
<td>Q</td>
<td>Quinapril, Quinapril-Hydrochlorothiazide</td>
</tr>
<tr>
<td>R</td>
<td>Ramipril, Ranitidine</td>
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<tr>
<td>S</td>
<td>Seretide, Seroquel</td>
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<tr>
<td>T</td>
<td>Tamiflu, Tarka</td>
</tr>
<tr>
<td>U</td>
<td>Unilod, Unispiron</td>
</tr>
</tbody>
</table>

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, 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 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.

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