

Your Benefit Plan provides you with a prescription benefit program that is administered by Caremark. Our goal is to cost-effectively provide high quality pharmaceutical care.

Effective ways to manage costs include using generic medicines and a drug list. Ask your doctor to authorize generic substitution whenever possible, to the extent it is medically appropriate.

When there is no generic available, there may be more than one brand name medicine to treat your condition. That is why we developed the Caremark Primary/Preferred Drug List. The brand name medicines listed in this brochure are a selected list of preferred medicines that are clinically appropriate and cost-effective to meet individual needs.

Ask your doctor to consider prescribing, when medically appropriate, a brand name medicine on this list when there is no generic or more than one brand name medicine available. Take this list along when you or a covered family member sees a doctor.

FOR YOUR INFORMATION:

- **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 co-pay* information, please visit our Web site at **www.caremark.com** and log in 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.

Your patient is covered under a prescription benefit plan administered by Caremark.

As a way to help manage healthcare costs, consider authorizing generic substitution whenever possible. If you believe a brand name product is necessary, please consider prescribing a brand listed in this brochure. Healthcare providers may direct questions about the list to a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.

Thank you for your professional cooperation in providing cost-effective quality healthcare.

FOR YOUR INFORMATION:

- **Generics should be considered the first line of prescribing.**
- **The drug list is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.**
- **The plan participant's specific prescription benefit plan may have a different co-pay for specific products on the list.**
- **Unless specifically indicated, drug list products will include all dosage forms.**
- **To check coverage and co-payments for a specific medicine, log in to www.caremark.com.**

* Co-payment or co-pay 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.

Your privacy is important to us. All our employees are trained regarding the appropriate way to handle your private health information.

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 and their plan participants. **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 and not meant to be all-inclusive. This list represents brand products in CAPS and generic products in lower case *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:

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- For specific information regarding your prescription benefit coverage and co-pay¹ 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.

HEALTHCARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage healthcare 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 is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- The plan participant's specific prescription benefit plan may have a different co-pay¹ 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 co-payments¹ for a specific medicine.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor
cephalexin

§ ERYTHROMYCINS/ MACROLIDES

azithromycin
clarithromycin
erythromycins

BIAXIN XL

§ 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
TAMIFLU

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ALTACE

§ ACE INHIBITOR/ DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide
lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

LOTREL
TARKA

ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS

ATACAND[®]/ATACAND HCT
AVAPRO/AVALIDE
COZAAR/HYZAAR

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

§ BETA-BLOCKERS

atenolol
metoprolol
metoprolol succinate
ext-rel
nadolol
propranolol
COREG
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
WELLBUTRIN XL

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§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
sertraline
 LEXAPRO
 PAXIL CR

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)³

venlafaxine
 CYMBALTA
 EFFEXOR XR

§ HYPNOTICS, NON-BENZODIAZEPINES

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
 AVANDIA

INSULIN SENSITIZER/ BIGUANIDE COMBINATIONS

ACTOPLUS MET
 AVANDAMET

INSULIN SENSITIZER/ SULFONYLUREA COMBINATIONS

AVANDARYL
 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

BISPHOSPHONATES

ACTONEL
 ACTONEL WITH CALCIUM
 FOSAMAX
 FOSAMAX PLUS D

CONTRACEPTIVES**§ MONOPHASIC**

YASMIN
 YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropipate
 CENESTIN
 ENJUVIA
 PREMARIN

§ TRANSDERMAL, ESTROGENS

estradiol
 CLIMARA
 ESTRADERM
 VIVELLE
 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
 NEXIUM
 PREVACID

GENITOURINARY**§ BENIGN PROSTATIC HYPERPLASIA**

doxazosin
finasteride
terazosin
 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, LOW SEDATING

ZYRTEC⁴

§ ANTIHISTAMINES, NONSEDATING

fexofenadine

§ ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D⁴
 ZYRTEC-D 12 HOUR⁴

BETA AGONISTS**§ SHORT ACTING**

albuterol
 ACCUNEB
 PROAIR HFA
 PROVENTIL HFA
 XOPENEX

LONG ACTING

FORADIL
 SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone
 NASACORT AQ
 NASONEX
 RHINOCORT AQUA

STEROID/BETA AGONISTS

ADVAIR
 SYMBICORT

STEROID INHALANTS

ASMANEX
 FLOVENT
 PULMICORT

TOPICAL**DERMATOLOGY****§ ACNE**

erythromycin-benzoyl peroxide
tretinoin
 BENZACLIN
 DIFFERIN
 DUAC
 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 PRIMARY/PREFERRED DRUG LIST**A**

ACCU-CHEK STRIPS AND KITS⁵
 ACCUNEB
 ACTONEL
 ACTONEL WITH CALCIUM
 ACTOPLUS MET
 ACTOS
acyclovir

ADVAIR
 ADVICOR
albuterol
 ALLEGRA-D⁴
 ALPHAGAN P
 ALTACE
amantadine
amlodipine

amoxicillin
amoxicillin-clavulanate
 ANDROGEL
 APIDRA
 ASMANEX
 ASTELIN
 ATACAND²
 ATACAND HCT

atenolol
 AVALIDE
 AVANDAMET
 AVANDARYL
 AVANDIA
 AVAPRO
 AVELOX
azithromycin

B

BD INSULIN SYRINGES AND NEEDLES
 BENZACLIN
 BETIMOL
 BETOPTIC S
 BIAXIN XL
brimonidine 0.2%

<i>bupropion</i>	<i>erythromycins</i>	L	<i>oxybutynin</i>	T
<i>bupropion ext-rel</i>	ESTRADERM	LANTUS	<i>oxybutynin ext-rel</i>	TAMIFLU
BYETTA	<i>estradiol</i>	LEVAQUIN	OXYTROL	TARKA
C	<i>estropipate</i>	LEVEMIR	P	<i>terazosin</i>
CADUET	<i>ethinyl estradiol-</i>	<i>levothyroxine</i>	<i>paroxetine</i>	<i>terbinafine tablet</i>
<i>cefaclor</i>	<i>levonorgestrel</i>	LEXAPRO	PAXIL CR	<i>tetracycline</i>
CENESTIN	EVISTA	LIPITOR	<i>penicillin VK</i>	<i>timolol maleate solution</i>
<i>cephalexin</i>	F	<i>lisinopril</i>	PRANDIN	<i>torse mide</i>
<i>cholestyramine</i>	<i>fenofibrate</i>	<i>lisinopril-</i>	<i>pravastatin</i>	TRAVATAN
CIPRO SUSPENSION	<i>fexofenadine</i>	<i>hydrochlorothiazide</i>	PREMARIN	<i>tretinoin</i>
<i>ciprofloxacin ext-rel</i>	<i>finasteride</i>	LOTREL	PREMPHASE	<i>triamterene-</i>
<i>ciprofloxacin tablet</i>	FLOMAX	LUMIGAN	PREMPRO	<i>hydrochlorothiazide</i>
<i>citalopram</i>	FLOVENT	LUNESTA	PREVACID	TRICOR
<i>clarithromycin</i>	<i>fluconazole</i>	M	PROAIR HFA	V
CLIMARA	<i>fluoxetine</i>	MAXALT	PROMETRIUM	VALTREX
COMBIVENT	<i>fluticasone</i>	<i>medroxyprogesterone</i>	<i>propranolol</i>	<i>venlafaxine</i>
COPAXONE	FORADIL	<i>metformin</i>	PROVENTIL HFA	<i>verapamil ext-rel</i>
COREG	FOSAMAX	<i>metformin ext-rel</i>	PULMICORT	VESICARE
COREG CR	FOSAMAX PLUS D	<i>metolazone</i>	Q	VIVELLE
COUMADIN	<i>fosinopril</i>	<i>metoprolol</i>	<i>quinapril</i>	VIVELLE-DOT
COZAAR	<i>fosinopril-</i>	<i>metoprolol succinate</i>	<i>quinapril-</i>	VYTORIN
CYMBALTA	<i>hydrochlorothiazide</i>	<i>ext-rel</i>	<i>hydrochlorothiazide</i>	W
D	<i>furosemide</i>	<i>metronidazole</i>	R	<i>warfarin</i>
DETROL	G	<i>minocycline</i>	<i>ranitidine</i>	WELCHOL
DETROL LA	<i>glimepiride</i>	<i>mirtazapine</i>	REBIF	WELLBUTRIN XL
<i>dicloxacillin</i>	<i>glipizide</i>	N	RETIN-A MICRO	X
DIFFERIN	<i>glipizide ext-rel</i>	<i>nadolol</i>	RHINOCORT AQUA	XALATAN
<i>digoxin</i>	<i>glipizide-metformin</i>	NASACORT AQ	<i>rimantadine</i>	XOPENEX
<i>diiltiazem ext-rel</i>	<i>glyburide-metformin</i>	NASONEX	S	Y
<i>doxazosin</i>	H	NEXIUM	SEREVENT	YASMIN
<i>doxycycline hyclate</i>	HUMALOG	NIASPAN	<i>sertraline</i>	YAZ
DUAC	HUMULIN	<i>nifedipine ext-rel</i>	<i>simvastatin</i>	Z
DUETACT	<i>hydrochlorothiazide</i>	NOVOLIN	SINGULAIR	ZETIA
E	HYZAAR	NOVOLOG	SPIRIVA	<i>zolpidem</i>
EFFEXOR XR	I	NUVARING	<i>spironolactone-</i>	ZOMIG
ENABLEX	IMITREX	O	<i>hydrochlorothiazide</i>	ZYRTEC ⁴
ENJUWIA	<i>ipratropium-albuterol</i>	<i>omeprazole</i>	<i>sulfamethoxazole-</i>	ZYRTEC-D 12 HOUR ⁴
EPIPEN	<i>inhalation solution</i>	ONETOUCH STRIPS AND KITS ⁵	<i>trimethoprim</i>	
EPIPEN JR	<i>itraconazole</i>	ORTHO EVRA	SYMBICORT	
<i>erythromycin-</i>		ORTHO TRI-CYCLEN LO	SYNTHROID	
<i>benzoyl peroxide</i>				

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§ Generics are available in this class and should be considered as the first line of prescribing.

¹ Co-payment or co-pay 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 co-payments may apply depending on the plan participant's specific prescription benefit plan. Log in to www.caremark.com to find the co-payment 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.

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Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

This Caremark Drug List contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark, L.L.C.

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