

# North Carolina State Health Plan Preferred Drug List - Traditional Pharmacy Benefit

The **North Carolina State Health Plan Preferred Drug List - Traditional Pharmacy Benefit** is a guide within select therapeutic categories for plan members enrolled in the traditional pharmacy benefit and their health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

## PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [Caremark.com](https://www.caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

## HEALTH CARE PROVIDER

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

### Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay<sup>1</sup> for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For specific information, visit [Caremark.com](https://www.caremark.com) or contact a CVS Caremark Customer Care representative.

List is subject to change.

## ANALGESICS

### § NSAIDs

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

### § NSAIDs, COMBINATIONS

diclofenac sodium-  
misoprostol

### § NSAIDs, TOPICAL

diclofenac sodium gel 1%  
PA, QL  
diclofenac sodium solution  
PA, QL

### § COX-2 INHIBITORS

celecoxib

### § GOUT

allopurinol  
colchicine tablet  
probenecid

### § OPIOID ANALGESICS

buprenorphine transdermal  
QL, ST  
codeine-acetaminophen QL  
fentanyl transdermal PA, QL,  
ST  
fentanyl transmucosal  
lozenge PA, QL  
hydrocodone ext-rel PA, QL,  
ST  
hydrocodone-acetaminophen  
QL  
hydromorphone PA, QL  
hydromorphone ext-rel PA,  
QL, ST  
methadone QL, ST  
morphine PA, QL  
morphine ext-rel PA, QL, ST  
morphine suppository  
oxycodone PA, QL  
oxycodone-acetaminophen  
QL  
tramadol (except NDC\*  
52817019610) PA, QL  
tramadol ext-rel PA, QL, ST  
BELBUCA QL, ST  
NUCYNTA PA, QL  
NUCYNTA ER PA, QL, ST  
SUBSYS PA, QL  
XTAMPZA ER PA, QL, ST

## ANTI-INFECTIVES

### ANTIBACTERIALS

#### § CEPHALOSPORINS

cefdinir  
cefprozil  
cefuroxime axetil  
cephalexin  
SUPRAX

#### § ERYTHROMYCINS / MACROLIDES

azithromycin  
clarithromycin  
clarithromycin ext-rel  
erythromycins  
DIFICID

#### § FLUOROQUINOLONES

ciprofloxacin  
levofloxacin  
moxifloxacin

#### § PENICILLINS

amoxicillin  
amoxicillin-clavulanate  
dicloxacillin  
penicillin VK

#### § TETRACYCLINES

doxycycline hyclate 20 mg  
doxycycline hyclate capsule  
minocycline  
tetracycline

#### § ANTIFUNGALS

fluconazole  
itraconazole  
terbinafine tablet

#### ANTIVIRALS

§ CYTOMEGALOVIRUS  
AGENTS  
valganciclovir

#### § HERPES AGENTS

acyclovir capsule, tablet  
valacyclovir

#### INFLUENZA AGENTS

oseltamivir PA, QL  
RELENZA PA, QL

#### § MISCELLANEOUS

clindamycin  
ivermectin  
linezolid  
metronidazole  
nitrofurantoin (except NDC\*  
70408023932)  
pyrimethamine  
sulfamethoxazole-  
trimethoprim  
vancomycin capsule  
EMVERM PA, QL  
XIFAXAN 550 MG

## ANTINEOPLASTIC AGENTS

### HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS  
bicalutamide

#### § MISCELLANEOUS

VISTOGARD

## CARDIOVASCULAR

### § ACE INHIBITORS

fosinopril  
lisinopril  
quinapril  
ramipril

### § ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide  
lisinopril-hydrochlorothiazide  
quinapril-hydrochlorothiazide

### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

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

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

amlodipine-olmesartan  
amlodipine-telmisartan  
amlodipine-valsartan

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

amlodipine-valsartan-  
hydrochlorothiazide  
olmesartan-amlodipine-  
hydrochlorothiazide

### § ANTIARRHYTHMICS

sotalol  
MULTAQ

### ANTILIPEMICS

ACL INHIBITORS /  
COMBINATIONS  
NEXLETOL PA, ST  
NEXLIZET PA, ST

#### § BILE ACID RESINS

cholestyramine  
colesevelam

#### § CHOLESTEROL

ABSORPTION INHIBITORS  
ezetimibe

#### § FIBRATES

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

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

atorvastatin  
ezetimibe-simvastatin  
fluvastatin  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

#### § NIACINS

niacin ext-rel

#### § OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters PA  
VASCEPA PA

### § BETA-BLOCKERS

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

### § CALCIUM CHANNEL BLOCKERS

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

### § CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

### § DIGITALIS GLYCOSIDES

digoxin

### § DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

aliskiren  
TEKURNA HCT

### § DIURETICS

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

## HEART FAILURE

BIDIL  
CORLANOR PA  
ENTRESTO PA

### § NITRATES

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

### § MISCELLANEOUS

ranolazine ext-rel

## CENTRAL NERVOUS SYSTEM

### ANTIANKXIETY

#### § BENZODIAZEPINES

alprazolam  
clonazepam  
diazepam  
lorazepam  
oxazepam

### § ANTICONVULSANTS

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

### § ANTIDEMENTIA

donepezil  
galantamine  
galantamine ext-rel  
memantine  
rivastigmine  
rivastigmine transdermal  
NAMZARIC

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.

List is subject to change.

## ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

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

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

*desvenlafaxine ext-rel*  
*duloxetine*  
*venlafaxine*  
*venlafaxine ext-rel capsule*

§ MISCELLANEOUS AGENTS

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

§ ANTIPARKINSONIAN AGENTS

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

ANTIPSYCHOTICS

§ ATYPICALS

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

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

*amphetamine-dextroamphetamine mixed salts* PA, QL

*amphetamine-dextroamphetamine mixed salts ext-rel* PA, QL, †  
*atomoxetine* PA, QL  
*dexmethylphenidate ext-rel* PA, QL

*guanfacine ext-rel*  
*methylphenidate* PA, QL  
*methylphenidate ext-rel* PA, QL, †  
MYDAYIS PA, QL  
VYVANSE PA, QL

§ FIBROMYALGIA

*pregabalin*

HYPNOTICS

§ NONBENZODIAZEPINES  
*eszopiclone* PA, QL  
*ramelteon*  
*zolpidem* PA, QL  
*zolpidem ext-rel* PA, QL  
*zolpidem sublingual* PA, QL  
BELSOMRA PA

§ TRICYCLICS

*doxepin*

MIGRAINE

ACUTE MIGRAINE AGENTS

§ Triptans

*eletriptan* PA, QL  
*naratriptan* PA, QL  
*rizatriptan* PA, QL  
*sumatriptan* PA, QL  
*zolmitriptan* PA, QL  
ONZETRA XSAIL PA, QL  
ZEMBRACE SYMTOUCH PA, QL  
ZOMIG NASAL SPRAY PA, QL

Miscellaneous

NURTEC ODT PA, QL, ST  
REYVOW PA, QL, ST  
UBRELVY PA, QL, ST

PREVENTIVE MIGRAINE AGENTS

MONOCLONAL ANTIBODIES

AIMOVIG ST  
AJOVY ST  
EMGALITY ST

§ MUSCULOSKELETAL THERAPY AGENTS

*cyclobenzaprine* (except *cyclobenzaprine tablet 7.5 mg*)

§ NARCOLEPSY

*armodafinil* PA  
*modafinil* PA  
SUNOSI PA, QL

POSTHERPETIC NEURALGIA (PHN)

GRALISE  
HORIZANT

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS  
*naloxone injection*  
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

*buprenorphine-naloxone sublingual*  
ZUBSOLV

PSEUDOBULBAR AFFECT AGENTS  
NUEDEXTA PA

## ENDOCRINE AND METABOLIC

§ ANDROGENS

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

ANTIDIABETICS

AMYLIN ANALOGS  
SYMLINPEN

§ BIGUANIDES

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

§ BIGUANIDE / SULFONYLUREA COMBINATIONS  
*glipizide-metformin*

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

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

INCRETIN MIMETIC AGENTS

OZEMPIC  
RYBELSUS  
TRULICITY  
VICTOZA

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA  
XULTOPHY

INSULINS

BASAGLAR  
FIASP  
HUMULIN R U-500  
LEVEMIR  
NOVOLIN 70/30  
NOVOLIN N

NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30  
TOUJEO  
TRESIBA

§ INSULIN SENSITIZERS  
*pioglitazone*

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS  
*pioglitazone-metformin*

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS  
*pioglitazone-glimepiride*

§ MEGLITINIDES

*nateglinide*  
*repaglinide*

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

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

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

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

§ SULFONYLUREAS

*glimepiride*  
*glipizide*  
*glipizide ext-rel*

SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES  
OMNIPOD DASH INSULIN INFUSION PUMP  
OMNIPOD INSULIN INFUSION PUMP  
ONETOUCH ULTRA STRIPS AND KITS<sup>2</sup>  
ONETOUCH VERIO STRIPS AND KITS<sup>2</sup>

V-GO INSULIN INFUSION PUMP

ANTIOBESITY  
SAXENDA PA

CALCIUM REGULATORS  
§ BISPHOSPHONATES

*alendronate*  
*ibandronate*  
*risedronate*

§ CALCITONINS  
*calcitonin-salmon*

§ CARNITINE DEFICIENCY AGENTS

*levocarnitine*

CONTRACEPTIVES

§ MONOPHASIC

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

BIPHASIC

LO LOESTRIN FE

§ TRIPHASIC

*ethinyl estradiol-norgestimate*

§ EXTENDED CYCLE

*ethinyl estradiol-levonorgestrel*

§ TRANSDERMAL

*ethinyl estradiol-norelgestromin*

§ VAGINAL

*ethinyl estradiol-etonogestrel*  
ANNOVERA

ENDOMETRIOSIS

ORILISSA PA

§ GLUCOCORTICOIDS

*dexamethasone*  
*fludrocortisone*  
*hydrocortisone*  
*methylprednisolone*  
*prednisolone solution*  
*prednisone*

GLUCOSE ELEVATING AGENTS

BAQSIMI  
GLUCAGEN HYPOKIT  
GLUCAGON EMERGENCY KIT  
GVOKE

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For specific information, visit [Caremark.com](https://www.caremark.com) or contact a CVS Caremark Customer Care representative.

List is subject to change.

## MENOPAUSAL SYMPTOM AGENTS

§ ORAL  
*estradiol*  
*estradiol-norethindrone*  
DUAVEE  
PREMPHASE  
PREMPRO

## § TRANSDERMAL

*estradiol*  
CLIMARA PRO  
COMBIPATCH  
DIVIGEL  
EVAMIST

## § VAGINAL

*estradiol vaginal cream*  
IMVEXXY

## § PHOSPHATE BINDER AGENTS

*calcium acetate*  
*sevelamer carbonate*  
PHOSLYRA  
VELPHORO

## POTASSIUM-REMOVING AGENTS

LOKELMA  
VELTASSA

## PROGESTINS

§ ORAL  
*medroxyprogesterone*  
*megestrol acetate*  
*progesterone, micronized*

## VAGINAL

CRINONE PA  
ENDOMETRIN PA

## § SELECTIVE ESTROGEN RECEPTOR MODULATORS

*raloxifene*

## § THYROID SUPPLEMENTS

*levothyroxine*  
*liothyronine*  
SYNTHROID

## UTERINE FIBROIDS

ORIAHNN PA

## GASTROINTESTINAL

### § ANTIDIARRHEALS

*diphenoxylate-atropine*  
*loperamide*

### § ANTIEMETICS

*aprepitant*  
*doxylamine-pyridoxine*  
*delayed-rel*  
dronabino PA, QL  
*granisetron* PA, QL  
*meclizine*  
*metoclopramide*  
*ondansetron* PA, QL

*prochlorperazine*  
*promethazine*  
*scopolamine transdermal*  
*trimethobenzamide*  
SANCUSO PA, QL

### § ANTISPASMODICS

*dicyclomine*

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

*famotidine*

### INFLAMMATORY BOWEL DISEASE

#### § ORAL AGENTS

*balsalazide*  
*budesonide capsule*  
*budesonide ext-rel*  
*mesalamine delayed-rel*  
(except mesalamine delayed-rel tablet 800 mg)  
*mesalamine ext-rel*  
*sulfasalazine*  
*sulfasalazine delayed-rel*  
PENTASA

#### § RECTAL AGENTS

*hydrocortisone enema*  
*mesalamine suppository*  
*mesalamine suspension*  
CORTIFOAM

### § IRRITABLE BOWEL SYNDROME

*alosetron*  
LINZESS  
VIBERZI

### § LAXATIVES

*lactulose solution*  
*peg 3350-electrolytes*  
CLENPIQ

### OPIOID-INDUCED CONSTIPATION

MOVANTIK PA  
SYMPROIC PA

### PANCREATIC ENZYMES

CREON  
VIOKACE  
ZENPEP

### § PROTON PUMP INHIBITORS

*esomeprazole delayed-rel*  
*lansoprazole delayed-rel*  
*omeprazole delayed-rel*  
*pantoprazole delayed-rel*  
*tablet*  
DEXILANT PA, ST

### § STEROIDS, RECTAL

PROCTOFOAM-HC

### § ULCER THERAPY COMBINATIONS

PYLERA

## § MISCELLANEOUS

*sucralfate tablet*

## GENITOURINARY

### § BENIGN PROSTATIC HYPERPLASIA

*alfuzosin ext-rel*  
*doxazosin*  
*dutasteride*  
*dutasteride-tamsulosin*  
*finasteride*  
*silodosin*  
*tamsulosin*  
*terazosin*  
CIALIS ST

### § URINARY ANTISPASMODICS

*darifenacin ext-rel*  
*oxybutynin*  
*oxybutynin ext-rel*  
*solifenacin*  
*tolterodine*  
*tolterodine ext-rel*  
*tropium*  
*tropium ext-rel*  
MYRBETRIQ  
TOVIAZ

## HEMATOLOGIC

### § ANTICOAGULANTS

*warfarin*  
ELIQUIS  
XARELTO

### § PLATELET AGGREGATION INHIBITORS

*clopidogrel*  
*dipyridamole ext-rel-aspirin*  
*prasugrel*  
BRILINTA

## IMMUNOLOGIC AGENTS

### ALLERGENIC EXTRACTS

GRASTEK PA  
RAGWITEK PA

## NUTRITIONAL / SUPPLEMENTS

### § ELECTROLYTES

*potassium chloride liquid*

### VITAMINS AND MINERALS

§ FOLIC ACID / COMBINATIONS  
*folic acid*

### § PRENATAL VITAMINS

*prenatal vitamins*  
CITRANATAL

## RESPIRATORY

### § ANAPHYLAXIS TREATMENT AGENTS

*epinephrine auto-injector*  
EPIPEN  
EPIPEN JR  
SYMJEPI

### § ANTICHOLINERGICS

*ipratropium inhalation*  
*solution*  
SPIRIVA  
YUPELRI

### ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING  
*ipratropium-albuterol*  
*inhalation solution*

### LONG ACTING

ANORO ELLIPTA QL  
STIOLTO RESPIMAT QL

### ANTICHOLINERGIC / BETA AGONIST / STEROID INHALANT COMBINATIONS

BREZTRI AEROSPHERE  
TRELGY ELLIPTA QL

### § ANTIHISTAMINES, LOW SEDATING

*levocetirizine*

### § ANTITUSSIVES

*benzonatate* (except NDCs\*  
69336012615, 69499032915)

### BETA AGONISTS, INHALANTS

#### § SHORT ACTING

*albuterol inhalation solution*  
QL  
*albuterol sulfate CFC-free*  
*aerosol* QL  
*levalbuterol tartrate, CFC-free*  
*aerosol* QL, ST

#### LONG ACTING

Hand-held Active Inhalation  
SEREVENT QL  
STRIVERDI RESPIMAT PA, QL

Nebulized Passive Inhalation  
PERFORMIST QL

### § LEUKOTRIENE MODULATORS

*montelukast*  
*zafirlukast*

### § NASAL ANTIHISTAMINES

*azelastine*  
*olopatadine*

## § NASAL STEROIDS / COMBINATIONS

*flunisolide*  
*fluticasone*  
*mometasone*  
DYMISTA

## PHOSPHODIESTERASE-4 INHIBITORS

DALIRESP

## STEROID / BETA AGONIST COMBINATIONS

ADVAIR DISKUS QL  
ADVAIR HFA †, QL  
BREO ELLIPTA †, QL  
SYMBICORT QL

## § STEROID INHALANTS

*budesonide inhalation*  
*suspension* PA, QL  
ARNUITY ELLIPTA QL  
FLOVENT DISKUS QL  
FLOVENT HFA QL  
PULMICORT FLEXHALER  
PA, QL  
QVAR REDIHALER QL

## TOPICAL

### DERMATOLOGY

ACNE

#### § Topical

*adapalene* PA  
*benzoyl peroxide*  
*clindamycin gel* (except NDC\*  
68682046275)  
*clindamycin solution*  
*clindamycin-benzoyl*  
*peroxide*  
*erythromycin solution*  
*erythromycin-benzoyl*  
*peroxide*  
*tretinoin* PA  
EPIDUO PA, ST  
ONEXTON PA, ST

#### § ACTINIC KERATOSIS

*fluorouracil cream 5%*  
*fluorouracil solution*  
*imiquimod*  
PICATO  
TOLAK  
ZYCLARA

#### § ANTIBIOTICS

*gentamicin*  
*mupirocin ointment*

#### § ANTIFUNGALS

*ciclopirox*  
*clotrimazole*  
*econazole*  
*ketoconazole cream 2%*  
*luliconazole*  
*nystatin*  
NAFTIN

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.

List is subject to change.

§ ANTIPSORIATICS

acitretin **PA**  
calcipotriene ointment,  
solution  
methoxsalen

§ ANTISEBORRHEICS

ketconazole shampoo 2%  
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS

pimecrolimus **PA**  
tacrolimus **PA**  
EUCRISA **ST**

CORTICOSTEROIDS

§ Low Potency

desonide  
hydrocortisone

§ Medium Potency

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

§ High Potency

desoximetasone  
flucinonide (except flucinonide  
cream 0.1%)  
BRYHALI **PA**

§ Very High Potency

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

§ LOCAL ANALGESICS

lidocaine patch **PA, QL**

§ LOCAL ANESTHETICS

lidocaine-prilocaine **PA, QL**

§ ROSACEA

azelaic acid gel  
metronidazole  
FINACEA FOAM **PA**  
SOOLANTRA **PA**

**MOUTH / THROAT /  
DENTAL AGENTS**

PROTECTANTS  
EPISIL

**OPHTHALMIC**

§ ANTIALLERGICS  
azelastine  
cromolyn sodium  
olopatadine  
LASTACFT  
PAZEO

§ ANTI-INFECTIVES

ciprofloxacin  
erythromycin  
gentamicin  
levofloxacin

moxifloxacin  
ofloxacin  
sulfacetamide  
tobramycin  
BESIVANCE  
CILOXAN OINTMENT

§ ANTI-INFECTIVE /  
ANTI-INFLAMMATORY  
COMBINATIONS

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

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac  
diclofenac  
ketorolac  
ACUVAIL  
ILEVRO  
NEVANAC

§ Steroidal

dexamethasone  
loteprednol  
prednisolone acetate 1%  
DUREZOL  
FML FORTE  
FML S.O.P.

MAXIDEX  
PRED MILD

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution  
BETIMOL

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE  
INHIBITORS

dorzolamide  
AZOPT

§ CARBONIC ANHYDRASE  
INHIBITOR / BETA-  
BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE  
INHIBITOR /  
SYMPATHOMIMETIC  
COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS **PA**  
XIIDRA **PA**

§ PROSTAGLANDINS

latanoprost  
travoprost  
LUMIGAN **ST**  
ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

§ SYMPATHOMIMETICS

brimonidine  
ALPHAGAN P

SYMPATHOMIMETIC / BETA-  
BLOCKER COMBINATIONS

COMBIGAN

RHO KINASE INHIBITOR /  
PROSTAGLANDIN  
COMBINATIONS

ROCKLATAN **ST**

**OTIC**

§ ANTI-INFECTIVES

acetic acid  
ofloxacin otic

§ ANTI-INFECTIVE /  
ANTI-INFLAMMATORY  
COMBINATIONS

ciprofloxacin-dexamethasone  
neomycin-polymyxin B-  
hydrocortisone

QUICK REFERENCE DRUG LIST

**A**

ABILIFY MAINTENA

acetic acid  
acitretin **PA**  
ACUVAIL  
acyclovir capsule, tablet  
adapalene **PA**  
ADVAIR DISKUS **QL**  
ADVAIR HFA <sup>†</sup>, **QL**  
AIMOVIG **ST**  
AJOVY **ST**  
albuterol inhalation solution  
**QL**  
albuterol sulfate CFC-free  
aerosol **QL**  
alendronate  
alfuzosin ext-rel  
aliskiren  
allopurinol  
alosetron  
ALPHAGAN P  
alprazolam  
amantadine  
amiloride  
amlodipine  
amlodipine-atorvastatin  
amlodipine-olmesartan  
amlodipine-telmisartan  
amlodipine-valsartan

amlodipine-valsartan-  
hydrochlorothiazide  
amoxicillin  
amoxicillin-clavulanate  
amphetamine-  
dextroamphetamine mixed  
salts **PA, QL**  
amphetamine-  
dextroamphetamine mixed  
salts ext-rel **PA, QL, †**  
ANDRODERM **PA**  
ANNOVERA  
ANORO ELLIPTA **QL**  
aprepitant  
aripiprazole  
armodafinil **PA**  
ARNUIVY ELLIPTA **QL**  
atenolol  
atomoxetine **PA, QL**  
atorvastatin  
azelaic acid gel  
azelastine  
azithromycin  
AZOPT

**B**

balsalazide  
BAQSIMI  
BASAGLAR  
BD ULTRAFINE INSULIN

SYRINGES AND  
NEEDLES

BELBUCA **QL, ST**  
BELSOMRA **PA**  
benzonatate (except NDCs<sup>4</sup>  
69336012615, 69499032915)  
benzoyl peroxide  
BESIVANCE  
BETIMOL  
BETOPTIC S  
bicalutamide  
BIDIL  
BREO ELLIPTA <sup>†</sup>, **QL**  
BREZTRI AEROSPHERE  
BRILINTA  
brimonidine  
bromfenac  
BRYHALI **PA**  
budesonide capsule  
budesonide ext-rel  
budesonide inhalation  
suspension **PA, QL**  
buprenorphine transdermal  
**QL, ST**  
buprenorphine-naloxone  
sublingual  
bupropion  
bupropion ext-rel (except  
bupropion ext-rel tablet 450 mg)  
BYSTOLIC

**C**

calcipotriene ointment,  
solution  
calcitonin-salmon  
calcium acetate  
candesartan  
candesartan-  
hydrochlorothiazide  
carbamazepine  
carbamazepine ext-rel  
carbidopa-levodopa  
carbidopa-levodopa ext-rel  
carbidopa-levodopa-  
entacapone  
carvedilol  
carvedilol phosphate ext-rel  
cefdinir  
cefprozil  
cefuroxime axetil  
celecoxib  
cephalexin  
cholestyramine  
CIALIS **ST**  
ciclopirox  
CILOXAN OINTMENT  
ciprofloxacin  
ciprofloxacin-dexamethasone  
citalopram  
CITRANATAL  
clarithromycin  
clarithromycin ext-rel  
CLENPIQ  
CLIMARA PRO  
clindamycin  
clindamycin gel (except NDC<sup>4</sup>  
68682046275)  
clindamycin solution  
clindamycin-benzoyl  
peroxide  
clobazam **PA**  
clobetasol cream, foam, gel,  
lotion, ointment, shampoo  
clonazepam  
clopidogrel  
clotrimazole  
clozapine  
codeine-acetaminophen **QL**  
colchicine tablet  
colesevelam  
COMBIGAN  
COMBIPATCH  
CORLANOR **PA**  
CORTIFOAM  
CREON  
CRINONE **PA**  
cromolyn sodium  
cyclobenzaprine (except  
cyclobenzaprine tablet 7.5 mg)

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative. List is subject to change.

**D**

DALIRESP  
darifenacin ext-rel  
desonide  
desoximetasone  
desvenlafaxine ext-rel  
dexamethasone  
DEXILANT PA, ST  
dexmethylphenidate ext-rel  
PA, QL  
diazepam  
diazepam rectal gel  
diclofenac  
diclofenac sodium  
diclofenac sodium gel 1%  
PA, QL  
diclofenac sodium solution  
PA, QL  
diclofenac sodium-  
misoprostol  
dicloxacillin  
dicyclomine  
DIFICID  
digoxin  
diltiazem ext-rel (except generics

(for CARDIZEM LA)  
diphenoxylate-atropine  
dipyridamole ext-rel-aspirin  
divalproex sodium  
divalproex sodium ext-rel  
DIVIGEL  
donepezil  
dorzolamide  
dorzolamide-timolol  
doxazosin  
doxepin  
doxycycline hyclate 20 mg  
doxycycline hyclate capsule  
doxylamine-pyridoxine  
delayed-rel  
dronabinol PA, QL  
DUAVEE  
duloxetine  
DUREZOL  
dutasteride  
dutasteride-tamsulosin  
DYMISTA

**E**

econazole  
eletriptan PA, QL  
ELIQUIS  
EMGALITY ST  
EMVERM PA, QL  
ENDOMETRIN PA  
entacapone  
ENTRESTO PA  
EPIDUO PA, ST  
epinephrine auto-injector  
EPIPEN  
EPIPEN JR  
EPISIL  
erythromycin  
erythromycin solution  
erythromycin-benzoyl  
peroxide  
erythromycins

escitalopram  
esomeprazole delayed-rel  
estradiol  
estradiol vaginal cream  
estradiol-norethindrone  
eszopiclone PA, QL  
ethinyl estradiol-  
drospirenone  
ethinyl estradiol-  
drospirenone-levomefolate  
ethinyl estradiol-etonogestrel  
ethinyl estradiol-  
levonorgestrel  
ethinyl estradiol-  
norelgestromin  
ethinyl estradiol-  
norethindrone acetate  
ethinyl estradiol-  
norethindrone acetate-iron  
ethinyl estradiol-norgestimate  
ethosuximide  
EUCRISA ST  
EVAMIST  
ezetimibe  
ezetimibe-simvastatin

**F**

famotidine  
FARXIGA  
fenofibrate (except fenofibrate capsule  
50 mg, 130 mg; fenofibrate tablet 40 mg,  
120 mg)  
fenofibric acid delayed-rel  
fentanyl transdermal PA,  
QL, ST  
fentanyl transmucosal  
lozenge PA, QL  
FIASP  
FINACEA FOAM PA  
finasteride  
FLOVENT DISKUS QL  
FLOVENT HFA QL  
fluconazole  
fludrocortisone  
flunisolide  
fluocinonide (except fluocinonide  
cream 0.1%)  
fluorouracil cream 5%  
fluorouracil solution  
fluoxetine (except fluoxetine tablet 60

mg, fluoxetine tablet (generics for  
SARAFEM))  
fluticasone  
fluvastatin  
FML FORTE  
FML S.O.P.  
folic acid  
fosinopril  
fosinopril-hydrochlorothiazide  
furosemide  
FYCOMPA

**G**

gabapentin  
galantamine  
galantamine ext-rel  
gentamicin

glimepiride  
glipizide  
glipizide ext-rel  
glipizide-metformin  
GLUCAGEN HYPOKIT  
GLUCAGON EMERGENCY  
KIT  
GLYXAMBI  
GRALISE  
granisetron PA, QL  
GRASTEK PA  
guanfacine ext-rel  
GVOKE

**H**

HORIZANT  
HUMULIN R U-500  
hydrochlorothiazide  
hydrocodone ext-rel PA, QL,  
ST  
hydrocodone-acetaminophen  
QL  
hydrocortisone  
hydrocortisone butyrate  
cream, ointment, solution  
hydrocortisone enema  
hydromorphone PA, QL  
hydromorphone ext-rel PA,  
QL, ST

**I**

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

**J**

JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE

**K**

ketoconazole cream 2%  
ketoconazole shampoo 2%  
ketorolac

**L**

lactulose solution  
lamotrigine  
lamotrigine ext-rel  
lansoprazole delayed-rel  
LASTACAPT  
latanoprost

LATUDA PA  
levalbuterol tartrate, CFC-  
free aerosol QL, ST  
LEVEMIR  
levetiracetam  
levetiracetam ext-rel  
levocarnitine  
levocetirizine  
levofloxacin  
levothyroxine  
lidocaine patch PA, QL  
lidocaine-prilocaine PA, QL  
linezolid  
LINZESS  
liothyronine  
lisinopril  
lisinopril-hydrochlorothiazide  
LO LOESTRIN FE  
LOKELMA  
loperamide  
lorazepam  
losartan  
losartan-hydrochlorothiazide  
loteprednol  
lovastatin  
luliconazole  
LUMIGAN ST

**M**

MAXIDEX  
meclizine  
medroxyprogesterone  
megestrol acetate  
meloxicam  
memantine  
mesalamine delayed-rel  
(except mesalamine delayed-rel tablet  
800 mg)  
mesalamine ext-rel  
mesalamine suppository  
mesalamine suspension  
metformin  
metformin ext-rel (except generics  
for FORTAMET and GLUMETZA)  
methadone QL, ST  
methoxsalen  
methylphenidate PA, QL  
methylphenidate ext-rel PA,  
QL, †  
methylprednisolone  
metoclopramide  
metolazone  
metoprolol succinate ext-rel  
metoprolol tartrate  
metronidazole  
minocycline  
mirtazapine  
modafinil PA  
mometasone  
montelukast  
morphine PA, QL  
morphine ext-rel PA, QL, ST  
morphine suppository  
MOVANTIK PA  
moxifloxacin  
MULTAQ  
mupirocin ointment

MYDAYIS PA, QL  
MYRBETRIQ

**N**

nadolol  
NAFTIN  
naloxone injection  
NAMZARIC  
naproxen (except naproxen CR or  
naproxen suspension)  
natriptan PA, QL  
NARCAN NASAL SPRAY  
nateglinide  
NAYZILAM  
neomycin-polymyxin B-  
bacitracin-hydrocortisone  
neomycin-polymyxin B-  
dexamethasone  
neomycin-polymyxin B-  
hydrocortisone  
NEUPRO  
NEVANAC  
NEXLETOL PA, ST  
NEXLIZET PA, ST  
niacin ext-rel  
nifedipine ext-rel  
nitrofurantoin (except NDC\*

70408023932)  
nitroglycerin lingual spray  
nitroglycerin sublingual  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30  
NUCYNTA PA, QL  
NUCYNTA ER PA, QL, ST  
NUDEXTA PA  
NURTEC ODT PA, QL, ST  
nystatin

**O**

ofloxacin  
ofloxacin otic  
olanzapine  
olmesartan  
olmesartan-amlodipine-  
hydrochlorothiazide  
olmesartan-  
hydrochlorothiazide  
olopatadine  
omega-3 acid ethyl esters  
PA  
omeprazole delayed-rel  
OMNIPOD DASH INSULIN  
INFUSION PUMP  
OMNIPOD INSULIN  
INFUSION PUMP  
ondansetron PA, QL  
ONETOUCH ULTRA  
STRIPS AND KITS 2  
ONETOUCH VERIO STRIPS  
AND KITS 2  
ONEXTON PA, ST  
ONZETRA XSAIL PA, QL  
ORIAHNN PA  
ORILISSA PA

oseltamivir **PA, QL**  
 oxazepam  
 oxcarbazepine  
 OXTELLAR XR  
 oxybutynin  
 oxybutynin ext-rel  
 oxycodone **PA, QL**  
 oxycodone-acetaminophen  
**QL**  
 OZEMPIC

**P**

pantoprazole delayed-rel  
 tablet  
 paroxetine HCl  
 paroxetine HCl ext-rel  
 PAZEO  
 peg 3350-electrolytes  
 penicillin VK  
 PENTASA  
 PERFORMIST **QL**  
 PERSERIS  
 phenobarbital  
 phenytoin  
 phenytoin sodium extended  
 PHOSLYRA  
 PICATO  
 pimecrolimus **PA**  
 pindolol  
 pioglitazone  
 pioglitazone-glimepiride  
 pioglitazone-metformin  
 potassium chloride liquid  
 pramipexole  
 pramipexole ext-rel  
 prasugrel  
 pravastatin  
 PRED MILD  
 prednisolone acetate 1%  
 prednisolone solution  
 prednisone  
 pregabalin  
 PREMPHASE  
 PREMPRO  
 prenatal vitamins  
 primidone  
 probenecid  
 prochlorperazine

PROCTOFOAM-HC  
 progesterone, micronized  
 promethazine  
 propranolol  
 propranolol ext-rel  
 PULMICORT FLEXHALER  
**PA, QL**  
 PYLERA  
 pyrimethamine

**Q**

quetiapine  
 quetiapine ext-rel  
 quinapril  
 quinapril-hydrochlorothiazide  
 QVAR REDIHALER **QL**

**R**

RAGWITEK **PA**  
 raloxifene  
 ramelteon  
 ramipril  
 ranolazine ext-rel  
 rasagiline  
 RELENZA **PA, QL**  
 repaglinide  
 RESTASIS **PA**  
 REYVOW **PA, QL, ST**  
 RHOPRESSA  
 risedronate  
 risperidone  
 rivastigmine  
 rivastigmine transdermal  
 rizatriptan **PA, QL**  
 ROCKLATAN **ST**  
 ropinirole  
 ropinirole ext-rel  
 rosuvastatin  
 rufinamide  
 RYBELSUS

**S**

SANCUSO **PA, QL**  
 SAXENDA **PA**  
 scopolamine transdermal  
 selegiline  
 selenium sulfide lotion 2.5%  
 SEREVENT **QL**

sertraline  
 sevelamer carbonate  
 silodosin  
 SIMBRINZA  
 simvastatin  
 solifenacin  
 SOLIQUA  
 SOOLANTRA **PA**  
 sotalol  
 SPIRIVA  
 spironolactone-  
 hydrochlorothiazide  
 STIOLTO RESPIMAT **QL**  
 STRIVERDI RESPIMAT **PA,**  
**QL**  
 SUBSYS **PA, QL**  
 sucralfate tablet  
 sulfacetamide  
 sulfamethoxazole-  
 trimethoprim  
 sulfasalazine  
 sulfasalazine delayed-rel  
 sumatriptan **PA, QL**  
 SUNOSI **PA, QL**  
 SUPRAX  
 SYMBICORT **QL**  
 SYMJEPI  
 SYMLINPEN  
 SYMPROIC **PA**  
 SYNJARDY  
 SYNJARDY XR  
 SYNTHROID

**T**

tacrolimus **PA**  
 tamsulosin  
 TEKTURN HCT  
 telmisartan  
 telmisartan-  
 hydrochlorothiazide  
 terazosin  
 terbinafine tablet  
 testosterone gel (except authorized  
 generics for TESTIM and VOGELXO)  
**PA**  
 testosterone solution **PA**  
 tetracycline  
 tiagabine

timolol maleate solution  
 TOBRADEX OINTMENT  
 TOBRADEX ST  
 tobramycin  
 tobramycin-dexamethasone  
 TOLAK  
 tolterodine  
 tolterodine ext-rel  
 topiramate  
 torsemide  
 TOUJEO  
 TOVIAZ  
 tramadol (except NDC<sup>^</sup>

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

**U**

UBRELVY **PA, QL, ST**

**V**

valacyclovir  
 valganciclovir  
 valproic acid  
 valsartan  
 valsartan-hydrochlorothiazide  
 VALTOCO  
 vancomycin capsule  
 VASCEPA **PA**  
 VELPHORO

VELTASSA  
 venlafaxine  
 venlafaxine ext-rel capsule  
 verapamil ext-rel  
 V-GO INSULIN INFUSION  
 PUMP  
 VIBERZI  
 VICTOZA  
 VIMPAT  
 VIOKACE  
 VISTOGARD  
 VRAYLAR **PA**  
 VYVANSE **PA, QL**

**W**

warfarin

**X**

XARELTO  
 XCOPRI  
 XIFAXAN 550 MG  
 XIGDUO XR  
 XIIDRA **PA**  
 XTAMPZA ER **PA, QL, ST**  
 XULTOPHY

**Y**

YUPELRI

**Z**

zafirlukast  
 ZEMBRACE SYMTOUCH  
**PA, QL**  
 ZENPEP  
 ZIOPTAN  
 ziprasidone  
 zolmitriptan **PA, QL**  
 zolpidem **PA, QL**  
 zolpidem ext-rel **PA, QL**  
 zolpidem sublingual **PA, QL**  
 ZOMIG NASAL SPRAY **PA,**  
**QL**  
 zonisamide  
 ZUBSOLV  
 ZYCLARA

**PREFERRED OPTIONS LIST FOR NON-COVERED MEDICATIONS**

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA <b>PA,</b> VRAYLAR <b>PA</b>	ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
ACANYA	adapalene <b>PA</b> , benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin <b>PA</b> , EPIDUO <b>PA, ST,</b> ONEXTON <b>PA, ST</b>	ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT <b>PA, ST</b>
ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	Activite	folic acid
ACCU-CHEK GUIDE STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	ACTOS	pioglitazone
		acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir
		ADDERALL	amphetamine-dextroamphetamine mixed salts <b>PA, QL,</b> methylphenidate <b>PA, QL</b>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative. List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> <sup>1</sup> <b>PA, QL</b> , <i>methylphenidate ext-rel</i> <sup>1</sup> <b>PA, QL</b> , MAYDAYIS <b>PA, QL</b> , VYVANSE <b>PA, QL</b>	BEAU RX	Consult doctor
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> <sup>1</sup> <b>PA, QL</b> , <i>dexmethylphenidate ext-rel</i> <sup>1</sup> <b>PA, QL</b> , <i>methylphenidate ext-rel</i> <sup>1</sup> <b>PA, QL</b> , MAYDAYIS <b>PA, QL</b> , VYVANSE <b>PA, QL</b>	BECONASE AQ	<i>flunisolide, fluticasone, mometasone</i> , DYMISTA
ALCORTIN A	<i>desonide, hydrocortisone</i>	BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>	BENSAL HP	<i>desonide, hydrocortisone</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>4</sup>	BD ULTRAFINE INSULIN SYRINGES	BENZAFLIN	<i>adapalene</i> <b>PA</b> , <i>benzoyl peroxide, clindamycin gel</i> (except NDC <sup>^</sup> 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> <b>PA</b> , EPIDUO <b>PA, ST</b> , ONEXTON <b>PA, ST</b>
ALREX	<i>azelastine, cromolyn sodium, olopatadine</i> , LASTACAF <sup>T</sup> , PAZEO	<i>benzonatate</i> (NDCs <sup>^</sup> 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs <sup>^</sup> 69336012615, 69499032915 only)
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	BEPREVE	<i>azelastine, cromolyn sodium, olopatadine</i> , LASTACAF <sup>T</sup> , PAZEO
ALVESCO	ARNUITY ELLIPTA <b>QL</b> , FLOVENT DISKUS <b>QL</b> , FLOVENT HFA <b>QL</b> , PULMICORT FLEXHALER <b>PA, QL</b> , QVAR REDHALER <b>QL</b>	BETAPACE, BETAPACE AF	<i>sotalol</i>
AMITIZA	LINZESS, MOVANTIK <b>PA</b> , SYMPROIC <b>PA</b>	BEVESPI AEROSPHERE	ANORO ELLIPTA <b>QL</b> , STIOLTO RESPIMAT <b>QL</b>
AMRIX	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )	BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
ANDROGEL	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) <b>PA</b> , <i>testosterone solution</i> <b>PA</b> , ANDRODERM <b>PA</b>	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost</i> , LUMIGAN <b>ST</b> , ZIOPTAN
APEXICON E	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i> ), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i> ), BRYHALI <b>PA</b>	BREEZE 2 STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
APIDRA	FIASP, NOVOLOG	<i>Bupap</i>	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )
APLENZIN	<i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i> )	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i> )
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> <sup>1</sup> <b>PA, QL</b> , <i>dexmethylphenidate ext-rel</i> <sup>1</sup> <b>PA, QL</b> , <i>methylphenidate ext-rel</i> <sup>1</sup> <b>PA, QL</b> , MAYDAYIS <b>PA, QL</b> , VYVANSE <b>PA, QL</b>	<i>butalbital-acetaminophen tablet 50-300 mg</i> , BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only)	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )
ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen</i> (except <i>naproxen CR or naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i> <b>PA, ST</b>	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )
ASACOL HD	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i> , PENTASA	BUTRANS	<i>buprenorphine transdermal</i> <b>QL, ST</b> , BELBUCA <b>QL, ST</b>
ASCENSIA STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	BYDUREON	OZEMPIC, TRULICITY, RYBELSUS, VICTOZA
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA <b>QL</b> , FLOVENT DISKUS <b>QL</b> , FLOVENT HFA <b>QL</b> , PULMICORT FLEXHALER <b>PA, QL</b> , QVAR REDHALER <b>QL</b>	BYETTA	OZEMPIC, TRULICITY, RYBELSUS, VICTOZA
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	CAFERGOT	<i>eletriptan</i> <b>PA, QL</b> , <i>naratriptan</i> <b>PA, QL</b> , <i>rizatriptan</i> <b>PA, QL</b> , <i>sumatriptan</i> <b>PA, QL</b> , <i>zolmitriptan</i> <b>PA, QL</b> , NURTEC ODT <b>PA, QL, ST</b> , ONZETRA XSAIL <b>PA, QL</b> , REYVOW <b>PA, QL, ST</b> , UBRELVY <b>PA, QL, ST</b> , ZEMBRACE SYMTOUCH <b>PA, QL</b> , ZOMIG NASAL SPRAY <b>PA, QL</b>
ATOPADERM	<i>desonide, hydrocortisone</i>	<i>calcipotriene cream</i>	<i>calcipotriene ointment, calcipotriene solution</i>
AVENOVA	Consult doctor	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution</i> <b>WITH</b> <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i> ), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i> ) or BRYHALI <b>PA</b>
AZESCO	<i>prenatal vitamins</i> , CITRANATAL	<i>calcitriol ointment</i>	<i>calcipotriene ointment, calcipotriene solution</i>
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )
BANZEL SUSPENSION	<i>clobazam</i> <b>PA</b> , <i>clonazepam, lamotrigine, rufinamide, topiramate</i> , TROKENDI XR	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i> , PICATO, TOLAK, ZYCLARA
		CARAFATE	<i>sucralfate tablet</i>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.



DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
CARBINOXAMINE TABLET 6 MG	levocetirizine	DARAPRIM	pyrimethamine
CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)	DaVite	folic acid
CARNITOR, CARNITOR SF	levocarnitine	DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel <sup>1</sup> PA, QL, dexamethylphenidate ext-rel PA, QL, methylphenidate ext-rel <sup>1</sup> PA, QL, MAYDAYIS PA, QL, VYVANSE PA, QL
chlordiazepoxide-clidinium (NDC <sup>^</sup> 42494040901 only)	dicyclomine	DELZICOL	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC <sup>^</sup> 73007001303 only), chlorzoxazone 750 mg, CHLORZOXAZONE 250 MG	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	desoximetasone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
CICATRACE	Consult doctor	DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic	dexchlorpheniramine	levocetirizine
CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic	Dexifol	folic acid
clindamycin gel (NDC <sup>^</sup> 68682046275 only)	adapalene PA, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, EPIDUO PA, ST, ONEXTON PA, ST	Dicloflex DC (NDC <sup>^</sup> 51021037201 only)	diclofenac sodium, diclofenac sodium gel 1% PA, QL, diclofenac sodium solution PA, QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
clobetasol spray	clobetasol foam	Diclosaicin	diclofenac sodium, diclofenac sodium gel 1% PA, QL, diclofenac sodium solution PA, QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
CLOBEX SPRAY	clobetasol foam	DIFFERIN LOTION	adapalene PA, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, EPIDUO PA, ST, ONEXTON PA, ST
clocortolone cream	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	diflorasone cream, diflorasone ointment	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI PA
COLAZAL	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA	dihydroergotamine spray	eletriptan PA, QL, naratriptan PA, QL, rizatriptan PA, QL, sumatriptan PA, QL, zolmitriptan PA, QL, NURETC ODT PA, QL, ST, ONZETRA XSAIL PA, QL, REYVOW PA, QL, ST, UBRELVY PA, QL, ST, ZEMBRACE SYMTOUCH PA, QL, ZOMIG NASAL SPRAY PA, QL
colchicine capsule	colchicine tablet	diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)
COLCRYS	colchicine tablet	DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
CONSENSI	amlodipine WITH celecoxib	Diphen Elixir	levocetirizine
CONTOUR NEXT STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	DORYX, DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CONTOUR STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>	doxepin cream	desonide, hydrocortisone, pimecrolimus PA, tacrolimus PA, EUCRISA ST
CONTRAVE	SAXENDA PA	doxycycline hyclate delayed-rel tablet 50 mg, 200 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	doxycycline hyclate tablet 50 mg (NDC <sup>^</sup> 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
COREG CR	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC	doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
CoreMino	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline		
COZAAR	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan		
CRESTOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)		
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule		
CYTOMEL	levothyroxine, liothyronine, SYNTHROID		

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
DULERA	ADVAIR DISKUS <b>QL</b> , ADVAIR HFA <sup>1</sup> <b>QL</b> , BREO ELLIPTA <sup>1</sup> <b>QL</b> , SYMBICORT <b>QL</b>	flurouracil cream 0.5%	flurouracil cream 5%, flurouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
DUTOPROL	metoprolol succinate ext-rel/ <b>WITH</b> hydrochlorothiazide	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline
DYRENIUM	amiloride, triamterene	fluoxetine tablet 60 mg	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	flurandrenolide lotion (NDC <sup>^</sup> 24470092112 only)	desonide, hydrocortisone
E.E.S. GRANULES	erythromycins	flurandrenolide ointment	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	FML LIQUIFILM	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
ELIDEL	pimecrolimus <b>PA</b> , tacrolimus <b>PA</b> , EUCRISA <b>ST</b>	FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel <sup>1</sup> <b>PA, QL</b> , dexamethylphenidate ext-rel <b>PA, QL</b> , methylphenidate ext-rel <sup>1</sup> <b>PA, QL</b> , MAYDAYIS <b>PA, QL</b> , VYVANSE <b>PA, QL</b>
ENABLEX	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ	FOLIC-K	folic acid
ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG	Folvik-D	folic acid
EPICERAM	desonide, hydrocortisone	Folvite-D	folic acid
ergotamine-caffeine	eletriptan <b>PA, QL</b> , naratriptan <b>PA, QL</b> , rizatriptan <b>PA, QL</b> , sumatriptan <b>PA, QL</b> , zolmitriptan <b>PA, QL</b> , NURTEC ODT <b>PA, QL, ST</b> , ONZETRA XSAIL <b>PA, QL</b> , REYVOW <b>PA, QL, ST</b> , UBRELVY <b>PA, QL, ST</b> , ZEMBRACE SYMTOUCH <b>PA, QL</b> , ZOMIG NASAL SPRAY <b>PA, QL</b>	FORTAMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
ERYPED	erythromycins	FORTESTA	testosterone gel (except authorized generics for TESTIM and VOGELXO) <b>PA</b> , testosterone solution <b>PA</b> , ANDRODERM <b>PA</b>
estradiol vaginal tablet	estradiol vaginal cream, IMVEXXY	FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
ESTRING	estradiol vaginal cream, IMVEXXY	FOSTEUM, FOSTEUM PLUS	alendronate, ibandronate, risedronate
EVEKEO	amphetamine-dextroamphetamine mixed salts <b>PA, QL</b> , methylphenidate <b>PA, QL</b>	FREESTYLE STRIPS AND KITS <sup>3</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan	Genicin Vita-S	folic acid
EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide	GLUMETZA	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
FABIOR	adapalene <b>PA</b> , benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin <b>PA</b> , EPIDUO <b>PA, ST</b> , ONEXTON <b>PA, ST</b>	GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
FANAPT	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA <b>PA</b> , VRAYLAR <b>PA</b>	GOLYTELY	peg 3350-electrolytes, CLENPIQ
fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel	HUMALOG	FIASP, NOVLOG
FENOGLIDE TABLET 120 MG	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
fenopufen, FENOPROFEN CAPSULE	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
FERIVA 21/7	folic acid	HUMULIN 70/30	NOVOLIN 70/30
FINACEA GEL	azelaic acid gel, metronidazole, FINACEA FOAM <b>PA</b> , SOOLANTRA <b>PA</b>	HUMULIN N	NOVOLIN N
FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	HUMULIN R	NOVOLIN R
flucytosine capsule 500 mg	fluconazole	hydrocortisone butyrate lipophilic cream 0.1%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
fluocinonide cream 0.1%	clobetasol cream	hydrocortisone butyrate lotion	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
		HylaVite	folic acid
		hyoscyamine sulfate ext-rel	dicyclomine

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
HYSINGLA ER	<i>fentanyl transdermal</i> PA, QL, ST, <i>hydrocodone ext-rel</i> PA, QL, ST, <i>hydromorphone ext-rel</i> PA, QL, ST, <i>methadone</i> QL, ST, <i>morphine ext-rel</i> PA, QL, ST, NUCYN TA ER PA, QL, ST, XTAMPZA ER PA, QL, ST	LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>	<i>levorphanol</i>	<i>fentanyl transdermal</i> PA, QL, ST, <i>hydrocodone ext-rel</i> PA, QL, ST, <i>hydromorphone ext-rel</i> PA, QL, ST, <i>methadone</i> QL, ST, <i>morphine ext-rel</i> PA, QL, ST, NUCYN TA ER PA, QL, ST, XTAMPZA ER PA, QL, ST
INCRUSE ELLIPTA	SPIRIVA, YUPELRI	LEXAPRO	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>	LIALDA	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i> ), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i> , PENTASA
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)	<i>lidocaine-prilocaine</i> PA, QL
<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )	LIDOTREX	<i>lidocaine-prilocaine</i> PA, QL
<i>Inflammacin</i>	<i>diclofenac sodium, diclofenac sodium gel 1%</i> PA, QL, <i>diclofenac sodium solution</i> PA, QL, <i>ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )	LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
INTERMEZZO	<i>doxepin, eszopiclone</i> PA, QL, <i>ramelteon, zolpidem</i> PA, QL, <i>zolpidem ext-rel</i> PA, QL, <i>zolpidem sublingual</i> PA, QL, BELSOMRA PA	LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
INTRAROSA	<i>estradiol vaginal cream</i> , IMVEXXY	<i>Loria</i>	<i>folic acid</i>
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> <sup>†</sup> PA, QL, <i>atomoxetine</i> PA, QL, <i>dexmethylphenidate ext-rel</i> PA, QL, <i>guanfacine ext-rel</i> PA, QL, <i>methylphenidate ext-rel</i> <sup>†</sup> PA, QL, MYDAYIS PA, QL, VYVANSE PA, QL	<i>Lorzone</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR	LOTEMAX, LOTEMAX SM	<i>dexamethasone, lomeprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
INVOKANA	FARXIGA, JARDIANCE	LUNESTA	<i>doxepin, eszopiclone</i> PA, QL, <i>ramelteon, zolpidem</i> PA, QL, <i>zolpidem ext-rel</i> PA, QL, <i>zolpidem sublingual</i> PA, QL, BELSOMRA PA
<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate</i> (except <i>isosorbide dinitrate 40 mg</i> ), <i>isosorbide mononitrate</i>	LYRICA	<i>duloxetine, pregabalin</i>
JALYN	<i>dutasteride-tamsulosin: dutasteride or finasteride</i> WITH <i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin, or CIALIS</i> ST	MACRODANTIN	<i>nitrofurantoin</i> (except NDC^ 70408023932)
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR	<i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
KAMDOY	<i>desonide, hydrocortisone</i>	MAXALT, MAXALT-MLT	<i>eletriptan</i> PA, QL, <i>naratriptan</i> PA, QL, <i>rizatriptan</i> PA, QL, <i>sumatriptan</i> PA, QL, <i>zolmitriptan</i> PA, QL, NURTEC ODT PA, QL, ST, ONZETRA XSAIL PA, QL, REYVOW PA, QL, ST, UBRELVY PA, QL, ST, ZEMBRACE SYMTOUCH PA, QL, ZOMIG NASAL SPRAY PA, QL
KAZANO	JANUMET, JANUMET XR	<i>mefenamic acid</i> (NDC^ 69336012830 only)	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )
<i>ketoconazole foam 2%</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>	<i>mesalamine delayed-rel tablet 800 mg</i>	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i> ), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i> , PENTASA
<i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>	<i>metaxalone 400 mg</i>	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )
<i>ketoprofen capsule 25 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)	<i>mefformin, melformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<i>ketoprofen ext-rel capsule</i>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i> )	<i>methocarbamol 500 mg</i> (NDC^ 69036091010 only), <i>methocarbamol 750 mg</i> (NDCs^ 69036093090, 70868090190 only)	<i>cyclobenzaprine</i> (except <i>cyclobenzaprine tablet 7.5 mg</i> )
KOMBIGLYZE XR	JANUMET, JANUMET XR	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO</i> PA, QL, <i>PROLIA</i> PA, QL, <i>TYMLOS</i> PA, QL
LACRISERT	RESTASIS PA, XIIDRA PA	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
LACTULOSE PAK	<i>lactulose solution</i>		
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>		
<i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>		
LANTUS <sup>5</sup>	BASAGLAR, LEVEMIR		
LAZANDA	<i>fentanyl transmucosal lozenge</i> PA, QL, SUBSYS PA, QL		

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
Migergot	eletriptan PA, QL, naratriptan PA, QL, rizatriptan PA, QL, sumatriptan PA, QL, zolmitriptan PA, QL, NURTEC ODT PA, QL, ST, ONZETRA XSAIL PA, QL, REYVOW PA, QL, ST, UBRELVY PA, QL, ST, ZEMBRACE SYMTOUCH PA, QL, ZOMIG NASAL SPRAY PA, QL	NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone	NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM PA, SOOLANTRA PA
MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron	NORVASC	amlodipine
MINIVELLE	estradiol, DIVIGEL, EVAMIST	NOVACORT	desonide, hydrocortisone
MINOCIN	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	NOVO NORDISK NEEDLES 4	BD ULTRAFINE NEEDLES
minocycline ext-rel	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	NuDiclo SoluPak, NuDiclo TabPak	diclofenac sodium, diclofenac sodium gel 1% PA, QL, diclofenac sodium solution PA, QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM PA, SOOLANTRA PA	NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
Mondoxnye NL capsule 75 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	NUVIGIL	armodafinil PA, SUNOSI PA, QL
MOVIPREP	peg 3350-electrolytes, CLENPIQ	OLEPTRO	trazodone
MultiPro	Consult doctor	OLUX-E	clobetasol foam
mupirocin cream	gentamicin, mupirocin ointment	omeprazole-sodium bicarbonate	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT PA, ST
MYTESI	diphenoxylate-atropine, loperamide	OMNARIS	flunisolide, fluticasone, mometasone, DYMISTA
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	OMNIVEX	folic acid
naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT PA, ST	ONFI	clobazam PA, lamotrigine, rufinamide, topiramate, TROKENDI XR
naproxen CR	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	ONGLYZA	JANUVIA
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)	orphenadrine-aspirin-caffeine	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE	Orphenesic Forte	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
NATESTO	testosterone gel (except authorized generics for TESTIM and VOGELXO) PA, testosterone solution PA, ANDRODERM PA	ORTHO D	folic acid
NESINA	JANUVIA	ORTHO DF	folic acid
NEXIUM	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT PA, ST	Oscimin SR	dicyclomine
niacin tablet 500 mg	niacin ext-rel	OSENI	JANUMET, JANUMET XR: JANUVIA WITH pioglitazone
Niacor	niacin ext-rel	OSMOPREP	peg 3350-electrolytes, CLENPIQ
NICADAN	folic acid	OWEN MUMFORD NEEDLES 4	BD ULTRAFINE NEEDLES
NICAPRIN	folic acid	oxiconazole (NDCs^ 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole
NICAZEL, NICAZEL FORTE	folic acid	OXYCONTIN	fentanyl transdermal PA, QL, ST, hydrocodone ext-rel PA, QL, ST, hydromorphone ext-rel PA, QL, ST, methadone QL, ST, morphine ext-rel PA, QL, ST, NUCYNTA ER PA, QL, ST, XTAMPZA ER PA, QL, ST
NICOMIDE	folic acid	oxymorphone ext-rel	fentanyl transdermal PA, QL, ST, hydrocodone ext-rel PA, QL, ST, hydromorphone ext-rel PA, QL, ST, methadone QL, ST, morphine ext-rel PA, QL, ST, NUCYNTA ER PA, QL, ST, XTAMPZA ER PA, QL, ST
NILANDRON	abiraterone PA, QL, bicalutamide, XTANDI PA, QL, YONSA PA, QL	OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
nitrofurantoin (NDC^ 70408023932 only)	nitrofurantoin (except NDC^ 70408023932)	pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT PA, ST
		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, TRINTELLIX

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% PA, QL, diclofenac sodium solution PA, QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>	RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
PERCOCET	<i>hydrocodone-acetaminophen QL, hydromorphone PA, QL, morphine PA, QL, oxycodone-acetaminophen QL, NUCYNTA PA, QL</i>	RECEDO	Consult doctor
PERRIGO NEEDLES 4	BD ULTRAFINE NEEDLES	RELION INSULIN	NOVOLIN INSULIN
PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>	RHEUMATE	<i>folic acid</i>
POLYTOZA	Consult doctor	RIBOZEL	<i>folic acid</i>
<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>	RIMSO-50	Consult doctor
PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>	RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
PRECISION XTRA STRIPS AND KITS 3	ONETOUCH ULTRA STRIPS AND KITS 2, ONETOUCH VERIO STRIPS AND KITS 2	ROZEREM	<i>doxepin, eszopiclone PA, QL, ramelteon, zolpidem PA, QL, zolpidem ext-rel PA, QL, zolpidem sublingual PA, QL, BELSOMRA PA</i>
PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>	<i>RyClora</i>	<i>levocetirizine</i>
PREMARIN	<i>estradiol</i>	SCARSILK PAD	Consult doctor
PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY</i>	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA PA, VRAYLAR PA</i>
PRENATAL PLUS	<i>prenatal vitamins, CITRANATAL</i>	SILENOR	<i>doxepin, eszopiclone PA, QL, ramelteon, zolpidem PA, QL, zolpidem ext-rel PA, QL, zolpidem sublingual PA, QL, BELSOMRA PA</i>
PREVACID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT PA, ST</i>	SIL-K PAD	Consult doctor
PREVIDENT	Consult doctor	SILVEX	Consult doctor
PRIMLEV	<i>hydrocodone-acetaminophen QL, hydromorphone PA, QL, morphine PA, QL, oxycodone-acetaminophen QL, NUCYNTA PA, QL</i>	SILTREX	Consult doctor
PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	SINGULAIR	<i>montelukast, zafirlukast</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>	SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>
PRODIGEN	Consult doctor	SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
PROLENSA	<i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
PROTONIX	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT PA, ST</i>	<i>sucrafate suspension</i>	<i>sucrafate tablet</i>
PROVAD	Consult doctor	<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan PA, QL, naratriptan PA, QL, rizatriptan PA, QL, sumatriptan PA, QL, zolmitriptan PA, QL, NURTEC ODT PA, QL, ST, ONZETRA XSAIL PA, QL, REYVOW PA, QL, ST, UBRELVY PA, QL, ST, ZEMBRACE SYMTOUCH PA, QL or ZOMIG NASAL SPRAY PA, QL</i>
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol QL, levalbuterol tartrate CFC-free aerosol QL, ST</i>	SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet (generics for SARAFEM)), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>	SURE-TEST STRIPS AND KITS 3	ONETOUCH ULTRA STRIPS AND KITS 2, ONETOUCH VERIO STRIPS AND KITS 2
PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI PA</i>	<i>Symax-SR</i>	<i>dicyclomine</i>
QNASL	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>	SYNERDERM	<i>desonide, hydrocortisone</i>
QSYMIA	SAXENDA PA	TALIVA	<i>folic acid</i>
QTERN	GLYXAMBI	TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>quazepam</i>	<i>doxepin, eszopiclone PA, QL, ramelteon, zolpidem PA, QL, zolpidem ext-rel PA, QL, zolpidem sublingual PA, QL, BELSOMRA PA</i>	TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	TAZORAC	<i>adapalene PA, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, EPIDUO PA, ST, ONEXTON PA, ST; calcipotriene ointment, calcipotriene solution</i>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
TESTIM	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) <b>PA</b> , <i>testosterone solution</i> <b>PA</b> , ANDRODERM <b>PA</b>	ULTIMED NEEDLES 4	BD ULTRAFINE NEEDLES
<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only)	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) <b>PA</b> , <i>testosterone solution</i> <b>PA</b> , ANDRODERM <b>PA</b>	UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , CIALIS <b>ST</b>
TIMOPTIC OCUDOSE	<i>timolol maleate solution</i> , BETIMOL, BETOPTIC S	VALCYTE	<i>valganciclovir</i>
TIROSINT	<i>levothyroxine</i> , SYNTHROID	VALTRES	<i>acyclovir capsule</i> , <i>acyclovir tablet</i> , <i>valacyclovir</i>
<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>clobazam</i> <b>PA</b> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>primidone</i> , <i>rufinamide</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>valproic acid</i> , <i>zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	<i>Vanatol LQ</i> , <i>Vanatol S</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
TOPROL-XL	<i>atenolol</i> , <i>carvedilol</i> , <i>carvedilol phosphate ext-rel</i> , <i>metoprolol succinate ext-rel</i> , <i>metoprolol tartrate</i> , <i>nadolol</i> , <i>pindolol</i> , <i>propranolol</i> , <i>propranolol ext-rel</i> , BYSTOLIC	<i>Vanoxide-HC</i>	<i>adapalene</i> <b>PA</b> , <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC^ 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> <b>PA</b> , EPIDUO <b>PA, ST</b> , ONEXTON <b>PA, ST</b>
TRADJENTA	JANUVIA	VASCULERA	Consult doctor
<i>tramadol</i> (NDC^ 52817019610 only)	<i>tramadol</i> (except NDC^ 52817019610), <i>tramadol ext-rel</i>	VECTICAL	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>	VELTIN	<i>adapalene</i> <b>PA</b> , <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC^ 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> <b>PA</b> , EPIDUO <b>PA, ST</b> , ONEXTON <b>PA, ST</b>
TRAVATAN Z	<i>latanoprost</i> , <i>travoprost</i> , LUMIGAN <b>ST</b> , ZIOPATAN	<i>venlafaxine ext-rel tablet</i> (except 225 mg)	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>
TREXIMET	<i>diclofenac sodium</i> , <i>ibuprofen</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>eletriptan</i> <b>PA, QL</b> , <i>naratriptan</i> <b>PA, QL</b> , <i>rizatriptan</i> <b>PA, QL</b> , <i>sumatriptan</i> <b>PA, QL</b> , <i>zolmitriptan</i> <b>PA, QL</b> , NURTEC ODT <b>PA, QL, ST</b> , ONZETRA XSAIL <b>PA, QL</b> , REYVOW <b>PA, QL, ST</b> , UBRELVY <b>PA, QL, ST</b> , ZEMBRACE SYMTOUCH <b>PA, QL</b> or ZOMIG NASAL SPRAY <b>PA, QL</b>	VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol</i> <b>QL</b> , <i>levalbuterol tartrate CFC-free aerosol</i> <b>QL, ST</b>
<i>triamcinolone aerosol 0.2%</i>	<i>hydrocortisone butyrate cream</i> , <i>hydrocortisone butyrate ointment</i> , <i>hydrocortisone butyrate solution</i> , <i>mometasone</i> , <i>triamcinolone cream</i> , <i>triamcinolone lotion</i> , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i> )	VEREGEN	<i>imiquimod</i>
<i>triamcinolone ointment 0.05%</i>	<i>hydrocortisone butyrate cream</i> , <i>hydrocortisone butyrate ointment</i> , <i>hydrocortisone butyrate solution</i> , <i>mometasone</i> , <i>triamcinolone cream</i> , <i>triamcinolone lotion</i> , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i> )	VIIBRYD	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> , <i>sertraline</i> , TRINTELLIX
<i>Trianex</i>	<i>hydrocortisone butyrate cream</i> , <i>hydrocortisone butyrate ointment</i> , <i>hydrocortisone butyrate solution</i> , <i>mometasone</i> , <i>triamcinolone cream</i> , <i>triamcinolone lotion</i> , <i>triamcinolone ointment</i> (except <i>triamcinolone ointment 0.05%</i> )	<i>Vitasure</i>	<i>folic acid</i>
TRICOR	<i>fenofibrate</i> (except <i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i> ), <i>fenofibric acid delayed-rel</i>	VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
TRINAZ	<i>prenatal vitamins</i> , CITRANATAL	VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO) <b>PA</b> , <i>testosterone solution</i> <b>PA</b> , ANDRODERM <b>PA</b>
TRIVIDIA INSULIN SYRINGES 4	BD ULTRAFINE INSULIN SYRINGES	XANAX, XANAX XR	<i>alprazolam</i> , <i>clonazepam</i> , <i>diazepam</i> , <i>lorazepam</i> , <i>oxazepam</i>
<i>TronVite</i>	<i>folic acid</i>	<i>Xelltral</i>	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> (except NDC^ 69499031866) <b>PA, QL</b> , <i>diclofenac sodium solution</i> <b>PA, QL</b> , <i>ibuprofen</i> , <i>meloxicam</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
TRUESTEST STRIPS AND KITS 3	ONETOUCH ULTRA STRIPS AND KITS 2, ONETOUCH VERIO STRIPS AND KITS 2	XOLEGEL	<i>ciclopirox</i> , <i>ketoconazole cream 2%</i>
TRUETRACK STRIPS AND KITS 3	ONETOUCH ULTRA STRIPS AND KITS 2, ONETOUCH VERIO STRIPS AND KITS 2	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> <b>QL</b> , <i>levalbuterol tartrate CFC-free aerosol</i> <b>QL, ST</b>
TRULANCE	LINZESS	<i>Xvite</i>	<i>folic acid</i>
TUDORZA	SPIRIVA, YUPELRI	XYZBAC	<i>folic acid</i>
ULORIC	<i>allopurinol</i>	YASMIN	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i>
ULTIMED INSULIN SYRINGES 4	BD ULTRAFINE INSULIN SYRINGES	YAZ	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i>
		<i>Yuvaferm</i>	<i>estradiol vaginal cream</i> , IMVEXXY
		ZALVIT	<i>prenatal vitamins</i> , CITRANATAL
		ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT <b>PA, ST</b>
		ZELAC	Consult doctor

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.  
For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.  
List is subject to change.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>	ZOLPIMIST	<i>doxepin, eszopiclone PA, QL, ramelteon, zolpidem PA, QL, zolpidem ext-rel PA, QL, zolpidem sublingual PA, QL, BELSOMRA PA</i>
ZETIA	<i>ezetimibe</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
ZETONNA	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>	ZONTIVITY	Consult doctor
ZIANA	<i>adapalene PA, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, EPIDUO PA, ST, ONEXTON PA, ST</i>	ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>	ZUPLENZ	<i>granisetron PA, QL, ondansetron PA, QL, SANCUSO PA, QL</i>
ZIRGAN	<i>trifluridine</i>	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
ZOXYDRO ER	<i>fentanyl transdermal PA, QL, ST, hydrocodone ext-rel PA, QL, ST, hydromorphone ext-rel PA, QL, ST, methadone QL, ST, morphine ext-rel PA, QL, ST, NUCYNTA ER PA, QL, ST, XTAMPZA ER PA, QL, ST</i>	ZYVIT	<i>folic acid</i>
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet (generics for SARAFEM)), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>		

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

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay<sup>1</sup> for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](http://Caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

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

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

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

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

† Listing does not include certain NDCs^.

**PA** Prior Authorization

**QL** Quantity Limit

**ST** Step Therapy

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

<sup>2</sup> A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

<sup>3</sup> ONETOUCH brand test strips are the only preferred options.

<sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.

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

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

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

©2021. All rights reserved. 106-1070465 040121

[Caremark.com](http://Caremark.com)

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.

List is subject to change.

