



Performance Drug List

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, branded generics in upper- and lowercase *italics*, 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 copay¹ 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

cefactor
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
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA
TAMIFLU

§ MISCELLANEOUS

clindamycin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKERS

TARKA

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide
lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / COMBINATIONS

AVAPRO/AVALIDE
BENICAR/BENICAR HCT
MICARDIS/
MICARDIS HCT

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
WELCHOL

CHOLESTEROL

ABSORPTION INHIBITORS
ZETIA

§ FIBRATES

fenofibrate
TRICOR
TRILIPIX

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
CRESTOR
LIPITOR

NIACINS / COMBINATIONS

NIASPAN
SIMCOR

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol
metoprolol succinate ext-rel
nadolol
propranolol
BYSTOLIC
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 <i>furosemide</i> <i>hydrochlorothiazide</i> <i>metolazone</i> <i>spironolactone-</i> <i>hydrochlorothiazide</i> <i>toremide</i> <i>triamterene-</i> <i>hydrochlorothiazide</i>	ANTIDIABETICS § BIGUANIDES <i>metformin</i> <i>metformin ext-rel</i> § BIGUANIDE / SULFONYLUREA COMBINATIONS <i>glipizide-metformin</i>	§ CALCITONINS <i>Fortical</i> PARATHYROID HORMONES FORTEO	§ PROTON PUMP INHIBITORS <i>lansoprazole</i> <i>omeprazole</i> <i>pantoprazole</i> DEXILANT NEXIUM	LEUKOTRIENE RECEPTOR ANTAGONISTS SINGLAIR NASAL ANTIHISTAMINES ASTELIN ASTEPRO
CENTRAL NERVOUS SYSTEM ANTIDEPRESSANTS § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs) <i>citalopram</i> <i>fluoxetine</i> <i>paroxetine</i> <i>paroxetine ext-rel</i> <i>sertraline</i> LEXAPRO	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS JANUVIA ONGLYZA DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS JANUMET INCRETIN MIMETIC AGENTS BYETTA	CONTRACEPTIVES § MONOPHASIC <i>ethinyl estradiol-</i> <i>drospirenone-</i> YAZ § TRIPHASIC <i>ethinyl estradiol-</i> <i>norgestimate</i> ORTHO TRI-CYCLEN LO § EXTENDED CYCLE <i>ethinyl estradiol-</i> <i>levonorgestrel</i> LOSEASONIQUE SEASONIQUE	GENITOURINARY § BENIGN PROSTATIC HYPERPLASIA <i>doxazosin</i> <i>finasteride</i> <i>tamsulosin</i> <i>terazosin</i> AVODART RAPAFLO	§ NASAL STEROIDS <i>fluticasone</i> NASACORT AQ NASONEX VERAMYST STEROID / BETA AGONIST COMBINATIONS ADVAIR SYMBICORT
§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs) ² <i>venlafaxine</i> CYMBALTA EFFEXOR XR PRISTIQ	INSULINS APIDRA HUMALOG HUMULIN LANTUS LEVEMIR NOVOLIN NOVOLOG INSULIN SENSITIZERS ACTOS INSULIN SENSITIZER / BIGUANIDE COMBINATIONS ACTOPLUS MET INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS DUETACT	TRANSDERMAL ORTHO EVRA VAGINAL NUVARING ESTROGENS § ORAL <i>estradiol</i> <i>estropipate</i> ENJUVIA PREMARIN § TRANSDERMAL <i>estradiol</i> ESTRADERM EVAMIST VIVELLE-DOT § ESTROGEN / PROGESTINS, ORAL <i>estradiol-norethindrone</i> PREMPHASE PREMPRO § PROGESTINS, ORAL <i>medroxyprogesterone</i> PROMETRIUM	§ URINARY ANTISPASMODICS <i>oxybutynin</i> <i>oxybutynin ext-rel</i> DETROL DETROL LA ENABLEX GELNIQUE OXYTROL SANCTURA XR VESICARE HEMATOLOGIC § ANTICOAGULANTS <i>warfarin</i> COUMADIN RESPIRATORY ANAPHYLAXIS TREATMENT AGENTS EPIPEN EPIPEN JR	§ STEROID INHALANTS ASMANEX FLOVENT PULMICORT QVAR TOPICAL DERMATOLOGY § ACNE <i>clindamycin solution</i> <i>clindamycin-benzoyl</i> <i>peroxide</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl</i> <i>peroxide</i> <i>tretinoin</i> ACANYA DIFFERIN DUAC CS EPIDUO RETIN-A MICRO OPHTHALMIC § BETA-BLOCKERS, NONSELECTIVE <i>timolol maleate solution</i> BETIMOL BETA-BLOCKERS, SELECTIVE BETOPTIC S PROSTAGLANDINS LUMIGAN TRAVATAN XALATAN § SYMPATHOMIMETICS <i>brimonidine 0.2%</i> ALPHAGAN P
§ MISCELLANEOUS AGENTS <i>bupropion</i> <i>bupropion ext-rel</i> <i>mirtazapine</i> § HYPNOTICS, NONBENZODIAZEPINES <i>zolpidem</i> AMBIEN CR MIGRAINE § SELECTIVE SEROTONIN AGONISTS <i>sumatriptan</i> MAXALT ZOMIG SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS TREXIMET ENDOCRINE AND METABOLIC ANDROGENS ANDRODERM ANDROGEL	SUPPLIES ACCU-CHEK STRIPS AND KITS ³ BD INSULIN SYRINGES AND NEEDLES ONETOUCH STRIPS AND KITS ³ CALCIUM REGULATORS § BISPHOSPHONATES <i>alendronate</i> ACTONEL BONIVA	SELECTIVE ESTROGEN RECEPTOR MODULATORS EVISTA § THYROID SUPPLEMENTS <i>levothyroxine</i> SYNTHROID GASTROINTESTINAL § H ₂ RECEPTOR ANTAGONISTS <i>ranitidine</i>	§ ANTICHOLINERGIC SPIRIVA § ANTICHOLINERGIC / BETA AGONIST COMBINATIONS <i>ipratropium-albuterol</i> <i>inhalation solution</i> COMBIVENT § ANTIHISTAMINES, NONSEDATING <i>fexofenadine</i> BETA AGONISTS, INHALANTS § SHORT ACTING <i>albuterol</i> PROAIR HFA PROVENTIL HFA VENTOLIN HFA LONG ACTING FORADIL SEREVENT	

A	<i>clindamycin</i>	<i>Fortical</i>	<i>NASONEX</i>	<i>simvastatin</i>
ACANYA	<i>clindamycin solution</i>	<i>fosinopril</i>	<i>NEXIUM</i>	<i>SINGULAIR</i>
ACCU-CHEK STRIPS AND KITS ³	<i>clindamycin-benzoyl peroxide</i>	<i>fosinopril- hydrochlorothiazide</i>	<i>NIASPAN</i>	<i>SPIRIVA</i>
ACTONEL	COMBIVENT	<i>furosemide</i>	<i>nifedipine ext-rel</i>	<i>spironolactone- hydrochlorothiazide</i>
ACTOPLUS MET	COREG CR	G	<i>nitrofurantoin</i>	<i>sulfamethoxazole- trimethoprim</i>
ACTOS	COUMADIN	GELNIQUE	<i>NOVOLIN</i>	<i>sumatriptan</i>
<i>acyclovir</i>	CRESTOR	<i>glimepiride</i>	<i>NOVOLOG</i>	<i>SUPRAX</i>
ADVAIR	CYMBALTA	<i>glipizide</i>	O	<i>SYMBICORT</i>
<i>albuterol</i>	D	<i>glipizide ext-rel</i>	<i>omeprazole</i>	<i>SYNTHROID</i>
<i>alendronate</i>	DETROL	<i>glipizide-metformin</i>	ONETOUCH STRIPS AND KITS ³	T
ALPHAGAN P	DETROL LA	H	ONGLYZA	<i>TAMIFLU</i>
<i>amantadine</i>	DEXILANT	HUMALOG	ORTHO EVRA	<i>tamsulosin</i>
AMBIEN CR	<i>dicloxacillin</i>	HUMULIN	ORTHO TRI-CYCLEN LO	TARKA
<i>amlodipine</i>	DIFFERIN	<i>hydrochlorothiazide</i>	<i>oxybutynin</i>	<i>terazosin</i>
<i>amoxicillin</i>	<i>digoxin</i>	I	<i>oxybutynin ext-rel</i>	<i>terbinafine tablet</i>
<i>amoxicillin-clavulanate</i>	<i>diltiazem ext-rel</i>	<i>ipratropium-albuterol inhalation solution</i>	<i>OXYTROL</i>	<i>tetracycline</i>
ANDRODERM	<i>doxazosin</i>	<i>itraconazole</i>	P	<i>timolol maleate solution</i>
ANDROGEL	<i>doxycycline hyclate</i>	J	<i>pantoprazole</i>	<i>torsemide</i>
APIDRA	DUAC CS	JANUMET	<i>paroxetine</i>	TRAVATAN
ASMANEX	DUETACT	JANUVIA	<i>paroxetine ext-rel</i>	<i>tretinoin</i>
ASTELIN	E	L	<i>penicillin VK</i>	TREXIMET
ASTEPRO	EFFEXOR XR	<i>lansoprazole</i>	PRANDIN	<i>triamterene- hydrochlorothiazide</i>
<i>atenolol</i>	ENABLEX	LANTUS	<i>pravastatin</i>	TRICOR
AVALIDE	ENJUVA	LEVAQUIN	PREMARIN	TRILIPIX
AVAPRO	EPIDUO	LEVEMIR	PREMPHASE	V
AVELOX	EPIPEN	<i>levothyroxine</i>	PREMPRO	<i>valacyclovir</i>
AVODART	EPIPEN JR	LEXAPRO	PRISTIQ	<i>venlafaxine</i>
<i>azithromycin</i>	<i>erythromycin solution</i>	LIPITOR	PROAIR HFA	VENTOLIN HFA
B	<i>erythromycin-benzoyl peroxide</i>	<i>lisinopril</i>	PROMETRIUM	VERAMYST
BD INSULIN SYRINGES AND NEEDLES	<i>erythromycins</i>	<i>lisinopril- hydrochlorothiazide</i>	<i>propranolol</i>	<i>verapamil ext-rel</i>
BENICAR	ESTRADERM	LOSEASONIQUE	PROVENTIL HFA	VESICARE
BENICAR HCT	<i>estradiol</i>	LUMIGAN	PULMICORT	VIVELLE-DOT
BETIMOL	<i>estradiol-norethindrone</i>	M	Q	W
BETOPTIC S	<i>estropipate</i>	MAXALT	<i>quinapril</i>	<i>warfarin</i>
BONIVA	<i>ethinyl estradiol- drospirenone</i>	<i>medroxyprogesterone</i>	<i>quinapril- hydrochlorothiazide</i>	WELCHOL
<i>brimonidine 0.2%</i>	<i>ethinyl estradiol- levonorgestrel</i>	<i>metformin</i>	QVAR	X
<i>bupropion</i>	<i>ethinyl estradiol- norgestimate</i>	<i>metformin ext-rel</i>	R	XALATAN
<i>bupropion ext-rel</i>	EVAMIST	<i>metolazone</i>	<i>ramipril</i>	Y
BYETTA	EVISTA	<i>metoprolol</i>	<i>ranitidine</i>	YAZ
BYSTOLIC	F	<i>metoprolol succinate ext-rel</i>	RAPAFLO	Z
C	<i>fenofibrate</i>	<i>metronidazole</i>	RELENZA	ZETIA
CADUET	<i>flexofenadine</i>	MICARDIS	RETIN-A MICRO	<i>zolpidem</i>
<i>carvedilol</i>	FINASTERIDE	MICARDIS HCT	<i>rimantadine</i>	ZOMIG
CEFACTOR	FLOVENT	<i>minocycline</i>	S	
CEFDINIR	FLUCONAZOLE	<i>mirtazapine</i>	SANCTURA XR	
CEPHALEXIN	FLUOXETINE	N	SEASONIQUE	
CHOLESTYRAMINE	FLUTICASONE	<i>nadolol</i>	SEREVENT	
CIPRO SUSPENSION	FORADIL	NASACORT AQ	<i>sertraline</i>	
<i>ciprofloxacin ext-rel</i>	FORTEO		SIMCOR	
<i>ciprofloxacin tablet</i>				
<i>citalopram</i>				
<i>clarithromycin</i>				
<i>clarithromycin ext-rel</i>				

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)	DRUG NAME	PREFERRED ALTERNATIVE(S)
ACCOLATE	SINGULAIR	FEMHRT	estradiol-norethindrone, PREMPHASE, PREMPRO
ACIPHEX	lansoprazole, omeprazole, pantoprazole, DEXILANT	FEMTRACE	estradiol, estropipate, ENJUVA, PREMARIN
ACTONEL W/CALCIUM	alendronate	FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
ADVICOR	SIMCOR	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR	FORTAMET	metformin, metformin ext-rel
ALLEGRA-D	fexofenadine-pseudoephedrine	FOSAMAX PLUS D	alendronate
ALORA	estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
ALTOPREV	simvastatin	FROVA	sumatriptan
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR	GLUMETZA	metformin ext-rel
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	INNOPRAN XL	atenolol, propranolol ext-rel
ARMOUR THYROID	levothyroxine, SYNTHROID	ISTALOL	timolol maleate solution, BETIMOL
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	KLARON LOTION	erythromycin solution
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT	LUNESTA	zolpidem
ATROVENT HFA	SPIRIVA	MAXAIR	PROAIR HFA, VENTOLIN HFA
AXERT	sumatriptan, MAXALT, ZOMIG	MENEST	estradiol, estropipate, ENJUVA, PREMARIN
AZELEX	erythromycin solution	MENOSTAR	estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT
BECONASE AQ	fluticasone	OMNARIS	fluticasone
BENZAC AC, BENZAC W	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PATANASE	ASTELIN, ASTEPRO
BENZAGEL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PEXEVA	citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO
BENZIQ	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
BREVOXYL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
CARDURA XL	doxazosin, tamsulosin, terazosin, RAPAFLO	PREVACID SOLUTAB	lansoprazole, omeprazole, pantoprazole, DEXILANT
CENESTIN	estradiol, estropipate, ENJUVA, PREMARIN	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
CLARINEX	fexofenadine	RELPAK	sumatriptan, MAXALT, ZOMIG
CLARINEX-D	fexofenadine-pseudoephedrine	RHINOCORT AQUA	fluticasone
CLINDAGEL	erythromycin solution	ROZEREM	zolpidem
DESQUAM E, DESQUAM X	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO	SKELID	alendronate, ACTONEL
DORAL	zolpidem, AMBIEN CR	STRIANT	ANDRODERM, ANDROGEL
DYNACIRC CR	amlodipine, nifedipine ext-rel	SULAR	amlodipine, nifedipine ext-rel
EDLUAR	zolpidem	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
ESTRASORB	estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT	TESTIM	ANDROGEL
ESTROGEL	estradiol, ESTRADERM, EVAMIST, VIVELLE-DOT	TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
		TOVIAZ	oxybutynin ext-rel
		TRIAZ	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
		TRIGLIDE	fenofibrate, TRICOR, TRILIPIX
		TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
		TWINJECT	EPIPEN, EPIPEN JR

DRUG NAME	PREFERRED ALTERNATIVE(S)	DRUG NAME	PREFERRED ALTERNATIVE(S)
UROXATRAL	doxazosin, tamsulosin, terazosin, RAPAFL0	ZODERM	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
VANDS	clobetasol		
XOPENEX HFA	PROAIR HFA, VENTOLIN HFA	ZYFLO, ZYFLO CR	SINGULAIR

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- * 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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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