



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

DATE: March 21, 2022
TO: Eligible Participants
FROM: Board of Trustees

SUBJECT: CVS Caremark – 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 April 2022 Performance Drug List – Standard Control for Clients with Advanced Control Specialty Formulary and the Advanced Control Specialty Formulary list for preferred specialty drugs.

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 یہ ابی دست 1-877-696-6775 کو
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.

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OFFICE (847) 742-0900

FAX (847) 742-4430
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TOLL FREE (866) 828-0900

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 copay 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 copay information for a specific medicine.

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
MITIGARE

§ NSAIDs

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

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%
diclofenac sodium solution

§ 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
oxycodone
oxycodone-acetaminophen
tramadol (except NDC* 52817019610)
tramadol ext-rel tablet

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 tablet
linezolid
metronidazole
nitrofurantoin (except NDCs* 16571074024, 70408023932)
pyrimethamine
sulfamethoxazole-trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS
bicalutamide

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [Caremark.com](https://www.caremark.com) or contact a CVS Caremark Customer Care representative.



CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone

§ 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

disopyramide
sotalol
MULTAQ

ANTILIPEMICS

ACL INHIBITORS / COMBINATIONS

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate *(except*
fenofibrate capsule 50 mg, 130 mg;
fenofibrate tablet 40 mg, 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
nebivolol
pindolol
propranolol
propranolol ext-rel

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel *(except*
generics for CARDIZEM LA)
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC 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
VERQUVO

§ 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
rufinamide
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 *(except*
NDC* 60505367503)
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
dexamethylphenidate ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel **
MYDAYIS
QELBREE
VYVANSE

§ FIBROMYALGIA

pregabalin

HYPNOTICS

§ NONBENZODIAZEPINES

eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA

§ TRICYCLICS

doxepin

MIGRAINE

ACUTE MIGRAINE AGENTS

§ Triptans

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH
ZOMIG NASAL SPRAY

Miscellaneous

NURTEC ODT
UBRELVY

PREVENTIVE MIGRAINE AGENTS

Monoclonal Antibodies

AJOVY
EMGALITY

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine *(except*
cyclobenzaprine tablet 7.5 mg)

§ NARCOLEPSY

armodafinil
modafinil
SUNOSI

§ POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel
GRALISE

**PSYCHOTHERAPEUTIC -
MISCELLANEOUS**

§ OPIOID ANTAGONISTS

naloxone injection
NARCAN NASAL SPRAY

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

*buprenorphine-naloxone
sublingual*
ZUBSOLV

**ENDOCRINE AND
METABOLIC**

§ ANDROGENS

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

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

ACCU-CHEK AVIVA PLUS
STRIPS AND KITS²
ACCU-CHEK COMPACT
PLUS STRIPS AND KITS²
ACCU-CHEK GUIDE
STRIPS AND KITS²
ACCU-CHEK SMARTVIEW
STRIPS AND KITS²
BD ULTRAFINE
INSULIN SYRINGES AND
NEEDLES

DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM

OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ONETOUCH ULTRA
STRIPS AND KITS²
ONETOUCH VERIO
STRIPS AND KITS²
V-GO INSULIN
INFUSION PUMP

ANTI OBESITY

INJECTABLE

SAXENDA
WEGOVY

ORAL

QSYMIA

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

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

*ethinyl estradiol-
levonorgestrel*

§ TRANSDERMAL

*ethinyl estradiol-
norelgestromin*

§ VAGINAL

ethinyl estradiol-etonogestrel
ANNOVERA

DIABETIC KIDNEY DISEASE

KERENDIA

ENDOMETRIOSIS

ORLISSA

§ GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
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 vaginal cream
IMVEXXY
VAGIFEM

**§ 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

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

§ ANTIARRHEALS

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
mesalamine delayed-rel (except
mesalamine delayed-rel tablet 800 mg)
mesalamine ext-rel
sulfasalazine
sulfasalazine delayed-rel
ASACOL HD
PENTASA

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

**§ IRRITABLE BOWEL
SYNDROME**

alosetron
lubiprostone
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes (except
generics for MOVIPREP)
CLENPIQ

OPIOID-INDUCED
CONSTIPATION
MOVANTIK
SYMPROIC

PANCREATIC ENZYMES
CREON
VIOKACE
ZENPEP

§ PROTON PUMP
INHIBITORS
esomeprazole delayed-rel
lansoprazole delayed-rel
omeprazole delayed-rel
pantoprazole
delayed-rel tablet
DEXILANT

§ STEROIDS, RECTAL
PROCTOFOAM-HC

§ ULCER THERAPY
COMBINATIONS
PYLERA

§ MISCELLANEOUS
sucrafate 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
tropium
tropium ext-rel
GEMTESA
TOVIAZ

HEMATOLOGIC

ANTICOAGULANTS
§ INJECTABLE
enoxaparin

§ ORAL
warfarin
XARELTO

§ SYNTHETIC HEPARINOID-
LIKE AGENTS
fondaparinux

§ 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
AUVI-Q
EPIPEN
EPIPEN JR

§ 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 / STEROID
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 (except
NDC* 66993001968)
levabuterol tartrate
CFC-free aerosol

LONG ACTING
Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMIST

§ LEUKOTRIENE
MODULATORS
montelukast
zafirlukast

§ NASAL ANTIHISTAMINES
azelastine
olopatadine

§ NASAL STEROIDS /
COMBINATIONS
azelastine-fluticasone
flunisolide
fluticasone
mometasone

PHOSPHODIESTERASE-4
INHIBITORS
DALIRESP

STEROID / BETA AGONIST
COMBINATIONS
ADVAIR DISKUS
ADVAIR HFA **
BREO ELLIPTA **
SYMBICORT

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

TOPICAL

DERMATOLOGY
ACNE
§ Topical
adapalene (except *adapalene pad*)
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
ZYCLARA

§ ANTIBIOTICS
gentamicin
mupirocin ointment

§ ANTIFUNGALS
ciclopirox
clotrimazole
econazole
ketconazole cream 2%
nystatin
NAFTIN

§ ANTIPSORIATICS
acitretin
calcipotriene ointment,
solution
methoxsalen

§ ANTISEBORRHEICS
ketconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS
pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS
§ Low Potency
desonide (except *desonide gel*)
hydrocortisone

§ Medium Potency
hydrocortisone butyrate
cream, ointment, solution
mometasone
triamcinolone cream, lotion,
ointment (except
triamcinolone ointment 0.05%)

§ High Potency
desoximetasone
fluocinonide (except
fluocinonide cream 0.1%)
BRYHALI

§ Very High Potency
clobetasol cream, foam, gel,
lotion, ointment, shampoo
halobetasol cream, ointment

§ LOCAL ANALGESICS
lidocaine patch

§ LOCAL ANESTHETICS
lidocaine-prilocaine

§ ROSACEA
azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

MOUTH / THROAT /
DENTAL AGENTS
PROTECTANTS
EPISIL

OPHTHALMIC
§ ANTIALLERGICS
azelastine
bepotastine
cromolyn sodium
olopatadine

§ ANTI-INFECTIVES
ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE

§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT

ANTI-INFLAMMATORIES
§ Nonsteroidal
bromfenac
diclofenac
ketorolac
ILEVRO
PROLENSA

§ Steroidal
dexamethasone
difluprednate
loteprednol
prednisolone acetate 1%

§ ANTIVIRALS
trifluridine

BETA-BLOCKERS

§ Nonselective
timolol maleate solution

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

§ 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
ACCU-CHEK AVIVA PLUS STRIPS AND KITS ²
ACCU-CHEK COMPACT PLUS STRIPS AND KITS ²
ACCU-CHEK GUIDE STRIPS AND KITS ²
ACCU-CHEK SMARTVIEW STRIPS AND KITS ²

acetic acid
acitretin
acyclovir capsule, tablet
adapalene (except adapalene pad)
ADVAIR DISKUS
ADVAIR HFA **
AJOVY
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)

alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
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
ARNUITY ELLIPTA

ASACOL HD
atenolol
atomoxetine
atorvastatin
AUVI-Q
azelaic acid gel
azelastine
azelastine-fluticasone
azithromycin

B

balsalazide
BAQSIMI
BASAGLAR
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
BELBUCA
BELSOMRA
benzonatate (except
NDCs* 69336012615, 69499032915)

benzoyl peroxide
bepotastine
BESIVANCE
BETOPTIC S
bicalutamide
BIDIL
BREO ELLIPTA **
BREZTRI AEROSPHERE
BRILINTA
brimonidine
brinzolamide
bromfenac
BRYHALI
budesonide capsule
budesonide inhalation suspension
buprenorphine transdermal
buprenorphine-naloxone sublingual
bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)

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
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
clopizapine
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 (except desonide gel)
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
DEXILANT
dexmethylphenidate ext-rel
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
dicyclomine
DIFICID
difluprednate
digoxin
diltiazem ext-rel (except
generics for CARDIZEM LA)
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
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
dutasteride
dutasteride-tamsulosin

E

econazole
eletriptan
EMGALITY
EMVERM
enalapril
ENDOMETRIN

enoxaparin
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
esomeprazole delayed-rel
estradiol
estradiol vaginal cream
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 capsule 50 mg, 130 mg;
fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenges
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
folic acid
fondaparinux
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

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

H

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

I

ibandronate
ibuprofen
ILEVRO
imiquimod
IMVEXXY
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide

isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
itraconazole
ivermectin tablet

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE

K

KERENDIA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole delayed-rel
latanoprost
LATUDA
levalbuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine patch
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
lubiprostone
LUMIGAN

M

meclizine
medroxyprogesterone
megestrol acetate
meloxicam tablet
mementine
mesalamine delayed-rel (except
mesalamine delayed-rel tablet 800 mg)
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
MITIGARE
modafinil
mometasone
montelukast
morphine
morphine ext-rel
MOVANTIK
moxifloxacin
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYFEMBREE

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
natriptan
NARCAN NASAL SPRAY
NATAZIA
nateglinide
NATESTO
NAYZILAM
neбивол
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
neomycin-polymyxin B-
hydrocortisone
NEUPRO
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin (except
NDCs* 16571074024, 70408023932)
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NURTEC ODT
nystatin

O

ofloxacin
ofloxacin otic
olanzapine
olmesartan

olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole delayed-rel
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
ORIAHNN
ORLISSA
oseltamivir
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole
delayed-rel tablet
paroxetine HCl
paroxetine HCl ext-rel (except
NDC* 60505367503)
peg 3350-electrolytes (except
generics for MOVIPREP)
penicillin VK
PENTASA
PERFORMIST
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone
pregabalin
pregabalin ext-rel
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid

prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
PROLENSA
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

QELBREE
QSYMIA
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QVAR REDHALER

R

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

S

SANCUSO
SAXENDA
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
sildenafil
sildenafil
SIMBRINZA
simvastatin
sildenafil
SOLLIQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone
spironolactone-
hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SUBSYS
sucralfate tablet

sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SUPRAX
SYMBICORT
SYMLINPEN
SYMPROIC
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
tamsulosin
TEKURNA 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
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TOVIAZ

tramadol (except NDC* 52817019610)
tramadol ext-rel tablet
travoprost
trazodone
TRELEGY ELLIPTA
TRESIBA
tretinoin
triamcinolone cream, lotion,
ointment (except
triamcinolone ointment 0.05%)

triamterene
triamterene-
hydrochlorothiazide
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
TROKENDI XR
trospium
trospium ext-rel
TRULICITY

U

UBRELVY

V

VAGIFEM
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule

VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO
V-GO INSULIN
INFUSION PUMP
VIBERZI
VICTOZA
VIMPAT
VIOKACE
VRAYLAR
VYVANSE

W

warfarin
WEGOVY

X

XARELTO
XCOPRI
XIFAXAN 550 MG

XIGDUO XR
XIIDRA
XTAMPZA ER
XULTOPHY

Y

YUPELRI

Z

zafirlukast
ZEMBRACE SYMTOUCH
ZENPEP
ZIOPTAN
ziprasidone
zolmitriptan
zolpidem
zolpidem ext-rel
ZOMIG NASAL SPRAY
zonisamide
ZUBSOLV
ZYCLARA

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	ADZENYS ER, ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, MYDAYIS, VYVANSE
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin- benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	AIMOVIG	AJOVY, EMGALITY
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone
Activite	folic acid	ALLISON MEDICAL INSULIN SYRINGES 3	BD ULTRAFINE INSULIN SYRINGES
ACTOS	pioglitazone	ALORA	estradiol, DIVIGEL, EVAMIST
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA	ALREX	azelastine, bepotastine, cromolyn sodium, olopatadine
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir	ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
ADDERALL	amphetamine-dextroamphetamine mixed salts, methylphenidate	AMITIZA	lubiprostone, LINZESS, MOVANTIK, SYMPROIC
ADRENALIN	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR	AMRIX	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
		ANDROGEL	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
		ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
		APEXICON E	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
APIDRA	FIASP, NOVOLOG	BENICAR, BENICAR HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, MYDAYIS, VYVANSE	BENSAL HP	desonide (except desonide gel), hydrocortisone
ARMOUR THYROID	levothyroxine, liothyronine, SYNTHROID	BENZAC AC	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT	BENZAQLIN	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
ASCENSIA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²		
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER	benzonatate (NDCs* 69336012615, 69499032915 only)	benzonatate (except NDCs* 69336012615, 69499032915)
ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	BEPREVE	azelastine, bepotastine, cromolyn sodium, olopatadine
ATIVAN	alprazolam, clonazepam, diazepam, lorazepam, oxazepam	BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
ATOPADERM	desonide (except desonide gel), hydrocortisone	BETAPACE, BETAPACE AF	sotalol
ATROVENT HFA	ipratropium inhalation solution, SPIRIVA, YUPELRI	BETIMOL	timolol maleate solution, BETOPTIC S
AVENOVA	Consult doctor	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
AZASITE	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE	BEYAZ	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, NATAZIA
AZELEX	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN, ZIOPTAN
AZESCO ⁵	prenatal vitamins, CITRANATAL	BREEZE 2 STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
AZOR	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan	BROMSITE	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
BALCOLTRA	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, NATAZIA	budesonide ext-rel	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA
BANZEL SUSPENSION	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR	Bupap	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
BEAU RX	Consult doctor	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
BECONASE AQ	azelastine-fluticasone, flunisolide, fluticasone, mometasone		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>	CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	CLINDAGEL	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	<i>clindamycin gel (NDC* 68682046275 only)</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM</i>	<i>calcipotriene ointment, calcipotriene solution</i>		
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>	<i>clobetasol spray</i>	<i>clobetasol foam</i>
<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>	CLOBEX SPRAY	<i>clobetasol foam</i>
CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>CapsFenac Pak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	COLAZAL	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>Capsinac</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>	COLCRYS	<i>colchicine tablet, MITIGARE</i>
CARAFATE	<i>sucralfate tablet</i>	CONSENSI	<i>amlodipine WITH celecoxib</i>
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>	CONTOUR NEXT STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>	CONTOUR STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>
<i>carisoprodol 250 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>		
CARNITOR, CARNITOR SF	<i>levocarnitine</i>	CONTRAVE	<i>QSYMIA, SAXENDA, WEGOVY</i>
CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	CORDRAN CREAM, CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>chlordiazepoxide-clidinium (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	<i>dicyclomine</i>	CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC* 73007001303 only), chlorzoxazone 750 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	CORDRAN TAPE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
CIALIS	<i>sildenafil, tadalafil</i>		
CICATRACE	Consult doctor		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
COREG CR	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
CoreMino	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	<i>dihydroergotamine spray</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
CRESEMBA	<i>itraconazole</i>	<i>DIOVAN, DIOVAN HCT</i>	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>Diphen Elixir</i>	<i>levocetirizine</i>
<i>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	<i>DORAL</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>DORYX, DORYX MPC</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>	<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
DARAPRIM	<i>pyrimethamine</i>	<i>doxycycline hyclate delayed-rel tablet</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, dexmethylphenidate ext-rel, methylphenidate ext-rel**, MYDAYIS, VYVANSE</i>	<i>doxycycline hyclate tablet 50 mg (NDC* 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>	<i>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>	<i>doxycycline monohydrate delayed-rel capsule</i>	<i>ORACEA</i>
<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	<i>DULERA</i>	<i>ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT</i>
DesRx	<i>desonide (except desonide gel), hydrocortisone</i>	<i>DUTOPROL</i>	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>	<i>DYMISTA</i>	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>dexchlorpheniramine</i>	<i>levocetirizine</i>	<i>DYRENIUM</i>	<i>amiloride, triamterene</i>
<i>Dexifol</i>	<i>folic acid</i>	<i>EDARBI, EDARBYCLOR</i>	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
<i>Diclofex DC</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>EDLUAR</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>DicloHeal-60</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>E.E.S. GRANULES</i>	<i>erythromycins</i>
DIFFERIN LOTION	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	<i>EFFEXOR XR</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
		<i>ELIDEL</i>	<i>pimecrolimus, tacrolimus, EUCRISA</i>
		<i>ELIQUIS</i>	<i>warfarin, XARELTO</i>
		<i>ELMIRON</i>	<i>Consult doctor</i>
		<i>ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>
		<i>ENTERAGAM</i>	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i>
EPICERAM	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>	<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	<i>flurandrenolide cream, flurandrenolide lotion</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>
ERYPED	<i>erythromycins</i>	<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i>)
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>FML FORTE, FML LIQUIFILM, FML S.O.P.</i>	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>FOCALIN XR</i>	<i>amphetamine-dextroamphetamine mixed salts ext-rel**</i> , <i>dexmethylphenidate ext-rel</i> , <i>methylphenidate ext-rel**</i> , MYDAYIS, VYVANSE
EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>	<i>FOLIC-K</i>	<i>folic acid</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>Folvite-D</i>	<i>folic acid</i>
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	<i>FORTAMET</i>	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>	<i>FORTESTA</i>	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution, ANDRODERM, NATESTO</i>
FABIOR	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide, clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	<i>FOSAMAX PLUS D</i>	<i>alendronate, ibandronate, risedronate</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	<i>FOSRENOL</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FEMRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>FOSTEUM, FOSTEUM PLUS</i>	<i>alendronate, ibandronate, risedronate</i>
<i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>	<i>fenofibrate</i> (except <i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>), <i>fenofibric acid delayed-rel</i>	<i>FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate</i> (except <i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>), <i>fenofibric acid delayed-rel</i>	<i>FREESTYLE STRIPS AND KITS 4</i>	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS 2</i> , <i>ACCU-CHEK COMPACT PLUS STRIPS AND KITS 2</i> , <i>ACCU-CHEK GUIDE STRIPS AND KITS 2</i> , <i>ACCU-CHEK SMARTVIEW STRIPS AND KITS 2</i> , <i>ONETOUCH ULTRA STRIPS AND KITS 2</i> , <i>ONETOUCH VERIO STRIPS AND KITS 2</i>
<i>fenopropfen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	<i>FROVA</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
FERIVA 21/7	<i>folic acid</i>	<i>Genicin Vita-S</i>	<i>folic acid</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>GLUMETZA</i>	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<i>Fexmid</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)	<i>GLYCOPYRROLATE TABLET 1.5 MG</i>	<i>dicyclomine</i>
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	<i>GOLYTELY</i>	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	<i>GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>
FLAREX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>		
<i>flucinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>		
<i>flurouracil cream 0.5%</i>	<i>flurouracil cream 5%, flurouracil solution, imiquimod, ZYCLARA</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
<i>halcinonide cream</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>heparin sodium in 5% dextrose, HEPARIN SODIUM IN 5% DEXTROSE</i>	<i>enoxaparin, fondaparinux</i>	INTRAROSA	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, MYDAYIS, QELBREE, VYVANSE</i>
HUMALOG	FIASP, NOVOLOG		
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	INVELTYS	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
HUMULIN 70/30	NOVOLIN 70/30	INVOKANA	FARXIGA, JARDIANCE
HUMULIN N	NOVOLIN N	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
HUMULIN R	NOVOLIN R	ISTALOL	<i>timolol maleate solution, BETOPTIC S</i>
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	<i>ivermectin cream</i>	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
<i>HylaVite</i>	<i>folic acid</i>	JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>	KAMDOY	<i>desonide (except desonide gel), hydrocortisone</i>
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>	Kapzin DC	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>	KAZANO	JANUMET, JANUMET XR
<i>Iclofenac CP</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>	<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
INCRUSE ELLIPTA	SPIRIVA, YUPELRI	<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	KOMBIGLYZE XR	JANUMET, JANUMET XR
<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	LACRISERT	RESTASIS, XIIDRA
		LACTULOSE PAK	<i>lactulose solution</i>
		LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
		<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
		LANTUS ⁶	BASAGLAR, LEVEMIR
		LASTACFT	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
		LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>

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LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>mesalamine delayed-rel tablet 800 mg</i>	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>levorphanol</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>	<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
LFXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>	<i>methocarbamol 500 mg (NDC* 69036091010 only), methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only)</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
LIBRAX	<i>dicyclomine</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	<i>lidocaine-prilocaine</i>	MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
LIDOTREX	<i>lidocaine-prilocaine</i>	Migergot	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
LITHOSTAT	Consult doctor	MINASTRIN 24 FE	<i>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, NATAZIA</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	MINIVELLE	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Lorid</i>	<i>folic acid</i>	<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Lorzone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	MIRVASO	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>Mondoxylene NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>luliconazole</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>	MOVIPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>	<i>MultiPro</i>	Consult doctor
LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
MACRODANTIN	<i>nitrofurantoin (except NDCs* 16571074024, 70408023932)</i>	MYRBETRIQ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>
<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>mefenamic acid (NDC* 69336012830 only)</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>meloxicam capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>		
MENEST	<i>estradiol</i>		
MENOSTAR	<i>estradiol</i>		

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<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>	ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
NATURE-THROID	<i>levothyroxine, liothyronine, SYNTHROID</i>	ONGLYZA	JANUVIA
NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>	<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NESINA	JANUVIA	Orphengesic Forte	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>	ORTHO D	<i>folic acid</i>
NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>	ORTHO DF	<i>folic acid</i>
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>	Oscimin SR	<i>dicyclomine</i>
<i>Niacor</i>	<i>niacin ext-rel</i>	OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
NICADAN	<i>folic acid</i>	OSMOPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
NICAPRIN	<i>folic acid</i>	OSPHENA	<i>estradiol</i>
NICAZEL, NICAZEL FORTE	<i>folic acid</i>	OWEN MUMFORD NEEDLES ³	BD ULTRAFINE NEEDLES
NICOMIDE	<i>folic acid</i>	<i>oxiconazole (NDCs* 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>	OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
<i>nitrofurantoin (NDCs* 16571074024, 70408023932 only)</i>	<i>nitrofurantoin (except NDCs* 16571074024, 70408023932)</i>	<i>oxymorphone ext-rel</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>	OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>
<i>Nolix</i>	<i>desonide (except desonide gel), hydrocortisone</i>	PANCREAZE	CREON, VIOKACE, ZENPEP
NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	<i>paroxetine HCl ext-rel (NDC* 60505367503 only)</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
NORPACE	<i>disopyramide</i>	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
NORVASC	<i>amlodipine</i>	PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>		<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
NOVO NORDISK NEEDLES ³	BD ULTRAFINE NEEDLES		<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
NOXAFIL	<i>fluconazole, itraconazole</i>	<i>peg 3350-electrolytes (generics for MOVIPREP only)</i>	<i>paroxetine HCl</i>
<i>NuDiclo SoluPak, NuDiclo TabPak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>Pennaicin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
NUEDEXTA	Consult doctor		
NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>		
OLUX-E	<i>clobetasol foam</i>	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>	PERRIGO NEEDLES ³	BD ULTRAFINE NEEDLES
OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>		
OMNIVEX	<i>folic acid</i>		

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PERTZYE	CREON, VIOKACE, ZENPEP	PSORCON	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI
PEXEVA	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]</i>), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>	QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>	QTERN	GLYXAMBI
POLYTOZA	Consult doctor	<i>quazepam</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>	RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
PRADAXA	<i>warfarin, XARELTO</i>	RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL, 20 mg/5 mL</i>), <i>prednisone</i>
PRECISION XTRA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	RECEDO	Consult doctor
PRED FORTE, PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	RELION INSULIN	NOVOLIN INSULIN
<i>prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL, 20 mg/5 mL</i>), <i>prednisone</i>	RHEUMATE	<i>folic acid</i>
PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	RIBOZEL	<i>folic acid</i>
PREMARIN	<i>estradiol</i>	RIMSO-50	Consult doctor
PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
PRENATAL PLUS ⁵	<i>prenatal vitamins, CITRANATAL</i>	ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
PREVACID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>	RyClora	<i>levocetirizine</i>
PREVIDENT	Consult doctor	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
PRILOSEC	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>	SCARSILK PAD	Consult doctor
PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	SEASONIQUE	<i>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, NATAZIA</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
PRODIGEN	Consult doctor	SILENOR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>	SIL-K PAD	Consult doctor
PROTONIX	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>	SILVEX	Consult doctor
PROTOPIC	<i>pimecrolimus, tacrolimus, EUCRISA</i>	SILTREX	Consult doctor
PROVAD	Consult doctor	SINGULAIR	<i>montelukast, zafirlukast</i>
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>	SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>	SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
PROZAC	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]</i>), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>	STENDRA	<i>sildenafil, tadalafil</i>
		SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
		<i>sucralfate suspension</i>	<i>sucralfate tablet</i>

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY	topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
SUPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
Sure Result DSS Premium Pack	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	TRADJENTA	JANUVIA
SURE-TEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	tramadol (NDC* 52817019610 only), tramadol ext-rel capsule	tramadol (except NDC* 52817019610), tramadol ext-rel tablet
Symax-SR	dicyclomine	TRANSDERM SCOP	meclizine, scopolamine transdermal
SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR	TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
SYNERDERM	desonide (except desonide gel), hydrocortisone	TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
TALIVA	folic acid	triamcinolone aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
Targadox	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	triamcinolone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
tavorole	terbinafine tablet	Trianax	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TAYTULLA	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, NATAZIA	TRICOR	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
TAZORAC	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution	TRILIPIX	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	TRINAZ ⁵	prenatal vitamins, CITRANATAL
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	TRIVIDIA INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES
THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI	TronVite	folic acid
TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S	TRUETEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
TIROSINT	levothyroxine, SYNTHROID		
TOBRADEX ST	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
TRUETRACK STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
TUDORZA	SPIRIVA, YUPELRI	XENICAL	QSYMIA, SAXENDA, WEGOVY
ULORIC	<i>allopurinol</i>	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
ULTIMED INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
ULTIMED NEEDLES ³	BD ULTRAFINE NEEDLES	Xvite	<i>folic acid</i>
ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	XYZBAC	<i>folic acid</i>
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	YASMIN	<i>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, NATAZIA</i>
VALCYTE	<i>valganciclovir</i>	YAZ	<i>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, NATAZIA</i>
VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>	Yuvafem	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
Vanoxide-HC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	ZALVIT ⁵	<i>prenatal vitamins, CITRANATAL</i>
VASCULERA	Consult doctor	ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>	ZELAC	Consult doctor
VELTIN	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	ZERVIATE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>	ZETIA	<i>ezetimibe</i>
VEREGEN	<i>imiquimod</i>	ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
VIAGRA	<i>sildenafil, tadalafil</i>	ZIANA	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	Zicopro	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
VITAFOL-ONE ⁵	<i>prenatal vitamins, CITRANATAL</i>	<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>
<i>Vitasure</i>	<i>folic acid</i>	ZIRGAN	<i>trifluridine</i>
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>	ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>	<i>zolpidem sublingual</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Vtol LQ</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
WESTHROID	<i>levothyroxine, liothyronine, SYNTHROID</i>		
WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ZONEGRAN	<i>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</i>	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
		ZYFLO	<i>montelukast, zafirlukast</i>
		ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
		ZYVIT	<i>folic acid</i>
ZONTIVITY	Consult doctor		
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</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 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. 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 copay 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.

* 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.

** Listing does not include certain NDCs*.

† 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 An ACCU-CHEK or ONETOUCH blood glucose meter may 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: 1-877-418-4746.

³ BD ULTRAFINE syringes and needles are the only preferred options.

⁴ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁵ Generic prenatal vitamins and CITRANATAL are the only preferred options.

⁶ Long Acting Insulins - First Generation.

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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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 copay information, please visit 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 copay 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 copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to Caremark.com to check coverage and copay information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXA
GELSYN-3
SUPARTZ FX

EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMTUZA
TEMIXYS
TRIUMEQ

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine
stavudine
zidovudine
EMTRIVA

BARACLUDE SOLUTION
VELMIDY

§ HEPATITIS C AGENTS

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

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVI
DOVATO

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
AFINITOR DISPERZ
ALECENSA
ALUNBRIG
BOSULIF
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE
IMBRUVICA

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
VOTRIENT
XOSPATA
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

**MULTIPLE MYELOMA
IMMUNOMODULATORS**
REVLIMID
THALOMID

PROTEASOME INHIBITORS
NINLARO
VELCADE

**PROSTATE CANCER
§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS**
leuprolide acetate
ELIGARD

**LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS**
FIRMAGON

§ MISCELLANEOUS

bexarotene capsule
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
RUBRACA
VISTOGARD
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**
treprostinil
ORENITRAM

**SOLUBLE GUANYLATE
CYCLASE STIMULATORS**
ADEMPAS

CENTRAL NERVOUS SYSTEM

§ ANTICONSULSANTS
vigabatrin

**ANTIPARKINSONIAN
AGENTS**
INBRIJA
KYNMOBI

§ MOVEMENT DISORDERS
tetrabenazine
AUSTEDO
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**
dimethyl fumarate
delayed-rel
glatiramer

AUBAGIO
AVONEX
BETASERON
COPAXONE
GILENYA
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY
WAKIX
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

**§ CALCIUM RECEPTOR
ANTAGONISTS**
cinacalcet

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

**CENTRAL PRECOCIOUS
PUBERTY**
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

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

**§ PHENYLKETONURIA
TREATMENT AGENTS**
sapropterin

POLYNEUROPATHY
TEGSEDI

§ UREA CYCLE DISORDERS
sodium phenylbutyrate

MISCELLANEOUS
CYSTAGON

GENITOURINARY

§ MISCELLANEOUS
tiopronin

HEMATOLOGIC

§ CHELATING AGENTS
deferasirox
deferiprone

deferoxamine
penicillamine
trientine

**HEMATOPOIETIC GROWTH
FACTORS**
NIVESTYM
RETACRIT
ZIENTENZO

HEMOPHILIA A AGENTS
ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS
REBINYN

**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**
NOVOSEVEN RT
SEVENFACT

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**
EMPAVELI

**THROMBOCYTOPENIA
AGENTS**
PROMACTA
TAVALISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**

REMICADE
SIMPONI ARIA
STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED)**

See Table 1 for Indication Based
Coverage Details

ANKYLOSING SPONDYLITIS
COSENTYX
ENBREL
HUMIRA

CROHN'S DISEASE
HUMIRA
STELARA
SUBCUTANEOUS

**NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**
CIMZIA
PREFILLED SYRINGE
COSENTYX

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
STELARA
SUBCUTANEOUS
TREMIFYA

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

ULCERATIVE COLITIS
HUMIRA
STELARA
SUBCUTANEOUS #
XELJANZ #
XELJANZ XR #
ZEPOSIA #

After failure of HUMIRA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

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

**§ HEREDITARY
ANGIOEDEMA**
icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOMODULATORS
IMMUNE GLOBULINS
CUTAQUIG

IMMUNOSUPPRESSANTS**§ ANTIMETABOLITES**

mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

MONOCLONAL ANTIBODIES

ENSPRYNG

§ 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
abacavir-lamivudine
abiraterone
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALUNBRIG
ambisentan
atazanavir
AUBAGIO
AUSTEDO
AVONEX

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO
CIMZIA
PREFILLED SYRINGE
cinacalcet
COPAXONE
COPIKTRA
COSENTYX
CUTAQUIG
cyclosporine
cyclosporine, modified
CYSTAGON

D

deferiasirox
deferiprone
deferoxamine
DESCOVY

dimethyl fumarate
delayed-rel
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine-tenofovir disoproxil fumarate
EMTRIVA
ENBREL
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
erlotinib
ESBRIET
ESPEROCT
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FIRMAGON
FORTEO
FUZEON

G

GELSYN-3
GENVOYA
GILENYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant
imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA
CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KYLEENA
KYNMOBI

L

lamivudine
lamivudine-zidovudine
lapatinib
leuprolide acetate
LONSURF
lopinavir-ritonavir
LUCENTIS
LUPRON DEPOT-PED
LYNPARZA
LYSODREN

M

MATULANE
MAYZENT
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NINLARO
NIVESTYM

NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA
NUVIQ

O

OCREVUS
ODEFSEY
ODOMZO
OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA
OVIDREL

P

penicillamine
PERJETA
PHESGO
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA
PROMACTA

R

RASUVO
REBIF
REBINYN
REMICADE
RETACRIT
REVLIMID
ribavirin
RINVOQ
ROZLYTREK
RUBRACA
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SEVENFACT

sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA
SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYM TUZA

T

tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
tiopronin
TIVICAY
tobramycin
inhalation solution
TRAZIMERA
TREMIFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI

VOSEVI²
VOTRIENT
VUMERITY

W

WAKIX

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA

XTANDI
XYWAV

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO

ZIRABEV
ZOLINZA
ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS³

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
ADCIRCA	<i>sildenafil, tadalafil</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
AFINITOR	<i>everolimus, AFINITOR DISPERZ</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
ALIQOPA	COPIKTRA	FOLLISTIM AQ	GONAL-F
ALPROLIX	Consult doctor	FULPHILA	ZIEXTENZO
APOKYN	INBRIJA, KYNMOBI	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
APTIVUS	Consult doctor	GENOTROPIN	NORDITROPIN
ARALAST NP	PROLASTIN-C	GLASSIA	PROLASTIN-C
ARANESP	RETACRIT	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
ASTAGRAF XL	<i>tacrolimus</i>	GRANIX	NIVESTYM
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
AVASTIN	ZIRABEV	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	HUMATROPE	NORDITROPIN
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BERINERT	<i>icatibant, RUCONEST</i>	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
BORTEZOMIB	NINLARO, VELCADE	ILUMYA	REMICADE
BOTOX	Consult doctor	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
BUPHENYL	<i>sodium phenylbutyrate</i>	INVIRASE	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
CHORIONIC GONADOTROPIN	OVIDREL	KUVAN	<i>sapropterin</i>
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	KYPROLIS	NINLARO, VELCADE
CINRYZE	ORLADEYO, TAKHZYRO	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
COMPLERA	<i>efavirenz-ertricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	LEUKINE	NIVESTYM
CUPRIMINE	<i>penicillamine</i>	LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	LILETTA	KYLEENA, MIRENA, SKYLA
ELELYSO	CERDELGA, CEREZYME	LUPRON DEPOT	ELIGARD, FIRMAGON, MYFEMBREE, ORIAHNN, ORLISSA
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
ENVARUSUS XR	<i>tacrolimus</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	MULPLETA	Consult doctor
EPOGEN	RETACRIT	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	NEULASTA, NEULASTA ONPRO	ZIEXTENZO

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
NEUPOGEN	NIVESTYM	SYPRINE	<i>trientine</i>
NOVAREL	OVIDREL	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
NPLATE	PROMACTA, TAVALISSE	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
NUTROPIN AQ	NORDITROPIN		
OMNITROPE	NORDITROPIN		
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	THIOLA, THIOLA EC	<i>tiopronin</i>
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
OTREXUP	RASUVO	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
PEGASYS	Consult doctor	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
PREGNYL	OVIDREL	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY, TEMIXYS
PROCRIT	RETACRIT		
PROCYSBI	CYSTAGON	TRUXIMA	RUXIENCE
PROGRAF	<i>tacrolimus</i>	UDENYCA	ZIEXTENZO
RAPAMUNE	<i>everolimus, sirolimus</i>	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RAVICTI	<i>sodium phenylbutyrate</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
REMODULIN	<i>treprostinil</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
REPATHA	PRALUENT	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
REVATIO	<i>sildenafil, tadalafil</i>	ZARXIO	NIVESTYM
RIABNI	RUXIENCE	ZEMAIRA	PROLASTIN-C
RITUXAN	RUXIENCE	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SABRIL	<i>vigabatrin</i>	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
SAIZEN	NORDITROPIN	ZORTRESS	<i>everolimus, sirolimus</i>
SANDOSTATIN LAR	SOMATULINE DEPOT	ZYDELIG	COPIKTRA
SIGNIFOR LAR	SOMATULINE DEPOT	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA
SOMAVERT	SOMATULINE DEPOT		
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>		
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED SELF-ADMINISTERED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	None	HUMIRA STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ STELARA SUBCUTANEOUS TREMFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR # ZEPOSIA #
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT 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 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. 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 copay information for a specific medicine.

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

† 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 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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