

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 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.
- 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

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

ANTIPEMICS

§ 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 / ANTIPEMIPIC COMBINATIONS

CADUET

§ 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
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO*

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

*venlafaxine
venlafaxine ext-rel
CYMBALTA
PRISTIQ*

§ MISCELLANEOUS AGENTS

*bupropion
bupropion ext-rel*

mirtazapine

§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem
zolpidem ext-rel*

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*naratriptan
sumatriptan
MAXALT
ZOMIG*

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

TREXIMET

MULTIPLE SCLEROSIS AGENTS

AVONEX
COPAXONE
REBIF

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
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG

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
ACTONEL
BONIVA*

§ CALCITONINS

calcitonin-salmon

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC

*ethinyl estradiol-
drospirenone
BEYAZ
LO LOESTRIN FE
LOESTRIN 24 FE*

§ TRIPHASIC

*ethinyl estradiol-
norgestimate
ORTHO TRI-CYCLEN LO*

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

*ethinyl estradiol-
levonorgestrel
LOSEASONIQUE
SEASONIQUE*

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

*estradiol
estropiate
ENJUVA
PREMARIN*

§ TRANSDERMAL

*estradiol
ESTRADERM
EVAMIST
VIVELLE-DOT*

§ ESTROGEN / PROGESTINS, ORAL

*estradiol-norethindrone
PREMPHASE
PREMPRO*

FERTILITY REGULATORS, OVULATION STIMULANTS, GONADOTROPINS

BRAVELLE
FOLLISTIM AQ

HUMAN GROWTH HORMONES

GENOTROPIN
NORDITROPIN

§ PROGESTINS, ORAL

*medroxyprogesterone
PROMETRIUM*

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

*doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO*

§ URINARY ANTISPASMODICS

*oxybutynin
oxybutynin ext-rel
trospium
DETROL
DETROL LA
ENABLEX
GELNIQUE
OXYTROL
SANCTURA XR
VESICARE*

HEMATOLOGIC

§ ANTICOAGULANTS

*warfarin
COUMADIN
PRADAXA*

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

FORADIL
SEREVENT

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

*zafirlukast
SINGULAIR*

§ NASAL ANTIHISTAMINES

*azelastine
ASTEPRO*

§ NASAL STEROIDS

*flunisolide
fluticasone
triamcinolone*

NASACORT AQ
NASONEX
VERAMYST

**STEROID / BETA AGONIST
COMBINATIONS**

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

*budesonide inhalation
suspension*
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene

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

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
KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR
albuterol
alendronate
ALPHAGAN P
amantadine
amlodipine
amoxicillin
amoxicillin-clavulanate
AMTURNIDE
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTEPRO
atenolol
AVELOX
AVODART
AVONEX
azelastrone
azithromycin

B

BD INSULIN SYRINGES
AND NEEDLES
BENICAR
BENICAR HCT
BETIMOL
BETOPTIC S
BEYAZ
BONIVA
BRAVELLE
brimonidine 0.2%
*budesonide inhalation
suspension*
bupropion
bupropion ext-rel
BYETTA
BYSTOLIC

C

CADUET

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*
COMBIVENT
COPAXONE
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

DETROL
DETROL LA
DEXILANT
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC
DUETACT
DULERA

E

ENABLEX
ENBREL
ENJUVIA
EPIDUO
EPIPEN
EPIPEN JR
erythromycin solution
*erythromycin-benzoyl
peroxide*
erythromycin
ESTRADERM

estradiol
estradiol-norethindrone
estropipate
*ethinyl estradiol-
drospirenone*
*ethinyl estradiol-
levonorgestrel*
*ethinyl estradiol-
norgestimate*
EVAMIST
EVISTA

F

fenofibrate
finasteride
FLOVENT
fluconazole
flunisolide
fluoxetine
fluticasone
FOLLISTIM AQ
FORADIL
FORTEO
fosinopril
*fosinopril-
hydrochlorothiazide*
furosemide

G

GELNIQUE
GENOTROPIN
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
HUMIRA
HUMULIN
hydrochlorothiazide

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
LUMIGAN

M

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

N

nadolol
naratriptan
NASACORT AQ
NASONEX
NATAZIA
nateglinide
NEXIUM
NIASPAN
nifedipine ext-rel
nitrofurantoin
NORDITROPIN
NOVOLIN

NOVOLOG
NUVARING

O

omeprazole
*omeprazole-sodium
bicarbonate capsule*
ONETOUCH STRIPS AND
KITS³
ONGLYZA
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

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

Q

quinapril
*quinapril-
hydrochlorothiazide*
QVAR

R

ramipril
ranitidine
RAPAFLO
REBIF
RELENZA
RETIN-A MICRO
rimantadine

S
 SANCTURA XR
 SEASONIQUE
 SEREVENT
sertraline
 SIMCOR
simvastatin
 SINGULAIR
 SPIRIVA
*spironolactone-
 hydrochlorothiazide*
*sulfamethoxazole-
 trimethoprim*

sumatriptan
 SUPRAX
 SYMBICORT
 SYNTHROID
 SYNVISC
 SYNVISC-ONE

T
 TAMIFLU
tamsulosin
 TEKAMLO
 TEKURNA
 TEKURNA HCT
 terazosin

terbinafine tablet
tetracycline
timolol maleate solution
torsemide
 TRAVATAN Z
tretinoin
 TREXIMET
triamcinolone
*triamterene-
 hydrochlorothiazide*
 TRICOR
 TRILIPIX
tropium

V
valacyclovir
 VALTURNA
 VELTIN
venlafaxine
venlafaxine ext-rel
 VENTOLIN HFA
 VERAMYST
verapamil ext-rel
 VESICARE
 VICTOZA
 VIVELLE-DOT

W
warfarin
 WELCHOL

Z
zafirlukast
 ZETIA
zolpidem
zolpidem ext-rel
 ZOMIG

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACIPHEX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole</i>	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>
ADVICOR	SIMCOR	DORAL	<i>zolpidem, zolpidem ext-rel</i>
ALORA	<i>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</i>	DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>
ALTOPREV	<i>pravastatin</i>	EDARBI	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR	EDLUAR	<i>zolpidem</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	ESTRASORB	<i>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</i>
ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>	ESTROGEL	<i>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	FEMTRACE	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
ATACAND, ATACAND HCT	<i>losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT</i>	FENOGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
ATELVIA	<i>alendronate 70 mg</i>	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ATROVENT HFA	SPIRIVA	FORTAMET	<i>metformin ext-rel</i>
AVAPRO, AVALIDE	<i>losartan, losartan-hydrochlorothiazide</i>	FOSAMAX PLUS D	<i>alendronate</i>
AXERT	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
AZELEX	<i>erythromycin solution</i>	FROVA	<i>sumatriptan</i>
BECONASE AQ	<i>flunisolide, fluticasone</i>	GLUMETZA	<i>metformin ext-rel</i>
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>	INNOPRAN XL	<i>atenolol, propranolol 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>	ISTALOL	<i>timolol maleate solution, BETIMOL</i>
BENZIQ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN</i>	LIVALO	<i>pravastatin, simvastatin, CRESTOR, LIPITOR</i>
CARDURA XL	<i>doxazosin, tamsulosin, terazosin, RAPAFLO</i>	LUNESTA	<i>zolpidem</i>
CENESTIN	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>	MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
CLINDAGEL	<i>erythromycin solution</i>	MENEST	<i>estradiol, estropipate, ENJUVIA, PREMARIN</i>
		MENOSTAR	<i>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</i>
		OMNARIS	<i>flunisolide, fluticasone</i>
		PATANASE	<i>azelastine, ASTEPRO</i>
		PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO</i>
		PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
		PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
		RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
		RELPAK	<i>naratriptan, sumatriptan, MAXALT, ZOMIG</i>

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
RHINOCORT AQUA	<i>flunisolide, fluticasone</i>	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUGH STRIPS AND KITS ³
ROZEREM	<i>zolpidem</i>	TWINJECT	EPIPEN, EPIPEN JR
SKELID	<i>alendronate</i> , ACTONEL	UROXATRAL	<i>doxazosin, tamsulosin, terazosin</i> , RAPAFLO
STRIANT	ANDRODERM, ANDROGEL	VANOS	<i>clobetasol</i>
SUMAVEL DOSEPRO	<i>naratriptan, sumatriptan</i> , MAXALT, ZOMIG	VYTORIN	<i>pravastatin, simvastatin</i> , CRESTOR, LIPITOR
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUGH STRIPS AND KITS ³	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
TESTIM	ANDROGEL	ZYFLO, ZYFLO CR	<i>zafirlukast</i> , SINGULAIR
TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide</i>		
TOVIAZ	<i>oxybutynin ext-rel</i>		
TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO, VELTIN		
TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX		

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 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.

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

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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