

Performance Drug List

For the most up-to-date Performance Drug List visit www.caremark.com

The **Caremark Performance 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 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 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.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by 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.

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefactor
cefdinir

cephalexin

§ 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

metronidazole

sulfamethoxazole-

trimethoprim

§ ANTIFUNGALS

fluconazole

itraconazole

terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir

VALTREX

§ INFLUENZA AGENTS

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

ATACAND²/ATACAND HCT

AVAPRO/AVALIDE

BENICAR/BENICAR HCT

MICARDIS/MICARDIS HCT

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine

WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate

TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin

simvastatin

CRESTOR

LIPITOR

NIACINS/COMBINATIONS

ADVICOR

NIASPAN

SIMCOR

§ BETA-BLOCKERS

atenolol

carvedilol

metoprolol

metoprolol succinate

ext-rel

nadolol

propranolol

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

toremide

triamterene-

hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion

bupropion ext-rel

mirtazapine

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§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
 LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)³

venlafaxine
 CYMBALTA
 EFFEXOR XR

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
 AMBIEN CR
 LUNESTA

MIGRAINE**SELECTIVE SEROTONIN AGONISTS**

IMITREX
 MAXALT
 ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
 REBIF

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM
 ANDROGEL

ANTIDIABETICS

§ BIGUANIDES
metformin
metformin ext-rel

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
glyburide-metformin

SUPPLIES

ACCU-CHEK STRIPS AND KITS⁵
 BD INSULIN SYRINGES AND NEEDLES
 ONETOUCH STRIPS AND KITS⁵

CALCIUM REGULATORS**§ BISPHOSPHONATES**

alendronate
 ACTONEL

§ CALCITONINS

Fortical

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC
ethinyl estradiol-drospirenone
 YAZ

§ TRIPHASIC

ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel
 SEASONIQUE

CONTINUOUS

LYBREL

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropipate
 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
 NEXIUM
 PREVACID

GENITOURINARY**§ BENIGN PROSTATIC HYPERPLASIA**

doxazosin
finasteride
terazosin
 AVODART
 FLOMAX

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
 DETROL
 DETROL LA
 ENABLEX
 OXYTROL
 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

§ ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D⁴

BETA AGONISTS

§ SHORT ACTING
albuterol
 PROAIR HFA
 PROVENTIL HFA
 XOPENEX
 XOPENEX HFA

LONG ACTING

FORADIL
 SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

fluticasone
 NASACORT AQ
 NASONEX
 RHINOCORT AQUA
 VERAMYST

STEROID/BETA AGONISTS

ADVAIR
 SYMBICORT

STEROID INHALANTS

ASMANEX
 FLOVENT
 PULMICORT
 QVAR

TOPICAL**DERMATOLOGY****§ ACNE**

erythromycin-benzoyl peroxide
tretinoin

BENZACLIN

DIFFERIN
 DUAC CS
 RETIN-A MICRO
 ZIANA

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 PERFORMANCE DRUG LIST**A**

ACCU-CHEK STRIPS AND KITS⁵
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
 ADVAIR
 ADVICOR

albuterol
alendronate
 ALLEGRA-D⁴
 ALPHAGAN P
 AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
 ANDRODERM

ANDROGEL
 APIDRA
 ASMANEX
 ASTELIN
 ATACAND²
 ATACAND HCT
atenolol
 AVALIDE
 AVAPRO

AVELOX
 AVODART
azithromycin

B

BD INSULIN SYRINGES AND NEEDLES
 BENICAR
 BENICAR HCT

BENZACLIN
 BETIMOL
 BETOPTIC S
brimonidine 0.2%
bupropion
bupropion ext-rel
 BYETTA

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C	<i>estradiol</i> <i>estradiol-norethindrone</i> <i>estropipate</i> <i>ethinyl estradiol-</i> <i>drospirenone</i> <i>ethinyl estradiol-</i> <i>levonorgestrel</i> EVISTA	L	ORTHO TRI-CYCLEN LO <i>oxybutynin</i> <i>oxybutynin ext-rel</i> OXYTROL	<i>sulfamethoxazole-</i> <i>trimethoprim</i> SYMBICORT SYNTHROID
CADUET carvedilol cefaclor cefdinir cephalexin cholestyramine CIPRO SUSPENSION <i>ciprofloxacin ext-rel</i> <i>ciprofloxacin tablet</i> citalopram clarithromycin <i>clarithromycin ext-rel</i> CLIMARA COMBIVENT COPAXONE COREG CR COUMADIN CRESTOR CYMBALTA	F <i>fenofibrate</i> <i>fezofenadine</i> <i>finasteride</i> FLOMAX FLOVENT <i>fluconazole</i> <i>fluoxetine</i> <i>fluticasone</i> FORADIL FORTEO <i>Fortical</i> <i>fosinopril</i> <i>fosinopril-</i> <i>hydrochlorothiazide</i> <i>furosemide</i>	LANTUS LEVAQUIN LEVEMIR <i>levothyroxine</i> LEXAPRO LIPITOR <i>lisinopril</i> <i>lisinopril-</i> <i>hydrochlorothiazide</i> LUMIGAN LUNESTA LYBREL	P <i>paroxetine</i> <i>paroxetine ext-rel</i> <i>penicillin VK</i> PRANDIN <i>pravastatin</i> PREMARIN PREMPHASE PREMPRO PREVACID PROAIR HFA PROMETRIUM <i>propranolol</i> PROVENTIL HFA PULMICORT	T TAMIFLU TARKA <i>terazosin</i> <i>terbinafine tablet</i> <i>tetracycline</i> <i>timolol maleate solution</i> <i>torsemide</i> TRAVATAN <i>tratinoin</i> <i>triamterene-</i> <i>hydrochlorothiazide</i> TRICOR
D 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	G <i>glimepiride</i> <i>glipizide</i> <i>glipizide ext-rel</i> <i>glipizide-metformin</i> <i>glyburide-metformin</i>	M MAXALT <i>medroxyprogesterone</i> <i>metformin</i> <i>metformin ext-rel</i> <i>metolazone</i> <i>metoprolol</i> <i>metoprolol succinate</i> <i>ext-rel</i> <i>metronidazole</i> MICARDIS MICARDIS HCT <i>minocycline</i> <i>mirtazapine</i>	Q <i>quinapril</i> <i>quinapril-</i> <i>hydrochlorothiazide</i> QVAR	V VALTREX <i>venlafaxine</i> VERAMYST <i>verapamil ext-rel</i> VESICARE VIVELLE-DOT
E EFFEXOR XR ENABLEX ENJUVA EPIPEN EPIPEN JR <i>erythromycin-</i> <i>benzoyl peroxide</i> <i>erythromycins</i> ESTRADERM	H HUMALOG HUMULIN <i>hydrochlorothiazide</i>	N <i>nadolol</i> NASACORT AQ NASONEX NEXIUM NIASPAN <i>nifedipine ext-rel</i> NOVOLIN NOVOLOG NUVARING	R <i>ramipril</i> <i>ranitidine</i> REBIF RETIN-A MICRO RHINOCORT AQUA	W <i>warfarin</i> WELCHOL
	I IMITREX <i>ipratropium-albuterol</i> <i>inhalation solution</i> <i>itraconazole</i>	O <i>omeprazole</i> ONETOUCH STRIPS AND KITS ⁵ ORTHO EVRA	S SEASONIQUE SEREVENT <i>sertraline</i> SIMCOR <i>simvastatin</i> SINGULAIR SPIRIVA <i>spironolactone-</i> <i>hydrochlorothiazide</i>	X XALATAN XOPENEX XOPENEX HFA
				Y YAZ
				Z ZETIA ZIANA <i>zolpidem</i> ZOMIG

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Caremark Drug List represents a summary of prescription coverage. It is not inclusive and does not guarantee 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 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.

⁵ 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 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 copays may apply depending on the plan participant's specific prescription benefit plan. Log in to www.caremark.com to find the copay 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. Plan participants must have 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.

Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

This Caremark Drug List contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Caremark.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.