

OPHTHALMICS

ANTI-GLAUCOMA AGENTS

atropine sulfate
brimonidine
dipevefrin
pilocarpine

ANTI-INFECTIVE/ ANTIVIRAL AGENTS

erythromycin
gentamicin
neomycin-polymyxin B-bacitracin
neomycin-polymyxin B-gramicidin
ofloxacin
sulfacetamide
trifluridine

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-dexamethsone oint
TOBRADEX

ANTI-INFLAMMATORY AGENTS

diclofenac sodium
flurbiprofen sodium

BETA-BLOCKERS

carteolol
levobunolol
timolol

CARBONIC ANHYDRASE INHIBITORS

TRUSOPT

VASOCONSTRICTORS

naphazoline-pheniramine

OSTEOPOROSIS AGENTS

alendronate

OTICS

ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-hydrocortisone

RESPIRATORY/ASTHMA

ANTI-ASTHMATIC AGENTS

ANTILEUKOTRIENES

SINGULAIR (**covered at retail**)

CORTICOSTEROIDS

AZMACORT
FLOVENT

SYMPATHOMIMETICS

albuterol
metaproterenol
FORADIL
PROVENTIL HFA

XANTHINE DERIVATIVES

aminophylline
theophylline anhydrous

OTHER RESPIRATORY/ ASTHMA AGENTS

albuterol sulfate-ipratropium bromide
phenylephrine
ADVAIR
COMBIVENT
SPIRIVA

SKELETAL MUSCLE RELAXANTS

baclofen
cyclobenzaprine
diazepam
methocarbamol

THYROID AND ANTITHYROID AGENTS

levothyroxine
propylthiouracil
Levothroid

URINARY AGENTS

nitrofurantoin
oxybutynin
phenazopyridine
potassium citrate
trimethoprim

VAGINAL PREPARATIONS

clotrimazole
metronidazole
nystatin
PREMARIN

MISCELLANEOUS AGENTS

calcium gluconate
cyclophosphamide
folic acid
lidocaine
pentoxifylline

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. 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. 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.

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

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

This 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.

CHSS Polk Healthcare Formulary Drug List

The **CHSS Polk Healthcare Formulary 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:

- To avoid the full cost payment associated with non-formulary drugs, please ask your prescriber to refer to this preferred drug list when prescribing medications for you and your dependents. Substitution of generic products is mandatory when available.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit www.caremark.com or contact a Caremark Customer Care representative.
- Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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:

- 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 to check coverage and copay information for a specific medicine.

ANTIDIABETIC AGENTS

INSULINS

LANTUS
NOVOLIN
NOVOLOG
NOVOLOG 70/30

ORAL

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide
glyburide-metformin
glyburide-micronized
metformin
metformin ext-rel
ACTOS
JANUVIA

ALLERGY, COUGH & COLD

ANTI-HISTAMINE/DECONGESTANTS

cyproheptadine
diphenhydramine
hydroxyzine HCl
hydroxyzine pamoate
promethazine

EXPECTORANT AND COUGH PRODUCTS

codeine-promethazine
codeine-promethazine VC
dextromethorphan-brompheniramine-
pseudoephedrine
guaifenesin
pseudoephedrine-methscopolamine
Amdry-D
Extendryl tablet

NASAL CORTICOSTEROIDS

fluticasone

ANTI-INFECTIVE AGENTS

ANTHELMINTICS

ALBENZA

ANTIBIOTICS

CEPHALOSPORINS

cefadroxil
cefdinir
cephalexin
cephradine

MACROLIDES

azithromycin
clarithromycin
erythromycin
erythromycin ethylsuccinate

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
oxacillin
penicillin VK

QUINOLONES

ciprofloxacin

SULFONAMIDES

sulfamethoxazole-trimethoprim

TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

OTHER ANTI-INFECTIVES

metronidazole

ANTIFUNGAL AGENTS

nystatin

ANTIVIRALS

acyclovir

AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS

ANALGESICS, NARCOTIC

codeine-acetaminophen
hydrocodone-acetaminophen
hydromorphone
oxycodone-acetaminophen
pentazocine-naloxone
propoxyphene
propoxyphene napsylate-
acetaminophen
tramadol

ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY

etodolac
fenoprofen
ibuprofen
indomethacin
ketorolac tromethamine*
naproxen
piroxicam
(*prior authorization - limit to 5 consecutive days of therapy)

ANALGESICS, SALICYLATES

salsalate

ANTICONVULSANTS

carbamazepine
clonazepam
divalproex sodium delayed-rel
gabapentin
lamotrigine
phenobarbital
phenytoin
valproic acid

ANTIPARKINSON AGENTS

benztropine
carbidopa-levodopa
selegiline
trihexyphenidyl

ANXIOLYTICS, SEDATIVES, AND HYPNOTICS

alprazolam
buspirone HCl
chloral hydrate
lorazepam
temazepam
triazolam

CEREBRAL STIMULANTS

amphetamine-dextroamphetamine
methylphenidate
methylphenidate ext-rel

DMARDs

azathioprine
hydroxychloroquine
leflunomide
methotrexate

MIGRAINE AGENTS

isometheptene-dichloralphenazone-
acetaminophen
IMITREX

PSYCHOTHERAPEUTIC AGENTS

ANTIDEPRESSANTS

amitriptyline
bupropion
bupropion ext-rel
bupropion SR*
citalopram
doxepin
fluoxetine
imipramine
mirtazapine
nortriptyline
paroxetine HCl
sertraline
trazodone
venlafaxine
(*prior authorization)

ANTIMANIC AGENTS

lithium carbonate

ANTI-PSYCHOTIC AGENTS

chlorpromazine
fluphenazine HCl
haloperidol
risperidone
thioridazine
thiothixene

CARDIOVASCULAR AGENTS

ALDOSTERONE ANTAGONISTS

spironolactone

ANGIOTENSIN II ANTAGONISTS

ATACAND*
ATACAND HCT*
AVALIDE*
AVAPRO*
(*step therapy required)

ANGIOTENSIN CONVERTING ENZYME INHIBITORS

benazepril
captopril

enalapril maleate

lisinopril
quinopril
ramipril

ANTI-ADRENERGIC AGENTS BETA-ADRENERGIC BLOCKERS

atenolol
carvedilol
metoprolol
metoprolol succinate ext-rel
propranolol

ANTI-ADRENERGIC BLOCKERS CENTRALLY ACTING

clonidine

ANTI-ADRENERGIC BLOCKERS PERIPHERALLY ACTING

doxazosin
prazosin

ANTIARRHYTHMICS

amiodarone
digoxin
procainamide

ANTICOAGULANTS/ ANTITHROMBOTICS

ticlopidine
warfarin
PLAVIX

ANTILIPEMICS

gemfibrozil
lovastatin
pravastatin
simvastatin

CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem
nifedipine
verapamil
verapamil ext-rel

COMBINATION ANTIHYPERTENSIVES

amlodipine-benazepril

DIURETICS

amiloride
bumetanide
furosemide
hydrochlorothiazide
metolazone
triamterene-hydrochlorothiazide

VASODILATORS

dipyridamole
hydralazine
isosorbide dinitrate
minoxidil
nitroglycerin
nitroglycerin transdermal

CONTRACEPTIVES

MONOPHASIC

Apri
Aviane
Cryelle
Junel
Lessina
Levora
Low-Ogestrel
Microgestin FE
Monessa
Necon
Nortrel
Portia
Previfem
Sprintec
Zovia
OGESTREL

BIPHASIC

Kariva
NECON 10/11

TRIPHASIC

Cesia
Enpresse
Necon 7/7/7
Nortrel
Trinessa
Tri-Previfem
Tri-Sprintec
Trivora
Velivet

PROGESTIN ONLY

Nora-BE

CORTICOSTEROIDS

cortisone acetate
prednisone

DERMATOLOGICALS

ANTIBIOTICS

metronidazole
mupirocin
silver sulfadiazine

TOPICAL ANTI-INFLAMMATORY AGENTS

desonide
diflorasone diacetate
fluocinolone acetonide
fluocinonide
hydrocortisone
triamcinolone acetonide

OTHER DERMATOLOGICALS

lindane
nystatin triamcinolone
selenium sulfide shampoo

DIAGNOSTICS

ACCU-CHEK ACTIVE products

ELECTROLYTES

POTASSIUM REPLACEMENT

potassium chloride
KLOR-CON

GASTROINTESTINAL AGENTS

ANTIEMETIC/ANTIVERTIGO

meclizine
prochlorperazine maleate
promethazine
trimethobenzamide

ANTISPASMODIC/GI MOTILITY

belladonna alkaloids-phenobarbital
chlordiazepoxide-clidinium
dicyclanide
diphenoxylate-atropine
metoclopramide

ANTIULCER

cimetidine
omeprazole
ranitidine
sucralfate

DIGESTANTS

PANCREASE MT
VIOKASE

OTHER GI PRODUCTS

hydrocortisone
lactulose
simethicone
sulfasalazine
sulfasalazine EC

GOUT AGENTS

allopurinol
colchicine

HORMONES

ANTIESTROGENS/ANTIANDROGENS

finasteride
flutamide
tamoxifen

ESTROGENS

estradiol
estropipate

PROGESTINS

medroxyprogesterone