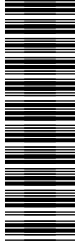


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KENAI PENINSULA BOROUGH SCHOOL DISTRICT
148 NORTH BINKLEY ST
SOLDOTNA AK 99669

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ROBERT SINGLECRDMANT
9501 SHEA
SCOTTSDALE AZ 85258

001



Prepared For
ROBERT SINGLECRDMANT



Safe and Effective. Better Value.™

Generic medicines are widely seen as one of the best ways to save money on prescription drugs. In fact, generic medicines save consumers an estimated \$8 to \$10 billion a year at retail pharmacies, according to the Congressional Budget Office. Here are the most important facts about generic medicines:

- All generic medicines that have been approved for substitution have been reviewed by the U.S. Food and Drug Administration (FDA) and found to be as safe and effective as the equivalent brand medicine.
- The companies who make generic medicines must meet the same FDA manufacturing and quality standards as the ones who make brand medicines.
- Generic medicines usually cost much less because their manufacturers do little advertising, and did not have to invest in the original research, development and testing of the medicine.
- A generic medicine will be a different color or shape, but is the same as the brand medicine in strength, dosage form, quality, active ingredient (s) and effectiveness.

Ask your doctor to approve generic substitution whenever appropriate.

Common Brands with Generics Available

The drugs listed here include some of the most commonly prescribed brand medicines that have FDA-approved generic equivalents. If you are taking one of these medicines, you may be able to save money by taking the generic equivalent. There are many more brand-name medicines that have generics available. To find out if a medicine you've been prescribed has a generic available, please go to www.caremark.com, call your Customer Care number or ask your doctor or pharmacist.

BRAND-NAME	GENERIC DRUG NAME	COMMONLY USED FOR*
AMBIEN®	zolpidem	Sleep Disorder
CARDURA®	doxazosin mesylate	High Blood Pressure, Enlarged Prostate
DARVOCET-N®	propoxyphene napsylate/ acetaminophen	Pain
ESTRACE®	estradiol	Hormone Replacement
GLUCOPHAGE®	metformin HCl	Diabetes
NORVASC®	amlodipine	High Blood Pressure
PRILOSEC®	omeprazole	Ulcer, Heartburn
VASOTEC®	enalapril maleate	High Blood Pressure, Heart Failure
ZOCOR®	simvastatin	Heart Disease – Cholesterol Lowering
ZOLOFT®	sertraline	Depression

This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

*This list indicates common uses for which the medicine is prescribed. Some medicines are prescribed for more than one condition. Please discuss all treatments with your doctor.

Your 24-Hour Online Pharmacy and Health Resource

- Order mail service refills
- Check the status of your order
- Learn about your pharmacy benefit
- Locate a pharmacy near you
- Review your prescription history
- Look up important health information

In this booklet, you'll find:

- Getting Your Prescription Filled
- Getting Your Prescription Filled at a Retail Pharmacy
- Helpful Tips
- Mail Service Order Form
- Your personal Prescription Benefit Program
 - A convenient pull-out guide with details about your individual prescription benefit program
- Generic Medicines
 - Equivalent to Brand Medicines at Lower Cost



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The CVS Caremark Commitment to Plan Participants

CVS Caremark is the company selected by your employer or health plan to administer your prescription drug benefits.

CVS Caremark is committed to providing you with convenience and value:

- through our relationship with over 62,000 retail pharmacies
- by delivering prescription drugs directly to you through CVS Caremark mail service pharmacies

CVS Caremark is committed to improving your safety:

- by supporting and educating your doctors and other prescribers so they can make appropriate drug treatment decisions for you
- by making sure the prescription drugs you receive are what your doctor prescribed or agreed to after talking with a CVS Caremark pharmacist
- by seeking to identify and prevent any unintended drug interactions

CVS Caremark is committed to helping you and your benefit plan sponsor achieve significant savings:

- by encouraging the use of medically appropriate generic and lower-cost brand-name drugs
- by filling your long-term and maintenance medicines through our mail service pharmacies

CVS Caremark is committed to giving you enhanced customer service while staying focused on your privacy by ensuring that:

- our employees follow detailed ethical standards as well as a comprehensive Code of Conduct
- our pharmacists follow a professional Code of Ethics

All of our communications about your benefit plan, our online tools and our health management and clinical programs are designed to help you improve your health, become a better informed health care consumer and save you money on your prescription drugs. We look forward to supporting your health care needs.

You can find out more about CVS Caremark and our services at www.caremark.com.

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

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

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Making the Most of Your Prescription Benefit Program

Many people use their prescription benefit more often than any other part of their health coverage. It's such an important part of your health care that it pays to take a few minutes to review the material included in this booklet.

Here you'll find all the information you need to fill your prescriptions at a reasonable cost. For more detailed information on your personal prescription history and benefit as well as general health information, visit **www.caremark.com**.

The CVS Caremark commitment to you includes:

- Helping you get the appropriate prescription for any medical condition covered under your plan
- Supporting your overall health and well-being goals
- Making your health care experience comfortable and convenient

Go Generic to make the Most of Your Benefit

Many medicines are available in both brand-name and generic versions. The U.S. Food and Drug Administration (FDA) reviews all generic medicines to guarantee that they have the same active ingredient, strength and quality as the brand-name equivalent. To save money on your medicines, always ask your doctor to approve generic substitution when you get a prescription.

Getting Your Prescription Filled

Under your prescription benefit program, you can get your prescriptions filled at a participating retail pharmacy or through the CVS Caremark Mail Service Pharmacy.

For New Prescriptions

Retail pharmacy

1. At the pharmacy, present your prescription along with your benefit ID card.
2. Make sure that the pharmacist has accurate information about you and your covered dependents, including dates of birth and gender.
3. The pharmacist will look up your benefit information on the computer to verify coverage and dispense the prescription.
4. If given the choice, always ask for generics.

KENA-PF-0908

Quick Reference Performance Drug List

sulfamethoxazole-trimethoprim
SYMBICORT
SYNTHROID

T

TAMIFLU
TARKA
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torseamide
TRAVATAN
tretinoin
triamterene-hydrochlorothiazide
TRICOR

V

VALTREX
venlafaxine
VERAMYST
verapamil ext-rel

VESICARE
VIVELLE-DOT
VYTORIN

W

warfarin
WELCHOL

X

XALATAN
XOPENEX
XOPENEX HFA

Y

YASMIN
YAZ

Z

ZETIA
ZIANA
zolpidem
ZOMIG

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This Caremark 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 to check coverage and copay information for a specific medicine.

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

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.

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

⁴ Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to www.caremark.com to find the copay under a specific plan.

⁵ 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.

Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

This Caremark Drug List contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

www.caremark.com

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Quick Reference Performance Drug List

G

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glyburide-metformin

H

HUMALOG
HUMULIN
hydrochlorothiazide

I

IMITREX
ipratropium-albuterol inhalation solution
itraconazole

L

LANTUS
LEVAQUIN
LEVEMIR
levothyroxine
LEXAPRO
LIPITOR
lisinopril
lisinopril-hydrochlorothiazide
LUMIGAN
LUNESTA

M

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

N

nadolol
NASACORT AQ
NASONEX
NEXIUM
NIASPAN
nifedipine ext-rel

NOVOLIN
NOVOLOG
NUVARING

O

omeprazole
ONETOUCH STRIPS AND KITS⁵
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
OXYTROL

P

pantoprazole
paroxetine
paroxetine ext-rel
penicillin VK
PRANDIN
pravastatin
PREMARIN
PREMPHASE
PREMPRO
PREVACID
PROAIR HFA
PROMETRIUM
propranolol
PROVENTIL HFA
PULMICORT

Q

quinapril
quinapril-hydrochlorothiazide
QVAR

R

ramipril
ranitidine
REBIF
RETIN-A MICRO
RHINOCORT AQUA

S

SEREVENT
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA
spironolactone-hydrochlorothiazide

CVS Caremark Mail Service Pharmacy

CVS Caremark Mail Service Pharmacy provide a convenient and cost-effective way for you to order long-term medicine(s) Follow these steps to make sure you have a continuous supply:

1. Let your doctor know you would prefer a generic prescription medicine, when appropriate.
2. Ask for two prescriptions: one for a long-term supply as defined by your coverage (e.g. 100 days) and the other for immediate use. Have the short-term prescription (e.g. 30 days) filled at a participating retail pharmacy.
3. Complete a mail service order form and send it to CVS Caremark along with your original long-term prescription.
4. You can expect your medicine to arrive approximately 10 calendar days after CVS Caremark receives your order. You will receive a new mail service order form and pre-addressed envelope with each shipment.
5. If your plan requires payment, please provide payment information when you place your order.

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

For Refills

Retail pharmacy

If your doctor has ordered refills, let your pharmacist know when you are ready to reorder.

CVS Caremark Mail Service Pharmacy

You can order refills by Internet, phone or mail. The information included with your last order will show the date you can request a refill and the number of refills you have left.

- **Online at www.caremark.com.** This is the most convenient way to order refills and inquire about the status of your order any time of the day or night. You will need to register and log in to access service.
- **By phone.** Call the toll-free Customer Care number located on your prescription label for fully automated refill service. Have your ID number ready.
- **By mail.** Attach the refill label provided with your last order to a mail service order form. Enclose payment with your order, if your plan requires a payment.

Quick Reference Performance Drug List

A

ACCU-CHEK STRIPS AND KITS⁵
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
ADVAIR
ADVICOR
albuterol
alendronate
ALLEGRA-D⁴
ALPHAGAN P
amlodipine
amoxicillin
amoxicillin-clavulanate
ANDROGEL
APIDRA
ASMANEX
ASTELIN
ATACAND²
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

C

CADUET
carvedilol
cefaclor
cefdinir
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram

clarithromycin
clarithromycin ext-rel
CLIMARA
COMBIVENT
COPAXONE
COREG CR
COUMADIN
CYMBALTA

D

DETROL
DETROL LA
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
doxazosin
doxycycline hyclate
DUAC CS
DUETACT

E

EFFEXOR XR
ENABLEX
ENJUVA
EPIPEN
EPIPEN JR
erythromycin-benzoyl peroxide
erythromycins
ESTRADERM
estradiol
estropipate
ethinyl estradiol-levonorgestrel
EVISTA

F

fenofibrate
fexofenadine
finasteride
FLOMAX
FLOVENT
fluconazole
fluoxetine
fluticasone
FORADIL
FORTEO
Fortical
fosinopril
fosinopril-hydrochlorothiazide
furosemide

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Your Caremark Performance Drug List As Of October 2008

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-D⁴

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

Getting Your Prescription Filled at a Retail Pharmacy

Day Supply Limit

You can get a short-term day supply of medicine each time you have a prescription filled at a participating retail pharmacy.

Refill Limit

There is no limit to the number of refills you may fill at a participating retail pharmacy for maintenance medicines.

CVS Caremark Participating Retail Pharmacies

The CVS Caremark Retail Program includes more than 62,000 participating pharmacies nationwide, including over 20,000 independent community pharmacies. For a full listing, visit www.caremark.com.

Using a participating retail pharmacy is generally more convenient and less expensive. Participating pharmacies can easily access information about your prescription benefit program and the appropriate payment. You will not need to file any additional paperwork when you use a CVS Caremark participating retail pharmacy.

If You Use a Non-participating Pharmacy or Don't have Your Benefit ID Card with You

You will be asked to pay 100 percent of the prescription price at the pharmacy should you lose or forget your benefit ID card. If you have questions about your plan benefits, you may contact your HR or benefits office. If you paid the full prescription price, you will need to submit a **paper claim form** along with the original prescription receipt(s) to CVS Caremark for reimbursement of covered expenses. You can download and print a claim form when you log in to www.caremark.com or call the Customer Care toll-free number.

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

Getting Your Prescription Filled Through the CVS Caremark Mail Service Pharmacy

CVS Caremark operates seven mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, our mail service pharmacies are staffed by registered pharmacists. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it is filled correctly. In addition, your prescription history is reviewed to identify any possible problems with new medicines you may be prescribed.

Day Supply Limit

You can get a long-term day supply of medicine when you get a prescription filled through the CVS Caremark Mail Service Pharmacy. Ask your doctor to write a prescription for a long-term day supply, including refills when appropriate.

Please Note: *By law, CVS Caremark must fill your prescription for the exact quantity of medicine prescribed by your doctor, up to the 100-day supply limit.*

Payment Options

While checks and money orders are accepted, the preferred method of payment is by credit card. For credit card payments, simply include your VISA®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the enclosed mail service order form.

Convenient Home Delivery

You can expect your medicine to arrive approximately 10 calendar days after CVS Caremark receives your prescription. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about your prescribed medicine that you would receive from a retail pharmacy.

Your Caremark Performance Drug List As Of October 2008

§ SEROTONIN
NOREPINEPHRINE REUPTAKE
INHIBITORS (SNRIs)¹
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
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

§ SULFONYLUREA/
BIGUANIDE COMBINATIONS
glipizide-metformin
glyburide-metformin

SUPPLIES
ACCU-CHEK STRIPS
AND KITS⁵
BD INSULIN SYRINGES
AND NEEDLES
ONETOUCH STRIPS AND KITS⁵

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ACTONEL

§ CALCITONINS
Fortical
PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES

§ MONOPHASIC
YASMIN
YAZ
§ TRIPHASIC
ORTHO TRI-CYCLEN 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

§ H₂ 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

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

Your Caremark Performance Drug List As Of October 2008

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

ATACAND²/ATACAND HCT
AVAPRO/AVALIDE
BENICAR/BENICAR HCT
MICARDIS/MICARDIS HCT

ANTIPEMICS

ANTIPEMIC 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/ ANTIPEMIC COMBINATIONS

CADUET

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO

Helpful Tips

When you visit your doctor:

- Let your doctor know that you are interested in using prescription medicines that are appropriate for you and cost-effective.
- If you need a prescription, ask for a generic and ask your doctor to authorize generic substitution when medically appropriate (find out more about generic prescription medicine at the end of this booklet).
- Make sure your doctor indicates number of refills on the prescription, if appropriate.
- If your doctor tells you that you will be taking a certain medicine for a long time, ask for both a short-term and a long-term prescription.

If you have questions about your prescription medicine:

For information about your prescribed medicine, log on to **www.caremark.com** at any time, day or night. You can also talk to a pharmacist or nurse by calling your Customer Care number. Important information on common medicine uses, specific instructions and possible side effects is typically included with your prescription.

If you have prescriptions at a non-participating pharmacy:

You may be able to save by having your prescription transferred to a participating retail pharmacy. To do this, contact a CVS Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. If possible, have your prescription bottle with you when you make the call so you can answer any questions. The pharmacist will contact the non-participating pharmacy and make the transfer for you. When you pick up the prescription, bring along your benefit information so that the pharmacist can verify coverage.

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document. For specific information, visit our Web site at www.caremark.com or contact a Caremark Customer Care representative.

The CVS Caremark Difference

As your prescription benefit manager, CVS Caremark is dedicated to helping you get the medicine you have been prescribed. In addition to this service, we are committed to supporting your overall health goals and making your health care experience as convenient and comfortable as possible. Here are some of the extra services we provide.

Keeping you informed:

If you have questions about medicine you've been prescribed or about your health condition, you can contact a pharmacist by calling your Customer Care number. You can also learn more by logging on to www.caremark.com.

Making cost-effective prescription choices:

If there is a less expensive alternative to a medicine you have been prescribed, CVS Caremark may contact your doctor and ask whether it might be appropriate to substitute another product. In most cases, these alternatives are generic equivalents or brand-name medicines included on our drug list. It is our policy never to make such a substitution without your doctor's approval.

Providing Specialty Pharmacy Services:

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medicines. CVS Caremark provides these products directly to plan participants along with special support, including regular phone calls to answer questions about using the medicine. Every participant is also provided with a pharmacist-led CareTeam for ongoing support and counseling.

The **Caremark Performance 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 copay¹ information, please visit our Web site at 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 to check coverage and copay information for a specific medicine.

Fill in for up to two individuals who will receive prescriptions with this order.

#1:

Last Name

□□□□□□□□□□□□

Easy open caps

Print materials in Spanish

First Name

□□□□□□□□□□□□

MI Suffix (JR, SR)
□□ □□□□

Alternate Name (Nickname)

□□□□□□□□□□□□

Gender: M F

Date of Birth:
MM-DD-YYYY

□□ □□ □□ □□ □□ □□

□□ □□ □□ □□ □□ □□

E-mail Address: _____

Date new prescription(s) received from doctor: _____

Doctor / Prescriber's Last Name

□□□□□□□□□□□□

Doctor / Prescriber's First Name

□□□□□□□□□□□□

Doctor / Prescriber's Telephone #

□□□□ - □□□□ - □□□□ □□ □□ □□ □□

COMPLETE ALLERGY/HEALTH INFORMATION ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies: Aspirin Cephalosporin Codeine Erythromycin Penicillin Sulfonamides/Sulfa

None Other: _____

Health Conditions: Arthritis Asthma Diabetes GERD (Acid Reflux) Glaucoma Heart Condition

High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Disorders Thyroid

Other: _____

#2:

Last Name

□□□□□□□□□□□□

Easy open caps

Print materials in Spanish

First Name

□□□□□□□□□□□□

MI Suffix (JR, SR)
□□ □□□□

Alternate Name (Nickname)

□□□□□□□□□□□□

Gender: M F

Date of Birth:
MM-DD-YYYY

□□ □□ □□ □□ □□ □□

□□ □□ □□ □□ □□ □□

E-mail Address: _____ Date new prescription(s) received from doctor: _____

Doctor / Prescriber's Last Name

□□□□□□□□□□□□

Doctor / Prescriber's First Name

□□□□□□□□□□□□

Doctor / Prescriber's Telephone #

□□□□ - □□□□ - □□□□ □□ □□ □□ □□

COMPLETE ALLERGY/HEALTH INFORMATION ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED

Allergies: Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin Sulfonamides/Sulfa

None Other: _____

Health Conditions: Arthritis Asthma Diabetes GERD (Acid Reflux) Glaucoma Heart Condition

High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Disorders Thyroid

Other: _____

Comments/Special Instructions: _____

Method of Payment/Shipping Information

Please make check or money order payable to **Caremark**. Include ID# on check/money order.

Check Money Order/Cashier's Check Voucher/Coupon **Amt. of check/money order:** \$

(Checks returned for insufficient funds will be subject to a processing fee of up to \$40, depending on state law.)

OR pay by credit or debit card (preferred). We accept VISA®, MasterCard®, Discover®, and American Express®.

Fill in oval to charge most recently used credit card for this order and future orders for all individuals included in the family.

Fill in oval to charge most recently used credit card for this order only.

To add, change or update your credit card information, write in below:

□□□□□□□□□□□□ □□ □□ - □□ □□ □□ □□

Credit/Debit Card Number Expiration Date

Credit Card Holder Signature _____ Date _____

Your credit card will be billed for prescription costs and expedited shipping (if requested).

By submitting this form you acknowledge that eligibility under the prescription benefit is subject to plan verification and that you/your dependents do not have primary prescription coverage under any other plan.

Regular delivery is FREE (allow up to 10 days for delivery).
For faster delivery, mark the appropriate oval below.
Note: Expedited delivery only affects shipping time, not processing time of your order.

Fill in oval for faster delivery:

2nd Business Day = \$13 (per order) Next Business Day = \$18 (per order)
(Charges subject to change.)



CVS | **CAREMARK**
CAREMARK | **CAREMARK**[®]
MAIL SERVICE
ORDER FORM

Mail order form to:



CAREMARK
 PO BOX 2110
 PITTSBURGH, PA 15230-2110

Please fold here 

Enter ID # below if not shown or if different from above

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Use this form to order NEW and/or REFILL mail service prescriptions. Please print in **BLUE** or **BLACK** INK using CAPITAL letters only. FOR FASTEST SERVICE: Order refills and verify benefit information at www.caremark.com or call the number on your prescription benefit identification card.

Please fold here 

Address Change/Shipping Information (Complete ONLY IF DIFFERENT or not shown above)

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI Suffix (JR, SR)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apt./Suite#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Use this address
for this order only.**

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Daytime Phone#:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--


Prescription Plan Sponsor or Company Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Evening Phone#:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please fold here 

Please fold here 

NEW prescriptions - Mail Rx(s) with this form. REFILLS - Put refill sticker(s) below.

If space is needed for more refill labels, you may: 1) attach labels to a blank piece of paper and send with this order form, or 2) print a Refill Order Continuation Form at our Web site above, or 3) call Caremark Customer Care number on your prescription benefit identification card.

Apply Caremark Refill Label here

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

write prescription number above

Apply Caremark Refill Label here

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

write prescription number above

Apply Caremark Refill Label here

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

write prescription number above

Apply Caremark Refill Label here

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Or

write prescription number above

PENNSYLVANIA LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE. IF YOU DO NOT WANT A LESS EXPENSIVE BRAND OR GENERIC DRUG "PRODUCT", PLEASE PROVIDE SPECIFIC INSTRUCTIONS, INCLUDING DRUG NAMES, IN THE "COMMENTS/SPECIAL INSTRUCTIONS" SECTION OF THIS FORM.

Unless otherwise directed, all prescriptions received on a single order form or in a single envelope may be shipped together in one package.

Please turn over to provide additional information.



Your Personal Prescription Benefit Program

A Convenient Pull-Out Guide

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate medicine needs or short-term medicine	For maintenance or long-term medicine(s)
You Will Pay:	<ul style="list-style-type: none">• \$5 for each generic prescription• \$10 for each brand name prescription on the drug list• \$40 for each brand name prescription <u>not</u> on the drug list	<ul style="list-style-type: none">• \$5 for each generic prescription• \$10 for each brand name prescription on the drug list• \$40 for each brand name prescription <u>not</u> on the drug list
Day Supply Limit:	100-day supply	100-day supply
Refill Limit:	None	None

Have More Questions?

Three Easy Ways To Contact Caremark

1. www.caremark.com

Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medicine information. Please see the inside front cover for more details.

2. 1-866-818-6911

Call toll-free for the Caremark fully automated refill phone service.

3. Caremark Customer Care

Please contact Caremark Customer Care toll-free at **1-866-818-6911** or access our Web site 24 hours a day, seven (7) days a week at www.caremark.com. For those who require telecommunications device (TDD) assistance, please dial toll-free 1-800-231-4403.

When you call or log in, be ready to provide:

- Plan participant's ID number provided by your plan
- Plan participant's date of birth
- Your Visa®, Discover®, MasterCard® or American Express® number with expiration date, if your plan requires a payment