

DRUG NAME	PREFERRED ALTERNATIVE(S)*
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUGH STRIPS AND KITS
TEKTRUNA, TEKTRUNA HCT	BENICAR, BENICAR HCT
TESTIM	ANDROGEL
TEVETEN, TEVETEN HCT TOVIAZ	BENICAR, BENICAR HCT <i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUGH STRIPS AND KITS
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin</i> , FLOMAX
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

* 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.

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 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.

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

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.