

# Performance Drug List

The **CVS Caremark Performance 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 excluded from coverage.
- 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

#### § NSAIDs

*diclofenac*  
*meloxicam*  
*naproxen*

#### § NON-NARCOTIC ANALGESICS

*tramadol*  
*tramadol ext-rel*

#### 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

#### ANTI-LIPEMICS

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR  
TRILIPIX

#### § HMG-CoA REDUCTASE INHIBITORS

*atorvastatin*  
*lovastatin*  
*pravastatin*  
*simvastatin*

CRESTOR  
LIPITOR

#### 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

TEKURNA /  
TEKURNA HCT

#### DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

TEKAMLO

#### DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

AMTURNIDE

#### § DIURETICS

*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-*  
*hydrochlorothiazide*  
*toremide*  
*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  
PRISIQ

#### § 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  
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  
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 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-*  
*drosiprenone*  
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

*alfuzosin ext-rel*  
*doxazosin*  
*finasteride*  
*tamsulosin*  
*terazosin*  
AVODART  
RAPAFLO

#### § URINARY ANTISPASMODICS

*oxybutynin*  
*oxybutynin ext-rel*  
*tropium*  
DETROL  
DETROL LA  
ENBLEX  
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**

ARCAPTA NEOHALER  
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*  
ALVESCO  
ASMANEX  
FLOVENT  
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****CORTICOSTEROIDS****§ Low Potency**

*desonide*  
*hydrocortisone*

**§ Medium Potency**

*mometasone*  
*triamcinolone*

**§ High Potency**

*desoximetasone*  
*fluocinonide*

**§ Very High Potency**

*clobetasol*

**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*  
*alfuzosin ext-rel*  
ALPHAGAN P  
ALVESCO  
*amantadine*  
*amlodipine*  
*amlodipine-atorvastatin*  
*amoxicillin*  
*amoxicillin-clavulanate*  
AMTURNIDE  
ANDRODERM  
ANDROGEL  
APIDRA  
ARCAPTA NEOHALER  
ASMANEX  
ASTEPRO  
*atenolol*  
*atorvastatin*  
AVELOX  
AVODART  
AVONEX  
*azelastine*  
*azithromycin*

**B**

BD INSULIN SYRINGES AND NEEDLES  
BENICAR  
BENICAR HCT  
*benzoyl peroxide*  
BETASERON  
BETIMOL  
BETOPTIC S

**BEYAZ**

BONIVA  
BRAVELLE  
*brimonidine 0.2%*  
*budesonide inhalation suspension*  
*bupropion*  
*bupropion ext-rel*  
BYETTA  
BYSTOLIC

**C**

*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*  
*clobetasol*  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
CRESTOR  
CYMBALTA

**D**

*desonide*  
*desoximetasone*  
DETROL  
DETROL LA  
DEXILANT  
*diclofenac*  
*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*  
*estropiate*  
*ethinyl estradiol-drospirenone*  
*ethinyl estradiol-levonorgestrel*  
*ethinyl estradiol-norgestimate*  
EVAMIST  
EVISTA

**F**

*fenofibrate*  
*finasteride*  
FLOVENT  
*fluconazole*  
*flunisolide*  
*fluocinonide*  
*fluoxetine*  
*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*  
*hydrocortisone*

**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  
*lovastatin*  
LUMIGAN

**M**

MAXALT  
*medroxyprogesterone*  
*meloxicam*  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
MICARDIS  
MICARDIS HCT  
*minocycline*  
*mirtazapine*  
*mometasone*

**N**

*nadolol*  
*naproxen*  
*naratriptan*  
NASONEX  
NATAZIA  
*nateglinide*  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*  
*nitrofurantoin*  
NORDITROPIN  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX  
NUVARING

**O**

*omeprazole*  
*omeprazole-sodium bicarbonate capsule*

ONETOUCH STRIPS AND KITS<sup>3</sup>  
 ONGLYZA  
 ORTHO EVRA  
 ORTHO TRI-CYCLEN LO  
 oxybutynin  
 oxybutynin ext-rel

**P**

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

propranolol ext-rel  
 PROVENTIL HFA  
 PULMICORT FLEXHALER

**Q**

quinapril  
 quinapril-  
 hydrochlorothiazide  
 QVAR

**R**

ramipril  
 ranitidine  
 RAPAFLU  
 RELENZA  
 RETIN-A MICRO  
 rimantadine

**S**

SEREVENT  
 sertraline  
 SIMCOR  
 simvastatin

SINGLAIR  
 SPIRIVA  
 spironolactone-  
 hydrochlorothiazide  
 sulfamethoxazole-  
 trimethoprim  
 sumatriptan  
 SUMAVEL DOSEPRO  
 SUPRAX  
 SYMBICORT  
 SYNTHROID  
 SYNVISC  
 SYNVISC-ONE

**T**

TAMIFLU  
 tamsulosin  
 TEKAMLO  
 TEKTURNA  
 TEKTURNA HCT  
 terazosin  
 terbinafine tablet  
 tetracycline

timolol maleate solution  
 torsemide  
 tramadol  
 tramadol ext-rel  
 TRAVATAN Z  
 trazodone  
 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	lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM	BENZIQ	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
ADVICOR	SIMCOR	BREVOXYL	benzoyl peroxide
ALORA	estradiol, EVAMIST, VIVELLE-DOT	CARDURA XL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLU
ALTOPREV	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR	CENESTIN	estradiol, estropipate, ENJUVA, PREMARIN
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	CLINDAGEL	erythromycin solution
ARMOUR THYROID	levothyroxine, SYNTHROID	DESQUAM E, DESQUAM X	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>	DORAL	zolpidem, zolpidem ext-rel
ATACAND, ATACAND HCT	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	DYNACIRC CR	amlodipine, nifedipine ext-rel
ATELVIA	alendronate, ACTONEL, BONIVA	EDARBI	losartan, BENICAR, DIOVAN, MICARDIS
ATROVENT HFA	SPIRIVA	EDLUAR	zolpidem, zolpidem ext-rel
AVAPRO, AVALIDE	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	ESTRASORB	estradiol, EVAMIST, VIVELLE-DOT
AXERT	naratriptan, sumatriptan, MAXALT, ZOMIG	ESTROGEL	estradiol, EVAMIST, VIVELLE-DOT
AXIRON	ANDRODERM, ANDROGEL	FEMTRACE	estradiol, estropipate, ENJUVA, PREMARIN
AZELEX	erythromycin solution	FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
BECONASE AQ	flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
BENZAC AC, BENZAC W	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	FLECTOR	diclofenac, meloxicam, naproxen
BENZAGEL	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	FORTAMET	metformin ext-rel
		FORTESTA	ANDRODERM, ANDROGEL
		FOSAMAX PLUS D	alendronate, ACTONEL, BONIVA
		FREESTYLE STRIPS AND KITS <sup>4</sup>	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
		FROVA	naratriptan, sumatriptan, MAXALT, ZOMIG

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
GLUMETZA	<i>metformin ext-rel</i>	RIOMET	<i>metformin ext-rel</i>
HUMALOG	APIDRA, NOVOLOG	ROZEREM	<i>zolpidem, zolpidem ext-rel</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	RYZOLT	<i>tramadol ext-rel</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	SANCTURA XR <sup>4</sup>	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
HUMULIN	NOVOLIN	SKELID	<i>alendronate, ACTONEL</i>
INNOPRAN XL	<i>atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR</i>	STRIANT	ANDRODERM, ANDROGEL
ISTALOL	<i>timolol maleate solution, BETIMOL</i>	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ONETOUCH STRIPS AND KITS <sup>3</sup>
LIVALO	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>	TESTIM	ANDRODERM, ANDROGEL
LUNESTA	<i>zolpidem, zolpidem ext-rel</i>	TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>
MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA	TOVIAZ	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>
MENEST	<i>estradiol, estropiate, ENJUVA, PREMARIN</i>	TRADJENTA	JANUVIA, ONGLYZA
MENOSTAR	<i>estradiol, EVAMIST, VIVELLE-DOT</i>	TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>
NEOBENZ MICRO	<i>benzoyl peroxide</i>	TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
OLEPTRO	<i>trazodone</i>	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>
OLUX-E	<i>clobetasol propionate foam</i>	TWINJECT	EPIPEN, EPIPEN JR
OMNARIS	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>	VANOS	<i>clobetasol</i>
OXYTROL <sup>4</sup>	<i>oxybutynin ext-rel, trospium, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE</i>	VYTORIN	<i>atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>
PATANASE	<i>azelastine, ASTEPRO</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO, VIIBRYD</i>	ZYFLO, ZYFLO CR	<i>zafirlukast, SINGULAIR</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		
RELPAX	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>		
RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST</i>		

You may be responsible for the full cost of certain non-formulary products that are excluded 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](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.

<sup>4</sup> 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.

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

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