

State of Tennessee Drug List

The **State of Tennessee Drug List** is a list of preferred drugs for your prescription benefit. This list includes Generics and Preferred Brand drugs.

- **Generic** drugs are in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed.
- **Preferred Brand** drugs are in CAPS. These are the most cost-effective brand-name drugs for you.
- **Non-preferred Brand** drugs are not listed. Most of these brand-name drugs are covered but will cost you the most.

Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name drug to treat a condition.

PLAN MEMBER

Ask your doctor to consider prescribing a generic drug or a preferred brand-name drug from this list, if medically appropriate. Take this list along when you see your doctor.

Please note:

- If you have questions about your prescription coverage or copays¹ you can:
 - Visit www.caremark.com, or
 - Contact a CVS Caremark Customer Care representative toll-free at **1-877-522-TNRX (8679)**.
- For mail service, CVS Caremark may contact your doctor after getting your prescription. They may ask your doctor to consider a preferred brand drug or a generic. Your doctor may choose, when medically appropriate, to prescribe a different brand-name drug or generic in place of your original prescription.
- Any brand-name 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 all-inclusive and does not guarantee coverage.
- 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.

<p>ANALGESICS</p> <p>§ NSAIDs <i>diclofenac</i> <i>meloxicam</i> <i>naproxen</i></p> <p>§ NON-NARCOTIC ANALGESICS <i>tramadol</i> <i>tramadol ext-rel</i></p> <p>VISCOSUPPLEMENTS SYNVISC (PA) SYNVISC-ONE (PA)</p> <p>ANTI-INFECTIVES</p> <p>ANTIBACTERIALS</p> <p>§ CEPHALOSPORINS <i>cefaclor</i> <i>cefdinir</i> <i>cephalexin</i></p>	<p>SUPRAX</p> <p>§ ERYTHROMYCINS / MACROLIDES <i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycins</i></p> <p>§ FLUOROQUINOLONES <i>ciprofloxacin ext-rel</i> <i>ciprofloxacin tablet</i> <i>levofloxacin</i> AVELOX CIPRO SUSPENSION</p> <p>§ PENICILLINS <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> <i>dicloxacillin</i> <i>penicillin VK</i></p>	<p>§ TETRACYCLINES <i>doxycycline hyclate</i> <i>minocycline</i> <i>tetracycline</i></p> <p>§ ANTIFUNGALS <i>fluconazole</i> <i>itraconazole (PA)</i> <i>terbinafine tablet (PA)</i></p> <p>ANTIRETROVIRALS</p> <p>§ ANTIRETROVIRAL COMBINATIONS ATRIPLA EPZICOM TRIZIVIR TRUVADA</p> <p>CHEMOKINE RECEPTOR ANTAGONISTS SELZENTRY</p>	<p>FUSION INHIBITORS FUZEON (PA)</p> <p>INTEGRASE INHIBITORS ISENTRESS</p> <p>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS INTELENCE RESCRIPTOR SUSTIVA VIRAMUNE VIRAMUNE XR</p> <p>§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS EMTRIVA VIDEX SOLUTION ZIAGEN</p>	<p>NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS VIREAD</p> <p>PROTEASE INHIBITORS APTIVUS CRIXIVAN INVIRASE KALETRA LEXIVA NORVIR PREZISTA REYATAZ VIRACEPT</p> <p>ANTIVIRALS</p> <p>§ CYTOMEGALOVIRUS AGENTS VALCYTE</p>
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§ HEPATITIS AGENTS

BARACLUDE
 EPIVIR-HBV
 HEPSERA
 REBETOL SOLUTION (PA)
 TYZEKA

§ HERPES AGENTS

acyclovir
 valacyclovir

§ INFLUENZA AGENTS

amantadine
 rimantadine
 RELENZA (QL)
 TAMIFLU (QL)

§ MISCELLANEOUS

clindamycin
 metronidazole
 nitrofurantoin
 sulfamethoxazole-
 trimethoprim

ANTINEOPLASTIC AGENTS**§ ALKYLATING AGENTS**

ALKERAN
 CEENU
 HEXALEN
 LEUKERAN
 MYLERAN
 TEMODAR (PA)

§ ANTIMETABOLITES

thioguanine
 XELODA (PA)

HORMONAL ANTINEOPLASTIC AGENTS**§ ANTIESTROGENS**

FARESTON
 FASLODEX

§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

LUPRON DEPOT (PA)
 TRELSTAR (PA)
 ZOLADEX (PA)

KINASE INHIBITORS

AFINITOR (PA)
 GLEEVEC (PA)
 NEXAVAR (PA)
 SPRYCEL (PA)
 SUTENT (PA)
 TARCEVA (PA)
 TASIGNA (PA)
 TYKERB (PA)
 VOTRIENT (PA)

§ MISCELLANEOUS

LYSODREN
 MATULANE
 TARGRETIN CAPSULE
 ZOLINZA (PA)

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
 lisinopril
 quinapril
 ramipril

§ 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
 MICARDIS /
 MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

TRIBENZOR
 ANGIOTENSIN II RECEPTOR ANTAGONIST / DIRECT RENIN INHIBITOR COMBINATIONS
 VALTURNA

§ ANTIARRHYTHMICS

TIKOSYN (PA)

ANTIPEMICS

§ BILE ACID RESINS
 cholestyramine
 WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
 TRICOR
 TRILIPIX

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
 lovastatin
 pravastatin
 simvastatin
 CRESTOR
 LIPITOR

NIACINS / COMBINATIONS

NIASPAN
 SIMCOR

§ BETA-BLOCKERS

atenolol
 carvedilol
 metoprolol
 metoprolol succinate ext-rel
 nadolol
 propranolol
 propranolol ext-rel
 BYSTOLIC
 COREG CR

§ CALCIUM CHANNEL BLOCKERS

amlodipine
 diltiazem ext-rel
 nifedipine ext-rel
 verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTIPEMICS COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

TEKTURNA /
 TEKTURNA HCT

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

TEKAMLO

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

AMTURNIDE

§ DIURETICS

furosemide
 hydrochlorothiazide
 metolazone
 spironolactone-
 hydrochlorothiazide
 torsemide
 triamterene-
 hydrochlorothiazide

PULMONARY ARTERIAL HYPERTENSION**ENDOTHELIN RECEPTOR ANTAGONISTS**

LETAIRIS (PA)
 TRACLEER (PA)

PHOSPHODIESTERASE INHIBITORS

ADCIRCA (PA)
 REVATIO (PA)

§ PROSTAGLANDIN VASODILATORS

REMODULIN (PA)
 TYVASO (PA)
 VENTAVIS (PA)

CENTRAL NERVOUS SYSTEM**§ ANTICONVULSANTS**

BANZEL
 GABITRIL
 LAMICTAL ODT
 LAMICTAL XR
 LYRICA
 SABRIL (PA)
 VIMPAT

§ ANTIDEMENTIA

EXELON PATCH
 NAMENDA

ANTIDEPRESSANTS

§ MONOAMINE OXIDASE INHIBITORS (MAOIs)
 MARPLAN

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
 fluoxetine
 paroxetine
 paroxetine ext-rel
 sertraline
 LEXAPRO
 VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

venlafaxine
 venlafaxine ext-rel
 CYMBALTA
 PRISTIQ

§ MISCELLANEOUS AGENTS

bupropion
 bupropion ext-rel
 mirtazapine
 trazodone

§ ANTIPARKINSONIAN AGENTS

AZILECT
 COMTAN
 REQUIP XL
 STALEVO

§ ANTIPSYCHOTICS, ATYPICALS

ABILIFY
 ABILIFY INJECTION
 FANAPT
 GEODON
 INVEGA
 INVEGA SUSTENNA
 RISPERDAL CONSTA
 SAPHRIS
 SEROQUEL
 SEROQUEL XR

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

DAYTRANA
 FOCALIN XR
 INTUNIV
 METADATE CD
 RITALIN LA
 STRATTERA
 VYVANSE

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem (QL)
 zolpidem ext-rel (QL)

MIGRAINE**§ SELECTIVE SEROTONIN AGONISTS**

naratriptan (QL)
 sumatriptan (QL)
 MAXALT (QL)
 SUMAVEL DOSEPRO (QL)
 ZOMIG (QL)

SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS

TREXIMET (QL)

MULTIPLE SCLEROSIS AGENTS

AVONEX (PA)
 BETASERON (PA)
 COPAXONE (PA)

NARCOLEPSY / CATAPLEXY

NUVIGIL (PA)

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM (PA)
 ANDROGEL (PA)

ANTI-DIABETICS

§ BIGUANIDES
 metformin
 metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
 ONGLYZA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET
 KOMBIGLYZE XR

INCRETIN MIMETIC AGENTS

BYETTA
VICTOZA

INSULINS

APIDRA
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX

INSULIN SENSITIZERS

ACTOS

**INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS**

ACTOPLUS MET

**INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**

DUETACT

§ MEGLITINIDES

nateglinide
PRANDIN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK STRIPS AND
KITS³
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND
KITS³

CALCIUM REGULATORS**§ BISPHOSPHONATES**

alendronate
ACTONEL
BONIVA

§ CALCITONINS

calcitonin-salmon

PARATHYROID HORMONES

FORTEO (PA)

CONTRACEPTIVES**§ MONOPHASIC**

*ethinyl estradiol-
drospirenone*
BEYAZ
LO LOESTRIN FE
LOESTRIN 24 FE

§ TRIPHASIC

*ethinyl estradiol-
norgestimate*
ORTHO TRI-CYCLEN LO

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

*ethinyl estradiol-
levonorgestrel*
LOSEASONIQUE

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL

estradiol
EVAMIST
VIVELLE-DOT

**§ ESTROGEN /
PROGESTINS, ORAL**

estradiol-norethindrone
PREMPHASE
PREMPRO

**HUMAN GROWTH
HORMONES**

NORDITROPIN (PA)

§ PROGESTINS, ORAL

medroxyprogesterone
PROMETRIUM

**SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL**§ H₂ RECEPTOR
ANTAGONISTS**

ranitidine

**INFLAMMATORY BOWEL
DISEASE****§ ORAL AGENTS**

ASACOL
ASACOL HD
LIALDA
PENTASA

§ RECTAL AGENTS

CANASA
CORTIFOAM

PANCREATIC ENZYMES

CREON
ZENPEP

**§ PROTON PUMP
INHIBITORS**

lansoprazole
omeprazole
*omeprazole-sodium
bicarbonate capsule*
pantoprazole
DEXILANT (ST)
NEXIUM (ST)

GENITOURINARY**§ BENIGN PROSTATIC
HYPERPLASIA**

alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

**§ URINARY
ANTISPASMODICS**

oxybutynin
oxybutynin ext-rel
trospium
DETROL
DETROL LA
ENABLEX
GELNIQUE
VESICARE

HEMATOLOGIC**§ ANTICOAGULANTS**

warfarin
COUMADIN
PRADAXA
XARELTO

**§ PLATELET AGGREGATION
INHIBITORS**

AGGRENOX
EFFIENT
PLAVIX

**IMMUNOLOGIC
AGENTS****BIOLOGIC DISEASE-
MODIFYING AGENTS**

ENBREL (PA)
HUMIRA (PA)

IMMUNOMODULATORS

INTERFERONS
INTRON A (PA)
PEGASYS (PA)
PEGINTRON (PA)
SYLATRON (PA)

IMMUNOSUPPRESSANTS**§ ANTIMETABOLITES**

AZASAN
MYFORTIC

§ CALCINEURIN INHIBITORS

SANDIMMUNE

RAPAMYCIN DERIVATIVES

RAPAMUNE

RESPIRATORY**ANAPHYLAXIS TREATMENT
AGENTS**

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

SPIRIVA

**§ ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

*ipratropium-albuterol
inhalation solution*
COMBIVENT

**BETA AGONISTS,
INHALANTS****§ SHORT ACTING**

albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING

ARCAPTA NEOHALER
FORADIL
SEREVENT

**§ LEUKOTRIENE RECEPTOR
ANTAGONISTS**

zafirlukast
SINGULAIR

§ NASAL ANTIHISTAMINES

azelastine
ASTEPRO

§ NASAL STEROIDS

flunisolide
fluticasone
triamcinolone
NASONEX
VERAMYST

**STEROID / BETA AGONIST
COMBINATIONS**

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

*budesonide inhalation
suspension*
ALVESCO
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

TOPICAL**DERMATOLOGY****§ ACNE**

adapalene (PA2)
benzoyl peroxide

clindamycin solution
*clindamycin-benzoyl
peroxide*
erythromycin solution
*erythromycin-benzoyl
peroxide*

tretinoin (PA2)

ACANYA
DIFFERIN (PA2)

DUAC
EPIDUO
RETIN-A MICRO (PA2)
VELTIN (PA2)

§ ACTINIC KERATOSIS

CARAC

**§ ANTIPSORIATICS,
TOPICAL**

TAZORAC (PA)

CORTICOSTEROIDS**§ Low Potency**

desonide
hydrocortisone

§ Medium Potency

mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency

clobetasol

IMMUNOMODULATORS

ELIDEL (ST)
PROTOPIC (ST)

§ LOCAL ANALGESICS

LIDODERM

OPHTHALMIC**§ BETA-BLOCKERS,
NONSELECTIVE**

timolol maleate solution
BETIMOL

**BETA-BLOCKERS,
SELECTIVE**

BETOPTIC S

**§ CARBONIC ANHYDRASE
INHIBITORS, TOPICAL**

AZOPT

§ PROSTAGLANDINS

latanoprost
LUMIGAN
TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine 0.2%
ALPHAGAN P

QUICK REFERENCE DRUG LIST

A

ABILIFY
 ABILIFY INJECTION
 ACANYA
 ACCU-CHEK STRIPS AND
 KITS ³
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
adapalene (PA2)
 ADCIRCA (PA)
 ADVAIR
 AFINITOR (PA)
 AGGRENOX
albuterol
alendronate
alfuzosin ext-rel
 ALKERAN
 ALPHAGAN P
 ALVESCO
amantadine
amlodipine
amlodipine-atorvastatin
amoxicillin
amoxicillin-clavulanate
 AMTURNIDE
 ANDRODERM (PA)
 ANDROGEL (PA)
 APIDRA
 APTIVUS
 ARCAPTA NEOHALER
 ASACOL
 ASACOL HD
 ASMANEX
 ASTEPRO
atenolol
atorvastatin
 ATRIPLA
 AVELOX
 AVODART
 AVONEX (PA)
 AZASAN
azelastrone
 AZILECT
azithromycin
 AZOPT

B

BANZEL
 BARACLUDE
 BD INSULIN SYRINGES
 AND NEEDLES
 BENICAR
 BENICAR HCT
benzoyl peroxide
 BETASERON (PA)
 BETIMOL
 BETOPTIC S
 BEYAZ
 BONIVA
brimonidine 0.2%
budesonide inhalation
suspension

bupropion
bupropion ext-rel
 BYETTA
 BYSTOLIC

C

calcitonin-salmon
 CANASA
 CARAC
carvedilol
 CEENU
cefaclor
cefdinir
cephalexin
cholestyramine
 CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl
peroxide
clobetasol
 COMBIVENT
 COMTAN
 COPAXONE (PA)
 COREG CR
 CORTIFOAM
 COUMADIN
 CREON
 CRESTOR
 CRIXIVAN
 CYMBALTA

D

DAYTRANA
desonide
desoximetasone
 DETROL
 DETROL LA
 DEXILANT (ST)
diclofenac
dicloxacillin
 DIFFERIN (PA2)
digoxin
diltiazem ext-rel
 DIOVAN
 DIOVAN HCT
doxazosin
doxycycline hyclate
 DUAC
 DUETACT
 DULERA

E

EFFIENT
 ELIDEL (ST)
 EMTRIVA
 ENABLEX
 ENBREL (PA)
 ENJUVIA
 EPIDUO

EPIPEN
 EPIPEN JR
 EPIVIR-HBV
 EPZICOM
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norgestimate
 EVAMIST
 EVISTA
 EXELON PATCH

F

FANAPT
 FARESTON
 FASLODEX
fenofibrate
finasteride
 FLOVENT
fluconazole
flunisolide
fluocinonide
fluoxetine
fluticasone
 FOCALIN XR
 FORADIL
 FORTEO (PA)
fosinopril
fosinopril-
hydrochlorothiazide
furosemide
 FUZEON (PA)

G

GABITRIL
 GELNIQUE
 GEODON
 GLEEVEC (PA)
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HEPSERA
 HEXALEN
 HUMIRA (PA)
 HUMULIN R U-500
hydrochlorothiazide
hydrocortisone

I

INTELENCE
 INTRON A (PA)
 INTUNIV

INVEGA
 INVEGA SUSTENNA
 INVIRASE
ipratropium-albuterol
inhalation solution
 ISENTRESS
itraconazole (PA)

J

JANUMET
 JANUVIA

K

KALETRA
 KOMBIGLYZE XR

L

LAMICTAL ODT
 LAMICTAL XR
lansoprazole
 LANTUS
latanoprost
 LETAIRIS (PA)
 LEUKERAN
 LEVEMIR
levofloxacin
levothyroxine
 LEXAPRO
 LEXIVA
 LIALDA
 LIDODERM
 LIPITOR
lisinopril
lisinopril-
hydrochlorothiazide
 LO LOESTRIN FE
 LOESTRIN 24 FE
losartan
losartan-
hydrochlorothiazide
 LOSEASONIQUE
lovastatin
 LUMIGAN
 LUPRON DEPOT (PA)
 LYRICA
 LYSODREN

M

MARPLAN
 MATULANE
 MAXALT (QL)
medroxyprogesterone
meloxicam
 METADATE CD
metformin
metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
 MICARDIS
 MICARDIS HCT
minocycline
mirtazapine

mometasone
 MYFORTIC
 MYLERAN

N

nadolol
 NAMENDA
naproxen
naratriptan (QL)
 NASONEX
 NATAZIA
nateglinide
 NEXAVAR (PA)
 NEXIUM (ST)
 NIASPAN
nifedipine ext-rel
nitrofurantoin
 NORDITROPIN (PA)
 NORVIR
 NOVOLIN
 NOVOLOG
 NOVOLOG MIX
 NUVARING
 NUVIGIL (PA)

O

omeprazole
omeprazole-sodium
bicarbonate capsule
 ONETOUCH STRIPS AND
 KITS ³
 ONGLYZA
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel

P

pantoprazole
paroxetine
paroxetine ext-rel
 PEGASYS (PA)
 PEGINTRON (PA)
penicillin VK
 PENTASA
 PLAVIX
 PRADAXA
 PRANDIN
pravastatin
 PREMARIN
 PREMPHASE
 PREMPRO
 PREZISTA
 PRISTIQ
 PROAIR HFA
 PROMETRIUM
propranolol
propranolol ext-rel
 PROTOPIC (ST)
 PROVENTIL HFA
 PULMICORT FLEXHALER

Q

quinapril

quinapril-
hydrochlorothiazide
QVAR

R

ramipril
ranitidine
RAPAFLO
RAPAMUNE
REBETOL
SOLUTION (PA)
RELENZA (QL)
REMODULIN (PA)
REQUIP XL
RESCRIPTOR
RETIN-A MICRO (PA2)
REVIATIO (PA)
REYATAZ
rimantadine
RISPERDAL CONSTA
RITALIN LA

S

SABRIL (PA)
SANDIMMUNE
SAPHRIS
SELZENTRY
SEREVENT

SEROQUEL
SEROQUEL XR
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA
spironolactone-
hydrochlorothiazide

SPRYCEL (PA)
STALEVO
STRATTERA
sulfamethoxazole-
trimethoprim
sumatriptan (QL)
SUMAVEL
DOSEPRO (QL)
SUPRAX
SUSTIVA
SUTENT (PA)
SYLATRON (PA)
SYMBICORT
SYNTHROID
SYNVISC (PA)
SYNVISC-ONE (PA)

T

TAMIFLU (QL)

tamsulosin
TARCEVA (PA)
TARGRETIN CAPSULE
TASIGNA (PA)
TAZORAC (PA)
TEKAMLO
TEKTRUNA
TEKTRUNA HCT
TEMODAR (PA)

terazosin
terbinafine tablet (PA)
tetracycline
thioguanine
TIKOSYN (PA)
timolol maleate solution
torseimide
TRACLEER (PA)
tramadol
tramadol ext-rel
TRAVATAN Z
trazodone
TRELSTAR (PA)
tretinoin (PA2)
TREXIMET (QL)
triamcinolone
triamterene-
hydrochlorothiazide
TRIBENZOR

TRICOR
TRILIPIX
TRIZIVIR
trospium
TRUVADA
TYKERB (PA)
TYVASO (PA)
TYZEKA

V

valacyclovir
VALCYTE
VALTURNA
VELTIN (PA2)
venlafaxine
venlafaxine ext-rel
VENTAVIS (PA)
VENTOLIN HFA
VERAMYST
verapamil ext-rel
VESICARE
VICTOZA
VIDEX SOLUTION
VIIBRYD
VIMPAT
VIRACEPT
VIRAMUNE
VIRAMUNE XR

VIREAD
VIVELLE-DOT
VOTRIENT (PA)
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XELODA (PA)

Z

zafirlukast
ZENPEP
ZETIA
ZIAGEN
ZOLADEX (PA)
ZOLINZA (PA)
zolpidem (QL)
zolpidem ext-rel (QL)
ZOMIG (QL)

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list is a list of preferred drugs for your prescription benefit. It is not all-inclusive and does not guarantee coverage. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. This list represents brand products in CAPS and generic products in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed. Unless specifically indicated, drug list products will include all dosage forms. 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.

§ 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 free blood glucose meter, call toll-free: 1-800-588-4456.** Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

(PA) Prior Authorization required.

(PA2) Prior Authorization required for 36 years of age and older.

(QL) Quantity Limits apply.

(ST) Step Therapy required.

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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