



CAREMARK

Your
Prescription
Benefit

State of Tennessee

PARTNERS

FOR HEALTHSM

For a complete listing of CVS Caremark participating pharmacies and other CVS Caremark services, visit our Web site at www.caremark.com.

As phone numbers, area codes and addresses are subject to change, please consult your local phone directory as needed.

CVS Caremark Participating Pharmacies Near You

CVS PHARMACY

936 Willow Rd.
Northbrook, IL 60062
(847) 291-3596

OSCO PHARMACY

2775 Pfingsten Rd.
Glenview, IL 60026
(847) 564-8480

DOMINICKS

4125 Dundee Rd.
Northbrook, IL 60062
(847) 509-8127

WALGREEN DRUG STORE

2871 Pfingsten Rd.
Glenview, IL 60026
(847) 559-9216

RABIN DRUGS INC

307 S. Milwaukee Ave. Ste. 109
Wheeling, IL 60090
(847) 229-5477

DUNDEE PHARMACY INC

2750 Dundee Rd.
Northbrook, IL 60062
(847) 480-1000

Caremark.com

Your 24-hour Online Pharmacy and Health Resource

- Order mail service refills
- Check the status of your order
- Learn about your pharmacy benefit
- Locate a pharmacy near you
- Review your prescription history
- Look up important health information
- Obtain information about Plan Member Rights and Responsibilities
- You can also access the above information via phone by calling a Customer Care representative toll-free at **1-877-522-TNRX (8679)**



The CVS Caremark Commitment to Plan Participants

CVS Caremark is the company selected by your employer or health plan to administer your prescription drug benefits.

CVS Caremark is committed to providing you with convenience and value:

- through our relationship with over 64,000 retail pharmacies
- by delivering prescription drugs directly to you through CVS Caremark Mail Service Pharmacy

CVS Caremark is committed to improving your safety by:

- supporting and educating your doctors and other prescribers so they can make appropriate drug treatment decisions for you
- making sure the prescription drugs you receive are what your doctor or other prescriber agreed to after talking with a CVS Caremark pharmacist
- seeking to identify and prevent any unintended drug interactions

CVS Caremark is committed to helping you and your benefit plan sponsor achieve significant savings by:

- encouraging the use of medically appropriate generic and lower-cost brand-name drugs
- filling your long-term and maintenance medications through our CVS Caremark Mail Service Pharmacy or participating retail 90-day pharmacies.

CVS Caremark is committed to giving you enhanced customer service while staying focused on your privacy by ensuring that:

- our employees follow detailed ethical standards as well as a comprehensive Code of Conduct
- our pharmacists follow a professional Code of Ethics

All of our communications about your benefit plan, our online tools, and our health management and clinical programs are designed to help you improve your health, become a better informed health care consumer, and save you money on your prescription drugs. We look forward to supporting your health care needs.

You can find out more about CVS Caremark and our services at www.caremark.com.

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

In this booklet, you'll find:

- Making the Most of Your Prescription Benefit Program
- Getting Your Prescription Filled
- Helpful Tips
- The CVS Caremark Difference
- CVS Caremark Specialty Pharmacy
- Mail Service Order Form
- Your Personal Prescription Benefit Program
 - A convenient pull-out guide with details about your individual prescription benefit program
- State of Tennessee Drug List
 - A wide selection of brand-name products identified as preferred – safe, effective and reasonably priced
- Generics – Equivalent to Brand-Names at Lower Cost
- Common Brand-Names with Generics Available

Note: In this booklet we talk about copayment. Copayment, coinsurance or copay means the amount a plan participant is required to pay for a prescription in accordance with plan provisions.

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

Making the Most of Your Prescription Benefit Program

Many people use their prescription benefit more often than any other part of their health coverage. It's such an important part of your health care that it pays to take a few minutes to review the material included in this booklet.

Here you'll find all the information you need to fill your prescriptions at a reasonable cost. For more detailed information on your personal prescription history and benefit as well as general health information, visit www.caremark.com.

The CVS Caremark commitment to you includes:

- Helping you get the appropriate prescription for any medical condition covered under your plan
- Supporting your overall health and well-being goals
- Making your health care experience comfortable and convenient

Go Generic to Make the Most of Your Benefit

Many medications are available in both brand-name and generic versions. The U.S. Food and Drug Administration (FDA) reviews all generic medications to ensure that they have the same active ingredient, strength, dosage form, effectiveness and quality as the brand-name equivalent. To save money on your medications, always ask your doctor or other prescriber to approve a generic substitution when you get a prescription.

Getting Your Prescription Filled

Under your prescription benefit program, you can get your prescriptions filled at a participating retail pharmacy or through the CVS Caremark Mail Service Pharmacy.

For New Prescriptions

Retail pharmacy

To find a participating pharmacy near you, go to **Caremark.com** or call your Customer Care number.

1. If given the choice, always ask for generics.
2. At the pharmacy, present your prescription along with your Prescription Card.
3. Make sure that the pharmacist has accurate information about you and your covered dependents, including dates of birth and gender.
4. The pharmacist will look up your benefit information on the computer to verify coverage and dispense the prescription.
5. Certain retail pharmacies participate in the special Retail 90 network where you can receive up to a 90 day supply of your medication if your doctor prescribes such a quantity. Go to www.caremark.com, log in, and look for "Mail at Retail" under the "Products and Services" section.

CVS Caremark Mail Service Pharmacy

The CVS Caremark Mail Service Pharmacy provides a convenient and cost-effective way for you to order long-term medications. Follow these steps to make sure you have a continuous supply:

1. Let your doctor or other prescriber know you would prefer a generic prescription medication, when appropriate.
2. Ask for two prescriptions: one for a long-term supply as defined by your coverage and the other for immediate use. Have the short-term prescription filled at a participating retail pharmacy.
3. Complete a mail service order form and send it to CVS Caremark along with your original long-term prescription.

4. Please allow 7-10 days for delivery from the time your order is placed. You will receive a new mail service order form and pre-addressed envelope with each shipment.
5. If your plan requires payment, please provide payment information when you place your order. Acceptable forms of payment include personal check, money order, Visa, Mastercard, American Express, or Discover.

For Refills

Participating Retail Pharmacy

If your doctor or other prescriber has ordered refills, let your pharmacist know when you are ready to reorder.

CVS Caremark Mail Service Pharmacy

You can order refills by Internet, phone or mail. The information included with your last order will show the date you can request a refill and the number of refills you have left.

- **Online at Caremark.com.** This is the most convenient way to order refills and inquire about the status of your order any time of the day or night. You will need to register and log in to access service.
- **By phone.** Call your Customer Care toll-free number for fully automated refill service. Have your ID number ready.
- **By mail.** Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write the prescription number(s) in the space provided. Enclose payment with your order, if your plan requires a payment. Acceptable forms of payment include personal check, money order, Visa, Mastercard, American Express, or Discover.

Helpful Tips

When you visit your doctor or other prescriber:

- Let your doctor or other prescriber know that you are interested in using prescription medications that are appropriate for you and cost-effective.
- If you need a prescription, ask for a generic and ask your doctor or other prescriber to authorize generic substitution when medically appropriate (find out more about generic prescription medication at the end of this booklet).
- In case no generic is available, take this booklet along and share the current State of Tennessee Drug List of preferred brand products with your doctor or other prescriber. This can save you money.
- Make sure your doctor or other prescriber indicates the number of refills on the prescription, if appropriate.
- If your doctor or other prescriber tells you that you will be taking a certain medication for a long time, ask for both a short-term and a long-term prescription. This will allow you to fill a 30 day script at your local pharmacy immediately and a 90 day script later via either mail order or certain Retail 90 pharmacies.

If you have questions about your prescription medication:

For information about your prescribed medication, log on to **Caremark.com** at any time, day or night. You can also talk to a pharmacist or nurse by calling your Customer Care number. Important information on common medication uses, specific instructions and possible side effects is typically included with your prescription.

If you have prescriptions at a non-participating pharmacy:

You may be able to save by having your prescription transferred to a participating retail pharmacy. To do this, contact a participating retail pharmacy and tell the pharmacist where your prescription is currently on file. If possible, have your prescription bottle with you when you make the call so you can answer any questions. The pharmacist will contact the non-participating pharmacy and make the transfer for you. When you pick up the prescription, bring along your prescription card so that the pharmacist can verify coverage.

The CVS Caremark Difference

As your prescription benefit manager, CVS Caremark is dedicated to helping you get the medication you have been prescribed. In addition to this service, we are committed to supporting your overall health goals and making your health care experience as convenient and comfortable as possible.

Here are some of the extra services we provide.

Keeping you informed:

If you have questions about medication you've been prescribed or about your health condition, you can contact a pharmacist by calling your Customer Care number. You can also learn more by logging on to **Caremark.com**.

Making cost-effective prescription choices:

If there is a less expensive alternative to a medication you have been prescribed, CVS Caremark may contact your doctor or other prescriber and ask whether it might be appropriate to substitute another product. In most cases, these alternatives are generic equivalents or brand-name medications included on our drug list. It is our policy never to make such a substitution without your doctor or other prescriber's approval.

Compound medications:

Certain retail pharmacies in the CVS Caremark network may be able to provide you with a compound medication if your doctor prescribes such a medication. Please call Customer Care at 1-877-522-8679 to locate a pharmacy.

Providing Specialty Pharmacy Services:

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medications. CVS Caremark provides these products directly to plan participants along with special support, including regular phone calls to answer questions about using the medication. Every plan participant is also provided with a pharmacist-led CareTeam for ongoing support and counseling.

CVS Caremark Specialty Pharmacy

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medications. CVS Caremark Specialty Pharmacy is a comprehensive pharmacy program that provides these products directly to covered individuals along with the supplies, equipment and care coordination needed.

Personal Attention from Experts

- Assistance securing coverage for **new drugs and therapies**, processing **insurance paperwork**, coordinating benefits and obtaining all necessary **authorizations**
- Pharmacist-led or nurse-led CareTeam to provide **customized care**
- **Counseling** provides support on how to best manage your condition

Patient Education and Support

- **Patient education** for your specific condition: telephone training, written materials, videos, Web sites and patient support groups
- **Evaluations** to assess your progress on therapy, reinforce benefits, discuss your concerns and help you achieve the best results
- Pharmacists available 24 hours a day for **emergency consultations**

Greater Convenience

- **FAST, no-hassle and confidential delivery** to the location of your choice (e.g., home, doctor or other prescriber's office, vacation destination, etc.)
- **Refill reminders** - Helpful calls from CVS Caremark Specialty Pharmacy
- **Convenient enrollment** through Caremark.com

CVS Caremark offers specialty pharmacy services for¹:

Allergic Asthma	Macular Degeneration
Crohn's Disease	Multiple Sclerosis
Growth Hormone and Related Disorders	Oncology
Hematopoietics	Osteoarthritis
Hemophilia, von Willebrand Disease and related bleeding disorders	Osteoporosis
Hepatitis C	Psoriasis
Hormonal Therapies	Pulmonary Arterial Hypertension
Immune Deficiencies and Related Disorders	Pulmonary Disease
Lysosomal Storage Disorders	Renal Disease
	Respiratory Syncytial
	Rheumatoid Arthritis
	Virus Prevention

To take advantage of these great benefits provided by CVS Caremark Specialty Pharmacy, please call CaremarkConnect[®] toll-free at 1-800-237-2767. You may also call us at 1-877-522-8679 to locate participating retail specialty pharmacies.

¹ Products distributed by CVS Caremark and therapies covered by CVS Caremark Specialty Pharmacy may change or expand from time to time. Call CVS Caremark to check on desired medications or therapy areas not listed here.

C Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

1st person with a refill or new prescription. This person needs: Easy open caps Spanish forms and labels

Suffix (JR,SR)

Gender: M F Date of Birth: - -

Your E-Mail: _____ Date new prescription written: _____

Doctor's Last Name Doctor's First Name Doctor's Phone #

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

2nd person with a refill or new prescription. This person needs: Easy open caps Spanish forms and labels

Suffix (JR,SR)

Gender: M F Date of Birth: - -

Your E-Mail: _____ Date new prescription written: _____

Doctor's Last Name Doctor's First Name Doctor's Phone #

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

D Special Instructions: _____

E How would you like to pay for this order? Fill in the oval to choose a payment.

- Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.
- Bill Me Later®.** Works like a credit card. First time users register online or call Customer Care.
- Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)
 - Fill in this oval to use your card on file.
 - Fill in this oval to use a new card or to update your card expiration date.

Exp. Date

Check or Money Order. Amount: \$.

- Make check or money order out to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

Fill in this oval if you **DO NOT** want to use this payment method for future orders.

Credit Card Holder Signature/Date

Regular delivery is free and will take 7 to 10 days from the day you send this form.
If you want faster delivery, choose:

- 2nd Business Day (\$17)** Business days are only Monday-Friday
- Next Business Day (\$23)** Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time, not processing time.
- Faster delivery can only be sent to a street address, not a PO box.

Please fold here →

Please fold here →

Please fold here →

Please fold here →

* WEB *

* WEB *



January 2011

State of Tennessee Drug List

The **State of Tennessee Drug List** is a list of preferred drugs for your prescription benefit. This list includes Generics and Preferred Brand drugs.

- **Generic** drugs are in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed.
- **Preferred Brand** drugs are in CAPS. These are the most cost-effective brand-name drugs for you.
- **Non-preferred Brand** drugs are not listed. Most of these brand-name drugs are covered but will cost you the most.

Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name drug to treat a condition.

PLAN MEMBER

Ask your doctor to consider prescribing a generic drug or a preferred brand-name drug from this list, if medically appropriate. Take this list along when you see your doctor.

Please note:

- If you have questions about your prescription coverage or copays¹ you can:
 - Visit www.caremark.com, or
 - Contact a CVS Caremark Customer Care representative toll-free at **1-877-522-TNRX (8679)**.
- For mail service, CVS Caremark may contact your doctor after getting your prescription. They may ask your doctor to consider a preferred brand drug or a generic. Your doctor may choose, when medically appropriate, to prescribe a different brand-name drug or generic in place of your original prescription.
- Any brand-name 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 all-inclusive and does not guarantee coverage.
- 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.

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

ANTI-INFECTIVES**ANTIBACTERIALS****§ CEPHALOSPORINS**

cefaclor
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 (PA)
terbinafine tablet (PA)

ANTIRETROVIRALS**ANTIRETROVIRAL
COMBINATIONS**

ATRIPLA
COMBIVIR
EPZICOM
TRIZIVIR
TRUVADA

**CHEMOKINE RECEPTOR
ANTAGONISTS**

SELZENTRY

FUSION INHIBITORS

FUZEON (PA)

INTEGRASE INHIBITORS

ISENTRESS

**NON-NUCLEOSIDE REVERSE
TRANSCRIPTASE INHIBITORS**

INTELENCE
RESCRIPTOR
SUSTIVA
VIRAMUNE

**§ NUCLEOSIDE REVERSE
TRANSCRIPTASE INHIBITORS**

didanosine delayed-rel
EMTRIVA
EPIVIR
VIDEX SOLUTION
ZIAGEN

**NUCLEOTIDE REVERSE
TRANSCRIPTASE INHIBITORS**

VIREAD

PROTEASE INHIBITORS

APTIVUS
CRIXIVAN
INVIRASE
KALETRA
LEXIVA
NORVIR
PREZISTA
REYATAZ
VIRACEPT

ANTIVIRALS**§ CYTOMEGALOVIRUS
AGENTS**

VALCYTE

§ HEPATITIS AGENTS

BARACLUDE
EPIVIR-HBV
HEPSERA
REBETOL SOLUTION (PA)
TYZEKA

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA (QL)
TAMIFLU (QL)

§ MISCELLANEOUS

clindamycin
metronidazole
nitrofurantoin
*sulfamethoxazole-
trimethoprim*

ANTINEOPLASTIC AGENTS**§ ALKYLATING AGENTS**

ALKERAN
CEENU
HEXALEN
LEUKERAN
MYLERAN
TEMODAR (PA)

§ ANTIMETABOLITES

thioguanine
OFORTA (PA)
XELODA (PA)

**HORMONAL ANTINEOPLASTIC
AGENTS****§ ANTIESTROGENS**

FARESTON
FASLODEX

§ AROMATASE INHIBITORS

ARIMIDEX
AROMASIN
FEMARA

**§ LUTEINIZING HORMONE-
RELEASING HORMONE (LHRH)
AGONISTS**

LUPRON DEPOT (PA)
TRELSTAR (PA)
ZOLADEX (PA)

KINASE INHIBITORS

AFINITOR (PA)
GLEEVEC (PA)
NEXAVAR (PA)
SPRYCEL (PA)
SUTENT (PA)
TARCEVA (PA)
TASIGNA (PA)
TYKERB (PA)
VOTRIENT (PA)

§ MISCELLANEOUS

LYSODREN
MATULANE
TARGRETIN CAPSULE
ZOLINZA (PA)

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
lisinopril
quinapril
ramipril

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

trandolapril-verapamil ext-rel

§ 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

§ ANTIARRHYTHMICS

MULTAQ

RYTHMOL SR

TIKOSYN

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/ ANTIPEMIC COMBINATIONS

CADUET

§ DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

TEKTURNA /

TEKTURNA HCT

§ DIURETICS

furosemide

hydrochlorothiazide

metolazone

spironolactone-

hydrochlorothiazide

toremide

triamterene-

hydrochlorothiazide

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS (PA)

TRACLEER (PA)

PHOSPHODIESTERASE INHIBITORS

ADCIRCA (PA)

REVATIO (PA)

§ PROSTAGLANDIN VASODILATORS

REMODULIN (PA)

TYVASO (PA)

VENTAVIS (PA)

CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS

levetiracetam

BANZEL

CARBATROL

GABITRIL

LAMICTAL ODT

LAMICTAL XR

LYRICA

SABRIL (PA)

VIMPAT

§ ANTIDEMENTIA

ARICEPT

EXELON

EXELON PATCH

NAMENDA

ANTIDEPRESSANTS

§ MONOAMINE OXIDASE INHIBITORS (MAOIs)

NARDIL

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram

fluoxetine

paroxetine

paroxetine ext-rel

sertraline

LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

venlafaxine

venlafaxine ext-rel

CYMBALTA

PRISTIQ

§ MISCELLANEOUS AGENTS

bupropion

bupropion ext-rel

mirtazapine

§ ANTIPARKINSONIAN AGENTS

AZILECT

COMTAN

REQUIP XL

STALEVO

§ ANTIPSYCHOTICS

ABILIFY

ABILIFY INJECTION

FANAPT

GEODON

INVEGA

SAPHRIS

SEROQUEL

SEROQUEL XR

ZYPREXA

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

**§ ATTENTION DEFICIT
HYPERACTIVITY DISORDER /
NARCOLEPSY**

CONCERTA
DAYTRANA
FOCALIN XR
METADATE CD
PROVIGIL (PA)
RITALIN LA
STRATTERA
VYVANSE

**§ HYPNOTICS,
NONBENZODIAZEPINES**

zolpidem (QL)
AMBIEN CR (QL)

MIGRAINE

**§ SELECTIVE SEROTONIN
AGONISTS**

sumatriptan (QL)
MAXALT (QL)
ZOMIG (QL)

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

TREXIMET (QL)

**MULTIPLE SCLEROSIS
AGENTS**

AVONEX (PA)
BETASERON (PA)
COPAXONE (PA)
EXTAVIA (PA)
REBIF (PA)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM (PA)
ANDROGEL (PA)

ANTI-DIABETICS

§ 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

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

SUPPLIES

ACCU-CHEK STRIPS AND
KITS³

BD INSULIN SYRINGES AND
NEEDLES

ONETOUCH STRIPS AND
KITS³

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate

ACTONEL

BONIVA

§ CALCITONINS

fortical

PARATHYROID HORMONES

FORTEO (PA)

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-drospirenone
YAZ

§ TRIPHASIC

ethinyl estradiol-norgestimate
ORTHO TRI-CYCLEN LO

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel
LOSEASONIQUE
SEASONIQUE

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL

estradiol
ESTRADERM
EVAMIST
VIVELLE-DOT

**§ ESTROGEN / PROGESTINS,
ORAL**

estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS, ORAL

medroxyprogesterone
PROMETRIUM

**SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

EVISTA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

**INFLAMMATORY BOWEL
DISEASE**

§ ORAL AGENTS

ASACOL
ASACOL HD
ENTOCORT EC
LIALDA

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

PENTASA	IMMUNOSUPPRESSANTS	STEROID / BETA AGONIST COMBINATIONS
§ RECTAL AGENTS	§ ANTIMETABOLITES	ADVAIR
CANASA	AZASAN	DULERA
CORTIFOAM	MYFORTIC	SYMBICORT
PANCREATIC ENZYMES	§ CALCINEURIN INHIBITORS	§ STEROID INHALANTS
CREON	<i>cyclosporine, modified</i>	ASMANEX
ZENPEP	SANDIMMUNE	FLOVENT
§ PROTON PUMP INHIBITORS	RAPAMYCIN DERIVATIVES	PULMICORT
<i>lansoprazole</i>	RAPAMUNE	QVAR
<i>omeprazole</i>	<hr/>	<hr/>
<i>pantoprazole</i>	RESPIRATORY	TOPICAL
DEXILANT (ST)	ANAPHYLAXIS TREATMENT AGENTS	DERMATOLOGY
NEXIUM (ST)	EPIPEN	§ ACNE
<hr/>	EPIPEN JR	<i>clindamycin solution</i>
GENITOURINARY	§ ANTICHOLINERGICS	<i>clindamycin-benzoyl peroxide</i>
§ BENIGN PROSTATIC HYPERPLASIA	SPIRIVA	<i>erythromycin solution</i>
<i>doxazosin</i>	§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS	<i>erythromycin-benzoyl peroxide</i>
<i>finasteride</i>	<i>ipratropium-albuterol inhalation solution</i>	<i>tretinoin (PA2)</i>
<i>tamsulosin</i>	COMBIVENT	ACANYA
<i>terazosin</i>	§ ANTIHISTAMINES, NONSEDATING	DIFFERIN (PA2)
AVODART	<i>fexofenadine</i>	DUAC CS
RAPAFLO	BETA AGONISTS, INHALANTS	EPIDUO
§ URINARY ANTISPASMODICS	§ SHORT ACTING	RETIN-A MICRO (PA2)
<i>oxybutynin</i>	<i>albuterol</i>	§ ACTINIC KERATOSIS
<i>oxybutynin ext-rel</i>	PROAIR HFA	CARAC
DETROL	PROVENTIL HFA	§ ANTIPSORIATICS, TOPICAL
DETROL LA	VENTOLIN HFA	TAZORAC (PA)
ENABLEX	LONG ACTING	IMMUNOMODULATORS
GELNIQUE	FORADIL	ELIDEL (ST)
OXYTROL	SEREVENT	PROTOPIC (ST)
SANCTURA XR	LEUKOTRIENE RECEPTOR ANTAGONISTS	§ LOCAL ANALGESICS
VESICARE	SINGULAIR	LIDODERM
<hr/>	§ NASAL ANTIHISTAMINES	§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE
HEMATOLOGIC	<i>azelastine</i>	<i>imiquimod</i>
§ ANTICOAGULANTS	ASTEPRO	OPHTHALMIC
<i>warfarin</i>	§ NASAL STEROIDS	§ BETA-BLOCKERS, NONSELECTIVE
COUMADIN	<i>fluticasone</i>	<i>timolol maleate solution</i>
§ PLATELET AGGREGATION INHIBITORS	NASACORT AQ	BETIMOL
AGGRENOX	NASONEX	BETA-BLOCKERS, SELECTIVE
EFFIENT	VERAMYST	BETOPTIC S
PLAVIX		§ CARBONIC ANHYDRASE INHIBITORS, TOPICAL
<hr/>		AZOPT
IMMUNOLOGIC AGENTS		PROSTAGLANDINS
IMMUNOMODULATORS		LUMIGAN
INTERFERONS		TRAVATAN
INTRON A (PA)		
PEGASYS (PA)		
PEGINTRON (PA)		

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

XALATAN

§ SYMPATHOMIMETICS
brimonidine 0.2%

ALPHAGAN P

QUICK REFERENCE DRUG LIST

A

ABILIFY
ABILIFY INJECTION
ACANYA
ACCU-CHEK STRIPS AND
KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
ADCIRCA (PA)
ADVAIR
AFINITOR (PA)
AGGRENEX
albuterol
alendronate
ALKERAN
ALPHAGAN P
amantadine
AMBIEN CR (QL)
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDRODERM (PA)
ANDROGEL (PA)
APIDRA
APTIVUS
ARICEPT
ARIMIDEX
AROMASIN
ASACOL
ASACOL HD
ASMANEX
ASTEPRO
atenolol
ATRIPLA
AVELOX
AVODART
AVONEX (PA)
AZASAN
azelastine
AZILECT
azithromycin
AZOPT

B

BANZEL
BARACLUDE
BD INSULIN SYRINGES AND
NEEDLES

BENICAR
BENICAR HCT
BETASERON (PA)
BETIMOL
BETOPTIC S
BONIVA
brimonidine 0.2%
bupropion
bupropion ext-rel
BYETTA
BYSTOLIC

C

CADUET
CANASA
CARAC
CARBATROL
carvedilol
CEENU
cefaclor
cefdinir
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
COMBIVENT
COMBIVIR
COMTAN
CONCERTA
COPAXONE (PA)
COREG CR
CORTIFOAM
COUMADIN
CREON
CRESTOR
CRIXIVAN
cyclosporine, modified
CYMBALTA

D

DAYTRANA
DETROL
DETROL LA
DEXILANT (ST)

dicloxacillin
didanosine delayed-rel
DIFFERIN (PA2)
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC CS
DUETACT
DULERA

E

EFFIENT
ELIDEL (ST)
EMTRIVA
ENABLEX
ENJUVA
ENTOCORT EC
EPIDUO
EPIPEN
EPIPEN JR
EPIVIR
EPIVIR-HBV
EPZICOM
erythromycin solution
*erythromycin-benzoyl
peroxide*
erythromycins
ESTRADERM
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norgestimate
EVAMIST
EVISTA
EXELON
EXELON PATCH
EXTAVIA (PA)

F

FANAPT
FARESTON
FASLODEX
FEMARA
fenofibrate
fexofenadine
finasteride

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

FLOVENT
fluconazole
fluoxetine
fluticasone
FOCALIN XR
FORADIL
FORTEO (PA)
fortical
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FUZEON (PA)

G

GABITRIL
GELNIQUE
GEODON
GLEEVEC (PA)
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HEPSERA
HEXALEN
HUMALOG
HUMULIN
hydrochlorothiazide

I

imiquimod
INTELENCE
INTRON A (PA)
INVEGA
INVIRASE
ipratropium-albuterol
inhalation solution
ISENTRESS
itraconazole (PA)

J

JANUMET
JANUVIA

K

KALETRA

L

LAMICTAL ODT
LAMICTAL XR
lansoprazole
LANTUS
LETAIRIS (PA)
LEUKERAN
LEVAQUIN
LEVEMIR
levetiracetam
levothyroxine

LEXAPRO
LEXIVA
LIALDA
LIDODERM
LIPITOR
lisinopril
lisinopril-hydrochlorothiazide
losartan
losartan-hydrochlorothiazide
LOSEASONIQUE
LUMIGAN
LUPRON DEPOT (PA)
LYRICA
LYSODREN

M

MATULANE
MAXALT (QL)
medroxyprogesterone
METADATE CD
metformin
metformin ext-rel
metolazone
metoprolol
metoprolol succinate ext-rel
metronidazole
MICARDIS
MICARDIS HCT
minocycline
mirtazapine
MULTAQ
MYFORTIC
MYLERAN

N

nadolol
NAMENDA
NARDIL
NASACORT AQ
NASONEX
NATAZIA
NEXAVAR (PA)
NEXIUM (ST)
NIASPAN
nifedipine ext-rel
nitrofurantoin
NORVIR
NOVOLIN
NOVOLOG
NUVARING

O

OFORTA (PA)
omeprazole
ONETOUCH STRIPS AND
KITS³
ONGLYZA
ORTHO EVRA

ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

pantoprazole
paroxetine
paroxetine ext-rel
PEGASYS (PA)
PEGINTRON (PA)
penicillin VK
PENTASA
PLAVIX
PRANDIN
pravastatin
PREMARIN
PREMPHASE
PREMPRO
PREZISTA
PRISTIQ
PROAIR HFA
PROMETRIUM
propranolol
PROTOPIC (ST)
PROVENTIL HFA
PROVIGIL (PA)
PULMICORT

Q

quinapril
quinapril-hydrochlorothiazide
QVAR

R

ramipril
ranitidine
RAPAFLO
RAPAMUNE
REBETOL SOLUTION (PA)
REBIF (PA)
RELENZA (QL)
REMODULIN (PA)
REQUIP XL
RESCRIPTOR
RETIN-A MICRO (PA2)
REVATIO (PA)
REYATAZ
rimantadine
RITALIN LA
RYTHMOL SR

S

SABRIL (PA)
SANCTURA XR
SANDIMMUNE
SAPHRIS
SEASONIQUE

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

SELZENTRY
SEREVENT
SEROQUEL
SEROQUEL XR
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA
spironolactone-
hydrochlorothiazide
SPRYCEL (PA)
STALEVO
STRATTERA
sulfamethoxazole-
trimethoprim
sumatriptan (QL)
SUPRAX
SUSTIVA
SUTENT (PA)
SYMBICORT
SYNTHROID
T
TAMIFLU (QL)
tamsulosin
TARCEVA (PA)
TARGRETIN CAPSULE
TASIGNA (PA)
TAZORAC (PA)
TEKURNA
TEKURNA HCT

TEMODAR (PA)
terazosin
terbinafine tablet (PA)
tetracycline
thioguanine
TIKOSYN
timolol maleate solution
torse mide
TRACLEER (PA)
trandolapril-verapamil ext-rel
TRAVATAN
TRELSTAR (PA)
tretinoin (PA2)
TREXIMET (QL)
triamterene-
hydrochlorothiazide
TRICOR
TRILIPIX
TRIZIVIR
TRUVADA
TYKERB (PA)
TYVASO (PA)
TYZEKA
V
valacyclovir
VALCYTE
VALTURNA
venlafaxine
venlafaxine ext-rel
VENTAVIS (PA)
VENTOLIN HFA

VERAMYST
verapamil ext-rel
VESICARE
VIDEX SOLUTION
VIMPAT
VIRACEPT
VIRAMUNE
VIREAD
VIVELLE-DOT
VOTRIENT (PA)
VYVANSE
W
warfarin
WELCHOL
X
XALATAN
XELODA (PA)
Y
YAZ
Z
ZENPEP
ZETIA
ZIAGEN
ZOLADEX (PA)
ZOLINZA (PA)
zolpidem (QL)
ZOMIG (QL)
ZYPREXA

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list is a list of preferred drugs for your prescription benefit. It is not all-inclusive and does not guarantee coverage. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. This list represents brand products in CAPS and generic products in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed. Unless specifically indicated, drug list products will include all dosage forms. 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 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 free blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

(PA) Prior Authorization required.

(PA2) Prior Authorization required for 36 years of age and older.

(QL) Quantity Limits apply.

(ST) Step Therapy required.

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.

©2011. All rights reserved. 22161-CDL01-0111

www.caremark.com

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative toll-free at 1-877-522-TNRX (8679).

Generic medications are widely seen as one of the best ways to save money on prescription drugs. In fact, generic medications save consumers an estimated \$8 to \$10 billion a year at retail pharmacies, according to the Congressional Budget Office. Here are the most important facts about generic medications:

- All generic medications that have been approved for substitution have been reviewed by the U.S. Food and Drug Administration (FDA) and found to be as safe and effective as the equivalent brand-name medication.
- The companies who make generic medications must meet the same FDA manufacturing and quality standards as those that make brand-name medications.
- Generic medications usually cost much less because their manufacturers do little advertising and do not have to invest in the original research, development and testing of the medication.
- A generic medication will be a different color or shape but is equivalent to the brand-name medication in:
 - Strength (number of milligrams, etc.)
 - Dosage form (pill, liquid, cream, etc.)
 - Quality
 - Active ingredient
 - Effectiveness (how it works in the body)

Ask your doctor or other prescriber to approve generic substitutions whenever appropriate. You can use these FDA-approved products with confidence and the knowledge that you are saving money. Also, please be assured that CVS Caremark will never give you a generic instead of a brand-name medication without your doctor or other prescriber's permission.

The drug names listed on the following page are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CVS Caremark. These trademarks are included here for informational purposes only and are not intended to imply or suggest affiliation between CVS Caremark and such third-party pharmaceutical companies.

Common Brands with Generics Available

The drugs listed here include some of the most commonly prescribed brand medications that have FDA-approved generic equivalents. If you are taking one of these medications, you may be able to save money by taking the generic equivalent. There are many more brand-name medications that have generics available.

To find out if a medication you've been prescribed has a generic available, please visit www.caremark.com, call your Customer Care number or ask your doctor or pharmacist.

<u>BRAND-NAME</u>	<u>GENERIC DRUG NAME</u>	<u>COMMONLY USED FOR*</u>
AMBIEN®	zolpidem	Sleep Disorder
CARDURA®	doxazosin mesylate	High Blood Pressure, Enlarged Prostate
DARVOCET-N®	propoxyphene napsylate/ acetaminophen	Pain
DITROPAN XL®	oxybutynin ext-rel	Overactive Bladder
ESTRACE®	estradiol	Hormone Replacement
GLUCOPHAGE®	metformin HCl	Diabetes
IMDUR®	isosorbide mononitrate	Angina (Chest Pain)
NORVASC®	amlodipine	High Blood Pressure
PRIOSEC®	omeprazole	Ulcer, Heartburn
PEPCID®	famotidine	Ulcer, Heartburn
PRINIVIL®/ PRINZIDE®	lisinopril lisinopril/hydrochlorothiazide	High Blood Pressure, Heart Failure
PROZAC®	fluoxetine HCl	Depression
RITALIN®	methylphenidate HCl	Attention Deficit Hyperactivity Disorder (ADHD)
ULTRAM®	tramadol HCl	Pain
VASOTEC®	enalapril maleate	High Blood Pressure, Heart Failure
ZITHROMAX®	azithromycin	Infection
ZOCOR®	simvastatin	Heart Disease - Cholesterol Lowering
ZOLOFT®	sertraline	Depression

* This list indicates common uses for which the medication is prescribed. Some medications are prescribed for more than one condition. Please discuss all treatments with your doctor or other prescriber.

CAREMARK

Prescription Card



JOHN Q. SAMPLE

ID 987654321

RXBIN: 610029

RXPCN: CRK

RXGRP: XXXXX

ISSUER: 80840

State of Tennessee

PARTNERS

FOR HEALTHSM

1111600005

Present this Prescription Card to fill your prescription at any participating network pharmacy.

For more information, visit **www.caremark.com** or call a Customer Care representative toll-free 24/7 at 1-877-522-TNRX (8679).

Pharmacy Help Desk for Pharmacists: 1-800-421-2342

Submit paper claims to:
CVS Caremark Claims Department
P.O. Box 52196, Phoenix, AZ 85072-2196

22161-ID50-0510