

# BI-LO Drug List

For the most up-to-date drug list visit [www.caremark.com](http://www.caremark.com)

The **BI-LO 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 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<sup>1</sup> information, please visit [www.caremark.com](http://www.caremark.com) or contact a Caremark Customer Care representative.
- Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.

## HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

### Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage.
- The plan participant's specific prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific medicine.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cefdinir*  
*cephalexin*

#### § 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*

### § MISCELLANEOUS

*metronidazole*  
*sulfamethoxazole-*  
*trimethoprim*

### § ANTIFUNGALS

*fluconazole*  
*itraconazole*  
*terbinafine tablet*

### ANTIVIRALS

§ HERPES AGENTS  
*acyclovir*  
VALTREX

### § INFLUENZA AGENTS

TAMIFLU

## CARDIOVASCULAR

### § ACE INHIBITORS

*fosinopril*  
*lisinopril*  
*quinapril*  
*ramipril*

### § ACE INHIBITOR/ DIURETIC COMBINATIONS

*fosinopril-*  
*hydrochlorothiazide*  
*lisinopril-*  
*hydrochlorothiazide*  
*quinapril-*  
*hydrochlorothiazide*

### § ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS

TARKA

### ANGIOTENSIN II RECEPTOR ANTAGONISTS/ COMBINATIONS

ATACAND<sup>2</sup>/ATACAND HCT  
AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

### ANTILIPEMICS

ANTILIPEMIC  
COMBINATIONS  
VYTORIN

### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

### § FIBRATES

*fenofibrate*  
TRICOR

### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
LIPITOR

### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN  
SIMCOR

### § BETA-BLOCKERS

*atenolol*  
*carvedilol*  
*metoprolol*  
*metoprolol succinate*  
*ext-rel*  
*nadolol*  
*propranolol*  
COREG CR

### § CALCIUM CHANNEL BLOCKERS

*amlodipine*  
*diltiazem ext-rel*  
*nifedipine ext-rel*  
*verapamil ext-rel*

### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

### § DIGITALIS GLYCOSIDES

*digoxin*

### § DIURETICS

*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-*  
*hydrochlorothiazide*  
*toremide*  
*triamterene-*  
*hydrochlorothiazide*

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## CENTRAL NERVOUS SYSTEM

### ANTIDEPRESSANTS

#### § MISCELLANEOUS AGENTS

bupropion  
bupropion ext-rel  
mirtazapine

#### § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram  
fluoxetine  
paroxetine  
paroxetine ext-rel  
sertraline  
LEXAPRO

#### § SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)<sup>3</sup>

venlafaxine  
CYMBALTA  
EFFEXOR XR

#### § HYPNOTICS, NONBENZODIAZEPINES

zolpidem  
LUNESTA

### MIGRAINE

#### SELECTIVE SEROTONIN AGONISTS

IMITREX  
MAXALT  
ZOMIG

#### MULTIPLE SCLEROSIS AGENTS

COPAXONE  
REBIF

## ENDOCRINE AND METABOLIC

### ANDROGENS

ANDROGEL

### ANTIDIABETICS

#### § BIGUANIDES

metformin  
metformin ext-rel

#### INCRETIN MIMETIC AGENTS

BYETTA

### INSULINS

APIDRA  
HUMALOG  
HUMULIN  
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

#### § SULFONYLUREA/ BIGUANIDE

COMBINATIONS  
glipizide-metformin  
glyburide-metformin

#### SUPPLIES

ACCU-CHEK STRIPS AND KITS<sup>5</sup>  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH STRIPS AND KITS<sup>5</sup>

### CALCIUM REGULATORS

#### § BISPHOSPHONATES

alendronate  
ACTONEL

#### § CALCITONINS

Fortical

#### PARATHYROID HORMONES

FORTEO

### CONTRACEPTIVES

#### § MONOPHASIC

YASMIN  
YAZ

#### § TRIPHASIC

ORTHO TRI-CYCLON LO

### § EXTENDED CYCLE

ethinyl estradiol-  
levonorgestrel

#### TRANSDERMAL

ORTHO EVRA

#### VAGINAL

NUVARING

### ESTROGENS

#### § ORAL

estradiol  
estropipate  
ENJUVIA  
PREMARIN

#### § TRANSDERMAL, ESTROGENS

estradiol  
CLIMARA  
ESTRADERM  
VIVELLE-DOT

#### § ORAL ESTROGEN/ PROGESTINS

PREMPHASE  
PREMPRO

### § PROGESTINS

medroxyprogesterone  
PROMETRIUM

### SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

### § THYROID SUPPLEMENTS

levothyroxine  
SYNTHROID

## GASTROINTESTINAL

### § H<sub>2</sub> RECEPTOR ANTAGONISTS

ranitidine

### § PROTON PUMP INHIBITORS

omeprazole  
pantoprazole  
NEXIUM  
PREVACID

## GENITOURINARY

### § BENIGN PROSTATIC HYPERPLASIA

doxazosin  
finasteride  
terazosin  
AVODART  
FLOMAX

### § URINARY ANTISPASMODICS

oxybutynin  
oxybutynin ext-rel  
DETROL  
DETROL LA  
ENABLEX  
OXYTROL  
VESICARE

## HEMATOLOGIC

### § ANTICOAGULANTS

warfarin  
COUMADIN

## RESPIRATORY

### ANAPHYLAXIS TREATMENT AGENTS

EPIPEN  
EPIPEN JR

### § ANTICHOLINERGICS

SPIRIVA

### § ANTICHOLINERGIC/ BETA AGONISTS

ipratropium-albuterol  
inhalation solution  
COMBIVENT

### § ANTIHISTAMINES, NONSEDATING

fexofenadine

### § ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D<sup>4</sup>

### BETA AGONISTS

#### § SHORT ACTING

albuterol  
PROAIR HFA  
PROVENTIL HFA  
XOPENEX  
XOPENEX HFA

### LONG ACTING

FORADIL  
SEREVENT

### LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAIR

### NASAL ANTIHISTAMINES

ASTELIN

### § NASAL STEROIDS

fluticasone  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA  
VERAMYST

### STEROID/BETA AGONISTS

ADVAIR  
SYMBICORT

### STEROID INHALANTS

ASMANEX  
FLOVENT  
PULMICORT  
QVAR

## TOPICAL

### DERMATOLOGY

#### § ACNE

erythromycin-  
benzoyl peroxide  
tretinoin

BENZACLIN

DIFFERIN

DUAC CS

RETIN-A MICRO

ZIANA

### 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

ACCU-CHEK STRIPS AND KITS<sup>5</sup>  
ACTONEL  
ACTOPLUS MET  
ACTOS  
acyclovir  
ADVAIR

ADVICOR  
albuterol  
alendronate  
ALLEGRA-D<sup>4</sup>  
ALPHAGAN P  
amlodipine  
amoxicillin  
amoxicillin-clavulanate

ANDROGEL  
APIDRA  
ASMANEX  
ASTELIN  
ATACAND<sup>2</sup>  
ATACAND HCT  
atenolol  
AVALIDE  
AVAPRO

AVELOX  
AVODART  
azithromycin

### B

BD INSULIN SYRINGES AND NEEDLES  
BENICAR  
BENICAR HCT

BENZACLIN  
BETIMOL  
BETOPTIC S  
brimonidine 0.2%  
bupropion  
bupropion ext-rel  
BYETTA

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<b>C</b>	<i>estradiol</i>	<i>levothyroxine</i>	<i>oxybutynin</i>	<i>sulfamethoxazole-</i>
CADUET	<i>estropipate</i>	LEXAPRO	<i>oxybutynin ext-rel</i>	<i>trimethoprim</i>
<i>carvedilol</i>	<i>ethinyl estradiol-</i>	LIPITOR	OXYTROL	SYMBICORT
<i>cefaclor</i>	<i>levonorgestrel</i>	<i>lisinopril</i>		SYNTHROID
<i>cefdinir</i>	EVISTA	<i>lisinopril-</i>	<b>P</b>	<b>T</b>
<i>cephalexin</i>	<b>F</b>	<i>hydrochlorothiazide</i>	<i>pantoprazole</i>	TAMIFLU
<i>cholestyramine</i>	<i>fenofibrate</i>	LUMIGAN	<i>paroxetine</i>	TARKA
CIPRO SUSPENSION	<i>fexofenadine</i>	LUNESTA	<i>paroxetine ext-rel</i>	<i>terazosin</i>
<i>ciprofloxacin ext-rel</i>	<i>finasteride</i>	<b>M</b>	<i>penicillin VK</i>	<i>terbinafine tablet</i>
<i>ciprofloxacin tablet</i>	FLOMAX	MAXALT	PRANDIN	<i>tetracycline</i>
<i>citalopram</i>	FLOVENT	<i>medroxyprogesterone</i>	<i>pravastatin</i>	<i>timolol maleate solution</i>
<i>clarithromycin</i>	<i>fluconazole</i>	<i>metformin</i>	PREMARIN	<i>toremide</i>
<i>clarithromycin ext-rel</i>	<i>fluoxetine</i>	<i>metformin ext-rel</i>	PREMPRO	TRAVATAN
CLIMARA	<i>fluticasone</i>	<i>metolazone</i>	PREVACID	<i>tretinoin</i>
COMBIVENT	FORADIL	<i>metoprolol</i>	PROAIR HFA	<i>triamterene-</i>
COPAXONE	FORTEO	<i>metoprolol succinate</i>	PROMETRIUM	<i>hydrochlorothiazide</i>
COREG CR	<i>Fortical</i>	<i>ext-rel</i>	<i>propranolol</i>	TRICOR
COUMADIN	<i>fosinopril</i>	<i>metronidazole</i>	PROVENTIL HFA	
CYMBALTA	<i>fosinopril-</i>	MICARDIS	PULMICORT	<b>V</b>
	<i>hydrochlorothiazide</i>	MICARDIS HCT		VALTRES
<b>D</b>	<i>furosemide</i>	<i>minocycline</i>	<b>Q</b>	<i>venlafaxine</i>
DETROL	<b>G</b>	<i>mirtazapine</i>	<i>quinapril</i>	VERAMYST
DETROL LA	<i>glimepiride</i>	<b>N</b>	<i>quinapril-</i>	<i>verapamil ext-rel</i>
<i>dicloxacillin</i>	<i>glipizide</i>	<i>nadolol</i>	<i>hydrochlorothiazide</i>	VESICARE
DIFFERIN	<i>glipizide ext-rel</i>	NASACORT AQ	QVAR	VIVELLE-DOT
<i>digoxin</i>	<i>glipizide-metformin</i>	NASONEX	<b>R</b>	VYTORIN
<i>diltiazem ext-rel</i>	<i>glyburide-metformin</i>	NEXIUM	<i>ramipril</i>	<b>W</b>
<i>doxazosin</i>	<b>H</b>	NIASPAN	<i>ranitidine</i>	<i>warfarin</i>
<i>doxycycline hyclate</i>	HUMALOG	<i>nifedipine ext-rel</i>	REBIF	WELCHOL
DUAC CS	HUMULIN	NOVOLIN	RETIN-A MICRO	<b>X</b>
DUETACT	<i>hydrochlorothiazide</i>	NOVOLOG	RHINOCORT AQUA	XALATAN
<b>E</b>	<b>I</b>	NUVARING	<b>S</b>	XOPENEX
EFFEXOR XR	<i>IMITREX</i>	<b>O</b>	SEREVENT	XOPENEX HFA
ENABLEX	<i>ipratropium-albuterol</i>	<i>omeprazole</i>	<i>sertraline</i>	<b>Y</b>
ENJUVA	<i>inhalation solution</i>	ONETOUCH STRIPS	SIMCOR	YASMIN
EPIPEN	<i>itraconazole</i>	AND KITS <sup>5</sup>	<i>simvastatin</i>	YAZ
EPIPEN JR	<b>L</b>	ORTHO EVRA	SINGULAIR	<b>Z</b>
<i>erythromycin-</i>	LANTUS	ORTHO TRI-CYCLEN LO	SPIRIVA	ZETIA
<i>benzoyl peroxide</i>	LEVAQUIN		<i>spironolactone-</i>	ZIANA
<i>erythromycins</i>	LEVEMIR		<i>hydrochlorothiazide</i>	<i>zolpidem</i>
ESTRADERM				ZOMIG

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This BI-LO Drug List represents a summary of prescription coverage. It is not inclusive and does not guarantee coverage. Specific prescription benefit plan design may not cover certain 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 otherwise indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. 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](http://www.caremark.com) to check coverage and copay information for a specific medicine.

<sup>5</sup> Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> 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.

<sup>2</sup> Atacand should be reserved for patients who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

<sup>3</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>4</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to [www.caremark.com](http://www.caremark.com) to find the copay under a specific plan.

<sup>5</sup> 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. Participants must have Caremark Mail Service benefits to qualify.

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

This BI-LO Drug List 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.