



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: December 18, 2020

TO: Eligible Participants

FROM: Board of Trustees

SUBJECT: CVS Caremark – Standard Control Formulary Drug Lists
Fox Valley Laborers Health and Welfare Fund

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CVS Caremark continually reviews medicines and products for the Plan. This helps the Plan make sure the medicines that work well and are cost effective become part of the drug benefit plan. As part of this effort, there are changes that could affect your current medicine choices. Enclosed are the January 2021 Performance Drug List – Standard Control for Clients with Advanced Control Specialty Formulary and the Advanced Control Specialty Formulary list for preferred specialty drugs.

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It is important to keep in mind that the Plan does not cover drugs that are not on the contract pharmacy network formulary lists. If you are currently taking any drug not listed, you will be contacted by CVS Caremark with available drug options that are covered by the Plan. If you choose to continue to use a drug that is not on the network formulary lists, you will pay the full price for the drug. If your physician believes there are special circumstances with regard to the drug being removed, your physician can contact CVS Caremark.

Please note that not all of the drugs on the lists may be covered under the Plan, and the Plan does not cover Levitra, Cialis, Viagra, or similar drugs.

CVS Caremark may make future changes to the drug lists on a quarterly basis. You may contact CVS Caremark at (800) 824-6349 to check on the formulary status of a drug or view the current CVS Caremark Performance Drug Lists online at www.caremark.com or at www.fvlab.com. While at www.caremark.com you can request mail service orders and research drug information.

If you have any questions regarding these changes, please do not hesitate to contact the Fund Office at (847) 742-0900 or toll free at (866) 828-0900.



FOX VALLEY & VICINITY LABORERS

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775.
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-696-6775
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-696-6775。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.
Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε αγγλικά, οι υπηρεσίες γραμματείας, δωρεάν, είναι διαθέσιμες σε εσάς. Καλέστε 1-877-696-6775.
Gujarati	સાવધાન: જો તમે ઇંગલિશ બોલતા હો, ભાષા સહાય સેવાઓ, નિ:શુલ્ક, તમારા માટે ઉપલબ્ધ છે. 1-877-696-6775 પર કોલ કરો
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं नि:शुल्क, आपके लिए उपलब्ध हैं। 1-877-696-6775 पर कॉल करें।
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.
Urdu	لئے کے آپ، چارج مفت، خدمات یک مدد یک زبان، تو یہ بولتے انگلش آپ اگر: انتباه نیکر کال کو 1-877-696-6775. یہ ابی دست
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary®

The **CVS Caremark® Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary®** is a guide within select therapeutic categories for clients, plan members 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 MEMBER

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 products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit [Caremark.com](https://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.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

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 all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay¹ for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay¹ information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac sodium
ibuprofen
meloxicam
naproxen (except naproxen CR or
naproxen suspension)

§ NSAIDs, COMBINATIONS

diclofenac sodium-
misoprostol
§ NSAIDs, TOPICAL
diclofenac sodium gel 1%
diclofenac sodium solution

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid

§ OPIOID ANALGESICS

buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal
lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
morphine suppository
oxycodone
oxycodone-acetaminophen
tramadol (except NDC¹ 52817019610)
tramadol ext-rel
BELBUCA
NUCYNTA
NUCYNTA ER
SUBSYS
XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS
AGENTS
valganciclovir

§ HERPES AGENTS

acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

clindamycin
ivermectin
linezolid
metronidazole
nitrofurantoin
pyrimethamine
sulfamethoxazole-
trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

bicalutamide

§ MISCELLANEOUS

VISTOGARD

CARDIOVASCULAR

§ ACE INHIBITORS

fosinopril

lisinopril

quinapril

ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide

lisinopril-hydrochlorothiazide

quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

candesartan / candesartan-

hydrochlorothiazide

irbesartan / irbesartan-

hydrochlorothiazide

losartan / losartan-

hydrochlorothiazide

olmesartan / olmesartan-

hydrochlorothiazide

telmisartan / telmisartan-

hydrochlorothiazide

valsartan / valsartan-

hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan

amlodipine-telmisartan

amlodipine-valsartan

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

amlodipine-valsartan-

hydrochlorothiazide

olmesartan-amlodipine-

hydrochlorothiazide

§ ANTIARRHYTHMICS

sotalol

MULTAQ

ANTIPEPTICS

ACL INHIBITORS / COMBINATIONS

NEXLETOL

NEXLIZET

§ BILE ACID RESINS

cholestyramine

colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate (except fenofibrate

tablet 120 mg)

fenofibric acid delayed-rel

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin

ezetimibe-simvastatin

fluvastatin

lovastatin

pravastatin

rosuvastatin

simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters

VASCEPA

§ BETA-BLOCKERS

atenolol

carvedilol

carvedilol phosphate ext-rel

metoprolol succinate ext-rel

metoprolol tartrate

nadolol

pindolol

propranolol

propranolol ext-rel

BYSTOLIC

§ CALCIUM CHANNEL BLOCKERS

amlodipine

diltiazem ext-rel (except generics

for CARDIZEM LA)

nifedipine ext-rel

verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTIPEPTIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

§ DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

aliskiren

TEKTURN HCT

§ DIURETICS

amiloride

furosemide

hydrochlorothiazide

metolazone

spironolactone-
hydrochlorothiazide
torsemide
triamterene
triamterene-
hydrochlorothiazide

HEART FAILURE

BIDIL

CORLANOR

ENTRESTO

§ NITRATES

isosorbide dinitrate (except

isosorbide dinitrate 40 mg)

isosorbide mononitrate

nitroglycerin lingual spray

nitroglycerin sublingual

§ MISCELLANEOUS

ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

§ BENZODIAZEPINES

alprazolam

clonazepam

diazepam

lorazepam

oxazepam

§ ANTICONVULSANTS

carbamazepine

carbamazepine ext-rel

clobazam

diazepam rectal gel

divalproex sodium

divalproex sodium ext-rel

ethosuximide

gabapentin

lamotrigine

lamotrigine ext-rel

levetiracetam

levetiracetam ext-rel

oxcarbazepine

phenobarbital

phenytoin

phenytoin sodium extended

primidone

tiagabine

topiramate

valproic acid

zonisamide

FYCOMPA

NAYZILAM

OXTELLAR XR

TROKENDI XR

VALTOCO

VIMPAT

XCOPRI

§ ANTIDEMENTIA

donepezil

galantamine

galantamine ext-rel

memantine

rivastigmine

rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram

escitalopram

fluoxetine (except fluoxetine tablet 60 mg,

fluoxetine tablet [generics for SARAFEM])

paroxetine HCl

paroxetine HCl ext-rel

sertraline

TRINTELLIX

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel

duloxetine

venlafaxine

venlafaxine ext-rel capsule

§ MISCELLANEOUS AGENTS

bupropion

bupropion ext-rel (except

bupropion ext-rel tablet 450 mg)

mirtazapine

trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine

carbidopa-levodopa

carbidopa-levodopa ext-rel

carbidopa-levodopa-

entacapone

entacapone

pramipexole

pramipexole ext-rel

rasagiline

ropinirole

ropinirole ext-rel

selegiline

NEUPRO

ANTIPSYCHOTICS

§ ATYPICALS

aripiprazole

clozapine

olanzapine

quetiapine

quetiapine ext-rel

risperidone

ziprasidone

ABILIFY MAINTENA

LATUDA

PERSERIS

VRAYLAR

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-

dextroamphetamine

mixed salts

amphetamine-
dextroamphetamine
mixed salts ext-rel[†]
atomoxetine
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel[†]
MYDAYIS
VYVANSE

§ FIBROMYALGIA

pregabalin

HYPNOTICS

§ NONBENZODIAZEPINES

eszopiclone

ramelteon

zolpidem

zolpidem ext-rel

zolpidem sublingual

BELSOMRA

§ TRICYCLICS

doxepin

MIGRAINE

ACUTE MIGRAINE AGENTS

§ Triptans

eletriptan

naratriptan

rizatriptan

sumatriptan

zolmitriptan

ONZETRA XSAIL

ZEMBRACE SYMTOUCH

ZOMIG NASAL SPRAY

Miscellaneous

NURTEC ODT

REYVOW

UBRELVY

PREVENTIVE MIGRAINE AGENTS

Monoclonal Antibodies

AIMOVIG

AJOVY

EMGALITY

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except

cyclobenzaprine tablet 7.5 mg)

§ NARCOLEPSY

armodafinil

SUNOSI

POSTHERPETIC NEURALGIA (PHN) GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone injection

NARCAN NASAL SPRAY

**§ PARTIAL OPIOID AGONIST /
OPIOID ANTAGONIST
COMBINATIONS**

*buprenorphine-naloxone
sublingual*
ZUBSOLV

**PSEUDOBULBAR AFFECT
AGENTS**

NUJEXTA

**§ VASOMOTOR SYMPTOM
AGENTS**

paroxetine mesylate

**ENDOCRINE AND
METABOLIC**

§ ANDROGENS

testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
ANDRODERM

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel (except generics
for FORTAMET and GLUMETZA)

**§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS**

glipizide-metformin

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

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

INCRETIN MIMETIC AGENTS

OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

**INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS**

SOLIQUA
XULTOPHY

INSULINS

BASAGLAR
FIASP
HUMULIN R U-500
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30

TOUJEO
TRESIBA

§ INSULIN SENSITIZERS
pioglitazone

**§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS**
pioglitazone-metformin

**§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**
pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS**
FARXIGA
JARDIANCE

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
BIGUANIDE COMBINATIONS**
SYNJARDY
SYNJARDY XR
XIGDUO XR

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR
COMBINATIONS**
GLYXAMBI

**SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS**
TRIJARDY XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ONETOUCH ULTRA
STRIPS AND KITS ²

ONETOUCH VERIO
STRIPS AND KITS ²
V-GO INSULIN
INFUSION PUMP

ANTIOBESITY
SAXENDA

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CALCITONINS
calcitonin-salmon

**§ CARNITINE DEFICIENCY
AGENTS**
levocarnitine

CONTRACEPTIVES

§ MONOPHASIC
*ethinyl estradiol-
drospirenone*
*ethinyl estradiol-
drospirenone-levomefolate*
*ethinyl estradiol-
norethindrone acetate*
*ethinyl estradiol-
norethindrone acetate-iron*

BIPHASIC
LO LOESTRIN FE

§ TRIPHASIC
ethinyl estradiol-norgestimate

§ EXTENDED CYCLE
*ethinyl estradiol-
levonorgestrel*

§ TRANSDERMAL
*ethinyl estradiol-
norelgestromin*

§ VAGINAL
ethinyl estradiol-etonogestrel
ANNOVERA

ENDOMETRIOSIS
ORILISSA

§ GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution
prednisone

**GLUCOSE ELEVATING
AGENTS**

BAQSIMI
GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT
GVOKE

**MENOPAUSAL SYMPTOM
AGENTS**

§ ORAL

estradiol
estradiol-norethindrone
DUAVEE
PREMPHASE
PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol
IMVEXXY

**§ PHOSPHATE BINDER
AGENTS**

calcium acetate
sevelamer carbonate
PHOSLYRA
VELPHORO

**POTASSIUM-REMOVING
AGENTS**
LOKELMA
VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE
ENDOMETRIN

**§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS**
raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine
SYNTHROID

GASTROINTESTINAL

§ ANTIDIARRHEALS
diphenoxylate-atropine
loperamide

§ ANTIEMETICS

aprepitant
doxylamine-pyridoxine
delayed-rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine

scopolamine transdermal
trimethobenzamide
SANCUSO

§ ANTISPASMODICS
dicyclomine

**§ H₂ RECEPTOR
ANTAGONISTS**

famotidine

**INFLAMMATORY BOWEL
DISEASE**

§ ORAL AGENTS

balsalazide
budesonide capsule
budesonide ext-rel
mesalamine delayed-rel
mesalamine ext-rel
sulfasalazine
sulfasalazine delayed-rel
PENTASA

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

**§ IRRITABLE BOWEL
SYNDROME**

alosetron
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes
CLENPIQ

**OPIOID-INDUCED
CONSTIPATION**

MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

**§ PROTON PUMP
INHIBITORS**

esomeprazole
lansoprazole
omeprazole
pantoprazole
DEXILANT

§ STEROIDS, RECTAL
PROCTOFOAM-HC

**§ ULCER THERAPY
COMBINATIONS**
PYLERA

§ MISCELLANEOUS
sucralfate tablet

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride
silodosin
tamsulosin
terazosin

ERECTILE DYSFUNCTION

ALPROSTADIL AGENTS MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil

§ URINARY ANTISPASMODICS

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ
TOVIAZ

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
ELIQUIS
XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK
RAGWITEK

NUTRITIONAL / SUPPLEMENTS

§ ELECTROLYTES

potassium chloride liquid

VITAMINS AND MINERALS

§ FOLIC ACID / COMBINATIONS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins
CITRANATAL

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector
EPIPEN
EPIPEN JR
SYMJEPI

§ ANTICHOLINERGICS

ipratropium
inhalation solution
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol
inhalation solution

LONG ACTING

ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC / BETA AGONIST / STERIOD INHALANT COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

§ ANTIHISTAMINES, LOW SEDATING

levocetirizine

§ ANTITUSSIVES

benzonatate (except NDCs[^]
69336012615, 69499032915)

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol inhalation solution
albuterol sulfate
CFC-free aerosol
levalbuterol tartrate
CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation

SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation

PERFORMIST

§ LEUKOTRIENE MODULATORS

montelukast
zafirlukast
zileuton ext-rel

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS

flunisolide
fluticasone

mometasone
DYMISTA

PHOSPHODIESTERASE-4 INHIBITORS DALIRESP

STERIOD / BETA AGONIST COMBINATIONS

ADVAIR DISKUS
ADVAIR HFA
BREO ELLIPTA
SYMBICORT

§ STERIOD INHALANTS

budesonide
inhalation suspension
ARNUITY ELLIPTA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR REDHALER

TOPICAL

DERMATOLOGY ACNE

§ Topical

adapalene
benzoyl peroxide
clindamycin gel (except NDC[^]
68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
EPIDUO
ONEXTON

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
PICATO
TOLAK
ZYCLARA

§ ANTIBIOTICS

gentamicin
mupirocin ointment

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole cream 2%
luliconazole
nystatin
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene ointment,
solution
methoxsalen

§ ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

hydrocortisone butyrate
cream, lotion, ointment,
solution
mometasone
triamcinolone cream, lotion,
ointment

§ High Potency

desoximetasone
fluocinonide (except
fluocinonide cream 0.1%)
BRYHALI

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS

EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
olopatadine
LASTACFT
PAZEO

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CIOXAN OINTMENT

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal

dexamethasone
loteprednol
prednisolone acetate 1%
DUREZOL
FML FORTE
FML S.O.P.
MAXIDEX
PRED MILD

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution
BETIMOL

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS

dorzolamide
AZOPT

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
travoprost
LUMIGAN
ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

**RHO KINASE INHIBITOR /
PROSTAGLANDIN
COMBINATIONS
ROCKLATAN**

**§ SYMPATHOMIMETICS
brimonidine
ALPHAGAN P**

**SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS
COMBIGAN**

**OTIC
§ ANTI-INFECTIVES
acetic acid
ofloxacin otic**

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS
ciprofloxacin-dexamethasone
neomycin-polymyxin B-
hydrocortisone**

QUICK REFERENCE DRUG LIST

A

ABILIFY MAINTENA
acetic acid
acitretin
ACUVAIL
acyclovir capsule, tablet
adapalene
ADVAIR DISKUS
ADVAIR HFA
AIMOVIG
AJOVY
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosectron
ALPHAGAN P
alprazolam
amantadine
amiloride
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-
hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel †
ANDRODERM
ANNOVERA
ANORO ELLIPTA
aprepitant
aripiprazole
armodafinil
ARNUTY ELLIPTA
atenolol
atomoxetine
atorvastatin
azelaic acid gel
azelastine
azithromycin
AZOPT

B

balsalazide
BAQSIMI
BASAGLAR

BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
BELBUCA
BELSOMRA
benzonatate (except NDCs*
69336012615, 69499032915)
benzoyl peroxide
BESIVANCE
BETIMOL
BETOPTIC S
bicalutamide
BIDIL
Breo ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
brimonidine
bromfenac
BRYHALI
budesonide capsule
budesonide ext-rel
budesonide
inhalation suspension
buprenorphine transdermal
buprenorphine-naloxone
sublingual
bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)
BYSTOLIC

C

calcipotriene ointment,
solution
calcitonin-salmon
calcium acetate
candesartan
candesartan-
hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
ciclopirox
CILOXAN OINTMENT
ciprofloxacin
ciprofloxacin-dexamethasone

citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
clobazam
clobetasol cream, foam, gel,
lotion, ointment, shampoo
clonazepam
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
colesevelam
COMBIGAN
COMBIPATCH
CORLANOR
CORTIFOAM
CREON
CRINONE
cromolyn sodium
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

D

DALIRESP
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
DEXILANT
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium-
misoprostol
dicloxacillin
dicyclomine
DIFICID
digoxin
diltiazem ext-rel (except generics
for CARDIZEM LA)

diphenoxylate-atropine
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine
delayed-rel
dronabinol
DUAVEE
duloxetine
DUREZOL
dutasteride
dutasteride-tamsulosin
DYMISTA

E

econazole
eletriptan
ELIQUIS
EMGALITY
EMVERM
ENDOMETRIN
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole
estradiol
estradiol-norethindrone
eszopiclone
ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-etonogestrel
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate

ethinyl estradiol-
norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
EVAMIST
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
fenofibrate (except fenofibrate
tablet 120 mg)
fenofibrate acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
FIASP
FINACEA FOAM
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fludrocortisone
flunisolide
fluocinonide (except
fluocinonide cream 0.1%)
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet [generics for SARAFEM])
fluticasone
fluvastatin
FML FORTE
FML S.O.P.
folic acid
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON
EMERGENCY KIT
GLYXAMBI
GRALISE
granisetron

GRASTEK
guanfacine ext-rel
GVOKE

H

HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
cream, lotion, ointment,
solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ILEVRO
imiquimod
IMVEXY
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE

K

ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole
LASTACAPT
latanoprost
LATUDA
levabuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine-prilocaine
linezolid
LINZESS
lithyronine

lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
luliconazole
LUMIGAN

M

MAXIDEX
meclizine
medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel (except generics
for FORTAMET and GLUMETZA)
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel †
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
mirtazapine
mometasone
montelukast
morphine
morphine ext-rel
morphine suppository
MOVANTIK
moxifloxacin
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYRBETRIQ

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
naratriptan
NARCAN NASAL SPRAY
nateglinide
NAYZILAM
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone

neomycin-polymyxin B-
hydrocortisone
NEUPRO
NEVANAC
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUEDEXTA
NURTEC ODT
nystatin

O

ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH ULTRA
STRIPS AND KITS 2
ONETOUCH VERIO
STRIPS AND KITS 2
ONEXTON
ONZETRA XSAIL
ORACEA
ORILISSA
oseltamivir
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole
paroxetine HCl
paroxetine HCl ext-rel
paroxetine mesylate
PAZEO
peg 3350-electrolytes
penicillin VK
PENTASA
PERFORMIST
PERSERIS

phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
PRED MILD
prednisolone acetate 1%
prednisolone solution
prednisone
pregabalin
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QVAR REDHALER

R

RAGWITEK
raloxifene
ramelteon
ramipril
ranolazine ext-rel
rasagiline
RELENZA
repaglinide
RESTASIS
REYVOW
RHOPRESSA
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ROCKLATAN
ropinirole
ropinirole ext-rel
rosuvastatin
RYBELSUS

S

SANCUSO
SAXENDA

scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
sildenafil
silodosin
SIMBRINZA
simvastatin
solifenacin
SOLQUA
SOOLANTRA
sotalol
SPIRIVA
spirinolactone-
hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SUBSYS
sucralfate tablet
sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SUPRAX
SYMBICORT
SYMJEPI
SYMLINPEN
SYMPROIC
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
tamsulosin
TEKTURN HCT
telmisartan
telmisartan-
hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine
timolol maleate solution
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin
tobramycin-dexamethasone
TOLAK
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TOVIAZ
tramadol (except NDC[®] 52817019610)
tramadol ext-rel
travoprost
trazodone

TRELEGY ELLIPTA	U	venlafaxine	X	ZENPEP
TRESIBA	UBRELVY	venlafaxine ext-rel capsule	XARELTO	zileuton ext-rel
tretinoin		verapamil ext-rel	XCOPRI	ZIOPTAN
triamcinolone cream, lotion, ointment	V	V-GO INSULIN INFUSION PUMP	XIFAXAN 550 MG	ziprasidone
triamterene	valacyclovir	VIBERZI	XIGDUO XR	zolmitriptan
triamterene-hydrochlorothiazide	valganciclovir	VICTOZA	XIIDRA	zolpidem
trifluridine	valproic acid	VIMPAT	XTAMPZA ER	zolpidem ext-rel
TRIJARDY XR	valsartan	VIOKACE	XULTOPHY	zolpidem sublingual
trimethobenzamide	valsartan-hydrochlorothiazide	VISTOGARD		ZOMIG NASAL SPRAY
TRINTELLIX	VALTOCO	VRAYLAR	Y	zonisamide
TROKENDI XR	vancomycin capsule	VYVANSE	YUPELRI	ZUBSOLV
tropium	VASCEPA		Z	ZYCLARA
tropium ext-rel	VELPHORO	W	zafirlukast	
TRULICITY	VELTASSA	warfarin	ZEMBRACE SYMTOUCH	

PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR	AMRIX	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
ACANYA	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ANDROGEL 1%	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	ANTARA	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel
ACCU-CHEK GUIDE STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	APEXICON E	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
ACCU-CHEK SMARTVIEW STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	APIDRA	FIASP, NOVOLOG
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT	APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE
Activite	folic acid	ARMOUR THYROID	levothyroxine, liothyronine, SYNTHROID
ACTOS	pioglitazone	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir	ASACOL HD	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
ADZENYS ER, ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE	ASCENSIA STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ALCORTIN A	desonide, hydrocortisone	ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	desonide, hydrocortisone	ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ALLISON MEDICAL INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES	ATOPADERM	desonide, hydrocortisone
ALORA	estradiol, DIVIGEL, EVAMIST	ATROVENT HFA	ipratropium inhalation solution, SPIRIVA, YUPELRI
ALREX	azelastine, cromolyn sodium, olopatadine, LASTACFT, PAZEO	AVENOVA	Consult doctor
ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		
ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER		
AMITIZA	LINZESS, MOVANTIK, SYMPROIC		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
AZESCO	<i>prenatal vitamins, CITRANATAL</i>	CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
BEAU RX	Consult doctor	<i>calcipotriene cream</i>	<i>calcipotriene ointment, calcipotriene solution</i>
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, flucocinonide (except flucocinonide cream 0.1%) or BRYHALI</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>
BENSAL HP	<i>desonide, hydrocortisone</i>	CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
BENZACLIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	CARAFATE	<i>sucralfate tablet</i>
BENZIQ	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
		CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
		CARNITOR, CARNITOR SF	<i>levocarnitine</i>
		<i>chlordiazepoxide-clidinium (NDC[^] 42494040901 only)</i>	<i>dicyclomine</i>
		<i>chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC[^] 73007001303 only), chlorzoxazone 750 mg, CHLORZOXAZONE 250 MG</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
		CIALIS	<i>sildenafil, tadalafil</i>
		CICATRACE	Consult doctor
<i>benzonatate (NDCs[^] 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs[^] 69336012615, 69499032915)</i>	CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BEPREVE	<i>azelastine, cromolyn sodium, olopatadine, LASTACRAFT, PAZEO</i>	CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>	CLINDAGEL	<i>erythromycin solution</i>
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT	<i>clindamycin gel (NDC[^] 68682046275 only)</i>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>	<i>clobetasol spray</i>	<i>clobetasol foam</i>
<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>	CLOBEX SPRAY	<i>clobetasol foam</i>
BREEZE 2 STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	COLAZAL	<i>balsalazide</i>
<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	COLCRYS	<i>colchicine tablet</i>
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CONTOUR NEXT STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CONTOUR STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>	CONTRAVE	SAXENDA
BYDUREON	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
CoreMino	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	doxycycline hyclate delayed-rel tablet 200 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CRESTOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule		
DARAPRIM	pyrimethamine	doxycycline monohydrate delayed-rel capsule	ORACEA
DaVite	folic acid	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
DAYTRANA	amphetamine- dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
DELZICOL	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA	DYRENIUM	amiloride, triamterene
DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ	EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
dexchlorpheniramine	levocetirizine	EDLUAR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
Dexifol	folic acid	E.E.S. GRANULES	erythromycins
Diclofen DC (NDC^ 51021037201 only)	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Diclosaicin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	ENABLEX	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
DIFFERIN LOTION	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
diflorasone cream, diflorasone ointment	desoximetasone, flucinonide (except flucinonide cream 0.1%), BRYHALI	ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG
dihydroergotamine spray	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	EPICERAM	desonide, hydrocortisone
diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)	ergotamine-caffeine	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	ERYPED	erythromycins
Diphen Elixir	levocetirizine	ESTRING	estradiol, IMVEXXY
DORAL	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA	EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
DORYX, DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA	EVZIO	naloxone injection, NARCAN NASAL SPRAY
		EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
		EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
		FABIOR	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FEMRING	<i>estradiol, IMVEXXY</i>	FREESTYLE STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
<i>fenofibrate tablet 120 mg</i>	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>	FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>	Genicin Vita-S	<i>folic acid</i>
<i>fenoprofen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>	GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
FERIVA 21/7	<i>folic acid</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	GOLYTELY	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Fexmid</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	HORIZANT	<i>gabapentin, GRALISE</i>
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	HUMALOG	FIASP, NOVOLOG
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>	HUMULIN 70/30	NOVOLIN 70/30
<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>	HUMULIN N	NOVOLIN N
<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>	HUMULIN R	NOVOLIN R
<i>flurandrenolide lotion (NDC[^] 24470092112 only)</i>	<i>desonide, hydrocortisone</i>	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>	<i>HylaVite</i>	<i>folic acid</i>
FML LIQUIFILM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>	HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
FOLIC-K	<i>folic acid</i>	INCRUSE ELLIPTA	SPIRIVA, YUPELRI
<i>Folvik-D</i>	<i>folic acid</i>	INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>Folvite-D</i>	<i>folic acid</i>	INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>	<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>	<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>	INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>	INTERMEZZO	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>
FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>	INTRAROSA	<i>estradiol, IMVEXXY</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
INTUNIV	amphetamine- dextroamphetamine mixed salts ext-rel †, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE	Lorid	folic acid
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR	Lorzone	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
INVOKANA	FARXIGA, JARDIANCE	LOTEMAX, LOTEMAX SM	dexamethasone, lomeprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate	LUNESTA	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
ISTALOL	timolol maleate solution, BETIMOL, BETOPTIC S	MACRODANTIN	nitrofurantoin
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin	Matzim LA	diltiazem ext-rel (except generics for CARDIZEM LA)
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR	mefenamic acid (NDC* 69336012830 only)	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
KAMDOY	desonide, hydrocortisone	MENEST	estradiol
KAZANO	JANUMET, JANUMET XR	MENOSTAR	estradiol
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	metaxalone 400 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	metformin ext-rel (generics for FORTAMET and GLUMETZA only)	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	methocarbamol 500 mg (NDC* 69036091010 only), methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only)	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
KOMBIGLYZE XR	JANUMET, JANUMET XR	MIACALCIN NASAL SPRAY	calcitonin-salmon
LACRISERT	RESTASIS, XIIDRA	MICARDIS, MICARDIS HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
LACTULOSE PAK	lactulose solution	Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin	MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO	MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
LANTUS ⁵	BASAGLAR, LEVEMIR	MINIVELLE	estradiol, DIVIGEL, EVAMIST
LAZANDA	fentanyl transmucosal lozenge, SUBSYS	MINOCIN	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	minocycline ext-rel	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
levorphanol	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER	MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
LEXAPRO	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX	Mondoxine NL capsule 75 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
LIALDA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA		
LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	lidocaine-prilocaine		
LIDOTREX	lidocaine-prilocaine		
LIPITOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		
LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
MOVIPREP	peg 3350-electrolytes, CLENPIQ	omeprazole-sodium bicarbonate	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
MultiPro	Consult doctor	OMNARIS	flunisolide, fluticasone, mometasone, DYMISTA
mupirocin cream	gentamicin, mupirocin ointment	OMNIVEX	folic acid
MYTESI	diphenoxylate-atropine, loperamide	ONFI	clobazam, lamotrigine, topiramate, TROKENDI XR
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	ONGLYZA	JANUVIA
naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT	orphenadrine-aspirin-caffeine	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
naproxen CR	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	Orphengesic Forte	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	ORTHO D	folic acid
NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE	ORTHO DF	folic acid
NATESTO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM	OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
NESINA	JANUVIA	OSMOPREP	peg 3350-electrolytes, CLENPIQ
NEXIUM	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT	OSPHERA	estradiol
niacin tablet 500 mg	niacin ext-rel	OWEN MUMFORD NEEDLES ⁴	BD ULTRAFINE NEEDLES
Niacor	niacin ext-rel	oxiconazole (NDCs [^] 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole
NICADAN	folic acid	OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
NICAPRIN	folic acid	oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
NICAZEL, NICAZEL FORTE	folic acid	OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
NICOMIDE	folic acid	PANCREAZE	CREON, VIOKACE, ZENPEP
NILANDRON	abiraterone, bicalutamide, XTANDI, YONSA	PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual	PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA	PERRIGO NEEDLES ⁴	BD ULTRAFINE NEEDLES
NORVASC	amlodipine	PERTZYE	CREON, VIOKACE, ZENPEP
NOVACORT	desonide, hydrocortisone	PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
NOVO NORDISK NEEDLES ⁴	BD ULTRAFINE NEEDLES	PLAVIX	clopidogrel, prasugrel, BRILINTA
NuDiclo SoluPak, NuDiclo TabPak	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	POLYTOZA	Consult doctor
NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA	posaconazole delayed-rel tablet	fluconazole, itraconazole
NUVIGIL	armodafinil, SUNOSI	PRADAXA	warfarin, ELIQUIS, XARELTO
OLEPTRO	trazodone	PRECISION XTRA STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
OLUX-E	clobetasol foam		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	ROZEREM	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO	RyClora	levocetirizine
PREMARIN	estradiol	SCARSILK PAD	Consult doctor
PREMARIN CREAM	estradiol, IMVEXXY	SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
PRENATAL PLUS	prenatal vitamins, CITRANATAL	SIL-K PAD	Consult doctor
PREVACID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT	SILVEX	Consult doctor
PREVIDENT	Consult doctor	SILTREX	Consult doctor
PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	SORILUX	calcipotriene ointment, calcipotriene solution
PROAIR HFA, PROAIR RESPICLICK	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol	SPRIX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
PRODIGEN	Consult doctor	STENDRA	sildenafil, tadalafil
PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
PROTONIX	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT	sucalfate suspension	sucalfate tablet
PROTOPIC	pimecrolimus, tacrolimus, EUCRISA	sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
PROVAD	Consult doctor	SUPREP	peg 3350-electrolytes, CLENPIQ
PROVENTIL HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol	SURE-TEST STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
PROZAC	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX	SYNERDERM	desonide, hydrocortisone
PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI	TALIVA	folic acid
QNASL	flunisolide, fluticasone, mometasone, DYMISTA	TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
QSYMIA	SAXENDA	TAYTULLA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
QTERN	GLYXAMBI	TAZORAC	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution
quazepam	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA	TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
RAPAFLO	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
RECEDO	Consult doctor	TIROSINT	levothyroxine, SYNTHROID
RELION INSULIN	NOVOLIN INSULIN	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
RHEUMATE	folic acid		
RIBOZEL	folic acid		
RIMSO-50	Consult doctor		
RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
TRADJENTA	JANUVIA	VEREGEN	imiquimod
tramadol (NDC^ 52817019610 only)	tramadol (except NDC^ 52817019610), tramadol ext-rel	VIAGRA	sildenafil, tadalafil
TRANSDERM SCOP	meclizine, scopolamine transdermal	VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY	VITAFOL-ONE	prenatal vitamins, CITRANATAL
triamcinolone acetonide aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment	Vitasure	folic acid
TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
TRIGLIDE	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
TRILIPIX	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	XANAX, XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
TRIVIDIA INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES	XOLEGEL	ciclopirox, ketoconazole cream 2%
TronVite	folic acid	XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
TRUETEST STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	Xvite	folic acid
TRUETRACK STRIPS AND KITS ³	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	XYZBAC	folic acid
TRULANCE	LINZESS	YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
TUDORZA	SPIRIVA, YUPELRI	ZALVIT	prenatal vitamins, CITRANATAL
ULTIMED INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES	ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
ULTIMED NEEDLES ⁴	BD ULTRAFINE NEEDLES	ZELAC	Consult doctor
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	ZETIA	ezetimibe
VALCYTE	valganciclovir	ZETONNA	flunisolide, fluticasone, mometasone, DYMISTA
VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir	ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Vanatol LQ, Vanatol S	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	ZIRGAN	trifludine
Vanoxide-HC	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ZOHYDRO ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTPMPZA ER
VASCULERA	Consult doctor	ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
VECTICAL	calcipotriene ointment, calcipotriene solution	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
VELTIN	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ZONTIVITY	Consult doctor
venlafaxine ext-rel tablet (except 225 mg)	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
VENTOLIN HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol	ZUPLENZ	granisetron, ondansetron, SANCUSO

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ZYFLO	<i>montelukast, zafirlukast, zileuton ext-rel</i>	ZYVIT	<i>folic acid</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>		

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: 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. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. 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 copay¹ 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. 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 [Caremark.com](https://www.caremark.com) to check coverage and copay¹ information for a specific medicine.

An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

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

^A Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

¹ Listing does not include certain NDCs^A.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

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 A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

³ ONETOUCH brand test strips are the only preferred options.

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ Long Acting Insulins - First Generation.

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 not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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[Caremark.com](https://www.caremark.com)

Advanced Control Specialty Formulary®

The **CVS Caremark® Advanced Control Specialty Formulary®** is a guide within select therapeutic categories for clients, plan members 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 MEMBER

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 products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit [Caremark.com](https://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.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

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.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay¹ for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay¹ information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
lamivudine-zidovudine
ATRIPLA
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMFI

SYMFI LO
SYMITUZA
TEMIXYS
TRIUMEQ
TRUVADA

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tablet
didanosine
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir solution
KALETRA TABLET
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate
BARACLUDE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

leuprolide acetate
ELIGARD

§ KINASE INHIBITORS

erlotinib
imatinib mesylate
AFINITOR
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
COPIKTRA
IBRANCE

IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
RYDAPT
SPRYCEL
SUTENT
TYKERB
VOTRIENT
XOSPATA

**MULTIPLE MYELOMA
IMMUNOMODULATORS**
REVLIMID
THALOMID

PROTEASOME INHIBITORS
NINLARO
VELCADE

§ MISCELLANEOUS
bexarotene capsule
ERIVEDGE
LYNPARZA
ODOMZO
PERJETA
PHESGO
RUBRACA
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
PRALUENT

**PULMONARY ARTERIAL
HYPERTENSION**
**§ ENDOTHELIN RECEPTOR
ANTAGONISTS**

ambrisentan
bosentan
OPSUMIT

**§ PHOSPHODIESTERASE
INHIBITORS**
sildenafil
tadalafil

**PROSTACYCLIN RECEPTOR
AGONISTS**
UPTRAVI
**PROSTAGLANDIN
VASODILATORS**
ORENITRAM

**SOLUBLE GUANYLATE
CYCLASE STIMULATORS**
ADEMPAS

CENTRAL NERVOUS SYSTEM

§ ANTICONSULSANTS
vigabatrin

**ANTIPARKINSONIAN
AGENTS**
INBRIJA

§ MOVEMENT DISORDERS
tetrabenazine
AUSTEDO
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**

dimethyl fumarate
delayed-rel
glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

**§ CALCIUM RECEPTOR
ANTAGONISTS**
cinacalcet

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

CONTRACEPTIVES
PROGESTIN INTRAUTERINE
DEVICES
KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS
GNRH / LHRH
ANTAGONISTS
CETROTIDE

**OVULATION STIMULANTS,
GONADOTROPINS**
GONAL-F
OVIDREL

GAUCHER DISEASE
CERDELGA
CEREZYME

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**
ORFADIN

**HUMAN GROWTH
HORMONES**
NORDITROPIN

POLYNEUROPATHY
TEGSEDI

§ UREA CYCLE DISORDERS
sodium phenylbutyrate

MISCELLANEOUS
CYSTAGON

HEMATOLOGIC

**HEMATOPOIETIC GROWTH
FACTORS**
ARANESP
NIVESTYM
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS
ADYNOVATE
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS
REBINYN

**THROMBOCYTOPENIA
AGENTS**
DOPTLET
MULPLETA

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

AUTOIMMUNE AGENTS
See Table 1 for Indication Based
Coverage Details

ANKYLOSING SPONDYLITIS
COSENTYX
ENBREL
HUMIRA

CROHN'S DISEASE

HUMIRA
STELARA
SUBCUTANEOUS #
After failure of HUMIRA

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS
HUMIRA
STELARA
SUBCUTANEOUS #
XELJANZ #
XELJANZ XR #

After failure of HUMIRA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

**DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**
RASUVO

HEREDITARY ANGIOEDEMA
FIRAZYR
RUCONEST
TAKHZYRO

IMMUNOSUPPRESSANTS
§ ANTIMETABOLITES
mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS
cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES
everolimus
sirolimus

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**
PROLASTIN-C

§ CYSTIC FIBROSIS
tobramycin
inhalation solution
BETHKIS

**PULMONARY FIBROSIS
AGENTS**
ESBRIET
OFEV

SEVERE ASTHMA AGENTS
DUPIXENT
FASENRA
NUCALA
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS
DUPIXENT

**MOUTH / THROAT /
DENTAL AGENTS**
PROTECTANTS
MUGARD

OPHTHALMIC
RETINAL DISORDERS
EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST

A
abacavir tablet

abacavir-lamivudine
abiraterone
ADEMPAS

ADYNOVATE
AFINITOR
ALECENSA

ALUNBRIG
ambrisentan
ARANESP

atazanavir
ATRIPLA

AUBAGIO AUSTEDO	ERIVEDGE ERLEADA <i>erlotinib</i> ESBRIET EUFLEXXA <i>everolimus</i> EVOTAZ EYLEA	KOGENATE FS KOVALTRY KYLEENA	OTEZLA OVIDREL	TALTZ TEGSEDI TEMIXYS <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> <i>tetrabenazine</i> THALOMID TIVICAY <i>tobramycin</i> <i>inhalation solution</i> TREMIFYA TRIUMEQ TRUVADA TYKERB TYMLOS TYSABRI
B BARACLUDE SOLUTION BETASERON BETHKIS <i>bexarotene capsule</i> BIKTARVY <i>bosentan</i> BOSULIF	F FASENRA FIRAZYR FORTEO FUZEON	L <i>lamivudine</i> <i>lamivudine-zidovudine</i> <i>leuprolide acetate</i> <i>lopinavir-ritonavir solution</i> LUCENTIS LYNPARZA	P PERJETA PHESGO PRALUENT PREZCOBIX PREZISTA PROLASTIN-C PROLIA	U UPTRAVI
C CABOMETYX <i>capecitabine</i> CERDELGA CEREZYME CETROTIDE CIMDUO <i>cinacalcet</i> COPAXONE COPIKTRA COSENTYX <i>cyclosporine</i> <i>cyclosporine, modified</i> CYSTAGON	G GELSYN-3 GENVOYA GILENYA <i>glatiramer</i> GONAL-F	M MAYZENT MIRENA MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	R RASUVO REBIF REBINYN RETACRIT REVLIMID <i>ribavirin</i> RINVOQ RUBRACA RUCONEST RYDAPT	V VELCADE VEMLIDY <i>vigabatrin</i> VOSEVI ² VOTRIENT VUMERITY
D DESCOVY <i>didanosine</i> <i>dimethyl fumarate</i> <i>delayed-rel</i> DOPTELET DOVATO DUPIXENT DUROLANE	H HARVONI HUMIRA	N <i>nevirapine</i> <i>nevirapine ext-rel</i> NINLARO NIVESTYM NORDITROPIN NORVIR NOVOEIGHT NUBEQA NUCALA NUWIQ	S <i>sildenafil</i> <i>sirolimus</i> SKYLA SKYRIZI <i>sodium phenylbutyrate</i> SOMATULINE DEPOT SPRYCEL <i>stavudine</i> STELARA SUBCUTANEOUS SUPARTZ FX SUTENT SYMFI SYMFI LO SYMTUZA	X XELJANZ XELJANZ XR XOLAIR XOSPATA XTANDI
E EDURANT <i>efavirenz</i> ELIGARD EMTRIVA ENBREL <i>entecavir</i> EPCLUSA	I IBRANCE <i>imatinib mesylate</i> INBRIJA INGREZZA INTELENCE IRESSA ISENTRESS	O OCREVUS ODEFSEY ODOMZO OFEV OPSUMIT ORALAIR ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS ORENITRAM ORFADIN	T <i>tacrolimus</i> <i>tadalafil</i> TAKHZYRO	Y YONSA
	J JIVI			Z ZEJULA ZEPOSIA <i>zidovudine</i> ZIEXTENZO ZOLINZA
	K KALETRA TABLET KESIMPTA KEVZARA KISQALI KISQALI FEMARA CO-PACK			

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ADCIRCA	<i>sildenafil, tadalafil</i>	BUPHENYL	<i>sodium phenylbutyrate</i>
ALIQOPA	COPIKTRA	CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
ALPROLIX	Consult doctor	CHORIONIC GONADOTROPIN	OVIDREL
APOKYN	INBRIJA	COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
ARALAST NP	PROLASTIN-C	ELELYSO	CERDELGA, CEREZYME
ASTAGRAF XL	<i>tacrolimus</i>	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ENVARUS XR	<i>tacrolimus</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
BERINERT	FIRAZYR, RUCONEST	EPOGEN	ARANESP, RETACRIT
BORTEZOMIB	NINLARO, VELCADE		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	PROCRT	ARANESP, RETACRIT
FOLLISTIM AQ	GONAL-F	PROCYSBI	CYSTAGON
FULPHILA	ZIEXTENZO	PROGRAF	<i>tacrolimus</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	RAPAMUNE	<i>everolimus, sirolimus</i>
GENOTROPIN	NORDITROPIN	RAVICTI	<i>sodium phenylbutyrate</i>
GLASSIA	PROLASTIN-C	REPATHA	PRALUENT
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	REVATIO	<i>sildenafil, tadalafil</i>
GRANIX	NIVESTYM	SABRIL	<i>vigabatrin</i>
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	SAIZEN	NORDITROPIN
HUMATROPE	NORDITROPIN	SANDOSTATIN LAR	SOMATULINE DEPOT
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SIGNIFOR LAR	SOMATULINE DEPOT
KYPROLIS	NINLARO, VELCADE	SOMAVERT	SOMATULINE DEPOT
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT	STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
LILETTA	KYLEENA, MIRENA, SKYLA	SYNISC, SYNISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	UDENYCA	ZIEXTENZO
NEUPOGEN	NIVESTYM	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
NOVAREL	OVIDREL	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NUTROPIN AQ	NORDITROPIN	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
OMNITROPE	NORDITROPIN	ZARXIO	NIVESTYM
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZEMAIRA	PROLASTIN-C
OTREXUP	RASUVO	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Consult doctor	ZORTRESS	<i>everolimus, sirolimus</i>
PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ZYDELIG	COPIKTRA
PREGNYL	OVIDREL	ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	ENTYVIO SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
ALL OTHER CONDITIONS	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

After failure of HUMIRA

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: 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. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. 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 copay¹ 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. 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 [Caremark.com](https://www.caremark.com) to check coverage and copay¹ information for a specific medicine.

* The preferred options 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 For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

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