The CalPERS 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 products or categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay information, please visit www.caremark.com/calpers or contact a CVS Caremark Customer Care representative at 1-877-542-0284.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or a 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/calpers to check coverage and copay information for a specific medicine.

### ANTI-INFECTIVES

**ANTI-INFECTIVES**

<table>
<thead>
<tr>
<th>ANTIMICROBIALS</th>
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<tbody>
<tr>
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<td>ciprofloxacin tablet</td>
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<tr>
<td>levofloxacin</td>
<td>§ INFLUENZA AGENTS</td>
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<tr>
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<td>CIPRO SUSPENSION</td>
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trazodone

INSULIN SENSITIZERS
ACTOS

INSULIN SENSITIZER / BIGUANIDE COMBINATIONS
ACTOPLUS MET

INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS
DUETACT

§ MEGLINTINIDES
nateglinide
PRANDIN

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK ACTIVE STRIPS AND KITS 3, 4
ACCU-CHEK STRIPS AND KITS 3
BD INSULIN SYRINGES AND NEEDLES
TRUETEST STRIPS AND KITS 4, 5
TRUETRACK STRIPS AND KITS 4, 5

CALCULUM REGULATORS
§ BIPHOSPHONATES
alendronate
ACTONEL
BONIVA

§ CALCITONINS
calcitonin-salmon

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES
§ MONOPHASIC
ethinyl estradiol-
drospirenone
BEAYZ
LO LEOSTRIN FE
LOESTRIN 24 FE

§ TRIPHASIC
ethinyl estradiol-
norethindrone
ORTHO TRI-CYCLEN LO
FOUR PHASE
NATAZIA

ESTROGENS
§ ORAL
estriadiol
estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL
estriadiol
EVAMIST
VIVELLE-DOT

§ ESTROGEN / PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

HUMAN GROWTH HORMONES
NORDITROPIN

§ PROGESTINS, ORAL
medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine

GASTROINTESTINAL

§ H2 RECEPTOR ANTAGONISTS
ranitidine

§ PROTON PUMP INHIBITORS
lansoprazole
omeprazole
omeprazole-sodium
bicarbonate capsule
pentazocine
dexilant
NEXUM

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
PRADAXA
XARELTO

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS
ENBREL
HUMIRA

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
ipratropium-albuterol
inhaled 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
ASTREPO

§ NASAL STEROIDS
flunisolide
fluticasone
triamcinolone
NASONEX
VERAMYST

STEROID / BETA AGONIST COMBINATIONS
ADVAIR
DULERA
SYMBICORT

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

CENTRAL NERVOUS SYSTEM

ANDROGENS
ANDRODERM
ANDROGEL

ANTIDIABETICS
§ BIGUANIDES
meglitinides
BRANDON

§ 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

ENDOCRINE AND METABOLIC

AMTURISONE

DIURETICS
furosemide
dioctamide
dioctamide- hydrochlorothiazide
torsemide
triamterene- hydrochlorothiazide

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS
TEKTURNA
TEKTURNA HCT

DIRECT RENIN INHIBITOR / CALCULUM BLOCKER COMBINATIONS
TEKAMLO

DIRECT RENIN INHIBITOR / CALCULUM BLOCKER / DIURETIC COMBINATIONS
AMTURISONE

CENTRAL NERVOUS SYSTEM

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

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)2
venlafaxine
venlafaxine ext-rel
Cymbalta
Pristiq

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirtazapine

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ACIPHEX
lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM

ADVICOR
SIMCOR

ALORA
estradiol, EVAMIST, VIVELLE-DOT

ALTOPREV
atorvastatin, lovastatin, pravastatin, simvastatin, CREATOR

ANGELIQ
estradiol-norethindrone, PREMPHASE, PREMpro

ARMOUR THYROID
levothyroxine

ASCENSIA STRIPS AND KITS
ACCU-CHEK STRIPS AND KITS 5, ACCU-CHEK ACTIVE STRIPS AND KITS 2, 4, TRUETEST STRIPS AND KITS 4, 5, TRUETRACK STRIPS AND KITS 4, 5

ATACAND
losartan, losartan-hydrochlorothiazide, BENICAR, BENCAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT

ATELVIA
alendronate, ACTONEL, BONIVA

ATROVENT HFA
SPIRIVA

AVAPRO, AVALIDE
losartan, losartan-hydrochlorothiazide, BENICAR, BENCAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT

AXERT
naratoprinate, sumatriptan, MAXALT, ZOMIG

AXIRON
ANDRODERM, ANDROGEL

AZELEX
erthromycin solution

BECONASE AQ
flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST

BENZAC AC, BENZAC W
adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erthromycin solution, erthromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN

BENZAGEL
adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erthromycin solution, erthromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN

BENZIQ
adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erthromycin solution, erthromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN

BREVOXYL
benzoyl peroxide

CARDURA XL
alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAFAFLO

CENESTIN
estradiol, estropipate, ENJUVIA, PREMAR

CLINDAGEL
erythromycin solution

TAMIFLU
tamsulosin

TEKAMO

TEKTURNA

TEKTURNA HCT
terazosin terbinafine tablet tetracycline timolol maleate solution torsemide tramadol tramadol ext-rel TRAVATAN Z

Trazodone
tretinoin TREXIMET triamcinolone triamterene-hydrochlorothiazide TRICOR TRILIPIX trospium TRUESTEST STRIPS AND KITS 4, 5 TRUETRACK STRIPS AND KITS 4, 5

VALACYCLOVIR VALTUNRA VELTIN venlafaxine venlafaxine ext-rel VENTOLIN HFA VERAHYST verapamil ext-rel VESICARE VICTOZA VIIBYD VIVELLE-DOT WELCHOL warfarin

Xarelto
zafirlukast ZETIA zolpidem zolpidem ext-rel ZOMIG

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<table>
<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED ALTERNATIVE(S)*</th>
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<tbody>
<tr>
<td>OLUX-E</td>
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<td>OMNARIS</td>
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<td>ONE TOUCH STRIPS AND KITS</td>
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<td>SKELID</td>
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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 products or 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/calpers 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 blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek. 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.

4 Generic copay applies

5 A TRUEtest or TRUEtrack compatible blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using another meter system. For more information on how to obtain a free TRUEtest or TRUEtrack compatible blood glucose meter, call toll-free: 1-866-587-7315.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit www.caremark.com/calpers or contact a CVS Caremark Customer Care representative at 1-877-542-0284.

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

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