

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.

1	albuterol sulfate hfa	atenolol	BRIXADI
1ST TIER UNIFINE PENTIPS	ALECENSA [PA][SP]	atomoxetine hcl	brompheniramine-
1ST TIER UNIFINE PENTIPS PLUS	alendronate sodium	atorvastatin calcium	pseudoephed-dm
A	allopurinol	AUGTYRO [PA][SP]	BROMSITE
ABILIFY ASIMTUFI	ALPHAGAN P	AURYXIA	BRUKINSA [PA][SP]
ABILIFY MAINTENA	alprazolam	AUVI-Q	budesonide
ABSORICA	ALPROLIX[SP]	AVONEX (4 PACK) [PA][SP]	budesonide-formoterol
ACCU-CHEK FASTCLIX LANCET DRUM	ALTUVIIIIO[SP]	AVONEX PEN (4 PACK) [PA][SP]	fumarate
ACCU-CHEK FASTCLIX LANCING DEV	amitriptyline hcl	AZASITE	buprenorphine-naloxone
ACCU-CHEK SOFTCLIX	amlodipine besylate	azelastine hcl	bupropion hcl
acetaminophen-codeine	amoxicillin	azithromycin	bupropion hcl sr
acyclovir	amoxicillin-clavulanate potass	B	bupropion xl
ADBRY [PA][SP]	AMZEEQ	baclofen	buspirone hcl
ADBRY AUTOINJECTOR [PA][SP]	ANORO ELLIPTA	BARACLUDE[SP]	BYOOVIZ [PA][SP]
ADEMPAS [PA][SP]	APRETUDE [PA]	BAXDELA [PA]	C
ADVAIR HFA	APRISO	BELBUCA	CABENUVA [PA]
ADVATE[SP]	ARALAST NP[SP]	BENEFIX[SP]	CABOMETYX [PA][SP]
ADYNOVATE[SP]	ARANESP [PA][SP]	benzonatate	CALQUENCE [PA][SP]
AFSTYLA[SP]	ARIKAYCE [PA][SP]	BESIVANCE	CARBAGLU [PA][SP]
AIMOVIG AUTOINJECTOR [PA]	aripiprazole	BETHKIS[SP]	carvedilol
AIRSUPRA [ST]	ARISTADA	BETOPTIC S	cefazolin sodium[sp]
AJOVY AUTOINJECTOR [PA]	ARISTADA INITIO	BIKTARVY	cefdinir
AJOVY SYRINGE [PA]	ARMOUR THYROID	BOSULIF [PA][SP]	celecoxib
albuterol sulfate	ARNUITY ELLIPTA	BREO ELLIPTA	cephalexin
	ASMANEX	BREZTRI AEROSPHERE	CEQUA
	ASMANEX HFA	BRILINTA	CERDELGA [PA][SP]
			CEREZYME [PA][SP]

Cost for covered alternatives may vary.

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

Cost for covered alternatives may vary.

HUMIRA(CF) PEN CROHN'S-UC-HS [PA][SP]	JANUVIA [ST]	LUMRYZ STARTER PACK [PA][SP]	NATAZIA
HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA][SP]	JARDIANCE	LUPRON DEPOT [PA][SP]	NATESTO
HUMULIN 70/30 KWIKPEN	JIVI[SP]	LUPRON DEPOT-PED [PA][SP]	NAYZILAM
HUMULIN 70-30	JULUCA	LYNPARZA [PA][SP]	NEEVODHA
HUMULIN N	JYLAMVO [ST]	LYUMJEV	NEMLUVIO [PA][SP]
HUMULIN N KWIKPEN	JYNARQUE [PA][SP]	LYUMJEV KWIKPEN U-100	NEULASTA [PA][SP]
HUMULIN R	K	LYUMJEV KWIKPEN U-200	NEULASTA ONPRO [PA][SP]
HUMULIN R U-500	KANJINTI [PA][SP]	LYUMJEV TEMPO PEN U-100	NEUPRO
HUMULIN R U-500 KWIKPEN	KERASTAT [PA]	M	NEXIUM
hydralazine hcl	KESIMPTA PEN [PA][SP]	MAVYRET [PA][SP]	NEXLETOL [PA]
hydrochlorothiazide	ketoconazole	meclizine hcl	NEXLIZET [PA]
hydrocodone-acetaminophen	ketorolac tromethamine	medroxyprogesterone acetate	nifedipine er
hydrocortisone	KISQALI [PA][SP]	MEKINIST [PA][SP]	nitrofurantoin mono-macro
hydromorphone hcl	KITABIS PAK[SP]	meloxicam	NIVESTYM [PA][SP]
hydroxychloroquine sulfate	KLOXXADO	METANX	normal saline flush
hydroxyzine hcl	KOGENATE FS[SP]	metformin hcl	nortriptyline hcl
hydroxyzine pamoate	KOVALTRY[SP]	metformin hcl er	NOVAREL
hyoscyamine sulfate	KYLEENA	methocarbamol	NOVOEIGHT[SP]
I	L	methotrexate	np thyroid
IBRANCE [PA][SP]	labetalol hcl	methylphenidate er	NUCALA [PA][SP]
ibuprofen	lactulose	methylphenidate hcl	NUDEXTA [PA]
ILET INFUSION KIT-INSET	lamotrigine	methylprednisolone	NURTEC ODT [PA]
ILET INFUSION-CONTACT DETACH	latanoprost	metoprolol succinate	nystatin
ILET INSULIN PUMP	LENVIMA [PA][SP]	metoprolol tartrate	O
ILET STARTER KIT-INSET	levetiracetam	metronidazole	OB COMPLETE
IMBRUVICA [PA][SP]	levocetirizine dihydrochloride	MICROLET	OB COMPLETE ONE
INCONTROL PEN NEEDLE	levofloxacin	MICROLET 2	OB COMPLETE PETITE
INCRUSE ELLIPTA	levothyroxine sodium	MICROLET NEXT LANCING DEVICE	OB COMPLETE PREMIER
INFLECTRA [PA][SP]	lidocaine	MINIMED SILHOUETTE	OB COMPLETE WITH DHA
INLYTA [PA][SP]	LINZESS	MIRENA	OCALIVA [PA][SP]
insulin glargine-yfgn	liothyronine sodium	mirtazapine	OCREVUS [PA][SP]
insulin lispro	lisdexamphetamine dimesylate	MIRVASO [ST]	OCREVUS ZUNOVO [PA][SP]
insulin lispro kwikpen u-100	lisinopril	montelukast sodium	ODACTRA
INSULIN SYRINGE	lisinopril-hydrochlorothiazide	MORPHINE SULFATE	ODEFSEY
INSULIN SYRINGE U-500	LIVDELZI [PA][SP]	morphine sulfate [pa]	ODOMZO [PA][SP]
INTRAROSA	LO LOESTRIN FE	morphine sulfate er	OFEV [PA][SP]
INZIRQO [ST]	LOKELMA	MOUNJARO [PA]	ofloxacin
ipratropium bromide	lorazepam	MOVANTIK	olanzapine
ipratropium-albuterol	LORBRENA [PA][SP]	mupirocin	olmesartan medoxomil
IQIRVO [PA][SP]	losartan potassium	MVASI [PA][SP]	OMECLAMOX-PAK
IXINITY[SP]	losartan-hydrochlorothiazide	MYFEMBREE [PA]	omeprazole
J	LOTEMAX GEL	MYRBETRIQ	OMNIPOD 5 (G6/LIBRE 2 PLUS)
JAKAFI [PA][SP]	LOTEMAX SM	N	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)
JANUMET [ST]	LUMAKRAS [PA][SP]	naltrexone hcl	OMNIPOD 5 DEXG7G6 PODS (GEN 5)
JANUMET XR [ST]	LUMIGAN	naproxen	
	LUMRYZ [PA][SP]		

Cost for covered alternatives may vary.

OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	PIQRAY [PA][SP]	REPATHA SYRINGE [PA]	SOMATULINE DEPOT [PA][SP]
OMNIPOD DASH INTRO KIT (GEN 4)	PLEGRIDY [PA][SP]	RESTASIS	SOMAVERT [PA][SP]
OMNIPOD DASH PODS (GEN 4)	PLEGRIDY PEN [PA][SP]	RESTASIS MULTIDOSE	SOOLANTRA
OMNITROPE [PA][SP]	POMALYST [PA][SP]	RETACRIT [PA][SP]	SOTYKTU [PA][SP]
ondansetron hcl	potassium chloride	RETIN-A MICRO PUMP	SPIRIVA HANDIHALER
ondansetron odt	PRALUENT PEN [PA]	REVLIMID [PA][SP]	SPIRIVA RESPIMAT
ONETOUCH DELICA PLUS LANCET	pravastatin sodium	REXULTI	spironolactone
ONETOUCH ULTRA TEST STRIP	prazosin hcl	REYVOW [PA]	STEGLUJAN [ST]
ONETOUCH ULTRA2	PRECISION XTRA	RINVOQ [PA][SP]	STELARA [PA][SP]
ONETOUCH VERIO FLEX METER	prednisolone acetate	RINVOQ LQ [PA][SP]	STENDRA
ONETOUCH VERIO REFLECT METER	prednisone	risperidone	STIMUFEND [PA][SP]
ONETOUCH VERIO TEST STRIP	pregabalin	RIXUBIS[SP]	STIOLTO RESPIMAT
ONEXTON	PREMARIN	rizatriptan	STIVARGA [PA][SP]
OPVEE	PREMPHASE	ropinirole hcl	STRENSIQ [PA][SP]
ORALAIR	PREMPRO	rosuvastatin calcium	STRIVERDI RESPIMAT
ORFADIN [PA][SP]	PREZISTA	ROZLYTREK [PA][SP]	SUBLOCADE [PA]
ORIAHNN [PA]	PROAIR RESPICLICK	RUCONEST [PA][SP]	sucrafate
ORLISSA [PA]	PROCRIT [PA][SP]	RUXIENCE [PA][SP]	SUFLAVE
oseltamivir phosphate	progesterone	RYBELSUS [PA]	sulfamethoxazole- trimethoprim
OTEZLA [PA][SP]	PROLASTIN C[SP]	RYKINDO	sumatriptan succinate
OTOVEL	PROLENSA	S	SUNOSI [PA]
OXIDREL	PROMACTA [PA][SP]	SANCUSO [PA]	SUPARTZ FX [PA]
oxcarbazepine	promethazine hcl	SAVELLA	SUPREP
oxybutynin chloride er	promethazine-dm	SAXENDA [PA]	SUTAB
oxycodone hcl	propranolol hcl	SCEMBLIX [PA][SP]	SYMFI
oxycodone-acetaminophen	propranolol hcl er	SECUADO	SYMFI LO
OXYCONTIN	PYLERA	SELARSDI [PA][SP]	SYMLINPEN 120
OZEMPIC [PA]	Q	SEMGLEE (YFGN)	SYMLINPEN 60
P	QNASL	SEMGLEE (YFGN) PEN	SYMPROIC
pantoprazole sodium	QNASL CHILDREN	sertraline hcl	SYMITUZA
paroxetine hcl	quetiapine fumarate	SEVENFACT[SP]	SYNJARDY
PAXLOVID	QUILLICHEW ER [ST]	sildenafil citrate	SYNJARDY XR
PEN NEEDLE	QUILLIVANT XR [ST]	SIMBRINZA	T
PEN NEEDLES	QULIPTA [PA]	SIMLANDI(CF) [PA][SP]	TACLONEX
PENTASA	QVAR REDHALER	SIMLANDI(CF) AUTOINJECTOR [PA][SP]	tacrolimus
PENTIPS PEN NEEDLE	R	SIMPONI ARIA [PA][SP]	tadalafil
PERSERIS	RAGWITEK	simvastatin	TAFINLAR [PA][SP]
PHEBURANE [PA][SP]	RALDESY [ST]	SKYLA	TAGRISSO [PA][SP]
phenazopyridine hcl	RASUVO [ST]	SKYRIZI [PA][SP]	TAKHZYRO [PA][SP]
phentermine hcl	REBIF [PA][SP]	SKYRIZI ON-BODY [PA][SP]	TALICIA
phenylephrine hcl-0.9% nacl[sp]	REBIF REBIDOSE [PA][SP]	SKYRIZI PEN [PA][SP]	TALTZ AUTOINJECTOR (2 PACK) [PA][SP]
PHESGO [PA][SP]	REBINYN[SP]	SKYTROFA [PA][SP]	TALTZ AUTOINJECTOR (3 PACK) [PA][SP]
pioglitazone hcl	RECTIV	SOFDRA	TALTZ AUTOINJECTOR [PA][SP]
	RELISTOR [PA]	SOGROYA [PA][SP]	TALTZ SYRINGE [PA][SP]
	REPATHA PUSHTRONEX [PA]	SOLIQUA 100-33 [ST]	
	REPATHA SURECLICK [PA]	SOLIRIS [PA][SP]	

Cost for covered alternatives may vary.

TALZENNA [PA][SP]	TRIUMEQ	UNIFINE SAFECONTROL PEN NEEDLE	XALKORI [PA][SP]
tamsulosin hcl	TRIUMEQ PD	UNIFINE ULTRA PEN NEEDLE	XARELTO
TASIGNA [PA][SP]	TROKENDI XR [ST]	UPTRAVI [PA][SP]	XDEMVIY [PA][SP]
TAZORAC	TRUE METRIX AIR GLUCOSE METER	UZEDY	XIFAXAN
TECHLITE LANCETS	TRUE METRIX BLOOD GLUCOSE MTR	V	XIGDUO XR
TEKTRUNA [ST]	TRUE METRIX GLUCOSE TEST STRIP	valacyclovir	XOLAIR [PA][SP]
TEMPO REFILL KIT (WITH GAUZE)	TRUEPLUS INSULIN SYRINGE	valsartan	XTANDI [PA][SP]
TEMPO SMART BUTTON	TRUEPLUS PEN NEEDLE	VARUBI	XULTOPHY 100-3.6 [ST]
TEMPO WELCOME KIT	TRULANCE	VASCEPA	XYNTHA SOLOFUSE[SP]
testosterone cypionate [pa]	TRULICITY [PA]	VELTASSA	XYNTHA[SP]
TEZSPIRE [PA][SP]	TRYVIO [ST]	VEMLIDY	Y
tizanidine hcl	TWIIST REFILL KT(CSST-NDL-SYR)	venlafaxine hcl er	YUPELRI
TOBI PODHALER[SP]	TWIIST RFL(INFUS-CSST-NDL-SYR)	VENTOLIN HFA	Z
TOBRADEX	TWIIST STARTER KIT	V-GO 20	ZARXIO [PA][SP]
TOBRADEX ST	TWIRLA	V-GO 30	ZEGALOGUE AUTOINJECTOR
topiramate	TYENNE [PA][SP]	V-GO 40	ZEGALOGUE SYRINGE
tramadol hcl	TYENNE AUTOINJECTOR [PA][SP]	VIBRANT	ZEJULA [PA][SP]
TRAZIMERA [PA][SP]	TYMLOS [PA][SP]	VIBRANT STARTER KIT	ZELBORAF [PA][SP]
trazodone hcl	U	VIOKACE	ZENPEP
TRELEGY ELLIPTA	UBRELVY [PA]	vitamin d2	ZEPBOUND [PA]
TREMFYA [PA][SP]	UCERIS	VITRAKVI [PA][SP]	ZEPOSIA [PA][SP]
TREMFYA ONE-PRESS [PA][SP]	UDENYCA [PA][SP]	VIVITROL[SP]	ZERVIAE
TREMFYA PEN [PA][SP]	UDENYCA AUTOINJECTOR [PA][SP]	VOSEVI [PA][SP]	ZIEXTENZO [PA][SP]
TREMFYA PEN INDUCTION PK-CROHN [PA][SP]	UDENYCA ONBODY [PA][SP]	VOYDEYA [PA][SP]	ZIRABEV [PA][SP]
TRESIBA	ULTOMIRIS [PA][SP]	VUMERITY [PA][SP]	zolpidem tartrate
TRESIBA FLEXTOUCH U-100	ULTRA-FINE INSULIN SYRINGE	VYNDAMAX [PA][SP]	zomig [st]
TRESIBA FLEXTOUCH U-200	UNIFINE PENTIPS	VYNDAQEL [PA][SP]	ZUBSOLV
tretinoin	UNIFINE PENTIPS MAXFLOW	VYVGART HYTRULO [PA][SP]	ZURZUVAE [PA][SP]
triamcinolone acetonide		VYZULTA	ZYKADIA [PA][SP]
triamterene-hydrochlorothiazid		W	ZYLET
TRIJARDY XR [ST]	UNIFINE PENTIPS PLUS	warfarin sodium	ZYMFENTRA (2 PACK) [PA][SP]
TRINTELLIX	UNIFINE PENTIPS PLUS MAXFLOW	WEGOVY [PA]	ZYMFENTRA [PA][SP]
TRIPTODUR [PA][SP]		X	ZYMFENTRA PEN (2 PACK) [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 Kroger Prescription Plans; 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	Preferred
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE
ACNE AGENTS,SYSTEMIC	ABSORICA LD, ISOTRETINOIN	ABSORICA
ACNE AGENTS,TOPICAL	VELTIN, EPIDUO FORTE, ACZONE, TWYNEO	ONEXTON
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, GILENYA, BAFIERTAM, MAVENCLAD, TASCENSO ODT	BETASERON, REBIF REBIDOSE, KESIMPTA PEN, PLEGRIDY PEN, AVONEX PEN (4 PACK), PLEGRIDY, REBIF, AVONEX (4 PACK), GLATOPA, OCREVUS ZUNOVO, OCREVUS, VUMERITY
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
ANALGESICS,NARCOTICS	XTAMPZA ER, NUCYNTA ER, NUCYNTA, HYSINGLA ER, OXYCODONE HCL ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCONTIN
ANAPHYLAXIS THERAPY AGENTS	NEFFY	AUVI-Q, EPIPEN JR 2-PAK, EPIPEN 2-PAK
ANDROGENIC AGENTS	XYOSTED, JATENZO, KYZATREX, TLANDO, UNDECATREX	NATESTO, TESTOSTERONE CYPIONATE
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANOREXIC AGENTS	QSYMIA	PHENTERMINE HCL
ANTIANDROGENIC AGENTS	YONSA, NUBEQA	XTANDI, ERLEADA
ANTI-ANXIETY - BENZODIAZEPINES	LOREEV XR	ALPRAZOLAM, LORAZEPAM
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	OTREXUP	RASUVO
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RIABNI	RUXIENCE
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
ANTICONVULSANT - BENZODIAZEPINE TYPE	SYMPAZAN, VALTOCO	LIBERVANT, NAYZILAM
ANTICONVULSANTS	SPRITAM, FYCOMPA, XCOPRI, BRIVIACT, LYRICA, DILANTIN-125, DILANTIN, MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, APTIOM	GABAPENTIN, TROKENDI XR, TOPIRAMATE ER SPRINKLE, LAMOTRIGINE, TOPIRAMATE
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, ONDANSETRON ODT (16 MG TAB), BONJESTA	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), DICLEGIS, VARUBI
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE
ANTIHEMOPHILIC FACTORS	RECOMBINATE, NUWIK	KOVALTRY, NOVOEIGHT, ESPEROCT, ADVATE, ADYNOVATE, ELOCTATE, AFSTYLA, ALTUVIIIIO, KOGENATE FS, SEVENFACT, JIVI, XYNTHA, XYNTHA SOLOFUSE

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THIS DOCUMENT LIST IS EFFECTIVE JULY 1, 2025 THROUGH DECEMBER 31, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 6 of 11

Drug Class	Non-Preferred	Preferred
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, SITAGLIPTIN-METFORMIN, ZITUVIMET	JANUMET, JANUMET XR
ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, DAPAGLIFLOZIN (10 MG TAB), DAPAGLIFLOZIN (5 MG TAB), BRENZAVVY, INVOKANA	DAPAGLIFLOZIN (10 MG TAB), JARDIANCE, FARXIGA
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL ER, METFORMIN HCL (1000 MG TAB), METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	XIGDUO XR, SYNJARDY, SYNJARDY XR
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ROSUVASTATIN, ATORVASTATIN
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINOPRIL
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM, VALSARTAN
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	VISCO-3, SYNOJOYNT, ORTHOVISC, GENVISC 850, GEL-ONE, TRIVISC, SYNVISC, HYALGAN, MONOVISC, SYNVISC-ONE, TRILURON, HYMOVIS	SUPARTZ FX, GELSYN-3, EUFLEXXA, DUROLANE
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	AIMOVIG, AJOVY, ZOMIG, ELYXYB, EMGALITY, SUMATRIPTAN, RIZATRIPTAN, REYVOW, UBRELVY, QULIPTA, NURTEC ODT
ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	XYREM, XYWAV	SODIUM OXYBATE (HIKMA), LUMRYZ STARTER PACK, LUMRYZ
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	OGIVRI, ONTRUZANT, HERCESSI	TRAZIMERA, PHESGO, KANJINTI
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI	TAFINLAR, ZELBORAF
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI	MEKINIST, COTELLIC
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LUPRON DEPOT, LEUPROLIDE DEPOT
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS	ORGOVYX	FIRMAGON
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	ALUNBRIG, XALKORI (50 MG PELLET), IMKELDI, XALKORI (150 MG PELLET), XALKORI (20 MG PELLET), ROZLYTREK (50 MG PACKET), FRUZAQLA, BOSULIF (50 MG CAP), NINLARO, RYDAPT, BOSULIF (100 MG CAP), EXKIVITY, JAYPIRCA, TABRECTA, RUBRACA, NEXAVAR, VANFLYTA, VIZIMPRO, VERZENIO, TRUQAP	IMBRUVICA, VITRAKVI, TALZENNA, IBRANCE, XALKORI (250 MG CAP), XALKORI (200 MG CAP), TASIGNA, ROZLYTREK (200 MG CAP), ROZLYTREK (100 MG CAP), GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, BOSULIF (100 MG TAB), LORBRENA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, TAGRISSO, SCEMBLIX, KISQALI, INLYTA, BOSULIF (400 MG TAB), BOSULIF (500 MG TAB), ZEJULA
ANTIPARKINSONISM DRUGS,OTHER	RYTARY, CREXONT, ONGENTYS, INBRIJA, NOURIANZ, XADAGO, DHIVY	NEUPRO
ANTIPSORIATICS AGENTS	VECTICAL, SORILUX, ZORYVE, VTAMA, DUOBRII	TAZORAC
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	OIPZA, ABILIFY MYCITE	ABILIFY MAINTENA, ARISTADA INITIO, ABILIFY ASIMTUFI, ARISTADA, REXULTI
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	FANAPT, INVEGA SUSTENNA, INVEGA HAFYERA, INVEGA TRINZA, ZYPREXA RELPREVV, CAPLYTA, QUETIAPINE FUMARATE, LYBALVI, LATUDA	SECUADO, PERSERIS, UZEDY, RYKINDO, ERZOFRI
ANTI-ULCER-H.PYLORI AGENTS	VOQUEZNA TRIPLE PAK, VOQUEZNA DUAL PAK	OMECLAMOX-PAK, PYLERA, TALICIA

Cost for covered alternatives may vary.

Drug Class	Non-Preferred	Preferred
ANTIVIRALS, GENERAL	XOFLUZA	OSELTAMIVIR PHOSPHATE, VALACYCLOVIR
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA, ALBUTEROL SULFATE HFA (90 MCG AEROSOL)	ALBUTEROL SULFATE HFA (90 MCG AEROSOL), LEVALBUTEROL TARTRATE HFA, PROAIR DIGIHALER, VENTOLIN HFA, PROAIR RESPICLICK, ALBUTEROL SULFATE
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	DUAKLIR PRESSAIR, BEVESPI AEROSPHERE	ANORO ELLIPTA, COMBIVENT RESPIMAT, STIOLTO RESPIMAT
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	SYMBICORT, AIRDUO DIGIHALER, AIRDUO RESPICLICK, FLUTICASONE-VILANTEROL	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA, FLUTICASONE-SALMETEROL HFA, AIRSUPRA
BETA-ADRENERGIC BLOCKING AGENTS	TENORMIN	HEMANGEOL, METOPROLOL SUCCINATE, METOPROLOL TARTRATE, PROPRANOLOL HCL
BLOOD SUGAR DIAGNOSTICS	CONTOUR TEST STRIP, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK SMARTVIEW, 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, CONTOUR PLUS TEST STRIP, FREESTYLE TEST STRIPS	ONETOUCH VERIO TEST STRIP, ONETOUCH ULTRA TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI	AMLODIPINE BESYLATE
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CONTRACEPTIVES, ORAL	YAZ, FEMLYV, SAFYRAL, TYBLUME, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28, BALCOLTRA	NIKKI, HAILEY FE, SPRINTec, LO LOESTRIN FE, NATAZIA
DIRECT FACTOR XA INHIBITORS	SAVAYSA	XARELTO, ELIQUIS
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
ESTROGENIC AGENTS	ESTROGEL, CLIMARA, CLIMARA PRO, ELESTRIN, DIVIGEL	COMBIPATCH, EVAMIST, PREMARIN, PREMPRO, PREMPHASE
EYE ANTIINFLAMMATORY AGENTS	ILEVRO, PRED MILD, MAXIDEX, FML FORTE, EYSUVIS, ACUVAIL, NEVANAC, ALREX, BROMFENAC SODIUM, INVELTYS, LOTEMAX DROPS	LOTEMAX GEL, BROMSITE, FLAREX, LOTEMAX SM, CLOBETASOL PROPIONATE, PROLENSA, LOTEPREDNOL DROPS
FACTOR IX PREPARATIONS	IDELVION, RIXUBIS (3000 UNIT VIAL), RIXUBIS (1000 UNIT VIAL)	REBINYN, BENEFIX, ALPROLIX, RIXUBIS (2000 UNIT VIAL), RIXUBIS (500 UNIT VIAL), RIXUBIS (250 UNIT VIAL), IXINITY
FOLIC ACID PREPARATIONS	DEPLIN FC	DEPLIN-ALGAL OIL, FOLIC ACID
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
GLUCOCORTICOIDS	HEMADY, RAYOS	METHYLPREDNISOLONE, PREDNISONE, UCERIS
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARMONAIR DIGIHALER, ASMANEX, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX HFA, QVAR REDIHALER
GROWTH HORMONES	NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	OMNITROPE, SKYTROFA, HUMATROPE, GENOTROPIN, SOGROYA
HEMATINICS, OTHER	MIRCERA, EPOGEN	ARANESP, PROCRIT, RETACRIT
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	HARVONI, EPLUSA
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL, CHORIONIC GONADOTROPIN	OVIDREL, NOVAREL
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	TAVNEOS	ULTOMIRIS, SOLIRIS, FABHALTA, VOYDEYA

Cost for covered alternatives may vary.

Drug Class	Non-Preferred	Preferred
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE (300/ML (3) PEN), INSULIN GLARGINE (300/ML PEN), NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, INSULIN GLARGINE (100/ML (3) PEN), REZVOGLAR, BASAGLAR, INSULIN GLARGINE (100/ML VIAL)	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE (100/ML (3) PEN), SEMGLEE, LEVEMIR, INSULIN GLARGINE (100/ML VIAL)
LAXATIVES AND CATHARTICS	PLENVU, KRISTALOSE, AMITIZA	SOD SULF-POTASS SULF-MAG SULF, CLENPIQ, SUPREP, SUFLAVE, SUTAB
LEUKOCYTE (WBC) STIMULANTS	FULPHILA, FYLNETRA, NYVEPRIA, GRANIX, RELEUKO, NEUPOGEN, NYPOZI	UDENYCA AUTOINJECTOR, STIMUFEND, NEULASTA, ZIEXTENZO, UDENYCA ONBODY, UDENYCA, NEULASTA ONPRO, NIVESTYM, ZARXIO
LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS	FYREMADEL	CETROTIDE, ORLISSA
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LOOP DIURETICS	SOANZ	FUROSCIX, FUROSEMIDE
MACROLIDES	DIFICID	AZITHROMYCIN
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	XELPROS, BETIMOL, IYUZEH, COSOPT PF, ZIOPTAN, ROCKLATAN, RHOPRESSA	LATANOPROST, LUMIGAN, COMBIGAN, ALPHAGAN P, BETOPTIC S, VYZULTA, SIMBRINZA
MULTIVITAMIN PREPARATIONS	PRENATE ESSENTIAL, NEEVODHA, PRENATE CHEWABLE	OB COMPLETE
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, ZETONNA, XHANCE	FLUTICASONE PROPIONATE, QNASL CHILDREN, QNASL
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	WELLBUTRIN XL, FORFIVO XL, APLENZIN	BUPROPION XL
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	RELAFEN DS, NAPRELAN	DICLOFENAC SODIUM, IBU, MELOXICAM, IBUPROFEN, NAPROXEN
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS	CIMERLI, BYOOVIZ
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	XIIDRA, VERKAZIA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL-FLUOCINOLONE	CIPRO HC, OTOVEL
PANCREATIC ENZYMES	PANCREAZE, PERTZYE	ZENPEP, CREON, VIOKACE
PARENTERAL ADMINISTRATION SETS	I-PORT ADVANCE	SURE-T
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	ENDOMETRIN	CRINONE
PRENATAL VITAMIN PREPARATIONS	PRENATE PIXIE, PRIMACARE, PRENATE DHA, PRENATE ENHANCE, PRENATE MINI, PRENATE RESTORE, PRENATE ELITE	OB COMPLETE WITH DHA, OB COMPLETE ONE, OB COMPLETE PETITE, OB COMPLETE PREMIER
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM (40 MG CAP), NEXIUM (20 MG CAP)	NEXIUM (40 MG PACKET), NEXIUM (2.5 MG PACKET), NEXIUM (5 MG PACKET), NEXIUM (20 MG PACKET), NEXIUM (10 MG PACKET), OMEPRAZOLE, PANTOPRAZOLE SODIUM
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER (0.125 MG TAB), ORENITRAM ER (0.25 MG TAB), ORENITRAM ER (1 MG TAB), ORENITRAM ER (5 MG TAB), ORENITRAM ER (2.5 MG TAB)	UPTRAVI, ORENITRAM ER (0.125-.25 DOSE PACK), ORENITRAM ER (0.125-1 MG DOSE PACK), ORENITRAM ER (0.125-0.25 DOSE PACK), TREPROSTINIL

Cost for covered alternatives may vary.

Drug Class	Non-Preferred	Preferred
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
ROSACEA AGENTS, TOPICAL	EPSOLAY, RHOFAD, MIRVASO, METROCREAM, METROGEL, FINACEA	SOOLANTRA
SEDATIVE-HYPNOTICS,NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), BELSOMRA, QUVIVIQ	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
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 (40 MG CAP), FLUOXETINE HCL (20 MG CAP), ESCITALOPRAM OXALATE, SERTRALINE HCL (100 MG TAB), SERTRALINE HCL (25 MG TAB), SERTRALINE HCL (50 MG TAB), CITALOPRAM HBR (40 MG TAB), CITALOPRAM HBR (20 MG TAB)
SEROTONIN-NOREPINEPHRINE REUPTAKE- INHIB (SNRIS)	PRISTIQ	FETZIMA, DULOXETINE HCL, VENLAFAXINE HCL ER
SKELETAL MUSCLE RELAXANTS	LYVISPAH	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA	SOMATULINE DEPOT
TETRACYCLINES	NUZYRA, EMROSI, ORACEA, DORYX MPC, SEYSARA, ACTICLATE, MINOLIRA ER, TARGADOX	DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE
THYROID HORMONES	TIROSINT-SOL, ERMEZA, THYQUIDITY, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID
TOPICAL ANTIBIOTICS	ZILXI, AMZEEQ, XEPI	MUPIROCIN
TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	SOFDRA
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	LICART, PENNSAID	DICLOFENAC SODIUM, FLECTOR
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	ENSTILAR, WYNZORA	TACLONEX
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
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	OXYBUTYNIN CHLORIDE, TOVIAZ	GELNIQUE
VAGINAL ESTROGEN PREPARATIONS	FEMRING	ESTRADIOL, ESTRING, PREMARIN
VITAMIN A DERIVATIVES	DIFFERIN, RETIN-A MICRO PUMP (0.06 %)	RETIN-A MICRO PUMP (0.08 %)
VITAMIN B PREPARATIONS	METANX, METANX FC, CEREFOLIN NAC	FOLTX

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, SELARSDI, 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, SELARSDI, TALTZ, TREMFYA, SOTYKTU
Crohn's Disease	CIMZIA ² , ENTYVIO SC ²	HUMIRA, HADLIMA, OMVOH, SIMLANDI, STELARA SC, SELARSDI, RINVOQ, SKYRIZI, TREMFYA
Ulcerative Colitis	SIMPONI 100MG ¹ , ENTYVIO SC ² , OMVOH ² , VELSIPITY ³ , XELJANZ ³ , XELJANZ XR ³	HUMIRA, HADLIMA, SIMLANDI, STELARA SC, SELARSDI, RINVOQ, SKYRIZI, TREMFYA, ZEPOSIA ²
Non-Radiographic Axial Spondylarthritis	CIMZIA, BIMZELX, COSENTYX ³	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.

THIS DOCUMENT LIST IS EFFECTIVE JULY 1, 2025 THROUGH DECEMBER 31, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 11 of 11