



**Participating pharmacies near you:**

**WALGREENS #2528**  
2871 Pfingsten Rd.  
Glenview, IL 60026  
(847) 559-9216

**RABIN DRUGS INC**  
307 S. Milwaukee Ave. Ste. 109  
Wheeling, IL 60090  
(847) 229-5477

**OSCO DRUG**  
2775 Pfingsten Rd.  
Glenview, IL 60026  
(847) 564-8480

**DUNDEE PHARMACY**  
2750 Dundee Rd.  
Northbrook, IL 60062  
(847) 480-1000

**DOMINICKS**  
4125 Dundee Rd.  
Northbrook, IL 60062  
(847) 509-8127

**HEALTH MART PHARMACY**  
81 S. Milwaukee Ave.  
Wheeling, IL 60090  
(847) 419-0202

18613-00001  
**JOHN Q SAMPLE**  
**2215 SANDERS RD**  
**NBT 2215-5**  
**NORTHBROOK, IL 60062**

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# Your Prescription Benefit



Your health and well-being is important to CVS Caremark and your employer. Keeping healthy includes having prescription care that is convenient and affordable. The information found here will show you how.

Your most complete resource for health and prescription information is available any time of day or night at [www.caremark.com](http://www.caremark.com)

## In this booklet, you'll find:

- Your Prescription Benefit Plan
- A Personal Online Saving Center
- CVS Caremark Drug List
  - A wide selection of brand-name products identified as preferred – safe, effective and reasonably priced
- Mail Service Order Form
- Advantages of Generics

For information about Plan Member Rights and Responsibilities, visit the Customer Care page at [www.caremark.com](http://www.caremark.com).

**Note:** In this booklet we talk about copayment. Copayment, coinsurance or copay 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.

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

## Your Prescription Benefit Plan Copay/Coinsurance Summary

Generic medications help you avoid paying more than is necessary for prescriptions. For certain conditions, your plan requires you to use generic drugs first. Otherwise, you may be required to pay the full cost for certain brand-name medications.

The chart below summarizes your copays based on drug type and whether it is a short-term or long-term prescription. Remember: Maintenance Choice<sup>®</sup> lets you choose to receive your long-term prescriptions from mail service or at a CVS/pharmacy for the same low copay.

	<b>CVS Caremark Retail Pharmacy Network</b>	<b>Maintenance Choice<sup>®</sup> CVS Caremark Mail Service Pharmacy or CVS/pharmacy</b>
	For short-term medications (Up to a 30-day supply)	For long-term medications (Up to a 90-day supply)
<b>Generic Medications</b> Save money by asking for a generic first.	<b>\$10</b> for a generic prescription	<b>\$20</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>\$40</b> for a preferred brand-name prescription	<b>\$80</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>\$60</b> for a non-preferred brand-name prescription	<b>\$120</b> for a non-preferred brand-name prescription
<b>Refill Limit</b>	One initial fill plus one additional refill for long-term medications	None
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.		

Please keep in mind that you're only allowed two retail fills of your maintenance medications for the life of your prescription benefits.

## Advantages of Generics

### "I've never considered generics. Should I?"

Choosing generics is one of the best ways to save money on prescription medications. In fact, consumers overall save an estimated \$8 billion to \$10 billion a year when choosing a generic instead of a brand-name medication.\* Here are some other things to know:

- A generic medication is one that has been approved by the U.S. Food and Drug Administration (FDA) and found to be as safe and effective as the equivalent brand-name medication
- Companies that make generics must meet FDA manufacturing and quality standards
- Even though a generic medication may be a different shape or color than the brand-name medication, it is the same in strength (number of milligrams), dosage form (pill, liquid, cream), quality, active ingredient, and effectiveness
- Generics are available for some of the most commonly prescribed medications such as Ambien<sup>®</sup>, Prilosec, Imitrex<sup>®</sup>, Glucophage<sup>®</sup>, Norvasc<sup>®</sup>, Prozac<sup>®</sup>, Ritalin<sup>®</sup>, and Zocor<sup>®</sup>. To find out if one of your prescriptions has a generic available, visit [www.caremark.com](http://www.caremark.com) or call Customer Care toll-free at 1-800-521-3945.

**Savings tip:** The first chance you have to save money is when your doctor or other prescriber writes your prescription. Ask if there is a generic available first. If not, ask for your doctor or other prescriber to write a prescription for one of the medications on your plan's Primary Preferred Drug List. You will usually end up paying more for a brand-name medication not on the preferred list.

\*Congressional Budget Office

**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. Your specific prescription benefit plan design may not cover certain drugs regardless of their appearance in this document. Your prescription benefit plan may have different copays 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 copy information for a specific medicine.

<sup>1</sup> 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.

<sup>2</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. 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 or 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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[www.caremark.com](http://www.caremark.com)

Your specific prescription benefit plan design may not cover certain drugs, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



## Please Note

- If you have taken a generic alternative for these brand-name medications previously, you may not be affected by this change.
- Your cost only when a generic medication is used first. Your cost will be higher if you have not tried a generic medication in the same drug class within the past 24 months.

## To order a short-term medication:

You will also save by ordering short-term prescriptions at a CVS Caremark Network Retail Pharmacy. There are more than 64,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,100 CVS/pharmacy locations. You can find a network pharmacy at [www.caremark.com](http://www.caremark.com).

Want to avoid filling out claims paperwork? Be sure to bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS Caremark retail network.

## To order a long-term medication through Maintenance Choice:

If you are taking a long-term medication, you can choose to receive your 90-day supplies either from CVS Caremark Mail Service Pharmacy or at a CVS/pharmacy near you. Whether you choose mail or retail, you will pay the same copay.

- To order 90-day supplies through CVS Caremark Mail Service, send in a mail order form one is included here, use the FastStart<sup>®</sup> tool found on [www.caremark.com](http://www.caremark.com), or call FastStart toll-free at 1-800-875-0867.
- To order 90-day supplies at a CVS/pharmacy, stop by and talk to the pharmacist.

## Customer Care

If you have any questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail [customerservice@caremark.com](mailto:customerservice@caremark.com) or call toll-free at 1-800-521-3945.

## Telecommunications Device (TDD)

If you have a hearing impairment and need TDD assistance, please call toll-free 1-800-231-4403.

# Brand Medications Requiring Use of a Generic First

January 2011

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, in order for certain brand-name medications to be covered, you will have to try a generic medication first. The chart below tells you which kinds of drugs require you to use a generic first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class <i>Condition Treated*</i>	Step 1: You will have to try one of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
ACE Inhibitors/ Angiotensin II Receptor Antagonists (ARBs)/Direct Renin Inhibitors/ Combinations  <i>High Blood Pressure</i>	amlodipine-benazepril benazepril/benazepril HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ fosinopril/fosinopril HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril trandolapril trandolapril-verapamil ext-rel	Atacand/Atacand HCT Avapro/Avalide Diovan/Diovan HCT Micardis/Micardis HCT Tekturna/Tekturna HCT Teveten/Teveten HCT	Benicar/Benicar HCT
Antihistamines/ Combinations  <i>Allergies</i>	fexofenadine fexofenadine- pseudoephedrine (60/120mg)	Allegra-D 24 Hr Clarinet/Clarinet-D Xyzal	<i>Preferred select brand not available in class</i>
Beta Agonists, Short Acting  <i>Asthma</i>	<i>(generic not available in class; use of a preferred select brand is required first)</i>	Maxair Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA
Bisphosphonates/ Combinations  <i>Osteoporosis</i>	alendronate	Actonel with Calcium Boniva Fosamax Plus D	Actonel
COX-2 Inhibitors/ Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations  <i>Pain and Inflammation</i>	ibuprofen indomethacin meloxicam naproxen  <i>(additional generic NSAIDs available)</i>	Arthrotec Celebrex (excluding 400 mg) Flector Naprelan CR	<i>Preferred select brand not available in class</i>
HMG-CoA Reductase Inhibitors (HMGs or Statins)/ Combinations  <i>High Cholesterol</i>	lovastatin pravastatin simvastatin	Advicor Altoprev Crestor (excluding 20 mg, 40 mg) Lescol/Lescol XL Livalo Simcor Vytorin (excluding 10/80 mg)	Lipitor

Continued on next page

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  
KITS<sup>2</sup>  
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  
TEKTURNA

TEKTURNA HCT  
terazosin  
terbinafine tablet  
tetracycline  
timolol maleate solution  
torsemide  
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

Your specific prescription benefit plan design may not cover certain drugs, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



## QUICK REFERENCE DRUG LIST

### A

ACANYA  
 ACCU-CHEK STRIPS AND  
 KITS<sup>2</sup>  
 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*  
*fenofenadine*  
*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*

## Brand Medications Requiring Use of a Generic First (cont.) January 2011

Drug Class <i>Condition Treated*</i>	Step 1: You will have to try one of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Hypnotics, Nonbenzodiazepine/ Melatonin Receptor Agonist <i>Insomnia/Sleep Problems</i>	zaleplon zolpidem	Edluar Lunesta Rozerem	Ambien CR
Nasal Steroids <i>Allergies</i>	flunisolide nasal fluticasone nasal	Beconase AQ Nasacort AQ Omnaris Rhinocort Aqua Veramyst	Nasonex
Proton Pump Inhibitors (PPIs) <i>Stomach Acid</i>	lansoprazole omeprazole omeprazole-sodium bicarbonate pantoprazole	Aciphex Dexilant Nexium Prevacid SoluTab Prilosec Packets Protonix Packets Zegerid Powder for Oral Susp	<i>Preferred select brand not available in class</i>
Selective Serotonin Agonists/Combinations <i>Migraine</i>	naratriptan sumatriptan	Axert Frova Relpax Sumavel Treximet Zomig	Maxalt
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Depression</i>	citalopram fluoxetine fluvoxamine paroxetine/paroxetine ER sertraline	Luvox CR Pexeva	Lexapro
Urinary Antispasmodics <i>Overactive Bladder/ Incontinence</i>	oxybutynin/ oxybutynin ER trospium	Enablex Gelnique Oxytrol Sanctura XR Toviaz Vesicare	Detrol/Detrol LA

\*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment. Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

Subject to state law restrictions. This table contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark. Targeted therapeutic classes and specific drug targets are subject to change.

Your specific prescription benefit plan design may not cover certain drugs, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.

## A Personal Online Savings Center

### How can I avoid paying more than I have to for my medications?

The Savings Center on [www.caremark.com](http://www.caremark.com) is the place to find personalized savings options that allow you to make the most cost effective decisions when filling your prescriptions. CVS Caremark updates the Savings Center automatically when savings opportunities are available for you or a member of your family.

### When visiting the Savings Center at [www.caremark.com](http://www.caremark.com), you can:

- View personalized savings based on prescription history
- Explore options to save on prescription drugs
- Drive down out-of-pocket prescription costs

Visit [www.caremark.com](http://www.caremark.com) for information on generic alternatives that may be available for your prescriptions. Hundreds of medications now have generic alternatives that are often available at a fraction of the cost of a brand-name medication and are just as effective.

To learn more, you can register on [www.caremark.com](http://www.caremark.com) to access the Savings Center. Registration is easy---be sure to have your Prescription ID Card ready and click the 'Not Registered' link on the home page.

## Primary/Preferred Drug List

This **CVS Caremark Primary/Preferred Drug List** is an alphabetical guide of the medicines that are covered by your prescription plan. Brand-name drugs are shown in CAPS, branded generics in upper- and lowercase *italics*, and generic drugs in lowercase *italics*. Choosing drugs on this list will help you lower your prescription costs. One of the best ways for you to save money is to **ask for a generic first**. If your doctor doesn't think a generic option is right for you, ask your doctor to consider a brand-name drug on this list. This will help you avoid paying more than is necessary. Please note: this list is not a complete list of all the covered drugs in your prescription plan. To view a complete list, visit [www.caremark.com](http://www.caremark.com). Or, if you would like to speak to someone about covered drugs under your prescription plan, call the Customer Care number on the back of your Prescription Card.

### Please note:

- Your specific prescription benefit plan design may not cover certain drugs or therapeutic classes of drugs 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 CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or clinically appropriate generic alternative. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic alternative in place of your original prescription.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.





Your ID number is necessary when filling a prescription at a pharmacy for the first time. Use it to register at [www.caremark.com](http://www.caremark.com) where you order refills, check drug costs, discover savings options such as generics and mail service, and more.



This personalized card is your starting point for accessing your convenient and affordable prescription benefits.

## Your Prescription Cards

### CVS CAREMARK Prescription Card

**JOHN Q SAMPLE**  
ID 123456789

RxBIN 610029  
RxPCN CRK  
RxGRP IASIS  
Issuer (80840)



000001

### CVS CAREMARK Prescription Card

**JOHN Q SAMPLE**  
ID 123456789

RxBIN 610029  
RxPCN CRK  
RxGRP IASIS  
Issuer (80840)



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## Did You Know?

Generics are becoming the prescription of choice for most people. More than 65 percent of prescriptions filled today\* are for generic drugs because they are effective and can cost up to 80 percent less\*\* than brand-name drugs.

To save money on your prescriptions, always ask your doctor or pharmacist if there is a generic option available for you.

\*Source: Generic Pharmaceutical Association Web site: <http://www.gphaonline.org>  
\*\*Savings are based on plan participant copayments. The amount of your savings will be based on your benefit plan.



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Present this Prescription Card to fill your prescription at any participating retail pharmacy.

For more information, visit [www.caremark.com](http://www.caremark.com) or call a Customer Care representative toll-free at 1-800-521-3945.

Pharmacy Help Desk for Pharmacists: 1-800-421-2342

Submit paper claims to:  
CVS Caremark Claims Department  
P.O. Box 52196, Phoenix, AZ 85072-2196

18613-ID50-0410

Present this Prescription Card to fill your prescription at any participating retail pharmacy.

For more information, visit [www.caremark.com](http://www.caremark.com) or call a Customer Care representative toll-free at 1-800-521-3945.

Pharmacy Help Desk for Pharmacists: 1-800-421-2342

Submit paper claims to:  
CVS Caremark Claims Department  
P.O. Box 52196, Phoenix, AZ 85072-2196

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