

# 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 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.

### ANALGESICS

#### VISCOSUPPLEMENTS

SYNVISC  
SYNVISC-ONE

### ANTI-INFECTIVES

#### ANTIBACTERIALS

##### § CEPHALOSPORINS

cefaclor  
cefdinir  
cephalexin  
SUPRAX

##### § ERYTHROMYCINS / MACROLIDES

azithromycin  
clarithromycin  
clarithromycin ext-rel  
erythromycins

##### § FLUOROQUINOLONES

ciprofloxacin ext-rel  
ciprofloxacin tablet  
levofloxacin  
AVELOX  
CIPRO SUSPENSION

#### § 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 / DIURETIC COMBINATIONS

fosinopril-  
hydrochlorothiazide  
lisinopril-  
hydrochlorothiazide  
quinapril-  
hydrochlorothiazide

#### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

losartan / losartan-  
hydrochlorothiazide

BENICAR / BENICAR HCT  
DIOVAN / DIOVAN HCT  
MICARDIS /  
MICARDIS HCT

#### ANGIOTENSIN II RECEPTOR ANTAGONIST / DIRECT RENIN INHIBITOR COMBINATIONS

VALTURNA

#### 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***DIRECT RENIN INHIBITORS /  
DIURETIC COMBINATIONS**TEKTURNA /  
TEKTURNA HCT**DIRECT RENIN INHIBITOR /  
CALCIUM CHANNEL**BLOCKER COMBINATIONS  
TEKAMLO**DIRECT RENIN INHIBITOR /  
CALCIUM CHANNEL**BLOCKER / DIURETIC  
COMBINATIONS  
AMTURNIDE**§ DIURETICS***furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-*  
*hydrochlorothiazide*  
*torseamide*  
*triamterene-*  
*hydrochlorothiazide***CENTRAL NERVOUS  
SYSTEM****ANTIDEPRESSANTS****§ SELECTIVE SEROTONIN  
REUPTAKE INHIBITORS  
(SSRIs)***citalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
LEXAPRO  
VIIBRYD**§ SEROTONIN  
NOREPINEPHRINE  
REUPTAKE INHIBITORS  
(SNRIs)<sup>2</sup>***venlafaxine*  
*venlafaxine ext-rel*  
CYMBALTA  
PRISTIQ**§ MISCELLANEOUS  
AGENTS***bupropion*  
*bupropion ext-rel*  
*mirtazapine***§ HYPNOTICS,  
NONBENZODIAZEPINES***zolpidem*  
*zolpidem ext-rel***MIGRAINE****§ SELECTIVE SEROTONIN  
AGONISTS**  
*naratriptan**sumatriptan*  
MAXALT  
ZOMIG**SELECTIVE SEROTONIN  
AGONIST / NONSTEROIDAL  
ANTI-INFLAMMATORY  
DRUG (NSAID)  
COMBINATIONS**  
TRESIMET**MULTIPLE SCLEROSIS  
AGENTS**AVONEX  
BETASERON  
COPAXONE**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  
KOMBIGLYZE XR**INCRETIN MIMETIC AGENTS**  
BYETTA  
VICTOZA**INSULINS**  
APIDRA  
HUMULIN R U-500  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG**INSULIN SENSITIZERS**  
ACTOS**INSULIN SENSITIZER /  
BIGUANIDE COMBINATIONS**  
ACTOPLUS MET**INSULIN SENSITIZER /  
SULFONYLUREA  
COMBINATIONS**  
DUETACT**§ MEGLITINIDES**  
*nateglinide*  
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**  
**§ BIPHOSPHONATES***alendronate*  
ACTONEL  
BONIVA**§ CALCITONINS**  
*calcitonin-salmon***PARATHYROID HORMONES**  
FORTEO**CONTRACEPTIVES****§ MONOPHASIC**  
*ethinyl estradiol-*  
*drospirenone*  
BEYAZ  
LO LOESTRIN FE  
LOESTRIN 24 FE**§ TRIPHASIC**  
*ethinyl estradiol-*  
*norgestimate*  
ORTHO TRI-CYCLEN LO**FOUR PHASE**  
NATAZIA**§ EXTENDED CYCLE**  
*ethinyl estradiol-*  
*levonorgestrel*  
LOSEASONIQUE**TRANSDERMAL**  
ORTHO EVRA**VAGINAL**  
NUVARING**ESTROGENS****§ ORAL**  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN**§ TRANSDERMAL**  
*estradiol*  
EVAMIST  
VIVELLE-DOT**§ ESTROGEN /  
PROGESTINS, ORAL***estradiol-norethindrone*  
PREMPHASE  
PREMPRO**FERTILITY REGULATORS**  
**OVULATION STIMULANTS,  
GONADOTROPINS**BRAVELLE  
FOLLISTIM AQ**HUMAN GROWTH  
HORMONES**  
NORDITROPIN**§ 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*  
*omeprazole-sodium*  
*bicarbonate capsule*  
*pantoprazole*  
DEXILANT  
NEXIUM**GENITOURINARY****§ BENIGN PROSTATIC  
HYPERPLASIA***doxazosin*  
*finasteride*  
*tamsulosin*  
*terazosin*  
AVODART  
RAPAFLO**§ URINARY  
ANTISPASMODICS***oxybutynin*  
*oxybutynin ext-rel*  
*trospium*  
DETROL  
DETROL LA  
ENABLEX  
GELNIQUE  
VESICARE**HEMATOLOGIC****§ ANTICOAGULANTS***warfarin*  
COUMADIN  
PRADAXA  
XARELTO**IMMUNOLOGIC  
AGENTS****BIOLOGIC DISEASE-  
MODIFYING AGENTS**ENBREL  
HUMIRA**RESPIRATORY****ANAPHYLAXIS TREATMENT  
AGENTS**EPIPEN  
EPIPEN JR**§ ANTICHOLINERGICS**  
SPIRIVA**§ ANTICHOLINERGIC / BETA  
AGONIST COMBINATIONS***ipratropium-albuterol*  
*inhalation solution*  
COMBIVENT**BETA AGONISTS,  
INHALANTS****§ SHORT ACTING**  
*albuterol*  
PROAIR HFA  
PROVENTIL HFA  
VENTOLIN HFA**LONG ACTING**  
FORADIL  
SEREVENT**§ LEUKOTRIENE RECEPTOR  
ANTAGONISTS***zafirlukast*  
SINGULAIR**§ NASAL ANTIHISTAMINES**  
*azelastine*  
ASTEPRO**§ NASAL STEROIDS***flunisolide*  
*fluticasone*  
*triamcinolone*  
NASONEX  
VERAMYST**STEROID / BETA AGONIST  
COMBINATIONS**ADVAIR  
DULERA  
SYMBICORT**§ STEROID INHALANTS***budesonide inhalation*  
*suspension*

ASMANEX  
FLOVENT  
PULMICORT FLEXHALER  
QVAR

**TOPICAL**

**DERMATOLOGY**

**§ ACNE**

*adapalene*

*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*tretinoin*  
ACANYA  
DIFFERIN  
DUAC

EPIDUO  
RETIN-A MICRO  
VELTIN

**OPHTHALMIC**

**§ BETA-BLOCKERS, NONSELECTIVE**

*timolol maleate solution*  
BETIMOL

**BETA-BLOCKERS, SELECTIVE**  
BETOPTIC S

**§ PROSTAGLANDINS**

*latanoprost*  
LUMIGAN  
TRAVATAN Z

**§ 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*  
*adapalene*  
ADVAIR  
*albuterol*  
*alendronate*  
ALPHAGAN P  
*amantadine*  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
AMTURNIDE  
ANDRODERM  
ANDROGEL  
APIDRA  
ASMANEX  
ASTEPRO  
*atenolol*  
AVELOX  
AVODART  
AVONEX  
*azelastine*  
*azithromycin*

**B**

BD INSULIN SYRINGES AND NEEDLES  
BENICAR  
BENICAR HCT  
BETASERON  
BETIMOL  
BETOPTIC S  
BEYAZ  
BONIVA  
BRAVELLE  
*brimonidine 0.2%*  
*budesonide inhalation suspension*  
*bupropion*  
*bupropion ext-rel*  
BYETTA  
BYSTOLIC

**C**

CADUET  
*calcitonin-salmon*  
*carvedilol*

*cefaclor*  
*cefdinir*  
*cephalexin*  
*cholestyramine*  
CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
*clindamycin*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
CRESTOR  
CYMBALTA

**D**

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

**E**

ENABLEX  
ENBREL  
ENJUVA  
EPIDUO  
EPIPEN  
EPIPEN JR  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*erythromycins*  
*estradiol*  
*estradiol-norethindrone*  
*estropipate*  
*ethinyl estradiol-drospirenone*

*ethinyl estradiol-levonorgestrel*  
*ethinyl estradiol-norgestimate*  
EVAMIST  
EVISTA

**F**

*fenofibrate*  
*finasteride*  
FLOVENT  
*fluconazole*  
*flunisolide*  
*fluooxetine*  
*fluticasone*  
FOLLISTIM AQ  
FORADIL  
FORTEO  
*fosinopril*  
*fosinopril-hydrochlorothiazide*  
*furosemide*

**G**

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

**H**

HUMIRA  
HUMULIN R U-500  
*hydrochlorothiazide*

**I**

*ipratropium-albuterol inhalation solution*  
*itraconazole*

**J**

JANUMET  
JANUVIA

**K**

KOMBIGLYZE XR

**L**

*lansoprazole*  
LANTUS  
*latanoprost*  
LEVEMIR  
*levofloxacin*

*levothyroxine*  
LEXAPRO  
LIPITOR  
*lisinopril*  
*lisinopril-hydrochlorothiazide*  
LO LOESTRIN FE  
LOESTRIN 24 FE  
*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*  
*naratriptan*  
NASONEX  
NATAZIA  
*nateglinide*  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*  
*nitrofurantoin*  
NORDITROPIN  
NOVOLIN  
NOVOLOG  
NUVARING

**O**

*omeprazole*  
*omeprazole-sodium bicarbonate capsule*  
ONETOUCH STRIPS AND KITS<sup>3</sup>  
ONGLYZA  
ORTHO EVRA  
ORTHO TRI-CYCLON LO  
*oxybutynin*

*oxybutynin ext-rel*

**P**

*pantoprazole*  
*paroxetine*  
*paroxetine ext-rel*  
*penicillin VK*  
PRADAXA  
PRANDIN  
*pravastatin*  
PREMARIN  
PREMPHASE  
PREMPRO  
PRISTIQ  
PROAIR HFA  
PROMETRIUM  
*propranolol*  
PROVENTIL HFA  
PULMICORT FLEXHALER

**Q**

*quinapril*  
*quinapril-hydrochlorothiazide*  
QVAR

**R**

*ramipril*  
*ranitidine*  
RAPAFLO  
RELENZA  
RETIN-A MICRO  
*rimantadine*

**S**

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

**T**  
TAMIFLU  
*tamsulosin*  
TEKAMLO  
TEKTURNA  
TEKTURNA HCT  
*terazosin*  
*terbinafine tablet*  
*tetracycline*  
*timolol maleate solution*

*torseamide*  
TRAVATAN Z  
*tretinoin*  
TREXIMET  
*triamcinolone*  
*triamterene-  
hydrochlorothiazide*  
TRICOR  
TRILIPIX  
*trospium*

**V**  
*valacyclovir*  
VALTURNA  
VELTIN  
*venlafaxine*  
*venlafaxine ext-rel*  
VENTOLIN HFA  
VERAMYST  
*verapamil ext-rel*  
VESICARE

VICTOZA  
VIIBRYD  
VIVELLE-DOT

**W**  
*warfarin*  
WELCHOL

**X**  
XARELTO

**Z**  
*zafirlukast*  
ZETIA  
*zolpidem*  
*zolpidem ext-rel*  
ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole</i>	DORAL	<i>zolpidem, zolpidem ext-rel</i>
ADVICOR	SIMCOR	DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>
ALORA	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	EDARBI	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
ALTOPREV	<i>pravastatin</i>	EDLUAR	<i>zolpidem</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR	ESTRASORB	<i>estradiol, EVAMIST, VIVELLE-DOT</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	ESTROGEL	<i>estradiol, EVAMIST, VIVELLE-DOT</i>
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>	FEMTRACE	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>	FENOGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
ATACAND, ATACAND HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ATELVIA	<i>alendronate 70 mg</i>	FORTAMET	<i>metformin ext-rel</i>
ATROVENT HFA	SPIRIVA	FORTESTA	ANDRODERM, ANDROGEL
AVAPRO, AVALIDE	<i>losartan, losartan-hydrochlorothiazide</i>	FOSAMAX PLUS D	<i>alendronate</i>
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
AXIRON	ANDRODERM, ANDROGEL	FROVA	<i>sumatriptan</i>
AZELEX	<i>erythromycin solution</i>	GLUMETZA	<i>metformin ext-rel</i>
BECONASE AQ	<i>flunisolide, fluticasone</i>	HUMALOG	NOVOLOG
BENZAC AC, BENZAC W	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
BENZAGEL	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	HUMULIN	NOVOLIN
CARDURA XL	<i>doxazosin, tamsulosin, terazosin, RAPAFLUO</i>	INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
CENESTIN	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>	ISTALOL	<i>timolol maleate solution, BETIMOL</i>
CLINDAGEL	<i>erythromycin solution</i>	LIVALO	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
DESQUAM E, DESQUAM X	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	LUNESTA	<i>zolpidem</i>
		MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
		MENEST	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
		MENOSTAR	<i>estradiol, EVAMIST, VIVELLE-DOT</i>
		OMNARIS	<i>flunisolide, fluticasone</i>
		OXYTROL	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
		PATANASE	<i>azelastine, ASTEPRO</i>
		PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO, VIIBRYD</i>
		PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
		PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
		RELION INSULIN	NOVOLIN INSULIN

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
RELPAZ	<i>naratriptan, sumatriptan</i> , MAXALT, ZOMIG	TRADJENTA	JANUVIA, ONGLYZA
RHINOCORT AQUA	<i>flunisolide, fluticasone</i>	TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
RIOMET	<i>metformin ext-rel</i>		
ROZEREM	<i>zolpidem</i>		
SANCTURA XR	<i>oxybutynin ext-rel, trospium</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE	TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
SKELID	<i>alendronate</i> , ACTONEL	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>
STRIANT	ANDRODERM, ANDROGEL		
SUMAVEL DOSEPRO	<i>naratriptan, sumatriptan</i> , MAXALT, ZOMIG	TWINJECT	EPIPEN, EPIPEN JR
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>	VANOS	<i>clobetasol</i>
TESTIM	ANDROGEL	VYTORIN	<i>pravastatin, simvastatin</i> , CRESTOR, LIPITOR
TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
TOVIAZ	<i>oxybutynin ext-rel</i>	ZYFLO, ZYFLO CR	<i>zafirlukast</i> , SINGULAIR

**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 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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