

# Primary/Preferred Drug List

The **CVS 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 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-preferred product.

## 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 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

*cefactor*  
*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  
TRILIPIX

### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
CRESTOR  
LIPITOR

### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN  
SIMCOR

### § BETA-BLOCKERS

*atenolol*  
*carvedilol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*nadolol*  
*propranolol*  
BYSTOLIC  
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*

§ 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

ANTIDIABETICS

§ 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

TRANSDERMAL  
ORTHO EVRA

VAGINAL  
NUVARING

ESTROGENS

§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

§ TRANSDERMAL, 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*  
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 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  
BYSTOLIC

### 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*  
*feofenadine*  
*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  
TRILIPIX

### 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	<i>omeprazole</i>
ACTONEL W/CALCIUM	<i>alendronate</i>
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR
ALORA	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	<i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR
AMERGE	<i>sumatriptan</i> , MAXALT, ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT
ATRALIN	<i>tretinoin</i>
ATROVENT HFA	SPIRIVA
AXERT	<i>sumatriptan</i> , MAXALT, ZOMIG
AZELEX	<i>erythromycin solution</i>
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR
BECONASE AQ	<i>fluticasone</i>
BENZAC AC, BENZAC W	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDIZEM LA	<i>diltiazem ext-rel</i>
CARDURA XL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
CENESTIN	<i>estradiol</i> , <i>estropipate</i> , ENJUvia, PREMARIN
CLARINEX	<i>fenofibrate</i>
CLARINEX D	ALLEGRA-D <sup>3</sup>
CLINDAGEL	<i>erythromycin solution</i>
DESQUAM E, DESQUAM X	<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)*
DORAL	<i>zolpidem</i> , AMBIEN CR
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EPIDUO	<i>tretinoin</i>
ESTRASORB	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
EVOCLIN FOAM	<i>clindamycin solution</i> , <i>erythromycin solution</i>
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i> , <i>estropipate</i> , ENJUvia, PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX PLUS D	<i>alendronate</i>
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
GELNIQUE	<i>oxybutynin ext-rel</i>
INNOPRAN XL	<i>atenolol</i> , <i>propranolol ext-rel</i>
ISTALOL	<i>timolol maleate solution</i> , BETIMOL
KLARON LOTION	<i>erythromycin solution</i>
LUNESTA	<i>zolpidem</i>
MAXAIR	PROAIR HFA
MENEST	<i>estradiol</i> , <i>estropipate</i> , ENJUvia, PREMARIN
MENOSTAR	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
OMNARIS	<i>fluticasone</i>
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i> , LEXAPRO
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
RAPAFLO	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	<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 STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>

\* 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.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TEKTRNA, TEKTRNA HCT	BENICAR, BENICAR HCT
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin</i> , FLOMAX
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

\* 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.

**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. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. 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.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

<sup>§</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.caremark.com](http://www.caremark.com) 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.**

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