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|-------------------------|------------------------|------------------------|-------------------------------------------------------------------------------------------------------|---------------------|--|--|
| ACTIVELLA (G) 1MG/0.5MG | CADUET 5/80MG          | INSPIRA (G) 25MG       | SPIRIVA 18MCG                                                                                         | RELEGY ELLIPTA      |  |  |
| ACTONEL (G) 35MG        | CADUET 10/10MG         | INSPIRA (G) 50MG       | SPIRIVA RESPIMAT 2.5MCG                                                                               | 200-62.5-25MCG      |  |  |
| ACTONEL (G) 150MG       | CADUET 10/20MG         | LOPRESSOR (G) 50MG     | STALEVO (G) 50MG                                                                                      | UROKIT-K (G) 10MEQ  |  |  |
| ACTOPLUS (G) 15MG-850MG | CADUET 10/40MG         | LOPRESSOR (G) 100MG    | STALEVO (G) 100MG                                                                                     | URSO 250MG          |  |  |
| ACTOS (G) 15MG          | CADUET 10/80MG         | LUMIGAN 0.01%          | STALEVO (G) 125MG                                                                                     | WELCHOL (G) 625MG   |  |  |
| ACTOS (G) 30MG          | CARDIZEM CD (G) 240MG  | MALARONE (G)           | STIOLTO RESPIMAT                                                                                      | XARELTO 2.5MG       |  |  |
| ACTOS (G) 45MG          | CARDIZEM CD (G)        | 250-100MG              | 2.5/2.5MCG                                                                                            | XARELTO 10MG        |  |  |
| ACULAR (G) 0.5%         | 180MG                  | MINIPRESS (G) 1MG      | STRIVERDI RESPIMAT                                                                                    | XARELTO 15MG        |  |  |
| ACULAR LS (G) 0.4%      | CARDURA XL 4MG         | MINIPRESS (G) 2MG      | 2.5MCG                                                                                                | XARELTO 20MG        |  |  |
| ADVAIR DISKUS 100MCG    | CARDURA XL 8MG         | MINIPRESS (G) 5MG      | SYMBICORT                                                                                             | XIGDUO XR 5/1000MG  |  |  |
| ADVAIR DISKUS 250MCG    | CEQUA (G) 0.09%        | MIRAPEX ER 0.375MG     | 160MCG-4.5MCG                                                                                         | XIGDUO XR 10/500MG  |  |  |
| ADVAIR DISKUS 500MCG    | COLAZAL 750MG          | MIRAPEX ER 0.75MG      | TASMAR 100MG                                                                                          | XIGDUO XR 10/1000MG |  |  |
| ADVAIR HFA 45/21MCG     | COMBIGAN 0.2-0.5%      | MIRAPEX ER 1.5MG       | TENORMIN (G) 50MG                                                                                     | YAZ (G) 3/0.02MG    |  |  |
| ADVAIR HFA 115/21MCG    | COMBIVENT RESPIMAT     | MIRAPEX ER 2.25MG      | TENORMIN (G) 100MG                                                                                    | ZELAPAR 1.25MG      |  |  |
| ADVAIR HFA 230/21MCG    | 20MCG/100MCG           | MIRAPEX ER 3MG         | TOBREX OINT 0.3%                                                                                      | ZESTRIL (G) 5MG     |  |  |
| ALDACTONE (G) 25MG      | COMTAN (G) 200MG       | MIRAPEX ER 3.75MG      | TRELEGY ELLIPTA                                                                                       | ZESTRIL (G) 10MG    |  |  |
| ALPHAGAN-P 0.15%        | CORGARD 80MG           | MIRAPEX ER 4.5MG       | 100-62.5-25MCG                                                                                        | ZESTRIL (G) 20MG    |  |  |
| ALREX 0.2%              | COSOPT PF 2%/0.5%      | MIRVASO 0.33%          | THE FOLLOWING MEDICATIONS ARE COVERED IF PRIOR AUTHORIZATION REQUIREMENTS HAVE BEEN MET AND APPROVED. |                     |  |  |
| ALTACE (G) 1.25MG       | CYTOTEC (G) 200MCG     | MOBIC (G) 7.5MG        |                                                                                                       |                     |  |  |
| ALTACE (G) 2.5MG        | DALIRESP 250MCG        | MOBIC (G) 15MG         |                                                                                                       |                     |  |  |
| ALTACE (G) 5MG          | DALIRESP 500MCG        | NAMENDA (G) 10MG       |                                                                                                       |                     |  |  |
| ALTACE (G) 10MG         | DEPAKOTE (G) 250MG     | NATAZIA                |                                                                                                       |                     |  |  |
| ANAPROX DS 550MG        | DEPAKOTE (G) 500MG     | 3/2-2/2-3/1MG          |                                                                                                       |                     |  |  |
| ANORO ELLIPTA           | DEXILANT DR 30MG       | NEUPRO 1MG             |                                                                                                       |                     |  |  |
| 62.5/25MCG              | DEXILANT DR 60MG       | NEUPRO 2MG             |                                                                                                       |                     |  |  |
| ARAVA 10MG              | EDARBI 40MG            | NEUPRO 3MG             |                                                                                                       |                     |  |  |
| ARAVA 20MG              | EDARBI 80MG            | NEUPRO 4MG             |                                                                                                       |                     |  |  |
| ARICEPT (G) 5MG         | EDARBYCLOR             | NEUPRO 6MG             |                                                                                                       |                     |  |  |
| ARICEPT (G) 10MG        | 40MG/12.5MG            | NEUPRO 8MG             |                                                                                                       |                     |  |  |
| ARNUITY ELLIPTA         | EDARBYCLOR             | OSPHENA 60MG           |                                                                                                       |                     |  |  |
| 100MCG                  | 40MG/25MG              | PAXIL (G) 10MG         |                                                                                                       |                     |  |  |
| ARNUITY ELLIPTA         | EFFIENT (G) 5MG        | PAXIL (G) 20MG         |                                                                                                       |                     |  |  |
| 200MCG                  | ELIQUIS 2.5MG          | PAXIL (G) 30MG         |                                                                                                       |                     |  |  |
| ASMANEX TWISTHALER      | ELIQUIS 5MG            | PAXIL CR (G) 12.5MG    |                                                                                                       |                     |  |  |
| 110MCG                  | ENTRESTO 24MG-26MG     | PAXIL CR (G) 25MG      |                                                                                                       |                     |  |  |
| ASMANEX TWISTHALER      | ENTRESTO 49MG-51MG     | PLAQUENIL 200MG        |                                                                                                       |                     |  |  |
| 220MCG                  | ENTRESTO 97MG-103MG    | PRESTALIA 3.5MG/2.5MG  |                                                                                                       |                     |  |  |
| ATELVIA DR 35MG         | EVISTA (G) 60MG        | PRESTALIA 7MG/5MG      |                                                                                                       |                     |  |  |
| ATROVENT HFA 20UG       | EXELON (G) 4.6MG/24HR  | PRESTALIA 14MG/10MG    |                                                                                                       |                     |  |  |
| AZOPT 1%                | EXELON (G) 9.5MG/24HR  | PROSCAR (G) 5MG        |                                                                                                       |                     |  |  |
| BEPREVE 1.5%            | EXELON (G) 13.3MG/24HR | QTERN 10-5MG           |                                                                                                       |                     |  |  |
| BETIMOL 0.25%           | FARESTON 60MG          | QVAR REDIHALER 40MCG   |                                                                                                       |                     |  |  |
| BETIMOL 0.5%            | FARXIGA 5MG            | QVAR REDIHALER 80MCG   |                                                                                                       |                     |  |  |
| BETOPTIC S 0.25%        | FARXIGA 10MG           | RENVELA (G) 800MG      |                                                                                                       |                     |  |  |
| BEVESPI AEROSPHERE      | FLOVENT 44MCG          | RESTASIS MULTIDOSE (G) |                                                                                                       |                     |  |  |
| 9MCG-4.8MCG             | FLOVENT 110MCG         | 0.05%                  |                                                                                                       |                     |  |  |
| BEYAZ                   | FLOVENT 220MCG         | RESTASIS VIALS 0.05%   |                                                                                                       |                     |  |  |
| BIJUVA 1MG-100MG        | FLOVENT DISKUS 100MCG  | RYBELSUS 3MG           |                                                                                                       |                     |  |  |
| BREO ELLIPTA 100/25MCG  | FLOVENT DISKUS 250MCG  | RYBELSUS 7MG           |                                                                                                       |                     |  |  |
| BREO ELLIPTA 200/25MCG  | FOSAMAX (G) 70MG       | RYBELSUS 14MG          |                                                                                                       |                     |  |  |
| BREZTRI AEROSPHERE      | FOSAMAX PLUS D         | SALAGEN (G) 5MG        |                                                                                                       |                     |  |  |
| 160MCG-9MCG-4.8MCG      | 70MG-2800IU            | SEREVENT DISKUS        |                                                                                                       |                     |  |  |
| BRILINTA 60MG           | FOSAMAX PLUS D         | 50MCG                  |                                                                                                       |                     |  |  |
| BRILINTA 90MG           | 70MG-5600IU            | SIMBRINZA 1%/0.2%      |                                                                                                       |                     |  |  |
| CADUET 5/10MG           | ILEVRO 0.3%            | SINEMET (G) 100/10MG   |                                                                                                       |                     |  |  |
| CADUET 5/20MG           | INCRUSE ELLIPTA        | SLYND 4MG              |                                                                                                       |                     |  |  |
| CADUET 5/40MG           | 62.5MCG                | SOOLANTRA 1%           |                                                                                                       |                     |  |  |
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**THE FOLLOWING MEDICATIONS ARE COVERED IF PRIOR AUTHORIZATION REQUIREMENTS HAVE BEEN MET AND APPROVED.**

**NOTE:** Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.