

Primary/Preferred Drug List

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

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. 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 copay¹ information, please visit our Web site at 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. 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 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 to check coverage and copay information for a specific medicine.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefactor
cefdinir

cephalexin

§ 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

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

ATACAND²/ATACAND HCT

AVAPRO/AVALIDE

BENICAR/BENICAR HCT

MICARDIS/MICARDIS HCT

ANTILIPEMICS

ANTILIPEMIC COMBINATIONS

VYTORIN

§ BILE ACID RESINS

cholestyramine

WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate

TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin

simvastatin

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

toremide

triamterene-

hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion

bupropion ext-rel

mirtazapine

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§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
 LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)³

venlafaxine
 CYMBALTA
 EFFEXOR XR

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
 LUNESTA

MIGRAINE**SELECTIVE SEROTONIN AGONISTS**

IMITREX
 MAXALT
 ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
 REBIF

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDROGEL

ANTIDIABETICS**§ BIGUANIDES**

metformin
metformin ext-rel

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

glyburide-metformin

SUPPLIES

ACCU-CHEK STRIPS
 AND KITS⁵

BD INSULIN SYRINGES

AND NEEDLES

ONETOUCH STRIPS

AND KITS⁵

CALCIUM REGULATORS**§ BISPHOSPHONATES**

alendronate

ACTONEL

§ CALCITONINS

Fortical

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES**§ MONOPHASIC**

YASMIN

YAZ

§ TRIPHASIC

ORTHO TRI-CYCLLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropipate

ENJUVIA

PREMARIN

§ TRANSDERMAL, ESTROGENS

estradiol

CLIMARA

ESTRADERM

VIVELLE-DOT

§ ORAL ESTROGEN/PROGESTINS

PREMPHASE

PREMPRO

§ PROGESTINS

medroxyprogesterone

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine

SYNTHROID

GASTROINTESTINAL**§ H₂ RECEPTOR ANTAGONISTS**

ranitidine

§ PROTON PUMP INHIBITORS

omeprazole

pantoprazole

NEXIUM

PREVACID

GENITOURINARY**§ BENIGN PROSTATIC HYPERPLASIA**

doxazosin

finasteride

terazosin

AVODART

FLOMAX

§ URINARY ANTISPASMODICS

oxybutynin

oxybutynin ext-rel

DETROL

DETROL LA

ENABLEX

OXYTROL

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-D⁴

BETA AGONISTS**§ SHORT ACTING**

albuterol

PROAIR HFA

PROVENTIL HFA

XOPENEX

XOPENEX HFA

LONG ACTING

FORADIL

SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone

NASACORT AQ

NASONEX

RHINOCORT AQUA

VERAMYST

STEROID/BETA AGONISTS

ADVAIR

SYMBICORT

STEROID INHALANTS

ASMANEX

FLOVENT

PULMICORT

QVAR

TOPICAL**DERMATOLOGY****§ ACNE**

erythromycin-

benzoyl peroxide

retinoin

BENZACLIN

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 PRIMARY/PREFERRED DRUG LIST**A**

ACCU-CHEK STRIPS
 AND KITS⁵
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
 ADVAIR
 ADVICOR

albuterol
alendronate
 ALLEGRA-D⁴
 ALPHAGAN P
amlodipine
amoxicillin
amoxicillin-clavulanate
 ANDROGEL
 APIDRA

ASMANEX
 ASTELIN
 ATACAND²
 ATACAND HCT
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

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cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
CLIMARA
COMBIVENT
COPAXONE
COREG CR
COUMADIN
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-
benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estropipate
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
glyburide-metformin

H

HUMALOG
HUMULIN
hydrochlorothiazide

I

IMITREX
ipratropium-albuterol
inhalation solution
itraconazole

L

LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIPITOR

lisinopril
lisinopril-
hydrochlorothiazide
LUMIGAN
LUNESTA

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 KITS⁵
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

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

Q

quinapril
quinapril-
hydrochlorothiazide
QVAR

R

ramipril
ranitidine
REBIF
RETIN-A MICRO
RHINOCORT AQUA

S

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

T

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

V

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

W

warfarin
WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

YASMIN
YAZ

Z

ZETIA
ZIANA
zolpidem
ZOMIG

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.