

2025 Novo Connection Premier Formulary List

The 2025 Novo Connection 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	albuterol sulfate	ASMANEX	BOSULIF [PA][SP]
1ST TIER UNIFINE PENTIPS	albuterol sulfate hfa	ASMANEX HFA	BREO ELLIPTA
1ST TIER UNIFINE PENTIPS PLUS	ALECENSA [PA][SP]	atenolol	BREZTRI AEROSPHERE
A	alendronate sodium	atomoxetine hcl	BRILINTA
ABILIFY ASIMTUFII	allopurinol	atorvastatin calcium	BRIXADI
ABILIFY MAINTENA	alprazolam	ATROVENT HFA	brompheniramine- pseudoephed-dm
ACCU-CHEK FASTCLIX LANCET DRUM	ALPROLIX[SP]	AUGTYRO [PA][SP]	BRUKINSA [PA][SP]
ACCU-CHEK SOFTCLIX	ALTUVIIIIO[SP]	AUVI-Q	budesonide
acetaminophen-codeine	ALUNBRIG [PA][SP]	AVONEX (4 PACK) [PA][SP]	budesonide-formoterol fumarate
acyclovir	amitriptyline hcl	AVONEX PEN (4 PACK) [PA][SP]	buprenorphine-naloxone
ADBRY [PA][SP]	amlodipine besylate	AZASITE	bupropion hcl
ADBRY AUTOINJECTOR [PA][SP]	amoxicillin	azelastine hcl	bupropion hcl sr
ADEMPAS [PA][SP]	amoxicillin-clavulanate potass	azithromycin	bupropion xl
ADVAIR HFA	ANORO ELLIPTA	B	buspirone hcl
ADVATE[SP]	APRETUDE [PA]	baclofen	BYOOVIZ [PA][SP]
ADVOCATE SYRINGES	ARALAST NP[SP]	BARACLUDE[SP]	C
ADYNOVATE[SP]	ARIKAYCE [PA][SP]	BAXDELA [PA]	CABENUVA [PA]
AFSTYLA[SP]	aripiprazole	BELBUCA	CABOMETYX [PA][SP]
AIMOVIG AUTOINJECTOR [PA]	ARISTADA	BENEFIX[SP]	CALQUENCE [PA][SP]
AJOVY AUTOINJECTOR [PA]	ARISTADA INITIO	benzonatate	CARBAGLU [PA][SP]
AJOVY SYRINGE [PA]	ARMOUR THYROID	BETASERON [PA][SP]	CARETOUCH INSULIN SYRINGE
	ARNUITY ELLIPTA	BIKTARVY	

Cost for covered alternatives may vary.

carvedilol	dicyclomine hcl	EPCLUSA [PA][SP]	gabapentin
cefazolin sodium[sp]	DILANTIN	EPIDIOLEX [PA][SP]	GAVRETO [PA][SP]
cefdinir	diltiazem 24hr er (cd)	epinephrine	GEMTESA
celecoxib	divalproex sodium	EIPEN 2-PAK	GENOTROPIN [PA][SP]
cephalexin	DOPTelet [PA][SP]	EIPEN JR 2-PAK	GENVOYA
CEQUA	DOVATO	ERIVEDGE [PA][SP]	GLASSIA[SP]
CERDELGA [PA][SP]	doxycycline hyclate	ERLEADA [PA][SP]	glimepiride
CEREZYME [PA][SP]	doxycycline monohydrate	erythromycin	glipizide
CETROTIDE[SP]	DROPLET INSULIN SYRINGE	ERZOFRI	glipizide er
chlorhexidine gluconate	DROPSAFE PREP PADS	escitalopram oxalate	GLYXAMBI [ST]
chlorthalidone	DUAVEE	esomeprazole magnesium	GONAL-F RFF REDI-JECT[SP]
CIBINQO [PA][SP]	DULERA	ESPEROCT[SP]	GONAL-F RFF[SP]
CIMDUO	duloxetine hcl	estradiol	GONAL-F[SP]
CINRYZE [PA][SP]	DUPIXENT PEN [PA][SP]	estradiol (twice weekly)	GRASTEK
ciprofloxacin hcl	DUPIXENT SYRINGE [PA][SP]	ESTRING	guanfacine hcl er
citalopram hbr	DYANAVEL XR [ST]	EUFLEXXA [PA]	GVOKE
clindamycin hcl	DYSPORT [PA][SP]	EXTENDED RESERVOIR	GVOKE HYPOPEN 1-PACK
clindamycin phosphate	E	ezetimibe	GVOKE HYPOPEN 2-PACK
clobetasol propionate	EASY COMFORT INSULIN SYRINGE	F	GVOKE PFS 1-PACK SYRINGE
clonazepam	EASY GLIDE INSULIN SYRINGE	FABHALTA [PA][SP]	GVOKE PFS 2-PACK SYRINGE
clonidine hcl	EASY TOUCH	FABRAZYME [PA][SP]	H
clopidogrel	EASY TOUCH FLIPLOCK INSULIN	famotidine	HADLIMA [PA][SP]
COMBIPATCH	EASY TOUCH INSULIN SAFETY	fenofibrate	HADLIMA PUSHTOUCH [PA][SP]
COMBIVENT RESPIMAT	EASY TOUCH INSULIN SYRINGE	fentanyl [pa]	HADLIMA(CF) [PA][SP]
COMFORT EZ INSULIN SYRINGE	EASY TOUCH LUER LOCK	finasteride	HADLIMA(CF) PUSHTOUCH [PA][SP]
COTELLIC [PA][SP]	INSULIN	FIRMAGON[SP]	HAEGARDA [PA][SP]
CREON	EASY TOUCH SHEATHLOCK INSULIN	FLECTOR [PA]	haloperidol
cyanocobalamin injection	EASY TOUCH UNI-SLIP	fluconazole	haloperidol lactate
cyclobenzaprine hcl	EASY-TOUCH INSULIN SYRINGE	fluoxetine hcl	HARVONI [PA][SP]
CYSTADANE[SP]	EBGLYSS PEN [PA][SP]	fluticasone propionate	HEALTHWISE INSULIN SYRINGE
D	EBGLYSS SYRINGE [PA][SP]	fluticasone propionate hfa	HUMALOG
DANZITEN [PA][SP]	ECLIPSE SYRINGE	fluticasone-salmeterol	HUMALOG JUNIOR KWIKPEN
DAYVIGO [ST]	ELFABRIO [PA][SP]	folic acid	HUMALOG KWIKPEN U-100
DESCOVY [PA]	ELIGARD [PA][SP]	FREESTYLE LIBRE 14 DAY READER	HUMALOG KWIKPEN U-200
desvenlafaxine succinate er	ELIQUIS	FREESTYLE LIBRE 14 DAY SENSOR	HUMALOG MIX 50-50 KWIKPEN
dexamethasone	ELOCTATE[SP]	FREESTYLE LIBRE 2 PLUS SENSOR	HUMALOG MIX 75-25
DEXCOM G6 RECEIVER	EMGALITY PEN [PA]	FREESTYLE LIBRE 2 READER	HUMALOG MIX 75-25 KWIKPEN
DEXCOM G6 SENSOR	EMGALITY SYRINGE [PA]	FREESTYLE LIBRE 2 SENSOR	HUMALOG TEMPO PEN U-100
DEXCOM G6 TRANSMITTER	EMPAVELI [PA][SP]	FREESTYLE LIBRE 3 PLUS SENSOR	HUMIRA [PA][SP]
DEXCOM G7 RECEIVER	EMVERM [PA]	FREESTYLE LIBRE 3 READER	HUMIRA PEN [PA][SP]
DEXCOM G7 SENSOR	ENBREL [PA][SP]	FREESTYLE LIBRE 3 SENSOR	HUMIRA(CF) [PA][SP]
dexmethylphenidate hcl er	ENBREL MINI [PA][SP]	FREESTYLE PRECISION	HUMIRA(CF) PEN [PA][SP]
dextroamphetamine-amphet er	ENBREL SURECLICK [PA][SP]	furosemide	HUMIRA(CF) PEN CROHN'S-UC-HS [PA][SP]
dextroamphetamine-amphetamine	ENDOMETRIN	G	HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA][SP]
diazepam	enoxaparin sodium		HUMULIN 70/30 KWIKPEN
diclofenac sodium	ENTRESTO		

Cost for covered alternatives may vary.

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

Cost for covered alternatives may vary.

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

Cost for covered alternatives may vary.

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

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 Prescription Care Management; 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 (10 MG CAP), ISOTRETINOIN (20 MG CAP), ISOTRETINOIN (30 MG CAP), ISOTRETINOIN (40 MG CAP)
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, ADZENYS XR-ODT	DYANAVAL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, VUMERITY, 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
AMINOGLYCOSIDES	BETHKIS, KITABIS PAK	ARIKAYCE, TOBI PODHALER
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 RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)	ENTRESTO SPRINKLE	ENTRESTO
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	LIBERVANT, SYMPAZAN, VALTOCO	NAYZILAM
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
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, DICLEGIS, ONDANSETRON ODT (16 MG TAB), BONJESTA	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), VARUBI
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE

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 6 of 12

Drug Class	Non-Preferred/Excluded	Preferred
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, SITAGLIPTIN-METFORMIN, ZITUVIMET	JANUMET, JANUMET XR
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, DAPAGLIFLOZIN (10 MG TAB), DAPAGLIFLOZIN (5 MG TAB), BRENZAVVY, FARXIGA, INVOKANA	DAPAGLIFLOZIN (10 MG TAB), JARDIANCE
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN	GLYXAMBI
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	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	SYNJARDY, SYNJARDY XR
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ROSUVASTATIN, ATORVASTATIN
ANTIHYPERLIPIDEMIC - 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-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, LUMRYZ STARTER PACK, XYWAV, LUMRYZ	SODIUM OXYBATE (HIKMA)
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	IMKELDI, FRUZAQLA, NINLARO, RYDAPT, EXKIVITY, JAYPIRCA, TABRECTA, RUBRACA, NEXAVAR, VANFLYTA, VERZENIO, TRUQAP	ALUNBRIG, IMBRUVICA, XALKORI, VITRAKVI, ROZLYTREK, TALZENNA, IBRANCE, BOSULIF, TASIGNA, GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, LORBRINA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, TAGRISSO, VIZIMPRO, SCEMBLIX, KISQALI, INLYTA, ZEJULA
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	OIPZA, ABILIFY MYCITE, REXULTI	ABILIFY MAINTENA, ARISTADA INITIO, ABILIFY ASIMTUFI, ARISTADA
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	SECUADO, FANAPT, INVEGA SUSTENNA, INVEGA HAFYERA, INVEGA TRINZA, ZYPREXA RELPREVV, CAPLYTA, QUETIAPINE FUMARATE, LYBALVI, LATUDA	PERSERIS, UZEDY, RYKINDO, ERZOFRI
ANTIVIRALS, GENERAL	XOFLUZA	OSELTAMIVIR PHOSPHATE, VALACYCLOVIR
ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI	SYMFI, SYMFI LO	ODEFSEY
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	PROAIR DIGIHALER, XOPENEX HFA, VENTOLIN HFA, PROAIR RESPICLIK	ALBUTEROL SULFATE HFA, LEVALBUTEROL TARTRATE HFA, ALBUTEROL SULFATE

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 7 of 12

Drug Class	Non-Preferred/Excluded	Preferred
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	DUAKLIR PRESSAIR, BEVESPI AEROSPHERE	ANORO ELLIPTA, COMBIVENT RESPIMAT, STIOLTO RESPIMAT
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
BETA-ADRENERGIC BLOCKING AGENTS	HEMANGEOL, TENORMIN	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	LO LOESTRIN FE, YAZ, FEMLYV, SAFYRAL, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28, NATAZIA, BALCOLTRA	NIKKI, HAILEY FE, SPRINTEC, TYBLUME
DIRECT FACTOR XA INHIBITORS	SAVAYSA	XARELTO, ELIQUIS
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
ELECTROLYTE DEPLETERS	VELTASSA, AURYXIA	LOKELMA
ESTROGENIC AGENTS	ESTROGEL, CLIMARA, CLIMARA PRO, EVAMIST, ELESTRIN, DIVIGEL	COMBIPATCH, PREMARIN, PREMPRO, PREMPHASE
EYE ANTIINFLAMMATORY AGENTS	ILEVRO, PRED MILD, BROMSITE, FLAREX, MAXIDEX, FML FORTE, EYSUVIS, ACUVAIL, PROLENSA, NEVANAC, ALREX, BROMFENAC SODIUM, INVELTYS. LOTEMAX DROPS	LOTEMAX GEL, LOTEMAX SM, CLOBETASOL PROPIONATE, 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, UCERIS	METHYLPREDNISOLONE, PREDNISONE
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARMONAIR DIGIHALER, ASMANEX, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX HFA, QVAR REDHALER
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	FABHALTA, VOYDEYA
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE (300/ML (3) PEN), INSULIN GLARGINE (300/ML PEN), NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, INSULIN	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE (100/ML (3) PEN),

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
	GLARGINE (100/ML (3) PEN), REZVOGLAR, BASAGLAR, INSULIN GLARGINE (100/ML VIAL)	SEMGLEE, LEVEMIR, INSULIN GLARGINE (100/ML VIAL)
LAXATIVES AND CATHARTICS	CLENPIQ, SUPREP, SUFLAVE, PLENVU, KRISTALOSE, AMITIZA, SUTAB	SOD SULF-POTASS SULF-MAG SULF
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	CETROTIDE, ORILISSA
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LOOP DIURETICS	FUROSCIX, SOAAZ	FUROSEMIDE
MACROLIDES	DIFICID	AZITHROMYCIN
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	LUMIGAN, COMBIGAN, ALPHAGAN P, XELPROS, BETIMOL, IYUZEH, COSOPT PF, ZIOPTAN, ROCKLATAN, BETOPTIC S, VYZULTA, SIMBRINZA, RHOPRESSA	LATANOPROST
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, ZETONNA, QNASL CHILDREN, QNASL, XHANCE	FLUTICASONE PROPIONATE
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 ANTIBIOTICS	BESIVANCE	AZASITE
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	XIIDRA, VERKAZIA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
PANCREATIC ENZYMES	PANCREAZE, PERTZYE	ZENPEP, CREON, VIOKACE
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PPAR AGONIST	LIVDELZI	IQIRVO
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	CRINONE	ENDOMETRIN
PROGESTATIONAL AGENTS	CRINONE	PROGESTERONE
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM	OMEPRAZOLE, PANTOPRAZOLE SODIUM
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER	UPTRAVI, TREPROSTINIL
RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), BELSOMRA, QUVIVIQ	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (40 MG CAP), FLUOXETINE HCL (20 MG CAP), SERTRALINE HCL, ESCITALOPRAM OXALATE, CITALOPRAM HBR (40 MG TAB), CITALOPRAM HBR (20 MG TAB)
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	FETZIMA, PRISTIQ	DULOXETINE HCL, VENLAFAXINE HCL ER

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
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 ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	LICART, PENNSAID	DICLOFENAC SODIUM, FLECTOR
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXXII, COTEMPLA XR-ODT, 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, TOVIAZ	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, 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.

Excluded Medications/Products at a Glance

A	CYCLOGYL	LATUDA	PRALUENT PEN	TRANSDERM-SCOP
ACCRUFER	D	LEVOXYL	PREGNYL	TRI-LUMA
ACTEMRA	D3-50	LEXAPRO	PREVIDENT	TRINATAL RX 1
ACTEMRA ACTPEN	DILANTIN	LIPITOR	PREVIDENT 5000	TWIRLA
ADDERALL	E	LO LOESTRIN FE	ENAMEL PROTECT	TYRVAYA
ADDERALL XR	EDARBI	LUMIGAN	PREVIDENT 5000 PLUS	U
ADMELOG	EDARBYCLOR	LYRICA	PREVIDENT 5000 SENSITIVE	UNITHROID
SOLOSTAR	EFFER-K	M	PREZCOBIX	URE-NA
ADVAIR DISKUS	ELITE-OB	MAGNESIUM	PROAIR RESPICLICK	V
ADZENYS XR-ODT	EYSUVIS	MAGNESIUM OXIDE	PROCTOFOAM-HC	VASHE
AIRSUPRA	F	MELATONIN	PROGRAF	VELPHORO
AKLIEF	FARXIGA	METHADOSE	PULMICORT	VELTASSA
ALLEGRA-D 24 HOUR	FASENRA PEN	MG-PLUS-PROTEIN	FLEXHALER	VENTOLIN HFA
ALPHAGAN P	FETZIMA	MIEBO	Q	VEOZAH
ALTRENO	FIASP	MUCINEX	QELBREE	VERZENIO
ALVESCO	FIASP FLEXTOUCH	MULTAQ	QSYMIA	VEVYE
ALVAIZ	FISH OIL OMEGA-3	N	QUVIVIQ	VICTOZA 2-PAK
AMZEEQ	FULPHILA	NARCAN	R	VICTOZA 3-PAK
APTIOM	FYCOMPA	NEFFY	REFRESH TEARS	VITAMIN B-12
ARAZLO	G	NEUPRO	RETIN-A	VITAMIN D2
ATIVAN	GAVILAX	NEXIUM	REZVOGLAR	VITAMIN D3
AUVELITY	GRANIX	NEXPLANON	KWIKPEN	VITRON-C
AZO D-MANNOSE	H	NEXTSTELLIS	RHOFADE	VOQUEZNA
AZSTARYS	HYALGAN	NITROSTAT	RHOPRESSA	VTAMA
B	I	NORDITROPIN	RIBOFLAVIN	VUMERITY
B-12	IBSRELA	FLEXPRO	RITUXAN	VYVANSE
BETADINE	IMVEXXY	NOVOLIN 70-30	RYALTRIS	VYZULTA
BIJUVA	INJECTAFER	NOVOLIN 70-30 FLEXPEN	S	W
BRENZAVVY	INTRAROSA	NOVOLIN N	SENNA	WELLBUTRIN XL
BSS	INVOKANA	NOVOLIN R	SIMBRINZA	WINLEVI
BSS PLUS	IYUZEH	NOVOLOG	SLYND	X
C	J	NOVOLOG FLEXPEN	SPRAVATO	XELIANZ
CABTREO	JENTADUETO	NOVOLOG MIX 70-30 FLEXPEN	SPRYCEL	XELIANZ XR
CALCIUM ACETATE	JENTADUETO XR	NUBEQA	STEGLATRO	XHANCE
CHORIONIC	JOURNAVX	NUCYNTA	SUBOXONE	XIGDUO XR
GONADOTROPIN	JUBLIA	NUVARING	SUFLAVE	XIIDRA
CIPRO HC	K	O	SUTAB	XOFLUZA
CLENPIQ	KAPSPARGO	OPSUMIT	SYMBICORT	XOPENEX HFA
CLINPRO 5000	SPRINKLE	ORGOVYX	SYNTHROID	XTAMPZA ER
COMBIGAN	KERENDIA	OXTELLAR XR	T	XYOSTED
CONCERTA	KLOR-CON	P	TAMIFLU	Y
CONTRAVE	KONVOMEPE	PATADAY ONCE	THEO-24	YUSIMRY(CF) PEN
COSENTYX	K-PHOS NEUTRAL	DAILY RELIEF	TIROSINT	Z
SENSOREADY (2 PENS)	L	PHEXXI	TIROSINT-SOL	ZAVZPRET
COSENTYX	LANTUS	PLENVU	TOUJEO MAX	ZONISADE
SENSOREADY PEN	LANTUS SOLOSTAR	POLY-VI-SOL WITH IRON	SOLOSTAR	ZORYVE
COSENTYX	LASIX	PRADAXA	TOUJEO SOLOSTAR	ZTLIDO
UNOREADY PEN			TRADJENTA	
COTEMPLA XR-ODT				

Cost for covered alternatives may vary.