



2025 PCM Premier Formulary List

The 2025 PCM Premier 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. This printed formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the formulary. For example, drugs for the treatment of infertility or weight loss may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

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	AJOVY SYRINGE [PA]	ARMOUR THYROID	BETASERON [PA][SP]
1ST TIER UNIFINE PENTIPS	albuterol sulfate	ARNUITY ELLIPTA	BIKTARVY
1ST TIER UNIFINE PENTIPS PLUS	albuterol sulfate hfa	ASMANEX	BOSULIF [PA][SP]
A	ALECENSA [PA][SP]	ASMANEX HFA	BREO ELLIPTA
ABILIFY ASIMTUFII	allopurinol	atenolol	BREZTRI AEROSPHERE
ABILIFY MAINTENA	alprazolam	atomoxetine hcl	BRILINTA
ACCU-CHEK FASTCLIX LANCET DRUM	ALPROLIX[SP]	atorvastatin calcium	BRIXADI
ACCU-CHEK SOFTCLIX	ALTUVIIIIO[SP]	ATROVENT HFA	brompheniramine-pseudoephed-dm
acetaminophen-codeine	ALUNBRIG [PA][SP]	AUGTYRO [PA][SP]	BRUKINSA [PA][SP]
acyclovir	amitriptyline hcl	AUVI-Q	budesonide-formoterol fumarate
ADBRY [PA][SP]	amlodipine besylate	AVONEX [PA][SP]	bumetanide
ADBRY AUTOINJECTOR [PA][SP]	amoxicillin	AVONEX PEN [PA][SP]	buprenorphine-naloxone
ADEMPAS [PA][SP]	amoxicillin-clavulanate potass	AZASITE	bupropion hcl
ADVAIR HFA	ANORO ELLIPTA	azelastine hcl	bupropion hcl sr
ADVATE[SP]	APRETUDE [PA]	azithromycin	bupropion xl
ADYNOVATE[SP]	APRISO	B	buspironone hcl
AFSTYLA[SP]	ARALAST NP[SP]	baclofen	BYDUREON BCISE [PA]
AIMOVIG AUTOINJECTOR [PA]	ARIKAYCE [PA][SP]	BARACLUDE[SP]	BYETTA [PA]
AJOVY AUTOINJECTOR [PA]	aripiprazole	BAXDELA [PA]	BYOOVIZ [PA][SP]
	ARISTADA	BELBUCA	C
	ARISTADA INITIO	BENEFIX[SP]	
		benzonatate	

Cost for covered alternatives may vary.

CABENUVA [PA]	dextroamphetamine- amphet er	ERLEADA [PA][SP]	glipizide er
CABOMETYX [PA][SP]	dextroamphetamine- amphetamine	erythromycin	GLYXAMBI [ST]
CALQUENCE [PA][SP]	diazepam	escitalopram oxalate	GONAL-F RFF REDI-JECT[SP]
CARBAGLU [PA][SP]	diclofenac sodium	esomeprazole magnesium	GONAL-F RFF[SP]
carvedilol	dicyclomine hcl	ESPEROCT[SP]	GONAL-F[SP]
cefazolin sodium[sp]	DILANTIN	estradiol	GRASTEK [PA]
cefdinir	diltiazem 24hr er (cd)	estradiol (twice weekly)	guanfacine hcl er
celecoxib	divalproex sodium	ESTRING	GVOKE
cephalexin	DOPTLET [PA][SP]	EUFLEXXA [PA]	GVOKE HYPOPEN 1-PACK
CEQUA	DOVATO	ezetimibe	GVOKE HYPOPEN 2-PACK
CERDELGA [PA][SP]	doxepin hcl	F	GVOKE PFS 1-PACK
CEREZYME [PA][SP]	doxycycline hyclate	FABHALTA [PA][SP]	SYRINGE
CETROTIDE[SP]	doxycycline monohydrate	FABRAZYME [PA][SP]	GVOKE PFS 2-PACK
chlorhexidine gluconate	DROPSAFE PREP PADS	famotidine	SYRINGE
chlorthalidone	DUAVEE	fenofibrate	H
CIBINQO [PA][SP]	DULERA	fentanyl [pa]	HADLIMA [PA][SP]
CIMDUO	duloxetine hcl	finasteride	HADLIMA PUSHTOUCH
CINRYZE [PA][SP]	DUPIXENT PEN [PA][SP]	FIRMAGON[SP]	[PA][SP]
ciprofloxacin hcl	DUPIXENT SYRINGE	FLECTOR [PA]	HADLIMA(CF) [PA][SP]
cialopram hbr	[PA][SP]	fluconazole	HADLIMA(CF) PUSHTOUCH
clindamycin hcl	DYANAVEL XR [ST]	fluoxetine hcl	[PA][SP]
clindamycin phosphate	DYSPORE [PA][SP]	fluticasone propionate	HAEGARDA [PA][SP]
clobetasol propionate	E	fluticasone propionate hfa	haloperidol
clonazepam	EBGLYSS PEN [PA][SP]	fluticasone-salmeterol	haloperidol lactate
clonidine hcl	EBGLYSS SYRINGE [PA][SP]	folic acid	HARVONI [PA][SP]
clopidogrel	ELFABRIO [PA][SP]	FREESTYLE LIBRE 14 DAY	heparin sodium-d5w
colchicine	ELIGARD [PA][SP]	READER	HUMALOG
COMBIPATCH	ELIQUIS	FREESTYLE LIBRE 14 DAY	HUMALOG JUNIOR
COMBIVENT RESPIMAT	ELOCTATE[SP]	SENSOR	KWIKPEN
COMETRIQ [PA][SP]	EMGALITY PEN [PA]	FREESTYLE LIBRE 2 PLUS	HUMALOG KWIKPEN U-100
COTELLIC [PA][SP]	EMGALITY SYRINGE [PA]	SENSOR	HUMALOG KWIKPEN U-200
CREON	EMPAVELI [PA][SP]	FREESTYLE LIBRE 2 READER	HUMALOG MIX 50-50
cyclobenzaprine hcl	EMVERM [PA]	FREESTYLE LIBRE 2 SENSOR	HUMALOG MIX 50-50
CYSTADANE[SP]	ENBREL [PA][SP]	FREESTYLE LIBRE 3 PLUS	KWIKPEN
D	ENBREL MINI [PA][SP]	SENSOR	HUMALOG MIX 75-25
DAYVIGO [ST]	ENBREL SURECLICK [PA][SP]	FREESTYLE LIBRE 3 READER	HUMALOG MIX 75-25
DESCOVY [PA]	ENDOMETRIN	FREESTYLE LIBRE 3 SENSOR	KWIKPEN
desvenlafaxine succinate er	enoxaparin sodium	furosemide	HUMALOG TEMPO PEN U-100
dexamethasone	ENTRESTO	G	HUMIRA [PA][SP]
DEXCOM G6 RECEIVER	EPCLUSA [PA][SP]	gabapentin	HUMIRA PEN [PA][SP]
DEXCOM G6 SENSOR	EPIDIOLEX [PA][SP]	GAVRETO [PA][SP]	HUMIRA(CF) [PA][SP]
DEXCOM G6 TRANSMITTER	epinephrine	GEMTESA	HUMIRA(CF) PEN [PA][SP]
DEXCOM G7 RECEIVER	EPIPEN 2-PAK	GENOTROPIN [PA][SP]	HUMIRA(CF) PEN CROHN'S-
DEXCOM G7 SENSOR	EPIPEN JR 2-PAK	GENVOYA	UC-HS [PA][SP]
dexmethylphenidate hcl er	ERIVEDGE [PA][SP]	GLASSIA[SP]	HUMIRA(CF) PEN
		glimpiride	PEDIATRIC UC [PA][SP]
		glipizide	HUMIRA(CF) PEN PSOR-UV-
			ADOL HS [PA][SP]

Cost for covered alternatives may vary.

HUMULIN 70/30 KWIKPEN	KANJINTI [PA][SP]	MAVYRET [PA][SP]	norepinephrine bitartrate- d5w[sp]
HUMULIN 70-30	KESIMPTA PEN [PA][SP]	medroxyprogesterone acetate	nortriptyline hcl
HUMULIN N	ketoconazole	MEKINIST [PA][SP]	NOVAREL
HUMULIN N KWIKPEN	ketorolac tromethamine	meloxicam	NOVOEIGHT[SP]
HUMULIN R	KISQALI [PA][SP]	metformin hcl	np thyroid
HUMULIN R U-500	KLOXXADO	metformin hcl er	NUCALA [PA][SP]
HUMULIN R U-500 KWIKPEN	KOGENATE FS[SP]	methadone hcl	NUDEXTA [PA]
hydralazine hcl	KOVALTRY[SP]	methocarbamol	NURTEC ODT [PA]
hydrochlorothiazide	KYLEENA	methotrexate	NUWIQ[SP]
hydrocodone- acetaminophen	L	methylphenidate er	nystatin
hydrocortisone	labetalol hcl	methylphenidate hcl	O
hydromorphone hcl	lactulose	methylprednisolone	OCREVUS [PA][SP]
hydroxychloroquine sulfate	lamotrigine	metoprolol succinate	OCREVUS ZUNOVO [PA][SP]
hydroxyzine hcl	latanoprost	metoprolol tartrate	ODACTRA
hydroxyzine pamoate	LENVIMA [PA][SP]	metronidazole	ODEFSEY
hyoscyamine sulfate	LEVEMIR	MICROLET	ODOMZO [PA][SP]
I	levetiracetam	MICROLET 2	OFEV [PA][SP]
IBRANCE [PA][SP]	levocetirizine dihydrochloride	MICROLET NEXT LANCING DEVICE	ofloxacin
ibuprofen	levothyroxine sodium	MIRENA	olanzapine
ILET INFUSION KIT-INSET	lidocaine	mirtazapine	olmesartan medoxomil
ILET INFUSION-CONTACT DETACH	LINZESS	MONOVISC	omeprazole
ILET INSULIN PUMP	liothyronine sodium	montelukast sodium	OMNIPOD 5 (G6/LIBRE 2 PLUS)
IMBRUVICA [PA][SP]	lisdexamfetamine dimesylate	MORPHINE SULFATE	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)
INCONTROL PEN NEEDLE	lisinopril	morphine sulfate [pa]	OMNIPOD 5 DEXG7G6 PODS (GEN 5)
INCRUSE ELLIPTA	lisinopril- hydrochlorothiazide	morphine sulfate er	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)
INFLECTRA [PA][SP]	lithium carbonate	morphine sulfate[sp]	OMNIPOD DASH INTRO KIT (GEN 4)
INLYTA [PA][SP]	LOKELMA [PA]	MOUNJARO [PA]	OMNIPOD DASH PODS (GEN 4)
insulin glargine-yfgn	lorazepam	MOVANTIK	OMNITROPE [PA][SP]
insulin lispro	LORBRENA [PA][SP]	mupirocin	ondansetron hcl
insulin lispro kwikpen u- 100	losartan potassium	MVASI [PA][SP]	ondansetron odt
ipratropium-albuterol	losartan- hydrochlorothiazide	MYFEMBREE [PA]	ONETOUCH DELICA PLUS LANCET
IQIRVO [PA][SP]	LOTEMAX	MYRBETRIQ	ONETOUCH ULTRA TEST STRIP
IXINITY[SP]	LOTEMAX SM	N	ONETOUCH ULTRA2
J	LUMAKRAS [PA][SP]	naltrexone hcl	ONETOUCH VERIO FLEX METER
JAKAFI [PA][SP]	LUPRON DEPOT [PA][SP]	naproxen	ONETOUCH VERIO REFLECT METER
JANUMET [ST]	LUPRON DEPOT-PED [PA][SP]	NASCOBAL	ONETOUCH VERIO TEST STRIP
JANUMET XR [ST]	LYNPARZA [PA][SP]	NATESTO [PA]	OPVEE
JANUVIA [ST]	LYUMJEV	NAYZILAM	ORALAIR [PA]
JARDIANCE	LYUMJEV KWIKPEN U-100	NEULASTA [PA][SP]	
JIVI[SP]	LYUMJEV KWIKPEN U-200	NEULASTA ONPRO [PA][SP]	
JULUCA	LYUMJEV TEMPO PEN U- 100	NEXLETOL [PA]	
JYLAMVO [ST]	M	NEXLIZET [PA]	
K		nifedipine er	
		nitrofurantoin mono-macro	
		NIVESTYM [PA][SP]	

Cost for covered alternatives may vary.

ORFADIN [PA][SP]	promethazine-dm	sertraline hcl	TALTZ AUTOINJECTOR
ORIAHNN [PA]	propranolol hcl	SEVENFACT[SP]	[PA][SP]
ORLISSA [PA]	propranolol hcl er	sildenafil citrate	TALTZ SYRINGE [PA][SP]
ORTHOVISC [PA]	Q	SIMLANDI(CF)	TALZENNA [PA][SP]
OTEZLA [PA][SP]	quetiapine fumarate	AUTOINJECTOR [PA][SP]	tamsulosin hcl
OVIDREL	QUILLICHEW ER [ST]	SIMPONI ARIA [PA][SP]	TASIGNA [PA][SP]
oxcarbazepine	QUILLIVANT XR [ST]	simvastatin	TEMPO REFILL KIT (WITH GAUZE)
oxycodone hcl	QULIPTA [PA]	SKYLA	TEMPO SMART BUTTON
oxycodone-acetaminophen	QVAR REDIHALER	SKYRIZI [PA][SP]	TEMPO WELCOME KIT
OXYCONTIN	R	SKYRIZI ON-BODY [PA][SP]	testosterone cypionate [pa]
OZEMPIC [PA]	RAGWITEK	SKYRIZI PEN [PA][SP]	TEZSPIRE [PA][SP]
P	RASUVO [ST]	SKYTROFA [PA][SP]	tizanidine hcl
pantoprazole sodium	REBIF [PA][SP]	SOGROYA [PA][SP]	TOBI PODHALER [PA][SP]
paroxetine hcl	REBIF REBIDOSE [PA][SP]	SOLIQUA 100-33 [ST]	TOBRADEX
PAXLOVID	REBINYN[SP]	SOMATULINE DEPOT [PA][SP]	TOBRADEX ST
PEN NEEDLE	RECOMBINATE[SP]	SOMAVERT [PA][SP]	topiramate
PEN NEEDLES	RELISTOR [PA]	SOTYKTU [PA][SP]	tramadol hcl
PENTASA	REPATHA PUSHTRONEX [PA]	SPIRIVA HANDIHALER	TRAZIMERA [PA][SP]
PENTIPS PEN NEEDLE	REPATHA SURECLICK [PA]	SPIRIVA RESPIMAT	trazodone hcl
PERSERIS	REPATHA SYRINGE [PA]	spironolactone	TRELEGY ELLIPTA
PHEBURANE [PA][SP]	RESTASIS	STELARA [PA][SP]	TREMFYA [PA][SP]
phenazopyridine hcl	RESTASIS MULTIDOSE	STIOLTO RESPIMAT	TREMFYA PEN [PA][SP]
phentermine hcl	RETACRIT [PA][SP]	STIVARGA [PA][SP]	TRESIBA
phenylephrine hcl-0.9% nacl[sp]	REVLIMID [PA][SP]	STRENSIQ [PA][SP]	TRESIBA FLEXTOUCH U-100
PHESGO [PA][SP]	REYVOW [PA]	STRIVERDI RESPIMAT	TRESIBA FLEXTOUCH U-200
pioglitazone hcl	RINVOQ [PA][SP]	SUBLOCADE [PA]	tretinoin
PIQRAY [PA][SP]	RINVOQ LQ [PA][SP]	sucralfate	triamcinolone acetonide
PLEGRIDY [PA][SP]	risperidone	sulfamethoxazole-trimethoprim	triamterene-hydrochlorothiazid
PLEGRIDY PEN [PA][SP]	RIXUBIS[SP]	sumatriptan succinate	TRIJARDY XR [ST]
POMALYST [PA][SP]	rizatriptan	SUNOSI [PA]	TRIPTODUR [PA][SP]
potassium chloride	ropinirole hcl	SYMLINPEN 120	TRIUMEQ
pravastatin sodium	rosuvastatin calcium	SYMLINPEN 60	TRIUMEQ PD
prazosin hcl	ROZLYTREK [PA][SP]	SYMPROIC	TROKENDI XR [ST]
PRECISION XTRA	RUCONEST [PA][SP]	SYMTOZA	TRUE METRIX AIR GLUCOSE METER
prednisolone acetate	RUXIENCE [PA][SP]	SYNJARDY	TRUE METRIX GLUCOSE TEST STRIP
prednisone	RYBELSUS [PA]	SYNJARDY XR	TRUEPLUS INSULIN SYRINGE
pregabalin	RYKINDO	T	TRUEPLUS PEN NEEDLE
PREMARIN	S	tacrolimus	TRULANCE
PREMPHASE	SANCUSO [PA]	tadalafil	TRULICITY [PA]
PREMPRO	SAVELLA	TAFINLAR [PA][SP]	TWIIST REFILL KT(CSST-NDL-SYR)
PROCRIPT [PA][SP]	SAXENDA [PA]	TAGRISSO [PA][SP]	TWIIST RFL(INFUS-CSST-NDL-SYR)
progesterone	SCSEMBLIX [PA][SP]	TAKHZYRO [PA][SP]	TWIIST STARTER KIT
PROLASTIN C[SP]	scopolamine	TALTZ AUTOINJECTOR (2 PACK) [PA][SP]	
PROMACTA [PA][SP]	SEMGLEE (YFGN)	TALTZ AUTOINJECTOR (3 PACK) [PA][SP]	
promethazine hcl	SEMGLEE (YFGN) PEN		

Cost for covered alternatives may vary.

TYENNE [PA][SP]	valsartan	warfarin sodium	ZEJULA [PA][SP]
TYENNE AUTOINJECTOR [PA][SP]	VARUBI	WEGOVY [PA]	ZELBORAF [PA][SP]
TYMLOS [PA][SP]	VASCEPA	X	ZENPEP
U	VELPHORO [ST]	XALKORI [PA][SP]	ZEPBOUND [PA]
UBRELVY [PA]	VEMLIDY	XARELTO	ZEPOSIA [PA][SP]
UNIFINE PENTIPS	venlafaxine hcl er	XIFAXAN [PA]	ZIEXTENZO [PA][SP]
UNIFINE PENTIPS MAXFLOW	V-GO 20	XOLAIR [PA][SP]	ZIMHI
UNIFINE PENTIPS PLUS	V-GO 30	XTANDI [PA][SP]	ZIRABEV [PA][SP]
UNIFINE PENTIPS PLUS MAXFLOW	V-GO 40	XULTOPHY 100-3.6 [ST]	zolpidem tartrate
UNIFINE SAFECONTROL	VIBERZI [ST]	XYNTHA SOLOFUSE[SP]	zomig [st]
UNIFINE ULTRA PEN NEEDLE	VIOKACE	XYNTHA[SP]	ZUBSOLV
UPTRAVI [PA][SP]	vitamin d2	Y	ZYLET
UZEDY	VITRAKVI [PA][SP]	YUPELRI	ZYMFENTRA (2 PENS) [PA][SP]
V	VIVITROL[SP]	Z	ZYMFENTRA (2 SYRINGES) [PA][SP]
valacyclovir	VIZIMPRO [PA][SP]	ZARXIO [PA][SP]	ZYMFENTRA [PA][SP]
	VOSEVI [PA][SP]	ZEGALOGUE AUTOINJECTOR	
	VOYDEYA [PA][SP]	ZEGALOGUE SYRINGE	
	W		

Alternative Drug Tables

The Non-Preferred or Excluded medications shown below may be filled at a higher copay or co-insurance. If you fill a prescription for an excluded drug, you may pay the full retail price. 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 PCM; in most cases, multi-source brands are excluded from coverage with preference given to generic equivalents.

Take action to avoid paying full price. If you're currently using one of the non-preferred or excluded 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 or Excluded Medications	Preferred Alternative Medications
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE
ACNE AGENTS,SYSTEMIC	ABSORICA, ABSORICA LD, ISOTRETINOIN (25 MG CAP), ISOTRETINOIN (35 MG CAP)	ISOTRETINOIN (10 MG CAP), ISOTRETINOIN (20 MG CAP), ISOTRETINOIN (30 MG CAP), ISOTRETINOIN (40 MG CAP)
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, EVEKEO ODT, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, BAFIERTAM, VUMERITY, GILENYA, MAVENCLAD, TASCENSO ODT	BETASERON, KESIMPTA PEN, REBIF REBIDOSE, PLEGRIDY PEN, AVONEX PEN, REBIF, PLEGRIDY, GLATOPA, AVONEX, OCREVUS
AMINOGLYCOSIDES	BETHKIS, KITABIS PAK	ARIKAYCE, TOBI PODHALER
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
ANALGESICS,NARCOTICS	XTAMPZA ER, HYSINGLA ER, NUCYNТА ER, NUCYNТА, OXYCODONE HCL ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCONTIN
ANDROGENIC AGENTS	XYOSTED, TLANDO, JATENZO, KYZATREX	NATESTO, ANDRODERM, TESTOSTERONE CYPIONATE
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANOREXIC AGENTS	QSYMIA	PHERTERMINE HCL
ANTIANDROGENIC AGENTS	NUBEQA, YONSA	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	NAYZILAM, CLONAZEPAM
ANTICONVULSANTS	XCOPRI, BRIVIACT, LYRICA, SPRITAM, FYCOMPA, DILANTIN-125, DILANTIN (100 MG CAP), MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, APTIOM, QUDEXY XR, TOPIRAMATE ER (CAP)	TROKENDI XR, DILANTIN (30 MG CAP), GABAPENTIN, LAMOTRIGINE, TOPIRAMATE, TOPIRAMATE ER (SPRINKLE)
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, ONDANSETRON ODT (16 MG TAB), BONJESTA, DICLEGIS, ANZEMET	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), VARUBI
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, SITAGLIPTIN-METFORMIN	JANUMET XR, JANUMET

Cost for covered alternatives may vary.

Drug Class	Non-Preferred or Excluded Medications	Preferred Alternative Medications
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	VICTOZA 2-PAK, VICTOZA 3-PAK, LIRAGLUTIDE	BYDUREON BCISE, TRULICITY, OZEMPIC, BYETTA, RYBELSUS
ANTIHYPERGLYCEMC-SOD/GLUC COTransport2(SGLT2)INHIB	INPEFA, STEGLATRO, FARXIGA, DAPAGLIFLOZIN, BRENZAVVY, INVOKANA	JARDIANCE
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN, QTERN	GLYXAMBI
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL (1000 MG TAB), METFORMIN HCL ER, METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	SYNJARDY, SYNJARDY XR
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ATORVASTATIN, ROSUVASTATIN, SIMVASTATIN
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	PRALUENT	REPATHA
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINOPRIL
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	SUPARTZ FX, SYNOJOYNT, VISCO-3, GELSYN-3, GENVISC 850, GEL-ONE, TRIVISC, SYNVISC, HYALGAN, SYNVISC-ONE, TRILURON, HYMOVIS, DUROLANE	ORTHOVISC, EUFLEXXA, MONOVISC
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ELYXYB, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	ZOMIG, AJOVY, AIMOVIG, EMGALITY, RIZATRIPTAN, SUMATRIPTAN, NURTEC ODT, REYVOW, UBRELVY, QULIPTA
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, XYWAV, LUMRYZ	SODIUM OXYBATE (HIKMA)
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	ONTRUZANT, OGIVRI	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	NINLARO, EXKIVITY, VERZENIO, RUBRACA, NEXAVAR, JAYPIRCA	ZEJULA, XALKORI, ALUNBRIG, VITRAKVI, IMBRUVICA, ROZLYTREK, LENVIMA, IBRANCE, TALZENNA, BOSULIF, TASIGNA, ALECENSA, AUGTYRO, GAVRETO, BRUKINSA, COMETRIQ, CALQUENCE, KISQALI, TAGRISSO, SPRYCEL, LORBRENA, PIQRAY, SCEMBLIX, CABOMETYX, STIVARGA, VIZIMPRO, INLYTA, LYNPARZA
ANTI PSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	ABILIFY MYCITE, REXULTI	ABILIFY MAINTENA, ARISTADA, ABILIFY ASIMTUFII, ARISTADA INITIO
ANTI PSYCHOTICS, ATYPICAL, D OPAMINE, & SEROTONIN ANTAG	FANAPT, SECUADO, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HAFYERA, ZYPREXA RELPREVV, RISPERDAL CONSTA, CAPLYTA, LYBALVI, QUETIAPINE FUMARATE (150MG TAB), LATUDA	PERSERIS, UZEDY, RYKINDO, QUETIAPINE FUMARATE (Other Strengths)

Cost for covered alternatives may vary.

Drug Class	Non-Preferred or Excluded Medications	Preferred Alternative Medications
ANTIVIRALS, GENERAL	XOFLUZA	VALACYCLOVIR
ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&N ON-NUCLEOSIDE RTI	SYMFI, SYMFI LO	ODEFSEY
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	PROAIR DIGIHALER, XOPENEX HFA, VENTOLIN HFA, PROAIR RESPICLICK	ALBUTEROL SULFATE HFA, LEVALBUTEROL TARTRATE HFA, ALBUTEROL SULFATE
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	COMBIVENT RESPIMAT, STIOLTO RESPIMAT, ANORO ELLIPTA
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	FLUTICASONE-VILANTEROL, SYMBICORT, AIRDUO DIGIHALER, FLUTICASONE-SALMETEROL HFA, AIRDUO RESPICLICK, AIRSUPRA	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA
BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL, TENORMIN	METOPROLOL TARTRATE, METOPROLOL SUCCINATE
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
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI	AMLODIPINE BESYLATE
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CONTRACEPTIVES,ORAL	BALCOLTRA, YAZ, SAFYRAL, LO LOESTRIN FE, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28, NATAZIA, TYBLUME	NIKKI, TRI-SPRINTEC, HAILEY FE, SPRINTEC
DIRECT FACTOR XA INHIBITORS	SAVAYSA	ELIQUIS, XARELTO
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
DRUGS TO TREAT IMPOTENCY	VIAGRA, STENDRA	MUSE
ELECTROLYTE DEPLETERS	VELTASSA, AURYXIA	LOKELMA, VELPHORO
ESTROGENIC AGENTS	ESTROGEL, ELESTRIN, EVAMIST, CLIMARA PRO, CLIMARA, DIVIGEL	COMBIPATCH, PREMARIN, PREMPHASE, PREMPRO
EYE ANTIINFLAMMATORY AGENTS	ACUVAIL, MAXIDEX, PRED MILD, FML FORTE, BROMSITE, FLAREX, EYSUVIS, PROLENSA, NEVANAC, ALREX, BROMFENAC SODIUM (0.075%), ILEVRO, INVELTYS	PREDNISOLONE ACETATE, LOTEMAX, LOTEMAX SM, BROMFENAC SODIUM (0.09%)
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
FOLIC ACID PREPARATIONS	DEPLIN-ALGAL OIL	FOLIC ACID
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
GLUCOCORTICOIDS	ORTIKOS, RAYOS, UCERIS, HEMADY	METHYLPREDNISOLONE, PREDNISONE
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX, ARMONAIR DIGIHALER, QVAR REDIHALER, ASMANEX HFA
GROWTH HORMONES	HUMATROPE, NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ, NUSPIN, ZOMACTON	SKYTROFA, GENOTROPIN, OMNITROPE, SOGROYA
HEMATINICS,OTHER	MIRCERA, ARANESP, EPOGEN	PROCRIT, RETACRIT
HEP C VIRUS - NSSA & NSSB POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	EPLUSA, HARVONI

Cost for covered alternatives may vary.

Drug Class	Non-Preferred or Excluded Medications	Preferred Alternative Medications
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HUMAN CHORIONIC GONADOTROPIN (HCG)	CHORIONIC GONADOTROPIN, PREGNYL	OVIDREL, NOVAREL
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	ULTOMIRIS, SOLIRIS, TAVNEOS	FABHALTA, VOYDEYA
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE (300/ML), NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, BASAGLAR, REZVOGLAR	HUMALOG, LYUMJEV, HUMULIN, INSULIN LISPRO, INSULIN DEGLUDEC, TRESIBA, LEVEMIR, SEMGLEE
LAXATIVES AND CATHARTICS	SUFLAVE, CLENPIQ, SUPREP, PLENVU, KRISTALOSE, SUTAB	SOD SULF-POTASS SULF-MAG SULF
LEUKOCYTE (WBC) STIMULANTS	UDENYCA AUTOINJECTOR, STIMUFEND, FULPHILA, UDENYCA, FYLNETRA, NYVEPRIA, UDENYCA ONBODY, GRANIX, RELEUKO, NEUPOGEN	NEULASTA, ZIEXTENZO, 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	FUROSCIX, SOAANZ	FUROSEMIDE
MACROLIDES	DIFICID	AZITHROMYCIN
METABOLIC DEFICIENCY AGENTS	BETAINE ANHYDROUS	CYSTADANE
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	ZIOPTAN, COSOPT PF, IYUZEH, COMBIGAN, LUMIGAN, ALPHAGAN P, XELPROS, ROCKLATAN, BETIMOL, RHOPRESSA, VYZULTA, SIMBRINZA, BETOPTIC S	LATANOPROST
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, BECONASE AQ, ZETONNA, XHANCE, QNASL CHILDREN, QNASL	FLUTICASONE PROPIONATE
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	FORFIVO XL, WELLBUTRIN XL, APLENZIN	BUPROPION XL
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	NAPRELAN, RELAFEN DS	DICLOFENAC SODIUM, IBU, MELOXICAM, IBUPROFEN, NAPROXEN
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS, CIMERLI	BYOOVIZ
OPHTHALMIC ANTIBIOTICS	BESIVANCE	AZASITE
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	VERKAZIA, XIIDRA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
PANCREATIC ENZYMES	PERTZYE, PANCREAZE	CREON, ZENPEP, VIOKACE
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	CRINONE	ENDOMETRIN
PROGESTATIONAL AGENTS	CRINONE	PROGESTERONE

Cost for covered alternatives may vary.

Drug Class	Non-Preferred or Excluded Medications	Preferred Alternative Medications
PROTON-PUMP INHIBITORS	NEXIUM, PROTONIX	OMEPRAZOLE, PANTOPRAZOLE SODIUM
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	ORENITRAM ER, TYVASO DPI	UPTRAVI, TREPROSTINIL
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS (FOAM)
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), QUVIVIQ, BELSOMRA	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (20 MG CAP), FLUOXETINE HCL (40 MG CAP), SERTRALINE HCL, ESCITALOPRAM OXALATE, CITALOPRAM HBR (20 MG TAB), CITALOPRAM HBR (40 MG TAB)
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	FETZIMA, PRISTIQ	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, ORACEA, DORYX MPC, SEYSARA, ACTICLATE, MINOLIRA ER, TARGADOX	DOXYCYCLINE HYCLATE
THROMBOPOIETIN RECEPTOR AGONISTS	ALVAIZ	PROMACTA, DOPTELET
THYROID HORMONES	THYQUIDITY, ERMEZA, TIROSINT-SOL, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID
TOPICAL ANTIBIOTICS	ZILXI, AMZEEQ, XEPI	MUPIROCIN
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	PENNSAID, LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, COTEMPLA XR-ODT, RELEXXII, METHYLPHENIDATE ER (45 MG TAB), METHYLPHENIDATE ER (63 MG TAB), METHYLPHENIDATE ER (72 MG TAB)	QUILLIVANT XR, METHYLPHENIDATE ER (36 MG TAB), QUILLICHEW ER
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	OXYBUTYNIN CHLORIDE (2.5MG), TOVIAZ	OXYBUTYNIN CHLORIDE (5MG), GELNIQUE
VAGINAL ESTROGEN PREPARATIONS	FEMRING, VAGIFEM	ESTRADIOL, ESTRING, PREMARIN

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.

Excluded Medications/Products at a Glance

A	CYMBALTA	K-PHOS NEUTRAL	PREVIDENT 5000 SENSITIVE	TOUJEO SOLOSTAR
ABILIFY	D	KRISTALOSE	PREZCOBIX	TRADJENTA
ACCRUFER	D3-50	L	PROAIR RESPICLICK	TRANSDERM-SCOP
ACTEMRA	DALIRESP	LANTUS	PROCTOFOAM-HC	TRINATAL RX 1
ACTEMRA ACTPEN	DEPO-PROVERA	LANTUS SOLOSTAR	PROGRAF	TUDORZA PRESSAIR
ADDERALL	DILANTIN	LATUDA	PROZAC	TWIRLA
ADDERALL XR	E	LEVOXYL	PULMICORT FLEXHALER	TYRVAYA
ADVAIR DISKUS	EDARBI	LEXAPRO	Q	U
ADZENYS XR-ODT	EDARBYCLOR	LIPITOR	QELBREE	UDENYCA
AIRSUPRA	EFFER-K	LO LOESTRIN FE	QNASL	UNITHROID
AKLIEF	ELITE-OB	LUMIGAN	QSYMIA	V
ALPHAGAN P	ESTRACE	M	QUVIVIQ	VELTASSA
ALVESCO	EYSUVIS	MAXIDEX	R	VENTOLIN HFA
AMJEVITA(CF) AUTOINJECTOR	F	MELATONIN	REFRESH TEARS	VEOZAH
APTIOM	FARXIGA	METHADOSE	REVELA	VERZENIO
ARANESP	FETZIMA	MIEBO	RETIN-A	VICTOZA 2-PAK
ARAZLO	FIASP	MUCINEX	REZVOGLAR	VICTOZA 3-PAK
ATIVAN	FIASP FLEXTOUCH	MULTAQ	KWIKPEN	VITAMIN B-12
AURYXIA	FISH OIL OMEGA-3	N	RHOPRESSA	VITAMIN D2
AUVELITY	FORTEO	NAMZARIC	RITUXAN	VITAMIN D3
AZSTARYS	FULPHILA	NARCAN	ROZEREM	VITRON-C
B	FUSION PLUS	NEUPRO	RYALTRIS	VOQUEZNA
B AND C	FYCOMPA	NEXIUM	S	VTAMA
B-12	G	NEXPLANON	SAMSCA	VUMERITY
BAQSIMI	GAVILAX	NEXTSTELLIS	SENNA	VYVANSE
BETADINE	GRANIX	NIFEREX	SEREVENT DISKUS	VYZULTA
BEVESPI AEROSPHERE	H	NITROSTAT	SIMBRINZA	W
BRENZAVVY	HYALGAN	NORDITROPIN FLEXPRO	SLOWMAG	WINLEVI
BYSTOLIC	I	NOVOLIN N	SLOW-MAG	X
C	IBSRELA	NOVOLOG	SLYND	XANAX
CARAFATE	ICAR-C	NOVOLOG FLEXPEN	SOAANZ	XELIANZ
CLENPIQ	IMVEXXY	NOVOSEVEN RT	SPRAVATO	XELIANZ XR
CLIMARA PRO	INJECTAFER	NUCYNTA	SPRYCEL	XHANCE
CLINPRO 5000	INTEGRA PLUS	O	STEGLATRO	XIFAXAN
COLCRYS	INTRAROSA	OPSUMIT	SUBOXONE	XIGDUO XR
COMBIGAN	INTUNIV	OXTELLAR XR	SUFLAVE	XIIDRA
CONCEPT DHA	INVOKANA	P	SUTAB	XOPENEX HFA
CONCERTA	IYUZEH	PERFOROMIST	SYMBICORT	XTAMPZA ER
CONTRAVE	J	PERIDEX	SYNTHROID	XYOSTED
CORTEF	JUBLIA	PLENVU	T	Y
COSENTYX	K	PRADAXA	THEO-24	YUSIMRY(CF) PEN
SENSOREADY (2 PENS)	KAPSPARGO SPRINKLE	PRALUENT PEN	THRIVITE RX	Z
COSENTYX UNOREADY PEN	KERENDIA	PREVDUO	TIROSINT	ZORYVE
COTEMPLA XR-ODT	KLOR-CON	PREVIDENT	TIROSINT-SOL	ZTLIDO
CRESTOR	KLOR-CON 30	PREVIDENT 5000 PLUS	TOPROL XL	ZYPREXA
	KONVOMEF		TOUJEO MAX SOLOSTAR	

Cost for covered alternatives may vary.