

Primary/Preferred Drug List

The **CVS Caremark Primary/Preferred 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 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.

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 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.

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

ANTILIPEMICS

§ BILE ACID RESINS
cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

§ FIBRATES

fenofibrate
TRICOR

§ HMG-CoA REDUCTASE INHIBITORS

pravastatin
simvastatin
CRESTOR
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

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)³

venlafaxine
CYMBALTA
EFFEXOR XR

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
AMBIEN CR
LUNESTA

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

sumatriptan
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

ENDOCRINE AND METABOLIC

ANDROGENS
ANDRODERM
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
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
ethinyl estradiol-
drospirenone
YAZ

§ TRIPHASIC
ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE
ethinyl estradiol-
levonorgestrel
SEASONIQUE
CONTINUOUS
LYBREL

TRANSDERMAL
ORTHO EVRA

VAGINAL
NUVARING

ESTROGENS

§ ORAL
estradiol
estropipate
ENJUVA
PREMARIN

§ TRANSDERMAL,
ESTROGENS
estradiol
CLIMARA
ESTRADERM
VIVELLE-DOT

§ ORAL ESTROGEN/
PROGESTINS
estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS
medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN
RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR
ANTAGONISTS
ranitidine

§ PROTON PUMP
INHIBITORS
omeprazole
NEXIUM
PREVACID

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA
doxazosin
finasteride
terazosin
AVODART
FLOMAX

§ URINARY
ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
DETROL
DETROL LA
ENABLEX
OXYTROL
SANCTURA XR
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-D⁴

BETA AGONISTS

§ SHORT ACTING
albuterol
PROAIR HFA
PROVENTIL HFA
XOPENEX
XOPENEX HFA

LONG ACTING
FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR
ANTAGONISTS
SINGULAIR

NASAL ANTIHISTAMINES

ASTELIN
ASTEPRO

§ 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 PRIMARY/PREFERRED DRUG LIST

A

ACCU-CHEK STRIPS
 AND KITS⁵
 ACTONEL
 ACTOPLUS MET
 ACTOS
acyclovir
 ADVAIR
 ADVICOR
albuterol
alendronate
 ALLEGRA-D⁴
 ALPHAGAN P
 AMBIEN CR
amlodipine
amoxicillin
amoxicillin-clavulanate
 ANDRODERM
 ANDROGEL
 APIDRA
 ASMANEX
 ASTELIN
 ASTEPRO
 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
 CRESTOR
 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
estradiol-norethindrone
estropipate
ethinyl estradiol-
drospirenone
ethinyl estradiol-
levonorgestrel
 EVISTA

F

fenofibrate
fexofenadine
finasteride
 FLOMAX
 FLOVENT
fluconazole
fluoxetine

fluticasone
 FORADIL
 FORTEO
Fortical
fosinopril
fosinopril-
hydrochlorothiazide
furosemide

G

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMALOG
 HUMULIN
hydrochlorothiazide

I

ipratropium-albuterol
inhalation solution
itraconazole

L

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

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

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

SANCTURA XR
 SEASONIQUE

SEREVENT
sertraline
 SIMCOR
simvastatin
 SINGULAIR
 SPIRIVA
spironolactone-
hydrochlorothiazide
sulfamethoxazole-
trimethoprim
sumatriptan
 SYMBICORT
 SYNTHROID

T

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

V

VALTREX
venlafaxine
 VERAMYST
verapamil ext-rel
 VESICARE
 VIVELLE-DOT

W

warfarin
 WELCHOL

X

XALATAN
 XOPENEX
 XOPENEX HFA

Y

YAZ

Z

ZETIA
 ZIANA
zolpidem
 ZOMIG

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACIPHEX	NEXIUM, <i>omeprazole</i> , PREVACID
ACTONEL W/CALCIUM	ACTONEL, <i>alendronate</i>
ADVANCE	ACCU-CHEK products, ONETOUGH products
AEROBID, AEROBID M	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
ALORA	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
ALTOPREV	CRESTOR, LIPITOR, <i>pravastatin</i> , <i>simvastatin</i>
ALVESCO	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
AMERGE	MAXALT, <i>sumatriptan</i> , ZOMIG
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA	ACCU-CHEK products, ONETOUGH products
ASSURE, ASSURE PRO	ACCU-CHEK products, ONETOUGH products
ATROVENT HFA	SPIRIVA
AXERT	MAXALT, <i>sumatriptan</i> , ZOMIG
AZELEX	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
AZMACORT	ASMANEX, FLOVENT, FLOVENT HFA, PULMICORT, QVAR
BECONASE AQ	<i>flunisolide</i> , <i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
BENZAC AC, BENZAC W	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BENZAGEL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BENZIQ	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
BREVOXYL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
CARDURA XL	AVODART, <i>doxazosin</i> , <i>finasteride</i> , FLOMAX, <i>terazosin</i>
CENESTIN	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
CLARINEX	<i>fexofenadine</i>
CLARINEX D	ALLEGRA-D
CLINDAGEL	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
CONTROL	ACCU-CHEK products, ONETOUGH products
DESQUAM E, DESQUAM X	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
DORAL	AMBIEN CR, LUNESTA, <i>zaleplon</i> , <i>zolpidem</i>
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EASYPRO	ACCU-CHEK products, ONETOUGH products

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ESTRASORB	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
ESTRATEST, ESTRATEST HS	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
ESTROGEL	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
EXACTECH, EXACTECH RSG	ACCU-CHEK products, ONETOUGH products
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX PLUS D	ACTONEL, <i>alendronate</i>
FREESTYLE	ACCU-CHEK products, ONETOUGH products
GLUCOFILM	ACCU-CHEK products, ONETOUGH products
GLUCOMETER DEX, GLUCOMETER ELITE, GLUCOMETER ENCORE	ACCU-CHEK products, ONETOUGH products
ISTALOL	BETIMOL, <i>timolol maleate solution</i>
LESCOL, LESCOL XL	CRESTOR, LIPITOR, <i>pravastatin</i> , <i>simvastatin</i>
MENEST	ENJUVIA, <i>estradiol</i> , <i>estropipate</i> , PREMARIN
MENOSTAR	CLIMARA, ESTRADERM, <i>estradiol</i> , VIVELLE-DOT
NEXGEN	ACCU-CHEK products, ONETOUGH products
OMNARIS	<i>fluticasone</i> , NASACORT AQ, NASONEX, RHINOCORT AQUA, VERAMYST
OVACE	BENZACLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
PATANASE	ASTELIN, ASTEPRO
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , LEXAPRO, <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i>
PRECISION, PRECISION QID, PRECISION XTRA	ACCU-CHEK products, ONETOUGH products
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
PRESTIGE	ACCU-CHEK products, ONETOUGH products
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	MAXALT, <i>sumatriptan</i> , ZOMIG
ROZEREM	AMBIEN CR, LUNESTA, <i>zaleplon</i> , <i>zolpidem</i>
SKELID	ACTONEL, <i>alendronate</i>
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
SURE-TEST	ACCU-CHEK products, ONETOUGH products
TEVETEN, TEVETEN HCT	AVALIDE, AVAPRO, BENICAR, BENICAR HCT, MICARDIS, MICARDIS HCT

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

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TRIAZ	BENZAFLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
TRIGLIDE	<i>fenofibrate</i> , TRICOR
TRILIPIX	<i>fenofibrate</i> , TRICOR
TRUE CARE, TRUETEST, TRUETRACK	ACCU-CHEK products, ONETOUGH products

DRUG NAME	PREFERRED ALTERNATIVE(S)*
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	AVODART, <i>doxazosin</i> , <i>finasteride</i> , FLOMAX, <i>terazosin</i>
ZODERM	BENZAFLIN, DIFFERIN, DUAC CS, <i>erythromycin-benzoyl peroxide</i> , RETIN-A MICRO, <i>tretinoin</i> , ZIANA
ZYFLO, ZYFLO CR	SINGULAIR

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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. 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 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.

[§] 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 plan participants 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. Plan participants 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 and 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.

