



Meritain Health®
Pharmacy Solutions



Ursinus College

A Guide to Your Pharmacy Coverage

www.meritain.com

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Meritain Health®
an  **aetna** company

Welcome!

Welcome to your new prescription benefit plan. We will be working with Ursinus College to administer the prescription benefit portion of your health plan.

Your prescription plan offers two ways to get your medications:

- For medications taken for a short time (like an antibiotic), fill anywhere in our network of more than 68,000 pharmacies nationwide, including chain pharmacies, 20,000 independent pharmacies and 9,600 CVS Pharmacy locations (including those inside Target stores).
- For medications taken regularly (such as for high blood pressure or diabetes), get them delivered to your door. To sign up for mail service, choose either option below:
 - Register at [Caremark.com/startnow](https://www.caremark.com/startnow) and follow the instructions to request a new 90-day prescription.
 - Call the Customer Care number on the back of your prescription ID card.

Here are some additional services we offer:

- CVS Specialty™ is designed for individuals with rare, complex or genetic conditions. Our specialty pharmacy offers convenient delivery of specialty medications or pickup at CVS Pharmacy*, personalized service and educational support for your specific treatment. CVS Specialty also offers access to a clinical pharmacist anytime for any questions that may come up.
- Specialty Guideline Management (SGM) promotes the appropriate use of biotech/specialty medications and monitors patient safety.

Caremark.com is an easy way to make the most of your prescription benefits:

- Find network pharmacies
- Refill medication and check order status
- Check drug costs
- See your prescription history

Welcome to Meritain Health® Pharmacy Solutions (MPS)

MPS is nationwide pharmacy benefit manager (PBM). Our job is simple: we help take care of you. Your employer has partnered with us for your prescription benefits.

It's important for you to understand how your prescription benefits work—we get that. That's why we're here to give you the information, tools and services you need to make the most of your benefits program.

Find participating pharmacies

You can find a participating pharmacy by visiting www.Caremark.com. Log in to or create your member account and search for nearby pharmacies, convenient to you.

We're here when you need us

Still have questions? We can help. Just give us a call at the number on your ID card.

Sample ID card

Card front

Meritain Health an aetna company		Customer Service and Eligibility Inquiries 866.475.7589 www.caremark.com	
Member		Pharmacy Plan	
Sample Group		RXBIN: 004336 RXPCN: ADV RXGRP: RX2738	
Group #: 99999		Member: 866.475.7589	
Member: MEMBER NAME		Pharmacy: 800.364.6331	
Member ID: MEMBER ID NUMBER		Placeholder for copays PROVIDERS: See back for important information	
Dependent:			
DEPENDENT NAME 1			
DEPENDENT NAME 2			

Card back

Claims Submission
Mail RX Claims to: CVS Caremark PO Box 52136 Phoenix, AZ 85072-2136
<i>For ID card support, call 800.830.2310.</i>
PROVIDERS: This card does not provide medical coverage. Please refer to the member's medical ID card for benefit and claims submission information.
INDEX #: 009

Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by Meritain Health® Pharmacy Solutions (MPS), powered by CVS Caremark. You can visit more than 65,000 retail pharmacies nationwide to fill your prescriptions. You also have access to clinical pharmacists for information and support.

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

The Performance Drug List

Also called a formulary, the Performance Drug List is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs.

How the Performance Drug List works:

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of the calendar year.
- Every January, the list is updated and available.
- If a generic becomes available, the brand-name drug will become a non-preferred drug, and may only be available for a higher copay.
- When a generic drug becomes available, you'll pay the lowest copay if you choose the generic.

Why generics make sense

Because companies that develop new drugs have long-term patent protection for their products, other drug companies are prevented by law from manufacturing those drugs—even if they can produce them less expensively.

When patents expire, other companies can make equivalent drugs, usually at a much lower price. Generic equivalents go through rigorous FDA testing regularly to assure that they are just as effective as the brand-name drugs.

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.



Note: to see whether a prescription drug is generic, preferred or non-preferred, check the list in the appendix of this packet.

Easy on your time—three ways to get your prescription drugs

Your plan is designed with your time in mind. Use any of these three prescription options.

At your local pharmacy

When you need a prescription for 30 days or less, have it filled at a participating pharmacy. Just show the pharmacist your Meritain Health ID card and pay your copay at the time of your purchase. If the pharmacy you choose is not in-network and your plan allows reimbursement for out-of-network pharmacies, you'll pay the entire cost at the time of purchase, then submit a claim for reimbursement. You'll receive the same amount that a participating pharmacy would receive, minus your copay.

By mail order

If you have a chronic condition and you take medication for it for long periods of time, you may fill a larger quantity prescription all at once. With CVS Caremark, you can request to receive your medication by mail or may pick it up at a local CVS pharmacy. Ask your doctor to write two prescriptions—one for 30 days, and one for 90 days. Fill the 30-day prescription at a network pharmacy. Then complete a mail order form and send it, along with the original 90-day prescription signed by your doctor and your copay, to the address on the form.

Online

You can also fill 90-day prescriptions by logging into www.Caremark.com. Again, ask your doctor for two prescriptions. Before you request your prescription online, fill the 30-day order at a network drug store, and send (or ask your doctor to send) the 90-day prescription to the address shown on the website. Simply use a credit card to pay your copay.

Prescriptions and Caremark.com

By logging in to www.Caremark.com, you can:

- Order new prescriptions.
- Check the status of your online order.
- Find a nearby network pharmacy.
- Check on the price of a drug.
- Research drugs, supplements and vitamins.
- Learn more about your coverage.

Not every drug is covered

The plan does not include benefits for over-the-counter medications or drugs used for cosmetic purposes. There may be other exclusions. Meritain Health Pharmacy Solutions Customer Service can help you if you have questions, or refer to your more complete SPD.

Certain drugs must be approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. Trained professionals review these prescriptions for your protection. You may need a new written prescription from your doctor for each refill. For more information, see your SPD or contact Meritain Health Pharmacy Solutions Customer Service at **1.866.475.7589**.

Pharmacist support

When you have questions or concerns about your medication, it helps to consult a pharmacist. CVS Caremark pharmacists are available, in person or by phone, to provide all the information you need for a positive health care experience.

Helpful tip



Be sure to bring your Meritain Health ID card with you to the pharmacy when filling prescriptions. This will ensure that you receive your full benefits.

Specialty medications support

We help make it simple

A specialty medication is used to treat complex and chronic conditions like rheumatoid arthritis, psoriasis, rare genetic disorders, fertility and cancer. Most specialty medications require prior authorization. This just means we need to make sure you meet all the requirements in order for your plan to cover certain medications before they are filled. We'll work to get you your medication as quickly as possible.

Personalized support to stay on track

You have access to a team led by pharmacists and nurses who are specially trained in conditions like yours.

Your CareTeam can:

- Remind you when it's time to refill
- Help you manage symptoms and side effects
- Check dosage and medication schedules, and give advice on taking your medication correctly
- Track how well your medication manages your condition

Manage your medications anytime, anywhere

Register for an account at CVSSpecialty.com or download our mobile app to:

- Refill your prescription
- Check order status and track refills
- Chat with your CareTeam

Convenient delivery

You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy® location.*

Get Started

Register on CVSSpecialty.com.

Existing prescriptions?

Call **1.800.237.2767** (TTY: 711) to transfer your prescription

New prescriptions?

Your doctor can:

- e-Prescribe to CVS Specialty
- Call our CareTeam at **1.800.237.2767** (TTY: 711), Monday through Friday, 7:30 AM to 7:30 PM (local time)
- Fax the prescription to **1.800.323.2445**



*Specialty delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

Prior authorization

Some medications need special approval.

Prior authorization (PA) is an extra level of approval that benefit plans require for certain medications. A PA makes sure that you're getting the right medication for your condition. It may also help keep costs down so you don't overpay.

When is a PA required?

It depends on your benefit plan. Here are common reasons a PA is needed:

- There may be a lower cost option that's just as effective.
- The medication has potential for misuse or abuse.
- The medication is for certain conditions or diagnoses.

How does a PA get started?

You or your pharmacy can ask your doctor to start a PA. Then, your doctor sends us a PA by phone, fax or electronically. (We offer electronic PA submission that often provides a decision instantly.)

How does it work?

We gather additional information from your doctor that's required by your benefit plan. This information helps determine if the prescription is covered. We notify you and your doctor whether your PA is approved or denied as soon as possible—usually within a few days.

Do I need a PA for refills?

Sometimes. A PA is valid for a limited amount of time, so you may need a new PA for refills.

What can I do if my PA is denied?

You have several options:

- Ask your doctor if there's another medication that's just as effective.
- Choose to pay for the medication yourself.
- Submit an appeal by following the steps in your denial letter.

To check your PA status, sign in at www.Caremark.com. Select *Plan and Benefits*, then click *Prior Authorization* from the pull-down menu.

How would you like to have your long-term medicine conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medicine for a copay* that may be significantly less than you would pay at a participating retail pharmacy.

- Receive an extended supply of medicine.
- Enjoy the convenience of having your medicine delivered to a location of your choice—home, office or vacation spot.
- Speak to a registered pharmacist 24 hours a day, seven days a week.
- Order prescriptions and get health information online at **www.caremark.com**.

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:

- If you're not in a hurry, just mail your prescription for a 90-day supply (with any appropriate refills) to CVS Caremark.

Follow these five steps to fill out the mail service order form:

Fill in your ID number from your member ID card.
(On your next order, your ID number will be
pre-printed on your order form.)

C Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

1st person with a refill or new prescription. This person needs: ☐ Easy open caps ☐ Spanish forms and labels

LAST NAME	FIRST NAME	M	Suffix (JR SR)
NICKNAME			

Gender: ☒ M Birth: MM-DD-YYYY Date new prescription written:

Your E-Mail: Doctor's Last Name Doctor's Phone #

Tell us about new allergies or health information for this person. Only tell us **new information**.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfas ☐ Other:

Health Information: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem
☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid
☐ Other:

2nd person with a refill or new prescription. This person needs: ☐ Easy open caps ☐ Spanish forms and labels

3a. Provide the requested information for the second person for whom a prescription is being submitted (if applicable). If this is the case, provide the same information as Step 3.

2nd person with a refill or new prescription. This person needs: ☐ Easy open caps ☐ Spanish forms and labels

LAST NAME FIRST NAME M Suffix (JR, SR)

MIDDLE NAME Gender: ☐ M ☐ F Date of Birth: MM-DD-YYYY

Your E-Mail: Date new prescription written:

Doctor's Last Name Doctor's Phone #

Tell us about new allergies or health info person. Only tell us about new information.

Allergies: ☐ None ☐ Aspirin ☐ Ceph ☐ Sulfa ☐ Other: ☐ Penicillin ☐ Erythromycin ☐ Peanuts

Health Information: ☐ Arthritis ☐ Asthma ☐ Acid Reflux ☐ Glaucoma ☐ Heart Problem ☐ High Blood Pressure ☐ High Cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate Issues ☐ Thyroid

Step 4—Method of payment

Fill in the appropriate oval for your method of payment. You can pay using an electronic check, Bill Me Later® or credit/debit card (VISA®, MasterCard®, Discover® or American Express®). If you are paying by check or money order, please write your benefit ID number on the check. **Please do not send cash.**

Note: electronic check and Bill Me Later® require pre-registration by logging on to www.caremark.com or by calling Customer Care.

4 How would you like to pay for this order? Fill in the oval to choose a payment.

☐ **Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.

☐ **Bill Me Later®.** Works like a credit card. First time users register online or call Customer Care.

☐ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Fill in this oval to use your card on file.

☐ Fill in this oval to use a new card or transaction and expiration date.

CARD NUMBER

Check or Money Order. Amount: \$

• Make check or money order out to CVS

• Write your prescription benefit ID number on your check or money order.

• If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, Bill Me Later®, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

☐ Fill in this oval if you **DO NOT** want to use this payment method for future orders.

Credit Card Holder Signature/Date

Regular delivery is free and will take 7 to 10 days from the day you send this form.

If you want faster delivery, choose:

☐ **2nd Business Day (\$17)** Business days only

☐ **Next Business Day (\$23)** Monday-Friday

• Faster delivery charges may change.

• Faster delivery is for shipping time, not processing time.

• Faster delivery can only be sent to a street address, not a PO box.

Step 5—Enclose your prescription

Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

Mail it in

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided, or use your own envelope and mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form. Please be sure to fold the mail service order form along the fold lines so the CVS Caremark Mail Service Pharmacy address shows through the window of the envelope.

Sign up for mail service with FastStart®

You have several options to get started. It's easy!

• By internet

1. Log in to www.caremark.com and sign in or register if necessary.
2. Click on *Start a New Prescription* and then click on *FastStart®*.
3. Fill in your information.

• By phone

1. Call FastStart® toll free at **1.800.875.0867** Monday through Friday, 7:00 AM to 7:00 PM(CT).
2. Let the representative know you wish to fill your prescription through mail service.
3. Provide the representative the information on your member ID card, the names of your long-term medicines, your doctor's name and phone number, your payment information and mailing address.

Find an estimate of your medication cost with the Check Drug Cost tool from CVS Caremark®

With the Check Drug Cost tool from CVS Caremark, you can find out if you're able to save money on your medications. Quickly check drug costs and see lower-cost options with the Check Drug Cost tool. All results are specific to you, your plan and where you are with your deductible. With Meritain Health® Pharmacy Solutions, powered by CVS Caremark, you have access to this drug cost tool at no additional cost.

Use the Check Drug Cost tool today at [Caremark.com](https://www.caremark.com) or the CVS Caremark mobile app to see if you can save money.

To get started, just type in a prescription name and in a few seconds you can:

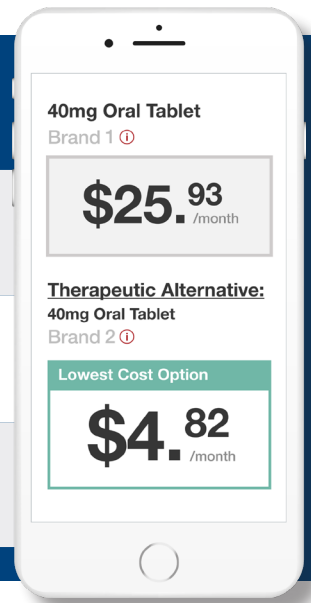


Find out what you'll pay out of pocket (you may pay the full cost of your prescription if you haven't yet met your deductible).



See a list of lower-cost options you can ask your doctor about.

See how much you can save by moving your prescription to a 90-day supply.





Cost Avoidance Research Effort (CARE) Program

Speak to a specialist about patient assistance research



Have you ever been surprised by the cost of your medication?

You may discover your insurance pays less

than you thought it would when filling your prescriptions. Patients who have difficulties paying their out-of-pocket costs can potentially find funding to cover what insurance doesn't. Your Meritain Health Pharmacy Solutions (MPS) CARE team is available to assist you in affording your high-cost specialty drugs.

After consulting with your physician, if you and your doctor decide to continue therapy with an excluded specialty medication, the CARE team can assist you with cost reduction research. Based on available programs open at the time, you can contact the CARE team to advocate on your behalf with drug procurement and cost reduction or elimination efforts. If funding cannot be secured for your medication, the CARE team can advocate on your behalf regarding potential coverage.

CARE Program

Helping you achieve better health at the lowest cost

The CARE Program through MPS can proactively guide you towards cost savings.

Our goal? Reduce your overall spending while helping you find the best quality health care services.

The MPS CARE Program can help you with navigating high-cost specialty medications. Please call **1.800.830.2310** and select *option two* to start a review with a CARE specialist. A secure voicemail box will be available for you to provide information to a CARE specialist so they can best assist you.

We recommend providing your name, member ID number, medication name and best phone number to reach you.



A CARE specialist will contact you to initiate research into available programs. This may require you to provide your social security number, yearly family income and individual email address.

MPS understands it's important you're involved in health care decisions that affect you. The decision to continue with the requested medication is between you and your physician.



If you have more questions about your prescription drug benefit, please call the toll-free number on your prescription ID card to speak with a customer service representative.



The Diabetic Meter Program

Better diabetes management with no-cost meters

This value-added program is offered as part of your prescription benefit plan and provides eligible members with a blood glucose meter at no out-of-pocket cost.

Eligibility

To take advantage of this offer, members must:

- Be enrolled in the prescription benefit plan.
- Have diabetes.
- Have a valid prescription for blood glucose test strips. Members who don't already have a prescription can request one at [caremark.com/managingdiabetes](https://www.caremark.com/managingdiabetes).

Regular blood glucose testing is an essential part of successful diabetes management. The Diabetic Meter Program makes monitoring blood glucose levels easier by offering no-cost* meters to eligible plan members.

Additional requirements or limitations may apply. Meters will be shipped to members within seven to 10 days of order.

If you have more questions about your prescription drug benefit, please call the toll-free number on your prescription ID card to speak with a customer service representative.



Participating National Network Retail Pharmacies

The network includes all major chains and most independent pharmacies. The following list shows the major chain pharmacies that accept your prescription ID card. In addition to the pharmacies listed below, many independent pharmacies also take part in the prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.

A

A & P Pharmacy
Accredo Health Group, Inc.
ACME Pharmacy
Albertson's Pharmacy
Aurora Pharmacy

B

Baker's Pharmacy
Bartell Drugs
Bel Air Pharmacy
Brookshire Brothers Pharmacy

C

CarePlus
Caremark Specialty Pharmacy
Carrs-Gottstein Foods Pharmacy
Cashwise Pharmacy
CenterWell Pharmacy
City Market Pharmacy
Coborn's Pharmacy
Copps Food Center Pharmacy
Coram CVS Specialty Pharmacy
Costco Pharmacy

C

Cub Pharmacy
CVS Pharmacy
CVS Pharmacy in Target stores
CVS Specialty

D

Dillon Pharmacy
Discount Drug Mart
Doc's Pharmacy
Duane Reade

E

Eaton Apothecary
Essentia Health

F

Fairview Pharmacy
Food City Pharmacy
Food Lion Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy
Fresh Market Pharmacy
Fruth Pharmacy
Fry's Food and Drug

G

Gerbes Pharmacy
Giant Eagle Pharmacy
Giant Pharmacy
Group Health Pharmacy

H

Haggen Pharmacy
Hannaford Food & Drug
Harmons Pharmacy
Harps Pharmacy
Harris Teeter Pharmacy
Healthsmart Pharmacy
H-E-B Pharmacy
Hen House Pharmacy
Henry Ford Medical Center Pharmacy
Homeland Pharmacy
Hy-Vee Pharmacy

I

IHC Health Center
Ingles Pharmacy

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

CVS Caremark® reserves the right to review and update the Participating National Network Retail Pharmacies List.
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National Network Participating Retail Pharmacies (cont.)

J

Jewel-Osco Pharmacy

K

Kessel Pharmacy

King Soopers Pharmacy

Kinney Drugs

Klein's Pharmacy

Klingensmith's Drug Stores

Knight Drugs

Kroger Pharmacy

Kroger Sav-On Pharmacy

L

Longs Drug Store

M

Marianos Pharmacy

Martin's Pharmacy

Maxor Pharmacies

Med-Fast Pharmacy

Medicap Pharmacy

Medicine Shoppe Pharmacy

Meijer Pharmacy

Mercy Pharmacy

Metro Market Pharmacy

N

Navarro Discount Pharmacy

NCS Healthcare Pharmacy

Neighborcare Pharmacy

Nob Hill Pharmacy

North Florida Pharmacy

O

Omnicare Pharmacy

Oncology Pharmacy

Option Care Pharmacy

Osco Pharmacy

P

Pavilions Pharmacy

Pharmerica

Pick N Save Pharmacy

Price Chopper Pharmacy

Price Cutter Pharmacy

Publix Pharmacy

Q

QFC Pharmacy

R

Raley's Drug Center

Ralphs Pharmacy

Randall's Pharmacy

Rite Aid Pharmacy

S

Safeway Pharmacy

Sam's Club Pharmacy

Sav-Mor Pharmacy

Save Mart Pharmacy

Sav-On Pharmacy

Schnucks Pharmacy

Scott's Pharmacy

Shaw's Pharmacy

Shop 'n Save Pharmacy

Shoppers Pharmacy

S

ShopRite Pharmacy

Smith's Pharmacy

St. John Pharmacy

Stop & Shop Pharmacy

Super 1 Pharmacy

T

Texas Oncology Pharmacy

Thrifty White Pharmacy

Times Pharmacy

Tom Thumb Pharmacy

Tops Pharmacy

U

United Market Street
Pharmacy

United Pharmacy

USA Drug

UW Health Pharmacy
Services

V

Vons Pharmacy

W

Walgreens Pharmacy

Walmart

Wegman's Pharmacy

Weis Pharmacy

White Drug

STEP 2**Submission Requirements:**

You **MUST** include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

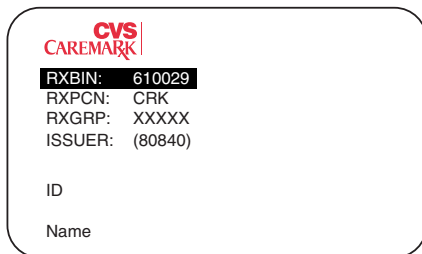
- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you may need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

If the Prescribing Physician's NPI (National Provider Identification) number is available, please provide: _____

If this claim is from a foreign country, please fill in below:

Country: _____ Currency: _____ Amount: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 mail to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS Caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

RXBIN # 610474 , 610468 , 004245 or 610449 mail to:

CVS Caremark
P.O. Box 52010
Phoenix, Arizona 85072-2010

RXBIN # 610473 , 610475 mail to:

CVS Caremark
P.O. Box 53992
Phoenix, Arizona 85072-3992

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.



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 and does not guarantee coverage. 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 prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

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 medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription 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 immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing for specific products on the list.

Prescription Reimbursement Claim Form

Important!



- Always allow up to 30 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing
- Keep a copy of all documents submitted for your records.
- Do not staple or tape receipts or attachments to this form.
- Reimbursement is not guaranteed and the contractor will review the claims subject to limitations, exclusions and provisions of the plan.

STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name (Last Name)

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

Patient Information—Use a separate claim form for each patient.

Name (Last Name)

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Member

Spouse

Child

Other _____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury?

☐ Yes

☐ No

Is the medicine covered under any other group insurance?

☐ Yes

☐ No

If yes, is other coverage: ☐ Primary ☐ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company _____ ID # _____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Member

Date

STEP 2**Submission Requirements:**

You **MUST** include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

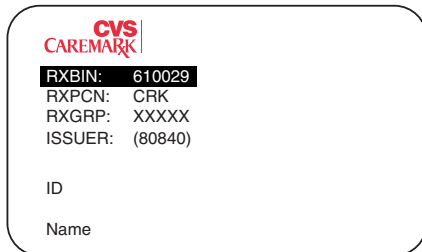
- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you may need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

If the Prescribing Physician's NPI (National Provider Identification) number is available, please provide: _____

If this claim is from a foreign country, please fill in below:

Country: _____ Currency: _____ Amount: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 mail to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS Caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

RXBIN # 610474 , 610468 , 004245 or 610449 mail to:

CVS Caremark
P.O. Box 52010
Phoenix, Arizona 85072-2010

RXBIN # 610473 , 610475 mail to:

CVS Caremark
P.O. Box 53992
Phoenix, Arizona 85072-3992

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.



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 and does not guarantee coverage. 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 prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on [Caremark.com](https://www.caremark.com) and click **Plan Summary** on the **Plan & Benefits** menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

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 medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription 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 immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing 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 cost sharing information for a specific medicine.

ANALGESICS

COX-2 INHIBITORS

celecoxib

GOUT

allopurinol
colchicine tablet
probenecid
MITIGARE

NSAIDS

diclofenac sodium
diclofenac sodium solution
1.5%
ibuprofen
meloxicam tablet
naproxen (except naproxen CR or
naproxen suspension)

NSAIDS, COMBINATIONS

diclofenac sodium-misoprostol
ibuprofen-famotidine

OPIOID ANALGESICS

codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone ext-rel
oxycodone-acetaminophen
tramadol (except tramadol tablet 100 mg)
tramadol ext-rel tablet

OPIOID PARTIAL AGONISTS

buprenorphine transdermal
BELBUCA

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin tablet
EMVERM

ANTI-BACTERIALS - MISCELLANEOUS

sulfamethoxazole-
trimethoprim

ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

acyclovir capsule, tablet
oseltamivir
valacyclovir
valganciclovir
PAXLOVID
RELENZA

CEPHALOSPORINS

cefclnir
cefprozil
cefuroxime axetil
cephalexin

ERYTHROMYCINS/MACROLI DES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

MISCELLANEOUS

clindamycin
linezolid
metronidazole
nitrofurantoin (except NDC
16571074024)
pyrimethamine
vancomycin capsule
XIFAXAN 550 MG

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin vk

TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

pemetrexed

HORMONAL

ANTINEOPLASTIC AGENTS

bicalutamide

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-
hydrochlorothiazide
candesartan-
hydrochlorothiazide
irbesartan-hydrochlorothiazide
losartan-hydrochlorothiazide
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide

telmisartan-
hydrochlorothiazide
valsartan-hydrochlorothiazide

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol
MULTAQ

ANTIPEMICS, ACL INHIBITORS/COMBINATION S

NEXLETOL
NEXLIZET

ANTIPEMICS, BILE ACID RESINS

cholestyramine
colesevelam

ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

ezetimibe

ANTIPEMICS, FIBRATES

fenofibrate (except fenofibrate capsule
30 mg, 50 mg, 90 mg, 130 mg; fenofibrate
tablet 40 mg, 120 mg)
fenofibric acid delayed-rel

ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin
fluvastatin
lovastatin
pitavastatin
pravastatin
rosuvastatin
simvastatin

ANTIPEMICS, HMG-COA REDUCTASE

INHIBITORS/COMBINATION S

ezetimibe-simvastatin

ANTIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTIPEMICS, OMEGA-3 FATTY ACIDS

icosapent ethyl

omega-3 acid ethyl esters

BETA-BLOCKERS

acebutolol

atenolol

carvedilol

carvedilol phosphate ext-rel

metoprolol succinate ext-rel

metoprolol tartrate

nadolol

nebivolol

pindolol

propranolol

propranolol ext-rel

CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATIONS

amlodipine-atorvastatin

CALCIUM CHANNEL BLOCKERS

amlodipine

diltiazem ext-rel (except generics for

CARDIZEM LA)

nifedipine ext-rel

verapamil ext-rel

DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS/COMBINATION S

aliskiren

DIURETICS

amiloride

chlorthalidone

ethacrynic acid

furosemide

hydrochlorothiazide

metolazone

spironolactone-

hydrochlorothiazide

torsemide

triamterene

triamterene-

hydrochlorothiazide

HEART FAILURE

isosorbide dinitrate-

hydralazine

CORLANOR

ENTRESTO

VERQUVO

MISCELLANEOUS

midodrine

ranolazine ext-rel

NITRATES

isosorbide dinitrate (except

isosorbide dinitrate 40 mg)

isosorbide mononitrate

nitroglycerin lingual spray

nitroglycerin sublingual

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

alprazolam

lorazepam

oxazepam

ANTIDEMENTIA

donepezil

galantamine

galantamine ext-rel

memantine

rivastigmine

rivastigmine transdermal

NAMZARIC

ANTIDEPRESSANTS

bupropion

bupropion ext-rel (except bupropion

ext-rel tablet 450 mg)

citalopram

desvenlafaxine ext-rel

duloxetine

escitalopram

fluoxetine (except fluoxetine tablet 60

mg, fluoxetine tablet [generics for

SARAFEM])

mirtazapine

paroxetine hcl

paroxetine hcl ext-rel (except NDC

60505367503)

sertraline

trazodone

venlafaxine

venlafaxine ext-rel capsule

vilazodone

TRINTELLIX

ANTIPARKINSONIAN AGENTS

amantadine

carbidopa-levodopa

carbidopa-levodopa ext-rel

carbidopa-levodopa-

entacapone

entacapone

pramipexole

pramipexole ext-rel

rasagiline

ropinirole

ropinirole ext-rel

selegiline

NEUPRO

RYTARY

ANTIPSYCHOTICS

aripiprazole

clozapine

lurasidone

olanzapine

quetiapine

quetiapine ext-rel

risperidone

ziprasidone

ABILIFY MAINTENA

PERSERIS

VRAYLAR

ANTISEIZURE AGENTS

carbamazepine

carbamazepine ext-rel

clobazam

clonazepam

diazepam

diazepam rectal gel

divalproex sodium

divalproex sodium ext-rel

ethosuximide

gabapentin

lacosamide

lamotrigine

lamotrigine ext-rel

levetiracetam

levetiracetam ext-rel

oxcarbazepine

phenobarbital

phenytoin

phenytoin sodium extended

pregabalin

primidone

rufinamide

tiagabine

topiramate

topiramate ext-rel

valproic acid

zonisamide

APTiom

FYCOMPA

NAYZILAM

OXTELLAR XR

VALTOCO

XCOPRI

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-

dextroamphetamine mixed

salts

amphetamine-

dextroamphetamine mixed

salts ext-rel

atomoxetine

dexmethylphenidate ext-rel

guanfacine ext-rel

lisdexamfetamine

methylphenidate

methylphenidate ext-rel

AZSTARYS

QELBREE

HYPNOTICS

doxepin

eszopiclone

ramelteon

zolpidem

zolpidem ext-rel

BELSOMRA

DAYVIGO

QUVIVIQ

MIGRAINE

eletriptan

naratriptan

rizatriptan

sumatriptan

zolmitriptan

AJOVY

EMGALITY

NURTEC ODT

ONZETRA XSAIL

QULIPTA

UBRELVY

ZEMBRACE SYMTOUCH

MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except

cyclobenzaprine tablet 7.5 mg)

LYVISPAP

NARCOLEPSY/CATAPLEXY

armodafinil

modafinil

SUNOSI

**OPIOID
AGONIST/ANTAGONIST**

*buprenorphine-naloxone
sublingual*
ZUBSOLV

OPIOID ANTAGONIST

naloxone

**POSTHERPETIC NEURALGIA
(PHN)**

pregabalin ext-rel
GRALISE

**ENDOCRINE AND
METABOLIC**

ANDROGENS

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

**ANTIDIABETICS, AMYLIN
ANALOGS**

SYMLINPEN

ANTIDIABETICS, BIGUANIDE

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

**ANTIDIABETICS,
BIGUANIDE/
SULFONYLUREA
COMBINATIONS**

glipizide-metformin

**ANTIDIABETICS,
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR
COMBINATIONS**

saxagliptin-metformin ext-rel
JANUMET
JANUMET XR
TRIJARDY XR

**ANTIDIABETICS,
DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS**

saxagliptin
JANUVIA

**ANTIDIABETICS, INCRETIN
MIMETIC AGENTS**

MOUNJARO
OZEMPIC
RYBELSUS
TRULICITY

VICTOZA

**ANTIDIABETICS, INCRETIN
MIMETIC COMBINATION
AGENTS**

SOLQUA
XULTOPHY

ANTIDIABETICS, INSULIN

FIASP
HUMULIN R U-500
LANTUS
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

**ANTIDIABETICS, INSULIN
SENSITIZER**

pioglitazone

**ANTIDIABETICS, INSULIN
SENSITIZER/BIGUANIDE
COMBINATION**

pioglitazone-metformin

**ANTIDIABETICS, INSULIN
SENSITIZER/SULFONYLUREA
COMBINATION**

pioglitazone-glimepiride

**ANTIDIABETICS,
MEGLITINIDE**

nateglinide
repaglinide

**ANTIDIABETICS, SODIUM-
GLUCOSE
COTRANSPORTER-2 (SGLT2)
INHIBITOR COMBINATIONS**

SYNJARDY
SYNJARDY XR
XIGDUO XR

**ANTIDIABETICS, SODIUM-
GLUCOSE
COTRANSPORTER-2 (SGLT2)
INHIBITOR/DPP-4
INHIBITOR COMBINATIONS**
GLYXAMBI

**ANTIDIABETICS, SODIUM-
GLUCOSE
COTRANSPORTER-2 (SGLT2)
INHIBITORS**

FARXIGA
JARDIANCE

**ANTIDIABETICS,
SULFONYLUREA**

glimepiride
glipizide
glipizide ext-rel

ANTIOBESITY

orlistat
QSYMIA
SAXENDA
WEGOVY
ZEPBOUND

**CALCIUM REGULATORS,
BISPHOSPHONATES**

alendronate
ibandronate
risedronate

**CALCIUM REGULATORS,
MISCELLANEOUS**

calcitonin-salmon

**CARNITINE DEFICIENCY
AGENTS**

levocarnitine

CONTRACEPTIVES

ethinyl estradiol-drospirenone
*ethinyl estradiol-drospirenone-
levomefolate*
ethinyl estradiol-etonogestrel
ethinyl estradiol-levonorgestrel
*ethinyl estradiol-
levonorgestrel-iron*
*ethinyl estradiol-
norelgestromin*
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate-iron
ethinyl estradiol-norgestimate
ANNOVERA
LO LOESTRIN FE
NATAZIA

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS
STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS
AND KITS
ACCU-CHEK SMARTVIEW
STRIPS AND KITS
BD ULTRAFINE INSULIN
SYRINGES AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM

OMNIPOD 5 INSULIN
INFUSION PUMP
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN INFUSION
PUMP
ONETOUCH LANCETS /
LANCING DEVICE
ONETOUCH ULTRA STRIPS
AND KITS
ONETOUCH VERIO STRIPS
AND KITS
V-GO INSULIN INFUSION
PUMP

ENDOMETRIOSIS

ORILISSA

ESTROGENS

estradiol
estradiol vaginal cream
estradiol-norethindrone
CLIMARA PRO
COMBIPATCH
DUAVEE
IMVEXXY
PREMPHASE
PREMPRO
VAGIFEM

GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20
mg/5 mL)
prednisone

**GLUCOSE ELEVATING
AGENTS**

glucagon, human recombinant
BAQSIMI
GVOKE
ZEGALOGUE

**MINERALOCORTICOID
RECEPTOR ANTAGONISTS**

KERENDIA

MISCELLANEOUS

raloxifene

**PHOSPHATE BINDER
AGENTS**

calcium acetate
sevelamer carbonate
AURYXIA

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

medroxyprogesterone
 megestrol acetate
 progesterone, micronized
 CRINONE
 ENDOMETRIN

THYROID AGENTS

levothyroxine
 liothyronine
 SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
 ORIAHNN

GASTROINTESTINAL**ANTICHOLINERGICS**

dicyclomine

ANTIDIARRHEALS

diphenoxylate-atropine
 loperamide

ANTIEMETICS

aprepitant
 doxylamine-pyridoxine
 delayed-rel
 dronabinol
 granisetron
 meclizine
 metoclopramide
 ondansetron
 prochlorperazine
 promethazine
 scopolamine transdermal
 trimethobenzamide
 SANCUSO

H2-RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

balsalazide
 budesonide delayed-rel
 capsule
 hydrocortisone enema
 mesalamine delayed-rel
 mesalamine ext-rel
 mesalamine suppository
 mesalamine suspension
 sulfasalazine

sulfasalazine delayed-rel
 CORTIFOAM

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

lubiprostone
 LINZESS

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron
 VIBERZI

LAXATIVES

lactulose solution
 peg 3350-electrolytes (except
 generics for MOVIPREP)
 sodium sulfate-potassium
 sulfate-magnesium sulfate
 CLENPIQ

MISCELLANEOUS

sucrafate tablet
 MOVANTIK
 SYMPROIC

PANCREATIC ENZYMES

CREON
 VIOKACE
 ZENPEP

PROTON PUMP INHIBITORS

esomeprazole delayed-rel
 lansoprazole delayed-rel
 capsule
 omeprazole delayed-rel
 pantoprazole delayed-rel
 tablet

RECTAL, CORTICOSTEROIDS

hydrocortisone
 PROCTOFOAM-HC

ULCER THERAPY COMBINATIONS

bismuth-metronidazole-
 tetracycline
 TALICIA

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

alfuzosin ext-rel
 doxazosin
 dutasteride
 dutasteride-tamsulosin
 finasteride
 silodosin

tamsulosin
 terazosin

ERECTILE DYSFUNCTION

sildenafil
 tadalafil
 MUSE

URINARY ANTISPASMODICS

darifenacin ext-rel
 fesoterodine ext-rel
 oxybutynin
 oxybutynin ext-rel
 solifenacin
 tolterodine
 tolterodine ext-rel
 trospium
 trospium ext-rel
 GEMTESA

HEMATOLOGIC**ANTICOAGULANTS**

enoxaparin
 fondaparinux
 warfarin
 ELIQUIS
 XARELTO

PLATELET AGGREGATION INHIBITORS

clopidogrel
 dipyridamole ext-rel-aspirin
 prasugrel
 BRILINTA

SICKLE CELL DISEASE

SIKLOS

IMMUNOLOGIC AGENTS**ALLERGENIC EXTRACTS**

GRASTEK
 RAGWITEK

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES**

potassium chloride liquid

PRENATAL VITAMINS

prenatal vitamins

VITAMINS

folic acid
 multivitamins

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

neomycin-polymyxin b-
 bacitracin-hydrocortisone
 neomycin-polymyxin b-
 dexamethasone
 tobramycin-dexamethasone
 TOBRADEX OINTMENT

ANTI-INFECTIVES

ciprofloxacin
 erythromycin
 gentamicin
 levofloxacin
 moxifloxacin
 ofloxacin
 sulfacetamide
 tobramycin
 trifluridine
 BESIVANCE

ANTI-INFLAMMATORIES

bromfenac
 dexamethasone
 diclofenac
 difluprednate
 ketorolac
 loteprednol
 prednisolone acetate 1%
 ILEVRO

ANTIALLERGICS

azelastine
 bepotastine
 cromolyn sodium
 loteprednol
 olopatadine

ANTIGLAUCOMA

bimatoprost
 brimonidine solution
 brimonidine-timolol
 brinzolamide
 dorzolamide
 dorzolamide-timolol
 latanoprost
 timolol maleate solution
 travoprost
 ALPHAGAN P
 BETOPTIC S
 SIMBRINZA

DRY EYE DISEASE

RESTASIS
 XIIDRA

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX)
AUVI-Q

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium-albuterol
inhalation solution

ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

ANTICHOLINERGICS

ipratropium inhalation solution
SPIRIVA
YUPELRI

ANTI-HISTAMINE COMBINATIONS

azelastine-fluticasone

ANTI-HISTAMINES

azelastine
levocetirizine
olopatadine

BETA AGONISTS

albuterol inhalation solution
albuterol sulfate cfc-free
aerosol (except NDCs 00093317431, 66993001968)
formoterol inhalation solution
levalbuterol tartrate cfc-free
aerosol
SEREVENT
STRIVERDI RESPIMAT

COLD/COUGH

benzonatate (except NDCs 69336012615, 69499032915)

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

MISCELLANEOUS

roflumilast

NASAL STEROIDS

flunisolide
fluticasone
mometasone

STEROID INHALANTS

budesonide inhalation suspension
PULMICORT FLEXHALER

STEROID/BETA-AGONIST COMBINATIONS

fluticasone-salmeterol (except certain NDCs)
Wixela Inhub
AIRSUPRA
BREO ELLIPTA (except certain NDCs)

TOPICAL

DERMATOLOGY, ACNE

adapalene (except *adapalene* pad)
benzoyl peroxide
clindamycin gel (except NDC 66982046275)
clindamycin solution
clindamycin-benzoyl peroxide
dapsone
erythromycin solution
erythromycin-benzoyl peroxide
isotretinoin capsule 20 mg, 30 mg, 40 mg
tretinoin

AKLIEF
EPIDUO
TWYNEO
WINLEVI

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod

DERMATOLOGY, ANTIBIOTICS

gentamicin
mupirocin ointment

DERMATOLOGY, ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole cream 2%
nystatin
NAFTIN

DERMATOLOGY, ANTIPSORIATICS

acitretin
calcipotriene ointment, solution
methoxsalen
ENSTILAR
VTAMA
ZORYVE CREAM

DERMATOLOGY, ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%
ZORYVE FOAM

DERMATOLOGY, ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA
OPZELURA

DERMATOLOGY, CORTICOSTEROIDS

clobetasol cream, foam, gel, lotion, ointment, shampoo
(except *clobetasol* emollient foam)
desonide (except *desonide* gel)
desoximetasone
fluocinonide (except *fluocinonide* cream 0.1%)
halobetasol cream, ointment
hydrocortisone
hydrocortisone butyrate cream, ointment, solution
mometasone
triamcinolone cream, lotion, ointment (except *triamcinolone* ointment 0.05%)
BRYHALI

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine patch
lidocaine-prilocaine

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

diclofenac sodium gel 1%

DERMATOLOGY, ROSACEA

azelaic acid gel
brimonidine gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

MOUTH/THROAT/DENTAL AGENTS

EPISIL

OTIC

acetic acid
ciprofloxacin-dexamethasone
neomycin-polymyxin b-hydrocortisone
ofloxacin otic

QUICK REFERENCE DRUG LIST

A

ABILIFY MAINTENA
ACCU-CHEK AVIVA PLUS STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS AND KITS

ACCU-CHEK SMARTVIEW STRIPS AND KITS
acebutolol
acetic acid
acitretin
acyclovir capsule, tablet
adapalene (except *adapalene* pad)
AIRSUPRA

AJOVY
AKLIEF
albuterol inhalation solution
albuterol sulfate cfc-free
aerosol (except NDCs 00093317431, 66993001968)
alendronate
alfuzosin ext-rel

aliskiren
allopurinol
alosetron
ALPHAGAN P
alprazolam
amantadine
amiloride
amiodarone

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
 ANNOVERA
 ANORO ELLIPTA
 aprepitant
 APTIOM
 aripiprazole
 armodafinil
 atenolol
 atomoxetine
 atorvastatin
 AURYXIA
 AUVI-Q
 azelaic acid gel
 azelastine
 azelastine
 azelastine-fluticasone
 azithromycin
 AZSTARYS

B

balsalazide
 BAQSIMI
 BD ULTRAFINE INSULIN
 SYRINGES AND NEEDLES
 BELBUCA
 BELSOMRA
 benzonatate (except NDCs
 69336012615, 69499032915)
 benzoyl peroxide
 bepotastine
 BESIVANCE
 BETOPTIC S
 bicalutamide
 bimatoprost
 bismuth-metronidazole-
 tetracycline
 BREO ELLIPTA (except certain
 NDCs)
 BREZTRI AEROSPHERE
 BRILINTA
 brimonidine gel
 brimonidine solution
 brimonidine-timolol
 brinzolamide

bromfenac
 BRYHALI
 budesonide delayed-rel
 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
 chlorthalidone
 cholestyramine
 ciclopirox
 ciprofloxacin
 ciprofloxacin
 ciprofloxacin-dexamethasone
 citalopram
 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
 (except clobetasol emollient foam)
 clonazepam
 clopidogrel
 clotrimazole

clozapine
 codeine-acetaminophen
 colchicine tablet
 colesevelam
 COMBIPATCH
 CORLANOR
 CORTIFOAM
 CREON
 CRINONE
 cromolyn sodium
 cyclobenzaprine (except
 cyclobenzaprine tablet 7.5 mg)

D

dapsone
 darifenacin ext-rel
 DAYVIGO
 desonide (except desonide gel)
 desoximetasone
 desvenlafaxine ext-rel
 dexamethasone
 dexamethasone
 DEXCOM CONTINUOUS
 GLUCOSE MONITORING
 SYSTEM
 dexmethylphenidate ext-rel
 diazepam
 diazepam rectal gel
 diclofenac
 diclofenac sodium
 diclofenac sodium gel 1%
 diclofenac sodium solution
 1.5%
 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
 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
 ELIQUIS
 EMGALITY
 EMVERM
 enalapril
 ENDOMETRIN
 enoxaparin
 ENSTILAR
 entacapone
 ENTRESTO
 EPIDUO
 epinephrine (except NDCs 00093-
 XXXX-XX, 49502-XXXX-XX)
 EPISIL
 erythromycin
 erythromycin solution
 erythromycin-benzoyl
 peroxide
 erythromycins
 escitalopram
 esomeprazole delayed-rel
 estradiol
 estradiol vaginal cream
 estradiol-norethindrone
 eszopiclone
 ethacrynic acid
 ethinyl estradiol-
 drospirenone
 ethinyl estradiol-
 drospirenone-levomefolate
 ethinyl estradiol-etonogestrel
 ethinyl estradiol-
 levonorgestrel
 ethinyl estradiol-
 levonorgestrel-iron
 ethinyl estradiol-
 norelgestromin
 ethinyl estradiol-
 norethindrone acetate
 ethinyl estradiol-
 norethindrone acetate-iron
 ethinyl estradiol-
 norgestimate
 ethosuximide
 EUCRISA
 ezetimibe
 ezetimibe-simvastatin

F

famotidine
 FARXIGA

fenofibrate (except fenofibrate capsule
30 mg, 50 mg, 90 mg, 130 mg;
fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
fesoterodine ext-rel
FIASP
FINACEA FOAM
finasteride
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
fluticasone-salmeterol (except
certain NDCs)
fluvastatin
folic acid
fondaparinux
formoterol inhalation solution
fosinopril
fosinopril-
hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
GEMTESA
gentamicin
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glucagon, human
recombinant
GLYXAMBI
GRALISE
granisetron
GRASTEK
guanfacine ext-rel
GVOKE

H

halobetasol cream, ointment
HUMULIN R U-500
hydrochlorothiazide

hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone
hydrocortisone
hydrocortisone butyrate
cream, ointment, solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ibuprofen-famotidine
icosapent ethyl
ILEVRO
imiquimod
IMVEXXY
ipratropium inhalation
solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide dinitrate-
hydralazine
isosorbide mononitrate
isotretinoin capsule 20 mg,
30 mg, 40 mg
itraconazole
ivermectin tablet

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE

K

KERENDIA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lacosamide
lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole delayed-rel
capsule
LANTUS
latanoprost
levallbuterol tartrate cfc-free
aerosol

levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levofloxacin
levothyroxine
lidocaine patch
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisdexamfetamine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
loteprednol
lovastatin
lubiprostone
lurasidone
LYVISPAH

M

meclizine
medroxyprogesterone
megestrol acetate
meloxicam tablet
mementine
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel (except generics
for FORTAMET and GLUMETZA)
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
metronidazole
midodrine
minocycline
mirtazapine
MITIGARE
modafinil
mometasone
mometasone

montelukast
morphine
morphine ext-rel
MOUNJARO
MOVANTIK
moxifloxacin
moxifloxacin
MULTAQ
multivitamins
mupirocin ointment
MUSE
MYFEMBREE

N

nadolol
NAFTIN
naloxone
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
naratriptan
NATAZIA
nateglinide
NATESTO
NAYZILAM
nebivolol
neomycin-polymyxin b-
bacitracin-hydrocortisone
neomycin-polymyxin b-
dexamethasone
neomycin-polymyxin b-
hydrocortisone
NEUPRO
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin (except NDC
16571074024)
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NURTEC ODT
nystatin

O

ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide

olopatadine
olopatadine
omega-3 acid ethyl esters
omeprazole delayed-rel
 OMNIPOD 5 INSULIN
 INFUSION PUMP
 OMNIPOD DASH INSULIN
 INFUSION PUMP
 OMNIPOD INSULIN
 INFUSION PUMP
ondansetron
 ONETOUCH LANCETS /
 LANCING DEVICE
 ONETOUCH ULTRA STRIPS
 AND KITS
 ONETOUCH VERIO STRIPS
 AND KITS
 ONZETRA XSAIL
 OPZELURA
 ORACEA
 ORIAHNN
 ORILISSA
orlistat
oseltamivir
oxazepam
oxcarbazepine
 OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone ext-rel
oxycodone-acetaminophen
 OZEMPIC

P

pantoprazole delayed-rel
tablet
paroxetine hcl
paroxetine hcl ext-rel (except
 NDC 60505367503)
 PAXLOVID
peg 3350-electrolytes (except
 generics for MOVIPREP)
pemetrexed
penicillin vk
 PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
pitavastatin
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
promethazine
propranolol
propranolol ext-rel
 PULMICORT FLEXHALER
pyrimethamine

Q

QELBREE
 QSYMIA
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
 QULIPTA
 QUVIVIQ

R

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

S

SANCUSO
saxagliptin

saxagliptin-metformin ext-rel
 SAXENDA
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
 SEREVENT
sertraline
sevelamer carbonate
 SIKLOS
sildenafil
silodosin
 SIMBRINZA
simvastatin
sodium sulfate-potassium
sulfate-magnesium sulfate
solifenacin
 SOLIQUA
 SOOLANTRA
sotalol
 SPIRIVA
spironolactone
spironolactone-
hydrochlorothiazide
 STIOLTO RESPIMAT
 STRIVERDI RESPIMAT
sucralfate tablet
sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
 SUNOSI
 SYMLINPEN
 SYMPROIC
 SYNJARDY
 SYNJARDY XR
 SYNTHROID

T

tacrolimus
tadalafil
 TALICIA
tamsulosin
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
topiramate ext-rel
torsemide
 TOUJEO
tramadol (except tramadol tablet 100
 mg)
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
tropium
tropium ext-rel
 TRULICITY
 TWYNEO

U

UBRELVY

V

V-GO INSULIN INFUSION
 PUMP
 VAGIFEM
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
 VALTOCO
vancomycin capsule
 VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
 VERQUVO
 VIBERZI
 VICTOZA
vilazodone
 VIOKACE
 VRAYLAR
 VTAMA

W

warfarin
 WEGOVY
 WINLEVI

Wixela Inhub

X

XARELTO
XCOPRI
XIFAXAN 550 MG
XIGDUO XR

XIIDRA
XULTOPHY
XYOSTED

Y

YUPELRI

Z

zafirlukast
ZEGALOGUE
ZEMBRACE SYMTOUCH
ZENPEP
ZEPBOUND
ziprasidone

zolmitriptan
zolpidem
zolpidem ext-rel
zonisamide
ZORYVE CREAM
ZORYVE FOAM
ZUBSOLV

PREFERRED OPTIONS LIST FOR FORMULARY DRUG REMOVALS AND DRUGS COVERED ONLY WHEN PREFERRED OPTIONS ARE NOT CLINICALLY APPROPRIATE

The preferred options listed below are a broad representation of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ABILIFY	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR		peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI	adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	ADDERALL	amphetamine-dextroamphetamine mixed salts, methylphenidate
Activite	generic multivitamins	ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS
ACTOS	pioglitazone		
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO	ADRENALIN	epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir		
ACZONE	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl	ADVAIR DISKUS, ADVAIR HFA	fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
AIMOVIG	AJOVY, EMGALITY, QULIPTA	ARAZLO	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
<i>albuterol sulfate CFC-free aerosol (NDCs 00093317431, 66993001968 only)</i>	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>		
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>		
ALIMTA	<i>pemetrexed</i>	ARNUITY ELLIPTA	PULMICORT FLEXHALER
ALLISON MEDICAL INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH</i>
ALREX	<i>azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine</i>		<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	ASCENSIA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
ALVESCO	PULMICORT FLEXHALER		
AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>		
AMRIX	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	ASMANEX, ASMANEX HFA	PULMICORT FLEXHALER
ANDROGEL	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
APEXICON E	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>		
APIDRA	FIASP, NOVOLOG	ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	AVENOVA	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>	BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine</i>
AZELEX	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
AZESCO	<i>generic prenatal vitamins</i>	<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	BETAPACE, BETAPACE AF	<i>sotalol</i>
BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>
BANZEL	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	BEVESPI AEROSPHERE	<i>ANORO ELLIPTA, STIOLTO RESPIMAT</i>
BASAGLAR	LANTUS	BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	BREEZE 2 STRIPS AND KITS	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS</i>
BENSAL HP	<i>desonide (except desonide gel), hydrocortisone</i>	BROMSITE	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>
<i>benzonatate (NDCs 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs 69336012615, 69499032915)</i>	<i>budesonide ext-rel tablet</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
		<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	450 mg)		or naproxen suspension)
butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC 69499034230 only)	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod
butalbital-acetaminophen-caffeine capsule	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	CARAFATE	sucralfate tablet
BUTRANS	buprenorphine transdermal, BELBUCA	CARBINOXAMINE TABLET 6 MG	levocetirizine
BYDUREON BCISE	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel
BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	carisoprodol 250 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
BYSTOLIC	acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	CARNITOR, CARNITOR SF	levocarnitine
calcipotriene cream, CALCIPOTRIENE FOAM	calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR, VTAMA, ZORYVE CREAM	chlordiazepoxide-clidinium (NDCs 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	dicyclomine
calcitriol ointment	calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM	chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC 73007001303 only), chlorzoxazone 750 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
CAMBIA	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	CIALIS	sildenafil, tadalafil
Capsinac	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR	CICATRACE	Talk to your doctor
		CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
		CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic
		ciprofloxacin-fluocinolone	ciprofloxacin-dexamethasone, ofloxacin otic
		CITRANATAL	generic prenatal vitamins
		CLIMARA (except CLIMARA PRO)	estradiol
		clindamycin gel (NDC 68682046275 only)	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, dapsona, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	CONTOUR NEXT STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>clobetasol emollient foam</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CONTOUR STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>clobetasol spray</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CONTRACE	<i>orlistat, QSYMIA, SAXENDA, WEGOVY, ZEPBOUND</i>
CLOBEX SPRAY	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CORDRAN CREAM, CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</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>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>	CORDRAN TAPE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	COREG CR	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>	COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
COLCRYS	<i>colchicine tablet, MITIGARE</i>	CRESEMBA	<i>itraconazole</i>
COMBIGAN	<i>brimonidine-timolol</i>	CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin,</i>
CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>simvastatin</i>		(except triamcinolone ointment 0.05%)
<i>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>dexchlorpheniramine</i>	<i>levocetirizine</i>
CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>	<i>Dexifol</i>	<i>generic multivitamins</i>
DALIRESP	<i>roflumilast</i>	DEXILANT	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
DARAPRIM	<i>pyrimethamine</i>		
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	<i>dexlansoprazole delayed-rel</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	<i>diclofenac potassium powder</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>diclofenac sodium solution 2%</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>Diclofex DC</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>	<i>Diclosaicin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>	DIFFERIN LOTION	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>solution, clindamycin-benzoyl peroxide, dapsona, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>		<i>gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA, OPZELURA</i>
<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	<i>doxycycline hyclate delayed-rel tablet</i>	<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</i>	<i>doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
DILANTIN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</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>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
		DUOBRII	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR, VTAMA, ZORYVE CREAM</i>
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>	DYANAVEL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
		DYMISTA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	DYRENIUM	<i>amiloride, triamterene</i>
		EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
<i>Diphen Elixir</i>	<i>levocetirizine</i>		
DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
<i>doxepin cream</i>	<i>desonide (except desonide</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
E.E.S. GRANULES	<i>erythromycins</i>		<i>olmesartan-amlodipine-hydrochlorothiazide</i>
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	FABIOR	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA, OPZELURA</i>		
ELMIRON	Talk to your doctor		
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM		
ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>	FANAPT	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>		
EPICERAM	<i>desonide (except desonide gel), hydrocortisone</i>	FEMRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX only)</i>	<i>epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	<i>fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
EPIPEN, EPIPEN JR	<i>epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q</i>	FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<i>fenoprofen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ERYPED	<i>erythromycins</i>		
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	FERIVA 21/7	<i>generic multivitamins</i>
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>Fexmid</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>	FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	FLAREX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	FLORIVA, FLORIVA PLUS	<i>generic multivitamins</i>
		FLOVENT DISKUS, FLOVENT HFA	PULMICORT FLEXHALER
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide,</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
fluocinonide cream 0.1%	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment		and VOGELXO), testosterone solution, NATESTO, XYOSTED
fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil solution, imiquimod	FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA
fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone	FOSTEUM, FOSTEUM PLUS	alendronate, ibandronate, risedronate
fluoxetine tablet 60 mg	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
flurandrenolide cream, flurandrenolide lotion	desonide (except desonide gel), hydrocortisone	FREESTYLE STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
flurandrenolide ointment	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	GLUCAGEN HYPOKIT	glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE
FML FORTE, FML LIQUIFILM	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	GLUMETZA	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS	GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
FORTAMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)	GOLYTELY	peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ
FORTESTA	testosterone gel (except authorized generics for TESTIM	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
		GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
		halcinonide cream	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
		HALOG	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)
HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>		INFUSION PUMP, V-GO INSULIN INFUSION PUMP
HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>	INCRUSE ELLIPTA	SPIRIVA
HUMALOG	FIASP, NOVOLOG	INDERAL LA, IINDERAL XL	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30		
HUMALOG MIX 75/25	NOVOLOG MIX 70/30		
HUMULIN 70/30	NOVOLIN 70/30	<i>Indocin</i> , INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
HUMULIN N	NOVOLIN N		
HUMULIN R	NOVOLIN R		
<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>	<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>HylaVite</i>	<i>generic multivitamins</i>	INNOPRAN XL	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>		
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>	INTRAROSA	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
		INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS, QELBREE</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>	INVELTYS	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Iclofenac CP</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
		INVOKANA	FARXIGA, JARDIANCE
		<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
ILET INSULIN INFUSION PUMP AND SUPPLIES	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN	<i>isotretinoin capsule 25 mg, 35 mg</i>	<i>isotretinoin capsule 20 mg, 30 mg, 40 mg</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ivermectin cream	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA		selenium sulfide lotion 2.5%, ZORYVE FOAM
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin	ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
JENTADUETO, JENTADUETO XR	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR	ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
JORNAY PM	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS	KETOSTIX	Talk to your doctor
KAMDOY	desonide (except desonide gel), hydrocortisone	LACRISERT	RESTASIS, XIIDRA
Kapzin DC	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LACTULOSE PAK	lactulose solution
KAZANO	saxagliptin-metformin ext-rel, JANUMET, JANUMET XR	LAMICTAL, LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI
KEPPRA, KEPPRA XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI	LAMICTAL XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI
KETO-DIASTIX	Talk to your doctor		
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Ketodan	ketoconazole shampoo 2%,	lansoprazole delayed-rel orally	esomeprazole delayed-rel,

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
disintegrating tablet	<i>lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	Lofena	<i>pravastatin, rosuvastatin, simvastatin</i>
lanthanum carbonate	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>		<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
LASTACRAFT	<i>azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine</i>	LOKELMA	VELTASSA
LATUDA	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>	Lorzone	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	LOTEMAX, LOTEMAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
LEVEMIR	LANTUS	LOVAZA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>
levorphanol	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>	luliconazole	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
		LUMIGAN	<i>bimatoprost, latanoprost, travoprost</i>
LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
		LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	MACRODANTIN	<i>nitrofurantoin (except NDC 16571074024)</i>
LIBRAX	<i>dicyclomine</i>	Matzim LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA), verapamil ext-rel</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</i>	MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
LITHOSTAT	Talk to your doctor	MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin,</i>	<i>mefenamic acid (NDC 69336012830 only)</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,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>naproxen (except naproxen CR or naproxen suspension)</i>	<i>MultiPro</i>	<i>generic multivitamins</i>
MENEST	<i>estradiol</i>	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	MYDAYIS	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>
<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</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>	MYRBETRIQ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, teriparatide, PROLIA, TYMLOS</i>	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>naproxen CR</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>Migergot</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<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 capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
MINIVELLE	<i>estradiol</i>		
<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>		
MIRVASO	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>
<i>Mondoxylene NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	NESINA	<i>saxagliptin, JANUVIA</i>
		NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO</i>
MOVIPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>	NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>tablet</i>	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
NEXTERONE	<i>amiodarone</i>	NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>	<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Niacor</i>	<i>niacin ext-rel</i>	OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
NICADAN	<i>generic multivitamins</i>	ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
NICAPRIN	<i>generic multivitamins</i>	ONGLYZA	<i>saxagliptin, JANUVIA</i>
NICAZEL, NICAZEL FORTE	<i>generic multivitamins</i>	<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NICOMIDE	<i>generic multivitamins</i>	<i>Orphengesic Forte</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>	ORTHO D	<i>folic acid, generic multivitamins</i>
<i>nitrofurantoin (NDC 16571074024 only)</i>	<i>nitrofurantoin (except NDC 16571074024)</i>	ORTHO DF	<i>folic acid, generic multivitamins</i>
NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	OSENI	<i>saxagliptin-metformin ext-rel, JANUMET, JANUMET XR; saxagliptin or JANUVIA WITH pioglitazone</i>
NORITATE	<i>azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	OSMOPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>
NORPACE	<i>disopyramide</i>	OSPHENA	<i>estradiol</i>
NORVASC	<i>amlodipine, nifedipine ext-rel</i>	OWEN MUMFORD NEEDLES	BD ULTRAFINE NEEDLES
NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>	<i>oxiconazole (NDCs 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
NOVO NORDISK NEEDLES	BD ULTRAFINE NEEDLES	OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
NOXAFIL	<i>fluconazole, itraconazole</i>	<i>oxymorphone ext-rel</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>		
NUCYNTA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>		
<i>NuDiclo TabPak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>		
NUEDEXTA	Talk to your doctor		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>oxycodone ext-rel</i>		BRILINTA
OXYTROL	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>	POLYTOZA	Talk to your doctor
		POLY-VI-FLOR	<i>generic multivitamins</i>
		POLY-VI-FLOR WITH IRON	<i>generic multivitamins</i>
<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
		PRADAXA	<i>warfarin, ELIQUIS, XARELTO</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, vilazodone, TRINTELLIX</i>	PRECISION XTRA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>	PRED FORTE, PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</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, vilazodone, TRINTELLIX</i>	<i>prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
<i>peg 3350-electrolytes (generics for MOVIPREP only)</i>	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>	PREMARIN	<i>estradiol</i>
		PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
		PRENATAL PLUS	<i>generic prenatal vitamins</i>
PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	PREVACID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	PREVIDENT	Talk to your doctor
		PRILOSEC	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>	PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
PERRIGO NEEDLES	BD ULTRAFINE NEEDLES	PROAIR RESPICLIK	<i>albuterol sulfate CFC-free aerosol (except NDCs</i>
PLAVIX	<i>clopidogrel, prasugrel,</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	00093317431, 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>	RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>	RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
PROTONIX	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	RECEDO	Talk to your doctor
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>	RELION INSULIN	NOVOLIN INSULIN
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>	RELISTOR	<i>lubiprostone, MOVANTIK, SYMPROIC</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX</i>	REVELA	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>	RETIN-A MICRO	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
QTERN	GLYXAMBI	RHEUMATE	<i>generic multivitamins</i>
<i>quazepam</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>	RHOPRESSA	<i>bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost, ALPHAGAN P, BETOPTIC S, SIMBRINZA</i>
QUILLICHEW ER	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	RIMSO-50	Talk to your doctor
		RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS</i>	ROCKLATAN	<i>bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost, ALPHAGAN P, BETOPTIC S, SIMBRINZA</i>
QVAR REDIHALER	PULMICORT FLEXHALER	ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>		<i>ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
RyClora	<i>levocetirizine</i>		
SCARSILK PAD	Talk to your doctor	SURE-TEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
SEROQUEL XR	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>		
SILENOR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>	SYMBICORT	<i>fluticasone-salmeterol (except certain NDCs), Wixela Inhub, BREO ELLIPTA (except certain NDCs)</i>
SILIVEX	Talk to your doctor	SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
SILTREX	Talk to your doctor		
SINGULAIR	<i>montelukast, zafirlukast</i>	TALIVA	<i>generic multivitamins</i>
SORILUX	<i>calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM</i>	Targadox	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	tavaborole	<i>terbinafine tablet</i>
STENDRA	<i>sildenafil, tadalafil</i>	TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>		
SUBSYS	<i>fentanyl transmucosal lozenge</i>		
<i>sucralfate suspension</i>	<i>sucralfate tablet</i>	TAZORAC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI; calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM</i>
<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, or ZEMBRACE SYMTOUCH</i>		
SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ</i>	TEGRETOL, TEGRETOL XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin,</i>
Sure Result DSS Premium Pack	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%,</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	TOPROL-XL	OXTELLAR XR, XCOPRI
TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	Tovet	<i>acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	TOVIAZ	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>	TRADJENTA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>	tramadol tablet 100 mg, tramadol ext-rel capsule	<i>saxagliptin, JANUVIA</i>
TIROSINT	<i>levothyroxine, SYNTHROID</i>	TRANSDERM SCOP	<i>tramadol (except tramadol tablet 100 mg), tramadol ext-rel tablet</i>
TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>	TRAVATAN Z	<i>meclizine, scopolamine transdermal</i>
<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA,</i>	TREXIMET	<i>bimatoprost, latanoprost, travoprost</i>
		triamcinolone aerosol 0.2%	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
		triamcinolone ointment 0.05%	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
			<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	TUDORZA	SPIRIVA
TRICOR	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	ULORIC	<i>allopurinol</i>
		ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES
TRILEPTAL	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	ULTIMED NEEDLES	BD ULTRAFINE NEEDLES
		ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
TRI-VI-FLOR	<i>generic multivitamins</i>	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
TRIVIDIA INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES	VALCYTE	<i>valganciclovir</i>
<i>TronVite</i>	<i>generic multivitamins</i>	VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
TRUDHESA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<i>Vanoxide-HC</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
		VASCEPA	<i>icosapent ethyl, omega-3 acid ethyl esters</i>
TRUETEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS	VASCULERA	Talk to your doctor
		VECTICAL	<i>calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE CREAM</i>
TRUETRACK STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS	VELPHORO	<i>calcium acetate, sevelamer carbonate, AURYXIA</i>
		VELTIN	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>
		<i>venlafaxine ext-rel tablet</i>	<i>desvenlafaxine ext-rel,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
(except 225 mg)	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>		<i>diazepam, lorazepam, oxazepam</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>	XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY, ZEPBOUND</i>
		XERESE	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
VEREGEN	<i>imiquimod</i>	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDCs 00093317431, 66993001968), levalbuterol tartrate CFC-free aerosol</i>
VIAGRA	<i>sildenafil, tadalafil</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, vilazodone, TRINTELLIX</i>	XTAMPZA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel</i>
		XYZBAC	<i>generic multivitamins</i>
VIMPAT	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>	YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
		YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
VITAFOL-ONE	<i>generic prenatal vitamins</i>		
Vitasure	<i>generic multivitamins</i>		
VIVELLE-DOT	<i>estradiol</i>		
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO, XYOSTED</i>	Yuvaferm	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
		ZALVIT	<i>generic prenatal vitamins</i>
VOZVULTA	<i>bimatoprost, latanoprost, travoprost</i>	ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
WELLBUTRIN XL	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	ZELAC	Talk to your doctor
XANAX, XANAX XR	<i>alprazolam, clonazepam,</i>	ZERVIAE	<i>azelastine, bepotastine,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	<i>cromolyn sodium, loteprednol, olopatadine</i>		[generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC 60505367503), <i>sertraline, vilazodone, TRINTELLIX</i>
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>	<i>zolpidem sublingual</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO, QUVIVIQ</i>
ZETIA	<i>ezetimibe</i>		
ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>		
ZIANA	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide, clindamycin gel</i> (except NDC 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, dapson, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, XCOPRI</i>
<i>Zicopro</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)	ZONTIVITY	Talk to your doctor
<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
ZIRGAN	<i>trifluridine</i>		
ZOLOFT	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i>		

FOR YOUR INFORMATION: 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. 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.

Formulary removals/drugs not included on the preferred options list may be covered by the plan when preferred options are not clinically appropriate. For more information, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.

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.

Some listings do not include certain NDCs as noted above.

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.

BD ULTRAFINE syringes and needles are the only preferred options.

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

Generic multivitamins (except Activite, Dexifol, HylaVite, Multipro, TronVite, Vitasure) are the only preferred options.

Generic prenatal vitamins are the only preferred options.

QVAR REDIHALER and fluticasone HFA are covered for members 6 years of age and under.

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