



Primary/Preferred Change Detail Report Effective 07-01-2010

This report highlights all changes (additions and deletions) to the CVS Caremark Primary/Preferred Drug List.

ADDITIONS:

Product	Therapeutic Category/ Subcategory	Indication	Alternatives/Comments
Brand Agents:			
Dexilant (dexlansoprazole delayed-rel)	Gastrointestinal/ Proton Pump Inhibitors	Dexilant is indicated for: <ul style="list-style-type: none"> • healing of all grades of erosive esophagitis (EE). • maintaining healing of EE. • treating heartburn associated with non-erosive gastroesophageal reflux disease (GERD). 	The FDA has approved a product name change for Kapidex (dexlansoprazole delayed-release) to avoid confusion with two other medications, Casodex (bicalutamide) and Kadian (morphine sulfate extended-release). Kapidex (dexlansoprazole delayed-release) will now be marketed under the new name Dexilant.
Evamist (estradiol transdermal spray)	Endocrine and Metabolic/ Estrogens, Transdermal	Evamist is indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.	To provide the only available topical estrogen spray for the treatment of vasomotor symptoms.
Rapaflo (silodosin)	Genitourinary/ Benign Prostatic Hyperplasia	Rapaflo is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH).	To provide an additional therapy option for the treatment of BPH.
Generic Agents:			
lansoprazole	Gastrointestinal/ Proton Pump Inhibitors	Lansoprazole is indicated: <ul style="list-style-type: none"> • for short-term treatment (for 4 weeks) for healing and 	To provide an additional generic proton pump inhibitor therapy option.

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		<p>symptom relief of active duodenal ulcer.</p> <ul style="list-style-type: none"> • in combination with amoxicillin plus clarithromycin as triple therapy for the treatment of patients with <i>H. pylori</i> infection and duodenal ulcer disease (active or one-year history of a duodenal ulcer) to eradicate <i>H. pylori</i>. • in combination with amoxicillin as dual therapy for the treatment of patients with <i>H. pylori</i> infection and duodenal ulcer disease (active or one-year history of a duodenal ulcer) who are either allergic or intolerant to clarithromycin or in whom resistance to clarithromycin is known or suspected. • to maintain healing of duodenal ulcers. • for short-term treatment (up to 8 weeks) for healing and symptom relief of active benign gastric ulcer. • for the treatment of NSAID-associated gastric ulcer in patients who continue NSAID use. • for reducing the risk of 	

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		<p>NSAID-associated gastric ulcers in patients with a history of a documented gastric ulcer who require the use of an NSAID.</p> <ul style="list-style-type: none"> • for the treatment of heartburn and other symptoms associated with GERD. • for short-term treatment (up to 8 weeks) for healing and symptom relief of all grades of erosive esophagitis. • to maintain healing of erosive esophagitis. <p>for the long-term treatment of pathological hypersecretory conditions, including Zollinger-Ellison syndrome.</p>	
tamsulosin	Genitourinary/ Benign Prostatic Hyperplasia	Tamsulosin is indicated for treatment of the signs and symptoms of benign prostatic hyperplasia.	The "A"-rated generic tamsulosin will replace the branded agent Flomax (tamsulosin) on the Primary/Preferred Drug List.

DELETIONS:

Product	Therapeutic Category/ Subcategory	Indication	Alternatives/Comments
Brand Agents:			
Advicor (niacin ext-rel/lovastatin)	Cardiovascular/ Antilipemics,	Advicor is indicated for the treatment of primary	Availability of niacin combination therapy options.

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	Niacins/Combinations	hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Frederickson types IIa and IIb) in: <ul style="list-style-type: none"> • patients treated with lovastatin who require further TG-lowering or HDL-raising who may benefit from having niacin added to their regimen. • patients treated with niacin who require further LDL-lowering who may benefit from having lovastatin added to their regimen. 	Alternatives on the Primary/Preferred Drug List include Simcor (niacin extended-release/simvastatin).
Climara (estradiol transdermal system)	Endocrine and Metabolic/ Estrogens, Transdermal	Climara is indicated in the: <ul style="list-style-type: none"> • treatment of moderate to severe vasomotor symptoms associated with the menopause. • treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with the menopause. • treatment of hypoestrogenism due to hypogonadism, castration or primary ovarian failure. • prevention of postmenopausal osteoporosis. 	The "A"-rated generic estradiol transdermal system is already listed on the Primary/Preferred Drug List.

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Flomax (tamsulosin)	Genitourinary/ Benign Prostatic Hyperplasia	Flomax is indicated for treatment of the signs and symptoms of benign prostatic hyperplasia.	Flomax (tamsulosin) will be replaced on the drug list by the "A"-rated generic tamsulosin.
Kapidex* (dexlansoprazole delayed-rel)	Gastrointestinal/ Proton Pump Inhibitors	Kapidex is indicated for: <ul style="list-style-type: none"> • healing of all grades of erosive esophagitis (EE). • maintaining healing of EE. • treating heartburn associated with non-erosive gastroesophageal reflux disease (GERD). 	The FDA has approved a product name change for Kapidex (dexlansoprazole delayed-release) to avoid confusion with two other medications, Casodex (bicalutamide) and Kadian (morphine sulfate extended-release). Kapidex (dexlansoprazole delayed-release) will now be marketed under the new name Dexilant.

* See Dexilant addition

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