

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 products or categories, regardless of their appearance in this document.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit 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 to check coverage and copay information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac
meloxicam
naproxen

NSAIDs, COMBINATIONS

VIMOVO

NSAIDs, TOPICAL

PENNSAID
VOLTAREN GEL

COX-2 INHIBITORS

CELEBREX

§ OPIOID ANALGESICS

codeine-acetaminophen
hydrocodone-
acetaminophen
tramadol
tramadol ext-rel

§ OPIOID ANALGESICS, CII

fentanyl transdermal
hydromorphone

morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
AVINZA
EXALGO
KADIAN
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN

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

§ HEPATITIS C AGENTS

ribavirin
INCIVEK
VICTRELIS

§ 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

eprosartan
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
BENICAR / BENICAR HCT
DIOVAN / DIOVAN HCT

MICARDIS /
MICARDIS HCT

ANTILIPEMICS
§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL
ABSORPTION INHIBITORS
ZETIA

§ FIBRATES
fenofibrate
ANTARA
LIPOFEN
TRICOR
TRILIPIX

§ HMG-CoA REDUCTASE
INHIBITORS /
COMBINATIONS

atorvastatin
fluvastatin
lovastatin
pravastatin
simvastatin
CRESTOR
LESCOL XL
VYTORIN

NIACINS / COMBINATIONS
NIASPAN
SIMCOR

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol
metoprolol succinate ext-rel
nadolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL
BLOCKERS

amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS

amlodipine-atorvastatin

§ 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
torsemide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
VILIBRYD

§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)²

venlafaxine
venlafaxine ext-rel
CYMBALTA
PRISTIQ

§ MISCELLANEOUS
AGENTS

bupropion
bupropion ext-rel
mirtazapine
trazodone

§ HYPNOTICS,
NONBENZODIAZEPINES

zolpidem
zolpidem ext-rel

MIGRAINE

§ SELECTIVE SEROTONIN
AGONISTS

naratriptan
sumatriptan
MAXALT
SUMAVEL DOSEPRO
ZOMIG

SELECTIVE SEROTONIN
AGONIST / NONSTEROIDAL
ANTI-INFLAMMATORY
DRUG (NSAID)
COMBINATIONS
TREXIMET

MULTIPLE SCLEROSIS
AGENTS

AVONEX
BETASERON
COPAXONE

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM
AXIRON
FORTESTA

ANTIDIABETICS

§ BIGUANIDES
metformin
metformin ext-rel

§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS
glipizide-metformin

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS

JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS

JANUMET
JANUMET XR
JENTADUETO

INCRETIN MIMETIC AGENTS

BYDUREON
VICTOZA

INSULINS

APIDRA
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX

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
KITS³
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND
KITS³

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ibandronate
ACTONEL
ATELVIA

§ CALCITONINS
calcitonin-salmon

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-
drosiprenone
BEYAZ
LO LOESTRIN FE
LOESTRIN 24 FE

§ TRIPHASIC

ethinyl estradiol-
norgestimate
ORTHO TRI-CYCLEN LO

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-
levonorgestrel

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL
estradiol
estropipate
PREMARIN

§ TRANSDERMAL

estradiol
DIVIGEL
EVAMIST
VIVELLE-DOT

VAGINAL
PREMARIN CREAM
VAGIFEM

§ ESTROGEN /
PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

FERTILITY REGULATORS
OVULATION STIMULANTS,
GONADOTROPINS
FOLLISTIM AQ

HUMAN GROWTH
HORMONES
HUMATROPE
NORDITROPIN

§ PHOSPHATE BINDER
AGENTS

calcium acetate
FOSRENOL
PHOSLYRA
RENVELA

§ PROGESTINS, ORAL

medroxyprogesterone
progesterone, micronized

SELECTIVE ESTROGEN
RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR
ANTAGONISTS

ranitidine

§ PROTON PUMP
INHIBITORS

lansoprazole
omeprazole
omeprazole-sodium
bicarbonate capsule
pantoprazole
DEXILANT
NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA

alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
TERAZOSIN
AVODART
RAPAFLO

**§ URINARY
ANTISPASMODICS**

oxybutynin
oxybutynin ext-rel
tolterodine
trospium
GELNIQUE
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
PRADAXA
XARELTO

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
AGGRENOX
BRILINTA
EFFIENT

**IMMUNOLOGIC
AGENTS**

**BIOLOGIC DISEASE-
MODIFYING AGENTS**

ENBREL
HUMIRA

NUTRITIONAL

§ PRENATAL VITAMINS

prenatal vitamins
CITRANATAL

RESPIRATORY

**ANAPHYLAXIS TREATMENT
AGENTS**

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

**§ ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

ipratropium-albuterol
inhalation solution
COMBIVENT RESPIMAT

**BETA AGONISTS,
INHALANTS**

§ SHORT ACTING

albuterol
PROAIR HFA
PROVENTIL HFA

LONG ACTING

ARCAPTA NEOHALER
FORADIL
SEREVENT

**§ LEUKOTRIENE RECEPTOR
ANTAGONISTS**

montelukast
zafirlukast

§ NASAL ANTIHISTAMINES

azelastine
ASTEPRO

§ NASAL STEROIDS

flunisolide
fluticasone
triamcinolone
NASONEX

**STEROID / BETA AGONIST
COMBINATIONS**

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

budesonide inhalation
suspension
ASMANEX
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
ACANYA
DIFFERIN
DUAC
EPIDUO
RETIN-A MICRO
VELTIN

§ ACTINIC KERATOSIS

fluorouracil
imiquimod
CARAC
PICATO
SOLARAZE
ZYCLARA

§ ANTIPSORIATICS

calcipotriene
OXSORALEN-ULTRA
SORIATANE
SORILUX
TAZORAC

CORTICOSTEROIDS

§ Low Potency

dexamethasone
hydrocortisone

§ Medium Potency

mometasone
triamcinolone

§ High Potency

desoximetasone
flucocinonide

§ Very High Potency

clobetasol

§ ROSACEA

metronidazole
sulfacetamide-sulfur
FINACEA
METROGEL
ORACEA

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
ALREX
LASTACFT
PATADAY

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
ofloxacin
sulfacetamide
tobramycin
MOXEZA
VIGAMOX

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

*neomycin-polymyxin B-
bacitracin-hydrocortisone*
*neomycin-polymyxin B-
dexamethasone*
*tobramycin-
dexamethasone*
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES

§ NONSTEROIDAL

diclofenac
ketorolac
BROMDAY

§ STEROIDAL

dexamethasone
DUREZOL
LOTEMAX

**§ BETA-BLOCKERS,
NONSELECTIVE**

timolol maleate solution
BETIMOL

**BETA-BLOCKERS,
SELECTIVE**

BETOPTIC S

**§ CARBONIC ANHYDRASE
INHIBITORS**

dorzolamide
AZOPT

**§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS**

dorzolamide-timolol
COSOPT PF

§ PROSTAGLANDINS

latanoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS**

COMBIGAN

QUICK REFERENCE DRUG LIST

A

ACANYA
ACCU-CHEK STRIPS AND
KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR
AGGRENOX
albuterol
alendronate
alfuzosin ext-rel
ALPHAGAN P
ALREX
amantadine
amlodipine

amlodipine-atorvastatin
amoxicillin
amoxicillin-clavulanate
AMTURNIDE
ANDRODERM
ANTARA
APIDRA
ARCAPTA NEOHALER
ASMANEX
ASTEPRO
ATELVIA
atenolol
atorvastatin
AVELOX
AVINZA
AVODART
AVONEX
AXIRON
azelastine

azithromycin
AZOPT

B

BD INSULIN SYRINGES
AND NEEDLES
BENICAR
BENICAR HCT
benzoyl peroxide
BETASERON
BETIMOL
BETOPTIC S
BEYAZ
BRILINTA
brimonidine
BROMDAY
budesonide inhalation
suspension
bupropion

bupropion ext-rel
BYDUREON
BYSTOLIC

C

calcipotriene
calcitonin-salmon
calcium acetate
CARAC
carvedilol
cefaclor
cefdinir
CELEBREX
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin
ciprofloxacin ext-rel
ciprofloxacin tablet

citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl
peroxide
clobetasol
clopidogrel
codeine-acetaminophen
COMBIGAN
COMBIVENT RESPIMAT
COPAXONE
COREG CR
COSOPT PF
CRESTOR
cromolyn sodium
CYMBALTA

D	<i>fosinopril- hydrochlorothiazide</i>	M	<i>paroxetine</i>	TAZORAC
<i>desonide</i>	FOSRENOL	MAXALT	<i>paroxetine ext-rel</i>	TEKAMLO
<i>dexamethasone</i>	<i>furosemide</i>	<i>medroxyprogesterone</i>	PATADAY	TEKURNA
DEXILANT	G	<i>meloxicam</i>	<i>penicillin VK</i>	TEKURNA HCT
<i>diclofenac</i>	GELNIQUE	<i>metformin</i>	PENNSAID	<i>terazosin</i>
<i>dicloxacillin</i>	<i>gentamicin</i>	<i>metformin ext-rel</i>	PHOSLYRA	<i>terbinafine tablet</i>
DIFFERIN	<i>glimepiride</i>	<i>metolazone</i>	PICATO	<i>tetracycline</i>
<i>digoxin</i>	<i>glipizide</i>	<i>metoprolol</i>	PRADAXA	<i>timolol maleate solution</i>
<i>diltiazem ext-rel</i>	<i>glipizide ext-rel</i>	<i>metoprolol succinate ext-rel</i>	PRANDIN	TOBRADEX ST
DIOVAN	<i>glipizide-metformin</i>	METROGEL	<i>pravastatin</i>	<i>tobramycin</i>
DIOVAN HCT	H	<i>metronidazole</i>	PREMARIN	<i>tobramycin- dexamethasone</i>
DIVIGEL	HUMATROPE	MICARDIS	PREMARIN CREAM	<i>tolterodine</i>
<i>dorzolamide</i>	HUMIRA	MICARDIS HCT	PREMPRO	<i>torseamide</i>
<i>dorzolamide-timolol</i>	HUMULIN R U-500	<i>minocycline</i>	<i>prenatal vitamins</i>	TRADJENTA
<i>doxazosin</i>	<i>hydrochlorothiazide</i>	<i>mirtazapine</i>	PRISTIQ	<i>tramadol</i>
<i>doxycycline hyclate</i>	<i>hydrocodone- acetaminophen</i>	<i>montelukast</i>	PROAIR HFA	<i>tramadol ext-rel</i>
DUAC	<i>hydrocortisone</i>	<i>morphine</i>	<i>progesterone, micronized</i>	TRAVATAN Z
DUETACT	<i>hydromorphone</i>	<i>morphine ext-rel</i>	<i>propranolol</i>	<i>trazodone</i>
DULERA		<i>morphine suppository</i>	<i>propranolol ext-rel</i>	<i>tretinoin</i>
DUREZOL		MOXEZA	PROVENTIL HFA	TREXIMET
E		N	PULMICORT FLEXHALER	<i>triamcinolone</i>
EFFIENT	I	<i>nadolol</i>	Q	<i>triamterene- hydrochlorothiazide</i>
ENBREL	<i>ibandronate</i>	<i>naproxen</i>	<i>quinapril</i>	TRICOR
EPIDUO	<i>imiquimod</i>	<i>naratriptan</i>	<i>quinapril- hydrochlorothiazide</i>	TRILIPIX
EPIPEN	INCIVEK	NASONEX	QVAR	V
EPIPEN JR	<i>ipratropium-albuterol</i>	NATAZIA		VAGIFEM
<i>eprosartan</i>	<i>inhalation solution</i>	<i>nateglinide</i>		<i>valacyclovir</i>
<i>erythromycin</i>	<i>irbesartan</i>	<i>neomycin-polymyxin B- bacitracin-hydrocortisone</i>		VELTIN
<i>erythromycin solution</i>	<i>irbesartan- hydrochlorothiazide</i>	<i>neomycin-polymyxin B- dexamethasone</i>		<i>venlafaxine</i>
<i>erythromycin-benzoyl peroxide</i>	<i>itraconazole</i>	NEXIUM		<i>venlafaxine ext-rel</i>
<i>erythromycins</i>	J	NIASPAN		<i>verapamil ext-rel</i>
<i>escitalopram</i>	JANUMET	<i>nifedipine ext-rel</i>		VESICARE
estradiol	JANUMET XR	<i>nitrofurantoin</i>		VICTOZA
<i>estradiol-norethindrone</i>	JANUVIA	NORDITROPIN		VICTRELIS
estropipate	JENTADUETO	NOVOLIN		VIGAMOX
<i>ethinyl estradiol- drospirenone</i>		NOVOLOG		VIIBRYD
<i>ethinyl estradiol- levonorgestrel</i>		NOVOLOG MIX		VIMOVO
<i>ethinyl estradiol- norgestimate</i>	K	NUCYNTA		VIVELLE-DOT
EVAMIST	KADIAN	NUCYNTA ER		VOLTAREN GEL
EVISTA	<i>ketorolac</i>	NUVARING		VYTORIN
EXALGO	L	O		W
F	<i>lansoprazole</i>	<i>ofloxacin</i>		<i>warfarin</i>
<i>fenofibrate</i>	LANTUS	<i>omeprazole</i>		WELCHOL
<i>fentanyl transdermal</i>	LASTACAFT	<i>omeprazole-sodium bicarbonate capsule</i>		X
FINACEA	<i>latanoprost</i>	ONETOUCH STRIPS AND KITS ³		XARELTO
<i>finasteride</i>	LESCOL XL	OPANA ER		Z
<i>fluconazole</i>	LEVEMIR	ORACEA		<i>zafirlukast</i>
<i>flunisolide</i>	<i>levofloxacin</i>	ORTHO EVRA		ZETIA
<i>fluocinonide</i>	<i>levothyroxine</i>	ORTHO TRI-CYCLEN LO		ZIOPTAN
<i>fluorouracil</i>	LIPOFEN	OXSORALEN-ULTRA		<i>zolpidem</i>
<i>fluoxetine</i>	<i>lisinopril</i>	<i>oxybutynin</i>		<i>zolpidem ext-rel</i>
<i>fluticasone</i>	<i>lisinopril- hydrochlorothiazide</i>	<i>oxybutynin ext-rel</i>		ZOMIG
<i>fluvastatin</i>	LO LOESTRIN FE	<i>oxycodone</i>		ZYCLARA
FOLLISTIM AQ	LOESTRIN 24 FE	<i>oxycodone-acetaminophen</i>		ZYLET
FORADIL	<i>losartan</i>	OXYCONTIN		
FORTEO	<i>losartan- hydrochlorothiazide</i>	P		
FORTESTA	LOTEMAX	<i>pantoprazole</i>		
<i>fosinopril</i>	<i>lovastatin</i>			
			T	
			TAMIFLU	
			<i>tamsulosin</i>	

PREFERRED ALTERNATIVES LIST

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>	EDARBI, EDARBYCLOR	<i>eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>
ADVICOR	SIMCOR	ENABLEX	<i>oxybutynin ext-rel, tolterodine, trospium, GELNIQUE, VESICARE</i>
ALORA	<i>estradiol, DIVIGEL, EVAMIST, VIVELLE-DOT</i>	EDLUAR	<i>zolpidem, zolpidem ext-rel</i>
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LESCOL XL, VYTORIN</i>	ENJUVA	<i>estradiol, estropipate, PREMARIN</i>
ALVESCO	ASMANEX, PULMICORT FLEXHALER, QVAR	ESTRACE CREAM	PREMARIN CREAM, VAGIFEM
ANDROGEL	ANDRODERM, AXIRON, FORTESTA	ESTRASORB	<i>estradiol, DIVIGEL, EVAMIST, VIVELLE-DOT</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	ESTRING	PREMARIN CREAM, VAGIFEM
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>	ESTROGEL	<i>estradiol, DIVIGEL, EVAMIST, VIVELLE-DOT</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	FEMRING	PREMARIN CREAM, VAGIFEM
ATACAND, ATACAND HCT	<i>eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>	FEMTRACE	<i>estradiol, estropipate, PREMARIN</i>
ATROVENT HFA	SPIRIVA	FENOGLIDE	<i>fenofibrate, ANTARA, LIPOFEN, TRICOR, TRILIPIX</i>
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	FIRST TESTOSTERONE	ANDRODERM, AXIRON, FORTESTA
AZELEX	<i>erythromycin solution</i>	FLECTOR	<i>diclofenac, meloxicam, naproxen</i>
BECONASE AQ	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>	FLOVENT, FLOVENT HFA	ASMANEX, PULMICORT FLEXHALER, QVAR
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>	FORTAMET	<i>metformin, metformin ext-rel</i>
BENZAGEL	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	FOSAMAX PLUS D	<i>alendronate, ibandronate, ACTONEL, ATELVIA</i>
BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	FREESTYLE STRIPS AND KITS ⁴	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
CARDURA XL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>	FROVA	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>
CENESTIN	<i>estradiol, estropipate, PREMARIN</i>	GENOTROPIN	HUMATROPE, NORDITROPIN
CLINDAGEL	<i>erythromycin solution</i>	GLUMETZA	<i>metformin, metformin ext-rel</i>
COMBIVENT	COMBIVENT RESPIMAT	HUMALOG	APIDRA, NOVOLOG
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>	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
DETROL LA	<i>oxybutynin ext-rel, tolterodine, trospium, GELNIQUE, VESICARE</i>	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
DORAL	<i>zolpidem, zolpidem ext-rel</i>	HUMULIN	NOVOLIN
DUEXIS	VIMOVO	INNOPRAN XL	<i>atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR</i>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>	INTERMEZZO	<i>zolpidem, zolpidem ext-rel</i>
		ISTALOL	<i>timolol maleate solution, BETIMOL</i>
		KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
		LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LESCOL XL, VYTORIN</i>
		LUMIGAN	<i>latanoprost, TRAVATAN Z, ZIOPTAN</i>
		LUNESTA	<i>zolpidem, zolpidem ext-rel</i>
		MAXAIR	PROAIR HFA, PROVENTIL HFA
		MENEST	<i>estradiol, estropipate, PREMARIN</i>
		MENOSTAR	<i>estradiol, DIVIGEL, EVAMIST, VIVELLE-DOT</i>
		NUTROPIN, NUTROPIN AQ	HUMATROPE, NORDITROPIN
		OLEPTRO	<i>trazodone</i>
		OLUX-E	<i>clobetasol propionate foam</i>
		OMNARIS	<i>flunisolide, fluticasone, triamcinolone, NASONEX</i>
		OMNITROPE	HUMATROPE, NORDITROPIN

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ONGLYZA	JANUVIA, TRADJENTA	SKELID	<i>alendronate</i> , ACTONEL
OXYTROL ⁴	<i>oxybutynin ext-rel, tolterodine, trospium</i> , GELNIQUE, VESICARE	STRIANT	ANDRODERM, AXIRON, FORTESTA
PATANASE	<i>azelastine</i> , ASTEPRO	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i> , VIIBRYD	TESTIM	ANDRODERM, AXIRON, FORTESTA
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	TEVETEN, TEVETEN HCT	<i>eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide</i> , BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
PRED MILD	<i>dexamethasone</i> , DUREZOL, LOTEMAX	TEV-TROPIN	HUMATROPE, NORDITROPIN
PREFERAOB	CITRANATAL	TOVIAZ	<i>oxybutynin ext-rel, tolterodine, trospium</i> , GELNIQUE, VESICARE
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	TRIGLIDE	<i>fenofibrate</i> , ANTARA, LIPOFEN, TRICOR, TRILIPIX
QNASL	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
RELION INSULIN	NOVOLIN INSULIN	VANOS	<i>clobetasol</i>
RELPAZ	<i>naratriptan, sumatriptan</i> , MAXALT, ZOMIG	VENTOLIN HFA	PROAIR HFA, PROVENTIL HFA
RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX	VERAMYST	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX
RIOMET	<i>metformin, metformin ext-rel</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
ROZEREM	<i>zolpidem, zolpidem ext-rel</i>	ZETONNA	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX
RYZOLT	<i>tramadol ext-rel</i>	ZYFLO, ZYFLO CR	<i>montelukast, zafirlukast</i>
SAIZEN	HUMATROPE, NORDITROPIN		
SANCTURA XR ⁴	<i>oxybutynin ext-rel, tolterodine, trospium</i> , GELNIQUE, VESICARE		

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

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 products or 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 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.

¹ 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.

² Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

³ 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.

⁴ A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific drugs: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your doctor believes you have a specific clinical need for one of these drugs, he or she should fax a medical exception request to 1-866-443-1172.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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