

Preferred Choice 3-Tier Non-Formulary Drug And Formulary Alternatives List

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The **Caremark Preferred Choice 3-Tier Non-Formulary Drug And Formulary Alternatives List**, formerly the *PharmaCare Preferred Choice 3-Tier Non-Formulary Drug And Formulary Alternatives List*, is a guide 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. 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 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, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.
- 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.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by 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.

NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACCUPRIL	<i>quinapril</i>
ACCURETIC	<i>quinapril-hydrochlorothiazide</i>
ACCUTANE	<i>isotretinoin</i>
ACEON	<i>fosinopril, lisinopril, quinapril, ramipril, trandolapril</i>
ACIPHEX	NEXIUM, <i>omeprazole, pantoprazole, PREVACID</i>
ADALAT CC	<i>nifedipine ext-rel</i>
ADDERALL	<i>amphetamine-dextroamphetamine</i>
ADOXA, ADOXA PAK	<i>doxycycline</i>
ADVANCE	ACCU-CHEK products, ONETOUCH products
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALAMAST	ALOCRIL, ALOMIDE, <i>cromolyn, ketotifen, OPTIVAR, PATANOL</i>
ALDACTAZIDE 25/25 mg	<i>spironolactone-hydrochlorothiazide</i>
ALDACTONE	<i>spironolactone</i>
ALLEGRA	<i>fexofenadine</i>
ALORA	CLIMARA, ESTRADERM, <i>estradiol, VIVELLE-DOT</i>
ALTACE	<i>ramipril</i>
ALTOPREV	ADVICOR, LIPITOR, <i>pravastatin, SIMCOR, simvastatin, VYTORIN</i>

NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
ALUPENT	PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
AMARYL	<i>glimepiride</i>
AMBIEN	LUNESTA, <i>zolpidem</i>
AMERGE	IMITREX, MAXALT, ZOMIG
AMITIZA	<i>lactulose</i>
ANAPROX, ANAPROX DS	<i>naproxen sodium</i>
ANASPAZ	<i>hyoscyamine</i>
ANGELIQ	ACTIVELLA, PREFEST, PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine, Levoxyl, SYNTHROID</i>
ASCENSIA	ACCU-CHEK products, ONETOUCH products
ATROVENT HFA	SPIRIVA
AUGMENTIN, AUGMENTIN ES 600	<i>amoxicillin-clavulanate</i>
AVAR GEL	<i>sulfacetamide-sulfur</i>
AXERT	IMITREX, MAXALT, ZOMIG
AYGESTIN	<i>norethindrone acetate</i>
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	<i>flunisolide, fluticasone, NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST</i>
BENZAMYCIN, BENZAMYCIN PAK	BENZACLIN, <i>erythromycin-benzoyl peroxide</i>
BENZIQ, BENZIQ LS	<i>sulfacetamide-sulfur</i>

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NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
BETAPACE, BETAPACE AF	<i>sotalol, sotalol AF</i>
BLEPH-10	<i>sulfacetamide</i>
BONIVA	ACTONEL, <i>alendronate</i>
BRAVELLE	GONAL-F, GONAL-F RFF
BREVICON	<i>Necon, Nortrel</i>
BUSPAR	<i>bupirone</i>
CALAN SR	<i>verapamil ext-rel</i>
CARDIZEM CD	<i>diltiazem ext-rel</i>
CARDURA	<i>doxazosin</i>
CARDURA XL	AVODART, <i>doxazosin, finasteride, FLOMAX, terazosin</i>
CATAPRES	<i>clonidine</i>
CEDAX	<i>cefdinir</i>
CEFTIN	<i>cefuroxime</i>
CEFZIL	<i>cefprozil</i>
CELEXA	<i>citalopram</i>
CENESTIN	ENJUVIA, <i>estradiol, estropipate, PREMARIN</i>
CILOXAN	<i>ciprofloxacin, VIGAMOX</i>
CIPRO, CIPRO XR	<i>ciprofloxacin, ciprofloxacin ext-rel</i>
CLARINEX	<i>feofenadine</i>
CLARINEX D	ALLEGRA-D
CLEOCIN capsule 150 mg, CLEOCIN capsule 300 mg	<i>clindamycin</i>
CLEOCIN-T	<i>clindamycin</i>
CLINDAGEL	METROGEL, <i>metronidazole, sulfacetamide-sulfur</i>
CLOMID	<i>clomiphene</i>
COGNEX	ARICEPT, EXELON, NAMENDA, RAZADYNE, RAZADYNE ER
COLAZAL	<i>balsalazide</i>
CORTANE-B OTIC	CIPRODEX, <i>neomycin-polymyxin B-hydrocortisone otic, ofloxacin otic</i>
CORTISPORIN oint	<i>bacitracin-polymyxin B-neomycin-hydrocortisone</i>
CORTISPORIN OTIC	<i>neomycin-polymyxin B-hydrocortisone otic</i>
COZAAR	ATACAND ² , AVAPRO, BENICAR, MICARDIS
CRESTOR	ADVICOR, LIPITOR, <i>pravastatin, SIMCOR, simvastatin, VYTORIN</i>
CUTIVATE	<i>fluticasone propionate</i>
CYCLESSA	<i>Velivet</i>
CYTOTEC	<i>misoprostol</i>
D.H.E. 45	<i>dihydroergotamine inj</i>
DAYPRO	<i>oxaprozin</i>
DEMADEX	<i>torseamide</i>
DEMULEN	<i>Zovia</i>
DESOGEN	<i>Apri</i>
DESOWEN	<i>desonide</i>
DIDRONEL	ACTONEL, <i>alendronate, etidronate</i>
DIFLUCAN	<i>fluconazole</i>
DILACOR XR	<i>diltiazem ext-rel</i>
DILAUDID	<i>hydromorphone</i>
DIOVAN, DIOVAN HCT	ATACAND ² , ATACAND HCT, AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT
DIPENTUM	ASACOL, <i>mesalamine, PENTASA, sulfasalazine, sulfasalazine delayed-rel</i>
DITROPAN, DITROPAN XL	DETROL, DETROL LA, ENABLEX, <i>oxybutynin, oxybutynin ext-rel, OXYTROL, VESICARE</i>

NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
DORAL	LUNESTA, <i>zolpidem</i>
DORYX	<i>doxycycline hyclate, tetracycline</i>
DOVONEX soln	<i>calcipotriene soln</i>
DURAGESIC	<i>fenanyl</i>
DYNACIN	<i>minocycline</i>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>
EC-NAPROSYN	<i>naproxen</i>
EFFEXOR	<i>venlafaxine</i>
ELDEPRYL	<i>selegiline</i>
ELESTAT	ALOCRIL, ALOMIDE, <i>ketotifen, OPTIVAR, PATANOL</i>
ELOCON	<i>mometasone</i>
EMADINE	ALOCRIL, ALOMIDE, <i>cromolyn, ketotifen, OPTIVAR, PATANOL</i>
EMSAM	<i>selegiline</i>
EPOGEN	ARANESP, PROCRIT
ERTACZO	<i>ciclopirox, econazole, ketoconazole topical, OXISTAT</i>
ESGIC, ESGIC-PLUS	<i>butalbital-acetaminophen-caffeine</i>
ESTRACE tablet	ENJUVIA, <i>estradiol, estropipate, PREMARIN</i>
ESTRASORB	CLIMARA, ESTRADERM, <i>estradiol, VIVELLE-DOT</i>
ESTROGEL	CLIMARA, ESTRADERM, <i>estradiol, VIVELLE-DOT</i>
ESTROSTEP FE	<i>Tilia FE, Tri-Legeste FE</i>
EXACTECH, EXACTECH RSG	ACCU-CHEK products, ONETOUCH products
FACTIVE	AVELOX, <i>ciprofloxacin, ciprofloxacin ext-rel, LEVAQUIN</i>
FELDENE	<i>piroxicam</i>
FEMHRT	ACTIVELLA, PREFEST, PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i>
FENTORA	<i>fenanyl</i>
FIORICET	<i>butalbital-acetaminophen-caffeine</i>
FIORINAL	<i>butalbital-aspirin-caffeine</i>
FIRST-PROGESTERONE VGS	CRINONE, PROCHIEVE, PROMETRIUM
FLAGYL	<i>metronidazole</i>
FLONASE	<i>flunisolide, fluticasone, NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST</i>
FLUOROPLEX	CARAC, <i>fluorouracil</i>
FOCALIN	<i>dexmethylphenidate</i>
FOLLISTIM AQ	GONAL-F, GONAL-F RFF
FORTAMET	<i>metformin ext-rel</i>
FREESTYLE	ACCU-CHEK products, ONETOUCH products
GLUCOMETER DEX, GLUCOMETER ELITE, GLUCOMETER ENCORE	ACCU-CHEK products, ONETOUCH products
GLUCOPHAGE, GLUCOPHAGE XR	<i>metformin, metformin ext-rel</i>
GLUCOSOURCE lancets	ONETOUCH, SOFT TOUCH, SOFTCLIX
GLUCOTROL, GLUCOTROL XL	<i>glipizide, glipizide ext-rel</i>
GLUCOVANCE	<i>glyburide-metformin</i>
GLYNASE PRESTAB	<i>glyburide micronized</i>
GLYSET	<i>acarbose</i>
GYNAZOLE-1	<i>terconazole</i>
HYCET	<i>hydrocodone-acetaminophen</i>
HYTRIN	<i>terazosin</i>
HYZAAR	ATACAND HCT, AVALIDE, BENICAR HCT, MICARDIS HCT
INNOPRAN XL	<i>propranolol ext-rel</i>
INTAL SOLUTION	<i>cromolyn soln</i>

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NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
IOPIDINE 0.5%	ALPHAGAN P, <i>brimonidine</i>
ISOPTIN SR	<i>verapamil ext-rel</i>
ISORDIL	<i>isosorbide</i>
KENALOG	<i>triamcinolone</i>
KETEK, KETEK PAK	<i>azithromycin, clarithromycin, clarithromycin ext-rel, erythromycin</i>
KLONOPIN WAFERS	<i>clonazepam ODT</i>
LAC-HYDRIN	<i>ammonium lactate</i>
LAMISIL tablet	<i>terbinafine tablet</i>
LASIX	<i>furosemide</i>
LESCOL, LESCOL XL	ADVICOR, LIPITOR, <i>pravastatin</i> , SIMCOR, <i>simvastatin</i> , VYTORIN
LEVBID	<i>hyoscyamine</i>
LEVLEN	<i>Levora, Portia</i>
LEVLITE	<i>Aviane, Lessina</i>
LEVSIN, LEVSIN SL	<i>hyoscyamine</i>
LEVSINEX	<i>hyoscyamine</i>
LEXSEL	<i>amlodipine-benazepril</i> , TARKA
LOESTRIN	<i>Junel, Microgestin</i>
LOESTRIN FE	<i>Junel FE, Microgestin FE</i>
LOFIBRA	<i>fenofibrate</i> , TRICOR
LOMOTIL	<i>diphenoxylate-atropine</i>
LO/OVRAL	<i>Cryselle, Low-Ogestrel</i>
LOPRESSOR, LOPRESSOR HCT	<i>metoprolol, metoprolol-hydrochlorothiazide</i>
LORCET, LORCET PLUS	<i>hydrocodone-acetaminophen</i>
LORTAB	<i>hydrocodone-acetaminophen</i>
MAVIK	<i>trandolapril</i>
MAXAIR	PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
MAXIDONE	<i>hydrocodone-acetaminophen</i>
MAXITROL	<i>neomycin-polymyxin B-dexamethasone</i>
MAXZIDE	<i>triamterene-hydrochlorothiazide</i>
MEGACE	<i>megestrol acetate</i>
MENEST	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
MENOPUR	GONAL-F, GONAL-F RFF
MENOSTAR	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
METAGLIP	<i>glipizide-metformin</i>
METROCREAM	<i>metronidazole cream</i>
METROGEL VAG	<i>metronidazole vag gel</i>
METROLOTION	<i>metronidazole lotion</i>
MIACALCIN	<i>Fortical</i>
MICRONASE	<i>glyburide</i>
MICROZIDE	<i>hydrochlorothiazide</i>
MIMYX	<i>ammonium lactate</i>
MINOCIN	<i>minocycline</i>
MIRCETTE	<i>Kariva</i>
MOBIC	<i>meloxicam</i>
MODICON	<i>Necon, Nortrel</i>
MONOPRIL	<i>fosinopril</i>
MONOPRIL-HCT	<i>fosinopril-hydrochlorothiazide</i>
MOTRIN	<i>ibuprofen</i>
MS CONTIN	<i>morphine ext-rel</i>
MYFORTIC	CELLCEPT

NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
NAPRELAN	<i>naproxen sodium</i>
NAPROSYN	<i>naproxen</i>
NASAREL	<i>flunisolide, fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
NASCOBAL NASAL SPRAY	<i>cyanocobalamin</i>
NECON 10/11	<i>Kariva</i> , ORTHO TRI-CYCLEN LO, YASMIN, YAZ
NEURONTIN	<i>gabapentin</i>
NEVANAC	ACULAR LS, ACULAR PF, <i>diclofenac sodium ophth</i> , XIBROM
NEXGEN	ACCU-CHEK products, ONETOUCH products
NIRAVAM	<i>alprazolam</i>
NITROLINGUAL	<i>nitroglycerin sublingual</i>
NITROSTAT	<i>nitroglycerin sublingual</i>
NORCO	<i>hydrocodone-acetaminophen</i>
NORDETTE	<i>Levora, Portia</i>
NORINYL	<i>Necon, Nortrel</i>
NOROXIN	AVELOX, <i>ciprofloxacin, ciprofloxacin ext-rel</i> , LEVAQUIN
NORPRAMIN	<i>desipramine</i>
NORITATE	METROGEL, <i>metronidazole</i>
NORVASC	<i>amlodipine</i>
NOVACORT	<i>hydrocortisone valerate</i>
NOVASAL	<i>diffunisal, salsalate</i>
OCUFLOX	<i>ofloxacin</i>
OGEN	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
OPANA	<i>morphine</i>
ORTHO MICRONOR	<i>Jolivet</i>
ORTHO TRI-CYCLEN	<i>Trinessa, Tri-Previfem, Tri-Sprintec</i>
ORTHO-CEPT	<i>Apri</i>
ORTHO-CYCLEN	<i>Mononessa, Previfem, Sprintec</i>
ORTHO-NOVUM	<i>Necon, Nortrel</i>
OVCON	<i>Necon, Nortrel</i>
PANCREASE MT	CREON, ULTRASE, ULTRASE MT, VIOKASE
PANLOR DC, PANLOR SS	<i>hydrocodone-acetaminophen</i>
PARAFON FORTE DSC	<i>chlorzoxazone</i>
PAXIL	<i>paroxetine</i>
PAXIL CR	<i>paroxetine ext-rel</i>
PCE	<i>erythromycin</i>
PEDIAPRED	<i>prednisolone</i>
PEDIOTIC	CIPRODEX, <i>neomycin-polymyxin B-hydrocortisone otic, ofloxacin otic</i>
PEPCID	<i>famotidine</i>
PERSANTINE	<i>dipyridamole</i>
PEXEVA	<i>paroxetine, paroxetine ext-rel</i>
PLAQUENIL	<i>hydroxychloroquine</i>
PLEXION, PLEXION SCT	BENZACLIN, DIFFERIN, RETIN-A MICRO, <i>sulfacetamide-sulfur</i> , TAZORAC, <i>tretinoin</i>
POLYSPORIN	<i>polymyxin B-bacitracin</i>
POLYTRIM	<i>polymyxin B-trimethoprim</i>
PONSTEL	<i>mefenamic acid</i>
PRAVACHOL	ADVICOR, LIPITOR, <i>pravastatin</i> , SIMCOR, <i>simvastatin</i> , VYTORIN
PRECISION, PRECISION QID, PRECISION XTRA	ACCU-CHEK products, ONETOUCH products

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NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
PRECOSE	<i>acarbose</i>
PRED FORTE	<i>prednisolone acetate</i>
PRELONE	<i>prednisolone</i>
PRESTIGE	ACCU-CHEK products, ONETOUGH products
PRIOSECC	NEXIUM, <i>omeprazole</i> , <i>pantoprazole</i> , PREVACID
PRINIVIL	<i>lisinopril</i>
PRINZIDE	<i>lisinopril-hydrochlorothiazide</i>
PROCARDIA XL	<i>nifedipine ext-rel</i>
PROQUIN XR	AVELOX, <i>ciprofloxacin</i> , <i>ciprofloxacin ext-rel</i> , LEVAQUIN
PROSCAR	<i>finasteride</i>
PROTONIX	NEXIUM, <i>omeprazole</i> , <i>pantoprazole</i> , PREVACID
PROVERA	<i>medroxyprogesterone</i>
PROZAC	<i>fluoxetine</i>
PROZAC WEEKLY	<i>citalopram</i> , <i>fluoxetine</i> , LEXAPRO, <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i>
PSORCON E	<i>diflorasone diacetate</i>
QUESTRAN, QUESTRAN LIGHT	<i>cholestyramine</i> , <i>cholestyramine light</i> , WELCHOL
RANICLOR	<i>cefaclor</i>
RAPIFLUX	<i>fluoxetine</i>
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	IMITREX, MAXALT, ZOMIG
REMERON, REMERON SOLTAB	<i>mirtazapine</i> , <i>mirtazapine ODT</i>
REPREXAIN	<i>hydrocodone-ibuprofen</i>
REPRONEX	GONAL-F, GONAL-F RFF
RIFADIN	<i>rifampin</i>
RIOMET	<i>metformin</i> , <i>metformin ext-rel</i>
RITALIN, RITALIN-SR	<i>methylphenidate</i> , <i>methylphenidate ext-rel</i>
ROZEREM	LUNESTA, <i>zolpidem</i>
RYTHMOL	<i>propafenone</i>
SANCTURA XR	DETROL, DETROL LA, ENABLEX, <i>oxybutynin</i> , <i>oxybutynin ext-rel</i> , OXYTROL, VESICARE
SEASONALE	<i>Quasense</i>
SEASONIQUE	ORTHO TRI-CYCLEN LO, <i>Quasense</i> , YASMIN, YAZ
SEB-PREV	<i>sulfacetamide-sulfur</i>
SELSEB	<i>selenium sulfide shampoo</i>
SELSUN RX	<i>selenium sulfide shampoo</i>
SILVADENE	<i>silver sulfadiazine</i>
SINEMET, SINEMET CR	<i>carbidopa-levodopa</i> , <i>carbidopa-levodopa ext-rel</i>
SKELID	ACTONEL, <i>alendronate</i>
SOLARAZE	CARAC, <i>fluorouracil</i>
SONATA	LUNESTA, <i>zaleplon</i> , <i>zolpidem</i>
SPECTRACEF	<i>cefdinir</i>
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULFACET-R	<i>sulfacetamide-sulfur</i>
SYMAX DUOTAB	<i>hyoscyamine</i>
SYMBYAX	<i>fluoxetine</i> , ZYPREXA
SYNALGOS DC	<i>hydrocodone-acetaminophen</i>
TAMBOCOR	<i>flecainide</i>
TAPAZOLE	<i>methimazole</i>

NON-FORMULARY DRUGS	FORMULARY ALTERNATIVE(S)*
TASMAR	COMTAN, STALEVO
TEMOVATE, TEMOVATE E	<i>clobetasol propionate</i> , <i>clobetasol propionate emollient</i>
TERAZOL	<i>terconazole</i>
TESTIM	ANDRODERM, ANDROGEL
TEVETEN, TEVETEN HCT	ATACAND ² , ATACAND HCT, AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT
TRETIN-X	DIFFERIN, RETIN-A MICRO, TAZORAC, <i>tretinoin</i>
TRIGLIDE	<i>fenofibrate</i> , TRICOR
TRI-LEVELN	<i>Enpresse</i> , <i>Trivora</i>
TRI-NORINYL	<i>Aranelle</i>
TRIPHASIL	<i>Enpresse</i> , <i>Trivora</i>
TRUE CARE	ACCU-CHEK products, ONETOUGH products
TRUETRACK	ACCU-CHEK products, ONETOUGH products
TWINJECT	EPIPEN, EPIPEN JR
ULTIMA	ACCU-CHEK products, ONETOUGH products
ULTRAM	<i>tramadol</i>
UNISTIK 3	ACCU-CHEK products, ONETOUGH products
UNIVASC	<i>moexipril</i>
URISPAS	<i>flavoxate</i>
UROCIT-K	<i>potassium citrate</i>
UROXATRAL	AVODART, <i>doxazosin</i> , <i>finasteride</i> , FLOMAX, <i>terazosin</i>
VANSPAR	<i>bupirone</i>
VANTIN	<i>cefepodoxime</i>
VASERETIC	<i>enalapril-hydrochlorothiazide</i>
VASOTEC	<i>enalapril</i>
VENTOLIN HFA	PROAIR HFA, PROVENTIL HFA, XOPENEX HFA
VIBRAMYCIN capsule	<i>doxycycline hyclate</i>
VICODIN, VICODIN ES	<i>hydrocodone-acetaminophen</i>
VOLTAREN, VOLTAREN XR	<i>diclofenac sodium</i> , <i>diclofenac sodium ext-rel</i>
WELLBUTRIN SR, WELLBUTRIN XL	<i>bupropion ext-rel</i>
WESTCORT	<i>hydrocortisone valerate</i>
XANAX, XANAX XR	<i>alprazolam</i> , <i>alprazolam ext-rel</i>
XODOL	<i>hydrocodone-acetaminophen</i>
XOLEGEL	<i>ketoconazole topical</i>
ZANAFLEX	<i>tizanidine</i>
ZEGERID	NEXIUM, <i>omeprazole</i> , <i>pantoprazole</i> , PREVACID
ZELAPAR	AZILECT, <i>selegiline</i>
ZESTORETIC	<i>lisinopril-hydrochlorothiazide</i>
ZESTRIL	<i>lisinopril</i>
ZIAC	<i>bisoprolol-hydrochlorothiazide</i>
ZITHROMAX, Z-PAK	<i>azithromycin</i>
ZMAX	<i>azithromycin</i>
ZOCOR	ADVICOR, LIPITOR, <i>pravastatin</i> , SIMCOR, <i>simvastatin</i> , VYTORIN
ZODERM	BENZACLIN, <i>erythromycin-benzoyl peroxide</i>
ZOLOFT	<i>sertraline</i>
ZOVIRAX oral	<i>acyclovir</i>
ZYDONE	<i>hydrocodone-acetaminophen</i>
ZYFLO CR	SINGULAIR
ZYLOPRIM	<i>allopurinol</i>

* The formulary alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

Your specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative. Page 4 of 5

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Non-Formulary Drug And Formulary Alternatives List represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. The plan participant's prescription benefit plan may have a different copay for specific products on the list. Unless otherwise 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*. 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. This is not a complete list of all formulary products. Any brand-name drug for which a generic product becomes available may be designated as a non-formulary product. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

- 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 Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

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

Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

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