

# Trustmark Insurance Company Preferred Drug List

The **Trustmark Insurance Company 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. 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.trustmarkins.com/webpages/corporate/group/products/caremark.html](http://www.trustmarkins.com/webpages/corporate/group/products/caremark.html) 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. 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.trustmarkins.com/webpages/corporate/group/products/caremark.html](http://www.trustmarkins.com/webpages/corporate/group/products/caremark.html) to check coverage and copay information for a specific medicine.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

cefaclor  
cefdinir  
cephalexin  
SUPRAX

#### § 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

amantadine  
rimantadine  
RELENZA  
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

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  
torsemide  
triamterene-  
hydrochlorothiazide

## CENTRAL NERVOUS SYSTEM

### ANTIDEPRESSANTS

### § MISCELLANEOUS AGENTS

bupropion  
bupropion ext-rel  
mirtazapine

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CVS Caremark Customer Care representative.

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>2</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
PRISTIQ

§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
AMBIEN CR

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*sumatriptan*  
MAXALT  
ZOMIG

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

**ENDOCRINE AND METABOLIC**

ANDROGENS  
ANDRODERM  
ANDROGEL

ANTI-DIABETICS

§ BIGUANIDES  
*metformin*  
*metformin ext-rel*

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS  
JANUVIA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/  
BIGUANIDE COMBINATIONS  
JANUMET

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>4</sup>  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH STRIPS AND KITS<sup>4</sup>

CALCIUM REGULATORS

§ BISPHOSPHONATES  
*alendronate*  
ACTONEL

§ CALCITONINS  
*Fortical*

PARATHYROID HORMONES  
FORTEO

CONTRACEPTIVES

§ MONOPHASIC  
*ethinyl estradiol-drospirenone*  
YAZ

§ TRIPHASIC ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE  
*ethinyl estradiol-levonorgestrel*  
LOSEASONIQUE  
SEASONIQUE  
CONTINUOUS  
LYBREL

TRANS-DERMAL ORTHO EVRA

VAGINAL  
NUVARING

ESTROGENS

§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

§ TRANS-DERMAL, 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*  
KAPIDEX  
NEXIUM

**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>3</sup>

BETA AGONISTS

§ SHORT ACTING  
*albuterol*  
PROAIR HFA  
PROVENTIL 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  
*clindamycin solution*  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*tretinoin*  
BENZAFLIN  
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 DRUG LIST

### A

ACCU-CHEK STRIPS  
AND KITS<sup>4</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
ADVAIR  
ADVICOR  
*albuterol*  
*alendronate*  
ALLEGRA-D<sup>3</sup>  
ALPHAGAN P  
*amantadine*  
AMBIEN CR  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDRODERM  
ANDROGEL  
APIDRA  
ASMANEX  
ASTELIN  
ASTEPRO  
*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  
*clindamycin solution*  
COMBIVENT  
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 solution*  
*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*

### J

JANUMET  
JANUVIA

### K

KAPIDEX

### L

LANTUS  
LEVAQUIN  
LEVEMIR  
*levothyroxine*  
LEXAPRO  
LIPITOR  
*lisinopril*  
*lisinopril-hydrochlorothiazide*  
LOSEASONIQUE  
LUMIGAN  
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>4</sup>  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
OXYTROL

### P

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

### Q

*quinapril*  
*quinapril-hydrochlorothiazide*  
QVAR

### R

*ramipril*  
*ranitidine*  
RELENZA  
RETIN-A MICRO  
RHINOCORT AQUA  
*rimantadine*

### S

SANCTURA XR  
SEASONIQUE

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

### T

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

### V

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

### W

*warfarin*  
WELCHOL

### X

XALATAN

### Y

YAZ

### Z

ZETIA  
ZIANA  
*zolpidem*  
ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	omeprazole, KAPIDEX, NEXIUM
ACTONEL W/CALCIUM	alendronate, ACTONEL
ADVANCE	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALORA	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	pravastatin, simvastatin, CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
AMERGE	sumatriptan, MAXALT, ZOMIG
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ARMOUR THYROID	levothyroxine, SYNTHROID
ASCENSIA	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
ASSURE, ASSURE PRO	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
ATROVENT HFA	SPIRIVA
AXERT	sumatriptan, MAXALT, ZOMIG
AZELEX	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	fluticasone, NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
BENZAC AC, BENZAC W	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDURA XL	doxazosin, terazosin, FLOMAX
CENESTIN	estradiol, estropipate, ENJUvia, PREMARIN
CLARINEX	fexofenadine
CLARINEX D	ALLEGRA-D <sup>3</sup>
CLINDAGEL	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
CONTROL	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
DESQUAM E, DESQUAM X	clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
DORAL	zolpidem, AMBIEN CR
DYNACIRC CR	amlodipine, nifedipine ext-rel
EASYPRO	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
ESTRASORB	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
EXACTECH, EXACTECH RSG	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
FEMTRACE	estradiol, estropipate, ENJUvia, PREMARIN
FENOGLIDE	fenofibrate, TRICOR
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	metformin, metformin ext-rel
FOSAMAX PLUS D	alendronate, ACTONEL
FREESTYLE	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
GLUCOFILM	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
GLUCOMETER DEX, GLUCOMETER ELITE, GLUCOMETER ENCORE	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
ISTALOL	timolol maleate solution, BETIMOL
LESCOL, LESCOL XL	pravastatin, simvastatin, CRESTOR, LIPITOR
MENEST	estradiol, estropipate, ENJUvia, PREMARIN
MENOSTAR	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
NEXGEN	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
OMNARIS	fluticasone, NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
PATANASE	ASTELIN, ASTEPRO
PEXEVA	citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO
PRECISION, PRECISION QID, PRECISION XTRA	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
PRESTIGE	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN

\* 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. Your specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. For specific information, visit [www.truemarkins.com/webpages/corporate/group/products/caremark.html](http://www.truemarkins.com/webpages/corporate/group/products/caremark.html) or contact a CVS Caremark Customer Care representative.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
RELPAX	<i>sumatriptan</i> , MAXALT, ZOMIG
SKELID	<i>alendronate</i> , ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
SURE-TEST	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
TEVETEN, TEVETEN HCT	AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT
TRIAZ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRIGLIDE	<i>fenofibrate</i> , TRICOR
TRILIPIX	<i>fenofibrate</i> , TRICOR
TRUE CARE, TRUETEST, TRUETRACK	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
ZODERM	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

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**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.trustmarkins.com/webpages/corporate/group/products/caremark.html](http://www.trustmarkins.com/webpages/corporate/group/products/caremark.html) to check coverage and copay information for a specific medicine.

<sup>5</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> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>3</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to [www.trustmarkins.com/webpages/corporate/group/products/caremark.html](http://www.trustmarkins.com/webpages/corporate/group/products/caremark.html) to find the copay under a specific plan.

<sup>4</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.**

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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