

Specification No.: CBO-2023-01

Addendum Release Date: April 28, 2023



Second Addendum
To Request for Proposal (RFP) for
Pharmacy Benefits Manager

For the City of Chicago (the “City” or the “Lead Agency”)

And

Chicago Park District, Chicago Public Schools, Chicago Transit Authority, City Colleges of Chicago, and the Chicago Transit Authority Retiree Healthcare Trust
(which is sometimes referred to individually as an Agency or a Municipal Agency, and collectively as the Agencies or Municipal Agencies)

Attachment 1: Agencies’ response to the questions submitted by potential respondents.

Attachment 2: Current formularies used by the Agencies for non-specialty and specialty medications.

Attachment 3: Additional instruction summary provided by City Colleges of Chicago.

Attachment 4: Additional MBE/WBE documents provided by the Chicago Park District.

Attachment 1

Agencies' response to the questions submitted by potential respondents.

PBM-RFP

Specification No.: CBO-01-2023

Respondents' Questions

Submission Due Date: April 21, 2023, by 4:30 pm CT

Q#	Vendor	Agency	Question	City	CPS	CCC	CPD	CTA-RHCT	CTA
1	Express-Scripts	City	Is the City using a consultant to support the RFP for the Agencies? If so, please advise which consulting partner will be involved.	Yes, multiple consulting partners will be involved.	N/A				Yes, undetermined at this time.
2	Express-Scripts	All	Please clarify the MBE/WBE commitment and compliance objectives for the RFP; are the 25% MBE and 5% WBE participation levels goals or requirements? Please also advise what the "annual dollar value" is based on for the contract (e.g., annual admin fees vs. annual drug spend).	Yes, 25% MBE and 5% WBE. If a proposer offers a transparent cost proposal that includes a separate administrative fee, the 25%MBE/5%WBE target amount will be based on the annual amount paid by the Agency to the PBM for the administrative fee. If the proposer offers a non-transparent cost proposal that does not include an administrative fee, the base amount used to calculate the MBE/WBE target amount will be the amount that would be the administrative fee under a transparent cost proposal as supported by the submission of relevant financial information that is deemed by the Agency to be sufficient to support the reported administrative fee amount. In any case, 3% of total Agency expected spend is the lowest amount on which the 25%MBE/5%WBE can be calculated.	Requirements for new contract: 30% MBE and 7% WBE. The annual dollar value is based on our understanding of administration costs - 2.5% of claims.	Respondents, to the greatest extent feasible, shall commit goals for participation by certified MBE and WBE firms for this Contract not less than the following percentage of the annual admin fee: 25% MBE and 7% WBE. Participation can be direct and/or indirect (Refer to Appendix 1, Section 6 of the original RFP Agency Exhibits).	The MBE/WBE goals are requirements for CPD. Goals are based on annual admin fees.	N/A - No MBE/WBE requirements, although use of MBE/WBE partners is certainly encouraged	The CTA DBE Goal assessed for the above referenced project is 0%.
3	Express-Scripts	All	Are the MBE/WBE percentages applicable for each individual Agency or for all Agencies combined?	Individual	Individual	Individual	Individual	N/A - No MBE/WBE requirements, although use of MBE/WBE partners is certainly encouraged.	NA
4	Express-Scripts	All	Are the retiree populations currently covered under the commercial plans? If so, please provide details on which plans have RDS services in place.	The City has two grandfathered retiree groups; one Medicare eligible and one non-Medicare eligible. The Medicare eligible group has RDS services in place.	No retirees on plans.	N/A	The CPD retirees include pre-65 and non-Medicare eligible. CPDs Medicare eligible retirees are not covered by the CPD Rx plan.	All included CTA Retiree Trust participants are commercial and non-Medicare. The Trust's Medicare retirees are in an insured MA-PD and not part of the RFP.	NA
5	Express-Scripts	All	If the Agencies are looking to move member to EGWP plans, please provide details, e.g., number of members and preferred arrangements (self funded vs. fully insured).	No interest in moving to EGWP.	Not interested in EGWP.	N/A	No	N/A - See above.	NA
6	BCBS	City	There are no MBE/WBE goals listed on page 82. Is there a goal? If there are no goals for this solicitation, are the MBE/WBE documents required to be submitted with our proposal?	Yes, 25% MBE and 5% WBE. MBE/WBE documents must be submitted with the proposal.	N/A				NA

Q#	Vendor	Agency	Question	City	CPS	CCC	CPD	CTA-RHCT	CTA
7	BCBS	CPD	There are no MBE/WBE goals. The Code of the Chicago Park District says all contracts have a minimum 25/5 MBE/WBE goals, but also says they are supposed to be listed in the bid documents. Please confirm the goals. If there are no goals for this solicitation, are the MBE/WBE documents required to be submitted with our proposal?		N/A		Confirmed -Chicago Park District's MBE/WBE goals are 25/5. Vendors are required to agree to conditions (Refer to the attached CPD Compliance Conditions regarding MBE WBE.) and complete the CPD MBE WBE vendor form. Vendors submit compliance reports through CPD's website https://www.chicagoparkdistrict.com/doing-business/purchasing/mbe-wbe-compliance		NA
8	BCBS	CPS	Per CPS procurement policy, "Requirements for the utilization of MBE and WBE firms are included in each bid/proposal solicitation." The bid documents do not include a goal; please confirm the goal. If there are no goals for this solicitation, are the MBE/WBE documents required to be submitted with our proposal?		We seek confirmation that you will adhere to the 30% MBE and 7% WBE requirements as expressed above. We do not need your documents at this stage; we will finalize with the selected carrier prior to signing contracts.				NA
9	BCBS	CTA	The DBE goal for this solicitation is 0%. As such, are the DBE documents required to be submitted with our proposal?		N/A				No.
10	BCBS	All	If we quote a Traditional pricing offer that does not include administrative fees, are the MBE/WBE/DBE requirement still applicable?	Yes, the MBE/WBE requirements are still applicable.	Yes. We assume 2.5% of claim expense is administration. We ask that you factor this assumption into your pricing.	Yes. Compliance is applicable on all administrative fees. If the vendor is still administering the plan, and traditional pricing is offered compliance would be applicable. See Response to line 8 regarding Direct and Indirect participation requirements	MBE/WBE requirements still applicable and may be based on % of annual drug spend e.g. MBE at 1% of spend.	N/A - No MBE/WBE requirements	CTA's DBE goal is 0%.
11	BCBS	All	Can you confirm what type of arrangement is in place for these retirees? Is it RDS or AASO EGWP?	RDS	No retirees on plans.	Currently we have a segment of retirees under the RDS program (500 members)	CPD retirees are pre-65 and non-Medicare eligible and covered under the same pharmacy plan as the active population.	All included CTA Retiree Trust participants are commercial and non-Medicare. The Trust's Medicare retirees are in an insured MA-PD and not part of the RFP.	NA
12	BCBS	All	Do some Agencies have ASO EGWP and other have RDS? If so please confirm and provide a breakdown?	RDS only	No retirees on plans.	CCC has RDS for a segment of the retiree population. (500 members)	CPD has neither RDS or EGWP.	N/A - See above.	NA
13	BCBS	All	Are these Agencies asking for RDS or they looking for ASO EGWP proposal? Would these Agencies accept a fully insured EGWP offer?	RDS only	N/A	CCC is looking for RDS.	No	N/A - See above.	NA
14	BCBS	All	Would these Agencies accept a fully insured EGWP offer?	No	N/A - we are not interested in EGWP offer.	CCC is looking for RDS.	N/A	N/A - See above.	NA
15	BCBS	City	Would it be possible for the Agencies to grant an extension to the due date, due to the delay in obtaining access to the SharePoint site and subsequent claims/census information? We respectfully request additional time to conduct the necessary analysis.	The submission deadline is May 11, 2023, by 4:30pm Central Time.	N/A				NA

Q#	Vendor	Agency	Question	City	CPS	CCC	CPD	CTA-RHCT	CTA																
21	Optum	All	In reference to Scope of Services, A. Statement of Services, Q#56, please confirm that Proposers are required to sign and submit <u>all</u> forms as provided in the Agency Exhibits pdf. If not, please note which forms are omitted or not required for inclusion	Each Agency has defined which documents must be signed and submitted as part of your proposal and which are for your information in the event your organization is selected to provide services.	The winning vendor will be required to complete the required forms. At the proposal stage they are not essential.	All Proposers are required to complete and submit all of the CCC Exhibits except for the Professional Services Agreement (PSA). Refer to CCC's Agency Exhibits- Table of Instructions attached. This document outlines required forms/documents to be included and submitted with proposal responses.	CPD is making general terms and conditions of purchasing agreements available on an information only basis. CPD does not require signed agreement.	N/A	CTA needs the following certifications signed and filled as part of a proposer's submittal. Certification of Primary Participant Regarding Debarment Certification of Lower Tier Participant Regarding Debarment Certification Regarding Lobbying (Prime and Subcontractor) Certification Regarding A Drug Free Workplace (Prime) Affidavit for Prompt Payment (Prime) Affidavit of Minimum Wage Payment (Prime) Disclosure of Ownership (Prime and Subcontractor) FOIA Notice and Declaration Form Vendor Profile Form Vendor References Form Table of Exceptions - proposers must list their exceptions to CTA's standard Professional Services agreement. Please note, the insurance requirements are for informational purposes only.																
22	Optum	All	In reference to Scope of Services, A. Statement of Services, Q#68, please provide all vendors, by Agency, in which data exchange is requested.	Eligibility vendor (Telus Health), medical services management vendor (Telligen), health coverage carrier (BCBSIL), FSA (Optum)	BCBS of Illinois	BCBS, CVS, RDS	Blue Cross Blue Shield of Illinois; Tango/Benefit Focus	Group Administrators, Aetna, Segal	Cigna																
23		CTA-RHCT	Data Update					CTA-RHCT is updating RX spend information to include 2022 drug spend for their HMO plan. The census information is unchanged. The HMO RX claims are not included in their claim data file and are not available. CTA Retiree Health Trust - 2022 Pharmacy <table border="1"> <thead> <tr> <th></th> <th>PPO</th> <th>HMO</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Lives</td> <td>1,568</td> <td>314</td> <td>1,882</td> </tr> <tr> <td>Scripts</td> <td>22,914</td> <td>5,355</td> <td>28,269</td> </tr> <tr> <td>Gross Cost\$</td> <td>6,044,414</td> <td>\$ 1,189,757</td> <td>\$ 7,234,171</td> </tr> </tbody> </table>		PPO	HMO	Total	Lives	1,568	314	1,882	Scripts	22,914	5,355	28,269	Gross Cost\$	6,044,414	\$ 1,189,757	\$ 7,234,171	
	PPO	HMO	Total																						
Lives	1,568	314	1,882																						
Scripts	22,914	5,355	28,269																						
Gross Cost\$	6,044,414	\$ 1,189,757	\$ 7,234,171																						

Attachment 2

Current formularies used by the Agencies for non-specialty and specialty medications.

Formularies

Advanced Control Specialty Formulary, page 8 of 152

Value Formulary with Advanced Control Specialty (ACSF), page 16 of 152

Standard Formulary Opt-Out with ACSF, page 83 of 152

Standard Formulary Opt-In with ACSF, page 95 of 152

Advanced Control Formulary with ACSF, page 116 of 152

All agencies use the Advanced Control Specialty Formulary, but the six agencies use four different formularies for non-specialty drugs:

City Active and CPS: Value Formulary with Advanced Control Specialty Formulary (ACSF)

CTA, City Retirees, and CTA Retiree Health Care Trust: Standard Formulary Opt-Out with ACSF

CCC: Standard Formulary Opt-In with ACSF

CPD: Advanced Control Formulary with ACSF

Advanced Control Specialty Formulary

All agencies use the Advanced Control Specialty Formulary, but the six agencies use four different formularies for non-specialty drugs:

Advanced Control Specialty Formulary®

The **CVS Caremark® Advanced Control Specialty Formulary®** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with 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.

Please note:

- 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 upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, 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 necessary, consider prescribing a brand name on this list.

Please note:

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

ANALGESICS

TEMIXYS
TRIUMEQ

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

FUSION INHIBITORS
FUZEON

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMITUZA

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate
BARACLUDE SOLUTION
VELMIDY

§ HEPATITIS C AGENTS

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

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA

CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
LENVIMA
MEKTOVI
NEXAVAR
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIESPERJETA
PHESGO**MULTIPLE MYELOMA****IMMUNOMODULATORS**REVLIMID
THALOMID**§ PROTEASOME
INHIBITORS***bortezomib*
NINLARO**PROSTATE CANCER****§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS***leuprolide acetate*
ELIGARD**LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS**

FIRMAGON

§ MISCELLANEOUS*bexarotene capsule*
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
VISTOGARD
ZEJULA
ZOLINZA**CARDIOVASCULAR****ANTILIPEMICS**PCSK9 INHIBITORS
PRALUENT**PULMONARY ARTERIAL
HYPERTENSION****§ ENDOTHELIN RECEPTOR
ANTAGONISTS***ambrisentan*
bosentan
OPSUMIT**§ PHOSPHODIESTERASE
INHIBITORS***sildenafil*
*tadalafil***PROSTACYCLIN RECEPTOR
AGONISTS**

UPTRAVI

**§ PROSTAGLANDIN
VASODILATORS***treprostinil*
ORENITRAMSOLUBLE GUANYLATE
CYCLASE STIMULATORS
ADEMPAS**CENTRAL NERVOUS
SYSTEM****§ ANTICONVULSANTS***vigabatrin***ANTIPARKINSONIAN
AGENTS**INBRIJA
KYNMOBI**§ MOVEMENT DISORDERS***tetrabenazine*
AUSTEDO
INGREZZA**§ MULTIPLE SCLEROSIS
AGENTS***dimethyl fumarate*
delayed-rel
 fingolimod
glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA**NARCOLEPSY**WAKIX
XYWAV**ENDOCRINE AND
METABOLIC****ACROMEGALY**

SOMATULINE DEPOT

**§ CALCIUM RECEPTOR
AGONISTS***cinacalcet***CALCIUM REGULATORS****PARATHYROID HORMONES**FORTEO
TYMLOS**MISCELLANEOUS**

PROLIA

**CENTRAL PRECOCIOUS
PUBERTY**FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR**CONTRACEPTIVES**PROGESTIN INTRAUTERINE
DEVICES
KYLEENA
MIRENA
SKYLA**FERTILITY REGULATORS**GNRH / LHRH
ANTAGONISTS
CETROTIDE**OVULATION STIMULANTS,
GONADOTROPINS**GONAL-F
MENOPUR
OVIDREL**GAUCHER DISEASE**CERDELGA
CEREZYME**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH
HORMONES**

NORDITROPIN

**§ PHENYLKETONURIA
TREATMENT AGENTS***sapropterin***POLYNEUROPATHY**

TEGSEDI

§ UREA CYCLE DISORDERS*sodium phenylbutyrate***MISCELLANEOUS**

CYSTAGON

GENITOURINARY**§ MISCELLANEOUS***tiopronin***HEMATOLOGIC****§ CHELATING AGENTS***deferasirox*
deferiprone
deferoxamine
penicillamine
*trientine***HEMATOPOIETIC GROWTH
FACTORS**NIVESTYM
RETACRIT
ZIENTENZO**HEMOPHILIA A AGENTS**ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA**HEMOPHILIA B AGENTS**ALPROLIX
REBINYN**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**NOVOSEVEN RT
SEVENFACT**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**

EMPAVELI

SICKLE CELL DISEASE

ENDARI

**THROMBOCYTOPENIA
AGENTS**DOPTELET
PROMACTA
TAVALLISSE**IMMUNOLOGIC
AGENTS****ALLERGENIC EXTRACTS**

ORALAIR

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**ILUMYA
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED)**See Table 1 for Indication Based
Coverage Details**ANKYLOSING SPONDYLITIS**COSENTYX
ENBREL
HUMIRA
RINVOQ**CROHN'S DISEASE**HUMIRA
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS**NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**CIMZIA
PREFILLED SYRINGE
COSENTYX**PSORIASIS**HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA**PSORIATIC ARTHRITIS**COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS
TREMIFYA**RHEUMATOID ARTHRITIS**ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR**ULCERATIVE COLITIS**HUMIRA
RINVOQ
STELARA
SUBCUTANEOUS
XELJANZ
XELJANZ XR
ZEPOSIA**ALL OTHER CONDITIONS**ENBREL
HUMIRA**DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**

RASUVO

**§ HEREDITARY
ANGIOEDEMA***icatibant*
ORLADEYO
RUCONEST
TAKHZYRO**IMMUNOMODULATORS**IMMUNE GLOBULINS
CUTAQUIG**MISCELLANEOUS**

ILARIS

IMMUNOSUPPRESSANTS§ ANTIMETABOLITES
mycophenolate mofetil
*mycophenolate sodium***§ CALCINEURIN INHIBITORS***cyclosporine*
cyclosporine, modified
*tacrolimus***MONOCLONAL ANTIBODIES**

ENSPRYNG

§ RAPAMYCIN DERIVATIVES

everolimus
sirolimus

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS
PROLASTIN-C

§ CYSTIC FIBROSIS

tobramycin
inhalation solution
BETHKIS

§ PULMONARY FIBROSIS AGENTS

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)
TEZSPIRE
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS

Injectable

ADBRY
DUPIXENT

Oral

CIBINQO
RINVOQ

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS
MUGARD

OPHTHALMIC

RETINAL DISORDERS
EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALUNBRIG
ambrisentan
atazanavir
AUBAGIO
AUSTEDO
AVONEX

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

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

D

deferasirox
deferiprone
deferoxamine
DESCOXY
dimethyl fumarate
delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

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

F

FASENRA
FENSOLVI
fingolimod
FIRMAGON
FORTEO
FUZEON

G

GAVRETO
GELSYN-3
GENVOYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant
ILARIS
ILUMYA
imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
INLYTA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

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

L

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

M

MATULANE
MAYZENT
MEKTOVI
MENOPUR

MIRENA

MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXAVAR
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized powder)
NUVIQ

O

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

P

penicillamine
PERJETA
PHESGO
pirfenidone
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA
PROMACTA

R

RASUVO
REBIF
REBINYN
REMICADE

RETACRIT

RETEVMO
REVLIMID
ribavirin
RINVOQ
ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S

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

T

tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
TIVICAY
tobramycin
inhalation solution
TRAZIMERA
TREMIFYA
treprostinil

trientine
 TRIPTODUR
 TRIUMEQ
 TYMLOS
 TYSABRI

U

UPTRAVI

V

VEMLIDY
vigabatrin
 VISTOGARD
 VITRAKVI
 VOSEVI²
 VUMERITY

W

WAKIX

X

XELJANZ
 XELJANZ XR
 XOLAIR
 XOSPATA
 XTANDI

XYNTHA
 XYWAV

Y

YONSA

Z

ZEJULA
 ZELBORAF

ZEPOSIA
zidovudine
 ZIEXTENZO
 ZIRABEV
 ZOLINZA
 ZYDELIG
 ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	EPOGEN	RETACRIT
ADCIRCA	<i>sildenafil, tadalafil</i>	ESBRIET	<i>pirfenidone, OFEV</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
ALIQOPA	Consult doctor	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
APOKYN	INBRIJA, KYNMOBI	FEIBA	NOVOSEVEN RT, SEVENFACT
APTIVUS	Consult doctor	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
ARALAST NP	PROLASTIN-C	FIRAZYR	<i>icatibant, RUCONEST</i>
ARANESP	RETACRIT	FOLLISTIM AQ	GONAL-F
ARCALYST	ILARIS	FULPHILA	ZIEXTENZO
ATRIPLA	<i>efavirenz-entricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
AVASTIN	ZIRABEV	GENOTROPIN	NORDITROPIN
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	GLASSIA	PROLASTIN-C
BENEFIX	ALPROLIX, REBINYN	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
BERINERT	<i>icatibant, RUCONEST</i>	GRANIX	NIVESTYM
BORTEZOMIB	<i>bortezomib, NINLARO</i>	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
BOTOX	Consult doctor	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
BUPHENYL	<i>sodium phenylbutyrate</i>	HUMATROPE	NORDITROPIN
CAYSTON	<i>tobramycin inhalation solution, BETHKIS</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CHORIONIC GONADOTROPIN	OVIDREL	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	INFLECTRA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
CINRYZE	ORLADEYO, TAKHZYRO	IXINITY	ALPROLIX, REBINYN
COMPLERA	<i>efavirenz-entricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
CUPRIMINE	<i>penicillamine</i>	JUXTAPID	PRALUENT
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	KORLYM	Consult doctor
ELELYSO	CERDELGA, CEREZYME	KUVAN	<i>sapropterin</i>
ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	KYPROLIS	<i>bortezomib, NINLARO</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
		LEUKINE	NIVESTYM

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



DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>	SOMAVERT	SOMATULINE DEPOT
LILETTA	KYLEENA, MIRENA, SKYLA	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
LUPRON DEPOT	ELIGARD, FIRMAGON	SUTENT	<i>suunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²	SYNISC, SYNISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MEKINIST	COTELLIC, MEKTOVI	SYPRINE	<i>trientine</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TAFINLAR	BRAFTOVI, ZELBORAF
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
NEUPOGEN	NIVESTYM	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
NEXTERONE	<i>amiodarone</i>	THIOLA, THIOLA EC	<i>tiopronin</i>
NITYR	ORFADIN	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
NOVAREL	OVIDREL	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NPLATE	DOPTELET, PROMACTA, TAVALISSE	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS</i>
NUTROPIN AQ	NORDITROPIN	TRUXIMA	RUXIENCE
OMNITROPE	NORDITROPIN	UDENYCA	ZIEXTENZO
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
OTREXUP	RASUVO	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PEGASYS	Consult doctor	VOTRIENT	<i>suunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
PREGNYL	OVIDREL	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
PROCRIT	RETACRIT	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
PROCYSBI	CYSTAGON	ZARXIO	NIVESTYM
RAVICTI	<i>sodium phenylbutyrate</i>	ZEMAIRA	PROLASTIN-C
REMODULIN	<i>treprostinil</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
REPATHA	PRALUENT	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
REVATIO	<i>sildenafil, tadalafil</i>		
RIABNI	RUXIENCE		
RITUXAN	RUXIENCE		
RIXUBIS	ALPROLIX, REBINYN		
RUBRACA	LYNPARZA, ZEJULA		
SABRIL	<i>vigabatrin</i>		
SAIZEN	NORDITROPIN		
SANDOSTATIN LAR	SOMATULINE DEPOT		
SIGNIFOR LAR	SOMATULINE DEPOT		

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

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

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

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

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

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

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2022 CVS Health and/or one of its affiliates. All rights reserved. 106-31697C 010123 v2

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

Value Formulary with Advanced Control Specialty (ACSF)

City Active and CPS: Value Formulary with Advanced Control Specialty Formulary (ACSF)



**CVS Caremark[®]
Value Formulary
04/01/2023**

Table of Contents

INTRODUCTION	6
PREFACE	6
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	6
DRUG LIST PRODUCT DESCRIPTIONS	6
LEGEND	7
GENERIC SUBSTITUTION	7
SPECIALTY MEDICATIONS	8
PLAN DESIGN	8
PREVENTIVE SERVICES	9
NOTICE	9
ANALGESICS	10
GOUT	10
NSAIDS	10
OPIOID ANALGESICS	10
OPIOID PARTIAL AGONISTS	11
VISCOSUPPLEMENTS	11
ANTI-INFECTIVES	11
ANTHELMINTICS	11
ANTI-BACTERIALS - MISCELLANEOUS	11
ANTIFUNGALS	11
ANTIRETROVIRAL AGENTS	12
ANTIRETROVIRAL COMBINATION AGENTS	12
ANTITUBERCULAR AGENTS	13
ANTIVIRALS	13
CEPHALOSPORINS	13
CYTOMEGALOVIRUS AGENTS	14
ERYTHROMYCINS/MACROLIDES	14
FLUOROQUINOLONES	14
HEPATITIS B	14
HEPATITIS C	14
MISCELLANEOUS	15
PENICILLINS	15
TETRACYCLINES	16
ANTINEOPLASTIC AGENTS	16
ALKYLATING AGENTS	16
ANTIMETABOLITES	16
BIOLOGIC RESPONSE MODIFIERS	16
BIOSIMILARS	16
HORMONAL ANTINEOPLASTIC AGENTS	16
KINASE INHIBITORS	17
MISCELLANEOUS	18
PROTEASOME INHIBITORS	19
CARDIOVASCULAR	19
ACE INHIBITOR COMBINATIONS	19
ACE INHIBITORS	19
ALDOSTERONE RECEPTOR ANTAGONISTS	19

ALPHA BLOCKERS	19
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	19
ANGIOTENSIN II RECEPTOR ANTAGONISTS	20
ANTIARRHYTHMICS.....	20
ANTILIPEMICS, BILE ACID RESINS.....	21
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	21
ANTILIPEMICS, FIBRATES	21
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	21
ANTILIPEMICS, MISCELLANEOUS.....	21
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	21
ANTILIPEMICS, PCSK9 INHIBITORS	21
BETA-BLOCKER/DIURETIC COMBINATIONS.....	21
BETA-BLOCKERS	21
CALCIUM CHANNEL BLOCKERS.....	22
DIGITALIS GLYCOSIDES	22
DIURETICS	22
HEART FAILURE.....	23
MISCELLANEOUS	23
NITRATES	23
PULMONARY ARTERIAL HYPERTENSION.....	23
CENTRAL NERVOUS SYSTEM	23
ANTIANXIETY	23
ANTIDEMENTIA	24
ANTIDEPRESSANTS.....	24
ANTIPARKINSONIAN AGENTS.....	25
ANTIPSYCHOTICS	25
ANTISEIZURE AGENTS	26
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	27
FIBROMYALGIA.....	27
HYPNOTICS.....	28
MIGRAINE.....	28
MISCELLANEOUS	28
MOVEMENT DISORDERS	28
MULTIPLE SCLEROSIS AGENTS.....	28
MUSCULOSKELETAL THERAPY AGENTS.....	29
NARCOLEPSY/CATAPLEXY	29
OPIOID AGONIST/ANTAGONIST	29
OPIOID ANTAGONIST.....	29
OPIOID PARTIAL AGONISTS.....	29
SMOKING DETERRENTS.....	30
ENDOCRINE AND METABOLIC	30
ACROMEGALY.....	30
ANDROGENS	30
ANTIDIABETICS, AMYLIN ANALOGS	30
ANTIDIABETICS, BIGUANIDE	30
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	30

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS	30
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	30
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	30
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	31
ANTIDIABETICS, INSULIN	31
ANTIDIABETICS, INSULIN SENSITIZER	31
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	31
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION ...	31
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS.....	31
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS.....	31
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	32
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS.....	32
ANTIDIABETICS, SULFONYLUREA	32
ANTIOBESITY.....	32
CALCIUM RECEPTOR AGONISTS	32
CALCIUM REGULATORS, BISPHTHOSPHONATES	32
CALCIUM REGULATORS, MISCELLANEOUS	32
CALCIUM REGULATORS, PARATHYROID HORMONES	32
CENTRAL PRECOCIOUS PUBERTY	32
CHELATING AGENTS	33
CONTRACEPTIVES.....	33
DIABETIC SUPPLIES.....	34
ENDOMETRIOSIS	34
ENZYME REPLACEMENTS	35
ESTROGENS.....	35
FERTILITY REGULATORS.....	35
GAUCHER DISEASE.....	35
GLUCOCORTICOIDS	35
GLUCOSE ELEVATING AGENTS	36
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	36
HUMAN GROWTH HORMONES	36
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS.....	36
MISCELLANEOUS	36
PHOSPHATE BINDER AGENTS.....	36
POLYNEUROPATHY.....	37
POTASSIUM-REMOVING AGENTS	37
PROGESTINS.....	37
SELECTIVE ESTROGEN RECEPTOR MODULATORS	37
THYROID AGENTS.....	37
UTERINE FIBROIDS.....	37
VASOPRESSINS	37
GASTROINTESTINAL.....	37

ANTICHOLINERGICS	37
ANTIDIARRHEALS	37
ANTIEMETICS.....	37
H2-RECEPTOR ANTAGONISTS	38
INFLAMMATORY BOWEL DISEASE	38
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION.....	38
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	38
LAXATIVES	38
MISCELLANEOUS	38
PANCREATIC ENZYMES.....	38
PROTON PUMP INHIBITORS	39
RECTAL, CORTICOSTEROIDS.....	39
GENITOURINARY	39
BENIGN PROSTATIC HYPERPLASIA.....	39
MISCELLANEOUS	39
URINARY ANTISPASMODICS	39
VAGINAL ANTI-INFECTIVES	39
HEMATOLOGIC.....	39
ANTICOAGULANTS.....	39
BLEEDING DISORDERS AGENTS	39
HEMATOPOIETIC GROWTH FACTORS.....	40
HEMOPHILIA A AGENTS.....	40
HEMOPHILIA B AGENTS.....	40
MISCELLANEOUS	41
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	41
PLATELET AGGREGATION INHIBITORS	41
SICKLE CELL DISEASE.....	41
IMMUNOLOGIC AGENTS.....	41
ALLERGENIC EXTRACTS.....	41
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	41
.....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL	41
SPONDYLOARTHRITIS	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS.....	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS ...	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	42
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	42
HEREDITARY ANGIOEDEMA.....	43
IMMUNOGLOBULIN	43
IMMUNOSUPPRESSANTS.....	43
MISCELLANEOUS	44
NUTRITIONAL/SUPPLEMENTS	44
ELECTROLYTES.....	44

PRENATAL VITAMINS	44
VITAMINS	44
OPHTHALMIC	45
ANTI-INFECTIVE/ANTI-INFLAMMATORY	45
ANTI-INFECTIVES	45
ANTI-INFLAMMATORIES	45
ANTIALLERGICS	46
ANTIGLAUCOMA	46
DRY EYE DISEASE.....	46
RETINAL DISORDERS	46
RESPIRATORY	46
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	46
ANAPHYLAXIS TREATMENT AGENTS	46
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	46
ANTICHOLINERGICS	46
ANTI-HISTAMINES	47
BETA AGONISTS.....	47
COLD/COUGH.....	47
CYSTIC FIBROSIS	47
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	47
NASAL STEROIDS	47
PULMONARY FIBROSIS AGENTS	47
SEVERE ASTHMA AGENTS.....	48
STEROID INHALANTS.....	48
STEROID/BETA-AGONIST COMBINATIONS.....	48
XANTHINES	48
TOPICAL	48
DERMATOLOGY, ACNE	48
DERMATOLOGY, ACTINIC KERATOSIS	48
DERMATOLOGY, ANTIBIOTICS.....	48
DERMATOLOGY, ANTIFUNGALS	49
DERMATOLOGY, ANTIPSORIATICS	49
DERMATOLOGY, ANTISEBORRHEICS	49
DERMATOLOGY, ATOPIC DERMATITIS	49
DERMATOLOGY, CORTICOSTEROIDS.....	49
DERMATOLOGY, LOCAL ANESTHETICS.....	50
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	50
DERMATOLOGY, ROSACEA	50
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	50
MOUTH/THROAT/DENTAL AGENTS	50
OTIC	50
Index.....	51

Value Formulary

INTRODUCTION

We are pleased to provide the 2023 **CVS Caremark Value Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.

- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

LEGEND

Symbol	Name
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

SPECIALTY MEDICATIONS

A new, rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules. The therapeutic categories listed below include products that are covered as part of the Specialty benefit.

Acromegaly	Mental Health Conditions
Alpha-1 Antitrypsin Deficiency	Miscellaneous
Amyloidosis	Movement Disorders
Anemia	Multiple Sclerosis
Asthma	Neutropenia
Atopic Dermatitis	Ocular Disorders
Cardiac Disorders	Oncology - Injectable
Coagulation Disorders	Oncology - Oral/Topical
Cryopyrin-Associated Periodic Syndromes	Osteoporosis
Cystic Fibrosis	Paroxysmal Nocturnal Hemoglobinuria
Electrolyte Disorders	Phenylketonuria
Gastrointestinal Disorders-Other	Pre-Term Birth
Gout	Psoriasis
Growth Hormone & Related Disorders	Pulmonary Arterial Hypertension
Hematopoietics	Pulmonary Disorders - Other
Hemophilia, Von Willebrand Disease & Related Bleeding Disorders	Rare Disorders - Other
Hepatitis	Renal Disease
Hereditary Angioedema	Respiratory Syncytial Virus
HIV Medications	Rheumatoid Arthritis
Hormonal Therapies	Seizure Disorders
Immune Deficiencies & Related Disorders	Sickle Cell Disease
Infectious Disease - Other	Sleep Disorders
Inflammatory Bowel Disease	Systemic Lupus Erythematosus
Iron Overload	Thrombocytopenia
Lysosomal Storage Disorders	Transplant
	Urea Cycle Disorders

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please refer to [CVSpecialty.com](https://www.cvs.com/specialty) or to submit a prior authorization, please call 1-866-814-5506.

PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Log in to [Caremark.com](https://www.caremark.com) to check coverage.

PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023 CVS Health and/or one of its affiliates. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Requirements/Limits
ANALGESICS	
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	
<i>colchicine tabs .6mg</i>	
<i>MITIGARE CAPS .6mg</i>	
<i>probenecid tabs 500mg</i>	
NSAIDS	
<i>diclofenac potassium tabs 50mg</i>	
<i>diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg</i>	
<i>diclofenac sodium ext-rel tb24 100mg</i>	
<i>diflunisal tabs 500mg</i>	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	
<i>flurbiprofen tabs 50mg, 100mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	
<i>ketoprofen caps 50mg, 75mg</i>	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>	
<i>meloxicam tabs 7.5mg, 15mg</i>	
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	
<i>naproxen sodium tabs 275mg, 550mg</i>	
<i>oxaprozin tabs 600mg</i>	
<i>piroxicam caps 10mg, 20mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL
<i>codeine sulfate tabs 30mg</i>	QL; PA*
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60mg/3ml</i>	SP, PA
<i>EUFLEXXA SOSY 20mg/2ml</i>	SP, PA
<i>GELSYN-3 SOSY 16.8mg/2ml</i>	SP, PA
<i>SUPARTZ FX SOSY 25mg/2.5ml</i>	SP, PA

ANTI-INFECTIVES

ANTHELMINTICS

<i>EMVERM CHEW 100mg</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

ANTI-BACTERIALS - MISCELLANEOUS

<i>ARIKAYCE SUSP 590mg/8.4ml</i>	SP, PA
----------------------------------	--------

ANTIFUNGALS

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>fluconazole sus 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
EDURANT TABS 25mg	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90mg	SP, PA, QL
INTELENCE TABS 25mg	QL; PA*
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	QL; PA*
ISENTRESS HD TABS 600mg	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	QL; PA*
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg, 600mg, 800mg	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600mg	QL; PA*
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	QL; PA*
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 10mg, 25mg, 50mg	QL; PA*
TROGARZO SOLN 200mg/1.33ml	
VIREAD TABS 150mg, 200mg, 250mg	QL; PA*
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	QL; PA*

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

ANTITUBERCULAR AGENTS

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150mg	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
<i>streptomycin sulfate solr 1gm</i>	
TRECTOR TABS 250mg	

ANTIVIRALS

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	QL; PA*
<i>valacyclovir hcl tabs 1gm, 500mg</i>	

CEPHALOSPORINS

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml</i>	
CYTOMEGALOVIRUS AGENTS	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	SP, QL
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40mg/ml; TABS 200mg	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
FLUOROQUINOLONES	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
HEPATITIS B	
BARACLUDE SOLN .05mg/ml	SP, QL
<i>entecavir tabs .5mg, 1mg</i>	SP, QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25mg	SP, QL
HEPATITIS C	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

MISCELLANEOUS

<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550mg	PA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
TETRACYCLINES	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
EMCYT CAPS 140mg	
LEUKERAN TABS 2mg	
<i>melphalan tabs 2mg</i>	
MYLERAN TABS 2mg	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SP, PA
ANTIMETABOLITES	
<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200mg, 300mg	SP, PA, QL
TABLOID TABS 40mg	
BIOLOGIC RESPONSE MODIFIERS	
ERIVEDGE CAPS 150mg	SP, PA, QL
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	SP, PA, QL
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	SP, PA, QL
BIOSIMILARS	
KANJINTI SOLR 150mg, 420mg	SP, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	SP, PA
TRAZIMERA SOLR 150mg, 420mg	SP, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	SP, PA
HORMONAL ANTINEOPLASTIC AGENTS	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	SP, PA
ERLEADA TABS 60mg	SP, PA, QL
<i>exemestane tabs 25mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
FIRMAGON SOLR 80mg, 120mg/vial	SP, PA
<i>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LYSODREN TABS 500mg	
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300mg	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40mg; TABS 40mg, 80mg	SP, PA, QL
YONSA TABS 125mg	SP, PA, QL

KINASE INHIBITORS

ALECENSA CAPS 150mg	SP, PA, QL
ALUNBRIG TABS 30mg, 90mg, 180mg	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
BOSULIF TABS 100mg, 400mg, 500mg	SP, PA, QL
BRAFTOVI CAPS 75mg	SP, PA, QL
BRUKINSA CAPS 80mg	SP, PA, QL
CABOMETYX TABS 20mg, 40mg, 60mg	SP, PA, QL
CALQUENCE CAPS 100mg; TABS 100mg	SP, PA, QL
CAPRELSA TABS 100mg, 300mg	SP, PA, QL
COPIKTRA CAPS 15mg, 25mg	SP, PA, QL
COTELLIC TABS 20mg	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100mg	SP, PA, QL
GILOTRIF TABS 20mg, 30mg, 40mg	SP, PA, QL
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg, 560mg	SP, PA, QL
INLYTA TABS 1mg, 5mg	SP, PA, QL
IRESSA TABS 250mg	SP, PA, QL
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
KISQALI TBPK 200mg	SP, PA, QL
KISQALI 200 PAK FEMARA	SP, PA, QL
KISQALI 400 PAK FEMARA	SP, PA, QL
KISQALI 600 PAK FEMARA	SP, PA, QL
KOSELUGO CAPS 10mg, 25mg	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25mg, 100mg	SP, PA, QL
MEKTOVI TABS 15mg	SP, PA, QL
NERLYNX TABS 40mg	SP, PA, QL
NEXAVAR TABS 200mg	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPk 200mg	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPk 150mg	SP, PA, QL
RETEVMO CAPS 40mg, 80mg	SP, PA, QL
ROZLYTREK CAPS 100mg, 200mg	SP, PA, QL
RYDAPT CAPS 25mg	SP, PA, QL
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	SP, PA, QL
STIVARGA TABS 40mg	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAGRISSO TABS 40mg, 80mg	SP, PA, QL
TUKYSA TABS 50mg, 150mg	SP, PA, QL
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	SP, PA, QL
XOSPATA TABS 40mg	SP, PA, QL
ZELBORAF TABS 240mg	SP, PA, QL
ZYDELIG TABS 100mg, 150mg	SP, PA, QL
ZYKADIA TABS 150mg	SP, PA, QL

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
LUMAKRAS TABS 120mg	SP, PA, QL
LYNPARZA TABS 100mg, 150mg	SP, PA, QL
MATULANE CAPS 50mg	
ODOMZO CAPS 200mg	SP, PA, QL
PERJETA SOLN 420mg/14ml	SP, PA
PHESGO SOL	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
VENCLEXTA TABS 10mg, 50mg, 100mg	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10gm	SP, QL
ZEJULA CAPS 100mg	SP, PA, QL
ZOLINZA CAPS 100mg	SP, PA, QL

PROTEASOME INHIBITORS

<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3mg, 3mg, 4mg	SP, PA, QL

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>

ACE INHIBITORS

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>
<i>trandolapril tabs 1mg, 2mg, 4mg</i>

ALDOSTERONE RECEPTOR ANTAGONISTS

<i>epplerenone tabs 25mg, 50mg</i>

ALPHA BLOCKERS

<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	
<i>VASCEPA CAPS .5gm, 1gm</i>	
ANTILIPEMICS, PCSK9 INHIBITORS	
<i>PRALUENT SOAJ 75mg/ml, 150mg/ml</i>	SP, PA, QL
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	

DIGITALIS GLYCOSIDES

<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	

DIURETICS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	

Drug Name	Requirements/Limits
HEART FAILURE	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
VYNDAMAX CAPS 61mg	SP, PA, QL
MISCELLANEOUS	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	SP, PA, QL
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	
clonidine hcl tabs .1mg, .2mg, .3mg	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	
midodrine hcl tabs 2.5mg, 5mg, 10mg	
ranolazine ext-rel tb12 500mg, 1000mg	
NITRATES	
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	
isosorbide mononitrate tabs 10mg, 20mg	
isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	
nitroglycerin sublingual subl .3mg, .4mg, .6mg	
nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
PULMONARY ARTERIAL HYPERTENSION	
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	SP, PA, QL
ambrisentan tabs 5mg, 10mg	SP, PA, QL
bosentan tabs 62.5mg, 125mg	SP, PA, QL
epoprostenol sodium solr .5mg, 1.5mg	SP, PA
OPSUMIT TABS 10mg	SP, PA, QL
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	SP, PA
sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg	SP, PA, QL
TYVASO STARTER SOLN .6mg/ml	SP, PA, QL
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL
CENTRAL NERVOUS SYSTEM	
ANTI-ANXIETY	
alprazolam tabs .25mg, .5mg, 1mg, 2mg	QL
alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg	QL
bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>fluvoxamine ext-rel cp24 100mg, 150mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	
<i>memantine hcl soln 10mg/5ml; tabs 5mg, 10mg</i>	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	

ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>bupropion tabs 75mg, 100mg</i>	
<i>bupropion hcl tb12 100mg, 150mg, 200mg</i>	
<i>bupropion hcl ext-rel tb24 150mg, 300mg</i>	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg</i>	
<i>doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>	
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>	
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
<i>INBRIJA CAPS 42mg</i>	SP, PA, QL
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	SP, PA, QL
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

ANTIPSYCHOTICS

<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
--	--

Drug Name	Requirements/Limits
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	
ARISTADA INITIO PRSY 675mg/2.4ml	
asenapine maleate subl 2.5mg, 5mg, 10mg	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	

ANTISEIZURE AGENTS

carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	PA
clonazepam tabs .5mg, 1mg, 2mg	QL
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	QL
diazepam tabs 2mg, 5mg, 10mg	QL
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	
ethosuximide caps 250mg; soln 250mg/5ml	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	
gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	
lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL; PA*
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	QL
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg</i>	QL; PA*
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	QL; PA*

FIBROMYALGIA

<i>SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg</i>	PA
---	----

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
HYPNOTICS	
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	
<i>ramelteon tabs 8mg</i>	QL; PA*
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	QL
<i>zaleplon caps 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate tabs 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate ext-rel tbcr 6.25mg, 12.5mg</i>	QL; PA*
MIGRAINE	
<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i>	ST, QL; PA**
<i>EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml</i>	ST, QL; PA**
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>UBRELVY TABS 50mg, 100mg</i>	ST, QL; PA**
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*
MISCELLANEOUS	
<i>EVRYSDI SOLR .75mg/ml</i>	SP, PA, QL
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
<i>riluzole tabs 50mg</i>	
MOVEMENT DISORDERS	
<i>AUSTEDO TABS 6mg, 9mg, 12mg</i>	SP, PA, QL
<i>INGREZZA CAPS 40mg, 60mg, 80mg</i>	SP, PA, QL
<i>INGREZZA CAP 40-80MG</i>	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL
MULTIPLE SCLEROSIS AGENTS	
<i>AUBAGIO TABS 7mg, 14mg</i>	SP, PA, QL
<i>AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml</i>	SP, PA, QL
<i>BETASERON KIT .3mg</i>	SP, PA, QL
<i>COPAXONE SOSY 20mg/ml, 40mg/ml</i>	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>fingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
KESIMPTA SOAJ 20mg/0.4ml	SP, PA, QL
MAYZENT TABS .25mg, 1mg, 2mg; TBPK .25mg	SP, PA, QL
MAYZENT STARTER PACK TBPK .25mg	SP, PA, QL
OCREVUS SOLN 300mg/10ml	SP, PA, QL
REBIF SOAJ 22mcg/0.5ml, 44mcg/0.5ml; SOSY 22mcg/0.5ml, 44mcg/0.5ml	SP, PA, QL
TYSABRI CONC 300mg/15ml	SP, PA, QL
VUMERITY CPDR 231mg	SP, PA, QL
ZEPOSIA CAPS .92mg	SP, PA, QL

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
XEOMIN SOLR 50unit, 100unit, 200unit	SP, PA

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
WAKIX TABS 4.45mg, 17.8mg	SP, PA, QL
XYREM SOLN 500mg/ml	SP, PA, QL
XYWAV SOL 0.5GM/ML	SP, PA, QL

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL

OPIOID ANTAGONIST

<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosal 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380mg	SP, PA, QL

OPIOID PARTIAL AGONISTS

<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
--	--------

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ACROMEGALY	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
<i>SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>	SP, PA, QL
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
ANTIDIABETICS, AMYLIN ANALOGS	
<i>SYMLINPEN SOPN 1500mcg/1.5ml, 2700mcg/2.7ml</i>	ST; PA**
ANTIDIABETICS, BIGUANIDE	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS	
<i>JENTADUETO TAB 2.5-500</i>	ST; PA**
<i>JENTADUETO TAB 2.5-850</i>	ST; PA**
<i>JENTADUETO TAB 2.5-1000</i>	ST; PA**
<i>JENTADUETO TAB XR</i>	ST; PA**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>TRADJENTA TABS 5mg</i>	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<i>OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml</i>	ST, QL; PA**
<i>OZEMPIC INJ 8MG/3ML</i>	ST, QL; PA**
<i>RYBELSUS TABS 3mg, 7mg, 14mg</i>	ST, QL; PA**

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL; PA**
VICTOZA SOPN 18mg/3ml	ST, QL; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
BASAGLAR SOPN 100unit/ml	
FIASP	
FIASP INJ 100/ML	
HUMULIN R U-500 SOLN 500unit/ml; SOPN 500unit/ml	
LEVEMIR SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100unit/ml; SUSP 100unit/ml	OTC
NOVOLIN R SOLN 100unit/ml; SOPN 100unit/ml	OTC
NOVOLOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLOG MIX	
TRESIBA SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS	
TRIJARDY XR TAB	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS	
FARXIGA TABS 5mg, 10mg	ST; PA**
JARDIANCE TABS 10mg, 25mg	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
ANTIOBESITY	
QSYMIA CAP 3.75-23	
QSYMIA CAP 7.5-46MG	
QSYMIA CAP 11.25-69	
QSYMIA CAP 15-92MG	
SAXENDA SOPN 18mg/3ml	
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
CALCIUM REGULATORS, BISPHOSPHONATES	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
CALCIUM REGULATORS, MISCELLANEOUS	
PROLIA SOSY 60mg/ml	SP, PA, QL
CALCIUM REGULATORS, PARATHYROID HORMONES	
FORTEO SOPN 600mcg/2.4ml	SP, PA, QL
TYMLOS SOPN 3120mcg/1.56ml	SP, PA, QL
CENTRAL PRECOCIOUS PUBERTY	
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	SP, PA
SUPPRELIN LA KIT 50mg	SP, PA
TRIPTODUR SRER 22.5mg	SP, PA

CHELATING AGENTS

<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA

CONTRACEPTIVES

ANNOVERA MIS	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30mg	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
KYLEENA IUD 19.5mg	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20mcg/day	
NEXPLANON IMPL 68mg	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
NUVARING MIS	
SKYLA IUD 13.5mg	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK COMPACT PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
LANCETS	OTC
OMNIPOD 5 INSULIN INFUSION PUMP	
OMNIPOD DASH INSULIN INFUSION PUMP	
OMNIPOD INSULIN INFUSION PUMP	
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
V-GO INSULIN INFUSION PUMP	

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>	
--	--

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT 3.75mg	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	SP, PA
ENZYME REPLACEMENTS	
<i>*betaine powder for oral solution***</i>	SP, PA
<i>carglumic acid tbs 200mg</i>	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	SP, PA, QL
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	SP, PA
ESTROGENS	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4mcg, 10mcg	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
VAGIFEM TABS 10mcg	
FERTILITY REGULATORS	
CETROTIDE KIT .25mg	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
GONAL-F SOLR 450unit, 1050unit	SP, PA, QL
GONAL-F RFF SOLR 75unit	SP, PA, QL
GONAL-F RFF REDIJECT SOPN 300unit/0.5ml, 450unt/0.75ml, 900unit/1.5ml	SP, PA, QL
MENOPUR SOLR 75unit	SP, PA
OVIDREL INJ 250mcg/0.5ml	SP, PA
GAUCHER DISEASE	
CERDELGA CAPS 84mg	SP, PA, QL
CEREZYME SOLR 400unit	SP, PA, QL
GLUCOCORTICOIDS	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3mg/dose	
BAQSIMI TWO PACK POWD 3mg/dose	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE KIT SOLN 1mg/0.2ml	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	SP, PA
ORFADIN CAPS 20mg	SP, PA
HUMAN GROWTH HORMONES	
GENOTROPIN CART 5mg, 12mg	SP, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	SP, PA
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	SP, PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS	
FENSOLVI KIT 45mg	SP, PA
MISCELLANEOUS	
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50mg, 150mg	SP, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	SP, PA, QL
JYNARQUE PAK 30-15MG	SP, PA, QL
JYNARQUE PAK 45-15MG	SP, PA, QL
JYNARQUE PAK 60-30MG	SP, PA, QL
JYNARQUE PAK 90-30MG	SP, PA, QL
KERENDIA TABS 10mg, 20mg	PA
XIAFLEX SOLR .9mg	SP, PA
PHOSPHATE BINDER AGENTS	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
POLYNEUROPATHY	
TEGSEDI SOSY 284mg/1.5ml	SP, PA, QL
POTASSIUM-REMOVING AGENTS	
<i>*sodium polystyrene sulfonate powder**</i>	
PROGESTINS	
ENDOMETRIN INST 100mg	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
raloxifene hcl tabs 60mg	
THYROID AGENTS	
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
GASTROINTESTINAL	
ANTICHOLINERGICS	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
<i>UCERIS TB24 9mg</i>	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	
---	--

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tabs .5mg, 1mg</i>	
-------------------------------------	--

LAXATIVES

<i>CLENPIQ SOL</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP

MISCELLANEOUS

<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>OCALIVA TABS 5mg, 10mg</i>	SP, PA, QL
<i>SUCRAID SOLN 8500unit/ml</i>	PA, QL
<i>SYMPROIC TABS .2mg</i>	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	

PANCREATIC ENZYMES

<i>CREON CAP 3000UNIT</i>	
<i>CREON CAP 6000UNIT</i>	
<i>CREON CAP 12000UNT</i>	
<i>CREON CAP 24000UNT</i>	
<i>CREON CAP 36000UNT</i>	

Drug Name	Requirements/Limits
VIOKACE TAB 10440	
VIOKACE TAB 20880	
PROTON PUMP INHIBITORS	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg</i>	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>tropium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
ELIQUIS TABS 2.5mg, 5mg	
ELIQUIS STARTER PACK TBPK 5mg	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	
XARELTO STAR TAB 15/20MG	
BLEEDING DISORDERS AGENTS	
SEVENFACT SOLR 1mg, 5mg	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS	
DOPTELET TABS 20mg	SP, PA, QL
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	SP, PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	SP, PA, QL
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	SP, PA
ZIEXTENZO SOSY 6mg/0.6ml	SP, PA, QL
HEMOPHILIA A AGENTS	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	SP, PA
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	SP, PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	SP, PA
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	SP, PA
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
NUWIQ KIT 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit	SP, PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	SP, PA
XYNTHA SOLOFUSE KIT 3000unit	SP, PA
HEMOPHILIA B AGENTS	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	SP, PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit, 3500unit	SP, PA
REBINYN SOLR 500unit, 1000unit, 2000unit	SP, PA

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	SP, PA, QL
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS	
EMPAVELI SOLN 1080mg/20ml	SP, PA, QL
PLATELET AGGREGATION INHIBITORS	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
SICKLE CELL DISEASE	
ADAKVEO SOLN 100mg/10ml	SP, PA
ENDARI PACK 5gm	SP, PA, QL
SIKLOS TABS 100mg, 1000mg	
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
ORALAIR SUB 300 IR	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
ILUMYA	SP, PA, QL
REMICADE	SP, PA, QL
SIMPONI ARIA	SP, PA, QL
STELARA INTRAVENOUS	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	
COSENTYX	SP, PA, QL
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
RINVOQ	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE	
HUMIRA	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	
CIMZIA	SP, PA, QL
COSENTYX	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
RINVOQ	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	
HUMIRA	SP, PA, QL
OTEZLA	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
TALTZ	SP, PA, QL
TREMFYA	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS	
COSENTYX	SP, PA, QL
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
OTEZLA	SP, PA, QL
RINVOQ	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
TREMFYA	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
KEVZARA	SP, PA, QL
ORENCIA CLICKJECT	SP, PA, QL
ORENCIA SUBCUTANEOUS	SP, PA, QL
RINVOQ	SP, PA, QL
XELJANZ	SP, PA, QL
XELJANZ XR	SP, PA, QL
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
HUMIRA	SP, PA, QL
RINVOQ	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
XELJANZ	SP, PA, QL
XELJANZ XR	SP, PA, QL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
<i>penicillamine tabs 250mg</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	SP, PA, QL

HEREDITARY ANGIOEDEMA

<i>icatibant acetate soln 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110mg, 150mg	SP, PA, QL
RUCONEST SOLR 2100unit	SP, PA, QL
TAKHZYRO SOLN 300mg/2ml	SP, PA, QL

IMMUNOGLOBULIN

CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	SP, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 .5mg, 1mg, 5mg	SP
<i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	SP, PA, QL
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	SP
CELLCEPT INTRAVENOUS SOLR 500mg	SP
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	
ENSPRYNG SOSY 120mg/ml	SP, PA, QL
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	SP
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	SP
MYFORTIC TBEC 180mg, 360mg	SP
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	SP

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	SP
RAPAMUNE SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	SP
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml, 100mg/ml	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	SP

MISCELLANEOUS

ILARIS SOLN 150mg/ml	SP, PA
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	SP, PA

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</i>	

PRENATAL VITAMINS

<i>*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg**</i>	
<i>*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***</i>	
<i>*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***</i>	
<i>*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***</i>	
<i>*prenatal vit w/ fe fumarate-fa tab 28-1 mg***</i>	
<i>*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***</i>	
<i>*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***</i>	

VITAMINS

<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>ergocalciferol caps 1.25mg</i>	
<i>folic acid tabs 1mg</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i>	
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i>	
--	--

<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	
---	--

<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
--	--

<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
--	--

<i>phytonadione tabs 5mg</i>	
------------------------------	--

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
---	--

<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
---	--

<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
---	--

<i>neomycin-polymyxin-hc ophth susp</i>	
---	--

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
--	--

<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
---	--

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
--	--

<i>bacitracin-polymyxin b ophth oint</i>	
--	--

<i>ciprofloxacin hcl (ophth) soln .3%</i>	
---	--

<i>erythromycin (ophth) oint 5mg/gm</i>	
---	--

<i>gentamicin sulfate (ophth) oint .3%</i>	
--	--

<i>gentamicin sulfate (ophth) soln .3%</i>	QL; PA*
--	---------

<i>moxifloxacin hcl (ophth) soln .5%</i>	
--	--

<i>NATACYN SUSP 5%</i>	
------------------------	--

<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
---	--

<i>ofloxacin (ophth) soln .3%</i>	
-----------------------------------	--

<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
---	--

<i>sulfacetamide sodium (ophth) soln 10%</i>	
--	--

<i>tobramycin (ophth) soln .3%</i>	
------------------------------------	--

<i>trifluridine soln 1%</i>	
-----------------------------	--

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
--	--

<i>diclofenac sodium (ophth) soln .1%</i>	
---	--

<i>fluorometholone (ophth) susp .1%</i>	
---	--

<i>ketorolac tromethamine (ophth) soln .5%</i>	
--	--

<i>loteprednol etabonate susp .5%</i>	
---------------------------------------	--

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
RETINAL DISORDERS	
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	SP, PA
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml, .5mg/0.05ml	SP, PA
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	SP, PA
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml</i>	QL; PA*
EPIPEN SOAJ .3mg/0.3ml	QL; PA*
EPIPEN JR SOAJ .15mg/0.3ml	QL; PA*
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	QL; PA*
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGICS	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25mcg/act, 2.5mcg/act; CAPS 18mcg	QL
YUPELRI SOLN 175mcg/3ml	QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
ANTI-HISTAMINES	
<i>azelastine hcl soln .1%, .15%</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, QL 1.25mg/3ml, 2.5mg/0.5ml</i>	
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act	QL
COLD/COUGH	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*
CYSTIC FIBROSIS	
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	SP, PA, QL
PULMOZYME SOLN 2.5mg/2.5ml	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
NASAL STEROIDS	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100mg, 150mg	SP, PA, QL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
------------------	----------------------------

<i>pirfenidone tabs 267mg, 801mg</i>	SP, PA, QL
--------------------------------------	------------

SEVERE ASTHMA AGENTS

FASENRA SOSY 30mg/ml	SP, PA, QL
----------------------	------------

FASENRA PEN SOAJ 30mg/ml	SP, PA, QL
--------------------------	------------

NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml	SP, PA, QL
---	------------

TEZSPIRE SOSY 210mg/1.91ml	SP, PA, QL
----------------------------	------------

XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	SP, PA, QL
--	------------

STEROID INHALANTS

<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
--	---------

FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	QL
--	----

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	QL
-------------------------	----

ADVAIR DISKU AER 250/50	QL
-------------------------	----

ADVAIR DISKU AER 500/50	QL
-------------------------	----

SYMBICORT AER 80-4.5	QL
----------------------	----

SYMBICORT AER 160-4.5	QL
-----------------------	----

XANTHINES

<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
--	--

TOPICAL

DERMATOLOGY, ACNE

<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
-------------------------------	--

<i>clindamycin lotion lotn 1%</i>	QL; PA*
-----------------------------------	---------

<i>clindamycin solution soln 1%</i>	QL; PA*
-------------------------------------	---------

<i>erythromycin gel 2% gel 2%</i>	QL; PA*
-----------------------------------	---------

<i>erythromycin soln soln 2%</i>	QL; PA*
----------------------------------	---------

<i>erythromycin/benzoyl peroxide</i>	QL; PA*
--------------------------------------	---------

<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
---	--

<i>sulfacetamide lotion 10% lotn 10%</i>	
--	--

<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	
---	--

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	
--	--

<i>imiquimod crea 5%</i>	
--------------------------	--

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	QL; PA*
--	---------

<i>mupirocin oint 2%</i>	QL; PA*
--------------------------	---------

<i>silver sulfadiazine crea 1%</i>	
------------------------------------	--

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene oint .005%; soln .005%</i>	
ENSTILAR AER	
TACLONEX OIN	
TACLONEX SUS	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
ADBRY SOSY 150mg/ml	SP, PA, QL
CIBINQO TABS 50mg, 100mg, 200mg	SP, PA, QL
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	SP, PA, QL
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>bexarotene (topical) gel 1%</i>	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>pimecrolimus crea 1%</i>	
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, ROSACEA	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40mg	
SOOLANTRA CREA 1%	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic) soln .3%</i>	

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Index

*	
*betaine powder for oral solution***	35
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**	44
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***	44
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***	44
*pediatric multiple vitamins w/ fluoride chew tab 1 mg***	45
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***	45
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	45
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	45
*prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	44
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	44
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	44
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	44
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	44
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	44
*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***	44
*sodium polystyrene sulfonate powder**	37
A	
abacavir sulfate	12
abacavir sulfate-lamivudine tab 600-300 mg	12
abiraterone acetate	16
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	34
ACCU-CHEK COMPACT PLUS STRIPS AND KITS	34
ACCU-CHEK GUIDE STRIPS AND KITS	34
ACCU-CHEK SMARTVIEW STRIPS AND KITS	34
acebutolol hcl	21
acetaminophen w/ codeine soln 120-12 mg/5ml	10
acetaminophen w/ codeine tab 300-15 mg	10
acetaminophen w/ codeine tab 300-30 mg	10
acetaminophen w/ codeine tab 300-60 mg	10
acetic acid (otic)	50
acyclovir	13
ADAKVEO	41
ADBRY	49
ADEMPAS	23
ADVAIR DISKU AER 100/50	48
ADVAIR DISKU AER 250/50	48
ADVAIR DISKU AER 500/50	48
ADVATE	40
ADYNOVATE	40
AFSTYLA	40
AIMOVIG	28
albuterol inhalation soln	47
albuterol sulfate, cfc-free aerosol	47
alclometasone dipropionate	49
ALECENSA	17
alendronate sodium	32
alfuzosin ext-rel	39
allopurinol	10
alose tron hcl	38
alprazolam	23
alprazolam orally disintegrating tabs	23
ALPROLIX	40
ALUNBRIG	17
ALUNBRIG PAK	17
amantadine hcl	25
ambrisentan	23
amcinonide	49
amiloride & hydrochlorothiazide tab 5-50 mg	22
amiloride hcl	22
amiodarone	20
amitriptyline hcl	24
amlodipine besylate	22
amlodipine besylate-benazepril hcl cap 10-20 mg	19
amlodipine besylate-benazepril hcl cap 10-40 mg	19

<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	19	<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	19	<i>amphetamine-dextroamphetamine tab</i> 10 mg	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg	19	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg	19	<i>amphetamine-dextroamphetamine tab</i> 15 mg	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	20	<i>amphetamine-dextroamphetamine tab</i> 20 mg	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	20	<i>amphetamine-dextroamphetamine tab</i> 30 mg	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	19	<i>amphetamine-dextroamphetamine tab</i> 5 mg	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	19	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg	27
<i>amoxicillin</i>	15	<i>ampicillin</i>	15
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	15	<i>anagrelide hcl</i>	41
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg	15	<i>anastrozole</i>	16
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	15	ANNOVERA MIS	33
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	15	ANORO ELLIPT AER 62.5-25	46
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	15	<i>aprepitant</i>	37
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	15	ARIKAYCE	11
<i>amoxicillin & k clavulanate tab 250-125</i> <i>mg</i>	15	<i>aripiprazole</i>	25
<i>amoxicillin & k clavulanate tab 500-125</i> <i>mg</i>	15	ARISTADA	26
<i>amoxicillin & k clavulanate tab 875-125</i> <i>mg</i>	15	ARISTADA INITIO.....	26
<i>amoxicillin & pot clavulanate ext-rel</i> .	15	<i>armodafinil</i>	29
<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg.....	27	<i>asenapine maleate</i>	26
<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg.....	27	ASTAGRAF XL	43
<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg.....	27	<i>atazanavir sulfate</i>	12
<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg.....	27	<i>atenolol</i>	21
<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg.....	27	<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	21
		<i>atenolol & chlorthalidone tab 50-25 mg</i>	21
		<i>atomoxetine hcl</i>	27
		<i>atorvastatin calcium</i>	21
		<i>atovaquone</i>	15
		AUBAGIO	28
		AUSTEDO	28
		AVONEX	28
		<i>azathioprine</i>	43
		<i>azelastine hcl</i>	47
		<i>azelastine hcl (ophth)</i>	46
		<i>azithromycin</i>	14
		B	
		<i>bacitracin (ophthalmic)</i>	45

<i>bacitracin-polymyxin b ophth oint</i>	45	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bacitracin-polymyxin-neomycin-hc</i>		12-3 mg (base equiv)	29
<i>ophth oint 1%</i>	45	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>baclofen</i>	29	2-0.5 mg (base equiv)	29
<i>balsalazide disodium</i>	38	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BAQSIMI ONE PACK.....	36	4-1 mg (base equiv)	29
BAQSIMI TWO PACK	36	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BARACLUDGE.....	14	8-2 mg (base equiv)	29
BASAGLAR	31	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BD INSULIN SYRINGES AND NEEDLES		2-0.5 mg (base equiv)	29
.....	34	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BELBUCA.....	11	8-2 mg (base equiv)	29
BENLYSTA	43	<i>bupropion</i>	24
<i>benzonatate</i>	47	<i>bupropion hcl</i>	24
<i>benztropine mesylate</i>	25	<i>bupropion hcl (smoking deterrent)</i> ...	30
<i>betamethasone dipropionate (topical)</i>		<i>bupropion hcl ext-rel</i>	24
.....	49	<i>buspirone hcl</i>	23
<i>betamethasone dipropionate</i>		C	
<i>augmented</i>	49	<i>cabergoline</i>	36
<i>betamethasone valerate</i>	49	CABOMETYX	17
BETASERON.....	28	<i>calcipotriene</i>	49
<i>betaxolol hcl (ophth)</i>	46	<i>calcitriol</i>	44
<i>bethanechol chloride</i>	39	<i>calcium acetate caps</i>	36
BEVESPI AER 9-4.8MCG	46	CALQUENCE	17
<i>bexarotene</i>	18	CAMZYOS.....	23
<i>bexarotene (topical)</i>	50	<i>capecitabine</i>	16
<i>bicalutamide</i>	16	CAPRELSA	17
BIKTARVY TAB.....	12	<i>captopril</i>	19
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>carbamazepine</i>	26
10-6.25 mg	21	<i>carbidopa & levodopa tab 10-100 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>carbidopa & levodopa tab 25-100 mg</i>	25
2.5-6.25 mg	21	<i>carbidopa & levodopa tab 25-250 mg</i>	25
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>carbidopa & levodopa tab er 25-100</i>	
6.25 mg	21	mg	25
<i>bisoprolol fumarate</i>	21	<i>carbidopa & levodopa tab er 50-200</i>	
<i>bortezomib</i>	19	mg	25
<i>bosentan</i>	23	<i>carbidopa-levodopa-entacapone tabs</i>	
BOSULIF	17	12.5-50-200 mg.....	25
BRAFTOVI	17	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>brimonidine tartrate</i>	46	18.75-75-200 mg	25
<i>bromocriptine mesylate</i>	25	<i>carbidopa-levodopa-entacapone tabs</i>	
BRUKINSA	17	25-100-200 mg.....	25
<i>budesonide</i>	38	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>budesonide inh susp</i>	48	31.25-125-200 mg	25
<i>bumetanide</i>	22	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine</i>	11	37.5-150-200 mg	25
<i>buprenorphine hcl</i>	29		

<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg	25
<i>carglumic acid</i>	35
<i>carvedilol</i>	21
<i>cefadroxil</i>	13
<i>cefdinir</i>	13
<i>cefpodoxime proxetil</i>	13
<i>cefprozil</i>	13
<i>cefuroxime axetil</i>	13
CELLCEPT	43
CELLCEPT INTRAVENOUS	43
<i>cephalexin</i>	14
CERDELGA	35
CEREZYME	35
CETROTIDE	35
<i>chlorpromazine hcl</i>	26
<i>chlorthalidone</i>	22
<i>cholestyramine</i>	21
<i>cholestyramine light</i>	21
CIBINQO	49
<i>ciclopirox</i>	49
<i>ciclopirox olamine</i>	49
<i>cilostazol</i>	41
CIMDUO TAB 300-300	12
<i>cimetidine</i>	38
CIMZIA	41
<i>cinacalcet hcl</i>	32
<i>ciprofloxacin hcl</i>	14
<i>ciprofloxacin hcl (ophth)</i>	45
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	50
<i>citalopram hydrobromide</i>	24
<i>clarithromycin</i>	14
<i>clarithromycin ext-rel</i>	14
CLENPIQ SOL	38
CLIMARA PRO DIS WEEKLY	35
<i>clindamycin cream</i>	39
<i>clindamycin gel</i>	48
<i>clindamycin hcl</i>	15
<i>clindamycin lotion</i>	48
<i>clindamycin solution</i>	48
<i>clobazam</i>	26
<i>clobetasol propionate</i>	49
<i>clomiphene citrate</i>	35
<i>clonazepam</i>	26
<i>clonidine</i>	23
<i>clonidine hcl</i>	23
<i>clopidogrel bisulfate</i>	41
<i>clorazepate dipotassium</i>	26
<i>clotrimazole (topical)</i>	49
<i>clotrimazole troches</i>	11
<i>clozapine</i>	26
<i>codeine sulfate</i>	10
<i>colchicine</i>	10
<i>colestipol hcl</i>	21
COMBIPATCH DIS	35
COPAXONE	28
COPIKTRA	17
CORLANOR	23
COSENTYX	41, 42
COTELLIC	17
CREON CAP 12000UNT	38
CREON CAP 24000UNT	38
CREON CAP 3000UNIT	38
CREON CAP 36000UNT	38
CREON CAP 6000UNIT	38
<i>cromolyn sodium (ophth)</i>	46
CRYSVITA	18
CUTAQUIG	43
<i>cyanocobalamin</i>	44
<i>cyclobenzaprine hcl</i>	29
<i>cyclophosphamide</i>	16
<i>cycloserine</i>	13
<i>cyclosporine</i>	43
<i>cyclosporine modified (for</i> <i>microemulsion)</i>	43
<i>cyproheptadine hcl</i>	47
CYSTAGON	36
D	
<i>danazol</i>	34
<i>dantrolene sodium</i>	29
<i>dapsone</i>	15
<i>deferasirox</i>	33
<i>deferiprone</i>	33
<i>deferoxamine mesylate</i>	33
DESCOVY TAB 120-15MG	12
DESCOVY TAB 200/25MG	12
<i>desipramine hcl</i>	24
<i>desmopressin acetate</i>	37
<i>desmopressin acetate spray</i>	37
<i>desmopressin acetate spray</i> <i>refrigerated</i>	37
<i>desogest-eth estrad & eth estrad tab</i> 0.15-0.02/0.01 mg(21/5)	33

<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	33	<i>doxercalciferol</i>	44
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	33	<i>doxycycline hyclate</i>	16
<i>desonide</i>	49	<i>doxycycline monohydrate susp</i>	16
<i>desoximetasone</i>	49	<i>dronabinol</i>	37
<i>desvenlafaxine succinate ext-rel</i>	24	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	33
<i>dexamethasone</i>	35	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	33
<i>dexamethasone sodium phosphate (ophth)</i>	45	<i>duloxetine delayed-rel</i>	24
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	34	DUPIXENT	49
<i>dexmethylphenidate hcl</i>	27	DUROLANE	11
<i>dextroamphetamine sulfate</i>	27	E	
<i>diazepam</i>	26	<i>econazole nitrate</i>	49
<i>diazepam (anticonvulsant)</i>	26	EDURANT	12
<i>diclofenac potassium</i>	10	<i>efavirenz</i>	12
<i>diclofenac sodium (ophth)</i>	45	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	12
<i>diclofenac sodium delayed-rel</i>	10	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	12
<i>diclofenac sodium ext-rel</i>	10	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	12
<i>dicloxacillin sodium</i>	15	ELIGARD	16
<i>dicyclomine hcl</i>	37	ELIQUIS	39
DIFICID	14	ELIQUIS STARTER PACK	39
<i>diflunisal</i>	10	ELLA	33
<i>digoxin</i>	22	ELOCTATE	40
<i>digoxin ped elixir</i>	22	EMCYT	16
<i>diltiazem ext-rel</i>	22	EMGALITY	28
<i>dimethyl fumarate delayed-rel</i>	28	EMPAVELI	41
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	37	<i>emtricitabine</i>	12
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	37	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	13
<i>dipyridamole</i>	41	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	13
<i>dipyridamole ext-rel/aspirin</i>	41	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	13
<i>disopyramide phosphate</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	13
<i>divalproex sodium</i>	26	EMVERM	11
<i>dofetilide</i>	20	<i>enalapril maleate</i>	19
<i>donepezil hydrochloride</i>	24	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	19
DOPTELET	40	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	19
<i>dorzolamide hcl</i>	46	ENBREL	41, 42
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	46	ENDARI	41
DOVATO TAB 50-300MG	12	ENDOMETRIN	37
<i>doxazosin mesylate</i>	19		
<i>doxepin</i>	24		
<i>doxepin hcl (sleep)</i>	28		

<i>enoxaparin sodium</i>	39	EVRYSDI	28
ENSPRYNG	43	<i>exemestane</i>	16
ENSTILAR AER	49	EYLEA.....	46
<i>entacapone</i>	25	<i>ezetimibe</i>	21
<i>entecavir</i>	14	F	
ENTRESTO TAB 24-26MG	23	<i>famciclovir</i>	13
ENTRESTO TAB 49-51MG	23	<i>famotidine</i>	38
ENTRESTO TAB 97-103MG.....	23	FARXIGA	32
ENVARUSUS XR	43	FASENRA	48
EPCLUSA PAK 150-37.5.....	14	FASENRA PEN	48
EPCLUSA PAK 200-50MG.....	14	<i>felbamate</i>	26
EPCLUSA TAB 200-50MG.....	14	<i>felodipine ext-rel</i>	22
EPCLUSA TAB 400-100.....	14	<i>fenofibrate</i>	21
<i>epinephrine (anaphylaxis)</i>	46	FENSOLVI	36
EPIPEN.....	46	<i>fentanyl</i>	10
EPIPEN JR	46	<i>fentanyl citrate</i>	10
<i>eplerenone</i>	19	FIASP	31
<i>epoprostenol sodium</i>	23	FIASP INJ 100/ML	31
<i>ergocalciferol</i>	44	<i>finasteride</i>	39
ERIVEDGE	16	<i> fingolimod hcl</i>	28
ERLEADA.....	16	FIRMAGON	17
<i>erlotinib hcl</i>	17	<i>flecainide acetate</i>	20
<i>erythromycin</i>	14	FLOVENT HFA	48
<i>erythromycin (ophth)</i>	45	<i>fluconazole</i>	11
<i>erythromycin delayed-rel</i>	14	<i>fludrocortisone acetate</i>	35
<i>erythromycin gel 2%</i>	48	<i>flunisolide spray</i>	47
<i>erythromycin soln</i>	48	<i>fluocinolone acetonide</i>	49
<i>erythromycin/benzoyl peroxide</i>	48	<i>fluocinonide</i>	49
<i>escitalopram oxalate</i>	24	<i>fluorometholone (ophth)</i>	45
ESPEROCT	40	<i>fluorouracil (topical)</i>	48
<i>estradiol</i>	35	<i>fluoxetine hcl</i>	24
<i>estradiol vaginal crm</i>	35	<i>fluphenazine hcl</i>	26
<i>estradiol/norethindrone</i>	35	<i>flurbiprofen</i>	10
<i>ethacrynic acid</i>	22	<i>flutamide</i>	17
<i>ethambutol hcl</i>	13	<i>fluticasone propionate</i>	49
<i>ethosuximide</i>	26	<i>fluticasone spray</i>	47
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	33	<i>fluvoxamine ext-rel</i>	24
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	33	<i>fluvoxamine maleate</i>	24
<i>etodolac</i>	10	<i>folic acid</i>	44
<i>etoposide</i>	18	<i>fondaparinux sodium</i>	39
<i>etravirine</i>	12	<i>formoterol inhalation solution</i>	47
EUFLEXXA	11	FORTEO	32
<i>everolimus</i>	17	<i>fosamprenavir calcium</i>	12
<i>everolimus (immunosuppressant)</i>	43	<i>fulvestrant</i>	17
EVOTAZ TAB 300-150	13	<i>furosemide</i>	22
		FUZEON	12

G	
<i>gabapentin</i>	26
<i>galantamine hydrobromide</i>	24
GAMMAGARD LIQUID.....	43
GAMUNEX-C	43
GAVRETO	17
GELSYN-3	11
<i>gemfibrozil</i>	21
GENOTROPIN.....	36
GENOTROPIN MINIQUICK.....	36
<i>gentamicin sulfate (ophth)</i>	45
<i>gentamicin sulfate (topical)</i>	48
GENVOYA TAB	13
GILOTRIF	17
<i>glatiramer acetate</i>	28
<i>glimepiride</i>	32
<i>glipizide</i>	32
<i>glipizide ext-rel</i>	32
<i>glipizide xl</i>	32
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	30
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	30
<i>glipizide-metformin hcl tab 5-500 mg</i>	30
<i>glucagon (rdna)</i>	36
<i>glycopyrrolate</i>	37
GLYXAMBI TAB 10-5 MG	32
GLYXAMBI TAB 25-5 MG	32
GONAL-F.....	35
GONAL-F RFF.....	35
GONAL-F RFF REDIRECT	35
<i>granisetron hcl</i>	38
<i>griseofulvin microsize</i>	11
GVOKE HYPOPEN 1-PACK	36
GVOKE HYPOPEN 2-PACK	36
GVOKE KIT	36
GVOKE PFS.....	36
H	
<i>halobetasol propionate</i>	49
<i>haloperidol</i>	26
HARVONI PAK	14
HARVONI PAK 45-200MG	14
HARVONI TAB 45-200MG	14
HARVONI TAB 90-400MG	14
HEMLIBRA	40
HUMIRA	41, 42
HUMULIN R U-500	31
<i>hydralazine hcl</i>	23
<i>hydrochlorothiazide</i>	22
<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i>	47
<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	47
<i>hydrocodone-acetaminophen soln 10-</i> <i>325 mg/15ml</i>	10
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	10
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	11
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	10
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	10
<i>hydrocortisone</i>	35
<i>hydrocortisone (intrarectal)</i>	38
<i>hydrocortisone (rectal)</i>	39
<i>hydrocortisone (topical)</i>	49
<i>hydrocortisone butyrate</i>	50
<i>hydrocortisone valerate</i>	50
<i>hydromorphone hcl</i>	11
<i>hydroxychloroquine sulfate</i>	42
<i>hydroxyurea</i>	18
<i>hydroxyzine hcl</i>	47
<i>hyoscyamine sulfate</i>	37
I	
<i>ibandronate sodium</i>	32
IBRANCE.....	17
<i>ibuprofen</i>	10
<i>ibutilide fumarate</i>	20
<i>icatibant acetate</i>	43
IDELVION.....	40
ILARIS.....	44
ILUMYA.....	41
<i>imatinib mesylate</i>	17
IMBRUVICA	17
<i>imipramine hcl</i>	24
<i>imiquimod</i>	48
IMVEXXY	35
INBRIJA	25
<i>indapamide</i>	22
INGREZZA.....	28
INGREZZA CAP 40-80MG	28
INLYTA	17
INTELENCE.....	12

<i>ipratropium bromide (nasal)</i>	46	KOGENATE FS.....	40
<i>ipratropium inhalation solution</i>	46	KOSELUGO	17
<i>ipratropium/albuterol inhalation soln.</i>	46	KOVALTRY.....	40
<i>irbesartan</i>	20	KYLEENA.....	33
<i>irbesartan-hydrochlorothiazide tab</i>		KYNMOBI	25
<i>150-12.5 mg</i>	20	L	
<i>irbesartan-hydrochlorothiazide tab</i>		<i>labetalol hcl</i>	22
<i>300-12.5 mg</i>	20	<i>lactic acid (ammonium lactate)</i>	50
IRESSA	17	<i>lactulose</i>	38
ISENTRESS.....	12	<i>lamivudine</i>	12
ISENTRESS HD	12	<i>lamivudine (hbv)</i>	14
<i>isoniazid</i>	13	<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>isosorbide dinitrate</i>	23	13
<i>isosorbide mononitrate</i>	23	<i>lamotrigine</i>	26
<i>isosorbide mononitrate ext-rel</i>	23	LANCETS.....	34
<i>isotretinoin</i>	48	<i>lansoprazole delayed-rel</i>	39
<i>isradipine</i>	22	<i>lapatinib ditosylate</i>	18
<i>itraconazole</i>	11	<i>latanoprost</i>	46
<i>ivermectin</i>	11	<i>leflunomide</i>	42
J		LENVIMA 10 MG DAILY DOSE	18
JAKAFI	17	LENVIMA 12MG DAILY DOSE	18
JARDIANCE.....	32	LENVIMA 20 MG DAILY DOSE	18
JENTADUETO TAB 2.5-1000.....	30	LENVIMA 4 MG DAILY DOSE	18
JENTADUETO TAB 2.5-500.....	30	LENVIMA 8 MG DAILY DOSE	18
JENTADUETO TAB 2.5-850.....	30	LENVIMA CAP 14 MG	18
JENTADUETO TAB XR.....	30	LENVIMA CAP 18 MG	18
JIVI	40	LENVIMA CAP 24 MG	18
JULUCA TAB 50-25MG.....	13	<i>letrozole</i>	17
JYNARQUE.....	36	LEUKERAN.....	16
JYNARQUE PAK 30-15MG	36	<i>levalbuterol nebulizer soln concentrate</i>	
JYNARQUE PAK 45-15MG	36	47
JYNARQUE PAK 60-30MG	36	<i>levalbuterol, cfc-free aerosol</i>	47
JYNARQUE PAK 90-30MG	36	LEVEMIR	31
K		<i>levetiracetam</i>	26
KALYDECO.....	47	<i>levofloxacin</i>	14
KANJINTI	16	<i>levonorgestrel & ethinyl estradiol (91-</i>	
KERENDIA	36	<i>day) tab 0.15-0.03 mg</i>	33
KESIMPTA	29	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>ketoconazole (topical)</i>	49	<i>0.1 mg-20 mcg</i>	33
<i>ketoprofen</i>	10	<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>ketorolac tromethamine</i>	10	<i>0.15 mg-30 mcg</i>	33
<i>ketorolac tromethamine (ophth)</i>	45	<i>levonorgestrel-eth estra tab 0.05-</i>	
KEVZARA	42	<i>30/0.075-40/0.125-30mg-mcg</i>	33
KISQALI	17	<i>levothyroxine sodium</i>	37
KISQALI 200 PAK FEMARA.....	17	<i>lidocaine</i>	50
KISQALI 400 PAK FEMARA.....	17	<i>lidocaine hcl (mouth-throat)</i>	50
KISQALI 600 PAK FEMARA.....	17	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	50

<i>linezolid</i>	15	MEKTOVI.....	18
<i>linezolid inj</i>	15	<i>meloxicam</i>	10
LINZESS	38	<i>melfalan</i>	16
<i>liothyronine sodium</i>	37	<i>memantine hcl</i>	24
<i>lisinopril</i>	19	MENOPUR.....	35
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	19	<i>mercaptopurine</i>	16
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	19	<i>mesalamine</i>	38
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	19	<i>metformin ext-rel</i>	30
<i>lithium carbonate</i>	28	<i>metformin hcl</i>	30
LO LOESTRIN TAB 1-10-10.....	33	<i>methadone hcl</i>	11
LONSURF TAB 15-6.14.....	16	<i>methimazole</i>	37
LONSURF TAB 20-8.19.....	16	<i>methocarbamol</i>	29
<i>loperamide hcl</i>	37	<i>methotrexate sodium</i>	42
<i>lorazepam</i>	24	<i>methylphenidate hcl</i>	27
LORBRENA	18	<i>methylprednisolone</i>	36
<i>losartan potassium</i>	20	<i>metoclopramide hcl</i>	38
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	20	<i>metolazone</i>	22
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	20	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	21
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	20	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	21
<i>loteprednol etabonate</i>	45	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	21
LUCENTIS	46	<i>metoprolol succinate ext-rel</i>	22
LUMAKRAS	18	<i>metoprolol tartrate</i>	22
LUPRON DEPOT (1-MONTH).....	35	<i>metronidazole</i>	15
LUPRON DEPOT (3-MONTH).....	35	<i>metronidazole (topical)</i>	50
LUPRON DEPOT-PED (1-MONTH	32	<i>metronidazole vaginal gel</i>	39
LUPRON DEPOT-PED (3-MONTH	33	<i>midodrine hcl</i>	23
LYNPARZA	18	<i>minocycline hcl</i>	16
LYSODREN	17	MIRENA	33
M		<i>mirtazapine</i>	24
<i>malathion</i>	50	<i>mirtazapine orally disintegrating tabs</i>	24
<i>maraviroc</i>	12	<i>misoprostol</i>	38
MATULANE	18	MITIGARE	10
MAYZENT	29	<i>modafinil</i>	29
MAYZENT STARTER PACK	29	<i>mometasone furoate</i>	50
<i>meclizine hcl</i>	38	<i>montelukast sodium</i>	47
<i>medroxyprogesterone acetate</i>	37	<i>morphine sulfate</i>	11
<i>medroxyprogesterone acetate 150 mg/ml</i>	33	<i>moxifloxacin hcl</i>	14
<i>megestrol acetate</i>	17	<i>moxifloxacin hcl (ophth)</i>	45
		MUGARD LIQ	50
		<i>mupirocin</i>	48
		<i>mycophenolate mofetil</i>	43
		<i>mycophenolate sodium</i>	43
		MYFEMBREE TAB	37
		MYFORTIC	43

MYLERAN	16
N	
<i>nabumetone</i>	10
<i>nadolol</i>	22
<i>naloxone hcl</i>	29
<i>naltrexone hcl</i>	29
<i>naproxen</i>	10
<i>naproxen sodium</i>	10
<i>naratriptan hcl</i>	28
NATACYN	45
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	45
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	45
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	45
<i>neomycin-polymyxin-hc ophth susp</i> ..	45
<i>neomycin-polymyxin-hc otic soln 1%</i>	50
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	50
NEORAL	43
NERLYNX.....	18
<i>nevirapine</i>	12
NEXAVAR	18
NEXPLANON	33
<i>niacin ext-rel</i>	21
<i>nicardipine hcl</i>	22
<i>nifedipine ext-rel</i>	22
<i>nilutamide</i>	17
NINLARO.....	19
<i>nitisinone</i>	36
NITRO-DUR	23
<i>nitrofurantoin ext-rel</i>	15
<i>nitrofurantoin macrocrystals</i>	15
<i>nitroglycerin sublingual</i>	23
<i>nitroglycerin transdermal</i>	23
NIVESTYM	40
NORDITROPIN	36
<i>norelgestromin/ethinyl estradiol -</i> <i>xulane</i>	33
<i>norethindrone</i>	33
<i>norethindrone & ethinyl estradiol tab</i> <i>0.5 mg-35 mcg</i>	33
<i>norethindrone & ethinyl estradiol tab 1</i> <i>mg-35 mcg</i>	33
<i>norethindrone & ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i>	34

<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	34
<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	34
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	34
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i>	34
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	34
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i>	34
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i>	34
<i>norethindrone acetate</i>	37
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	35
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	35
<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i>	34
<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	34
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	34
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	34
<i>norgestrel & ethinyl estradiol tab 0.3</i> <i>mg-30 mcg</i>	34
<i>nortriptyline hcl</i>	24
NOVOEIGHT	40
NOVOLIN MIX	31
NOVOLIN N	31
NOVOLIN R	31
NOVOLOG	31
NOVOLOG MIX.....	31
NUBEQA.....	17
NUCALA	48
NUVARING MIS	34
NUWIQ	40
<i>nystatin</i>	12
<i>nystatin (topical)</i>	49
O	
OICALIVA	38
OCREVUS.....	29
OCTAGAM	43
<i>octreotide acetate</i>	30

ODEFSEY TAB	13	ORFADIN.....	36
ODOMZO.....	18	ORIAHNN CAP.....	37
OFEV	47	ORLADEYO	43
<i>ofloxacin (ophth)</i>	45	<i>oseltamivir phosphate</i>	13
<i>ofloxacin (otic)</i>	50	OTEZLA.....	42
<i>olanzapine</i>	26	OTEZLA TAB 10/20/30.....	42
<i>olmesartan medoxomil</i>	20	OVIDREL.....	35
<i>olmesartan medoxomil-</i>		<i>oxaprozin</i>	10
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oxazepam</i>	24
.....	20	<i>oxcarbazepine</i>	26
<i>olmesartan medoxomil-</i>		<i>oxybutynin chloride</i>	39
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>oxybutynin ext-rel</i>	39
.....	20	<i>oxycodone hcl</i>	11
<i>olmesartan medoxomil-</i>		<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>hydrochlorothiazide tab 40-25 mg</i>	20	325 mg.....	11
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>hydrochlorothiazide tab 20-5-12.5</i>		325 mg.....	11
mg	20	<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>olmesartan-amlodipine-</i>		325 mg.....	11
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oxycodone w/ acetaminophen tab 7.5-</i>	
mg	20	325 mg.....	11
<i>olmesartan-amlodipine-</i>		OZEMPIC.....	30
<i>hydrochlorothiazide tab 40-10-25 mg</i>		OZEMPIC INJ 8MG/3ML.....	30
.....	20	P	
<i>olmesartan-amlodipine-</i>		<i>paliperidone</i>	26
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>pantoprazole delayed-rel tabs</i>	39
mg	20	<i>paricalcitol</i>	44
<i>olmesartan-amlodipine-</i>		<i>paroxetine hcl ext-rel</i>	24
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>paroxetine hcl tabs</i>	24
.....	20	<i>peg-3350/electrolytes</i>	38
<i>omeprazole delayed-rel</i>	39	<i>penicillamine</i>	42
OMNIPOD 5 INSULIN INFUSION PUMP		<i>penicillin v potassium</i>	16
.....	34	<i>perindopril erbumine</i>	19
OMNIPOD DASH INSULIN INFUSION		PERJETA.....	18
PUMP	34	<i>permethrin</i>	50
OMNIPOD INSULIN INFUSION PUMP	34	<i>phenelzine sulfate</i>	25
<i>ondansetron</i>	38	<i>phenobarbital</i>	27
<i>ondansetron hcl</i>	38	<i>phenytoin</i>	27
ONETOUCH ULTRA STRIPS AND KITS	34	<i>phenytoin sodium extended</i>	27
ONETOUCH VERIO STRIPS AND KITS	34	PHESGO SOL	18
ONUREG	16	<i>phytonadione</i>	45
OPSUMIT.....	23	<i>pilocarpine hcl (oral)</i>	50
ORACEA	50	<i>pimecrolimus</i>	50
ORALAIR SUB 300 IR.....	41	<i>pindolol</i>	22
ORENCIA CLICKJECT	42	<i>pioglitazone hcl</i>	31
ORENCIA SUBCUTANEOUS	42	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
ORENITRAM.....	23	mg	31

<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	31
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	31
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	31
PIQRAY 200MG DAILY DOSE	18
PIQRAY 250MG TAB DOSE	18
PIQRAY 300MG DAILY DOSE	18
<i>pirfenidone</i>	48
<i>piroxicam</i>	10
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	45
POMALYST	16
<i>potassium chloride</i>	44
<i>potassium citrate (alkalinizer)</i>	39
PRALUENT	21
<i>pramipexole dihydrochloride</i>	25
<i>prasugrel hcl</i>	41
<i>pravastatin sodium</i>	21
<i>praziquantel</i>	11
<i>prednisolone</i>	36
<i>prednisolone acetate (ophth)</i>	46
PREDNISOLONE SODIUM PHOSP	46
<i>prednisolone sodium phosphate</i>	36
<i>prednisone</i>	36
PREZCOBIX TAB 800-150	13
PREZISTA	12
PRIFTIN	13
<i>primidone</i>	27
PRIVIGEN	43
<i>probenecid</i>	10
<i>prochlorperazine maleate</i>	38
<i>progesterone, micronized</i>	37
PROGRAF	44
PROLASTIN-C	46
PROLIA	32
PROMACTA	40
<i>promethazine hcl</i>	38
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	47
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	47
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	47
<i>propafenone ext-rel</i>	21
<i>propafenone hcl</i>	21

<i>propranolol ext-rel</i>	22
<i>propranolol hcl</i>	22
<i>propylthiouracil</i>	37
PULMOZYME	47
<i>pyrazinamide</i>	13
<i>pyridostigmine bromide</i>	28
Q	
QSYMIA CAP 11.25-69	32
QSYMIA CAP 15-92MG	32
QSYMIA CAP 3.75-23	32
QSYMIA CAP 7.5-46MG	32
<i>quetiapine fumarate</i>	26
R	
<i>raloxifene hcl</i>	37
<i>ramelteon</i>	28
<i>ramipril</i>	19
<i>ranolazine ext-rel</i>	23
RAPAMUNE	44
<i>rasagiline mesylate</i>	25
RASUVO	43
REBIF	29
REBINYN	40
REMICADE	41
RESTASIS	46
RETACRIT	40
RETEVMO	18
REVLIMID	16
<i>ribavirin</i>	14
<i>rifabutin</i>	13
<i>rifampin</i>	13
<i>riluzole</i>	28
RINVOQ	41, 42
<i>risedronate sodium</i>	32
<i>risperidone</i>	26
<i>ritonavir</i>	12
<i>rivastigmine</i>	24
<i>rivastigmine tartrate</i>	24
<i>rizatriptan benzoate</i>	28
<i>rizatriptan orally disintegrating tabs</i>	28
<i>ropinirole hydrochloride</i>	25
<i>rosuvastatin calcium</i>	21
ROZLYTREK	18
RUCONEST	43
RUKOBIA	12
RUXIENCE	16
RYBELSUS	30
RYDAPT	18

S	
SANDIMMUNE	44
<i>sapropterin dihydrochloride</i>	35
SAVELLA	27
SAXENDA	32
<i>selegiline hcl</i>	25
<i>selenium sulfide</i>	49
<i>sertraline hcl</i>	25
<i>sevelamer carbonate</i>	36
SEVENFACT	39
SIKLOS	41
<i>sildenafil citrate (pulmonary hypertension)</i>	23
<i>silver sulfadiazine</i>	48
SIMPONI ARIA	41
<i>simvastatin</i>	21
<i>sirolimus</i>	44
SKYLA.....	34
SKYRIZI	41, 42
<i>sodium fluoride</i>	44
<i>sodium phenylbutyrate</i>	35
SOLIQUA.....	31
SOMATULINE DEPOT.....	30
SOOLANTRA	50
<i>sotalol</i>	21
<i>sotalol hcl</i>	21
SPIRIVA	46
<i>spironolactone</i>	22
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	22
SPRYCEL	18
<i>stavudine</i>	12
STELARA INTRAVENOUS	41
STELARA SUBCUTANEOUS.....	41, 42
STIVARGA	18
STRENSIQ	35
<i>streptomycin sulfate</i>	13
STRIVERDI RESPIMAT.....	47
SUCRAID.....	38
<i>sulfacetamide lotion 10%</i>	48
<i>sulfacetamide sodium (ophth)</i>	45
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	45
<i>sulfamethoxazole/trimethoprim</i>	15
<i>sulfamethoxazole/trimethoprim ds</i>	15
<i>sulfasalazine</i>	38
<i>sulindac</i>	10
<i>sumatriptan</i>	28
<i>sumatriptan succinate</i>	28
<i>sunitinib malate</i>	18
SUPARTZ FX	11
SUPPRELIN LA	33
SYMBICORT AER 160-4.5	48
SYMBICORT AER 80-4.5	48
SYMDEKO TAB 100-150	47
SYMDEKO TAB 50-75MG	47
SYMJEPI.....	46
SYMLINPEN	30
SYMPROIC.....	38
SYMTUZA TAB.....	13
SYNAGIS.....	44
SYNJARDY TAB	31
SYNJARDY TAB 12.5-500.....	31
SYNJARDY TAB 5-1000MG.....	31
SYNJARDY TAB 5-500MG.....	31
SYNJARDY XR TAB.....	31
SYNJARDY XR TAB 10-1000.....	31
SYNJARDY XR TAB 25-1000.....	31
SYNJARDY XR TAB 5-1000MG	31
T	
TABLOID	16
TACLONEX OIN	49
TACLONEX SUS.....	49
<i>tacrolimus</i>	44
<i>tacrolimus (topical)</i>	50
TAGRISSE.....	18
TAKHZYRO	43
TALTZ.....	42
<i>tamoxifen citrate</i>	17
<i>tamsulosin hcl</i>	39
TAVALISSE.....	41
TEGSEDI	37
<i>temazepam</i>	28
<i>temozolomide</i>	16
<i>tenofovir disoproxil fumarate</i>	12
<i>terazosin hcl</i>	19
<i>terbinafine hcl</i>	12
<i>terconazole vaginal</i>	39
<i>testosterone</i>	30
<i>testosterone cypionate</i>	30
<i>testosterone enanthate</i>	30
<i>tetrabenazine</i>	28
<i>tetracycline hcl</i>	16
TEZSPIRE.....	48

THALOMID.....	16	TYSABRI	29
<i>theophylline</i>	48	TYVASO STARTER	23
<i>tiagabine hcl</i>	27	U	
<i>timolol maleate (ophth)</i>	46	UBRELVY.....	28
<i>tinidazole</i>	15	UCERIS.....	38
TIVICAY	12	UPTRAVI	23
<i>tizanidine hcl</i>	29	UPTRAVI PACK TAB 200/800	23
<i>tobramycin</i>	47	<i>ursodiol</i>	38
<i>tobramycin (ophth)</i>	45	V	
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	45	VAGIFEM.....	35
<i>tolterodine tartrate</i>	39	<i>valacyclovir hcl</i>	13
<i>topiramate</i>	27	<i>valganciclovir hcl</i>	14
<i>toremifene citrate</i>	17	<i>valproic acid</i>	27
<i>toremide</i>	22	<i>valsartan</i>	20
TRADJENTA	30	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	20
<i>tramadol hcl</i>	11	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	20
<i>trandolapril</i>	19	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	20
<i>tranlycypromine sulfate</i>	25	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	20
TRAZIMERA	16	<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	20
<i>trazodone hcl</i>	25	<i>vancomycin hcl</i>	15
TRECTOR.....	13	<i>varenicline tartrate</i>	30
TREMFYA.....	42	<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	30
TRESIBA	31	VASCEPA.....	21
<i>tretinoin</i>	48	VEMLIDY	14
<i>tretinoin (chemotherapy)</i>	18	VENCLEXTA	19
<i>triamcinolone acetonide (mouth)</i>	50	VENCLEXTA TAB START PK.....	19
<i>triamcinolone acetonide (topical)</i>	50	<i>venlafaxine hcl</i>	25
<i>triamterene & hydrochlorothiazide cap</i> <i>37.5-25 mg</i>	22	<i>venlafaxine hcl ext-rel</i>	25
<i>triamterene & hydrochlorothiazide tab</i> <i>37.5-25 mg</i>	22	<i>verapamil ext-rel</i>	22
<i>triamterene & hydrochlorothiazide tab</i> <i>75-50 mg</i>	22	V-GO INSULIN INFUSION PUMP	34
<i>trifluoperazine hcl</i>	26	VICTOZA.....	31
<i>trifluridine</i>	45	<i>vigabatrin</i>	27
<i>trihexyphenidyl hcl</i>	25	VIOKACE TAB 10440	39
TRIJARDY XR TAB.....	31	VIOKACE TAB 20880	39
TRIKAFTA TAB	47	VIREAD.....	12
<i>trimethobenzamide hcl</i>	38	VISTOGARD.....	19
TRIPTODUR.....	33	VITRAKVI	18
TRIUMEQ TAB	13	VIVITROL	29
TROGARZO.....	12	<i>voriconazole</i>	12
<i>trospium</i>	39	VOSEVI TAB	15
TRULICITY.....	31	VUMERITY	29
TUKYSA	18		
TYMLOS	32		

VYNDAMAX.....	23	XYREM.....	29
W		XYWAV SOL 0.5GM/ML.....	29
WAKIX.....	29	Y	
<i>warfarin sodium</i>	39	YONSA.....	17
WEGOVY.....	32	YUPELRI.....	46
X		Z	
XARELTO.....	39	<i>zaleplon</i>	28
XARELTO STAR TAB 15/20MG.....	39	ZEJULA.....	19
XELJANZ.....	42	ZELBORAF.....	18
XELJANZ XR.....	42	ZEPOSIA.....	29
XEOMIN.....	29	<i>zidovudine</i>	12
XIAFLEX.....	36	ZIEXTENZO.....	40
XIFAXAN.....	15	<i>ziprasidone hcl</i>	26
XIGDUO XR TAB 10-1000.....	32	ZIRABEV.....	16
XIGDUO XR TAB 10-500MG.....	32	ZOLINZA.....	19
XIGDUO XR TAB 2.5-1000.....	32	<i>zolmitriptan</i>	28
XIGDUO XR TAB 5-1000MG.....	32	<i>zolmitriptan orally disintegrating tabs</i>	28
XIGDUO XR TAB 5-500MG.....	32	<i>zolpidem tartrate</i>	28
XIIDRA.....	46	<i>zolpidem tartrate ext-rel</i>	28
XOLAIR.....	48	<i>zonisamide</i>	27
XOSPATA.....	18	ZORTRESS.....	44
XTANDI.....	17	ZYDELIG.....	18
XYNTHA.....	40	ZYKADIA.....	18
XYNTHA SOLOFUSE.....	40		

Standard Formulary Opt-Out with ACSF

CTA, City Retirees, and CTA Retiree Health Care Trust: Standard Formulary Opt-Out with ACSF

Performance Drug List - Standard Opt Out for Clients with Advanced Control Specialty Formulary[®]

The **CVS Caremark[®] Performance Drug List - Standard Opt Out for Clients with Advanced Control Specialty Formulary[®]** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with 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.

Please note:

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, 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 necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine
probenecid

§ NSAIDs

diclofenac sodium
ibuprofen
meloxicam
naproxen

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%
diclofenac sodium solution

§ OPIOID ANALGESICS

buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal
lozenge

hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone-acetaminophen
tramadol
tramadol ext-rel

BELBUCA
NUCYNTA
NUCYNTA ER
OXYCONTIN
XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HERPES AGENTS

acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

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

ANTINEOPLASTIC AGENTS

§ ANTIMETABOLITES

pemetrexed

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

bicalutamide

CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

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

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

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

amlodipine-valsartan-hydrochlorothiazide
olmesartan-amlodipine-hydrochlorothiazide

§ ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol
MULTAQ

**ANTILIPEMICS
ACL INHIBITORS / COMBINATIONS**

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate
fenofibric acid delayed-rel

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS

atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

§ DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

aliskiren
TEKTURN HCT

§ DIURETICS

amiloride
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene
triamterene-hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO
VERQUVO

§ NITRATES

isosorbide dinitrate
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS

ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

§ BENZODIAZEPINES

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
sertraline
TRINTELLIX
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule
FETZIMA

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
NEUPRO
RYTARY

ANTIPSYCHOTICS

§ ATYPICALS

aripiprazole
clozapine
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
ARISTADA
ARISTADA INITIO
LATUDA
VRAYLAR

§ ANTISEIZURE AGENTS

carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
TROKENDI XR
VIMPAT

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine
mixed salts
amphetamine-dextroamphetamine
mixed salts ext-rel
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
MYDAYIS
QELBREE
VYVANSE

§ FIBROMYALGIA

pregabalin
SAVELLA

HYPNOTICS

§ NONBENZODIAZEPINES

eszopiclone
ramelteon

zolpidem
zolpidem ext-rel
zolpidem sublingual
BELSOMRA
DAYVIGO

§ TRICYCLICS

doxepin

MIGRAINE

§ ERGOTAMINE DERIVATIVES

ergotamine-caffeine

MONOCLONAL ANTIBODIES

AIMOVIG
AJOVY
EMGALITY

§ TRIPTANS

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH

MISCELLANEOUS ORAL AGENTS

NURTEC ODT
QULIPTA
UBRELVY

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine

§ NARCOLEPSY

armodafinil
modafinil
SUNOSI

§ POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel
GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone
KLOXXADO

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone
sublingual
ZUBSOLV

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA

§ VASOMOTOR SYMPTOM AGENTS

paroxetine mesylate

ENDOCRINE AND METABOLIC**§ ANDROGENS**

testosterone gel
testosterone solution
ANDRODERM
NATESTO

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
TRADJENTA

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

JANUMET
JANUMET XR
JENTADUETO
JENTADUETO XR

INCRETIN MIMETIC AGENTS

OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA
XULTOPHY

INSULINS

BASAGLAR
FIASP
HUMALOG
HUMALOG MIX
HUMULIN 70/30
HUMULIN N
HUMULIN R
HUMULIN R U-500
INSULIN ASPART
INSULIN ASPART 70/30
INSULIN LISPRO
LANTUS
LEVEMIR
LYUMJEV
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA
INVOKANA
JARDIANCE

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

INVOKAMET
INVOKAMET XR
SYNJARDY
SYNJARDY XR
XIGDUO XR

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

GLYXAMBI
QTERN

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

TRIJARDY XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

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

DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
OMNIPOD 5 INSULIN INFUSION PUMP
OMNIPOD DASH INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
ONETOUCH ULTRA STRIPS AND KITS²
ONETOUCH VERIO STRIPS AND KITS²
V-GO INSULIN INFUSION PUMP

ANTIOBESITY INJECTABLE

SAXENDA
WEGOVY

ORAL QSYMIA**CALCIUM REGULATORS****§ BISPHOSPHONATES**

alendronate
ibandronate
risedronate

§ CALCITONINS

calcitonin-salmon

§ CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES**§ MONOPHASIC**

ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate-iron

§ BIPHASIC

LO LOESTRIN FE

§ TRIPHASIC

ethinyl estradiol-norgestimate

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-norelgestromin

§ VAGINAL

ethinyl estradiol-etonogestrel
ANNOVERA

DIABETIC KIDNEY DISEASE KERENDIA**ENDOMETRIOSIS**

MYFEMBREE
ORLISSA

§ GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution
prednisone

§ GLUCOSE ELEVATING AGENTS

glucagon,
human recombinant
BAQSIMI
GLUCAGEN HYPOKIT
GVOKE
ZEGALOGUE

MENOPAUSAL SYMPTOM AGENTS**§ ORAL**

estradiol
estradiol-norethindrone
DUAVEE
PREMARIN
PREMPHASE
PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol
ESTRING
PREMARIN CREAM

§ PHOSPHATE BINDER AGENTS

calcium acetate
lanthanum carbonate
sevelamer carbonate
AURYXIA
PHOSLYRA
VELPHORO

POTASSIUM-REMOVING AGENTS

LOKELMA
VELTASSA

PROGESTINS**§ ORAL**

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHERA

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL**§ ANTIARRHEALS**

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

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

§ ANTISPASMODICS

dicyclomine

§ H₂ RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE**§ ORAL AGENTS**

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

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

alosetron
lubiprostone
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes
SUPREP

OPIOID-INDUCED CONSTIPATION

MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole delayed-rel
lansoprazole delayed-rel
omeprazole delayed-rel
pantoprazole delayed-rel

§ STEROIDS, RECTAL

PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA
TALICIA

§ MISCELLANEOUS

sucralfate

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

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

ERECTILE DYSFUNCTION ALPROSTADIL AGENTS

MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil

§ URINARY ANTISPASMODICS

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

tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE
enoxaparin

§ ORAL

warfarin
ELIQUIS
XARELTO

§ SYNTHETIC HEPARINOID-LIKE AGENTS

fondaparinux

§ 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

VITAMINS AND MINERALS

§ PRENATAL VITAMINS
prenatal vitamins

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ipratropium
inhalation solution
ATROVENT HFA
INCRUSE ELLIPTA
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol
inhalation solution

LONG ACTING

ANORO ELLIPTA
BEVESPI AEROSPHERE
STIOLTO RESPIMAT

ANTICHOLINERGIC / BETA AGONIST / STEROID INHALANT COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

BETA AGONISTS, INHALANTS

§ SHORT ACTING
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol
levalbuterol tartrate
CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation

SEREVENT
STRIVERDI RESPIMAT

§ Nebulized Passive Inhalation

formoterol inhalation solution

§ LEUKOTRIENE MODULATORS

montelukast
zafirlukast
zileuton ext-rel

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS

azelastine-fluticasone
flunisolide
fluticasone
mometasone

§ PHOSPHODIESTERASE-4 INHIBITORS

roflumilast

STEROID / BETA AGONIST COMBINATIONS

ADVAIR DISKUS
ADVAIR HFA
BREO ELLIPTA
SYMBICORT

§ STEROID INHALANTS

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

TOPICAL

DERMATOLOGY

ACNE

§ Oral

ABSORICA

§ Topical

adapalene
benzoyl peroxide
clindamycin gel, solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
AKLIEF
ARAZLO
EPIDUO
ONEXTON
TWYNEO
WINLEVI

§ ACTINIC KERATOSIS
fluorouracil cream 5%
fluorouracil solution
imiquimod
ZYCLARA

§ ANTIBIOTICS

gentamicin
mupirocin ointment

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole
luliconazole
nystatin
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene
calcipotriene-betamethasone
methoxsalen
DUOBRII
ENSTILAR

§ ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

hydrocortisone butyrate
mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide
BRYHALI

§ Very High Potency

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

§ LOCAL ANALGESICS

lidocaine patch

§ ROSACEA

azelaic acid gel
doxycycline monohydrate
delayed-rel capsule
metronidazole
FINACEA FOAM
RHOFADE
SOOLANTRA

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS

EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
bepotastine
cromolyn sodium
olopatadine
LASTACAF
ZERVIAE

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CILOXAN OINTMENT

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

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

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal

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

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS**§ Nonselective**

timolol maleate solution
 BETIMOL

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS

brinzolamide
 dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS
 XIIDRA

§ PROSTAGLANDINS

latanoprost
 travoprost
 LUMIGAN
 ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

RHO KINASE INHIBITOR / PROSTAGLANDIN COMBINATIONS

ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine
 ALPHAGAN P

§ SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

brimonidine-timolol

OTIC**§ ANTI-INFECTIVES**

acetic acid
 ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone
 neomycin-polymyxin B-
 hydrocortisone

QUICK REFERENCE DRUG LIST**A**

ABILIFY MAINTENA
 ABSORICA
 ACCU-CHEK AVIVA PLUS STRIPS AND KITS²
 ACCU-CHEK COMPACT PLUS STRIPS AND KITS²
 ACCU-CHEK GUIDE STRIPS AND KITS²
 ACCU-CHEK SMARTVIEW STRIPS AND KITS²
 acetic acid
 acitretin
 ACUVAIL
 acyclovir capsule, tablet
 adapalene
 ADVAIR DISKUS
 ADVAIR HFA
 AIMOVIG
 AJOVY
 AKLIEF
 albuterol inhalation solution
 albuterol sulfate
 CFC-free aerosol
 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
 ANDRODERM
 ANNOVERA
 ANORO ELLIPTA
 aprepitant
 ARAZLO
 aripiprazole
 ARISTADA
 ARISTADA INITIO
 armodafinil
 ARNUITY ELLIPTA
 atenolol
 atomoxetine
 atorvastatin
 ATROVENT HFA
 AURYXIA
 AUVI-Q
 azelaic acid gel
 azelastine
 azelastine-fluticasone
 azithromycin

B

balsalazide
 BAQSIMI
 BASAGLAR
 BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
 BELBUCA
 BELSOMRA
 benzoyl peroxide
 bepotastine
 BESIVANCE
 BETIMOL
 BETOPTIC S
 BEVESPI AEROSPHERE
 bicalutamide
 BIDIL
 BREO ELLIPTA
 BREZTRI AEROSPHERE
 BRILINTA
 brimonidine
 brimonidine-timolol
 brinzolamide

bromfenac
 BRYHALI
 budesonide
 delayed-rel capsule
 budesonide ext-rel tablet
 budesonide inhalation suspension
 buprenorphine transdermal
 buprenorphine-naloxone sublingual
 bupropion
 bupropion ext-rel

C

calcipotriene
 calcipotriene-betamethasone
 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
 CILOXAN OINTMENT
 ciprofloxacin
 ciprofloxacin-dexamethasone
 citalopram
 clarithromycin
 clarithromycin ext-rel
 CLIMARA PRO
 clindamycin
 clindamycin gel, solution

clindamycin-benzoyl peroxide
 clobazam
 clobetasol cream, foam, gel, lotion, ointment, shampoo
 clonazepam
 clopidogrel
 clotrimazole
 clozapine
 codeine-acetaminophen
 colchicine
 colesevelam
 COMBIPATCH
 CORLANOR
 CORTIFOAM
 CREON
 CRINONE
 cromolyn sodium
 cyclobenzaprine

D

darifenacin ext-rel
 DAYVIGO
 desonide
 desoximetasone
 desvenlafaxine ext-rel
 dexamethasone
 DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
 dexmethylphenidate ext-rel
 diazepam
 diazepam rectal gel
 diclofenac
 diclofenac sodium
 diclofenac sodium gel 1%
 diclofenac sodium solution
 diclofenac sodium-misoprostol
 dicloxacillin
 dicyclomine
 DIFICID
 difluprednate
 digoxin
 diltiazem ext-rel
 diphenoxylate-atropine
 dipyridamol ext-rel-aspirin

disopyramide
 divalproex sodium
 divalproex sodium ext-rel
 DIVIGEL
 donepezil
 dorzolamide
 dorzolamide-timolol
 doxazosin
 doxepin
 doxycycline hyclate
 doxycycline monohydrate delayed-rel capsule
 doxylamine-pyridoxine delayed-rel
 dronabinol
 DUAVEE
 duloxetine
 DUOBRII
 dutasteride
 dutasteride-tamsulosin

E

econazole
 eletriptan
 ELIQUIS
 EMGALITY
 EMVERM
 enalapril
 ENDOMETRIN
 enoxaparin
 ENSTILAR
 entacapone
 ENTRESTO
 EPIDUO
 epinephrine auto-injector
 EPIPEN
 EPIPEN JR
 EPISIL
 ergotamine-caffeine
 erythromycin
 erythromycin solution
 erythromycin-benzoyl peroxide
 erythromycin
 escitalopram
 esomeprazole delayed-rel
 estradiol

estradiol-norethindrone
ESTRING
eszopiclone
ethacrynic acid
ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-etonogestrel
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate
ethinyl estradiol-
norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
EVAMIST
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
fenofibrate
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
fesoterodine ext-rel
FETZIMA
FIASP
FINACEA FOAM
finasteride
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fludrocortisone
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
fluoxetine
fluticasone
fluvastatin
FML FORTE
FML S.O.P.
fondaparinux
formoterol inhalation solution
fosinopril
fosinopril-hydrochlorothiazide
FREESTYLE LIBRE
CONTINUOUS GLUCOSE
MONITORING SYSTEM
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel

glipizide-metformin
GLUCAGEN HYPOKIT
glucagon,
human recombinant
GLYXAMBI
GRALISE
granisetron
GRASTEK
guanfacine ext-rel
GVOKE

H

halobetasol cream, ointment
HUMALOG
HUMALOG MIX
HUMULIN 70/30
HUMULIN N
HUMULIN R
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ILEVRO
imiquimod
INCRUSE ELLIPTA
INSULIN ASPART
INSULIN ASPART 70/30
INSULIN LISPRO
INVOKAMET
INVOKAMET XR
INVOKANA
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
isosorbide dinitrate
isosorbide mononitrate
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR

K

KERENDIA
ketoconazole
ketoconazole shampoo 2%
ketorolac
KLOXXADO

L

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

M

MAXIDEX
meclizine
medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
mirtazapine
modafinil
mometasone
montelukast
morphine
morphine ext-rel
MOVANTIK

moxifloxacin
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYFEMBREE
MYRBETRIQ

N

nadolol
NAFTIN
naloxone
NAMZARIC
naproxen
naratriptan
NATAZIA
nateglinide
NATESTO
nebivolol
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
neomycin-polymyxin B-
hydrocortisone
NEUPRO
NEVANAC
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUDEXTA
NURTEC ODT
nystatin

O

ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide
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 ULTRA
STRIPS AND KITS²
ONETOUCH VERIO
STRIPS AND KITS²

ONEXTON
ONZETRA XSAL
ORIAHNN
ORLISSA
oseltamivir
OSPHERA
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OXYCONTIN
OZEMPIC

P

pantoprazole delayed-rel
paroxetine HCl
paroxetine HCl ext-rel
paroxetine mesylate
peg 3350-electrolytes
pemetrexed
penicillin VK
PENTASA
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
PRED MILD
prednisolone acetate 1%
prednisolone solution
prednisone
pregabalin
pregabalin ext-rel
PREMARIN
PREMARIN CREAM
PREMPHASE
PREMPRO
prenatal vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

QELBREE
QSYMIA
QTERN
quetiapine
quetiapine ext-rel

quinapril
quinapril-hydrochlorothiazide
QULIPTA
QVAR REDIHALER

R

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

S

SANCUSO
SAVELLA
SAXENDA
scopolamine transdermal
selegiline

selenium sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
SIKLOS
sildenafil
silodosin
SIMBRINZA
simvastatin
solifenacin
SOLIQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone
spironolactone-
hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
sucralfate
sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SUPRAX
SUPREP
SYMBICORT
SYMLINPEN
SYMPROIC
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
TALICIA
tamsulosin
TEKTURNA HCT
telmisartan
telmisartan-
hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel
testosterone solution
tetracycline
tiagabine
timolol maleate solution
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
toremide
TOUJEO
TRADJENTA
tramadol
tramadol ext-rel
travoprost
trazodone
TREGLEY ELLIPTA
TRESIBA
tretinoin
triamcinolone
triamterene

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

U

UBRELVY

V

valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
vancomycin capsule
VARUBI
VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO
V-GO INSULIN
INFUSION PUMP
VIBERZI
VICTOZA
VIIBRYD
VIMPAT
VIOKACE

VRAYLAR
VYVANSE

W

warfarin
WEGOVY
WINLEVI

X

XARELTO
XIFAXAN 550 MG
XIGDUO XR
XIIDRA
XTAMPZA ER
XULTOPHY

Y

YUPELRI

Z

zafirlukast
ZEGALOGUE
ZEMBRACE SYMTOUCH
ZENPEP
ZERVIAE
zileuton ext-rel
ZIOPTAN
ziprasidone
zolmitriptan
zolpidem
zolpidem ext-rel
zolpidem sublingual
zonisamide
ZUBSOLV
ZYCLARA

PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, or pantoprazole delayed-rel
ACTOS	pioglitazone	ASACOL HD	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE	ASCENSIA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ALLISON MEDICAL INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ALORA	estradiol, DIVIGEL, EVAMIST	AZELEX	adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		
AMRIX	cyclobenzaprine		
ANDROGEL 1%	testosterone gel, testosterone solution, ANDRODERM, NATESTO		
ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO		
APEXICON E	desoximetasone, fluocinonide, BRYHALI		
APIDRA	FIASP, HUMALOG, INSULIN LISPRO, NOVOLOG		
ARMOUR THYROID	levothyroxine, liothyronine, SYNTHROID		

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



DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
BECONASE AQ	<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>
BENSAL HP	<i>desonide, hydrocortisone</i>	DORAL	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, DAYVIGO</i>
BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>	DYRENIUM	<i>amiloride, triamterene</i>
BREEZE 2 STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>	EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
BYDUREON BCISE	<i>OZEMPIC, RYBELSUS, TRULICITY, VICTOZA</i>	EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, DAYVIGO</i>
BYETTA	<i>OZEMPIC, RYBELSUS, TRULICITY, VICTOZA</i>	E.E.S. GRANULES	<i>erythromycins</i>
CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	ERYPED	<i>erythromycins</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
CARNITOR, CARNITOR SF	<i>levocarnitine</i>	FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
CLINDAGEL	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	FEMRING	<i>estradiol, ESTRING, PREMARIN CREAM</i>
CLOBEX SPRAY	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>	FML LIQUIFILM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
CONTOUR NEXT STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>	FORTAMET	<i>metformin, metformin ext-rel</i>
CONTOUR STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>	FORTESTA	<i>testosterone gel, testosterone solution, ANDRODERM, NATESTO</i>
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule, FETZIMA</i>	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>	FREESTYLE STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>
DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>	FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
		GELNIQUE	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>
		GLUMETZA	<i>metformin, metformin ext-rel</i>
		INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i>

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	OLUX-E	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, QELBREE, VYVANSE</i>	OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
ISTALOL	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>	ONGLYZA	JANUVIA, TRADJENTA
JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>	OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR; JANUVIA or TRADJENTA WITH pioglitazone
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	OWEN MUMFORD NEEDLES ³	BD ULTRAFINE NEEDLES
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	OXYTROL	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>	PANCREAZE	CREON, VIOKACE, ZENPEP
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	PERRIGO NEEDLES ³	BD ULTRAFINE NEEDLES
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	PERTZYE	CREON, VIOKACE, ZENPEP
LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, DAYVIGO</i>	PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
MACRODANTIN	<i>nitrofurantoin</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
MENEST	<i>estradiol, PREMARIN</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
MENOSTAR	<i>estradiol</i>	PRECISION XTRA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
MICALCALIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO</i>	PRED FORTE	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>	PRENATAL PLUS	<i>generic prenatal vitamins</i>
NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i>	PREVACID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel</i>
NESINA	JANUVIA, TRADJENTA	PROTONIX	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel</i>
NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel</i>	PROTOPIC	<i>pimecrolimus, tacrolimus, EUCRISA</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>	PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>	QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>	RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
NORVASC	<i>amlodipine</i>	RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
NOVO NORDISK NEEDLES ³	BD ULTRAFINE NEEDLES	RELISTOR	<i>lubiprostone, MOVANTIK, SYMPROIC</i>
		RIMSO-50	Talk to your doctor
		RIOMET	<i>metformin, metformin ext-rel</i>

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, DAYVIGO</i>	VALCYTE	<i>valganciclovir</i>
SURE-TEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
TESTIM	<i>testosterone gel, testosterone solution, ANDRODERM, NATESTO</i>	VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
TRICOR	<i>fenofibrate, fenofibric acid delayed-rel</i>	VIAGRA	<i>sildenafil, tadalafil</i>
TRILIPIX	<i>fenofibrate, fenofibric acid delayed-rel</i>	VITAFOL-ONE	<i>generic prenatal vitamins</i>
TRIVIDIA INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM, NATESTO</i>
TRUETEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
TRUETRACK STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel</i>
ULTIMED INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
ULTIMED NEEDLES ³	BD ULTRAFINE NEEDLES	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	ZYFLO	<i>montelukast, zafirlukast, zileuton ext-rel</i>

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

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

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

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

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

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

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

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

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2023 CVS Health and/or one of its affiliates. All rights reserved. 106-42798B 040123

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

Standard Formulary Opt-In with ACSF

CCC: Standard Formulary Opt-In with ACSF

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

The **CVS Caremark[®] Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary[®]** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with 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.

Please note:

- 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 upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, 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 necessary, consider prescribing a brand name on this list.

Please note:

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

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
MITIGARE

§ NSAIDs

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

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%
diclofenac sodium solution 1.5%

§ OPIOID ANALGESICS

buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone-acetaminophen
tramadol (except *NDC* 52817019610*)
tramadol ext-rel tablet

BELBUCA
XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdirin
cefprozil
cefuroxime axetil

cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HERPES AGENTS

acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

clindamycin
ivermectin tablet
linezolid
metronidazole
nitrofurantoin (except *NDC* 16571074024*)
pyrimethamine

sulfamethoxazole-trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

§ ANTIMETABOLITES

pemetrexed

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS
bicalutamide

CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

**§ ACE INHIBITOR /
DIURETIC COMBINATIONS**

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

**§ ALDOSTERONE
RECEPTOR ANTAGONISTS**
spironolactone

**§ ANGIOTENSIN II
RECEPTOR ANTAGONISTS /
DIURETIC COMBINATIONS**

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

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

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

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

amlodipine-valsartan-
hydrochlorothiazide
olmesartan-amlodipine-
hydrochlorothiazide

§ ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol

**ANTILIPEMICS
ACL INHIBITORS /
COMBINATIONS**

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

**§ CHOLESTEROL
ABSORPTION INHIBITORS**
ezetimibe

§ FIBRATES

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

**§ HMG-CoA REDUCTASE
INHIBITORS /
COMBINATIONS**

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS
niacin ext-rel

§ OMEGA-3 FATTY ACIDS
omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS
atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel

**§ CALCIUM CHANNEL
BLOCKERS**

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

**§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS**
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

**§ DIRECT RENIN
INHIBITORS / DIURETIC
COMBINATIONS**

aliskiren
TEKTURNA HCT

§ DIURETICS

amiloride
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene
triamterene-
hydrochlorothiazide

HEART FAILURE
BIDIL
CORLANOR

**ENTRESTO
VERQUVO**

§ NITRATES
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS
midodrine
ranolazine ext-rel

**CENTRAL NERVOUS
SYSTEM**

**ANTIANSIETY
§ BENZODIAZEPINES**

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTIDEMENTIA
donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

**ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)**

citalopram
escitalopram
fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet [generics for SARAFEM])
paroxetine HCl
paroxetine HCl ext-rel (except
NDC* 60505367503)
sertraline
TRINTELLIX

**§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)**

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

**§ MISCELLANEOUS
AGENTS**

bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)
mirtazapine
trazodone

**§ ANTIPARKINSONIAN
AGENTS**
amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
NEUPRO
RYTARY

ANTIPSYCHOTICS

§ ATYPICALS
aripiprazole
clozapine
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
CAPLYTA
LATUDA
PERSERIS
VRAYLAR

§ ANTISEIZURE AGENTS

carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
valproic acid
zonisamide
APTIOM
FYCOMPA
NAYZILAM
OXTELLAR XR
TROKENDI XR
VALTOCO
VIMPAT
XCOPRI

**§ ATTENTION DEFICIT
HYPERACTIVITY DISORDER**
amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
AZSTARYS
JORNAY PM
MYDAYIS
QELBREE
VYVANSE

§ FIBROMYALGIA
pregabalin

**HYPNOTICS
§ NONBENZODIAZEPINES**
eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA
DAYVIGO

§ TRICYCLICS
doxepin

**MIGRAINE
MONOCLONAL ANTIBODIES**
AIMOVIG
AJOVY
EMGALITY

§ TRIPTANS
eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH

**MISCELLANEOUS ORAL
AGENTS**
NURTEC ODT
QULIPTA
UBRELVY

**§ MUSCULOSKELETAL
THERAPY AGENTS**
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

§ NARCOLEPSY
armodafinil
modafinil
SUNOSI

**§ POSTHERPETIC
NEURALGIA (PHN)**
pregabalin ext-rel
GRALISE

**PSYCHOTHERAPEUTIC -
MISCELLANEOUS**

§ OPIOID ANTAGONISTS
naloxone

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

buprenorphine-naloxone
sublingual
ZUBSOLV

**ENDOCRINE AND
METABOLIC**

§ ANDROGENS

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

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN

§ BIGUANIDES

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

**§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS**

glipizide-metformin

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

JANUVIA

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR /
BIGUANIDE COMBINATIONS**

JANUMET
JANUMET XR

INCRETIN MIMETIC AGENTS

OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

**INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS**

SOLIQUA
XULTOPHY

INSULINS

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

§ INSULIN SENSITIZERS

pioglitazone

**§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS**

pioglitazone-metformin

**§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

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

FARXIGA
JARDIANCE

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

SYNJARDY
SYNJARDY XR
XIGDUO XR

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

GLYXAMBI

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

TRIJARDY XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK AVIVA PLUS
STRIPS AND KITS²
ACCU-CHEK COMPACT
PLUS STRIPS AND KITS²
ACCU-CHEK GUIDE
STRIPS AND KITS²
ACCU-CHEK SMARTVIEW
STRIPS AND KITS²
BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
OMNIPOD 5 INSULIN
INFUSION PUMP

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

ANTI Obesity

INJECTABLE

SAXENDA
WEGOVY

ORAL

QSYMIA

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ibandronate
risedronate

§ CALCITONINS

calcitonin-salmon

**§ CARNITINE DEFICIENCY
AGENTS**

levocarnitine

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-
norethindrone acetate
ethinyl estradiol-
norethindrone acetate-iron

BIPHASIC

LO LOESTRIN FE

§ TRIPHASIC

ethinyl estradiol-norgestimate

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-
levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-
norelgestromin

VAGINAL

ANNOVERA
NUVARING

DIABETIC KIDNEY DISEASE

KERENDIA

ENDOMETRIOSIS

MYFEMBREE
ORILISSA

§ 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

**MENOPAUSAL SYMPTOM
AGENTS**

§ ORAL

estradiol
estradiol-norethindrone
DUAVEE
PREMPHASE
PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol vaginal cream
IMVEXXY
VAGIFEM

**§ PHOSPHATE BINDER
AGENTS**

calcium acetate
sevelamer carbonate
AURYXIA
PHOSLYRA
VELPHORO

**POTASSIUM-REMOVING
AGENTS**

LOKELMA
VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE
ENDOMETRIN

**§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS**

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

§ ANTI DiARRHEALS

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

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

§ ANTISPASMODICS

dicyclomine

**§ H₂ RECEPTOR
ANTAGONISTS**

famotidine

**INFLAMMATORY BOWEL
DISEASE**

§ ORAL AGENTS

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

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

**§ IRRITABLE BOWEL
SYNDROME**

alosetron
lubiprostone
LINZESS
VIBERZI

§ LAXATIVES

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

**OPIOID-INDUCED
CONSTIPATION
SYMPTOM**

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

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

§ STEROIDS, RECTAL PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA
TALICIA

§ MISCELLANEOUS

sucrafate tablet

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

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

ERECTILE DYSFUNCTION ALPROSTADIL AGENTS

MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil

§ URINARY ANTISPASMODICS

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

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
ELIQUIS
XARELTO

§ SYNTHETIC HEPARINOID-LIKE AGENTS

fondaparinux

§ 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

VITAMINS AND MINERALS

§ FOLIC ACID / COMBINATIONS

folic acid

§ PRENATAL VITAMINS

prenatal vitamins

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ipratropium
inhalation solution
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol
inhalation solution

LONG ACTING

ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC / BETA AGONIST / STEROID INHALANT COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

§ ANTIHISTAMINES, LOW SEDATING

levocetirizine

§ ANTITUSSIVES

benzonatate (except
NDCs* 69336012615, 69499032915)

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)
levalbuterol tartrate
CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation

SEREVENT
STRIVERDI RESPIMAT

§ Nebulized Passive Inhalation

formoterol inhalation solution

§ LEUKOTRIENE MODULATORS

montelukast
zafirlukast

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS

azelastine-fluticasone
flunisolide
fluticasone
mometasone

§ PHOSPHODIESTERASE-4 INHIBITORS

roflumilast

STEROID / BETA AGONIST COMBINATIONS

ADVAIR DISKUS
ADVAIR HFA **
BREO ELLIPTA **
SYMBICORT

§ STEROID INHALANTS

budesonide
inhalation suspension
FLOVENT HFA
PULMICORT FLEXHALER

TOPICAL

DERMATOLOGY

ACNE

§ Topical

adapalene (except adapalene pad)
benzoyl peroxide
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
dapson
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin

AKLIEF
ARAZLO
EPIDUO
ONEXTON
TWYNEO
WINLEVI

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
ZYCLARA

§ ANTIBIOTICS

gentamicin
mupirocin ointment

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole cream 2%
nystatin
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene ointment,
solution
methoxsalen
ENSTILAR

§ ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide (except desonide gel)
hydrocortisone

§ Medium Potency

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

§ High Potency

desoximetasone
fluocinonide (except
fluocinonide cream 0.1%)
BRYHALI

§ Very High Potency

clobetasol cream, foam (except
clobetasol emollient foam), gel,
lotion, ointment, shampoo
halobetasol cream, ointment

§ LOCAL ANALGESICS

lidocaine patch

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
RHOFAD
SOOLANTRA

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS
EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
bepotastine
cromolyn sodium
olopatadine

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

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

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ILEVRO
PROLENSA

§ Steroidal

dexamethasone
difluprednate
loteprednol
prednisolone acetate 1%

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
travoprost
LUMIGAN
ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

RHO KINASE INHIBITOR / PROSTAGLANDIN COMBINATIONS

ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

§ SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

brimonidine-timolol

OTIC

§ ANTI-INFECTIVES

acetic acid
ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin B-hydrocortisone

QUICK REFERENCE DRUG LIST

A

ABILIFY MAINTENA
ACCU-CHEK AVIVA PLUS STRIPS AND KITS 2
ACCU-CHEK COMPACT PLUS STRIPS AND KITS 2
ACCU-CHEK GUIDE STRIPS AND KITS 2
ACCU-CHEK SMARTVIEW STRIPS AND KITS 2
acetic acid
acitretin
acyclovir capsule, tablet
adapalene (except adapalene pad)
ADVAIR DISKUS
ADVAIR HFA **
AIMOVIG
AJOVY
AKLIEF
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 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
ANDRODERM
ANNOVERA
ANORO ELLIPTA
aprepitant

APTIOM
ARAZLO
aripiprazole
armodafinil
atenolol
atomoxetine
atorvastatin
AURYXIA
AUVI-Q
azelaic acid gel
azelastine
azelastine-fluticasone
azithromycin
AZSTARYS

B

balsalazide
BAQSIMI
BASAGLAR
BD ULTRAFINE
INSULIN SYRINGES AND NEEDLES
BELBUCA
BELSOMRA
benzonatate (except
NDCs* 69336012615, 69499032915)
benzoyl peroxide
bepotastine
BESIVANCE
BETOPTIC S
bicalutamide
BIDIL
BREO ELLIPTA **
BREZTRI AEROSPHERE
BRILINTA
brimonidine
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
CAPLYTA
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-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl peroxide
clobazam
clobetasol cream, foam (except
clobetasol emollient foam), gel, lotion, ointment, shampoo
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
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
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine delayed-rel
dronabinol
DUAVEE
duloxetine

dutasteride
dutasteride-tamsulosin

E

econazole
eletriptan
ELIQUIS
EMGALITY
EMVERM
enalapril
ENDOMETRIN
enoxaparin
ENSTILAR
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
esomeprazole delayed-rel
estradiol
estradiol vaginal cream
estradiol-norethindrone
eszopiclone
ethacrynic acid
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
EVAMIST
ezetimibe
ezetimibe-simvastatin

F

famotidine
 FARXIGA
 fenofibrate (except
*fenofibrate capsule 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
 FLOVENT HFA
 fluconazole
 fludrocortisone
 flunisolide
 fluocinonide (except
fluocinonide cream 0.1%)
 fluorouracil cream 5%
 fluorouracil solution
 fluoxetine (except *fluoxetine tablet 60 mg,
 fluoxetine tablet (generics for SARAFEM)*)

fluticasone
 fluvastatin
 folic acid
 fondaparinux
 formoterol inhalation solution
 fosinopril
 fosinopril-hydrochlorothiazide
 furosemide
 FYCOMPA

G

gabapentin
 galantamine
 galantamine ext-rel
 GEMTESA
 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 butyrate
 cream, ointment, solution
 hydrocortisone enema
 hydromorphone
 hydromorphone ext-rel

I

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

J

JANUMET
 JANUMET XR
 JANUVIA
 JARDIANCE
 JORNAY PM

K

KERENDIA
 ketoconazole cream 2%
 ketoconazole shampoo 2%
 ketorolac

L

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

M

meclizine
 medroxyprogesterone
 megestrol acetate
 meloxicam tablet
 memantine
 mesalamine delayed-rel
 mesalamine ext-rel
 mesalamine suppository
 mesalamine suspension
 metformin
 metformin ext-rel (except generics
for FORTAMET and GLUMETZA)

methadone
 methoxsalen
 methylphenidate
 methylphenidate ext-rel
 methylprednisolone
 metoclopramide
 metolazone
 metoprolol succinate ext-rel
 metoprolol tartrate
 metronidazole
 midodrine
 minocycline
 mirtazapine
 MITIGARE
 modafinil
 mometasone
 montelukast
 morphine
 morphine ext-rel
 moxifloxacin
 mupirocin ointment
 MUSE
 MYDAYIS
 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
 NUVARING
 nystatin

O

ofloxacin
 ofloxacin otic
 olanzapine
 olmesartan
 olmesartan-amlodipine-
hydrochlorothiazide
 olmesartan-
hydrochlorothiazide
 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 ULTRA
 STRIPS AND KITS²
 ONETOUCH VERIO
 STRIPS AND KITS²
 ONEXTON
 ONZETRA XSAIL
 ORACEA
 ORIAHNN
 ORLISSA
 oseltamivir
 oxazepam
 oxcarbazepine
 OXTELLAR XR
 oxybutynin
 oxybutynin ext-rel
 oxycodone
 oxycodone-acetaminophen
 OZEMPIC

P

pantoprazole
delayed-rel tablet
 paroxetine HCl
 paroxetine HCl ext-rel (except
NDC 60505367503*)
 peg 3350-electrolytes (except
generics for MOVIPREP)
 pemetrexed
 penicillin VK
 PERSERIS
 phenobarbital
 phenytoin
 phenytoin sodium extended
 PHOSLYRA
 pimecrolimus
 pindolol
 pioglitazone
 pioglitazone-glimepiride
 pioglitazone-metformin
 potassium chloride liquid
 pramipexole
 pramipexole ext-rel

prasugrel
 pravastatin
 prednisolone acetate 1%
 prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
 prednisone
 pregabalin
 pregabalin ext-rel
 PREMPHASE
 PREMPRO
 prenatal vitamins
 primidone
 probenecid
 prochlorperazine
 PROCTOFOAM-HC
 progesterone, micronized
 PROLENSA
 promethazine
 propranolol
 propranolol ext-rel
 PULMICORT FLEXHALER
 PYLERA
 pyrimethamine

Q

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

R

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

S

SANCUSO
 SAXENDA
 scopolamine transdermal
 selegiline
 selenium sulfide lotion 2.5%
 SEREVENT
 sertraline
 sevelamer carbonate

SIKLOS
sildenafil
silodosin
SIMBRINZA
simvastatin
solifenacin
SOLIQUA
SOOLANTRA
sotalol
SPIRIVA
spironolactone
spironolactone-
hydrochlorothiazide
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
sucralfate tablet
sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
SUNOSI
SUPRAX
SYMBICORT
SYMLINPEN
SYMPROIC

SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
TALICIA
tamsulosin
TEKTURN HCT
telmisartan
telmisartan-
hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine
timolol maleate solution
TOBRADEX OINTMENT
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO

tramadol (except NDC* 52817019610)
tramadol ext-rel tablet
travoprost
trazodone
TRELEGY ELLIPTA
TRESIBA
tretinoin
triamcinolone cream, lotion,
ointment (except
triamcinolone ointment 0.05%)
triamterene
triamterene-
hydrochlorothiazide
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
TROKENDI XR
trospium
trospium ext-rel
TRULICITY
TWYNEO

U

UBRELVY

V

VAGIFEM
valacyclovir

valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule
VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO
V-GO INSULIN
INFUSION PUMP
VIBERZI
VICTOZA
VIMPAT
VIOKACE
VRAYLAR
VYVANSE

W

warfarin
WEGOVY
WINLEVI

X

XARELTO
XCOPRI
XIFAXAN 550 MG
XIGDUO XR
XIIDRA
XTAMPZA ER
XULTOPHY

Y

YUPELRI

Z

zafirlukast
ZEGALOGUE
ZEMBRACE SYMTOUCH
ZENPEP
ZIOPTAN
ziprasidone
zolmitriptan
zolpidem
zolpidem ext-rel
zonisamide
ZUBSOLV
ZYCLARA

PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR	adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	ADDERALL	amphetamine-dextroamphetamine mixed salts, methylphenidate
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	ADRENALIN	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
Activite	folic acid	ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ACTOS	pioglitazone		
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA		
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
ACZONE	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone
		ALIMTA	pemetrexed
		ALLISON MEDICAL INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES
		ALORA	estradiol, DIVIGEL, EVAMIST
		ALREX	azelastine, bepotastine, cromolyn sodium, olopatadine

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	AZELEX	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
ALVESCO	FLOVENT HFA, PULMICORT FLEXHALER	AZESCO ⁵	<i>generic prenatal vitamins</i>
AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>	AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
AMRIX	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
ANDROGEL	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>	BANZEL SUSPENSION	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>	BEAU RX	Talk to your doctor
APEXICON E	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	BECONASE AQ	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
APIDRA	FIASP, NOVOLOG	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>	BENSAL HP	<i>desonide (except desonide gel), hydrocortisone</i>
ARMOUR THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>	BENZAC AC	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
ARNUITY ELLIPTA	FLOVENT HFA, PULMICORT FLEXHALER	BENZONATE (NDCs* 69336012615, 69499032915 only)	<i>benzonate (except NDCs* 69336012615, 69499032915)</i>
ARTHROTEC	<i>celecoxib; 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>	BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</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>
ASCENSIA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
ASMANEX, ASMANEX HFA	FLOVENT HFA, PULMICORT FLEXHALER	BETAPACE, BETAPACE AF	<i>sotalol</i>
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>
ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
ATOPADERM	<i>desonide (except desonide gel), hydrocortisone</i>	BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
ATROVENT HFA	<i>ipratropium inhalation solution, SPIRIVA, YUPELRI</i>	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
AVENOVA	Talk to your doctor		
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
BREEZE 2 STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	CARDIZEM, CARDIZEM CD, CARDIZEM LA <i>carisoprodol 250 mg</i>	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA) <i>cyclobenzaprine</i> (except cyclobenzaprine tablet 7.5 mg)
BROMSITE	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>	CARNITOR, CARNITOR SF CELEBREX	<i>levocarnitine</i> <i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
<i>budesonide ext-rel tablet</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	<i>dicyclomine</i>
<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	<i>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg</i> (NDC* 73007001303 only), <i>chlorzoxazone 750 mg</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)	CIALIS	<i>sildenafil, tadalafil</i>
<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN</i> (NDC* 69499034230 only)	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	CICATRACE	Talk to your doctor
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>	CIPRO HC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA	<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
BYSTOLIC	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	CITRANATAL ⁵	<i>generic prenatal vitamins</i>
CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	CLIMARA (except CLIMARA PRO)	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM</i>	<i>calcipotriene ointment, calcipotriene solution</i>	CLINDAGEL	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide, clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR	<i>clindamycin gel</i> (NDC* 68682046275 only)	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide, clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>	<i>clobetasol emollient foam</i>	<i>clobetasol cream, clobetasol foam</i> (except <i>clobetasol emollient foam</i>), <i>clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	<i>clobetasol spray</i>	<i>clobetasol cream, clobetasol foam</i> (except <i>clobetasol emollient foam</i>), <i>clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>CapsFenac Pak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	CLOBEX SPRAY	<i>clobetasol cream, clobetasol foam</i> (except <i>clobetasol emollient foam</i>), <i>clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>Capsinac</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i>)
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>		
CARAFATE	<i>sucralfate tablet</i>		
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>	DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
COLCRYS	<i>colchicine tablet, MITIGARE</i>		
COMBIGAN	<i>brimonidine-timolol</i>		
CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>		
CONTOUR NEXT STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>	<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>
		<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
CONTOUR STRIPS AND KITS ⁴	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS ², ACCU-CHEK COMPACT PLUS STRIPS AND KITS ², ACCU-CHEK GUIDE STRIPS AND KITS ², ACCU-CHEK SMARTVIEW STRIPS AND KITS ², ONETOUCH ULTRA STRIPS AND KITS ², ONETOUCH VERIO STRIPS AND KITS ²</i>	<i>DesRx</i>	<i>desonide (except desonide gel), hydrocortisone</i>
CONTRAVE	<i>QSYMIA, SAXENDA, WEGOVY</i>	DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</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>dexchlorpheniramine</i>	<i>levocetirizine</i>
		<i>Dexifol</i>	<i>folic acid</i>
		DEXILANT	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
CORDRAN TAPE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	<i>dexlansoprazole delayed-rel</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
COREG CR	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-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>
<i>CoreMino</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</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>
COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</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>
CRESEMBA	<i>itraconazole</i>		
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>DicloHeal-60</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>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</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>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>		
CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>	DIFFERIN LOTION	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
DALIRESP	<i>roflumilast</i>		
DARAPRIM	<i>pyrimethamine</i>		
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	EDLUAR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
<i>dihydroergotamine spray</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	E.E.S. GRANULES	<i>erythromycins</i>
DILANTIN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>	EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	ELMIRON	Talk to your doctor
<i>Diphen Elixir</i>	<i>levocetirizine</i>	<i>EluRyng</i>	ANNOVERA, NUVARING
DORAL	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
DORYX, DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	ENTERAGAM	<i>alosectron, VIBERZI, XIFAXAN 550 MG</i>
<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>doxycycline hyclate delayed-rel tablet</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	EPICERAM	<i>desonide (except desonide gel), hydrocortisone</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>	<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
<i>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	ERYPED	<i>erythromycins</i>
<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA	<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT	ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
DUOBRII	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR</i>	<i>ethinyl estradiol-etonogestrel</i>	ANNOVERA, NUVARING
DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
DYMISTA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
DYRENIUM	<i>amiloride, triamterene</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
		FABIOR	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
		FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>
		FEMRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</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>
		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>fenoprofen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		FERIVA 21/7	<i>folic acid</i>
		FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
Fexmid	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	FROVA	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
FINACEA GEL	azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA	Genicin Vita-S	folic acid
FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	GLUCAGEN HYPOKIT	glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE
FLAREX	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	GLUCAGON EMERGENCY KIT	glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE
FLOVENT DISKUS	FLOVENT HFA, PULMICORT FLEXHALER	GLUMETZA	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
flucytosine capsule 500 mg	fluconazole	GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
fluocinonide cream 0.1%	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment	GOLYTELY	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
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	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
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, TRINTELLIX	halcinonide cream	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
flurandrenolide cream, flurandrenolide lotion	desonide (except desonide gel), hydrocortisone	HALOG	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
flurandrenolide ointment	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	HEPARIN SODIUM IN 5% DEXTROSE	enoxaparin, fondaparinux
FML FORTE, FML LIQUIFILM, FML S.O.P.	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	HUMALOG	FIASP, NOVOLOG
Folvite-D	folic acid	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
FORTAMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
FORTESTA	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	HUMULIN 70/30	NOVOLIN 70/30
FOSAMAX PLUS D	alendronate, ibandronate, risedronate	HUMULIN N	NOVOLIN N
FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO	HUMULIN R	NOVOLIN R
FOSTEUM, FOSTEUM PLUS	alendronate, ibandronate, risedronate	hydrocortisone butyrate lipophilic cream 0.1%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	hydrocortisone butyrate lotion	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
FREESTYLE STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	HylaVite	folic acid
		hyoscyamine sulfate ext-rel	dicyclomine
		HYSINGLA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
		HYZAAR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
Iclofenac CP	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	KEPPRA, KEPPRA XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
icosapent ethyl	omega-3 acid ethyl esters, VASCEPA		
INCRUSE ELLIPTA	SPIRIVA		
INDERAL LA, INDERAL XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
INDOCIN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
indomethacin capsule 20 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Inflammacin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
INNOPRAN XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	KOMBIGLYZE XR	JANUMET, JANUMET XR
INTRAROSA	estradiol vaginal cream, IMVEXXY, VAGIFEM	LACRISERT	RESTASIS, XIIDRA
INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE	LACTULOSE PAK	lactulose solution
INVELTYS	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	LAMICTAL, LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR	LAMICTAL XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
INVOKANA	FARXIGA, JARDIANCE		
isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate		
ISTALOL	timolol maleate solution, BETOPTIC S		
ivermectin cream	azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin	lansoprazole delayed-rel orally disintegrating tablet	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR	lanthanum carbonate	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO
KAMDOY	desonide (except desonide gel), hydrocortisone		
Kapzin DC	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LANTUS [®]	BASAGLAR, LEVEMIR
KAZANO	JANUMET, JANUMET XR	LASTACAPT	azelastine, bepotastine, cromolyn sodium, olopatadine
		LAZANDA	fentanyl transmucosal lozenge
		LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
		levorphanol	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
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, TRINTELLIX</i>	MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	Migergot	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>
LIBRAX	<i>dicyclomine</i>	MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	<i>lidocaine-prilocaine</i>	MINASTRIN 24 FE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
LIDOTREX	<i>lidocaine-prilocaine</i>	MINIVELLE	<i>estradiol, DIVIGEL, EVAMIST</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
LITHOSTAT	Talk to your doctor	MIRVASO	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	<i>Mondoxyne NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Lofena</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Lorzone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	MOVIPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	MULTAQ	<i>amiodarone</i>
<i>luliconazole</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>	<i>MultiPro</i>	Talk to your doctor
LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>	MYRBETRIQ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>	NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</i>	<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>mefenamic acid (NDC* 69336012830 only)</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>
<i>meloxicam capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	NESINA	JANUVIA
MENEST	<i>estradiol</i>	NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
MENOSTAR	<i>estradiol</i>		
<i>metaxalone 400 mg</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</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>		
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	ORTHO DF	<i>folic acid</i>
NEXTERONE	<i>amiodarone</i>	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>	OSMOPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
<i>Niacor</i>	<i>niacin ext-rel</i>	OSPHENA	<i>estradiol</i>
NICADAN	<i>folic acid</i>	OWEN MUMFORD NEEDLES ³	BD ULTRAFINE NEEDLES
NICAPRIN	<i>folic acid</i>	<i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
NICAZEL, NICAZEL FORTE	<i>folic acid</i>	OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
NICOMIDE	<i>folic acid</i>	<i>oxymorphone ext-rel</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>	OXYTROL	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>nitrofurantoin (NDC* 16571074024 only)</i>	<i>nitrofurantoin</i> (except NDC* 16571074024)	PANCREAZE	CREON, VIOKACE, ZENPEP
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>	<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
NORGESIC FORTE	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)	<i>paroxetine HCl ext-rel</i> (NDC* 60505367503 only)	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM], paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
NORPACE	<i>disopyramide</i>	PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM], paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>
NORVASC	<i>amlodipine</i>	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only)	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>	<i>Pennaiclin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
NOVO NORDISK NEEDLES ³	BD ULTRAFINE NEEDLES	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
NOXAFIL	<i>fluconazole, itraconazole</i>	PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
NUCYNTA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>	PERRIGO NEEDLES ³	BD ULTRAFINE NEEDLES
<i>NuDiclo SoluPak, NuDiclo TabPak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)	PERTZYE	CREON, VIOKACE, ZENPEP
NUEDEXTA	Talk to your doctor	PEXEVA	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM], paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline, TRINTELLIX</i>
NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
OLUX-E	<i>clobetasol cream, clobetasol foam</i> (except <i>clobetasol emollient foam</i>), <i>clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	POLYTOZA	Talk to your doctor
<i>omeprazole-sodium bicarbonate</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>
OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>		
OMNIVEX	<i>folic acid</i>		
ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>		
ONGLYZA	JANUVIA		
<i>orphenadrine-aspirin-caffeine</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)		
<i>Orphengesic Forte</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>)		
ORTHO D	<i>folic acid</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO	QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
PRECISION XTRA STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER
PRED FORTE, PRED MILD	<i>dexamethasone</i> , <i>difluprednate</i> , <i>loteprednol</i> , <i>prednisolone acetate</i> 1%	RAPAFLO	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
<i>prednisolone solution 10 mg/5 mL</i> , <i>prednisolone solution 20 mg/5 mL</i>	<i>dexamethasone</i> , <i>hydrocortisone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL</i> , <i>20 mg/5 mL</i>), <i>prednisone</i>	RAYOS	<i>dexamethasone</i> , <i>hydrocortisone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL</i> , <i>20 mg/5 mL</i>), <i>prednisone</i>
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	RECEDO	Talk to your doctor
PREMARIN	<i>estradiol</i>	RELION INSULIN	NOVOLIN INSULIN
PREMARIN CREAM	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM	RHEUMATE	<i>folic acid</i>
PRENATAL PLUS ⁵	<i>generic prenatal vitamins</i>	RIBOZEL	<i>folic acid</i>
PREVACID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i>	RIMSO-50	Talk to your doctor
PREVIDENT	Talk to your doctor	RIOMET	<i>metformin</i> , <i>metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
PRILOSEC	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i>	ROZEREM	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
PRISTIQ	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>	RyClora	<i>levocetirizine</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>	SCARSILK PAD	Talk to your doctor
PRODIGEN	Talk to your doctor	SEASONIQUE	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
PROMETRIUM	<i>medroxyprogesterone</i> ; <i>progesterone</i> , <i>micronized</i>	SEROQUEL XR	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , CAPLYTA, LATUDA, VRAYLAR
PROTONIX	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i>	SILENOR	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
PROTOPIC	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA	SILVEX	Talk to your doctor
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>	SILTREX	Talk to your doctor
PROVIGIL	<i>armodafinil</i> , <i>modafinil</i> , SUNOSI	SINGULAIR	<i>montelukast</i> , <i>zafirlukast</i>
PROZAC	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i> , TRINTELLIX	SORILUX	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
QNASL	<i>azelastine-fluticasone</i> , <i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i>	SPRIX	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
QTERN	GLYXAMBI	STENDRA	<i>sildenafil</i> , <i>tadalafil</i>
<i>quazepam</i>	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
QUILLICHEW ER	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	SUBSYS	<i>fentanyl transmucosal lozenge</i>
		sucrefate suspension	<i>sucrefate tablet</i>
		<i>sumatriptan-naproxen</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH
		SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
Sure Result DSS Premium Pack	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
SURE-TEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²		
SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>	<i>Tovet</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
TALIVA	<i>folic acid</i>	TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
Targadox	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>		
tavorole	<i>terbinafine tablet</i>	TRADJENTA	<i>JANUVIA</i>
TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	<i>tramadol (NDC* 52817019610 only), tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
TAZORAC	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI; calcipotriene ointment, calcipotriene solution</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
		TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
		TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension)</i> WITH <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY or ZEMBRACE SYMTOUCH</i>
TEGRETOL, TEGRETOL XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>	<i>triamcinolone aerosol 0.2%</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>triamcinolone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>	<i>Trianex</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>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>		
THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>	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>
TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>	TRILEPTAL	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
TIROSINT	<i>levothyroxine, SYNTHROID</i>		
TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>		

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
TRILIPIX	<i>fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	VITAFOL-ONE ⁵	<i>generic prenatal vitamins</i>
TRIVIDIA INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	<i>Vitasure</i>	<i>folic acid</i>
<i>TronVite</i>	<i>folic acid</i>	VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
TRUETEST STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
TRUETRACK STRIPS AND KITS ⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²	<i>Vtol LQ</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
TUDORZA	SPIRIVA	XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
ULORIC	<i>allopurinol</i>	XENICAL	QSYMIA, SAXENDA, WEGOVY
ULTIMED INSULIN SYRINGES ³	BD ULTRAFINE INSULIN SYRINGES	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
ULTIMED NEEDLES ³	BD ULTRAFINE NEEDLES	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	<i>Xvite</i>	<i>folic acid</i>
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	XYZBAC	<i>folic acid</i>
VALCYTE	<i>valganciclovir</i>	YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
VALTRES	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>	YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	<i>Yuvaferm</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
VASCULERA	Talk to your doctor	ZALVIT ⁵	<i>generic prenatal vitamins</i>
VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>	ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	ZELAC	Talk to your doctor
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
VEREGEN	<i>imiquimod</i>	ZETIA	<i>ezetimibe</i>
VIAGRA	<i>sildenafil, tadalafil</i>	ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	ZIANA	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
		<i>Ziclocin Pak</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>

DRUG NAME(S)	PREFERRED OPTION(S)†	DRUG NAME(S)	PREFERRED OPTION(S)†
Ziclopro	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
zileuton ext-rel	<i>montelukast, zafirlukast</i>		
ZIRGAN	<i>trifluridine</i>		
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	ZONTIVITY	Talk to your doctor
		ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
zolpidem sublingual	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>		
ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>	ZYFLO	<i>montelukast, zafirlukast</i>
		ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>

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

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

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

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

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

** Listing does not include certain NDCs*.

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

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

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

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

⁵ Generic prenatal vitamins are the only preferred options.

⁶ Long Acting Insulins - First Generation.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2023 CVS Health and/or one of its affiliates. All rights reserved. 106-31697B 040123

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

Advanced Control Formulary with ACSF

CPD: Advanced Control Formulary with ACSF

Advanced Control Formulary[®]

The **CVS Caremark[®] Advanced Control Formulary[®]** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with 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.

Please note:

- 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 upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, 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 necessary, consider prescribing a brand name on this list.

Please note:

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

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
MITIGARE

§ NSAIDs

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

§ NSAIDs, COMBINATIONS

diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%
diclofenac sodium solution 1.5%

§ OPIOID ANALGESICS

buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal

hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
methadone
morphine
morphine ext-rel
oxycodone
oxycodone-acetaminophen
tramadol (except *NDC* 52817019610*)
tramadol ext-rel tablet
BELBUCA
XTAMPZA ER

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate capsule
doxycycline hyclate tablet
(except *doxycycline hyclate tablet 50 mg, 75 mg, 150 mg*)
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYM TUZA
TRIUMEQ

§ FUSION INHIBITORS

maraviroc
FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir
NORVIR
PREZISTA

§ ANTITUBERCULAR AGENTS

ethambutol
isoniazid
pyrazinamide
rifampin

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate
BARACLUE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

sofosbuvir
sofosbuvir / velpatasvir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

clindamycin
ivermectin tablet
linezolid
metronidazole
nitrofurantoin (except
NDC* 16571074024)
pyrimethamine
sulfamethoxazole-
trimethoprim
vancomycin capsule
MEPRON
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

cyclophosphamide
melphalan
temozolomide
LEUKERAN
MYLERAN

§ ANTIMETABOLITES

capecitabine
mercaptapurine
pemetrexed
LONSURF
TABLOID
Trexall

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
bicalutamide
flutamide
ERLEADA
NUBEQA
XTANDI
YONSA

§ ANTIESTROGENS

fulvestrant
tamoxifen
toremifene

§ AROMATASE INHIBITORS

anastrozole
exemestane
letrozole

§ PROGESTINS

megestrol acetate

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK

KOSELUGO
LENVIMA
MEKTOVI
NEXAVAR
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

MULTIPLE MYELOMA IMMUNOMODULATORS

REVLIMID
THALOMID

§ PROTEASOME INHIBITORS

bortezomib
NINLARO

PROSTATE CANCER

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

LUTEINIZING HORMONE- RELEASING HORMONE (LHRH) ANTAGONISTS

FIRMAGON

§ MISCELLANEOUS

bexarotene
etoposide
hydroxyurea
tretinoin capsule
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
VISTOGARD
ZEJULA
ZOLINZA

CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ADRENOLYTICS, CENTRAL

clonidine
clonidine transdermal
guanfacine

§ ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone
spironolactone

§ ALPHA BLOCKERS

doxazosin
terazosin

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

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

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

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

amlodipine-valsartan-
hydrochlorothiazide
olmesartan-amlodipine-
hydrochlorothiazide

§ ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol

ANTIPEMICS

ACL INHIBITORS / COMBINATIONS

NEXLETOL
NEXLIZET

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

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

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

PCSK9 INHIBITORS

PRALUENT

§ BETA-BLOCKERS

atenolol
carvedilol
carvedilol phosphate ext-rel
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
nebivolol
propranolol
propranolol ext-rel

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-
hydrochlorothiazide
metoprolol-
hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

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

§ CALCIUM CHANNEL BLOCKER / ANTIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

§ DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

aliskiren
TEKTURNA HCT

§ DIURETICS

amiloride
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene
triamterene-
hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO
VERQUVO

§ NITRATES

isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
nitroglycerin lingual spray
nitroglycerin sublingual

PULMONARY ARTERIAL HYPERTENSION

§ ENDOTHELIN RECEPTOR ANTAGONISTS

ambrisentan
bosentan
OPSUMIT

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil

PROSTACYCLIN RECEPTOR AGONISTS

UPTRAVI

§ PROSTAGLANDIN VASODILATORS

treprostinil
ORENITRAM

SOLUBLE GUANYLATE CYCLASE STIMULATORS

ADEMPAS

§ MISCELLANEOUS

midodrine
ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTIANSXIETY

§ BENZODIAZEPINES

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ MISCELLANEOUS

bupirone
clomipramine
fluvoxamine

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram

fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet (generics for SARAFEM))
paroxetine HCl
paroxetine HCl ext-rel (except
NDC* 60505367503)
sertraline
TRINTELLIX

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

§ TRICYCLIC ANTIDEPRESSANTS (TCAs)

amitriptyline
desipramine
doxepin
imipramine HCl
nortriptyline

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
INBRIJA
KYNMOBI
NEUPRO
RYTARY

ANTIPSYCHOTICS

§ ATYPICALS

aripiprazole
asenapine
clozapine
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
LATUDA
PERSERIS
VRAYLAR

§ MISCELLANEOUS

chlorpromazine
fluphenazine
haloperidol
perphenazine
thiothixene
trifluoperazine

§ ANTISEIZURE AGENTS

carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
valproic acid
vigabatrin
zonisamide
APTIOM
FYCOMPA
NAYZILAM
OXTELLAR XR
TROKENDI XR
VALTOCO
VIMPAT
XCOPRI

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-
dextroamphetamine
mixed salts ext-rel
atomoxetine
dexmethylphenidate
dexmethylphenidate ext-rel
dextroamphetamine
dextroamphetamine ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
AZSTARYS
JORNAY PM
MYDAYIS
QELBREE
VYVANSE

§ FIBROMYALGIA

pregabalin

HYPNOTICS

§ BENZODIAZEPINES

temazepam

§ NONBENZODIAZEPINES

ramelteon
zolpidem
zolpidem ext-rel

§ TRICYCLICS

doxepin

MIGRAINE MONOCLONAL ANTIBODIES

AIMOVIG
AJOVY
EMGALITY

§ TRIPTANS

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan

MISCELLANEOUS ORAL AGENTS

NURTEC ODT
QULIPTA
UBRELVY

§ MOOD STABILIZERS

lithium carbonate
lithium carbonate ext-rel
tablet 300 mg
lithium carbonate ext-rel
tablet 450 mg

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

§ MULTIPLE SCLEROSIS AGENTS

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

§ MUSCULOSKELETAL THERAPY AGENTS

baclofen
carisoprodol 350 mg
chlorzoxazone 500 mg (except
NDC* 73007001303)
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)
dantrolene
metaxalone 800 mg

methocarbamol (except NDCs*
69036091010, 69036093090,
70868090190)
tizanidine

§ MYASTHENIA GRAVIS

pyridostigmine
pyridostigmine ext-rel

§ NARCOLEPSY

armodafinil
modafinil
SUNOSI
WAKIX
XYWAV

POSTHERPETIC NEURALGIA (PHN) GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ ALCOHOL DETERRENDS
acamprosate calcium
disulfiram

§ OPIOID ANTAGONISTS

naloxone
naltrexone

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone
sublingual
ZUBSOLV

ENDOCRINE AND METABOLIC

ACROMEGALY SOMATULINE DEPOT

§ ANDROGENS

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

ANTI-DIABETICS

§ ALPHA-GLUCOSIDASE
INHIBITORS
acarbose

AMYLIN ANALOGS SYMLINPEN

§ BIGUANIDES

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

§ BIGUANIDE / SULFONYLUREA COMBINATIONS glipizide-metformin

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS
TRADJENTA

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

INCRETIN MIMETIC AGENTS
OZEMPIC
RYBELSUS
TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT /
INSULIN COMBINATIONS
SOLIQUA
XULTOPHY

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

§ INSULIN SENSITIZERS
pioglitazone

§ INSULIN SENSITIZER /
BIGUANIDE COMBINATIONS
pioglitazone-metformin

§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS
pioglitazone-glimepiride

§ MEGLITINIDES
nateglinide
repaglinide

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

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

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

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

§ SULFONYLUREAS
glimepiride
glipizide
glipizide ext-rel

SUPPLIES
ACCU-CHEK AVIVA PLUS
STRIPS AND KITS³
ACCU-CHEK COMPACT
PLUS STRIPS AND KITS³
ACCU-CHEK GUIDE
STRIPS AND KITS³
ACCU-CHEK SMARTVIEW
STRIPS AND KITS³
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
ONETOUCH LANCING
DEVICES
ONETOUCH ULTRA
STRIPS AND KITS³
ONETOUCH VERIO
STRIPS AND KITS³
V-GO INSULIN
INFUSION PUMP

ANTI OBESITY
INJECTABLE
SAXENDA
WEGOVY

ORAL
QSYMIA

§ CALCIUM RECEPTOR
AGONISTS
cinacalcet

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CALCITONINS
calcitonin-salmon

PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

§ CARNITINE DEFICIENCY
AGENTS
levocarnitine

CENTRAL PRECOCIOUS
PUBERTY
FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

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

BIPHASIC
LO LOESTRIN FE

§ TRIPHASIC
ethinyl estradiol-norgestimate

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
*ethinyl estradiol-
levonorgestrel*

§ PROGESTIN ONLY
norethindrone

§ INJECTABLE
*medroxyprogesterone
acetate 150 mg/mL*

PROGESTIN INTRAUTERINE
DEVICES
KYLEENA
MIRENA
SKYLA

§ TRANSDERMAL
*ethinyl estradiol-
norelgestromin*

VAGINAL
ANNOVERA
NUVARING

DIABETIC KIDNEY DISEASE
KERENDIA

ENDOMETRIOSIS
MYFEMBREE
ORLISSA

FERTILITY REGULATORS
GNRH / LHRH
ANTAGONISTS
CETROTIDE

OVULATION STIMULANTS,
GONADOTROPINS
GONAL-F
MENOPUR
OVIDREL

§ OVULATION STIMULANTS,
SYNTHETIC
clomiphene

GAUCHER DISEASE
CERDELGA
CEREZYME

§ 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

HEREDITARY TYROSINEMIA
TYPE 1 AGENTS
ORFADIN

HUMAN GROWTH
HORMONES
GENOTROPIN
NORDITROPIN

§ HYPERPARATHYROID
TREATMENT, VITAMIN D
ANALOGS
calcitriol (1,25-D3)
doxercalciferol
paricalcitol

MENOPAUSAL SYMPTOM
AGENTS
§ ORAL
estradiol
estradiol-norethindrone
BIJUVA

§ TRANSDERMAL
estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL
estradiol vaginal cream
IMVEXXY
VAGIFEM

§ PHENYLKETONURIA
TREATMENT AGENTS
sapropterin

§ PHOSPHATE BINDER
AGENTS
calcium acetate
sevelamer carbonate
AURYXIA
PHOSLYRA
VELPHORO

POLYNEUROPATHY
TEGSEDI

POTASSIUM-REMOVING
AGENTS
LOKELMA
VELTASSA

PROGESTINS
§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL
ENDOMETRIN

§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS
raloxifene

THYROID AGENTS
§ ANTITHYROID AGENTS
methimazole
propylthiouracil

§ THYROID SUPPLEMENTS
levothyroxine
liothyronine

§ UREA CYCLE DISORDERS
sodium phenylbutyrate

UTERINE FIBROIDS
MYFEMBREE
ORIAHNN

§ VASOPRESSINS
desmopressin spray, tablet

§ MISCELLANEOUS
betaine
cabergoline
carglumic acid
CYSTAGON

GASTROINTESTINAL

§ ANTIDIARRHEALS
diphenoxylate-atropine
loperamide

§ ANTIEMETICS

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

§ ANTISPASMODICS

dicyclomine
hyoscyamine sulfate
hyoscyamine sulfate orally
disintegrating tablet

§ CHOLELITHOLYTICS

ursodiol

§ H₂ RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE**§ ORAL AGENTS**

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

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
 CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

alosetron
lubiprostone
 LINZESS
 VIBERZI

§ LAXATIVES

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

OPIOID-INDUCED CONSTIPATION

SYMPROIC

PANCREATIC ENZYMES

CREON
 VIOKACE
 ZENPEP

§ PROSTAGLANDINS

misoprostol

§ PROTON PUMP INHIBITORS

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

§ SALIVA STIMULANTS

cevimeline
pilocarpine tablet

STERIODS, RECTAL

PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

lansoprazole + amoxicillin +
clarithromycin

PYLERA
 TALICIA

§ MISCELLANEOUS

sucrafate tablet

GENITOURINARY**§ BENIGN PROSTATIC HYPERPLASIA**

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

ERECTILE DYSFUNCTION

ALPROSTADIL AGENTS
 MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil
vardefafil

§ URINARY ANTISPASMODICS

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

§ VAGINAL ANTI-INFECTIVES

clindamycin
metronidazole

§ MISCELLANEOUS

tiopronin

HEMATOLOGIC**ANTICOAGULANTS**

§ INJECTABLE
enoxaparin

§ ORAL

warfarin
 ELIQUIS
 XARELTO

§ SYNTHETIC HEPARINOID-LIKE AGENTS

fondaparinux

§ CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

HEMATOPOIETIC GROWTH FACTORS

NIVESTYM
 RETACRIT
 ZIEXTENZO

HEMOPHILIA A AGENTS

ADVATE
 ADYNOVATE
 AFSTYLA
 ELOCTATE
 ESPEROCT
 JIVI
 KOGENATE FS
 KOVALTRY
 NOVOEIGHT
 NUWIQ
 XYNTHA

HEMOPHILIA B AGENTS

ALPROLIX
 REBINYN

MISCELLANEOUS BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
 SEVENFACT

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
 BRILINTA

§ PLATELET SYNTHESIS INHIBITORS

anagrelide

SICKLE CELL DISEASE

ENDARI
 SIKLOS

THROMBOCYTOPENIA AGENTS

DOPTELET
 PROMACTA
 TAVALISSE

§ MISCELLANEOUS

cilostazol

IMMUNOLOGIC AGENTS**ALLERGENIC EXTRACTS**

GRASTEK
 ORALAIR
 RAGWITEK

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

ILUMYA
 REMICADE
 SIMPONI ARIA
 SKYRIZI INTRAVENOUS
 STELARA INTRAVENOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)

See Table 1 for Indication Based Coverage Details

ANKYLOSING SPONDYLITIS

COSENTYX
 ENBREL
 HUMIRA
 RINVOQ

CROHN'S DISEASE

HUMIRA
 SKYRIZI SUBCUTANEOUS
 STELARA
 SUBCUTANEOUS

NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA
 PREFILLED SYRINGE
 COSENTYX
 RINVOQ

PSORIASIS

HUMIRA
 OTEZLA
 SKYRIZI SUBCUTANEOUS
 STELARA
 SUBCUTANEOUS
 TALTZ
 TREMFYA

PSORIATIC ARTHRITIS

COSENTYX
 ENBREL
 HUMIRA
 OTEZLA
 RINVOQ
 SKYRIZI SUBCUTANEOUS
 STELARA
 SUBCUTANEOUS
 TREMFYA

RHEUMATOID ARTHRITIS

ENBREL
 HUMIRA
 KEVZARA
 ORENCIA CLICKJECT
 ORENCIA
 SUBCUTANEOUS
 RINVOQ
 XELJANZ
 XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
 RINVOQ
 STELARA
 SUBCUTANEOUS
 XELJANZ
 XELJANZ XR
 ZEPOSIA

ALL OTHER CONDITIONS

ENBREL
 HUMIRA

§ DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)

hydroxychloroquine
leflunomide
methotrexate
 RASUVO

§ HEREDITARY ANGIOEDEMA

icatibant
 ORLADEYO
 RUCONEST
 TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS
 CUTAQUIG

MISCELLANEOUS

ILARIS

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
azathioprine
mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

MONOCLONAL ANTIBODIES

ENSPRYNG

§ RAPAMYCIN DERIVATIVES

everolimus
sirrolimus

NUTRITIONAL / SUPPLEMENTS**§ ELECTROLYTES**

potassium chloride ext-rel
potassium chloride liquid

VITAMINS AND MINERALS

§ FOLIC ACID / COMBINATIONS

folic acid
folic acid-vitamin B6-vitamin B12

§ PRENATAL VITAMINS

prenatal vitamins

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ipratropium inhalation solution
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol inhalation solution

LONG ACTING

ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC / BETA AGONIST / STEROID INHALANT COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

§ ANTIHISTAMINES, LOW SEDATING

levocetirizine

§ ANTIHISTAMINES, SEDATING

clemastine 2.68 mg cyproheptadine

§ ANTITUSSIVES

benzonate (except
NDCs* 69336012615, 69499032915)

ANTITUSSIVE COMBINATIONS

§ OPIOID

codeine-promethazine
codeine-promethazine-phenylephrine
hydrocodone-homatropine

§ NON-OPIOID

dextromethorphan-brompheniramine-pseudoephedrine
dextromethorphan-promethazine

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)
levalbuterol tartrate
CFC-free aerosol

LONG ACTING

Hand-held Active Inhalation

STRIVERDI RESPIMAT

§ Nebulized Passive Inhalation

arformoterol
formoterol inhalation solution

§ CYSTIC FIBROSIS

tobramycin inhalation solution
BETHKIS

§ LEUKOTRIENE MODULATORS

montelukast
zafirlukast

§ MAST CELL STABILIZERS

cromolyn solution

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS

azelastine-fluticasone
flunisolide
fluticasone
mometasone

§ PHOSPHODIESTERASE-4 INHIBITORS

roflumilast

§ PULMONARY FIBROSIS AGENTS

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)
TEZSPIRE
XOLAIR

STEROID / BETA AGONIST COMBINATIONS

ADVAIR DISKUS
BREO ELLIPTA **
SYMBICORT

§ STEROID INHALANTS

budesonide inhalation suspension
FLOVENT HFA
PULMICORT FLEXHALER

TOPICAL

DERMATOLOGY

ACNE

§ Oral

isotretinoin

§ Topical

adapalene (except *adapalene pad*)
benzoyl peroxide (except
clindamycin gel (except
NDC* 68682046275))
clindamycin solution
clindamycin-benzoyl peroxide
dapsone
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
AKLIEF
ARAZLO
EPIDUO
ONEXTON
TWYNEO
WINLEVI

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod

§ ANTIBIOTICS

gentamicin
mupirocin ointment
silver sulfadiazine

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole cream 2%
nystatin
oxiconazole (except
NDCs* 00168035830, 51672135902)

§ ANTIPSORIATICS

acitretin
calcipotriene ointment, solution
methoxsalen
ENSTILAR
TACLONEX

§ ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%

ATOPIC DERMATITIS

Injectable

ADBRY
DUPIXENT

Oral

CIBINQO
RINVOQ

§ Topical

pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS

§ Low Potency

desonide (except *desonide gel*)
hydrocortisone

§ Medium Potency

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

§ High Potency

desoximetasone
fluocinonide (except
fluocinonide cream 0.1%)
BRYHALI

§ Very High Potency

clobetasol cream, foam (except
clobetasol emollient foam), gel, lotion, ointment, shampoo
halobetasol cream, ointment

§ EMOLLIENTS

ammonium lactate 12%

§ HERPES AGENTS

acyclovir ointment

§ LOCAL ANALGESICS

lidocaine patch

§ LOCAL ANESTHETICS

lidocaine-prilocaine

§ ROSACEA

azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

§ SCABICIDES AND PEDICULICIDES

malathion
permethrin 5%

§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

imiquimod
podofilox

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS

EPISIL
MUGARD

OPHTHALMIC

§ ANTIALLERGICS

azelastine
bepotastine
cromolyn sodium
olopatadine

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
tobramycin-dexamethasone

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac

§ Steroidal

dexamethasone
difluprednate
loteprednol
prednisolone acetate 1%

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution

§ CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
travoprost
ZIOPTAN

RETINAL DISORDERS

EYLEA
LUCENTIS

RHO KINASE INHIBITORS

RHOPRESSA

RHO KINASE INHIBITOR /

PROSTAGLANDIN
COMBINATIONS

ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

§ SYMPATHOMIMETIC / BETA-

BLOCKER COMBINATIONS
brimonidine-timolol

OTIC**§ ANTI-INFECTIVES**

acetic acid
ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin B-
hydrocortisone

QUICK REFERENCE DRUG LIST**A**

abacavir
abacavir-lamivudine
ABILIFY MAINTENA
abiraterone
acamprostate calcium
acarbose
ACCU-CHEK AVIVA PLUS STRIPS AND KITS³
ACCU-CHEK COMPACT PLUS STRIPS AND KITS³
ACCU-CHEK GUIDE STRIPS AND KITS³
ACCU-CHEK SMARTVIEW STRIPS AND KITS³
acetic acid
acitretin
acyclovir
acyclovir ointment
adapalene (except adapalene pad)
ADBRY
ADEMPAS
ADVAIR DISKUS
ADVATE
ADYNOVATE
AFSTYLA
AIMOVIG
AJOVY
AKLIEF
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)
ALECENSA
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
ALPHAGAN P
alprazolam
ALPROLIX
ALUNBRIG
amantadine
ambrisentan
amiloride
amiodarone
amitriptyline
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

amlodipine-valsartan-
hydrochlorothiazide
ammonium lactate 12%
amoxicillin
amoxicillin-clavulanate
amphetamine-
dextroamphetamine
mixed salts ext-rel
anagrelide
anastrozole
ANDRODERM
ANNOVERA
ANORO ELLIPTA
aprepitant
APTIOM
ARAZLO
arformoterol
aripiprazole
armodafinil
asenapine
atazanavir
atenolol
atenolol-chlorthalidone
atomoxetine
atorvastatin
AUBAGIO
AURYXIA
AUSTEDO
AUVI-Q
AVONEX
azathioprine
azelaic acid gel
azelastine
azelastine-fluticasone
azithromycin
AZSTARYS

B

baclofen
balsalazine
BAQSIMI
BARACLUDE SOLUTION
BASAGLAR
BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
BELBUCA
benzonatate (except
NDCs* 69336012615, 69499032915)
benzoyl peroxide
bepotastine
betaine
BETASERON
BETHKIS

bexarotene
bicalutamide
BIDIL
BIJUVA
BIKTARVY
bisoprolol-
hydrochlorothiazide
bortezomib
bosentan
BOSULIF
BRAFTOVI
BREO ELLIPTA **
BREZTRI AEROSPHERE
BRILINTA
brimonidine
brimonidine-timolol
brinzolamide
bromfenac
BRUKINSA
BRYHALI
budesonide
delayed-rel capsule
budesonide
inhalation suspension
buprenorphine transdermal
buprenorphine-naloxone
sublingual
bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)
buspirone

C

cabergoline
CABOMETYX
calcipotriene ointment,
solution
calcitonin-salmon
calcitriol (1,25-D3)
calcium acetate
CALQUENCE
candesartan
candesartan-
hydrochlorothiazide
capecitabine
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
carglumic acid
carisoprodol 350 mg
carvedilol

carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME
CETROTIDE
cevimeline
chlorpromazine
chlorthalidone
chlorzoxazone 500 mg (except
NDC* 73007001303)
cholestyramine
CIBINQO
ciclopirox
cilostazol
CIMDUO
CIMZIA
PREFILLED SYRINGE
cinacalcet
ciprofloxacin
ciprofloxacin-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
clemastine 2.68 mg
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
clobazam
clobetasol cream, foam (except
clobetasol emollient foam), gel,
lotion, ointment, shampoo
clomiphene
clomipramine
clonazepam
clonidine
clonidine transdermal
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
codeine-promethazine
codeine-promethazine-
phenylephrine
colchicine tablet
colesevelam

COMBIPATCH
COPAXONE
COPIKTRA
CORLANOR
CORTIFOAM
COSENTYX
COTELLIC
CREON
cromolyn sodium
cromolyn solution
CUTAQUIG
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)
cyclophosphamide
cyclosporine
cyclosporine, modified
cyproheptadine
CYSTAGON

D

dantrolene
dapsone
darifenacin ext-rel
deferasirox
deferiprone
deferoxamine
DESCOVY
desipramine
desmopressin spray, tablet
desonide (except desonide gel)
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
dexmethylphenidate
dexmethylphenidate ext-rel
dextroamphetamine
dextroamphetamine ext-rel
dextromethorphan-
brompheniramine-
pseudoephedrine
dextromethorphan-
promethazine
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)
dimethyl fumarate
delayed-rel
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
disulfiram
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
DOPTLET
dorzolamide
dorzolamide-timolol
DOVATO
doxazosin
doxepin
doxercalciferol
doxycycline hyclate capsule
doxycycline hyclate tablet
(except doxycycline hyclate tablet 50 mg,
75 mg, 150 mg)
doxylamine-pyridoxine
delayed-rel
dronabinol
duloxetine
DUPIXENT
DUROLANE
dutasteride
dutasteride-tamsulosin

E

econazole
EDURANT
efavirenz
efavirenz-emtricitabine-
tenofovir disoproxil fumarate
efavirenz-lamivudine-
tenofovir disoproxil fumarate
eletriptan
ELIGARD
ELIQUIS
ELOCTATE
EMGALITY
EMPAVELI
emtricitabine-tenofovir
disoproxil fumarate
EMTRIVA
enalapril
ENBREL
ENDARI
ENDOMETRIN
enoxaparin
ENSPRYNG
ENSTILAR
entacapone
entecavir
ENTRESTO
EPCLUSA
EPIDUO
epinephrine auto-injector
EPIPEN

EPIPEN JR
EPISIL
eplerenone
ERIVEDGE
ERLEADA
ertotinib
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
escitalopram
esomeprazole delayed-rel
ESPEROCT
estradiol
estradiol vaginal cream
estradiol-norethindrone
ethacrynic acid
ethambutol
ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
etoposide
EUCRISA
EUFLEXA
EVAMIST
everolimus
EVOTAZ
exemestane
EYLEA
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
FASENRA
fenofibrate (except
fenofibrate capsule 30 mg, 50 mg, 90 mg,
130 mg; fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
FENSOLVI
fentanyl transdermal
fentanyl transmucosal
fesoterodine ext-rel
FIASP
FINACEA FOAM
finasteride
fingolimod
FIRMAGON
FLOVENT HFA
fluconazole
fludrocortisone
flunisolide
fluocinonide (except
fluocinonide cream 0.1%)
fluorouracil cream 5%
fluorouracil solution

fluoxetine (except fluoxetine tablet 60 mg,
fluoxetine tablet [generics for SARAFEM])
fluphenazine
flutamide
fluticasone
fluvastatin
flvoxamine
folic acid
folic acid-vitamin B6-
vitamin B12
fondaparinux
formoterol inhalation solution
FORTEO
fosinopril
fosinopril-hydrochlorothiazide
fulvestrant
furosemide
FUZEON
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
GAVRETO
GELSYN-3
GEMTESA
GENOTROPIN
gentamicin
GENVOYA
glatiramer
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glucagon,
human recombinant
GLYXAMBI
GONAL-F
GRALISE
granisetron
GRASTEK
guanfacine
guanfacine ext-rel
GVOKE

H

halobetasol cream, ointment
haloperidol
HARVONI
HUMIRA
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocodone-homatropine
hydrocortisone
hydrocortisone butyrate
cream, ointment, solution
hydrocortisone enema
hydromorphone
hydroxychloroquine
hydroxyurea
hyoscyamine sulfate
hyoscyamine sulfate orally
disintegrating tablet

I

ibandronate
IBRANCE
ibuprofen
icatibant
ILARIS
ILUMYA
imatinib mesylate
IMBRUVICA
imipramine HCl
imiquimod
IMVEXXY
INBRIJA
INGREZZA
INLYTA
INTELENCE
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
IRESSA
INTRESS
isoniazid
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
isotretinoin
itraconazole
ivermectin tablet

J

JARDIANCE
JENTADUETO
JENTADUETO XR
JIVI
JORNAY PM

K

KANJINTI
KERENDIA
KESIMPTA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac
KEVZARA
KISQALI
KISQALI FEMARA
CO-PACK
KOGENATE FS
KOSELUGO
KOALTRY
KYLEENA
KYNMOBI

L

lactulose solution
lamivudine
lamivudine-zidovudine
lamotrigine
lamotrigine ext-rel
lansoprazole + amoxicillin +
clarithromycin
lansoprazole
delayed-rel capsule
lapatinib

latanoprost
LATUDA
leflunomide
LENVIMA
letrozole
LEUKERAN
leuprolide acetate
levabuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine patch
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
lithium carbonate
lithium carbonate ext-rel
tablet 300 mg
lithium carbonate ext-rel
tablet 450 mg
LO LOESTRIN FE
LOKELMA
LONSURF
loperamide
lopinavir-ritonavir
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
lubiprostone
LUCENTIS
LUPRON DEPOT-PED
LYNPARZA
LYSODREN

M

malathion
maraviroc
MATULANE
MAYZENT
meclizine
medroxyprogesterone
medroxyprogesterone
acetate 150 mg/mL
megestrol acetate
MEKTOVI
meloxicam tablet
melphalan
memantine
MENOPUR
MEPRON
mercaptapurine
mesalamine delayed-rel
mesalamine ext-rel
mesalamine suppository
mesalamine suspension
metaxalone 800 mg
metformin

metformin ext-rel (except
generics for FORTAMET and GLUMETZA)
methadone
methimazole
methocarbamol (except
NDCs* 69036091010, 69036093090,
70868090190)
methotrexate
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
*metoprolol-
hydrochlorothiazide*
metronidazole
midodrine
minocycline
MIRENA
mirtazapine
misoprostol
MITIGARE
modafinil
mometasone
montelukast
morphine
morphine ext-rel
moxifloxacin
MUGARD
mupirocin ointment
MUSE
mycophenolate mofetil
mycophenolate sodium
MYDAYIS
MYFEMBREE
MYLERAN

N

nadolol
naloxone
naltrexone
NAMZARIC
naproxen (except *naproxen CR* or
naproxen suspension)
naratriptan
NATAZIA
nateglinide
NATESTO
NAYZILAM
neбиволol
*neomycin-polymyxin B-
bacitracin-hydrocortisone*
*neomycin-polymyxin B-
dexamethasone*
*neomycin-polymyxin B-
hydrocortisone*
NEUPRO
nevirapine
nevirapine ext-rel
NEXAVAR
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
NINLARO

nitrofurantoin (except
NDC* 16571074024)
nitroglycerin lingual spray
nitroglycerin sublingual
NIVESTYM
NORDITROPIN
norethindrone
nortriptyline
NORVIR
NOVOEIGHT
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NOVOSEVEN RT
NUBEQA
NUCALA (except *lyophilized powder*)
NURTEC ODT
NUVARING
NUVIQ
nystatin

O

OCREVUS
ODEFSEY
ODOMZO
OFEV
ofloxacin
ofloxacin otic
olanzapine
olmesartan
*olmesartan-amlodipine-
hydrochlorothiazide*
*olmesartan-
hydrochlorothiazide*
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
ONETOUCH LANCING
DEVICES
ONETOUCH ULTRA
STRIPS AND KITS³
ONETOUCH VERIO
STRIPS AND KITS³
ONEXTON
OPSUMIT
ORACEA
ORALAIR
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
ORENITRAM
ORFADIN
ORIAHNN
ORLISSA
ORLADEYO
oseltamivir
OTEZLA
OVIDREL

oxazepam
oxcarbazepine
oxiconazole (except
NDCs* 00168035830, 51672135902)
OXTELLAR XR
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

*pantoprazole
delayed-rel tablet*
paricalcitol
paroxetine HCl
paroxetine HCl ext-rel (except
NDC* 60505367503)
peg 3350-electrolytes (except
generics for MOVIPREP)
pemetrexed
penicillamine
penicillin VK
PERJETA
permethrin 5%
perphenazine
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
PHESGO
PHOSLYRA
pilocarpine tablet
pimecrolimus
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
pirfenidone
podofilox
potassium chloride ext-rel
potassium chloride liquid
PRALUENT
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone
pregabalin
prenatal vitamins
PREZCOBIX
PREZISTA
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
PROLASTIN-C
PROLIA
PROMACTA
promethazine
propranolol
propranolol ext-rel
propylthiouracil
PULMICORT FLEXHALER
PYLERA
pyrazinamide

pyridostigmine
pyridostigmine ext-rel
pyrimethamine

Q

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

R

RAGWITEK
raloxifene
ramelteon
ramipril
ranolazine ext-rel
rasagiline
RASUVO
REBIF
REBINYN
RELENZA
REMICADE
repaglinide
RESTASIS
RETACRIT
RETEVMO
REVLIMID
RHOPRESSA
ribavirin
rifampin
RINVOQ
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ROCKLATAN
roflumilast
ropinirole
ropinirole ext-rel
rosuvastatin
ROZLYTREK
RUCONEST
rufinamide
RUXIENCE
RYBELSUS
RYDAPT
RYTARY

S

SANCUSO
sapropterin
SAXENDA
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
sertraline
sevelamer carbonate
SEVENFACT
SIKLOS
sildenafil
sildenafil
silver sulfadiazine
SIMBRINZA
SIMPONI ARIA

simvastatin
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
solifenacin
SOLIQUA
SOMATULINE DEPOT
SOOLANTRA
sotalol
SPIRIVA
spironolactone
*spironolactone-
hydrochlorothiazide*
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA
SUBCUTANEOUS
STIOLTO RESPIMAT
STIVARGA
STRIVERDI RESPIMAT
sucralfate tablet
sulfacetamide
*sulfamethoxazole-
trimethoprim*
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
sunitinib
SUNOSI
SUPARTZ FX
SUPPRELIN LA
SUPRAX
SYMBICORT
SYMLINPEN
SYMPROIC
SYMTOZA
SYNJARDY
SYNJARDY XR

T

TABLOID
TACLONEX
tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALICIA
TALTZ
tamoxifen
tamsulosin
TAVALISSE
TEGSEDI
TEKTURNA HCT
telmisartan
*telmisartan-
hydrochlorothiazide*
temazepam
temozolomide
tenofovir disoproxil fumarate
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetrabenazine

tetracycline
 TEZSPIRE
 THALOMID
 thiothixene
 tiagabine
 timolol maleate solution
 tiopronin
 TIVICAY
 tizanidine
 tobramycin
 tobramycin
 inhalation solution
 tobramycin-dexamethasone
 tolterodine
 tolterodine ext-rel
 topiramate
 toremifene
 torsemide
 TOUJEO
 TRADJENTA
 tramadol (except NDC* 52817019610)
 tramadol ext-rel tablet
 travoprost
 TRAZIMERA
 trazodone
 TRELEGY ELLIPTA
 TREMFYA
 treprostinil

TRESIBA
 tretinoin
 tretinoin capsule
 TREXALL
 triamcinolone cream, lotion,
 ointment (except
 triamcinolone ointment 0.05%)
 triamterene
 triamterene-
 hydrochlorothiazide
 trientine
 trifluoperazine
 trifluridine
 TRIJARDY XR
 trimethobenzamide
 TRINTELLIX
 TRIPTODUR
 TRIUMEQ
 TROKENDI XR
 trospium
 trospium ext-rel
 TRULICITY
 TWYNEO
 TYMLOS
 TYSABRI

U

UBRELVY

UPTRAVI
 ursodiol

V

VAGIFEM
 valacyclovir
 valganciclovir
 valproic acid
 valsartan
 valsartan-hydrochlorothiazide
 VALTOCO
 vancomycin capsule
 vardenafil
 VASCEPA
 VELPHORA
 VELTASSA
 VEMLIDY
 venlafaxine
 venlafaxine ext-rel capsule
 verapamil ext-rel
 VERQUVO
 V-GO INSULIN
 INFUSION PUMP
 VIBERZI
 VICTOZA
 vigabatrin
 VIMPAT
 VIOKACE

VISTOGARD
 VITRAKVI
 VOSEVI²
 VRAYLAR
 VUMERITY
 VYVANSE

W

WAKIX
 warfarin
 WEGOVY
 WINLEVI

X

XARELTO
 XCOPRI
 XELJANZ
 XELJANZ XR
 XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA
 XOLAIR
 XOSPATA
 XTAMPZA ER
 XTANDI
 XULTOPHY
 XYNTHA
 XYWAV

Y

YONSA
 YUPELRI

Z

zafirlukast
 ZEGALOGUE
 ZEJULA
 ZELBORAF
 ZENPEP
 ZEPOSIA
 zidovudine
 ZIEXTENZO
 ZIOPTAN
 ziprasidone
 ZIRABEV
 ZOLINZA
 zolmitriptan
 zolpidem
 zolpidem ext-rel
 zonisamide
 ZUBSOLV
 ZYDELIG
 ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED MEDICATIONS 4

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]
ABILIFY	aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR	adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	ADCIKRA	sildenafil, tadalafil
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	ADDERALL	dexmethylphenidate, dextroamphetamine, methylphenidate
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ACTICLATE	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline	ADRENALIN	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
Activite	folic acid, folic acid-vitamin B6-vitamin B12	ADVAIR HFA	ADVAIR DISKUS, BREO ELLIPTA**, SYMBICORT
ACTOS	pioglitazone	ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ACUVAIL	bromfenac, diclofenac, ketorolac		
acyclovir cream	acyclovir (except acyclovir cream), valacyclovir		
ACZONE	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	AFINITOR, AFINITOR DISPERZ	everolimus
		AKYNZEO	aprepitant WITH granisetron, ondansetron or SANCUSO
		albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol

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



EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>	ASMANEX, ASMANEX HFA	FLOVENT HFA, PULMICORT FLEXHALER
ALIMTA	<i>pemetrexed</i>	ATACAND, ATACAND HCT	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</i> , <i>irbesartan</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan</i> , <i>valsartan-hydrochlorothiazide</i>
ALIQUOPA	Talk to your doctor	ATIVAN	<i>alprazolam</i> , <i>clonazepam</i> , <i>diazepam</i> , <i>lorazepam</i> , <i>oxazepam</i>
ALLISON MEDICAL INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES	ATOPADERM	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>
ALORA	<i>estradiol</i> , DIVIGEL, EVAMIST	ATRALIN	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ALREX	<i>azelastine</i> , <i>bepotastine</i> , <i>cromolyn sodium</i> , <i>olopatadine</i>	ATROVENT HFA	<i>ipratropium inhalation solution</i> , SPIRIVA, YUPELRI
ALTOPREV	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>	AVASTIN	ZIRABEV
ALVESCO	FLOVENT HFA, PULMICORT FLEXHALER	AVENOVA	Talk to your doctor
AMITIZA	<i>lubiprostone</i> , LINZESS, SYMPROIC	AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
AMRIX	<i>carisoprodol 350 mg</i> , <i>chlorzoxazone 500 mg</i> (except NDC* 73007001303), <i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i>), <i>metaxalone 800 mg</i> , <i>methocarbamol</i> (except NDCs* 69036091010, 69036093090, 70868090190)	AZELEX	<i>ciprofloxacin</i> , <i>erythromycin</i> , <i>gentamicin</i> , <i>levofloxacin</i> , <i>moxifloxacin</i> , <i>ofloxacin</i> , <i>sulfacetamide</i> , <i>tobramycin</i>
ANDROGEL	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO	AZELESC ⁷	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ANGELIQ	<i>estradiol-norethindrone</i> , BIJUVA	AZOPT	<i>generic prenatal vitamins</i>
ANZEMET	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO	AZOR	<i>brinzolamide</i> , <i>dorzolamide</i>
APEXICON E	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI	BALCOLTRA	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>
APIDRA	FIASP, NOVOLOG	BARACLUDE TABLET	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
APOKYN	INBRIJA, KYNMOBI	BEAU RX	Talk to your doctor
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>dextroamphetamine ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	BECONASE AQ	<i>azelastine-fluticasone</i> , <i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i>
APTIVUS	Talk to your doctor	BENEFIX	ALPROLIX, REBINYN
ARALAST NP	PROLASTIN-C		
ARANESP	RETACRIT		
ARCALYST	ILARIS		
ARNUITY ELLIPTA	FLOVENT HFA, PULMICORT FLEXHALER		
ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , or <i>pantoprazole delayed-rel tablet</i>	BANZEL SUSPENSION	<i>clobazam</i> , <i>lamotrigine</i> , <i>rufinamide</i> , <i>topiramate</i> , TROKENDI XR
ASACOL HD	<i>balsalazide</i> , <i>mesalamine delayed-rel</i> , <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i>	BARACLUDE SOLUTION, VEMLIDY	
ASCENSIA STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BENSAL HP	<i>desonide (except desonide gel), hydrocortisone</i>	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate (except NDCs* 69336012615, 69499032915)</i>	BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>	BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BERINERT	<i>icatibant, RUCONEST</i>	BYSTOLIC	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, propranolol, propranolol ext-rel</i>
BESIVANCE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>	CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY</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>	<i>calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM</i>	<i>calcipotriene ointment, calcipotriene solution</i>
<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR, TACLONEX</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>	<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>
BETIMOL	<i>timolol maleate solution</i>	CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BETOPTIC S	<i>timolol maleate solution</i>	CANASA	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT	CAPEX	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	<i>CapsFenac Pak</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>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, ZIOPTAN</i>	<i>Capsinac</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>
BOTOX	Talk to your doctor	CARAFATE	<i>sucralfate tablet</i>
BREEZE 2 STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	CARBAGLU	<i>carglumic acid</i>
BROMSITE	<i>bromfenac, diclofenac, ketorolac</i>	CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
BROVANA	<i>arformoterol, formoterol inhalation solution</i>	CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<i>budesonide ext-rel tablet</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>carisoprodol 250 mg</i>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)</i>
<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	CARNITOR, CARNITOR SF	<i>levocarnitine</i>
BUPHENYL	<i>sodium phenylbutyrate</i>	CAYSTON	<i>tobramycin inhalation solution, BETHKIS</i>
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]
<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	<i>dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tablet</i>	<i>colchicine capsule</i>	<i>colchicine tablet, MITIGARE</i>
<i>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC* 73007001303 only), chlorzoxazone 750 mg</i>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)</i>	COLCRYS COMBIGAN COMPLERA	<i>colchicine tablet, MITIGARE</i> <i>brimonidine-timolol</i>
CHORIONIC GONADOTROPIN	OVIDREL	CONCERTA	<i>efavirenz-etricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
CIALIS	<i>sildenafil, tadalafil, vardenafil</i>		<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
CICATRACE	Talk to your doctor		
CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>	CONTOUR NEXT STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS		
CINRYZE	ORLADEYO, TAKHZYRO	CONTOUR STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
CIPRO HC OTIC	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>		
CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>		
<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>		
CITRANATAL ⁷	<i>generic prenatal vitamins</i>	CONTRAVE	QSYMIA, SAXENDA, WEGOVY
CLIMARA (except CLIMARA PRO)	<i>estradiol, DIVIGEL, EVAMIST</i>	CORDRAN CREAM, CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
CLINDAGEL	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</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>clindamycin gel (NDC* 68682046275 only)</i>	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	CORDRAN TAPE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<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>	COREG CR	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, propranolol, propranolol ext-rel</i>
<i>clobetasol spray</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	CoreMino	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
COBEX SPRAY	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	COSOPT PF COZAAR	<i>dorzolamide-timolol</i> <i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>cloccortolone 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>	CRESEMBA CRESTOR	<i>itraconazole</i> <i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	CRINONE CUPRIMINE	ENDOMETRIN <i>penicillamine</i>
		<i>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</i>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)</i>

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
CYCLOSET	Talk to your doctor	<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>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>		
CYSTADANE	<i>betaine</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>
CYTOMEL	<i>levothyroxine, liothyronine</i>		
DALIRESP	<i>roflumilast</i>		
DARAPRIM	<i>pyrimethamine</i>	<i>DicloHeal-60</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</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>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	<i>DIFFERIN LOTION</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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
DENAVIR	<i>acyclovir (except acyclovir cream), valacyclovir</i>		
DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>	<i>diflorasone cream, diflorasone ointment</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
DEPO-SUBQ PROVERA 104	<i>medroxyprogesterone acetate 150 mg/mL</i>	<i>dihydroergotamine spray</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY</i>
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	<i>DILANTIN</i>	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>		
<i>desoximetasone ointment 0.05%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<i>DesRx</i>	<i>desonide (except desonide gel), hydrocortisone</i>	<i>DIOVAN, DIOVAN HCT</i>	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
DESVENLAFAXINE ER	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	<i>Diphen Elixir</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
DETROL LA	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>	<i>DORYX, DORYX MPC</i>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
<i>dexchlorpheniramine</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>	<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dexifol</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>		
DEXILANT	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	<i>doxycycline hyclate delayed-rel tablet</i>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
<i>dexlansoprazole delayed-rel</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>		
DIASTAT	<i>diazepam rectal gel, NAYZILAM, VALTOCO</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>		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline	ergotamine-caffeine	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline	ERTACZO	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
doxycycline monohydrate delayed-rel capsule	ORACEA	ERYPED	erythromycins
DUAVEE	estradiol-norethindrone, raloxifene, BIJUVA	ESBRIET	pirfenidone, OFEV
DULERA	ADVAIR DISKUS, BREO ELLIPTA**, SYMBICORT	estradiol vaginal tablet	estradiol vaginal cream, IMVEXXY, VAGIFEM
DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), flucinonide (except flucinonide cream 0.1%) or BRYHALI; ENSTILAR, TACLONEX	ESTRING	estradiol vaginal cream, IMVEXXY, VAGIFEM
DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide	ESTROGEL	estradiol, DIVIGEL, EVAMIST
DYMISTA	azelastine-fluticasone, flunisolide, fluticasone, mometasone	ethinyl estradiol-etonogestrel	ANNOVERA, NUVARING
DYRENIUM	amiloride, triamterene	EVEKEO	dexmethylphenidate, dextroamphetamine, methylphenidate
ECOZA	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
EDLUAR	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
E.E.S. GRANULES	erythromycins	EXJADE	deferasirox, deferiprone, deferoxamine
EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	EXTAVIA	dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
ELELYSO	CERDELGA, CEREZYME	FABIOR	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
ELESTRIN	estradiol, DIVIGEL, EVAMIST	FANAPT	aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
ELIDEL	pimecrolimus, tacrolimus, EUCRISA	FEIBA	NOVOSEVEN RT, SEVENFACT
ELMIRON	Talk to your doctor	FEMRING	estradiol vaginal cream, IMVEXXY, VAGIFEM
EluRyng	ANNOVERA, NUVARING	fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
EMEND	aprepitant	FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	fenoprofen, FENOPROFEN CAPSULE	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG	FENTORA	fenentanyl transmucosal
ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	FERIVA 21/7	folic acid, folic acid-vitamin B6-vitamin B12
EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril	FERRIPROX	deferasirox, deferiprone, deferoxamine
EPICERAM	desonide (except desonide gel), hydrocortisone	FETZIMA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
EPIVIR HBV	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY		
EPOGEN	RETACRIT		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
<i>Fexmid</i>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)</i>	FOSTEUM, FOSTEUM PLUS FRAGMIN FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE STRIPS AND KITS 6	<i>alendronate, ibandronate, risedronate</i> <i>enoxaparin, fondaparinux</i> DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM ACCU-CHEK AVIVA PLUS STRIPS AND KITS 3, ACCU-CHEK COMPACT PLUS STRIPS AND KITS 3, ACCU-CHEK GUIDE STRIPS AND KITS 3, ACCU-CHEK SMARTVIEW STRIPS AND KITS 3, ONETOUCH ULTRA STRIPS AND KITS 3, ONETOUCH VERIO STRIPS AND KITS 3
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	FULPHILA	ZIEXTENZO
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
FIRAZYR	<i>icatibant, RUCONEST</i>	GELNIQUE	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
FLAREX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	<i>Genicin Vita-S</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	GEODON CAPSULE	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
FLOVENT DISKUS	FLOVENT HFA, PULMICORT FLEXHALER	GEODON INTRAMUSCULAR	<i>haloperidol, ziprasidone</i>
<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	GLASSIA	PROLASTIN-C
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>	GLUCAGEN HYPOKIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<i>fluoxetine tablet 60 mg, FLUOXETINE 60 MG</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<i>flurandrenolide cream, flurandrenolide lotion</i>	<i>desonide (except desonide gel), hydrocortisone</i>	GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
FML FORTE, FML LIQUIFILM, FML S.O.P.	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>	GOLYTELY	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>	GRANIX	NIVESTYM
FOLLISTIM AQ	GONAL-F	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Folvite-D</i>	<i>folic acid</i>	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>	<i>halcinonide cream</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>	HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
		HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
		HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
HORIZANT	<i>gabapentin, pregabalin</i> , GRALISE	INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, propranolol, propranolol ext-rel</i>
HUMALOG	FIASP, NOVOLOG		
HUMALOG MIX 50/50	NOVOLOG MIX 70/30		
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	INTRAROSA	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM
HUMATROPE	GENOTROPIN, NORDITROPIN	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE
HUMULIN 70/30	NOVOLIN 70/30		
HUMULIN N	NOVOLIN N		
HUMULIN R	NOVOLIN R		
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	INVELTYS	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<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>	INVOKANA	FARXIGA, JARDIANCE
<i>HylaVite</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>	ISORDIL	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tablet</i>	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>	ISTALOL	<i>timolol maleate solution</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>	<i>ivermectin cream</i>	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</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>	IXINITY	ALPROLIX, REBINYN
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	JADENU	<i>deferipirox, deferiprone, deferoxamine</i>
<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters</i> , VASCEPA	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
ILEVRO	<i>bromfenac, diclofenac, ketorolac</i>	JANUMET, JANUMET XR	JENTADUETO, JENTADUETO XR
INCRUSE ELLIPTA	SPIRIVA	JANUVIA	TRADJENTA
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, propranolol, propranolol ext-rel</i>	JUXTAPID	PRALUENT
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	KAMDOY	<i>desonide (except desonide gel), hydrocortisone</i>
<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	KAPVAY	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE
<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>	Kapzin DC	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
INFLECTRA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	KAZANO	JENTADUETO, JENTADUETO XR
		KENALOG	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
KEPPRA, KEPPRA XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	LETAIRIS	ambrisentan, bosentan, OPSUMIT
KERYDIN	terbinafine tablet	LEUKINE	NIVESTYM
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	levorphanol	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	LEXAPRO	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LEXIVA	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LIALDA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel
KOMBIGLYZE XR	JENTADUETO, JENTADUETO XR	LIBRAX	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate orally disintegrating tablet
KORLYM	Talk to your doctor	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	lidocaine-prilocaine
KUVAN	sapropterin	LIDOTREX	lidocaine-prilocaine
KYPROLIS	bortezomib, NINLARO	LILETTA	KYLEENA, MIRENA, SKYLA
LACRISERT	RESTASIS, XIIDRA	LIPITOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
LACTULOSE PAK	lactulose solution	LITHOSTAT	Talk to your doctor
LAMICTAL, LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
LAMICTAL XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	Lofena	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin	Lorzone	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
lansoprazole delayed-rel orally disintegrating tablet	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	LOTEMAX, LOTE MAX SM	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
lanthanum carbonate	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO	luliconazole	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
LANTUS [®]	BASAGLAR, LEVEMIR	LUMIGAN	latanoprost, travoprost, ZIOPTAN
LASTACAPT	azelastine, bepotastine, cromolyn sodium, olopatadine	LUNESTA	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel
LAZANDA	fentanyl transmucosal	LUPRON DEPOT	ELIGARD, FIRMAGON
LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	LUXIQ	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
		LUZU	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
		LYRICA	duloxetine, pregabalin
		MACRODANTIN	nitrofurantoin (except NDC* 16571074024)

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
Matzim LA	diltiazem ext-rel (except generics for CARDIZEM LA)	minocycline ext-rel	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI 2	MINOLIRA	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MAXALT, MAXALT-MLT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY	MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
MAXIDEX	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	Mondoxyne NL capsule 75 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
mefenamic acid (NDC* 69336012830 only)	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MEKINIST	COTELLIC, MEKTOVI	MOVANTIK	lubiprostone, SYMPROIC
meloxicam capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	MOVIPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
MENEST	estradiol	MULTAQ	amiodarone
MENOSTAR	estradiol	MultiPro	Talk to your doctor
mepredine	hydromorphone, morphine, oxycodone	mupirocin cream	gentamicin, mupirocin ointment
MESTINON	pyridostigmine, pyridostigmine ext-rel	MYRBETRIQ	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
metaxalone 400 mg	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)	MYTESI	diphenoxylate-atropine, loperamide
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)	NAFTIN	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
methocarbamol 500 mg (NDC* 69036091010 only), methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only)	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)	NAMENDA XR	memantine
METROGEL	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA	NAPRELAN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MICALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS	naproxen CR	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MICARDIS, MICARDIS HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	naproxen suspension	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY	naproxen-esomeprazole	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
MIGRANAL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	NESINA	TRADJENTA
MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
MINIVELLE	estradiol, DIVIGEL, EVAMIST	NEUPOGEN	NIVESTYM
		NEVANAC	bromfenac, diclofenac, ketorolac
		NEXIUM	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
		NEXTERONE	amiodarone

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
niacin tablet 500 mg	niacin ext-rel	ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
Niacor	niacin ext-rel	ONGLYZA	TRADJENTA
NICADAN	folic acid, folic acid-vitamin B6-vitamin B12	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
NICAPRIN	folic acid, folic acid-vitamin B6-vitamin B12	orphenadrine-aspirin-caffeine	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
NICAZEL, NICAZEL FORTE	folic acid, folic acid-vitamin B6-vitamin B12	Orphengesic Forte	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
NILANDRON	abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA	ORTHO D	folic acid
nitrofurantoin (NDC* 16571074024 only)	nitrofurantoin (except NDC* 16571074024)	ORTHO DF	folic acid
NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NITYR	ORFADIN	OSENI	JENTADUETO, JENTADUETO XR; TRADJENTA WITH pioglitazone
NORGESIC FORTE	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC* 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)	OSMOPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA	OSPHENA	estradiol
NORPACE	disopyramide	OTOVEL	ciprofloxacin-dexamethasone, ofloxacin otic
NORTHERA	midodrine	OTREXUP	RASUVO
NORVASC	amlodipine	OWEN MUMFORD NEEDLES 5	BD ULTRAFINE NEEDLES
NOURIANZ	entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO	oxiconazole (NDCs* 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
NOVAREL	OVIDREL	OXISTAT	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs* 00168035830, 51672135902)
NOVO NORDISK NEEDLES 5	BD ULTRAFINE NEEDLES	OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
NOXAFIL	fluconazole, itraconazole	oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
NPLATE	DOPTELET, PROMACTA, TAVALLISSE	OXYTROL	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	PANCREAZE	CREON, VIOKACE, ZENPEP
NUCYNTA	hydromorphone, morphine, oxycodone	pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
NUCYNTA ER	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, XTAMPZA ER	paroxetine HCl ext-rel (NDC* 60505367503 only)	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
NuDiclo SoluPak, NuDiclo TabPak	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
NUJEXTA	Talk to your doctor	PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
NUTROPIN AQ	GENOTROPIN, NORDITROPIN		
NUVESSA	clindamycin, metronidazole		
NUVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV		
OLUX-E	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment		
omeprazole-sodium bicarbonate	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet		
OMNARIS	azelastine-fluticasone, flunisolide, fluticasone, mometasone		
OMNITROPE	GENOTROPIN, NORDITROPIN		
OMNIVEX	folic acid, folic acid-vitamin B6-vitamin B12		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S) [†]
peg 3350-electrolytes (generics for MOVIPREP only)	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
PEGASYS	Talk to your doctor	PROAIR HFA, PROAIR RESPICLICK	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
Pennaicain	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	PROCORT	hydrocortisone
PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	PROCRIT	RETACRIT
PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel	PROCTOCORT	hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM
PERCOET	hydrocodone-acetaminophen, oxycodone-acetaminophen	PROCYSBI	CYSTAGON
PERRIGO NEEDLES ⁵	BD ULTRAFINE NEEDLES	PRODIGEN	Talk to your doctor
PERTZYE	CREON, VIOKACE, ZENPEP	PROLENSA	bromfenac, diclofenac, ketorolac
PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX	PROMETRIUM	medroxyprogesterone; progesterone, micronized
PLAVIX	clopidogrel, dipyridamole ext-rel-aspirin, prasugrel, BRILINTA	PROTONIX	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
PLENVU	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	PROVENTIL HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
POLYTOZA	Talk to your doctor	PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
posaconazole delayed-rel tablet	fluconazole, itraconazole	PROZAC	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
PRADAXA	warfarin, ELIQUIS, XARELTO	PULMICORT RESPULES	budesonide inhalation suspension, FLOVENT HFA, PULMICORT FLEXHALER
PRECISION XTRA STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	QNASL	azelastine-fluticasone, flunisolide, fluticasone, mometasone
PRED FORTE, PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%	QTERN	GLYXAMBI
prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	QUARTETTE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA
PREFEST	estradiol-norethindrone, BIJUVA	quazepam	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel
PREGNYL	OVIDREL	QUILLICHEW ER	amphetamine-dextroamphetamine mixed salts ext-rel, dextmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
PREMARIN	estradiol	QUILLIVANT XR	amphetamine-dextroamphetamine mixed salts ext-rel, dextmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM	QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER
PREMPHASE	estradiol-norethindrone, BIJUVA	RAPAFLO	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
PREMPRO	estradiol-norethindrone, BIJUVA	RAVICTI	sodium phenylbutyrate
PRENATAL PLUS ⁷	generic prenatal vitamins		
PREVACID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet		
PREVIDENT	Talk to your doctor		
PRILOSEC	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>	SILTREX	Talk to your doctor
RECEDO	Talk to your doctor	SINGULAIR	<i>montelukast, zafirlukast</i>
RELION INSULIN	NOVOLIN INSULIN	SOLODYN	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
RELISTOR	<i>lubiprostone, SYMPROIC</i>	SOLOSEC	<i>clindamycin, metronidazole</i>
REMODULIN	<i>treprostinil</i>	SOMAVERT	SOMATULINE DEPOT
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>
REPATHA	PRALUENT	SPORANOX CAPSULE	<i>itraconazole, terbinafine tablet</i>
REVATIO	<i>sildenafil, tadalafil</i>	SPORANOX SOLUTION	<i>fluconazole</i>
RHEUMATE	<i>folic acid</i>	SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
RHOFADE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	STENDRA	<i>sildenafil, tadalafil, vardenafil</i>
RIABNI	RUXIENCE	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
RIBOZEL	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
RIMSO-50	Talk to your doctor	SUBSYS	<i>fentanyl transmucosal</i>
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>	<i>sucrafate suspension</i>	<i>sucrafate tablet</i>
RITUXAN	RUXIENCE	<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT or UBRELVY</i>
RIXUBIS	ALPROLIX, REBINYN	SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
ROWASA	<i>mesalamine suspension</i>	<i>Sure Result DSS Premium Pack</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ROZEREM	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>	SUTENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
RUBRACA	LYNPARZA, ZEJULA	SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>RyClora</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>	SYNDROS	<i>dronabinol</i>
SABRIL	<i>vigabatrin</i>	SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
SAIZEN	GENOTROPIN, NORDITROPIN	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SANDOSTATIN LAR	SOMATULINE DEPOT	SYPRINE	<i>trientine</i>
SCARSILK PAD	Talk to your doctor	TAFINLAR	BRAFTOVI, ZELBORAF
SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>	TALIVA	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
SELZENTRY	<i>maraviroc</i>	<i>Targadox</i>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
SEREVENT	STRIVERDI RESPIMAT	TARGRETIN	<i>bexarotene</i>
SEROQUEL XR	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
SEYSARA	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>	<i>tavorole</i>	<i>terbinafine tablet</i>
SFROWASA	<i>mesalamine suspension</i>		
SIGNIFOR LAR	SOMATULINE DEPOT		
SILENOR	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>		
SILIVEX	Talk to your doctor		

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
TAYTULLA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, propranolol, propranolol ext-rel
TAZORAC	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI; calcipotriene ointment, calcipotriene solution	Tovet	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
TECFIDERA	dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	TOVIAZ	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
TEGRETOL, TEGRETOL XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	TRACLEER	ambrisentan, bosentan, OPSUMIT
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	tramadol (NDC* 52817019610 only), tramadol ext-rel capsule	tramadol (except NDC* 52817019610), tramadol ext-rel tablet
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	TRANSDERM SCOP	meclizine, scopolamine transdermal
THEO-24	arformoterol, formoterol inhalation solution, ipratropium inhalation solution, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI	TRAVATAN Z	latanoprost, travoprost, ZIOPTAN
THIOLA, THIOLA EC	tiopronin	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TIMOPTIC OCUDOSE	timolol maleate solution	TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT or UBRELVY
TIROSINT	levothyroxine	triamcinolone aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TIVORBEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	triamcinolone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TOBI, TOBI PODHALER	tobramycin inhalation solution, BETHKIS	Trianex	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TOBRADEX, TOBRADEX ST	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone	TRICOR	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	TRILEPTAL	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
		TRIVIDIA INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES
		TronVite	folic acid, folic acid-vitamin B6-vitamin B12
		TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY
		TRUXIMA	RUXIENCE
		TUDORZA	SPIRIVA

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
TYVASO DPI	Talk to your doctor	VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
UCERIS FOAM	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
UDENYCA	ZIEXTENZO	VISCO-3	<i>DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX</i>
ULORIC	<i>allopurinol</i>	VITAFOL-ONE 7	<i>generic prenatal vitamins</i>
ULTIMED INSULIN SYRINGES 5	BD ULTRAFINE INSULIN SYRINGES	<i>Vitasure</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
ULTIMED NEEDLES 5	BD ULTRAFINE NEEDLES	VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
VALCYTE	<i>valganciclovir</i>	<i>Vtol LQ</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
VALTREX	<i>acyclovir (except acyclovir cream, ointment), valacyclovir</i>	VUSION	<i>nystatin</i>
VANOS	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	XALKORI	<i>ALECENSA, ALUNBRIG, ZYKADIA</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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
VARUBI	<i>aprepitant</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
VASCULERA	Talk to your doctor	XENICAL	<i>QSYMIA, SAXENDA, WEGOVY</i>
VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>	XERESE	<i>acyclovir (except acyclovir cream, ointment), valacyclovir</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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	XIFAXAN 200 MG	<i>sulfamethoxazole-trimethoprim</i>
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	XIMINO	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>	XOLEGEL, XOLEGEL COREPAK	<i>ciclopirox, ketoconazole cream 2%</i>
VERDESO	<i>desonide (except desonide gel), hydrocortisone</i>	XOLEGEL DUO	<i>ciclopirox, ketoconazole cream 2%, ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
VEREGEN	<i>imiquimod, podofilox</i>	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
VESICARE	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>	<i>Xvite</i>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
VIAGRA	<i>sildenafil, tadalafil, vardenafil</i>	XYZBAC	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, 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-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
		<i>Yuvaferm</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
		ZALVIT 7	<i>generic prenatal vitamins</i>

EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)†
ZARXIO	NIVESTYM	ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>		
ZELAC	Talk to your doctor	<i>zolpidem sublingual</i>	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
ZELAPAR	<i>rasagiline, selegiline</i>	ZOLPIMIST	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
ZEMAIRA	PROLASTIN-C		
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>		
ZETIA	<i>ezetimibe</i>	ZONTIVITY	Talk to your doctor
ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>	ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ZIANA	<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, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	ZOVIRAX	<i>acyclovir (except acyclovir cream), valacyclovir</i>
Ziclocin Pak	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZYCLARA	<i>fluorouracil 5% cream, fluorouracil solution, imiquimod</i>
Ziclopro	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone</i>
zileuton ext-rel	<i>montelukast, zafirlukast</i>	ZYMAXID	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>
ZIPSOR	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
ZIRGAN	<i>trifluridine</i>	ZYVOX	<i>linezolid</i>
ZOLADEX	ELIGARD, FIRMAGON, MYFEMBREE, ORILISSA		

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

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

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

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

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

** Listing does not include certain NDCs*.

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

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ An 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.

⁴ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁷ Generic prenatal vitamins are the only preferred options.

⁸ Long Acting Insulins - First Generation.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2023 CVS Health and/or one of its affiliates. All rights reserved. 106-30478A 040123

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

Attachment 3

Additional instruction summary provided by City Colleges of Chicago.

CITY COLLEGES[®] OF CHICAGO

APRIL 28, 2023

CCC AGENCY EXHIBITS - TABLE OF INSTRUCTIONS

(Required forms/documents to be included and submitted with proposal responses)

1. Appendix 1 – Please read document in its entirety.

MBE/WBE Schedules

- a. **Schedule A** – to be completed by the Proposer and form must be notarized (must list all certified MBE/WBE subcontractors performing on the contract including if prime/proposer is a self-performing M/WBE). **If a firm is certified as both an MBE and WBE, they can only use one of the certification statuses to fulfill one of the goals; not both.**
 - b. **Schedule C** – to be completed by each certified MBE/WBE subcontractors listed on the Schedule A (excluding self-performing MBE/WBE primes/proposers). Form must be notarized as well as submit a copy of the MBE/WBE’s current Certification Letter from the certifying agencies recognized by CCC on page 5 of Appendix 1.
 - c. **Schedule C-1** – to be completed by all self-performing MBE/WBE primes/proposers. Form must be notarized as well as submit a copy of the prime/proposer’s current MBE/WBE Certification Letter from any of the certifying agencies recognized by CCC on page 5 of Appendix 1
 - d. **Schedule C-2** – to be completed by any party (prime or subcontractor) whose participation includes that of certified MBE or WBE firm as a joint venture on any tier. Form must be completed in its entirety by the non-MBE/WBE JV partner as well as the MBE/WBE JV partner. Form also must be notarized and a copy of the joint venture agreement and a copy of the MBE/WBE firm’s current Certification Letter must be provided.
 - e. **Schedule D** – Request for Waiver – complete and submit all required documentation and information as stated in the “Good Faith Efforts” instructions.
2. **Ethics Orientation Contractors/Vendors** – complete and submit the “Acknowledgement” page only
 3. **Economic Disclosure Statement and Affidavit (EDS)**
Complete, notarize and submit all 10 pages. Especially note on Page 3 of 10, list any ownership information in excess of 7.5% of the company. If “None” state “None”. “N/A” is unacceptable.
 4. **Exceptions** – On a separate sheet of paper titled “Exceptions”, please identify/list any proposed objectionable provisions to our requirements.
 5. **IRS W-9 Form** – please include a copy of your form in your proposal response.

Attachment 4

Additional MBE/WBE documents provided by the Chicago Park District.

COMPLIANCE CONDITIONS

REGARDING PARTICIPATION BY MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISES

These Compliance Conditions form a part of the contract documents.
Failure to carry out any of the commitments contained herein shall constitute a material breach of the contract.

DEFINITIONS

All terms not specifically defined in the Compliance Conditions will be governed by the definitions in the General Conditions unless the context indicates otherwise.

Broker means a person or entity that fills orders by purchasing or receiving supplies from a third party supplier rather than out of its own existing inventory, and provides no commercially useful function other than acting as a conduit between the supplier and the customer. Brokerage will not be counted toward MBE/WBE goals.

Certification or “certified” means official recognition of the MBE or WBE status of a business by a public or private entity such as the City of Chicago, the Chicago Minority Business Development Council (CMBDC), the Women’s Business Development Center (WBDC), or the Small Business Administration (SBA).

Commercially useful function means that a firm is responsible for the execution of a distinct element of the work of the contract and carries out its responsibilities by actually performing, managing, and supervising the work involved, or by fulfilling its responsibilities as joint venturer. To determine whether a firm is performing a commercially useful function, the Chicago Park District will evaluate the amount of work subcontracted, industry practices, and other relevant factors.

Contract means any contract, purchase order, or agreement awarded by any officer or agency of the Chicago Park District, or whose cost is to be paid from funds belonging to or administered by the Park District, regardless of the source.

Direct participation means the participation by an MBE or WBE as (1) the prime contractor, (2) a joint venture partner, or (3) a subcontractor of a portion of the work of the contract.

Established business means a business entity which, by virtue of its size and capacity for competing in the markets in which it operates, does not need to be a participant in the MBE/WBE program in order to effectuate the purposes of the program as determined by the Park District. In general, a business entity shall be presumed to be an established business if it meets local and other nationally recognized standards for such status.

Indirect participation means the participation by an MBE or WBE in ancillary aspects of the work of the contractor.

Joint venture means an association of two or more businesses formed to carry out a single business enterprise for profit, and for which purposes they combine their expertise, property, capital, efforts, skills and knowledge.

Local business means a business entity located within the counties of Cook, DuPage, Kane, Lake, McHenry or Will in the State of Illinois (the “Six-County Region”) which has the majority of its regular, full-time work force located within the six-county region.

Minority group means any of the following racial or ethnic groups:

- African-Americans or Blacks (persons having origins in any of the Black racial groups in Africa)
- Hispanics (persons of Spanish culture with origins in Mexico, South or Central America or the Caribbean Islands, regardless of race)
- Asian-Americans (persons having origins in any of the original peoples of East Asia, Southeast Asia, the Indian subcontinent, or the Pacific Islands)
- Other groups, or other individuals, found by the General Superintendent to be socially and economically disadvantaged and to have suffered actual racial or ethnic discrimination and decreased opportunities to compete in Chicago area markets and to do business with the Chicago Park District

- For purposes of contracts funded by state or federal government sources, groups found to be eligible for the designation of DBE (Disadvantaged Business Enterprise) by such governmental sources

Minority-owned business or **MBE** means a local business that is certifiably at least 51% owned by one or more members of one or more minority groups, or, in the case of a publicly-held corporation, a corporation in which at least 51% of the stock is owned by one or more members of one or more minority groups, and whose management and daily business operations are controlled by one or more members of one or more minority groups, and which is not an established business.

Minority-owned business enterprise goal or **MBE goal** means the goal adopted for participation by MBEs by the Chicago Park District Code, Chapter XI, Section F.

Owned means having all of the customary incidents of ownership, including the right of disposition and the sharing of all risks and profits, commensurate with the degree of ownership interest.

Program means the Minority and Women-owned Business Enterprise Program enacted by Chapter XI, Section F of the Code of the Chicago Park District, and all rules, regulations, forms, and schedules promulgated thereunder.

Schedules means the Schedule A and Schedule B prepared by the Park District.

Women-owned business or **WBE** means a local business that is certifiably at least 51% owned by one or more women, or, in the case of a publicly held corporation, a corporation in which 51% of the stock is owned by one or more women, and whose management and daily business operations are controlled by one or more women, and which is not an established business.

Women-owned business enterprise goal or **WBE goal** means the goal adopted for participation by WBEs by the Chicago Park District Code, Chapter XI, Section F.

- I. **POLICY:** It is the policy of the Chicago Park District that members of minority groups and women participate to the maximum feasible extent in the performance of Park District contracts. During the performance of this contract, the submitter agrees that it shall not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military service, parental status, or sexual orientation in the solicitation for or purchase of goods or services, or the subcontracting of work in the performance of this contract.

II. COMMITMENT TO MBE/WBE PARTICIPATION

- A. In order to be considered responsive, the submitter shall commit to the expenditure of at least 25% of the total contract price with MBEs ("MBE goal") and at least 5% with WBEs ("WBE goal"), and identify by category the type of work, goods, or service that will be provided by MBE/WBE firms, unless, **prior to the submission of the proposal**, the Park District grants a percentage reduction or a waiver through the process detailed in Section II.F below. The Director of Purchasing, subject to the approval of the General Superintendent, may extend the period for the granting of reductions or waivers in order to increase the opportunities for the participation of MBEs and/or WBEs in the performance of the contract.
- B. If the submitter is a certified MBE firm, the WBE requirement **must still be met**. If the submitter is a certified WBE firm, the MBE requirement **must still be met**. A business enterprise owned by a woman who is a member of a minority group may be counted on a particular contract as an MBE or a WBE, **but not both**.
- C. The total dollar value of the submitter's MBE or WBE direct participation and indirect participation shall be counted toward the MBE and/or WBE goals.
- D. If the contract value is increased through a change order or contract modification, the MBE and WBE expenditures must increase proportionally.
- E. The commitment to achieve the MBE goal and the WBE goal may be met by:
1. the submitter's status as a MBE or a WBE; or
 2. the submitter's status as a joint venturer with one or more MBEs and/or WBEs. The percentage of the ownership and control of the MBE joint venturer or WBE joint venturer shall be the percentage of participation counted toward the MBE goal and/or the WBE goal. A joint venture

is eligible for participation as an MBE and/or WBE, if, and only if, all of the following requirements are satisfied:

- a. the MBE or WBE venturer(s) participates in the ownership, control, management responsibilities, risks and profits of the joint venture in proportion with the MBE and/or WBE ownership percentage;
- b. the MBE and/or WBE venturer(s) is responsible for a clearly defined portion of the work of the contract in proportion with the MBE's and/or WBE's ownership percentage; and
- c. the MBE and/or WBE venturer(s) actually performs with its own forces and using its own equipment, work equal to at least 75% of the value of its ownership of the joint venture.

The Director of Purchasing, in consultation with appropriate Park District staff, will evaluate the proposed joint venture agreement and all other relevant documents to determine whether these requirements have been satisfied; or

3. subcontracting a portion of the work of the contract to one or more MBEs and/or WBEs:

- a. A submitter may count toward its MBE or WBE goal only expenditures to firms that perform a commercially useful function in the work of the contract.
- b. **Brokering will not be counted toward the Program's goals.** Consistent with normal industry practices, a MBE or WBE may enter into subcontracts; however, if an MBE or WBE subcontracts a significantly greater portion of the work of the contract than would be expected on the basis of normal industry practices, the MBE or WBE shall be presumed not to be performing a commercially useful function. The submitter may present evidence to rebut this presumption. Where an MBE or WBE, consistent with industry practices, intends to enter into further subcontracts totaling more than 25% of the value of the MBE's or WBE's subcontract, the MBE or WBE must submit all documents required by Section IV of these Conditions regarding all further subcontracts, except that reductions or waivers of the MBE goal or WBE goal need not be obtained. However, the dollar value of any work that is further subcontracted to other than MBEs and/or WBEs shall not be counted toward the attainment of the bidder's MBE and/or WBE goals. This provision does not apply to MBEs or WBEs who represent manufacturers. Agreements between a submitter and an MBE or WBE in which the MBE or WBE promises not to provide subcontracting quotations to other submitters are prohibited.

4. the purchase of materials or services used in or related to the performance of the contract from one or more MBEs and/or WBEs; or

5. Any combination of the foregoing.

F. Reduction or Waiver of the MBE goal and/or WBE goal

The Director of Purchasing, in consultation with appropriate Park District staff, shall consider any request for a reduction or a waiver of the MBE goal and/or the WBE goal when necessary. A reduction or waiver may be granted if, among other things, the reasonable and necessary requirements of the contract render sufficient subcontracting, joint venturing or other participation of MBEs and/or WBEs unfeasible or excessively costly; or, sufficient MBEs and/or WBEs capable of providing the goods and services required by the contract are not readily available despite affirmative efforts to locate such businesses.

1. If a submitter determines that it is unable to meet the required MBE goal and/or the WBE goal through direct subcontracts, the submitter should attempt to meet the goals through indirect subcontracts.
2. In the rare instance in which indirect subcontracting also is not possible, the submitter must request a reduction or a waiver of the goal(s) **prior to submission of its proposal**. In order to obtain a reduction or waiver, the submitter must document its unsuccessful solicitation (as either subcontractors or joint venturers) of a reasonable number of the appropriately certified MBEs and WBEs. Documentation must include, but is not necessarily limited to:

- a. a detailed statement of efforts to identify and select portions of work identified in the proposal solicitation for subcontracting to or joint venturing with MBEs and WBEs; and
- b. a listing of all MBEs and WBEs contacted and not utilized, including:
 - i. names, addresses and telephone numbers of MBEs and WBEs solicited;
 - ii. date, time and method of contact;
 - iii. a statement from each contacted MBE or WBE explaining why it was not available to do the work, or a statement that the MBE or WBE did not respond; and
 - iv. where relevant, documentation of all prices quoted by all subcontractors.

III. COMPLIANCE WITH MBE/WBE REQUIREMENTS

A. Proposal

1. In the MBE/WBE Affidavit provided in the submittal documents, the submitter must commit to a minimum of 25% MBE and 5% WBE participation in any contract awarded to the submitter as a result of this proposal solicitation, and identify by category the type of work, goods, or service that will be provided by MBE/WBE firms.
2. After the Park District's proposal evaluation, if the submitter is being considered for contract award, the prospective awardee will be required to complete and submit the MBE/WBE Schedule A, Schedule Bs, and certification letters, as set out below.

B. Prior to award

1. Schedule A: Statement of Prime Submitter Regarding MBE/WBE Utilization. During the pre-award evaluation period, the potential awardee will be required to submit a completed Schedule A, committing to the utilization of each listed MBE and WBE, including MBE and WBE joint venturers. That submitter must commit to the expenditure of a specific dollar and/or percentage amount of participation by each MBE and WBE firm. The total dollar or percentage commitment to proposed MBE firms must at least equal the MBE goal of 25%. The total dollar or percentage commitment to proposed WBE firms must at least equal the WBE goal of 5%. The submitter is responsible for calculating the dollar equivalent of the MBE and WBE goals. All commitments made in Schedule A must conform to the submitted Schedule Bs. The submitter will not be permitted to substitute another firm for the MBEs and/or WBEs listed in Schedule A, except as described in Section IV. C. of these Conditions.
2. Schedule B: Letter of Intent from MBE or WBE to Perform as Subcontractor, Supplier and/or Consultant as included in the Submitter's Schedule A. Each Schedule B must accurately detail the work to be performed by the MBE or WBE and the agreed rates and prices, and must be completed and signed by the MBE or WBE firm.
3. Letters of Certification: A copy of each proposed MBE's and WBE's current letters of certification (or other certification documents) must be submitted with the Schedule B. The Park District accepts certification by public or private entities such as the City of Chicago, the Chicago Minority Supplier Development Council [CMSDC], the Women's Business Development Center [WBDC], or the Small Business Administration [SBA]. The Park District reserves the right to determine that even if an entity is certified, its inclusion in the Program does not further the Program's purposes. The Park District – not the bidder – shall determine the adequacy of the letters of certification or other certification documents.
 - a. A receipt for the submittal of an application for certification is NOT AN ACCEPTABLE alternative to a current certification letter.
 - b. The only ACCEPTABLE alternative to a current certification letter is a "courtesy extension letter" from the same certifying agency.

C. Evaluation of the Schedules

If the potential awardee fails to meet the MBE goal and/or the WBE goal and no reduction or waiver was granted before the proposal was submitted; or if the submitter is found to be unresponsive or uncooperative; or if false statements were made in the Schedules; or if the submitter fails to cooperate promptly with the Park District; the submitter may be deemed unresponsive and eliminated from award consideration.

IV. CONTRACT PERFORMANCE

A. MBE and WBE Utilization Reports

The awardee shall maintain records of all relevant data with respect to the utilization of MBEs and WBEs, retaining these records for a period of at least three years after expiration of the contract. The awardee shall file quarterly MBE and WBE Utilization Reports. Each MBE and WBE Utilization Report will reflect the current status of current and projected payments to MBEs and WBEs. Such reports shall include the following: the name, business address, telephone number and contact person of each MBE and WBE actually involved in the performance of the contract; a description of the work performed and/or product or service supplied by each MBE or WBE; the date and amount of each payment; and such other information as may assist the Director of Purchasing in determining the awardee's compliance with the provisions of the Program.

B. Access to Records

During the term of the contract and for a period of three years after the expiration date of the contract, the Director of Purchasing shall have access to the awardee's books and records, including without limitation payroll records, tax returns and records, and books of account, on five business days notice, to allow the Director of Purchasing to determine the awardee's compliance with its commitment to MBE and WBE participation and the status of any MBE or WBE performing any portion of the contract. This provision shall be in addition to, and not a substitute for, any other provision allowing inspection of the awardee's records by any officer or official of the Chicago Park District for any purpose.

C. Substitution of MBEs and WBEs Listed in the Schedules

When the awardee believes it has become necessary to substitute a new MBE or WBE in order to actually fulfill the MBE goal or WBE goal, or to complete the work of the contract, the awardee must submit to the Director of Purchasing a written request for permission to substitute a different MBE or WBE. Any substitution must receive prior approval from the Director of Purchasing. If the participation of MBEs and/or WBEs in the contract would be reduced by the substitution, the awardee must utilize MBEs and/or WBEs in other areas of the contract to meet the MBE goal and/or WBE goal, unless a reduction or waiver is granted. Such a request must include specific reasons for the proposed substitution, including an affidavit from the MBE or WBE listed in Schedule A and not utilized, stating why the MBE or WBE is unable to complete the work. Acceptable reasons include, but are not limited to, the following:

1. the MBE or WBE was found not to be able to perform the work as described in the Schedules, or was not able to perform on time;
2. the MBE or WBE was found not to be able to produce acceptable work;
3. the MBE or WBE was discovered to be improperly certified; or
4. the MBE or WBE later demands an unreasonable escalation of price.

The awardee's substitution request should include the names, addresses, and officials of any proposed substitute MBE or WBE and the dollar value and scope of work of the proposed subcontract. Such notification shall also include documents that are required for the determination of proposal compliance, including the Schedules and current certification letters. The Park District will not approve extra payment for escalated costs incurred by the awardee when a substitution becomes necessary for the awardee in order to comply with the MBE goal and/or the WBE goal.

V. NON-COMPLIANCE

The following constitute material breaches of the contract and shall entitle the Park District to declare a default, terminate the contract and exercise those remedies provided for in the contract and at law or in equity: (1) failure to satisfy the MBE goal and/or the WBE goal required by the contract; or (2) the disqualification of the MBE or WBE when such status was a factor in the contract award and was misrepresented by the submitter

- A.** In the event of an awardee's non-compliance with the commitment to MBE and/or WBE participation, the awardee agrees to pay damages to the MBEs and WBEs that were underutilized due to no fault of the MBE or WBE. The unexcused reduction of MBE and/or WBE participation in connection with a contract, including any modification thereof, shall entitle the affected MBEs and WBEs to damages. The awardee agrees to submit any dispute concerning such damages to binding arbitration by an independent arbitrator, other than any department or agency of the Chicago Park District, with reasonable expenses, including attorneys' fees and costs being recoverable by a prevailing MBE or WBE.
- B.** In the event that an awardee is determined by the Director of Purchasing not to have been involved in any misrepresentation of the status of a disqualified MBE or WBE included in the Schedules, the Director of Purchasing may allow the awardee to discharge the MBE or WBE and, if possible, identify and engage a qualified MBE or WBE as a replacement. A MBE must be replaced by another MBE and a WBE must be replaced by another WBE, unless a reduction or waiver is granted.
- C.** If, after notice and a hearing before the Director of Purchasing, the General Superintendent determines that an awardee or a MBE or WBE has made fraudulent misrepresentations to the Director of Purchasing regarding the utilization of MBEs or WBEs, or has colluded with another making such fraudulent misrepresentations, the awardee or MBE or WBE shall be disqualified from contracting or subcontracting on additional contracts with the Park District for a period of three years.
- D.** The consequences provided herein shall be in addition to any other criminal or civil liability to which such entities may be subject. The General Superintendent, through the General Counsel of the Park District, shall inform the appropriate law enforcement officers of instances of fraudulent misrepresentation and collusion.

End of Compliance Conditions