

# Mail Handlers Benefit Plan

This list is a guide within select therapeutic categories for **Mail Handlers Benefit Plan**. **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

The **Mail Handlers 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:

- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit the CVS Caremark Web site at [www.caremark.com](http://www.caremark.com), visit the Mail Handlers Benefit Plan Web site at [www.mhbp.com](http://www.mhbp.com), or contact a CVS Caremark Customer Care representative.
- FDA-approved drugs are included in the Mail Handlers Benefit Plan, and this is not meant to be a complete list of the drugs covered under your plan. Although this drug guide was current at the time of printing, it is subject to change. Certain drugs on this list may be moved from one category to another. Please call the toll-free number listed on your ID card with any questions about your prescription benefit plan.
- Any brand drug for which a generic product becomes available may be designated as a non-preferred product.

## HEALTH CARE PROVIDER

Your patient is covered under the **Mail Handlers 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 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](http://www.caremark.com) or [www.mhbp.com](http://www.mhbp.com) to check coverage and copay information for a specific medicine.

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

*cefaclor*  
*cefdinir*  
*cephalexin*  
SUPRAX

#### § 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

*amantadine*  
*rimantadine*  
RELENZA  
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

AVAPRO/AVALIDE  
BENICAR/BENICAR HCT  
MICARDIS/MICARDIS HCT

### ANTILIPEMICS

#### § BILE ACID RESINS

*cholestyramine*  
WELCHOL

#### CHOLESTEROL ABSORPTION INHIBITORS

ZETIA

#### § FIBRATES

*fenofibrate*  
TRICOR  
TRILIPIX

#### § HMG-CoA REDUCTASE INHIBITORS

*pravastatin*  
*simvastatin*  
CRESTOR  
LIPITOR

#### NIACINS/COMBINATIONS

ADVICOR  
NIASPAN  
SIMCOR

### § BETA-BLOCKERS

*atenolol*  
*carvedilol*  
*metoprolol*  
*metoprolol succinate ext-rel*  
*nadolol*  
*propranolol*  
BYSTOLIC  
COREG CR

### § CALCIUM CHANNEL BLOCKERS

*amlodipine*  
*diltiazem ext-rel*  
*nifedipine ext-rel*  
*verapamil ext-rel*

### CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

CADUET

### § DIGITALIS GLYCOSIDES

*digoxin*

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§ 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)<sup>2</sup>

*venlafaxine*  
CYMBALTA  
EFFEXOR XR  
PRISTIQ

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§ HYPNOTICS, NONBENZODIAZEPINES

*zolpidem*  
AMBIEN CR

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MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS<sup>1</sup>

*sumatriptan*  
MAXALT  
ZOMIG

SELECTIVE SEROTONIN AGONIST/NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS  
TREMIMET

**ENDOCRINE AND METABOLIC**

ANDROGENS  
ANDRODERM  
ANDROGEL

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ANTIDIABETICS

§ BIGUANIDES

*metformin*  
*metformin ext-rel*

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/

BIGUANIDE COMBINATIONS  
JANUMET

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 KITS<sup>4</sup>  
BD INSULIN SYRINGES AND NEEDLES  
ONETOUCH STRIPS AND KITS<sup>4</sup>

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CALCIUM REGULATORS

§ BISPHOSPHONATES  
*alendronate*  
ACTONEL

§ CALCITONINS  
*Fortical*

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PARATHYROID HORMONES FORTEO

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CONTRACEPTIVES

§ MONOPHASIC

*ethinyl estradiol-*  
*drospirenone*  
YAZ

§ TRIPHASIC ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE  
*ethinyl estradiol-*  
*levonorgestrel*  
LOSEASONIQUE  
SEASONIQUE

CONTINUOUS LYBREL

TRANSDERMAL ORTHO EVRA

VAGINAL NUVARING

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ESTROGENS

§ ORAL  
*estradiol*  
*estropipate*  
ENJUVIA  
PREMARIN

§ TRANSDERMAL, ESTROGENS

*estradiol*  
CLIMARA  
ESTRADERM  
VIVELLE-DOT

§ ORAL ESTROGEN/ PROGESTINS

*estradiol-norethindrone*  
PREMPHASE  
PREMPRO

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§ PROGESTINS

*medroxyprogesterone*  
PROMETRIUM

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SELECTIVE ESTROGEN RECEPTOR MODULATORS  
EVISTA

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§ THYROID SUPPLEMENTS

*levothyroxine*  
SYNTHROID

**GASTROINTESTINAL**

§ H<sub>2</sub> RECEPTOR ANTAGONISTS  
*ranitidine*

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§ PROTON PUMP INHIBITORS

*omeprazole*  
KAPIDEX  
NEXIUM

**GENITOURINARY**

§ BENIGN PROSTATIC HYPERPLASIA

*doxazosin*  
*finasteride*  
*terazosin*  
AVODART  
FLOMAX

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§ 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

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§ ANTICHOLINERGICS  
SPIRIVA

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§ ANTICHOLINERGIC/ BETA AGONISTS

*ipratropium-albuterol*  
*inhalation solution*  
COMBIVENT

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§ ANTIHISTAMINES, NONSEDATING

*fexofenadine*

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§ ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D<sup>3</sup>

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BETA AGONISTS

§ SHORT ACTING  
*albuterol*  
PROAIR HFA  
PROVENTIL HFA

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LONG ACTING FORADIL SEREVENT

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LEUKOTRIENE RECEPTOR ANTAGONISTS  
SINGULAIR

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NASAL ANTIHISTAMINES

ASTELIN  
ASTEPRO

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§ NASAL STEROIDS

*fluticasone*  
NASACORT AQ  
NASONEX  
RHINOCORT AQUA  
VERAMYST

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STEROID/BETA AGONISTS

ADVAIR  
SYMBICORT

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STEROID INHALANTS

ASMANEX  
FLOVENT  
PULMICORT  
QVAR

**TOPICAL**

DERMATOLOGY

§ ACNE

*clindamycin solution*  
*erythromycin solution*  
*erythromycin-*  
*benzoyl peroxide*  
*tretinoin*  
BENZACLIN  
DIFFERIN  
DUAC CS  
RETIN-A MICRO<sup>+</sup>  
ZIANA

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OPHTHALMIC

§ BETA-BLOCKERS, NONSELECTIVE

*timolol maleate solution*  
BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

PROSTAGLANDINS

LUMIGAN  
TRAVATAN  
XALATAN

§ SYMPATHOMIMETICS

*brimonidine 0.2%*  
ALPHAGAN P

## MAIL HANDLERS BENEFIT PLAN QUICK REFERENCE DRUG LIST

<p><b>A</b></p> <p>ACCU-CHEK STRIPS AND KITS<sup>4</sup> ACTONEL ACTOPLUS MET ACTOS <i>acyclovir</i> ADVAIR ADVICOR <i>albuterol</i> <i>alendronate</i> ALLEGRA-D<sup>3</sup> ALPHAGAN P <i>amantadine</i> AMBIEN CR <i>amlodipine</i> <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> ANDRODERM ANDROGEL APIDRA ASMANEX ASTELIN ASTEPRO <i>atenolol</i> AVALIDE AVAPRO AVELOX AVODART <i>azithromycin</i></p>	<p><i>ciprofloxacin tablet</i> <i>citalopram</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> CLIMARA <i>clindamycin solution</i> COMBIVENT COREG CR COUMADIN CRESTOR CYMBALTA</p>	<p><i>Fortical</i> <i>fosinopril</i> <i>fosinopril-hydrochlorothiazide</i> <i>furosemide</i></p>	<p><b>N</b></p> <p><i>nadolol</i> NASACORT AQ NASONEX NEXIUM NIASPAN <i>nifedipine ext-rel</i> NOVOLIN NOVOLOG NUVARING</p>	<p>SEREVENT <i>sertraline</i> SIMCOR <i>simvastatin</i> SINGULAIR SPIRIVA <i>spironolactone-hydrochlorothiazide</i> <i>sulfamethoxazole-trimethoprim</i> <i>sumatriptan</i><sup>1</sup> SUPRAX SYMBICORT SYNTHROID</p>
<p><b>B</b></p> <p>BD INSULIN SYRINGES AND NEEDLES BENICAR BENICAR HCT BENZACLIN BETIMOL BETOPTIC S <i>brimonidine 0.2%</i> <i>bupropion</i> <i>bupropion ext-rel</i> BYETTA BYSTOLIC</p>	<p><b>D</b></p> <p>DETROL DETROL LA <i>dicloxacillin</i> DIFFERIN <i>digoxin</i> <i>diltiazem ext-rel</i> <i>doxazosin</i> <i>doxycycline hyclate</i> DUAC CS DUETACT</p>	<p><b>G</b></p> <p><i>glimepiride</i> <i>glipizide</i> <i>glipizide ext-rel</i> <i>glipizide-metformin</i></p>	<p><b>O</b></p> <p><i>omeprazole</i> ONETOUCH STRIPS AND KITS<sup>4</sup> ORTHO EVRA ORTHO TRI-CYCLEN LO <i>oxybutynin</i> <i>oxybutynin ext-rel</i> OXYTROL</p>	<p><b>T</b></p> <p>TAMIFLU TARKA <i>terazosin</i> <i>terbinafine tablet</i> <i>tetracycline</i> <i>timolol maleate solution</i> <i>toremide</i> TRAVATAN <i>tretinoin</i> TREMIMET <i>triamterene-hydrochlorothiazide</i> TRICOR TRILIPIX</p>
<p><b>C</b></p> <p>CADUET <i>carvedilol</i> <i>cefaclor</i> <i>cefdinir</i> <i>cephalexin</i> <i>cholestyramine</i> CIPRO SUSPENSION <i>ciprofloxacin ext-rel</i></p>	<p><b>E</b></p> <p>EFFEXOR XR ENABLEX ENJUVA EPIPEN EPIPEN JR <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>erythromycins</i> ESTRADERM <i>estradiol</i> <i>estradiol-norethindrone</i> <i>estropipate</i> <i>ethinyl estradiol-drospirenone</i> <i>ethinyl estradiol-levonorgestrel</i> EVISTA</p>	<p><b>H</b></p> <p>HUMALOG HUMULIN <i>hydrochlorothiazide</i></p>	<p><b>P</b></p> <p><i>paroxetine</i> <i>paroxetine ext-rel</i> <i>penicillin VK</i> PRANDIN <i>pravastatin</i> PREMARIN PREMPHASE PREMPRO PRISTIQ PROAIR HFA PROMETRIUM <i>propranolol</i> PROVENTIL HFA PULMICORT</p>	<p><b>V</b></p> <p>VALTREX <i>venlafaxine</i> VERAMYST <i>verapamil ext-rel</i> VESICARE VIVELLE-DOT</p>
<p><b>F</b></p> <p><i>fenofibrate</i> <i>fexofenadine</i> <i>finasteride</i> FLOMAX FLOVENT <i>fluconazole</i> <i>fluoxetine</i> <i>fluticasone</i> FORADIL FORTEO</p>	<p><b>I</b></p> <p><i>ipratropium-albuterol inhalation solution</i> <i>itraconazole</i></p>	<p><b>J</b></p> <p>JANUMET JANUVIA</p>	<p><b>Q</b></p> <p><i>quinapril</i> <i>quinapril-hydrochlorothiazide</i> QVAR</p>	<p><b>W</b></p> <p><i>warfarin</i> WELCHOL</p>
<p><b>M</b></p> <p>MAXALT<sup>1</sup> <i>medroxyprogesterone</i> <i>metformin</i> <i>metformin ext-rel</i> <i>metolazone</i> <i>metoprolol</i> <i>metoprolol succinate ext-rel</i> <i>metronidazole</i> MICARDIS MICARDIS HCT <i>minocycline</i> <i>mirtazapine</i></p>	<p><b>K</b></p> <p>KAPIDEX</p>	<p><b>L</b></p> <p>LANTUS LEVAQUIN LEVEMIR <i>levothyroxine</i> LEXAPRO LIPITOR <i>lisinopril</i> <i>lisinopril-hydrochlorothiazide</i> LOSEASONIQUE LUMIGAN LYBREL</p>	<p><b>R</b></p> <p><i>ramipril</i> <i>ranitidine</i> RELENZA RETIN-A MICRO<sup>1</sup> RHINOCORT AQUA <i>rimantadine</i></p>	<p><b>X</b></p> <p>XALATAN</p>
<p><b>S</b></p> <p>SANCTURA XR SEASONIQUE</p>	<p><b>M</b></p> <p>MICARDIS MICARDIS HCT <i>minocycline</i> <i>mirtazapine</i></p>	<p><b>S</b></p> <p>SANCTURA XR SEASONIQUE</p>	<p><b>Z</b></p> <p>ZETIA ZIANA <i>zolpidem</i> ZOMIG<sup>1</sup></p>	<p><b>Y</b></p> <p>YAZ</p>

## PREFERRED ALTERNATIVES LIST (TIER 3)

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR
ACCUNEB	Generics
ACIPHEX	Generics
ACTONEL W/CALCIUM	<i>alendronate</i>
ADALAT CC	Generics
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR
ALLEGRA	Generics
ALORA	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ALTOPREV	<i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, LIPITOR
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR
AMBIEN	<i>zolpidem</i>
AMERGE	<i>sumatriptan</i> <sup>1</sup> , MAXALT <sup>1</sup> , ZOMIG <sup>1</sup>
ANGELIQ	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
ARMOUR THYROID	<i>levothyroxine</i> , SYNTHROID
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUCH STRIPS AND KITS <sup>4</sup>
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT
ATRALIN	<i>tretinoin</i>
ATROVENT HFA	SPIRIVA
AXERT	<i>sumatriptan</i> <sup>1</sup> , MAXALT <sup>1</sup> , ZOMIG <sup>1</sup>
AZELEX	<i>erythromycin solution</i>
AZMACORT	ASMANEX, FLOVENT, PULMICORT, QVAR
BECONASE AQ	<i>fluticasone</i>
BENZAC AC, BENZAC W	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA
BENZAGEL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA
BENZIQ	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA
BREVICON	Generics
BREVOXYL	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA
CARDENE SR	Generics
CARDIZEM LA	<i>diltiazem ext-rel</i>
CARDURA XL	<i>doxazosin</i> , <i>terazosin</i> , FLOMAX
CEFZIL	Generics

DRUG NAME	PREFERRED ALTERNATIVE(S)*
CELEXA	Generics
CENESTIN	<i>estradiol</i> , <i>estropipate</i> , ENJUvia, PREMARIN
CIPRO XR	Generics
CLARINEX	<i>fexofenadine</i>
CLARINEX D	ALLEGRA-D <sup>3</sup>
CLINDAGEL	<i>erythromycin solution</i>
COLESTID	Generics
COREG	Generics
COVERA HS	Generics
COZAAR	BENICAR
CYCLESSA	Generics, ORTHO TRI-CYCLLEN LO
DESQUAM E, DESQUAM X	<i>clindamycin solution</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA
DIABINESE	Generics
DIOVAN, DIOVAN HCT	BENICAR, BENICAR HCT
DITROPAN, DITROPAN XL	Generics, DETROL, DETROL LA, ENABLEX, OXYTROL, SANCTURA XR, VESICARE
DORAL	<i>zolpidem</i> , AMBIEN CR
DUONEB	Generics
DYNABAC	Generics
DYNACIN	Generics
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
EPIDUO	<i>tretinoin</i>
ESTRACE	Generics
ESTRASORB	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROGEL	<i>estradiol</i> , CLIMARA, ESTRADERM, VIVELLE-DOT
ESTROSTEP FE	Generics
EVOCLIN FOAM	<i>clindamycin solution</i> , <i>erythromycin solution</i>
FAMVIR	Generics
FEMHRT	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO
FEMTRACE	<i>estradiol</i> , <i>estropipate</i> , ENJUvia, PREMARIN
FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL
FLONASE	Generics
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>
FOSAMAX, FOSAMAX PLUS D	<i>alendronate</i>

\* 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. Before making a final decision, please read the official Plan brochure R1 71-007. All benefits are subject to definitions, limitations and exclusions set forth in the official Plan brochure. ©2009.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
FROVA <sup>†</sup>	<i>sumatriptan</i> <sup>†</sup> , MAXALT <sup>†</sup> , ZOMIG <sup>†</sup>
GELNIQUE	<i>oxybutynin ext-rel</i>
GLUCOPHAGE	Generics
GLUCOTROL	Generics
GLYNASE	Generics
HYZAAR	BENICAR HCT
INNOPRAN XL	<i>atenolol, propranolol ext-rel</i>
ISTALOL	<i>timolol maleate solution, BETIMOL</i>
KLARON LOTION	<i>erythromycin solution</i>
LAMISIL TABLET	Generics
LOTREL	Generics
LUNESTA	<i>zolpidem</i>
MAXAIR	PROAIR HFA
MENEST	<i>estradiol, estropipate, ENJUVA, PREMARIN</i>
MENOSTAR	<i>estradiol, CLIMARA, ESTRADERM, VIVELLE-DOT</i>
MEVACOR	Generics, CRESTOR, LIPITOR
MODICON	Generics
NORINYL	Generics
NORVASC	Generics
OMNARIS	<i>fluticasone</i>
OMNICEF	Generics
ORTHO TRI-CYCLEN	Generics
ORTHO-CEPT	Generics
ORTHO-CYCLEN	Generics
ORTHO-NOVUM	Generics
ORTHO-NOVUM 7/7/7	Generics
OVCON	Generics
PCE	Generics
PATANASE	ASTELIN, ASTEPRO
PAXIL CR	Generics
PEPCID	Generics
PEXEVA	<i>citalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, LEXAPRO</i>
PLENDIL	Generics
PRAVACHOL	Generics
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>

DRUG NAME	PREFERRED ALTERNATIVE(S)*
PROCARDIA XL	Generics
PROTONIX	Generics
PROZAC	Generics
RAPAFLO	<i>doxazosin, terazosin, FLOMAX</i>
REBETOL	Generics
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELPAK	<i>sumatriptan</i> <sup>†</sup> , MAXALT <sup>†</sup> , ZOMIG <sup>†</sup>
RETIN-A <sup>†</sup>	Generics
SKELID	<i>alendronate, ACTONEL</i>
SONATA	Generics
SPECTRACEF	Generics
SPORANOX	Generics
STARLIX	PRANDIN
STRIANT	ANDRODERM, ANDROGEL
SULAR	<i>amlodipine, nifedipine ext-rel</i>
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
TEKTURNA, TEKTURNA HCT	BENICAR, BENICAR HCT
TESTODERM	ANDRODERM, ANDROGEL
TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
TIAZAC	Generics
TOPROL-XL	Generics
TOVIAZ	<i>oxybutynin ext-rel</i>
TRIAZ	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO<sup>†</sup>, ZIANA</i>
TRIGLIDE	<i>fenofibrate, TRICOR, TRILIPIX</i>
TRI-NORINYL	Generics
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS <sup>4</sup> , ONETOUGH STRIPS AND KITS <sup>4</sup>
TWINJECT	EPIPEN, EPIPEN JR
UROXATRAL	<i>doxazosin, terazosin, FLOMAX</i>
VANTIN	Generics
VYTORIN	Generics, CRESTOR, LIPITOR
YASMIN	Generics, YAZ
XOPENEX HFA	PROAIR HFA
ZANTAC	Generics
ZIAC	Generics
ZITHROMAX injectable, tablets	Generics

\* 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. Before making a final decision, please read the official Plan brochure R1 71-007. All benefits are subject to definitions, limitations and exclusions set forth in the official Plan brochure. ©2009.

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ZOCOR	Generics
ZODERM	<i>clindamycin solution, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , BENZACLIN, DIFFERIN, DUAC CS, RETIN-A MICRO <sup>1</sup> , ZIANA

DRUG NAME	PREFERRED ALTERNATIVE(S)*
ZOLOFT	Generics
ZYFLO, ZYFLO CR	SINGULAIR
ZYRTEC, ZYRTEC-D 12 HOUR	Generics

\* 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.

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This represents a summary of the prescription coverage for the Mail Handlers Benefit Plan. 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. 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](http://www.caremark.com) to check coverage and copay information for a specific medicine.

<sup>§</sup> Generics are available in this class and should be considered the first line of prescribing.

<sup>†</sup> These drugs and others may have restrictions on them including, but not limited to, quantity limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

<sup>1</sup> 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.

<sup>2</sup> Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

<sup>3</sup> Higher copays may apply depending on the plan participant's specific prescription benefit plan. Log in to [www.caremark.com](http://www.caremark.com) to find the copay under a specific plan.

<sup>4</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. 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.**

This 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.