

Valassis Drug List

The **Valassis 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
VALTURNA

ANTIPEMICS

§ BILE ACID RESINS
cholestyramine
WELCHOL

CHOLESTEROL
ABSORPTION INHIBITORS
ZETIA

§ FIBRATES

fenofibrate
TRICOR
TRILIPIX

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin

simvastatin
CRESTOR

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***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
ZOMIGSELECTIVE 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

INSULINSAPIDRA
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

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***§ PROTON PUMP
INHIBITORS***lansoprazole*
omeprazole
pantoprazole
DEXILANT**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
 ENJUVA
 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
feofenadine
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
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
 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
 RAPAFLU
 RELENZA
 RETIN-A MICRO
rimantadine

S

SANCTURA XR
 SEASONIQUE
 SEREVENT
sertraline
 SIMCOR
simvastatin

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

| DRUG NAME | PREFERRED ALTERNATIVE(S)* |
|-----------------|---------------------------|
| ZYFLO, ZYFLO CR | SINGULAIR |

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.

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.

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