

2018 Fourth Quarter Quick Reference Preferred Drug List-Tiers 1 & 2

The 2018 Quick Reference Preferred Drug List is an alphabetical listing of preferred and generic drugs. Generics should be considered the first line of prescribing. The preferred medicines are listed to help identify products that are clinically appropriate and cost effective. This is not an all-inclusive list and is subject to change. This list represents **brand products in CAPS** and **generic products in lowercase**.

The Preferred Alternatives Drug List, lists non-preferred brand-name drugs with their preferred and/or generic alternatives.

Please note that specific prescription benefit plan designs may not cover certain medicines, regardless of their appearance in this document. Please read the prescription drug section of your Group Plan Booklet-certificate. Also please note that **some of the drugs listed may be on one of the pharmacy programs; Dose Optimization, Prior Authorization or Quantity limits - those drugs are identified with an asterisk (*)**.

We encourage you to register and use the Caremark website that is linked to the www.nipponlifebenefits.com website.

Use the “Check Drug Coverage and Cost” tool on the CVS Caremark website for the most up to date information. If you do not have access to the website, or would prefer to talk to a customer service representative, have your ID card available and call CVS Caremark customer service at **866-644-7527**.

We Cover family planning services which consist of FDA-approved contraceptive methods prescribed by a Provider, not otherwise Covered under the Prescription Drug Coverage section of your Nippon Life Insurance Company of America Booklet-Certificate, counseling on use of contraceptives and related topics, and sterilization procedures for women. Such services are not subject to Copayments, Deductibles or Coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF and when provided by a Participating Provider. Please see page 9-10 for the additional information.

NOTHING HEREIN IS A GUARANTEE OF BENEFITS OR ELIGIBILITY. ALL TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS SHOWN IN YOUR NIPPON LIFE INSURANCE COMPANY OF AMERICA CERTIFICATE AND MASTER POLICY WILL GOVERN.

2018 4TH QUARTER - QUICK REFERENCE DRUG LIST

A

abacavir tablet
abacavir-lamivudine
 ABILIFY* MAINTENA
 ACANYA
acitretin
 ACUVAIL
acyclovir
adapalene
 ADEMPAS
 ADVAIR
albuterol inhalation solution
alendronate
alfuzosin ext-rel
allopurinol
alosetron
 ALPHAGAN P
amantadine
amiloride
 AMITIZA
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
 ANDRODERM*
 ANDROGEL 1.62%

ANORO ELLIPTA
 APRISO
 ARANESP
aripiprazole
 ARISTADA
armodafinil
 ASMANEX
atenolol
atomoxetine
atorvastatin
 ATRALIN*
 ATRIPLA
 AUBAGIO
 AUSTEDO
azelastine
azithromycin
 AZOPT

B

balsalazide
 BASAGLAR
 BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
 BELBUCA*
 BELSOMRA
 BELVIQ
 BELVIQ XR
benzoyl peroxide
 BESIVANCE
 BETASERON BETHKIS
 BETIMOL
 BETOPTIC S BEVESPI
 AEROSPHERE
bicalutamide
 BIDIL
 BIKTARVY

BOSULIF
 BREO ELLIPTA
 BRILINTA
brimonidine
bromfenac
budesonide capsule
budesonide inhalation suspension
buprenorphine-naloxone sublingual tablet
bupropion
bupropion ext-rel
 BUTRANS*
 BYSTOLIC*

C

CABOMETYX
calcipotriene
calcitonin-salmon
calcium acetate
 CANASA
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
 CERDELGA
 CEREZYME

CETROTIDE
cholestyramine
 CIALIS*
*ciclopirox**
 CILOXAN OINTMENT
 CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
 CITRANATAL
clarithromycin
clarithromycin ext-rel
 CLIMARA PRO
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobetasol cream, foam, gel, lotion, ointment, shampoo
clocortolone
clopidogrel
clotrimazole
clozapine
*codeine-acetaminophen**
colchicine tablet
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 COMPLERA
 CONTRAVE
 COPAXONE 40 MG
 COREG CR*
 CORLANOR
 CORTIFOAM
 COSENTYX
 CREON
 CRINONE

cromolyn sodium
cyclobenzaprine

D

DALIRESP
darifenacin ext-rel
 DESCOVY
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
 DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
 DEXILANT*
diazepam rectal gel
 DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
 DIFFERIN*
 DIFICID
digoxin
diltiazem ext-rel³
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
 DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
dronabinol

DUAVEE
duloxetine
DUPIXENT
DUREZOL
dutasteride
dutasteride-tamsulosin
DYMISTA

E

econazole
eletriptan
ELIDEL
ELIGARD
ELIQUIS
EMVERM
ENBREL
ENDOMETRIN
entacapone
ENTRESTO
EPCLUSA
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
eprosartan
ergotamine-caffeine
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
ESBRIET
escitalopram
esomeprazole
ESTRACE CREAM
estradiol
estradiol-norethindrone
ESTRING
estropiate
eszopiclone
ethinyl estradiol-
drospirenone
ethinyl estradiol-
drospirenone-levomefolate
ethinyl estradiol-
levonorgestrel
ethinyl estradiol-
norelgestromin
ethinyl estradiol-
norethindrone acetate
ethinyl estradiol-
norethindrone acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EVAMIST
EVOTAZ
ezetimibe
ezetimibe-simvastatin

F

FARXIGA*
fenofibrate
fenofibric acid
fentanyl transdermal
fentanyl transmucosal
lozenge
FENTORA*

FIASP
FINACEA
finasteride
FLAREX
FLOVENT DISKUS
FLOVENT HFA
fluconazole
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
flouxetine
fluticasone
fluvastatin
FML FORTE
FML S.O.P.
FORTEO
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
GEL-ONE
GELSYN-3
gentamicin
GENVOYA
GILENYA
glatiramer
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY
KIT
GONAL-F
GRALISE
granisetron
GRASTEK
guanfacine ext-rel

H

HARVONI
HUMATROPE
HUMIRA
HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone*
hydromorphone ext-rel*
HYSINGLA ER*

I

ibandronate
IBRANCE
ILEVRO
imatinib mesylate
imiquimod
INCRUSE ELLIPTA
INVOKAMET
INVOKAMET XR

INVOKANA*
ipratropium inhalation
solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
IRESSA
ISENTRESS
itraconazole*
ivermectin

J

JANUMET
JANUMET XR
JANUVIA*
JENTADUETO
JENTADUETO XR
JUBLIA*

K

ketoconazole
ketorolac
KEVZARA
KISQALI
KISQALI FEMARA
CO-PACK
KOGENATE FS
KOVALTRY
KYLEENA

L

lactulose
lamivudine
lamotrigine
lamotrigine ext-rel
lansoprazole
lanthanum carbonate
LASTACRAFT
latanoprost
LATUDA*
LETAIRIS
levabuterol tartrate CFC-free
aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levofloxacin
levothyroxine
LIALDA
linezolid
LINZESS
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
losartan
losartan-hydrochlorothiazide
lovastatin
LUMIGAN
LUPRON DEPOT
LUZU
LYRICA

M

MAXIDEX
meclizine

medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine rectal
suspension
metformin
metformin ext-rel
methadone*
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
MINIVELLE
minocycline
MIRENA
mirtazapine
mometasone
montelukast
morphine*
morphine ext-rel*
morphine suppository
MOVANTIK
MOXEZA
moxifloxacin
MUGARD
MULTAQ
MUSE*
MYDAYIS
MYRBETRIQ

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen
naratriptan
NARCAN NASAL SPRAY
NATAZIA
nateglinide
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
NEUPRO
NEVANAC
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA*
NUCYNTA ER*
NUDEXTA

NUVARING
NUWIQ
nystatin

O

ODEFSEY
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH ULTRA
STRIPS AND KITS 4
ONETOUCH VERIO
STRIPS AND KITS 4
ONZETRA XSAIL
OPSUMIT
ORACEA
ORALAIR
ORENITRAM
ORFADIN*
oseltamivir
OSPHENA
OTEZLA
OVIDREL
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone*
oxycodone-acetaminophen*
OXYCONTIN*
OZEMPIC

P

pantoprazole
paroxetine HCl
paroxetine HCl ext-rel
paroxetine mesylate
PAZEO
peg 3350-electrolytes
penicillin VK
PENTASA
PERFOROMIST
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin

PRED MILD
*prednisolone acetate 1%
 prednisolone solution
 prednisone*
 PREMARIN
 PREMARIN CREAM
 PREMPHASE
 PREMPRO
prenatal vitamins
 PREZCOBIX
 PREZISTA
primidone
 PROAIR HFA
 PROAIR RESPICLICK
*probenecid
 prochlorperazine*
 PROCROT
 PROCTOFOAM-HC
progesterone, micronized
 PROLIA
*promethazine
 propranolol
 propranolol ext-rel*
 PULMICORT FLEXHALER
 PYLERA

Q
 QTERN
*quetiapine
 quetiapine ext-rel*
*quinapril
 quinapril-hydrochlorothiazide*
 QVAR
 QVAR REDIHALER

R
 RAGWITEK
*raloxifene
 ramipril*
 RANEXA
ranitidine
 RAPAFLO
rasagiline
 RASUVO
 REBIF

RELENZA*
repaglinide
 REPATHA
 RESTASIS
 RETIN-A MICRO*
 REYATAZ*
ribavirin
risperidone
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ropinirole
ropinirole ext-rel
rosuvastatin
 RUCONEST
 RYDAPT

S
 SAFYRAL
 SANCUSO
 SAVELLA
 SAXENDA
selegiline
 SEREVENT
sertraline
sevelamer carbonate
sildenafil
 SILENOR*
 SIMBRINZA
simvastatin
 SKYLA
 SOLIQUA
 SOMATULINE DEPOT
 SOMAVERT
 SOOLANTRA
sotalol
 SPIRIVA
*spironolactone-
 hydrochlorothiazide*
 SPRYCEL
 STELARA
 SUBCUTANEOUS
 STIOLTO RESPIMAT
 STRIBILD

STRIVERDI RESPIMAT
 SUBOXONE FILM
 SUBSYS*
sulfacetamide
*sulfamethoxazole-
 trimethoprim*
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
 SUPARTZ FX
 SUPRAX
 SUPREP
 SYMBICORT
 SYMLINPEN
 SYNTHROID

T
tacrolimus
tamsulosin
 TAZORAC*
 TECFIDERA
 TEKTURNA*
 TEKTURNA HCT*
telmisartan
*telmisartan-
 hydrochlorothiazide*
terazosin
*terbinafine tablet**
*testosterone gel**
*testosterone solution**
tetrabenzazine
tetracycline
tiagabine
timolol maleate solution
 TIVICAY
 TOBRADEX OINTMENT
 TOBRADEX ST
tobramycin
*tobramycin inhalation
 solution*
tobramycin-dexamethasone
 TOLAK
tolterodine
tolterodine ext-rel
topiramate

torseamide
 TOVIAZ*
 TRACLEER
 TRADJENTA
*tramadol**
*tramadol ext-rel**
 TRAVATAN Z
trazodone
 TRELEGY ELLIPTA
 TRESIBA
*tretinoin**
 TREXIMET*
triamcinolone
*triamterene-
 hydrochlorothiazide*
trimethobenzamide
 TRINTELLIX*
 TRIUMEQ
 TROKENDI XR
tropium
tropium ext-rel
 TRULICITY
 TRUVADA
 TYMLOS
 TYSABRI

U
 UCERIS
 ULORIC
 UPTRAVI

V
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
 VARUBI
 VASCEPA
 VELPHORO
 VELTASSA
 VEMLIDY
venlafaxine
*venlafaxine ext-rel capsule**
verapamil ext-rel

VESICARE*
 VIBERZI
 VICTOZA
 VIIBRYD*
 VIMPAT
 VIOKACE
 VISCO-3*
 VISTOGARD
 VOSEVI 2
 VRAYLAR
 VYVANSE

W
warfarin
 WELCHOL

X
 XARELTO*
 XIFAXAN 550 MG
 XIGDUO XR*
 XIIDRA
 XTANDI

Z
zafirlukast
 ZARXIO
 ZEMBRACE SYMTOUCH
 ZENPEP
zileuton ext-rel
ziprasidone
zolmitriptan
zolpidem
zolpidem ext-rel
zolpidem sublingual
 ZOMIG NASAL SPRAY*
zonisamide
 ZUBSOLV
 ZYCLARA
 ZYLET
 ZYTIGA

2018 4TH QUARTER - PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
ABILIFY*	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA*, VRAYLAR</i>	ALOQUIN	<i>desonide, hydrocortisone</i>
ACCU-CHEK STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	ALORA	<i>estradiol, DIVIGEL, EVAMIST, MINIVELLE</i>
ACTEMRA	ENBREL, HUMIRA, KEVZARA	ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ACTOS	<i>pioglitazone</i>	ALVESCO	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>	AMRIX	<i>cyclobenzaprine</i>
AEROSPAN	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER	ANDROGEL 1%	<i>testosterone gel*, testosterone solution*, ANDRODERM*, ANDROGEL 1.62%</i>
ALCORTIN A	<i>desonide, hydrocortisone</i>	ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ALEVICYN GEL, ALEVICYN KIT, ALEVICYN SG, <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>	ANTARA	<i>fenofibrate, fenofibric acid</i>
ALLISON MEDICAL INSULIN SYRINGES ⁶	BD ULTRAFINE INSULIN SYRINGES	APEXICON E	<i>desoximetasone, fluocinonide</i>
		APIDRA	FIASP, NOVLOG
		ARMOUR THYROID	<i>levothyroxine, SYNTHROID</i>

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT*</i>	CARNITOR	<i>levocarnitine</i>
ASACOL HD	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>	CARNITOR SF	<i>levocarnitine</i>
ASCENSIA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	CLINDAGEL	<i>erythromycin solution</i>
ATROVENT HFA	<i>ipratropium inhalation solution, INCRUSE ELLIPTA, SPIRIVA</i>	<i>clobetasol spray</i>	<i>clobetasol foam</i>
AXERT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY*</i>	CLOBEX SPRAY	<i>clobetasol foam</i>
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, ACANYA, ATRALIN*, DIFFERIN*, EPIDUO, RETIN-A MICRO*, TAZORAC*</i>	COLAZAL	<i>balsalazide</i>
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	CONTOUR NEXT STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	CONTOUR STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
BENSAL HP	<i>desonide, hydrocortisone</i>	CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, ACANYA, ATRALIN*, DIFFERIN*, EPIDUO, RETIN-A MICRO*, TAZORAC*</i>	CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*</i>
BENZIQ	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, ACANYA, ATRALIN*, DIFFERIN*, EPIDUO, RETIN-A MICRO*, TAZORAC*</i>	DAKLINZA	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
BETAPACE, BETAPACE AF	<i>sotalol</i>	DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
BREEZE 2 STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ*, VESICARE*</i>
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, naproxen</i>	DEXPAK	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
BYDUREON	OZEMPIC, TRULICITY, VICTOZA	DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
BYETTA	OZEMPIC, TRULICITY, VICTOZA	DORAL	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR*</i>
CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY*</i>	DORYX	<i>doxycycline hyclate</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>	DORYX MPC	<i>doxycycline hyclate</i>
CARDIZEM	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
CARDIZEM CD	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>	DYRENIUM	<i>amiloride</i>
		EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
		EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR*</i>
		E. E. S. GRANULES	<i>erythromycins</i>
		EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*</i>
		ELELYSO	CERDELGA, CEREZYME
		ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ*, VESICARE*</i>
		ENTYVIO	HUMIRA

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
ERYPED	<i>erythromycins</i>	ISTALOL	<i>timolol maleate solution</i> , BETIMOL
EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3*	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFL0
EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY	JARDIANCE	FARXIGA*, INVOKANA*
EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>	KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>	KINERET	ENBREL, HUMIRA, KEVZARA
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI	KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
FANAPT	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA*, VRAYLAR	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
FEMRING	<i>estradiol</i> , ESTRACE CREAM, ESTRING, PREMARIN CREAM	LANTUS	BASAGLAR, LEVEMIR, TRESIBA
FETZIMA	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule*</i>	LAZANDA	<i>fentanyl transmucosal lozenge</i> , FENTORA*, SUBSYS*
FIORICET CAPSULE	<i>diclofenac sodium</i> , <i>naproxen</i>	LESCOL XL	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , PICATO, TOLAK, ZYCLARA	<i>levorphanol</i>	<i>fentanyl transdermal</i> , <i>hydromorphone ext-rel*</i> , <i>methadone*</i> , <i>morphine ext-rel*</i> , HYSINGLA ER*, NUCYNTA ER*, OXYCONTIN*
FOLLISTIM AQ	GONAL-F	LIPITOR	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
FORTAMET	<i>metformin</i> , <i>metformin ext-rel</i>	LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
FORTESTA	<i>testosterone gel*</i> , <i>testosterone solution*</i> , ANDRODERM*, ANDROGEL 1.62%	LUNESTA	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR*
FOSAMAX PLUS D	<i>alendronate</i> , <i>ibandronate</i> , <i>risedronate</i>	MACRODANTIN	<i>nitrofurantoin</i>
FOSRENOL	<i>calcium acetate</i> , <i>lanthanum carbonate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO	<i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic CARDIZEM LA)
FREESTYLE STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
FROVA	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY*	MENEST	<i>estradiol</i> , <i>estropipate</i> , PREMARIN
GENOTROPIN	HUMATROPE, NORDITROPIN	MENOSTAR	<i>estradiol</i>
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	MIACALCIN INJECTION	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , FORTEO, PROLIA, TYMLOS
GLUMETZA	<i>metformin</i> , <i>metformin ext-rel</i>	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	MICARDIS, MICARDIS HCT	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan</i> , <i>valsartan-hydrochlorothiazide</i>
HORIZANT	<i>gabapentin</i> , GRALISE	MILLIPRED	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>
HUMALOG	FIASP, NOVOLOG	MINOCIN	<i>minocycline</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3*
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	NAPRELAN	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>mexilicam</i> , <i>naproxen</i>
HUMULIN 70/30	NOVOLIN 70/30	NATESTO	<i>testosterone gel*</i> , <i>testosterone solution*</i> , ANDRODERM*, ANDROGEL 1.62%
HUMULIN N	NOVOLIN N	NESINA	JANUVIA*, TRADJENTA
HUMULIN R	NOVOLIN R	NEUPOGEN	ZARXIO
HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3*	NEXIUM	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT*
INDOCIN	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>mexilicam</i> , <i>naproxen</i>	NILANDRON	<i>bicalutamide</i> , XTANDI, ZYTIGA
INNOPRAN XL	<i>atenolol</i> , <i>carvedilol</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*, COREG CR*	NITROMIST	<i>nitroglycerin lingual spray</i> , <i>nitroglycerin sublingual</i>
INTERMEZZO	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR*	NORITATE	<i>metronidazole</i> , FINACEA, SOOLANTRA
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i> , <i>atomoxetine</i> , <i>guanfacine ext-rel</i> , <i>methylphenidate ext-rel</i> , MYDAYIS, VYVANSE		

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
NORVASC	<i>amlodipine</i>	PROTOPIC	<i>tacrolimus</i> , ELIDEL
NOVACORT	<i>desonide</i> , <i>hydrocortisone</i>	PROVENTIL HFA	<i>levalbuterol tartrate</i> CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK
NOVO NORDISK NEEDLES ⁶	BD ULTRAFINE NEEDLES	QNASL	<i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i> , <i>triamcinolone</i> , DYMISTA
NUTROPIN AQ	HUMATROPE, NORDITROPIN	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
NUVIGIL	<i>armodafinil</i>	RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>
OLEPTRO	<i>trazodone</i>	RELION INSULIN	NOVOLIN INSULIN
OLUX-E	<i>clobetasol foam</i>	RELISTOR	MOVANTIK
OLYSIO	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	RIMSO-50	Consult doctor
OMNARIS	<i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i> , <i>triamcinolone</i> , DYMISTA	RIOMET	<i>metformin</i> , <i>metformin ext-rel</i>
OMNITROPE	HUMATROPE, NORDITROPIN	ROZEREM	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR [*]
ONGLYZA	JANUVIA [*] , TRADJENTA	SAIZEN	HUMATROPE, NORDITROPIN
ORENCIA CLICKJECT	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)	SEROQUEL XR	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA [*] , VRAYLAR
ORENCIA INTRAVENOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)	SPRIX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3 [*]	STENDRA	<i>sildenafil</i> , CIALIS [*]
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	STRIANT	<i>testosterone gel[*]</i> , <i>testosterone solution[*]</i> , ANDRODERM [*] , ANDROGEL 1.62 [%]
OWEN MUMFORD NEEDLES ⁶	BD ULTRAFINE NEEDLES	SUMAVEL DOSEPRO	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY [*]
OXYTROL	<i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>trospium</i> , <i>trospium ext-rel</i> , MYRBETRIQ, TOVIAZ [*] , VESICARE [*]	SURE-TEST STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
PANCREAZE	CREON, VIOKACE, ZENPEP	SYNERDERM	<i>desonide</i> , <i>hydrocortisone</i>
PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i>	SYNJARDY	INVOKAMET, INVOKAMET XR, XIGDUO XR [*]
PERRIGO NEEDLES ⁶	BD ULTRAFINE NEEDLES	SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR [*]
PERTZYE	CREON, VIOKACE, ZENPEP	SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3 [*]
PEXEVA	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> , <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> , <i>sertraline</i> , TRINTELLIX [*] , VIIBRYD [*]	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA	TANZEUM	OZEMPIC, TRULICITY, VICTOZA
PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO [*]	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
PRALUENT	REPATHA	TECHNIVIE	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PRECISION XTRA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	TESTIM	<i>testosterone gel[*]</i> , <i>testosterone solution[*]</i> , ANDRODERM [*] , ANDROGEL 1.62 [%]
PRED FORTE	<i>dexamethasone</i> , <i>prednisolone acetate 1%</i> , DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	<i>testosterone gel[*] 1% ⁷</i>	<i>testosterone gel[*]</i> , <i>testosterone solution[*]</i> , ANDRODERM [*] , ANDROGEL 1.62 [%]
PREFERAOB	<i>generic prenatal vitamins</i> , CITRANATAL	TOBI	<i>tobramycin inhalation solution</i> , BETHKIS
PREFEST	<i>estradiol-norethindrone</i> , PREMPHASE, PREMPRO	TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
PRENATAL PLUS	<i>generic prenatal vitamins</i> , CITRANATAL	TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
PREVACID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT [*]	TRICOR	<i>fenofibrate</i> , <i>fenofibric acid</i>
PRIMLEV	<i>hydrocodone-acetaminophen</i> , <i>hydromorphone [*]</i> , <i>morphine [*]</i> , <i>oxycodone-acetaminophen [*]</i> , NUCYNTA [*]	TRIGLIDE	<i>fenofibrate</i> , <i>fenofibric acid</i>
PROTONIX	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT [*]	TRILIPIX	<i>fenofibrate</i> , <i>fenofibric acid</i>
		TRIVIDIA INSULIN SYRINGES ⁶	BD ULTRAFINE INSULIN SYRINGES

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
TRUETEST STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	VITAFOL-ONE	<i>generic prenatal vitamins</i> , CITRANATAL
TRUETRACK STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴	VOGELXO	<i>testosterone gel*</i> , <i>testosterone solution*</i> , ANDRODERM*, ANDROGEL 1.62%
TUDORZA	INCRUSE ELLIPTA, SPIRIVA	XELJANZ	ENBREL, HUMIRA, KEVZARA
ULTIMED INSULIN SYRINGES ⁶	BD ULTRAFINE INSULIN SYRINGES	XELJANZ XR	ENBREL, HUMIRA, KEVZARA
ULTIMED NEEDLES ⁶	BD ULTRAFINE NEEDLES	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLO	XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK
VALCYTE	<i>valganciclovir</i>	ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT*
VALTREX	<i>acyclovir</i> , <i>valacyclovir</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Vanoxide-HC</i>	<i>adapalene</i> , <i>benzoyl peroxide</i> , <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin*</i> , ACANYA, ATRALIN*, DIFFERIN*, EPIDUO, RETIN- A MICRO*, TAZORAC*	ZETIA	<i>ezetimibe</i>
<i>venlafaxine ext-rel tablet (except 225 mg)</i>	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule*</i>	ZETONNA	<i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i> , <i>triamcinolone</i> , DYMISTA
VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule*</i>	ZOLPIMIST	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR*
VENTOLIN HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK	ZONEGRAN	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <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>tiagabine</i> , <i>topiramate</i> , <i>valproic acid</i> , <i>zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
VIAGRA	<i>sildenafil</i> , CIALIS*	ZYFLO, ZYFLO CR	<i>montelukast</i> , <i>zafirlukast</i> , <i>zileuton ext-rel</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)		
VIEKIRA XR	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)		

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 immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and copay information for a specific medicine.

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

- ¹ The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.
- ² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).
- ³ Listing does not include generic CARDIZEM LA.
- ⁴ 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.
- ⁵ ONETOUCH brand test strips are the only preferred options.
- ⁶ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

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WOMEN'S HEALTH PREVENTIVE SERVICES†

We Cover family planning services which consist of FDA-approved contraceptive methods prescribed by a Provider, not otherwise Covered under the Prescription Drug Coverage section of your Nippon Life Insurance Company of America Booklet-Certificate, counseling on use of contraceptives and related topics, and sterilization procedures for women. Such services are not subject to Copayments, Deductibles or Coinsurance when provided in accordance with the comprehensive guidelines supported by HRSA and items or services with an “A” or “B” rating from USPSTF and when provided by a Participating Provider.

GENERIC ORAL CONTRACEPTIVES [†]	
BRAND-NAME PRODUCTS [#]	BRAND-NAME PRODUCTS' GENERIC EQUIVALENT(S)
Alesse	Aubra, Aubra EQ, Aviane-28, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva
Beyaz	Rajani
Demulen 1/35	Kelnor 1/35, Zovia 1/35E
Demulen 1/50	Ethinodiol 1/50, Kelnor 1/50
Desogen	Apri, Cyred, Emoquette, Enskyce, Isibloom, Juleber, Reclipsen
Eurostep FE	Tilia FE, Tri-Legest FE
Femcon FE	Wymzya FE, Zenchent FE
Generess FE	Kaitlib FE, Layolis FE
Loestrin 1/20	Junel 1/20, Larin 1/20, Microgestin 1/20
Loestrin FE 1/20	Blisovi FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Tarina FE 1/20
Loestrin 24 FE	Blisovi 24 FE, Junel 24 FE, Larin 24 FE, Microgestin 24 FE
Loestrin 1.5/30	Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30
Loestrin FE 1.5/30	Blisovi FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30
Lo/Ovral	Cryselle-28, Elinest, Low-Ogestrel
LoSeasonique	Amethia Lo, Camrese Lo
Lybrel	Amethyst
Minastrin 24 FE	Melodetta 24 FE, Mibelas 24 FE
Mircette	Azurette, Bekyree, Kariva, Pimtrea, Viorele
Modicon	Necon 0.5/35, Nortrel 0.5/35, Wera
Nordette	Altavera, Chateal, Chateal EQ, Kurvelo, Levora, Lillow, Marlissa, Portia-28
Ortho-Cyclen	Estarylla, Femynor, Mili, Mono-linyah, Mononessa, Previfem, Sprintec, Vylibra
Ortho Micronor	Camila, Deblitane, Errin, Heather, Incassia, Jencycla, Jolivette, Lyza, Nora-BE, Norlyda, Norlyroc, Sharobel, Tulana
Ortho-Novum 1/35	Alyacen 1/35, Cyclofem 1/35, Dasetta 1/35, Nortrel 1/35, Pirmella 1/35
Ortho-Novum 7/7/7	Alyacen 7/7/7, Cyclofem 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Pirmella 7/7/7
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, TriNessa, Tri-Previfem, Tri-Sprintec, Tri-Vylibra
Ortho Tri-Cyclen Lo	Tri-Lo Estarylla, Tri-Lo Marzia, Tri-Lo Sprintec, TriNessa Lo
Ovcon-35	Balziva-28, Briellyn, Philith, Vyfemla, Zenchent
Ovral	Ogestrel 0.5/50
Quartette	Fayosim, Rivelsa
Safyral	Tydemy
Seasonale	Introvale, Jolessa, Quasense, Setlakin
Seasonique	Amethia, Ashlyna, Camrese, Daysee
Tri-Norinyl	Aranelle, Leena
Triphasil	Enpresse, Levonest, Myzilra, Trivora
Yasmin	Ocella, Syeda, Zarah
Yaz	Gianvi, Loryna, Nikki

OTHER CONTRACEPTIVES‡

- Generics are in *italics*. Brand-names are CAPITALIZED

Brand-Name Oral Contraceptives (Rx)

- BALCOLTRA
- LO LOESTRIN FE
- NATAZIA
- TAYTULLA

Intrauterine Devices, Subdermal Rods and Vaginal Rings (Rx)

- NEXPLANON
- MIRENA
- SKYLA
- LILETTA
- KYLEENA
- PARAGARD T 380A
- NUVARING

Transdermal Patches (Rx)

- *Xulane*

Injectables (Rx)

- *DEPO-SUBQ-PROVERA 104*
- *Medroxyprogesterone acetate 150 mg*
- DEPO-PROVERA

Barrier Methods (Rx)

Diaphragms

- MILEX WIDE-SEAL
- OMNIFLEX COIL SPRING SILICONE
- CAYA

Cervical Caps

- FEMCAP

Emergency Contraception

- ELLA (Rx)
- *Levonorgestrel 1.5 mg tablet (Rx or OTC) Aftera, Econtra EZ, Econtra OS, My Choice, My Way, New Day, Opcon, Option 2, Take Action, React, PLAN B*

Female Condoms (OTC)

- FC-2

Vaginal Sponge (OTC)

- TODAY

Spermicides (OTC)

- ENCARE VAGINAL SUPPOSITORIES
- GYNOL II GEL 3%
- *Nonoxynol-9 vaginal gel 4%, VCF Vaginal Contraceptive Gel*
- CONCEPTROL GEL 4%
- SHUR-SEAL GEL 2%
- VCF VAGINAL FILM 28%
- VCF VAGINAL FOAM 12.5%

#A brand-name product that has a generic equivalent on the market will only be covered at no cost sharing when the prescriber indicates that the brand version must be dispensed.

†Recommendations, ages, and populations may vary. Products listed may be updated periodically. List does not guarantee coverage. Your prescription benefit plan may not cover certain products or categories, regardless of their appearance in this document. Vaccines, immunizations and intrauterine devices may be covered through your medical or pharmacy benefit. Consult your plan for complete coverage and list details.

‡Female or members capable of pregnancy.