

# 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 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 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 co-pay<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.

## 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:

- Generics should be considered the first line of prescribing.
- This drug list is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.
- The plan participant's specific prescription benefit plan may have a different co-pay<sup>1</sup> 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 co-payments<sup>1</sup> for a specific medicine.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cephalexin*

#### § ERYTHROMYCINS/ MACROLIDES

*azithromycin*  
*clarithromycin*  
*erythromycins*  
BIAXIN XL

#### § 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

*amantadine*  
*rimantadine*  
TAMIFLU

## CARDIOVASCULAR

### § ACE INHIBITORS

*fosinopril*  
*lisinopril*  
*quinapril*  
ALTACE

### § 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  
COZAAR/HYZAAR

### 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

### § BETA-BLOCKERS

*atenolol*  
*metoprolol*  
*metoprolol succinate*  
*ext-rel*  
*nadolol*  
*propranolol*  
COREG  
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*  
WELLBUTRIN XL

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**§ 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

AVANDIA

**INSULIN SENSITIZER/BIGUANIDE COMBINATIONS**

ACTOPLUS MET  
 AVANDAMET

**INSULIN SENSITIZER/SULFONYLUREA COMBINATIONS**

AVANDARYL  
 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**

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  
 ENJUVA  
 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****§ H<sub>2</sub> RECEPTOR ANTAGONISTS**

*ranitidine*

**§ PROTON PUMP INHIBITORS**

*omeprazole*  
 NEXIUM  
 PREVACID

**GENITOURINARY****§ BENIGN PROSTATIC HYPERPLASIA**

*doxazosin*  
*finasteride*  
*terazosin*  
 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, LOW SEDATING**

ZYRTEC<sup>4</sup>

**§ ANTIHISTAMINES, NONSEDATING**

*fexofenadine*

**§ ANTIHISTAMINE/DECONGESTANTS**

ALLEGRA-D<sup>4</sup>  
 ZYRTEC-D 12 HOUR<sup>4</sup>

**BETA AGONISTS****§ SHORT ACTING**

*albuterol*  
 ACCUNEB  
 PROAIR HFA  
 PROVENTIL HFA  
 XOPENEX

**LONG ACTING**

FORADIL  
 SEREVENT

**LEUKOTRIENE RECEPTOR ANTAGONISTS**

SINGULAIR

**NASAL ANTIHISTAMINES**

ASTELIN

**§ NASAL STEROIDS**

*fluticasone*  
 NASACORT AQ  
 NASONEX  
 RHINOCORT AQUA

**STEROID/BETA AGONISTS**

ADVAIR  
 SYMBICORT

**STEROID INHALANTS**

ASMANEX  
 FLOVENT  
 PULMICORT

**TOPICAL****DERMATOLOGY****§ ACNE**

*erythromycin-*  
*benzoyl peroxide*

*tretinoin*

BENZACLIN

DIFFERIN

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 PERFORMANCE DRUG LIST****A**

ACCU-CHEK STRIPS  
 AND KITS<sup>5</sup>  
 ACCUNEB  
 ACTONEL  
 ACTONEL WITH CALCIUM  
 ACTOPLUS MET  
 ACTOS

*acyclovir*  
 ADVAIR  
 ADVICOR  
*albuterol*  
 ALLEGRA-D<sup>4</sup>  
 ALPHAGAN P  
 ALTACE  
*amantadine*

*amlodipine*  
*amoxicillin*  
*amoxicillin-clavulanate*  
 ANDROGEL  
 APIDRA  
 ASMANEX  
 ASTELIN  
 ATACAND<sup>2</sup>

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%*

<i>bupropion</i>	<i>erythromycins</i>	<b>L</b>	<i>oxybutynin</i>	<b>T</b>
<i>bupropion ext-rel</i>	ESTRADERM	LANTUS	<i>oxybutynin ext-rel</i>	TAMIFLU
BYETTA	<i>estradiol</i>	LEVAQUIN	OXYTROL	TARKA
<b>C</b>	<i>estropipate</i>	LEVEMIR	<b>P</b>	<i>terazosin</i>
CADUET	<i>ethinyl estradiol-</i>	<i>levothyroxine</i>	<i>paroxetine</i>	<i>terbinafine tablet</i>
<i>cefaclor</i>	<i>levonorgestrel</i>	LEXAPRO	PAXIL CR	<i>tetracycline</i>
CENESTIN	EVISTA	LIPITOR	<i>penicillin VK</i>	<i>timolol maleate solution</i>
<i>cephalexin</i>	<b>F</b>	<i>lisinopril</i>	PRANDIN	<i>torseamide</i>
<i>cholestyramine</i>	<i>fenofibrate</i>	<i>lisinopril-</i>	<i>pravastatin</i>	TRAVATAN
CIPRO SUSPENSION	<i>foxfenadine</i>	<i>hydrochlorothiazide</i>	PREMARIN	<i>tretinoin</i>
<i>ciprofloxacin ext-rel</i>	<i>finasteride</i>	LUMIGAN	PREMPHASE	<i>triamterene-</i>
<i>ciprofloxacin tablet</i>	FLOMAX	LUNESTA	PREMPRO	<i>hydrochlorothiazide</i>
<i>citalopram</i>	FLOVENT	<b>M</b>	PREVACID	TRICOR
<i>clarithromycin</i>	<i>fluconazole</i>	MAXALT	PROAIR HFA	<b>V</b>
CLIMARA	<i>fluoxetine</i>	<i>medroxyprogesterone</i>	PROMETRIUM	VALTREX
COMBIVENT	<i>fluticasone</i>	<i>metformin</i>	<i>propranolol</i>	<i>venlafaxine</i>
COPAXONE	FORADIL	<i>metformin ext-rel</i>	PROVENTIL HFA	<i>verapamil ext-rel</i>
COREG	FOSAMAX	<i>metolazone</i>	PULMICORT	VESICARE
COREG CR	FOSAMAX PLUS D	<i>metoprolol</i>	<b>Q</b>	VIVELLE
COUMADIN	<i>fosinopril</i>	<i>metoprolol succinate</i>	<i>quinapril</i>	VIVELLE-DOT
COZAAR	<i>fosinopril-</i>	<i>ext-rel</i>	<i>quinapril-</i>	VYTORIN
CYMBALTA	<i>hydrochlorothiazide</i>	<i>metronidazole</i>	<i>hydrochlorothiazide</i>	<b>W</b>
<b>D</b>	<i>furosemide</i>	<i>minocycline</i>	<b>R</b>	<i>warfarin</i>
DETROL	<b>G</b>	<i>mirtazapine</i>	<i>ranitidine</i>	WELCHOL
DETROL LA	<i>glimepiride</i>	<b>N</b>	REBIF	WELLBUTRIN XL
<i>dicloxacillin</i>	<i>glipizide</i>	<i>nadolol</i>	RETIN-A MICRO	<b>X</b>
DIFFERIN	<i>glipizide ext-rel</i>	NASACORT AQ	RHINOCORT AQUA	XALATAN
<i>digoxin</i>	<i>glipizide-metformin</i>	NASONEX	<i>rimantadine</i>	XOPENEX
<i>diltiazem ext-rel</i>	<i>glyburide-metformin</i>	NEXIUM	<b>S</b>	<b>Y</b>
<i>doxazosin</i>	<b>H</b>	NIASPAN	SEREVENT	YASMIN
<i>doxycycline hyclate</i>	HUMALOG	<i>nifedipine ext-rel</i>	<i>sertraline</i>	YAZ
DUAC	HUMULIN	NOVOLIN	<i>simvastatin</i>	<b>Z</b>
DUETACT	<i>hydrochlorothiazide</i>	NOVOLOG	SINGULAIR	ZETIA
<b>E</b>	HYZAAR	NUVARING	SPIRIVA	<i>zolpidem</i>
EFFEXOR XR	<b>I</b>	<b>O</b>	<i>spironolactone-</i>	ZOMIG
ENABLEX	IMITREX	<i>omeprazole</i>	<i>hydrochlorothiazide</i>	ZORTEC <sup>4</sup>
ENJUVA	<i>ipratropium-albuterol</i>	ONETOUCH STRIPS	<i>sulfamethoxazole-</i>	ZYRTEC-D 12 HOUR <sup>4</sup>
EPIPEN	<i>inhalation solution</i>	AND KITS <sup>5</sup>	<i>trimethoprim</i>	
EPIPEN JR	<i>itraconazole</i>	ORTHO EVRA	SYMBICORT	
<i>erythromycin-</i>		ORTHO TRI-CYCLEN LO	SYNTHROID	
<i>benzoyl peroxide</i>				

**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<sup>1</sup> 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 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](http://www.caremark.com) to check coverage and co-payments for a specific medicine.

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

<sup>1</sup> 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.

<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 co-payments 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 co-payment 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 prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark Rx, L.L.C. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.