

Individual Drug List

The **Individual 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, branded generics in upper- and lowercase *Italics*, 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 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.

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.

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

§ 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 / CALCIUM CHANNEL BLOCKERS

TARKA

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ 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

§ 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

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel

sertraline
LEXAPRO

§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)²

venlafaxine
CYMBALTA
EFFEXOR XR
PRISTIQ

§ MISCELLANEOUS
AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ 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

ANTI-DIABETICS

§ 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

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

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

TRANS-DERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANS-DERMAL

estradiol
ESTRADERM
EVAMIST
VIVELLE-DOT

§ ESTROGEN /
PROGESTINS, ORAL

estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS, ORAL

medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN
RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR
ANTAGONISTS

ranitidine

§ PROTON PUMP
INHIBITORS

lansoprazole
omeprazole
pantoprazole
DEXILANT

NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA

doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

§ 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
AGONIST COMBINATIONS

ipratropium-albuterol
inhalation solution
COMBIVENT

§ ANTIHISTAMINES,
NONSEDATING

fexofenadine

BETA AGONISTS,
INHALANTS

§ 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 AGONIST
COMBINATIONS

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

A

ACANYA
 ACCU-CHEK STRIPS AND
 KITS
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
 ADVAIR
albuterol
alendronate
 ALPHAGAN P
amantadine
 AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
 ANDRODERM
 ANDROGEL
 APIDRA
 ASMANEX
 ASTELIN
 ASTEPRO
atenolol
 AVALIDE
 AVAPRO
 AVELOX
 AVODART
azithromycin

B

BD INSULIN SYRINGES
 AND NEEDLES
 BENICAR
 BENICAR HCT
 BETIMOL
 BETOPTIC S
 BONIVA
brimonidine 0.2%
bupropion
bupropion ext-rel
 BYETTA
 BYSTOLIC

C

CADUET
carvedilol
cefaclor
cefdinir
cephalexin
cholestyramine
 CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin

clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl
peroxide
 COMBIVENT
 COREG CR
 COUMADIN
 CRESTOR
 CYMBALTA

D

DETROL
 DETROL LA
 DEXILANT
dicloxacillin
 DIFFERIN
digoxin
diltiazem ext-rel
doxazosin
doxycycline hyclate
 DUAC CS
 DUETACT

E

EFFEXOR XR
 ENABLEX
 ENJUVA
 EPIDUO
 EPIPEN
 EPIPEN JR
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
 ESTRADERM
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norgestimate
 EVAMIST
 EVISTA

F

fenofibrate
fexofenadine
finasteride
 FLOVENT
fluconazole
fluoxetine
fluticasone

FORADIL
 FORTEO
Fortical
fosinopril
fosinopril-
hydrochlorothiazide
 FUROSEMIDE

G

GELNIQUE
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
 HUMULIN
hydrochlorothiazide

I

ipratropium-albuterol
inhalation solution
itraconazole

J

JANUMET
 JANUVIA

L

lansoprazole
 LANTUS
 LEVAQUIN
 LEVEMIR
levothyroxine
 LEXAPRO
 LIPITOR
lisinopril
lisinopril-
hydrochlorothiazide
 LOSEASONIQUE
 LUMIGAN

M

MAXALT
medroxyprogesterone
metformin
metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
 METRONIDAZOLE
 MICARDIS
 MICARDIS HCT
minocycline
mirtazapine

N

nadolol
 NASACORT AQ
 NASONEX
 NEXIUM
 NIASPAN
nifedipine ext-rel
nitrofurantoin
 NOVOLIN
 NOVOLOG
 NUVARING

O

omeprazole
 ONETOUCH STRIPS AND
 KITS
 ONGLYZA
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
 OXYTROL

P

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

Q

quinapril
quinapril-
hydrochlorothiazide
 QVAR

R

ramipril
ranitidine
 RAPAFLO
 RELENZA
 RETIN-A MICRO
rimantadine

S

SANCTURA XR
 SEASONIQUE

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

T

TAMIFLU
tamsulosin
 TARKA
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torseamide
 TRAVATAN
tretinoin
 TREXIMET
triamterene-
hydrochlorothiazide
 TRICOR
 TRILIPIX

V

valacyclovir
venlafaxine
 VENTOLIN HFA
 VERAMYST
verapamil ext-rel
 VESICARE
 VIVELLE-DOT

W

warfarin
 WELCHOL

X

XALATAN

Y

YAZ

Z

ZETIA
zolpidem
 ZOMIG

PREFERRED ALTERNATIVES LIST

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

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DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ZODERM	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	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 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, 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 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.

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

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