

# CalPERS Drug List

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<sup>1</sup> information, please visit [www.caremark.com/calpers](http://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 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](http://www.caremark.com/calpers) to check coverage and copay information for a specific medicine.

### ANALGESICS

#### § NSAIDs

*diclofenac*  
*meloxicam*  
*naproxen*

#### § NON-NARCOTIC ANALGESICS

*tramadol*  
*tramadol ext-rel*

#### VISCOSUPPLEMENTS

SYNVISC  
SYNVISC-ONE

### ANTI-INFECTIVES

#### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cefdinir*  
*cephalexin*  
SUPRAX

#### § ERYTHROMYCINS / MACROLIDES

*azithromycin*  
*clarithromycin*

*clarithromycin ext-rel*  
*erythromycins*

#### § FLUOROQUINOLONES

*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*levofloxacin*  
AVELOX  
CIPRO SUSPENSION

#### § 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 / 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 / DIRECT RENIN INHIBITOR COMBINATIONS

VALTURNA

#### ANTILIPEMICS

§ BILE ACID RESINS  
*cholestyramine*  
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS  
ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR  
TRILIPIX

#### § HMG-CoA REDUCTASE INHIBITORS

*atorvastatin*  
*lovastatin*  
*pravastatin*  
*simvastatin*  
CRESTOR

#### 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 / ANTILIPEMIC 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*

## CENTRAL NERVOUS SYSTEM

## ANTIDEPRESSANTS

## § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

*citalopram  
escitalopram  
fluoxetine  
paroxetine  
paroxetine ext-rel  
sertraline  
VIBRYD*

## § SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>2</sup>

*venlafaxine  
venlafaxine ext-rel  
CYMBALTA  
PRISTIQ*

## § MISCELLANEOUS AGENTS

*bupropion  
bupropion ext-rel  
mirtazapine*

*trazodone*

## § HYPNOTICS, NONBENZODIAZEPINES

*zolpidem  
zolpidem ext-rel*

## MIGRAINE

## § SELECTIVE SEROTONIN AGONISTS

*naratriptan  
sumatriptan  
MAXALT  
SUMAVEL DOSEPRO  
ZOMIG*

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

TREXIMET

## MULTIPLE SCLEROSIS AGENTS

AVONEX

BETASERON

COPAXONE

## ENDOCRINE AND METABOLIC

## ANDROGENS

ANDRODERM  
ANDROGEL

## ANTIDIABETICS

## § 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 ACTIVE STRIPS AND KITS<sup>3, 4</sup>  
ACCU-CHEK STRIPS AND KITS<sup>3</sup>  
BD INSULIN SYRINGES AND NEEDLES  
TRUETEST STRIPS AND KITS<sup>4, 5</sup>  
TRUETRACK STRIPS AND KITS<sup>4, 5</sup>

## CALCIUM REGULATORS

## § BISPHOSPHONATES

*alendronate  
ACTONEL  
BONIVA*

## § CALCITONINS

*calcitonin-salmon*

## PARATHYROID HORMONES

FORTEO

## 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

## § PROGESTINS, ORAL

*medroxyprogesterone  
PROMETRIUM*

## SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

## § THYROID SUPPLEMENTS

*levothyroxine*

## GASTROINTESTINAL

## § H<sub>2</sub> RECEPTOR ANTAGONISTS

*ranitidine*

## § PROTON PUMP INHIBITORS

*lansoprazole  
omeprazole  
omeprazole-sodium  
bicarbonate capsule  
pantoprazole  
DEXILANT  
NEXIUM*

## 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  
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  
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*  
*benzoyl peroxide*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*

*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*tretinoin*  
ACANYA  
DUAC  
EPIDUO  
RETIN-A MICRO  
VELTIN

### CORTICOSTEROIDS

#### § Low Potency

*desonide*  
*hydrocortisone*

#### § Medium Potency

*mometasone*  
*triamcinolone*

#### § High Potency

*desoximetasone*  
*fluocinonide*

### § Very High Potency

*clobetasol*

### OPHTHALMIC

#### § BETA-BLOCKERS, NONSELECTIVE

*timolol maleate solution*  
BETIMOL

#### BETA-BLOCKERS, SELECTIVE

BETOPTIC S

### § PROSTAGLANDINS

*latanoprost*  
LUMIGAN  
TRAVATAN Z

### § SYMPATHOMIMETICS

*brimonidine 0.2%*  
ALPHAGAN P

## QUICK REFERENCE DRUG LIST

### A

ACANYA  
ACCU-CHEK ACTIVE STRIPS AND KITS<sup>3, 4</sup>  
ACCU-CHEK STRIPS AND KITS<sup>3</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
*acyclovir*  
*adapalene*  
ADVAIR  
*albuterol*  
*alendronate*  
*alfuzosin ext-rel*  
ALPHAGAN P  
ALVESCO  
*amantadine*  
*amlodipine*  
*amlodipine-atorvastatin*  
*amoxicillin*  
*amoxicillin-clavulanate*  
AMTURNIDE  
ANDRODERM  
ANDROGEL  
APIDRA  
ARCAPTA NEOHALER  
ASMANEX  
ASTEPRO  
*atenolol*  
*atorvastatin*  
AVELOX  
AVODART  
AVONEX  
*azelastine*  
*azithromycin*

### B

BD INSULIN SYRINGES AND NEEDLES  
BENICAR  
BENICAR HCT  
*benzoyl peroxide*  
BETASERON  
BETIMOL  
BETOPTIC S  
BEYAZ  
BONIVA  
*brimonidine 0.2%*  
*budesonide inhalation suspension*  
*bupropion*

*bupropion ext-rel*  
BYETTA  
BYSTOLIC

### C

*calcitonin-salmon*  
*carvedilol*  
*cefaclor*  
*cefdinir*  
*cephalexin*  
*cholestyramine*  
CIPRO SUSPENSION  
*ciprofloxacin ext-rel*  
*ciprofloxacin tablet*  
*citalopram*  
*clarithromycin*  
*clarithromycin ext-rel*  
*clindamycin*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
CLOBETASOL  
COMBIVENT  
COPAXONE  
COREG CR  
CRESTOR  
CYMBALTA

### D

*desonide*  
*desoximetasone*  
DETROL  
DETROL LA  
DEXILANT  
*diclofenac*  
*dicloxacillin*  
*digoxin*  
*diltiazem ext-rel*  
DIOVAN  
DIOVAN HCT  
*doxazosin*  
*doxycycline hyclate*  
DUAC  
DUETACT  
DULERA

### E

ENABLEX  
ENBREL  
ENJUVA  
EPIDUO  
EPIPEN  
EPIPEN JR

*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*erythromycins*  
*escitalopram*  
*estradiol*  
*estradiol-norethindrone*  
*estropipate*  
*ethinyl estradiol-drospirenone*  
*ethinyl estradiol-levonorgestrel*  
*ethinyl estradiol-norgestimate*  
EVAMIST  
EVISTA

### F

*fenofibrate*  
*finasteride*  
FLOVENT  
*fluconazole*  
*flunisolide*  
*fluocinonide*  
*fluoxetine*  
*fluticasone*  
FORADIL  
FORTEO  
*fosinopril*  
*fosinopril-hydrochlorothiazide*  
*furosemide*

### G

GELNIQUE  
*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide-metformin*

### H

HUMIRA  
HUMULIN R U-500  
*hydrochlorothiazide*  
*hydrocortisone*

### I

*ipratropium-albuterol inhalation solution*  
*itraconazole*

### J

JANUMET  
JANUVIA

### K

KOMBIGLYZE XR

### L

*lansoprazole*  
LANTUS  
*latanoprost*  
LEVEMIR  
*levofloxacin*  
*levothyroxine*  
*lisinopril*  
*lisinopril-hydrochlorothiazide*  
LO LOESTRIN FE  
LOESTRIN 24 FE  
*losartan*  
*losartan-hydrochlorothiazide*  
LOSEASONIQUE  
*lovastatin*  
LUMIGAN

### M

MAXALT  
*medroxyprogesterone*  
*meloxicam*  
*metformin*  
*metformin ext-rel*  
*metolazone*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*metronidazole*  
MICARDIS  
MICARDIS HCT  
*minocycline*  
*mirtazapine*  
*mometasone*

### N

*nadolol*  
*naproxen*  
*naratriptan*  
NASONEX  
NATAZIA  
*nateglinide*  
NEXIUM  
NIASPAN  
*nifedipine ext-rel*

*nitrofurantoin*  
NORDITROPIN  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX  
NUVARING

### O

*omeprazole*  
*omeprazole-sodium bicarbonate capsule*  
ONGLYZA  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
*oxybutynin*  
*oxybutynin ext-rel*

### P

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

### Q

*quinapril*  
*quinapril-hydrochlorothiazide*  
QVAR

### R

*ramipril*  
*ranitidine*  
RAPAFLO  
RELENZA  
RETIN-A MICRO  
*rimantadine*

### S

SEREVENT

sertraline  
SIMCOR  
simvastatin  
SINGULAIR  
SPIRIVA  
spironolactone-  
hydrochlorothiazide  
sulfamethoxazole-  
trimethoprim  
sumatriptan  
SUMAVEL DOSEPRO  
SUPRAX  
SYMBICORT  
SYNVISC  
SYNVISC-ONE

**T**  
TAMIFLU  
tamsulosin  
TEKAMLO  
TEKURNA  
TEKURNA HCT  
terazosin  
terbinafine tablet  
tetracycline  
timolol maleate solution  
torsemide  
tramadol  
tramadol ext-rel  
TRAVATAN Z

trazodone  
tretinoin  
TREXIMET  
triamcinolone  
triamterene-  
hydrochlorothiazide  
TRICOR  
TRILIPIX  
trospium  
TRUETEST STRIPS AND  
KITS <sup>4, 5</sup>  
TRUETRACK STRIPS  
AND KITS <sup>4, 5</sup>

**V**  
valacyclovir  
VALTURNA  
VELTIN  
venlafaxine  
venlafaxine ext-rel  
VENTOLIN HFA  
VERAMYST  
verapamil ext-rel  
VESICARE  
VICTOZA  
VIIBRYD  
VIVELLE-DOT

**W**  
warfarin  
WELCHOL

**X**  
XARELTO

**Z**  
zafirlukast  
ZETIA  
zolpidem  
zolpidem ext-rel  
ZOMIG

## PREFERRED ALTERNATIVES LIST

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ACIPHEX	lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM	DESQUAM E, DESQUAM X	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
ADVICOR	SIMCOR	DORAL	zolpidem, zolpidem ext-rel
ALORA	estradiol, EVAMIST, VIVELLE-DOT	DYNACIRC CR	amlodipine, nifedipine ext-rel
ALTOPREV	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR	EDARBI	losartan, BENICAR, DIOVAN, MICARDIS
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	EDLUAR	zolpidem, zolpidem ext-rel
ARMOUR THYROID	levothyroxine	ESTRASORB	estradiol, EVAMIST, VIVELLE-DOT
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>	ESTROGEL	estradiol, EVAMIST, VIVELLE-DOT
ATACAND, ATACAND HCT	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	FEMTRACE	estradiol, estropipate, ENJUVIA, PREMARIN
ATELVIA	alendronate, ACTONEL, BONIVA	FENOGLIDE	fenofibrate, TRICOR, TRILIPIX
ATROVENT HFA	SPIRIVA	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
AVAPRO, AVALIDE	losartan, losartan-hydrochlorothiazide, BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT	FLECTOR	diclofenac, meloxicam, naproxen
AXERT	naratriptan, sumatriptan, MAXALT, ZOMIG	FORTAMET	metformin ext-rel
AXIRON	ANDRODERM, ANDROGEL	FORTESTA	ANDRODERM, ANDROGEL
AZELEX	erythromycin solution	FOSAMAX PLUS D	alendronate, ACTONEL, BONIVA
BECONASE AQ	flunisolide, fluticasone, triamcinolone, NASONEX, VERAMYST	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>
BENZAC AC, BENZAC W	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	FROVA	naratriptan, sumatriptan, MAXALT, ZOMIG
BENZAGEL	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	GLUMETZA	metformin ext-rel
BENZIQ	adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN	HUMALOG	APIDRA, NOVOLOG
BREVOXYL	benzoyl peroxide	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
CARDURA XL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN	HUMULIN	NOVOLIN
CLINDAGEL	erythromycin solution	INNOPRAN XL	atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR
		ISTALOL	timolol maleate solution, BETIMOL
		LIVALO	atorvastatin, lovastatin, pravastatin, simvastatin, CRESTOR
		LUNESTA	zolpidem, zolpidem ext-rel
		MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
		MENEST	estradiol, estropipate, ENJUVIA, PREMARIN
		MENOSTAR	estradiol, EVAMIST, VIVELLE-DOT
		NEOBENZ MICRO	benzoyl peroxide
		OLEPTRO	trazodone

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*	DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
OLUX-E	<i>clobetasol propionate foam</i>	STRIANT	ANDRODERM, ANDROGEL
OMNARIS	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX, VERAMYST	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>
ONETOUCH STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>	TESTIM	ANDRODERM, ANDROGEL
OXYTROL	<i>oxybutynin ext-rel, trospium</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE	TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide</i> , BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
PATANASE	<i>azelastine</i> , ASTEPRO	TOVIAZ	<i>oxybutynin ext-rel, trospium</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i> , VIIBRYD	TRADJENTA	JANUVIA, ONGLYZA
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>	TRIAZ	<i>adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, DUAC, EPIDUO, RETIN-A MICRO, VELTIN
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
RELION INSULIN	NOVOLIN INSULIN	TRUE CARE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>3</sup> , ACCU-CHEK ACTIVE STRIPS AND KITS <sup>3,4</sup> , TRUETEST STRIPS AND KITS <sup>4,5</sup> , TRUETRACK STRIPS AND KITS <sup>4,5</sup>
RELPAK	<i>naratriptan, sumatriptan</i> , MAXALT, ZOMIG	TWINJECT	EPIPEN, EPIPEN JR
RHINOCORT AQUA	<i>flunisolide, fluticasone, triamcinolone</i> , NASONEX, VERAMYST	VANOS	<i>clobetasol</i>
RIOMET	<i>metformin ext-rel</i>	YTORIN	<i>atorvastatin, lovastatin, pravastatin, simvastatin</i> , CRESTOR
ROZEREM	<i>zolpidem, zolpidem ext-rel</i>	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
RYZOLT	<i>tramadol ext-rel</i>	ZYFLO, ZYFLO CR	<i>zafirlukast</i> , SINGULAIR
SANCTURA XR	<i>oxybutynin ext-rel, trospium</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE		
SKELID	<i>alendronate</i> , ACTONEL		

**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](http://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.

<sup>1</sup> 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.

<sup>2</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>3</sup> 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.

<sup>4</sup> Generic copay applies

<sup>5</sup> 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 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.