

Performance Drug List

The **CVS Caremark Performance Drug List** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.
- For specific information regarding your prescription benefit coverage and copay¹ 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 member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay information for a specific medicine.

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
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

amantadine
rimantadine
RELENZA
TAMIFLU

§ MISCELLANEOUS

clindamycin
metronidazole

nitrofurantoin
sulfamethoxazole-
trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / 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

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 / ANTILIPEMIC COMBINATIONS
CADUET**

§ DIGITALIS GLYCOSIDES
digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

TEKTURNA /
TEKTURNA HCT

§ DIURETICS

*furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide*

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ 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*

§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem
AMBIEN CR*

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

*sumatriptan
MAXALT
ZOMIG*

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

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM
ANDROGEL

ANTIDIABETICS

§ BIGUANIDES

*metformin
metformin ext-rel*

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
ONGLYZA

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

JANUMET

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

§ BIPHOSPHONATES

*alendronate
ACTONEL
BONIVA*

§ CALCITONINS

Fortical

PARATHYROID HORMONES

FORTEO

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
ENJUVA
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

§ PROTON PUMP INHIBITORS

*lansoprazole
omeprazole
pantoprazole
DEXILANT
NEXIUM*

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

*doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO*

§ URINARY ANTISPASMODICS

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

HEMATOLOGIC

§ ANTICOAGULANTS

*warfarin
COUMADIN*

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

*ipratropium-albuterol
inhalation solution
COMBIVENT*

§ ANTIHISTAMINES, NONSEDATING

fexofenadine

BETA AGONISTS, INHALANTS

§ SHORT ACTING

*albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA*

LONG ACTING

FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

§ NASAL ANTIHISTAMINES

*azelastine
ASTEPRO*

§ NASAL STEROIDS

*fluticasone
NASACORT AQ
NASONEX
VERAMYST*

STEROID / BETA AGONIST COMBINATIONS

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

ASMANEX
FLOVENT
PULMICORT
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

*clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
ACANYA
DIFFERIN
DUAC CS
EPIDUO
RETIN-A MICRO*

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

ACANYA
ACCU-CHEK STRIPS AND
KITS³
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR
albuterol
alendronate
ALPHAGAN P
amantadine
AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDRODERM
ANDROGEL
APIDRA
ASMANEX
ASTEPRO
atenolol
AVELOX
AVODART
azelastine
azithromycin

B

BD INSULIN SYRINGES
AND NEEDLES
BENICAR
BENICAR HCT
BETIMOL
BETOPTIC S
BONIVA
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
clindamycin
clindamycin solution

*clindamycin-benzoyl
peroxide*
COMBIVENT
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

DETROL
DETROL LA
DEXILANT
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC CS
DUETACT
DULERA

E

ENABLEX
ENJUVIA
EPIDUO
EPIPEN
EPIPEN JR
erythromycin solution
*erythromycin-benzoyl
peroxide*
erythromycins
ESTRADERM
estradiol
estradiol-norethindrone
estropipate
*ethinyl estradiol-
drospirenone*
*ethinyl estradiol-
levonorgestrel*
*ethinyl estradiol-
norgestimate*
EVAMIST
EVISTA

F

fenofibrate
fezofenadine
finasteride
FLOVENT
fluconazole
fluoxetine
fluticasone
FORADIL
FORTEO

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

L

lansoprazole
LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIPITOR
lisinopril
*lisinopril-
hydrochlorothiazide*
losartan
*losartan-
hydrochlorothiazide*
LOSEASONIQUE
LUMIGAN

M

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

N

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

O

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

P

pantoprazole
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
RAPAFLO
RELENZA
RETIN-A MICRO
rimantadine

S

SANCTURA XR
SEASONIQUE
SEREVENT
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA
*spironolactone-
hydrochlorothiazide*
*sulfamethoxazole-
trimethoprim*
sumatriptan
SUPRAX
SYMBICORT
SYNTHROID

T

TAMIFLU
tamsulosin
TEKTRUNA
TEKTRUNA HCT
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torseamide
*trandolapril-
verapamil ext-rel*
TRAVATAN
tretinoin
TREMIMET
*triamterene-
hydrochlorothiazide*
TRICOR
TRILIPIX

V

valacyclovir
VALTURNA
venlafaxine
venlafaxine ext-rel
VENTOLIN HFA
VERAMYST
verapamil ext-rel
VESICARE
VIVELLE-DOT

W

warfarin
WELCHOL

X

XALATAN

Y

YAZ

Z

ZETIA
zolpidem
ZOMIG

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR	ESTRASORB	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT
ACIPHEX	<i>lansoprazole, omeprazole, pantoprazole</i>	ESTROGEL	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT
ACTONEL W/CALCIUM	<i>alendronate</i>	FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ADVICOR	SIMCOR	FEMTRACE	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR	FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
ALLEGRA-D	<i>feofenadine-pseudoephedrine</i>	FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
ALORA	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	FORTAMET	<i>metformin ext-rel</i>
ALTOPREV	<i>pravastatin, simvastatin</i>	FOSAMAX PLUS D	<i>alendronate</i>
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	FROVA	<i>sumatriptan</i>
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID	GLUMETZA	<i>metformin ext-rel</i>
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
ATACAND, ATACAND HCT	<i>losartan, losartan-hydrochlorothiazide</i>	ISTALOL	<i>timolol maleate solution</i> , BETIMOL
ATROVENT HFA	SPIRIVA	KLARON LOTION	<i>erythromycin solution</i>
AXERT	<i>sumatriptan</i> , MAXALT, ZOMIG	LUNESTA	<i>zolpidem</i>
AZELEX	<i>erythromycin solution</i>	MAXAIR	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
BECONASE AQ	<i>fluticasone</i>	MENEST	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN
BENZAC AC, BENZAC W	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	MENOSTAR	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT
BENZAGEL	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	OMNARIS	<i>fluticasone</i>
BENZIQ	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	PATANASE	<i>azelastine</i> , ASTEPRO
BREVOXYL	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline</i> , LEXAPRO
CARDURA XL	<i>doxazosin, tamsulosin, terazosin</i> , RAPAFL0	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
CENESTIN	<i>estradiol, estropipate</i> , ENJUUIA, PREMARIN	PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
CLARINEX	<i>feofenadine</i>	PREVACID SOLUTAB	<i>lansoprazole, omeprazole, pantoprazole</i>
CLARINEX-D	<i>feofenadine-pseudoephedrine</i>	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
CLINDAGEL	<i>erythromycin solution</i>	RELPAK	<i>sumatriptan</i> , MAXALT, ZOMIG
DESQUAM E, DESQUAM X	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>	RHINOCORT AQUA	<i>fluticasone</i>
DORAL	<i>zolpidem</i> , AMBIEN CR	ROZEREM	<i>zolpidem</i>
DYNACIRC CR	<i>amlodipine, nifedipine ext-rel</i>	SKELID	<i>alendronate</i> , ACTONEL
EDLUAR	<i>zolpidem</i>	STRIANT	ANDRODERM, ANDROGEL
		SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
		TESTIM	ANDROGEL
		TEVETEN, TEVETEN HCT	<i>losartan, losartan-hydrochlorothiazide</i>
		TOVIAZ	<i>oxybutynin ext-rel</i>
		TRIAZ	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO</i>
		TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³	XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
TWINJECT	EPIPEN, EPIPEN JR	ZODERM	<i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
UROXATRAL	<i>doxazosin, tamsulosin, terazosin</i> , RAPAFLO	ZYFLO, ZYFLO CR	SINGULAIR
VANOS	<i>clobetasol</i>		

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 member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, 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.

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

§ Generics are available in this class and should be considered the first line of prescribing.

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 blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

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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