

Express Scripts

By EVERNORTH®

2024 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
[OTC] - Over-the-counter Product
[SP] - Specialty Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY ASIMTUFII [INJ]
ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ] [SP]
acyclovir
ADALIMUMAB-ADAZ [INJ] [SP]
ADALIMUMAB-ABDM
(by Boehringer Ingelheim & Qualient) [INJ] [SP]
ADALIMUMAB-RYVK
(by Qualient) [INJ] [SP]
ADBRY [INJ] [SP]
ADEMPAS [SP]
ADVAIR HFA
ADVATE [INJ] [SP]
ADYNOVATE [INJ] [SP]
AFSTYLA [INJ] [SP]
AIMOVIG [INJ]
AIRSUPRA
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by AHP, Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva & West-Ward)
ALECENSA [SP]

alendronate
allopurinol
alprazolam
ALTUVIIO [INJ] [SP]
ALUNBRIG [SP]
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRETUDE [INJ] [SP]
ARALAST NP [INJ] [SP]
ARIKAYCE [SP]
aripiprazole
ARISTADA [INJ]
ARMOUR THYROID
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atomoxetine
atorvastatin
AUSTEDO, AUSTEDO XR [SP]
AVI-Q [INJ]
AVONEX [INJ] [SP]
AZASITE
azelastine nasal spray
azithromycin
AZSTARYS

B

baclofen
BAFIERTAM [SP]
BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD DIABETES
PEN NEEDLES [OTC]
BD DIABETES
SYRINGES [OTC]
BELBUCA
benazepril
BENEFITX [INJ] [SP]
benzonatate
betaine anhydrous
BETASERON [INJ] [SP]
BIKTARVY [SP]
bisoprolol/hctz
BOSULIF [SP]
BREO ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
BRUKINSA [SP]
budesonide nebulization suspension
budesonide/formoterol inhaler
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butabital/acetaminophen/ caffeine
BYDUREON BCISE [INJ]
BYETTA [INJ]
BYOOVIZ [INJ] [SP]

C

CABENUVA [INJ] [SP]
CABOMETYX [SP]
CALQUENCE [SP]
CARBAGLU [SP]
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CÉQUR SIMPLICITY
CERDELGA [SP]
CEREZYME [INJ] [SP]
CETROTIDE [INJ] [SP]
chlorhexidine gluconate
chlorthialidone
CIBINQO [SP]
CIMDUO [SP]
CIMERLI [INJ] [SP]
CINRYZE [INJ] [SP]
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate

colchicine

COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ [SP]
COTELLIC [SP]
CREON
CRINONE 8% [SP]
cyanocobalamin [INJ]
cyclobenzaprine
cyclosporine eye solution CYLTEZO [INJ] [SP]

D

deferiprone [SP]
DESCOVI [SP]
desloratadine
desvenlafaxine succinate ext-release
dexamethasone
DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER
DEXCOM G7:
RECEIVER, SENSOR
dexlansoprazole ext-release
dexmethylphenidate ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate [SP]
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
DOPTELET [SP]
DOVATO [SP]
doxazosin
doxycycline hyclate
DUAVEE
DULERA
duodenase delayed-release
DUPIXENT [INJ] [SP]
DYSPORT [INJ] [SP]

E

ELFABRIO [INJ] [SP]
ELIQUIS
ELOCTATE [INJ] [SP]
EMGALITY [INJ]
EMPAVELI [INJ] [SP]
emtricitabine/tenofovir disoproxil fumarate [SP]
EMVERM
enalapril
ENBREL [INJ] [SP]
exenatide [INJ] [SP]
ENSTILAR
ENTRESTO
ENTRESTO SPRINKLE
ENTYVIO IV [INJ] [SP]
EPCLUSA [SP]
EPIDIOLEX [SP]
epinephrine auto-injector (by Mylan, Teva) [INJ]

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

EPIPEN, EPIPEN JR [INJ]

ergocalciferol
ERIVEDGE [SP]
ERLEADA [SP]
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
ESPEROCT [INJ] [SP]
estradiol
estradiol patches
estradiol vaginal inserts
estradiol/norethindrone acetate
eszopiclone

ethinyl estradiol/desogestrel
ethinyl estradiol/drospirenone
ethinyl estradiol/drospirenone/ levomefetole

ethinyl estradiol/ethynodiol
ethinyl estradiol/etonogestrel vaginal ring

ethinyl estradiol/levonorgestrel
ethinyl estradiol/levonorgestrel/ iron

ethinyl estradiol/norelgestromin patches

ethinyl estradiol/norethindrone ethinyl estradiol/norethindrone acetate

ethinyl estradiol/norethindrone/ iron

ethinyl estradiol/norgestimate ethinyl estradiol/norgestrel

EUCRISA
EUFLEXXA [INJ] [SP]
EXKIVITY [SP]

EYSUVIS

ezetimibe

ezetimibe/simvastatin

FREESTYLE

TEST STRIPS [OTC]
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE,
FREESTYLE PRECISION NEO
FULPHILA [INJ] [SP]
furosemide
FYCOMPA
fyremadel [INJ] [SP]

G

gabapentin
GAMMACORE
GAVRETO [SP]
GELNIQUE
gemfibrozil
GENOTROPIN [INJ] [SP]
GENVOYA [SP]
GLASSIA [INJ] [SP]
glimepiride
glipizide
glipizide ext-release
glucagon emergency kit (by Amphastar) [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ] [SP]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

halcinonide
HARVONI [SP]
HUMALOG [INJ]
HUMALOG MIX [INJ]
HUMALOG TEMPO [INJ]
HUMIRA [INJ] [SP] (by AbbVie)
HUMULIN [INJ]
HUMULIN MIX [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen hydrocodone/chlorpheniramine polistirex ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine hydroxyzine hcl
hydroxyzine pamoate HYRIMOZ [INJ] [SP] (by Sandoz)

HYSINGLA ER

I

ibandronate
ibuprofen
icosapent ethyl
IDELVION [INJ] [SP]
ILET: PUMP, SUPPLIES
IMBRUVICA [SP]
INBRIJA [SP]
indometacin
INFLECTRA [INJ] [SP]
INLYTA [SP]

(continued)

Go to express-scripts.com/2024drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary. THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2024, THROUGH DECEMBER 31, 2024. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

INSULIN LISPRO [INJ]	metoprolol tartrate	OVIDREL [INJ] [SP]	SEMGLEE (YFGN) [INJ]	TRULANCE
INSULIN LISPRO	metronidazole	oxcarbazepine	sertraline	TRULICITY [INJ]
PROTAMINE MIX [INJ]	metronidazole topical	oxybutynin ext-release	SEVENFACT [INJ] [SP]	TYENNE [INJ] [SP]
irbesartan	metronidazole vaginal	oxycodone	sildenafil	TYMLOS [INJ] [SP]
isosorbide mononitrate	MIEBO	oxycodone/acetaminophen	SIMLANDI [INJ] [SP]	TYVASO DPI [SP]
ext-release	minocycline	OXYCONTIN	SIMPONI 100 MG (for Ulcerative Colitis only)	
isotretinoin	MIRENA [SP]	OZEMPIK [INJ]	[INJ] [SP]	
J	mirtazapine	P	simvastatin	U
JAKAFI [SP]	MIRVASO	PANCREAZE	SKYLA [SP]	UBRELVY
JANUMET, JANUMET XR	MITIGARE	pantoprazole delayed-release	SKYRIZI [INJ] [SP]	UCERIS FOAM
JANUVIA	mometasone	paroxetine hcl	SODIUM OXYBATE [SP]	UPTRAVI TABLETS [SP]
JARDIANCE	MONOVISC [INJ] [SP]	PAXLOVID	(by Hikma)	UZEDY [INJ]
JIVI [INJ] [SP]	montelukast	penicillin v potassium	solifenacina	V
JULUCA [SP]	morpheine sulfate ext-release	PENTASA 250 MG CAPSULES	SOLIQUA [INJ]	valacyclovir
K	MOUNJARO [INJ]	PHEBURANE [SP]	SOLIRIS [INJ] [SP]	valsartan
KANJINTI [INJ] [SP]	MOVANTIK	PHESGO [INJ] [SP]	SOLOSEC	valsartan/hctz
KERENDIA	moxifloxacin eye solution	pioglitazone	SOMATULINE DEPOT	VALTOCO
KESIMPTRA [INJ] [SP]	MULTAQ	PIQRAY [SP]	[INJ] [SP]	varenicline
ketocozaole topical	mupirocin	PLEGRIDY [INJ] [SP]	SOMAERT [INJ] [SP]	VARUBI
ketoconazole	MYFEMBREE	polymyxin/trimethoprim	SOTYKTU [SP]	VASCEPA
KISQALI [SP]	MYRBETRIQ	eye solution	SPIRIVA HANDIHALER	VELPHORO
KISQALI FEMARA	nabumetone	POMALYST [SP]	SPIRIVA RESPIMAT	VELTASSA
CO-PACK [SP]	naloxone nasal spray	PONVORY [SP]	spironolactone	VEMLIDY
KITABIS PAK [SP]	NAMZARIC	potassium chloride ext-release	SPRYCEL [SP]	venlafaxine
KLOXXADO	naproxen, naproxen sodium	pramipexole	STEGLATRO	venlafaxine ext-release
KOVALTRY [INJ] [SP]	NASCOBAL	pravastatin	STELARA SC [INJ] [SP]	verapamil ext-release
KYLEENA [SP]	NAYZILAM	PRECISION XTRA [OTC]:	STIOLTO RESPIMAT	VERQUVO
L	nebivolol	METERS, TEST STRIPS,	STIVARGA [SP]	VERZENIO [SP]
labetalol	neomycin/polymyxin/	B-KETONE STRIPS	STRENSIQ [INJ] [SP]	VGO
LAGEVRIA (EUA)	hydrocortisone ear solution	prednisolone acetate	STRIVERDI RESPIMAT	VIBERZI
lamotrigine	NEXLETOL	eye suspension	SUBLOCADE [INJ] [SP]	vilazodone
lansoprazole delayed-release	NEXLIZET	prednisolone sodium phosphate	sulfamethoxazole/trimethoprim	VIOKACE
latanoprost eye solution	NGENLA [INJ] [SP]	prednisone	sumatriptan	VITRAKVI [SP]
levetiracetam	niacin ext-release	pregabalin	SUNOSI	VIVITROL [INJ] [SP]
levocetirizine	nifedipine ext-release	PREMARIN CREAM	SYMFY [SP]	VIZIMPRO [SP]
levofloxacin	NINLARO [SP]	prenatal vitamins	SYMFY LO [SP]	VOSEVI [SP]
levothyroxine sodium	nitrofurantoin macrocrystal	PROCRT [INJ] [SP]	SYMLINPEN [INJ]	VOYDEYA [SP]
levoxyl	NITYR [SP]	progesterone micronized	SYMPROIC	VUMERTY [SP]
LICART	NIVESTYM [INJ] [SP]	PROLASTIN C [INJ] [SP]	SYMTUZA [SP]	
lidocaine patches	norethindrone	PROMACTA [SP]	SYNJARDY, SYNJARDY XR	
LINZESS	nortriptyline	promethazine	T	
liothyronine	NOVAREL [INJ] [SP]	promethazine/	tacrolimus topical	
lisdexanfetamine	NOVOEIGHT [INJ] [SP]	dextromethorphan	tadalafil	warfarin
lisinopril	NUBEQA [SP]	propranolol	TAFINLAR [SP]	WEGOVY [INJ]
lisinopril/hctz	NUCALA [INJ] [SP]	propranolol ext-release	TAGRISSO [SP]	
LOKELMA	NUDEXTA	Q	TAHZYRO [INJ] [SP]	X
lorazepam	NURTEC ODT	quetiapine	TALICIA	XACIATO
LORBRENA	nystatin	quinapril	TALTZ [INJ] [SP]	XALKORI [SP]
losartan	nystatin topical	QUILPTA	TALZENNA [SP]	XARELTO
losartan/hctz	O	QVAR REDIHALER	tamoxifen	XDEM瑶
loteprednol eye suspension	OCREVUS [INJ] [SP]		tamsulosin ext-release	XELJANZ, XELJANZ SOLUTION,
lovastatin	ODACTRA	rabeprazole delayed-release	TASIGNA [SP]	XELJANZ XR [SP]
LUMRYZ ER	ODEFSEY [SP]	RADICAVA ORS [SP]	TEALISSE [SP]	XHANCE
LUPKYNIS [SP]	ODOMZO [SP]	RAGWITEK	TEGSED [INJ] [SP]	XIFAXAN
LUPRON DEPOT [INJ] [SP]	OFEV [SP]	raloxifene	telmisartan	XIGDUO XR
Iurasidone	ofloxacin	ramipril	terazosin	XIIDRA
LYNPARZA [SP]	olanzapine	RASUVO [INJ]	terconazole vaginal	XOLAIR [INJ] [SP]
LYUMJEV [INJ]	olmesartan	REBIF [INJ] [SP]	teriflunomide [SP]	XTANDI [SP]
LYUMJEV TEMPO [INJ]	olmesartan/hctz	RECTIV	testosterone cypionate [INJ]	XYNTHA, XYNTHA SOLOFUSE
M	omega-3 acid ethyl esters	RELISTOR [INJ]	TEZSPIRE [INJ] [SP]	[INJ] [SP]
magnesium sulfate/	omeprazole delayed-release	RELISTOR TABLETS	thyroid	XYOSTED [INJ]
potassium sulfate/	OMNIPOD 5: KITS, PODS	REPATHA [INJ]	timolol maleate eye solution	XYWAV [SP]
sodium sulfate solution	OMNIPOD DASH: KITS, PODS	RESTASIS MULTIDOSE	tizanidine	
MAYZENT [SP]	OMNIPOD GO: PODS	RETACRIT [INJ] [SP]	TOBI PODHALER [SP]	
meclizine	OMVOH [INJ] [SP]	REVLIMID [SP]	tobramycin eye solution	
medroxyprogesterone	ondansetron	RINVHQ ER, RINVHQ LQ [SP]	tobramycin/dexamethasone	
MEKINIST [SP]	ondansetron orally	risperidone	eye suspension	
meloxicam	disintegrating tablets	rizatriptan	topiramate	YUPELRI
metaxalone	ONETOUGH	roflumilast	topiramate ext-release	
metformin	KITS/METERS [OTC]:	ropinirole	TOUJEO [INJ]	
metformin ext-release	ULTRA 2, VERIO FLEX	rosuvastatin	TRACLEER SUSPENSION [SP]	
methimazole	ONETOUGH	ROZLYTREK [SP]	tramadol	
methocarbamol	TEST STRIPS [OTC]:	RUCONEST [INJ] [SP]	travoprost eye solution	
methotrexate	ULTRA, VERIO	RUXIENCE [INJ] [SP]	TRAZIMERA [INJ] [SP]	
methylphenidate	OPSUMIT [SP]	RYBELSUS	trazodone	
methylphenidate ext-release	OPSYNVI [SP]	RYKINDO [INJ]	TRELEGY ELLIPTA	
methylprednisolone	ORALAIR [SP]	SAVELLA	TREMFYA [INJ] [SP]	
metoclopramide	ORIAHNN	SCEMBLIX [SP]	treprostinil [INJ] [SP]	
metoprolol succinate	ORILISSA	SEGLUROMET	TRESIBA [INJ]	
ext-release	ORTHOVISC [INJ] [SP]		tretinoin topical	
	oseltamivir		triamicinolone topical	
	OTEZLA [SP]		triamterene/hctz	
			TRIJARDY XR	
			TRIPTODUR [INJ] [SP]	
			TRIUMEQ [SP]	

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2024 National Preferred Formulary Exclusions

The excluded medications shown below are not covered on the Express Scripts drug list. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card. If there is a clinical reason, identified by your doctor, that requires you to continue taking your current medication, your doctor can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES Antibiotic Agents (Oral)	FIRVANQ, VANCOMYCIN 25 MG/ML SOLUTION	vancomycin capsules, vancomycin 50 mg/ml oral solution
	LIKMEZ	metronidazole tablets
	SIVEXTRO	linezolid
Antibiotic Agents for Urinary Tract Infections	NITROFURANTOIN 50 MG/5 ML SUSPENSION	nitrofurantoin 25 mg/5 ml suspension
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG, XERESE	acyclovir oral or cream, famciclovir, penciclovir cream, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Alzheimer's Agents	ADUHELM, KISUNLA, LEQEMBI	No alternatives recommended
Amyotrophic Lateral Sclerosis (ALS) Agents	QALSODY, RELYVRIO	No alternatives recommended
Anticonvulsants	EPRONTIA	topiramate sprinkle capsules
	FINTEPLA	DIACOMIT, EPIDIOLEX
	LIBERVANT	diazepam rectal gel, NAYZILAM, VALTOCO
	MOTPOLY XR	lacosamide
	PRIMIDONE 125 MG TABLETS	primidone 50 mg or 250 mg tablets
	VIGAFYDE	vigabatrin powder packets
	ZONISADE	zonisamide
Antimigraine Agents	ONZETRA XSAIL	sumatriptan nasal spray, zolmitriptan nasal spray
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
	ZAVZPRET	NURTEC ODT, UBRELVY
Antiparkinsonism Agents	APOKYN	Coverage may be approved for the treatment of Parkinson's Disease under certain conditions.
	DHIVY	carbidopa/levodopa
	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine oral solution, amantadine tablets
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Injectable)	INVEGA HAFYERA	risperidone er, RISPERDAL CONSTA, RYKINDO ER, UZEDY ER
Antipsychotics (Oral)	QUETIAPINE 150 MG TABLETS	quetiapine 50 mg or 100 mg
Antispasmodic Agents	BACLOFEN SOLUTION, LYVISPAN, OZOBAX, OZOBAX DS	baclofen suspension or tablets
Anxiolytic Agents	LOREEV XR	lorazepam tablets
Cataplexy Treatment	SODIUM OXYBATE (by Amneal), XYREM	LUMRYZ ER, SODIUM OXYBATE (by Hikma), XYWAV

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM (continued)	DYANAVEL XR, XELSTRYM	dextroamphetamine er, dextroamphetamine/amphetamine er, lisdexamfetamine
Central Nervous System Stimulants	METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER	dexamethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la, AZSTARYS
Duchenne Muscular Dystrophy (DMD) Agents	AGAMREE	prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets
	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	DUVYZAT	Coverage may be approved for the treatment of Duchenne Muscular Dystrophy under certain conditions.
Friedreich's Ataxia Agents	SKYCLARYS	Coverage may be approved for the treatment of Friedreich's Ataxia under certain conditions.
	BRIUMVI	KESIMPTA, OCREVUS
Multiple Sclerosis Agents	EXTAVIA	AVONEX, BETASERON, PLEGIRDY, REBIF
	GILENYA, TASCENO ODT	fingolimod, teriflunomide, BAFIERTAM, MAYZENT, PONVORY, VUMERTY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics & Combinations	CONZIP, QDOLO, TRAMADOL 25 MG & 100 MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION	tramadol 50 mg tablets, tramadol er tablets
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er, HYSINGLA ER, OXYCONTIN
	OXAYDO, OXYCODONE HCL 15 MG TABLETS, ROXBOND	oxycodone immediate-release tablets
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	SEGLENTIS	tramadol tablets plus celecoxib
Narcotic Antagonists	ZIMHI	naloxone syringes
Rett Syndrome Agents	DAYBUE	No alternatives recommended
Sedative-Hypnotic Agents	DORAL, QUAZEPAM	estazolam, lorazepam
	ZOLPIDEM 7.5 MG CAPSULES	eszopiclone, zaleplon, zolpidem tablets
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	CITALOPRAM CAPSULES, PEXEVA, SERTRALINE CAPSULES	citalopram tablets, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline tablets, vilazodone
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER	desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE Buccal TABLETS, FENTORA	fentanyl citrate lozenges
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG, FORFIVO XL	bupropion xl 150 mg or 300 mg
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
CARDIOVASCULAR ACE Inhibitors	QBRELIS	lisinopril
Alpha-Adrenergic Agonists	CLONIDINE ER 0.17 MG, NEXICLON XR	clonidine patches, clonidine tablets
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOL	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan
	VALSARTAN SOLUTION	valsartan tablets
Anticoagulants	PRADAXA, SAVAYSIA	dabigatran, ELIQUIS, XARELTO

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR (continued) Beta Blockers & Combinations	HEMANGEOL	propranolol solution
	INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
Calcium Channel Blockers	CONJUPRI, LEVAMLODIPINE	amlodipine, felodipine er, nifedipine er, nisoldipine
	KATERZIA, NORLIQVA	amlodipine tablets
Diuretics	FUROSCIX, SOAANZ	bumetanide, furosemide, torsemide
	THALITONE	chlorthalidone
Fenofibrates	ANTARA, FENOFLBIRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG), LIPOFEN	fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibrate tablets, fenofibric acid
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ATORVALIQ, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin tablets
	ROSUVASTATIN/EZETIMIBE	ezetimibe plus atorvastatin or rosuvastatin
PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Pulmonary Arterial Hypertension (PAH) Agents	LIQREV, TADLIQ	sildenafil oral suspension, sildenafil 20 mg tablets, tadalafil 20 mg tablets
Sodium Glucose Co-Transporter-1 and 2 Inhibitors	INPEFA	FARXIGA, JARDIANCE
Miscellaneous Cardiovascular Agents	ASPRUZY SPRINKLE ER	ranolazine er
	CORLANOR	ivabradine
	LODOC	colchicine
	NORPACE CR	amiodarone, quinidine sulfate, sotalol
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL, QBREXA, SOFDRA	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	ABSORICA LD	isotretinoin capsules
	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hydiate, doxycycline monohydrate
	MINOCYCLINE BIPHASIC TABLETS, MINOCYCLINE ER CAPSULES, XIMINO	minocycline 24 hour er tablets
Rosacea Agents (Topical)	NORITATE	metronidazole
	ZILXI	azelaic acid, ivermectin, metronidazole, sodium sulfacetamide/sulfur, FINACEA FOAM
Topical Agents for Acne	CABTREO	adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/benzoyl peroxide, tretinoin, tretinoin micro
	CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR	sulfacetamide/sulfur 9%-4% cleanser, sulfacetamide/sulfur 8%-4% suspension
	FABIOR, TAZAROTENE FOAM	tazarotene cream, tretinoin
	WINLEVI	azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapson, erythromycin gel, tretinoin
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	diclofenac 3% gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream
Topical Antifungals	ECOZA, ERTACZO, LULICONAZOLE, LUZU, OXISTAT LOTION, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION	clotrimazole, ketoconazole, miconazole, nystatin
Topical Corticosteroids	IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO FOAM	generic topical corticosteroids
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene, calcitriol

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
Dermatological (continued) Miscellaneous Topical Dermatological Agents	ALCORTINA	generic topical corticosteroids plus mupirocin
	CONDYLOX, VEREGEN	imiquimod 5% cream, podofilox solution
	LIDOCAINE/TETRACAIN, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
	TAZORAC 0.05% CREAM	tazarotene 0.1% cream
	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
Diabetes Biguanidine Agents	METFORMIN 625 MG TABLETS	metformin 500 mg or 850 mg tablets
Blood Glucose Meters & Test Strips	ASCENSA (CONTOUR) ONETOUCH SOLUTIONS STARTER KIT ROCHE (ACCU-CHEK) TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULIN, FREESTYLE LITE) FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULIN, FREESTYLE LITE, FREESTYLE PRECISION NEO) ONETOUCH KITS/METERS (ULTRA2, VERIO FLEX) ONETOUCH TEST STRIPS (ULTRA, VERIO) PRECISION XTRA METERS, TEST STRIPS
Diabetic Pen Needles & Syringes	PEN NEEDLES & SYRINGES BY: ARKRAY HOME AIDE DIAGNOSTICS HTL-STREFA NOVO NORDISK OWEN MUMFORD PRODIGY DIABETES CARE SIMPLE DIAGNOSTICS TRIVIDIA (NIPRO DIAGNOSTICS) ULTIMED ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT LISTED AS PREFERRED	BD DIABETES PEN NEEDLES BD DIABETES SYRINGES
Diabetic Supply Kits	BIGFOOT UNITY PROGRAM KIT	DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER DEXCOM G7: RECEIVER, SENSOR FREESTYLE LIBRE: READER, SENSOR
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, SITAGLIPTIN, TRADJENTA, ZITUVIO	saxagliptin, JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, SITAGLIPTIN/METFORMIN	saxagliptin/metformin, JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus saxagliptin or JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN, STEGLUJAN	GLYXAMBI
Glucagon-Like Peptide-1 Agonists	LIRAGLUTIDE, VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Glucose-Elevating Drugs	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE	glucagon emergency kit (by Amphastar), BAQSIMI, GVOKE
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations	XULTOPHY	SOLIQUA
Insulins	U-100: ADMELOG, APIDRA, FIASP, INSULIN ASPART, NOVOLOG, RELION NOVOLOG Inhalation: AFREZZA	U-100: HUMALOG, HUMALOG TEMPO, INSULIN LISPRO, LYUMJEV, LYUMJEV TEMPO U-200: HUMALOG, LYUMJEV
	INSULIN ASPART PROTAMINE, NOVOLOG MIX, RELION NOVOLOG MIX	HUMALOG MIX, INSULIN LISPRO PROTAMINE MIX
	U-100: INSULIN DEGLUDEC, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, LANTUS, LEVEMIR, REZVOGLAR U-200: INSULIN DEGLUDEC U-300: INSULIN GLARGINE	U-100: SEMGLEE (YFGN), TRESIBA U-200: TRESIBA U-300: TOUJEO
	NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX	HUMULIN, HUMULIN MIX
	BRENZAVVY, DAPAGLIFLOZIN, INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	DAPAGLIFLOZIN/METFORMIN ER, INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
Sulfonylurea Agents	GLIPIZIDE 2.5 MG TABLETS	glipizide 5 mg tablets

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, QNASL, ZETONNA	flunisolide, fluticasone, mometasone, XHANCE
Otic Antibiotics & Combination Products	CETRAXAL	ciprofloxacin otic, ofloxacin otic
	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC	ciprofloxacin/dexamethasone otic
ENDOCRINE Cushing's Agents	ISTURISA	ketoconazole tablets, mifepristone 300 mg, SIGNIFOR
	RECORLEV	ketoconazole tablets
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	LUPRON DEPOT-PED, SUPPRELIN LA	FENSOLVI, TRIPTODUR
Growth Hormones	HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, SAISEN, SAIZENPREP, ZOMACTON	GENOTROPIN, OMNITROPE
	SKYTROFA, SOGROYA	GENOTROPIN, OMNITROPE, NGENLA
Somatostatin Analogs	LANREOTIDE, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	testosterone cypionate, testosterone enanthate, XYOSTED
	KYZATREX, NATESTO, TLANDO	testosterone gel, testosterone solution, ANDRODERM PATCHES
Thyroid Replacement Therapy	ADTHYZA 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	levothyroxine tablets, thyroid pork, ARMOUR THYROID
	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
GASTROINTESTINAL Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
Antiemetics (Injectable)	FOCINVEZ	fosaprepitant injection
Antiemetics (Oral)	AKYNZE CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	ANTIVERT, MECLIZINE 50 MG TABLETS	meclizine 25 mg tablets
	ANZEMET	granisetron, ondansetron
	BONJESTA	doxylamine/pyridoxine hcl
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
	ONDANSETRON ODT 16 MG TABLETS	ondansetron odt 4 mg or 8 mg tablets
Bowel Evacuants	CLENPIQ, PLENNU, SUFLAVE, SUTAB	magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets
Corticosteroids (Rectal Formulations)	CORTIFOAM	budesonide foam, hydrocortisone enema, UCERIS FOAM
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended
Hemorrhoidal Preparations	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	hydrocortisone ac suppositories, pramoxine/hydrocortisone cream
	PROCTOFOAM-HC	pramoxine/hydrocortisone cream
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250 MG CAPSULES
Irritable Bowel Syndrome & Chronic Constipation Agents	IBSRELA, MOTEGRITY, ZELNORM	lubiprostone, LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	KONVOMEP, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	dexlansoprazole, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	glycopyrrolate tablets

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
HEMATOLOGICAL Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
	IXINITY, RIXUBIS	BENEFIX
	NOVOSEVEN RT	SEVENFACT
Factor Deficiency Agents & Related Products	NUWIQ, RECOMBINATE	ADVATE, ADYNOVATE, AFSTYLA, ALTUVIIO, ELOCTATE, ESPEROCY, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE
	REBINYN	ALPROLIX, IDELVION
	FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN, RELEUKO, ZARXIO	NIVESTYM
Hematopoietic & Thrombopoietic Agents	APHEXA	plerixafor
Hemophilia Gene Therapy	BEQVEZ	HEMGENIX
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors	JESDUVROQ, VAFSEO	PROCRIT, RETACRIT
Iron Replacement Agents	MONOFERRIC	sodium ferric gluconate complex, VENOFER
	OXBRYTA	hydroxyurea, DROXIA
Sickle Cell Disease Agents	SIKLOS	DROXIA
	ALVAIZ	NPLATE, PROMACTA
Thrombocytopenia Agents	MULPLETA	DOPTELET
Miscellaneous Hematology Agents	RYTELO	Coverage may be approved for the treatment of Myelodysplastic Syndrome with Transfusion-Dependent Anemia under certain conditions
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
	COMPLERA	ODEFSEY
	DELSTRIGO	efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFY, SYMFY LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, darunavir, fosamprenavir, lopinavir/ritonavir, ritonavir, PREZISTA
	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL & RHEUMATOLOGY Muscle Relaxants & Antispasmodic Agents	METHOCARBAMOL 1,000 MG TABLETS	methocarbamol 500 mg tablets
	COXANTO, DICLOFENAC 35 MG CAPSULES, FENOPROFEN 200 MG CAPSULES, KETOROLAC NASAL SPRAY, OXaprozin 300 MG CAPSULES, RELAFEN DS, TIVORBEX, ZORVOLEX	generic oral nonsteroidal anti-inflammatory drugs
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	ELYXYB	celecoxib
	MELOXICAM SUSPENSION	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES, LICART PATCHES
OBSTETRICAL & GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL Contraceptives (continued)	PHEXXI SLYND	Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges. generic progestin-only oral contraceptives
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA FEMRING	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
Estrogens (Oral)	MENEST, PREMARIN TABLETS	estradiol tablets
Human Chorionic Gonadotropin‡	CHORIONIC GONADOTROPIN 10,000 UNITS	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	CITRANATAL, NATAL PNV, PREGENNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	ELESTRIN	estradiol gel, estradiol patches
Vaginal Progesterones	CRINONE 4% ENDOMETRIN	medroxyprogesterone, megestrol, norethindrone, progesterone CRINONE 8%
ONCOLOGY Acute Myeloid Leukemia (AML) Agents	ONUREG REZLIDHIA VANFLYTA	Coverage may be approved for treatment of Acute Myeloid Leukemia under certain conditions.
B-Cell Lymphoma Agents	COLUMVI EPKINLY	Coverage may be approved for the treatment of Diffuse Large B-cell Lymphoma under certain conditions. Coverage may be approved for the treatment of Diffuse Large B-cell Lymphoma under certain conditions. For Follicular Lymphoma: LUNSUMIO
Bendamustine Agents	VIVIMUSTA	bendamustine, BENDEKA
Bevacizumab-Containing Agents	ALYMSYS, AVASTIN, VEGZELMA	ZIRABEV
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Bruton Tyrosine Kinase Inhibitors	JAYPIRCA	For Mantle Cell Lymphoma: BRUKINSA, CALQUENCE For Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma: BRUKINSA, CALQUENCE, IMBRUVICA, VENCLEXTA
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISQALI, VERZENIO
Docetaxel Agents	DOCIVYX	docetaxel
Interferons	BESREMI	hydroxyurea
Kinase Inhibitor of Vascular Endothelial Growth Factor Receptor	FRUZAQLA	LONSURF
Kinase Inhibitors	TRUQAP	anastrozole, exemestane, letrozole, tamoxifen, KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
MEK Inhibitors	MEKTOVI	COTELLIC, MEKINIST
Multiple Myeloma Agents	XPOVIO	bortezomib, DARZALEX, KYPROLIS, POMALYST, REVIMID, THALOMID
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC, OJJAARA	JAKAFI
Non-Small Cell Lung Cancer Agents	KRAZATI TEPMETKO	Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer.
PARP Inhibitors	RUBRACA, ZEJULA	TABRECTA LYNPARZA

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

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Drug Class	Excluded Medications	Preferred Alternatives
ONCOLOGY (continued) Prostate Cancer Agents	AKEEGA	abiraterone plus LYNPARZA, TALZENNA plus XTANDI
	CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR	ELIGARD, FIRMAGON, LUPRON DEPOT
	YONSA	abiraterone, XTANDI
	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	imatinib, pazopanib, sorafenib, sunitinib malate, SPRYCEL, STIVARGA, TASIGNA
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, carteolol drops, levobunolol drops
	DURYSTA, IDOSE TR, IYZUEH, XELPROS	bimatoprost drops, latanoprost drops, tafluprost drops, travoprost drops
	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, tafluprost drops, timolol drops, travoprost drops
	UPNEEQ	No alternatives recommended
	IZERVAY	Coverage may be approved for the treatment of Geographic Atrophy under certain conditions.
	EYLEA HD, VABYSMO	EYLEA
	LUCENTIS	BYOOVIZ, CIMERLI
	SUSVIMO	No alternatives recommended
	ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE	atropine 1% drops
Ophthalmic Agents (Other)	CYSTADROPS	CYSTARAN
	VERKAZIA	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
	VUITY	No alternatives recommended
	ALOCRIL, ALOMIDE, ALREX, ZERVIATE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, MAXIDEX, PRED MILD	dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVIS 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nephropathy Agents	FILSPARI	benazepril, candesartan, irbesartan, lisinopril, losartan, ramipril, valsartan
Nocturnal Polyuria Agents	NOCTIVA	desmopressin tablets
Overactive Bladder Agents	OXYBUTYNIN 2.5 MG, VESICARE LS	oxybutynin er, oxybutynin solution, oxybutynin 5 mg tablets, MYRBETRIQ ER
Phosphate Binders	FOSRENOL POWDER PACKETS, XPHOZAH	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl, VELPHORO
Miscellaneous Urologicals	URIMAR-T CAPSULES, URNEVA	uro mp, uro sp

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Drug Class	Excluded Medications	Preferred Alternatives
RESPIRATORY Antihistamines (Oral)	CARBINOXAMINE ER 4 MG/5 ML SUSPENSION	carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, fexofenadine, levocetirizine
Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-INJECTOR (by A-S Medication, Amneal Pharma, Avkare)	epinephrine auto-injector (by Mylan, Teva), AUVI-Q, EPIPEN, EPIPEN JR
Idiopathic Pulmonary Fibrosis Agents	PIRFENIDONE 534 MG TABLETS	pirfenidone, OFEV
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR
Inhaled Phosphodiesterase (PDE)-3 and PDE-4 Inhibitors	OHTUVAYRE	LAMA/LABAs: ANORO ELLIPTA, STIOLTO RESPIMAT LAMAs: tiotropium inhaler, SPIRIVA RESPIMAT LABAs: formoterol inhalation solution, STRIVERDI RESPIMAT ICS/LABAs: budesonide/formoterol, fluticasone/salmeterol dpi, ADVAIR HFA, BREO ELLIPTA, DULERA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT
Long-Acting Muscarinic Antagonist Inhalers	INCRUSE ELLIPTA, TUDORZA PRESSAIR	tiotropium inhaler, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	ANORO ELLIPTA, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ALVESCO, ARMONAIR DIGIHALER, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, FLUTICASONE/SALMETEROL DPI (by A-S Medication, Teva), FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL	budesonide/formoterol, fluticasone/salmeterol dpi (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA (by A-S Medication, Prasco), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (by AHP, Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva & West-Ward)
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	Coverage may be approved for treatment of Peanut Allergy under certain conditions.
Benign Prostatic Hyperplasia Agents	ENTADFI	finasteride 5 mg plus tadalafil 5 mg
Botulinum Toxin Products	BOTOX	DYSPORT, MYOBLOC Migraine - AIMOVID, AJOVY, EMGALITY, QULIPTA Hyperhidrosis - Over-the-Counter aluminum chloride containing products
	DAXXIFY, XEOMIN	DYSPORT, MYOBLOC
Complement Inhibitors	PIASKY	SOLIRIS
Enzyme Replacement Therapy - Fabry Disease	FABRAZYME	ELFABRIO
Eosinophilic Esophagitis Agents	EOHILIA	budesonide suspension made into a slurry or suspension and swallowed (not inhaled)
Gaucher Disease Agents	ELELYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
Immune Globulins	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immunosuppressant Agents	ENVARSUS XR	tacrolimus
	JYLAMVO, XATMEP	methotrexate tablets
	OTREXUP	RASUVO
Inflammatory Conditions Agents	SOVUNA	hydroxychloroquine tablets
Infused Non-TNF Biologics - Tocilizumab Intravenous Agents	TOFIDENCE IV	ACTEMRA IV, TYENNE IV
Infused TNF Antagonists	AVSOLA, INFliximab, REMICADE, RENFLEXIS	INFLECTRA

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
MISCELLANEOUS AGENTS (continued) Metabolic Agents	RAVICTI RIVFLOZA	sodium phenylbutyrate, PHEBURANE Coverage may be approved for the treatment of Primary Hyperoxaluria Type 1 under certain conditions
Myasthenia Gravis Agents	RYSTIGGO ZILBRYSQ	Coverage may be approved for the treatment of generalized myasthenia gravis. SOLIRIS
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis (Bone Modifiers)	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	AMVUTTRA, ONPATTRO, WAINUA	Coverage may be approved for treatment of Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis (hATTR) under certain conditions.
Potassium Replacement Agents	POKONZA	potassium chloride
Primary Biliary Cholangitis Agents	IQIRVO	Coverage may be approved for the treatment of Primary Biliary Cholangitis under certain conditions.
Vasculitis Agents	TAVNEOS	azathioprine, methotrexate, mycophenolate, RUXIENCE
Wilson's Disease Agents	CUVRIOR, TRIENTINE 500 MG CAPSULES	trientine 250 mg capsules

Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-FKJP, HULIO ABRILADA AMJEVITA HADLIMA HUMIRA (by Cordavis) HYRIMOZ (by Cordavis) YUSIMRY	ADALIMUMAB-ADAZ, HYRIMOZ (by Sandoz) ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI HUMIRA (by AbbVie)
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ, VELSIPITY	See below for Preferred Alternatives
Drug Class	Other Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	Preferred: ADALIMUMAB-ADAZ, HYRIMOZ (by Sandoz) ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), CYLTEZO ADALIMUMAB-RYVK (by Quallent), SIMLANDI HUMIRA (by AbbVie) ENBREL, OTEZLA, RINVOQ, RINVOQ LQ, SKYRIZI, SOTYKTU, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, ZYMFENTRA Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ Preferred after use of one Preferred Medication: ACTEMRA SC, CIMZIA (for Crohn's Disease only), OMVOH SC, SIMPONI 100 MG, TYENNE SC

‡ Please note that formulary and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

Excluded Medications/Products at a Glance

ABILIFY ^A	BEPREVE ^A	DETROL ^A , DETROL LA ^A	FLUTICASONE/VILANTEROL	JESDUVROQ
ABRILADA*	BEQVEZ [*]	DEXILANT ^A	FML FORTE	JYLMVO
ABSORICA LD	BERINERT [*]	DHIVY	FOCALIN ^A , FOCALIN XR ^A	KAPSPARGO SPRINKLE
ACANYA ^A	BESIVANCE	DICLOFENAC 35 MG CAPSULES	FOCINEVZ	KATERZIA
ACIPHEX ^A	BESREMI [*]	DICLOFENAC EPOLAMINE PATCHES	FOLLISTIM AQ [*]	KAZANO
ACUVAIL	BETIMOL	DOIVAN ^A , DOIVAN HCT ^A	FORFIVO XL	KEPPRA ^A , KEPPRA XR ^A
ADALIMUMAB-AACF*	BEVESPI AEROSPHERE	DIPENTUM	FOSRENOL CHEWABLE TABLETS ^A	KETOROLAC NASAL SPRAY
ADALIMUMAB-AACT*	BIDIL ^A	DIVIGEL ^A	FOSRENOL POWDER PACKETS	KEVEYIS ^A
ADALIMUMAB-FKJP*	BIGFOOT UNITY PROGRAM KIT	DOCIVYX [*]	FOTIVDA [*]	KINERET [*]
ADCIRCA [*]	BIJUVA	DORAL	FRUZAQLA [*]	KISUNLA [*]
ADDERALL ^A , ADDERALL XR ^A	BONJESTA	DORYX DR 50 MG ^A & 200 MG ^A	FUROSCIX	KLISYRI
ADMELOG	BOTOX [*]	DORYX DR 80 MG, DORYX MPC,	FYLNETRA [*]	KLONOPIN ^A
ADTHYZA 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	BRAUTOVI [*]	DOXYCYCLINE HYCLATE DR 80 MG	GAMMAKED [*]	KOMBIGLYZE XR ^A
ADUHELM [*]	BRENZAVVY	DRIZALMA SPRINKLE	GANIRELIX ACETATE [*]	KONVOME ^P
ADVAIR DISKUS ^A	BRIUMVI [*]	DRYSOL	GEL-ONE [*]	KORLYM ^A
AFINITOR ^A , AFINITOR DISPERZ ^A	BROMSITE ^A	DUAKLIR PRESSAIR	GELSIN-3 [*]	KRAZATI [*]
AFREZZA	BUPAP ^A	DUREZOL ^A	GENVISC 850 [*]	KUVAN ^A
AGAMREE [*]	BUPROPION XL 450 MG	DUROLANE [*]	GILENYA 0.25 MG*, GILENYA 0.5 MG ^{**}	KYZATREX
AIRDUO RESPICLICK	BUTTRANS ^A	DURYSTA [*]	GIMOTI [*]	LAMICTAL ^A , LAMICTAL ODT ^A ,
AKEEGA [*]	BYSTOLIC ^A	DUVYZAT [*]	GLEEVEC [*]	LAMICTAL XR ^A
AKYNZE CAPSULES	CABTREO	DYANAVEL XR	GLIPIZIDE 2.5 MG TABLETS	LAMPIT
ALBUTEROL SULFATE HFA (by A-S Medication, Prasco)	CALCIOPOTRIENE FOAM	ECOZA	GLUCAGEN HYPOKIT	LANREOTIDE [*]
ALCORTINA	CAMCEVI [*]	EDARBI, EDARBYCLOR	GLUCAGEN EMERGENCY KIT (by Fresenius)	LANTUS
ALINIA TABLETS ^A	CANASA ^A	EFFEXOR XR ^A	GLUMETZA [*]	LATUDA ^A
ALKINDI SPRINKLE	CARAC	ELELYSO [*]	GOCOVRI ER [*]	LEDIPASVIR/SOFOSBUVIR*
ALOCRIL	CARAFATE ^A	ELESTRIN	GRANIX [*]	LEQEMBI [*]
ALOGLIPTIN	CARBINOXAMINE ER 4 MG/5 ML SUSPENSION	ELIDEL ^A	HADIMA [*]	LEQVIO [*]
ALOGLIPTIN/METFORMIN	CAROSPIR ^A	ELYXYB	HEMADY	LETAIRIS ^A
ALOGLIPTIN/PIOGLITAZONE	CELEBREX ^A	EMEND CAPSULES ^A , TRIFOLD PACK ^A	HEMANGEOL [*]	LEUPROLIDE DEPOT [*]
ALOMIDE	CELEXA ^A	EMEND POWDER PACKETS	HERCEPTIN*, HERCEPTIN HYLECTA [*]	LEVALBUTEROL HFA
ALREX	CETRAXAL	EMFLAZA [*]	HERZUMA [*]	LEVAMLODIPINE
ALTOPREV	CHORIONIC GONADOTROPIN 10,000 UNITS*	ENDOMETRIN [*]	HOME AIDE DIAGNOSTICS	LEVEMIR
ALVAIZ [*]	CIALIS ^A	ENTADFI	PEN NEEDLES & SYRINGES	LEVOHYDROXYNE CAPSULES
ALVESCO	CILOXAN OINTMENT	ENVARSUS XR [*]	HTL-STREFA	LEXAPRO ^A
ALYMSYS [*]	CINQAIR [*]	EOHILIA	PEN NEEDLES & SYRINGES	LEXETTE
AMBIEN ^A , AMBIEN CR ^A	CIPRO HC	EPANED ^A	HULIO [*]	LIALDA ^A
AMITIZA [*]	CIPROFLOXACIN/ FLUOCINOLONE OTIC	EPINEPHRINE AUTO-Injector (by A-S Medication, Amneal Pharma, Avkare)	HUMATROPE [*]	LIBERVANT
AMJEVITA [*]	CITALOPRAM CAPSULES	EPKINLY [*]	HUMIRA (by Cordavis)*	LIBRAX ^A
AMONDYS 45 [*]	CITRANATAL	EPOGEN [*]	HYALGAN [*]	LIDOCAINE/TETRACAIN
AMPYRA ^A	CLENIA PLUS	EPRONTIA	HYDROCORTISONE/PRAMOXINE 25-18 MG SUPPOSITORIES	LIDODERM ^A
AMRIX ^A	CLENPIQ	ERTACZO	HYRIMOZ (by Cordavis)*	LIKMEZ
AMVUTTRA [*]	CLIMARA PRO	ESBRIET ^A	IBRANCE [*]	LIPITOR ^A
ANDROGEL ^A	CLINDAGEL ^A	ESTRACE CREAM ^A	IBSRELA	LIPOFEN
ANTARA	CLONIDINE ER 0.17 MG	ESTRING	IDACIO [*]	LIQREV [*]
ANTIVERT	COLCRYS ^A	ESTROGEL ^A	IDOSE TR [*]	LIRAGLUTIDE
ANUSOL-HC ^A	COLUMVI [*]	EVEKEO [*]	IMITREX ^A	LO LOESTRIN FE
ANZEMET	COMPLERA [*]	EVENITY [*]	IMPOYZ	LOCOID ^A , LOCOID LIPOCREAM ^A
APHEXDA [*]	CONCERTA ^A	EXFORGE ^A , EXFORGE HCT ^A	IMVEXXY	LOODOCO
APIDRA	COREGA ^A	EXJADE ^A	INCURE ELLIPTA	LOESTRIN ^A , LOESTRIN FE ^A
APLENZIN	CORLANOR [*]	EXONDYS 51 [*]	INDERAL LA ^A	LOVANOX ^{**}
APOKYN [*]	CORTIFOAM	EXTAVIA [*]	INDERAL XL, INNOPRAN XL	LUCEMYRA
APTENSIO XR ^A	CORTROPHIN GEL [*]	EYLEA HD [*]	INDOCIN SUPPOSITORIES ^A ,	LUCENTIS [*]
ARANESP [*]	COSOPT ^A , COSOPT PFA ^A	EZALLOR SPRINKLE	INDOCIN SUSPENSION ^A	LULICONAZOLE
ARIMIDEX ^A	COXANTO	FABIOR	INFILXIMAB [*]	LUNESTA ^A
ARKRAY PEN NEEDLES & SYRINGES	COZAAR ^A , HYZAAR ^A	FABRAZYME [*]	INPEFA	LUPRON DEPOT-PED [*]
ARMONAIR DIGIHALER	CRESTOR ^A	FEMRING	INQOVI [*]	LUZU
ASCENSIA (CONTOUR)	CRINONE 4%	FENOFLIBRATE CAPSULES (30 MG, 50 MG, 90 MG, 150 MG)	INREBIC [*]	LYRICA ^A , LYRICA CR ^A
ASPIRIN/OMEPRAZOLE DR	CUPRIMINE ^A	FENTORA	INSULIN ASPART,	LYVISPAH
ASPRUZOY SPRINKLE ER	CUTAQIQC [*]	FERAHEME ^A	INSULIN ASPART PROTAMINE	MEKTOVI [*]
ATACAND ^A , ATACAND HCT ^A	CUVPOSA ^A	FIASP	INSULIN DEGLUDEC	MELOXICAM SUSPENSION
ATORVALIQ	CUVRIOR [*]	FILSPARI [*]	INSULIN GLARGINE U-100,	MENEST
ATRALIN ^A	CYMBALTA ^A	FINTEPLA [*]	INSULIN GLARGINE U-300	MESTINON ^A
ATRIPLA ^A	CYSTADANE ^A	FIRAZYR ^A	INSULIN GLARGINE-YFGN	METFORMIN 625 MG TABLETS
ATROPINE PF 1% DROPPERETTE	CYSTADROPS [*]	FIRVANQ	INTRAROSA	METHOCARBAMOL
AUBAGIO ^A	CYTOMEL ^A	FLAREX	INTUNIV ^A	1,000 MG TABLETS
AVALIDE ^A , AVAPRO ^A	DALIRESP ^A	FLEQSUVY ^A	INSTALOL ^A	METHYLPHENIDATE ER
AVASTIN [*]	DAPAGLIFLOZIN	FLOVENT DISKUS, FLOVENT HFA	ISTURISA [*]	45 MG, 63 MG & 72 MG
AVEED [*]	DAPAGLIFLOZIN/METFORMIN ER	FLUOROURACIL 0.5% CREAM	IXINITY [*]	MICARDIS ^A , MICARDIS HCT ^A
AVODART ^A	DARTISLA ODT	FLUTICASONE PROPIONATE DISKUS,	IZVERY [*]	MICONAZOLE/ZINC OXIDE/
AVSOLA [*]	DAXXIFY [*]	FLUTICASONE PROPIONATE HFA	JADENU ^A , JADENU SPRINKLE [*]	PETROLATUM
AZOPT ^A	DAYBUE [*]	FLUTICASONE/SALMETEROL DPI (by A-S Medication, Teva)	JAYPIRCA [*]	MINASTRIN 24 FE ^A
AZOR ^A	DELSTRIGO [*]	FLUTICASONE/SALMETEROL HFA	JENTADUETO, JENTADUETO XR	MINIVELLE ^A
BACLOFEN SOLUTION	DELZICOL ^A			
BALCOLTRA ^A				
BANZEL ^A				
BARACLUD TABLETS ^A				
BECONASE AQ				
BENICAR ^A , BENICAR HCT ^A				

(continued)

Excluded Medications/Products at a Glance (continued)

MINOCYCLINE BIPHASIC TABLETS	OZOBAX, OZOBAX DS	RIVFLOZA*	TEMPO (WELCOME KIT, REFILL KIT, SMART BUTTON)	VIBRYD^
MINOCYCLINE ER CAPSULES	PALFORZIA*	RIXUBIS*	TEPMETKO*	VILTEPSO^
MIRCERA*	PENNSAID^	ROCHE (ACCU-CHEK)	TESTIM^	VIMOVO^
MIRCETTE^	PERCOSET^	ROLVEDON*	THALITONE	VIMPAT^
MONOFERRIC	PERFORMIST^	ROSUVASTATIN/EZETIMIBE	THIOLA^A	VISCO-3^
MOTEGRITY	PERTZYE	ROXYBOND	THYQUIDITY	VIVELLE-DOT^
MOTPOLY XR	PEXEGA	ROZEREM^	TIKOSYN^	VIVIMUSTA^
MOVIPREP^	PHEXXI	RUBRACA*	TIBI SOLUTION^A	VIVLODEX^
MULPLETA^	PIASKY*	RUKOBIA ER*	TOIMOPTIC OCUDOSE^A	VPRIV^
MYTESI^	PIFELTRO*	RYSTIGGO*	TIROSINT, TIROSINT-SOL	VUITY
NALFON CAPSULES^	PIRFENIDONE 534 MG TABLETS*	RYTELO*	TIVORBEX	VUSION
NAMENDA XR^	PLAQUENIL^	SABRIL^A	TLANDO	VYEPTI^
NATAL PNV	PLAVIX^	SAFYRAL^	TOBI SOLUTION^A	VYONDYS 53^
NATAZIA	PLENUV	SAIZEN, SAIZENPREP	TOBRADEX ST	VYTORIN^
NATESTO	PLIAGLIS	SAMSCA^A	TOFIDENCE IV^	WAINUA^
NATROBA^	POKONZA	SANDOSTATIN LAR DEPOT*	TOLSURA	WELCHOL^
NESINA	PRADAXA^	SAPHRIS^	TOPAMAX^A	WELLBUTRIN SR^A, WELLBUTRIN XL^A
NEULASTA^	PRALUENT	SAVAYSA	TOPICORT SPRAY^	WINLEVI
NEUPOGEN^	PRED MILD	SEASONIQUE^A	TOPROL XL^A	XADAGO
NEURONTIN^	PREGENNA	SEGLENTIS	TOVIAZ^A	XALATAN^A
NEVANAC	PREMARIN TABLETS, PREMPHASE, PREMPRO	SENSIPAR^	TRADJENTA	XANAX^A, XANAX XR^A
NEXICLON XR	PREVACID^A, PREVACID SOLUTAB^	SEREVENT DISKUS	TRAMADOL	XATMEP
NEXIUM CAPSULES^	PREZCOBIX^	SERNIVO	25 MG & 100 MG TABLETS	XELPROS
NEXIUM PACKETS	PRILOSEC SUSPENSION	SEROQUEL^A, SEROQUEL XR^A	TRAMADOL ER CAPSULES	XELSTRYM
NEXTSTELLIS	PRIMIDONE 125 MG TABLETS	SERTRALINE CAPSULES	TRAMADOL SOLUTION	XENAZINE^A
NITROFURANTOIN 50 MG/5 mL SUSPENSION	PRIMLEV	SIGNIFOR LAR^	TRANSDERM-SCOP^A	XEOMIN^
NOCTIVA	PRISTIQ^A	SIKLOS	TRAVATAN Z^A	XERESE
NORDITROPIN FLEXPRO^	PROAIR DIGITALER, PROAIR RESPICLICK	SILIQ*	TRELSTAR	XIMINO
NORITRATE	PROAIR HFA^	SIMPLE DIAGNOSTICS	TREXIMET^A	XOLEGEL
NORLIQVA	PROCTOFOAM-HC	PEN NEEDLES & SYRINGES	TRI-LUMA	XOPENEX HFA
NORPACE^	PROCYSBI^	SINGULAIR^A	TRIBENZOR^A	XPHOZAH
NORPACE CR	PRODIGY DIABETES CARE	SITAGLIPTIN	TRICOR^A	XPOVIO^
NORTHERA^A	PROLATE SOLUTION	SITAGLIPTIN/METFORMIN	TRIENTINE 500 MG CAPSULES	XTAMPZA ER
NORVASC^	PROLIA^	SITAVIG	TRILEPTAL^A	XULTOPHY
NOVO NORDISK PEN NEEDLES	PROTONIX^A	SIVEXTRO	TRILURON^*	XYREM^
NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX	PROVIGIL^A	SKYCLARYS^	TRINAZ	YASMIN^
NOVOLOG, NOVLOG MIX, RELION NOVLOG, RELION NOVLOG MIX	PROZAC^A	SKYTOFA^	TRIVIDIA (NIPRO DIAGNOSTICS) PEN NEEDLES & SYRINGES	YONSA^
NOVOSEVEN RT^	PULMICORT FLEXHALER	SLYND	TRIVIDIA (TRUETEST, TRUETRACK)	YOSRALA DR
NOXAFILE TABLETS^	PULMICORT RESPULES^A	SOAANZ	TRIVISC^	YUFLYMA^
NUCYNTA, NUCYNTA ER	PYLEREA^	SODIUM OXYBATE (by Amneal)*	TRUQAP^	YUSIMRY^
NUTROPIN AQ/NUSPIN^	PYRIDUM^A	SOFDRA	TRUVALADA^A	ZARXIO^
NUVARING^	QALSODY*	SOFSBUVIR/VELPATASVIR*	TRUXIMA^	ZAVESCA^A
NUVIGIL^	QBERELIS	SOGROYA^*	TUDORZA PRESSAIR	ZAVZPRET
NUWIQ^	QBREXZA	SORILUX	TWIRLA	ZEGALOGUE
NYVEPRIA^	QDOLO	SOVALDI^	TYBLUME	ZEGERID^
OGIVRI^	QINLOCK^	SOVUNA	UDENYCA^	ZEJULA^
OHTUVAYRE^	QNASC	SPRAVATO^	ULORIC^	ZELAPAR
OJJAARA^	QTERN	STEGLUJAN	ULTIMED PEN NEEDLES & SYRINGES	ZELNORM
OMNARIS	QUARTETTE^A	STIMUFEND^	UPNEEQ	ZERVIADE
ONDANSETRON ODT 16 MG TABLETS	QUAZEPAM	STRATTERA^A	URIMAR-T CAPSULES	ZETIA^
ONETOUGH SOLUTIONS STARTER KIT	QUETIAPINE 150 MG TABLETS	STRIBILD^	URNEVA	ZIMHI
ONFI^	QUILLICHEW ER	SUBOXONE^A	UROXATRAL^A	ZIOPTAN^A
ONGENTYS	QUILLIVANT XR	SULCONAZOLE	VABYSMO^	ZIPSOR^A
ONGLYZA^	RABEPRAZOLE DR SPRINKLE	SULFACETAMIDE/SULFUR	VAFSEO	ZITUVIO
ONPATRO^	RAPAFLO^A	8%-4% CLEANSER	VAGIFEM^	ZMA CLEAR
ONTRUZANT^	RAVICTI^A	SULFACETAMIDE/SULFUR	VALIUM^	ZOCOR^A
ONUREG^	REBINYN^	9%-4.25% SUSPENSION	VALSARTAN SOLUTION	ZOLOFT^A
ONZETRA XSAIL	RECOMBIMATE^	SUPARTZ FX^*	VALTREX^A	ZOLPIDEM 7.5 MG CAPSULES
ORACEA^	RECORLEV^	SUPPRELIN LA^*	VANCOMYCIN 25 MG/ML SOLUTION	ZOMACTON^
OSMOLEX ER^	RELAFEN DS	SUPREP^	VANFLYTA^	ZOMIG TABLETS^A
OSPHENA	RELEUKO^	SUSVIMO^	VANOS^A	ZONEGRAN^A
OTREXUP	RELEXXII ER	SUTAB	VEGZELMA^	ZONISADE
OWEN MUMFORD PEN NEEDLES	RELPAK^A	SYNOJOYNT^*	VELSIPIT^	ZORVOLEX
OXAPROZIN 300 MG CAPSULES	RENFLEXIS^	SYNTHROID^A	VELTINA^	ZOVIRAX OINTMENT^A
OXAYDO	RETIN-A MICRO 0.04% & 0.1%^A	SYNIVISC*, SYNIVISC-ONE*	TADLIQ^*	ZYCLARA
OXBRYTA^	REZLIDHIA^A	TARGETIN CAPSULES^A	TARGRETIN CAPSULES^A	ZYLET
OXISTAT CREAM^A	REZVOGLAR	TASCENO ODT^*	TAZAROTENE FOAM	ZYTIGA^A
OXISTAT LOTION	RHOPRESSA, ROCKLATAN	TAVNEOS^	TAZARAC 0.05% CREAM	VEREGEN
OXYBUTYNIN 2.5 MG	RIABNI^	TAYTULLA^A	TAZARAC 0.1% CREAM^A	VERKAZIA
OXYCODONE ER	RITALIN^A, RITALIN LA^	TAZORAC GEL^A	TESCIDERMA	VESICARE^A
OXYCODONE HCl 15 MG TABLETS	RITUXAN^, RITUXAN HYCELA^	TEKTURN^A	VIAGRA^A	VIAGRA^A
			VICTOZA	VIGAFYDE^

* Specialty Drug

^A Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.