

# Quick Reference Drug List for UniCare State Indemnity Plan Members

(Prepared by CVS Caremark for UniCare State Indemnity Plan Members)

The **Quick Reference Drug List for UniCare State Indemnity Plan Members** shows commonly prescribed drugs covered at your plan's copayments<sup>1</sup> for Tier 1 and Tier 2 medications. **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. This list represents brand products in CAPS and generic products in lowercase *italics*.

## PLAN MEMBER

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:

- This is not an all-inclusive list.
- For specific information regarding your prescription benefit coverage and copay information, please visit [www.caremark.com](http://www.caremark.com) or contact CVS Caremark Customer Care toll-free at 1-877-876-7214.
- 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.
- You will pay the cost difference between the generic and the brand, plus the generic copay for any brand drug for which a generic drug is available.

## QUICK REFERENCE DRUG LIST

<b>A</b>	ACANYA ACCU-CHEK STRIPS AND KITS <sup>2</sup> <b>ACTONEL ST</b> <b>ACTOPLUS MET ST</b> <b>ACTOS ST</b> acyclovir adapalene <b>ADVAIR QL</b> <b>albuterol QL</b> alendronate alfuzosin ext-rel ALPHAGAN P ALVESCO <b>QL</b> amantadine amlodipine amlodipine-atorvastatin amoxicillin amoxicillin-clavulanate <b>ANDRODERM PA</b> <b>ANDROGEL PA</b> APIDRA ARCAPTA NEOHALER <b>QL</b> <b>ASMANEX QL</b> <b>ASTEPRO QL</b> atenolol atorvastatin AVELOX AVINZA <b>AVODART ST</b> AVONEX <b>PA</b>	azelastine spray <b>QL</b> <i>azithromycin</i>	clarithromycin <i>clarithromycin ext-rel</i> <i>clindamycin</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> <i>clobetasol</i> <i>codeine-acetaminophen</i> <b>BETASERON PA</b> <b>BETIMOL</b> <b>BETOPTIC S</b> BEYAZ BRAVELLE <i>brimonidine 0.2%</i> <i>budesonide inhalation suspension QL</i> <i>bupropion</i> <i>bupropion ext-rel</i> <b>BYETTA PA</b> <b>BYSTOLIC</b>	<b>ENBREL PA</b> ENJUVIA EPIDUO EPIPEN EPIPEN JR <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>erythromycins</i> <i>escitalopram</i> <i>estradiol</i> <i>estradiol-norethindrone</i> <i>estropipate</i> <i>ethinyl estradiol-drospirenone</i> <i>ethinyl estradiol-levonorgestrel</i> <i>ethinyl estradiol-norgestimate</i> <b>EVAMIST</b> <b>EVISTA</b> <b>EXALGO</b>	FOLLISTIM AQ <b>FORADIL QL</b> <b>FORTEO PA</b> <i>fosinopril</i> <i>fosinopril-hydrochlorothiazide</i> <i>furosemide</i>
<b>B</b>	<b>BD INSULIN SYRINGES AND NEEDLES</b> <b>BENICAR ST</b> <b>BENICAR HCT ST</b> <i>benzoyl peroxide</i> <b>BETASERON PA</b> <b>BETIMOL</b> <b>BETOPTIC S</b> BEYAZ	<b>COMBIVENT QL</b> <b>COPAXONE PA</b> <b>COREG CR</b> <b>CRESTOR</b> <b>CYMBALTA ST</b>	<b>D</b>	<b>desonide</b> <i>desoximetasone</i> <b>DETROL ST</b> <b>DETROL LA ST</b> <b>DEXILANT ST</b> <b>diclofenac</b> <i>dicloxacillin</i> <b>DIFFERIN</b> <i>digoxin</i> <i>diltiazem ext-rel</i> <i>doxazosin</i> <i>doxycycline hyclate</i> <b>DUAC</b> <b>DUETACT ST</b> <b>DULERA QL</b>	<b>G</b>
<b>C</b>	<i>calcitonin-salmon</i> <i>carvedilol</i> <i>cefaclor</i> <i>cefdinir</i> <i>cephalexin</i> <i>cholestyramine</i> <b>CIPRO SUSPENSION</b> <i>ciprofloxacin ext-rel</i> <i>ciprofloxacin tablet</i> <i>citalopram</i>	<b>E</b>	<i>fenofibrate</i> <i>fentanyl transdermal</i> <i>finasteride</i> <b>FLOVENT QL</b> <i>fluconazole</i> <i>flunisolide QL</i> <i>fluocinonide</i> <i>fluoxetine</i> <i>fluticasone QL</i>	<b>H</b>	
					<b>I</b>
					<i>ibandronate</i> <i>ipratropium-albuterol inhalation solution QL</i> <i>irbesartan</i> <i>irbesartan-hydrochlorothiazide</i> <b>itraconazole PA</b>



**J**  
JANUMET  
JANUMET XR  
JANUVIA

**K**  
KADIAN  
KOMBIGLYZE XR

**L**  
lansoprazole **ST, T2**  
LANTUS  
latanoprost  
LEVEMIR  
levofloxacin  
levothyroxine  
LEXAPRO **ST**  
lisinopril  
lisinopril-  
hydrochlorothiazide  
LO LOESTRIN FE  
LOESTRIN 24 FE  
losartan  
losartan-  
hydrochlorothiazide  
lovastatin  
LUMIGAN

**M**  
MAXALT **QL**  
medroxyprogesterone  
meloxicam  
metformin  
metformin ext-rel  
metolazone  
metoprolol  
metoprolol succinate ext-rel  
metronidazole

MICARDIS **ST**  
MICARDIS HCT **ST**  
*minocycline*  
*mirtazapine*  
*mometasone*  
*morphine*  
*morphine ext-rel*  
*morphine suppository*

**N**  
*nadolol*  
*naproxen*  
*naratriptan **QL***  
NASONEX **QL, ST**  
NATAZIA  
*nateglinide*  
NIASPAN  
*nifedipine ext-rel*  
*nitrofurantoin*  
NORDITROPIN **PA**  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX  
NUCYNTA  
NUCYNTA ER  
NUVARING

**O**  
omeprazole  
omeprazole-  
sodium bicarbonate  
*capsule **ST, T2***  
ONETOUCH STRIPS AND  
KITS <sup>2</sup>  
ONGLYZA  
OPANA ER  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
oxybutynin

oxybutynin ext-rel  
oxycodone  
oxycodone-acetaminophen  
OXYCONTIN **QL**

**P**  
pantoprazole **ST, T2**  
paroxetine  
paroxetine ext-rel  
penicillin VK  
PENNSAID **ST**  
PRADAXA **PA**  
PRANDIN  
pravastatin  
PREMARIN  
PREMPHASE  
PREMPRO  
PREVACID 24HR **OTC, T1**  
PRILOSEC OTC **T1**  
PRISTIQ **ST**  
PROAIR HFA **QL**  
*progesterone, micronized*  
*propranolol*  
*propranolol ext-rel*  
PROVENTIL HFA **QL**  
PULMICORT  
FLEXHALER **QL**

**Q**  
quinapril  
quinapril-  
hydrochlorothiazide  
QVAR **QL**

**R**  
ramipril  
ranitidine  
RAPAFLO

RELENZA **QL**  
RETIN-A MICRO **PA**  
rimantadine

**S**  
SEREVENT **QL**  
*sertraline*  
SIMCOR **ST**  
*simvastatin*  
SINGLAIR **ST**  
SPIRIVA **QL**  
*spironolactone-*  
*hydrochlorothiazide*  
*sulfamethoxazole-*  
*trimethoprim*  
*sumatriptan **QL***  
SUMAVEL DOSEPRO **QL**  
SUPRAX  
SYMBICORT **QL**  
SYNVISC **PA**  
SYNVISC-ONE **PA**

triamterene-  
hydrochlorothiazide  
TRICOR  
TRILPIX  
trospium

**V**  
valacyclovir  
VELTIN **PA**  
*venlafaxine*  
*venlafaxine ext-rel*  
VENTOLIN HFA **QL**  
VERAMYST **QL, ST**  
verapamil ext-rel  
VESICARE **ST**  
VICTOZA **PA**  
VIIBRYD **ST**  
VIMOVO **ST**  
VIVELLE-DOT  
VOLTAREN GEL **ST**

**W**  
*warfarin*  
WELCHOL

**X**  
XARELTO

**Z**  
zafirlukast  
ZEGERID OTC **T1**  
ZETIA **ST**  
zolpidem  
zolpidem ext-rel  
ZOMIG **QL**

## PREFERRED ALTERNATIVES LIST

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ADVICOR <b>ST</b>	SIMCOR <b>ST</b>	BECONASE AQ <b>QL, ST</b>	flunisolide <b>QL</b> , fluticasone <b>QL</b> , triamcinolone nasal spray <b>QL</b> , NASONEX <b>QL, ST</b> , VERAMYST <b>QL, ST</b>
ALORA	estradiol, EVAMIST, VIVELLE-DOT	BENZAC AC, BENZAC W	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin <b>PA</b> , ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO <b>PA</b> , VELTIN <b>PA</b>
ALTOPREV <b>ST</b>	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR	BENZAGEL	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin <b>PA</b> , ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO <b>PA</b> , VELTIN <b>PA</b>
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	BENZIQ	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin <b>PA</b> , ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO <b>PA</b> , VELTIN <b>PA</b>
ARMOUR THYROID	levothyroxine		
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>	BREVOXYL	benzoyl peroxide
ATACAND <b>ST</b> , ATACAND HCT <b>ST</b>	ibesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR <b>ST</b> , BENICAR HCT <b>ST</b> , MICARDIS <b>ST</b> , MICARDIS HCT <b>ST</b>	CARDURA XL	alfuzosin ext-rel, doxazosin, tamsulosin, RAPAFLO
ATELVIA	alendronate, ibandronate, ACTONEL <b>ST</b>	CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN
ATROVENT HFA <b>QL</b>	SPIRIVA <b>QL</b>		
AXERT <b>QL</b>	naratriptan <b>QL</b> , sumatriptan <b>QL</b> , MAXALT <b>QL</b> , ZOMIG <b>QL</b>		
AXIRON <b>PA</b>	ANDRODERM <b>PA</b> , ANDROGEL <b>PA</b>		
AZELEX	erythromycin solution		

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DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
CLINDAGEL	erythromycin solution	OXYTROL ST	oxybutynin ext-rel, trospium, DETROL ST, DETROL LA ST, ENABLEX ST, GELNIQUE ST, VESICARE ST
DESKIN E, DESKIN X	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO PA, VELTIN PA	PATANASE QL	azelaistine spray QL, ASTEPRO QL
DORAL	zolpidem, zolpidem ext-rel	PEXEVA ST	citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, VIIBRYD ST
DUEXIS	VIMOVO ST	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
DYNACIRC CR	amlodipine, nifedipine ext-rel	PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
EDARBI ST	irbesartan, losartan, BENICAR ST, MICARDIS ST	RELION INSULIN	NOVOLIN
EDLUAR ST	zolpidem, zolpidem ext-rel	RELPAX QL	naratriptan QL, sumatriptan QL, MAXALT QL, ZOMIG QL
ESTRASORB	estradiol, EVAMIST, VIVELLE-DOT	RHINOCORT AQUA QL, ST	flunisolide QL, fluticasone QL, triamcinolone nasal spray QL, NASONEX QL, ST, VERAMYST QL, ST
ESTROGEL	estradiol, EVAMIST, VIVELLE-DOT	RIOMET	metformin ext-rel
FEMTRACE	estradiol, estropipate, ENJUVIA, PREMARIN	ROZEREM ST	zolpidem, zolpidem ext-rel
FENOGLIDE	fenoferate, TRICOR, TRILIPIX	RYZOLT	tramadol ext-rel
FIRST TESTOSTERONE PA	ANDRODERM PA, ANDROGEL PA	SANCTURA XR ST	oxybutynin ext-rel, trospium, DETROL ST, DETROL LA ST, ENABLEX ST, GELNIQUE ST, VESICARE ST
FLECTOR ST	diclofenac, meloxicam, naproxen	SKELID ST	alendronate, ACTONEL ST
FORTAMET	metformin ext-rel	STRIANT PA	ANDRODERM PA, ANDROGEL PA
FORTESTA PA	ANDRODERM PA, ANDROGEL PA	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
FOSAMAX PLUS D ST	alendronate, ibandronate, ACTONEL ST	TESTIM PA	ANDRODERM PA, ANDROGEL PA
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>	TEVETEN ST, TEVETEN HCT ST	irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR ST, BENICAR HCT ST, MICARDIS ST, MICARDIS HCT ST
FROVA QL	naratriptan QL, sumatriptan QL, MAXALT QL, ZOMIG QL	TOVIAZ ST	oxybutynin ext-rel, trospium, DETROL ST, DETROL LA ST, ENABLEX ST, GELNIQUE ST, VESICARE ST
GLUMETZA	metformin ext-rel	TRADJENTA	JANUVIA, ONGLYZA
HUMALOG	APIDRA, NOVLOG	TRIAZ	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO PA, VELTIN PA
HUMALOG MIX 50/50	NOVLOG MIX 70/30	TRIGLIDE	fenofibrate, TRICOR, TRILIPIX
HUMALOG MIX 75/25	NOVLOG MIX 70/30	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>
HUMULIN	NOVOLIN	TWINJECT	EPIPEN, EPIPEN JR
INNOPRAN XL	atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR	VANOS ST	clobetasol
ISTALOL	timolol maleate solution, BETIMOL	VYTORIN ST	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR
LIVALO ST	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR	XOPENEX HFA QL	PROAIR HFA QL, PROVENTIL HFA QL, VENTOLIN HFA QL
LUNESTA ST	zolpidem, zolpidem ext-rel	ZYFLO, ZYFLO CR	zafirlukast, SINGULAIR ST
MAXAIR QL	PROAIR HFA QL, PROVENTIL HFA QL, VENTOLIN HFA QL		
MENEST	estradiol, estropipate, ENJUVIA, PREMARIN		
MENOSTAR	estradiol, EVAMIST, VIVELLE-DOT		
NEOBENZ MICRO	benzoyl peroxide		
OLEPTRO	trazodone		
OLUX-E ST	clobetasol propionate foam		
OMNARIS QL, ST	flunisolide QL, fluticasone QL, triamcinolone nasal spray QL, NASONEX QL, ST, VERAMYST QL, ST		

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**FOR YOUR INFORMATION:** 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. This list represents brand products in CAPS and generic products in lowercase *italics*. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

\* 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.  
**OTC** Over the Counter.

**PA** Prior Authorization required.

**ST** Step Therapy required.

**QL** Quantity Limits apply.

**T1** Drugs adjudicate at Tier 1.

**T2** Drugs adjudicate at Tier 2.

<sup>1</sup> Copayment or copay means the amount a member is required to pay for a prescription in accordance with the plan's benefits.

<sup>2</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. Members must use the CVS Caremark Mail Service Pharmacy to receive this benefit.

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.