



2026 Elite Formulary Drug List

The 2026 Elite 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

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	ASMANEX	BOSULIF
1ST TIER UNIFINE PENTIPS	albuterol sulfate hfa	ASMANEX HFA	BREO ELLIPTA
1ST TIER UNIFINE PENTIPS PLUS	ALECENSA	atenolol	BREZTRI AEROSPHERE
A	alendronate sodium	atomoxetine hcl	BRIXADI
ABILIFY ASIMTUFI	allopurinol	atorvastatin calcium	brompheniramine-pseudoephed-dm
ABILIFY MAINTENA	alprazolam	ATROVENT HFA	BRUKINSA
ACCU-CHEK FASTCLIX LANCET DRUM	ALPROLIX	AUGTYRO	budesonide
ACCU-CHEK SOFTCLIX	ALTUVIIIO	AUVI-Q	budesonide-formoterol fumarate
acetaminophen-codeine	ALUNBRIG	AVONEX (4 PACK)	buprenorphine-naloxone
acyclovir	amitriptyline hcl	AVONEX PEN (4 PACK)	bupropion hcl
ADBRY	amlodipine besylate	AZASITE	bupropion hcl sr
ADBRY AUTOINJECTOR	amoxicillin	azelastine hcl	bupropion xl
ADEMPAS	amoxicillin-clavulanate potass	azithromycin	buspirone hcl
ADVAIR HFA	ANORO ELLIPTA	B	BYOOVIZ
ADVATE	APRETUDE	baclofen	C
ADVOCATE SYRINGES	ARALAST NP	BARACLUDE	CABENUVA
ADYNOVATE	ARIKAYCE	BAXDELA	CABOMETYX
AFSTYLA	aripiprazole	BELBUCA	CALQUENCE
AIMOVIG AUTOINJECTOR	ARISTADA	BENEFIX	CARBAGLU
AJOVY AUTOINJECTOR	ARISTADA INITIO	benzonatate	CARETOUCH INSULIN SYRINGE
AJOVY SYRINGE	ARMOUR THYROID	BETASERON	carvedilol
	ARNUITY ELLIPTA	BIKTARVY	

Cost for covered alternatives may vary.

cefazolin sodium	DILANTIN	ERIVEDGE	FREESTYLE PRECISION NEO METER
cefdinir	diltiazem 24hr er (cd)	ERLEADA	FREESTYLE PRECISION NEO TEST STRIPS
celecoxib	divalproex sodium	erythromycin	FREESTYLE SIDEKICK II
cephalexin	DOPTLET	ERZOFRI	FREESTYLE SYSTEM
CEQUA	DOVATO	escitalopram oxalate	FREESTYLE TEST STRIPS
CERDELGA	doxycycline hyclate	esomeprazole magnesium	furosemide
CEREZYME	doxycycline monohydrate	ESPEROCT	G
CETROTIDE	DROPLET INSULIN SYRINGE	estradiol	gabapentin
chlorhexidine gluconate	DROPSAFE PREP PADS	estradiol (twice weekly)	GAVRETO
chlorthalidone	DUAVEE	ESTRING	GEMTESA
CIBINQO	DULERA	EUFLEXXA	GENOTROPIN
CIMDUO	duloxetine hcl	EXTENDED RESERVOIR	GENVOYA
CINRYZE	DUPIXENT PEN	ezetimibe	GLASSIA
ciprofloxacin hcl	DUPIXENT SYRINGE	F	glimepiride
cialopram hbr	DYANAVEL XR	FABHALTA	glipizide
clindamycin hcl	DYSPORT	FABRAZYME	glipizide er
clindamycin phosphate	E	famotidine	GLYXAMBI
clobetasol propionate	EASY COMFORT INSULIN SYRINGE	fenofibrate	GONAL-F RFF REDI-JECT
clonazepam	EASY GLIDE INSULIN SYRINGE	fentanyl	GONAL-F RFF
clonidine hcl	EASY TOUCH	finasteride	GONAL-F
clopidogrel	EASY TOUCH FLIPLOCK INSULIN	FIRMAGON	GRASTEK
COMBIPATCH	EASY TOUCH INSULIN SAFETY	FLECTOR	guanfacine hcl er
COMBIVENT RESPIMAT	EASY TOUCH INSULIN SYRINGE	fluconazole	GVOKE
COMFORT EZ INSULIN SYRINGE	EASY TOUCH LUER LOCK INSULIN	fluoxetine hcl	GVOKE HYPOPEN 1-PACK
COTELLIC	EASY TOUCH SHEATHLOCK INSULIN	fluticasone propionate	GVOKE HYPOPEN 2-PACK
CREON	EASY TOUCH UNI-SLIP	fluticasone propionate hfa	GVOKE PFS 1-PACK SYRINGE
cyanocobalamin injection	EASY TOUCH INSULIN SYRINGE	fluticasone-salmeterol	GVOKE PFS 2-PACK SYRINGE
cyclobenzaprine hcl	EBGLYSS PEN	folic acid	H
CYSTADANE	EBGLYSS SYRINGE	FREESTYLE FREEDOM LITE METER	HADLIMA
D	ELFABRIO	FREESTYLE INSULINX METER	HADLIMA PUSHTOUCH
DANZITEN	ELIGARD	FREESTYLE INSULINX TEST STRIPS	HADLIMA(CF)
DAYVIGO	ELIQUIS	FREESTYLE LANCETS	HADLIMA(CF) PUSHTOUCH
DESCOVY	ELOCTATE	FREESTYLE LIBRE 14 DAY READER	HAEGARDA
desvenlafaxine succinate er	EMGALITY PEN	FREESTYLE LIBRE 14 DAY SENSOR	haloperidol
dexamethasone	EMGALITY SYRINGE	FREESTYLE LIBRE 2 PLUS SENSOR	haloperidol lactate
DEXCOM G6 RECEIVER	EMPAVELI	FREESTYLE LIBRE 2 READER	HARVONI
DEXCOM G6 SENSOR	EMVERM	FREESTYLE LIBRE 2 SENSOR	HEALTHWISE INSULIN SYRINGE
DEXCOM G6 TRANSMITTER	ENBREL	FREESTYLE LIBRE 3 PLUS SENSOR	HUMALOG
DEXCOM G7 RECEIVER	ENBREL MINI	FREESTYLE LIBRE 3 READER	HUMALOG JUNIOR KWIKPEN
DEXCOM G7 SENSOR	ENBREL SURECLICK	FREESTYLE LIBRE 3 SENSOR	HUMALOG KWIKPEN U-100
dexmethylphenidate hcl er	ENDOMETRIN	FREESTYLE LITE METER	HUMALOG KWIKPEN U-200
dextroamphetamine-amphet er	enoxaparin sodium	FREESTYLE LITE TEST STRIPS	HUMALOG MIX 50-50 KWIKPEN
dextroamphetamine-amphetamine	EPCLUSA	FREESTYLE PRECISION	HUMALOG MIX 75-25
diazepam	EPIDIOLEX		HUMALOG MIX 75-25 KWIKPEN
diclofenac sodium	epinephrine		HUMALOG TEMPO PEN U-100
dicyclomine hcl			

Cost for covered alternatives may vary.

HUMIRA	JAKAFI	LYNPARZA	N
HUMIRA PEN	JANUMET	LYUMJEV	naltrexone hcl
HUMIRA(CF)	JANUMET XR	LYUMJEV KWIKPEN U-100	naproxen
HUMIRA(CF) PEN	JANUVIA	LYUMJEV KWIKPEN U-200	NATESTO
HUMIRA(CF) PEN CROHN'S-UC- HS	JARDIANCE	LYUMJEV TEMPO PEN U-100	NAYZILAM
HUMIRA(CF) PEN PSOR-UV- ADOL HS	JIVI	M	NEULASTA
HUMULIN 70/30 KWIKPEN	JULUCA	MAGELLAN INSULIN SAFETY SYRNG	NEULASTA ONPRO
HUMULIN 70-30	JYLAMVO	MAGELLAN INSULIN SYRINGE	NEXLETOL
HUMULIN N	JYNARQUE	MAVYRET	NEXLIZET
HUMULIN N KWIKPEN	K	MAXI-COMFORT	nifedipine er
HUMULIN R	KESIMPTA PEN	MAXICOMFORT INSULIN SYRINGE	nitrofurantoin mono-macro
HUMULIN R U-500	ketoconazole	meclizine hcl	NIVESTYM
HUMULIN R U-500 KWIKPEN	ketorolac tromethamine	medroxyprogesterone acetate	normal saline flush
hydralazine hcl	KISQALI	MEKINIST	nortriptyline hcl
hydrochlorothiazide	KLOXXADO	meloxicam	NOVAREL
hydrocodone-acetaminophen	KOGENATE FS	mesalamine ER	NOVOEIGHT
hydrocortisone	KOVALTRY	metformin hcl	np thyroid
hydromorphone hcl	KYLEENA	metformin hcl er	NUCALA
hydroxychloroquine sulfate	L	methocarbamol	NUDEXTA
hydroxyzine hcl	labetalol hcl	methotrexate	NURTEC ODT
hydroxyzine pamoate	lactulose	methylphenidate er	nystatin
hyoscyamine sulfate	lamotrigine	methylphenidate hcl	O
I	latanoprost	methylprednisolone	OCALIVA
IBRANCE	LENVIMA	metoprolol succinate	OCREVUS
ibuprofen	levetiracetam	metoprolol tartrate	OCREVUS ZUNOVO
ILET INFUSION KIT-INSET	levocetirizine dihydrochloride	metronidazole	ODACTRA
ILET INFUSION-CONTACT DETACH	levofloxacin	MICROLET	ODEFSEY
ILET INSULIN PUMP	levothyroxine sodium	MICROLET 2	ODOMZO
ILET STARTER KIT-INSET	lidocaine	MICROLET NEXT LANCING DEVICE	OFEV
IMBRUVICA	LINZESS	MIRENA	ofloxacin
IMULDOSA	liothyronine sodium	mirtazapine	OGIVRI
INCONTROL PEN NEEDLE	liraglutide	MONOJECT	olanzapine
INCRUSE ELLIPTA	lisdexamfetamine dimesylate	MONOJECT INSULIN SAFETY SYRNG	olmesartan medoxomil
INFLECTRA	lisinopril	MONOJECT INSULIN SYRINGE	omeprazole
INLYTA	lisinopril-hydrochlorothiazide	MONOVISC	OMNIPOD 5 (G6/LIBRE 2 PLUS)
insulin glargine-yfgn	LOKELMA	montelukast sodium	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)
insulin lispro	lorazepam	morphine sulfate	OMNIPOD 5 DEXG7G6 PODS (GEN 5)
insulin lispro kwikpen u-100	LORBRENA	morphine sulfate er	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)
INSULIN SYRINGE	losartan potassium	MOUNJARO	OMNIPOD DASH INTRO KIT (GEN 4)
INSULIN SYRINGE U-500	losartan-hydrochlorothiazide	MOVANTIK	OMNIPOD DASH PODS (GEN 4)
ipratropium bromide	LOTEMAX GEL	mupirocin	OMNITROPE
ipratropium-albuterol	LOTEMAX SM	MVASI	ondansetron hcl
IQIRVO	loteprednol drops	MYFEMBREE	ondansetron odt
IXINITY	LUMAKRAS	MYRBETRIQ	OPVEE
J	LUPRON DEPOT		
	LUPRON DEPOT-PED		

Cost for covered alternatives may vary.

ORALAIR	PROCRT	SANCUSO	TAGRISSO
ORFADIN	PRODIGY INSULIN SYRINGE	SAVELLA	TAKHZYRO
ORIAHNN	progesterone	SCEMBLIX	TALTZ AUTOINJECTOR (2 PACK)
ORLISSA	PROLASTIN C	SEMGLEE (YFGN)	TALTZ AUTOINJECTOR (3 PACK)
ORTHOVISC	promethazine hcl	SEMGLEE (YFGN) PEN	
oseltamivir phosphate	promethazine-dm	sertraline hcl	TALTZ AUTOINJECTOR
OTEZLA	propranolol hcl	SEVENFACT	TALTZ SYRINGE
OTEZLA XR	propranolol hcl er	sildenafil citrate	TALZENNA
OVIDREL	Q	SIMPONI ARIA	tamsulosin hcl
oxcarbazepine	quetiapine fumarate	simvastatin	TASIGNA
oxybutynin chloride er	QUILLICHEW ER	SKYLA	TECHLITE INSULIN SYRINGE
oxycodone hcl	QUILLIVANT XR	SKYRIZI	TEMPO REFILL KIT (WITH GAUZE)
oxycodone ER	QULIPTA	SKYRIZI ON-BODY	TEMPO SMART BUTTON
oxycodone-acetaminophen	QVAR REDIHALER	SKYRIZI PEN	TEMPO WELCOME KIT
OZEMPIC	R	SKYTROFA	TERUMO INSULIN SYRINGE
P	RAGWITEK	SOGROYA	testosterone cypionate
pantoprazole sodium	RASUVO	SOLQUA 100-33	TEZSPIRE
PARADIGM	REBIF	SOMATULINE DEPOT	THINPRO INSULIN SYRINGE
paroxetine hcl	REBIF REBIDOSE	SOMAVERT	tizanidine hcl
PAXLOVID	REBINYN	SOTYKTU	TOBI PODHALER
PEN NEEDLE	RELISTOR	SPIRIVA HANDIHALER	TOBRADEX
PEN NEEDLES	REPATHA PUSHTRONEX	SPIRIVA RESPIMAT	TOBRADEX ST
PENTASA	REPATHA SURECLICK	spironolactone	topiramate
PENTIPS PEN NEEDLE	REPATHA SYRINGE	STELARA	tramadol hcl
PERSERIS	RESTASIS	STIOLTO RESPIMAT	TRAZIMERA
PHEBURANE	RESTASIS MULTIDOSE	STIVARGA	trazodone hcl
phenazopyridine hcl	RETACRIT	STRENSIQ	TRELEGY ELLIPTA
phentermine hcl	REVLIMID	STRIVERDI RESPIMAT	TREMFYA
phenylephrine hcl-0.9% nacl	REYVOW	SUBLOCADE	TREMFYA ONE-PRESS
PHESGO	RINVOQ	sucalfate	TREMFYA PEN
pioglitazone hcl	RINVOQ LQ	sulfamethoxazole-trimethoprim	TREMFYA PEN INDUCTION PK-CROHN
PIQRAY	risperidone	sumatriptan succinate	TRESIBA
PLEGRIDY	RIXUBIS	SUNOSI	TRESIBA FLEXTOUCH U-100
PLEGRIDY PEN	rizatriptan	SURE COMFORT	TRESIBA FLEXTOUCH U-200
POMALYST	ropinirole hcl	SURE COMFORT INSULIN SYRINGE	tretinoin
potassium chloride	rosuvastatin calcium	SURE-JECT INSULIN SYRINGE	triamcinolone acetonide
pravastatin sodium	ROZLYTREK	SYMLINPEN 120	triamterene-hydrochlorothiazid
prazosin hcl	RUCONEST	SYMLINPEN 60	TRIJARDY XR
PRECISION XTRA	RUXIENCE	SYMPROIC	TRIPTODUR
prednisolone acetate	RYBELSUS	SYMTUZA	TRIUMEQ
prednisone	RYKINDO	SYNJARDY	TRIUMEQ PD
pregabalin	S	SYNJARDY XR	TROKENDI XR
PREMARIN	sacubitril-valsartan	T	TRUE COMFORT INSULIN SYRINGE
PREMPHASE	SAFESNAP INSULIN SYRINGE	tacrolimus	TRUE COMFORT PRO INS SYRINGE
PREMPRO	SAFETYGLIDE INSULIN SYRINGE	tadalafil	
PRO COMFORT INSULIN SYRINGE	SAFETYGLIDE SYRINGE	TAFINLAR	

Cost for covered alternatives may vary.

TRUE METRIX AIR GLUCOSE METER	ULTRACARE INSULIN SYRINGE	V-GO 40	YEZTUGO
TRUE METRIX GLUCOSE TEST STRIP	ULTRA-FINE INSULIN SYRINGE	VIBERZI	YUFLYMA
TRUEPLUS INSULIN SYRINGE	ULTRA-THIN II	VIOKACE	YUPELRI
TRUEPLUS PEN NEEDLE	UNIFINE PENTIPS	vitamin d2	Z
TRULANCE	UNIFINE PENTIPS MAXFLOW	VITRAKVI	ZARXIO
TRULICITY	UNIFINE PENTIPS PLUS	VIVITROL	ZEGALOGUE AUTOINJECTOR
TWIST REFILL KT(CSST-NDL-SYR)	UNIFINE PENTIPS PLUS MAXFLOW	VIZIMPRO	ZEGALOGUE SYRINGE
TWIST RFL(INFUS-CSST-NDL-SYR)	UNIFINE SAFECONTROL PEN NEEDLE	VOSEVI	ZEJULA
TWIST STARTER KIT	UNIFINE ULTRA PEN NEEDLE	VOYDEYA	ZELBORAF
TYENNE	UPTRAVI	W	ZENPEP
TYENNE AUTOINJECTOR	UZEDY	warfarin sodium	ZEPBOUND
	V	WEGOVY	ZEPOSIA
		X	ZIEXTENZO
TYMLOS	valacyclovir	XALKORI	ZIRABEV
U	valsartan	XARELTO	zolpidem tartrate
UBRELVI	VANISHPOINT	XIFAXAN	ZOMIG
ULTICARE	VANISHPOINT INSULIN SYRINGE	XOLAIR	ZUBSOLV
ULTICARE INSULIN SYRINGE	VARUBI	XTANDI	ZYKADIA
ULTIGUARD SAFEPACK-INSULIN SYR	VASCEPA	XULTOPHY 100-3.6	ZYLET
ULTILET INSULIN SYRINGE	VEMLIDY	XYNTHA SOLOFUSE	ZYMFENTRA
ULTRA COMFORT	venlafaxine hcl er	XYNTHA	ZYMFENTRA PEN (2 PACK)
ULTRA FLO INSULIN SYRINGE	V-GO 20	Y	
	V-GO 30	YESINTEK	

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 VerusRx; 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/Excluded	Preferred
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE
ACNE AGENTS,SYSTEMIC	ABSORICA, ABSORICA LD, ISOTRETINOIN (25 MG CAP), ISOTRETINOIN (35 MG CAP)	ISOTRETINOIN CAP (10 MG, 20 MG, 30MG, OR 40MG)
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, VUMERITY, GILENYA, BAFIERTAM, MAVENCLAD, TASCENSO ODT	DIMETHYL FUMARATE, BETASERON, REBIF REBIDOSE, KESIMPTA PEN, PLEGRIDY PEN, AVONEX, PLEGRIDY, REBIF, GLATOPA, OCREVUS ZUNOVO, OCREVUS
AMINOGLYCOSIDES	BETHKIS, KITABIS PAK	ARIKAYCE, TOBI PODHALER
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
ANALGESICS,NARCOTICS	XTAMPZA ER, NUCYNТА ER, NUCYNТА, HYSINGLA ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCODONE ER TAB (10MG, 20MG, OR 40MG, 80MG), OXYCONTIN (15MG, 30MG, OR 60MG), HYDROCODONE BITARTRATE ER 24HR TAB
ANAPHYLAXIS THERAPY AGENTS	NEFFY, SYMJEPI	AUVI-Q, EPINEPHRINE 0.15MG
ANDROGENIC AGENTS	XYOSTED, JATENZO, KYZATREX, TLANDO, UNDECATREX	NATESTO, TESTOSTERONE CYPIONATE, TESTOSTERONE 1% GEL
ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)	ENTRESTO SPRINKLE, ENTRESTO TAB	SACUBITRIL/VALSARTAN TAB
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANTIANDROGENIC AGENTS	YONSA, NUBEQA	XTANDI, ERLEADA, ABIRATERONE 250MG TAB
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	LIBERVANT, SYMPAZAN, VALTOCO	NAYZILAM, CLONAZEPAM
ANTICONVULSANTS	SPRITAM, FYCOMPA, XCOPRI, BRIVIACT, LYRICA, DILANTIN-125, DILANTIN (100 MG CAP), MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, APTIOM	GABAPENTIN, TROKENDI XR, TOPIRAMATE ER SPRINKLE, DILANTIN (30 MG CAP), LAMOTRIGINE, TOPIRAMATE, PREGABALIN, DIVALPROEX SODIUM, OXCARBAZEPINE
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, DICLEGIS, ONDANSETRON ODT (16 MG TAB), BONJESTA	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG, 8MG), VARUBI, APREPITANT
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026, THROUGH JUNE 30, 2026. THIS LIST IS SUBJECT TO CHANGE. Page 6 of 12

Drug Class	Non-Preferred/Excluded	Preferred
ANTIHYPERTGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, SITAGLIPTIN-METFORMIN, ZITUVIMET	JANUMET, JANUMET XR
ANTIHYPERTGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, DAPAGLIFLOZIN, BRENZAVVY, FARXIGA, INVOKANA	JARDIANCE
ANTIHYPERTGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA, SAXAGLIPTIN
ANTIHYPERTGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN	GLYXAMBI
ANTIHYPERTGLYCEMIC, BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN ER OSMOTIC, METFORMIN ER GASTRIC	METFORMIN HCL ER, METFORMIN HCL TAB (500 MG OR 1000 MG)
ANTIHYPERTGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	SYNJARDY, SYNJARDY XR
ANTIHYPERTLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ROSUVASTATIN, ATORVASTATIN
ANTIHYPERTLIPIDEMIC - PCSK9 INHIBITORS	PRALUENT	REPATHA
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINOPRIL
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM, VALSARTAN
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	VISCO-3, SYNOJOYNT, SUPARTZ FX, 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	AIMOVIG, AJOVY, ZOMIG, EMGALITY, SUMATRIPTAN, RIZATRIPTAN, REYVOW, UBRELVY, QULIPTA, NURTEC ODT
ANTI-NARCOLEPSY & ANTI-CATAPEXSY, SEDATIVE-TYPE AGT	XYREM, LUMRYZ STARTER PACK, XYWAV, LUMRYZ	SODIUM OXYBATE (HIKMA)
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	KANJINTI, HERZUMA, ONTRUZANT, HERCESSI	OGIVRI, TRAZIMERA, PHESGO, VECTIBIX
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI, OJEMDA	TAFINLAR, ZELBORAF
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI, GOMEKLI	MEKINIST, COTELLIC, KOSELUGO
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	IMKELDI, NINLARO, RYDAPT, EXKIVITY, JAYPIRCA, TABRECTA, RUBRACA, NEXAVAR, VANFLYTA, VERZENIO, TRUQAP, TASIGNA	ALUNBRIG, IMBRUVICA, XALKORI, VITRAKVI, ROZLYTREK, TALZENNA, IBRANCE, BOSULIF, GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, LORBRENA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, TAGRISSO, VIZIMPRO, SCSEMBLIX, KISQALI, INLYTA, ZEJULA, FRUZAQLA
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	OIPZA, ABILIFY MYCITE, REXULTI	ABILIFY MAINTENA, ARISTADA INITIO, ABILIFY ASIMTUFII, ARISTADA, ARIPIRAZOLE
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	SECUADO, FANAPT, INVEGA SUSTENNA, INVEGA HAFYERA, INVEGA TRINZA, ZYPREXA, CAPLYTA, LYBALVI, LATUDA	PERSERIS, RYKINDO, ERZOFRI, RISPERIDONE, QUETIAPINE, PALIPERIDONE ER
ANTIRETROVIRAL – CAPSID INHIBITORS		YEZTUGO, SUNLECA
ANTIVIRALS, GENERAL	XOFLUZA, TAMIFLU, VALTREX	OSELTAMIVIR PHOSPHATE, VALACYCLOVIR
ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI	SYMFI, SYMFI LO	ODEFSEY, EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA, VENTOLIN HFA, PROAIR RESPICLICK	ALBUTEROL SULFATE HFA, LEVALBUTEROL TARTRATE HFA, ALBUTEROL SULFATE

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	DUAKLIR PRESSAIR, BEVESPI AEROSPHERE	ANORO ELLIPTA, COMBIVENT RESPIMAT, STIOLTO RESPIMAT, IPRATROPIUM/ALBUTEROL
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	SYMBICORT, AIRDUO DIGIHALER, FLUTICASONE-SALMETEROL HFA, AIRDUO RESPICLICK, FLUTICASONE-VILANTEROL, AIRSUPRA	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA, BREYNA
BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL, TENORMIN, BYSTOLIC	METOPROLOL SUCCINATE, METOPROLOL TARTRATE, PROPRANOLOL HCL, ATENOLOL
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, CONTOUR PLUS TEST STRIP, ONETOUCH VERIO TEST STRIP, ONETOUCH ULTRA TEST STRIP	FREESTYLE TEST STRIP, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI, TIAZAC	AMLODIPINE BESYLATE, DILTIAZEM 24HR ER CAP, NIFEDIPINE ER
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL, HALOETTE
CONTRACEPTIVES, ORAL	LO LOESTRIN FE, YAZ, SAFYRAL, BEYAZ, YASMIN 28, BALCOLTRA	NIKKI, HAILEY 24 FE, SPRINTEC, ZOVIA 1-35, SLYND, NORETHINDRONE
DIRECT FACTOR XA INHIBITORS	SAVAYSA, RIVAROXABAN	XARELTO, ELIQUIS
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN, NITISINONE
ELECTROLYTE DEPLETERS	VELTASSA, FOSRENOL, RENVELA	LOKELMA, SEVELAMER, LANTHANUM, CALCIUM ACETATE
ESTROGENIC AGENTS	ESTROGEL, CLIMARA, CLIMARA PRO, EVAMIST, ELESTRIN, DIVIGEL	COMBIPATCH, PREMARIN, PREMPRO, PREMPHASE, ESTRADIOL (ONCE WEEKLY), ESTRADIOL (TWICE WEEKLY)
EYE ANTIINFLAMMATORY AGENTS	ILEVRO, PRED MILD, BROMSITE, FLAREX, MAXIDEX, FML FORTE, EYSUVIS, ACUVAIL, PROLENSA, NEVANAC, ALREX, BROMFENAC SODIUM, INVELTYS. LOTEMAX DROPS	LOTEMAX OINTMENT, LOTEMAX SM, PREDNISOLONE ACETATE, LOTEPREDNOL DROPS
FACTOR IX PREPARATIONS	IDELVION	REBINYN, BENEFIX, ALPROLIX, RIXUBIS, 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
GLUCOCORTICIDS	HEMADY, RAYOS, UCERIS	METHYLPREDNISOLONE, PREDNISONE, DEXAMETHASONE
GLUCOCORTICIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ASMANEX, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX HFA, QVAR REDIHALER
GROWTH HORMONES	HUMATROPE, NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	OMNITROPE, SKYTROFA, GENOTROPIN, SOGROYA
HEMATINICS, OTHER	MIRCERA, ARANESP, EPOGEN	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	ULTOMIRIS, SOLIRIS, TAVNEOS, ZILBRYSQ	FABHALTA, VOYDEYA
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE (300/ML (3) PEN), NOVOLIN, TOUJEO, ADMELOG, APIDRA,	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE-YFGN (100/ML (3) PEN),

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
	LANTUS, REZVOGLAR, BASAGLAR, INSULIN GLARGINE (100/ML VIAL)	SEMGLEE, INSULIN GLARGINE-YFGN (100/ML VIAL)
LAXATIVES AND CATHARTICS	SUPREP, KRISTALOSE, AMITIZA	SOD SULF-POTASS SULF-MAG SULF, LUBIPROSTONE, GAVILYTE-N, PLENVU, SUTAB
LEUKOCYTE (WBC) STIMULANTS	UDENYCA AUTOINJECTOR, STIMUFEND, FULPHILA, UDENYCA ONBODY, FYLNETRA, NYVEPRIA, UDENYCA, GRANIX, RELEUKO, NEUPOGEN, NYPOZI	NEULASTA, ZIEXTENZO, NEULASTA ONPRO, NIVESTYM, ZARXIO
LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS	FYREMADEL, GANIRELIX, CETRORELIX	CETROTIDE, ORLISSA
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LIPOTROPICS	TRICOR, ICASAPENT ETHYL, ZETIA	VASCEPA, EZETIMIBE, FENOFIBRATE TAB (54MG, 135MG, OR 160MG)
LOOP DIURETICS	FUROSCIX, SOAANZ. LASIX ONYU	FUROSEMIDE, TORSEMIDE, BUMETANIDE
MACROLIDES	DIFICID	AZITHROMYCIN
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	LUMIGAN, COMBIGAN, ALPHAGAN P, XELPROS, BETIMOL, IYUZEH, COSOPT PF, ZIOPTAN, ROCKLATAN, BETOPTICS, VYZULTA, SIMBRINZA, RHOPRESSA	LATANOPROST, BRIMONIDINE 0.15% DROP, TIMOLOL 0.5% DROP
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, QNASL CHILDREN, QNASL, XHANCE	FLUTICASONE PROPIONATE, MOMETASONE FUROATE
NITROFURAN DERIVATIVES	MACROBID	NITROFURANTOIN MONO-MACRO
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	WELLBUTRIN XL, APLENZIN	BUPROPION XL
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	RELAFEN DS, NAPRELAN	DICLOFENAC SODIUM, MELOXICAM, IBUPROFEN, NAPROXEN
OPHTHALMIC ANTIBIOTICS	BESIVANCE	AZASITE, OFLOXACIN, CIPROFLOXACIN
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	XIIDRA, VERKAZIA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
PANCREATIC ENZYMES	PANCREAZE, PERTZYE	ZENPEP, CREON, VIOKACE
PLASMA KALLIKREIN INHIBITORS	ORLADEYO, EKTERLY	TAKHZYRO
PLATELET AGGREGATION INHIBITORS	ZONTIVITY, BRILINTA, EFFIENT	CLOPIDOGREL, ASPIRIN EC, TICAGRELOR, PRASUGREL
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE, EPLERENONE
PPAR AGONIST	LIVDELZI	IQIRVO
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	CRINONE	ENDOMETRIN
PROGESTATIONAL AGENTS	CRINONE, PROMETRIUM	PROGESTERONE, MEDROXYPROGESTERONE
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM	OMEPRAZOLE, PANTOPRAZOLE SODIUM
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER	UPTRAVI, TREPROSTINIL, YUTREPIA
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	CORTIFOAM, UCERIS	HYDROCORTISONE RECTAL
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	BELSOMRA, QUUVIQ	ZOLPIDEM TARTRATE TAB (5 MG OR 10 MG), DAYVIGO, ESZOPICLONE
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL CAP (20MG OR 40 MG CAP), SERTRALINE HCL, ESCITALOPRAM OXALATE, CITALOPRAM HBR TAB (10 MG, 20MG, OR 40 MG)
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	FETZIMA, PRISTIQ, DRIZALMA SPRINKLE	DULOXETINE HCL, VENLAFAXINE HCL ER

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
SKELETAL MUSCLE RELAXANTS	LYVISPAH, ZANAFLEX, SOMA	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL, BACLOFEN
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA, PALSONIFY	SOMATULINE DEPOT, OCTREOTIDE ACETATE, SIGNIFOR
TETRACYCLINES	NUZYRA, EMROSI, ORACEA, DORYX MPC, SEYSARA, TARGADOX	DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE
THYROID HORMONES	TIROSINT-SOL, THYQUIDITY, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID, NP THYROID
TOPICAL ANTIBIOTICS	ZILXI, AMZEEQ, XEPI	MUPIROCIN
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE, NYSTATIN
TOPICAL ANTI-INFLAMMATORY, NSAIDS	LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXXII, COTEMPLA XR-ODT, METHYLPHENIDATE ER TAB (45 MG, 63 MG, OR 72 MG)	QUILLIVANT XR, METHYLPHENIDATE ER TAB (18 MG, 27 MG, 36 MG, OR 54 MG), QUILLICHEW ER, DEXMETHYLPHENIDATE
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	TOVIAZ	OXYBUTYNIN CHLORIDE, FESOTERODINE ER TAB, GELNIQUE
VAGINAL ESTROGEN PREPARATIONS	FEMRING	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, YUFLYMA, TYENNE ¹
Juvenile Idiopathic Arthritis	ORENCIA ² , XELJANZ ³ , XELJANZ XR ³ , ACTEMRA ³	ENBREL, HUMIRA, HADLIMA, RINVOQ, YUFLYMA, TYENNE ¹
Psoriatic Arthritis	SIMPONI ² , CIMZIA ² , ORENCIA ² , BIMZELX ² , COSENTYX ³ , SELARSDI ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, YUFLYMA, OTEZLA, YESINTEK, IMULDOSA, STELARA, TALTZ, TREMFYA, RINVOQ, SKYRIZI
Ankylosing Spondylitis	SIMPONI ² , CIMZIA ² , BIMZELX ² , COSENTYX ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, YUFLYMA, RINVOQ, TALTZ
Psoriasis	CIMZIA ² , ILUMYA ² , SILIQ ³ , BIMZELX ² , SELARSDI ³ , COSENTYX ³	ENBREL, HUMIRA, HADLIMA, YUFLYMA, OTEZLA, SKYRIZI, YESINTEK, IMULDOSA, STELARA, TALTZ, TREMFYA, SOTYKTU
Crohn's Disease	CIMZIA ² , ENTYVIO SC ² , SELARSDI ³	HUMIRA, HADLIMA, OMVOH, YUFLYMA, YESINTEK, IMULDOSA, STELARA, TREMFYA, RINVOQ, SKYRIZI
Ulcerative Colitis	SIMPONI 100MG ¹ , ENTYVIO SC ² , OMVOH ² , VELSIPITY ³ , SELARSDI ³ , XELJANZ ³ , XELJANZ XR ³	HUMIRA, HADLIMA, YUFLYMA, YESINTEK, IMULDOSA, STELARA, TREMFYA, RINVOQ, SKYRIZI, ZEPOSIA ²
Non-Radiographic Axial Spondylarthritis	CIMZIA, BIMZELX, COSENTYX ³	RINVOQ, TALTZ
Hidradenitis Suppurativa	BIMZELX ¹ , COSENTYX ³	HUMIRA, HADLIMA, YUFLYMA

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	D	LEXAPRO	PREZCOBIX	U
ACCRUFER	D3-50	LIPITOR	PROAIR RESPICLICK	UNITHROID
ACTEMRA	DILANTIN	LUMIGAN	PROCTOFOAM-HC	URE-NA
ADDERALL	E	LYRICA	PROGRAF	V
ADDERALL XR	EDARBI	M	PULMICORT	VASHE
ADMELOG SOLOSTAR	EDARBYCLOR	MAGNESIUM	FLEXHALER	VELPHORO
ADVAIR DISKUS	ELITE-OB	MAGNESIUM OXIDE	Q	VELTASSA
ADZENYS XR-ODT	ENTRESTO	MELATONIN	QELBREE	VENTOLIN HFA
AIRSUPRA	ESTROGEL	METHADOSE	QSYMIA	VEOZAH
AKLIEF	EYSUVIS	MG-PLUS-PROTEIN	QUVIVIQ	VERZENIO
ALLEGRA-D 24 HOUR	F	MIEBO	R	VEVYE
ALPHAGAN P	FARXIGA	MOTEGRITY	RECTIV	VICTOZA
ALTRENO	FASENRA PEN	MUCINEX	REFRESH TEARS	VITAMIN B-12
ALVESCO	FETZIMA	MULTAQ	REMODULIN	VITAMIN D2
ALVAIZ	FIASP	N	RETIN-A	VITAMIN D3
AMZEEQ	FISH OIL OMEGA-3	NARCAN	REZVOGLAR	VITAMIN-C
APTIOM	FULPHILA	NEFFY	KWIKPEN	VOQUEZNA
ARAZLO	G	NEUPRO	RHOFADE	VTAMA
ATIVAN	GRANIX	NEXIUM	RHOPRESSA	VUMERITY
AURYXIA	H	NITROSTAT	RITUXAN	VYVANSE
AUVELITY	HERZUMA	NORDITROPIN	RYALTRIS	VYZULTA
AZO D-MANNOSE	HYALGAN	FLEXPPO	S	W
AZSTARYS	I	NOVOLIN 70-30	SELARSDI	WELLBUTRIN XL
B	IBSRELA	NOVOLIN 70-30	SELZENTRY SOLN	WINLEVI
B-12	IMVEXXY	FLEXPEN	SENNA	X
BETADINE	INJECTAFER	NOVOLIN N	SILIQ	XELJANZ
BIJUVA	INTRAROSA	NOVOLIN R	SIMBRINZA	XELJANZ XR
BRENZAVVY	INVOKANA	NOVOLOG	SIMLANDI	XHANCE
BRILINTA	IYUZEH	NOVOLOG FLEXPEN	SPRAVATO	XIGDUO XR
BSS	J	NOVOLOG MIX 70-30	SPRYCEL	XIIDRA
C	JENTADUETO	FLEXPEN	STEGLATRO	XOFLUZA
CABTREO	JENTADUETO XR	NUBEQA	SUBOXONE	XOPENEX HFA
CHORIONIC	JUBLIA	NUCYNTA	SYMBICORT	XTAMPZA ER
GONADOTROPIN	K	NUVARING	SYNTHROID	XYOSTED
CIPRO HC	KANJINTI	O	T	Y
CLINPRO 5000	KAPSPARGO	ONETOUCH	TAMIFLU	YUSIMRY(CF) PEN
CLOMID	SPRINKLE	OPSUMIT	THEO-24	Z
COMBIGAN	KERENDIA	ORGOVYX	TIROSINT	ZAVZPRET
CONCERTA	KLOR-CON	OXTELLAR XR	TIROSINT-SOL	ZONISADE
CONTRAVE	KONVOMEF	P	TOUJEO MAX	ZORYVE
COSENTYX	K-PHOS NEUTRAL	PATADAY ONCE	SOLOSTAR	ZTLIDO
SENSOREADY (2 PENS)	L	DAILY RELIEF	TOUJEO SOLOSTAR	
COSENTYX	LANTUS	POLY-VI-SOL WITH IRON	TRADJENTA	
SENSOREADY PEN	LANTUS SOLOSTAR	PRADAXA	TRANSDERM-SCOP	
COSENTYX	LATUDA	PRALUENT PEN	TRI-LUMA	
UNOREADY PEN	LEVOXYL	PREGNYL	TYRVAYA	
COTEMPLA XR-ODT		PREVIDENT	TYVASO	

Cost for covered alternatives may vary.