

# Physician and Pharmacist Reference Guide

## Preferred Choice

The **CVS Caremark Preferred Choice 3-Tier Formulary**, formerly the *PharmaCare Preferred Choice 3-Tier Formulary*, 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*.

### HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS 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<sup>1</sup> 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.

### PLAN PARTICIPANT

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:

- 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 [www.caremark.com](http://www.caremark.com) 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.
- Any brand drug for which a generic product becomes available may be designated as a non-formulary product.

### THERAPEUTIC CATEGORIES

Antidiabetic Agents	2
Allergy, Cough & Cold	2
Anti-Infective Agents	2
Antineoplastic	2
Autonomic and Central Nervous System Agents	2
Cardiovascular Agents	3
Contraceptives	3
Corticosteroids	4
Dermatologicals	4
Diagnostics	4
Gastrointestinal Agents	4
Gout Agents	4
Hematopoietic Growth Factors	4
Hormones	4
Immunologic Agents	4
Immunosuppressive Agents	4
Ophthalmics	4
Osteoporosis Agents	5
Otics	5
Phosphate Binder Agents	5
Respiratory/Asthma	5
Skeletal Muscle Relaxants	5
Thyroid and Antithyroid Agents	5
Urinary Agents	5
Vaginal Preparations	5
Vitamins	5

**ANTI-DIABETIC AGENTS****INSULINS****RAPID-ACTING INSULINS**

APIDRA  
 HUMALOG  
 HUMULIN R  
 NOVOLIN R  
 NOVOLOG

**INTERMEDIATE-ACTING INSULINS**

HUMALOG MIX  
 HUMULIN MIX  
 HUMULIN N  
 NOVOLIN MIX  
 NOVOLIN N  
 NOVOLOG MIX

**LONG-ACTING INSULINS**

LANTUS  
 LEVEMIR

**ORAL**

acarbose  
 glimepiride  
 glipizide  
 glipizide ext-rel  
 glipizide-metformin  
 metformin  
 metformin ext-rel  
 ACTOPLUS MET  
 ACTOS  
 DUETACT  
 JANUMET  
 JANUVIA  
 ONGLYZA  
 PRANDIN

**OTHER DIABETIC AGENTS**

BYETTA  
 GLUCAGEN HYPOKIT  
 GLUCAGON EMERGENCY KIT  
 SYMLIN

**ALLERGY,  
COUGH & COLD****ANTIHISTAMINES**

cyproheptadine  
 fexofenadine  
 hydroxyzine HCl

**ANTITUSSIVE COMBINATIONS**

codeine-chlorpheniramine-  
 pseudoephedrine  
 codeine-guaifenesin  
 codeine-guaifenesin-  
 pseudoephedrine  
 codeine-promethazine  
 codeine-promethazine-  
 phenylephrine  
 dextromethorphan-  
 brompheniramine-  
 pseudoephedrine  
 dextromethorphan-  
 promethazine  
 hydrocodone-homatropine

**NASAL CORTICOSTEROIDS**

flunisolide  
 fluticasone  
 NASACORT AQ  
 NASONEX  
 VERAMYST

**NASAL ANTIHISTAMINES**

ASTELIN  
 ASTEPRO

**ANTI-INFECTIVE AGENTS****ANTHELMINTICS**

mebendazole

**ANTIBIOTICS****CEPHALOSPORINS**

cefaclor  
 cefdinir  
 cephalixin  
 SUPRAX

**MACROLIDES**

azithromycin  
 clarithromycin  
 clarithromycin ext-rel  
 erythromycin  
 delayed-rel  
 erythromycin ethylsuccinate  
 erythromycin stearate

**PENICILLINS**

amoxicillin  
 amoxicillin-clavulanate  
 dicloxacillin  
 penicillin VK

**QUINOLONES**

ciprofloxacin ext-rel  
 ciprofloxacin tablet  
 AVELOX  
 LEVAQUIN

**SULFONAMIDES**

sulfamethoxazole-  
 trimethoprim DS

**TETRACYCLINES**

doxycycline hyclate  
 minocycline  
 tetracycline  
 ORACEA

**OTHER ANTI-INFECTIVES**

chloroquine  
 clindamycin  
 dapsone  
 ethambutol  
 isoniazid  
 mefloquine  
 metronidazole  
 nitrofurantoin macrocrystals  
 pyrazinamide  
 rifampin  
 trimethoprim  
 ALINIA  
 FURADANTIN  
 MALARONE  
 TINDAMAX  
 TOBI  
 VANCOCIN  
 ZYVOX

**ANTIFUNGAL AGENTS**

fluconazole  
 itraconazole  
 terbinafine tablet

**ANTIVIRALS**

acyclovir  
 amantadine  
 ganciclovir  
 ribavirin  
 rimantadine  
 valacyclovir  
 BARACLUDE  
 EPIVIR HBV  
 HEPSERA  
 INFERGEN  
 INTRON A  
 PEGASYS  
 PEGINTRON  
 PEGINTRON REDIPEN  
 REBETOL soln  
 RELENZA  
 TAMIFLU  
 TYZEKA  
 VALCYTE

**Generally, self-administered single source brand drugs indicated for the treatment of HIV are formulary.**

**ANTINEOPLASTIC**

**Generally, self-administered single source brand drugs indicated for the treatment of cancer are formulary.**

**AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS****ALZHEIMER'S AGENTS**

galantamine  
 galantamine ext-rel  
 ARICEPT  
 EXELON  
 NAMENDA

**ANALGESICS, NARCOTIC**

codeine-acetaminophen  
 fentanyl transdermal  
 hydrocodone-  
 acetaminophen  
 hydromorphone  
 morphine  
 morphine ext-rel  
 morphine supp  
 oxycodone  
 oxycodone ext-rel  
 oxycodone soln  
 oxycodone-acetaminophen  
 AVINZA  
 KADIAN  
 OPANA ER  
 OXYCONTIN

**ANALGESICS, NON-NARCOTIC**

butalbital-acetaminophen-  
 caffeine  
 butalbital-aspirin-caffeine  
 tramadol

**ANALGESICS, NON-STEROIDAL ANTI-INFLAMMATORY**

diclofenac  
 etodolac  
 ibuprofen  
 indomethacin  
 indomethacin ext-rel  
 meloxicam  
 nabumetone  
 naproxen  
 naproxen sodium  
 oxaprozin  
 sulindac  
 CELEBREX

**ANALGESICS, SALICYLATES**

diflunisal  
 salsalate

**ANTICONSULSANTS**

carbamazepine  
 carbamazepine ext-rel  
 clonazepam  
 divalproex  
 divalproex ext-rel  
 ethosuximide  
 gabapentin  
 lamotrigine  
 levetiracetam  
 oxcarbazepine  
 phenobarbital  
 phenytoin  
 primidone  
 topiramate  
 valproic acid  
 zonisamide  
 CARBATROL  
 DIASTAT  
 DILANTIN INFATAB  
 GABITRIL  
 KEPRA XR  
 LAMICTAL ODT  
 LAMICTAL XR  
 LYRICA  
 SABRIL  
 TEGRETOL XR  
 TRILEPTAL  
 VIMPAT

**ANTIPARKINSON AGENTS**

benztrapine  
 bromocriptine  
 carbidopa-levodopa  
 carbidopa-levodopa ext-rel  
 ropinirole  
 selegiline  
 trihexyphenidyl  
 APOKYN  
 AZILECT  
 COMTAN  
 MIRAPEX  
 STALEVO

**ANXIOLYTICS, SEDATIVES, AND HYPNOTICS**

alprazolam  
 buspirone  
 diazepam  
 lorazepam  
 oxazepam  
 temazepam  
 triazolam  
 zolpidem  
 AMBIEN CR

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**CEREBRAL STIMULANTS**

*amphetamine-dextroamphetamine*  
*dexmethylphenidate*  
*dextroamphetamine*  
*dextroamphetamine ext-rel*  
*methylphenidate*  
*methylphenidate ext-rel*  
ADDERALL XR  
CONCERTA  
DAYTRANA  
FOCALIN XR  
METADATE CD  
METHYLIN  
RITALIN LA  
STRATTERA  
VYVANSE

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**MIGRAINE AGENTS**

*dihydroergotamine*  
*ergotamine-caffeine tablet*  
*sumatriptan*  
MAXALT  
MIGRANAL  
TREMIMET  
ZOMIG

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**OBSESSIVE-COMPULSIVE DISORDER AGENTS**

*fluvoxamine*

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**PSYCHOTHERAPEUTIC AGENTS**

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**ANTIDEPRESSANTS**

*amitriptyline*  
*bupropion*  
*bupropion ext-rel*  
*citalopram*  
*clomipramine*  
*desipramine*  
*doxepin*  
*fluoxetine*  
*imipramine*  
*mirtazapine*  
*nortriptyline*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
*trazodone*  
*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
LEXAPRO  
PRISTIQ

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**ANTIMANIC AGENTS**

*lithium carbonate*  
*lithium carbonate ext-rel*

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**ANTIPSYCHOTIC AGENTS**

*chlorpromazine*  
*clozapine*  
*fluphenazine*  
*haloperidol*  
*perphenazine*  
*risperidone*  
*thioridazine*  
*thiothixene*  
*trifluoperazine*  
ABILIFY  
FAZACLO  
GEODON  
INVEGA  
RISPERDAL  
SEROQUEL  
ZYPREXA

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**CARDIOVASCULAR AGENTS**

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**ALDOSTERONE**

**ANTAGONISTS**  
*spironolactone*

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**ANGIOTENSIN II****ANTAGONISTS**

AVAPRO  
BENICAR  
MICARDIS

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**ANGIOTENSIN****CONVERTING ENZYME INHIBITORS**

*fosinopril*  
*lisinopril*  
*quinapril*  
*ramipril*  
*trandolapril*

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**ANTI-ADRENERGIC AGENTS**

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**BETA-ADRENERGIC**

**BLOCKERS**  
*atenolol*  
*carvedilol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*nadolol*  
*propranolol*  
*propranolol ext-rel*  
BYSTOLIC  
COREG CR

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**CENTRALLY ACTING**

*clonidine*  
*clonidine transdermal*  
*guanfacine*  
*methyl dopa*

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**PERIPHERALLY ACTING**

*doxazosin*  
*terazosin*  
FLOMAX

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**ANTIARRHYTHMICS**

*amiodarone*  
*digoxin*  
*disopyramide*  
*disopyramide ext-rel*  
*flecainide*  
*propafenone*  
*sotalol*  
*sotalol AF*  
MULTAQ  
RYTHMOL SR  
TIKOSYN

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**ANTICOAGULANTS/ ANTIPLATELET AGENTS**

*warfarin*  
AGGRENOX  
ARIXTRA  
COUMADIN  
EFFIENT  
FRAGMIN  
INNOHEP  
LOVENOX  
PLAVIX

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**ANTILIPEMICS**

*cholestyramine*  
*colestipol*  
*fenofibrate*  
*pravastatin*  
*simvastatin*  
ADVICOR  
CRESTOR  
LIPITOR  
LOVAZA  
NIASPAN  
SIMCOR  
TRICOR  
TRILIPIX  
WELCHOL  
ZETIA

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**CALCIUM CHANNEL BLOCKERS**

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

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**COMBINATION****ANTIHYPERTENSIVES**

*amlodipine-benazepril*  
*atenolol-chlorthalidone*  
*bisoprolol-hydrochlorothiazide*  
*fosinopril-hydrochlorothiazide*  
*lisinopril-hydrochlorothiazide*  
*metoprolol-hydrochlorothiazide*  
*quinapril-hydrochlorothiazide*  
AVALIDE  
BENICAR HCT  
CADUET  
MICARDIS HCT  
TARKA  
TEKTURNA HCT  
VALTURNA

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**DIRECT RENIN INHIBITORS**

TEKTURNA

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**DIURETICS**

*acetazolamide*  
*acetazolamide ext-rel*  
*furosemide*  
*hydrochlorothiazide*  
*methazolamide*  
*metolazone*  
*spironolactone-hydrochlorothiazide*  
*toremide*  
*triamterene-hydrochlorothiazide*

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**VASODILATORS**

*dipyridamole*  
*hydralazine*  
*isosorbide dinitrate ext-rel*  
*isosorbide dinitrate oral*  
*isosorbide mononitrate*  
*isosorbide mononitrate ext-rel*  
*nitroglycerin sublingual*  
*nitroglycerin transdermal*

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**OTHER CARDIOVASCULAR AGENTS**

*midodrine*  
RANEXA

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**CONTRACEPTIVES**

**EE = ethinyl estradiol**  
**ME = mestranol**

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**MONOPHASIC**

*desogestrel-EE*  
*drospirenone-EE*  
*ethynodiol diacetate-EE*  
*levonorgestrel-EE*  
*norethindrone acetate-EE*  
*norethindrone acetate-EE-iron*  
*norethindrone-EE*  
*norethindrone-ME*  
*norgestimate-EE*  
*norgestrel-EE*  
Apri  
Aviane  
Cryselle  
Junel  
Lessina  
Levora  
Low-Ogestrel  
Microgestin  
Microgestin FE  
Mononessa  
Necon 1/50  
Nortrel  
Ocella  
Portia  
Previfem  
Sprintec  
Zovia  
YAZ

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**BIPHASIC**

*desogestrel-EE*  
Kariva

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**TRIPHASIC**

*desogestrel-EE*  
*levonorgestrel-EE*  
*norethindrone-EE*  
*norgestimate-EE*  
Aranelle  
Cesia  
Enpresse  
Necon 7/7/7  
Nortrel 7/7/7  
Trinessa  
Tri-Previfem  
Tri-Sprintec  
Trivora  
Velivet  
ORTHO TRI-CYCLEN LO

**EXTENDED CYCLE**

Quasense  
LOSEASONIQUE  
SEASONIQUE

**PROGESTIN ONLY**

Camila  
Errin  
Jolivette

**EMERGENCY CONTRACEPTION PLAN B****CONTRACEPTIVE DEVICES NUVARING****CORTICOSTEROIDS**

dexamethasone  
fludrocortisone  
hydrocortisone oral  
methylprednisolone  
prednisolone syrup  
prednisolone tablet  
prednisone

**DERMATOLOGICALS****ACNE**

clindamycin soln  
clindamycin-benzoyl peroxide  
erythromycin soln  
erythromycin-benzoyl peroxide  
isotretinoin  
sulfacetamide-sulfur  
tretinoin  
ACANYA  
DIFFERIN  
DUAC CS  
EPIDUO  
RETIN-A MICRO

**ANALGESICS**

NSAIDs  
VOLTAREN GEL

**ANTIBIOTICS**

gentamicin  
metronidazole  
mupirocin  
silver sulfadiazine  
ALTABAX  
METROGEL

**FUNGICIDES**

ciclopirox  
clotrimazole  
econazole  
ketoconazole  
EXELDERM  
MENTAX  
OXISTAT

**TOPICAL ANTI-INFLAMMATORY AGENTS****LOW POTENCY**

desonide  
fluocinolone acetonide  
hydrocortisone  
CAPEX

**INTERMEDIATE POTENCY**

alclometasone dipropionate  
fluocinolone acetonide  
fluticasone propionate  
hydrocortisone butyrate  
hydrocortisone valerate  
mometasone furoate  
triamcinolone acetonide

CORDRAN lotion  
CORDRAN TAPE  
KENALOG SPRAY

**HIGH POTENCY**

betamethasone dipropionate  
desoximetasone  
diflorasone diacetate crm  
diflorasone diacetate emollient crm  
fluocinonide  
triamcinolone acetonide

**HIGHEST POTENCY**

betamethasone dipropionate augmented  
clobetasol propionate  
diflorasone diacetate oint  
halobetasol propionate  
CLOBEX

**OTHER****DERMATOLOGICALS**

ammonium lactate  
calcipotriene soln  
fluorouracil  
ketoconazole shampoo  
malathion  
permethrin 5%  
podofilox  
selenium sulfide shampoo  
ALDARA  
CARAC  
DOVONEX crm  
ELIDEL  
EURAX  
FINACEA  
OXSORALEN ULTRA  
PROTOPIC  
SORIATANE  
TARGRETIN capsule  
TAZORAC

**DIAGNOSTICS**

ACCU-CHEK products  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH products

**GASTROINTESTINAL AGENTS**

ANTIASPASMODIC/ GI MOTILITY  
chlordiazepoxide-clidinium  
dicyclomine  
diphenoxylate-atropine  
hyoscyamine  
loperamide

**ANTIULCER**

omeprazole  
pantoprazole  
ranitidine  
sucralfate  
KAPIDEX  
NEXIUM  
PREVPAC

**BOWEL EVACUANTS**

polyethylene glycol  
HALFLYTELY  
MOVIPREP  
NULYTELY  
OSMOPREP  
VISICOL

**DIGESTANTS**

CREON  
ULTRASE  
ULTRASE MT  
VIOKASE

**OTHER GI PRODUCTS**

balsalazide  
hydrocortisone enema  
lactulose  
mesalamine  
misoprostol  
sulfasalazine  
sulfasalazine delayed-rel  
ursodiol  
ASACOL  
ASACOL HD  
CANASA  
CORTIFOAM  
ENTOCORT EC  
KRISTALOSE  
LIALDA  
PENTASA  
PROCTOFOAM-HC  
SFWOWASA

**GOUT AGENTS**

allopurinol  
probenecid  
ULORIC

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
NEULASTA  
NEUPOGEN  
PROCRIT

**HORMONES**

ANDROGENS  
ANDRODERM  
ANDROGEL

**ANTIESTROGENS/ ANTIANDROGENS**

finasteride  
tamoxifen  
AVODART

**ESTROGENS**

estradiol  
estradiol transdermal  
estropipate  
CLIMARA  
ENJUVIA  
ESTRACE VAG CREAM  
ESTRADERM  
ESTRING  
FEMRING  
PREMARIN  
PREMARIN VAG CREAM  
VAGIFEM  
VIVELLE-DOT

**ESTROGEN AND PROGESTERONE COMBINATIONS**

estradiol-norethindrone  
CLIMARA PRO  
COMBIPATCH  
PREFEST  
PREMPHASE  
PREMPRO

**PROGESTINS**

medroxyprogesterone  
megestrol acetate  
norethindrone acetate  
CRINONE  
MEGACE ES  
PROCHIEVE  
PROMETRIUM

**SELECTIVE ESTROGEN RECEPTOR MODULATORS**

EVISTA

**IMMUNOLOGIC AGENTS**

DMARDs  
hydroxychloroquine  
methotrexate  
ENBREL  
HUMIRA  
KINERET  
TREXALL

**IMMUNOSUPPRESSIVE AGENTS**

azathioprine  
cyclosporine  
cyclosporine-modified  
mycophenolate mofetil  
tacrolimus  
CELLCEPT  
MYFORTIC  
PROGRAF  
RAPAMUNE

**OPHTHALMICS****ANTI-ALLERGIC AGENTS**

azelastine  
cromolyn  
ketorolac  
ALOCRIL  
ALOMIDE  
PATADAY  
PATANOL

**ANTI-GLAUCOMA AGENTS**

brimonidine  
dorzolamide  
dorzolamide-timolol  
ALPHAGAN P  
AZOPT  
COMBIGAN  
LUMIGAN  
TRAVATAN  
TRAVATAN Z  
XALATAN

**ANTI-INFECTIVE/ ANTIVIRAL AGENTS**

bacitracin  
ciprofloxacin  
erythromycin  
gentamicin  
neomycin-polymyxin B-gramicidin  
ofloxacin  
polymyxin B-bacitracin  
polymyxin B-trimethoprim  
sulfacetamide  
tobramycin  
trifluridine  
QUIXIN  
VIGAMOX  
ZYMAR

**ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS**

*neomycin-polymyxin B-bacitracin-hydrocortisone*  
*neomycin-polymyxin B-dexamethasone*  
*neomycin-polymyxin B-hydrocortisone susp*  
*sulfacetamide-prednisolone phosphate*  
 BLEPHAMIDE SOP  
 TOBRADEX  
 ZYLET

**ANTI-INFLAMMATORY AGENTS**

*dexamethasone*  
*diclofenac sodium*  
*fluorometholone*  
*prednisolone acetate*  
*prednisolone phosphate*  
 ALREX  
 LOTEMAX  
 PRED MILD  
 XIBROM

**BETA-BLOCKERS**

*timolol*  
 BETIMOL  
 BETOPTIC-S

**OSTEOPOROSIS AGENTS**

*alendronate*  
*Fortical*  
 ACTONEL  
 BONIVA  
 FORTEO

**OTICS**

**ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS**  
*acetic acid*  
*acetic acid-aluminum acetate*  
*neomycin-polymyxin B-hydrocortisone*  
*ofloxacin otic*  
 CIPRO HC  
 CIPRODEX

**PHOSPHATE BINDER AGENTS**

*calcium acetate*  
 FOSRENOL  
 RENAGEL  
 RENVELA

**RESPIRATORY/ASTHMA**

**ANAPHYLAXIS TREATMENT AGENTS**  
 EPIPEN  
 EPIPEN JR

**ANTI-ASTHMATIC AGENTS**

**ANTI-LEUKOTRIENES**  
 SINGULAIR  
**CORTICOSTEROIDS**  
 ASMANEX  
 FLOVENT  
 FLOVENT HFA  
 PULMICORT  
 QVAR  
**SYMPATHOMIMETICS**  
*albuterol*  
*terbutaline*  
 FORADIL  
 PERFORMIST  
 PROAIR HFA  
 PROVENTIL HFA  
 SEREVENT  
 VENTOLIN HFA  
**XANTHINE DERIVATIVES**  
*theophylline*  
*theophylline ext-rel*  
 THEO-24  
**OTHER RESPIRATORY/ASTHMA AGENTS**  
*cromolyn sodium*  
*ipratropium soln*  
*ipratropium-albuterol inhalation soln*  
 ADVAIR  
 ADVAIR HFA  
 COMBIVENT  
 INTAL INHALER  
 PULMOZYME  
 SPIRIVA  
 SYMBICORT

**SKELETAL MUSCLE RELAXANTS**

*baclofen*  
*carisoprodol*  
*chlorzoxazone*  
*cyclobenzaprine*  
*dantrolene*  
*diazepam*  
*methocarbamol*  
*orphenadrine-aspirin-caffeine*  
*tizanidine*  
 SKELAXIN

**THYROID AND ANTITHYROID AGENTS**

*levothyroxine*  
*methimazole*  
*propylthiouracil*  
 Levoxyl  
 SYNTHROID

**URINARY AGENTS**

*bethanechol*  
*oxybutynin*  
*oxybutynin ext-rel*  
*phenazopyridine*  
*potassium citrate*  
 DETROL  
 DETROL LA  
 ELMIRON  
 ENABLEX  
 GELNIQUE  
 K-PHOS ORIGINAL  
 OXYTROL  
 SANCTURA XR  
 VESICARE

**VAGINAL PREPARATIONS**

*clindamycin*  
*metronidazole*  
*terconazole*  
 CLEOCIN OVULE  
 CLINDESSE

**VITAMINS**

**VITAMIN D/ANALOGUES**  
*calcitriol*  
*ergocalciferol*  
 HECTOROL  
 ZEMPLAR

**MISCELLANEOUS**

*cyanocobalamin inj*  
*fluoride drops*  
*fluoride tablet*  
*multivitamins-fluoride*  
*multivitamins-fluoride-iron*  
*vitamin ADC-fluoride*  
*vitamin ADC-fluoride-iron*  
 MEPHYTON

**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. This is not a complete list of all formulary products. Any brand drug for which a generic product becomes available may be designated as a non-formulary product. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

<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.

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