

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

§ BILE ACID RESINS

cholestyramine

WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate

TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin

simvastatin

CRESTOR

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
AMBIEN CR
LUNESTA

MIGRAINE

SELECTIVE SEROTONIN AGONISTS

IMITREX
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM
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
ethinyl estradiol-drospirenone
YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel
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

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

§ PROTON PUMP INHIBITORS

omeprazole
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
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 PRIMARY/PREFERRED DRUG LIST

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

albuterol
alendronate
ALLEGRA-D⁴
ALPHAGAN P
AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDRODERM

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

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C	estradiol estradiol-norethindrone estropipate ethinyl estradiol- drospirenone ethinyl estradiol- levonorgestrel EVISTA	L	ORTHO TRI-CYCLEN LO oxybutynin oxybutynin ext-rel OXYTROL	sulfamethoxazole- trimethoprim SYMBICORT SYNTHROID	
CADUET carvedilol cefaclor cefdinir cephalexin cholestyramine CIPRO SUSPENSION ciprofloxacin ext-rel ciprofloxacin tablet citalopram clarithromycin clarithromycin ext-rel CLIMARA COMBIVENT COPAXONE COREG CR COUMADIN CRESTOR CYMBALTA	F	LANTUS LEVAQUIN LEVEMIR levothyroxine LEXAPRO LIPITOR lisinopril lisinopril- hydrochlorothiazide LUMIGAN LUNESTA LYBREL	P	T	
D	fenofibrate fexofenadine finasteride FLOMAX FLOVENT fluconazole fluoxetine fluticasone FORADIL FORTEO Fortical fosinopril fosinopril- hydrochlorothiazide furosemide	M	paroxetine paroxetine ext-rel penicillin VK PRANDIN pravastatin PREMARIN PREMPHASE PREMPRO PREVACID PROAIR HFA PROMETRIUM propranolol PROVENTIL HFA PULMICORT	TAMIFLU TARKA terazosin terbinafine tablet tetracycline timolol maleate solution torsemide TRAVATAN tretinoin triamterene- hydrochlorothiazide TRICOR	V
DETROL DETROL LA dicloxacillin DIFFERIN digoxin diltiazem ext-rel doxazosin doxycycline hyclate DUAC CS DUETACT	G	MAXALT medroxyprogesterone metformin metformin ext-rel metolazone metoprolol metoprolol succinate ext-rel metronidazole MICARDIS MICARDIS HCT minocycline mirtazapine	Q	VALTREX venlafaxine VERAMYST verapamil ext-rel VESICARE VIVELLE-DOT	W
E	glimepiride glipizide glipizide ext-rel glipizide-metformin glyburide-metformin	N	quinapril quinapril- hydrochlorothiazide QVAR	warfarin WELCHOL	X
EFFEXOR XR ENABLEX ENJUVA EPIPEN EPIPEN JR erythromycin- benzoyl peroxide erythromycins ESTRADERM	H	nadolol NASACORT AQ NASONEX NEXIUM NIASPAN nifedipine ext-rel NOVOLIN NOVOLOG NUVARING	R	XALATAN XOPENEX XOPENEX HFA	Y
I	HUMALOG HUMULIN hydrochlorothiazide	O	ramipril ranitidine REBIF RETIN-A MICRO RHINOCORT AQUA	YAZ	Z
IMITREX ipratropium-albuterol inhalation solution itraconazole	S	omeprazole ONETOUCH STRIPS AND KITS ⁵ ORTHO EVRA	SEASONIQUE SEREVENT sertraline SIMCOR simvastatin SINGULAIR SPIRIVA spironolactone- hydrochlorothiazide	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 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 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. Plan participants must have 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.

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.