

# Performance Drug List

For the most up-to-date Performance Drug List visit [www.caremark.com](http://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 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 copay<sup>1</sup> information, please visit our Web site at [www.caremark.com](http://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](http://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

ATACAND<sup>2</sup>/ATACAND HCT  
AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

#### ANTILIPEMICS

ANTILIPEMIC  
COMBINATIONS  
VYTORIN

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR

#### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
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*

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## CENTRAL NERVOUS SYSTEM

### ANTIDEPRESSANTS

#### § MISCELLANEOUS AGENTS

*bupropion*  
*bupropion ext-rel*  
*mirtazapine*  
WELLBUTRIN XL

#### § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram*  
*fluoxetine*  
*paroxetine*  
*sertraline*  
LEXAPRO  
PAXIL CR

#### § SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>3</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR

#### § HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
LUNESTA

### MIGRAINE

#### SELECTIVE SEROTONIN AGONISTS

IMITREX  
MAXALT  
ZOMIG

#### MULTIPLE SCLEROSIS AGENTS

COPAXONE  
REBIF

## ENDOCRINE AND METABOLIC

### ANDROGENS

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 KITS<sup>5</sup>  
BD INSULIN SYRINGES  
AND NEEDLES  
ONETOUCH STRIPS  
AND KITS<sup>5</sup>

#### § BISPHOSPHONATES

*alendronate*  
ACTONEL

#### CONTRACEPTIVES

#### § MONOPHASIC

YASMIN

YAZ

#### § TRIPHASIC

ORTHO TRI-CYCLEN LO

#### § EXTENDED CYCLE

*ethinyl estradiol-  
levonorgestrel*

### TRANSDERMAL

ORTHO EVRA

### VAGINAL

NUVARING

### ESTROGENS

#### § ORAL

*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

#### § TRANSDERMAL, ESTROGENS

*estradiol*  
CLIMARA  
ESTRADERM  
VIVELLE-DOT

#### ORAL ESTROGEN/

#### PROGESTINS

PREMPHASE

PREMPRO

#### PARATHYROID HORMONES

FORTEO

#### § PROGESTINS

*medroxyprogesterone*  
PROMETRIUM

#### SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

#### § THYROID SUPPLEMENTS

*levothyroxine*  
SYNTHROID

## GASTROINTESTINAL

#### § H<sub>2</sub> RECEPTOR ANTAGONISTS

*ranitidine*

#### § PROTON PUMP INHIBITORS

*omeprazole*  
*pantoprazole*  
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-D<sup>4</sup>

#### 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

## TOPICAL

### DERMATOLOGY

#### § ACNE

*erythromycin-  
benzoyl peroxide*  
*tretinoin*  
BENZACLIN  
DIFFERIN  
DUAC  
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 KITS<sup>5</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
ADVAIR  
ADVICOR

*albuterol*  
*alendronate*  
ALLEGRA-D<sup>4</sup>  
ALPHAGAN P  
*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
ANDROGEL  
APIDRA

ASMANEX  
ASTELIN  
ATACAND<sup>2</sup>  
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

### C

CADUET  
*carvedilol*  
*cefaclor*  
*cefdinir*

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cephalexin  
cholestyramine  
CIPRO SUSPENSION  
ciprofloxacin ext-rel  
ciprofloxacin tablet  
citalopram  
clarithromycin  
clarithromycin ext-rel  
CLIMARA  
COMBIVENT  
COPAXONE  
COREG CR  
COUMADIN  
CYMBALTA

## D

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

## E

EFFEXOR XR  
ENABLEX  
ENJUVA  
EPIPEN  
EPIPEN JR  
erythromycin-  
benzoyl peroxide  
erythromycins  
ESTRADERM  
estradiol  
estropipate  
ethinyl estradiol-  
levonorgestrel  
EVISTA

## F

fenofibrate  
fexofenadine  
finasteride  
FLOMAX  
FLOVENT  
fluconazole  
fluoxetine  
fluticasone  
FORADIL  
FORTEO  
fosinopril  
fosinopril-  
hydrochlorothiazide  
furosemide

## G

glimepiride  
glipizide  
glipizide ext-rel  
glipizide-metformin  
glyburide-metformin

## H

HUMALOG  
HUMULIN  
hydrochlorothiazide

## I

IMITREX  
ipratropium-albuterol  
inhalation solution  
itraconazole

## L

LANTUS  
LEVAQUIN  
LEVEMIR  
levothyroxine  
LEXAPRO  
LIPITOR  
lisinopril

lisinopril-  
hydrochlorothiazide  
LUMIGAN  
LUNESTA

## 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  
NOVOLIN  
NOVOLOG  
NUVARING

## O

omeprazole  
ONETOUCH STRIPS  
AND KITS<sup>5</sup>  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
oxybutynin  
oxybutynin ext-rel  
OXYTROL

## P

pantoprazole  
paroxetine  
PAXIL CR  
penicillin VK  
PRANDIN  
pravastatin  
PREMARIN  
PREMPHASE  
PREMPRO  
PREVACID  
PROAIR HFA  
PROMETRIUM  
propranolol  
PROVENTIL HFA  
PULMICORT

## Q

quinapril  
quinapril-  
hydrochlorothiazide

## R

ramipril  
ranitidine  
REBIF  
RETIN-A MICRO  
RHINOCORT AQUA

## S

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

## T

TAMIFLU  
TARKA  
terazosin  
terbinafine tablet  
tetracycline  
timolol maleate solution  
toremide  
TRAVATAN  
tretinoin  
triamterene-  
hydrochlorothiazide  
TRICOR

## V

VALTREX  
venlafaxine  
VERAMYST  
verapamil ext-rel  
VESICARE  
VIVELLE-DOT  
VYTORIN

## W

warfarin  
WELCHOL  
WELLBUTRIN XL

## X

XALATAN  
XOPENEX  
XOPENEX HFA

## Y

YASMIN  
YAZ

## Z

ZETIA  
ZIANA  
zolpidem  
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 otherwise 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.

<sup>5</sup> 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 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.

<sup>2</sup> Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

<sup>4</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to [www.caremark.com](http://www.caremark.com) to find the copay under a specific plan.

<sup>5</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. Participants must have Caremark Mail Service 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.