

## NON-SPECIALTY: 2022

This is a list of commonly prescribed medications intended as a quick reference. This is not an all-inclusive list of medications and may include medications not covered by your prescription drug plan. Some dosage forms or strengths of drugs with the same name may reside in a different tier. Affordable Care Act Drugs have a \$0 copay.



Please visit [cap-rx.com/member-tools](http://cap-rx.com/member-tools) to view a full list of formulary medications and if there are any questions about your particular prescription drug benefits, please call the number on the back of your card.

Generic drugs are listed in lowercase • BRAND drugs are listed in UPPERCASE • All drugs are listed alphabetically  
Preventive drugs that have lower copays than other same-tiered drugs are marked with an asterisk.

### AFFORDABLE CARE ACT \$0 COPAY

anastrozole  
atorvastatin (select strengths)  
CHANTIX  
ENGERIX B  
FLUARIX QUADRIVALENT  
FLUBLOK QUADRIVALENT  
FLUCELVAX QUADRIVALENT  
folic acid  
JANSSEN COVID-19 VACCINE  
JUNEL FE 24  
LO LOESTRIN FE  
LUTERA  
MODERNA COVID-19 VACCINE  
nicotine  
ORTHO TRI-CYCLEN LO  
PFIZER-BIONTECH COVID-19 VACCINE  
PNEUMOVAX 23  
pravastatin  
rosuvastatin  
ZOSTAVAX  
simvastatin  
letrozole

### PREFERRED GENERICS

allopurinol  
amoxicillin  
atenolol\*  
atorvastatin (select strengths)  
baclofen  
benzonatate  
carvedilol\*  
citalopram  
estradiol  
fluoxetine  
gabapentin  
lisinopril\*  
meloxicam  
metformin\*  
methylphenidate  
metoprolol\*  
metronidazole  
ondansetron  
paroxetine  
sertraline  
tramadol  
warfarin\*

### NON-PREFERRED GENERICS

acyclovir  
alprazolam  
amphetamine Sulfate  
amphetamine-dextroamphetamine  
aripiprazole\*  
azithromycin  
benazepril\*  
cefdinir  
celecoxib  
dexmethylphenidate HCl ER  
diltiazem\*  
duloxetine  
furosemide\*  
linezolid  
methadone  
olanzapine\*  
omeprazole  
oxycodone  
propranolol\*  
sumatriptan  
valsartan\*  
zolpidem tartrate

### PREFERRED BRANDS

AIMOVIG  
BIKTARVY\*  
CREON  
DULERA\*  
ELIQUIS\*  
EMGALITY  
ENTRESTO  
ESTRING  
FLOVENT DISKUS\*  
FLOVENT HFA\*  
JANUVIA\*  
JARDIANCE\*  
LATUDA\*  
LEVEMIR\*  
NOVOLOG\*  
OZEMPIC\*  
PREMARIN  
SYNJARDY  
TRULANCE  
TRULICITY\*  
VYVANSE  
XARELTO

### NON-PREFERRED BRANDS

ADMELOG\*  
ADVAIR DISKUS\*  
AMBIEN  
AMITIZA  
AUVI-Q  
BASAGLAR  
BYDUREON\*  
BYETTA\*  
DAYTRANA  
HUMALOG\*  
LANTUS\*  
LINZESS  
NEXIUM  
QSYMIA  
REXULTI\*  
TANZEUM\*  
TRADJENTA\*  
TRINTELLIX\*  
VIIBRYD\*  
VIVELLE-DOT  
VRAYLAR\*  
ZOMIG

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|                     |          |                   |             |
|---------------------|----------|-------------------|-------------|
| abiraterone acetate | DUPIXENT | IBRANCE           | RAVICTI     |
| ACTEMRA             | ENBREL   | ICLUSIG           | SIMPONI     |
| AFINITOR            | EPCLUSA  | imatinib mesylate | TRIKAFTA    |
| AUBAGIO             | EYLEA    | IMBRUVICA         | VIEKIRA PAK |
| BOSULIF             | FORTEO   | JAKAFI            | XELJANZ     |
| COPAXONE            | GILENYA  | MAVYRET           | XOLAIR      |
| COSENTYX            | GLEEVEC  | NEULASTA          | ZEPATIER    |
| DAKLINZA            | HUMIRA   | OCALIVA           |             |

| You pay...                       | Preventative Prescriptions | Non-Preventative Prescriptions |
|----------------------------------|----------------------------|--------------------------------|
| Level 1 (preferred generics)     | \$0.00                     | \$5.00                         |
| Level 2 (non-preferred generics) | \$5.00                     | \$10.00                        |
| Level 3 (preferred brand)        | \$10.00                    | \$20.00                        |
| Level 4 (non-preferred brand)    | \$20.00                    | \$40.00                        |
| Level 5 (specialty)              | \$40.00                    | \$80.00                        |

*90 day at retail locations can be filled 3 times the copay / 90 at mail will continue to be filled at 3 times the copay*