



Yukon Koyukuk School District (YKSD)

A guide to your benefits and enrollment

Bring Healthy Balance Back to Your Life

Finding your perfect balance

Meritain Health® knows it's important to understand how your benefits work

That's why this packet contains:

- Useful information about your benefits plan.
- Everything you need to choose the best options for you and your family.
- Instructions on how to enroll and begin using your new benefits.



Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their to-do lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that your employer provides tools, resources and benefits to help you regain your best life and make smart health care decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description (SPD) and is not intended to replace the benefit summary or schedule of benefits contained within the plan. If any provision of these materials is inconsistent with the language of the plan, the language of the plan will govern. Meritain Health is not an insurer or guarantor of benefits under the plan.

What's inside?

In this packet, you'll learn more about the following

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Health care benefits when you're sick

- Inpatient and outpatient care
- Home health care
- Rehabilitation services
- Doctor visits and prescription drugs with reasonable copays
- Mail order and online prescription options
- A large and convenient provider network
- Dental care
- Vision care

Support when you need it

- Get the medical advice you need, when you need it with Teladoc®.
- www.meritain.com—access easy-to-use decision support tools that help you weigh your care options, and provide cost and quality information.

Other benefits to help restore and protect peace of mind

- Flexible Spending Account (FSA)—a tax-effective, money saving option for eligible health care and dependent care expenses.



No surprises, just information

In this section

- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage

How health care reform affects your plan

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform, includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing. Be sure to review the important information about the ACA that is included throughout this kit.

Questions regarding how health care reform affects your plan can be directed to Meritain Health at **1.866.808.2609**. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1.866.444.3272** or online at www.dol.gov/ebsa/healthreform.

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. Meritain Health knows how important it is for health care consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed, with no surprises.

Healthy balance for your family, too

Your family members can reap the rewards of the plan, too. Health care benefits are available for every eligible dependent. It's a great way to help your family members find the right balance between life's "roller-coaster ride" and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!

Special enrollment situations



In these situations, you may be able to add, delete or change your benefit choices:

- Involuntary loss of other benefits
- Marriage
- Birth
- Adoption
- Placement of a child in your home for adoption

If you're adding a dependent to your benefits through a special enrollment situation, let your employer know within 60 days of the marriage, birth, adoption, etc.



Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.



ACA note: dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step or adopted child (including a child placed for adoption) until the end of the month in which such child reaches age 26.

Please refer to your SPD for specific requirements.

Family members covered by a different plan

If a family member is covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

When your dependents are not eligible for benefits under your plan

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.



When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which plan would be the primary plan.



The birthday rule

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent's birthday is January 12 and the other parent's is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.

If you say “no” to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pros and cons of that decision. Important: if you don't enroll now, you'll have to wait for your employer to offer an open enrollment period.

If you lose other group benefits that you or your dependents might have, and it's not your fault (for example, the covered person is laid off or let go from a job) you'll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan without waiting for your employer's open enrollment period. These are considered *qualifying events*.

Open enrollment period

If you waive or decline benefits at first but change your mind later, you can sign up during the time period designated by your employer. Refer to your SPD to determine when your plan offers open enrollment.



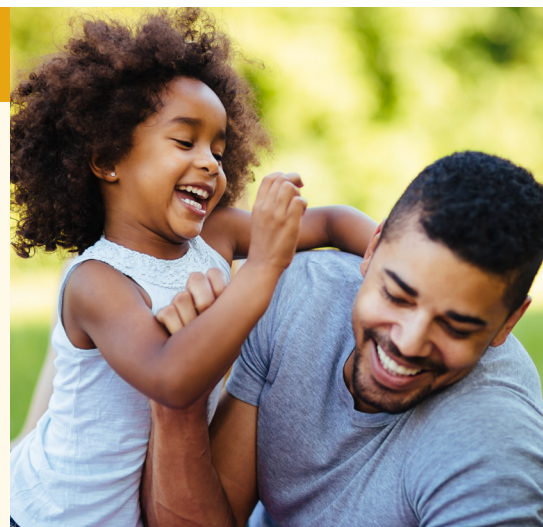
Balancing Your Life Means Protecting Your Health

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. Meritain Health is here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

In this section

- Preventive care
- Online tools
- Using your benefits
- Transcarent
- Teladoc
- Medical management and precertification
- Dental care
- Vision care
- Prescription benefits



Preventive care for you and your family—protecting your healthy balance



Question: Which is better: taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?



Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Your member portal

Your Meritain Health member website at www.meritain.com is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your health care dollars.

Your online tools and resources



With an account you can:

- Look up health and wellness topics.
- Keep track of your FSA.
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Access your Prescription Benefit Manager's site where you can look up prescription and over-the-counter drug information.
- Order ID cards.

Your secure member site

First, visit www.meritain.com. Return users, just sign in using your username and password. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID Card the first time. Remember, each member of your family can have an account, too.



If you need help registering, you can contact Meritain Health Customer Service at **1.866.808.2609**.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at **1.866.808.2609**.

Members have the right to ask their health plan to place restrictions on (1.) the way the health plan uses or discloses their PHI for treatment, payment or health care operations; and (2.) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, or close friends).



How to access your mobile app

iPhone®

- Once you log in to your member portal through www.meritain.com, click the icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app instead of going through the web page.

Android™

- Once you log in to your member portal through www.meritain.com, you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Launch the app from your home screen and log in.



Using your medical benefits

Save when you see network providers

Your plan offers a provider network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: if you go outside the network, you still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.



Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

No referrals

You don't have to choose a primary care doctor to direct all your care or provide referrals to specialists, but Meritain Health recommends you build a relationship with a "home base" doctor—one who has all of your records and health history. For the best benefits, see specialists that are in the network (called in-network or participating providers).

Remember, if you see providers outside the network, you'll share more of the cost.

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

Re-claiming your time

With some health plans, paperwork can put you over the edge. Time-consuming and complicated, claim forms rob you of precious time and the balance you seek. That's why Meritain Health network providers file your claims for you. Pay your copay (if applicable), and you're on your way!



Helpful tip

It's important to know what is covered under your health plan. This can help you to plan for the cost of your health care expenditures. Refer to your SPD for more information.



The Transcarent Surgery Benefit™

The plan provides you and your eligible dependents with an option to receive certain surgical procedures through the Transcarent Surgery Benefit when a treating physician recommends certain covered expenses and you or your eligible dependent elects to receive treatment at certain medical providers participating in the Transcarent Network ("Transcarent Providers"). The Transcarent Surgery Benefit is only available to you and your eligible dependents if coverage under this plan is primary. If you and/or your eligible dependents have other health coverage that causes this plan to pay secondary, you and/or your dependents may not be eligible for benefits under the Transcarent surgery benefit.

Transcarent Surgery Benefit

Your plan includes the Transcarent Surgery Benefit, giving you access to:

- Centers of Excellence for major planned surgeries and procedures.
- Coverage for travel costs for you and a companion.
- Provisions to eliminate your out-of-pocket costs.
- A dedicated Care Coordinator who provides concierge service and support.

The Transcarent Surgery Benefit includes coverage for the following procedures:

- Cardiac procedures
- Spine surgeries
- Vascular surgeries
- Specific cancer treatments
- Orthopedic surgeries
- Other planned surgeries

If you or family members have the need for a procedure, you will want to explore what the Transcarent Surgery Benefit.

Teladoc Health

On-demand medical advice from qualified physicians

With Teladoc Health, you can contact board-certified, licensed doctors by phone or email, 24 hours a day! Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

Get the medical advice you need, when you need it

Contact a Teladoc Health physician at **1.800.362.2667**, or visit www.Teladoc.com for advice on commonly treated conditions such as:

- Headaches/migraines.
- Stomach ache/diarrhea.
- Respiratory infections.
- Urinary tract infections.
- Prescription refills..

Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of Medical Rehabilitation Consultants (MRC). These consultants can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Before you get care, call medical management

- **Hospital Admissions.** Notify Medical Rehabilitation Consultants at least ten business days, or as soon as possible, before Hospitalization to obtain certification of Medical Necessity for the admission, including the number of days of Hospital Confinement.
- **Emergency Admissions.** When you are admitted to any Hospital on an Emergency basis, notify Medical Rehabilitation Consultants within two business days after admission (or as soon as possible after admission) to obtain certification, including the number of days of Hospital Confinement. In any event, notify Medical Rehabilitation Consultants before discharge.
- **Additional Hospital Days.** If your doctor believes that it is necessary for you to stay in the Hospital longer than the number of days that were originally certified, notify Medical Rehabilitation Consultants again to obtain certification for additional days.
- **Durable Medical Equipment.** Charges for the purchase of Durable Medical Equipment (DME) over \$1,000 or rental costs valued at more than \$3,000.
- **Transplants.**

Medical Rehabilitation Consultants focus on:

- The recommended treatment for your health condition.
- The proposed location of your treatment.
- The proposed length of stay at that location.
- The cost-effectiveness of your treatment and setting.

Note: You and your doctor always have the right to appeal a decision made by the MRC team if you disagree with their decision. A panel of doctors will review the appeal.

Improve your overall health with dental benefits

It's amazing how important your oral health can be to your body's total balance and wholeness. Did you know that good dental care not only helps to prevent periodontal disease, but can also add as many as six years onto your life? That's just one of the reasons why this plan includes dental care benefits for you and your enrolled dependents. Regular check-ups can keep your smiles bright and beautiful.

Dental plan deductibles and plan maximum

Deductible	
Per individual	None
Annual maximum	\$1,500

Covered dental services

Preventive and diagnostic	
Plan payment	100%

Basic restorative	
Plan payment	80%

Major restorative	
Plan payment	50%

Orthodontic treatment	
Plan payment	50%
Calendar year maximum	\$750
Lifetime maximum	\$1,500



If you have any questions about your dental treatment plan, you can call Customer Service at **1.866.808.2609**.

Vision care—part of any balanced health care picture

To lead your busy life, you need to protect your vision, so your benefit plan includes eye care. Visit any vision care provider and pay for your care at the time you receive it. Then download a claim form at www.meritain.com and send the completed claim to Meritain Health at the address shown on your ID card. You'll be reimbursed for the covered services shown below:

Exams One complete eye exam per person per Calendar Year	100%
Lenses (per pair)	80%
Contact lenses (in lieu of eyeglass lenses) Two eyeglass lenses or a 12-month supply of contact lenses per person per Calendar Year	80%
The Plan will pay for either one pair of eyeglasses or contact lenses (not both) during a Calendar Year	
Frames One pair of frames per person, per two consecutive Calendar Years	80% up to \$120

Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by Meritain Health Pharmacy Solutions, powered by CVS Caremark. They provide unbeatable resources for our plan participants. The pharmacy network includes more than 96 percent of all independent and chain pharmacies nationwide.

Controlling your prescription copay

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

Why generics make sense

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

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

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

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

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

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

At your local pharmacy

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

By mail order

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

Online

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

Prescriptions and Meritain.com

By logging in to www.meritain.com, you can access your Prescription Benefit Manager's site where you can:

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

Not every drug is covered

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

Certain drugs must be approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. Trained professionals review these prescriptions for your protection. You may need a new written prescription from your doctor for each refill. For more information, see your SPD or contact Meritain Health Pharmacy Solutions Customer Service at **1.877.468.6592**.

Prescription drug benefits

Service	Retail – 90-day supply	Mail order – 90-day supply
Generic	\$10 copay, then 100%	\$10 copay, then 100%
Preferred	20% copay, then 100%	20% copay, then 100%
Non-preferred	50% copay, then 100%	50% copay, then 100%
Preventive (as classified by HHS)	\$0 copay (plan pays 100%)	\$0 copay (plan pays 100%)
Specialty (30-day supply)	\$100 copay, then 100%	\$100 copay, then 100%

Find Balance Between a Good Life and Good Health

Are you ready for a health plan that can help restore balance to your life? It's simple to enroll—just follow the four steps below. If you have any questions during the enrollment process, check with your benefits administrator. Once you've completed Step 4 and you've served any waiting period, you're on your way to a fresh new approach to living your best health.

Step 1—gather your information

For a complete, efficient enrollment, you may need some of the following information:

- Spouse's and children's birth dates.
- Spouse's and children's Social Security Numbers (SSN).
- Date of marriage.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.

Step 2—double-check every form

The decisions you make as you enroll in your health plan will affect your future health care and finances. We want to help you choose wisely. If you have not yet read the earlier sections of this packet, take time to do it now. Don't enroll without understanding your options.

Consider:

- Your personal health and the health of your family members.
- Health care expenses you can predict for you and your family.
- Other health benefits you or your family members may have.
- Your budget for benefits and expected health care services.

Step 3—make your decision

It's time to make changes in the way you think about your health and your health care. It's time to step up, take charge and make the best use of your plan, your money and your time. Are you ready to commit to better health, a better life—and the balance you want? Meritain Health is ready and committed to helping you.

Enrollment tips—before you enroll, remember:

- Copays and deductibles are out-of-pocket costs you will pay for doctor visits and other medical services.
- If you or any dependent(s) are covered by another health plan, you have several options.
- If you decline benefits now, you won't be able to enroll later unless a special enrollment situation occurs, or during an open enrollment period.

Step 4—Complete your enrollment

All eligible employees must complete the enrollment form, whether you're choosing this plan or declining benefits. Your enrollment form is included in the back of this packet.

Complete, sign and return your enrollment form to your employer within 60 days of your eligibility date whether you're enrolling or declining benefits.

- **Write clearly.** If your form is unreadable, your enrollment may be delayed, or incorrect.
- **Don't forget the back side.** Missing or incomplete information will delay your enrollment.
- **Sign and date your enrollment form.** Remember to sign and date the form, even if you're declining benefits.



Waiting period

Your plan's waiting period ends on the 1st of the month following your date of hire.



The final step toward better balance and better living

After you've completed enrollment, your employer has approved it, and after any waiting period has passed, your benefits will be effective.



Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID card

Card front

 Customer Service and Eligibility Inquiries 866.808.2609 www.MERITAIN.com	
Member Yukon Koyukuk School District Group #: AK316 Member: JOHN Q SAMPLE Member ID: 123456789123 Division:	Medical Plan Coverage: Network by aetna Plan: Aetna Choice POS II  Emergency Room \$250 Pharmacy Plan RXBIN: 003858 RXPCN: A4 RXGRP: B65E Member: 877.468.6592 Pharmacy: 800.235.4357 Generic \$10
Dental/Vision Plan Dental Plan: Aetna Dental Administrator Coverage: Vision Plan: Coverage:	

Card back

Claims Submission Mail All Claims & Correspondence to: Meritain Health PO Box 853921 Richardson TX 75085-3921 EDI: WebMD/Emdeon 41124 or McKesson/Relay Health 1761 NY Non-Electing Aetna participating Doctors, Dentists and Hospitals are independent providers and are neither agents nor employees of Aetna. Contact 800.343.3140 for assistance in locating an In-Network Provider.	Eligibility Call 866.808.2609 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits. Precertification For Precertification call: 800.827.5058. Failure to comply with your plan's precertification requirements may result in a reduction of benefits. For 24-Hour Automated Customer Service call 800.566.9311 or visit www.MERITAIN.com For 24/7 access to a doctor call 1.800.362.2667 or visit www.MyDrConsult.com   INDEX #: 009
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Lost ID card?

Contact Meritain Health at **1.866.808.2609**, or visit www.meritain.com to order new cards.

Until you receive your ID Card

Not to worry—If you need to see your doctor but you don't have your ID card yet, just tell the clinic staff that you're a member of this plan. The clinic will contact Meritain Health Customer Service to verify your benefits. Your ID card contains important information related to your plan.

- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

Need to fill a prescription before you receive your ID card?

If you need a prescription before you get your new Meritain Health ID card, just pay for your prescription and send CVS Caremark a completed prescription drug claim form (see the appendix for a copy). Send your receipt and the completed claim form to the address shown on the form and you'll be reimbursed up to plan limits, minus any copay.

- Your pharmacy coverage information is listed on the front of your card, and includes the CVS Caremark customer service number and prescription copays.

In this section

- Glossary of terms
- Important contact information
- Summary of benefits
- FSA worksheets—including eligible expenses
- Enrollment forms
- Claim forms
- FSA direct deposit form
- The Performance Drug List (formulary)

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a health care provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of health care services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Meritain Health Member Portal

Your online health information portal and your personal connection to your plan. Here you can order prescriptions, find health care providers, research health topics and get answers to your questions about health care. The personal information used to access www.meritain.com is confidential. You may need the information on your ID card to log in for the first time.

Provider network

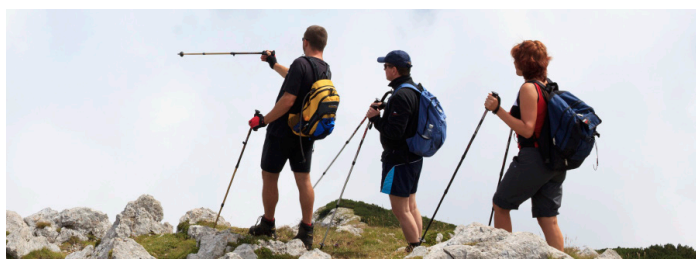
Organization that negotiates special, lower rates for health care services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

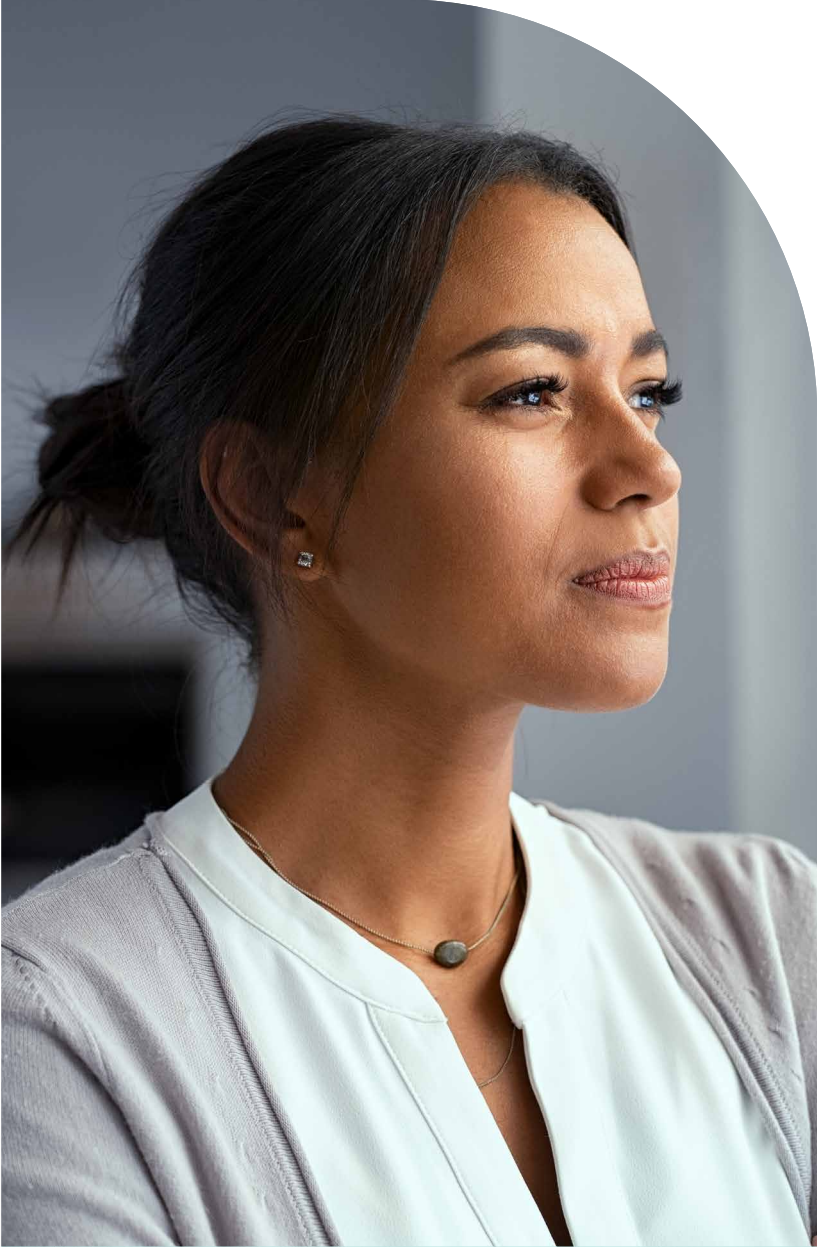
- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the health care service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.



Important Contact Information

What do you need help with?	Who to contact	
My medical/dental/vision benefits	Meritain Health Customer Service	1.866.808.2609 www.meritain.com
The Aetna Choice® POS II provider network	Aetna provider line	1.800.343.3140 www.aetna.com/docfind/custom/mymeritain
	TAPPN	www.TAPPN.com
My Flexible Spending Account (FSA)	Meritain Health FSA Department	1.800.566.9305 www.meritain.com
My prescription drug benefits	Meritain Health Pharmacy Solutions Customer Service	1.877.468.6592
Precertification	Medical Rehabilitation Consultants	1.800.827.5058
Medical advice	Teladoc	1.800.362.2667
Planned surgeries	Transarent	1.888.387.3909
Enrollment or benefit elections	Yukon Koyukuk School District human resources representative	1.907.374.9410



Need Surgery?

You deserve the best.

With Transcarent Surgery Care,
you pay \$0.



Our promise to you:



EXPERIENCE

Leave the details to us. Our Care Coordinators are committed to giving you a better health and care experience. It's the personal support and guidance everyone deserves.



RESULTS

You deserve to be treated like a VIP. We're committed to providing you the best possible outcome, and it starts with access to select providers who have been verified to deliver the best results specific to your needs.



AFFORDABILITY

You don't have to avoid surgery because of cost. Meritain Health and Transcarent are committed to providing you optimal care at a lower out-of-pocket cost to you.



It was a wonderful experience for me. My care coordinator gave me several options. I chose a provider, and she handled everything else. It was so easy and seamless.

— IANTHA
Transcarent Member

Meritain Health Surgery Care Program Summary

Care Coordination	Your Care Coordinator manages the entire surgery process so you don't have to — from answering your questions, handling paperwork, scheduling appointments, and all the logistics of your surgery, we've got you covered.
Coverage	Surgery costs are covered at 100%. There is no deductible or coinsurance when you choose a Transcarent provider.
Surgery Expenses	<p>Surgery costs paid through Transcarent include:</p> <ul style="list-style-type: none"> • Preoperative surgeon appointment • Surgery (all facility, anesthesia, surgical staff, and surgeon charges) • In-patient services, if a hospital stay is required • Postoperative surgeon appointment <p>Medical expenses that occur before the preoperative surgeon appointment and after your postoperative appointment are covered by your health plan and subject to plan guidelines, deductible, and coinsurance.</p>
Travel Expenses	<p>If a local surgeon isn't an option and travel over 100 miles (one way) from the patient's primary residence is required, Transcarent pays travel expenses for the patient and a companion, including:</p> <ul style="list-style-type: none"> • Airfare (coach unless first class is medically necessary) • Lodging (one double occupancy room) • Meals and incidentals allowance: <ul style="list-style-type: none"> – \$50 per day for the patient when not admitted (days 1-14) – \$50 per day for a companion (days 1-14) – \$125 per week per person after 14 days (days 15+) <p>Airfare and lodging must be arranged by your Transcarent Care Coordinator for coverage. A travel companion is required and must be at least 18 years of age. You'll receive a pre-paid debit card for meals and incidentals a few days before your surgery.</p>
Surgical Procedures	Cardiac, General, Neurological, Orthopedic, Spine, Vascular, and Women's Health. Emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care.



Reach a doctor 24/7

The Teladoc[®] solution

Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

Benefits of Teladoc

- Saves time and money
 - Copay for this service varies depending on plan choice
- Quicker recovery from illness
- Convenient prescriptions
- Choice of consultation method
- Great health means peace of mind

With Teladoc, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc for medical advice and care when:

- Your primary care doctor is not open.
- You are at home, traveling or do not want to take time off work to see a doctor.
- You need a prescription or refills*.

**Please note, there is no guarantee you will be prescribed medication.*

Highly qualified, experienced doctors

When you use Teladoc, your medical questions will be answered by a highly qualified doctor. Teladoc doctors are:

- Experienced—with an average of over 10–15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board certified and state licensed.
- Specially trained in telemedicine.

There's more than one way to reach a doctor



By phone. Just call **1.800.362.2667**.



Online. Simply request a video consultation online at www.MyDrConsult.com.



On the go. You can download the Teladoc mobile app by visiting the App Store or Google Play.

Common conditions treated:

- Allergies
- Bronchitis
- Cold/flu
- Headaches/migraines
- Eye/ear infection
- Rash/skin infections
- Sinus infections
- Stomachache/diarrhea
- Urinary tract infections

Our members love Teladoc

"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."

Contact a Teladoc physician at **1.800.362.2667**, or by visiting www.MyDrConsult.com.

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Find a Dentist with Aetna's DocFind[®] Online Directory

Yukon Koyukuk School District

The Aetna dental provider network

When you and your family need dental care, you have access to Aetna's broad dental provider network. Searching for dentists is easy when you use the online DocFind directory from Aetna.* With up-to-date listings, you can search for providers by name, specialty, gender and more. When you and your family seek dental care, you have access to Aetna's broad dental provider network.

The Aetna dental provider network

When you visit providers in the Aetna dental provider network, you'll receive services at strong, negotiated rates, helping you to save on the cost of dental services.

Find Aetna providers online in just a few quick steps

You can use the DocFind directory anywhere you have internet access. Just:

1. Visit <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Enter your location.
3. Choose *Aetna Dental[®]Administrators* (scroll to the bottom of the *Network Listing*).
4. Choose *Dental Care*.
5. Choose *Dentists (Primary Care)*, *Dental Specialists* or *All Dental Professionals*.
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the filters under *Filter & Sort*.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 4:00 a.m.–5:00 p.m. AST, Monday through Friday.

What if I use a provider that's not in the Aetna dental provider network?

Your plan allows you to use in-or out-of-network providers at the same level of benefit coverage. Just keep in mind that when you visit an in-network provider, you may have access to valuable discounts that you may not receive from an out-of-network provider. Additionally, you won't be balance billed for charges over the usual and customary when using in-network providers.

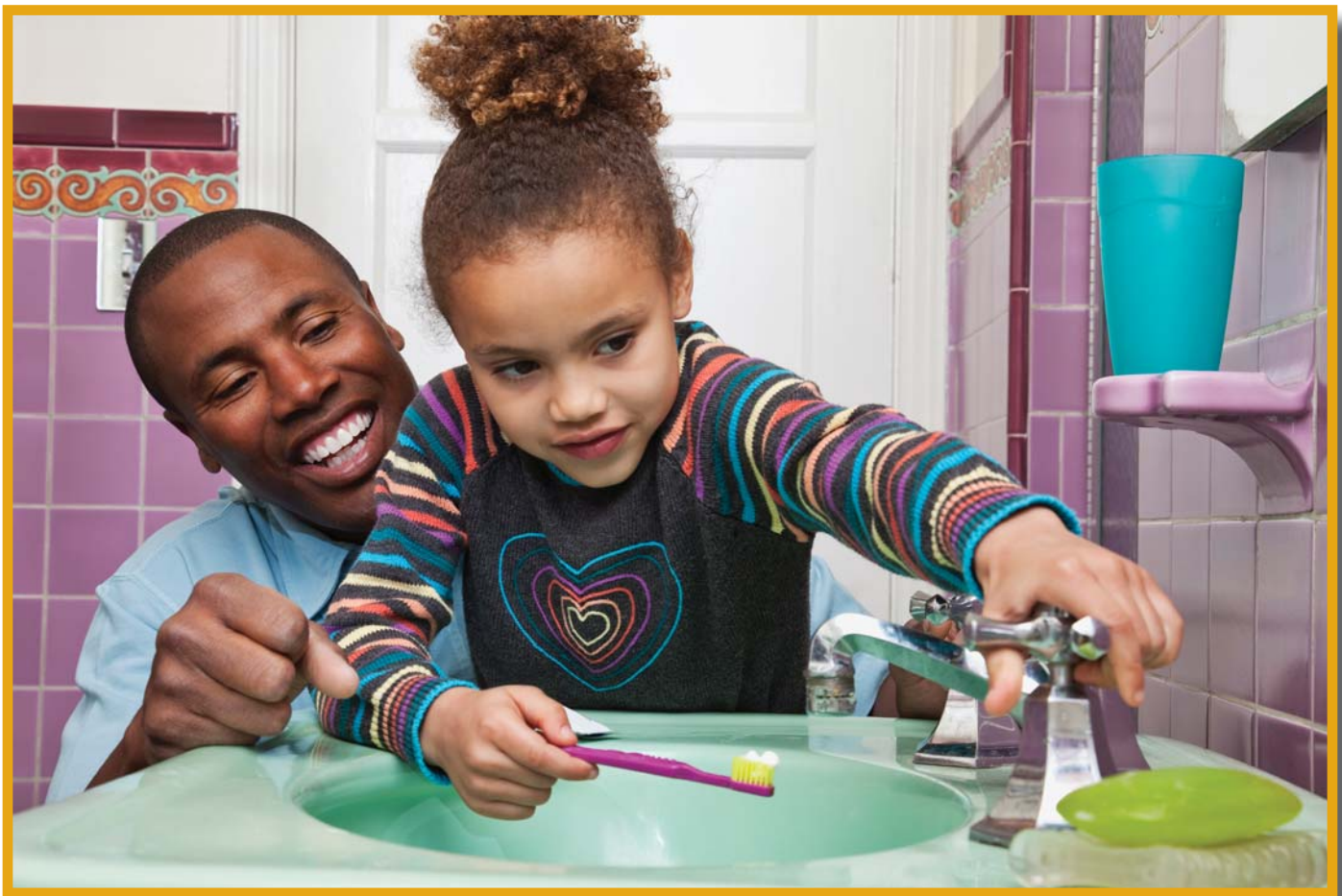
Providers participating in the Aetna dental provider network will submit the charges to Meritain Health for processing on your behalf. If you use an out-of-network provider, some providers may require you pay for your care at the time you receive it. If they do, you can download a claim form from www.meritain.com and send the completed claim to Meritain Health at the address shown on your ID card.

Additional questions?

Just call Meritain Health® Customer Service at the number located on your ID card.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.*

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.



Summary of Benefits

MEDICAL SCHEDULE OF BENEFITS

YUKON PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS - Alaska (Subject to Usual and Customary Charges)	NON-PARTICIPATING PROVIDERS – Outside Alaska (Subject to Usual and Customary Charges)
CALENDAR YEAR DEDUCTIBLE Single Family	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM (includes Coinsurance and Medical copays) (excludes Deductible) Single Family	Participating Providers and other Non-Hospital Related Charges \$1,000 \$3,000	Non-Participating Provider Facility Charges Unlimited Unlimited	Non-Participating Provider Charges Unlimited Unlimited
TOTAL CALENDAR YEAR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes Deductible, Copays and Coinsurance – combined with Prescription Drug Card) Single Family	Participating Providers and other Non-Hospital Related Charges \$4,000 \$11,500	Non-Participating Provider Facility Charges Unlimited Unlimited	Non-Participating Provider Charges Unlimited Unlimited

BOREALIS PLAN	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS - Alaska (Subject to Usual and Customary Charges)	NON-PARTICIPATING PROVIDERS – Outside Alaska (Subject to Usual and Customary Charges)
CALENDAR YEAR DEDUCTIBLE Single Family	\$2,000 \$4,000	\$2,000 \$4,000	\$2,000 \$4,000
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM (includes Coinsurance and Medical copays) (excludes Deductible) Single Family	Participating Providers and other Non-Hospital Related Charges \$2,000 \$5,000	Non-Participating Provider Facility Charges Unlimited Unlimited	Non-Participating Provider Charges Unlimited Unlimited
TOTAL CALENDAR YEAR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes Deductible, Copays and Coinsurance – combined with Prescription Drug Card) Single Family	Participating Providers and other Non-Hospital Related Charges \$6,500 \$14,000	Non-Participating Provider Facility Charges Unlimited Unlimited	Non-Participating Provider Charges Unlimited Unlimited

Summary of Benefits

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS - Alaska (Subject to Usual and Customary Charges)	NON-PARTICIPATING PROVIDERS – Outside Alaska (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
MEDICAL BENEFITS			
Ambulance Services			
Ground	80% after Deductible	80% after Deductible	80% after Deductible
Air	80% after Deductible	80% after Deductible	80% after Deductible
Chiropractic Care/Spinal Manipulation	80% after Deductible	80% after Deductible	60% after Deductible
NOTE: After 20 visits, treatment will be reviewed for Medical Necessity.			
Diabetes Education	100%; Deductible waived		
Emergency Services/Emergency Room Services	\$250 Copay, then Deductible, then 80%	Paid at the Participating Provider level of benefits	Paid at the Participating Provider level of benefits
NOTE: The Emergency Room Copay will be waived if the person is directly admitted as an Inpatient, or treatment is for accidental injury and is received within 2 days after the Accident.			
Hearing Benefit			
Non-Routine Hearing Exams	80%; Deductible waived	80%; Deductible waived	80%; Deductible waived
Hearing Aids	Constant 80%; Deductible waived	Constant 80%; Deductible waived	Constant 80%; Deductible waived
Home Health Care	80% after Deductible	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	130 visits		
Hospice Care			
Hospital Facility (Inpatient and Outpatient)	80% after Deductible	60% after Deductible	60% after Deductible
All other locations	80% after Deductible	80% after Deductible	60% after Deductible
Maximum Benefit per Confinement	10 days		
Lifetime Maximum Benefit	6 months		
Respite Care Maximum Benefit	120 hours in each 3-month period of Hospice		
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)			
Inpatient	80% after Deductible	60% after Deductible	60% after Deductible
Room and Board Allowance	Semi-Private Room Rate*	Semi-Private Room Rate*	Semi-Private Room Rate*
Intensive Care Unit	ICU/CCU Room Rate	ICU/CCU Room Rate	ICU/CCU Room Rate
Miscellaneous Services & Supplies	80% after Deductible	60% after Deductible	60% after Deductible
Outpatient	80% after Deductible	60% after Deductible	60% after Deductible
* A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.			

Summary of Benefits

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS - Alaska (Subject to Usual and Customary Charges)	NON-PARTICIPATING PROVIDERS – Outside Alaska (Subject to Usual and Customary Charges)
Maternity (Professional Fees)*			
Preventive Prenatal and Breastfeeding Support (other than lactation consultations)	100%; Deductible waived		
Lactation Consultations	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
All Other Prenatal, Delivery and Postnatal Care	80% after Deductible	80% after Deductible	60% after Deductible
* See Preventive Services under Eligible Medical Expenses for limitations.			
Neurodevelopmental Therapy – for Covered Persons under age 7 (Physical, Occupational & Speech Therapy)			
Hospital Facility			
Inpatient	80% after Deductible	60% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	15 days		
Outpatient	80% after Deductible	60% after Deductible	60% after Deductible
All other locations	80% after Deductible	80% after Deductible	60% after Deductible
Physician’s Services			
Inpatient/Outpatient Services	80% after Deductible	80% after Deductible	60% after Deductible
Office Visits/Telemedicine	80% after Deductible	80% after Deductible	60% after Deductible
Physician Office Surgery	80% after Deductible	80% after Deductible	60% after Deductible
Teladoc	100%; Deductible waived	N/A	N/A
Preventive Services (includes the office visit and any other eligible item or service received at the same time, whether billed at the same time or separately)	100%; Deductible waived		
Routine Care (These routine care items or services are in addition to and where not otherwise covered under the preventive services provision above)			
Routine Hearing Exams	100% of the first \$500 per Calendar Year (Deductible waived), then 80% after Deductible		
Calendar Year Maximum Benefit	1 exam		
Routine Pelvic Exam & Associated Lab Work (age 16 and over)	100%; Deductible waived		
Calendar Year Maximum Benefit	1 exam		
Routine Prostate Exam & Associate Lab Work (age 40 and over)	100%; Deductible waived		
Calendar Year Maximum Benefit	1 exam		
Routine Mammogram (age 40 and over)	100%; Deductible waived		
Calendar Year Maximum Benefit	1 exam		

Summary of Benefits

	PARTICIPATING PROVIDERS	NON- PARTICIPATING PROVIDERS - Alaska (Subject to Usual and Customary Charges)	NON- PARTICIPATING PROVIDERS – Outside Alaska (Subject to Usual and Customary Charges)
Routine Colorectal Screening (age 50 and over)	100%; Deductible waived		
Calendar Year Maximum Benefit	1 exam		
FOBT (home kit or referred lab)	100%; Deductible waived		
Calendar Year Maximum Benefit	1 exam		
Flexible Sigmoidoscopy	100%; Deductible waived		
Maximum Benefit	1 sigmoidoscopy every 5 years		
Colonoscopy* (not covered if less than 5 years of Flexible Sigmoidoscopy)	100%; Deductible waived		
Maximum Benefit	1 colonoscopy every 5 year		
* Age requirement is waived for high risk criteria & Physician referral per AK Statute.			
Rehabilitation Therapy and Chronic Pain Care (e.g., physical, speech, occupational)			
Hospital Facility			
Inpatient	80% after Deductible	60% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	15 days		
Outpatient	80% after Deductible	60% after Deductible	60% after Deductible
All other location	80% after Deductible	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	20 visits		
Skilled Nursing Facility	80% after Deductible	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	60 days		
Surgical Procedures	80% after Deductible	80% after Deductible	60% after Deductible
NOTE: Certain Surgical Procedures are covered at 100% Deductible waived when they are received through the Transcarent SurgeryCare option. Not all Surgical Procedures are eligible for coverage under this option. Please refer to the Transcarent SurgeryCare section for a more detailed description of this benefit.			
Transplants	80% after Deductible (Aetna IOE Program)* 60% after Deductible (All Other Network Hospitals)	60% after Deductible	60% after Deductible
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit. Travel and lodging will be paid at 100% with no Deductible.			
All Other Eligible Medical Expenses	80% after Deductible	80% after Deductible	60% after Deductible

Summary of Benefits

YUKON PLAN - BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes prescription drug Copays)	
Single	\$2,500
Family	\$7,500
TOTAL CALENDAR YEAR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes Deductible, Copays and Coinsurance – combined medical)	
Single	\$4,000
Family	\$11,500

BOREALIS PLAN - BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes prescription drug Copays)	
Single	\$2,500
Family	\$5,000
TOTAL CALENDAR YEAR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM (includes Deductible, Copays and Coinsurance – combined medical)	
Single	\$6,500
Family	\$14,000

Summary of Benefits

PRESCRIPTION DRUG SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
NOTE: The Covered Person will be reimbursed the amount that would have been paid to a Participating Provider less the applicable Copay if Prescription Drugs are obtained from a Non-Participating Provider.	
Retail Pharmacy: 90-day supply	
Generic Drug	\$10 Copay, then 100%
Preferred Drug	20% Copay, then 100%
Non-Preferred Drug	50% Copay, then 100%
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (Plan pays 100%)
Specialty Pharmacy Program: 30-day supply	
Specialty Drug	\$100 Copay, then 100%
NOTE: Specialty Drugs MUST be obtained directly from the specialty pharmacy after one fill at the retail pharmacy .	
Mail Pharmacy: 90-day supply	
Generic Drug	\$10 Copay, then 100%
Preferred Drug	20% Copay, then 100%
Non-Preferred Drug	50% Copay, then 100%
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (Plan pays 100%)
Specialty Drug (limited to 30-day supply)	\$100 Copay, then 100%

NOTE: Coverage for preventive contraceptives and contraceptive devices is only available for women of child bearing age and limited to contraceptives that are considered Generic Drugs unless no equivalent Generic Drug is available and the Preferred or Non-Preferred Drug is otherwise covered under the Prescription Drug Card Program.

Specialty Pharmacy Program

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program after one fill at a retail pharmacy. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits>

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.

Summary of Benefits

DENTAL SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)
CLASS A, B AND C EXPENSES COMBINED CALENDAR YEAR MAXIMUM BENEFIT	\$1,500* per Covered Person	
CLASS D ORTHODONTIC CALENDAR YEAR MAXIMUM BENEFIT	\$750* per Covered Person	
CLASS D ORTHODONTIC LIFETIME MAXIMUM BENEFIT	\$1,500* per Covered Person	
*Dollar Maximums do not apply to pediatric dental services up through age 18.		
DENTAL BENEFITS		
Class A-Preventive Services	100%	100%
Class B-Basic Services	80%	80%
Class C-Major Services	50%	50%
Class D-Orthodontic Services	50%	50%

Late Enrollment Restriction

If you and your eligible Dependent(s) fail to enroll for Employee or Dependent coverage during your original 31-day eligibility period or due to a Special Enrollment Event or later terminate coverage and subsequently re-enroll, coverage will be limited as follows:

- (1) During the first 6 months, coverage will be limited to Class A-Preventive Services only.
- (2) During the first 12 months, coverage will be limited to Class A-Preventive Services and Class B-Basic Services only.

Summary of Benefits

VISION SCHEDULE OF BENEFITS

BENEFIT DESCRIPTION	BENEFIT
Eye Exam Maximum Benefit per Calendar Year	100% 1 exam
Lenses (including single, bifocal, trifocal or lenticular) Maximum Benefit per Calendar Year	80% 1 pair of lenses
Frames Maximum Benefit every 2 Calendar Years	80% 1 pair up to \$120*
*Dollar Maximums do not apply to pediatric vision services up through age 18.	
Contact Lenses (12-month supply) Maximum Benefit per Calendar Year	80% 12-month supply of contact lenses
NOTE: The Plan will pay for either one pair of eyeglasses or contact lenses (not both) during a Calendar Year.	

COMPANY NAME: <u>Yukon Koyukuk School District</u> GROUP #: <u>AK316</u>	BENEFIT ENROLLMENT FORM MERITAIN[®] HEALTH <small>An Aetna Company</small>
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THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM
 (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED					
LAST NAME		FIRST NAME			MI
SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
MAILING ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS					
PRIMARY PHONE NUMBER		PHONE TYPE <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK			
ARE YOU THE EMPLOYEE COVERED UNDER ANY OTHER INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (i.e. Medicare, Tricare, spouse's plan)					
IF YES, NAME OF INSURANCE: _____			EFFECTIVE DATE: _____		
TYPE OF POLICY (Retiree, COBRA, Spouse): _____			POLICY HOLDER (Self, Spouse): _____		
IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____		PART B _____		MEDICARE ID _____	
ENTITLEMENT TO MEDICARE DUE TO: <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> END STAGE RENAL DISEASE (ESRD)					

EMPLOYER USE ONLY	
DATE OF HIRE	EFFECTIVE DATE
DIVISION #	DEPT. # / CLOCK #
ANNUAL SALARY: \$	
<input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY	
<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> Active <input type="checkbox"/> Retiree <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> COBRA	
<input type="checkbox"/> ENROLLMENT CHANGE <input type="checkbox"/> Marriage <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Reinstatement <input type="checkbox"/> Loss of Coverage <input type="checkbox"/> Other: _____	
Employer Representative Signature: _____	
Date: _____	

BENEFIT SELECTION		
COVERAGE TYPE	PLAN ELECTED	COVERAGE LEVEL
<input type="checkbox"/> MEDICAL/RX/DENTAL/VISION	<input type="checkbox"/> YUKON PLAN <input type="checkbox"/> BOREALIS PLAN	<input type="checkbox"/> SINGLE <input type="checkbox"/> EMPLOYEE + SPOUSE <input type="checkbox"/> EMPLOYEE + CHILD <input type="checkbox"/> FAMILY <input type="checkbox"/> DECLINE

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED. PROVIDE THE CONTACT INFORMATION FOR ALL ADULT DEPENDENTS AGE 18 AND OVER.) Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances: a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides. The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.				
DEPENDENT 1 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS
DEPENDENT 2 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS
DEPENDENT 3 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS
DEPENDENT 4 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS
DEPENDENT 5 FULL NAME (REQUIRED) LAST, FIRST, MIDDLE		SOCIAL SECURITY NO (REQUIRED)	RELATIONSHIP (REQUIRED)	CHECK COVERAGE
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	PHONE NUMBER	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	EMAIL ADDRESS
*IF ANY OF THE DEPENDENTS LISTED ABOVE HAVE A MAILING ADDRESS THAT DIFFERS FROM THE EMPLOYEE, PLEASE COMPLETE THE INFORMATION BELOW:				
DEPENDENT	MAILING ADDRESS		CITY	STATE
*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION. LIST THE NAME(S) OF ANY DISABLED DEPENDENTS:				
DEPENDENT	DEPENDENT		DEPENDENT	

COMPANY NAME: Yukon Koyukuk School District

COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

IS YOUR SPOUSE EMPLOYED? ☐ YES ☐ NO IF YES, ☐ FULL TIME ☐ PART TIME SPOUSE EMPLOYER NAME: SPOUSE DATE OF BIRTH:

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS **ENROLLED** IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL					
<input type="checkbox"/> PRESCRIPTION					
<input type="checkbox"/> DENTAL					
<input type="checkbox"/> VISION					

COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE ALL QUESTIONS

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? ☐ YES ☐ NO

EMPLOYER PROVIDING COVERAGE:

IF YES, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
<input type="checkbox"/> MEDICAL						
<input type="checkbox"/> PRESCRIPTION						
<input type="checkbox"/> DENTAL						
<input type="checkbox"/> VISION						

*COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.

COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID, TRICARE, ETC.)

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? ☐ YES ☐ NO IF YES, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	MEDICARE ID NUMBER	IS MEDICARE COVERAGE DUE TO:
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD
					<input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> ESRD

PLAN DECLARATION

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

NOTICE OF SPECIAL ENROLLMENT PERIODS

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Human Resources representative.

SIGNATURE AND AUTHORIZATION

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE
--------------------	---------------------	------



Meritain Health: Eligibility
PO Box 853921
Richardson, TX 75085-3921

Hello,

To help us properly handle future claims, please tell us about any other healthcare coverage you and/or your dependents may have. Examples include another group plan, an individual policy, COBRA, Medicare, state programs (such as Medicaid, CHIP, etc.), Social Security benefits due to a disability, or medical expenses covered by another person due to a court order/decreed.

You can provide this information online by:

- Logging in to www.meritain.com;
- Going to *Benefits and Coverage* in the menu bar; and,
- Clicking on *Coordination of Benefits*.

Or, you can complete this printed form and submit it by:

- Mailing it to the address above;
- Faxing it to: 1.716.541.6672; or,
- Taking a picture of it, and emailing it to: forms.direct@meritain.com.

EMPLOYEE INFORMATION		
Group Name Yukon Koyukuk School District	Employee Name	Employee date of birth
Group number (if you already have an ID Card from Meritain Health) AK316	Member ID (if you already have an ID Card from Meritain Health)	
Do you and/or any of your dependents have any <u>other</u> health coverage? <input type="checkbox"/> YES Please <u>complete the appropriate section(s) on the other side of this form</u> and return. <input type="checkbox"/> NO Please return.		
Signature		Date

IF THERE IS OTHER HEALTHCARE COVERAGE,
PLEASE COMPLETE THE APPROPRIATE SECTION(S) ON THE OTHER SIDE OF THIS FORM.

Failure to return this form may result in non-payment of claims.

For each type of other insurance coverage you and/or your dependents have, please complete the appropriate section.

For coverage through: ANOTHER GROUP PLAN, AN INDIVIDUAL POLICY, COBRA OR STATE PROGRAM (ex: Medicaid)			
What type of coverage is this? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			
Name of insurance company / program		Name of policy holder	
Birthdate of policy holder	Effective date of coverage		Termination date of coverage (if applicable)
Please list <u>all</u> family members covered by this plan, and their relation to the policy holder			

For coverage through: ANOTHER GROUP PLAN, AN INDIVIDUAL POLICY, COBRA OR STATE PROGRAM (ex: Medicaid)			
What type of coverage is this? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision			
Name of insurance company / program		Name of policy holder	
Birthdate of policy holder	Effective date of coverage		Termination date of coverage (if applicable)
Please list <u>all</u> family members covered by this plan, and their relation to the policy holder			

For coverage through: MEDICARE			
Name of person covered by Medicare		Medicare ID number:	
Your retirement date (if applicable)		Your spouse's retirement date (if applicable)	
Part A effective date(s)	Part B effective date(s)		Part D effective date(s)
Reason for Medicare: <input type="checkbox"/> Over age 65 <input type="checkbox"/> Total disability <input type="checkbox"/> End-stage renal disease (provide dialysis date) _____			

COURT ORDER OR DECREE	
Covered Individuals	Effective date
Name of person responsible for medical expenses	Address of person responsible for medical expenses
Please include a copy of the legal documentation showing responsibility for medical expenses.	

Health Claim Form



Complete and send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION

Name (last, first, initial)			Sex	Employer Name Yukon Koyukuk School District	
Home Address			Identification Number	Birthdate	Group Number AK316
City	State	Zip Code	Work Telephone ()	Home Telephone ()	

Section 2. PATIENT INFORMATION

The patient is:	<input type="checkbox"/> The employee (Go to section 3)	<input type="checkbox"/> Employee's Spouse (Complete spouse information)	<input type="checkbox"/> Employee's Child (Complete spouse and child information)	
Spouse's Name (last, first, initial)		Sex	Child's Name (first, last, initial)	Sex
Spouse's Birthdate	Spouse's Social Security Number		Child's Birthdate	Child's Social Security Number
Spouse's Employer				
Spouse's Employer's Address				

Section 3. OTHER COVERAGE

<input type="checkbox"/> Yes (then complete) <input type="checkbox"/> No (go to section 4)		Name of Policy Holder:		
Name of Other Health Insurance Carrier or Plan	Address		City	State Zip Code
Other Insurance Carrier's or Plan's Telephone #	Type of Coverage <input type="checkbox"/> Group <input type="checkbox"/> Individual	Group Number	Contract or Policy Number	
Spouse's Employer				
Spouse's Employer's Address				

Section 4. ABOUT THIS CLAIM

<input type="checkbox"/> Injury <input type="checkbox"/> Illness	Describe injury, when and how it happened or nature of illness:
Date and time of accident:	
Was this injury the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If auto insurance was involved, please provide:	Policy # Name of insurance company Address (city, state, zip)
Was this a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED

The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.

Signature:

Date:

ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)

I authorize payment of benefits to the doctor or supplier of services listed here.

Provider to be paid	Employee's Signature
Provider's tax ID number or Social Security Number	Date



MERITAIN[®]
HEALTH

An Aetna Company

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	Patient Name (last, first, initial)		Birthdate			
B	Address					
C	Is this condition the result of an injury arising from patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.</i>					
D	Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, expected date of delivery			
E	If illness, date of first treatment		If treating injury, date of injury			
F	Name of referring physician		Referring physician's address			
G	Name and facility where services were rendered (if other than home or office)					
H	Was laboratory work performed outside your office? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I	For service related to hospitalization, give dates: Admitted _____ Discharged _____					
J	Diagnosis and current conditions (if diagnosis other than ICD-10* used, give name): 1. 2. 3. 4.					
K	Dates of Service From To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges
<small>*ICD-10 * International Classification of Disease *** CPT Current Procedural Terminology (current edition) **Abbreviations: 11-Physician's Office 21-Inpatient Hospital 23- Emergency Room 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory</small>						
Date		Physician's Name (print)		Degree		Provider's Tax ID Number or Social Security Number: Must be furnished under authority of law
Physician's Signature		Telephone ()				
Street Address				City	State	Zip Code

STATUS AND BENEFIT INFORMATION:
1.866.808.2608

Send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

ADA American Dental Association® Dental Claim Form

Please submit this form to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

HEADER INFORMATION																																																																																																																																				
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT / Title XIX																																																																																																																																				
2. Predetermination/Preauthorization Number																																																																																																																																				
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																																																																																																																																				
3. Company/Plan Name, Address, City, State, Zip Code																																																																																																																																				
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																																																																																																																																				
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)																																																																																																																																				
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																																																																																																																																				
6. Date of Birth (MM/DD/CCYY)				7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)				9. Plan/Group Number																																																																																																																										
10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other				11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																																																																																																																																
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17. Employer Name				PATIENT INFORMATION																																																																																																																																
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other										19. Reserved For Future Use																																																																																																																										
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35. Remarks																																																																																																																																				
AUTHORIZATIONS																																																																																																																																				
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. <input checked="" type="checkbox"/> Patient/Guardian Signature _____ Date _____																																																																																																																																				
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity. <input checked="" type="checkbox"/> Subscriber Signature _____ Date _____																																																																																																																																				
ANCILLARY CLAIM/TREATMENT INFORMATION																																																																																																																																				
38. Place of Treatment <input type="checkbox"/> (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")										39. Enclosures (Y or N) <input type="checkbox"/>																																																																																																																										
40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)										41. Date Appliance Placed (MM/DD/CCYY)																																																																																																																										
42. Months of Treatment					43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)					44. Date of Prior Placement (MM/DD/CCYY)																																																																																																																										
45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																																																																																																																																				
46. Date of Accident (MM/DD/CCYY)										47. Auto Accident State																																																																																																																										
TREATING DENTIST AND TREATMENT LOCATION INFORMATION																																																																																																																																				
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. <input checked="" type="checkbox"/> Signed (Treating Dentist) _____ Date _____																																																																																																																																				
54. NPI					55. License Number																																																																																																																															
56. Address, City, State, Zip Code					56a. Provider Specialty Code																																																																																																																															
49. NPI				50. License Number				51. SSN or TIN																																																																																																																												
52. Phone Number () -				52a. Additional Provider ID				57. Phone Number () -																																																																																																																												
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ADA American Dental Association®

America's leading advocate for oral health

The following information highlights certain form completion instructions. Comprehensive ADA Dental Claim Form completion instructions are printed in the CDT manual. Any updates to these instructions will be posted on the ADA's web site (ADA.org).

GENERAL INSTRUCTIONS

- A. The form is designed so that the name and address (Item 3) of the third-party payer receiving the claim (insurance company/dental benefit plan) is visible in a standard #9 window envelope (window to the left). Please fold the form using the 'tick-marks' printed in the margin.
- B. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

- Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)
- Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)
- Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, a HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

11 = Office; 12 = Home; 21 = Inpatient Hospital; 22 = Outpatient Hospital; 31 = Skilled Nursing Facility; 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

FSA Worksheet and Eligible Expenses Guide

Estimating your health care expenses

The planning worksheet below can help you estimate your eligible health care expenses that may not be covered under your company's group insurance plan. Remember, all eligible health care expenses for you, your spouse and your eligible dependents are reimbursable from your health care FSA.

Medical expenses	Estimated plan year expenses	Vision Expenses	Estimated plan year expenses
Copays	\$	Contact lens supplies	\$
Deductibles	\$	Copays	\$
Lab fees	\$	Deductibles	\$
Physical exams	\$	Eye examinations	\$
Physician fees	\$	Prescription contact lenses	\$
Prescription drug	\$	Prescription eyeglasses or sunglasses	\$
		Other medical expenses	\$
Dental Expenses			
Copays	\$	Other Expenses	
Deductibles	\$	Acupuncture or chiropractic	\$
Dentures	\$	Hearing aids	\$
Examinations	\$	Immunization fees	\$
Orthodontia	\$	Psychiatrist, psychologist, counseling*	\$
Restorative work (crowns, caps, bridges)	\$	Other eligible expenses	\$
Teeth cleaning	\$		
Other dental expenses	\$		
Total column 1	\$	Total column 2	\$
Column 1 (\$) + Column 2 (\$) = Total estimated expense			\$

* Allowed for treatment of physical or mental disorder (e.g., depression, alcohol or drug treatment). A diagnosis is necessary for reimbursement.

Examples of costs your health care FSA may cover

- Copays, deductibles and out-of-pocket costs
- Acupuncture as a treatment
- Certain alcoholism and drug addiction treatment costs
- Artificial teeth or dentures
- Braille books for visually impaired
- Certain residential improvements to accommodate the disabled
- Eye examinations, contact lenses (including cleaning and maintenance supplies) and eyeglasses
- Guide dogs for sight or hearing impaired persons
- Car controls for disabled drivers
- Hypnosis to treat illness
- Lead-based paint removal
- Learning disability tuition/therapy
- Psychological or psychiatric care
- Nursing home expenses
- Certain medical transportation

Important note! Reimbursement for certain services listed above is subject to specific requirements. Call the IRS toll-free at **1.800.829.3676**, or visit www.irs.gov, to get a copy.



Yukon Koyukuk School District

FSA Enrollment Form


EMPLOYEE INFORMATION				BENEFIT ADMINISTRATOR SECTION		
LAST NAME		FIRST NAME		MI	PLAN YEAR 1/1/2023–12/31/2023	GROUP # AK316
EMPLOYEE SOCIAL SECURITY NUMBER		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH		EFFECTIVE DATE	DIVISION #
HOME ADDRESS			EMAIL ADDRESS		DATE OF HIRE	
CITY		STATE	ZIP CODE		PAY CYCLE <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> OTHER: _____	
HOME TELEPHONE	WORK TELEPHONE		I GIVE THE FSA TEAM PERMISSION TO RELEASE INFORMATION ABOUT MY FSA TO MY SPOUSE. <input type="checkbox"/> YES <input type="checkbox"/> NO			

ELIGIBLE DEPENDENTS – INFORMATION IS REQUIRED				
Dependent's Name (Last, First, MI)	Gender	Relationship	Birth Date	Social Security Number
	<input type="checkbox"/> M <input type="checkbox"/> F	Spouse		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		
	<input type="checkbox"/> M <input type="checkbox"/> F	Child		

Please check all that apply:

<input type="checkbox"/> HEALTH CARE ACCOUNT
I would like to contribute \$ _____ per pay period (\$ _____ annually) to my Health Care Flexible Spending Account for the upcoming calendar year or the remainder of the current year.
PLEASE NOTE: The maximum annual election allowed by the IRS is \$3,050 per calendar year.
<input type="checkbox"/> DEPENDENT CARE ACCOUNT
I would like to contribute \$ _____ per pay period (\$ _____ annually) to my Dependent Care Flexible Spending Account for the upcoming calendar year or the remainder of the current year.
PLEASE NOTE: The maximum annual election allowed by the IRS is \$5,000 per family or \$2,500 per individual (or spouse when married and filing separate tax returns)

<input type="checkbox"/> AUTO REIMBURSEMENT FEATURE CHECK ONE:
When you or your provider submits a claim to Meritain Health that is eligible for reimbursement under your Health care Flexible Spending Account , your FSA has the ability to automatically reimburse you for eligible out-of-pocket expenses, up to your annual maximum election amount. This feature is called auto reimbursement. <i>(Do not elect this option if you have secondary insurance coverage through a spouse.)</i>
<input type="checkbox"/> Yes, I wish to elect automatic reimbursement for eligible out-of-pocket health care expenses. I agree not to submit these expenses for reimbursement under any other insurance plan.
<input type="checkbox"/> No, I do not wish to elect automatic reimbursement).

EMPLOYEE SIGNATURE REQUIRED	
I understand that the above elections will remain in effect until the last day of the calendar year indicated on this Form. I understand that I may change my elections during the calendar year only if (1) I experience a "status change," as defined under the Plan and my change in elections is consistent with that "status change," or (2) I exercise a Special Enrollment Right as described in the Notice of Special Enrollment Periods that accompanies this Election Form. I also understand that if I do not submit a new Election Form during the next annual election period, the above elections will terminate at the end of the calendar year for which they are effective. I understand that the Employer may modify my benefit elections if appropriate to insure that the Plan complies with the requirements of the Plan and applicable law and that, subject to the requirements of applicable law, the Employer has the right to amend or terminate the Plan. I understand that if I fail to request Plan enrollment within 30 days after my (and/or my dependent's) other coverage ends, I will not be eligible to enroll myself or my dependent(s), as applicable, during the special enrollment period.	
EMPLOYEE SIGNATURE 	DATE



Mail completed form to: Meritain Health
P.O. Box 30111
Lansing, MI 48909

Fax to: 1.888.837.3725
Customer Service: 1.800.566.9305, option 5

FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT REQUEST FORM

Employer Name: Yukon Koyukuk School District

Employee Name: _____ SS# or ID#: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Is this a change of address? ☐ Y or ☐ N

Flexible Spending Account (FSA)

Date of Service	Name of Provider	Type of Service	Name of Patient	Amount of Expense	Was this service covered by any insurance plan?
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
				\$	Y / N
Total amount requested from your FSA:				\$	

Please fill out all requested information completely. For further instructions, see Guidelines for Reimbursement on the back of this form. If more space is needed, list additional requests on a separate page. Please include all requests in the total. A minimum request amount (as established in your plan document) may need to be met before a claim can be paid.

I certify that I have actually incurred these eligible expenses. I understand that *expense incurred* means that the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature: _____ Date: _____

Guidelines for Reimbursement

NOTE: Incomplete or illegible submission may result in processing delays. Be sure to include all necessary information, and sign and date the form. Please make copies for your records, as these documents will not be returned. If you fax your claim, keep the original.

Health Flexible Spending Account

- Attach a copy of the Explanation of Benefits (EOB) for each submission. All claims **MUST** be submitted to your insurance company prior to request for reimbursement. **Estimates for services that have not yet been incurred cannot be accepted.**
OR
Submit a paid receipt for your copays. **Credit card receipts, canceled checks, or cash register receipts cannot be accepted for copays. Itemized cash register receipts are acceptable for over-the-counter (OTC) items/supplies.**
OR
If you do not have insurance coverage, submit an itemized statement from the provider showing the provider's name and address, patient name, date of service and description of service and amount charged. Additionally, prescription expenses must include the drug name or number. **Balance forward or paid on account statements cannot be accepted.**
- Orthodontic reimbursement: For the first request, submit a copy of the Service Agreement or contract itemizing the treatment period, down payment, monthly payment, banding date and amount covered by insurance, if any. For subsequent claims, submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement.

Health Care Expenses Generally Eligible for Reimbursement

You Should Claim

- Fees for health services or supplies provided by physicians, surgeons, dentists, ophthalmologists, optometrists, chiropractors, podiatrists, psychiatrists, psychologists, or Christian Science practitioners.
- Acupuncture.
- Fees for hospital, ambulance, laboratory, surgical, obstetrical, diagnostic, dental and X-ray services.
- Costs incurred, including room and board, during treatment for alcohol or drug addiction at a hospital or treatment center.
- Special equipment, such as wheelchairs, special handicapped automotive controls, and special phone equipment for the deaf.
- Special items, such as dentures, contact lenses, eyeglasses, hearing aids, crutches, artificial limbs and guide dogs for the vision or hearing impaired.
- Transportation for needed medical therapy.
- Nursing services.
- Rehabilitation expenses.

You Should **NOT** Claim

- Any items which will be paid for by insurance or for which you are reimbursed by insurance or any other health plan.
- Bottled water.
- Health club dues.
- Any illegal operation or treatment.
- Programs to control weight (unless the program is undertaken at a physician's direction to treat an existing illness, including obesity).
- Elective cosmetic surgery.
- Medical insurance premiums paid outside of your company by you or your spouse at his or her place of employment.
- Nursing care for a normal, healthy baby.
- Maternity clothes.
- Burial expenses.



Mail completed
form to:

Meritain Health
P.O. Box 30111
Lansing, MI 48909

Fax to:
Customer Service:

1.888.837.3725
1.800.566.9305, option 5

DEPENDENT CARE REIMBURSEMENT REQUEST FORM

Employer Name: Yukon Koyukuk School District

Employee Name: _____ SS# or ID#: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Is this a change of address? ☐ Y or ☐ N

Dependent Care Account (DCA)

Name of Day Care Provider	Dates of Service		Dependent's Name	Date of Birth	Is qualifying dependent under age 13 OR is mentally or physically incapable of self-care due to a diagnosed medical condition and is over age 12? (Check Yes)	Amount of Expense
	From	To				
					<input type="checkbox"/> Yes	\$
					<input type="checkbox"/> Yes	\$
					<input type="checkbox"/> Yes	\$
					<input type="checkbox"/> Yes	\$
					<input type="checkbox"/> Yes	\$
Total amount requested from your DCA:						\$

Provider Information/Certification

My signature certifies that I have provided the services for these expenses for _____
(Qualifying dependent's first name)

Name: _____

Provider Signature: _____ Provider SSN# or Tax ID: _____

Signature not required if signed receipt or Day Care Center statement is attached. Altered receipts cannot be accepted.

Please fill out all information completely. If more space is needed, list additional requests on a separate page. Please include all requests in the total. A minimum request amount (as established in your plan document) may need to be met before a claim can be paid. For further instructions, see the Guidelines for Reimbursement below.

I certify that I have actually incurred these eligible expenses. I understand that *expense incurred* means that the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provision.

Employee Signature: _____ Date: _____

Guidelines for Reimbursement

NOTE: Incomplete or illegible submission may result in processing delays. Be sure to include all necessary information, and sign and date the form. Please make copies for your records, as these documents will not be returned. If you fax your claim, keep the original.

Dependent Care Reimbursement Account

- Expenses submitted must have been incurred for the care of a "qualifying individual" for the purpose to be gainfully employed.
- A qualifying individual is (i) a dependent of yours under age 13, (ii) a dependent of yours (or your spouse) who is incapable of caring for himself/herself.

Direct Deposit Authorization Form



Send a completed form with voided check or deposit slip through one of the following options:

Fax: 1.716.541.6636

Add/update online: www.meritain.com

Select the *Flex/CDHP* link to access your account, then select the *Tools and Support* tab, under the *How do I?* section. Finally, select the *Change Payment Method* option and follow the instructions.

Questions: 1.800.566.9305, option 5.

To be reimbursed directly into your bank account,

Please complete this form and fax it to the number on the right.

To finalize set-up, additional validation will be required, please review condition 5 below.

Type of Request			<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cancellation
Employee Information		Employer:		Meritain Health ID:	
Name: (last, first, initial)			Home/Personal Phone:		
Address:			Work Phone:		
City:		State:	Zip Code:		
Financial Information		Name(s) on the account:			
Bank or Financial Institution:			Routing/Transit Number:		
Address:			Account Number:		
City:		State:	Zip code:	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account*	

Voided check (for checking account) or deposit slip (for savings account*) - REQUIRED (Please place directly below)

Terms and Conditions

1. You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, the form must be signed by both parties. Once your form is received by Meritain Health, there may be up to a 7- 10 business day time period before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.
2. In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).
3. You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. **Please verify that the deposit has been made into your account before attempting to withdraw funds.**
4. It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the new information, and check the change box. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you will receive checks for any reimbursement claims paid.
5. Due to required security measures set by the National Automated Clearing House Association (NACHA), you will be required to take additional actions after the initial entry of your bank account information.

Once your bank account information has been added, a micro deposit transaction will be processed. A micro deposit is a random credit and debit transaction, the amount ranges between \$0.01 and \$0.99, Meritain does not control the amount processed.

Once the micro deposit is confirmed you must validate the bank account via the member portal, the mobile app or by contacting our customer service team.

- This is a time sensitive matter; you will have 30 calendar days to validate the amount from the time the transaction is initially processed. If you do not validate within the 30 calendar days, the bank account on file will expire and will be updated to an inactive status.
- Presence of bank account information does not guarantee a direct deposit disbursement, the account must be validated in order to be used for direct deposit reimbursements.
6. You may change or cancel direct deposit at any time by visiting your account online, change will take effect immediately **OR** by completing this form, checking the cancellation or change box and faxing to the number noted above. Once the form is received and processed by Meritain Health, it may take 7-10 business days before the update becomes effective.
 7. If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.
 8. Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.
 9. Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.
- Questions? Please call Meritain Health at 1.800.566.9305, option 5.

* If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.

Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my Health Reimbursement Arrangement or Flexible Spending Account reimbursements to be sent to the financial institution and account designated above. This authorization is to remain in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

Employee Signature: _____ Date: _____

Joint Account Holder's Signature: _____ Date: _____

Note: Any joint account holder MUST sign this form in order to be reimbursed.

Prescription Reimbursement Claim Form

Important!



- Always allow up to 30 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing
- Keep a copy of all documents submitted for your records.
- Do not staple or tape receipts or attachments to this form.
- Reimbursement is not guaranteed and the contractor will review the claims subject to limitations, exclusions and provisions of the plan.

STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your prescription card)

Group No./Group Name

Name (Last Name)

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

Patient Information—Use a separate claim form for each patient.

Name (Last Name)

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Member

Spouse

Child

Other _____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury?

☐ Yes

☐ No

Is the medicine covered under any other group insurance?

☐ Yes

☐ No

If yes, is other coverage: ☐ Primary ☐ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company _____ ID # _____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Member

Date

STEP 2**Submission Requirements:**

You **MUST** include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

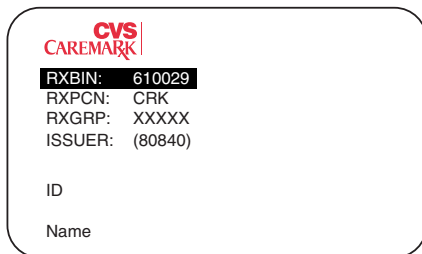
- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you may need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

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

If this claim is from a foreign country, please fill in below:

Country: _____ Currency: _____ Amount: _____

Additional Comments

STEP 3**Mailing Instructions:**

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 mail to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS Caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

RXBIN # 610474 , 610468 , 004245 or 610449 mail to:

CVS Caremark
P.O. Box 52010
Phoenix, Arizona 85072-2010

RXBIN # 610473 , 610475 mail to:

CVS Caremark
P.O. Box 53992
Phoenix, Arizona 85072-3992

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

Performance Drug List - Standard Control

The **CVS Caremark® Performance Drug List - Standard Control** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. 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.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- 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 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.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay amounts based on the condition being treated.
- 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 [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

ANALGESICS

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet
probenecid
MITIGARE

§ NSAIDs

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

§ NSAIDs, COMBINATIONS

diclofenac sodium-
misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium gel 1%
diclofenac sodium solution

§ OPIOID ANALGESICS

buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal
lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone-acetaminophen
tramadol (except NDC* 52817019610)
tramadol ext-rel tablet
BELBUCA
NUCYNTA
NUCYNTA ER
SUBSYS
XTAMPZA ER

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefдинир
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFIDIC

§ 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

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-
tenofovir disoproxil fumarate
efavirenz-lamivudine-
tenofovir disoproxil fumarate
emtricitabine-tenofovir
disoproxil fumarate
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
STRIBILD
SYM TUZA
TEMIXYS
TRIUMEQ

INTEGRASE INHIBITORS
ISENTRESS
TIVICAY

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine

§ PROTEASE INHIBITORS

atazanavir
NORVIR
PREZISTA

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HEPATITIS B AGENTS

entecavir
lamivudine
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin
EPCUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

§ HERPES AGENTS

acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

clindamycin
ivermectin tablet
linezolid
metronidazole
nitrofurantoin (except
NDCs* 16571074024, 70408023932)
pyrimethamine
sulfamethoxazole-
trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL

ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
bicalutamide

ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

everolimus
imatinib mesylate
sunitinib

ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE

COPIKTRA
COTELLIC
IBRANCE
IMBRUVICA
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
MEKTOVI
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

MULTIPLE MYELOMA IMMUNOMODULATORS

POMALYST
REVLIMID
THALOMID

PROTEASOME INHIBITORS

NINLARO
VELCADE

PROSTATE CANCER

§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS
ELIGARD

LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS
FIRMAGON

§ MISCELLANEOUS

ERIVEDGE
LYNPARZA
ODOMZO
RUBRACA
VISTOGARD
ZEJULA

CARDIOVASCULAR

§ ACE INHIBITORS

enalapril
fosinopril
lisinopril
quinapril
ramipril

**§ ACE INHIBITOR /
DIURETIC COMBINATIONS**

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

**§ ALDOSTERONE
RECEPTOR ANTAGONISTS**

spironolactone

**§ 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**

olmesartan-amlodipine-
hydrochlorothiazide

§ ANTIARRHYTHMICS

disopyramide
sotalol
MULTAQ

ANTILIPEMICS

ACL INHIBITORS /
COMBINATIONS
NEXLETOL
NEXLIZET

§ 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
VASCEPA

PCSK9 INHIBITORS

PRALUENT

§ BETA-BLOCKERS

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

**§ 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
TEKTURNA HCT

§ DIURETICS

amiloride
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide

torsemide
triamterene
triamterene-
hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO
VERQUVO

§ NITRATES

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

**PULMONARY ARTERIAL
HYPERTENSION**

**§ ENDOTHELIN RECEPTOR
ANTAGONISTS**

ambrisentan
bosentan
OPSUMIT

**§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil

**PROSTACYCLIN RECEPTOR
AGONISTS**

UPTRAVI

**§ PROSTAGLANDIN
VASODILATORS**

treprostinil
ORENITRAM

**SOLUBLE GUANYLATE
CYCLASE STIMULATORS**

ADEMPAS

§ MISCELLANEOUS

ranolazine ext-rel

**CENTRAL NERVOUS
SYSTEM**

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTICONVULSANTS

carbamazepine
carbamazepine ext-rel
clobazam
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
vigabatrin
zonisamide
APTOM
FYCOMPA
NAYZILAM
OXTELLAR XR
TROKENDI XR
VALTOCO
VIMPAT
XCOPRI

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

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 (except
NDC* 60505367503)
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
INBRIJA
KYNMOBI
NEUPRO

ANTIPSYCHOTICS

§ ATYPICALS

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

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel**
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel**
AZSTARYS
JORNAY PM
MYDAYIS
QELBREE
VYVANSE

§ FIBROMYALGIA

pregabalin

HYPNOTICS

§ NONBENZODIAZEPINES

eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
BELSOMRA

§ TRICYCLICS

doxepin

MIGRAINE

ACUTE MIGRAINE AGENTS

§ Triptans

eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH
ZOMIG NASAL SPRAY

Miscellaneous

NURTEC ODT
UBRELVY

PREVENTIVE MIGRAINE AGENTS

Monoclonal Antibodies

AJOVY
EMGALITY

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

§ MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate
delayed-rel
glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
GILENYA
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

§ NARCOLEPSY

armodafinil
modafinil
SUNOSI
WAKIX
XYWAV

§ POSTHERPETIC NEURALGIA (PHN)

pregabalin ext-rel
GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone injection
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone
sublingual
ZUBSOLV

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

§ ANDROGENS

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

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
TRIARDY XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK AVIVA PLUS
STRIPS AND KITS³
ACCU-CHEK COMPACT
PLUS STRIPS AND KITS³
ACCU-CHEK GUIDE
STRIPS AND KITS³
ACCU-CHEK SMARTVIEW
STRIPS AND KITS³
BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ONETOUCH ULTRA
STRIPS AND KITS³
ONETOUCH VERIO
STRIPS AND KITS³
V-GO INSULIN
INFUSION PUMP

ANTI OBESITY

INJECTABLE
SAXENDA
WEGOVY

ORAL
QSYMIA

§ CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ibandronate
risedronate

§ CALCITONINS

calcitonin-salmon

PARATHYROID HORMONES

FORTEO
TYMLOS

MISCELLANEOUS

PROLIA

§ CARNITINE DEFICIENCY AGENTS

levocarnitine

CENTRAL PRECOCIOUS PUBERTY

LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

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

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-
levonorgestrel

PROGESTIN INTRAUTERINE DEVICES

KYLEENA
MIRENA
SKYLA

§ TRANSDERMAL

ethinyl estradiol-
norelgestromin

VAGINAL

ANNOVERA
NUVARING

DIABETIC KIDNEY DISEASE

KERENDIA

ENDOMETRIOSIS

ORILISSA

FERTILITY REGULATORS

GNRH / LHRH
ANTAGONISTS
CETROTIDE

OVULATION STIMULANTS, GONADOTROPINS

GONAL-F
OVIDREL

GAUCHER DISEASE

CERDELGA
CEREZYME

§ GLUCOCORTICOIDS

dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone

§ GLUCOSE ELEVATING AGENTS

glucagon,
human recombinant
BAQSIMI
GVOKE
ZEGALOGUE

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

GENOTROPIN
NORDITROPIN

MENOPAUSAL SYMPTOM AGENTS

§ ORAL

estradiol
estradiol-norethindrone
DUAVEE
PREMPHASE
PREMPRO

§ TRANSDERMAL

estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL

estradiol vaginal cream
IMVEXXY
VAGIFEM

§ PHENYLKETONURIA TREATMENT AGENTS

sapropterin

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate
AURYXIA
PHOSLYRA
VELPHORO

POLYNEUROPATHY

TEGSEDI

POTASSIUM-REMOVING AGENTS

LOKELMA
VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine
SYNTHROID

UTERINE FIBROIDS

MYFEMBREE
ORIAHNN

GASTROINTESTINAL

§ ANTIDIARRHEALS

diphenoxylate-atropine
loperamide

§ ANTIEMETICS

aprepitant
doxylamine-pyridoxine
delayed-rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO

§ ANTISPASMODICS

dicyclomine

§ H₂ RECEPTOR ANTAGONISTS

famotidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
mesalamine delayed-rel (except
mesalamine delayed-rel tablet 800 mg)
mesalamine ext-rel
sulfasalazine
sulfasalazine delayed-rel
ASACOL HD

§ RECTAL AGENTS

hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

alosetron
lubiprostone
LINZESS
VIBERZI

§ LAXATIVES

lactulose solution
peg 3350-electrolytes (except
generics for MOVIPREP)
CLENPIQ

OPIOID-INDUCED CONSTIPATION

SYMPROIC

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole delayed-rel
lansoprazole
delayed-rel capsule
omeprazole delayed-rel
pantoprazole
delayed-rel tablet

§ STEROIDS, RECTAL PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA
TALICIA

§ MISCELLANEOUS

sucralfate tablet

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin
finasteride
silodosin

tamsulosin
terazosin

ERECTILE DYSFUNCTION ALPROSTADIL AGENTS

MUSE

§ PHOSPHODIESTERASE INHIBITORS

sildenafil
tadalafil

§ URINARY ANTISPASMODICS

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
GEMTESA
TOVIAZ

§ MISCELLANEOUS

tiopronin

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
ELIQUIS
XARELTO

§ SYNTHETIC HEPARINOID-LIKE AGENTS

fondaparinux

§ CHELATING AGENTS

deferasirox
deferiprone
deferroxamine
penicillamine
trientine

HEMATOPOIETIC GROWTH FACTORS

NIVESTYM
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

REBINYN

**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**

NOVOSEVEN RT
SEVENFACT

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**

EMPAVELI

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

**THROMBOCYTOPENIA
AGENTS**

PROMACTA
TAVALISSE

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS

GRASTEK
ORALAIR
RAGWITEK

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**

REMICADE
SIMPONI ARIA
STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED) ⁴**

COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI
STELARA
SUBCUTANEOUS
TREMIFYA
XELJANZ
XELJANZ XR

**§ DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**

RASUVO

**§ HEREDITARY
ANGIOEDEMA**

icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS
CUTAQUIG

**IMMUNOSUPPRESSANTS
MONOCLONAL ANTIBODIES
ENSPRYNG**

§ RAPAMYCIN DERIVATIVES
everolimus

**NUTRITIONAL /
SUPPLEMENTS**

§ ELECTROLYTES
potassium chloride liquid

VITAMINS AND MINERALS

**§ FOLIC ACID /
COMBINATIONS**
folic acid

§ PRENATAL VITAMINS
prenatal vitamins

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**
PROLASTIN-C

**§ ANAPHYLAXIS
TREATMENT AGENTS**
epinephrine auto-injector
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
ipratropium
inhalation solution
SPIRIVA
YUPELRI

**ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

§ SHORT ACTING
ipratropium-albuterol
inhalation solution

LONG ACTING
ANORO ELLIPTA
STIOLTO RESPIMAT

**ANTICHOLINERGIC / BETA
AGONIST / STEROID
INHALANT COMBINATIONS**

BREZTRI AEROSPHERE
TRELEGY ELLIPTA

**§ ANTIHISTAMINES, LOW
SEDATING**
levocetirizine

§ ANTITUSSIVES
benzonatate (except
NDCs* 69336012615, 69499032915)

**BETA AGONISTS,
INHALANTS**
§ SHORT ACTING
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)
levalbuterol tartrate
CFC-free aerosol

LONG ACTING
Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMIST

§ CYSTIC FIBROSIS
tobramycin
inhalation solution
BETHKIS

**§ LEUKOTRIENE
MODULATORS**
montelukast
zafirlukast

§ NASAL ANTIHISTAMINES
azelastine
olopatadine

**§ NASAL STEROIDS /
COMBINATIONS**
azelastine-fluticasone
flunisolide
fluticasone
mometasone

**PHOSPHODIESTERASE-4
INHIBITORS**
DALIRESP

**PULMONARY FIBROSIS
AGENTS**
ESBRIET
OFEV

SEVERE ASTHMA AGENTS
DUPIXENT
FASENRA
NUCALA
XOLAIR

**STEROID / BETA AGONIST
COMBINATIONS**
ADVAIR DISKUS
ADVAIR HFA **
BREO ELLIPTA **
SYMBICORT

§ STEROID INHALANTS
budesonide
inhalation suspension
ARNUITY ELLIPTA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR REDHALER

TOPICAL

DERMATOLOGY

ACNE

§ Topical
adapalene (except adapalene pad)
benzoyl peroxide
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
EPIDUO
ONEXTON

§ ACTINIC KERATOSIS
fluorouracil cream 5%
fluorouracil solution
imiquimod
ZYCLARA

§ ANTIBIOTICS
gentamicin
mupirocin ointment

§ ANTIFUNGALS
ciclopirox
clotrimazole
econazole
ketconazole cream 2%
nystatin
NAFTIN

§ ANTIPSORIATICS
acitretin
calcipotriene ointment,
solution
methoxsalen
ENSTILAR

§ ANTISEBORRHEICS
ketconazole shampoo 2%
selenium sulfide lotion 2.5%

ATOPIC DERMATITIS
Injectable
DUPIXENT

Oral
RINVOQ

§ Topical
pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS
§ Low Potency
desonide (except desonide gel)
hydrocortisone

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

§ High Potency
desoximetasone
fluocinonide (except
fluocinonide cream 0.1%)
BRYHALI

§ Very High Potency
clobetasol cream, foam (except
clobetasol emollient foam), *gel,*
lotion, ointment, shampoo
halobetasol cream, ointment

§ LOCAL ANALGESICS
lidocaine patch

§ LOCAL ANESTHETICS
lidocaine-prilocaine

§ ROSACEA
azelaic acid gel
metronidazole
FINACEA FOAM
ORACEA
SOOLANTRA

**MOUTH / THROAT /
DENTAL AGENTS**
PROTECTANTS
EPISIL
MUGARD

OPHTHALMIC
§ ANTIALLERGICS
azelastine
bepotastine
cromolyn sodium
olopatadine

§ ANTI-INFECTIVES
ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ILEVRO
PROLENSA

§ Steroidal

dexamethasone
difluprednate
loteprednol
prednisolone acetate 1%

§ ANTIVIRALS

trifluridine

BETA-BLOCKERS

§ Nonselective

timolol maleate solution

Selective

BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS

brinzolamide
dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
travoprost
LUMIGAN
ZIOPTAN

RETINAL DISORDERS

EYLEA
LUCENTIS

RHO KINASE INHIBITORS

RHOPRESSA

RHO KINASE INHIBITOR / PROSTAGLANDIN COMBINATIONS

ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

COMBIGAN

OTIC

§ ANTI-INFECTIVES

acetic acid
ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin B-hydrocortisone

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
ABILIFY MAINTENA
abiraterone
ACCU-CHEK AVIVA PLUS STRIPS AND KITS³
ACCU-CHEK COMPACT PLUS STRIPS AND KITS³
ACCU-CHEK GUIDE STRIPS AND KITS³
ACCU-CHEK SMARTVIEW STRIPS AND KITS³
acetic acid
acitretin
acyclovir capsule, tablet
adapalene (except adapalene pad)
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA **
ADVATE
ADYNOVATE
AFSTYLA
AJOVY
albuterol inhalation solution
albuterol sulfate
CFC-free aerosol (except
NDC* 66993001968)
ALECENSA
alendronate
alfuzosin ext-rel
aliskiren
allopurinol
alosetron
ALPHAGAN P
alprazolam
ALUNBRIG
amantadine
ambrisentan
amiloride
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amoxicillin

amoxicillin-clavulanate
amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel **
ANDRODERM
ANNOVERA
ANORO ELLIPTA
aprepitant
APIOM
aripiprazole
armodafinil
ARNUITY ELLIPTA
ASACOL HD
atazanavir
atenolol
atomoxetine
atorvastatin
AUBAGIO
AURYXIA
AUSTEDO
AUVI-Q
AVONEX
azelaic acid gel
azelastine
azelastine-fluticasone
azithromycin
AZSTARYS

B

balsalazide
BAQSIMI
BASAGLAR
BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
BELBUCA
BELSOMRA
benzonatate (except
NDCs* 69336012615, 69499032915)
benzoyl peroxide
bepotastine
BESIVANCE
BETASERON
BETHKIS
BETOPTIC S

bicalutamide
BIDIL
BIKTARVY
bosentan
BOSULIF
BRAFTOVI
BREO ELLIPTA **
BREZTRI AEROSPHERE
BRILINTA
brimonidine
brinzolamide
bromfenac
BRUKINSA
BRYHALI
budesonide capsule
budesonide
inhalation suspension
buprenorphine transdermal
buprenorphine-naloxone
sublingual
bupropion
bupropion ext-rel (except
bupropion ext-rel tablet 450 mg)

C

CABOMETYX
calcipotriene ointment,
solution
calcitonin-salmon
calcium acetate
CALCIUM CANCE
candesartan
candesartan-
hydrochlorothiazide
CAPLYTA
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
carvedilol
carvedilol phosphate ext-rel
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin

CERDELGA
CEREZYME
CETROTIDE
cholestyramine
ciclopirox
CIMDUO
cinacalcet
ciprofloxacin
ciprofloxacin-dexamethasone
citalopram
clarithromycin
clarithromycin ext-rel
CLENPIQ
CLIMARA PRO
clindamycin
clindamycin gel (except
NDC* 68682046275)
clindamycin solution
clindamycin-benzoyl
peroxide
clobazam
clobetasol cream, foam (except
clobetasol emollient foam), gel,
lotion, ointment, shampoo
clonazepam
clodogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
colesevelam
COMBIGAN
COMBIPATCH
COPAXONE
COPIKTRA
CORLANOR
CORTIFOAM
COSENTYX
COTELLIC
CREON
CRINONE
cromolyn sodium
CUTAQUIG
cyclobenzaprine (except
cyclobenzaprine tablet 7.5 mg)

D

DALIRESP
darifenacin ext-rel
deferasirox
deferiprone
deferroxamine
DESCOVY
desonide (except desonide gel)
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE
MONITORING SYSTEM
dexmethylphenidate ext-rel
diazepam
diazepam rectal gel
diclofenac
diclofenac sodium
diclofenac sodium gel 1%
diclofenac sodium solution
diclofenac sodium-
misoprostol
dicloxacillin
dicyclomine
DIFICID
difluprednate
digoxin
diltiazem ext-rel (except
generics for CARDIZEM LA)
dimethyl fumarate
delayed-rel
diphenoxylate-atropine
dipyridamole ext-rel-aspirin
disopyramide
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
DOVATO
doxazosin
doxepin
doxycycline hyclate 20 mg
doxycycline hyclate capsule
doxylamine-pyridoxine
delayed-rel

dronabinol
DUAVEE
duloxetine
DUPIXENT
DUROLANE
dutasteride
dutasteride-tamsulosin

E

econazole
efavirenz-emtricitabine-
tenofovir disoproxil fumarate
efavirenz-lamivudine-
tenofovir disoproxil fumarate
eletriptan
ELIGARD
ELIQUIS
ELOCTATE
EMGALITY
EMPAVELI
emtricitabine-tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL
ENDOMETRIN
enoxaparin
ENSPRYNG
ENSTILAR
entacapone
entecavir
ENTRESTO
EPLUSA
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
ERIVEDGE
ERLEADA
erythromycin
erythromycin solution
erythromycin-benzoyl
peroxide
erythromycins
ESBRIET
escitalopram
esomeprazole delayed-rel
ESPEROCT
estradiol
estradiol vaginal cream
estradiol-norethindrone
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
EUCRISA

EUFLEXXA
EVAMIST
everolimus
EVOTAZ
EYLEA
ezetimibe
ezetimibe-simvastatin

F

famotidine
FARXIGA
FASENRA
fenofibrate (except
fenofibrate capsule 50 mg, 130 mg;
fenofibrate tablet 40 mg, 120 mg)
fenofibric acid delayed-rel
fentanyl transdermal
fentanyl transmucosal
lozenge
FIASP
FINACEA FOAM
finasteride
FIRMAGON
FLOVENT DISKUS
FLOVENT HFA
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
folic acid
fondaparinux
FORTEO
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
GELSYN-3
GEMTESA
GENOTROPIN
gentamicin
GENVOYA
GILENYA
glatiramer
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
glucagon,
human recombinant
GLYXAMBI
GONAL-F
GRALISE
granisetron
GRASTEK
guanfacine ext-rel
GVOKE

H

halobetasol cream, ointment
HARVONI
HUMIRA
HUMULIN R U-500
hydrochlorothiazide
hydrocodone ext-rel
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
cream, ointment, solution
hydrocortisone enema
hydromorphone
hydromorphone ext-rel

I

ibandronate
IBRANCE
ibuprofen
icatibant
ILEVRO
imatinib mesylate
IMBRUVICA
imiquimod
IMVEXXY
INBRIJA
INGREZZA
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-
hydrochlorothiazide
IRESSA
ISENTRESS
isosorbide dinitrate (except
isosorbide dinitrate 40 mg)
isosorbide mononitrate
itraconazole
ivermectin tablet

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JIVI
JORNAY PM

K

KANJINTI
KERENDIA
KESIMPTA
ketoconazole cream 2%
ketoconazole shampoo 2%
ketorolac
KISQALI
KISQALI FEMARA
CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KYLEENA
KYNMOBI

L

lactulose solution
lamivudine
lamotrigine
lamotrigine ext-rel
lansoprazole
delayed-rel capsule
latanoprost
LATUDA
levalbuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine patch
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
LONSURF
loperamide
lorazepam
losartan
losartan-hydrochlorothiazide
loteprednol
lovastatin
lubiprostone
LUCENTIS
LUMIGAN
LUPRON DEPOT-PED
LYNPARZA

M

MAYZENT
meclizine
medroxyprogesterone
megestrol acetate
MEKTOVI
meloxicam tablet
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
methoxsalen
methylphenidate
methylphenidate ext-rel**
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
MIRENA

mirtazapine
MITIGARE
modafinil
mometasone
montelukast
morphine
morphine ext-rel
moxifloxacin
MUGARD
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYFEMBREE

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen (except naproxen CR or
naproxen suspension)
naratriptan
NARCAN NASAL SPRAY
NATAZIA
nateglinide
NATESTO
NAYZILAM
nebivolol
neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
neomycin-polymyxin B-
hydrocortisone
NEUPRO
NEXLETOL
NEXLIZET
niacin ext-rel
nifedipine ext-rel
NINLARO
nitrofurantoin (except
NDCs* 16571074024, 70408023932)
nitroglycerin lingual spray
nitroglycerin sublingual
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NOVOSEVEN RT
NUBEQA
NUCALA
NUCYNTA
NUCYNTA ER
NURTEC ODT
NUVARING
NUWIQ
nystatin

O

OCREVUS
ODEFSEY
ODOMZO

OFEV
ofloxacin
ofloxacin otic
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-
hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole delayed-rel
OMNIPOD DASH INSULIN
INFUSION PUMP
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONETOUCH ULTRA
STRIPS AND KITS ³
ONETOUCH VERIO
STRIPS AND KITS ³
ONEXTON
ONZETRA XSAIL
OPSUMIT
ORACEA
ORALAIR
ORENITRAM
ORFADIN
ORIAHNN
ORLISSA
ORLADEYO
oseltamivir
OTEZLA
OVIDREL
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin
oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OZEMPIC

P

pantoprazole
delayed-rel tablet
paroxetine HCl
paroxetine HCl ext-rel (except
NDC* 60505367503)
peg 3350-electrolytes (except
generics for MOVIPREP)
penicillamine
penicillin VK
PERFOROMIST
PERJETA
PERSERIS
phenobarbital
phenytoin
phenytoin sodium extended
PHESGO
PHOSLYRA
pimecrolimus
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
POMALYST
potassium chloride liquid

PRALUENT
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
prednisolone acetate 1%
prednisolone solution (except
prednisolone solution 10 mg/5 mL, 20 mg/5 mL)
prednisone
pregabalin
pregabalin ext-rel
PREMPHASE
PREMPRO
prenatal vitamins
PREZCOBIX
PREZISTA
primidone
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
PROLASTIN-C
PROLENSA
PROLIA
PROMACTA
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA
pyrimethamine

Q

QELBREE
QSYMIA
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QVAR REDIHALER

R

RAGWITEK
raloxifene
ramelteon
ramipril
ranolazine ext-rel
rasagiline
RASUVO
REBIF
REBINYN
RELENZA
REMICADE
repaglinide
RESTASIS
RETACRIT
REVLIMID
RHOPRESSA
ribavirin
RINVOQ
risedronate
risperidone
rivastigmine
rivastigmine transdermal
rizatriptan
ROCKLATAN
ropinirole
ropinirole ext-rel

rosuvastatin
ROZLYTREK
RUBRACA
RUCONEST
rufinamide
RUXIENCE
RYBELSUS
RYDAPT

S

SANCUSO
sapropterin
SAXENDA
scopolamine transdermal
selegiline
selenium sulfide lotion 2.5%
SEREVENT
sertraline
sevelamer carbonate
SEVENFACT
sildenafil
silodosin
SIMBRINZA
SIMPONI ARIA
simvastatin
SKYLA
SKYRIZI
solifenacin
SOLQUA
SOMATULINE DEPOT
SOOLANTRA
sotalol
SPIRIVA
spironolactone
spironolactone-
hydrochlorothiazide
SPRYCEL
STELARA INTRAVENOUS
STELARA
SUBCUTANEOUS
STIOLTO RESPIMAT
STIVARGA
STRIBILD
STRIVERDI RESPIMAT
SUBSYS
sucralfate tablet
sulfacetamide
sulfamethoxazole-
trimethoprim
sulfasalazine
sulfasalazine delayed-rel
sumatriptan
sunitinib
SUNOSI
SUPARTZ FX
SUPPRELIN LA
SUPRAX
SYMBICORT
SYMLINPEN
SYMPROIC
SYMTUZA
SYNJARDY
SYNJARDY XR
SYNTHROID

T

tacrolimus
tadalafil
TAGRISSEO
TAKHZYRO
TALICIA
tamsulosin
TAVALISSE
TEGSEDI
TEKTURN HCT
telmisartan
telmisartan-
hydrochlorothiazide
TEMIXYS
terazosin
terbinafine tablet
testosterone gel (except authorized
generics for TESTIM and VOGELXO)
testosterone solution
tetrabenazine
tetracycline
THALOMID
tiagabine
timolol maleate solution
tiopronin
TIVICAY
TOBRADEX OINTMENT
tobramycin
tobramycin
inhalation solution
tobramycin-dexamethasone
tolterodine
tolterodine ext-rel
topiramate
torsemide
TOUJEO
TOVIAZ
tramadol (except NDC* 52817019610)
tramadol ext-rel tablet
travoprost
TRAZIMERA
trazodone
TRELEGY ELLIPTA
TREMIFYA
treprostinil
TRESIBA
tretinoin
triamcinolone cream, lotion,
ointment (except
triamcinolone ointment 0.05%)
triamterene
triamterene-
hydrochlorothiazide
trientine
trifluridine
TRIJARDY XR
trimethobenzamide
TRINTELLIX
TRIPTODUR
TRIUMEQ
TROKENDI XR
tropium
tropium ext-rel
TRULICITY
TYMLOS
TYSABRI

U

UBRELVY
UPTRAVI

V

VAGIFEM
valacyclovir
valganciclovir
valproic acid
valsartan
valsartan-hydrochlorothiazide
VALTOCO
vancomycin capsule
VASCEPA
VELCADE
VELPHORO
VELTASSA
VELMIDY
venlafaxine
venlafaxine ext-rel capsule
verapamil ext-rel
VERQUVO
V-GO INSULIN
INFUSION PUMP
VIBERZI
VICTOZA
vigabatrin
VIMPAT
VIOKACE
VISTOGARD
VITRAKVI
VOSEVI ²
VRAYLAR
VUMERITY
VYVANSE

W

WAKIX
warfarin
WEGOVY

X

XARELTO
XCOPRI
XELJANZ
XELJANZ XR
XIFAXAN 550 MG
XIGDUO XR
XIIDRA
XOLAIR
XOSPATA
XTAMPZA ER
XTANDI
XULTOPHY
XYWAV

Y

YONSA
YUPELRI

Z

zafirlukast
ZEGALOGUE
ZEJULA
ZELBORAF

ZEMBRACE SYMTOUCH
ZENPEP
ZEPOSIA

ZIEXTENZO
ZIOPTAN
ziprasidone

ZIRABEV
zolmitriptan
zolpidem

zolpidem ext-rel
ZOMIG NASAL SPRAY
zonisamide

ZUBSOLV
ZYCLARA
ZYKADIA

PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR	ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
ACANYA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	AMITIZA	lubiprostone, LINZESS, SYMPROIC
ACIPHEX, ACIPHEX SPRINKLE	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	AMRIX	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
ACTEMRA ACTPEN, ACTEMRA SUBCUTANEOUS	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR	ANDROGEL	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ACTICLATE	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	APEXICON E	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Activite	folic acid	APIDRA	FIASP, NOVOLOG
ACTOS	pioglitazone	APOKYN	INBRIJA, KYNMOBI
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA	APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
acyclovir cream	acyclovir capsule, acyclovir tablet, valacyclovir	APTIVUS	Consult doctor
adapalene pad	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ARALAST NP	PROLASTIN-C
ADDERALL	amphetamine-dextroamphetamine mixed salts, methylphenidate	ARANESP	RETACRIT
ADRENALIN	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR	ARMOUR THYROID	levothyroxine, liothyronine, SYNTHROID
ADZENYS XR-ODT	amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
AFINITOR, AFINITOR DISPERZ	everolimus	ASCENSIA STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
AIMOVIG	AJOVY, EMGALITY	ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol	ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ALEVICYN GEL, ALEVICYN SG, ALEVICYN SOLUTION	desonide (except desonide gel), hydrocortisone	ATIVAN	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
ALIQOPA	COPIKTRA	ATOPADERM	desonide (except desonide gel), hydrocortisone
ALLISON MEDICAL INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES	ATRIPLA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
ALORA	estradiol, DIVIGEL, EVAMIST		
ALPROLIX	Consult doctor		
ALREX	azelastine, bepotastine, cromolyn sodium, olopatadine		
ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin		

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ATROVENT HFA	<i>ipratropium inhalation solution</i> , SPIRIVA, YUPELRI	<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI
AVASTIN	ZIRABEV	BETAPACE, BETAPACE AF	<i>sotalol</i>
AVENOVA	Consult doctor	BETIMOL	<i>timolol maleate solution</i> , BETOPTIC S
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
AZASITE	<i>ciprofloxacin</i> , <i>erythromycin</i> , <i>gentamicin</i> , <i>levofloxacin</i> , <i>moxifloxacin</i> , <i>ofloxacin</i> , <i>sulfacetamide</i> , <i>tobramycin</i> , BESIVANCE	BEYAZ	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
AZELEX	<i>adapalene</i> (except <i>adapalene pad</i>), <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> , EPIDUO, ONEXTON	<i>bimatoprost solution 0.03%</i>	<i>latanoprost</i> , <i>travoprost</i> , LUMIGAN, ZIOPTAN
AZESCO ⁷	<i>generic prenatal vitamins</i>	BORTEZOMIB	NINLARO, VELCADE
AZOR	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>	BOTOX	Consult doctor
BALCOLTRA	<i>ethinyl estradiol-drospirenone</i> , <i>ethinyl estradiol-drospirenone-levomefolate</i> , <i>ethinyl estradiol-levonorgestrel</i> , <i>ethinyl estradiol-norethindrone acetate</i> , <i>ethinyl estradiol-norethindrone acetate-iron</i> , <i>ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA	BREEZE 2 STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
BANZEL SUSPENSION	<i>clobazam</i> , <i>lamotrigine</i> , <i>rufinamide</i> , <i>topiramate</i> , TROKENDI XR	BROMSITE	<i>bromfenac</i> , <i>diclofenac</i> , <i>ketorolac</i> , ILEVRO, PROLENSA
BARACLUDE TABLET	<i>entecavir</i> , <i>lamivudine</i> , VEMLIDY	<i>budesonide ext-rel</i>	<i>balsalazide</i> , <i>mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i>), <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , ASACOL HD
BEAU RX	Consult doctor	<i>Bupap</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
BECONASE AQ	<i>azelastine-fluticasone</i> , <i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i>	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
BENICAR, BENICAR HCT	<i>candesartan</i> , <i>candesartan-hydrochlorothiazide</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>	<i>butalbital-acetaminophen capsule</i> , <i>butalbital-acetaminophen tablet 25-325 mg</i> , <i>butalbital-acetaminophen tablet 50-300 mg</i> , BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
BENSAL HP	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
BENZAC AC	<i>adapalene</i> (except <i>adapalene pad</i>), <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> , EPIDUO, ONEXTON	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
BENZACLIN	<i>adapalene</i> (except <i>adapalene pad</i>), <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> , EPIDUO, ONEXTON	BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)	BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BEPREVE	<i>azelastine</i> , <i>bepotastine</i> , <i>cromolyn sodium</i> , <i>olopatadine</i>	CAFERGOT	<i>eletriptan</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
BERINERT	<i>icatibant</i> , RUCONEST	<i>calcipotriene cream</i> , <i>calcipotriene foam</i> , CALCIPOTRIENE FOAM	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>dexamethasone</i> , <i>hydrocortisone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> (except <i>prednisolone solution 10 mg/5 mL</i> , <i>20 mg/5 mL</i>), <i>prednisone</i>	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment</i> or <i>calcipotriene solution WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
		<i>calcitriol ointment</i>	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
		CAMBIA	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)

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CapsFenac Pak	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	clobetasol emollient foam	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
Capsinac	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	clobetasol spray	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA	CLOBEX SPRAY	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
CARAFATE	sucralfate tablet		
CARBINOXAMINE TABLET 6 MG	levocetirizine	clocortolone cream	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)		
carisoprodol 250 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	COLAZAL	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
CARNITOR, CARNITOR SF	levocarnitine	COLCHICINE	colchicine tablet, MITIGARE
CAYSTON	tobramycin inhalation solution, BETHKIS	COLCRYST	colchicine tablet, MITIGARE
CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
chlordiazepoxide-clidinium (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)	dicyclomine	CONSENSI	amlodipine WITH celecoxib
chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC* 73007001303 only), chlorzoxazone 750 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	CONTOUR NEXT STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
CIALIS	sildenafil, tadalafil		
CICATRACE	Consult doctor	CONTOUR STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE	CONTRACE	QSYMIA, SAXENDA, WEGOVY
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	CORDRAN CREAM, CORDRAN LOTION	desonide (except desonide gel), hydrocortisone
CIMZIA PREFILLED SYRINGE	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR	CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
CINRYZE	ORLADEYO, TAKHZYRO		
CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic		
CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic		
ciprofloxacin-fluocinolone	ciprofloxacin-dexamethasone, ofloxacin otic		
CITRANATAL ⁷	generic prenatal vitamins		
CLINDAGEL	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	CORDRAN TAPE	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
clindamycin gel (NDC* 68682046275 only)	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	COREG CR	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
		CoreMino	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
		COZAAR	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
		CRESEMBA	itraconazole

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CRESTOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	dihydroergotamine spray	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
CUPRIMINE	penicillamine	diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule		
CYTOMEL	levothyroxine, liothyronine, SYNTHROID	Diphen Elixir	levocetirizine
DARAPRIM	pyrimethamine	DORAL	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	DORYX, DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
DELZICOL	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
DESFERAL	deferasirox, deferiprone, deferoxamine	doxycycline hyclate delayed-rel tablet	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
desonide gel	desonide (except desonide gel), hydrocortisone	doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
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%)	doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
DesRx	desonide (except desonide gel), hydrocortisone	doxycycline monohydrate delayed-rel capsule	ORACEA
DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
dexchlorpheniramine	levocetirizine	DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR
Dexifol	folic acid	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
DEXILANT	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	DYMISTA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
dexlansoprazole delayed-rel	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	DYRENIUM	amiloride, triamterene
diclofenac potassium tablet 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
Dicloflex DC	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	EDLUAR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
DicloHeal-60	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	E.E.S. GRANULES	erythromycins
DIFFERIN LOTION	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
diflorasone cream, diflorasone ointment	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI	ELELYSO	CERDELGA, CEREZYME
		ELIDEL	pimecrolimus, tacrolimus, EUCRISA
		ELMIRON	Consult doctor
		EluRyng	ANNOVERA, NUVARING
		ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
		ENTERAGAM	alosepron, VIBERZI, XIFAXAN 550 MG

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ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>	FLAREX	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
EPICERAM	<i>desonide (except desonide gel), hydrocortisone</i>		
EPOGEN	RETACRIT	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
ERYPED	<i>erythromycins</i>	<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>		
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
<i>ethinyl estradiol-etonogestrel</i>	ANNOVERA, NUVARING	<i>fluoxetine tablet 60 mg</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>		
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM		
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	<i>flurandrenolide cream, flurandrenolide lotion</i>	<i>desonide (except desonide gel), hydrocortisone</i>
EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>	<i>flurandrenolide ointment</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>		
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>		
FABIOR	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>	FML FORTE, FML LIQUIFILM, FML S.O.P.	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>	FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	FOLLISTIM AQ	GONAL-F
FEMRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>	<i>Folvite-D</i>	<i>folic acid</i>
<i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>	FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
<i>fenoprofen, FENOPROFEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>
FERIVA 21/7	<i>folic acid</i>	FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	FOSTEUM, FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Fexmid</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>	FREESTYLE STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>	FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
		FULPHILA	ZIEXTENZO

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GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	HYSINGLA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
Genicin Vita-S	folic acid	HYZAAR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
GLASSIA	PROLASTIN-C		
GLEEVEC	imatinib mesylate, BOSULIF, SPRYCEL		
GLUCAGEN HYPOKIT	glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE		
GLUCAGON EMERGENCY KIT	glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE	Iclofenac CP	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
GLUMETZA	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)	ICLUSIG	imatinib mesylate, BOSULIF, SPRYCEL
GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine	icosapent ethyl	omega-3 acid ethyl esters, VASCEPA
GOLYTELY	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	ILUMYA	REMICADE
GRANIX	NIVESTYM	INCRUSE ELLIPTA	SPIRIVA
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	INDERAL LA, INDERAL XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	INDOCIN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
halcinonide cream	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI	indomethacin capsule 20 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
HALOG	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI	Inflamacin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
heparin sodium in 5% dextrose, HEPARIN SODIUM IN 5% DEXTROSE	enoxaparin, fondaparinux	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	INNOPRAN XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE	INTRAROSA	estradiol vaginal cream, IMVEXXY, VAGIFEM
HUMALOG	FIASP, NOVOLOG	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE
HUMALOG MIX 50/50	NOVOLOG MIX 70/30		
HUMALOG MIX 75/25	NOVOLOG MIX 70/30		
HUMATROPE	GENOTROPIN, NORDITROPIN		
HUMULIN 70/30	NOVOLIN 70/30		
HUMULIN N	NOVOLIN N		
HUMULIN R	NOVOLIN R		
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	INVELTYS	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
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%)	INVIRASE	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
hydrocortisone butyrate lotion	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)	INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
		INVOKANA	FARXIGA, JARDIANCE
		isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
		ISTALOL	timolol maleate solution, BETOPTIC S
		ivermectin cream	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
HylaVite	folic acid	JADENU	deferiasirox, deferiprone, deferoxamine
hyoscyamine sulfate ext-rel	dicyclomine	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin

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JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR	LASTACAPT	azelastine, bepotastine, cromolyn sodium, olopatadine
JUXTAPID	PRALUENT	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
KAMDOY	desonide (except desonide gel), hydrocortisone	LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Kapzin DC	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LETAIRIS	ambrisentan, bosentan, OPSUMIT
KAZANO	JANUMET, JANUMET XR	LEUKINE	NIVESTYM
KEPPRA, KEPPRA XR	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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	levorphanol	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	LEXAPRO	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%	LEXIVA	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LIALDA	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	LIBRAX	dicyclomine
KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only)	lidocaine-prilocaine
KOMBIGLYZE XR	JANUMET, JANUMET XR	LIDOTREX	lidocaine-prilocaine
KUVAN	sapropterin	LIPITOR	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
KYPROLIS	NINLARO, VELCADE	LITHOSTAT	Consult doctor
LACRISERT	RESTASIS, XIIDRA	LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
LACTULOSE PAK	lactulose solution	Lofena	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
LAMICTAL, LAMICTAL ODT	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	Lorid	folic acid
LAMICTAL XR	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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI	Lorzone	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin	LOTEMAX, LOTEMAX SM	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
lansoprazole delayed-rel orally disintegrating tablet	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	luliconazole	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN
lanthanum carbonate	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO	LUNESTA	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
LANTUS [®]	BASAGLAR, LEVEMIR	LUPRON DEPOT	ELIGARD, FIRMAGON
		LYRICA	duloxetine, pregabalin, pregabalin ext-rel
		MACRODANTIN	nitrofurantoin (except NDCs* 16571074024, 70408023932)
		Matzim LA	diltiazem ext-rel (except generics for CARDIZEM LA)
		MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
		MAXALT, MAXALT-MLT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
		MAXIDEX	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%

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mefenamic acid (NDC* 69336012830 only)	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	MYRBETRIQ	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ
MEKINIST	COTELLIC, MEKTOVI	MYTESI	diphenoxylate-atropine, loperamide
meloxicam capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	NAPRELAN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MENEST	estradiol	naproxen CR	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MENOSTAR	estradiol	naproxen suspension	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
mesalamine delayed-rel tablet 800 mg	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
metaxalone 400 mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)	NESINA	JANUVIA
methocarbamol 500 mg (NDC* 69036091010 only), methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only)	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS	NEUPOGEN	NIVESTYM
MICARDIS, MICARDIS HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide	NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	NEXIUM	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	niacin tablet 500 mg	niacin ext-rel
MINASTRIN 24 FE	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, NATAZIA	Niacor	niacin ext-rel
MINIVELLE	estradiol, DIVIGEL, EVAMIST	NICADAN	folic acid
minocycline ext-rel	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	NICAPRIN	folic acid
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA	NICAZEL, NICAZEL FORTE	folic acid
Mondoxylene NL capsule 75 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	NICOMIDE	folic acid
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	NILANDRON	abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA
MOVANTIK	lubiprostone, SYMPROIC	nitrofurantoin (NDCs* 16571074024, 70408023932 only)	nitrofurantoin (except NDCs* 16571074024, 70408023932)
MOVIPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual
MULPLETA	Consult doctor	Nolix	desonide (except desonide gel), hydrocortisone
MultiPro	Consult doctor	NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
mupirocin cream	gentamicin, mupirocin ointment	NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
		NORPACE	disopyramide
		NORVASC	amlodipine
		NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
		NOVO NORDISK NEEDLES ⁵	BD ULTRAFINE NEEDLES
		NOXAFIL	fluconazole, itraconazole
		NPLATE	PROMACTA, TAVALISSE

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
NuDiclo SoluPak, NuDiclo TabPak	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	paroxetine HCl ext-rel (NDC* 60505367503 only)	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
NUEDEXTA	Consult doctor	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
NUTROPIN AQ	GENOTROPIN, NORDITROPIN	PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
NUVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV	peg 3350-electrolytes (generics for MOVIPREP only)	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
OLUX-E	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment	Pennsaicin	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
omeprazole-sodium bicarbonate	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
OMNARIS	azelastine-fluticasone, flunisolide, fluticasone, mometasone	PENTASA	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD
OMNITROPE	GENOTROPIN, NORDITROPIN	PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
OMNIVEX	folic acid	PERRIGO NEEDLES ⁵	BD ULTRAFINE NEEDLES
ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR	PERTZYE	CREON, VIOKACE, ZENPEP
ONGLYZA	JANUVIA	PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR	PLAVIX	clopidogrel, prasugrel, BRILINTA
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	POLYTOZA	Consult doctor
orphenadrine-aspirin-caffeine	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	posaconazole delayed-rel tablet	fluconazole, itraconazole
Orphengesic Forte	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)	PRADAXA	warfarin, ELIQUIS, XARELTO
ORTHO D	folic acid	PRECISION XTRA STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³
ORTHO DF	folic acid	PRED FORTE, PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone	PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
OSMOPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ	PREMARIN	estradiol
OSPHENA	estradiol	PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
OWEN MUMFORD NEEDLES ⁵	BD ULTRAFINE NEEDLES	PRENATAL PLUS ⁷	generic prenatal vitamins
oxiconazole (NDCs* 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN	PREVACID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER		
oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER		
OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ		
PANCREAZE	CREON, VIOKACE, ZENPEP		
pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet		

DRUG NAME(S)	PREFERRED OPTION(S)†	DRUG NAME(S)	PREFERRED OPTION(S)†
PREVIDENT	Consult doctor	REPATHA	PRALUENT
PRIOSEC	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	RHEUMATE	folic acid
PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	RIABNI	RUXIENCE
PROAIR HFA, PROAIR RESPICLICK	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol	RIBOZEL	folic acid
PROCRIT	RETACRIT	RIMSO-50	Consult doctor
PRODIGEN	Consult doctor	RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
PROMETRIUM	medroxyprogesterone; progesterone, micronized	RITUXAN	RUXIENCE
PROTONIX	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet	ROZEREM	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
PROTOPIC	pimecrolimus, tacrolimus, EUCRISA	RyClora	levocetirizine
PROVAD	Consult doctor	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
PROVENTIL HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol	SABRIL	vigabatrin
PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV	SAIZEN	GENOTROPIN, NORDITROPIN
PROZAC	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX	SANDOSTATIN LAR	SOMATULINE DEPOT
PSORCON	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI	SCARSILK PAD	Consult doctor
QNASL	azelastine-fluticasone, flunisolide, fluticasone, mometasone	SEASONIQUE	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, NATAZIA
QTERN	GLYXAMBI	SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR
quazepam	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA	SIGNIFOR LAR	SOMATULINE DEPOT
QUILLICHEW ER	amphetamine-dextroamphetamine mixed salts ext-rel**, dexmethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	SILENOR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
QUILLIVANT XR	amphetamine-dextroamphetamine mixed salts ext-rel**, dexmethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE	SIL-K PAD	Consult doctor
RAPAFLO	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	SILIVEX	Consult doctor
RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone	SILTREX	Consult doctor
RECEDO	Consult doctor	SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
RELION INSULIN	NOVOLIN INSULIN	SINGULAIR	montelukast, zafirlukast
REMODULIN	treprostinil	SOMAVERT	SOMATULINE DEPOT
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	SORILUX	calcipotriene ointment, calcipotriene solution
		SPRIX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
		STENDRA	sildenafil, tadalafil
		SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
		sucralfate suspension	sucralfate tablet
		sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
		SUPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
Sure Result DSS Premium Pack	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)	TOBRADEX ST	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
SURE-TEST STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	topiramate ext-rel capsule (generics for QUDEXY XR only)	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR		
SYNERDERM	desonide (except desonide gel), hydrocortisone	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		
SYPRINE	trientine		
TAFINLAR	BRAFTOVI, ZELBORAF	Tovet	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
TALIVA	folic acid		
TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR	TRACLEER	ambrisentan, bosentan, OPSUMIT
Targadox	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline	TRADJENTA	JANUVIA
TASIGNA	imatinib mesylate, BOSULIF, SPRYCEL		
tavaborole	terbinafine tablet	tramadol (NDC* 52817019610 only), tramadol ext-rel capsule	tramadol (except NDC* 52817019610), tramadol ext-rel tablet
TAYTULLA	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, NATAZIA	TRANSDERM SCOP	meclizine, scopolamine transdermal
TAZORAC	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution	TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO	triamcinolone aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI	triamcinolone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
THIOLA, THIOLA EC	tiopronin	Trianex	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S	TRICOR	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
TIROSINT	levothyroxine, SYNTHROID	TRILIPIX	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
TOBI, TOBI PODHALER	tobramycin inhalation solution, BETHKIS	TRIVIDIA INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES
		TronVite	folic acid

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
TRUESTEST STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
		VITAFOL-ONE ⁷	<i>generic prenatal vitamins</i>
		Vitasure	<i>folic acid</i>
TRUETRACK STRIPS AND KITS ⁶	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ , ACCU-CHEK GUIDE STRIPS AND KITS ³ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ , ONETOUCH ULTRA STRIPS AND KITS ³ , ONETOUCH VERIO STRIPS AND KITS ³	VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
		VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
		Vtol LQ	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
TRUXIMA	RUXIENCE	XANAX, XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
TUDORZA	SPIRIVA	XENAZINE	tetrabenazine, AUSTEDO
UDENYCA	ZIEXTENZO	XENICAL	QSYMIA, SAXENDA, WEGOVY
ULORIC	allopurinol	XOLEGEL	ciclopirox, ketoconazole cream 2%
ULTIMED INSULIN SYRINGES ⁵	BD ULTRAFINE INSULIN SYRINGES	XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
ULTIMED NEEDLES ⁵	BD ULTRAFINE NEEDLES		
ULTRAVATE	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment	Xvite	<i>folic acid</i>
		XYZBAC	<i>folic acid</i>
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin	YASMIN	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, NATAZIA
VALCYTE	valganciclovir		
VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir	YAZ	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, NATAZIA
Vanoxide-HC	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON		
VASCULERA	Consult doctor	Yuvaferm	estradiol vaginal cream, IMVEXXY, VAGIFEM
VECTICAL	calcipotriene ointment, calcipotriene solution	ZALVIT ⁷	<i>generic prenatal vitamins</i>
VELTIN	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON	ZARXIO	NIVESTYM
		ZEGERID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
venlafaxine ext-rel tablet (except 225 mg)	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule	ZELAC	Consult doctor
VENTOLIN HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol	ZEMAIRA	PROLASTIN-C
		ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VEREGEN	imiquimod	ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
VIAGRA	sildenafil, tadalafil	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZETIA	ezetimibe
VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX	ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA		

DRUG NAME(S)	PREFERRED OPTION(S)†	DRUG NAME(S)	PREFERRED OPTION(S)†
ZIANA	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
Ziclopro	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>	ZONTIVITY	Consult doctor
zileuton ext-rel	<i>montelukast, zafirlukast</i>	ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ZIRGAN	<i>trifluridine</i>		
ZOLADEX	ELIGARD, FIRMAGON, ORILISSA	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>	ZYDELIG	COPIKTRA
		ZYFLO	<i>montelukast, zafirlukast</i>
zolpidem sublingual	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
		ZYVIT	<i>folic acid</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 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](https://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.

§ 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.

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

⁴ Coverage may be altered or copay amounts may vary based on the condition being treated (e.g., psoriasis).

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁷ Generic prenatal vitamins are the only preferred options.

⁸ Long Acting Insulins - First Generation.

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