The Caremark Primary/Preferred Drug List is a guide within select therapeutic categories for clients and their plan participants. 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 and not meant to be all-inclusive. This list represents brand products in CAPS and generic products in lower case italics.

**PLAN PARTICIPANT**

Your benefit plan provides you with a prescription benefit program administered by 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.

**HEALTHCARE PROVIDER**

Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage healthcare 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:**
- 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 co-pay information, please visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.
- 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.

**ANTI-INFECTIVES**

**ANTIBACTERIALS**

- Cefaclor
- Cepalexin
- Omnicef

**§ CEPHALOSPORINS**

- Cefaclor
- Cepalexin
- Omnicef

**§ ERYTHROMYCINS/MACROLIDES**

- Azithromycin
- Clarithromycin
- Erythromycin
- Biaxin XL

**FLUOROQUINOLONES**

- Ciprofloxacin tablet
- Avelox
- Cipro Suspension
- Cipro XR
- Levaquin

**§ PENICILLINS**

- Amoxicillin
- Amoxicillin-clavulanate
- Dicloxacillin
- Penicillin VK

**§ TETRACYCLINES**

- Doxycycline hyclate
- Minocycline
- Tetracycline

**§ MISCELLANEOUS**

- Metronidazole
- Sulfamethoxazole-trimethoprim
- Lamisil tablet

**§ ANTIMICROBIALS**

- Fluconazole
- Itraconazole

**§ ANTIVIRALS**

- Acyclovir
- Valtrex

**§ INFLUENZA AGENTS**

- Amantadine
- Rimantadine
- Tamiflu

**CARDIOVASCULAR**

**§ ACE INHIBITORS**

- Fosinopril
- Lisinopril
- Quinapril

**§ ACE INHIBITOR/DIURETIC COMBINATIONS**

- Fosinopril-hydrochlorothiazide
- Lisinopril-hydrochlorothiazide
- Quinapril-hydrochlorothiazide

**§ ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS**

- Lotrel
- Tarka

**§ ANGIOTENSIN II RECEPTOR ANTAGONISTS/COMBINATIONS**

- Atacand/Atacand HCT
- Avapro/Avalide Cozaar/Hyzaar

**§ ANTIPLICATIONS**

- Vytorin

**§ BILE ACID RESINS**

- Cholestyramine
- Nuprep
- Welchol

**CHOLESTEROL ABSORPTION INHIBITORS**

- Zetia

**§ FIBRATES**

- Fenofibrate
- Tricor

**§ HMG-CoA REDUCTASE INHIBITORS**

- Pravastatin
- Simvastatin
- Lipitor

**NIACINS**

- Niaspan

**§ BETA-BLOCKERS**

- Atenolol
- Metoprolol
- Nadolol
- Propranolol

**§ CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS**

- Caduet

**CALCIUM CHANNEL BLOCKER**

- Norvasc

**CENTRAL NERVOUS SYSTEM**

**ANTIDEPRESSANTS**

- Bupropion
- Buproprion ext-rel
- Mirtazapine
- Wellbutrin XL

**CAUTION:** Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram fluoxetine paroxetine sertraline LEXAPRO PAXIL CR

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
LEXAPRO PAXIL CR

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
LEXAPRO PAXIL CR

SELECTIVE SEROTONIN AGONISTS
IMITREX MAXALT ZOMIG

MULTIPLE SCLEROSIS AGENTS
COPAXONE REBIF

ANDROGENS ANDROGEL

ANTIDIABETICS
§ BIGUANIDES metformin metformin ext-rel
INSULINS HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG

ENDOCRINE AND METABOLIC
ANDROGENS ANDROGEL

ANTIDIABETICS
§ BIGUANIDES metformin metformin ext-rel
INSULINS HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG

BIOSPHEROPHOSPHONATES
ACTONEL ACTONEL WITH CALCIUM FOSAMAX FOSAMAX PLUS D

CONTRACEPTIVES
§ MONOPHASIC YASMIN YAZ
§ TRIPHASIC ORTHO TRI-CYCLEN LO
§ EXTENDED CYCLE ethinyl estradiol-levonorgestrel TRANSDERMAL ORTHO EVRA VAGINAL NUVARING

ESTROGENS
§ ORAL estradiol estropipate CENESTIN ENJUVIA PREMARIN
§ TRANSDERMAL, ESTROGENS estradiol CLIMARA ESTRADERM VIVELLE VIVELLE-DOT ORAL ESTROGEN/PROGESTINS PREMPhase PREMPRO
§ PROGESTINS medroxyprogesterone PROMETRIUM SELECTIVE ESTROGEN RECEPTOR MODULATORS EVISTA
§ THYROID SUPPLEMENTS levothyroxine SYNTHROID

GASTROINTESTINAL
§ H2 RECEPTOR ANTAGONISTS ranitidine
§ PROTON PUMP INHIBITORS omeprazole NEXIUM PREVACID

GENITOURINARY
§ BENIGN PROSTATIC HYPERPLASIA doxazosin finasteride terazosin FLOMAX

HEMATOLOGIC
§ ANTIHAEMOSTATIC warfarin COUMADIN

RESPIRATORY
ANAPHYLAXIS TREATMENT AGENTS EPIPEN EPIPEN JR

TOPICAL
Dermatology
§ ACNE erythromycin-benzoyl peroxide tretinoin BENZACLIN DIFFEREN DUAC 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 PRIMARY/PREFERRED DRUG LIST

A
ACCU-CHEK STRIPS AND KITS5 ACCUNE B ACTONEL ACTONEL WITH CALCIUM ACTOPLUS MET ACTOS acyclovir ADVAIR albuterol ALLEGRA-D4 ALPHAGAN P ALTACE amantadine amoxicillin amoxicillin-clavulanate ANDROGEL ASMANEX ASTELIN ATACAND2 ATACAND HCT atenolol AVALIDE AVANDAMET AVANDARYL AVANDIA AVAPRO AVELOX azithromycin

B
BD INSULIN SYRINGES AND NEEDLES BENZACLIN BETIMOL BETOPTIC S BIAxin XL brimonidine 0.2% bupropion bupropion ext-rel

C
CADUET cefaclor CENESTIN cepha lexin cholestyramine CIPRO SUSPENSION CIPRO XR ciprofloxacin tablet citalopram clarithromycin
For your information: Generics should be considered the first line of prescribing. This Caremark Drug List is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage. 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 co-pay for specific products on the list. Unless otherwise indicated, drug list products will include all dosage forms. This list represents brand products in caps and generic products in lower case italics. Generics listed in therapeutic categories are for representational purposes only and are not meant to be all-inclusive. 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 co-payments for a specific medicine.

§ Generics are available in this class and should be considered as the first line of prescribing.

1 Co-payment or co-pay 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 Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

4 Higher co-payments may apply depending on the plan participant’s specific prescription benefit plan. Log in to www.caremark.com to find the co-payment under a specific plan.

5 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.

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

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

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