Primary/Preferred Drug List

The **CVS Caremark Primary/Preferred 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:**
- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay information, please visit [www.caremark.com](http://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](http://www.caremark.com) to check coverage and copay information for a specific medicine.

### ANTI-INFECTIVES

**ANTIBACTERIALS**
- **§ CEPHALOSPORINS**
  - cefalexin
  - cefdinir
  - cefaclor
  - cephalixin
  - SUPRAX
- **§ ERYTHROMYCINS/MACROLIDES**
  - azithromycin
  - clarithromycin
  - clarithromycin ext-rel erythromycins
- **§ FLUOROQUINOLONES**
  - ciprofloxacin ext-rel
  - ciprofloxacin tablet
  - ciprofloxacin tablet AVELOX
- **§ PENICILLINS**
  - amoxicillin
  - amoxicillin-clavulanate
dicloxacillin
  - penicillin VK
- **§ TETRACYCLINES**
  - doxycycline
  - doxycycline hyclate
  - minocycline
  - tetracycline

**MISCELLANEOUS**
- metronidazole
- sulphamethoxazole-trimethoprim
- ANTIFUNGALS
- fluconazole
- itraconazole
- terbinafine tablet
- ANTIVIRALS
- acyclovir
- Valtrex
- HERPES AGENTS
- amantadine
- rimantadine
- RELENZA
- TAMIFLU

### CARDIOVASCULAR

**§ 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

**§ BETA-BLOCKERS**
- atenolol
- carvedilol
- metoprolol
- metoprolol succinate ext-rel
- nadolol
- propranolol
- Bystolic
- COREG CR

**§ BILDE RESINS**
- cholestyramine
- WELCHOL

**§ CHOLESTEROL ABSORPTION INHIBITORS**
- ZETIA

**§ DIURETICS**
- hydrochlorothiazide
- metolazone
- hydralazine
- torsemide
- triamterenehydrochlorothiazide

**§ DIGITALIS GLYCOSIDES**
- digoxin

**§ DIURETICS**
- hydrochlorothiazide
- metolazone
- spironolactone
- hydrochlorothiazide
- torsemide
- triamterenehydrochlorothiazide

**CENTRAL NERVOUS SYSTEM**

**ANTIDEPRESSANTS**
- bupropion
- bupropion ext-rel
- mirtazapine

**CALCIUM CHANNEL BLOCKER/ANTIILIPEMIC COMBINATIONS**
- CADUET

**FIBRATES**
- fenofibrate
- TRICOR
- TRILIPIX

**HMG-CoA REDUCTASE INHIBITORS**
- pravastatin
- simvastatin
- CRESTOR
- LIPITOR

**NIACIN/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
<table>
<thead>
<tr>
<th><strong>GENITOURINARY</strong></th>
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<tbody>
<tr>
<td>§ BENIGN PROSTATIC HYPERPLASIA</td>
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<tr>
<td>doxazosin</td>
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<td>finasteride</td>
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<tr>
<td>terazosin</td>
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<td>AVODART</td>
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<td>FLOMAX</td>
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<tr>
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<tr>
<td>NASACORT AQ</td>
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<td>NASONEX</td>
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<td>VERAMYST</td>
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<tr>
<th><strong>STEROID/BETA AGONISTS</strong></th>
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<tr>
<td>ADVAIR</td>
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<td>SYMBICORT</td>
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<td>PULMICORT</td>
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<td>QVAR</td>
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<td>TREATMENT AGENTS</td>
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<td>EPIPEN</td>
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<td>EPIPEN JR</td>
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<th><strong>ANTICHOLINERGICS</strong></th>
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<td>SPIRA</td>
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<tr>
<th><strong>ANTICHOLINERGIC/BETA AGONISTS</strong></th>
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<tr>
<td>ipratropium-albuterol inhalation solution</td>
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<td>COMBIVENT</td>
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ACCU-CHEK STRIPS AND KITS* 
ACTONEL 
ACTOPLUS MET 
ACTOS 
acyclovir 
ADVAIR 
ADVICOR 
albuterol 
alandronate 
ALLEGRA-D3 
ALPHAGAN P 
amantadine 
AMLODIPINE 
amoxicillin 
amoxicillin-clavulanate 
ANDRODERM 
ANDROGEL 
APIDRA 
ASMANEX 
ASTELIN 
ASTEPRO 
atenolol 
AVALIDE 
AVAPRO 
AVELOX 
AVODART 
azithromycin 
ciprofloxacin ext-rel 
ciprofloxacin tablet 
citalopram 
clarithromycin 
clarithromycin ext-rel 
CLIMARA 
clindamycin solution 
COMBIVENT 
COREG CR 
COUMADIN 
CRESTOR 
CYMBALTA 
CYP, 
D 
DETROL 
DETROL LA 
dicloxacillin 
DIFERIN 
digoxin 
diltiazem ext-rel 
doxazosin 
doxycycline hyclate 
DUAC CS 
DUETACT 
E 
EFFEXOR XR 
ENABLEX 
ENJUVIA 
EPIFEN 
EPIFEN JR 
erthyromycin solution 
erthyromycin- 
benzoyl peroxide 
erthyromycins 
ESTRADERM 
estradiol 
estradiol-norethindrone 
estropipate 
etrinal estradiol 
drospirenone 
etrinal estradiol-
levonorgestrel 
evista 
F 
fenofibrate 
fexofenadine 
finasteride 
FLOMAX 
furosemide 
fluconazole 
fluoxetine 
fluticasone 
FORADIL 
FORTO 
Fortical 
fosinopril 
fosinopril- 
hydrochlorothiazide 
furosemide 
G 
GELNIQUE 
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 
limonapril 
limonapril-
hydrochlorothiazide 
LOSEASONIQUE 
lumigan 
LYBREL 
M 
MAXALT 
medroxyprogesterone 
metformin 
metformin ext-rel 
metolazone 
metoprolol 
metoprolol succinate ext-rel 
metronidazole 
MICARDIS 
MICARDS HCT 
miconazole 
mirtazapine 
N 
nadolol 
NASACORT AQ 
NASENEX 
NEXUM 
NIASPAR 
nifedipine ext-rel 
NOVOLN 
NOVOLOG 
NUVARING 
O 
omeprazole 
ONETOUCH STRIPS 
AND KITS* 
ONGLYZA 
ORTHO EVRA 
ORTHO TRICYCLIC LO 
oxybutynin 
oxybutynin ext-rel 
OXYTROL 
P 
paroxetine 
paroxetine ext-rel 
penicillin VK 
PRANDIN 
pravastatin 
PREMARIN 
PRAMPHASE 
PRAMPRO 
PRAPTIQ 
PRAIR HFA 
PROMETRIUM 
propranolol 
PROVENTIL HFA 
PULMICORT 
Q 
quinapril 
quinapril- 
hydrochlorothiazide 
QVAR 
R 
rampiril 
rantidine 
RELENZA 
RETIN-A MICRO 
rimepamadine 
S 
SANCTURA XR 
SEASONIQUE 
SEREVENT 
sertaline 
SIMCOR 
simvastatin 
SINGULAR 
SPIRIVA 
spirinolactone- 
hydrochlorothiazide 
sulfamethoxazole- 
trimethoprim 
sumatration 
SUPRAX 
SYMBICORT 
SYNTHROID 
T 
TAMIFLU 
TARKA 
terazosin 
terbinafine tablet 
tetracycline 
timolol maleate solution 
torsemide 
TRAVATAN 
tretinoin 
TREXIMET 
triamterene- 
hydrochlorothiazide 
TRICOR 
TRILIPIX 
V 
VALTREX 
venlafaxine 
VERAMYST 
verapamil ext-rel 
VESICARE 
VIVELLE-DOT 
W 
warfarin 
WELCHOL 
X 
XALATAN 
Y 
YAZ 
Z 
ZETIA 
zolpidem 
ZOMIG
<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>PREFERRED ALTERNATIVE(S)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOLATE</td>
<td>SINGULAIR</td>
</tr>
<tr>
<td>ACIPHEX</td>
<td>omeprazole</td>
</tr>
<tr>
<td>ACTONEL W/CALCIUM</td>
<td>alendronate</td>
</tr>
<tr>
<td>AERODIB, AERODIB M</td>
<td>ASMANEX, FLOVENT, PULMCORT, QVAR</td>
</tr>
<tr>
<td>ALORA</td>
<td>estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT</td>
</tr>
<tr>
<td>ALTOPREV</td>
<td>pravastatin, simvastatin, CRESTOR, LIPTOR</td>
</tr>
<tr>
<td>ALVESCO</td>
<td>ASMANEX, FLOVENT, PULMCORT, QVAR</td>
</tr>
<tr>
<td>AMERGE</td>
<td>sumatriptan, MAXALT, ZOMIG</td>
</tr>
<tr>
<td>ANGELIQ</td>
<td>estradiol-norethindrone, PREMPHASE, PREMPRO</td>
</tr>
<tr>
<td>ARMOUR THYROID</td>
<td>levothyroxine, SYNTHROID</td>
</tr>
<tr>
<td>ASCENSIA STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS* , ONETOUCH STRIPS AND KITS*</td>
</tr>
<tr>
<td>ATACAND, ATACAND HCT</td>
<td>BENICAR, BENICAR HCT</td>
</tr>
<tr>
<td>ATRALIN</td>
<td>tretinoin</td>
</tr>
<tr>
<td>ATROVENT HFA</td>
<td>SPIRIVA</td>
</tr>
<tr>
<td>AXERT</td>
<td>sumatriptan, MAXALT, ZOMIG</td>
</tr>
<tr>
<td>AZELEX</td>
<td>erythromycin solution</td>
</tr>
<tr>
<td>AZMACORT</td>
<td>ASMANEX, FLOVENT, PULMCORT, QVAR</td>
</tr>
<tr>
<td>BECONASE AQ</td>
<td>fluticasone</td>
</tr>
<tr>
<td>BENZAC AC, BENZAC W</td>
<td>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZAHLN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</td>
</tr>
<tr>
<td>BENZAGEL</td>
<td>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZAHLN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</td>
</tr>
<tr>
<td>BENZIQ</td>
<td>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZAHLN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</td>
</tr>
<tr>
<td>BREVOXYL</td>
<td>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZAHLN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</td>
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<tr>
<td>CARDIZEM LA</td>
<td>dilatazem ext-rel</td>
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<tr>
<td>CARDURA XL</td>
<td>danazosin, terazosin, FLOMAX</td>
</tr>
<tr>
<td>CENESTIN</td>
<td>estradiol, estropipate, ENJUVIA, PREMARIN</td>
</tr>
<tr>
<td>CLARINEX</td>
<td>fexofenadine</td>
</tr>
<tr>
<td>CLARINEX-D</td>
<td>ALLEGRA-DI</td>
</tr>
<tr>
<td>CLINDAGEL</td>
<td>erythromycin solution</td>
</tr>
<tr>
<td>DESQUAM E, DESQUAM X</td>
<td>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZAHLN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>PREFERRED ALTERNATIVE(S)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>DORAL</td>
<td>zolpidem, AMBIEN CR</td>
</tr>
<tr>
<td>DYNACIRC CR</td>
<td>amlodipine, nifedipine ext-rel</td>
</tr>
<tr>
<td>EPIDUO</td>
<td>tretinoin</td>
</tr>
<tr>
<td>ESTRASORB</td>
<td>estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT</td>
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<tr>
<td>ESTROGEL</td>
<td>estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT</td>
</tr>
<tr>
<td>EVOCLIN FOAM</td>
<td>clindamycin solution, erythromycin solution</td>
</tr>
<tr>
<td>FEMHRT</td>
<td>estradiol-norethindrone, PREMPHASE, PREMPRO</td>
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<tr>
<td>FEMTRACE</td>
<td>estradiol, estropipate, ENJUVIA, PREMARIN</td>
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<tr>
<td>FENOGLIDE</td>
<td>fenofibrate, TRICOR, TRILPIX</td>
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<tr>
<td>FIRST TESTOSTERONE</td>
<td>ANDRODERM, ANDROGEL</td>
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<tr>
<td>FORTAMET</td>
<td>metformin, metformin ext-rel</td>
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<tr>
<td>FOSAMAX PLUS D</td>
<td>alendronate</td>
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<tr>
<td>FREESTYLE STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS* , ONETOUCH STRIPS AND KITS*</td>
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<tr>
<td>INNOPRAN XL</td>
<td>atenolol, propranolol ext-rel</td>
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<tr>
<td>ISTALOL</td>
<td>timolol maleate solution, BETIMOL</td>
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<tr>
<td>KLARON LOTION</td>
<td>erythromycin solution</td>
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<tr>
<td>LUNESTA</td>
<td>zolpidem</td>
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<td>PROAIR HFA</td>
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<td>fluticasone</td>
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<td>PATANASE</td>
<td>ASTELIN, ASTEPRO</td>
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<td>PEXEVA</td>
<td>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO</td>
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<td>PRECISION XTRA STRIPS AND KITS</td>
<td>ACCU-CHEK STRIPS AND KITS* , ONETOUCH STRIPS AND KITS*</td>
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<td>RAPAFLO</td>
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<td>HUMULIN INSULIN, NOVOLIN INSULIN</td>
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<td>ANDRODERM, ANDROGEL</td>
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<tr>
<td>SULAR</td>
<td>amlodipine, nifedipine ext-rel</td>
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</tbody>
</table>

* 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. Your specific prescription benefit plan design may not cover certain products, regardless of their appearance in this document. For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative.
## DRUG NAME | PREFERRED ALTERNATIVE(S)*
---|---
SURE-TEST STRIPS AND KITS | ACCU-CHEK STRIPS AND KITS, ONETOUC STRIPS AND KITS
TEKTURNA, TEKTURNA HCT | BENICAR, BENICAR HCT
TESTIM | ANDROGEL
TEVETEN, TEVETEN HCT | BENICAR, BENICAR HCT
TOVIAZ | oxybutynin ext-rel
TRIAZ | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
TRIGLIDE | fenofibrate, TRICOR, TRILIPIX

## DRUG NAME | PREFERRED ALTERNATIVE(S)*
---|---
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS | ACCU-CHEK STRIPS AND KITS, ONETOUC STRIPS AND KITS
TWINJECT | EPIPEN, EPIPEN JR
UROXATRAL | doxazosin, terazosin, FLOMAX
XOPENEX HFA | PROAIR HFA
ZODERM | clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO, ZIANA
ZYFLO, ZYFLO CR | SINGULAR

* 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.

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**FOR YOUR INFORMATION:** Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Any brand drug for which a generic product becomes available may be designated as a non-preferred product. Specific prescription benefit plan design may not cover certain categories, 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 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.

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5 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 Higher copays may apply depending on the plan participant’s specific prescription benefit plan. Log in to www.caremark.com to find the copay under a specific plan.

4 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.

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

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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