

2025 Base Impact Formulary List

The 2025 Base Impact Formulary drug list is shown below. The formulary is the list of drugs included in your prescription plan. Inclusion does not guarantee coverage. The following list is not a complete list of products that are on the formulary.

PLEASE NOTE: Brand-name drugs may move to non-preferred 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 ID card.

KEY

[PA] – Prior Authorization Requirement

[ST] – Step Therapy Requirement

[SP] – Drug is listed on a Specialty Tier

Brand-name drugs are listed in CAPITAL letters. Example: ABILIFY MAINTENA.

Generic drugs are listed in lower-case letters. Example: ibuprofen.

For the member: 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.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

A

ABILIFY ASIMTUFI
 ABILIFY MAINTENA
 ABSORICA
 ACCU-CHEK FASTCLIX
 LANCET DRUM
 ACCU-CHEK SOFTCLIX
 acetaminophen-codeine
 acyclovir
 ADBRY [PA][SP]
 ADBRY AUTOINJECTOR
 [PA][SP]
 ADEMPAS [PA][SP]
 ADVAIR HFA
 ADVATE[SP]
 AIMOVIG AUTOINJECTOR
 [PA]
 AIRSUPRA [ST]
 AJOVY AUTOINJECTOR
 [PA]
 AJOVY SYRINGE [PA]
 albuterol sulfate
 albuterol sulfate hfa

ALECENSA [PA][SP]
 allopurinol
 ALPHAGAN P
 alprazolam
 ALTUVIIO[SP]
 amitriptyline hcl
 amlodipine besylate
 amoxicillin
 amoxicillin-clavulanate
 potass
 AMZEEQ
 ANDRODERM [PA]
 ANORO ELLIPTA
 APRETUDE [PA]
 APRISO
 ARANESP [PA][SP]
 aripiprazole
 ARISTADA
 ARISTADA INITIO
 ARMOUR THYROID
 ARNUITY ELLIPTA
 ASMANEX
 ASMANEX HFA

atenolol
 atomoxetine hcl
 atorvastatin calcium
 AUGTYRO [PA][SP]
 AURYXIA
 AUVI-Q
 AVONEX [PA][SP]
 AVONEX PEN [PA][SP]
 AZASITE
 azelastine hcl
 azithromycin

B

baclofen
 BARACLUDE[SP]
 BELBUCA
 BENEFIX[SP]
 benzonatate
 BESIVANCE
 BETOPTIC S
 BIKTARVY
 BOSULIF [PA][SP]
 BREO ELLIPTA
 BREZTRI AEROSPHERE

BRILINTA
 BRIXADI
 brompheniramine-
 pseudoephed-dm
 BROMSITE
 BRUKINSA [PA][SP]
 budesonide-formoterol
 fumarate
 bumetanide
 buprenorphine-naloxone
 bupropion hcl
 bupropion hcl sr
 bupropion xl
 buspirone hcl
 BYDUREON BCISE [PA]
 BYETTA [PA]
C
 CABENUVA [PA]
 CABOMETYX [PA][SP]
 CALQUENCE [PA][SP]
 CARAFATE
 CARBAGLU [PA][SP]
 carvedilol

Cost for covered alternatives may vary.

cefazolin sodium[sp]	diazepam	estradiol	GEMTESA
cefdinir	DICLEGIS	estradiol (twice weekly)	GENOTROPIN [PA][SP]
celecoxib	diclofenac sodium	ESTRING	GENVOYA
cephalexin	dicyclomine hcl	EUFLEXXA [PA]	GLASSIA[SP]
CEQUA	diltiazem 24hr er (cd)	EVAMIST [ST]	glimepiride
CETROTIDE[SP]	divalproex sodium	ezetimibe	glipizide
chlorhexidine gluconate	DOPTELET [PA][SP]	F	glipizide er
chlorthalidone	DOVATO	FABHALTA [PA][SP]	GLYXAMBI [ST]
CIBINQO [PA][SP]	doxepin hcl	FABRAZYME [PA][SP]	GONAL-F RFF REDI-
CIPRO HC	doxycycline hyclate	famotidine	JECT[SP]
ciprofloxacin hcl	doxycycline	FARXIGA	GONAL-F[SP]
citalopram hbr	monohydrate	FASENRA [PA][SP]	GRALISE [ST]
CLENPIQ	DUAVEE	FASENRA PEN [PA][SP]	GRASTEK [PA]
clindamycin hcl	DULERA	fenofibrate	guanfacine hcl er
clindamycin phosphate	duloxetine hcl	fentanyl [pa]	GVOKE
clobetasol propionate	DUPIXENT PEN [PA][SP]	FETZIMA	GVOKE HYPOPEN 1-PACK
clonazepam	DUPIXENT SYRINGE	finasteride	GVOKE HYPOPEN 2-PACK
clonidine hcl	[PA][SP]	FIRMAGON[SP]	GVOKE PFS 1-PACK
clopidogrel	DUROLANE [PA]	FLAREX	SYRINGE
colchicine	DYANAVEL XR	FLECTOR [PA]	H
COMBIGAN	DYSPORT [PA][SP]	fluconazole	HADLIMA [PA][SP]
COMBIPATCH	E	fluoxetine hcl	HADLIMA PUSHTOUCH
COMBIVENT RESPIMAT	ELFABRIO [PA][SP]	fluticasone propionate	[PA][SP]
CORLANOR	ELIGARD [PA][SP]	fluticasone propionate	HADLIMA(CF) [PA][SP]
COTEMPLA XR-ODT	ELIQUIS	hfa	HADLIMA(CF)
CREON	ELYXYB [ST]	fluticasone-salmeterol	PUSHTOUCH [PA][SP]
CRINONE	EMGALITY PEN [PA]	folic acid	haloperidol
cyclobenzaprine hcl	EMGALITY SYRINGE [PA]	FOLTX	haloperidol lactate
CYSTADANE[SP]	EMVERM [PA]	FRAGMIN	HARVONI [PA][SP]
D	ENBREL [PA][SP]	FREESTYLE LIBRE 14 DAY	HEMANGEOL
DAYVIGO [ST]	ENBREL MINI [PA][SP]	READER	heparin sodium-d5w
DEPLIN-ALGAL OIL	ENBREL SURECLICK	FREESTYLE LIBRE 14 DAY	HUMALOG
DESCOY	[PA][SP]	SENSOR	HUMALOG JUNIOR
desvenlafaxine succinate	enoxaparin sodium	FREESTYLE LIBRE 2	KWIKPEN
er	ENTRESTO	READER	HUMALOG KWIKPEN U-
dexamethasone	EPCLUSA [PA][SP]	FREESTYLE LIBRE 2	100
DEXCOM G6 RECEIVER	EPIDIOLEX [PA][SP]	SENSOR	HUMALOG KWIKPEN U-
DEXCOM G6 SENSOR	epinephrine	FREESTYLE LIBRE 3 PLUS	200
DEXCOM G6	EPIPEN 2-PAK	SENSOR	HUMALOG MIX 50-50
TRANSMITTER	EPIPEN JR 2-PAK	FREESTYLE LIBRE 3	KWIKPEN
DEXCOM G7 RECEIVER	ERIVEDGE [PA][SP]	READER	HUMALOG MIX 75-25
DEXCOM G7 SENSOR	ERLEADA [PA][SP]	FREESTYLE LIBRE 3	HUMALOG MIX 75-25
dexmethylphenidate hcl	erythromycin	SENSOR	KWIKPEN
er	escitalopram oxalate	FUROSCIX [ST][SP]	HUMALOG TEMPO PEN
dextroamphetamine-	esomeprazole	furosemide	U-100
amphet er	magnesium	G	HUMATROPE [PA][SP]
dextroamphetamine-	ESPEROCT[SP]	gabapentin	HUMIRA [PA][SP]
amphetamine		GELSYN-3 [PA]	HUMIRA PEN [PA][SP]
			HUMIRA(CF) [PA][SP]

Cost for covered alternatives may vary.

HUMIRA(CF) PEN
[PA][SP]
HUMIRA(CF) PEN
CROHN'S-UC-HS
[PA][SP]
HUMIRA(CF) PEN PSOR-
UV-ADOL HS [PA][SP]
HUMULIN 70/30
KWIKPEN
HUMULIN 70-30
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500
KWIKPEN
hydralazine hcl
hydrochlorothiazide
hydrocodone-
acetaminophen
hydrocortisone
hydromorphone hcl
hydroxychloroquine
sulfate
hydroxyzine hcl
hydroxyzine pamoate
hyoscyamine sulfate

I

IBRANCE [PA][SP]
ibuprofen
IMBRUVICA [PA][SP]
INCONTROL PEN NEEDLE
INCRUSE ELLIPTA
INFLECTRA [PA][SP]
INLYTA [PA][SP]
Insulin degludec
insulin glargine-yfgn
insulin lispro
insulin lispro kwikpen u-
100
INTRAROSA
ipratropium-albuterol
IQIRVO [PA][SP]

J

JAKAFI [PA][SP]
JANUMET [ST]
JANUMET XR [ST]
JANUVIA [ST]
JARDIANCE

JULUCA
JYLAMVO [ST]

K

KANJINTI [PA][SP]
KESIMPTA PEN [PA][SP]
ketoconazole
ketorolac tromethamine
KISQALI [PA][SP]
KLOXXADO
KYLEENA

L

labetalol hcl
lactulose
lamotrigine
latanoprost
LENVIMA [PA][SP]
LEVEMIR
LEVEMIR FLEXPEN
levetiracetam
levocetirizine
dihydrochloride
levothyroxine sodium
LIBERVANT
lidocaine
LINZESS
liothyronine sodium
lisdexamfetamine
dimesylate
lisinopril
lisinopril-
hydrochlorothiazide
lithium carbonate
LIVDELZI [PA][SP]
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA [PA][SP]
losartan potassium
losartan-
hydrochlorothiazide
LOTEMAX
LOTEMAX SM
LUMAKRAS [PA][SP]
LUMIGAN
LUPRON DEPOT [PA][SP]
LUPRON DEPOT-PED
[PA][SP]
LYNPARZA [PA][SP]

LYUMJEV
LYUMJEV KWIKPEN U-
100
LYUMJEV KWIKPEN U-
200
LYUMJEV TEMPO PEN U-
100

M

MAVYRET [PA][SP]
medroxyprogesterone
acetate
MEKINIST [PA][SP]
meloxicam
METANX
metformin hcl
metformin hcl er
methadone hcl
methocarbamol
methotrexate
methylphenidate er
methylphenidate hcl
methylprednisolone
metoprolol succinate
metoprolol tartrate
metronidazole
MICROLET
MIRENA
mirtazapine
montelukast sodium
MORPHINE SULFATE
morphine sulfate [pa]
morphine sulfate[sp]
MOUNJARO [PA]
MOVANTIK
mupirocin
MVASI [PA][SP]
MYFEMBREE [PA]
MYRBETRIQ
N
naltrexone hcl
naproxen
NASCOBAL
NATAZIA
NATESTO
NAYZILAM
NEEVODHA

NEMLUVIO [PA][SP]
NEULASTA [PA][SP]
NEULASTA ONPRO
[PA][SP]
NEUPRO
NEXIUM
NEXLETOL [PA]
NEXLIZET [PA]
nifedipine er
nitrofurantoin mono-
macro
NIVESTYM [PA][SP]
norepinephrine
bitartrate-d5w[sp]
nortriptyline hcl
NOVAREL
np thyroid
NUCALA [PA][SP]
NUDEXTA [PA]
NURTEC ODT [PA]
nystatin

O

OB COMPLETE PREMIER
OCREVUS [PA][SP]
ODACTRA
ODEFSEY
ODOMZO [PA][SP]
OFEV [PA][SP]
ofloxacin
olanzapine
olmesartan medoxomil
omeprazole
OMNIPOD 5 DEXG7G6
INTRO(GEN 5)
OMNIPOD 5 DEXG7G6
PODS (GEN 5)
OMNIPOD DASH PODS
(GEN 4)
OMNITROPE [PA][SP]
ondansetron hcl
ondansetron odt
ONETOUCH DELICA PLUS
LANCET
ONETOUCH ULTRA TEST
STRIP
ONETOUCH ULTRA2
ONETOUCH VERIO FLEX
METER

Cost for covered alternatives may vary.

ONETOUCH VERIO
REFLECT METER
ONETOUCH VERIO TEST
STRIP
ONEXTON
ORIAHNN [PA]
ORILISSA [PA]
OTEZLA [PA][SP]
OVIDREL
oxcarbazepine
oxycodone hcl
oxycodone-
acetaminophen
OXYCONTIN
OZEMPIC [PA]

P

pantoprazole sodium
paroxetine hcl
PAXLOVID
PEN NEEDLE
PENTASA
PENTIPS PEN NEEDLE
PERSERIS
phenazopyridine hcl
phentermine hcl
phenylephrine hcl-0.9%
nacl[sp]
pioglitazone hcl
PLEGRIDY PEN [PA][SP]
POMALYST [PA][SP]
potassium chloride
PRALUENT PEN [PA]
pravastatin sodium
prazosin hcl
PRECISION XTRA
prednisolone acetate
prednisone
pregabalin
PREMARIN
PREMPHASE
PREMPRO
PREZISTA
PROAIR RESPICLICK
PROCRIT [PA][SP]
progesterone
PROLASTIN C[SP]
PROLENSA

PROMACTA [PA][SP]
promethazine hcl
promethazine-dm
propranolol hcl
propranolol hcl er
PYLERA

Q

QNASL
quetiapine fumarate
QUILLICHEW ER [ST]
QUILLIVANT XR [ST]
QULIPTA [PA]
QVAR REDIHALER

R

RAGWITEK
RASUVO [ST]
REBIF [PA][SP]
REBIF REBIDOSE [PA][SP]
REBINYN[SP]
RECTIV
RELISTOR [PA]
REPATHA PUSHTRONEX
[PA]
REPATHA SURECLICK [PA]
REPATHA SYRINGE [PA]
RESTASIS
RESTASIS MULTIDOSE
RETACRIT [PA][SP]
REVLIMID [PA][SP]
REXULTI
REYVOW [PA]
RINVOQ [PA][SP]
risperidone
rizatriptan
ropinirole hcl
rosuvastatin calcium
RUCONEST [PA][SP]
RUXIENCE [PA][SP]
RYBELSUS [PA]

S

SANCUSO
SAVELLA
SAXENDA [PA]
SCEMBLIX [PA][SP]
scopolamine
SECUADO

SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
sertraline hcl
sildenafil citrate
SIMBRINZA
SIMLANDI [PA][SP]
SIMPONI ARIA [PA][SP]
simvastatin
SKYLA
SKYRIZI [PA][SP]
SKYRIZI ON-BODY
[PA][SP]
SKYRIZI PEN [PA][SP]
SKYTROFA [PA][SP]
SOFDRA
SOGROYA [PA][SP]
SOLQUA 100-33 [ST]
SOMATULINE DEPOT
[PA][SP]
SOMAVERT [PA][SP]
SOOLANTRA
SOTYKTU [PA][SP]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
SPRYCEL [PA][SP]
STEGLUJAN [ST]
STELARA [PA][SP]
STIOLTO RESPIMAT
STIVARGA [PA][SP]
STRIVERDI RESPIMAT
SUBLOCADE [PA]
sucralfate
SUFLAVE
sulfamethoxazole-
trimethoprim
sumatriptan succinate
SUNOSI [PA]
SUPARTZ FX [PA]
SUPREP
SUTAB
SYMLINPEN 60
SYMPROIC
SYMITUZA
SYNJARDY
SYNJARDY XR

T

tacrolimus
tadalafil
TAFINLAR [PA][SP]
TAGRISSO [PA][SP]
TAKHZYRO [PA][SP]
TALICIA
TALTZ AUTOINJECTOR (2
PACK) [PA][SP]
TALTZ AUTOINJECTOR (3
PACK) [PA][SP]
TALTZ AUTOINJECTOR
[PA][SP]
TALTZ SYRINGE [PA][SP]
TALZENNA [PA][SP]
tamsulosin hcl
TASIGNA [PA][SP]
TAZORAC
TEMPO WELCOME KIT
testosterone cypionate
[pa]
TEZSPIRE [PA][SP]
tizanidine hcl
TOBI PODHALER[SP]
TOBRADEX
TOBRADEX ST
topiramate
tramadol hcl
TRAZIMERA [PA][SP]
trazodone hcl
TREGLEY ELLIPTA
TREMIFYA [PA][SP]
TRESIBA
TRESIBA FLEXTOUCH U-
100
TRESIBA FLEXTOUCH U-
200
tretinoin
triamcinolone acetonide
triamterene-
hydrochlorothiazid
TRIJARDY XR [ST]
TRINTELLIX
TRIPTODUR [PA][SP]
TRIUMEQ
TROKENDI XR [ST]
TRUE METRIX AIR
GLUCOSE METER
TRUE METRIX BLOOD
GLUCOSE MTR

Cost for covered alternatives may vary.

TRUE METRIX GLUCOSE
TEST STRIP
TRUEPLUS INSULIN
SYRINGE

TRUEPLUS PEN NEEDLE
TRULANCE

TRULICITY [PA]

TWIRLA

TYENNE [PA][SP]

TYMLOS [PA][SP]

TYRVAYA

U

UBRELVY [PA]

UDENYCA [PA][SP]

UDENYCA ONBODY
[PA][SP]

UNIFINE PENTIPS

UNIFINE PENTIPS PLUS

UNIFINE SAFECONTROL
UNIFINE ULTRA PEN
NEEDLE

UPTRAVI [PA][SP]

UZEDY

V

valacyclovir

valsartan

VASCEPA

VELPHORO

VELTASSA

VEMLIDY

venlafaxine hcl er

VENTOLIN HFA

V-GO 20

V-GO 30

V-GO 40

VIOKACE

vitamin d2

VIBRANT

VIVITROL[SP]

VOYDEYA [PA][SP]

VUMERITY [PA][SP]

VYZULTA

W

warfarin sodium

WEGOVY [PA]

X

XARELTO

XDEMVI [PA][SP]

XIFAXAN

XIGDUO XR

XOLAIR [PA][SP]

XTANDI [PA][SP]

XULTOPHY 100-3.6 [ST]

Y

YUPELRI

Z

ZARXIO [PA][SP]

ZELBORAF [PA][SP]

ZENPEP

ZEPBOUND [PA]

ZEPOSIA [PA][SP]

ZERVIATE

ZIRABEV [PA][SP]

zolpidem tartrate

zomig [st]

ZUBSOLV

ZURZUVAE [PA][SP]

ZYLET

ZYMFENTRA [PA][SP]

Alternative Drug Tables

The Non-Preferred medications shown below may be filled at a higher copay or co-insurance. Please note that product placement on this list is subject to change throughout the year based upon market dynamics, new indications for existing products, and new product launches. The list below is NOT a complete list of all products considered excluded or non-preferred drugs by your Plan; in most cases, multi-source brands are excluded from coverage with preference given to generic equivalents.

Take action to avoid paying a higher price. If you're currently using one of the non-preferred medications, you can ask your doctor to consider writing you a new prescription for a preferred alternative. Additional covered alternatives may be available. Costs for covered alternatives may vary. 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.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
VITAMIN B PREPARATIONS	METANX, CEREFOLIN NAC	FOLTX
VITAMIN A DERIVATIVES	DIFFERIN, RETIN-A MICRO PUMP (0.06 %)	RETIN-A MICRO PUMP (0.08 %)
VAGINAL ESTROGEN PREPARATIONS	FEMRING, VAGIFEM	ESTRADIOL, ESTRING, PREMARIN
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	OXYBUTYNIN CHLORIDE (2.5MG), TOVIAZ	GELNIQUE, OXYBUTYNIN CHLORIDE (5MG),
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXXII, METHYLPHENIDATE ER (45 MG TAB), METHYLPHENIDATE ER (63 MG TAB), METHYLPHENIDATE ER (72 MG TAB)	QUILLIVANT XR, METHYLPHENIDATE ER (36 MG TAB), COTEMPLA XR-ODT, QUILLICHEW ER
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	ENSTILAR, WYNZORA	TACLONEX
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	PENNSAID, LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTIBIOTICS	ZILXI, AMZEEQ, XEPI	MUPIROCIIN
THYROID HORMONES	THYQUIDITY, ERMEZA, TIROSINT-SOL, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID
THROMBOPOIETIN RECEPTOR AGONISTS	ALVAIZ	PROMACTA, DOPTELET
TETRACYCLINES	NUZYRA, ORACEA, DORYX MPC, SEYSARA, ACTICLATE, MINOLIRA ER, TARGADOX	DOXYCYCLINE HYCLATE
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA	SOMATULINE DEPOT
SKELETAL MUSCLE RELAXANTS	LYVISPAH	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	PRISTIQ	FETZIMA, DULOXETINE HCL, VENLAFAXINE HCL ER
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, SERTRALINE HCL (150 MG CAP), SERTRALINE HCL (200 MG CAP), CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (20 MG CAP), FLUOXETINE HCL (40 MG CAP), ESCITALOPRAM OXALATE, SERTRALINE HCL (100 MG TAB), SERTRALINE HCL (25 MG TAB), SERTRALINE HCL (50 MG TAB), CITALOPRAM HBR (20 MG TAB), CITALOPRAM HBR (40 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), QUUVIOQ, BELSOMRA	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
ROSACEA AGENTS, TOPICAL	FINACEA, MIRVASO, METROGEL, EPSOLAY, RHOFADÉ, METROCREAM	SOOLANTRA
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER	UPTRAVI, TREPROSTINIL
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM (40 MG CAP), NEXIUM (20 MG CAP)	NEXIUM (5 MG PACKET), NEXIUM (40 MG PACKET), NEXIUM (2.5 MG PACKET), NEXIUM (10 MG PACKET), NEXIUM (20 MG PACKET), OMEPRAZOLE, PANTOPRAZOLE SODIUM
PRENATAL VITAMIN PREPARATIONS	PRENATE PIXIE, PRENATE DHA, PRENATE RESTORE, PRIMACARE, PRENATE MINI, PRENATE ENHANCE, PRENATE ELITE	OB COMPLETE PETITE, OB COMPLETE ONE, OB COMPLETE WITH DHA, OB COMPLETE PREMIER
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	ENDOMETRIN	CRINONE
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PANCREATIC ENZYMES	PERTZYE, PANCREAZE	CREON, ZENPEP, VIOKACE
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL-FLUOCINOLONE	CIPRO HC, OTOVEL
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	VERKAZIA, XIIDRA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS	BYOOVIZ, CIMERLI
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	NAPRELAN	DICLOFENAC SODIUM, IBU, MELOXICAM, IBUPROFEN, NAPROXEN, RELAFEN DS
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	FORFIVO XL, WELLBUTRIN XL, APLENZIN	BUPROPION XL
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, BECONASE AQ, ZETONNA, XHANCE	FLUTICASONE PROPIONATE, QNASL CHILDREN, QNASL
MULTIVITAMIN PREPARATIONS	NEEVODHA, PRENATE ESSENTIAL, PRENATE CHEWABLE	OB COMPLETE
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	ZIOPTAN, COSOPT PF, IYUZEH, XELPROS, ROCKLATAN, BETIMOL, RHOPRESSA, ALPHAGAN P (0.15%)	LATANOPROST, COMBIGAN, LUMIGAN, ALPHAGAN P (0.1%), VYZULTA, SIMBRINZA, BETOPTIC S
METABOLIC DEFICIENCY AGENTS	BETAINE ANHYDROUS	CYSTADANE
MACROLIDES	DIFICID	AZITHROMYCIN
LOOP DIURETICS	SOAAZ	FUROSCIX, FUROSEMIDE
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS	FYREMADEL	CETROTIDE, ORLISSA
LEUKOCYTE (WBC) STIMULANTS	FULPHILA, FYLNETRA, NYVEPRIA, GRANIX, RELEUKO, NEUPOGEN	UDENYCA AUTOINJECTOR, STIMUFEND, NEULASTA, UDENYCA, UDENYCA ONBODY, ZIEXTENZO, NEULASTA ONPRO, NIVESTYM, ZARXIO
LAXATIVES AND CATHARTICS	PLENVU, KRISTALOSE	SOD SULF-POTASS SULF-MAG SULF, SUFLAVE, CLENPIQ, SUPREP, SUTAB

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, BASAGLAR, REZVOGLAR, INSULIN GLARGINE	HUMALOG, LYUMJEV, HUMULIN, INSULIN LISPRO, TRESIBA, LEVEMIR, SEMGLEE, INSULIN DEGLUDEC
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	TAVNEOS	ULTOMIRIS, SOLIRIS, FABHALTA, VOYDEYA
HUMAN CHORIONIC GONADOTROPIN (HCG)	CHORIONIC GONADOTROPIN, PREGNYL	OVIDREL, NOVAREL
HEPATITIS C VIRUS- NSSA AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HEP C VIRUS - NSSA & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	EPCLUSA, HARVONI
HEMATINICS, OTHER	MIRCERA, EPOGEN	ARANESP, PROCIT, RETACRIT
GROWTH HORMONES	NGENLA, NORDITROPIN FLEXPPO, NUTROPIN AQ NUSPIN, ZOMACTON	SKYTROFA, GENOTROPIN, HUMATROPE, OMNITROPE, SOGROYA
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX, ARMONAIR DIGIHALER, QVAR REDIHALER, ASMANEX HFA
GLUCOCORTICOIDS	ORTIKOS, RAYOS, HEMADY	METHYLPREDNISOLONE, PREDNISONE, UCERIS
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
FACTOR IX PREPARATIONS	IDELVION, RIXUBIS (1000 UNIT VIAL), RIXUBIS (3000 UNIT VIAL)	RIXUBIS (250 UNIT VIAL), REBINYN, RIXUBIS (500 UNIT VIAL), BENEFIX, ALPROLIX, RIXUBIS (2000 UNIT VIAL), IXINITY
EYE ANTIINFLAMMATORY AGENTS	ACUVAIL, MAXIDEX, PRED MILD, FML FORTE, EYSUVIS, NEVANAC, ALREX, BROMFENAC SODIUM (0.07%), BROMFENAC SODIUM (0.075%), ILEVRO, INVELTYS	PREDNISOLONE ACETATE, LOTEMAX, BROMSITE, FLAREX, PROLENSA, LOTEMAX SM, BROMFENAC SODIUM (0.09%)
ESTROGENIC AGENTS	ESTROGEL, ELESTRIN, CLIMARA PRO, CLIMARA, DIVIGEL	EVAMIST, COMBIPATCH, PREMARIN, PREMPHASE, PREMPRO
ELECTROLYTE DEPLETERS	VELTASSA	LOKELMA, AURYXIA, VELPHORO
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
DIRECT FACTOR XA INHIBITORS	SAVAYSA	ELIQUIS, XARELTO
CONTRACEPTIVES, ORAL	BALCOLTRA, YAZ, SAFYRAL, TYBLUME, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28	NIKKI, TRI-SPRINTEC, HAILEY FE, SPRINTEC, LO LOESTRIN FE, NATAZIA
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI	AMLODIPINE BESYLATE
BLOOD SUGAR DIAGNOSTICS	CONTOUR TEST STRIP, ACCU-CHEK SMARTVIEW, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, GLUCOCARD SHINE, PRECISION XTRA, GLUCOCARD VITAL SENSOR, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, FREESTYLE INSULINX TEST STRIPS, FREESTYLE TEST STRIPS	ONETOUCH ULTRA TEST STRIP, ONETOUCH VERIO TEST STRIP, TRUETRACK TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
BETA-ADRENERGIC BLOCKING AGENTS	TENORMIN	HEMANGEOL, METOPROLOL TARTRATE, METOPROLOL SUCCINATE
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	FLUTICASONE-VILANTEROL, SYMBICORT, AIRDUO DIGIHALER, AIRDUO RESPICLICK	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, FLUTICASONE-SALMETEROL HFA, ADVAIR HFA, AIRSUPRA
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	COMBIVENT RESPIMAT, STIOLTO RESPIMAT, ANORO ELLIPTA

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA	ALBUTEROL SULFATE HFA, PROAIR DIGIHALER, LEVALBUTEROL TARTRATE HFA, VENTOLIN HFA, PROAIR RESPICLICK, ALBUTEROL SULFATE
ANTIVIRALS, GENERAL	XOFLUZA	VALACYCLOVIR
ANTI-ULCER-H. PYLORI AGENTS	VOQUEZNA TRIPLE PAK, VOQUEZNA DUAL PAK	OMECLAMOX-PAK, PYLERA, TALICIA
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	FANAPT, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HAFYERA, ZYPREXA RELPREVV, RISPERDAL CONSTA, CAPLYTA, LYBALVI, QUETIAPINE FUMARATE (150MG), LATUDA	SECUADO, PERSERIS, UZEDY, RYKINDO, QUETIAPINE FUMARATE (OTHER STRENGTHS)
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	ABILIFY MYCITE	ABILIFY MAINTENA, ARISTADA, ABILIFY ASIMTUFI, ARISTADA INITIO, REXULTI
ANTIPSORIATICS AGENTS	VECTICAL, DUOBRII, SORILUX, ZORYVE, VTAMA	TAZORAC
ANTIPARKINSONISM DRUGS, OTHER	RYTARY, ONGENTYS, INBRIJA, XADAGO, NOURIANZ, DHIVY	KYNMOBI, NEUPRO
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	ALUNBRIG, NINLARO, EXKIVITY, VERZENIO, RUBRACA, NEXAVAR, VIZIMPRO, JAYPIRCA	ZEJULA, VITRAKVI, IMBRUVICA, LENVIMA, IBRANCE, TALZENNA, TASIGNA, ALECENSA, AUGTYRO, GAVRETO, BRUKINSA, XALKORI, COMETRIQ, ROZLYTREK, CALQUENCE, KISQALI, TAGRISSO, SPRYCEL, BOSULIF, LORBRENA, PIQRAY, SCEMBLIX, CABOMETYX, STIVARGA, INLYTA, LYNPARZA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST, PITUIT.SUPPRS	ORGOVYX	FIRMAGON
ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LEUPROLIDE DEPOT, LUPRON DEPOT
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI	MEKINIST, COTELLIC
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI	TAFINLAR, ZELBORAF
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	ONTRUZANT, OGIVRI	TRAZIMERA, PHESGO, KANJINTI
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, XYWAV	SODIUM OXYBATE (HIKMA), LUMRYZ
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	ZOMIG, ELYXYB, AJOVY, AIMOVIG, EMGALITY, RIZATRIPTAN, SUMATRIPTAN, NURTEC ODT, REYVOW, UBRELVY, QULIPTA
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTI-INFLAMMATORY/ANTIARTHRIT ICS AGENTS, MISC.	SYNOJOYNT, VISCO-3, ORTHOVISC, GENVISC 850, GEL-ONE, TRIVISC, SYNVISC, HYALGAN, MONOVISC, SYNVISC-ONE, TRILURON, HYMOVIS	SUPARTZ FX, GELSYN-3, EUFLEXXA, DUROLANE
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINAPRIL
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ATORVASTATIN, ROSUVASTATIN, SIMVASTATIN
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	XIGDUO XR, SYNJARDY, SYNJARDY XR
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL (1000 MG TAB), METFORMIN HCL ER, METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	QTERN	GLYXAMBI, STEGLUJAN
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA

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Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
ANTIHYPERTENSIVE-SOD/GLUC COTRANSPORT2(SGLT2) INHIB	INPEFA, STEGLATRO, DAPAGLIFLOZIN, BRENZAVVY, INVOKANA	JARDIANCE, FARXIGA
ANTIHYPERTENSIVE, INCRETIN MIMETIC (GLP-1 RECEPTOR AGONIST)	VICTOZA 2-PAK, VICTOZA 3-PAK, LIRAGLUTIDE	BYDUREON BCISE, TRULICITY, OZEMPIC, BYETTA, RYBELSUS
ANTIHYPERTENSIVE, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, SITAGLIPTIN-METFORMIN	JANUMET XR, JANUMET
ANTIHEMOPHILIC FACTORS	XYNTHA SOLOFUSE, XYNTHA, RECOMBINATE, NUWIQ	AFSTYLA, KOGENATE FS, KOVALTRY, JIVI, NOVOEIGHT, ALTUVIHO, ADVATE, ADYNOVATE, ELOCTATE, ESPERCT, SEVENFACT
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, ONDANSETRON ODT (16 MG TAB), BONJESTA, ANZEMET	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), VARUBI, DICLEGIS
ANTICONVULSANTS	XCOPRI, BRIVIACT, LYRICA, SPRITAM, FYCOMPA, DILANTIN-125, DILANTIN, TOPIRAMATE ER (CAP), MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, QUDEXY XR, APTIOM	TROKENDI XR, GABAPENTIN, LAMOTRIGINE, TOPIRAMATE, TOPIRAMATE ER (SPRINKLES)
ANTICONVULSANT - BENZODIAZEPINE TYPE	SYMPAZAN, VALTOCO	NAYZILAM, CLONAZEPAM
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RIABNI	RUXIENCE
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	OTREXUP	RASUVO
ANTI-ANXIETY - BENZODIAZEPINES	LOREEV XR	ALPRAZOLAM, LORAZEPAM
ANTIANDROGENIC AGENTS	NUBEQA, YONSA	XTANDI, ERLEADA
ANOREXIC AGENTS	QSYMIA	PHENTERMINE HCL
ANGIOTENSIN RECEPTOR ANTAG. /THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANDROGENIC AGENTS	XYOSTED, TLANDO, JATENZO, KYZATREX	NATESTO, ANDRODERM, TESTOSTERONE CYPIONATE
ANALGESICS, NARCOTICS	XTAMPZA ER, HYSINGLA ER, NUCYNTA ER, NUCYNTA, OXYCODONE HCL ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCONTIN
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, BAFIERTAM, GILENYA, MAVENCLAD, TASCENSO ODT	BETASERON, KESIMPTA PEN, REBIF REBIDOSE, PLEGRIDY PEN, AVONEX PEN, REBIF, PLEGRIDY, GLATOPA, AVONEX, OCREVUS, VUMERITY
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, EVEKEO ODT, ADZENYS XR-ODT	DYANAVAL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
ACNE AGENTS, TOPICAL	ACZONE, EPIDUO FORTE, VELTIN, TWYNEO	ONEXTON
ACNE AGENTS, SYSTEMIC	ABSORICA LD, ISOTRETINOIN	ABSORICA
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE

Cost for covered alternatives may vary.

Indication Based Management

Indication	Non-Preferred/Excluded Medications	Preferred Alternative Medications
Rheumatoid Arthritis	CIMZIA ² , ORENCIA ² , OLUMIANT ² , SIMPONI ² , KEVZARA ² , KINERET ² , XELJANZ ³ , XELJANZ XR ³ , ACTEMRA ³	ENBREL, HUMIRA, HADLIMA, RINVOQ, SIMLANDI, TYENNE ¹
Juvenile Idiopathic Arthritis	ORENCIA ² , XELJANZ ³ , XELJANZ XR ³ , ACTEMRA ³	ENBREL, HUMIRA, HADLIMA, RINVOQ, SIMLANDI, TYENNE ¹
Psoriatic Arthritis	SIMPONI ² , CIMZIA ² , ORENCIA ² , BIMZELX ² , COSENTYX ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, SIMLANDI, OTEZLA, STELARA SC, TALTZ, TREMFYA, RINVOQ, SKYRIZI
Ankylosing Spondylitis	SIMPONI ² , CIMZIA ² , BIMZELX ² , COSENTYX ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, SIMLANDI, RINVOQ, TALTZ
Psoriasis	CIMZIA ² , ILUMYA ² , SILIQ ² , BIMZELX ² , COSENTYX ³	ENBREL, HUMIRA, HADLIMA, SIMLANDI, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA, SOTYKTU
Crohn's Disease	CIMZIA ² , ENTYVIO SC ²	HUMIRA, HADLIMA, SIMLANDI, STELARA SC, RINVOQ, SKYRIZI
Ulcerative Colitis	ENTYVIO SC ² , OMVOH ² , VELSIPITY ³ , XELJANZ ³ , XELJANZ XR ³	HUMIRA, HADLIMA, SIMLANDI, STELARA SC, RINVOQ, SKYRIZI, TREMFYA, SIMPONI 100MG ¹ , ZEPOSIA ²
Non-Radiographic Axial Spondylarthritis	BIMZELX, COSENTYX ³	CIMZIA, RINVOQ, TALTZ
Hidradenitis Suppurativa	BIMZELX ¹ , COSENTYX ³	HUMIRA, HADLIMA, SIMLANDI

Please note that product placement for this class is under consideration and changes may occur based upon changes in market dynamics and new product launches. The list above is not inclusive of all biosimilar products. Any biosimilars not listed above are considered: Excluded or Requires step through THREE Preferred Biologics

¹Requires step through ONE Preferred Biologic

²Requires step through TWO Preferred Biologics

³Excluded or Requires step through THREE Preferred Biologics

Cost for covered alternatives may vary.