

# NRECA GROUP BENEFITS PROGRAM SUMMARY OF MATERIAL MODIFICATIONS

For

## NRECA PPO Medical Plan

EFFECTIVE: January 1, 2023

**System name: COASTAL ELEC COOPERATIVE INC**

**RUS/Subgroup Number: 01-41030-001**

This Summary of Material Modifications (SMM) describes changes to the National Rural Electric Cooperative Association (NRECA) Medical Plan (the Plan) and supplements the Plan's Summary Plan Description (SPD), also known as the Benefits Booklet. The effective date of these changes is noted above. You should read this SMM carefully and keep this SMM with your SPD for future reference. If you have questions about these changes, please see your benefits administrator.

### Summary of Changes for your Medical Plan SPD:

#### Chapter 1: Contact Information

The section titled "Contact Information" has been updated as follows:

For Information About	Contact
Health and lifestyle issues and concerns	FutureMe coaches 888.321.1521
Joint and spine surgery program	Centers of Excellence (COE) Transcarent Surgery Care 855.435.5790

#### Chapter 2: Medical Plan Highlights

The section titled "Prescription Drug Benefit Highlights" has been updated as follows:

Prescription Drug Benefit Cost-sharing <sup>2,3</sup>	
Traditional Prescription Drug Benefit Options	You Pay ...
Specialty drugs: Maximum 30-day supply (must be ordered through CVS Caremark Specialty Pharmacy Mail Service)	Specialty Generics: 30% (Max \$100) Specialty Preferred Brands: 30% (Max \$300) Specialty Non-Preferred Brands: 30% (Max \$500)

## **Chapter 3: Eligibility and Participation Information**

The subsection titled “**Benefits-eligible Classifications**” under “**Eligibility to Participate**” has been updated as follows:

**These Employee classifications are eligible to participate in this Plan:**

- Active Employees eligible and enrolled in Medicare Part A on or after January 1, 2023, due to disability or kidney dialysis treatment or a kidney transplant;
- Dependents of Active Employees where the dependent is eligible and enrolled in Medicare Part A on or after January 1, 2023, due to disability or kidney dialysis treatment or a kidney transplant;

The subsection titled “**Eligibility Requirements for Incapacitated Adult Children**” under “**Coverage for Your Dependents**” has been updated as follows:

Coverage for a child may continue past the age limit if the child is incapable of self-sustaining employment because of a mental or physical disability, and if your child:

- Is at least 26 years of age;
- Is unmarried;
- Qualifies as your tax dependent on an annual basis because he or she is permanently and totally disabled (as defined by the Internal Revenue Service [IRS] in Publication 501); **and**
- Has been continually covered as your eligible dependent under the NRECA Medical Plan on the date just prior to the date participation would have ended due to age or another insurer prior to attaining age 26.

The section titled “**When Coverage Ends**” has been updated as follows:

Your coverage (and your dependents’ coverage) ends if:

- You are an Active Employee that becomes entitled to Medicare, and you request to discontinue your coverage under this Plan due to Medicare enrollment. Under this circumstances, your coverage shall terminate at the end of the month in which notification of your request has been provided to the Plan.
- **You are a Medicare-disabled Employee** for whom Medicare becomes the primary payer, and request to discontinue coverage under this plan because you enrolled in Medicare Part D prescription drug coverage or other comparable coverage;
- **You are the Medicare-eligible dependent spouse or a Medicare-eligible dependent child of an Employee** for whom Medicare becomes the primary payer, and request to discontinue coverage under this plan because you enrolled in Medicare Part D prescription drug coverage or other comparable coverage;

**Your coverage ends** on the date your Employer no longer offers the Plan. Your coverage also ends if:

- The Plan terminates;
- The Employer terminates its participation in the Plan;
- You voluntarily make a permitted election to drop coverage; or
- You die.

**In all of the above cases, coverage for your spouse and children ends** when your coverage ends with one exception. If you voluntarily make an election to drop coverage due to Medicare entitlement, your spouse and dependent may continue coverage for as long as they otherwise remain eligible.

Dependent coverage also ends:

- For a spouse, upon divorce at 11:59 pm the last day before your divorce is official. Your official divorce date is your first day without coverage under the Plan;

## **Chapter 5: Medical Plan Benefits**

**The subsection titled “Find Cost Estimates” under “Provider Networks and Reimbursement Rates” has been renamed Find Care & Costs.**

**The subsection titled “Find Care & Costs” under “Provider Networks and Reimbursement Rates” has been updated as follows:**

### **Find Care & Costs**

Find Care & Costs is an interactive online resource that enables you to make more optimal choices when seeking care for you and your family.

The Find Care tool enables NRECA Medical Plan participants to search for participating network providers by service and specialty.

The Find Cost Estimates tool provides a range of the average costs for medical procedures in your area. You can search using simple, intuitive terms like ‘knee pain’ or ‘baby’ and see a list of services/care paths that you can select from and drill down for further details.

Effective January 1, 2023, five hundred covered services and items required by the Affordable Care Act and the Consolidated Appropriations Act, 2021 (CAA) will be available with cost estimates that will also take into account your Plan cost-sharing accumulators including Copayments, Deductibles, and/or Coinsurance.

In addition to serving participants better, these enhancements are being made law to make price comparison information available highlighting provider-specific cost and quality of care information as required by federal law.

NRECA Medical Plan participants can access Find Care & Costs on the NRECA Employee Benefits website by going to cooperative.com > My Benefits > My Insurance > Find Care & Costs. Once there, you will see links for Find Care and Find Cost Estimates.

**The section titled “Surprise Billing and the No Surprises Act” has been added as follows:**

### **Surprise Billing and the No Surprises Act**

#### **Emergency Services**

For covered health care services that are Emergency Services provided by an Out-of-Network provider, you are not responsible for amounts in excess of your applicable co-pays, deductibles and/or coinsurance, based on the lesser of the amount billed or the Qualifying Payment Amount as defined in this SPD. The Plan

shall calculate any cost-sharing payments for Emergency Services toward any applicable in-network deductible or out-of-pocket maximum as if your or your family's cost-sharing payments applied to an In-Network provider or In-Network emergency facility.

Note: You could receive balance bills for post-stabilization services after the receipt of Emergency Services if your attending Physician or treating provider determines that you can travel to an In-Network facility using nonmedical or nonemergency transportation, but you chose to stay at the Out-of-Network facility, if the notice and consent requirements have been satisfied, and the provider or facility acts in compliance with applicable state laws.

### **Coverage of Non-Emergency Services Performed by Out-of-Network Providers**

For covered health care services that are not for Emergency Services furnished to you or your dependent by an Out-of-Network provider with respect to any covered item or service at an In-network health care facility, you are not responsible for amounts in excess of your applicable Copayment, Deductible and/or Coinsurance, based on the lesser of the amount billed or the Qualifying Payment Amount as defined in this SPD, unless such charges are permitted to be waived through your notice and consent and the Out-of-Network provider's notice meets certain criteria. The Plan shall calculate any cost-sharing payments for these covered items or services toward any In-Network Deductible or out-of-pocket maximum as if your or your family's cost-sharing payments applied to an In-Network provider or In-Network health care facility.

The following charges are **not permitted** to be balance billed by the provider to you even if the provider obtains your notice and consent:

- Items or services furnished as a result of an unforeseen, urgent medical need arising at the time an item or service is furnished;
- Ancillary charges, including:
  - Items and services related to emergency medicine, anesthesiology, pathology, radiology, and neonatology, whether provided by a Physician or non-physician practitioner;
  - Items and services provided by assistant surgeons, hospitalists, and intensivists;
  - Diagnostic services, including radiology and laboratory services; and
  - Items and services provided by an Out-of-Network provider if there is no In-Network provider who can furnish such item or service at such facility.

### **Coverage of Air Ambulance Services**

For otherwise covered Air Ambulance services furnished by an Out-of-Network provider, you are not responsible for amounts in excess of your applicable Copayment, Deductible and/or Coinsurance, based on the lesser of the amount billed or the Qualifying Payment Amount. The Plan shall calculate any cost-sharing payments for covered Out-of-Network Air Ambulance toward any In-Network Deductible or out-of-pocket maximum as if your or your family's cost-sharing payments applied to an In-Network provider or In-Network health care facility.



**The section titled “When In-network Benefits Are Paid for Out-of-Network Providers” has been updated as follows:**

### **Transition of Care**

If your PPO provider network changes, you can apply for a Transition of Care exception if you have certain medical conditions. If approved by CBA (in its sole discretion), the Plan will provide continued in-network coverage with your current provider for up to six months. A Transition of Care exception will be granted only if:

- Your local PPO network was discontinued or changed; or
- Your employer transferred from another health insurer to the NRECA group medical plan.

Medical conditions or treatments that may be eligible for a Transition of Care exception include, but are not limited to:

- Second or third trimester of pregnancy (up to eight weeks postpartum);
- Moderate or high-risk pregnancies;
- Active courses of cancer treatment (e.g., Chemotherapy, Radiation Therapy);
- Organ transplant patients awaiting a donor or under active treatment; or
- In-patient Hospital admission at the time of the network change.

Treatment of stable conditions, minor illnesses, routine procedures, and elective surgical procedures are not eligible for a Transition of Care exception.

To apply for a Transition of Care exception, contact CBA for a *Transition of Care* form. Complete the form and return it to CBA. CBA will review the request and approve or deny it based on the Plan’s applicable criteria for Transition of Care. If you have questions, contact the Member Contact Center (MCC) at 866.673.2299.

### **Continuity of Care**

If your provider ceases to be an in-network provider during your ongoing course of treatment, the Plan will provide you notice of your right to elect Continuity of Coverage for certain ongoing medical conditions or treatments up to 90 days to allow you to receive benefits provided under the Plan under the same terms and conditions as would have applied if your provider didn’t cease to be an in-network provider.

If you have the following medical conditions or treatments, you may be eligible for continued coverage under this section:

- You are undergoing a course of treatment for a serious and complex condition;
- You are undergoing a course of institutional or inpatient care;
- You are scheduled to undergo nonelective surgery, including postoperative care;
- You are pregnant and undergoing a course of treatment for the pregnancy; or
- You are or were determined to be terminally ill and is receiving treatment for the illness.

To apply for a Continuity of Care exception, contact UMR for a *Continuity of Care Request* form. Complete the form and return it to UMR. UMR will review the request and approve or deny it based on the Plan’s applicable criteria for Continuity of Care. If you have questions, contact the Member Contact Center (MCC) at 866.673.2299.

**The subsection titled “Joint and Spine Surgery Centers of Excellence Program” under “Centers of Excellence (COE) Programs and Services” has been updated as follows:**

The Joint and Spine Surgery Centers of Excellence (COE) program is an **optional** program provided to Plan Participants by the Plan’s contracted vendor Transcarent Surgery Care. The COE Program covers most types of joint and spine surgery, such as a knee and hip replacement, carpal tunnel release, spinal fusion and shoulder and ankle repair for both inpatient and outpatient procedures. If Participants do not use the program, they will still have access to NRECA Medical Plan benefits for covered expenses related to joint and spine surgery.

To be eligible for the Joint and Spine Surgery COE, your primary insurance plan must be the NRECA Medical Plan. If Medicare or another insurance carrier is your primary plan, then the coverage and treatments will be managed either by Medicare or by your primary insurance carrier.

When a Participant has been approved for treatment, NRECA’s Centers of Excellence vendor, Transcarent Surgery Care, will administer the Joint and Spine Surgery COE program and provide a dedicated Care Coordinator to:

- Answer questions related to the program
- Help Participants select the right facility for treatment
- Make travel and lodging arrangements; and
- Obtain medical records and release forms.

The Plan covers charges for services provided by the Joint and Spine Surgery COE at 100% once the Deductible is met, subject to all other Plan limitations and provisions. Coverage for charges incurred at facilities other than a Joint and Spine Surgery COE are subject to the Plan’s otherwise applicable in-network and out-of-network provisions. The benefit period begins when the patient is referred to a Joint and Spine Surgery COE and continues for up to 365 days after the surgery or until the patient has transitioned to local care. When active treatment continues beyond 365 days, the Plan will consider continuing benefits on a case-by-case basis.

The travel, meal and lodging benefit for the Joint and Spine Surgery COE Program is administered by the Plan’s contracted vendor Transcarent Surgery Care.

Travel expenses, including transportation and lodging, are covered at 100% if traveling more than 50 miles from the patient’s home for care at a Joint and Spine Surgery COE. The patient and one companion (two companions if the patient is a minor) who are traveling on the same day and time to or from the Joint and Spine Surgery COE will be eligible for travel benefits. Additionally, patients who drive to a facility for care receive mileage reimbursement as allowed by the IRS guidelines. The travel benefit period begins once the patient travels to a COE facility.

A meals and incidental benefit is included with the Joint and Spine Surgery COE. Transcarent Surgery Care will provide the benefit with a debit card issued to the patient in advance of the surgery. The maximum reimbursement for the patient when not admitted as an inpatient for meals and incidentals is \$50 per day. The maximum reimbursement for the companion is \$50 per day. If the patient is admitted longer than 15 days, the maximum reimbursement for the companion for meals and incidentals is \$125 per week.

To inquire about the Joint and Spine Surgery (COE) Program or to enroll, contact Transcarent Surgery Care at 855.435.5790.

**The section titled “Teladoc Mental Health Consultations” has been updated as follows:**

**The Plan covers mental health consultations provided by Teladoc for Plan Participants ages 13 and older.** Teladoc Mental Health providers (licensed psychiatrists for participants age 18 and older, and therapists) can help support a wide range of short-term and long-term needs such as:

- Depression;
- Anxiety;
- Stress;
- Family or work relationships; and
- Substance abuse

Mental health appointments are available seven days a week by phone or video, 7 am to 9 pm local time, but are not available on-demand. The first available visit time will always be no less than 72 hours from the current day/time. Appointments are scheduled online and cannot be scheduled by telephone.

To use the Teladoc Mental Health services you must be 13 years or older. Minors will need parent/guardian consent. Individuals 18 years and older must be registered with Teladoc and have completed a brief medical history. (For adolescents a consent form must be signed by at least one parent/guardian of the Adolescent and uploaded into the system before the initial MH Consultation can be scheduled for the Adolescent. An intake form must be completed and uploaded into the system before the initial MH Consultation can be scheduled for the Adolescent. A parent/guardian must be present at the start and conclusion of each initial MH Consultation for an Adolescent with a MH Practitioner.)

To register you can go online or call 1-800-Teladoc (800.835.2362). To register online go to [Benefits.cooperative.com/Teladoc](https://Benefits.cooperative.com/Teladoc) or [Teladoc.com/NRECA](https://Teladoc.com/NRECA) or use the Teladoc app and click “set up account” and then provide the requested information.

To schedule an appointment with a mental health provider, go online via [Benefits.cooperative.com/Teladoc](https://Benefits.cooperative.com/Teladoc) or [Teladoc.com/NRECA](https://Teladoc.com/NRECA) or the Teladoc app and select “Mental Health.” Scheduling an appointment will require completion of a brief online mental health assessment questionnaire.

A Teladoc psychiatrist can prescribe a limited Formulary of medications if Medically Necessary to treat non-emergency mental health conditions. Medications can be prescribed only by a psychiatrist. Prescriptions are sent electronically to the pharmacy of your choice. Prescription drugs prescribed by a Teladoc psychiatrist are subject to the Plan’s prescription drug Formulary and Copayment and Coinsurance provisions.

**The section titled “Mental Health and Substance Abuse Benefits” has been updated as follows:**

Notwithstanding anything else contained in this SPD, the Plan does not impose any visit limits on outpatient health and substance use office visits, although all visits are subject to Medical Necessity.

## **Chapter 6: Prescription Drug Benefits**

**These prescription drugs were added to the “Specialty Drugs Subject to Quantity Limits” table under “How the Benefit Works:”**

- FLYNETRA
- TADLIQ
- XYREM

The section titled “Coverage Under Medicare” has been updated to remove the following:

**Medicare-disabled Participants and Participants with end-stage renal disease (ESRD)** will no longer be covered under the Plan’s prescription drug benefit if they:

- Have been totally disabled for at least six months;
- Are not currently working; and
- Are receiving disability payments from your Employer beyond the first six months of disability.

**If you are a Medicare-disabled Employee, an under age 65 retiree or a dependent of an under age 65 retiree for whom Medicare is the primary payer,** you are no longer eligible for prescription drug coverage under the Plan unless the Plan, in its sole discretion, determines that comparable Medicare prescription drug coverage is not available. If you are not able to obtain comparable replacement Medicare Part D prescription drug coverage, you must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan.

- **Participants with ESRD** remain covered under the Plan’s prescription drug benefit for the first 30 months of ESRD disability as long as they are under age 65 and not retired. After 30 months of ESRD disability, when Medicare becomes the primary insurer, the Participant will no longer be covered under the Plan’s prescription drug benefit and must enroll in a Medicare Part D prescription drug plan or another creditable plan. If the Participant is not able to obtain comparable replacement Medicare Part D prescription drug coverage, the Participant must contact your benefits administrator or the Member Contact Center so that they can contact the Plan to request your continued prescription drug coverage under the Plan.
- **If you are the Medicare-eligible dependent spouse or a Medicare-eligible dependent child of an active Employee with ESRD,** you are eligible to remain covered under the Plan’s prescription drug benefit as long as the Participant is still actively employed. The Participant will be eligible to enroll in a Medicare Part D prescription drug plan at the time that Medicare becomes the primary payer and the Medicare prescription drug coverage will be the primary payer for their prescription drugs. The NRECA medical plan will be the secondary payer.

The section titled “Coverage Under Medicare” has been updated as follows:

**If you are under age 65 and become a Medicare-eligible Participant after January 1, 2023, due to disability or kidney dialysis treatment or a kidney transplant,** you may remain eligible to participate in the Plan with the Plan’s medical benefits being secondary to Medicare and the Plan’s prescription drug benefit being primary should you have no Medicare Part D Prescription Drug coverage and you:

- Have been totally disabled for at least six months;
- Are not currently working; and
- Are receiving disability payments from your Employer beyond the first six months of disability.

**If you are under age 65 and become a Medicare-disabled Employee or are the dependent of such Medicare-disabled Employee that has Medicare after January 1, 2023,** you may remain eligible to participate in the Plan with the Plan’s medical benefit being secondary to Medicare and the Plan’s prescription drug benefit being primary should you not enroll in any Medicare Part D Prescription Drug coverage.

**If you are a Medicare-disabled Employee, or are the dependent of a Medicare-disabled Employee whose Medicare coverage began prior to January 1, 2023 (excluding those on Medicare due to kidney dialysis treatment or a kidney transplant), or are an under age 65 retiree or a dependent of an under age 65 retiree for whom Medicare is the primary payer, you will remain eligible to participate under the Plan's medical benefit with the medical Plan being secondary to Medicare, but you will not be eligible for the Plan's prescription drug benefit. If the Participant is not able to obtain comparable replacement Medicare Part D prescription drug coverage.**

- **Participants covered under Medicare due to kidney dialysis treatment or a kidney transplant prior to January 1, 2023, shall remain covered under the Plan's prescription drug benefit for the first 30 months of his or her Medicare coverage for kidney dialysis treatment or a kidney transplant as long as they are under age 65 and not retired. After 30 months of coverage, when Medicare becomes the primary insurer, the Participant may enroll in a Medicare Part D prescription drug plan or another creditable plan. This Plan will become secondary to Medicare for medical benefits and the Plan's prescription drug benefit will become primary if you have no Medicare Part D Prescription Drug coverage.**
- **If you are the Medicare-eligible dependent spouse or a Medicare-eligible dependent child of an Active Employee on Medicare due to kidney dialysis treatment or a kidney transplant, you remain eligible to participate in the Plan's prescription drug benefit as long as the Participant is still Actively at Work. The Participant will be eligible to enroll in a Medicare Part D prescription drug plan at the time that Medicare becomes the primary payer and the Medicare prescription drug coverage will be the primary payer for their prescription drugs. The NRECA medical plan will be the secondary payer.**

## **Chapter 7: Medical Claims and Appeals**

**The section titled "External Review" has been updated as follows:**

If the CBA Appeals Administrator denied your internal appeal based on Medical Judgment, or if you have otherwise exhausted the internal appeals process for a claim involving Medical Judgment, you have the right to request an External Review. Additionally, if your internal appeal of a Rescission of Coverage (whether or not the rescission has any effect on any particular benefit at the time) is denied, you have the right to request an External Review. All other Adverse Benefit Determinations (including a denial, reduction, or nonpayment of benefits because you do not meet the Plan's eligibility requirements (excluding a rescission of coverage)) are not eligible for this Plan's External Review process.

**The section titled "External Review" has been updated to remove the following:**

For information about Adverse Benefit Determinations that involve Rescission of Coverage (without respect to the rescission's effect on past, present, or future benefits or claims), see the *Appealing an Adverse Benefit Determination: Rescission of Coverage* section of this chapter.

## **Chapter 9: FutureMe Benefits and Resources**

The chapter titled “NRECA Well-being Benefits and Resources” has been renamed “FutureMe Benefits and Resources.”

The section titled “NRECA Well-being Program” has been renamed “FutureMe Powered by NRECA” and updated as follows:

### **FutureMe Powered by NRECA**

The NRECA Medical Plan gives you access to FutureMe, a well-being program powered by NRECA. The program’s resources, described in this chapter, are designed to encourage improving your holistic health and well-being. The Plan’s approach to well-being is about more than just physical fitness or losing weight. It’s about taking a comprehensive approach toward physical, mental, and financial well-being to achieve a long, fulfilled, and prosperous life. NRECA has contracted with WebMD to provide components of the FutureMe program.

Information about FutureMe’s services, resources, educational materials, tools, and more, can be found by visiting [cooperative.com](http://cooperative.com) > My Benefits > My Insurance.

**FutureMe portal**, offered through NRECA’s vendor partner WebMD, is an interactive website that provides you with access to the information you need to make better choices about your health. The site includes a variety of resources and easy-to-use tools developed by one of the most trusted sources of health and medical information: WebMD. However, medical decisions are ultimately made by you and your medical professionals and do not involve the Plan. Key features of FutureMe portal are:

**FutureMe survey:** a brief, confidential questionnaire that helps you understand your health risks based on your screening results and lifestyle habits; and

**FutureMe habits:** online health coaching modules where you can select activities to meet your short- and long-term health and well-being goals.

To access the FutureMe portal, visit [cooperative.com](http://cooperative.com) > My Benefits > My Insurance.

In addition to the benefits offered as part FutureMe, your employer may also offer a separate well-being program. Check with your benefits administrator to learn about your employer’s additional well-being offerings.

The section titled “Rewards for Life® Activities” has been renamed “FutureMe rewards” and updated as follows:

### **FutureMe rewards**

Your Employer has elected to participate in FutureMe rewards during this Plan year.

FutureMe rewards is an online tracking program through WebMD where your employer may recognize you and your family for taking a more active role in your health and well-being. When you complete specific activities included in FutureMe rewards, you can earn points and (if applicable) receive certain incentives. Your benefits administrator will provide information about FutureMe rewards and any incentives that may be available to you.

**The section titled “FutureMe Coaches®” has been renamed “FutureMe coaches” and updated as follows:**

### **FutureMe coaches**

Through FutureMe, you have access to coaching to provide plan participants with medical information and coaching either by phone or in some cases online. The professional staff includes nurses, dieticians, and respiratory therapists, are available to answer questions and address concerns about your health. Medical plan Participants and their dependents who are 18 or older can contact a coach 24 hours a day, seven days a week.

Coaches work with people who live with chronic conditions, including asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease, and congestive heart failure. They also assist with medical decisions such as having surgery, quitting tobacco, and losing weight. All conversations with FutureMe coaches are confidential. You can connect with a health coach, find information about health topics and conditions, view decision aids, and access tools and resources to help make informed decisions about what treatment and care is right for you through the FutureMe portal or the NRECA Employee Benefits website on cooperative.com > My Benefits, or by calling 888.321.1521.

**The subsection titled “Diabetes Management Program” under “FutureMe coaches” has been updated to remove the following:**

### **Diabetes Management Program**

Identified type 2 diabetics who are 18 or older may also receive an invitation to join the voluntary FutureMe Coaches Diabetes program. The FutureMe Coaches Diabetes program is a 12-month program that provides incentives for Participants to build healthier habits and better manage their diabetes. Personal health coaches (nurses and dieticians) provide support. Participants can participate in monthly step challenges and have access to a mobile app packed with health trackers and other resources. Contact the FutureMe Coaches Diabetes program at 888.321.1521 between 9 am and 9 pm ET Monday through Friday.

**The subsection titled “Tobacco Cessation Program” under “FutureMe coaches” has been updated as follows:**

Studies show that tobacco users have a better chance of quitting when they participate in a counseling program. You and your covered dependents who are 18 or older may access a tobacco cessation program through FutureMe coaches. The program is designed to help individuals stop using tobacco products, including cigarettes and smokeless tobacco, through phone counseling and mailed materials.

Program Participants who may need nicotine replacement therapy (NRT) (e.g., patch, gum, lozenge) can purchase those items without a prescription. Program Participants may also be referred to their provider to receive coverage for tobacco cessation prescription medications (e.g., Chantix, Zyban). Program Participants who chew tobacco are not eligible for prescription medications because tobacco cessation prescription drugs are not approved by the FDA for use with chewing tobacco. FutureMe coaches can be reached via phone at 888.321.1521.

**The subsection titled “Weight Management Program” under “FutureMe coaches” has been updated as follows:**

FutureMe coaches also help Participants manage their weight. The program explains BMI and disease risk, helps Participants set weight-loss goals and track their health

behaviors, and teaches tips for managing portion sizes. Coaches can also help individuals start an exercise program. The program includes a review of goals and healthy eating plans, and regular phone calls with a coach. Participants can call 888.321.1521 (24 hours a day, 7 days a week) to speak with a coach about weight management.

**The section titled “Important: Release of Liability for the NRECA Well-being Program” has been renamed “Important: Release of Liability for FutureMe Program” and updated as follows:**

By participating in the FutureMe Plan (Plan), you (and your dependents, if applicable) acknowledge that you are not aware of any physical, mental, or emotional disability or any medical condition that would preclude you from safely participating in the events, programs, or activities of the Plan. You and your health care provider are ultimately responsible for determining appropriate treatment and care and for deciding whether you are able to participate in these events, programs, or activities. You recognize that your participation in these events, programs, or activities may have certain benefits, but that the possibility also exists that you could sustain a serious permanent Injury or an Injury resulting in death, including, but not limited to, those caused by your own negligence or the negligence of others. By participating in the events, programs, or activities of the Plan, you (and your dependents, if applicable) hereby elect to assume those risks and acknowledge that your participation is voluntary.

In consideration for being allowed to participate in the Plan events, programs, and activities, you (and your dependents, if applicable) do hereby release, waive, indemnify/hold harmless, forever discharge, and covenant not to sue NRECA, the NRECA Group Benefits Program, and your Employer, together with their Directors, officers, agents, Employees, successors, and assigns from any and all liability for any and all claims, demands, actions, or causes of action relating to loss, damage, or destruction of personal property or to personal, bodily, emotional, or mental injuries, including death, sustained as a result of your participation in the events, programs, and activities of the Plan. This release of liability will be binding on your personal representatives, heirs, estate, next-of-kin, executors, and assigns. This release of liability will remain in effect so long as you (and your dependents, if applicable) participate in any events, programs or activities of the Plan. The foregoing does not impact your coverage (and your dependent’s coverage, if applicable) under this Plan or the NRECA dental, vision, disability and life, and accidental death and disability insurance Plans.

## **Chapter 11: Important Notifications and Disclosures**

**The section titled “Statement of ERISA Rights” has been updated adding a new subsection as follows:**

### **Continue Group Health Plan Coverage**

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of



charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

**The subsection titled “Enforce Your Rights” under “Statement of ERISA Rights” has been updated as follows:**

### **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps that you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report (Form 5500), if any, from the Plan and do not receive them within 30 days, you may file suit in federal court. In such case, the court may require NRECA, as Plan Administrator, to provide the materials and pay you up to \$171 a day, not to exceed \$1,713 per request (2022 limit, as may be indexed annually) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits that is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the Plan, you may file suit in a state or federal court.

## **Appendix A: Key Terms**

**The “Appendix A: Key Terms” has been updated as follows:**

### **Emergency Medical Condition**

A medical condition, including a mental health condition or substance use disorder, that manifests itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

- A serious threat to the individual’s health;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

### **Emergency Services**

Emergency services include both the following:

- Initial services. A medical screening examination within the capability of a Hospital emergency department or freestanding independent emergency department, including ancillary services routinely available in the emergency department, to determine whether an “Emergency Medical Condition” exists.
- Post-stabilization services. Additional services covered under the Plan that are furnished by a nonparticipating provider or nonparticipating emergency facility after a participant or dependent is stabilized and as part of outpatient observation or an inpatient or outpatient stay with respect to the visit in which the initial services were provided.

## Qualifying Payment Amount (QPA)

The median contracted amount calculated in accordance with the methodology established in the No Surprises Act and its implementing regulations and other regulatory guidance, as may be amended and updated from time to time.

## Appendix C: Performance Drug List-Standard Control

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These prescription drugs were added to the Performance Drug list and are now considered Preferred:

- ADBRY
- AIMOVIG
- AKLIEF
- ALPROLIX
- *amphetamine-dextroamphetamine mixed salts er*
- GAVERTO
- ILARIS
- ILUMYA
- INLYTA
- LENVIMA
- MENOPUR
- *mesalamine delayed release 800 mg*
- *methylphenidate er*
- NEXAVAR
- ARAZLO
- CIBINQO
- DAYVIGO
- DOPTELET
- ENDARI
- FENSOLVI
- QULIPTA
- RETEVMO
- RHOFADE
- RYTARY
- SIKLOS
- TEZSPIRE
- TWYNEO
- WINLEVI
- XYNTHA
- ZYDELIG

These prescription drugs were removed from the Performance Drug Listing and were added to the Medical Plan's list of non-preferred brand name prescription drugs (Tier 3):

- NARCAN
- VELCADE

## Appendix D: Medications Requiring Prior Authorization for Medical Necessity

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These prescription drugs were added:

- ALTIMA
- ADDERALL XR
- ARCALYST
- ARNUITY ELLIPTA
- ASACOL HD
- BENEFIX
- CONCERTA
- *diclofenac 25 mg capsule*
- *diclofenac sol 2% pump*
- ESBRIET
- FIRAZYR
- FLOVENT DISKUS
- IXINITY
- MULTAQ
- NEXTERONE
- NITYR
- NUCALA
- NUCYNTA
- NUCYNTA ER
- QVAR REDHALER
- RIXUBIS
- SUBSYS
- SUTENT
- TOVIAZ
- VOTRIENT

**The following drug was removed from the list:**

- MULPLETA

All prescription drug lists that make up the Plan's formulary are subject to change from time to time by CVS Caremark.

**The January 1, 2023, drug lists are attached to the end of this SMM. The full lists are also on cooperative.com > My Benefits > My Insurance > Prescription Drug > Checking Coverage.** If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

**No further changes have been made to your Plan's SPD.**

All other rules, provisions, definitions and benefit amounts of the Plan SPD remain the same. If the terms of this SMM and the SPD conflict with any terms of the governing Plan document, then the terms of the governing Plan document will control in all cases.

**Plan Sponsor:** National Rural Electric Cooperative Association  
4301 Wilson Boulevard, Arlington, VA 22203-1860  
**Plan Sponsor's Employer Identification Number:** 53-0116145  
**Plan Number:** 501

## Appendix C: Performance Drug List – Standard Control

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Your benefit plan includes a prescription benefit administered by CVS Caremark. The plan covers different types of prescription drugs—generics, brand drugs, preventive and specialty—at different benefit levels. The Performance Drug List below is a guide for participants and health care providers. It is not an all-inclusive list. Preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective.

**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. The 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.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*. For specific information regarding your prescription drug benefit coverage, Copayments<sup>1</sup> and Coinsurance<sup>1</sup>, see Chapter 2 and Chapter 6 of this Summary Plan Description.

**Access the most recent Performance Drug List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown).** If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.

# Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary<sup>®</sup>

The **CVS Caremark<sup>®</sup> Performance Drug List - Standard Control for Clients with Advanced Control Specialty Formulary<sup>®</sup>** 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 copay<sup>1</sup> 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

*cefdinir*  
*cefprozil*  
*cefuroxime axetil*

*cephalexin*  
SUPRAX

### § ERYTHROMYCINS / MACROLIDES

*azithromycin*  
*clarithromycin*  
*clarithromycin ext-rel*  
*erythromycins*  
DIFICID

### § FLUOROQUINOLONES

*ciprofloxacin*  
*levofloxacin*  
*moxifloxacin*

### § PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

### § TETRACYCLINES

*doxycycline hyclate 20 mg*  
*doxycycline hyclate capsule*  
*minocycline*  
*tetracycline*

## § ANTIFUNGALS

*fluconazole*  
*itraconazole*  
*terbinafine tablet*

## ANTIVIRALS

### § CYTOMEGALOVIRUS AGENTS

*valganciclovir*

### § HERPES AGENTS

*acyclovir capsule, tablet*  
*valacyclovir*

### § INFLUENZA AGENTS

*oseltamivir*  
RELENZA

### § MISCELLANEOUS

*clindamycin*  
*ivermectin tablet*  
*linezolid*  
*metronidazole*  
*nitrofurantoin* (except  
*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**

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 50 mg, 130 mg;  
fenofibrate tablet 40 mg, 120 mg)  
fenofibric acid delayed-rel

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

atorvastatin  
ezetimibe-simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

**§ NIACINS**

niacin ext-rel

**§ OMEGA-3 FATTY ACIDS**

omega-3 acid ethyl esters  
VASCEPA

**§ BETA-BLOCKERS**

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

**§ CALCIUM CHANNEL  
BLOCKERS**

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

**§ CALCIUM CHANNEL  
BLOCKER / ANTILIPEMIC  
COMBINATIONS**

amlodipine-atorvastatin

**§ DIGITALIS GLYCOSIDES**

digoxin

**§ DIRECT RENIN  
INHIBITORS / DIURETIC  
COMBINATIONS**

aliskiren  
TEKTURN HCT

**§ DIURETICS**

amiloride  
furosemide  
hydrochlorothiazide  
metolazone  
spironolactone-  
hydrochlorothiazide  
torsemide  
triamterene  
triamterene-  
hydrochlorothiazide

**HEART FAILURE**

BIDIL  
CORLANOR  
ENTRESTO  
VERQUVO

**§ NITRATES**

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

**§ MISCELLANEOUS**

ranolazine ext-rel

**CENTRAL NERVOUS  
SYSTEM**

**ANTIANKXIETY**

**§ BENZODIAZEPINES**

alprazolam  
clonazepam  
diazepam  
lorazepam  
oxazepam

**§ ANTICONVULSANTS**

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

**§ ANTIDEMENTIA**

donepezil  
galantamine  
galantamine ext-rel  
memantine  
rivastigmine  
rivastigmine transdermal  
NAMZARIC

**ANTIDEPRESSANTS**

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

citalopram  
escitalopram

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

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

desvenlafaxine ext-rel  
duloxetine  
venlafaxine  
venlafaxine ext-rel capsule

**§ MISCELLANEOUS  
AGENTS**

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

**§ ANTIPARKINSONIAN  
AGENTS**

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

**ANTIPSYCHOTICS**

**§ ATYPICALS**

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

**§ 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  
ZOMIG NASAL SPRAY

**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 KITS<sup>2</sup>  
ACCU-CHEK COMPACT PLUS STRIPS AND KITS<sup>2</sup>  
ACCU-CHEK GUIDE STRIPS AND KITS<sup>2</sup>  
ACCU-CHEK SMARTVIEW STRIPS AND KITS<sup>2</sup>  
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 KITS<sup>2</sup>  
ONETOUCH VERIO STRIPS AND KITS<sup>2</sup>  
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**

**§ ANTIDIARRHEALS**

diphenoxylate-atropine  
loperamide

**§ ANTIEMETICS**

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

**§ ANTISPASMODICS**

dicyclomine

**§ H<sub>2</sub> RECEPTOR ANTAGONISTS**

famotidine

**INFLAMMATORY BOWEL DISEASE**

**§ ORAL AGENTS**

balsalazide  
budesonide 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



## § 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 sucralfate tablet

## GENITOURINARY

### § BENIGN PROSTATIC HYPERPLASIA

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

### ERECTILE DYSFUNCTION ALPROSTADIL AGENTS MUSE

### § PHOSPHODIESTERASE INHIBITORS sildenafil tadalafil

### § URINARY ANTISPASMODICS

darifenacin ext-rel  
oxybutynin  
oxybutynin ext-rel  
solifenacin  
tolterodine  
tolterodine ext-rel  
trospium  
trospium ext-rel  
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 PERFORMIST

### § LEUKOTRIENE MODULATORS

montelukast  
zafirlukast

### § NASAL ANTIHISTAMINES

azelastine  
olopatadine

### § NASAL STEROIDS / COMBINATIONS

azelastine-fluticasone  
flunisolide  
fluticasone  
mometasone

### PHOSPHODIESTERASE-4 INHIBITORS DALIRESP

### STEROID / BETA AGONIST COMBINATIONS

ADVAIR DISKUS  
ADVAIR HFA \*\*  
BREO ELLIPTA \*\*  
SYMBICORT

### § STEROID INHALANTS

budesonide  
inhalation suspension  
FLOVENT HFA  
PULMICORT FLEXHALER

## TOPICAL

### DERMATOLOGY

#### ACNE

#### § Topical

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

OTIC

§ ANTI-INFECTIVES

acetic acid  
ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone  
neomycin-polymyxin B-hydrocortisone

## QUICK REFERENCE DRUG LIST

### A

ABILIFY MAINTENA  
ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup>  
ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup>  
ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup>  
ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>  
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  
alosecton  
ALPHAGAN P  
alprazolam  
amantadine  
amiloride  
amiodarone  
amlodipine  
amlodipine-atorvastatin  
amlodipine-olmesartan  
amlodipine-telmisartan  
amlodipine-valsartan  
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  
brinzolamide  
bromfenac  
BRYHALI  
budesonide capsule  
budesonide  
inhalation suspension  
buprenorphine transdermal  
buprenorphine-naloxone  
sublingual  
bupropion  
bupropion ext-rel (except  
bupropion ext-rel tablet 450 mg)

### C

calcipotriene ointment,  
solution  
calcitonin-salmon  
calcium acetate  
candesartan  
candesartan-  
hydrochlorothiazide

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  
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  
COMBIGAN  
COMBIPATCH  
CORLANOR  
CORTIFOAM  
CREON  
CRINONE  
cromolyn sodium  
cyclobenzaprine (except  
cyclobenzaprine tablet 7.5 mg)

### D

DALIRESP  
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  
clarithromycin  
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  
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 50 mg, 130 mg;  
fenofibrate tablet 40 mg, 120 mg)  
fenofibric acid delayed-rel  
fentanyl transdermal  
fentanyl transmucosal  
lozenge  
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  
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  
levabuterol 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  
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  
neбивол  
neomycin-polymyxin B-  
bacitracin-hydrocortisone  
neomycin-polymyxin B-  
dexamethasone  
neomycin-polymyxin B-  
hydrocortisone  
NEUPRO  
NEXLETOL  
NEXLIZET  
niacin ext-rel  
nifedipine ext-rel  
nitrofurantoin (except  
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 KITS 2  
ONETOUCH VERIO  
STRIPS AND KITS 2  
ONEXTON  
ONZETRA XSAIL  
ORACEA  
ORIAHNN  
ORILISSA  
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  
PERFOROMIST  
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  
RHOFADA  
RHOPRESSA  
risedronate  
risperidone  
rivastigmine  
rivastigmine transdermal  
rizatriptan  
ROCKLATAN  
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  
SOLQUA  
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  
TEKTURNA 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  
TRELLEGY 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  
ZOMIG NASAL SPRAY  
zonisamide  
ZUBSOLV  
ZYCLARA

**PREFERRED OPTIONS LIST**

DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR	ADRENALIN	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI	ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone
Activite	folic acid	ALIMTA	pemetrexed
ACTOS	pioglitazone	ALLISON MEDICAL INSULIN SYRINGES <sup>3</sup>	BD ULTRAFINE INSULIN SYRINGES
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA	ALORA	estradiol, DIVIGEL, EVAMIST
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir	ALREX	azelastine, bepotastine, cromolyn sodium, olopatadine
adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), 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
ADDERALL	amphetamine-dextroamphetamine mixed salts, methylphenidate	ALVESCO	FLOVENT HFA, PULMICORT FLEXHALER
ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	AMITIZA	lubiprostone, LINZESS, SYMPROIC
		AMRIX	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
		ANDROGEL	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
		ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
		APEXICON E	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
		APIDRA	FIASP, NOVOLOG

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APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ARMOUR THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>	BENSAL HP	<i>desonide (except desonide gel), hydrocortisone</i>
ARNUITY ELLIPTA	FLOVENT HFA, PULMICORT FLEXHALER	BENZAC AC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
ARTHROTEC	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITHesomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>	BENZONATE (NDCs* 69336012615, 69499032915 only)	<i>benzonate (except NDCs* 69336012615, 69499032915)</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>	BEPREVE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
ASCENSIA STRIPS AND KITS <sup>‡</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>‡</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>‡</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>‡</sup>	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
ASMANEX, ASMANEX HFA	FLOVENT HFA, PULMICORT FLEXHALER	<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	BETAPACE, BETAPACE AF	<i>sotalol</i>
ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>	BETIMOL	<i>timolol maleate solution, BETOPTIC S</i>
ATOPADERM	<i>desonide (except desonide gel), hydrocortisone</i>	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
ATROVENT HFA	<i>ipratropium inhalation solution, SPIRIVA, YUPELRI</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>
AVENOVA	Consult doctor	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>	BREEZE 2 STRIPS AND KITS <sup>‡</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>‡</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>‡</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>‡</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>‡</sup>
AZELEX	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>	BROMSITE	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
AZESCO <sup>§</sup>	<i>generic prenatal vitamins</i>	<i>budesonide ext-rel</i>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</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>	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
BANZEL SUSPENSION	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</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>
BEAU RX	Consult doctor	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BECONASE AQ	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>		

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BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA	CLINDAGEL	<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>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA		
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA		
CAFERGOT	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	<i>clindamycin gel</i> (NDC* 68682046275 only)	<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>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
<i>calcipotriene cream</i> , <i>calcipotriene foam</i> , CALCIPOTRIENE FOAM	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>	<i>clobetasol emollient foam</i>	<i>clobetasol cream</i> , <i>clobetasol foam</i> (except <i>clobetasol emollient foam</i> ), <i>clobetasol gel</i> , <i>clobetasol lotion</i> , <i>clobetasol ointment</i> , <i>halobetasol cream</i> , <i>halobetasol ointment</i>
<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment</i> or <i>calcipotriene solution</i> <b>WITH</b> <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i> ), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i> ) or BRYHALI; ENSTILAR		
<i>calcitriol ointment</i>	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>		
CAMBIA	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	<i>clobetasol spray</i>	<i>clobetasol cream</i> , <i>clobetasol foam</i> (except <i>clobetasol emollient foam</i> ), <i>clobetasol gel</i> , <i>clobetasol lotion</i> , <i>clobetasol ointment</i> , <i>halobetasol cream</i> , <i>halobetasol ointment</i>
CapsFenac Pak	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution 1.5%</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	CLOBEX SPRAY	<i>clobetasol cream</i> , <i>clobetasol foam</i> (except <i>clobetasol emollient foam</i> ), <i>clobetasol gel</i> , <i>clobetasol lotion</i> , <i>clobetasol ointment</i> , <i>halobetasol cream</i> , <i>halobetasol ointment</i>
Capsinac	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution 1.5%</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	<i>clocortolone cream</i>	<i>hydrocortisone butyrate cream</i> , <i>hydrocortisone butyrate ointment</i> , <i>hydrocortisone butyrate solution</i> , <i>mometasone</i> , <i>triamcinolone cream</i> , <i>triamcinolone lotion</i> , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i> )
CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA		
CARAFATE	<i>sucralfate tablet</i>	COLAZAL	<i>balsalazide</i> , <i>mesalamine delayed-rel</i> , <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i>
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>	<i>colchicine capsule</i>	<i>colchicine tablet</i> , MITIGARE
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)	COLCRYS	<i>colchicine tablet</i> , MITIGARE
<i>carisoprodol 250 mg</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )	CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>dexmethylphenidate ext-rel</i> , <i>methylphenidate ext-rel</i> , AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
CARNITOR, CARNITOR SF	<i>levocarnitine</i>	CONSENSI	<i>amlodipine</i> <b>WITH</b> <i>celecoxib</i>
CELEBREX	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	CONTOUR NEXT STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	<i>dicyclomine</i>	CONTOUR STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
<i>chlorzoxazone 250 mg</i> , <i>chlorzoxazone 375 mg</i> , <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only), <i>chlorzoxazone 750 mg</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )		
CIALIS	<i>sildenafil</i> , <i>tadalafil</i>		
CICATRACE	Consult doctor		
CILOXAN	<i>ciprofloxacin</i> , <i>erythromycin</i> , <i>gentamicin</i> , <i>levofloxacin</i> , <i>moxifloxacin</i> , <i>ofloxacin</i> , <i>sulfacetamide</i> , <i>tobramycin</i> , BESIVANCE	CONTRACE	QSYMIA, SAXENDA, WEGOVY
CIPRO HC	<i>ciprofloxacin-dexamethasone</i> , <i>ofloxacin otc</i>	CORDRAN CREAM, CORDRAN LOTION	<i>desonide</i> (except <i>desonide gel</i> ), <i>hydrocortisone</i>
CIPRODEX	<i>ciprofloxacin-dexamethasone</i> , <i>ofloxacin otc</i>		
<i>ciprofloxacin-fluocinolone</i>	<i>ciprofloxacin-dexamethasone</i> , <i>ofloxacin otc</i>		
CITRANATAL <sup>5</sup>	<i>generic prenatal vitamins</i>		

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CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	diclofenac sodium solution 2%	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
CORDRAN TAPE	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment	Diclofex DC	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
COREG CR	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel	DicloHeal-60	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
CoreMino	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	Diclosaicin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
COZAAR	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan	DIFFERIN LOTION	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
CRESEMBA	itraconazole		
CRESTOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	diflorasone cream, diflorasone ointment	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule		
CYTOMEL	levothyroxine, liothyronine, SYNTHROID	dihydroergotamine spray	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
DARAPRIM	pyrimethamine	diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
DELZICOL	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel	Diphen Elixir	levocetirizine
desonide gel	desonide (except desonide gel), hydrocortisone	DORAL	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO
desoximetasone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	DORYX, DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
DesRx	desonide (except desonide gel), hydrocortisone	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA	doxycycline hyclate delayed-rel tablet	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
dexchlorpheniramine	levocetirizine	doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Dexifol	folic acid	doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
DEXILANT	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	doxycycline monohydrate delayed-rel capsule	ORACEA
dexlansoprazole delayed-rel	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR

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DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide	FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
DYMISTA	azelastine-fluticasone, flunisolide, fluticasone, mometasone	fenoprofen, FENOPROFEN CAPSULE	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
DYRENIUM	amiloride, triamterene	FERIVA 21/7	folic acid
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	FETZIMA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
EDLUAR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO	Fexmid	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
E.E.S. GRANULES	erythromycins	FINACEA GEL	azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA
EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
ELIDEL	pimecrolimus, tacrolimus, EUCRISA	FLAREX	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
ELMIRON	Consult doctor	FLOVENT DISKUS	FLOVENT HFA, PULMICORT FLEXHALER
EluRyng	ANNOVERA, NUVARING	flucytosine capsule 500 mg	fluconazole
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	fluocinonide cream 0.1%	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
ENTERAGAM	alosepron, VIBERZI, XIFAXAN 550 MG	fluorouracil cream 0.5%	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril	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
EPICERAM	desonide (except desonide gel), hydrocortisone	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
ergotamine-caffeine	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	flurandrenolide cream, flurandrenolide lotion	desonide (except desonide gel), hydrocortisone
ERYPED	erythromycins	flurandrenolide ointment	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
estradiol vaginal tablet	estradiol vaginal cream, IMVEXXY, VAGIFEM	FML FORTE, FML LIQUIFILM, FML S.O.P.	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
ESTRING	estradiol vaginal cream, IMVEXXY, VAGIFEM	FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
ethinyl estradiol-etonogestrel	ANNOVERA, NUVARING	Folvite-D	folic acid
EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate	FORTAMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	FORTESTA	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan	FOSAMAX PLUS D	alendronate, ibandronate, risedronate
EXFORGE HCT	olmesartan-amlodipine-hydrochlorothiazide	FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO
FABIOR	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI		
FANAPT	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR		
FEMRING	estradiol vaginal cream, IMVEXXY, VAGIFEM		
fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel		

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FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>	<i>hyoscyamine sulfate ext-rel</i>	<i>dicyclomine</i>
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
FREESTYLE STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</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>
Genicin Vita-S	<i>folic acid</i>	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
GLUCAGEN HYPOKIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>	INCRUSE ELLIPTA	SPIRIVA
GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>	INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>	INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>	<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
GOLYTELY	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>	<i>Inflamacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	INTRAROSA	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>halcinonide cream</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	INVELTYS	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>heparin sodium in 5% dextrose, HEPARIN SODIUM IN 5% DEXTROSE</i>	<i>enoxaparin, fondaparinux</i>	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>	INVOKANA	FARXIGA, JARDIANCE
HUMALOG	FIASP, NOVOLOG	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	ISTALOL	<i>timolol maleate solution, BETOPTIC S</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	<i>ivermectin cream</i>	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>
HUMULIN 70/30	NOVOLIN 70/30	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
HUMULIN N	NOVOLIN N	JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
HUMULIN R	NOVOLIN R	KAMDOY	<i>desonide (except desonide gel), hydrocortisone</i>
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>		
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>		
<i>HylaVite</i>	<i>folic acid</i>		

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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>	<i>levorphanol</i>	<i>fenanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
KAZANO	JANUMET, JANUMET XR	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>
KEPPRA, KEPPRA 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>	LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>	LIBRAX	<i>dicyclomine</i>
<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	<i>lidocaine-prilocaine</i>
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	LIDOTREX	<i>lidocaine-prilocaine</i>
<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR	LITHOSTAT	Consult doctor
LACRISERT	RESTASIS, XIIDRA	LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LACTULOSE PAK	<i>lactulose solution</i>	<i>Lofena</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
LAMICTAL, LAMICTAL ODT	<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>	<i>Lorid</i>	<i>folic acid</i>
LAMICTAL 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>Lorzone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>	LOTEMAX, LOTEMAX SM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>lansoprazole delayed-rel orally disintegrating tablet</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>	<i>luliconazole</i>	<i>clotripirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>	LUNESTA	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
LANTUS <sup>6</sup>	BASAGLAR, LEVEMIR	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
LASTACAFT	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>	MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>
LAZANDA	<i>fenanyl transmucosal lozenge</i>	<i>Matzim LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSALL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
		MAXIDEX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
		<i>mefenamic acid (NDC* 69336012830 only)</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		<i>meloxicam capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
		MENEST	<i>estradiol</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>

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<i>methocarbamol 500 mg</i> (NDC* 69036091010 only), <i>methocarbamol 750 mg</i> (NDCs* 69036093090, 70868090190 only)	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )	NESINA	JANUVIA
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>	NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	NEXIUM	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Migergot</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	NEXTERONE	<i>amiodarone</i>
MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL, 20 mg/5 mL, prednisone</i> )	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i> <i>niacin ext-rel</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>	NICADAN	<i>folic acid</i>
MINIVELLE	<i>estradiol, DIVIGEL, EVAMIST</i>	NICAPRIN	<i>folic acid</i>
<i>minocycline ext-rel</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	NICAZEL, NICAZEL FORTE	<i>folic acid</i>
MIRVASO	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>	NICOMIDE	<i>folic acid</i>
<i>Mondoxyme NL capsule 75 mg</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>	NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
MOVANTIK	<i>lubiprostone, SYMPROIC</i>	<i>nitrofurantoin</i> (NDC* 16571074024 only)	<i>nitrofurantoin</i> (except NDC* 16571074024)
MOVIPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ	NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
MULTAQ	<i>amiodarone</i>	<i>Nolix</i>	<i>desonide</i> (except <i>desonide gel</i> ), <i>hydrocortisone</i>
<i>MultiPro</i>	Consult doctor	NORGESIC FORTE	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )
<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>	NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA</i>
MYRBETRIQ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>	NORPACE	<i>disopyramide</i>
MYTESI	<i>diphenoxylate-atropine, loperamide</i>	NORVASC	<i>amlodipine</i>
NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	NOVO NORDISK NEEDLES <sup>3</sup>	BD ULTRAFINE NEEDLES
<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )	NOXAFIL	<i>fluconazole, itraconazole</i>
<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i> ) or <i>hydrocortisone</i> <b>WITH</b> <i>gentamicin</i>	NUCYNTA ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
		<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</i> or <i>naproxen suspension</i> )
		NUEDEXTA	Consult doctor
		NUVIGIL	<i>armodafinil, modafinil, SUNOSI</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>
		<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</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

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DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>
orphenadrine-aspirin-caffeine	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	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
Orphengesic Forte	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)		
ORTHO D	folic acid	PLAVIX	clopidogrel, prasugrel, BRILINTA
ORTHO DF	folic acid	POLYTOZA	Consult doctor
OSENI	JANUMET, JANUMET XR, JANUVIA WITH pioglitazone	posaconazole delayed-rel tablet	fluconazole, itraconazole
OSMOPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	PRADAXA	warfarin, ELIQUIS, XARELTO
OSPHENA	estradiol	PRECISION XTRA STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
OWEN MUMFORD NEEDLES <sup>3</sup>	BD ULTRAFINE NEEDLES		
oxiconazole (NDCs* 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN	PRED FORTE, PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER	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
oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER		
OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA	PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
PANCREAZE	CREON, VIOKACE, ZENPEP	PREMARIN	estradiol
pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
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	PRENATAL PLUS <sup>5</sup>	generic prenatal vitamins
paroxetine mesylate capsule 7.5 mg	paroxetine HCl	PREVACID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
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	PREVIDENT	Consult doctor
peg 3350-electrolytes (generics for MOVIPREP only)	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	PRILOSEC	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Pennaiclin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	PROAIR HFA, PROAIR RESPICLICK	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel	PRODIGEN	Consult doctor
PERCOCET	hydrocodone-acetaminophen, oxycodone-acetaminophen	PROMETRIUM	medroxyprogesterone, progesterone, micronized
PERRIGO NEEDLES <sup>3</sup>	BD ULTRAFINE NEEDLES	PROTONIX	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
PERTZYE	CREON, VIOKACE, ZENPEP	PROTOPIC	pimecrolimus, tacrolimus, EUCRISA
		PROVAD	Consult doctor
		PROVENTIL HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
		PROVIGIL	armodafinil, modafinil, SUNOSI
		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

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PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	STENDRA SUBOXONE	<i>sildenafil, tadalafil</i> <i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>	SUBSYS <i>sucralfate suspension</i>	<i>fentanyl transmucosal lozenge</i> <i>sucralfate tablet</i>
QTERN <i>quazepam</i>	GLYXAMBI <i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>	<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension)</i> <b>WITH</b> <i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
QUILLICHEW ER	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>	SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</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>
QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER	SURE-TEST STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>		
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>	SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
RECEDO	Consult doctor	SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
RELION INSULIN	NOVOLIN INSULIN	TALIVA	<i>folic acid</i>
RHEUMATE	<i>folic acid</i>	<i>Targadox</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
RIBOZEL	<i>folic acid</i>		
RIMSO-50	Consult doctor	<i>tavorole</i>	<i>terbinafine tablet</i>
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</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>
ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>		
<i>RyClora</i>	<i>levocetirizine</i>		
SCARSILK PAD	Consult doctor	TAZORAC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI; calcipotriene ointment, calcipotriene solution</i>
SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>		
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>	TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
SILENOR	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</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>
SIL-K PAD	Consult doctor		
SILIVEX	Consult doctor		
SILTREX	Consult doctor		
SINGULAIR	<i>montelukast, zafirlukast</i>	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>		
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	TIMOPTIC OCUDOSE TIROSINT	<i>timolol maleate solution, BETOPTIC S</i> <i>levothyroxine, SYNTHROID</i>

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TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>	TRUETEST STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	<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>	TRUETRACK STRIPS AND KITS <sup>4</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>	TUDORZA	SPIRIVA
Tovet	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>	ULORIC	<i>allopurinol</i>
TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>	ULTIMED INSULIN SYRINGES <sup>3</sup>	BD ULTRAFINE INSULIN SYRINGES
TRADJENTA	JANUVIA	ULTIMED NEEDLES <sup>3</sup>	BD ULTRAFINE NEEDLES
<i>tramadol (NDC* 52817019610 only), tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>	ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>	VALCYTE	<i>valganciclovir</i>
TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>	VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</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>	Vanoxide-HC	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</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>	VASCULERA	Consult doctor
Trianex	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>	VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	VELTIN	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
TRILIPIX	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	venlafaxine ext-rel tablet (except 225 mg)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
TRIVIDIA INSULIN SYRINGES <sup>3</sup>	BD ULTRAFINE INSULIN SYRINGES	VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
TronVite	<i>folic acid</i>	VEREGEN	<i>imiquimod</i>
		VIAGRA	<i>sildenafil, tadalafil</i>
		VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
		VITAFOL-ONE <sup>5</sup>	<i>generic prenatal vitamins</i>
		Vitasure	<i>folic acid</i>
		VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>

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VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
Vtol LQ	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	Ziclopro	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
XANAX, XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam	Zileuton ext-rel	montelukast, zafirlukast
XENICAL	QSYMIA, SAXENDA, WEGOVY	ZIRGAN	trifluridine
XOLEGEL	ciclopirox, ketoconazole cream 2%	ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol	zopiclone sublingual	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO
Xvite	folic acid	ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO
XYZBAC	folic acid	ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
YASMIN	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	ZONTIVITY	Consult doctor
YAZ	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	ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Yuvafem	estradiol vaginal cream, IMVEXXY, VAGIFEM	ZUPLENZ	granisetron, ondansetron, SANCUSO
ZALVIT 5	generic prenatal vitamins	ZYFLO	montelukast, zafirlukast
ZEGERID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
ZELAC	Consult doctor	ZYVIT	folic acid
ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine		
ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide		
ZETIA	ezetimibe		
ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone		



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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>4</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

<sup>5</sup> Generic prenatal vitamins are the only preferred options.

<sup>6</sup> Long Acting Insulins - First Generation.

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

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## Appendix D: Medications Requiring Prior Authorization for Medical Necessity

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Below is a list of medicines by drug class that will not be covered without a Prior Authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring Prior Authorization for medical necessity, ask your doctor to choose one of the generic or brand Formulary options listed below.

Within this list, brand products are in CAPS, branded generics are in *UPPER* and *lowercase* Italics, and generic products are in *lowercase italics*.

**Access the most recent Medications Requiring Prior Authorization for Medical Necessity List on cooperative.com at My Benefits > Education & Resources > Insurance Plan Documents (check Prescription Drugs under the Filter dropdown).** If you are unable to access this website, call NRECA's Member Contact Center (MCC) for a copy of the list.



# Medications Requiring Prior Authorization for Medical Necessity for Clients with Advanced Control Specialty Formulary<sup>®</sup>

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anticonvulsants</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<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>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	KEPPRA KEPPRA XR LAMICTAL XR 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>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E. E. S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> CoreMino Mondoxyme NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin</i> (NDC* 16571074024 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDC* 16571074024)
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	ATRIPLA COMPLERA STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS	Consult doctor
	LEXIVA VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET EPIVIR HBV HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes †	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
<i>Anxiety †</i> Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma †</i> Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> (except NDC* 66993001968), <i>levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma †</i> Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma †</i> Steroid Inhalants	ALVESCO ARNUNITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations</i>	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<i>Asthma † Severe Asthma</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
<i>Attention Deficit Hyperactivity Disorder †</i>	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis †</i>	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease †</i>	None	HUMIRA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis †</i>	TALTZ	CIMZIA PREFILLED SYRINGE, COSENTYX
<i>Autoimmune Agents Self-Administered Agents Psoriasis †</i>	COSENTYX ENBREL	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis †</i>	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis †</i>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Self-Administered Agents Ulcerative Colitis †</i>	SIMPONI	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL, HUMIRA
Botulinum Toxins	BOTOX	Consult doctor
<i>Cancer</i> Antimetabolites	ALIMTA	<i>pemetrexed</i>
<i>Cancer</i> Biosimilars	RIABNI TRUXIMA	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQUOPA	Consult doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> PARP Inhibitor	RUBRACA	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT VOTRIENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR



<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalls Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA REVATIO	<i>sildenafil, tadalafil</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives Oral</i>	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN 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>Contraceptives Progestin Intrauterine Devices</i>	LILETTA	KYLEENA, MIRENA, SKYLA
<i>Contraceptives Vaginal</i>	<i>ethinyl estradiol-etonogestrel EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM	Consult doctor
<i>Cystic Fibrosis †</i> Inhaled Antibiotics	CAYSTON TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression †</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD 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>
<i>Depression †</i> Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression †</i> Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>Depression and/or Schizophrenia †</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Dermatology</i> Acne †	<i>adapalene pad</i> <i>clindamycin gel</i> (NDC* 68682046275 only) <i>Vanoxide-HC</i> ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<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>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
<i>Dermatology</i> Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i> ) or <i>hydrocortisone</i> <b>WITH</b> <i>gentamicin</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i> DUOBRII	<i>calcipotriene ointment</i> or <i>calcipotriene solution</i> <b>WITH</b> <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i> ), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i> ) or BRYHALI; ENSTILAR
<i>Dermatology</i> Atopic Dermatitis †	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i> ), <i>hydrocortisone</i> , <i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
	ELIDEL	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel</i> , <i>metronidazole</i> , FINACEA FOAM, RHOFADÉ, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox</i> , <i>ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide</i> (except <i>desonide gel</i> ), <i>hydrocortisone</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Dermatology</i> Skin Inflammation and Hives † Medium Potency Corticosteroids	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	betamethasone dipropionate ointment 0.05% diflorasone cream diflorasone ointment halcinonide cream APEXICON E HALOG PSORCON	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	clobetasol emollient foam clobetasol spray fluocinonide cream 0.1% Tovet CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
<i>Dermatology</i> Warts	VEREGEN	imiquimod
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	desonide (except desonide gel), hydrocortisone
	luliconazole oxiconazole (NDCs* 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN
<i>Diabetes †</i> Biguanides	metformin ext-rel (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> pioglitazone
<i>Diabetes †</i> Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA



Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Diabetes</i> † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> † Long Acting Insulins <sup>5</sup>	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles <sup>6</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> † Supplies, Syringes <sup>6</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<b>Diabetes †</b> Supplies, Test Strips and Kits <sup>7, 8</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>7</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>7</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>Dietary Supplements</b>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
<b>Endocrine and Metabolic Corticosteroids</b>	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),</i> <i>prednisone</i>
<b>Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents</b>	NITYR	ORFADIN
<b>Endocrine and Metabolic Progestins</b>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<b>Endocrine and Metabolic Severe Hypoglycemia</b>	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
<b>Endometriosis †</b>	ZOLADEX	MYFEMBREE, ORILISSA

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL	OVIDREL
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
<i>Gastrointestinal</i> Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal</i> Probiotics	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	GENOTROPIN HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferi-prone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	BENEFIX IXINITY RIXUBIS	ALPROLIX, REBINYN
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
	NPLATE	DOPTELET, PROMACTA, TAVALLISSE
<i>High Blood Pressure † ACE Inhibitors</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure † ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>



<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
High Blood Pressure † Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure † Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<i>High Blood Pressure</i> † Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT FIRAZYR	<i>icatibant, RUCONEST</i>
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST	ILARIS

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Inflammatory Bowel Disease (IBD) Ulcerative Colitis †</i>	budesonide ext-rel ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel
<i>Interferons †</i>	PEGASYS	Consult doctor
<i>Kidney Disease † Phosphate Binders</i>	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO
<i>Menopausal Symptom Agents Oral</i>	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	MENEST OSPHENA PREMARIN	estradiol
<i>Menopausal Symptom Agents Transdermal</i>	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents Vaginal</i>	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>Musculoskeletal</i>	carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC* 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC* 69036091010 only) methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
<i>Nephropathic Cystinosis</i>	PROCYSBI	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAPT ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis †</i> Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis †</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence †</i> Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Pain Headache †	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Bupap</i> <i>Vtol LQ</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen,</i> <i>naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT,</i> <i>ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or</i> <i>naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan,</i> <i>zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY,</i> <i>ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
Pain Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone,</i> <i>morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>



Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<b>Pain and Inflammation †</b> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
<b>Parkinson's Disease</b>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
<b>Phenylketonuria</b>	KUVAN	sapropterin
<b>Postherpetic Neuralgia</b>	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
<b>Premenstrual Dysphoric Disorder (PMDD)</b>	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
<b>Prenatal Vitamins <sup>9</sup></b>	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	generic prenatal vitamins
<b>Prostate Condition</b> Benign Prostatic Hyperplasia †	JALYN	dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Pseudobulbar Affect</i>	NUEDEXTA	Consult doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector</i> , AUVI-Q, EPIPEN, EPIPEN JR
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory Idiopathic Pulmonary Fibrosis</i>	ESBRIET	<i>pirfenidone</i> , OFEV
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution</i> , PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> <i>zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
<i>Testosterone Replacement † Androgens</i>	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Urea Cycle Disorders</i>	BUPHENYL RAVICTI	<i>sodium phenylbutyrate</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
Atopic Dermatitis †	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product on the first day of any calendar month.
Autoimmune and Hepatitis C †	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents <sup>1</sup>	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.

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	BETAPACE AF	CORDRAN OINTMENT
ACANYA	BETIMOL	CORDRAN TAPE
ACIPHEX	BEVESPI AEROSPHERE	COREG CR
ACIPHEX SPRINKLE	BEYAZ	<i>CoreMino</i>
ACTEMRA ACTPEN	<i>bimatoprost solution 0.03%</i>	COZAAR
ACTEMRA INTRAVENOUS	BORTEZOMIB	CRESEMBA
ACTEMRA SUBCUTANEOUS	BOTOX	CRESTOR
ACTICLATE	BREEZE 2 STRIPS AND KITS <sup>®</sup>	CUPRIMINE
<i>Activite</i>	BROMSITE	<i>cyclobenzaprine ext-rel capsule</i>
ACTOS	<i>budesonide ext-rel</i>	<i>cyclobenzaprine tablet 7.5 mg</i>
ACUVAIL	<i>Bupap</i>	CYMBALTA
<i>acyclovir cream</i>	BUPHENYL	CYTOMEL
<i>adapalene pad</i>	<i>bupropion ext-rel tablet 450 mg</i>	DARAPRIM
ADCIRCA	<i>butalbital-acetaminophen capsule</i>	DAYTRANA
ADDERALL	<i>butalbital-acetaminophen tablet 25-325 mg</i>	DELZICOL
ADDERALL XR	<i>butalbital-acetaminophen tablet 50-300 mg</i>	DESFERAL
ADRENALIN	BUTALBITAL-ACETAMINOPHEN	<i>desonide gel</i>
ADZENYS XR-ODT	(NDC* 69499034230 only)	<i>desoximetasone ointment 0.05%</i>
AFINITOR	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>DesRx</i>
AFINITOR DISPERZ	BUTRANS	DETROL LA
<i>albuterol sulfate CFC-free aerosol</i>	BYDUREON BCISE	<i>dexchlorpheniramine</i>
(NDC* 66993001968 only)	BYETTA	<i>Dexifol</i>
ALEVICYN GEL	CAFERGOT	DEXILANT
ALEVICYN SG	<i>calcipotriene cream</i>	<i>dexlansoprazole delayed-rel</i>
ALEVICYN SOLUTION	<i>calcipotriene foam</i>	<i>diclofenac potassium capsule 25 mg</i>
ALIMTA	CALCIPOTRIENE FOAM	<i>diclofenac potassium tablet 25 mg</i>
ALIQOPA	<i>calcipotriene-betamethasone</i>	<i>diclofenac sodium solution 2%</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>®</sup>	<i>calcitriol ointment</i>	<i>Diclofex DC</i>
ALREX	CAMBIA	<i>DicloHeal-60</i>
ALTOPREV	<i>CapsFenac Pak</i>	<i>Diclosaicin</i>
ALVESCO	<i>Capsinac</i>	DIFFERIN LOTION
AMITIZA	CARAC	<i>diflorasone cream</i>
AMRIX	CARAFATE	<i>diflorasone ointment</i>
ANDROGEL	CARBINOXAMINE TABLET 6 MG	<i>dihydroergotamine spray</i>
APEXICON E	CARDIZEM	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>
APIDRA	CARDIZEM CD	DIOVAN
APOKYN	CARDIZEM LA	DIOVAN HCT
APTENSIO XR	<i>carisoprodol 250 mg</i>	<i>Diphen Elixir</i>
APTIVUS	CARNITOR	DORYX
ARALAST NP	CARNITOR SF	DORYX MPC
ARANESP	CAYSTON	<i>doxepin cream</i>
ARCALYST	CELEBREX	<i>doxycycline hyclate delayed-rel tablet</i>
ARNUITY ELLIPTA	<i>chlordiazepoxide-clidinium</i>	<i>doxycycline hyclate tablet 50 mg</i>
ARTHROTEC	(NDCs* 11534019701, 42494040901, 51293069601,	<i>doxycycline hyclate tablet 75 mg</i>
ASACOL HD	51293069610, 67877073101, 70700018501 only)	<i>doxycycline hyclate tablet 150 mg</i>
ASMANEX	<i>chlorzoxazone 250 mg</i>	<i>doxycycline monohydrate capsule 75 mg</i>
ASMANEX HFA	<i>chlorzoxazone 375 mg</i>	<i>doxycycline monohydrate capsule 150 mg</i>
ATACAND	<i>chlorzoxazone 500 mg (NDC* 73007001303 only)</i>	<i>doxycycline monohydrate delayed-rel capsule</i>
ATACAND HCT	<i>chlorzoxazone 750 mg</i>	DULERA
ATIVAN	CHORIONIC GONADOTROPIN	DUOBRII
ATOPADERM	CIALIS	DUTOPROL
ATRIPLA	CICATRACE	DYMISTA
AVASTIN	CILOXAN	DYRENIUM
AVENOVA	CIMZIA LYOPHILIZED POWDER	EDARBI
AVSOLA	CINRYZE	EDARBYCLOR
AZASITE	CIPRO HC	EDLUAR
AZELEX	CIPRODEX	E. E. S. GRANULES
AZESCO	<i>ciprofloxacin-fluocinolone</i>	EFFEXOR XR
AZOR	CITRANATAL	ELELYSO
BALCOLTRA	<i>clindamycin gel (NDC* 68682046275 only)</i>	ELIDEL
BANZEL SUSPENSION	<i>clobetasol emollient foam</i>	ELMIRON
BARACLUDE TABLET	<i>clobetasol spray</i>	<i>EluRyng</i>
BEAU RX	CLOBEX SPRAY	ENLITE CONTINUOUS
BECONASE AQ	<i>clocortolone cream</i>	GLUCOSE MONITORING SYSTEM
BENEFIX	COLAZAL	ENTERAGAM
BENICAR	<i>colchicine capsule</i>	ENTYVIO (For Crohn's Disease Only)
BENICAR HCT	COLCRYS	EPANED
BENSAL HP	COMPLERA	EPICERAM
<i>benzonatate (NDCs* 69336012615, 69499032915 only)</i>	CONCERTA	EPIVIR HBV
BEPREVE	CONSENSI	EPOGEN
BERINERT	CONTOUR NEXT STRIPS AND KITS <sup>®</sup>	<i>ergotamine-caffeine</i>
BETAMETHASONE ACETATE-	CONTOUR STRIPS AND KITS <sup>®</sup>	ERYPED
BETAMETHASONE SODIUM PHOSPHATE	CONTRAVE	ESBRIET
<i>betamethasone dipropionate ointment 0.05%</i>	CORDRAN CREAM	<i>estradiol vaginal tablet</i>
BETAPACE	CORDRAN LOTION	ESTRING

ethinyl estradiol-etonogestrel  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EXFORGE  
EXFORGE HCT  
EXJADE  
EXTAVIA  
FABIOR  
FANAPT  
FEIBA  
FEMRING  
fenofibrate capsule 50 mg  
fenofibrate capsule 130 mg  
fenofibrate tablet 40 mg  
fenofibrate tablet 120 mg  
FENOGLIDE TABLET 120 MG  
fenopropfen  
FENOPROFEN CAPSULE  
FERIVA 21/7  
FERRIPROX  
Fexmid  
FINACEA GEL  
FIORICET CAPSULE  
FIRAZYR  
FLAREX  
FLOVENT DISKUS  
flucytosine capsule 500 mg  
fluocinonide cream 0.1%  
fluorouracil cream 0.5%  
fluoxetine tablet (generics for SARAFEM only)  
fluoxetine tablet 60 mg  
flurandrenolide cream  
flurandrenolide lotion  
flurandrenolide ointment  
FML FORTE  
FML LIQUIFILM  
FML S.O.P.  
FOCALIN XR  
FOLLISTIM AQ  
Folvite-D  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS 8  
FULPHILA  
GEL-ONE  
Genicin Vita-S  
GENOTROPIN  
GLASSIA  
GLEEVEC  
GLUCAGEN HYPOKIT  
GLUCAGON EMERGENCY KIT  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX  
GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
GUARDIAN REAL-TIME CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
halcinonide cream  
HALOG  
heparin sodium in 5% dextrose  
HEPARIN SODIUM IN 5% DEXTROSE  
HEPSERA  
HERCEPTIN  
HERCEPTIN HYLECTA  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE  
HUMULIN 70/30 4

HUMULIN N 4  
HUMULIN R 4  
HYALGAN  
hydrocortisone butyrate lipophilic cream 0.1%  
hydrocortisone butyrate lotion  
HylaVite  
hyoscyamine sulfate ext-rel  
HYSINGLA ER  
HYZAAR  
Iclofenac CP  
ICLUSIG  
icosapent ethyl  
INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL  
INDOCIN  
indomethacin capsule 20 mg  
Inflamacin  
INFLECTRA  
INNOPRAN XL  
INTRAROSA  
INTUNIV  
INVELTYS  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
isosorbide dinitrate 40 mg  
ivermectin cream  
IXINITY  
JADENU  
JALYN  
JENTADUETO  
JENTADUETO XR  
JUXTAPID  
KAMDOY  
Kapzin DC  
KAZANO  
KEPPRA  
KEPPRA XR  
ketoconazole foam 2%  
Ketodan  
ketoprofen capsule 25 mg  
ketoprofen ext-rel capsule  
KINERET  
KOMBIGLYZE XR  
KORLYM  
KUVAN  
KYPROLIS  
LACRISERT  
LACTULOSE PAK  
LAMICTAL  
LAMICTAL ODT  
LAMICTAL XR  
LANOXIN TABLET (125 MCG and 250 MCG only)  
lansoprazole delayed-rel orally disintegrating tablet  
lanthanum carbonate  
LANTUS  
LASTACFT  
LAZANDA  
LESCOL XL  
LETAIRIS  
LEUKINE  
levorphanol  
LEXAPRO  
LEXIVA  
LIALDA  
LIBRAX  
LIDOCAINE-TETRACAINE CREAM  
(NDC\* 71800063115 only)  
LIDOTREX  
LILETTA  
LIPITOR  
LITHOSTAT  
LIVALO  
Lofena  
Lorid  
Lorzone  
LOTEMAX

LOTEMAX SM  
luliconazole  
LUNESTA  
LUPRON DEPOT  
LYRICA  
MACRODANTIN  
Matzim LA  
MAVYRET  
MAXALT  
MAXALT-MLT  
MAXIDEX  
mefenamic acid (NDC\* 69336012830 only)  
MEKINIST  
meloxicam capsule  
MENEST  
metaxalone 400 mg  
metformin ext-rel  
(generics for FORTAMET and GLUMETZA only)  
methocarbamol 500 mg (NDC\* 69036091010 only)  
methocarbamol 750 mg  
(NDCs\* 69036093090, 70868090190 only)  
MIACALCIN INJECTION  
MICARDIS  
MICARDIS HCT  
Migergot  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
minocycline ext-rel  
MIRVASO  
Mondoxyne NL capsule 75 mg  
MONOVISC  
MOVANTIK  
MOVIPREP  
MULTAQ  
MultiPro  
mupirocin cream  
MYRBETRIQ  
MYTESI  
NAPRELAN  
naproxen CR  
naproxen suspension  
naproxen-esomeprazole  
NEO-SYNALAR  
NESINA  
NEULASTA  
NEULASTA ONPRO  
NEUPOGEN  
NEVANAC  
NEXIUM  
NEXTERONE  
niacin tablet 500 mg  
Niacor  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
nitrofurantoin (NDC\* 16571074024 only)  
NITYR  
Nolix  
NORGESIC FORTE  
NORITATE  
NORPACE  
NORVASC  
NOURIANZ  
NOVAREL  
NOVO NORDISK NEEDLES 8  
NOXAFIL  
NPLATE  
NUCALA LYOPHILIZED POWDER  
NUCYNTA  
NUCYNTA ER  
NuDico SoluPak  
NuDico TabPak  
NUEDEXTA  
NUTROPIN AQ



NUVIGIL  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE  
OMNIVEX  
ONFI  
ONGLYZA  
ORENCIA INTRAVENOUS  
*orphenadrine-aspirin-caffeine*  
*Orphenesic Forte*  
ORTHO D  
ORTHO DF  
ORTHOVISC  
OSENI  
OSMOPREP  
OSPHERA  
OTREXUP  
OWEN MUMFORD NEEDLES 6  
*oxiconazole* (NDCs\* 00168035830, 51672135902 only)  
OXYCONTIN  
*oxymorphone ext-rel*  
OXYTROL  
*pantoprazole delayed-rel suspension*  
*paroxetine HCl ext-rel* (NDC\* 60505367503 only)  
*paroxetine mesylate capsule 7.5 mg*  
PAXIL  
PAXIL CR  
*peg 3350-electrolytes* (generics for MOVIPREP only)  
PEGASYS  
*Pennaiccin*  
PENNSAID  
PENTASA  
PERCOCET  
PERRIGO NEEDLES 6  
PEXEVA  
PLAVIX  
POLYTOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRED FORTE  
PRED MILD  
*prednisolone solution 10 mg/5 mL*  
*prednisolone solution 20 mg/5 mL*  
PREGNYL  
PREMARIN  
PREMARIN CREAM  
PRENATAL PLUS  
PREVACID  
PREVIDENT  
PRILOSEC  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT  
PROCYSBI  
PRODIGEN  
PROMETRIUM  
PROTONIX  
PROVAD  
PROVENTIL HFA  
PROVIGIL  
PROZAC  
PSORCON  
QNASL  
QTERN  
*quazepam*  
QUILLICHEW ER  
QUILLIVANT XR  
QVAR REDIHALER  
RAPAFLO  
RAVICTI  
RAYOS  
RECEDO

REMODULIN  
RENFLEXIS  
REPATHA  
REVIATIO  
RHEUMATE  
RIABNI  
RIBOZEL  
RIMSO-50  
RIOMET  
RITUXAN  
RIXUBIS  
ROZEREM  
RUBRACA  
*RyClora*  
SABRIL  
SAIZEN  
SANDOSTATIN LAR  
SCARSILK PAD  
SEASONIQUE  
SEROQUEL XR  
SIGNIFOR LAR  
SIL-K PAD  
SILENOR  
SILVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SOMAVERT  
SORILUX  
SPRIX  
STENDRA  
STRIBILD  
SUBOXONE  
SUBSYS  
*sucralfate suspension*  
*sumatriptan-naproxen*  
SUPREP  
*Sure Result DSS Premium Pack*  
SUTENT  
SYMJEPI  
SYNERDERM  
SYNVISC  
SYNVISC-ONE  
SYPRINE  
TAFINLAR  
TALIVA  
*Targadox*  
TASIGNA  
*tavaborole*  
TAYTULLA  
TAZORAC  
TECFIDERA  
TESTIM  
*testosterone gel 1%*  
(authorized generics for TESTIM and VOGELXO only)  
THEO-24  
THIOLA  
THIOLA EC  
TIMOPTIC OCUDOSE  
TIROSINT  
TOBI  
TOBI PODHALER  
TOBRADEX ST  
*topiramate ext-rel capsule* (generics for QUDEXY XR only)  
TOPROL-XL  
*Tovet*  
TOVIAZ  
TRACLEER  
TRADJENTA  
*tramadol* (NDC\* 52817019610 only)  
*tramadol ext-rel capsule*  
TRANSDERM SCOP  
TRAVATAN Z  
TRELSTAR MIXJECT

TREXIMET  
*triamcinolone aerosol 0.2%*  
*triamcinolone ointment 0.05%*  
*Trianex*  
TRICOR  
TRIVIDA INSULIN SYRINGES 6  
*TronVite*  
TRUVADA  
TRUXIMA  
TUDORZA  
UDENYCA  
ULORIC  
ULTIMED INSULIN SYRINGES 6  
ULTIMED NEEDLES 6  
ULTRAVATE  
UROXATRAL  
VALCYTE  
VALTREX  
*Vanoxide-HC*  
VASCULERA  
VECTICAL  
VELTIN  
*venlafaxine ext-rel tablet* (except 225 mg)  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
VIIBRYD  
VIRACEPT  
VISCO-3  
VITAFOL-ONE  
*Vitasure*  
VIVELLE-DOT  
VOGELXO  
VOTRIENT  
*Vtol LQ*  
XALKORI  
XANAX  
XANAX XR  
XENAZINE  
XENICAL  
XOLEGEL  
XOPENEX HFA  
*Xvite*  
XYZBAC  
YASMIN  
YAZ  
*Yuvaferm*  
ZALVIT  
ZARXIO  
ZEGERID  
ZELAC  
ZEMAIRA  
ZEPATIER  
ZERVIAE  
ZESTORETIC  
ZETIA  
ZETONNA  
ZIANA  
*Ziclopro*  
*zileuton ext-rel*  
ZIRGAN  
ZOLADEX  
ZOLOFT  
*zolpidem sublingual*  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORVOLEX  
ZUPLENZ  
ZYLET  
ZYTIGA  
ZYVIT

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

<sup>†</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>\*</sup> 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.

<sup>\*\*</sup> Listing does not include certain NDCs\*.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, they should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> 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).

<sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> 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.

<sup>8</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

<sup>9</sup> Generic prenatal vitamins are the only preferred options.

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