

# Primary/Preferred Drug List

The **CVS Caremark Primary/Preferred Drug List** is a guide within select therapeutic categories for clients, plan members 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 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:

- 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.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 member'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.
- Log in to [www.caremark.com](http://www.caremark.com) 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

#### § ANTIFUNGALS

fluconazole  
itraconazole  
terbinafine tablet

#### ANTIVIRALS

#### § HERPES AGENTS

acyclovir  
valacyclovir

#### § INFLUENZA AGENTS

amantadine  
rimantadine  
RELENZA  
TAMIFLU

#### § MISCELLANEOUS

clindamycin

metronidazole  
nitrofurantoin  
sulfamethoxazole-  
trimethoprim

## CARDIOVASCULAR

### § ACE INHIBITORS

fosinopril  
lisinopril  
quinapril  
ramipril

### § ACE INHIBITOR / CALCIUM CHANNEL BLOCKERS

TARKA

### § ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-  
hydrochlorothiazide  
lisinopril-  
hydrochlorothiazide  
quinapril-  
hydrochlorothiazide

### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / COMBINATIONS

losartan / losartan-  
hydrochlorothiazide  
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

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  
torsemide  
triamterene-  
hydrochlorothiazide*

**CENTRAL NERVOUS  
SYSTEM**

**ANTIDEPRESSANTS**

**§ 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*

**§ MISCELLANEOUS  
AGENTS**

*bupropion  
bupropion ext-rel  
mirtazapine*

**§ 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*

**§ BIGUANIDE /  
SULFONYLUREA  
COMBINATIONS**

*glipizide-metformin*

**DIPEPTIDYL PEPTIDASE-4  
(DPP-4) INHIBITORS**

JANUVIA  
ONGLYZA

**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*

**SUPPLIES**

ACCU-CHEK STRIPS AND  
KITS<sup>3</sup>  
BD INSULIN SYRINGES  
AND NEEDLES  
ONETOUCH STRIPS AND  
KITS<sup>3</sup>

**CALCIUM REGULATORS**

**§ BISPHOSPHONATES**

*alendronate  
ACTONEL  
BONIVA*

**§ CALCITONINS**

*Fortical*

**PARATHYROID HORMONES**

FORTEO

**CONTRACEPTIVES**

**§ MONOPHASIC**

*ethinyl estradiol-  
drospirenone  
YAZ*

**§ TRIPHASIC**

*ethinyl estradiol-  
norgestimate  
ORTHO TRI-CYCLEN LO*

**FOUR PHASE**

NATAZIA

**§ EXTENDED CYCLE**

*ethinyl estradiol-  
levonorgestrel  
LOSEASONIQUE  
SEASONIQUE*

**TRANSDERMAL**

ORTHO EVRA

**VAGINAL**

NUVARING

**ESTROGENS**

**§ ORAL**

*estradiol  
estropipate  
ENJUVIA  
PREMARIN*

**§ TRANSDERMAL**

*estradiol  
ESTRADERM  
EVAMIST  
VIVELLE-DOT*

**§ ESTROGEN /  
PROGESTINS, ORAL**

*estradiol-norethindrone  
PREMPHASE  
PREMPRO*

**§ PROGESTINS, ORAL**

*medroxyprogesterone  
PROMETRIUM*

**SELECTIVE ESTROGEN  
RECEPTOR MODULATORS**

EVISTA

**§ THYROID SUPPLEMENTS**

*levothyroxine  
SYNTHROID*

**GASTROINTESTINAL**

**§ H<sub>2</sub> RECEPTOR  
ANTAGONISTS**

*ranitidine*

**§ PROTON PUMP  
INHIBITORS**

*lansoprazole  
omeprazole  
pantoprazole  
DEXILANT  
NEXIUM*

**GENITOURINARY**

**§ BENIGN PROSTATIC  
HYPERPLASIA**

*doxazosin  
finasteride  
tamsulosin  
terazosin  
AVODART  
RAPAFLO*

**§ URINARY  
ANTISPASMODICS**

*oxybutynin  
oxybutynin ext-rel  
DETROL  
DETROL LA  
ENABLEX  
GELNIQUE  
OXYTROL  
SANCTURA XR  
VESICARE*

**HEMATOLOGIC**

**§ ANTICOAGULANTS**

*warfarin  
COUMADIN*

**RESPIRATORY**

**ANAPHYLAXIS TREATMENT  
AGENTS**

EPIPEN  
EPIPEN JR

**§ ANTICHOLINERGICS**

SPIRIVA

**§ ANTICHOLINERGIC / BETA  
AGONIST COMBINATIONS**

*ipratropium-albuterol  
inhalation solution  
COMBIVENT*

**§ ANTIHISTAMINES,  
NONSEDATING**

*fexofenadine*

**BETA AGONISTS,  
INHALANTS**

**§ SHORT ACTING**

*albuterol  
PROAIR HFA  
PROVENTIL HFA  
VENTOLIN HFA*

**LONG ACTING**

FORADIL  
SEREVENT

**LEUKOTRIENE RECEPTOR  
ANTAGONISTS**

SINGULAIR

**§ NASAL ANTIHISTAMINES**

*azelastine  
ASTEPRO*

**§ NASAL STEROIDS**

*fluticasone  
NASACORT AQ  
NASONEX  
VERAMYST*

**STEROID / BETA AGONIST  
COMBINATIONS**

ADVAIR  
SYMBICORT

**§ STEROID INHALANTS**

ASMANEX  
FLOVENT  
PULMICORT  
QVAR

**TOPICAL**

**DERMATOLOGY**

**§ ACNE**

*clindamycin solution  
clindamycin-benzoyl  
peroxide  
erythromycin solution  
erythromycin-benzoyl  
peroxide  
tretinoin  
ACANYA  
DIFFERIN  
DUAC CS  
EPIDUO  
RETIN-A MICRO*

**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

ACANYA  
 ACCU-CHEK STRIPS AND  
 KITS<sup>3</sup>  
 ACTONEL  
 ACTOPLUS MET  
 ACTOS  
*acyclovir*  
 ADVAIR  
*albuterol*  
*alendronate*  
 ALPHAGAN P  
*amantadine*  
 AMBIEN CR  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
 ANDRODERM  
 ANDROGEL  
 APIDRA  
 ASMANEX  
 ASTEPRO  
*atenolol*  
 AVALIDE  
 AVAPRO  
 AVELOX  
 AVODART  
*azelastine*  
*azithromycin*

## B

BD INSULIN SYRINGES  
 AND NEEDLES  
 BENICAR  
 BENICAR HCT  
 BETIMOL  
 BETOPTIC S  
 BONIVA  
*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*

*clindamycin*  
*clindamycin solution*  
*clindamycin-benzoyl*  
*peroxide*  
 COMBIVENT  
 COREG CR  
 COUMADIN  
 CRESTOR  
 CYMBALTA

## D

DETROL  
 DETROL LA  
 DEXILANT  
*dicloxacillin*  
 DIFFERIN  
*digoxin*  
*diltiazem ext-rel*  
*doxazosin*  
*doxycycline hyclate*  
 DUAC CS  
 DUETACT

## E

EFFEXOR XR  
 ENABLEX  
 ENJUVA  
 EPIDUO  
 EPIPEN  
 EPIPEN JR  
*erythromycin solution*  
*erythromycin-benzoyl*  
*peroxide*  
*erythromycins*  
 ESTRADERM  
*estradiol*  
*estradiol-norethindrone*  
*estropipate*  
*ethinyl estradiol-*  
*drospirenone*  
*ethinyl estradiol-*  
*levonorgestrel*  
*ethinyl estradiol-*  
*norgestimate*  
 EVAMIST  
 EVISTA

## F

*fenofibrate*  
*fexofenadine*  
*finasteride*  
 FLOVENT  
*fluconazole*  
*fluoxetine*  
*fluticasone*  
 FORADIL  
 FORTEO  
*Fortical*

*fosinopril*  
*fosinopril-*  
*hydrochlorothiazide*  
*furosemide*

## G

GELNIQUE  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*

## H

HUMALOG  
 HUMULIN  
*hydrochlorothiazide*

## I

*ipratropium-albuterol*  
*inhalation solution*  
*itraconazole*

## J

JANUMET  
 JANUVIA

## L

*lansoprazole*  
 LANTUS  
 LEVAQUIN  
 LEVEMIR  
*levothyroxine*  
 LEXAPRO  
 LIPITOR  
*lisinopril*  
*lisinopril-*  
*hydrochlorothiazide*  
*losartan*  
*losartan-*  
*hydrochlorothiazide*  
 LOSEASONIQUE  
 LUMIGAN

## M

MAXALT  
*medroxyprogesterone*  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
 MICARDIS  
 MICARDIS HCT  
*minocycline*  
*mirtazapine*

## N

*nadolol*  
 NASACORT AQ  
 NASONEX  
 NATAZIA  
 NEXIUM  
 NIASPAN  
*nifedipine ext-rel*  
*nitrofurantoin*  
 NOVOLIN  
 NOVOLOG  
 NUVARING

## O

*omeprazole*  
 ONETOUCH STRIPS AND  
 KITS<sup>3</sup>  
 ONGLYZA  
 ORTHO EVRA  
 ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*  
 OXYTROL

## P

*pantoprazole*  
*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*  
 RAPAFLO  
 RELENZA  
 RETIN-A MICRO  
*rimantadine*

## S

SANCTURA XR

## SEASONIQUE

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

## T

TAMIFLU  
*tamsulosin*  
 TARKA  
*terazosin*  
*terbinafine tablet*  
*tetracycline*  
*timolol maleate solution*  
*torsemide*  
 TRAVATAN  
*tretinoin*  
 TREXIMET  
*triamterene-*  
*hydrochlorothiazide*  
 TRICOR  
 TRILIPIX

## V

*valacyclovir*  
*venlafaxine*  
 VENTOLIN HFA  
 VERAMYST  
*verapamil ext-rel*  
 VESICARE  
 VIVELLE-DOT

## W

*warfarin*  
 WELCHOL

## X

XALATAN

## Y

YAZ

## Z

ZETIA  
*zolpidem*  
 ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR	FEMTRACE	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN
ACIPHEX	<i>lansoprazole, omeprazole, pantoprazole</i> , DEXILANT	FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
ACTONEL W/CALCIUM	<i>alendronate</i>	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ADVICOR	SIMCOR	FORTAMET	<i>metformin ext-rel</i>
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR	FOSAMAX PLUS D	<i>alendronate</i>
ALLEGRA-D	<i>fexofenadine-pseudoephedrine</i>	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
ALORA	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	FROVA	<i>sumatriptan</i>
ALTOPREV	<i>pravastatin, simvastatin</i>	GLUMETZA	<i>metformin ext-rel</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR	INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	ISTALOL	<i>timolol maleate solution</i> , BETIMOL
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID	KLARON LOTION	<i>erythromycin solution</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>	LUNESTA	<i>zolpidem</i>
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT	MAXAIR	VENTOLIN HFA
ATROVENT HFA	SPIRIVA	MENEST	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN
AXERT	<i>sumatriptan</i> , MAXALT, ZOMIG	MENOSTAR	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT
AZELEX	<i>erythromycin solution</i>	OMNARIS	<i>fluticasone</i>
BECONASE AQ	<i>fluticasone</i>	PATANASE	<i>azelastine</i> , ASTEPRO
BENZAC AC, BENZAC W	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i> , LEXAPRO
BENZAGEL	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
BENZIQ	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
BREVOXYL	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PREVACID SOLUTAB	<i>lansoprazole, omeprazole, pantoprazole</i> , DEXILANT
CARDURA XL	<i>doxazosin, tamsulosin, terazosin</i> , RAPAFLO	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
CENESTIN	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN	RELPAK	<i>sumatriptan</i> , MAXALT, ZOMIG
CLARINEX	<i>fexofenadine</i>	RHINOCORT AQUA	<i>fluticasone</i>
CLARINEX-D	<i>fexofenadine-pseudoephedrine</i>	ROZEREM	<i>zolpidem</i>
CLINDAGEL	<i>erythromycin solution</i>	SKELID	<i>alendronate</i> , ACTONEL
DESQUAM E, DESQUAM X	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	STRIANT	ANDRODERM, ANDROGEL
DORAL	<i>zolpidem</i> , AMBIEN CR	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>	TESTIM	ANDROGEL
EDLUAR	<i>zolpidem</i>	TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
ESTRASORB	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	TOVIAZ	<i>oxybutynin ext-rel</i>
ESTROGEL	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	TRIAZ	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	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>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
		TWINJECT	EPIPEN, EPIPEN JR
		UROXATRAL	<i>doxazosin, tamsulosin, terazosin</i> , RAPAFLO
		VANOS	<i>clobetasol</i>

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
XOPENEX HFA	VENTOLIN HFA	ZYFLO, ZYFLO CR	SINGULAIR
ZODERM	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>		

**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 member'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.

\* 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.

§ 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 member 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> 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 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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