

Unified School District #428

A Guide to Your Pharmacy Coverage

Meritain Health®
an aetna company

www.meritain.com

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Welcome

Welcome to your new prescription benefit plan. We will be working with Unified School District #428 to administer the prescription benefit portion of your health plan.

Your prescription plan offers two ways to get your medications:

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

Here are some additional services we offer:

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

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

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

Welcome to Meritain Health® Pharmacy Solutions (MPS)

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

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

Find participating pharmacies

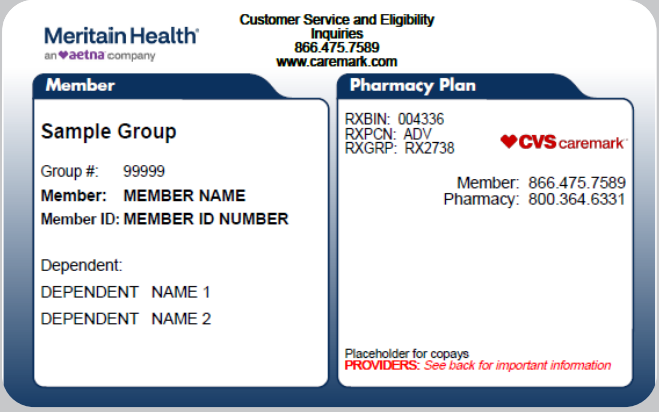
You can find a participating pharmacy by visiting **www.Caremark.com**. Log in to or create your member account and search for nearby pharmacies, convenient to you.

We're here when you need us

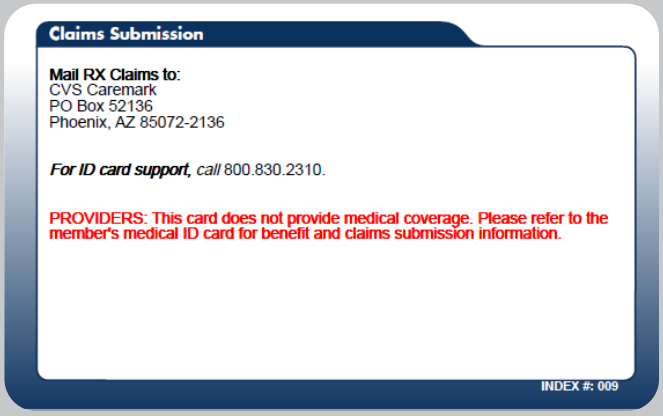
Still have questions? We can help. Just give us a call at the number on your ID card.

Sample ID card

Card front



Card back



Your prescription for a healthier budget

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

Controlling your prescription copay

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

The Performance Drug List

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

How the Performance Drug List works:

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

Why generics make sense

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

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

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

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



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

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

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

At your local pharmacy

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

By mail order

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

Online

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

Prescriptions and Caremark.com

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

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

Not every drug is covered

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

Certain drugs must be approved

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

Pharmacist support

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

Helpful tip



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

CVS specialty™

Specialty medications plus support just for you

Making it simpler for you

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



Personalized support to stay on track

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

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



Managing your Rxs anytime, anywhere

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

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



Convenient delivery

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

How to get started

Register on **CVSspecialty. com**

Existing prescriptions?

Call 1-800-237-2767 (TTY: 711) to transfer your prescription

New prescriptions?

Your doctor can:

- e-Prescribe to CVS Specialty
- Call our CareTeam at 1-800-237-2767 (TTY: 711), Monday through Friday, 7:30 AM to 7:30 PM (local time)
- Fax the prescription to 1-800-323-2445

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

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CVS caremark™



Prior Authorization

Some medications need special approval.

Prior authorization (PA) is an extra level of approval that benefit plans require for certain medications.

A PA makes sure that you're getting the right medication for your condition. It may also help keep costs down so you don't overpay.

When is a PA required?

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

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

How does a PA get started?

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

How does it work?

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



Prior authorization may help keep your medication affordable.

Continued on back

Do I need a PA for refills?

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

What can I do if my PA is denied?

You have several options:

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

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

All timeframes and processes contained in this document refer to CVS Caremark® standard protocols based on federal laws and regulations. Timeframes and processes may vary based on client requirements or state regulations. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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CVS caremark™



Rx Delivery by Mail

Convenience, savings and safety

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you may save money, too.

Convenience

CVS Caremark® Mail Service Pharmacy can deliver 90-day supplies of medications you take regularly to your door. For even more convenience, start automatic refills, too.

Savings

Filling your Rx in 90-day supplies may come with savings. Plus, there's no extra cost for shipping.

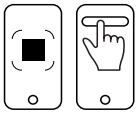
Safety

Our secure, nondescript packaging protects your privacy.



90-day supplies could cost less than 30-day supplies.

Learn more at **Caremark.com/Rxdelivery** or scan the code.



To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

Your CVS Caremark Mail Service Pharmacy

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

With the CVS Caremark Mail Service Pharmacy you can:

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

Getting started

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

- The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy.
- The second for the maximum days supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark Mail Service Pharmacy.

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

Filling out the mail service order form

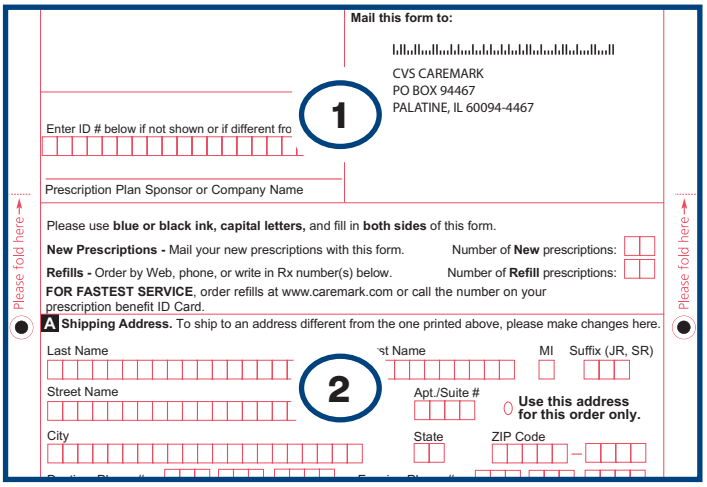
Follow these five steps to fill out the mail service order form:

Step 1—Benefit ID number

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

Step 2—Address

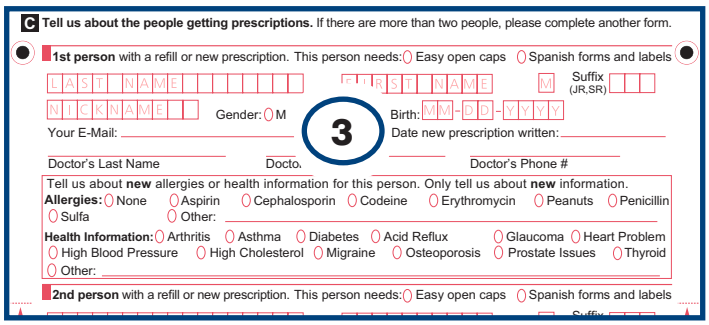
Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.



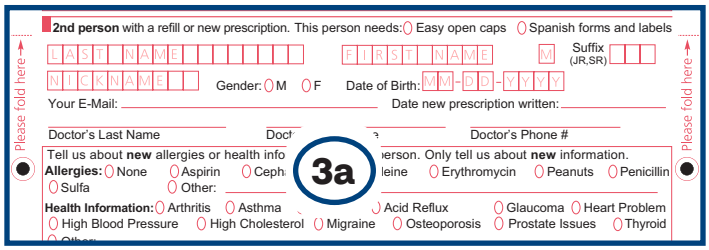
Step 3—Prescription information

Provide the requested information for the first person for whom a prescription(s) is being submitted.

- Indicate if you would like your order to include easy-open caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
- Be sure to completely fill out your doctor's first name, last name and phone number.
- Fill in the ovals under Allergies if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the Other oval and write in the allergy.
- Fill in the ovals under Conditions if you have any health conditions. If you do not see your health condition listed, fill in the Other oval and write in the health condition.



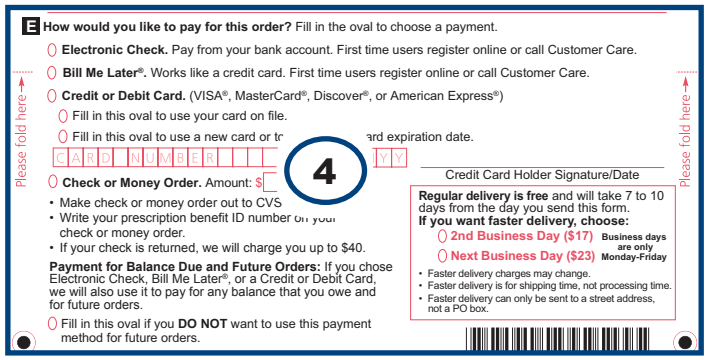
3a. Provide the requested information for the second person for whom a prescription is being submitted (if applicable). If this is the case, provide the same information as Step 3.



Step 4—Method of payment

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

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



Step 5—Enclose your prescription

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

Mail it in

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

Sign up for mail service with FastStart®

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

By internet

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

By phone

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

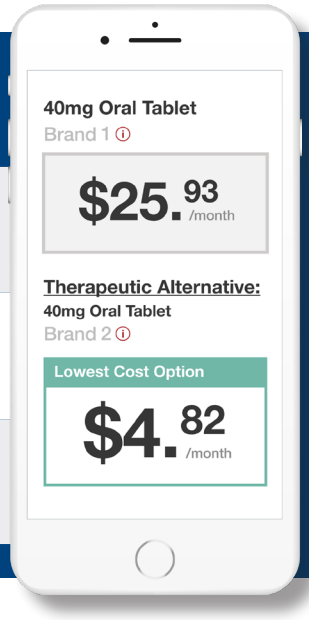
Find an estimate of your medication cost with the Check Drug Cost tool from CVS Caremark®

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

Use the Check Drug Cost tool today at **Caremark.com** or the CVS Caremark mobile app to see if you can save money.

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

- Find out what you'll pay out of pocket (you may pay the full cost of your prescription if you haven't yet met your deductible).
- See a list of lower-cost options you can ask your doctor about.
- See how much you can save by moving your prescription to a 90-day supply.







Cost Avoidance Research Effort (CARE) Program

Speak to a specialist about patient assistance research

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

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

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

CARE Program

Helping you achieve better health at the lowest cost

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

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

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

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

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

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



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



Your new meter is waiting for you

If you have diabetes, you know how important it is to check your blood glucose levels regularly. We want to help – with a **no-cost blood glucose meter**. It's part of your prescription plan and ordering is easy.

Order your new meter today

- Visit **Caremark.com/ManagingDiabetes**
- Select a Meter
- Follow the instructions on the screen

While you're there, you can learn more about your new meter.

Have questions?

Visit **Caremark.com/ManagingDiabetes** for more information.

Participating National Network Retail Pharmacies

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

A

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

B

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

C

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

C

Cub Pharmacy
CVS Pharmacy
CVS Pharmacy in Target stores
CVS Specialty

D

Dillon Pharmacy
Discount Drug Mart
Doc's Pharmacy
Duane Reade

E

Eaton Apothecary
Essentia Health

F

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

G

Gerbes Pharmacy
Giant Eagle Pharmacy
Giant Pharmacy
Group Health Pharmacy

H

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

I

IHC Health Center
Ingles Pharmacy

Caremark.com

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National Network Participating Retail Pharmacies (cont.)

J

Jewel-Osco Pharmacy

K

Kessel Pharmacy
King Soopers Pharmacy
Kinney Drugs
Klein's Pharmacy
Klingensmith's Drug Stores
Knight Drugs
Kroger Pharmacy
Kroger Sav-On Pharmacy

L

Longs Drug Store

M

Marianos Pharmacy
Martin's Pharmacy
Maxor Pharmacies
Med-Fast Pharmacy
Medicap Pharmacy
Medicine Shoppe Pharmacy
Meijer Pharmacy
Mercy Pharmacy
Metro Market Pharmacy

N

Navarro Discount Pharmacy
NCS Healthcare Pharmacy
Neighborcare Pharmacy
Nob Hill Pharmacy
North Florida Pharmacy

O

Omnicare Pharmacy
Oncology Pharmacy
Option Care Pharmacy
Osco Pharmacy

P

Pavilions Pharmacy
Pharmerica
Pick N Save Pharmacy
Price Chopper Pharmacy
Price Cutter Pharmacy
Publix Pharmacy

Q

QFC Pharmacy

R

Raley's Drug Center
Ralphs Pharmacy
Randall's Pharmacy
Rite Aid Pharmacy

S

Safeway Pharmacy
Sam's Club Pharmacy
Sav-Mor Pharmacy
Save Mart Pharmacy
Sav-On Pharmacy
Schnucks Pharmacy
Scott's Pharmacy
Shaw's Pharmacy
Shop 'n Save Pharmacy
Shoppers Pharmacy
ShopRite Pharmacy
Smith's Pharmacy
St. John Pharmacy
Stop & Shop Pharmacy
Super 1 Pharmacy

T

Texas Oncology Pharmacy
Thrifty White Pharmacy
Times Pharmacy
Tom Thumb Pharmacy
Tops Pharmacy

U

United Market Street Pharmacy
United Pharmacy
USA Drug
UW Health Pharmacy Services

V

Vons Pharmacy

W

Walgreens Pharmacy
Walmart
Wegman's Pharmacy
Weis Pharmacy
White Drug

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Rx Smart Savings

Your employer has partnered with Meritain to make saving at the pharmacy counter easy.

How does Rx Smart Savings simplify savings?

Our dedicated Rx Smart Savings Team helps you navigate pharmacy care. This team of licensed pharmacists and pharmacy technicians are your advocates by providing:

- Personalized pharmacy education
- Hassle-free communication
- Proactive outreach
- Continued savings monitored

What is the savings process?

1 **Low Cost Alternatives**
Our team identifies safe, low-cost alternatives to the high-cost medications you are taking.

2 **Physician Engagement**
Our Rx Smart Savings Team communicates directly with your doctor about prescribing the alternative medication as part of your treatment plan.

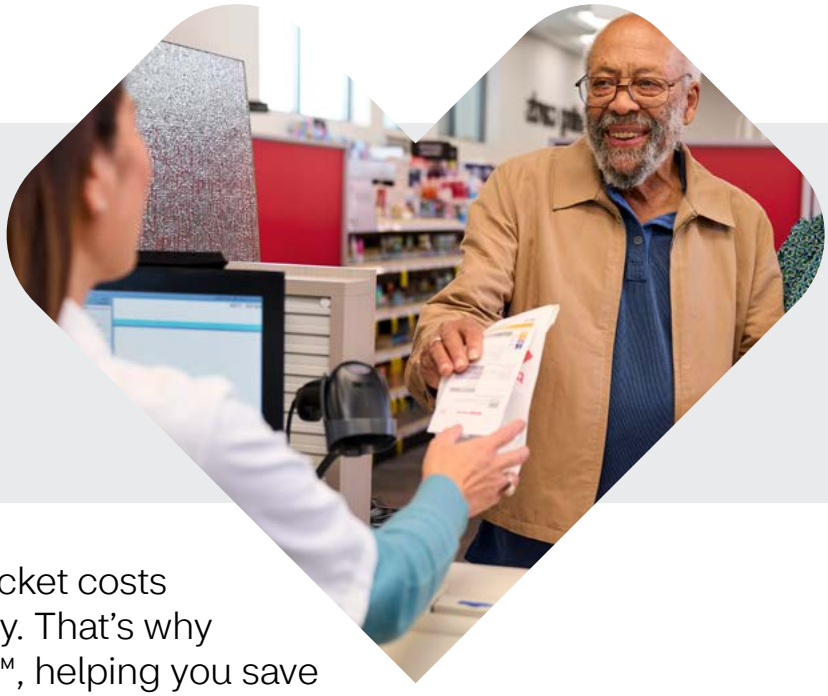
3 **Outreach & Education**
An Rx Smart Savings Team member will contact you for final approval of the suggested alternative.

4 **Pharmacy Coordination**
Our team sends the new prescription directly to your preferred pharmacy for pick up.

Our commitment.

Rx Smart Savings is dedicated to offering hassle-free savings while providing optimal care.

CVS caremark®



COST SAVINGS

Helping you save money on your medications

We know that keeping your out-of-pocket costs low is important to you and your family. That's why we've created Caremark® Cost Saver™, helping you save money on your medications.

How Cost Saver works

Cost Saver makes sure you get the lowest possible cost for medications covered under your plan. All you have to do is present your CVS Caremark member ID card when you pick up your prescriptions. We'll manage the rest for you by automatically applying the lowest available discount price.



Cost Saver benefits:

- **Providing you with the best available prices** for many commonly prescribed, non-specialty generic drugs
- **Automatically applying your out-of-pocket costs to your deductible** and out-of-pocket thresholds
- **Delivering you a seamless experience** that avoids wasted time shopping around for the best price

Your CVS Caremark member ID card is all you need for Cost Saver to work for you. Just show it to your pharmacist and we'll take it from there.

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Meritain Health Pharmacy Solutions January 2026

Brand-Name Medications Requiring Use of a Generic First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you will have to try a generic medication first* before certain brand-name medications will be covered. The chart below tells you which kinds of drugs require you to use a generic first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class	**Non-Preferred:** Before you can try one of these non-preferred brand-name drugs	**Generic Options:** You will have to try one** of these generic medications first	**Preferred Brands:** These preferred select brand-name drugs do not require use of a generic first*
Antipsychotics	Caplyta Lybalvi Rexulti Versacloz Vraylar	aripiprazole asenapine SL clozapine lurasidone olanzapine paliperidone ext-rel quetiapine/quetiapine ext-rel risperidone ziprasidone	*Preferred brand not available in class*
Prostaglandin Analogues and Combinations		bimatoprost 0.03% latanoprost tafluprost travoprost	*Preferred brand not available in class*
Migraine, Selective Serotonin Agonists / Combinations	Onzetra Xsail Zembrance Symtouch	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan sumatriptan/naproxen zolmitriptan	*Preferred brand not available in class*
Sleep Agents	Belsomra Dayvigo Quviviq	doxepin tabs eszopiclone ramelteon zaleplon zolpidem/zolpidem ext-rel	*Preferred brand not available in class*
Selective Serotonin Reuptake Inhibitors (SSRIs)	Trintellix	citalopram escitalopram fluoxetine (except fluoxetine tablet 60mg) fluvoxamine/fluvoxamine ext-rel olanzapine / fluoxetine paroxetine HCl/paroxetine HCl ext-rel sertraline	*Preferred brand not available in class*
Urinary Antispasmodics	Gelnique Gemtesa	darifenacin ext-rel fesoterodine oxybutynin/oxybutynin ext-rel solifenacin tolterodine/tolterodine ext-rel	*Preferred brand not available in class*

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Meritain Health Pharmacy Solutions January 2026

Drug Class	**Non-Preferred:** Before you can try one of these non-preferred brand-name drugs	**Generic Options:** You will have to try one** of these generic medications first	**Preferred Brands:** These preferred select brand-name drugs do not require use of a generic first*
		trospium/trospium ext-rel	

*Please note: A member's Plan determines whether the member must try one or two generics before a brand name drug is allowed in select drug classes.
**This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.
Discuss this information with your doctor or health care provider. CVS Caremark® assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

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. 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. Targeted therapeutic classes and specific drug targets are subject to change based on new generic drug launches, product approvals, drug withdrawals and other market changes.
Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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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

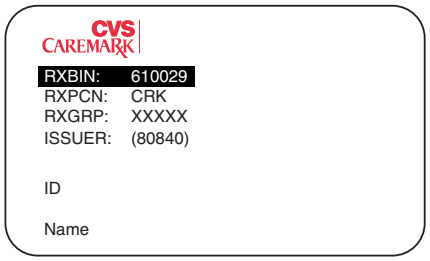
If the Prescribing Physician's NPI (National Provider Identification) number is available, please provide: _____

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.

CVS caremark®

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
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
SPRAVATO
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
INVEGA HAFYERA
INVEGA SUSTENNA
INVEGA TRINZA
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 ext-rel
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
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
calcipotriene 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
clobetasol foam (except clobetasol emollient foam)
clobetasol gel
clobetasol lotion
clobetasol ointment
clobetasol shampoo
desonide (except desonide gel)
desoximetasone (except desoximetasone ointment 0.05%)
fluocinonide (except fluocinonide cream 0.1%)
halobetasol cream
halobetasol ointment
hydrocortisone
hydrocortisone butyrate cream
hydrocortisone butyrate ointment
hydrocortisone butyrate solution
mometasone
triamcinolone cream
triamcinolone lotion
triamcinolone 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

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 ext-rel
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
calcipotriene 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
clobetasol foam (except clobetasol emollient foam)
clobetasol gel
clobetasol lotion
clobetasol ointment
clobetasol shampoo
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
halobetasol ointment
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone
hydrocortisone
hydrocortisone butyrate cream
hydrocortisone butyrate ointment
hydrocortisone butyrate solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
ibuprofen
ibuprofen-famotidine
ILEVRO
imiquimod
IMVEXXY
INSULIN GLARGINE-YFGN
INVEGA HAFYERA
INVEGA SUSTENNA
INVEGA TRINZA
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
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
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
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
SPRAVATO
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
triamcinolone lotion
triamcinolone 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

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)	DRUG NAME(S)	PREFERRED OPTION(S)
ABILIFY	*aripiprazole*, *clozapine*, *lurasidone*, *olanzapine*, *quetiapine*, *quetiapine ext-rel*, *risperidone*, *ziprasidone*, VRAYLAR	ACIPHEX	*esomeprazole delayed-rel*, *lansoprazole delayed-rel capsule*, *omeprazole delayed-rel*, *pantoprazole delayed-rel tablet*
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, WINLEVI	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*

DRUG NAME(S)	PREFERRED OPTION(S)
	solution, *clindamycin-benzoyl peroxide*, *dapsone*, *erythromycin solution*, *erythromycin-benzoyl peroxide*, *tazarotene*, *tretinoin*, AKLIEF, EPIDUO, WINLEVI
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, WINLEVI
ADDERALL	*amphetamine-dextroamphetamine mixed salts*, *methylphenidate*
ADDERALL XR	*amphetamine ext-rel*, *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	*Breyna*, *budesonide-formoterol*, *fluticasone-salmeterol* (except certain NDCs), *Wixela Inhub*, BREO ELLIPTA (except certain NDCs)
ADZENYS XR-ODT	*amphetamine ext-rel*, *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*
ALVESCO	ASMANEX HFA, PULMICORT FLEXHALER
AMITIZA	*lubiprostone*, *prucalopride*, LINZESS, MOVANTIK, SYMPROIC
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 ext-rel*, *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, 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

DRUG NAME(S)	PREFERRED OPTION(S)
	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-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, 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

DRUG NAME(S)	PREFERRED OPTION(S)
	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** *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, 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*,

DRUG NAME(S)	PREFERRED OPTION(S)
	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*
COMBIVENT RESPIMAT	*ipratropium-albuterol inhalation solution*, ANORO ELLIPTA, STIOLTO RESPIMAT
CONCERTA	*amphetamine ext-rel*, *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
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 ext-rel*, *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*

DRUG NAME(S)	PREFERRED OPTION(S)
	(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 solution*, *erythromycin-benzoyl peroxide*, *tazarotene*, *tretinoin*, AKLIEF, EPIDUO, 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	*Breyna*, *budesonide-formoterol*, *fluticasone-*

DRUG NAME(S)	PREFERRED OPTION(S)
	salmeterol (except certain NDCs), *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 ext-rel*, *amphetamine-dextroamphetamine mixed salts ext-rel*, *dexmethylphenidate ext-rel*, *lisdexamfetamine*, *methylphenidate ext-rel*, AZSTARYS
DYMISTA	*azelastine-fluticasone*, *flunisolide*, *fluticasone*, *mometasone*, XHANCE
DYRENIUM	*amiloride*, *triamterene*
E.E.S. GRANULES	*erythromycins*
ECOZA	*ciclopirox*, *clotrimazole*, *econazole*, *ketoconazole cream 2%*, *naftifine*
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
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
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, WINLEVI
FANAPT	*aripiprazole*, *clozapine*, *lurasidone*, *olanzapine*, *quetiapine*, *quetiapine ext-rel*, *risperidone*, *ziprasidone*, VRAYLAR
FEMRING	*estradiol vaginal cream*, IMVEXXY, VAGIFEM
fenofibrate capsule 50 mg, 130	*fenofibrate* (except fenofibrate

DRUG NAME(S)	PREFERRED OPTION(S)
mg; fenofibrate tablet 40 mg, 120 mg	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*
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 lotion	*desonide* (except desonide gel), *hydrocortisone*
FML FORTE, FML LIQUIFILM	*dexamethasone*, *difluprednate*, *loteprednol*, *prednisolone acetate 1%*
FOCALIN XR	*amphetamine ext-rel*, *amphetamine-dextroamphetamine mixed salts ext-rel*, *dexmethylphenidate ext-rel*, *lisdexamfetamine*, *methylphenidate ext-rel*, AZSTARYS
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*

DRUG NAME(S)	PREFERRED OPTION(S)
	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 ext-rel*, *amphetamine-dextroamphetamine mixed salts ext-rel*, *atomoxetine*, *dexmethylphenidate ext-rel*, *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 ext-rel*, *amphetamine-dextroamphetamine mixed salts ext-rel*, *dexmethylphenidate ext-rel*, *lisdexamfetamine*, *methylphenidate ext-rel*, AZSTARYS
KAMDOY	*desonide* (except desonide gel), *hydrocortisone*
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*,

DRUG NAME(S)	PREFERRED OPTION(S)
	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*, *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

DRUG NAME(S)	PREFERRED OPTION(S)
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*
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%*
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 750 mg (NDC 70868090190 only)	*cyclobenzaprine* (except cyclobenzaprine tablet 7.5 mg)
MIACALCIN INJECTION	*alendronate, calcitonin-salmon, ibandronate, risedronate, teriparatide 560mcg/2.24ml, zoledronic acid,* BONSITY, OSPOMYV, STOBOCLO, TERIPARATIDE 560MCG/2.24ML, 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*, 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*
MOVIPREP	*peg 3350-electrolytes* (except generics for MOVIPREP), *sodium sulfate-potassium sulfate-magnesium sulfate*, CLENPIQ
MULTIPRO	*multivitamins*
mupirocin cream	*gentamicin*, *mupirocin ointment*
MYDAYIS	*amphetamine ext-rel*, *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)

DRUG NAME(S)	PREFERRED OPTION(S)
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*
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*
NUEDEXTA	Talk to your doctor
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 DF	*folic acid, multivitamins*
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,*

DRUG NAME(S)	PREFERRED OPTION(S)
	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
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*
POLY-VI-FLOR	*multivitamins*
POLY-VI-FLOR WITH IRON	*multivitamins*
POLYTOZA	Talk to your doctor
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%*
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 ext-rel*, *amphetamine-dextroamphetamine mixed salts ext-rel*,

DRUG NAME(S)	PREFERRED OPTION(S)
	dexmethylphenidate ext-rel, *lisdexamfetamine*, *methylphenidate ext-rel*, AZSTARYS
QUILLIVANT XR	*amphetamine ext-rel*, *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*
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, 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*, *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)
SYMBICORT	*Breyna*, *budesonide-*

DRUG NAME(S)	PREFERRED OPTION(S)
	formoterol, *fluticasone-salmeterol* (except certain NDCs), *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*, *calcipotriene ointment*, *calcipotriene solution*, *clindamycin gel* (except NDC 68682046275), *clindamycin solution*, *clindamycin-benzoyl peroxide*, *dapsone*, *erythromycin solution*, *erythromycin-benzoyl peroxide*, *tazarotene*, *tretinoin*, AKLIEF, EPIDUO, VTAMA, WINLEVI, 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 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*,

DRUG NAME(S)	PREFERRED OPTION(S)
	oxybutynin ext-rel, *solifenacin*, *tolterodine*, *tolterodine ext-rel*, *trospium*, *trospium ext-rel*, GEMTESA
TRADJENTA	*saxagliptin*, ZITUVIO
tramadol ext-rel capsule, *tramadol tablet 100 mg*	*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
TRI-VI-FLOR	*multivitamins*
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*,

DRUG NAME(S)	PREFERRED OPTION(S)
	phenobarbital, *phenytoin*, *phenytoin sodium extended*, *pregabalin*, *primidone*, *tiagabine*, *topiramate*, *topiramate ext-rel*, *valproic acid*, *zonisamide*, BRIVIACT, OXTELLAR XR, XCOPRI
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 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
TWYNEO	*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, WINLEVI
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

DRUG NAME(S)	PREFERRED OPTION(S)
	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, 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 ext-rel*, *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
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*,

DRUG NAME(S)	PREFERRED OPTION(S)
	methadone, *morphine ext-rel*
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, 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
ZTLIDO	*lidocaine patch*
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 are the only preferred options.

Generic prenatal vitamins are the only preferred options.

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