

Preferred Drug Benefit Guide

(Prepared by CVS Caremark for AT&T Prescription Drug Program Participants)

How to Use this Guide

Share this guide with your doctor. Ask your doctor to consider prescribing generic medicines whenever possible. You will pay the lowest copayment¹ when using generics. Preferred brand drug copayments apply to the medications in this alphabetical listing and may provide cost-savings to you and your plan. Choosing a brand-name medicine not on this guide may result in a higher copayment.

A	C	FASLODEX	MAXALT	REBETOL SOLUTION
ABILIFY	CADUET	FEMARA	METADATE CD	REBIF
ABILIFY INJ	CANASA	FLOVENT	MICARDIS	RELENZA
ACANYA	CARAC	FOCALIN XR	MICARDIS HCT	REMODULIN
ACCU-CHEK STRIPS AND KITS	CARBATROL	FORADIL	MULTAQ	RESCRIPTDR
ACTONEL	CEENU	FORTEO	MYFORTIC	RETIN-A MICRO
ACTOPLUS MET	CIPROD SUSPENSION	FUZEON	MYLERAN	REVATIO
ACTOS	COMBIVENT	G	N	REYATAZ
ADCIRCA	COMBIVIR	GABITRIL	NAMENDA	RITALIN LA
ADVAIR	COMTAN	GELNIQUE	NARDIL	RYTHMOL SR
AFINITOR	CONCERTA	GEODON	NASACORT AQ	S
AGGRENOX	COPAXONE	GLEEVEC	NASONEX	SABRIL
ALDARA	COREG CR	H	NEORAL	SANCTURA XR
ALKERAN	CORTIFOAM	HEPSERA	NEUPRD	SANDIMMUNE
ALPHAGAN P	COUMADIN	HEXALEN	NEXAVAR	SAPHRIS
AMBIEN CR	CREON	HUMALOG	NEXIUM	SEASONIQUE
ANDRODERM	CRESTOR	HUMULIN	NIASPAN	SELZENTRY
ANDROGEL	CRIXIVAN	I	NORVIR	SEREVENT
APIDRA	CYMBALTA	INTELENCE	NOVOLIN	SEROQUEL
APTIVUS	D	INTRON A	NOVOLOG	SEROQUEL XR
ARICEPT	DAYTRANA	INVEGA	NUVARING	SIMCOR
ARIMIDEX	DETROL	INVIRASE	O	SINGULAIR
AROMASIN	OETROL LA	ISENTRESS	OFORTA	SPIRIVA
ASACOL	DEXILANT	J	ONETOUCH STRIPS AND KITS	SPRYCEL
ASACOL HD	DIFFERIN	JANUMET	ONGLYZA	STALEVO
ASMANEX	DUAC CS	JANUVIA	ORTHO EVRA	STRATTERA
ASTELIN	DUETACT	K	ORTHO TRI-CYCLEN LO	SUPRAX
ASTEPRO	E	KALETRA	OXYTROL	SUSTIVA
ATRIPLA	EFFEXOR XR	KEPPRA	P	SUTENT
AVALIDE	EFFIENT	L	PEGASYS	SYMBICORT
AVAPRO	ELIDEL	LAMICTAL OOT	PEGINTRON	SYNTHROID
AVELOX	EMTRIVA	LAMICTAL XR	PENTASA	T
AVODART	ENABLEX	LANTUS	PLAVIX	TAMIFLU
AVONEX	ENJUVIA	LETAIRIS	PRANDIN	TARCEVA
AZASAN	ENTOCORT EC	LEUKERAN	PREMARIN	TARGRETIN CAP
AZILECT	EPIDUO	LEVAQUIN	PREMPHASE	TARKA
AZOPT	EPIPEN	LEVEMIR	PREMPRO	TASIGNA
AZOR	EPIPEN JR	LEXAPRO	PREZISTA	TAZORAC
B	EPIVIR	LEXIVA	PRISTIQ	TEMODAR
BANZEL	EPIVIR-HBV	LIALDA	PROAIR HFA	THIOGUANINE
BARACLUDE	EPZICOM	LIDODERM	PROMETRIUM	TIKOSYN
BD INSULIN SYRINGES AND NEEDLES	ESTRADERM	LIPITOR	PROTOPIC	TRACLEER
BENICAR	EVAMIST	LOSEASONIQUE	PROVENTIL HFA	TRAVATAN
BENICAR HCT	EVISTA	LUMIGAN	PRDVGIL	TRELSTAR
BETASERON	EXELON	LUPRON DEPOT	PULMICORT	TREXIMET
BETIMOL	EXELON PATCH	LYRICA	Q	TRICOR
BETOPTIC S	EXFORGE	LYSODREN	QVAR	TRILIPIX
BONIVA	EXFORGE HCT	M	R	TRIZIVIR
BYETTA	EXTAVIA	MATULANE	RAPAFLO	TRUVADA
BYSTOLIC	F		RAPAMUNE	TYKERB
	FANAPT			TYVASO
	FARESTON			TYZEKA

U	VERAMYST	VIVELLE-DOT	X	Z
ULTRASE	VESICARE	VOTRIENT	XALATAN	ZETIA
ULTRASE MT	VIDEX SOLUTION	VYVANSE	XELODA	ZIAGEN
V	VIMPAT	W	Y	ZOLADEX
VALCYTE	VIOKASE	WELCHOL	YAZ	ZOLINZA
VENTAVIS	VIRACEPT			ZOMIG
VENTOLIN HFA	VIRAMUNE			ZYPREXA
	VIREAD			

Following is the Primary/Preferred Drug List of the most commonly prescribed medications sorted by therapeutic class for your reference. This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. For more details see the "FOR YOUR INFORMATION" section at the end of this document.

PRIMARY/PREFERRED DRUG LIST

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

§ 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 / CALCIUM CHANNEL BLOCKERS

TARKA

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-
hydrochlorothiazide
lisinopril-
hydrochlorothiazide
quinapril-
hydrochlorothiazide

§ 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

NIASPAN
SIMCOR

§ BETA-BLOCKERS

atenolol

carvedilol
metoprolol
metoprolol succinate ext-rel
nadolol
propranolol
BYSTOLIC
CDREG 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
torsemide
triamterene-
hydrochlorothiazide

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
LEXAPRO

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)²

venlafaxine
CYMBALTA
EFFEXOR XR
PRISTIQ

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ HYPNOTICS, NONBENZODIAZEPINES

zolpidem
AMBIEN CR

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

sumatriptan
MAXALT
ZOMIG

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

TREXIMET

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

INCRETIN MIMETIC AGENTS

BYETTA

INSULINS

APIDRA
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVDLOG

INSULIN SENSITIZERS

ACTOS

INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

ACTOPLUS MET

INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

DUETACT

MEGLITINIDES

PRANDIN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK STRIPS AND
KITS³

BD INSULIN SYRINGES
AND NEEDLES

ONETOUCH STRIPS AND
KITS³

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ACTONEL
BONIVA

§ CALCITONINS

Fortical

PARATHYROID HORMONES

FORTEO

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-
drospirenone
YAZ

§ TRIPHASIC
ethinyl estradiol-
norgestimate
ORTHO TRI-CYCLEN LO

§ EXTENDED CYCLE
ethinyl estradiol-
levonorgestrel
LOSEASONIQUE
SEASONIQUE

TRANSDERMAL
ORTHO EVRA

VAGINAL
NUVARING

ESTROGENS
§ ORAL
estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL
estradiol
ESTRADERM
EVAMIST
VIVELLE-DOT

§ ESTROGEN /
PROGESTINS, ORAL
estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS, ORAL
medroxyprogesterone
PROMETRIUM

SELECTIVE ESTROGEN
RECEPTOR MODULATORS
EVISTA

§ THYROID SUPPLEMENTS
levothyroxine
SYNTHROID

GASTROINTESTINAL

§ H₂ RECEPTOR
ANTAGONISTS
ranitidine

§ PROTON PUMP
INHIBITORS
lansoprazole
omeprazole
pantoprazole
DEXILANT
NEXIUM

GENITOURINARY
§ BENIGN PROSTATIC
HYPERPLASIA

doxazosin
finasteride
tamsulosin
terazosin
AVODART
RAPAFLO

§ URINARY
ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
DETROL
DETROL LA
ENABLEX
GELNIQUE
OXYTROL
SANCTURA XR
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
warfarin
COUMADIN

RESPIRATORY
ANAPHYLAXIS TREATMENT
AGENTS

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

§ ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS

ipratropium-albuterol
inhalation solution
COMBIVENT

§ ANTIHISTAMINES,
NONSEDATING
fexofenadine

BETA AGONISTS,
INHALANTS

§ SHORT ACTING
albuterol
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING
FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR
ANTAGONISTS
SINGULAIR

NASAL ANTIHISTAMINES
ASTELIN
ASTEPRO

§ NASAL STEROIDS
fluticasone
NASACORT AQ
NASONEX
VERAMYST

STEROID / BETA AGONIST
COMBINATIONS
ADVAIR
SYMBICORT

§ STEROID INHALANTS
ASMANEX
FLOVENT
PULMICORT
QVAR

TOPICAL
DERMATOLOGY

§ ACNE
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
ACANYA
DIFFERIN
DUAC CS
EPIDUO
RETIN-A MICRO

OPHTHALMIC
§ BETA-BLOCKERS,
NONSELECTIVE
timolol maleate solution
BETIMOL

BETA-BLOCKERS,
SELECTIVE
BETOPTIC S

PROSTAGLANDINS
LUMIGAN
TRAVATAN
XALATAN

§ SYMPATHOMIMETICS
brimonidine 0.2%
ALPHAGAN P

PREFERRED ALTERNATIVES LIST

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
ACCOLATE	SINGULAIR	BENZAC AC, BENZAC W	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
ACIPHEX	lansoprazole, omeprazole, pantoprazole, DEXILANT	BENZAGEL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
ACTONEL W/CALCIUM	alendronate	BENZIQ	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
ADVIGDR	SIMCOR	BREVOXYL	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
AEROBID, AEROBID M	ASMANEX, FLOVENT, PULMICORT, QVAR	CARDURA XL	doxazosin, tamsulosin, terazosin, RAPAFLO
ALLEGRA-D	fexofenadine-pseudoephedrine	CENESTIN	estradiol, estropipate, ENJUVIA, PREMARIN
ALORA	estradiol, ESTRADERM, EVAMIST, VIVELLE-DDT	CLARINEX	fexofenadine
ALTOPREV	simvastatin	CLARINEX-D	fexofenadine-pseudoephedrine
ALVESCO	ASMANEX, FLOVENT, PULMICORT, QVAR	CLINDAGEL	erythromycin solution
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO	DESQUAM E, DESQUAM X	clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
ARMOUR THYROID	levothyroxine, SYNTHROID		
ASCENSIA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS 2, ONETOUGH STRIPS AND KITS 3		
ATACAND, ATACAND HCT	BENICAR, BENICAR HCT		
ATROVENT HFA	SPIRIVA		
AXERT	sumatriptan, MAXALT, ZDMIG		
AZELEX	erythromycin solution		
BECONASE AQ	fluticasone		

DRUG NAME	PREFERRED ALTERNATIVE(S)*	DRUG NAME	PREFERRED ALTERNATIVE(S)*
DORAL	<i>zolpidem</i> , AMBIEN CR	PREVACID SDLUTAB	<i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
DYNACIRC CR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
EDLUAR	<i>zolpidem</i>	RELPAK	<i>sumatriptan</i> , MAXALT, ZDMIG
ESTRASORB	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DDT	RHINOCORT AQUA	<i>fluticasone</i>
ESTROGEL	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	RDZEREM	<i>zolpidem</i>
FEMHRT	<i>estradiol-norothyndrone</i> , PREMPHASE, PREMPRO	SKELID	<i>alendronate</i> , ACTONEL
FEMTRACE	<i>estradiol</i> , <i>estropipate</i> , ENJUVIA, PREMARIN	STRIANT	ANDRODERM, ANDROGEL
FENOGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX	SULAR	<i>amlodipine</i> , <i>nifedipine ext-rel</i>
FIRST TESTOSTERONE	ANDRODERM, ANDROGEL	SURE-TEST STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
FDRTAMET	<i>metformin</i> , <i>metformin ext-rel</i>	TESTIM	ANDRDGEL
FOSAMAX PLUS D	<i>alendronate</i>	TEVETEN, TEVETEN HCT	BENICAR, BENICAR HCT
FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ¹ , ONETOUCH STRIPS AND KITS ³	TOVIAZ	<i>oxybutynin ext-rel</i>
FROVA	<i>sumatriptan</i>	TRIAZ	<i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
GLUMETZA	<i>metformin ext-rel</i>	TRIGLIDE	<i>fenofibrate</i> , TRICOR, TRILIPIX
INNOPRAN XL	<i>atenolol</i> , <i>propranolol ext-rel</i>	TRUE CARE STRIPS AND KITS, TRUETEST STRIPS AND KITS, TRUETRACK STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³
ISTALOL	<i>timolol maleate solution</i> , BETIMDL	TWINJECT	EPIPEN, EPIPEN JR
KLARON LOTION	<i>erythromycin solution</i>	UROXATRAL	<i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLU
LUNESTA	<i>zolpidem</i>	VANOS	<i>ciobetasol</i>
MAXAIR	PROAIR HFA, VENTOLIN HFA	XDPENEX HFA	PROAIR HFA, VENTOLIN HFA
MENEST	<i>estradiol</i> , <i>estropipate</i> , ENJUVIA, PREMARIN	ZODERM	<i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , ACANYA, DIFFERIN, DUAC CS, EPIDUO, RETIN-A MICRO
MENOSTAR	<i>estradiol</i> , ESTRADERM, EVAMIST, VIVELLE-DOT	ZYFLD, ZYFLO CR	SINGULAIR
OMNARIS	<i>fluticasone</i>		
PATANASE	ASTELIN, ASTEPRD		
PEXEVA	<i>citalopram</i> , <i>fluoxetine</i> , <i>paroxetine</i> , <i>paroxetine ext-rel</i> , <i>sertraline</i> , LEXAPRD		
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ³ , ONETOUCH STRIPS AND KITS ³		
PREFEST	<i>estradiol-norothyndrone</i> , PREMPHASE, PREMPRO		

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. 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 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, 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.

- * 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.
- 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.

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