July 2012

MHBP Prescription Drug Guide

This is a listing of prescription medications within select therapeutic categories for your **MHBP** health 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 medications 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 and generic products in lowercase *italics*.

PLAN MEMBER

MHBP provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing a preferred medicine from this list, when medically appropriate. Take this list along when you, or a covered family member visit a doctor.

Please note:

- For specific information regarding your prescription benefit coverage and copay[1] information, visit the CVS Caremark website at **www.caremark.com**, visit MHBP at **www.mhbp.com**, or contact a CVS Caremark Customer Care representative toll-free at **1-866-623-1441**.
- FDA-approved drugs are included; however, this list is not meant to be a complete list of drugs covered under your plan. Although this drug guide was current at the time of printing, it is subject to change. Additionally, certain drugs on this list may be moved from one category to another. Please call toll-free **1-866-623-1441** 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 MHBP, which is administered by CVS Caremark. As a way to help manage health care costs, please authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name shown 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 all-inclusive and does not guarantee coverage.
- The member'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.
- Log in to **www.caremark.com** or **www.mhbp.com** to check coverage and copay information for a specific medicine.

ANALGESICS

§ NSAIDs
diclofenac
meloxicam
naproxen

NSAIDs, COMBINATIONS
VIMOVO

NSAIDs, TOPICAL
PENNSAID
VOLTAREN GEL

COX-2 INHIBITORS
CELEBREX

§ OPIOID ANALGESICS
codeine-acetaminophen
hydrocodone-acetaminophen
tramadol
tramadol ext-rel

§ OPIOID ANALGESICS, CII
fentanyl transdermal
hydromorphone
morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
AVINZA
EXALGO
KADIAN
NUCYNTA
NUCYNTA ER
OPANA ER
OXYCONTIN †

VISCOSUPPLEMENTS †
SYNVISC
SYNVISC-ONE

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS
cefaclor
cefdinir
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES
azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins

§ FLUOROQUINOLONES
ciprofloxacin ext-rel
ciprofloxacin tablet
levofloxacin
AVELOX
CIPRO SUSPENSION

§ PENICILLINS
amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES
doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS
fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ HERPES AGENTS
acyclovir
valacyclovir

§ INFLUENZA AGENTS
amantadine
rimantadine
RELENZA †
TAMIFLU †

§ MISCELLANEOUS
clindamycin
metronidazole
nitrofurantoin
sulfamethoxazole-trimethoprim

CARDIOVASCULAR

§ ACE INHIBITORS
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS
losartan / losartan-hydrochlorothiazide
BENICAR / BENICAR HCT
DIOVAN / DIOVAN HCT
MICARDIS / MICARDIS HCT

ANTILIPEMICS

§ BILE ACID RESINS
cholestyramine
WELCHOL

CHOLESTEROL ABSORPTION INHIBITORS
ZETIA

§ FIBRATES
fenofibrate
TRICOR
TRILIPIX

§ HMG-CoA REDUCTASE INHIBITORS
atorvastatin
lovastatin
pravastatin

simvastatin
CRESTOR

NIACINS / COMBINATIONS
NIASPAN
SIMCOR

§ BETA-BLOCKERS
atenolol
carvedilol
metoprolol
metoprolol succinate ext-rel
nadolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS
TEKTURNA / TEKTURNA HCT

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
TEKAMLO

DIRECT RENIN INHIBITOR / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS
AMTURNIDE

§ DIURETICS
furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs) [2]
venlafaxine
venlafaxine ext-rel
CYMBALTA
PRISTIQ

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirtazapine
trazodone

§ HYPNOTICS, NONBENZODIAZEPINES †
zolpidem
zolpidem ext-rel

MIGRAINE
§ SELECTIVE SEROTONIN AGONISTS †
naratriptan
sumatriptan
MAXALT
SUMAVEL DOSEPRO
ZOMIG

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

MULTIPLE SCLEROSIS AGENTS †
AVONEX
BETASERON
COPAXONE

ENDOCRINE AND METABOLIC

ANDROGENS †
ANDRODERM
ANDROGEL

ANTIDIABETICS
§ BIGUANIDES
metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA
ONGLYZA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS
JANUMET
JANUMET XR
KOMBIGLYZE XR

INCRETIN MIMETIC AGENTS
BYETTA
VICTOZA

INSULINS
APIDRA
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX

INSULIN SENSITIZERS
ACTOS

INSULIN SENSITIZER / BIGUANIDE COMBINATIONS
ACTOPLUS MET

INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS
DUETACT

§ MEGLITINIDES
nateglinide
PRANDIN

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK STRIPS AND KITS [3]
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH STRIPS AND KITS [3]

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ACTONEL
BONIVA

§ CALCITONINS
calcitonin-salmon

PARATHYROID HORMONES †
FORTEO

CONTRACEPTIVES
§ MONOPHASIC
ethinyl estradiol-drospirenone
BEYAZ
LO LOESTRIN FE
LOESTRIN 24 FE

§ TRIPHASIC
ethinyl estradiol-norgestimate
ORTHO TRI-CYCLEN LO

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

TRANSDERMAL
ORTHO EVRA

VAGINAL
NUVARING

ESTROGENS
§ ORAL
estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL
estradiol
EVAMIST
VIVELLE-DOT

§ ESTROGEN / PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

FERTILITY REGULATORS
OVULATION STIMULANTS, GONADOTROPINS †
BRAVELLE
FOLLISTIM AQ

HUMAN GROWTH HORMONES †
NORDITROPIN

§ PROGESTINS, ORAL
medroxyprogesterone
progesterone, micronized
PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H_2 RECEPTOR ANTAGONISTS
ranitidine

§ PROTON PUMP INHIBITORS
lansoprazole
omeprazole
omeprazole-sodium bicarbonate capsule
pantoprazole
DEXILANT
NEXIUM

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

§ URINARY ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
trospium
DETROL
DETROL LA
ENABLEX
GELNIQUE
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
COUMADIN
PRADAXA
XARELTO

IMMUNOLOGIC AGENTS †

BIOLOGIC DISEASE-MODIFYING AGENTS
ENBREL
HUMIRA

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS †
SPIRIVA

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS †
ipratropium-albuterol inhalation solution

MHBP℠

COMBIVENT

BETA AGONISTS, INHALANTS †

§ SHORT ACTING

albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING

ARCAPTA NEOHALER
FORADIL
SEREVENT

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

zafirlukast
SINGULAIR

§ NASAL ANTIHISTAMINES †

azelastine
ASTEPRO

§ NASAL STEROIDS †

flunisolide
fluticasone
triamcinolone
NASONEX
VERAMYST

STEROID / BETA AGONIST COMBINATIONS †

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS †

budesonide inhalation suspension
ALVESCO
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin †
ACANYA
DIFFERIN
DUAC
EPIDUO
RETIN-A MICRO †
VELTIN †

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency

clobetasol

OPHTHALMIC

§ BETA-BLOCKERS, NONSELECTIVE

timolol maleate solution
BETIMOL

BETA-BLOCKERS, SELECTIVE

BETOPTIC S

§ PROSTAGLANDINS

latanoprost
LUMIGAN
TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine 0.2%
ALPHAGAN P

MHBP QUICK REFERENCE DRUG LIST

A

ACANYA
ACCU-CHEK STRIPS AND KITS [3]
ACTONEL
ACTOPLUS MET
ACTOS
acyclovir
adapalene
ADVAIR †
albuterol †
alendronate
alfuzosin ext-rel
ALPHAGAN P
ALVESCO †
amantadine
amlodipine
amlodipine-atorvastatin
amoxicillin
amoxicillin-clavulanate
AMTURNIDE
ANDRODERM †
ANDROGEL †
APIDRA
ARCAPTA NEOHALER †
ASMANEX †
ASTEPRO †
atenolol
atorvastatin
AVELOX
AVINZA
AVODART
AVONEX †
azelastine †
azithromycin

B

BD INSULIN SYRINGES AND NEEDLES
BENICAR
BENICAR HCT
benzoyl peroxide
BETASERON †
BETIMOL
BETOPTIC S
BEYAZ
BONIVA
BRAVELLE †
brimonidine 0.2%
budesonide inhalation suspension †
bupropion
bupropion ext-rel
BYETTA
BYSTOLIC

C

calcitonin-salmon
carvedilol
cefaclor
cefdinir
CELEBREX
cephalexin
cholestyramine
CIPRO SUSPENSION
ciprofloxacin ext-rel
ciprofloxacin tablet
citalopram
clarithromycin
clarithromycin ext-rel
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobetasol
codeine-acetaminophen
COMBIVENT †
COPAXONE †
COREG CR
COUMADIN
CRESTOR
CYMBALTA

D

desonide
desoximetasone
DETROL
DETROL LA
DEXILANT
diclofenac
dicloxacillin
DIFFERIN
digoxin
diltiazem ext-rel
DIOVAN
DIOVAN HCT
doxazosin
doxycycline hyclate
DUAC
DUETACT
DULERA †

E

ENABLEX
ENBREL †
ENJUVIA
EPIDUO
EPIPEN
EPIPEN JR
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
estradiol
estradiol-norethindrone
estropipate
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norgestimate
EVAMIST
EVISTA
EXALGO

F

fenofibrate
fentanyl transdermal
finasteride
FLOVENT †
fluconazole
flunisolide †
fluocinonide
fluoxetine
fluticasone †
FOLLISTIM AQ †
FORADIL †
FORTEO †
fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

GELNIQUE
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin

H

HUMIRA †
HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydromorphone

I

ipratropium-albuterol inhalation solution †
itraconazole

J

JANUMET
JANUMET XR
JANUVIA

K

KADIAN
KOMBIGLYZE XR

L

lansoprazole
LANTUS
latanoprost
LEVEMIR
levofloxacin
levothyroxine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOESTRIN 24 FE
losartan
losartan-hydrochlorothiazide
lovastatin
LUMIGAN

M

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

morphine
morphine ext-rel
morphine suppository

N

nadolol
naproxen
naratriptan †
NASONEX †
NATAZIA
nateglinide
NEXIUM
NIASPAN
nifedipine ext-rel
nitrofurantoin
NORDITROPIN †
NOVOLIN
NOVOLOG
NOVOLOG MIX
NUCYNTA
NUCYNTA ER
NUVARING

O

omeprazole
omeprazole-sodium bicarbonate capsule
ONETOUCH STRIPS AND KITS [3]
ONGLYZA
OPANA ER
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OXYCONTIN †

P

pantoprazole
paroxetine
paroxetine ext-rel
penicillin VK
PENNSAID
PRADAXA
PRANDIN
pravastatin
PREMARIN
PREMPHASE
PREMPRO
PRISTIQ
PROAIR HFA †
progesterone, micronized
PROMETRIUM
propranolol
propranolol ext-rel
PROVENTIL HFA †
PULMICORT FLEXHALER †

Q

quinapril
quinapril-hydrochlorothiazide
QVAR †

R

ramipril
ranitidine
RAPAFLO
RELENZA †
RETIN-A MICRO †
rimantadine

S

SEREVENT †
sertraline
SIMCOR
simvastatin
SINGULAIR
SPIRIVA †
spironolactone-hydrochlorothiazide
sulfamethoxazole-trimethoprim
sumatriptan †
SUMAVEL DOSEPRO †
SUPRAX
SYMBICORT †
SYNTHROID
SYNVISC †
SYNVISC-ONE †

T

TAMIFLU †
tamsulosin
TEKAMLO
TEKTURNA
TEKTURNA HCT
terazosin
terbinafine tablet
tetracycline
timolol maleate solution
torsemide
tramadol
tramadol ext-rel
TRAVATAN Z
trazodone
tretinoin †
TREXIMET †
triamcinolone †
triamterene-hydrochlorothiazide
TRICOR
TRILIPIX
trospium

V

valacyclovir
VELTIN †
venlafaxine
venlafaxine ext-rel
VENTOLIN HFA †
VERAMYST †
verapamil ext-rel
VESICARE
VICTOZA
VIIBRYD
VIMOVO
VIVELLE-DOT
VOLTAREN GEL

W

warfarin
WELCHOL

X

XARELTO

Z

zafirlukast
ZETIA
zolpidem ext-rel †
zolpidem †
ZOMIG †

PREFERRED ALTERNATIVES LIST (TIER 3)

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
ACCUNEB †	Generics †
ACIPHEX	*lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole,* DEXILANT, NEXIUM
ADALAT CC	Generics
ADVICOR	SIMCOR
ALORA	*estradiol*, EVAMIST, VIVELLE-DOT
ALTOPREV	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
AMBIEN †, AMBIEN CR †	*zolpidem* †, *zolpidem ext-rel* †
ANGELIQ	*estradiol-norethindrone*, PREMPHASE, PREMPRO
ARMOUR THYROID	*levothyroxine,* SYNTHROID
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS [3], ONETOUCH STRIPS AND KITS [3]
ASTELIN †	*azelastine* †
ATACAND, ATACAND HCT	*losartan, losartan-hydrochlorothiazide,* BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
ATELVIA	*alendronate,* ACTONEL, BONIVA
ATROVENT HFA †	SPIRIVA †
AVAPRO, AVALIDE	*losartan*, *losartan-hydrochlorothiazide,* BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
AXERT †	*naratriptan* †, *sumatriptan* †, MAXALT †, ZOMIG †
AXIRON †	ANDRODERM †, ANDROGEL †
AZELEX	*erythromycin solution*
BECONASE AQ †	*flunisolide* †, *fluticasone* †, *triamcinolone* †, NASONEX †, VERAMYST †
BENZAC AC, BENZAC W	*adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin* †, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO †, VELTIN †
BENZAGEL	*adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin* †, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO †, VELTIN †
BENZIQ	*adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin* †, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO †, VELTIN †
BREVICON	Generics
BREVOXYL	*benzoyl peroxide*
CADUET	*amlodipine-atorvastatin*
CARDENE SR	Generics
CARDURA XL	*alfuzosin ext-rel, doxazosin, tamsulosin, terazosin,* RAPAFLO
CELEXA	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
CENESTIN	*estradiol, estropipate,* ENJUVIA, PREMARIN
CLIMARA	*estradiol*, EVAMIST, VIVELLE-DOT

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
CLINDAGEL	*erythromycin solution*
COLESTID	Generics
COREG	*atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel,* BYSTOLIC, COREG CR
COVERA HS	Generics
COZAAR	*losartan, losartan-hydrochlorothiazide,* BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
CYCLESSA	Generics
DESQUAM E, DESQUAM X	*adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin* †, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO †, VELTIN †
DIABINESE	Generics
DITROPAN, DITROPAN XL	*oxybutynin ext-rel, trospium,* DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
DORAL †	*zolpidem* †, *zolpidem ext-rel* †
DUEXIS	VIMOVO
DUONEB †	Generics †
DYNACIN	Generics
DYNACIRC CR	*amlodipine, nifedipine ext-rel*
EDARBI	*losartan*, BENICAR, DIOVAN, MICARDIS
EDLUAR	*zolpidem* †, *zolpidem ext-rel* †
EFFEXOR XR	Generics
ESTRACE	*estradiol*
ESTRASORB	*estradiol,* EVAMIST, VIVELLE-DOT
ESTROGEL	*estradiol,* EVAMIST, VIVELLE-DOT
ESTROSTEP FE	Generics
FAMVIR	Generics
FEMTRACE	*estradiol, estropipate,* ENJUVIA, PREMARIN
FENOGLIDE	*fenofibrate,* TRICOR, TRILIPIX
FIRST TESTOSTERONE †	ANDRODERM †, ANDROGEL †
FLECTOR	*diclofenac, meloxicam, naproxen*
FLOMAX	*alfuzosin ext-rel, doxazosin, tamsulosin, terazosin,* RAPAFLO
FLONASE †	*flunisolide* †, *fluticasone* †, *triamcinolone* †, NASONEX †, VERAMYST †
FORTAMET	*metformin ext-rel*
FORTESTA †	ANDRODERM †, ANDROGEL †
FOSAMAX, FOSAMAX PLUS D	*alendronate,* ACTONEL, BONIVA
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS [3], ONETOUCH STRIPS AND KITS [3]
FROVA †	*naratriptan* †, *sumatriptan* †, MAXALT †, ZOMIG †
GLUCOPHAGE	Generics
GLUCOTROL	Generics
GLUMETZA	*metformin ext-rel*
GLYNASE	Generics

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
HUMALOG	APIDRA, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMULIN	NOVOLIN
HYZAAR	*losartan, losartan-hydrochlorothiazide,* BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT
INNOPRAN XL	*atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel,* BYSTOLIC, COREG CR
ISTALOL	*timolol maleate solution*, BETIMOL
LAMISIL TABLET	Generics
LEXAPRO	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
LEVAQUIN	*levofloxacin*
LIPITOR	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
LIVALO	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
LOTREL	Generics
LUNESTA †	*zolpidem* †, *zolpidem ext-rel* †
MAXAIR †	PROAIR HFA †, PROVENTIL HFA †, VENTOLIN HFA †
MENEST	*estradiol, estropipate*, ENJUVIA, PREMARIN
MENOSTAR	*estradiol*, EVAMIST, VIVELLE-DOT
MEVACOR	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
MODICON	Generics
NEOBENZ MICRO	*benzoyl peroxide*
NORINYL	Generics
NORVASC	Generics
OLEPTRO	*trazodone*
OLUX-E	*clobetasol propionate foam*
OMNARIS †	*flunisolide* †, *fluticasone* †, *triamcinolone* †, NASONEX †, VERAMYST †
ORTHO TRI-CYCLEN	Generics
ORTHO-CEPT	Generics
ORTHO-CYCLEN	Generics
ORTHO-NOVUM	Generics
ORTHO-NOVUM 7/7/7	Generics
OVCON	Generics
OXYTROL	*oxybutynin ext-rel, trospium,* DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
PATANASE †	*azelastine* †, ASTEPRO †
PAXIL CR	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
PCE	Generics
PEPCID	Generics

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
PEXEVA	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
PRAVACHOL	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS [3], ONETOUCH STRIPS AND KITS [3]
PREFEST	*estradiol-norethindrone,* PREMPHASE, PREMPRO
PROCARDIA XL	Generics
PROTONIX	*lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole,* DEXILANT, NEXIUM
PROZAC	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
REBETOL	Generics
RELION INSULIN	NOVOLIN INSULIN
RELPAX †	*naratriptan* †, *sumatriptan* †, MAXALT †, ZOMIG †
RETIN-A †	Generics †
RHINOCORT AQUA †	*flunisolide* †, *fluticasone* †, *triamcinolone* †, NASONEX †, VERAMYST †
RIOMET	*metformin ext-rel*
ROZEREM †	*zolpidem* †, *zolpidem ext-rel* †
RYZOLT	*tramadol ext-rel*
SANCTURA XR	*oxybutynin ext-rel, trospium*, DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
SKELID	*alendronate*, ACTONEL
SONATA †	*zolpidem* †, *zolpidem ext-rel* †
SPECTRACEF	Generics
SPORANOX	Generics
STRIANT †	ANDRODERM †, ANDROGEL †
SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS [3], ONETOUCH STRIPS AND KITS [3]
TARKA	Generics
TESTIM †	ANDRODERM †, ANDROGEL †
TEVETEN, TEVETEN HCT	*losartan, losartan-hydrochlorothiazide,* BENICAR, BENICAR HCT, DIOVAN, DIOVAN HCT, MICARDIS, MICARDIS HCT

DRUG NAME(S)	PREFERRED ALTERNATIVE(S)*
TIAZAC	Generics
TOPROL-XL	*atenolol, carvedilol, metoprolol, metoprolol succinate ext-rel, nadolol, propranolol, propranolol ext-rel,* BYSTOLIC, COREG CR
TOVIAZ	*oxybutynin ext-rel, trospium,* DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
TRADJENTA	JANUVIA, ONGLYZA
TRIAZ	*adapalene, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin* †, ACANYA, DIFFERIN, DUAC, EPIDUO, RETIN-A MICRO †, VELTIN †
TRIGLIDE	*fenofibrate,* TRICOR, TRILIPIX
TRI-NORINYL	Generics
TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS [3], ONETOUCH STRIPS AND KITS [3]
TWINJECT	EPIPEN, EPIPEN JR
VALTREX	*valacyclovir*
VANOS	*clobetasol*
VYTORIN	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
XALATAN	*latanoprost*
XOPENEX HFA †	PROAIR HFA †, PROVENTIL HFA †, VENTOLIN HFA †
YASMIN	Generics
ZANTAC	Generics
ZIAC	Generics
ZITHROMAX injectable, tablets	Generics
ZOCOR	*atorvastatin, lovastatin, pravastatin, simvastatin,* CRESTOR
ZOLOFT	*citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline,* VIIBRYD
ZYFLO, ZYFLO CR	*zafirlukast,* SINGULAIR

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FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This represents a summary of prescription coverage for MHBP. It is not all-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 products or categories, regardless of their appearance in this document. The member'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 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.

***** 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.

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

† 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.

[1] 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.

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

[3] 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.
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.

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Before making a final decision, please read the official Plan brochure(s) of the Mail Handlers Benefit Plan (MHBP) RI 71-007 or RI 71-016.
All benefits are subject to definitions, limitations and exclusions set forth in the official Plan brochure(s).

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