

Individual Drug List

The **Individual 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 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 copay¹ information, please visit www.caremark.com or contact a CVS Caremark Customer Care representative.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefaclor
cefdinir
cephalexin
SUPRAX

§ 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

clindamycin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA
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

AVAPRO/AVALIDE
BENICAR/BENICAR HCT
MICARDIS/MICARDIS HCT

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR
TRILIPIX

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 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.

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
CRESTOR
LIPITOR

NIACINS / COMBINATIONS

ADVICOR
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

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO

§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)²

venlafaxine
CYMBALTA
EFFEXOR XR
PRISTIQ

§ HYPNOTICS,
NONBENZODIAZEPINES

zolpidem
AMBIEN CR

MIGRAINE

§ SELECTIVE SEROTONIN
AGONISTS

sumatriptan
MAXALT
ZOMIG

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

ENDOCRINE AND
METABOLIC

ANDROGENS

ANDRODERM
ANDROGEL

ANTIDIABETICS

§ BIGUANIDES

metformin
metformin ext-rel

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS

JANUVIA
ONGLYZA

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

JANUMET

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

SUPPLIES

ACCU-CHEK STRIPS AND
KITS
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND
KITS

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ACTONEL
BONIVA

§ CALCITONINS

Fortical

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC

*ethinyl estradiol-
drospirenone*
YAZ

§ TRIPHASIC

*ethinyl estradiol-
norgestimate*

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

*ethinyl estradiol-
levonorgestrel*
LOSEASONIQUE
SEASONIQUE

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropiate
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
pantoprazole
KAPIDEX
NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA

doxazosin
finasteride
terazosin
AVODART
FLOMAX

§ URINARY
ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
DETROL
DETROL LA
ENABLEX
GELNIQUE
OXYTROL
SANCTURA XR
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

BETA AGONISTS

§ SHORT ACTING

albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING

FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR
ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN
ASTEPRO

§ NASAL STEROIDS

fluticasone
NASACORT AQ
NASONEX
VERAMYST

STEROID / BETA AGONISTS

ADVAIR
SYMBICORT

STEROID INHALANTS

ASMANEX
FLOVENT
PULMICORT
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide

tretinoin

ACANYA

DIFFERIN

DUAC CS

EPIDUO

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 DRUG LIST

<p>A</p> <p>ACANYA ACCU-CHEK STRIPS AND KITS ACTONEL ACTOPLUS MET ACTOS <i>acyclovir</i> ADVAIR ADVICOR <i>albuterol</i> <i>alendronate</i> ALPHAGAN P <i>amantadine</i> AMBIEN CR <i>amlodipine</i> <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> ANDRODERM ANDROGEL APIDRA ASMANEX ASTELIN ASTEPRO <i>atenolol</i> AVALIDE AVAPRO AVELOX AVODART <i>azithromycin</i></p> <p>B</p> <p>BD INSULIN SYRINGES AND NEEDLES BENICAR BENICAR HCT BETIMOL BETOPTIC S BONIVA <i>brimonidine 0.2%</i> <i>bupropion</i> <i>bupropion ext-rel</i> BYETTA BYSTOLIC</p> <p>C</p> <p>CADUET <i>carvedilol</i> <i>cefaclor</i> <i>cefdinir</i> <i>cephalexin</i> <i>cholestyramine</i> CIPRO SUSPENSION <i>ciprofloxacin ext-rel</i> <i>ciprofloxacin tablet</i> <i>citalopram</i></p>	<p><i>clarithromycin</i> <i>clarithromycin ext-rel</i> CLIMARA <i>clindamycin</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> COMBIVENT COREG CR COUMADIN CRESTOR CYMBALTA</p> <p>D</p> <p>DETROL DETROL LA <i>dicloxacillin</i> DIFFERIN <i>digoxin</i> <i>diltiazem ext-rel</i> <i>doxazosin</i> <i>doxycycline hyclate</i> DUAC CS DUETACT</p> <p>E</p> <p>EFFEXOR XR ENABLEX ENJUVA EPIDUO EPIPEN EPIPEN JR <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>erythromycins</i> ESTRADERM <i>estradiol</i> <i>estradiol-norethindrone</i> <i>estropipate</i> <i>ethinyl estradiol- drospirenone</i> <i>ethinyl estradiol- levonorgestrel</i> <i>ethinyl estradiol- norgestimate</i> EVISTA</p> <p>F</p> <p><i>fenofibrate</i> <i>fexofenadine</i> <i>finasteride</i> FLOMAX FLOVENT <i>fluconazole</i> <i>fluoxetine</i> <i>fluticasone</i></p>	<p>FORADIL FORTEO <i>Fortical</i> <i>fosinopril</i> <i>fosinopril- hydrochlorothiazide</i> <i>furosemide</i></p> <p>G</p> <p>GELNIQUE <i>glimepiride</i> <i>glipizide</i> <i>glipizide ext-rel</i> <i>glipizide-metformin</i></p> <p>H</p> <p>HUMALOG HUMULIN <i>hydrochlorothiazide</i></p> <p>I</p> <p><i>ipratropium-albuterol inhalation solution</i> <i>itraconazole</i></p> <p>J</p> <p>JANUMET JANUVIA</p> <p>K</p> <p>KAPIDEX</p> <p>L</p> <p>LANTUS LEVAQUIN LEVEMIR <i>levothyroxine</i> LEXAPRO LIPITOR <i>lisinopril</i> <i>lisinopril- hydrochlorothiazide</i> LOSEASONIQUE LUMIGAN</p> <p>M</p> <p>MAXALT <i>medroxyprogesterone</i> <i>metformin</i> <i>metformin ext-rel</i> <i>metolazone</i> <i>metoprolol</i> <i>metoprolol succinate ext-rel</i> <i>metronidazole</i> MICARDIS MICARDIS HCT <i>minocycline</i> <i>mirtazapine</i></p>	<p>N</p> <p><i>nadolol</i> NASACORT AQ NASONEX NEXIUM NIASPAN <i>nifedipine ext-rel</i> <i>nitrofurantoin</i> NOVOLIN NOVOLOG NUVARING</p> <p>O</p> <p><i>omeprazole</i> ONETOUCH STRIPS AND KITS ONGLYZA ORTHO EVRA ORTHO TRI-CYCLEN LO <i>oxybutynin</i> <i>oxybutynin ext-rel</i> OXYTROL</p> <p>P</p> <p><i>pantoprazole</i> <i>paroxetine</i> <i>paroxetine ext-rel</i> <i>penicillin VK</i> PRANDIN <i>pravastatin</i> PREMARIN PREMPHASE PREMPRO PRISTIQ PROAIR HFA PROMETRIUM <i>propranolol</i> PROVENTIL HFA PULMICORT</p> <p>Q</p> <p><i>quinapril</i> <i>quinapril- hydrochlorothiazide</i> QVAR</p> <p>R</p> <p><i>ramipril</i> <i>ranitidine</i> RELENZA RETIN-A MICRO <i>rimantadine</i></p> <p>S</p> <p>SANCTURA XR SEASONIQUE SEREVENT</p>	<p><i>sertraline</i> SIMCOR <i>simvastatin</i> SINGULAIR SPIRIVA <i>spironolactone- hydrochlorothiazide</i> <i>sulfamethoxazole- trimethoprim</i> <i>sumatriptan</i> SUPRAX SYMBICORT SYNTHROID</p> <p>T</p> <p>TAMIFLU TARKA <i>terazosin</i> <i>terbinafine tablet</i> <i>tetracycline</i> <i>timolol maleate solution</i> <i>torseamide</i> TRAVATAN <i>tretinoin</i> TREMIMET <i>triamterene- hydrochlorothiazide</i> TRICOR TRILIPIX</p> <p>V</p> <p><i>valacyclovir</i> <i>venlafaxine</i> VENTOLIN HFA VERAMYST <i>verapamil ext-rel</i> VESICARE VIVELLE-DOT</p> <p>W</p> <p><i>warfarin</i> WELCHOL</p> <p>X</p> <p>XALATAN</p> <p>Y</p> <p>YAZ</p> <p>Z</p> <p>ZETIA <i>zolpidem</i> ZOMIG</p>
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PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR	ESTRASORB	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ACIPHEX	omeprazole, pantoprazole, KAPIDEX	ESTROGEL	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
ACTONEL W/CALCIUM	alendronate	EVOCLIN FOAM	clindamycin solution, erythromycin solution
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR	FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
ALLEGRA-D	feofenadine-pseudoephedrine	FEMTRACE	estradiol, estropipate, ENJUVIA, PREMARIN
ALORA	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT	FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
ALTOPREV	pravastatin, simvastatin, CRESTOR, LIPITOR	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR	FORTAMET	metformin, metformin ext-rel
AMERGE	sumatriptan, MAXALT, ZOMIG	FOSAMAX PLUS D	alendronate
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
ARMOUR THYROID	levothyroxine, SYNTHROID	INNOPRAN XL	atenolol, propranolol ext-rel
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS	ISTALOL	timolol maleate solution, BETIMOL
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT	KLARON LOTION	erythromycin solution
ATRALIN	tretinoin	LUNESTA	zolpidem
ATROVENT HFA	SPIRIVA	MAXAIR	PROAIR HFA, VENTOLIN HFA
AXERT	sumatriptan, MAXALT, ZOMIG	MENEST	estradiol, estropipate, ENJUVIA, PREMARIN
AZELEX	erythromycin solution	MENOSTAR	estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR	OMNARIS	fluticasone
BECONASE AQ	fluticasone	PATANASE	ASTELIN, ASTEPRO
BENZAC AC, BENZAC W	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PEXEVA	citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO
BENZAGEL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
BENZIQ	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
BREVOXYL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	RAPAFLO	doxazosin, terazosin, FLOMAX
CARDIZEM LA	diltiazem ext-rel	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
CARDURA XL	doxazosin, terazosin, FLOMAX	RELPAK	sumatriptan, MAXALT, ZOMIG
CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN	RHINOCORT AQUA	fluticasone
CLARINEX	feofenadine	SKELID	alendronate, ACTONEL
CLARINEX-D	feofenadine-pseudoephedrine	STRIANT	ANDRODERM, ANDROGEL
CLINDAGEL	erythromycin solution	SULAR	amlodipine, nifedipine ext-rel
DESQUAM E, DESQUAM X	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS
DORAL	zolpidem, AMBIEN CR	TESTIM	ANDROGEL
DYNACIRC CR	amlodipine, nifedipine ext-rel	TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
EDLUAR	zolpidem	TOVIAZ	oxybutynin ext-rel
		TRIAZ	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
		TRIGLIDE	fenofibrate, TRICOR, TRILIPIX
		TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS, ONETOUCH STRIPS AND KITS

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EIPEN, EIPEN JR	ZODERM	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>
UROXATRAL	<i>doxazosin, terazosin, FLOMAX</i>		
XOPENEX HFA	PROAIR HFA, VENTOLIN HFA	ZYFLO, ZYFLO CR	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 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.

* 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 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.

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