

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
PROZAC	<i>levulbuterol tartrate CFC-free aerosol</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
PSORCON	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet (generics for SARAFEM)), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>	<i>sucralfate suspension</i> <i>sumatriptan-naproxen</i>	<i>sucralfate tablet</i> <i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
QNASL	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>	SURE-TEST STRIPS AND KITS ¹⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹¹
QSYMIA	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>	SAXENDA	<i>desonide, hydrocortisone</i>
QTERN	GLYXAMBI	SURE-TEST STRIPS AND KITS ¹⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹¹
<i>quazepam</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>	SYNERDERM	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>	SYNERDERM	<i>desonide, hydrocortisone</i>
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>	SYNISC, SYNISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
RECEDO	Consult doctor	TALIVA	<i>folic acid</i>
RELION INSULIN	NOVOLIN INSULIN	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
REPATHA	PRALUENT	TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
RHEUMATE	<i>folic acid</i>	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
RIBOZEL	<i>folic acid</i>	TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
RIMSO-50	Consult doctor	TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>	TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
ROZEREM	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA</i>	TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<i>RyClora</i>	<i>levocetirizine</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
SABRIL	<i>vigabatrin</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
SAIZEN	GENOTROPIN, HUMATROPE	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC*</i>
SCARSILK PAD	Consult doctor	TOUJEO	TRESIBA
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	TRADJENTA	JANUVIA
SIL-K PAD	Consult doctor	<i>tramadol (NDC^ 52817019610 only)</i>	<i>tramadol (except NDC^ 52817019610), tramadol ext-rel</i>
SILVEX	Consult doctor	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
SILTREX	Consult doctor	TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOO, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR		
SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>		
SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>		
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>		
STENDRA	<i>sildenafil, tadalafil</i>		
STRIANT	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>		

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triamcinolone acetonide aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment	VEREGEN	imiquimod
TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	VIAGRA	sildenafil, tadalafil
TRIGLIDE	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRILIPIX	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel	VITAFOL-ONE	generic prenatal vitamins, CITRANATAL
TRIVIDIA INSULIN SYRINGES ¹³	BD ULTRAFINE INSULIN SYRINGES	Vitasure	folic acid
TronVite	folic acid	VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
TRUETEST STRIPS AND KITS ¹⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹¹	VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM*
TRUETRACK STRIPS AND KITS ¹⁴	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹¹	XANAX, XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI	XENAZINE	tetrabenazine, AUSTEDO
ULTIMED INSULIN SYRINGES ¹³	BD ULTRAFINE INSULIN SYRINGES	XOLEGEL	ciclopirox*, ketoconazole cream 2%
ULTIMED NEEDLES ¹³	BD ULTRAFINE NEEDLES	XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	Xvite	folic acid
VALCYTE	valganciclovir	XYZBAC	folic acid
VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir	YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Vanatol LQ, Vanatol S	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)	ZARXIO	NIVESTYM
Vanoxide-HC	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, EPIDUO, ONEXTON, TAZORAC*	ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT*
VASCULERA	Consult doctor	ZEMAIRA	PROLASTIN-C
VECTICAL	calcipotriene ointment, calcipotriene solution	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VELTIN	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, EPIDUO, ONEXTON, TAZORAC*	ZETIA	ezetimibe
venlafaxine ext-rel tablet (except 225 mg)	desvenlafaxine ext-rel*, duloxetine, venlafaxine, venlafaxine ext-rel capsule	ZETONNA	flunisolide, fluticasone, mometasone, DYMISTA
VENTOLIN HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol	ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC [^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin*, EPIDUO, ONEXTON, TAZORAC*
		ZOHYDRO ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel*, methadone*, morphine ext-rel*, NUCYNTA ER*, XTAMPZA ER*
		ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
		ZONEGRAN	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
		ZONTIVITY	Consult doctor
		ZORTRESS	everolimus

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ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>		<i>hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>	ZYTIGA	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
ZYDELIG	COPIKTRA	ZYVIT	<i>folic acid</i>
ZYFLO	<i>montelukast, zafirlukast, zileuton ext-rel</i>		
ZYLET	<i>neomycin-polymyxin B-bacitracin-</i>		

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 copay¹ 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 to check coverage and copay¹ 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.

¹ Listing does not include certain NDCs[^].

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

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 Listing does not include *naproxen CR* or *naproxen suspension*.

³ 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).

⁴ Listing does not include *fenofibrate tablet 120 mg*.

⁵ Listing does not include generics for CARDIZEM LA.

⁶ Listing does not include *fluoxetine tablet 60 mg, fluoxetine tablet* (generics for SARAFEM).

⁷ Listing does not include *bupropion ext-rel tablet 450 mg*.

⁸ Listing does not include *cyclobenzaprine tablet 7.5 mg*.

⁹ Listing does not include the authorized generics for TESTIM and VOGELXO.

¹⁰ Listing does not include generics for FORTAMET and GLUMETZA.

¹¹ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

¹² Listing does not include *fluocinonide cream 0.1%*.

¹³ BD ULTRAFINE syringes and needles are the only preferred options.

¹⁴ ACCU-CHEK brand test strips are the only preferred options.

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.

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