

NRECA Preferred Drug List

The **NRECA Preferred Drug List** 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. **The drug list is only applicable to 3-tier copayment prescription plan options.**

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.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit 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 for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay information for a specific medicine.

| ANALGESICS | ANTI-INFECTIVES | | CARDIOVASCULAR | |
|---------------------|-------------------------------|-----------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| § NSAIDs, TOPICAL | ANTIBACTERIALS | PREZISTA | | § HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS |
| VOLTAREN GEL | § CEPHALOSPORINS | REYATAZ | § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS | CRESTOR |
| § GOUT | SUPRAX | ANTIVIRALS | BENICAR / BENICAR HCT | VYTORIN |
| COLCRYS | § ERYTHROMYCINS / MACROLIDES | § HEPATITIS C AGENTS | | PCSK9 INHIBITORS |
| ULORIC | DIFICID | HARVONI | § ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS | REPATHA |
| § OPIOID ANALGESICS | ANTIRETROVIRAL AGENTS | SOVALDI | AZOR | § BETA-BLOCKERS |
| ABSTRAL | § ANTIRETROVIRAL COMBINATIONS | INFLUENZA AGENTS | | BYSTOLIC |
| BUTRANS | ATRIPLA | RELENZA | § ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS | COREG CR |
| FENTORA | COMPLERA | TAMIFLU | TRIBENZOR | DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS |
| HYSINGLA ER | EPZICOM | § MISCELLANEOUS | | TEKTURNA / TEKTURNA HCT |
| NUCYNTA | EVOTAZ | ALBENZA | ANTILIPEMICS | NEPRILYSIN INHIBITOR / ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS |
| NUCYNTA ER | PREZCOBIX | SIVEXTRO | § BILE ACID RESINS | ENTRESTO |
| OPANA ER | STRIBILD | XIFAXAN 550 MG | WELCHOL | § NITRATES |
| OXYCONTIN | TRIUMEQ | | CHOLESTEROL ABSORPTION INHIBITORS | NITROLINGUAL |
| SUBSYS | TRUVADA | | ZETIA | NITROSTAT |
| VISCOSUPPLEMENTS | INTEGRASE INHIBITORS | ANTINEOPLASTIC AGENTS | | |
| GEL-ONE | ISENTRESS | § KINASE INHIBITORS | | |
| HYALGAN | TIVICAY | BOSULIF | | |
| SUPARTZ FX | PROTEASE INHIBITORS | SPRYCEL | | |
| | NORVIR | § MISCELLANEOUS | | |
| | | VISTOGARD | | |

NITRATE / VASODILATOR
COMBINATIONS
BIDIL

PULMONARY ARTERIAL
HYPERTENSION
ENDOTHELIN RECEPTOR
ANTAGONISTS
LETAIRIS
OPSUMIT
TRACLEER

SOLUBLE GUANYLATE
CYCLASE STIMULATORS
ADEMPAS

§ MISCELLANEOUS
RANEXA

CENTRAL NERVOUS SYSTEM

§ ANTICONVULSANTS

FYCOMPA
OXTELLAR XR
QUDEXY XR
TROKENDI XR
VIMPAT

§ ANTIDEMENTIA
NAMENDA XR

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)
FLUOXETINE 60 MG
TRINTELLIX
VIIBRYD

§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)
KHEDEZLA
PRISTIQ

§ ANTIPARKINSONIAN
AGENTS

AZILECT
MIRAPEX ER
NEUPRO

ANTIPSYCHOTICS

§ ATYPICALS
LATUDA
SEROQUEL XR

§ ATTENTION DEFICIT
HYPERACTIVITY DISORDER
QUILLIVANT XR
STRATTERA
VYVANSE

FIBROMYALGIA

LYRICA
SAVELLA

HYPNOTICS
TRICYCLICS
SILENOR

MIGRAINE
§ SELECTIVE SEROTONIN
AGONISTS
RELPAK
ZOMIG NASAL SPRAY

SELECTIVE SEROTONIN
AGONIST / NONSTEROIDAL
ANTI-INFLAMMATORY
DRUG (NSAID)
COMBINATIONS
TREXIMET

§ MULTIPLE SCLEROSIS
AGENTS

AUBAGIO
BETASERON
COPAXONE 40 MG
GILENYA
REBIF
TECFIDERA

NARCOLEPSY
NUVIGIL

POSTHERPETIC
NEURALGIA
GRALISE

PSYCHOTHERAPEUTIC -
MISCELLANEOUS
§ OPIOID ANTAGONISTS
EVZIO
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST /
OPIOID ANTAGONIST
COMBINATIONS
SUBOXONE FILM

VASOMOTOR SYMPTOM
AGENTS
BRISDELLE

ENDOCRINE AND METABOLIC

§ ANDROGENS
ANDRODERM
AXIRON

ANTIDIABETICS
AMYLIN ANALOGS
SYMLINPEN

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS
JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR
COMBINATIONS
JANUMET
JANUMET XR
JENTADUETO

JENTADUETO XR
INCRETIN MIMETIC AGENTS
TRULICITY
VICTOZA
INSULINS
HUMULIN R U-500 VIAL
LANTUS
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITORS
FARXIGA
JARDIANCE
SODIUM-GLUCOSE
CO-TRANSPORTER 2
(SGLT2) INHIBITOR /
BIGUANIDE COMBINATIONS
XIGDUO XR

SUPPLIES
BD INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
ONETOUCH ULTRA
STRIPS AND KITS²
ONETOUCH VERIO STRIPS
AND KITS²

ANTI Obesity
INJECTABLE
SAXENDA

ORAL
BELVIO
CONTRACE

CALCIUM REGULATORS
§ BIPHOSPHONATES
ATELVIA

PARATHYROID HORMONES
FORTEO

CONTRACEPTIVES
§ MONOPHASIC
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC
ORTHO TRI-CYCLEN LO

FOUR PHASE
NATAZIA

VAGINAL
NUVARING

ESTROGENS
§ ORAL
PREMARIN

§ TRANSDERMAL
DIVIGEL
EVAMIST
MINIVELLE

VAGINAL
ESTRACE CREAM
PREMARIN CREAM
VAGIFEM

ESTROGEN / PROGESTINS
§ ORAL
PREMPHASE
PREMPRO

TRANSDERMAL
COMBIPATCH

ESTROGEN / SELECTIVE
ESTROGEN RECEPTOR
MODULATOR
COMBINATIONS
DUAVEE

FERTILITY REGULATORS
GNRH / LHRH
ANTAGONISTS
CETROTIDE

§ OVULATION STIMULANTS,
GONADOTROPINS
FOLLISTIM AQ
OVIDREL

GLUCOSE ELEVATING
AGENTS
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY
KIT

HUMAN GROWTH
HORMONES
HUMATROPE
NORDITROPIN

§ PHOSPHATE BINDER
AGENTS
PHOSLYRA
REVELA
VELPHORO

PROGESTINS
§ ORAL
MEGACE ES

VAGINAL
CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN
RECEPTOR MODULATORS
OSPHERA

§ THYROID SUPPLEMENTS
SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS
DICLEGIS
SANCUSO
VARUBI

INFLAMMATORY BOWEL
DISEASE

§ ORAL AGENTS
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS
CANASA
CORTIFOAM

§ IRRITABLE BOWEL
SYNDROME
LINZESS
LOTRONEX
VIBERZI

§ LAXATIVES
MOVIPREP
SUPREP

OPIOID-INDUCED
CONSTIPATION
MOVANTIK

PANCREATIC ENZYMES
CREON
VIOKACE
ZENPEP

§ PROTON PUMP
INHIBITORS
DEXILANT

§ STEROIDS, RECTAL
PROCTOFOAM-HC

§ ULCER THERAPY
COMBINATIONS
PYLERA

GENITOURINARY

§ BENIGN PROSTATIC
HYPERPLASIA
RAPAFLO

ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS
MUSE

PHOSPHODIESTERASE
INHIBITORS
CIALIS

§ URINARY
ANTISPASMODICS
GELNIQUE
MYRBETRIO
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS
ELIQUIS
PRADAXA
XARELTO

HEMATOPOIETIC GROWTH FACTORS
ARANESP
PROCRIT

§ PLATELET AGGREGATION INHIBITORS
BRILINTA
EFFIENT

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
GRASTEK
ORALAIR
RAGWITEK

BIOLOGIC DISEASE-MODIFYING AGENTS
ENBREL
HUMIRA

§ DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)
RASUVO

NUTRITIONAL

§ PRENATAL VITAMINS
CITRANATAL

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
§ SHORT ACTING
COMBIVENT RESPIMAT

LONG ACTING
ANORO ELLIPTA

BETA AGONISTS, INHALANTS
§ SHORT ACTING
PROAIR HFA
PROVENTIL HFA
VENTOLIN HFA

LONG ACTING
Hand-held Active Inhalation
ARCAPTA
SEREVENT

Nebulized Passive Inhalation
PERFORMIST

§ NASAL STEROIDS
NASONEX

PHOSPHODIESTERASE-4 INHIBITORS
DALIRESP

STEROID / BETA AGONIST COMBINATIONS

ADVAIR
DULERA

§ STEROID INHALANTS
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE
ACANYA
ATRALIN
BENZACLIN
DIFFERIN
EPIDUO
RETIN-A MICRO
TAZORAC

§ ACTINIC KERATOSIS
PICATO
ZYCLARA

§ ANTIFUNGALS
JUBLIA
LUZU
NAFTIN

§ ANTIPSORIATICS
SORILUX

CORTICOSTEROIDS
§ **Medium Potency**
CLODERM
LOCOID LOTION

§ IMMUNOMODULATORS
ELIDEL

§ ROSACEA
FINACEA
ORACEA
SOOLANTRA

§ MISCELLANEOUS SKIN AND MUCOUS MEMBRANE
DENA VIR

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS
EPISIL
MUGARD

OPHTHALMIC
§ ANTIALLERGICS
PATADAY
PAZEO

§ ANTI-INFECTIVES
BESIVANCE
MOXEZA
VIGAMOX

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES
§ **Nonsteroidal**
PROLENSA

§ **Steroidal**
ALREX
DUREZOL
LOTEMAX

BETA-BLOCKERS

§ **Nonselective**
BETIMOL

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS
AZOPT

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
COSOPT PF

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS
SIMBRINZA

DRY EYE DISEASE
RESTASIS
XIIDRA

§ PROSTAGLANDINS
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS
ALPHAGAN P

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS
COMBIGAN

OTIC
§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
CIPRODEX

QUICK REFERENCE DRUG LIST**A**

ABSTRAL
ACANYA
ADEMPAS
ADVAIR
ALBENZA
ALPHAGAN P
ALREX
ANDRODERM
ANORO ELLIPTA
APRISO
ARANESP
ARCAPTA
ASMANEX
ATELVIA
ATRALIN
ATRIPLA
AUBAGIO
AUVI-Q
AXIRON
AZILECT
AZOPT
AZOR

B

BD INSULIN SYRINGES AND NEEDLES
BELVIQ
BENICAR
BENICAR HCT
BENZACLIN
BESIVANCE
BETASERON
BETIMOL
BETOPTIC S
BEYAZ
BIDIL
BOSULIF
BRILINTA
BRISDELLE
BUTRANS
BYSTOLIC

C

CANASA
CETROTIDE
CIALIS

CIPRODEX
CITRANATAL
CLODERM
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COMPLERA
CONTRAVE
COPAXONE 40 MG
COREG CR
CORTIFOAM
COSOPT PF
CREON
CRESTOR
CRINONE

D

DALIRESP
DENA VIR
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

DEXILANT
DICLEGIS
DIFFERIN
DIFICID
DIVIGEL
DUAVEE
DULERA
DUREZOL

E

EFFIENT
ELIDEL
ELIQUIS
ENBREL
ENDOMETRIN
ENTRESTO
EPIDUO
EPIPEN
EPIPEN JR
EPISIL
EPZICOM
ESTRACE CREAM
EVAMIST

EVOTAZ
EVZIO

F

FARXIGA
FENTORA
FINACEA
FLOVENT DISKUS
FLOVENT HFA
FLUOXETINE 60 MG
FOLLISTIM AQ
FORTEO
FYCOMPA

G

GELNIQUE
GEL-ONE
GILENYA
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GRALISE
GRASTEK

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H HARVONI HUMATROPE HUMIRA HUMULIN R U-500 VIAL HYALGAN HYSINGLA ER | MOVANTIK MOVIPREP MOXEZA MUGARD MUSE MYRBETRIQ | P PATADAY PAZEO PENTASA PERFOROMIST PHOSLYRA PICATO PRADAXA PREMARIN PREMARIN CREAM PREMPHASE PREMPRO PREZCOBIX PREZISTA PRISTIQ PROAIR HFA PROCRIT PROCTOFOAM-HC PROLENSA PROVENTIL HFA PULMICORT FLEXHALER PYLERA | S SAFYRAL SANCUSO SAVELLA SAXENDA SEREVENT SEROQUEL XR SILENOR SIMBRINZA SIVEXTRO SOOLANTRA SORILUX SOVALDI SPIRIVA SPRYCEL STRATTERA STRIBILD SUBOXONE FILM SUBSYS SUPARTZ FX SUPRAX SUPREP SYMLINPEN SYNTHROID | TROKENDI XR TRULICITY TRUVADA |
| I ISENTRESS | N NAFTIN NAMENDA XR NARCAN NASAL SPRAY NASONEX NATAZIA NEUPRO NITROLINGUAL NITROSTAT NORDITROPIN NORVIR NOVOLIN 70/30 NOVOLIN N NOVOLIN R NOVOLOG NOVOLOG MIX 70/30 NUCYNTA NUCYNTA ER NUVARING NUVIGIL | Q QUDEXY XR QUILLIVANT XR QVAR | T TAMIFLU TAZORAC TECFIDERA TEKURNA TEKURNA HCT TIVICAY TOBRADEX OINTMENT TOBRADEX ST TOUJEO TRACLEER TRADJENTA TRAVATAN Z TRESIBA TREXIMET TRIBENZOR TRINTELLIX TRIUMEQ | U UCERIS ULORIC |
| J JANUMET JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR JUBLIA | O ONETOUCH ULTRA STRIPS AND KITS ² ONETOUCH VERIO STRIPS AND KITS ² OPANA ER OPSUMIT ORACEA ORALAIR ORTHO TRI-CYCLEN LO OSPHENA OVIDREL OXTELLAR XR OXYCONTIN | R RAGWITEK RANEXA RAPAFLO RASUVO REBIF RELENZA RELPAX REVELA REPATHA RESTASIS RETIN-A MICRO REYATAZ | W WELCHOL | V VAGIFEM VARUBI VELPHORO VENTOLIN HFA VESICARE VIBERZI VICTOZA VIGAMOX VIIBRYD VIMPAT VIOKACE VISTOGARD VOLTAREN GEL VYTORIN VYVANSE |
| K KHEDEZLA | | | | X XARELTO XIFAXAN 550 MG XIGDUO XR XIIDRA |
| L LANTUS LATUDA LETAIRIS LEVEMIR LIALDA LINZESS LO LOESTRIN FE LOCOID LOTION LOTEMAX LOTRONEX LUZU LYRICA | | | | Z ZENPEP ZETIA ZIOPTAN ZOMIG NASAL SPRAY ZYCLARA ZYLET |
| M MEGACE ES MINASTRIN 24 FE MINIVELLE MIRAPEX ER | | | | |

PREFERRED OPTIONS LIST

| DRUG NAME(S) | PREFERRED OPTION(S)* | DRUG NAME(S) | PREFERRED OPTION(S)* |
|----------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------|
| ABILIFY | LATUDA, SEROQUEL XR | ARMOUR THYROID | SYNTHROID |
| ACCU-CHEK STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | ARTHROTEC | generic NSAID (such as meloxicam or naproxen) WITH DEXILANT |
| ADDERALL XR | QUILLIVANT XR, STRATTERA, VYVANSE | ASACOL HD | APRISO, LIALDA, PENTASA, UCERIS |
| ADRENACLICK | AUVI-Q, EPIPEN, EPIPEN JR | ASCENSIA STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² |
| ADVICOR | CRESTOR, VYTORIN | ATACAND, ATACAND HCT | BENICAR, BENICAR HCT |
| AEROSPAN | ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR | ATROVENT HFA | SPIRIVA |
| ALORA | DIVIGEL, EVAMIST, MINIVELLE | AVONEX | AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA |
| ALTOPREV | CRESTOR, VYTORIN | AXERT | RELPAX, ZOMIG NASAL SPRAY |
| ALVESCO | ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR | AZELEX | ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC |
| AMITIZA | LINZESS | BECONASE AQ | NASONEX |
| ANDROGEL | ANDRODERM, AXIRON | BENZAC AC, BENZAC W | ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC |
| ANGELIQ | PREMPHASE, PREMPRO | | |
| APIDRA | NOVOLOG | | |

| DRUG NAME(S) | PREFERRED OPTION(S)* | DRUG NAME(S) | PREFERRED OPTION(S)* |
|-------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------|
| BENZIQ | ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC | INNOPRAN XL | BYSTOLIC, COREG CR |
| BREEZE 2 STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | INTERMEZZO | SILENOR |
| BREO ELLIPTA | ADVAIR | INTUNIV | QUILLIVANT XR, STRATTERA, VYVANSE |
| BYDUREON | TRULICITY, VICTOZA | INVOKAMET | XIGDUO XR |
| BYETTA | TRULICITY, VICTOZA | INVOKANA | FARXIGA, JARDIANCE |
| CARAC | PICATO, ZYCLARA | ISTALOL | BETIMOL |
| CARDURA XL | RAPAFLO | JALYN | generic 5-Alpha Reductase Inhibitor (such as dutasteride or finasteride) WITH RAPAFLO |
| CLIMARA PRO | COMBIPATCH | KAZANO | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR |
| CONTOUR NEXT STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | KOMBIGLYZE XR | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR |
| CONTOUR STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | LASTACAPT | PATADAY, PAZEO |
| CYMBALTA | KHEDEZLA, PRISTIQ | LESCOL XL | CRESTOR, VYTORIN |
| DELZICOL | APRISO, LIALDA, PENTASA, UCERIS | LEVITRA | CIALIS |
| DETROL LA | GELNIQUE, MYRBETRIQ, VESICARE | LIPITOR | CRESTOR, VYTORIN |
| DIOVAN, DIOVAN HCT | BENICAR, BENICAR HCT | LIPTRUZET | CRESTOR, VYTORIN |
| DORAL | SILENOR | LIVALO | CRESTOR, VYTORIN |
| DUEXIS | generic NSAID (such as meloxicam or naproxen) WITH DEXILANT | LUMIGAN | TRAVATAN Z, ZIOPTAN |
| DYMISTA | NASONEX WITH generic nasal antihistamine (such as olopatadine) | LUNESTA | SILENOR |
| EDARBI, EDARBYCLOR | BENICAR, BENICAR HCT | MENEST | PREMARIN |
| EDLUAR | SILENOR | MICARDIS, MICARDIS HCT | BENICAR, BENICAR HCT |
| ENABLEX | GELNIQUE, MYRBETRIQ, VESICARE | MONOVISC | GEL-ONE, HYALGAN, SUPARTZ FX |
| ENJUVA | PREMARIN | NATESTO | ANDRODERM, AXIRON |
| ESTRING | ESTRACE CREAM, PREMARIN CREAM, VAGIFEM | NESINA | JANUVIA, TRADJENTA |
| EUFLEXXA | GEL-ONE, HYALGAN, SUPARTZ FX | NITROMIST | NITROLINGUAL, NITROSTAT |
| EXFORGE | AZOR | NORITATE | FINACEA, SOOLANTRA |
| EXFORGE HCT | TRIBENZOR | NUTROPIN AQ | HUMATROPE, NORDITROPIN |
| EXTAVIA | AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA | OMNARIS | NASONEX |
| FEMRING | ESTRACE CREAM, PREMARIN CREAM, VAGIFEM | OMNITROPE | HUMATROPE, NORDITROPIN |
| FETZIMA | KHEDEZLA, PRISTIQ | ONGLYZA | JANUVIA, TRADJENTA |
| FIRST TESTOSTERONE | ANDRODERM, AXIRON | ORTHOVISC | GEL-ONE, HYALGAN, SUPARTZ FX |
| fluorouracil cream 0.5% | PICATO, ZYCLARA | OSENI | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR |
| FOSAMAX PLUS D | ATELVIA | OXYTROL | GELNIQUE, MYRBETRIQ, VESICARE |
| FOSRENOL | PHOSLYRA, RENVELA, VELPHORO | PANCREAZE | CREON, VIOKACE, ZENPEP |
| FORTESTA | ANDRODERM, AXIRON | PENNSAID | VOLTAREN GEL |
| FREESTYLE STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | PERTZYE | CREON, VIOKACE, ZENPEP |
| FROVA | RELPAX, ZOMIG NASAL SPRAY | PEXEVA | FLUOXETINE 60 MG, TRINTELLIX, VIIBRYD |
| GENOTROPIN | HUMATROPE, NORDITROPIN | PLAVIX | BRILINTA, EFFIENT |
| HUMALOG | NOVOLOG | PLEGRIDY | AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA |
| HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 | PRALUENT | REPATHA |
| HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 | PRECISION XTRA STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² |
| HUMULIN | NOVOLIN | PRED MILD | DUREZOL, LOTEMAX |
| INCRUSE ELLIPTA | SPIRIVA | PREFERAOB | CITRANATAL |
| | | PREFEST | PREMPHASE, PREMPRO |

| DRUG NAME(S) | PREFERRED OPTION(S)* | DRUG NAME(S) | PREFERRED OPTION(S)* |
|----------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------|
| PRENATAL PLUS | CITRANATAL | testosterone gel 1% ⁴ | ANDRODERM, AXIRON |
| PREVACID | DEXILANT | TEVETEN, TEVETEN HCT | BENICAR, BENICAR HCT |
| PROTONIX | DEXILANT | TOVIAZ | GELNIQUE, MYRBETRIQ, VESICARE |
| PROTOPIC | ELIDEL | TRUETEST STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² |
| QNASL | NASONEX | TRUETRACK STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² |
| QSYMIA | BELVIO, CONTRAVE, SAXENDA | TUDORZA | SPIRIVA |
| RELION INSULIN | NOVOLIN INSULIN | VERAMYST | NASONEX |
| RELISTOR | MOVANTIK | VIAGRA | CIALIS |
| RHINOCORT AQUA | NASONEX | VIEKIRA PAK | HARVONI |
| ROZEREM | SILENOR | VIMOVO | generic NSAID (such as meloxicam or naproxen) WITH DEXILANT |
| SAIZEN | HUMATROPE, NORDITROPIN | VITAFOL-ONE | CITRANATAL |
| STRIANT | ANDRODERM, AXIRON | VOGELXO | ANDRODERM, AXIRON |
| SURE-TEST STRIPS AND KITS ³ | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² | XOPENEX HFA | PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA |
| SYMBICORT | ADVAIR, DULERA | ZETONNA | NASONEX |
| SYNVISC, SYNVISC-ONE | GEL-ONE, HYALGAN, SUPARTZ FX | ZUBSOLV | SUBOXONE FILM |
| TANZEUM | TRULICITY, VICTOZA | | |
| TESTIM | ANDRODERM, AXIRON | | |

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 may not be added to the formulary until the product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark Pharmacy and Therapeutics Committee (or other appropriate reviewing body). In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. 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 www.caremark.com to check coverage and copay information for a specific medicine.

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

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

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

² 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.

³ ONETOUCH brand test strips are the only preferred options.

⁴ Listing reflects the authorized generics for TESTIM and VOGELXO.

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