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 categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay 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.

### ANTI-INFECTIVES

#### ANTIBACTERIALS

- **§ CEPHALOSPORINS**
  - cefaclor
  - cefdinir
  - cephalexin
  - SUPRAX

- **§ ERYTHROMYCINS / MACROLIDES**
  - azithromycin
  - clarithromycin
  - clarithromycin ext-rel erythromycins

- **§ FLUOROQUINOLONES**
  - ciprofloxacin ext-rel
  - ciprofloxacin tablet
  - AVELOX
  - CIPRO SUSPENSION LEVAQUIN

- **§ PENICILLINS**
  - amoxicillin
  - amoxicillin-clavulanate

| Dicloxacillin | nitrofurantoin |
|penicillin VK | sulfamethoxazole-trimethoprim |

#### CARIOVASCULAR

- **§ ACE INHIBITORS**
  - fosinopril
  - lisinopril
  - quinapril
  - ramipril

- **§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS**
  - trandolapril-verapamil ext-rel

- **§ 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
  - MIRCIRIS / MIRCIRIS HCT

- **§ ANGIOTENSIN II RECEPTOR ANTAGONIST / DIRECT RENIN INHIBITOR COMBINATIONS**
  - VALTURNA

- **§ BILE ACID RESINS**
  - cholestyramine
  - WELCHOL

- **§ CHOLESTEROL ABSORPTION INHIBITORS**
  - ZETIA

- **§ FIBRATES**
  - fenofibrate
  - TRICOR
  - TRILIPIX

- **§ HMG-COA REDUCTASE INHIBITORS**
  - pravastatin
  - simvastatin
  - CRESTOR
  - LIPOTOR

- **§ NIACINS / COMBINATIONS**
  - NIASPAN
  - SIMCOR

- **§ BETA-BLOCKERS**
  - atenolol
  - carvedilol
  - metoprolol
  - metoprolol succinate ext-rel nadolol
  - propranolol
  - BYSTOLIC
  - COREG CR
§ CALCIUM CHANNEL BLOCKERS
amiodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

CALCIUM CHANNEL BLOCKER / ANTILIPIDEMIC COMBINATIONS
CADUET

§ DIGITALIS GLYCOSIDES
digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS
TEKURNA / TEKURNA HCT

§ DIURETICS
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triaterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO

§ SEROTONIN NORPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²
venlafaxine
venlafaxine ext-rel
CYMBALTA
PRISTIQ

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirzapine

§ HYPNOTICS, NONBENZODIAZEPINES
zolpidem
zolpidem ext-rel

ENDOCRINE AND METABOLIC

ANDROGENS
ANDRODERM
ANDROGEL

ANTIDIABETICS
§ BIGUANIDES
metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
ipragliflozin

BIPOLAR DISORDER MEDICATIONS

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA
ONGLYZA

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
TEKAMLO

GI DISTURBANCES

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES
§ MONOPHASIC
tolterodine

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

GENITOURINARY

§ URINARY ANTISPASMODICS
goosberry
oxybutynin
oxybutynin ext-rel
trospium
DEXTROL
DEXTROL LA
ENABLEX
GELIQUE
OTYROL
SANCTURA XR
VESICARE

HEMATOLOGIC

§ ANTIHDERGALS
adapalene
cilindamycin solution
clindamycin-benzoyl peroxide
erthromycin solution
erthromycin-benzoyl peroxide
tretinoin
ACANYA
Differin
DUAC CS
Quick Reference Drug List

A
ACANYA
ACCU-CHEK STRIPS AND KITS
ACTIONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR
albuterol
alendronate
ALPHAGAN P
amantadine
amiodpine
amoxicillin
amoxicillin-clavulanate
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTEPRO
atenolol
AVELOX
AVODART
azelastine
azithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
COMBIVENT
COREG CR
COUMADIN
CRESTOR
CYMBALTA

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

C
CADUET
calcitonin-salmon
carvedilol
cefaclor
cefdinir
cephalixin
chloretamide
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin

D
DETROL
DETROL LA
DEXILANT
dicloxacillin
differin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC CS
DUETACT
DULERA

E
ENABLEX
ENJUVIA
EPIDUO
EPIPEN
EPIPEN JR
erythromycin solution
erythromycin-benzoyl peroxide
erythromycin
estrasderm
estradiol
estadiol-norethindrone estropipate
ethinyl estradiol-drosperinone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norgestimate
EVAMIST
EVISTA

F
fenofibrate
felodipine benzoate
finasteride
FLOVENT
fluconazole
flutamide
fluticasone

G
GELNIQUE
glimepiride
glipizide
glipizide ext-rel

glupizide-metformin

H
HUMALOG
HUMULIN
hydrochlorothiazide

I
ipratropium-albuterol
inhalation solution
itraconazole

J
JANUMET
JANUVIA

K
KOMBIGLYZE XR

L
lansoprazole
LANTUS
LEVAQUIN
LEVEMIR
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
torsemide
metoprolol
metoprolol succinate ext-rel

N
nadolol
naratriptan
NASACORT AQ
NASONEX
NATAZIA
NEXium
NIASPAN
rifampin ext-rel
rifaximin
NOVOLUM
NOVOLOG
NUVARING

O
omeprazole
ONETOUCH STRIPS AND KITS
ONGLYZA
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTOL

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

Q
quinapril
quinapril-
hydrochlorothiazide
QVAR

R
ramipril
ranitidine

Sympathomimetcs
brimonidine 0.2%

S
SANCTUARY SR
SEASONIQUE
SEREVENT
sertraline
SIMCOR
sinvastatin
SINGULAIR
SPIRIVA
spirilaactone-
hydrochlorothiazide
sulfamethoxazole-
trimethoprim
sumatriptan
SUPRAX
SYMPLICORT
SYNTHROID

T
TAMIFLUX
lamsulosin
TEKAML
TEKTURNA
TEKTURNA HCT
torazosin
terbinafine tablet
tetracycline
timolol maleate solution
torsemide
trandolapril-
verapamil ext-rel
TRAVANZ
tretonin
TREXIMET
triamterene-
hydrochlorothiazide
TRICOR
TRILIPIX
trosipim

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

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>PREFERRED ALTERNATIVE(S)*</th>
<th>DRUG NAME</th>
<th>PREFERRED ALTERNATIVE(S)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACIPHEX</td>
<td>lansoprazole, omeprazole, pantoprazole</td>
<td>DORAL</td>
<td>zolpidem, zolpidem ext-rel</td>
</tr>
<tr>
<td>ADVICOR</td>
<td>SIMCIR</td>
<td>DYNACIRC CR</td>
<td>amiodipine, nifedipine ext-rel</td>
</tr>
<tr>
<td>AEROBID, AEROBID M</td>
<td>AMINEX, FLOVENT, PULMICORT FLEXHALER, QVAR</td>
<td>EUDUAR</td>
<td>zolpidem</td>
</tr>
<tr>
<td>ALLEGRA-D</td>
<td>fexofenadine-pseudoephedrine</td>
<td>ESTRASORB</td>
<td>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</td>
</tr>
<tr>
<td>ALORA</td>
<td>fexofenadine, EVAMIST, VIVELLE-DOT</td>
<td>ESTROGEL</td>
<td>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</td>
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<tr>
<td>ALTOPREV</td>
<td>pravastatin, simvastatin</td>
<td>FEMHTRI</td>
<td>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</td>
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<tr>
<td>ALVESCO</td>
<td>AMINEX, FLOVENT, PULMICORT FLEXHALER, QVAR</td>
<td>FEMTRACE</td>
<td>estradiol, estropipate, ENJUVIA, PREMARIN</td>
</tr>
<tr>
<td>ANGELIQ</td>
<td>estradiol-norethindrone, PREMPHASE, PREMPROP</td>
<td>FENOGUDE</td>
<td>fenofibrate, TRICOR, TRILIPIX</td>
</tr>
<tr>
<td>ARMOUR THYROID</td>
<td>levotyroxine, SYNTROID</td>
<td>FIRST TESTOSTERONE</td>
<td>ANDRODERM, ANDROGEL</td>
</tr>
<tr>
<td>ASCENSIA STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS 3, ONETOUCH STRIPS AND KITS 3</td>
<td>FORTAMET</td>
<td>metformin ext-rel</td>
</tr>
<tr>
<td>ATACAND, ATACAND HCT</td>
<td>losartan, losartan-hydrochlorothiazide</td>
<td>FOSAMAX PLUS D</td>
<td>alendronate</td>
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<tr>
<td>ATELVIA</td>
<td>alendronate 70 mg</td>
<td>FREESTYLE STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS 3, ONETOUCH STRIPS AND KITS 3</td>
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<td>ATROVENT HFA</td>
<td>SPIRIVA</td>
<td>FROVA</td>
<td>sumatriptan</td>
</tr>
<tr>
<td>AVAPRO, AVALIDE</td>
<td>losartan, losartan-hydrochlorothiazide</td>
<td>GLUMETZA</td>
<td>metformin ext-rel</td>
</tr>
<tr>
<td>AXERT</td>
<td>naratriptan, sumatriptan, MAXALT, ZOMIG</td>
<td>INNOPRAN XL</td>
<td>atenolol, propranolol ext-rel</td>
</tr>
<tr>
<td>AZELEX</td>
<td>erythromycin solution</td>
<td>ISTALOL</td>
<td>timolol maleate solution, BETIMOL</td>
</tr>
<tr>
<td>BECONASE AQ</td>
<td>fluticasone</td>
<td>LUNESTA</td>
<td>zolpidem</td>
</tr>
<tr>
<td>BENZAC AC, BENZAC W</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
<td>MAXAIR</td>
<td>PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA</td>
</tr>
<tr>
<td>BENZAGEL</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
<td>MENEST</td>
<td>estradiol, estropipate, ENJUVIA, PREMARIN</td>
</tr>
<tr>
<td>BENZIQ</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
<td>MENOSTAR</td>
<td>estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT</td>
</tr>
<tr>
<td>BREVOXYL</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
<td>OMNARIS</td>
<td>fluticasone</td>
</tr>
<tr>
<td>CARDURA XL</td>
<td>doxazosin, tamsulosin, terazosin, RAPAFLO</td>
<td>PATANASE</td>
<td>azelastine, ASTEPRO</td>
</tr>
<tr>
<td>CENESTIN</td>
<td>estradiol, estropipate, ENJUVIA, PREMARIN</td>
<td>PEXEVA</td>
<td>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO</td>
</tr>
<tr>
<td>CLARINEX</td>
<td>fexofenadine</td>
<td>PRESSChest</td>
<td>PRECISION XTRA STRIPS AND KITS, ONETOUCH STRIPS AND KITS 3</td>
</tr>
<tr>
<td>CLARINEX-D</td>
<td>fexofenadine-pseudoephedrine</td>
<td>PREFEST</td>
<td>estradiol, norethindrone, PREMPHASE, PREMPROP</td>
</tr>
<tr>
<td>CLINDAGEL</td>
<td>erythromycin solution</td>
<td>RELATION INSULIN</td>
<td>HUMULIN INSULIN, NOVOLIN INSULIN</td>
</tr>
<tr>
<td>DESQUAM E, DESQUAM X</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
<td>RHINOCORT AQUA</td>
<td>fluticasone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ROZEREM</td>
<td>zolpidem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SKELID</td>
<td>alendronate, ACTONEL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STRIANT</td>
<td>ANDRODERM, ANDROGEL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SURE-TEST STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS 3, ONETOUCH STRIPS AND KITS 3</td>
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<tr>
<td></td>
<td></td>
<td>TESTIM</td>
<td>ANDROGEL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TEVETEN, TEVETEN HCT</td>
<td>losartan, losartan-hydrochlorothiazide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TOVIAZ</td>
<td>oxybutyn ext-rel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TRIAZ</td>
<td>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO, VELTIN</td>
</tr>
</tbody>
</table>

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## Drug Name and Preferred Alternatives

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Preferred Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triglide</td>
<td>fenofibrate, Tricor, Trilipix</td>
</tr>
<tr>
<td>True Care Strips and Kits, TrueTest Strips and Kits, TrueTrack Strips and Kits</td>
<td>ACCU-CHEK Strips and Kits, OneTouch Strips and Kits</td>
</tr>
<tr>
<td>Twinject</td>
<td>EpiPen, EpiPen Jr</td>
</tr>
<tr>
<td>Uroxatral</td>
<td>doxazosin, tamsulosin, terazosin, Rapaflo</td>
</tr>
<tr>
<td>Vanos</td>
<td>Clobetasol</td>
</tr>
<tr>
<td>Xopenex HFA</td>
<td>Zoderm</td>
</tr>
<tr>
<td>ProAir HFA, Proventil HFA, Ventolin HFA</td>
<td>Adapalene, Clindamycin solution, Clindamycin-benzoyl peroxide, Erythromycin solution, Erythromycin-benzoyl peroxide, Tretinoin, ACANA, Differin, Duac CS, Epiduo, Retin-A Micro, Veltin</td>
</tr>
<tr>
<td>Zyflo, Zyflo CR</td>
<td>Singulair</td>
</tr>
</tbody>
</table>

**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](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.

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.