Meritain Health®
an aetna® company



Valdez City Schools

A Guide to Your Benefits and Enrollment

www.meritain.com

©2026–2027 Meritain Health, Inc.

Bring Healthy Balance Back to Your Life

Meritain Health® knows it's important to understand how your benefits work

That's why this packet contains:

- Useful information about your benefits plan.
- Everything you need to choose the best options for you and your family.
- Instructions on how to enroll and begin using your new benefits.



Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their to-do lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that your employer provides tools, resources and benefits to help you regain your best life and make smart health care decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description (SPD) and is not intended to replace the benefit summary or schedule of benefits contained within the plan. If any provision of these materials is inconsistent with the language of the plan, the language of the plan will govern. Meritain Health is not an insurer or guarantor of benefits under the plan.



What's Inside?

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Health care benefits when you're sick

- Inpatient and outpatient care
- Home health care
- Rehabilitation services
- Doctor visits and prescription drugs with reasonable copays
- Mail order and online prescription options
- A large and convenient provider network
- Dental care
- Vision care

Support when you need it

- Transcarent Surgery Care™
- **www.meritain.com**—access easy-to-use decision support tools that help you weigh your care options, and provide cost and quality information.



No Surprises, Just Information

In this section

- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage

How health care reform affects your plan

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform, includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing. Be sure to review the important information about the ACA that is included throughout this kit.

Questions regarding how health care reform affects your plan can be directed to Meritain Health at **1.866.808.2609**. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1.866.444.3272** or online at **www.dol.gov/ebsa/healthreform**.

Important things to know about eligibility

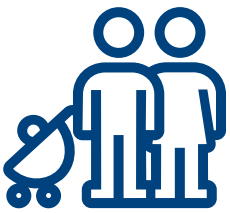
Health plans are put together carefully to provide the best benefits possible for participants. Meritain Health knows how important it is for health care consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed, with no surprises.

Healthy balance for your family, too

Your family members can reap the rewards of the plan, too. Health care benefits are available for every eligible dependent. It's a great way to help your family members find the right balance between life's "roller-coaster ride" and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!

Special enrollment situations

In these situations, you may be able to add, delete or change your benefit choices:



- Adoption
- Birth
- Involuntary loss of other benefits
- Marriage
- Placement of a child in your home for adoption

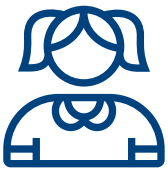
If you're adding a dependent to your benefits through a special enrollment situation, let your employer know within 30 days of the marriage, birth, adoption, etc.

Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- A domestic partner that is living in your home.
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.

ACA note: dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step or adopted child (including a child placed for adoption) until the end of the month in which such child reaches age 26.



Please refer to your SPD for specific requirements.

Family members covered by a different plan

If a family member is covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

When your dependents are not eligible for benefits under your plan

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.



When you have benefits from two group plans

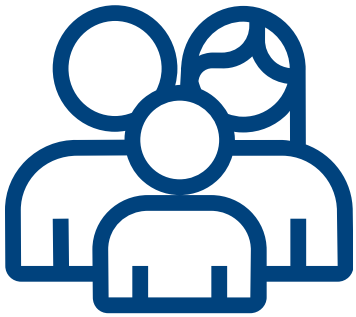
If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which plan would be the primary plan.

The birthday rule

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent's birthday is January 12 and the other parent's is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.



If you say "no" to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pros and cons of that decision. Important: if you don't enroll now, you'll have to wait for your employer to offer an open enrollment period.

If you lose other group benefits that you or your dependents might have, and it's not your fault (for example, the covered person is laid off or let go from a job) you'll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan without waiting for your employer's open enrollment period. These are considered *qualifying events*.

Open enrollment period

If you waive or decline benefits at first but change your mind later, you can sign up during the time period designated by your employer. Refer to your SPD to determine when your plan offers open enrollment.



Balancing Your Life Means Protecting Your Health

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. Meritain Health is here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

In this section

- Preventive care
- Online tools
- Using your benefits
- Transcarent Surgery Care
- Medical management and precertification
- Dental care
- Vision care
- Prescription benefits



Preventive care for you and your family—protecting your healthy balance

Q

Question: Which is better: taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

A

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Your Member Website

Your Meritain Health member website at **www.meritain.com** is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your health care dollars.

Your online tools and resources

With an account you can:

- Look up health and wellness topics.
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Access your Prescription Benefit Manager's website where you can look up prescription and over-the-counter drug information.
- Order ID cards (view, print or request new cards).



Your secure member website

Scan the QR code and click on the link to register or visit **www.meritain.com**. Then, in the top right corner, click *Register*.

New users can create an account by following the easy instructions. You'll need your health plan ID card the first time. Remember, each member of your family can have an account, too.

Returning users, just sign in using your username and password. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at **1.866.808.2609**.

Members have the right to ask their health plan to place restrictions on (1.) the way the health plan uses or discloses their PHI for treatment, payment or health care operations; and (2.) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, or close friends).

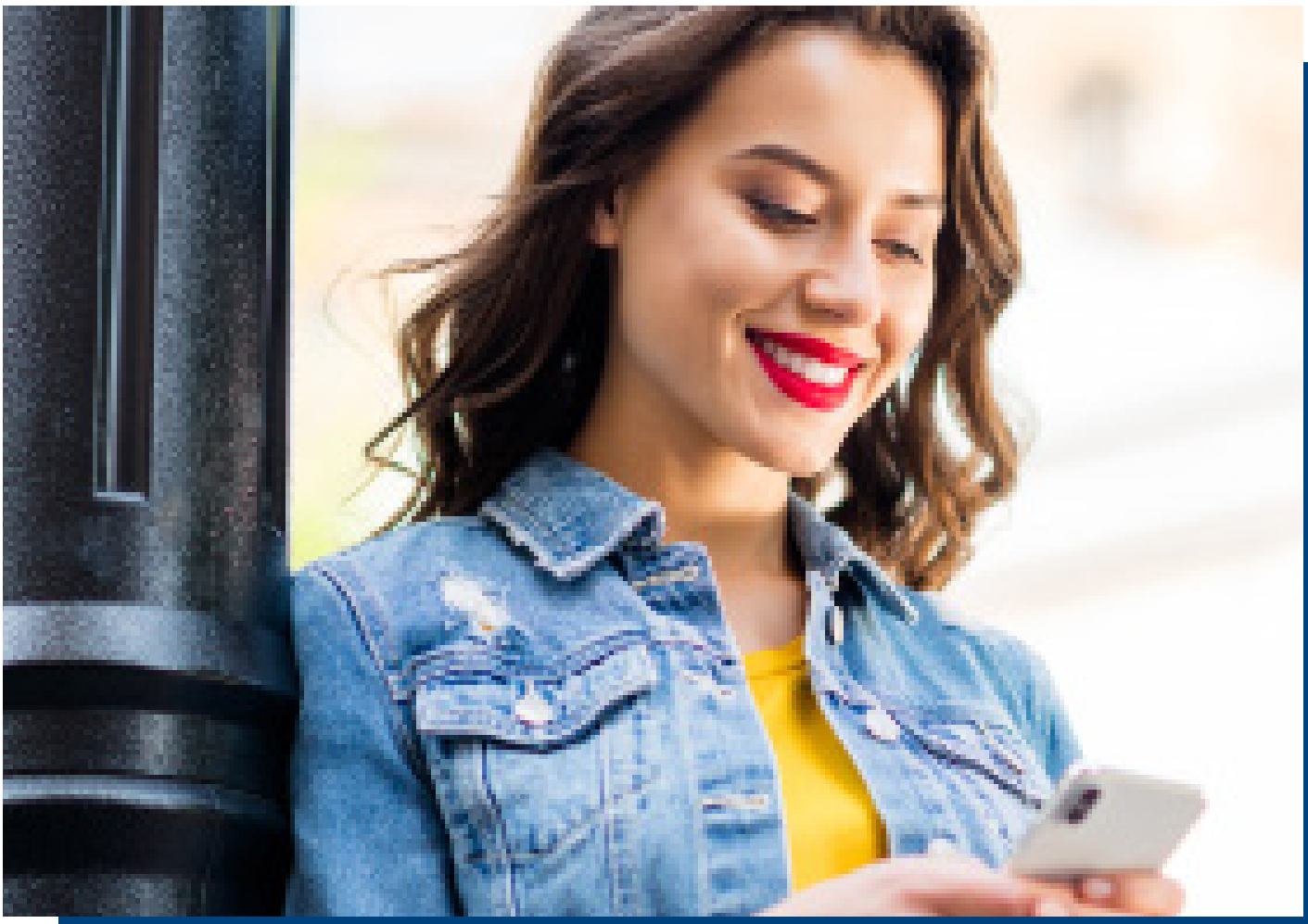
How to access your mobile app

iPhone®

- Once you log in to your member website through **www.meritain.com**, click the icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the web page.

Android™

- Once you log in to your member website through **www.meritain.com**, you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.



Using your medical benefits

Save when you see network providers

Your plan offers a provider network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: if you go outside the network, you still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

No referrals

You don't have to choose a primary care doctor to direct all your care or provide referrals to specialists, but Meritain Health recommends you build a relationship with a "home base" doctor, one who has all of your records and health history. For the best benefits, see specialists that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost.

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

Re-claiming your time

With some health plans, paperwork can put you over the edge. Time-consuming and complicated, claim forms rob you of precious time and the balance you seek. That's why Meritain Health network providers file your claims for you. Pay your copay (if applicable), and you're on your way!



Helpful tip

It's important to know what is covered under your health plan. This can help you to plan for the cost of your health care expenditures. Refer to your SPD for more information.

Transcarent Surgery Care™

The plan provides you and your eligible dependents with an option to receive certain surgical procedures through the Transcarent Surgery Care when a treating physician recommends certain covered expenses and you or your eligible dependent elects to receive treatment at certain medical providers participating in the Transcarent Network ("Transcarent Providers"). The Transcarent Surgery Care is only available to you and your eligible dependents if coverage under this plan is primary. If you and/or your eligible dependents have other health coverage that causes this plan to pay secondary you and/or your dependents may not be eligible for benefits under the Transcarent Surgery Care.

Transcarent Surgery Care

Your plan has been enhanced to include the Transcarent Surgery Care giving you access to:

- Centers of Excellence for major planned surgeries and procedures
- Coverage for travel costs for you and a companion
- Provisions to eliminate your out-of-pocket costs
- A dedicated Care Coordinator who provides concierge service & support

The Transcarent Surgery Care includes coverage for the following procedures:

- Cardiac procedures
- Spine surgeries
- Vascular surgeries
- Specific cancer treatments
- Orthopedic surgeries
- Other planned surgeries

If you or family members have the need for a procedure, you will want to explore what the Transcarent Surgery Care can do for you.

Questions? Contact Transcarent at **1.888.387.3909** to speak with a Care Coordinator and explore what the Transcarent Surgery Care can do for you.

Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of Meritain Health Medical Management. Meritain Health Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Medical Management nurses

Our Medical Management nurses focus on:

- The recommended treatment for your health condition.
- The proposed location of your treatment.
- The proposed length of stay at that location.
- The cost-effectiveness of your treatment and setting.

Note: You and your doctor always have the right to appeal a decision made by the medical management team if you disagree with their decision. A panel of doctors will review the appeal.

Meritain Health Medical Management



You can contact a Medical Management nurse by calling **1.800.242.1199**.



2026 Model Precertification List

You can help make sure you and your family get quality health care when and where you need it. The Meritain Health Medical Management Program is designed to ensure that you and your eligible dependents receive the right health care while avoiding unnecessary costs.

All Inpatient Admissions

- Acute
- Long-term acute care
- Rehabilitation facility
- Mental health/substance use disorder
- Obstetric (only required if days exceed Federal mandate)
- Residential treatment facility
- Transplant (excluding cornea)
- Skilled nursing facility

Outpatient and Physician: Surgery

- Back surgeries
- Osteochondral allograft, knee
- Hysterectomy (including prophylactic)
- Autologous chondrocyte implantation, carticel
- Transplant (excluding cornea)
- Balloon sinuplasty
- Sleep apnea related surgeries, limited to:
  - Radiofrequency ablation (coblation, somnoplasty)
  - Uvulopalatopharyngoplasty (UPPP), including laser-assisted procedures

Outpatient and Physician: Diagnostic Services

- PET (including SPECT)
- Capsule endoscopy
- Genetic testing, including BRCA
- Sleep study

Outpatient and Physician: Continuing Care Services

- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant related injections, infusions and treatments (e.g., CAR-T, endocrine and immunotherapy), excluding supportive drugs (e.g., antiemetic and antihistamine)
- Gene Therapies
- Hyperbaric oxygen therapy
- Home healthcare
- Durable Medical Equipment (DME), limited to electric/motorized scooters or wheelchairs and pneumatic compression devices.

Meritain Health®
an aetna company

Outpatient and Physician: Potentially Cosmetic Procedures

- Abdominoplasty
- Blepharoplasty
- Facial Skin Lesions (Photo Therapy, Laser Therapy - excluding MOHS)
- Hernia Repair, abdominal and incisional (only when associated with a cosmetic procedure)
- IDET (thermal intradiscal procedures)
- Liposuction/Lipectomy
- Mammoplasty, augmentation, and reduction (including removal of implant)
- Mastectomy (including gynecomastia and prophylactic)
- Morbid Obesity Procedures
- Orthognathic Procedures (e.g., Genioplasty, LeFort osteotomy, Mandibular ORIF, TMJ)
- Otoplasty
- Panniculectomy
- Rhinoplasty
- Rhytidectomy
- Scar Revisions
- Septoplasty
- Varicose Vein Surgery/Sclerotherapy

Precertification process

We recommend you obtain precertification from your plan if procedures could be considered experimental/investigational or are potentially cosmetic in nature (such as, but not limited to: abdominoplasty, cervicoplasty, liposuction/ lipectomy, mammoplasty, augmentation and reduction [includes removal of implant], morbid obesity procedures, septoplasty, etc.).

Precertification of these services ensures the requested service is medically necessary and appropriate. All items listed here may not be covered under your plan even if it is determined that the requested service is medically necessary. To determine whether a benefit is covered or excluded, please review the eligible medical benefits and/or exclusions sections of your plan.

Prenotification

Prenotification is used to inform the Medical Management program of upcoming services. It is a data-entry process and does not require judgment or interpretation for medical necessity. Prenotification is set in motion by a telephone call from you, the patient, or a representative acting on your behalf or on behalf of the patient. There are no reductions of benefits or penalties if prenotification is not performed.

- Biopsies (excluding skin)
- Creation and revision of arteriovenous fistula or vessel-to-vessel cannula for dialysis treatment delivery
- CT for non-orthopedic
- Dialysis
- MRI for non-orthopedic
- Obstetric - prenotification only (precertification only required if days exceed Federal mandate)
- Oophorectomy: unilateral and bilateral
- Open prostatectomy
- Thyroidectomy, partial or complete
- Transplant Evaluation (excluding cornea)
- Vascular access devices/ports for chemotherapy delivery

Questions? If you have any questions, we can help. Just call us at the number on your ID card.

Simple. Transparent. Versatile.
At Meritain Health®, we're creating unrivaled connections.

Follow us: @meritainhealth | Meritain Health

www.meritain.com | © 2025–2026 Meritain Health, Inc.

Meritain Health®
an aetna company

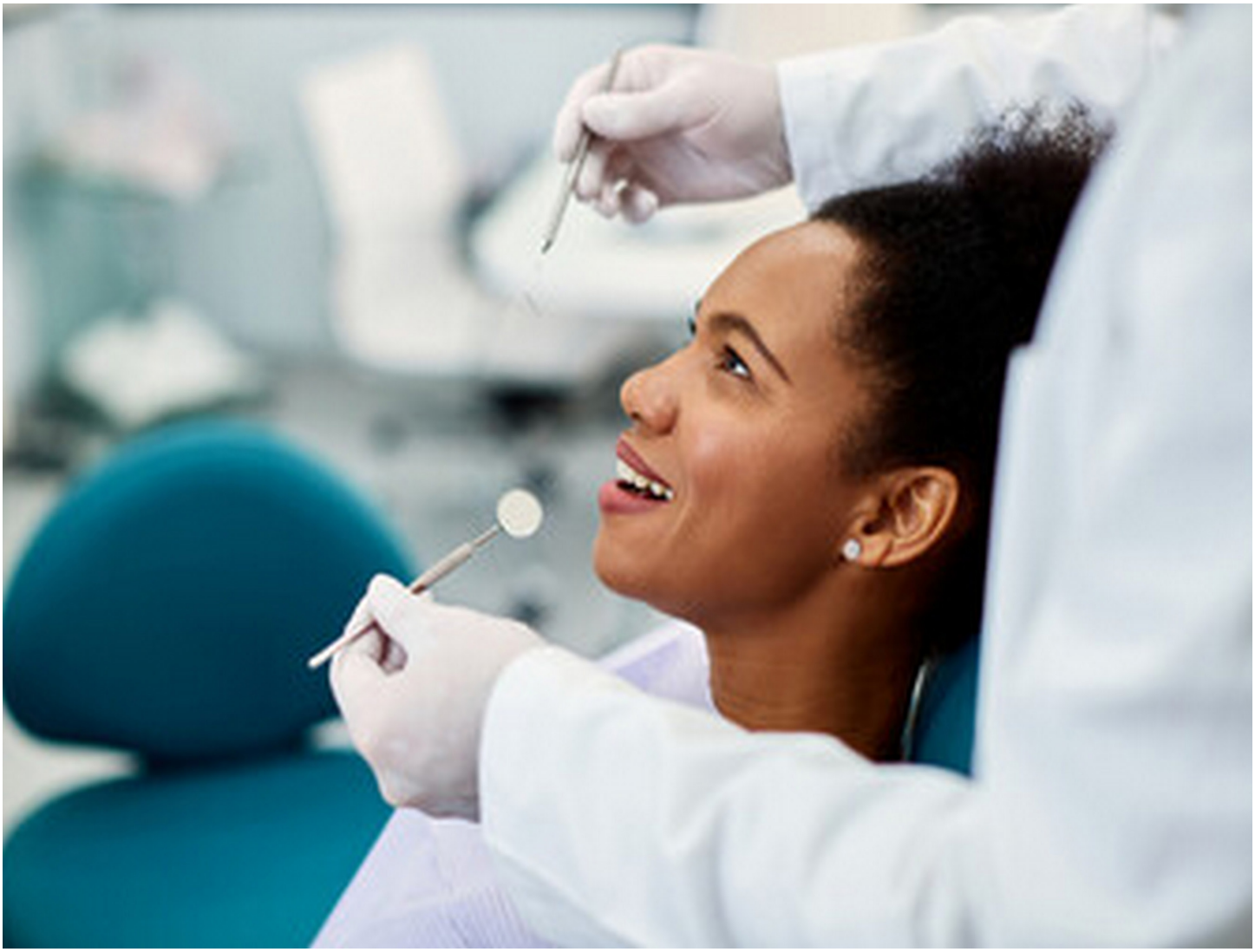
Improve your overall health with dental benefits

It's amazing how important your oral health can be to your body's total balance and wholeness. Did you know that good dental care not only helps to prevent periodontal disease, but can also add as many as six years onto your life? That's just one of the reasons why this plan includes dental care benefits for you and your enrolled dependents. Regular check-ups can keep your smiles bright and beautiful.

If you have any questions about your dental treatment plan, you can call Customer Service at **1.866.808.2609.**

Vision care—part of any balanced health care picture

To lead your busy life, you need to protect your vision, so your benefit plan includes eye care. Visit any vision care provider and pay for your care at the time you receive it. Then download a claim form at **www.meritain.com** and send the completed claim to Meritain Health at the address shown on your ID card.



Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by National Cooperative Rx, powered by CVS Caremark.

Controlling your prescription copay

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



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

Why generics make sense

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

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

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

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

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

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

At your local pharmacy

When you need a prescription for 90 days or less, have it filled at a participating pharmacy. Just show the pharmacist your Meritain Health ID card and pay your copay at the time of your purchase. If the pharmacy you choose is not in-network and your plan allows reimbursement for out-of-network pharmacies, you'll pay the entire cost at the time of purchase, then submit a claim for reimbursement. You'll receive the same amount that a participating pharmacy would receive, minus your copay.

By mail order

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

Online

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

Prescriptions and Meritain.com

By logging in to **www.meritain.com**, you can access your Prescription Benefit Manager's site where you can:

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

Not every drug is covered

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

Certain drugs must be approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. Trained professionals review these prescriptions for your protection. You may need a new written prescription from your doctor for each refill. For more information, see your SPD or contact National Cooperative Rx at **1.866.818.6911**.

Helpful tip



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

Find Balance Between a Good Life and Good Health

Are you ready for a health plan that can help restore balance to your life? It's simple to enroll—just follow the four steps below. If you have any questions during the enrollment process, check with your benefits administrator. Once you've completed Step 4 and you've served any waiting period, you're on your way to a fresh new approach to living your best health.

Step 1—gather your information

For a complete, efficient enrollment, you may need some of the following information:

- Spouse's and children's birth dates.
- Spouse's and children's Social Security Numbers (SSN).
- Date of marriage.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.
- If your benefits will include life insurance, your beneficiaries' names and SSNs.

Step 2—double-check every form

The decisions you make as you enroll in your health plan will affect your future health care and finances. We want to help you choose wisely. If you have not yet read the earlier sections of this packet, take time to do it now. Don't enroll without understanding your options.

Consider:

- Your personal health and the health of your family members.
- Health care expenses you can predict for you and your family.
- Other health benefits you or your family members may have.
- Your budget for benefits and expected health care services.

Step 3—make your decision

It's time to make changes in the way you think about your health and your health care. It's time to step up, take charge and make the best use of your plan, your money and your time. Are you ready to commit to better health, a better life—and the balance you want? Meritain Health is ready and committed to helping you.

Enrollment tips—before you enroll, remember:

- Copays and deductibles are out-of-pocket costs you will pay for doctor visits and other medical services.
- If you or any dependent(s) are covered by another health plan, you have several options.
- If you decline benefits now, you won't be able to enroll later unless a special enrollment situation occurs, or during an open enrollment period.

Step 4—complete your enrollment

All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.

Complete, sign and return your enrollment form to your employer within 31 days of your eligibility date whether you're enrolling or declining benefits.

- **Write clearly.** If your form is unreadable, your enrollment may be delayed, or incorrect.
- **Don't forget the back side.** Missing or incomplete information will delay your enrollment.
- **Sign and date your enrollment form.** Remember to sign and date the form, even if you're declining benefits.

Waiting period



For teachers and administrative employees: Coverage under the plan begins on the date you become an active full-time employee.

For all other employees: Your plan's waiting period ends on the first day following 60 working days from his or her date of hire.

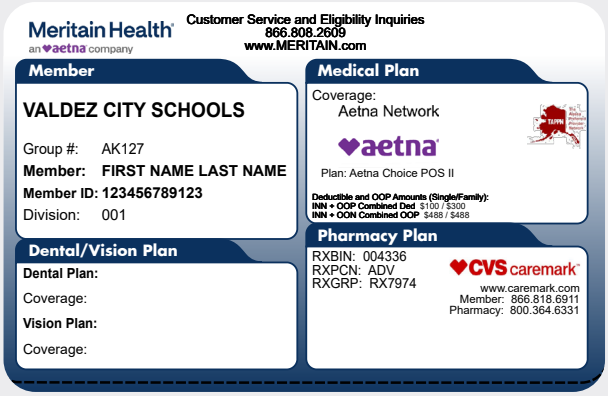
The final step toward better balance and better living

After you've completed enrollment, your employer has approved it, and after any waiting period has passed, your benefits will be effective.

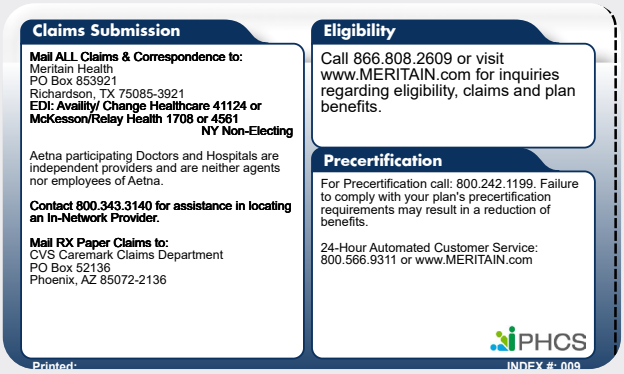
Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID card

Card front



Card back



Lost ID card?

Contact Meritain Health at **1.866.808.2609**, or visit **www.meritain.com** to order new cards.

Until you receive your ID card

Not to worry—If you need to see your doctor but you don't have your ID card yet, just tell the clinic staff that you're a member of this plan. The clinic will contact Meritain Health Customer Service to verify your benefits.

- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your pharmacy coverage information is listed on the front of your card.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

Need to fill a prescription before you receive your ID card?

If you need a prescription before you get your new Meritain Health ID card, just pay for your prescription and send CVS Caremark a completed prescription drug claim form (see the appendix for a copy). Send your receipt and the completed claim form to the address shown on the form and you'll be reimbursed up to plan limits, minus any copay.

- Your pharmacy coverage information is listed on the front of your card, and includes the National Cooperative Rx customer service number and prescription copays.

Appendix

In this section

- Glossary of terms
- Important contact information
- Summary of benefits
- Enrollment forms
- Claim forms
- The Performance Drug List (formulary)

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a health care provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of health care services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Meritain Health Member Website

Your online health information website and your personal connection to your plan. Here you can find health care providers, research health topics and get answers to your questions about health care. The personal information used to access **www.meritain.com** is confidential. You may need the information on your ID card to log in for the first time.

Provider network

Organization that negotiates special, lower rates for health care services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the health care service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Important Contact Information

What do you need help with?	Who to contact	
My medical/dental/vision benefits	Meritain Health Customer Service	1.866.808.2609 www.meritain.com
Participating providers	Aetna provider line TAAPN	1.800.343.3140 www.aetna.com/docfind/custom/mymeritain www.tappn.com
My prescription drug benefits	National Cooperative Rx, powered by CVS Caremark Customer Service	1.866.818.6911
Precertification and Medical Management	Meritain Health Medical Management	1.800.242.1199
Planned surgeries	Transcarent Surgery Care	1.888.387.3909
Enrollment or benefit elections	Valdez City Schools human resources representative	1.907.835.4924

Benefits Summary

MEDICAL SCHEDULE OF BENEFITS

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE		
Single Family	$100 $300	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (excludes Deductible and Prescription Drug Copays)		
Per Covered Person	$488	
MEDICAL BENEFITS		
Ambulance Services	90% after Deductible	90% after Deductible
Air Ambulance Services	90% after Deductible	Paid at Participating Provider level of benefits
Emergency Services – Emergency Medical Condition	90% after Deductible	Paid at Participating Provider level of benefits
Emergency Room - Non-Emergency Medical Condition	90% after Deductible	75% after Deductible
Home Health Care	90% after Deductible	90% after Deductible
Calendar Year Maximum Benefit	130 visits	
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)		
Inpatient	90% after Deductible	75% after Deductible
Room and Board Allowance*	Semi-Private Room Rate*	Semi-Private Room Rate*
Intensive Care Unit	ICU/CCU Room Rate	ICU/CCU Room Rate
Miscellaneous Services & Supplies	90% after Deductible	75% after Deductible
Outpatient	90% after Deductible	75% after Deductible
* A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.		
Mental Disorders and Substance Use Disorders		
Inpatient: Facility Professional/Ancillary Fees	 90% after Deductible 90% after Deductible	 75% after Deductible 90% after Deductible
Outpatient/Telemedicine: Facility Professional/Ancillary Fees	 90% after Deductible 90% after Deductible	 75% after Deductible 90% after Deductible
NOTE: Emergency care (ambulance and Emergency Services/Room) will be paid the same as the benefits for ambulance services and Emergency Services/Room listed above in the Medical Schedule of Benefits, however, the Participating Provider level of benefits will always apply regardless of the provider utilized.		

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Physician's Services		
Inpatient/Outpatient Services	90% after Deductible	90% after Deductible
Office Visits/Telemedicine	90% after Deductible	90% after Deductible
Physician Office Surgery	90% after Deductible	90% after Deductible
Routine Care		
Routine Colonoscopy Age 45 And Over	90% after Deductible	90% after Deductible
Calendar Year Maximum Benefit	1 colonoscopy	
Routine Immunizations – except COVID-19 Vaccine	90% after Deductible	90% after Deductible
COVID-19 Vaccine	100%; Deductible waived	Paid at Participating Provider level of benefits
Routine Mammogram	90% after Deductible	90% after Deductible
Calendar Year Maximum Benefit*	1 mammogram	
*This limit does not apply for a Covered Person with a history of breast cancer; or whose parent or sibling has a history of breast cancer, then as recommend by a Physician.		
Routine Pap Smear, Including Charges Associated With Office Visit	90% after Deductible	90% after Deductible
Calendar Year Maximum Benefit	1 exam	
Routine Prostate Cancer Screening Test, Including PSA**	90% after Deductible	90% after Deductible
Calendar Year Maximum Benefit	1 test	
**This benefit applies to Covered Persons who are (a) at least 35 years of age but less than 40 years of age and the person is in a high risk group. For purposes of this provision, "high risk" means a person who is an African-American or who has a family history of prostate cancer; or (b) 40 or more years of age.		
Surgical Procedures (Transcarent SurgeryCare)	100%; Deductible waived	Not Applicable
NOTE: Certain Surgical Procedures are covered at 100% (Deductible waived) when they are received through the Transcarent SurgeryCare option. Not all Surgical Procedures are eligible for coverage under this option. Please refer to the Transcarent SurgeryCare section for a more detailed description of this benefit.		
Transplants (Facility)	90% after Deductible (Aetna IOE Program)* 75% after Deductible (All Other Network Providers)	75% after Deductible
Donor Expenses Maximum Benefit Per Transplant	Not Applicable	$20,000
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit. Travel and lodging will be paid at 100% with no Deductible.		
NOTE: Cornea transplants performed by any provider are covered under the Plan as a separate benefit and paid the same as any other Illness.		
All Other Eligible Medical Expenses	90% after Deductible	90% after Deductible

PRESCRIPTION DRUG SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
Retail Pharmacy: 90-day supply or 100 unit dose	
Generic Drug	$5 Copay
Brand Name Drug	$10 Copay
Mail Order Pharmacy: 90-day supply or 100 unit dose	
Generic Drug	$5 Copay
Brand Name Drug	$10 Copay

DENTAL SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT (Subject to Usual and Customary Charges)
CALENDAR YEAR DEDUCTIBLE	
Single Family	$25 $75
Type I, II AND III EXPENSES COMBINED CALENDAR YEAR MAXIMUM BENEFIT*	$2,000 per Covered Person
DENTAL BENEFITS	
Type I – Diagnostic & Preventive Services	100%; Deductible waived
Type II – Restorative Services	80% after Deductible
Type III – Reconstructive Services	50% after Deductible
***NOTE:** The dental Calendar Year Maximum Benefit does not apply to pediatric dental care up to age 19.	

Late Enrollment Restriction
Charges Incurred by a Late Enrollee for Restorative Services will not be considered eligible until 6 months from the date his or her coverage begins; and Reconstructive Services will not be considered eligible until 12 months from the date his or her coverage begins. This limitation will not apply to covered charges due solely to an Injury suffered while covered under the Plan.

VISION SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
Eye Exam	90%
Maximum Benefit Per Calendar Year	1 exam
Lenses	
Single vision	90%
Bifocal	90%
Trifocal	90%
Lenticular	90%
Contact lenses	90%
Maximum Benefit Per Calendar Year	2 eyeglass lenses and one 12-month supply of contact lenses
Frames	90% up to $100
Maximum Benefit Per Calendar Year	1 set of frames
***NOTE:** The vision Calendar Year Maximum Benefit does not apply to pediatric vision care up to age 19.	

HEARING SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR DEDUCTIBLE	$0
Maximum Benefit Per 3 Consecutive Year Period – All Services	$400
Exam (When Hearing Aid Device Is Purchased)	80%
Hearing Aid Device	80%



Find Care® Online Directory

Aetna Choice® Point of Service (POS) II

It's easy to find doctors and hospitals in your network

When you and your family need care, you can look for doctors and hospitals in the Aetna Choice POS II network. It's easy when you use the Find Care online directory from Aetna®. *With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

Find Aetna providers online in just a few quick steps

You can use the directory anywhere you have internet access. Just:

1 Visit **https://www.aetna.com/dsepublic/#/mymeritain**.

2 Key in the ZIP code, city, county or state of the desired geographical area in the *Enter location here* field. Click *Search*.

3 Key in *Aetna Choice POS II (Open Access)* under *Select a Plan*. **Or** you can select *Aetna Choice POS II (Open Access)* from the list of plans. Click *Continue*.

4 There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow, choose and click on one of the categories under *Find what you need by category*. **Or see step five.**

5 Use the search box, which includes type-ahead suggestions and will present provider, facility, specialty and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. *What do you want to search for near* (will display your chosen location).

6 Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.

7 Narrow your search results by using the *Filter & Sort* option. Choices include *Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations* and *Provider Type*.

Meritain Health®

an aetna company

Why choose a primary care physician (PCP)?

Meritain Health® does not require you to choose a PCP, but we encourage you to choose one. Your PCP knows your health care needs, so they can help manage your health and coordinate your care. To find and choose a PCP, use the *Find Care* tool on your member website.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 AM–9:00 PM ET, Monday through Friday.



*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Simple. Transparent. Versatile.
At Meritain Health®, we're creating unrivaled connections.

Follow us: @meritainhealth | Meritain Health

www.meritain.com | © 2023–2024 Meritain Health, Inc.

Meritain Health®
an aetna company



MERITAIN HEALTH
An Aetna Company

Need Surgery?

You deserve the best.

With Transcarent Surgery Care, **you pay $0**.

transcarent
SURGERY CARE

Our promise to you:

EXPERIENCE

Leave the details to us. Our Care Coordinators are committed to giving you a better health and care experience. It's the personal support and guidance everyone deserves.

RESULTS

You deserve to be treated like a VIP. We're committed to providing you the best possible outcome, and it starts with access to select providers who have been verified to deliver the best results specific to your needs.

AFFORDABILITY

You don't have to avoid surgery because of cost. Meritain Health and Transcarent are committed to providing you optimal care at a lower out-of-pocket cost to you.



It was a wonderful experience for me. My care coordinator gave me several options. I chose a provider, and she handled everything else. It was so easy and seamless.

— IANTHA
Transcarent Member

Questions? Call Transcarent Surgery Care at **(888) 387-3909**

transcarent
SURGERY CARE

Meritain Health Surgery Care Program Summary

Care Coordination	Your Care Coordinator manages the entire surgery process so you don't have to — from answering your questions, handling paperwork, scheduling appointments, and all the logistics of your surgery, we've got you covered.
Coverage	Surgery costs are covered at 100%. There is no deductible or coinsurance when you choose a Transcarent provider.
Surgery Expenses	Surgery costs paid through Transcarent include: • Preoperative surgeon appointment • Surgery (all facility, anesthesia, surgical staff, and surgeon charges) • In-patient services, if a hospital stay is required • Postoperative surgeon appointment Medical expenses that occur before the preoperative surgeon appointment and after your postoperative appointment are covered by your health plan and subject to plan guidelines, deductible, and coinsurance.
Travel Expenses	If a local surgeon isn't an option and travel over 100 miles (one way) from the patient's primary residence is required, Transcarent pays travel expenses for the patient and a companion, including: • Airfare (coach unless first class is medically necessary) • Lodging (one double occupancy room) • Meals and incidentals allowance: – *$50 per day for the patient when not admitted (days 1-14)* – *$50 per day for a companion (days 1-14)* – *$125 per week per person after 14 days (days 15+)* Airfare and lodging must be arranged by your Transcarent Care Coordinator for coverage. A travel companion is required and must be at least 18 years of age. You'll receive a pre-paid debit card for meals and incidentals a few days before your surgery.
Surgical Procedures	Cardiac, General, Neurological, Orthopedic, Spine, Vascular, and Women's Health. Emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care.

COMPANY NAME: Valdez City Schools *GROUP #:* AK127

BENEFIT ENROLLMENT FORM

MERITAIN® HEALTH
An Aetna Company

THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM
(ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED

LAST NAME	FIRST NAME	MI

SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER ☐ M ☐ F	MARITAL STATUS ☐ Single ☐ Married ☐ Divorced ☐ Widowed

MAILING ADDRESS	CITY	STATE	ZIP

EMAIL ADDRESS

HOME PHONE NUMBER	WORK PHONE NUMBER

ARE YOU THE **EMPLOYEE** COVERED UNDER **ANY** OTHER INSURANCE? ☐YES ☐NO (i.e. Medicare, Tricare, spouse's plan)

IF YES, NAME OF INSURANCE: _____ EFFECTIVE DATE: _____

TYPE OF POLICY (Retiree, COBRA, Spouse): _____ POLICY HOLDER (Self, Spouse): _____

IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____ PART B _____ HICN _____

ENTITLEMENT TO MEDICARE DUE TO: ☐ AGE ☐ DISABILITY ☐ END STAGE RENAL DISEASE (ESRD)

EMPLOYER USE ONLY

DATE OF HIRE	EFFECTIVE DATE

DIVISION #	DEPT. # / CLOCK #

ANNUAL SALARY: $

☐ HOURLY ☐ SALARY

☐ NEW ENROLLMENT
- ☐ Active ☐ Retiree
- ☐ Full Time ☐ Part Time
- ☐ COBRA

☐ ENROLLMENT CHANGE
- ☐ Marriage ☐ Birth ☐ Adoption
- ☐ Reinstatement ☐ Loss of Coverage
- ☐ Other: _____

Employer Representative Signature: _____

Date: _____

BENEFIT SELECTION

COVERAGE TYPE	PLAN ELECTED (IF APPLICABLE)	COVERAGE LEVEL
☐ LIFE/AD&D		☐ SINGLE
☐ MEDICAL/RX/DENTAL/VISION		☐ SINGLE ☐ EMPLOYEE + SPOUSE ☐ EMPLOYEE + CHILD ☐ FAMILY ☐ DECLINE

BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY	NAME:		SECONDARY BENEFICIARY	NAME:	
	RELATIONSHIP:			RELATIONSHIP:	
	SS#:	PERCENTAGE:		SS#:	PERCENTAGE:

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances:
a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or
b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides.
The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.

DEPENDENT FULL NAME (REQUIRED) (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO. (REQUIRED)	RELATIONSHIP (REQUIRED)	DATE OF BIRTH (MM/DD/YY)	GENDER (M/F)	CHECK COVERAGE	DISABLED DEPENDENT*
					☐MEDICAL/RX/DENTAL/VISION	☐YES ☐NO
					☐MEDICAL/RX/DENTAL/VISION	☐YES ☐NO
					☐MEDICAL/RX/DENTAL/VISION	☐YES ☐NO
					☐MEDICAL/RX/DENTAL/VISION	☐YES ☐NO
					☐MEDICAL/RX/DENTAL/VISION	☐YES ☐NO

*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION

COMPANY NAME: **Valdez City Schools**

COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE **ALL** QUESTIONS

IS YOUR SPOUSE EMPLOYED? ☐YES ☐NO IF **YES**, ☐FULL TIME ☐PART TIME SPOUSE EMPLOYER NAME: SPOUSE DATE OF BIRTH:

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS **ENROLLED** IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
☐MEDICAL					
☐PRESCRIPTION					
☐DENTAL					
☐VISION					

COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE **ALL** QUESTIONS

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? ☐YES ☐NO
EMPLOYER PROVIDING COVERAGE:
IF **YES**, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
☐MEDICAL						
☐PRESCRIPTION						
☐DENTAL						
☐VISION						

***COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.**

COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID,TRICARE, ETC.)

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? ☐YES ☐NO IF **YES**, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	HICN	IS MEDICARE COVERAGE DUE TO:
					☐AGE ☐DISABILITY ☐ESRD
					☐AGE ☐DISABILITY ☐ESRD

PLAN DECLARATION

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

NOTICE OF SPECIAL ENROLLMENT PERIODS

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

SIGNATURE AND AUTHORIZATION

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE

Other Insurance Coverage Information

Meritain Health®
an aetna company

Complete and return to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

Hello,

To help us properly handle future claims, please tell us about any other health care coverage you and/or your dependents may have. Examples include another group plan, an individual policy, COBRA, Medicare, state programs (such as Medicaid, CHIP, etc.), Social Security benefits due to a disability, or medical expenses covered by another person due to a court order/decree.

You can provide this information online by:

- Logging in to **www.meritain.com**.
- Going to Benefits and Coverage in the menu bar.
- Clicking on *Coordination of Benefits*.

Or, you can complete this printed form and submit it by:

- Taking a picture of it and emailing it to **forms.direct@meritain.com**;
- Faxing it to: **1.716.541.6672**; or
- Mailing it to the address above.

OTHER INSURANCE COVERAGE		
Group Name **Valdez City Schools**	Employee Name	Employee date of birth
Group number *(if you already have an ID card from Meritain Health®)* **AK127**	Member ID *(if you already have an ID card from Meritain Health)*	
Do you and/or any of your dependents have any other health coverage? ❑ YES Please *complete the appropriate section(s) on the other side of this form* and return. ❑ NO Please return.		

IF THERE IS OTHER HEALTH CARE COVERAGE,
PLEASE COMPLETE THE APPROPRIATE SECTION(S) ON THE OTHER SIDE OF THIS FORM.

Failure to return this form may result in non-payment of claims.

For each type of other insurance coverage, you and/or your dependents have, please complete the appropriate section.

For coverage through: **ANOTHER GROUP PLAN, AN INDIVIDUAL POLICY, COBRA OR STATE PROGRAM** *(ex: Medicaid)*		
What type of coverage is this? ❑ Medical ❑ Dental ❑ Vision		
Name of insurance company / program	Name of policy holder	
Birthdate of policy holder	Effective date of coverage	Termination date of coverage *(if applicable)*
Please list **all** family members covered by this plan, and their relation to the policy holder.		

For coverage through: **ANOTHER GROUP PLAN, AN INDIVIDUAL POLICY, COBRA OR STATE PROGRAM** *(ex: Medicaid)*		
What type of coverage is this? ❑ Medical ❑ Dental ❑ Vision		
Name of insurance company / program	Name of policy holder	
Birthdate of policy holder	Effective date of coverage	Termination date of coverage *(if applicable)*
Please list **all** family members covered by this plan, and their relation to the policy holder.		

For coverage through: **MEDICARE**		
Name of person covered by Medicare	Medicare ID number:	
Your retirement date *(if applicable)*	Your spouse's retirement date *(if applicable)*	
Part A effective date(s)	Part B effective date(s)	Part D effective date(s)
Reason for Medicare: ❑ Over age 65 ❑ Total disability ❑ End-stage renal disease *(provide dialysis date)* _____		

COURT ORDER OR DECREE	
Covered Individuals	Effective date
Name of person responsible for medical expenses	Address of person responsible for medical expenses
Please include a copy of the legal documentation showing responsibility for medical expenses.	

Meritain Health®
an aetna company

www.meritain.com | © 2024–2025 Meritain Health, Inc

Health Claim Form

Meritain Health®
an aetna company

Complete and send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. If you've made a payment to a provider/facility and would like to receive reimbursement directly, please attach a receipt or payment may be sent to the provider/facility. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION

Name (last, first, initial)		Sex	Employer Name **Valdez City Schools**	
Home Address		Identification Number	Birthdate	Group Number **AK127**
City	State	Zip Code	Work Telephone ( )	Home Telephone ( )

Section 2. PATIENT INFORMATION

The patient is: ☐ **The employee** (Go to section 3) ☐ **Employee's Spouse** (Complete spouse information) ☐ **Employee's Child** (Complete spouse and child information)

Spouse's Name (last, first, initial)	Sex	Child's Name (first, last, initial)	Sex
Spouse's Birthdate	Spouse's Social Security Number	Child's Birthdate	Child's Social Security Number
Spouse's Employer			
Spouse's Employer's Address			

Section 3. OTHER COVERAGE

☐ **Yes** (then complete) ☐ **No** (go to section 4) **Name of Policy Holder:**

Name of Other Health Insurance Carrier or Plan	Address	City	State	Zip Code
Other Insurance Carrier's or Plan's Telephone #	Type of Coverage ☐ **Group** ☐ **Individual**	Group Number	Contract or Policy Number	
Spouse's Employer				
Spouse's Employer's Address				

Section 4. ABOUT THIS CLAIM

☐ **Injury** ☐ **Illness** Date and time of accident:	**Describe injury, when and how it happened or nature of illness:**

Was this injury the result of an accident? ☐ **Yes** ☐ **No**

If auto insurance was involved, please provide:	**Policy #**	**Name of insurance company**	**Address (city, state, zip)**

Was this a work-related injury? ☐ **Yes** ☐ **No**	**If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.**

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED

The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.

Signature: **Date:**

ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)

I authorize payment of benefits to the doctor or supplier of services listed here.

Provider to be paid	Employee's Signature
Provider's tax ID number or Social Security Number	Date

Meritain Health®
an aetna® company

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	**Patient Name (last, first, initial)**	**Birthdate**
B	**Address**	
C	**Is this condition the result of an injury arising from patient's employment?** ☐ **Yes** ☐ **No** ***If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.***	
D	**Pregnancy?** ☐ **Yes** ☐ **No**	**If yes, expected date of delivery**
E	**If illness, date of first treatment**	**If treating injury, date of injury**
F	**Name of referring physician**	**Referring physician's address**
G	**Name and facility where services were rendered (if other than home or office)**	
H	**Was laboratory work performed outside your office?** ☐ **Yes** ☐ **No**	
I	**For service related to hospitalization, give dates:** **Admitted** **Discharged**	
J	**Diagnosis and current conditions (if diagnosis other than ICD-10* used, give name):** **1.** **2.** **3.** **4.**	

K

Dates of Service From	To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges

*ICD-10 * International Classification of Disease
*** CPT Current Procedural Terminology (current edition)

**Abbreviations: 11-Physician's Office 21-Inpatient Hospital 23- Emergency Room 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory

Date	**Physician's Name (print)** **Degree**	**Provider's Tax ID Number or Social Security Number:** Must be furnished under authority of law
Physician's Signature	**Telephone** ( )	
Street Address	**City** **State** **Zip Code**	

STATUS AND BENEFIT INFORMATION:

1.866.808.2609

Send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

ADA American Dental Association® Dental Claim Form

Please submit this form to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) | 7. Gender ☐ M ☐ F | 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number | 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐ M ☐ F | 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐ M ☐ F | 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐☐ (ICD-9 = B; ICD-10 = AB)
34a. Diagnosis Code(s) (Primary diagnosis in "**A**") A _____ B _____ C _____ D _____

31a. Other Fee(s)
32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X _____
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X _____
Subscriber Signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") | 39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42) | 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment | 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) | 44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) | 47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI | 50. License Number | 51. SSN or TIN

52. Phone Number ( ) - | 52a. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X _____
Signed (Treating Dentist) Date

54. NPI | 55. License Number

56. Address, City, State, Zip Code | 56a. Provider Specialty Code

57. Phone Number ( ) - | 58. Additional Provider ID

©2012 American Dental Association
J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746
or go online at adacatalog.org

ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.

B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.

C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.

D. All dates must include the four-digit year.

E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

Vision Claim Form

Meritain Health®
an aetna® company

Complete and send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

For ALL claims, this area must be filled in completely.

Employee Information			
Employee's Name (last, first, middle initial)			Employee ID Number
Address			Employee's Date of Birth
City	State	Zip Code	☐ Single ☐ Married ☐ Widowed ☐ Divorced

If the patient is a dependent, please complete ALL of the following. If the patient is the employee, go directly to the area below the shaded box.

Patient Information		
Patient's Name (if other than employee)	Patient's ID Number	
Patient's Date of Birth (Month, Day, Year)	Relationship to Employee ☐ Spouse ☐ Child	If child, is (s)he married? ☐ Yes ☐ No
Is patient covered by another Employer Group Plan or Retirement Group Plan? ☐ Yes ☐ No (If yes, please complete the two items below)		
Name of Employer	Group Number	Name and address of Insurance Company or Organization

Release
Any person who, with intent to defraud, or knowing that he/she is facilitating a fraud, submits an application for coverages, or files a claim containing a false, misleading or deceptive statement is guilty of insurance fraud. Criminal and/or Civil penalties can result from such acts.
I hereby authorize payment of these benefits be send directly to: ☐ Provider of Service ☐ Employee **(attach itemized bill or receipt)**
Patient's Signature (parent or guardian if claim is on a minor) — Date

The below sections are to be completed by the Provider.

Exam		
Indicate the nature of disease, injury or vision disorder	Date of examination	Name of provider performing services
Refraction? Yes ☐ ☐ No Contact Lenses? Yes ☐ ☐ No Tonometry? Yes ☐ ☐ No Cataract Surgery? Yes ☐ ☐ No		Address
Examination Charge: $		City
Amount paid by employee: $		State / Zip Code
Signature of provider	Degree/Title / Date	Provider's Social Security or Tax ID Number (required by law):

Lenses						**Frames**		
Date ordered:		Date dispensed:		☐ Pair ☐ 1/2 Pair		Date ordered	Date dispensed	Parts ☐ Complete ☐ Partial
	Sphere	Cylinder	Axis	Prism	Add		**Frame Charge**	**$**
OD						Name of provider performing services (please print)		
OS								
Type Lens:				**Charge**				
☐ Single vision ☐ Bifocal ☐ Trifocal ☐ Lenticular						Address	City, State, Zip	
☐ Contact Lenses								
☐ Oversized Lenses								
☐ Sunglasses						Provider's Social Security Number or Tax ID Number		
☐ Tint #								
☐ Photosensitive – i.e. Brown, Gray, etc.						Signature of provider	Degree/Title	Date
☐ Other								
Lens Manufacturer:						**Total Charge:**	**$**	**Amount paid by employee:** **$**
Lens Charge				**$**				

IMPORTANT: CLAIMS CANNOT BE PAID UNTIL THE CLAIM FORM IS PROPERLY COMPLETED AND RECEIVED. Do not send this form through your employer. ATTACH PROVIDER BILLING. If you require assistance in presenting this claim, call your Service Delivery Team at the number listed on your member ID Card.

CVS CAREMARK

14423-1010
STANDARD

Prescription Reimbursement Claim Form

Important!



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

STEP 1 Card Holder/Patient Information

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

Card Holder Information

Identification Number *(refer to your prescription card)*

Group No./Group Name

Name *(Last Name)* *(First Name)* *(MI)*

Address

Address 2

City **State** **Zip**

Country

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

Name *(Last Name)* *(First Name)* *(MI)*

Date of Birth **Male** **Female** **Phone Number**

Relationship to Primary member

Member Spouse Child Other _____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury? ❍ Yes ❍ No

Is the medicine covered under any other group insurance? ❍ Yes ❍ No

If yes, is other coverage: ❍ Primary ❍ Secondary

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

Name of Insurance Company_____ ID #_____

Important! A signature is REQUIRED

NOTICE

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

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

x _____

Signature of Member **Date**

(Over)

STEP 2 Submission Requirements:

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

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

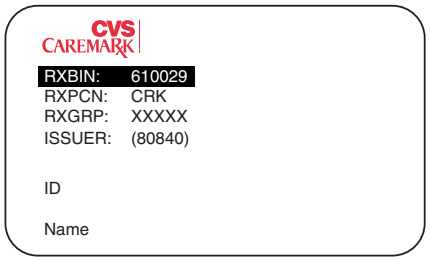
If the Prescribing Physician's NPI (National Provider Identification) number is available, please provide: _____

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

Country: _____ **Currency:** _____ **Amount:** _____

Additional Comments

STEP 3 Mailing Instructions:



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

RXBIN # 610415 mail to:

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

RXBIN # 004336 , 012114 mail to:

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

RXBIN # 610029 mail to:

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

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

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

RXBIN # 610473 , 610475 mail to:

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

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

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

April 2026

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

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

PLAN MEMBER

Your benefit plan provides you with prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

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

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing for specific products on the list.

- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to Caremark.com to check coverage and cost sharing information for a specific medicine.

ANALGESICS

COX-2 INHIBITORS

celecoxib

GOUT

allopurinol
colchicine
probenecid

NSAIDS

diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution 1.5%
ibuprofen
meloxicam tablet
naproxen (except naproxen CR or naproxen suspension)

NSAIDS, COMBINATIONS

diclofenac sodium-misoprostol
ibuprofen-famotidine

OPIOID ANALGESICS

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

OPIOID PARTIAL AGONISTS

buprenorphine transdermal
BELBUCA

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin tablet
EMVERM

ANTIFUNGALS

fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

acyclovir (except acyclovir cream)
oseltamivir
valacyclovir
valganciclovir
PAXLOVID
RELENZA

CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin

ERYTHROMYCINS/MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
fidaxomicin

FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

MISCELLANEOUS

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

PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin vk

TETRACYCLINES

doxycycline hyclate 20 mg
doxycycline hyclate capsule
minocycline
tetracycline

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

pemetrexed

HORMONAL ANTINEOPLASTIC AGENTS

bicalutamide

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

ALDOSTERONE RECEPTOR ANTAGONISTS

spironolactone
KERENDIA

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide
sotalol
MULTAQ

ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS

NEXLETOL
NEXLIZET

ANTILIPEMICS, BILE ACID RESINS

cholestyramine
colesevelam

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

ezetimibe

ANTILIPEMICS, FIBRATES

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

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin
fluvastatin
lovastatin
pitavastatin
pravastatin
rosuvastatin
simvastatin

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

ezetimibe-simvastatin

ANTILIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

BETA-BLOCKERS

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

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

CALCIUM CHANNEL BLOCKERS

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

DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS/COMBINATIONS

aliskiren

DIURETICS

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

HEART FAILURE

isosorbide dinitrate-hydralazine
ivabradine
sacubitril-valsartan
FARXIGA
JARDIANCE
VERQUVO

MISCELLANEOUS

midodrine
ranolazine ext-rel

NITRATES

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

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam
lorazepam
oxazepam

ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS

bupropion
bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
citalopram
desvenlafaxine ext-rel
duloxetine
escitalopram
fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM])
mirtazapine
paroxetine hcl
paroxetine hcl ext-rel
sertraline
trazodone
venlafaxine
venlafaxine ext-rel capsule
vilazodone
AUVELITY
TRINTELLIX

ANTIPARKINSONIAN AGENTS

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

ANTIPSYCHOTICS

aripiprazole
clozapine
lurasidone
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY ASIMTUFII
ABILIFY MAINTENA
PERSERIS
VRAYLAR

ANTISEIZURE AGENTS

carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
diazepam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
eslicarbazepine
ethosuximide
gabapentin
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
pregabalin
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
zonisamide
BRIVIACT
NAYZILAM
OXTELLAR XR
VALTOCO
XCOPRI

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
lisdexamfetamine
methylphenidate
methylphenidate ext-rel
AZSTARYS
QELBREE

HYPNOTICS

doxepin
eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA
QUVIVIQ

MIGRAINE - MISCELLANEOUS

NURTEC ODT
QULIPTA
UBRELVY

MIGRAINE - MONOCLONAL ANTIBODIES

AJOVY
EMGALITY

MIGRAINE - TRIPTANS AND COMBINATIONS

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
TOSYMRA
ZEMBRACE SYMTOUCH

MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
LYVISPAH

NARCOLEPSY/CATAPLEXY

armodafinil
modafinil
SUNOSI

OPIOID AGONIST/ANTAGONIST

buprenorphine-naloxone sublingual
ZUBSOLV

OPIOID ANTAGONIST

naloxone

POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel
GRALISE

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN

ANTIDIABETICS, BIGUANIDE

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

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

glipizide-metformin

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

saxagliptin-metformin ext-rel
TRIJARDY XR
ZITUVIMET
ZITUVIMET XR

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

saxagliptin
ZITUVIO

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

liraglutide
MOUNJARO
OZEMPIC
RYBELSUS
TRULICITY

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA
XULTOPHY

ANTIDIABETICS, INSULIN

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

ANTIDIABETICS, INSULIN SENSITIZER

pioglitazone

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone-metformin

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone-glimepiride

ANTIDIABETICS, MEGLITINIDE

nateglinide
repaglinide

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

SYNJARDY
SYNJARDY XR
XIGDUO XR

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

GLYXAMBI

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

FARXIGA
JARDIANCE

ANTIDIABETICS, SULFONYLUREA

glimepiride
glipizide
glipizide ext-rel

ANTIOBESITY

liraglutide
orlistat
QSYMIA
WEGOVY

CALCIUM REGULATORS, BISPHOSPHONATES

alendronate
ibandronate
risedronate

CALCIUM REGULATORS, MISCELLANEOUS

calcitonin-salmon

CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES

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

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS AND KITS
ACCU-CHEK LANCETS / LANCING DEVICES
ACCU-CHEK SMARTVIEW STRIPS AND KITS
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE NEEDLES
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EMBECTA ULTRAFINE INSULIN SYRINGES (except certain NDCs)
EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
OMNIPOD 5 INSULIN INFUSION PUMP
OMNIPOD DASH INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
TRUE METRIX STRIPS AND KITS
TRUEPLUS LANCETS
TWIIST INSULIN INFUSION PUMP AND SUPPLIES

ENDOMETRIOSIS

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

estradiol
estradiol vaginal cream
estradiol-norethindrone
COMBIPATCH

DUAVEE
IMVEXXY
PREMPHASE
PREMPRO
VAGIFEM

MISCELLANEOUS

raloxifene

PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate
AURYXIA

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

medroxyprogesterone
megestrol acetate
progesterone, micronized
CRINONE

THYROID AGENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

ANTICHOLINERGICS

dicyclomine

ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

ANTIEMETICS

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

H2-RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

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

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

lubiprostone
LINZESS

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron
VIBERZI

LAXATIVES

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

MISCELLANEOUS

prucalopride
sucralfate tablet
MOVANTIK
SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

PROTON PUMP INHIBITORS

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

RECTAL, CORTICOSTEROIDS

hydrocortisone
PROCTOFOAM-HC

ULCER THERAPY COMBINATIONS

bismuth-metronidazole-tetracycline
TALICIA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

ERECTILE DYSFUNCTION

avanafil
sildenafil
tadalafil

URINARY ANTISPASMODICS

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

HEMATOLOGIC

ANTICOAGULANTS

dabigatran
enoxaparin
fondaparinux
warfarin
ELIQUIS
XARELTO

PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
ticagrelor

SICKLE CELL DISEASE

SIKLOS

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK
ODACTRA
RAGWITEK

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

methotrexate

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

potassium chloride liquid

PRENATAL VITAMINS

Prenatal Vitamins

VITAMINS

folic acid
multivitamins

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
trifluridine
BESIVANCE
XDEMVY

ANTI-INFLAMMATORIES

bromfenac
dexamethasone
diclofenac
difluprednate
ketorolac
loteprednol
prednisolone acetate 1%
ILEVRO

ANTIALLERGICS

azelastine

bepotastine
cromolyn sodium
loteprednol
olopatadine

ANTIGLAUCOMA BETA-BLOCKERS

timolol maleate solution
BETOPTIC S

ANTIGLAUCOMA COMBINATION AGENTS

brimonidine-timolol
dorzolamide-timolol
SIMBRINZA

CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

DRY EYE DISEASE

RESTASIS
VEVYE

PROSTAGLANDINS

bimatoprost
latanoprost
travoprost

SYMPATHOMIMETICS

brimonidine solution
ALPHAGAN P

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

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

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium-albuterol inhalation solution
ANORO ELLIPTA
STIOLTO RESPIMAT

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

ANTICHOLINERGICS

ipratropium inhalation solution
SPIRIVA
YUPELRI

ANTIHISTAMINE COMBINATIONS

azelastine-fluticasone

ANTIHISTAMINES

azelastine
levocetirizine
olopatadine

BETA AGONISTS

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

COLD/COUGH

benzonatate

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

MISCELLANEOUS

roflumilast

NASAL STEROIDS

flunisolide
fluticasone
mometasone
XHANCE

STEROID INHALANTS

budesonide inhalation suspension
ASMANEX HFA
PULMICORT FLEXHALER

STEROID/BETA-AGONIST COMBINATIONS

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

TOPICAL

DERMATOLOGY, ACNE

adapalene (except adapalene pad)
benzoyl peroxide
clindamycin gel (except NDC 68682046275)
clindamycin solution
clindamycin-benzoyl peroxide
dapsone
erythromycin solution
erythromycin-benzoyl peroxide
isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg
tazarotene
tretinoin
AKLIEF
EPIDUO
TWYNEO
WINLEVI

DERMATOLOGY, ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod

DERMATOLOGY, ANTIBIOTICS

gentamicin
mupirocin ointment

DERMATOLOGY, ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole cream 2%
naftifine
nystatin

DERMATOLOGY, ANTIPSORIATICS

acitretin
calcipotriene ointment, solution
methoxsalen
tazarotene
ENSTILAR
VTAMA
ZORYVE CREAM
ZORYVE FOAM

DERMATOLOGY, ANTISEBORRHEICS

ketoconazole shampoo 2%
selenium sulfide lotion 2.5%
ZORYVE FOAM

DERMATOLOGY, ATOPIC DERMATITIS

pimecrolimus
tacrolimus
EUCRISA
OPZELURA
VTAMA
ZORYVE CREAM

DERMATOLOGY, CORTICOSTEROIDS

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

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine patch
lidocaine-prilocaine

DERMATOLOGY, ROSACEA

azelaic acid gel
brimonidine gel
ivermectin cream
metronidazole
FINACEA FOAM
ORACEA

MOUTH/THROAT/DENTAL AGENTS

lidocaine viscous
EPISIL

OTIC

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

QUICK REFERENCE DRUG LIST

A

ABILIFY ASIMTUFII
ABILIFY MAINTENA
ACCU-CHEK AVIVA PLUS STRIPS AND KITS
ACCU-CHEK GUIDE STRIPS AND KITS
ACCU-CHEK LANCETS / LANCING DEVICES
ACCU-CHEK SMARTVIEW STRIPS AND KITS
acebutolol
acetic acid
acitretin
acyclovir (except acyclovir cream)
adapalene (except adapalene pad)
AIRSUPRA
AJOVY
AKLIEF
albuterol inhalation solution
albuterol sulfate cfc-free aerosol (except NDCs 00093317431, 66993001968)
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
ALPHAGAN P
alprazolam
amantadine
amiloride
amiodarone
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
ANNOVERA
ANORO ELLIPTA
aprepitant
aripiprazole
armodafinil
ASMANEX HFA
atenolol
atomoxetine
atorvastatin
AURYXIA
AUVELITY
AUVI-Q
avanafil
azelaic acid gel
azelastine
azelastine
azelastine-fluticasone
azithromycin
AZSTARYS

B

balsalazide
BAQSIMI
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE NEEDLES
BELBUCA
BELSOMRA
benzonatate
benzoyl peroxide
bepotastine
BESIVANCE
BETOPTIC S
bicalutamide
bimatoprost
bismuth-metronidazole-tetracycline
BREO ELLIPTA (except certain NDCs)
Breyna
BREZTRI AEROSPHERE
brimonidine gel
brimonidine solution
brimonidine-timolol
brinzolamide
BRIVIACT
bromfenac
BRYHALI
budesonide delayed-rel capsule
budesonide inhalation suspension
budesonide-formoterol
buprenorphine transdermal
buprenorphine-naloxone sublingual
bupropion
bupropion ext-rel (except bupropion ext-rel tablet 450 mg)

C

calcipotriene ointment, solution
calcitonin-salmon
calcium acetate
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
chlorthalidone
cholestyramine
ciclopirox
ciprofloxacin
ciprofloxacin
ciprofloxacin-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
CLENPIQ
clindamycin
clindamycin gel (except NDC 68682046275)
clindamycin solution
clindamycin-benzoyl peroxide
clobazam
clobetasol cream, foam, gel, lotion, ointment, shampoo (except clobetasol emollient foam)
clonazepam
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine
colesevelam
COMBIPATCH
CORTIFOAM
CREON
CREXONT
CRINONE
cromolyn sodium
cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)

D

dabigatran
dapsone
darifenacin ext-rel
desonide (except desonide gel)
desoximetasone (except desoximetasone ointment 0.05%)
desvenlafaxine ext-rel
dexamethasone
dexamethasone
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
dexmethylphenidate ext-rel
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution 1.5%
diclofenac sodium-misoprostol
dicloxacillin
dicyclomine
difluprednate
digoxin
diltiazem ext-rel (except generics for CARDIZEM LA)
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
divalproex sodium
divalproex sodium ext-rel
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine delayed-rel
dronabinol

DUAVEE
duloxetine
dutasteride
dutasteride-tamsulosin

E

econazole
eletriptan
ELIQUIS
EMBECTA ULTRAFINE INSULIN SYRINGES (except certain NDCs)
EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
EMGALITY
EMVERM
enalapril
enoxaparin
ENSTILAR
entacapone
EPIDUO
epinephrine (except NDCs 00093-XXXX-XX, 49502-XXXX-XX)
EPISIL
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
eslicarbazepine
esomeprazole delayed-rel
estradiol
estradiol vaginal cream
estradiol-norethindrone
eszopiclone
ethacrynic acid
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-etonogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-levonorgestrel-iron
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fesoterodine ext-rel
FIASP
fidaxomicin
FINACEA FOAM
finasteride
fluconazole
fludrocortisone
flunisolide
fluocinonide (except fluocinonide cream 0.1%)
fluorouracil cream 5%
fluorouracil solution
fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM])
fluticasone
fluticasone-salmeterol (except certain NDCs)
fluvastatin
folic acid
fondaparinux
formoterol inhalation solution
fosinopril
fosinopril-hydrochlorothiazide
furosemide

G

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

H

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

I

ibandronate
ibuprofen
ibuprofen-famotidine
ILEVRO
imiquimod
IMVEXXY
INSULIN GLARGINE-YFGN
ipratropium inhalation solution
ipratropium-albuterol inhalation solution
irbesartan
irbesartan-hydrochlorothiazide
isosorbide dinitrate (except isosorbide dinitrate 40 mg)
isosorbide dinitrate-hydralazine
isosorbide mononitrate
isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg
itraconazole
ivabradine
ivermectin cream
ivermectin tablet

J

JARDIANCE

K

KERENDIA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac

L

lacosamide
lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole delayed-rel capsule
LANTUS
latanoprost
levalbuterol tartrate cfc-free aerosol
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levofloxacin
levothyroxine
lidocaine patch
lidocaine viscous
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
liraglutide
liraglutide
lisdexamfetamine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
loteprednol
lovastatin
lubiprostone
lurasidone
LYVISPAH

M

meclizine
medroxyprogesterone
megestrol acetate
meloxicam tablet
memantine
mesalamine delayed-rel
mesalamine enema
mesalamine ext-rel
mesalamine suppository
metformin
metformin ext-rel (except generics for FORTAMET and GLUMETZA)
methadone
methotrexate
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone

metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
metronidazole
midodrine
minocycline
mirtazapine
modafinil
mometasone
mometasone
montelukast
morphine
morphine ext-rel
MOUNJARO
MOVANTIK
moxifloxacin
moxifloxacin
MULTAQ
multivitamins
mupirocin ointment
MYFEMBREE

N

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

O

ODACTRA
ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-hydrochlorothiazide
olmesartan-hydrochlorothiazide
olopatadine
olopatadine
omega-3 acid ethyl esters
omeprazole delayed-rel
OMNIPOD 5 INSULIN INFUSION PUMP
OMNIPOD DASH INSULIN INFUSION PUMP
OMNIPOD INSULIN INFUSION PUMP
ondansetron
OPZELURA
ORACEA
ORIAHNN
ORILISSA
orlistat
oseltamivir
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole delayed-rel tablet
paroxetine hcl
paroxetine hcl ext-rel
PAXLOVID
peg 3350-electrolytes (except generics for MOVIPREP)
pemetrexed
penicillin vk
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
pitavastatin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone
pregabalin
pregabalin ext-rel
PREMPHASE
PREMPRO
Prenatal Vitamins
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
prucalopride
PULMICORT FLEXHALER
pyrimethamine

Q

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

R

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

S

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

T

tacrolimus
tadalafil
TALICIA
tamsulosin
tazarotene
telmisartan
telmisartan-hydrochlorothiazide
terazosin
terbinafine tablet
testosterone gel (except authorized generics for TESTIM and VOGELXO)
testosterone solution
tetracycline
tiagabine

ticagrelor
timolol maleate solution
TOBRADEX OINTMENT
tobramycin
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
topiramate ext-rel
torsemide
TOSYMRA
TOUJEO
tramadol (except tramadol tablet 100 mg)
tramadol ext-rel tablet
travoprost
trazodone
TRELEGY ELLIPTA
TRESIBA
tretinoin
triamcinolone cream, lotion, ointment (except triamcinolone ointment 0.05%)
triamterene
triamterene-hydrochlorothiazide
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
trospium
trospium ext-rel
TRUE METRIX STRIPS AND KITS
TRUEPLUS LANCETS
TRULICITY
TWIIST INSULIN INFUSION PUMP AND SUPPLIES
TWYNEO

U

UBRELVY

V

VAGIFEM
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule
VASCEPA
VELTASSA
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO
VEVYE
VIBERZI
vilazodone
VIOKACE
VRAYLAR
VTAMA

W

warfarin
WEGOVY
WINLEVI
Wixela Inhub

X

XARELTO
XCOPRI
XDEMVY
XHANCE
XIFAXAN 550 MG
XIGDUO XR
XULTOPHY

Y

YUPELRI

Z

zafirlukast
ZEGALOGUE
ZEMBRACE SYMTOUCH
ZENPEP
ziprasidone
ZITUVIMET
ZITUVIMET XR
ZITUVIO
zolmitriptan
zolpidem
zolpidem ext-rel
zonisamide
ZORYVE CREAM
ZORYVE CREAM
ZORYVE FOAM
ZUBSOLV

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

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

DRUG NAME(S)	PREFERRED OPTION(S)
ABILIFY	*aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* VRAYLAR
ACANYA	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
ACIPHEX	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
Activite	*multivitamins*
ACTOS	*pioglitazone*
ACUVAIL	*bromfenac, diclofenac, ketorolac,* ILEVRO
acyclovir cream	*acyclovir* (except *acyclovir cream*), *valacyclovir*
ACZONE	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI

DRUG NAME(S)	PREFERRED OPTION(S)
adapalene pad	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
ADDERALL	*amphetamine-dextroamphetamine mixed salts, methylphenidate*
ADDERALL XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
ADRENALIN	*epinephrine* (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q
ADVAIR DISKUS, ADVAIR HFA	*budesonide-formoterol, fluticasone-salmeterol* (except certain NDCs), *Breyna, Wixela Inhub,* BREO ELLIPTA (except certain NDCs)
ADZENYS XR-ODT	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
AIMOVIG	AJOVY, EMGALITY, QULIPTA
albuterol sulfate CFC-free aerosol (NDCs 00093317431, 66993001968 only)	*albuterol sulfate CFC-free aerosol* (except NDCs 00093317431, 66993001968), *levalbuterol tartrate CFC-free aerosol*
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	*desonide* (except *desonide gel*), *hydrocortisone*
ALIMTA	*pemetrexed*
ALLISON MEDICAL INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES, EMBECTA ULTRAFINE INSULIN SYRINGES (except certain NDCs)
ALREX	*azelastine*, *bepotastine*, *cromolyn sodium*, *loteprednol, olopatadine*
ALTOPREV	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin*
ALVESCO	ASMANEX HFA, PULMICORT FLEXHALER
AMITIZA	*lubiprostone*, *prucalopride,*
AMRIX	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
ANDROGEL	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone solution,* NATESTO
APIDRA	FIASP, NOVOLOG
APLENZIN	*bupropion, bupropion ext-rel* (except *bupropion ext-rel tablet 450 mg)*
APTENSIO XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
ARAZLO	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
ARMOUR THYROID	*levothyroxine, liothyronine*, SYNTHROID
ARNUITY ELLIPTA	ASMANEX HFA, PULMICORT FLEXHALER
ARTHROTEC	*celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet* or *naproxen* (except *naproxen CR* or *naproxen suspension*) **WITH** *esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel,* or *pantoprazole delayed-rel tablet*
ASCENSIA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ASMANEX	ASMANEX HFA, PULMICORT FLEXHALER
ATACAND, ATACAND HCT	*candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-*

DRUG NAME(S)	PREFERRED OPTION(S)
	hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ATIVAN	*alprazolam*, *clonazepam*, *diazepam*, *lorazepam*, *oxazepam*
AVENOVA	Talk to your doctor
AZASITE	*ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin,* BESIVANCE
AZELEX	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin*, AKLIEF, EPIDUO, TWYNEO, WINLEVI
AZESCO	*Prenatal Vitamins*
AZOR	*amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan*
BALCOLTRA	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,* LO LOESTRIN FE, NATAZIA
BANZEL	*clobazam*, *clonazepam, lamotrigine*, *rufinamide*, *topiramate*, *topiramate ext-rel*
BASAGLAR	INSULIN GLARGINE-YFGN, LANTUS
BENICAR, BENICAR HCT	*candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide*
BEPREVE	*azelastine, bepotastine, cromolyn sodium*, *loteprednol, olopatadine*
BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE	*dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution* (except *prednisolone solution 10 mg/5 mL, 20 mg/5 mL*), *prednisone*
betamethasone dipropionate ointment 0.05%	*desoximetasone* (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*), BRYHALI
BETAPACE, BETAPACE AF	*sotalol*
BETIMOL	*timolol maleate solution,* BETOPTIC S
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
BEYAZ	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,* LO LOESTRIN FE, NATAZIA
BROMSITE	*bromfenac, diclofenac, ketorolac,* ILEVRO
budesonide ext-rel tablet	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel*
bupropion ext-rel tablet 450 mg	*bupropion, bupropion ext-rel* (except *bupropion ext-rel tablet 450 mg*)
butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 50-300 mg	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
butalbital-acetaminophen-caffeine capsule	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
BUTRANS	*buprenorphine transdermal*, BELBUCA
BYDUREON BCISE	*liraglutide,* MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
BYSTOLIC	*acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel*
calcipotriene cream, CALCIPOTRIENE FOAM	*calcipotriene ointment, calcipotriene solution, tazarotene,* VTAMA, ZORYVE CREAM, ZORYVE FOAM
calcipotriene-betamethasone	*calcipotriene ointment* or *calcipotriene solution* **WITH**

DRUG NAME(S)	PREFERRED OPTION(S)
	desoximetasone (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*) or BRYHALI; *tazarotene*, ENSTILAR, VTAMA, ZORYVE CREAM, ZORYVE FOAM
calcitriol ointment	*calcipotriene ointment, calcipotriene solution, tazarotene*, VTAMA, ZORYVE CREAM, ZORYVE FOAM
CAMBIA	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
Capsinac	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
CARAFATE	*sucralfate tablet*
carbinoxamine tablet 6 mg (NDC 73684011060 only), CARBINOXAMINE TABLET 6 MG	*levocetirizine*
CARDIZEM, CARDIZEM CD, CARDIZEM LA	*diltiazem ext-rel* (except generics for CARDIZEM LA), *verapamil ext-rel*
carisoprodol 250 mg	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
CARNITOR, CARNITOR SF	*levocarnitine*
CELEBREX	*celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
chlordiazepoxide-clidinium (NDCs 11534019701, 67877073101, 70700018501 only)	*dicyclomine*
chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 750 mg	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
CIALIS	*avanafil, sildenafil, tadalafil*
CICATRACE	Talk to your doctor
CILOXAN	*ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin*, BESIVANCE
CIPRO HC OTIC	*ciprofloxacin-dexamethasone, ofloxacin otic*
ciprofloxacin-fluocinolone	*ciprofloxacin-dexamethasone, ofloxacin otic*
CITRANATAL	*Prenatal Vitamins*
CLIMARA	*estradiol*
CLIMARA PRO	COMBIPATCH
clindamycin gel (NDC 68682046275 only)	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin*, AKLIEF, EPIDUO, TWYNEO, WINLEVI
clobetasol emollient foam	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
clobetasol spray	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
CLOBEX SPRAY	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
clocortolone cream	*hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment* (except *triamcinolone ointment 0.05%*)
COLAZAL	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel*
COMBIGAN	*brimonidine-timolol*
CONCERTA	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel*, AZSTARYS
CONTOUR NEXT STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS

DRUG NAME(S)	PREFERRED OPTION(S)
CONTOUR STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
CONTRAVE	*liraglutide, orlistat*, QSYMIA, WEGOVY
CORDRAN TAPE	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
COREG CR	*acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel*
COZAAR	*candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan*
CRESEMBA	*itraconazole*
CRESTOR	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin*
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
CYMBALTA	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*
CYTOMEL	*levothyroxine, liothyronine*, SYNTHROID
DALIRESP	*roflumilast*
DARAPRIM	*pyrimethamine*
DAYTRANA	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel*, AZSTARYS
DAYVIGO	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel*, BELSOMRA, QUVIVIQ
DEPAKOTE, DEPAKOTE ER, DEPAKOTE SPRINKLE	*carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, ethosuximide, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide*, BRIVIACT, OXTELLAR XR, XCOPRI
desonide gel	*desonide* (except *desonide gel*), *hydrocortisone*
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%*)
DETROL LA	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel*, GEMTESA
Dexifol	*multivitamins*
DEXILANT	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
dexlansoprazole delayed-rel	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
diclofenac potassium powder	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
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*)
Diclosaicin	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
DIFFERIN LOTION	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin*

DRUG NAME(S)	PREFERRED OPTION(S)
	solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, EPIDUO, TWYNEO, WINLEVI
diflorasone cream, diflorasone ointment	*desoximetasone* (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*), BRYHALI
dihydroergotamine spray	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
DILANTIN	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
diltiazem ext-rel (generics for CARDIZEM LA only)	*diltiazem ext-rel* (except generics for CARDIZEM LA), *verapamil ext-rel*
DIOVAN, DIOVAN HCT	*candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide*
DIVIGEL	*estradiol*
DORYX MPC	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
doxepin cream	*desonide* (except *desonide gel*), *hydrocortisone, pimecrolimus, tacrolimus,* EUCRISA, OPZELURA, VTAMA, ZORYVE CREAM
doxycycline hyclate delayed-rel tablet	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
doxycycline monohydrate delayed-rel capsule	ORACEA
DULERA	*budesonide-formoterol, fluticasone-salmeterol* (except certain NDCs), *Breyna, Wixela Inhub,* BREO ELLIPTA (except certain NDCs)
DUOBRII	*tazarotene* **WITH** *desoximetasone* (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*) or BRYHALI; *calcipotriene ointment, calcipotriene solution,* ENSTILAR, VTAMA, ZORYVE CREAM, ZORYVE FOAM
DYANAVEL XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
DYMISTA	*azelastine-fluticasone, flunisolide, fluticasone, mometasone,* XHANCE
DYRENIUM	*amiloride, triamterene*
EDARBI, EDARBYCLOR	*candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide*
EDLUAR	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
E.E.S. GRANULES	*erythromycins*
EFFEXOR XR	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*
ELESTRIN	*estradiol*
ELIDEL	*pimecrolimus, tacrolimus,* EUCRISA, OPZELURA, VTAMA, ZORYVE CREAM
ELMIRON	Talk to your doctor
ENDOMETRIN	CRINONE
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

DRUG NAME(S)	PREFERRED OPTION(S)
ENTERAGAM	*alosetron*, VIBERZI, XIFAXAN 550 MG
EPANED	*enalapril, fosinopril, lisinopril, quinapril, ramipril*
EPICERAM	*desonide* (except *desonide gel*), *hydrocortisone*
epinephrine (NDCs 00093-XXXX-XX, 49502-XXXX-XX only)	*epinephrine* (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q
EPIPEN, EPIPEN JR	*epinephrine* (except NDCs 00093-XXXX-XX, 49502-XXXX-XX), AUVI-Q
ergotamine-caffeine	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
ERYPED	*erythromycins*
estradiol vaginal tablet	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
ESTRING	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
EVAMIST	*estradiol*
EVEKEO	*amphetamine-dextroamphetamine mixed salts, methylphenidate*
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EXFORGE	*amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan*
EXFORGE HCT	*amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide*
FABIOR	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
FANAPT	*aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* 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*
fenoprofen	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
FERIVA 21/7	*multivitamins*
Fexmid	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
FIORICET CAPSULE	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
FLAREX	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
FLORIVA, FLORIVA PLUS	*multivitamins*
FLOVENT HFA	ASMANEX HFA, PULMICORT FLEXHALER
flucytosine capsule 500 mg	*fluconazole*
fluocinonide cream 0.1%	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
fluorouracil cream 0.5%	*fluorouracil cream 5%, fluorouracil solution, imiquimod*
fluoxetine tablet (generics for SARAFEM only)	*fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl ext-rel, sertraline*
fluoxetine tablet 60 mg, FLUOXETINE 60 MG	*citalopram, escitalopram, fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl, paroxetine HCl ext-rel, sertraline, vilazodone,* AUVELITY, TRINTELLIX
flurandrenolide cream, flurandrenolide lotion	*desonide* (except *desonide gel*), *hydrocortisone*
FML FORTE, FML LIQUIFILM	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
FOCALIN XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
FORTAMET	*metformin, metformin ext-rel* (except generics for FORTAMET and GLUMETZA)

DRUG NAME(S)	PREFERRED OPTION(S)
FOSRENOL	*calcium acetate, sevelamer carbonate,* AURYXIA
FOSTEUM, FOSTEUM PLUS	*alendronate, ibandronate, risedronate, zoledronic acid*
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
GLUMETZA	*metformin, metformin ext-rel* (except generics for FORTAMET and GLUMETZA)
GLYCOPYRROLATE TABLET 1.5 MG	*dicyclomine*
GOLYTELY	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate,* CLENPIQ
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
halcinonide cream	*desoximetasone* (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*), BRYHALI
HALOG	*desoximetasone* (except *desoximetasone ointment 0.05%*), *fluocinonide* (except *fluocinonide cream 0.1%*), BRYHALI
HEPARIN SODIUM IN 5% DEXTROSE	*enoxaparin, fondaparinux*
HORIZANT	*gabapentin, pregabalin, pregabalin ext-rel*, GRALISE
HUMALOG	FIASP, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
hydrocortisone butyrate lotion	*hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment* (except *triamcinolone ointment 0.05%*)
HylaVite	*multivitamins*
hyoscyamine sulfate ext-rel	*dicyclomine*
HYSINGLA ER	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
HYZAAR	*candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide*
Iclofenac CP	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
icosapent ethyl	*omega-3 acid ethyl esters,* VASCEPA
INCRUSE ELLIPTA	SPIRIVA
INDERAL LA, INDERAL XL	*acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel*
Indocin, INDOCIN	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
Inflammacin	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
INNOPRAN XL	*acebutolol, atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel*
INTRAROSA	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
INTUNIV	*amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel,*

DRUG NAME(S)	PREFERRED OPTION(S)
	guanfacine ext-rel, lisdexamfetamine, methylphenidate ext-rel, AZSTARYS, QELBREE
INVELTYS	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
isosorbide dinitrate 40 mg	*isosorbide dinitrate* (except *isosorbide dinitrate 40 mg*), *isosorbide mononitrate*
isotretinoin capsule 25 mg, 35 mg	*isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg*
JANUMET, JANUMET XR	*saxagliptin-metformin ext-rel,* ZITUVIMET, ZITUVIMET XR
JANUVIA	*saxagliptin,* ZITUVIO
JATENZO	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone solution,* NATESTO
JENTADUETO, JENTADUETO XR	*saxagliptin-metformin ext-rel,* ZITUVIMET, ZITUVIMET XR
JORNAY PM	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
KAMDOY	*desonide* (except *desonide gel*), *hydrocortisone*
Kapzin DC	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
KEPPRA, KEPPRA XR	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
KETO-DIASTIX	Talk to your doctor
ketoconazole foam 2%	*ketoconazole shampoo 2%, selenium sulfide lotion 2.5%,* ZORYVE FOAM
Ketodan	*ketoconazole shampoo 2%, selenium sulfide lotion 2.5%,* ZORYVE FOAM
ketoprofen capsule 25 mg	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
ketoprofen ext-rel capsule	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
KETOSTIX	Talk to your doctor
lactulose pak (NDCs 69067001015, 69067002015 only)	*lactulose solution*
LAMICTAL, LAMICTAL ODT	*carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
LAMICTAL XR	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
LANOXIN TABLET (125 MCG and 250 MCG only)	*digoxin*
lansoprazole delayed-rel orally disintegrating tablet	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
lanthanum carbonate	*calcium acetate, sevelamer carbonate,* AURYXIA
LATUDA	*aripiprazole, clozapine,*

DRUG NAME(S)	PREFERRED OPTION(S)
	lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
LESCOL XL	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin*
LEVEMIR	INSULIN GLARGINE-YFGN, LANTUS
levorphanol	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
LEXAPRO	*citalopram*, *escitalopram*, *fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl*, *paroxetine HCl ext-rel, sertraline*, *vilazodone,* AUVELITY, TRINTELLIX
LIALDA	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel*
LIBRAX	*dicyclomine*
LIPITOR	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin*
LITHOSTAT	Talk to your doctor
LIVALO	*atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin*
Lofena	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
LOKELMA	VELTASSA
Lorzone	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
LOTEMAX, LOTEMAX SM	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
LOVAZA	*omega-3 acid ethyl esters,* VASCEPA
luliconazole	*ciclopirox, clotrimazole, econazole, ketoconazole cream 2%*, *naftifine*
LUMIGAN	*bimatoprost, latanoprost, travoprost*
LUNESTA	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
LYRICA	*duloxetine, pregabalin, pregabalin ext-rel*
MACRODANTIN	*nitrofurantoin* (except NDC 16571074024)
Matzim LA	*diltiazem ext-rel* (except generics for CARDIZEM LA), *verapamil ext-rel*
MAXALT, MAXALT-MLT	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
MAXIDEX	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*
mefenamic acid (NDC 69336012830 only)	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
meloxicam capsule	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
MENEST	*estradiol*
MENOSTAR	*estradiol*
metaxalone 400 mg	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	*metformin, metformin ext-rel* (except generics for FORTAMET and GLUMETZA)
methocarbamol 500 mg (NDC 69036091010 only), *methocarbamol 750 mg* (NDCs 69036093090, 70868090190 only)	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
MIACALCIN INJECTION	*alendronate, calcitonin-salmon, ibandronate, risedronate, teriparatide, zoledronic acid,* BONSITY, OSPOMYV, STOBOCLO, TYMLOS
MICARDIS, MICARDIS HCT	*candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide*
Migergot	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan,*

DRUG NAME(S)	PREFERRED OPTION(S)
	NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
MINIVELLE	*estradiol*
minocycline ext-rel	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
MIRVASO	*azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole*, FINACEA FOAM
MITIGARE	*colchicine*
Mondoxyne NL capsule 75 mg	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
MOVIPREP	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate,* CLENPIQ
MultiPro	*multivitamins*
mupirocin cream	*gentamicin, mupirocin ointment*
MYDAYIS	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
MYRBETRIQ	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* GEMTESA
MYTESI	*diphenoxylate-atropine, loperamide*
NAPRELAN	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
naproxen CR	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
naproxen suspension	*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*) **WITH** *esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel,* or *pantoprazole delayed-rel tablet*
NEO-SYNALAR	*desonide* (except *desonide gel*) or *hydrocortisone* **WITH** *gentamicin*
NEVANAC	*bromfenac, diclofenac, ketorolac,* ILEVRO
NEXIUM	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
NEXTERONE	*amiodarone*
niacin tablet 500 mg	*niacin ext-rel*
Niacor	*niacin ext-rel*
NICADAN	*multivitamins*
NICAPRIN	*multivitamins*
NICAZEL, NICAZEL FORTE	*multivitamins*
NICOMIDE	*multivitamins*
NILANDRON	*abiraterone, bicalutamide,* ERLEADA, NUBEQA, XTANDI, YONSA
nitrofurantoin (NDC 16571074024 only)	*nitrofurantoin* (except NDC 16571074024)
Norgesic Forte	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
NORITATE	*azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole,* FINACEA FOAM
NORPACE	*disopyramide*
NORVASC	*amlodipine, nifedipine ext-rel*
NOURIANZ	*entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline,* NEUPRO
NOVO NORDISK NEEDLES	BD ULTRAFINE NEEDLES, EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
NOXAFIL	*fluconazole, itraconazole*
NP THYROID	*levothyroxine, liothyronine,* SYNTHROID
NUCYNTA	*hydromorphone, morphine, oxycodone*
NUCYNTA ER	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
NuDiclo TabPak	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
NUEDEXTA	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)
NUVARING	*ethinyl estradiol-etonogestrel,* ANNOVERA
NUVIGIL	*armodafinil, modafinil,* SUNOSI
omeprazole-sodium bicarbonate	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
OMNARIS	*azelastine-fluticasone, flunisolide, fluticasone, mometasone,* XHANCE
ONETOUCH LANCETS / LANCING DEVICES	ACCU-CHEK LANCETS / LANCING DEVICES, TRUEPLUS LANCETS
ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
ONFI	*clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel*
ONGLYZA	*saxagliptin,* ZITUVIO
ONZETRA XSAIL	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
orphenadrine-aspirin-caffeine	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
Orphengesic Forte	*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)
ORTHO D	*folic acid, multivitamins*
ORTHO DF	*folic acid, multivitamins*
OSMOPREP	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate,* CLENPIQ
OSPHENA	*estradiol*
OWEN MUMFORD NEEDLES	BD ULTRAFINE NEEDLES, EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
oxiconazole (NDCs 00168035830, 51672135902 only)	*ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, naftifine*
OXYCONTIN	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
oxymorphone ext-rel	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
OXYTROL	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* GEMTESA
pantoprazole delayed-rel suspension	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
paroxetine mesylate capsule 7.5 mg	*paroxetine HCl*
PAXIL, PAXIL CR	*citalopram, escitalopram, fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl, paroxetine HCl ext-rel, sertraline, vilazodone,* AUVELITY, TRINTELLIX
peg 3350-electrolytes (generics for MOVIPREP only)	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate,* CLENPIQ
PENNSAID	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
PENTASA	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel*
PERCOCET	*hydrocodone-acetaminophen, oxycodone-acetaminophen*
PERRIGO NEEDLES	BD ULTRAFINE NEEDLES, EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
PLAVIX	*clopidogrel, prasugrel, ticagrelor*
POLYTOZA	Talk to your doctor
POLY-VI-FLOR	*multivitamins*
POLY-VI-FLOR WITH IRON	*multivitamins*
posaconazole delayed-rel tablet	*fluconazole, itraconazole*
PRADAXA	*dabigatran, warfarin,* ELIQUIS, XARELTO
PRECISION XTRA STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
PRED FORTE, PRED MILD	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%*

DRUG NAME(S)	PREFERRED OPTION(S)
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*
PREMARIN	*estradiol*
PREMARIN CREAM	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
PRENATAL PLUS	*Prenatal Vitamins*
PREVACID	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
PREVIDENT	Talk to your doctor
PRILOSEC	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
PRISTIQ	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*
PROAIR RESPICLICK	*albuterol sulfate CFC-free aerosol* (except NDCs 00093317431, 66993001968), *levalbuterol tartrate CFC-free aerosol*
PROMETRIUM	*medroxyprogesterone; progesterone, micronized*
PROTONIX	*esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet*
PROVIGIL	*armodafinil, modafinil,* SUNOSI
PROZAC	*citalopram, escitalopram, fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl, paroxetine HCl ext-rel, sertraline, vilazodone,* AUVELITY, TRINTELLIX
QNASL	*azelastine-fluticasone, flunisolide, fluticasone, mometasone,* XHANCE
QTERN	GLYXAMBI
quazepam	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
QUILLICHEW ER	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
QUILLIVANT XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
QVAR REDIHALER	ASMANEX HFA, PULMICORT FLEXHALER
RAPAFLO	*alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin*
RAYOS	*dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution* (except *prednisolone solution 10 mg/5 mL, 20 mg/5 mL*), *prednisone*
RECEDO	Talk to your doctor
RELION INSULIN	NOVOLIN INSULIN
RELISTOR	*lubiprostone,* MOVANTIK, SYMPROIC
RENVELA	*calcium acetate, sevelamer carbonate,* AURYXIA
RETIN-A MICRO	*adapalene* (except adapalene pad)*, benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
RHEUMATE	*multivitamins*
RHOFADE	*azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole,* FINACEA FOAM
RHOPRESSA	*bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost,* ALPHAGAN P, BETOPTIC S, SIMBRINZA
RIMSO-50	Talk to your doctor
RIOMET	*metformin, metformin ext-rel* (except generics for FORTAMET and GLUMETZA)
ROCKLATAN	*bimatoprost, brimonidine solution, brimonidine-timolol, brinzolamide, dorzolamide, dorzolamide-timolol, latanoprost, timolol maleate solution, travoprost,* ALPHAGAN P, BETOPTIC S, SIMBRINZA
ROZEREM	*doxepin, eszopiclone, ramelteon,*

DRUG NAME(S)	PREFERRED OPTION(S)
	zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ
RyClora	*levocetirizine*
SCARSILK PAD	Talk to your doctor
SEROQUEL XR	*aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* VRAYLAR
SILENOR	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
SILIVEX	Talk to your doctor
SILTREX	Talk to your doctor
SINGULAIR	*montelukast*, *zafirlukast*
SOOLANTRA	*azelaic acid gel, brimonidine gel, ivermectin cream, metronidazole,* FINACEA FOAM
SORILUX	*calcipotriene ointment, calcipotriene solution, tazarotene,* VTAMA, ZORYVE CREAM, ZORYVE FOAM
SPRIX	*diclofenac sodium, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
STENDRA	*avanafil, sildenafil, tadalafil*
SUBOXONE	*buprenorphine-naloxone sublingual*, ZUBSOLV
sucralfate suspension	*sucralfate tablet*
sumatriptan-naproxen	*diclofenac sodium, ibuprofen* or *naproxen* (except *naproxen CR* or *naproxen suspension*) **WITH** *eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan*, NURTEC ODT, TOSYMRA, UBRELVY, or ZEMBRACE SYMTOUCH
SUPREP	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate,* CLENPIQ
Sure Result DSS Premium Pack	*diclofenac sodium, diclofenac sodium gel 1%*, *diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
SURE-TEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
SYMBICORT	*budesonide-formoterol, fluticasone-salmeterol* (except certain NDCs), *Breyna, Wixela Inhub,* BREO ELLIPTA (except certain NDCs)
SYNERDERM	*desonide* (except *desonide gel*), *hydrocortisone*
TALIVA	*multivitamins*
Targadox	*doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline*
tavaborole	*terbinafine tablet*
TAYTULLA	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,* LO LOESTRIN FE, NATAZIA
TAZORAC	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI; *calcipotriene ointment, calcipotriene solution,* VTAMA, ZORYVE CREAM, ZORYVE FOAM
TEGRETOL, TEGRETOL XR	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
TESTIM	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone solution*, NATESTO
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone*

DRUG NAME(S)	PREFERRED OPTION(S)
	solution, NATESTO
THEO-24	*formoterol inhalation solution*, *ipratropium inhalation solution*, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
TIMOPTIC OCUDOSE	*timolol maleate solution*, BETOPTIC S
tiotropium bromide	SPIRIVA
TIROSINT	*levothyroxine*, SYNTHROID
TOBRADEX ST	*neomycin-polymyxin B-bacitracin-hydrocortisone*, *neomycin-polymyxin B-dexamethasone*, *tobramycin-dexamethasone*, TOBRADEX OINTMENT
topiramate ext-rel capsule (generics for QUDEXY XR only)	*carbamazepine*, *carbamazepine ext-rel*, *clobazam*, *clonazepam*, *divalproex sodium*, *divalproex sodium ext-rel*, *eslicarbazepine*, *gabapentin*, *lacosamide*, *lamotrigine*, *lamotrigine ext-rel*, *levetiracetam*, *levetiracetam ext-rel*, *oxcarbazepine*, *phenobarbital*, *phenytoin*, *phenytoin sodium extended*, *pregabalin*, *primidone*, *rufinamide*, *tiagabine*, *topiramate*, *topiramate ext-rel*, *valproic acid*, *zonisamide*, BRIVIACT, OXTELLAR XR, XCOPRI
TOPROL-XL	*acebutolol*, *atenolol*, *carvedilol*, *carvedilol phosphate ext-rel*, *metoprolol succinate ext-rel*, *metoprolol tartrate*, *nadolol*, *nebivolol*, *pindolol*, *propranolol*, *propranolol ext-rel*
Tovet	*clobetasol cream*, *clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel*, *clobetasol lotion*, *clobetasol ointment*, *halobetasol cream*, *halobetasol ointment*
TOVIAZ	*darifenacin ext-rel*, *fesoterodine ext-rel*, *oxybutynin ext-rel*, *solifenacin*, *tolterodine*, *tolterodine ext-rel*, *trospium*, *trospium ext-rel*, GEMTESA
TRADJENTA	*saxagliptin*, ZITUVIO
tramadol tablet 100 mg, *tramadol ext-rel capsule*	*tramadol* (except *tramadol tablet 100 mg*), *tramadol ext-rel tablet*
TRANSDERM SCOP	*meclizine*, *scopolamine transdermal*
TRAVATAN Z	*bimatoprost*, *latanoprost*, *travoprost*
TREXIMET	*diclofenac sodium*, *ibuprofen* or *naproxen* (except *naproxen CR* or *naproxen suspension*) **WITH** *eletriptan*, *naratriptan*, *rizatriptan*, *sumatriptan*, *zolmitriptan*, NURTEC ODT, TOSYMRA, UBRELVY or ZEMBRACE SYMTOUCH
triamcinolone aerosol 0.2%	*hydrocortisone butyrate cream*, *hydrocortisone butyrate ointment*, *hydrocortisone butyrate solution*, *mometasone*, *triamcinolone cream*, *triamcinolone lotion*, *triamcinolone ointment* (except *triamcinolone ointment 0.05%*)
triamcinolone ointment 0.05%	*hydrocortisone butyrate cream*, *hydrocortisone butyrate ointment*, *hydrocortisone butyrate solution*, *mometasone*, *triamcinolone cream*, *triamcinolone lotion*, *triamcinolone ointment* (except *triamcinolone ointment 0.05%*)
TRICOR	*fenofibrate* (except *fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg*), *fenofibric acid delayed-rel*
TRILEPTAL	*carbamazepine*, *carbamazepine ext-rel*, *divalproex sodium*, *divalproex sodium ext-rel*, *eslicarbazepine*, *gabapentin*, *lacosamide*, *lamotrigine*, *lamotrigine ext-rel*, *levetiracetam*, *levetiracetam ext-rel*, *oxcarbazepine*, *phenobarbital*, *phenytoin*, *phenytoin sodium extended*, *pregabalin*, *primidone*, *tiagabine*, *topiramate*, *topiramate ext-rel*, *valproic acid*, *zonisamide*, BRIVIACT, OXTELLAR XR, XCOPRI
TRI-VI-FLOR	*multivitamins*
TRIVIDIA INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES, EMBECTA ULTRAFINE INSULIN SYRINGES (except certain NDCs)
TronVite	*multivitamins*
TRUDHESA	*eletriptan*, *naratriptan*, *rizatriptan*, *sumatriptan*, *zolmitriptan*, NURTEC ODT, TOSYMRA, UBRELVY, ZEMBRACE SYMTOUCH
TRUETEST STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK

DRUG NAME(S)	PREFERRED OPTION(S)
	SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
TRUETRACK STRIPS AND KITS	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
TUDORZA	SPIRIVA
ULORIC	*allopurinol*
ULTIMED INSULIN SYRINGES	BD ULTRAFINE INSULIN SYRINGES, EMBECTA ULTRAFINE INSULIN SYRINGES (except certain NDCs)
ULTIMED NEEDLES	BD ULTRAFINE NEEDLES, EMBECTA ULTRAFINE NEEDLES (except certain NDCs)
ULTRAVATE	*clobetasol cream, clobetasol foam* (except *clobetasol emollient foam*), *clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
umeclidinium-vilanterol	ANORO ELLIPTA, STIOLTO RESPIMAT
UROXATRAL	*alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin*
V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
VALCYTE	*valganciclovir*
VALTREX	*acyclovir* (except *acyclovir cream*), *valacyclovir*
Vanoxide-HC	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin,* AKLIEF, EPIDUO, TWYNEO, WINLEVI
VASCULERA	Talk to your doctor
VECTICAL	*calcipotriene ointment, calcipotriene solution, tazarotene,* VTAMA, ZORYVE CREAM, ZORYVE FOAM
VELPHORO	*calcium acetate, sevelamer carbonate,* AURYXIA
venlafaxine ext-rel tablet (except 225 mg)	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*
VENTOLIN HFA	*albuterol sulfate CFC-free aerosol* (except NDCs 00093317431, 66993001968), *levalbuterol tartrate CFC-free aerosol*
VEREGEN	*imiquimod*
VIAGRA	*avanafil, sildenafil, tadalafil*
VICTOZA	*liraglutide,* MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
VIIBRYD	*citalopram, escitalopram, fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl, paroxetine HCl ext-rel, sertraline, vilazodone,* AUVELITY, TRINTELLIX
VIMPAT	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
VITAFOL-ONE	*Prenatal Vitamins*
Vitasure	*multivitamins*
VIVELLE-DOT	*estradiol*
VOGELXO	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone solution,* NATESTO
VYVANSE	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, lisdexamfetamine, methylphenidate ext-rel,* AZSTARYS
VYZULTA	*bimatoprost, latanoprost, travoprost*
WELLBUTRIN XL	*bupropion, bupropion ext-rel* (except *bupropion ext-rel tablet 450 mg*)
XANAX, XANAX XR	*alprazolam, clonazepam, diazepam, lorazepam, oxazepam*
XENICAL	*liraglutide, orlistat,* QSYMIA, WEGOVY

DRUG NAME(S)	PREFERRED OPTION(S)
XERESE	*acyclovir* (except *acyclovir cream*), *valacyclovir*
XIIDRA	RESTASIS, VEVYE
XOPENEX HFA	*albuterol sulfate CFC-free aerosol* (except NDCs 00093317431, 66993001968), *levalbuterol tartrate CFC-free aerosol*
XTAMPZA ER	*fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel*
XYOSTED	*testosterone gel* (except authorized generics for TESTIM and VOGELXO), *testosterone solution,* NATESTO
XYZBAC	*multivitamins*
YASMIN	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,* LO LOESTRIN FE, NATAZIA
YAZ	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-levonorgestrel-iron, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate,* LO LOESTRIN FE, NATAZIA
Yuvafem	*estradiol vaginal cream,* IMVEXXY, VAGIFEM
ZALVIT	*Prenatal Vitamins*
ZELAC	Talk to your doctor
ZEPBOUND	*liraglutide, orlistat*, QSYMIA, WEGOVY
ZERVIATE	*azelastine, bepotastine, cromolyn sodium, loteprednol, olopatadine*
ZESTORETIC	*fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide*
ZETIA	*ezetimibe*
ZIANA	*adapalene* (except *adapalene pad*), *benzoyl peroxide, clindamycin gel* (except NDC 68682046275), *clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin- benzoyl peroxide, tazarotene, tretinoin*, AKLIEF, EPIDUO, TWYNEO, WINLEVI
Ziclopro	*diclofenac sodium, diclofenac sodium gel 1%*, *diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen* (except *naproxen CR* or *naproxen suspension*)
zileuton ext-rel	*montelukast*, *zafirlukast*
ZIRGAN	*trifluridine*
ZOLOFT	*citalopram, escitalopram, fluoxetine* (except *fluoxetine tablet 60 mg, fluoxetine tablet* [generics for SARAFEM]), *paroxetine HCl, paroxetine HCl ext-rel*, *sertraline*, *vilazodone,* AUVELITY, TRINTELLIX
zolpidem sublingual	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel,* BELSOMRA, QUVIVIQ
ZONEGRAN	*carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide,* BRIVIACT, OXTELLAR XR, XCOPRI
ZONTIVITY	Talk to your doctor
ZYLET	*neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone,* TOBRADEX OINTMENT

FOR YOUR INFORMATION: New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed.

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

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

Some listings do not include certain NDCs as noted above.

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

BD ULTRAFINE or EMBECTA ULTRAFINE (except certain NDCs) syringes and needles are the only preferred options.

ACCU-CHEK or TRUE METRIX (Trividia manufactured NDCs) brand test strips are the only preferred options.

ACCU-CHEK lancing devices are the only preferred options.

ACCU-CHEK or TRUEPLUS (only certain NDCs) lancets are the only preferred options.

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

Generic prenatal vitamins are the only preferred options.

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

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

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-31697B 040126



Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

Simple. Transparent. Versatile.
At Meritain Health®, we're creating unrivaled connections.

Follow us: @meritainhealth | Meritain Health

www.meritain.com | © 2026–2027 Meritain Health, Inc.

Meritain Health®
an aetna® company