

Advocate Health Care Drug List

The **Advocate Health Care Drug List** is a guide within select therapeutic categories for clients, plan participants 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 PARTICIPANT

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:

- Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.
- For specific information regarding your prescription benefit coverage and copay 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 plan participant's specific 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

§ MISCELLANEOUS

metronidazole
sulfamethoxazole-trimethoprim

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir
VALTREX

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA
TAMIFLU

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR/ DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

TARKA

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

ADVICOR
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

furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
toremide
triamterene-hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS

(SSRIs)
citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

venlafaxine
CYMBALTA
EFFEXOR XR
PRISTIQ

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
AMBIEN CR

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

sumatriptan
MAXALT
ZOMIG

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

ENDOCRINE AND METABOLIC

ANDROGENS
ANDRODERM
ANDROGEL

ANTI-DIABETICS

§ BIGUANIDES
metformin
metformin ext-rel

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA

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

INCRETIN MIMETIC AGENTS

BYETTA
INSULINS
APIDRA
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG

INSULIN SENSITIZERS
ACTOS

INSULIN SENSITIZER/
BIGUANIDE COMBINATIONS
ACTOPLUS MET

INSULIN SENSITIZER/
SULFONYLUREA COMBINATIONS
DUETACT

MEGLITINIDES
PRANDIN

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

§ SULFONYLUREA/
BIGUANIDE COMBINATIONS
glipizide-metformin

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

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ACTONEL

§ CALCITONINS
Fortical

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES

§ MONOPHASIC
ethinyl estradiol-drospirenone
YAZ

§ TRIPHASIC ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel
LOSEASONIQUE
SEASONIQUE
CONTINUOUS
LYBREL

TRANS-DERMAL ORTHO EVRA

VAGINAL
NUVARING

ESTROGENS

§ ORAL
estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANS-DERMAL, ESTROGENS

estradiol
CLIMARA
ESTRADERM
VIVELLE-DOT

§ ORAL ESTROGEN/
PROGESTINS
estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS
medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS
ranitidine

§ PROTON PUMP INHIBITORS
omeprazole
KAPIDEX
NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

doxazosin
finasteride
terazosin
AVODART
FLOMAX

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
DETROL
DETROL LA
ENABLEX
OXYTROL
SANCTURA XR
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
COUMADIN

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

§ ANTICHOLINERGIC/
BETA AGONISTS
ipratropium-albuterol inhalation solution
COMBIVENT

§ ANTIHISTAMINES, NONSEDATING
fexofenadine

§ ANTIHISTAMINE/
DECONGESTANTS
ALLEGRA-D

BETA AGONISTS

§ SHORT ACTING
albuterol
PROAIR HFA
PROVENTIL HFA
LONG ACTING
FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS
SINGULAIR

NASAL ANTIHISTAMINES
ASTELIN
ASTEPRO

§ NASAL STEROIDS

fluticasone
NASACORT AQ
NASONEX
RHINOCORT AQUA
VERAMYST

STEROID/BETA AGONISTS
ADVAIR
SYMBICORT

STEROID INHALANTS
ASMANEX
FLOVENT
PULMICORT
QVAR

TOPICAL

DERMATOLOGY

§ ACNE
clindamycin solution
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
BENZACLIN
DIFFERIN
DUAC CS
RETIN-A MICRO
ZIANA

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 DRUG LIST

A

ACCU-CHEK STRIPS
AND KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR
ADVICOR
albuterol
alendronate
ALLEGRA-D
ALPHAGAN P
amantadine
AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTELIN
ASTEPRO
atenolol
AVALIDE
AVAPRO
AVELOX
AVODART
azithromycin

B

BD INSULIN SYRINGES
AND NEEDLES
BENICAR
BENICAR HCT
BENZACLIN
BETIMOL
BETOPTIC S
brimonidine 0.2%
bupropion
bupropion ext-rel
BYETTA
BYSTOLIC

C

CADUET
carvedilol
cefaclor
cefdinir
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet

citalopram
clarithromycin
clarithromycin ext-rel
CLIMARA
clindamycin solution
COMBIVENT
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

DETROL
DETROL LA
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
doxazosin
doxycycline hyclate
DUAC CS
DUETACT

E

EFFEXOR XR
ENABLEX
ENJUVA
EPIPEN
EPIPEN JR
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
EVISTA

F

fenofibrate
fezofenadine
finasteride
FLOMAX
FLOVENT
fluconazole
fluoxetine
fluticasone
FORADIL
FORTEO
Fortical

fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
HUMULIN
hydrochlorothiazide

I

ipratropium-albuterol inhalation solution
itraconazole

J

JANUMET
JANUVIA

K

KAPIDEX

L

LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIPITOR
lisinopril
lisinopril-hydrochlorothiazide
LOSEASONIQUE
LUMIGAN
LYBREL

M

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

N

nadolol
NASACORT AQ
NASONEX
NEXIUM
NIASPAN
nifedipine ext-rel
NOVOLIN
NOVOLOG
NUVARING

O

omeprazole
ONETOUCH STRIPS
AND KITS³
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

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

Q

quinapril
quinapril-hydrochlorothiazide
QVAR

R

ramipril
ranitidine
RELENZA
RETIN-A MICRO
RHINOCORT AQUA
rimantadine

S

SANCTURA XR
SEASONIQUE

SEREVENT
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA
spironolactone-hydrochlorothiazide
sulfamethoxazole-trimethoprim
sumatriptan
SUPRAX
SYMBICORT
SYNTHROID

T

TAMIFLU
TARKA
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
toremide
TRAVATAN
tretinoin
TREMIMET
triamterene-hydrochlorothiazide
TRICOR
TRILIPIX

V

VALTREX
venlafaxine
VERAMYST
verapamil ext-rel
VESICARE
VIVELLE-DOT

W

warfarin
WELCHOL

X

XALATAN

Y

YAZ

Z

ZETIA
ZIANA
zolpidem
ZOMIG

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	<i>omeprazole</i>
ACTONEL W/CALCIUM	<i>alendronate</i>
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR
ALORA	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	<i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR
AMERGE	<i>sumatriptan</i> , MAXALT, ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT
ATRALIN	<i>tretinoin</i>
ATROVENT HFA	SPIRIVA
AXERT	<i>sumatriptan</i> , MAXALT, ZOMIG
AZELEX	<i>erythromycin solution</i>
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR
BECONASE AQ	<i>fluticasone</i>
BENZAC AC, BENZAC W	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BENZIQ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
BREVOXYL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
CARDIZEM LA	<i>diltiazem ext-rel</i>
CARDURA XL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
CENESTIN	<i>estradiol</i> , <i>estropiate</i> , ENJUVA, PREMARIN
CLARINEX	<i>fexofenadine</i>
CLARINEX D	ALLEGRA-D
CLINDAGEL	<i>erythromycin solution</i>
DESQUAM E, DESQUAM X	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
DORAL	<i>zolpidem</i> , AMBIEN CR
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EPIDUO	<i>tretinoin</i>
ESTRASORB	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
EVOCLIN FOAM	<i>clindamycin solution</i> , <i>erythromycin solution</i>
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i> , <i>estropiate</i> , ENJUVA, PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRIPIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX PLUS D	<i>alendronate</i>
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
GELNIQUE	<i>oxybutynin ext-rel</i>
INNOPRAN XL	<i>atenolol</i> , <i>propranolol ext-rel</i>
ISTALOL	<i>timolol maleate solution</i> , BETIMOL
KLARON LOTION	<i>erythromycin solution</i>
LUNESTA	<i>zolpidem</i>
MAXAIR	PROAIR HFA
MENEST	<i>estradiol</i> , <i>estropiate</i> , ENJUVA, PREMARIN
MENOSTAR	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
OMNARIS	<i>fluticasone</i>
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i> , LEXAPRO
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
RAPAFLO	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	<i>sumatriptan</i> , MAXALT, ZOMIG
SKELID	<i>alendronate</i> , ACTONEL
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³

* 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. For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TEKTRNA, TEKTRNA HCT	BENICAR, BENICAR HCT
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</i>
TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin, FLOMAX</i>
XOPENEX HFA	PROAIR HFA
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</i>
ZYFLO, ZYFLO CR	SINGULAIR

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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. The plan participant'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, branded generics in upper- and lowercase *Italics*, 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 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 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.

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. Plan participants must have CVS Caremark Mail Service Pharmacy benefits to qualify.

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.