



The Reta Trust – EnvisionRx Prescription Drug Plan Pharmacy Schedule of Benefits

Summary of Benefits	Generic	Brand Formulary	Brand Non Formulary
Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)	\$10	\$20	\$30
Mail-Service Pharmacy Copayment (up to 3 Prescription Units or up to 90 days)	\$20	\$40	\$60
Specialty Pharmacy Copayment (up to 30 days)	N/A	\$30	N/A
Reta Value Options (RVO) Market Priced Drugs	See below description		

What is my Schedule of Benefits?

This Schedule of Benefits provides specific details about your Prescription Drug Benefit, as well as its exclusions and limitations.

How do I use my Prescription Drug Benefit?

Your Prescription Drug Benefit helps to cover the cost for some of the medications prescribed by a licensed Physician. Using your benefit is simple.

- Present your doctor’s prescription and EnvisionRx ID card at any EnvisionRx Participating Pharmacy.
- Pay the Copayment for a Prescription Unit or its retail cost, whichever is less.
- Receive your medication.

What do I pay when I fill a prescription?

You will pay a Copayment when filling a prescription at an EnvisionRx Participating Pharmacy. You will pay a Copayment every time a prescription is filled until you reach your medical plan annual out-of-pocket maximum. Your benefits are as follows:

- When you fill or refill a prescription for a generic medication, your Copayment is \$10 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Formulary brand-name medication, your Copayment is \$20 for a 30-day supply (excluding maintenance medications).
- When you fill or refill a prescription for a Non-Formulary brand-name medication, your Copayment is \$30 for a 30-day supply (excluding maintenance medications).

Preferred Mail Service for Maintenance Medications - For maintenance medications, you must utilize the **Orchard Pharmaceutical** (a division of EnvisionRx) mail service pharmacy and pay the mail service copayment (\$20 generic, \$40 Formulary Brand, \$60 Non-Formulary Brand) for up to a **90** day supply. You will be able to receive two fills at a retail pharmacy initially for maintenance medications, however, after two retail fills mail order is required through Orchard Pharmaceuticals. **You will need to obtain a NEW 90 Day supply prescription from your physician.** You also must **REGISTER** your member information with Orchard Mail Order Pharmacy. You may use any of the following 3 easy registration options:

1. **Online: (Recommended method)** Visit www.orchardrx.com and select **Not registered? Click here to register.** Your account will activate within 24 hours. By registering online, you can also track the progress of their orders.
2. **Phone:** Call Orchard Pharmaceutical Services Customer Service at 1-866-909-5170 to speak with a representative.
3. **Mail:** Complete the Registration and Prescription Order Form enclosed in this packet.

Once registered, you may mail the original 90 day supply prescription(s) with the enclosed brochure or your physician can fax your prescription(s) to Orchard at 1-866-909-5171. Please be sure that your prescriber includes your date of birth and contact information on the fax. Only faxes sent from a physician's office will be valid.

Reta Value Options (RVO)

Many brand-name medications have generics, brands, or over-the-counter (OTC) equivalents available that cost less and are FDA-approved drugs with similar effectiveness. RVO drugs are:

- The most cost-effective FDA-approved drugs (generics, brands or OTC equivalents) that provide a therapeutically equivalent result, based on available medical evidence.
- Designated as the formulary drug for each therapeutic category (a therapeutic category is a group of drugs that treat a given diagnosis, such as statins used to treat high cholesterol).

If you are taking a drug in an RVO therapeutic category that is not the formulary RVO medication, you will be contacted by EnvisionRx after your 1st prescription is filled with more information about the RVO program and your options.

How Reta Value Options Works

Under Reta Value Options pricing, you can choose to continue to use a drug that has a lower-priced, formulary drug equivalent, but Reta will pay only the amount it would have paid for the therapeutically similar drug that costs less (the RVO drug). You will pay the difference between the full market price of your prescription and the full market price of the lowest cost RVO therapeutic alternative plus the copay for the lowest cost therapeutic alternative.

The Plan's contribution for all therapeutic alternatives is based on what the Plan currently contributes to the lowest cost alternative. The Plan does not provide a greater subsidy or benefit for more expensive, therapeutically similar, medications. If you use a Non-Preferred Drug, you will pay more for it when you fill the prescription. You may avoid the cost increase by taking action and talking with your doctor about Preferred Drugs as alternatives to Non-Preferred Drugs.

Starting July 1, 2015, you can go to the "My Medicine Cabinet" website at www.EnvisionRx.com to find out how much your current prescription drugs cost and research Preferred Drugs. Using this information, you'll be able to work more effectively with your doctor to make informed decisions about medications. All the drug options have been approved by the Food and Drug Administration (FDA) for safety.

When I fill a prescription, how much medication do I receive?

- For a single retail Copayment, Members receive either one Prescription Unit or up to a 30-day supply of a drug.
- When you use the OrchardRx Mail Service Pharmacy program, you will receive three Prescription Units or up to a 90-day supply of maintenance medications.

What if the Preferred Drug doesn't work for me?

Your physician can file for a Physician Exception Request Form, by calling EnvisionRx at **1-844-852-7437**, to have you continue using a Non-Preferred Drug. Typically, exceptions are requested for reasons like the following:

- You've tried the Preferred Drug and it doesn't work as well as the Non-Preferred Drug.
- The Preferred Drug won't work with other medications you take.
- Your Physician feels your condition would be better treated with a Non-Preferred Drug.
- If the request is approved, you pay the applicable generic or brand copayment for the drug.

How can I request a Physician exception form?

You can call EnvisionRx at **1-844-852-7437**, and ask them to send you a Physician Exception Request Form by mail.

Forms are also available for printing on Envisions website at www.EnvisionRx.com. Please note: your physician must complete and submit the form to using the fax number on the form. EnvisionRx will perform a detailed clinical review and then notify you and your physician of the decision. If you disagree with the decision, you have the right to file an appeal with EnvisionRx.

What else do I need to know?

- You should become familiar with EnvisionRx' prescription drug Formulary. Any medication not on the Formulary you will pay the higher non-formulary copayment. For more information on the Formulary, please visit www.EnvisionRx.com.
- It is possible to buy a brand-name drug in place of a generic equivalent, even though the generic drug is the only one listed on our Formulary. Your cost, however, will be higher (Non-Formulary copayment). For more information, please continue to "Medications Covered by Your Benefit" and read the description for Generic Drugs.

ADDITIONAL INFORMATION

Medications Covered by Your Benefit

The following medications are included in the EnvisionRx managed Formulary and are available to your Physician.

- Federal Legend Drugs: Any medicinal substance which bears the legend: "Caution: Federal law prohibits dispensing without a prescription."
- State Restricted Drugs: Any medicinal substance that may be dispensed by prescription only according to state law.
- Generic Drugs: Comparable generic drugs may be substituted for brand-name drugs.
- For the purposes of determining coverage, the following items are considered prescription drug benefits: glucagon, insulin, insulin syringes, blood glucose test strips, lancets, inhaler extender devices, urine test strips and anaphylaxis prevention kits (including, but not limited to, EpiPen™, Ana-Kits™ and Ana-Guard™).
- Injectable drugs (except as listed under "Exclusions and Limitations").

Exclusions and Limitations

While the Prescription Drug Benefit covers most medications, there are some that are not covered:

- Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination.
- Therapeutic devices or appliances, including hypodermic needles, syringes (except insulin syringes), support garments and other nonmedicinal substances.
- All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices.
- Contraceptives prescribed for birth control
- Medications to be taken or administered to the eligible Member while a patient in a hospital, rest home, nursing home, sanitarium, etc.
- Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff.
- Dietary supplements, including vitamins and fluoride supplements (except prenatal), health or beauty aids, herbal supplements and/or Alternative Medicine.
- Compounded Medication: Any medicinal substance that has at least one ingredient that is Federal Legend or state Restricted in a therapeutic amount. All compounded medications are subject to EnvisionRx' prior authorization process
- Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or government agency, or medication furnished by any other drug or medical service for which no charge is made to the patient.
- Medication prescribed for Experimental or Investigational therapies, unless required by an external independent review panel pursuant to California Health and Safety Code Section 1370.4. For non-Food-and-Drug-Administration-approved indications, see the following exclusion.
- Off-Label Drug Use: Off-Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. EnvisionRx excludes coverage for Off-Label Drug Use, including off-label self-injectable drugs, except as described in the Subscriber Agreement and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria:
 - o The drug is approved by the FDA.
 - o The drug is prescribed by a licensed health care professional for the treatment of a life-threatening condition or for a chronic and seriously debilitating condition.
 - o The drug is Medically Necessary to treat the condition.
 - o The drug has been recognized for treatment of the life-threatening or chronic and seriously debilitating condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; the United States Pharmacopeia Dispensing Information; or in two articles from major peer-reviewed medical journals that present data supporting the proposed

Off-Label Drug Use or Uses as generally safe and effective.

- o The drug is administered as part of a core medical benefit as determined by EnvisionRx. Nothing in this section shall prohibit EnvisionRx from use of a Formulary, Copayment, technology assessment panel or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical Combined Evidence of Coverage and Disclosure Form.

- Medications available without a prescription (over-the-counter) or for which there is a nonprescription equivalent available, even if ordered by a Physician.
- Elective or voluntary enhancement procedures, services, supplies and medications, including, but not limited to, weight loss, hair growth, athletic performance, cosmetic purposes, anti-aging and mental performance. Examples of these drugs include, but are not limited to, Penlac, Retin-A, Renova, Vaniqa, Propecia, Lustra, Xenical or Meridia.
- Medications dispensed by a non-Participating Pharmacy (except for prescriptions required as a result of an Emergency or Urgently Needed Service for an acute condition).
- Drugs prescribed by a dentist or drugs used for dental treatment.
- Drugs used for diagnostic purposes.
- Saline and irrigation solutions.
- MUSE suppositories.
- Replacement of lost, stolen or destroyed medications. EnvisionRx reserves the right to expand the prior authorization requirement for any drug product to assure adherence to FDA-approved indications and national practice standards.

The Appeals Process

EnvisionRx contracts with a leading independent review organization (IRO) for the administration and determination of appeals. Your appeal will be reviewed and you will be notified in writing of the determination within 30 calendar days of EnvisionRx receipt of the appeal. If your appeal is denied, your written response will include the specific reason for the decision, describe the criteria or guidelines or benefit provision on which the denial decision was based, and notification that upon request the Member may obtain a copy of the actual benefit provision, guideline protocol or other similar criterion on which the denial is based. For determinations delaying, denying or modifying health care services based on a finding that the services are not Covered Services, the response will specify the provisions in the pharmacy plan documents that exclude that coverage. If you are not satisfied with the outcome of the first appeal, you may request a second appeal within four months of the initial appeal.

Expedited Review Appeals Process

Appeals involving an imminent and serious threat to your health including, but not limited to, severe pain or the potential loss of life, limb or major bodily function will be immediately referred to the IRO's clinical review personnel. Expedited appeals will be reviewed and you will be notified of the determination within 72 hours from EnvisionRx receipt of the appeal. If your case does not meet the criteria for an expedited review, it will be reviewed under the standard appeal process.

Specialty Pharmacy (Injectable Medications)

EnvisionRx Specialty Pharmacy will conveniently deliver your Injectable medications to your home or physician's office, or other location of choice. And there is no charge for shipping! Your prescription drug benefit allows one grace fill at any retail pharmacy, for up to a 30-day supply each, to ensure you continue receiving your specialty medication(s) as scheduled. After that, you are required to utilize Orchard Specialty Pharmacy for your specialty medications. Because specialty medications can be more difficult to manage, Orchard Specialty Pharmacy offers the following patient support services at no charge:

- Personalized support to help you achieve the best results from your prescribed therapy
- Convenient delivery to your home or prescriber's office
- Easy access to a Care Team who can answer medication questions, provide educational materials about your condition, help you manage any potential medication side effects, and provide confidential support—all with one toll-free phone call.
- If you have any questions, or to begin taking advantage of these complimentary patient support services, please call Orchard Specialty Pharmacy at **1-877-437-9012**.

Who should I call with questions?

- Call EnvisionRx at **1-844-852-7437** for direct access to their customer service line.

Introduction

The EnvisionRx Pharmacy and Therapeutics Committee is responsible for the development and maintenance of the Preferred Drug List. The Committee is comprised of independent practicing physicians and pharmacists from a wide variety of medical specialties. The Preferred Drug List is reviewed and updated from time to time as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the Preferred Drug List include safe use, clinical efficacy, and therapeutic need. Only after those factors are assessed is cost considered. Compliance with the Preferred Drug List is important for improving quality of care and restraining health care costs.

You may be able to obtain a drug not included on the Preferred Drug List for reasons of medical necessity or if formulary alternatives are inappropriate. Quantity Limits and Prior Authorizations and may be in place for certain medications and will vary by plan. Check with member services to see if your plan has these limitations in place.

How to Use the Preferred Drug List

The EnvisionRx Preferred Drug List is a reference tool for identifying preferred medications within certain therapeutic categories. Generic medications should be considered the first line of prescribing. If there is no generic medication available to treat the condition, there may be more than one brand medication available. Preferred brand medications are listed to help identify products that are clinically appropriate and cost effective. Generics within therapeutic categories are listed for reference purposes.

- Generics are listed in lowercase letters.
- Brands are listed in UPPERCASE letters.
- Non-Preferred products are listed with an [NP] symbol.
- Specialty products are listed with an [SP] symbol.

The EnvisionRx Preferred Drug List is not all inclusive and does not guarantee coverage of any medication.

Therapeutic Listing

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

*Amphetamines**

Amphetamine-Dextroamphetamine
Dextroamphetamine Sulfate
VYVANSE

*Anorexiant Non-Amphetamine**

Phentermine HCl

*Attention-Deficit/Hyperactivity Disorder (ADHD) Agents**

INTUNIV

*Stimulants - Misc.**

Dexmethylphenidate HCl
Modafinil
NUVIGIL

ANALGESICS - ANTI-INFLAMMATORY

*Antirheumatic - Enzyme Inhibitors**

XELJANZ [SP] [NP]

*Anti-TNF-alpha - Monoclonal Antibodies**

HUMIRA [SP]

SIMPONI [SP]

*Interleukin-1 Receptor Antagonist (IL-1Ra)**

KINERET [SP] [NP]

*Interleukin-6 Receptor Inhibitors**

ACTEMRA [SP] [NP]

*Nonsteroidal Anti-inflammatory Agents (NSAIDs)**

Ibuprofen

Meloxicam

Naproxen

CELEBREX

DUEXIS [NP]

VIMOVO [NP]

*Phosphodiesterase 4 (PDE4) Inhibitors**

OTEZLA [SP] [NP]

*Pyrimidine Synthesis Inhibitors**

Leflunomide

*Selective Costimulation Modulators**

ORENCIA [SP] [NP]

*Soluble Tumor Necrosis Factor Receptor Agents**

ENBREL [SP]

ANALGESICS - NonNarcotic

*Analgesic Combinations**

Butalbital-Acetaminophen-Caffeine

Butalbital-Aspirin-Caffeine

*Analgesics Other**

Acetaminophen

*Salicylates**

Aspirin

ANALGESICS - OPIOID

*Opioid Agonists**

Morphine Sulfate

Oxycodone HCl

Tramadol HCl

HYSINGLA ER

NUCYNTA

NUCYNTA ER

OPANA ER

OXYCONTIN

*Opioid Combinations**

Acetaminophen w/ Codeine
Hydrocodone-Acetaminophen
Oxycodone w/ Acetaminophen

*Opioid Partial Agonists**

Buprenorphine HCl

Buprenorphine HCl-Naloxone HCl Dihydrate

BUTRANS

SUBOXONE

ANDROGENS-ANABOLIC

*Androgens**

Testosterone Cypionate

ANDRODERM [NP]

ANDROGEL

TESTIM

ANORECTAL AGENTS

*Rectal Combinations**

Hydrocortisone Acetate w/ Pramoxine

PROCTOFOAM

*Rectal Steroids**

Hydrocortisone (Rectal)

Hydrocortisone Acetate (Rectal)

ANTIANGINAL AGENTS



Antianginals-Other*

RANEXA

Nitrates*

Isosorbide Mononitrate

Nitroglycerin

ANTI-ANXIETY AGENTS***Benzodiazepines****

Alprazolam

Diazepam

Lorazepam

ANTIARRHYTHMICS***Antiarrhythmics Type I-C****

Flecainide Acetate

Propafenone HCl

Antiarrhythmics Type III*

Amiodarone HCl

MULTAQ

TIKOSYN

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS***Bronchodilators - Anticholinergics****

Ipratropium Bromide

ANORO

INCRUSE

SPIRIVA

Leukotriene Modulators*

Montelukast Sodium

Selective Phosphodiesterase 4 (PDE4) Inhibitors*

DALIRESP

Steroid Inhalants*

Budesonide (Inhalation)

ASMANEX

FLOVENT

PULMICORT FLEXHALER

QVAR

Sympathomimetics*

Albuterol Sulfate

Ipratropium-Albuterol

Levalbuterol HCl

ADVAIR DISKUS/HFA

BREQ ELLIPTA

COMBIVENT RESPIMAT

FORADIL

PROAIR

SEREVENT DISKUS

SYMBICORT

VENTOLIN

ANTICOAGULANTS***Coumarin Anticoagulants****

Warfarin Sodium

Direct Factor Xa Inhibitors*

ELIQUIS

XARELTO

Heparins And Heparinoid-Like Agents*

Enoxaparin Sodium

Thrombin Inhibitors*

PRADAXA

ANTICONVULSANTS***Anticonvulsants - Benzodiazepines****

Clonazepam

Anticonvulsants - Misc.*

Gabapentin

Lamotrigine

Topiramate

LAMICTAL ODT

LYRICA

Valproic Acid*

Divalproex Sodium

ANTIDEPRESSANTS***Alpha-2 Receptor Antagonists (Tetracyclics)****

Mirtazapine

Antidepressants - Misc.*

Bupropion HCl

Selective Serotonin Reuptake Inhibitors (SSRIs)*

Citalopram Hydrobromide

Escitalopram Oxalate

Sertraline HCl

Serotonin Modulators*

Trazodone HCl

BRINTELLIX

VIIBRYD

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)*

Duloxetine HCl

Venlafaxine HCl

FETZIMA

PRISTIQ

Tricyclic Agents*

Amitriptyline HCl

Doxepin HCl

Nortriptyline HCl

ANTIDIABETICS***Antidiabetic Combinations****

Glyburide-Metformin

Pioglitazone HCl-Metformin HCl

INVOKAMET

JANUMET

JANUMET XR

KAZANO [NP]

KOMBIGLYZE

OSEN [NP]

PRANDIMET

Biguanides*

Metformin HCl

Diabetic Other*

GLUCAGEN

GLUCAGON

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*

JANUVIA

NESINA [NP]

ONGLYZA

Incretin Mimetic Agents (GLP-1 Receptor Agonists)*

TANZEUM

VICTOZA

Insulin Sensitizing Agents*

Pioglitazone HCl

Insulin*

APIDRA

LANTUS

LEVEMIR

NOVOLIN

NOVOLIN MIX

NOVOLIN N

NOVOLIN R

NOVOLOG

NOVOLOG MIX

Meglitinide Analogues*

Repaglinide

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors*

FARXIGA

INVOKANA

Sulfonylureas*

Glimepiride

Glipizide

Glyburide

ANTI-DIARRHEALS***Antiperistaltic Agents****

Diphenoxylate w/ Atropine

Loperamide HCl

ANTIDOTES***Opioid Antagonists****

Naltrexone HCl

ANTIEMETICS***5-HT3 Receptor Antagonists****

Ondansetron

Ondansetron HCl

ANZEMET [SP]

Antiemetics - Anticholinergic*

Meclizine HCl

ANTIFUNGALS***Antifungals****

Terbinafine HCl

Imidazole-Related Antifungals*

Fluconazole

Ketoconazole

ANTI-HISTAMINES***Antihistamines - Ethanolamines****

Diphenhydramine HCl

Antihistamines - Non-Sedating*

Cetirizine HCl

Levocetirizine Dihydrochloride

Loratadine

Antihistamines - Phenothiazines*

Promethazine HCl

Antihistamines - Piperidines*

Cyproheptadine HCl

ANTI-HYPERLIPIDEMICS***Antihyperlipidemics - Misc.****

Omega-3-acid Ethyl Esters

VASCEPA

Bile Acid Sequestrants*

Cholestyramine

Colestipol HCl

WELCHOL

Fibric Acid Derivatives*

Choline Fenofibrate

Fenofibrate

Gemfibrozil

LIPOFEN

HMG CoA Reductase Inhibitors*

Atorvastatin Calcium

Pravastatin Sodium

Simvastatin

CRESTOR

LIVALO

Intestinal Cholesterol Absorption Inhibitors*

ZETIA

ANTI-HYPERTENSIVES***ACE Inhibitors****

Enalapril Maleate

Lisinopril

Ramipril

Angiotensin II Receptor Antagonists*

Irbesartan

Losartan Potassium

Telmisartan

BENICAR

Antiadrenergic Antihypertensives*

Clonidine HCl

Doxazosin Mesylate



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

Terazosin HCl

Antihypertensive Combinations*

AMTURNIDE

AZOR

BENICAR HCT

DIOVAN

EXFORGE HCT

TARKA

TEKAMLO

TEKURNA HCT

TRIBENZOR

Direct Renin Inhibitors*

Lisinopril & Hydrochlorothiazide

Losartan Potassium & Hydrochlorothiazide

Valsartan-Hydrochlorothiazide

TEKURNA

Vasodilators*

Hydralazine HCl

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Antineoplastic - Hormonal and Related Agents

ZYTIGA [SP]

ANTIPARKINSON AGENTS

Antiparkinson Anticholinergics*

Benzotropine Mesylate

Antiparkinson Dopaminergics*

Carbidopa-Levodopa

Pramipexole Dihydrochloride

Ropinirole Hydrochloride

Antiparkinson Monoamine Oxidase Inhibitors*

AZILECT

ANTIPSYCHOTICS/ANTIMANIC AGENTS

Antimanic Agents*

Lithium Carbonate

Antipsychotics - Misc.*

Ziprasidone HCl

Benzisoxazoles*

Risperidone

Butyrophenones*

Haloperidol

Haloperidol Lactate

Dibenzapines*

Olanzapine

Quetiapine Fumarate

SEROQUEL XR

Phenothiazines*

Prochlorperazine

Prochlorperazine Maleate

Quinolinone Derivatives*

ABILIFY

ANTIVIRALS

CMV Agents*

Ganciclovir

Hepatitis Agents*

HARVONI [SP]

PEG-INTRON [SP]

PEGASYS [SP]

Ribavirin [SP]

SOVALDI [SP]

Herpes Agents*

Acyclovir

Famciclovir

Valacyclovir HCl

ZOVIRAX

ASSORTED CLASSES

Immunosuppressive Agents*

Azathioprine

Mycophenolate Mofetil [SP]

Tacrolimus

BETA BLOCKERS

Alpha-Beta Blockers*

Carvedilol

Labetalol HCl

COREG CR

Beta Blockers Cardio-Selective*

Atenolol

BYSTOLIC

Beta Blockers Cardio-Selective*

Metoprolol Succinate

Metoprolol Tartrate

Beta Blockers Non-Selective*

Nadolol

Propranolol HCl

Sotalol HCl

CALCIUM CHANNEL BLOCKERS

Calcium Channel Blockers*

Amlodipine Besylate

Diltiazem HCl Coated Beads

Nifedipine

CARDIOTONICS

Cardiac Glycosides*

Digoxin

CARDIOVASCULAR AGENTS - MISC.

Cardiovascular Agents Misc. - Combinations*

Amlodipine Besylate-Atorvastatin Calcium

Impotence Agents*

LEVITRA

VIAGRA

Pulmonary Hypertension - Endothelin Receptor Antagonists*

OPSUMIT [SP]

LETAIRIS [SP]

TRACLEER [SP]

CONTRACEPTIVES

Combination Contraceptives - Oral*

Norethin Acet & Estrad-Fe

Norgestimate-Ethinyl Estradiol

Norgestimate-Ethinyl Estradiol (Triphasic)

BEYAZ

NATAZIA

ORTHO TRI CYCLEN LO

SAFYRAL

Combination Contraceptives - Transdermal*

Norelgestromin-Ethinyl Estradiol

Combination Contraceptives - Vaginal*

NUVARING

Progesterin Contraceptives - Injectable*

Medroxyprogesterone Acetate (Contraceptive)

Progesterin Contraceptives - Oral*

Norethindrone (Contraceptive)

CORTICOSTEROIDS

Glucocorticosteroids*

Dexamethasone

Methylprednisolone

Prednisone

UCERIS [NP]

Mineralocorticoids*

Fludrocortisone Acetate

COUGH/COLD/ALLERGY

Antitussives*

Benzonatate

Hydrocodone w/ Homatropine

Cough/Cold/Allergy Combinations*

Hydrocodone Polistirex-Chlorpheniramine Polistirex

Promethazine w/Codeine

Promethazine-DM

Expectorants*

Guaifenesin

DERMATOLOGICALS

Acne Products*

Clindamycin Phosphate (Topical)

Clindamycin Phosphate-Benzoyl Peroxide

Tretinoin

ACANYA

ATRALIN

AZELEX

RETIN-A MICR GEL 0.08%

Antibiotics - Topical*

Mupirocin

Mupirocin Calcium (Topical)

Antifungals - Topical*

Clotrimazole w/ Betamethasone

Ketoconazole (Topical)

Nystatin (Topical)

MENTAX

Anti-inflammatory Agents - Topical*

FLECTOR

Antineoplastic or Premalignant Lesion Agents - Topical*

Fluorouracil (Topical)

FLUOROPLEX

PICATO [NP]

Antipsoriatics*

STELARA [SP]

Burn Products*

Silver Sulfadiazine

Emollient/Keratolytic Agents*

Urea

Emollients*

Lactic Acid (Ammonium Lactate)

Immunomodulating Agents - Topical*

Imiquimod

ZYCLARA [NP]

Immunosuppressive Agents - Topical*

ELIDEL

PROTOPIC

Local Anesthetics - Topical*

Lidocaine-Prilocaine

Misc. Topical*

Aluminum Chloride

DIAGNOSTIC PRODUCTS

Diagnostic Tests*

BREEZE

CONTOUR

FREESTYLE

PRECISION

DIGESTIVE AIDS

Digestive Enzymes*

CREON

SUCRAID

ZENPEP



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

DIURETICS***Carbonic Anhydrase Inhibitors****

Acetazolamide

Diuretic Combinations*

Spironolactone & Hydrochlorothiazide

Triamterene & Hydrochlorothiazide

Loop Diuretics*

Bumetanide

Furosemide

Torsemide

Potassium Sparing Diuretics*

Spironolactone

Thiazides and Thiazide-Like Diuretics*

Chlorthalidone

Hydrochlorothiazide

Metolazone

ENDOCRINE AND METABOLIC AGENTS - MISC.***Bone Density Regulators****

Alendronate Sodium

Ibandronate Sodium

ACTONEL 5MG, 30MG, 35MG

ATELVIA

Fertility Regulators*

FOLLISTIM AQ [SP]

Growth Hormones*

GENOTROPIN [SP]

NORDITROPIN [SP]

Hormone Receptor Modulators*

Raloxifene HCl

Posterior Pituitary Hormones*

Desmopressin Acetate [SP]

Prolactin Inhibitors*

Cabergoline

ESTROGENS***Estrogen Combinations****

Esterified Estrogens & Methyltestosterone

Estradiol & Norethindrone Acetate

CLIMARA PRO

COMBIPATCH

PREMPHASE

PREMPRO

Estrogens*

Estradiol

MENEST

MENOSTAR

PREMARIN

VIVELLE-DOT

FLUOROQUINOLONES***Fluoroquinolones****

Ciprofloxacin HCl

Levofloxacin

Moxifloxacin HCl

GASTROINTESTINAL AGENTS - MISC.***Gallstone Solubilizing Agents****

Ursodiol

Gastrointestinal Chloride Channel Activators*

AMITIZA

Gastrointestinal Stimulants*

Metoclopramide HCl

Inflammatory Bowel Agents*

Sulfasalazine

APRISO

CIMZIA [SP] [NP]

LIALDA

Irritable Bowel Syndrome (IBS) Agents*

LINZESS

LOTROXON

Intestinal Acidifiers*

Lactulose (Encephalopathy)

Phosphate Binder Agents*

FOSRENOL

RENAGEL

REVELA

GENITOURINARY AGENTS - MISCELLANEOUS***Alkalinizers****

Potassium Citrate (Alkalinizer)

Prostatic Hypertrophy Agents*

Alfuzosin HCl

Finasteride

Tamsulosin HCl

AVODART

JALYN

RAPAFLO

Urinary Analgesics*

Phenazopyridine HCl

GOUT AGENTS***Gout Agents****

Allopurinol

COLCRYS

ULORIC

HEMATOLOGICAL AGENTS - MISC.***Platelet Aggregation Inhibitors****

Cilostazol

Clopidogrel Bisulfate

AGGRENOX

BRILINTA

EFFIENT

HEMATOPOIETIC AGENTS***Folic Acid/Folates****

Folic Acid

Hematopoietic Growth Factors*

EPOGEN [SP]

NEULASTA [SP]

NEUPOGEN [SP]

PROCRIT

HEMOSTATICS***Hemostatics - Systemic****

Tranexamic Acid

HYPNOTICS***Barbiturate Hypnotics****

Phenobarbital

Non-Barbiturate Hypnotics*

Eszopiclone

Temazepam

Zolpidem Tartrate

LAXATIVES

PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate

PEG 3350-Potassium Chloride-Sod Bicarbonate-Sod Chloride

Sennosides-Docusate Sodium

Laxative Combinations*

MOVIPREP

Laxatives - Miscellaneous*

Lactulose

Polyethylene Glycol 3350

KRISTALOSE

Stimulant Laxatives*

Bisacodyl

Sennosides

Surfactant Laxatives*

Docusate Sodium

MACROLIDES***Azithromycin****

Azithromycin

Clarithromycin*

Clarithromycin

Erythromycins*

Erythromycin Base

MEDICAL DEVICES***Diabetic Supplies****

BREEZE

CONTOUR

FREESTYLE

PRECISION

Parenteral Therapy Supplies*

NOVOFINE

NOVOTWIST

ULTICARE LANCETS

ULTICARE PEN NEEDLES

ULTICARE SYRINGES

MIGRAINE PRODUCTS***Migraine Combinations****

Acetaminophen-Isometheptene-Dichloralphenazone

TREMIMET

Serotonin Agonists*

Rizatriptan Benzoate

Sumatriptan Succinate

Zolmitriptan

RELPAK

MOUTH/THROAT/DENTAL AGENTS***Anesthetics Topical Oral****

Lidocaine HCl (Mouth-Throat)

Anti-infectives - Throat*

Clotrimazole

Nystatin (Mouth-Throat)

Antiseptics - Mouth/Throat*

Chlorhexidine Gluconate (Mouth-Throat)

Dental Products*

Sodium Fluoride (Dental)

Steroids - Mouth/Throat*

Triamcinolone Acetonide (Mouth)

MULTIVITAMINS***Ped MV w/ Fluoride****

Pediatric Multivitamins w/FI

Prenatal Vitamins*

Prenatal Vit w/ Ferrous Fumarate-Folic Acid

PRENATE DHA

PRENATE ELITE

PRENATE ESSENTIAL

MUSCULOSKELETAL THERAPY AGENTS***Central Muscle Relaxants****

Carisoprodol

Cyclobenzaprine HCl

Tizanidine HCl

NASAL AGENTS - SYSTEMIC AND TOPICAL***Nasal Agent Combinations****

DYMISTA [NP]

Nasal Antiallergy*

Azelastine HCl

Nasal Anticholinergics*

Ipratropium Bromide (Nasal)

Nasal Steroids*

Fluticasone Propionate (Nasal)

Triamcinolone Acetonide (Nasal)



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

NASONEX
QNASL
VERAMYST

OPHTHALMIC AGENTS

*Beta-blockers - Ophthalmic**

Dorzolamide HCl-Timolol Maleate
Timolol Maleate (Ophth)

BETIMOL

BETOPTIC-S

COMBIGAN

*Cycloplegic Mydriatics**

Atropine Sulfate (Ophthalmic)

*Ophthalmic Adrenergic Agents**

Brimonidine Tartrate

ALPHAGAN P

*Ophthalmic Anti-infectives**

Erythromycin (Ophth)

Polymyxin B-Trimethoprim

Tobramycin (Ophth)

VIGAMOX

*Ophthalmic Immunomodulators**

RESTASIS

*Ophthalmics - Misc.**

Azelastine HCl (Ophth)

Dorzolamide HCl

Ketorolac Tromethamine (Ophth)

ACUVAIL

ALOMIDE

AZOPT

LASTACFT

NEVANAC

PATADAY

*Prostaglandins - Ophthalmic**

Latanoprost

Travoprost

LUMIGAN

TRAVATAN Z

OTIC AGENTS

*Otic Anti-infectives**

Ofloxacin (Otic)

*Otic Combinations**

Antipyrine-Benzocaine

Neomycin-Polymyxin-HC (Otic)

CIPRO HC

CIPRODEX

PENICILLINS

*Aminopenicillins**

Amoxicillin

Ampicillin

*Natural Penicillins**

Penicillin V Potassium

*Penicillin Combinations**

Amoxicillin & Pot Clavulanate

*Penicillinase-Resistant Penicillins**

Dicloxacillin Sodium

PROGESTINS

*Progestins**

Medroxyprogesterone Acetate

Norethindrone Acetate

Progesterone Micronized

MEGACE ES SUSP

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

*Antidementia Agents**

Donepezil Hydrochloride

EXELON

NAMENDA

NAMENDA XR

*Fibromyalgia Agents**

SAVELLA

*Multiple Sclerosis Agents**

AVONEX [SP]

BETASERON [SP] [NP]

COPAXONE [SP]

GILENYA [SP]

TECFIDERA [SP]

*Smoking Deterrents**

Nicotine

CHANTIX

TETRACYCLINES

*Tetracyclines**

Doxycycline (Monohydrate)

Doxycycline Hyclate

Minocycline HCl

SOLODYN [NP]

THYROID AGENTS

*Antithyroid Agents**

Methimazole

*Thyroid Hormones**

Levothyroxine Sodium

Levoxyl

Liothyronine Sodium

SYNTHROID

ULCER DRUGS

*Antispasmodics**

Dicyclomine HCl

Glycopyrrolate

Hyoscyamine Sulfate

CANTIL

*H-2 Antagonists**

Cimetidine

Famotidine

Ranitidine HCl

*Misc. Anti-Ulcer**

Sucralfate

CARAFATE SUS

*Proton Pump Inhibitors**

Lansoprazole

Omeprazole

Pantoprazole Sodium

DEXILANT

NEXIUM

*Ulcer Drugs - Prostaglandins**

Misoprostol

*Ulcer Therapy Combinations**

Omeprazole-Sodium Bicarbonate

URINARY ANTI-INFECTIVES

*Urinary Anti-infectives**

Nitrofurantoin Macrocrystal

Nitrofurantoin Monohyd Macro

URINARY ANTISPASMODICS

*Urinary Antispasmodic - Antimuscarinics (Anticholinergic)**

Oxybutynin Chloride

Tolterodine Tartrate

VESICARE

*Urinary Antispasmodics - Beta-3 Adrenergic Agonists**

MYRBETRIQ

VAGINAL PRODUCTS

*Vaginal Anti-infectives**

Metronidazole Vaginal

Terconazole Vaginal

AVC

*Vaginal Estrogens**

ESTRING

PREMARIN

PREMARIN VAGINAL CREAM

VAGIFEM

VASOPRESSORS

*Anaphylaxis Therapy Agents**

AUVI-Q

EPIPEN

EPIPEN-JR

*Vasopressors**

Midodrine HCl

Note: Preferred Multiple Sclerosis agents must be tried prior to obtaining fill for non-preferred agent



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

Alphabetical Listing

A

ABILIFY
 ACANYA
 Acetaminophen
 Acetaminophen w/ Codeine
 Acetaminophen-
 Isometheptene-
 Dichloralphenazone
 Acetazolamide
 ACTEMRA [SP] [NP]
 ACTONEL 5MG, 30MG,
 35MG
 ACUVAIL
 Acyclovir
 ADAIR DISKUS/HFA
 AGGRENOX
 Albuterol Sulfate
 Alendronate Sodium
 Alfuzosin HCl
 Allopurinol
 ALOMIDE
 ALPHAGAN P
 Alprazolam
 Aluminum Chloride
 Amiodarone HCl
 AMITIZA
 Amitriptyline HCl
 Amlodipine Besylate
 Amlodipine Besylate-
 Atorvastatin Calcium
 Amoxicillin
 Amoxicillin & Pot Clavulanate
 Amphetamine-
 Dextroamphetamine
 Ampicillin
 AMTURNIDE
 ANDRODERM [NP]
 ANDROGEL
 Antipyrine-Benzocaine
 ANORO
 ANZEMET [SP]
 APIDRA
 APRISO
 ASMANEX
 Aspirin
 ATELVIA
 Atenolol
 Atorvastatin Calcium
 ATRALIN

Atropine Sulfate (Ophthalmic)
 AUVI-Q
 AVC
 AVODART
 AVONEX [SP]
 Azathioprine
 Azelastine HCl
 Azelastine HCl (Ophth)
 AZELEX
 AZILECT
 Azithromycin
 AZOPT
 AZOR

B

BENICAR
 BENICAR HCT
 Benzonatate
 Benztropine Mesylate
 BETASERON [SP] [NP]
 BETIMOL
 BETOPTIC-S
 BEYAZ
 Bisacodyl
 BREEZE
 BREO ELLIPTA
 BRILINTA
 Brimonidine Tartrate
 BRINTELLIX
 Budesonide (Inhalation)
 Bumetanide
 Buprenorphine HCl
 Buprenorphine HCl-Naloxone
 HCl Dihydrate
 Bupropion HCl
 Butalbital-Acetaminophen-
 Caffeine
 Butalbital-Aspirin-Caffeine
 BUTRANS
 BYSTOLIC

C

Cabergoline
 CANTIL
 CARAFATE SUS
 Carbidopa-Levodopa
 Carisoprodol
 Carvedilol
 CELEBREX

Cetirizine HCl
 CHANTIX
 Chlorhexidine Gluconate
 (Mouth-Throat)
 Chlorthalidone
 Cholestyramine
 Choline Fenofibrate
 Cilostazol
 Cimetidine
 CIMZIA [SP] [NP]
 CIPRO HC
 CIPRODEX
 Ciprofloxacin HCl
 Citalopram Hydrobromide
 Clarithromycin
 CLIMARA PRO
 Clindamycin Phosphate
 (Topical)
 Clindamycin Phosphate-
 Benzoyl Peroxide
 Clonazepam
 Clonidine HCl
 Clopidogrel Bisulfate
 Clotrimazole
 Clotrimazole w/
 Betamethasone
 COLCRYS
 Colestipol HCl
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 CONTOUR
 COPAXONE [SP]
 COREG CR
 CREON
 CRESTOR
 Cyclobenzaprine HCl
 Cyproheptadine HCl

D

DALIRESP
 Desmopressin Acetate [SP]
 Dexamethasone
 DEXILANT
 Dexmethylphenidate HCl
 Dextroamphetamine Sulfate
 Diazepam
 Dicloxacillin Sodium
 Dicyclomine HCl

Digoxin
 Diltiazem HCl Coated Beads
 DIOVAN
 Diphenhydramine HCl
 Diphenoxylate w/ Atropine
 Divalproex Sodium
 Docusate Sodium
 Donepezil Hydrochloride
 Dorzolamide HCl
 Dorzolamide HCl-Timolol
 Maleate
 Doxazosin Mesylate
 Doxepin HCl
 Doxycycline (Monohydrate)
 Doxycycline Hyclate
 DUEXIS [NP]
 Duloxetine HCl
 DYMISTA [NP]

E

EFFIENT
 ELIDEL
 ELIQUIS
 Enalapril Maleate
 ENBREL [SP]
 Enoxaparin Sodium
 EPIPEN
 EPIPEN-JR
 EPOGEN [SP]
 Erythromycin (Ophth)
 Erythromycin Base
 Escitalopram Oxalate
 Esterified Estrogens &
 Methyltestosterone
 Estradiol
 Estradiol & Norethindrone
 Acetate
 ESTRING
 Eszopiclone
 EXELON
 EXFORGE HCT

F

Famciclovir
 Famotidine
 FARXIGA
 Fenofibrate
 FETZIMA
 Finasteride

[SP] = Specialty [NP] = Non-Preferred



Clearly. Beneficial.

Flecainide Acetate
 FLECTOR
 FLOVENT
 Fluconazole
 Fludrocortisone Acetate
 FLUOROPLEX
 Fluorouracil (Topical)
 Fluticasone Propionate (Nasal)
 Folic Acid
 FOLLISTIM AQ [SP]
 FORADIL
 FOSRENOL
 FREESTYLE
 Furosemide

G

Gabapentin
 Ganciclovir
 Gemfibrozil
 GENOTROPIN [SP]
 GILENYA [SP]
 Glimepiride
 Glipizide
 GLUCAGEN
 GLUCAGON
 Glyburide
 Glyburide-Metformin
 Glycopyrrolate
 Guaifenesin

H

Haloperidol
 Haloperidol Lactate
 HARVONI [SP]
 HUMIRA [SP]
 Hydralazine HCl
 Hydrochlorothiazide
 Hydrocodone Polistirex-Chlorpheniramine Polistirex
 Hydrocodone w/ Homatropine
 Hydrocodone-Acetaminophen
 Hydrocortisone (Rectal)
 Hydrocortisone Acetate (Rectal)
 Hydrocortisone Acetate w/ Pramoxine
 Hyoscyamine Sulfate
 HYSINGLA ER

I

Ibandronate Sodium
 Ibuprofen
 Imiquimod
 INCRUSE

INTUNIV
 INVOKAMET
 INVOKANA
 Ipratropium Bromide
 Ipratropium Bromide (Nasal)
 Ipratropium-Albuterol
 Irbesartan
 Isosorbide Mononitrate

J

JALYN
 JANUMET
 JANUMET XR
 JANUVIA

K

KAZANO [NP]
 Ketoconazole
 Ketoconazole (Topical)
 Ketorolac Tromethamine (Ophth)
 KINERET [SP] [NP]
 KOMBIGLYZE
 KRISTALOSE

L

Labetalol HCl
 Lactic Acid (Ammonium Lactate)
 Lactulose
 Lactulose (Encephalopathy)
 LAMICTAL ODT
 Lamotrigine
 Lansoprazole
 LANTUS
 LASTACAFT
 Latanoprost
 Leflunomide
 LETAIRIS [SP]
 Levalbuterol HCl
 LEVEMIR
 LEVITRA
 Levocetirizine Dihydrochloride
 Levofloxacin
 Levothyroxine Sodium
 Levoxyl
 LIALDA
 Lidocaine HCl (Mouth-Throat)
 Lidocaine-Prilocaine
 LINZESS
 Liothyronine Sodium
 LIPOFEN
 Lisinopril
 Lisinopril & Hydrochlorothiazide

Lithium Carbonate
 LIVALO
 Loperamide HCl
 Loratadine
 Lorazepam
 Losartan Potassium
 Losartan Potassium & Hydrochlorothiazide
 LOTRONEX
 LUMIGAN
 LYRICA

M

Meclizine HCl
 Medroxyprogesterone Acetate
 Medroxyprogesterone Acetate (Contraceptive)
 MEGACE ES SUSP
 Meloxicam
 MENEST
 MENOSTAR
 MENTAX
 Metformin HCl
 Methimazole
 Methylprednisolone
 Metoclopramide HCl
 Metolazone
 Metoprolol Succinate
 Metoprolol Tartrate
 Metronidazole Vaginal
 Midodrine HCl
 Minocycline HCl
 Mirtazapine
 Misoprostol
 Modafinil
 Montelukast Sodium
 Morphine Sulfate
 MOVIPREP
 Moxifloxacin HCl
 MULTAQ
 Mupirocin
 Mupirocin Calcium (Topical)
 Mycophenolate Mofetil [SP]
 MYRBETRIQ

N

Nadolol
 Naltrexone HCl
 NAMENDA
 NAMENDA XR
 Naproxen
 NASONEX
 NATAZIA

Neomycin-Polymyxin-HC (Otic)
 NESINA [NP]
 NEULASTA [SP]
 NEUPOGEN [SP]
 NEVANAC
 NEXIUM
 Nicotine
 Nifedipine
 Nitrofurantoin Macrocrystal
 Nitrofurantoin Monohyd Macro
 Nitroglycerin
 NORDITROPIN [SP]
 Norelgestromin-Ethinyl Estradiol
 Norethin Acet & Estrad-Fe
 Norethindrone (Contraceptive)
 Norethindrone Acetate
 Norgestimate-Ethinyl Estradiol
 Norgestimate-Ethinyl Estradiol (Triphasic)
 Nortriptyline HCl
 NOVOFINE
 NOVOLIN
 NOVOLIN MIX
 NOVOLIN N
 NOVOLIN R
 NOVOLOG
 NOVOLOG MIX
 NOVOTWIST
 NUCYNTA
 NUCYNTA ER
 NUVARING
 NUVIGIL
 Nystatin (Mouth-Throat)
 Nystatin (Topical)

O

Ofloxacin (Otic)
 Olanzapine
 Omega-3-acid Ethyl Esters
 Omeprazole
 Omeprazole-Sodium Bicarbonate
 Ondansetron
 Ondansetron HCl
 ONGLYZA
 OPANA ER
 OPSUMIT [SP]
 ORENCIA [SP] [NP]
 ORTHO TRI CYCLEN LO
 OSENI [NP]
 OTEZLA [SP] [NP]



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

Oxybutynin Chloride
Oxycodone HCl
Oxycodone w/ Acetaminophen
OXYCONTIN

P

Pantoprazole Sodium
PATADAY
Pediatric Multivitamins w/FI
PEG 3350-KCl-Sod Bicarb-
Sod Chloride-Sod Sulfate
PEG 3350-Potassium
Chloride-Sod Bicarbonate-Sod
Chloride
PEGASYS [SP]
PEG-INTRON [SP]
Penicillin V Potassium
Phenazopyridine HCl
Phenobarbital
Phentermine HCl
PICATO [NP]
Pioglitazone HCl
Pioglitazone HCl-Metformin
HCl
Polyethylene Glycol 3350
Polymyxin B-Trimethoprim
Potassium Citrate (Alkalinizer)
PRADAXA
Pramipexole Dihydrochloride
PRANDIMET
Pravastatin Sodium
PRECISION
Prednisone
PREMARIN
PREMARIN VAGINAL
CREAM
PREMPHASE
PREMPRO
Prenatal Vit w/ Ferrous
Fumarate-Folic Acid
PRENATE DHA
PRENATE ELITE
PRENATE ESSENTIAL
PRISTIQ
PROAIR
Prochlorperazine
Prochlorperazine Maleate
PROCRIT
PROCTOFOAM
Progesterone Micronized
Promethazine HCl
Promethazine w/Codeine
Promethazine-DM
Propafenone HCl

Propranolol HCl
PROTOPIC
PULMICORT FLEXHALER

Q

QNASL
Quetiapine Fumarate
QVAR

R

Raloxifene HCl
Ramipril
RANEXA
Ranitidine HCl
RAPAFLO
RELPAK
RENAGEL
REVELA
Repaglinide
RESTASIS
RETIN-A MICR GEL 0.08%
Ribavirin [SP]
Risperidone
Rizatriptan Benzoate
Ropinirole Hydrochloride

S

SAFYRAL
SAVELLA
Sennosides
Sennosides-Docusate Sodium
SEREVENT DISKUS
SEROQUEL XR
Sertraline HCl
Silver Sulfadiazine
SIMPONI [SP]
Simvastatin
Sodium Fluoride (Dental)
SOLODYN [NP]
Sotalol HCl
SOVALDI [SP]
SPIRIVA
Spironolactone
Spironolactone &
Hydrochlorothiazide
STELARA [SP]
SUBOXONE
SUCRAID
Sucralfate
Sulfasalazine
Sumatriptan Succinate
SYMBICORT
SYNTHROID

T

Tacrolimus
Tamsulosin HCl
TANZEUM
TARKA
TECFIDERA [SP]
TEKAMLO
TEKURNA
TEKURNA HCT
Telmisartan
Temazepam
Terazosin HCl
Terbinafine HCl
Terconazole Vaginal
TESTIM
Testosterone Cypionate
TIKOSYN
Timolol Maleate (Ophth)
Tizanidine HCl
Tobramycin (Ophth)
Tolterodine Tartrate
Topiramate
Torsemide
TRACLEER [SP]
Tramadol HCl
Tranexamic Acid
TRAVATAN Z
Travoprost
Trazodone HCl
Tretinoin
TREXIMET
Triamcinolone Acetonide
(Mouth)
Triamcinolone Acetonide
(Nasal)
Triamterene &
Hydrochlorothiazide
TRIBENZOR

U

UCERIS [NP]
ULORIC
ULTICARE LANCETS
ULTICARE PEN NEEDLES
ULTICARE SYRINGES
Urea
Ursodiol

V

VAGIFEM
Valacyclovir HCl
Valsartan-Hydrochlorothiazide
VASCEPA

Venlafaxine HCl
VENTOLIN
VERAMYST
VESICARE
VIAGRA
VICTOZA
VIGAMOX
VIMOVO [NP]
VIIBRYD
VIVELLE-DOT
VYVANSE

W

Warfarin Sodium
WELCHOL

X

XARELTO
XELJANZ [SP] [NP]

Z

ZENPEP
ZETIA
Ziprasidone HCl
Zolmitriptan
Zolpidem Tartrate
ZOVIRAX
ZYCLARA [NP]
ZYTIGA [SP]



Clearly. Beneficial.

[SP] = Specialty [NP] = Non-Preferred

