



2026 Novo Connection Formulary List

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

Cost for covered alternatives may vary.

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

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HUMALOG MIX 50-50 KWIKPEN	IQIRVO [PA][SP]	LUPRON DEPOT-PED [PA][SP]	MVASI [PA][SP]
HUMALOG MIX 75-25	IXINITY[SP]	LYNPARZA [PA][SP]	MYFEMBREE [PA]
HUMALOG MIX 75-25 KWIKPEN	J	LYUMJEV	N
HUMALOG TEMPO PEN U-100	JAKAFI [PA][SP]	LYUMJEV KWIKPEN U-100	naltrexone hcl
HUMIRA [PA][SP]	JANUMET [ST]	LYUMJEV KWIKPEN U-200	naproxen
HUMIRA PEN [PA][SP]	JANUMET XR [ST]	LYUMJEV TEMPO PEN U-100	NATESTO [PA]
HUMIRA(CF) [PA][SP]	JANUVIA [ST]	M	NAYZILAM
HUMIRA(CF) PEN [PA][SP]	JARDIANCE	MAGELLAN INSULIN SAFETY SYRNG	NEULASTA [PA][SP]
HUMIRA(CF) PEN CROHN'S-UC-HS [PA][SP]	JIVI[SP]	MAGELLAN INSULIN SYRINGE	NEULASTA ONPRO [PA][SP]
HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA][SP]	JULUCA	MAVYRET [PA][SP]	NEXLETOL [PA]
HUMULIN 70/30 KWIKPEN	JYLAMVO [ST]	MAXI-COMFORT	NEXLIZET [PA]
HUMULIN 70-30	JYNARQUE [PA][SP]	MAXICOMFORT INSULIN SYRINGE	nifedipine er
HUMULIN N	K	meclizine hcl	nilotinib [PA]
HUMULIN N KWIKPEN	KESIMPTA PEN [PA][SP]	medroxyprogesterone acetate	nintedanib [SP]
HUMULIN R	ketoconazole	MEKINIST [PA][SP]	nitrofurantoin mono-macro
HUMULIN R U-500	ketorolac tromethamine	meloxicam	NIVESTYM [PA][SP]
HUMULIN R U-500 KWIKPEN	KISQALI [PA][SP]	mesalamine ER	normal saline flush
hydralazine hcl	KLOXXADO	metformin hcl	nortriptyline hcl
hydrochlorothiazide	KOVALTRY[SP]	metformin hcl er	NOVAREL
hydrocodone-acetaminophen	KYLEENA	methocarbamol	NOVOEIGHT[SP]
hydrocortisone	L	methotrexate	np thyroid
hydromorphone hcl	labetalol hcl	methylphenidate er	NUCALA [PA][SP]
hydroxychloroquine sulfate	lactulose	methylphenidate hcl	NUDEXTA [PA]
hydroxyzine hcl	lamotrigine	methylprednisolone	NURTEC ODT [PA]
hydroxyzine pamoate	latanoprost	metoprolol succinate	nystatin
hyoscyamine sulfate	LENVIMA [PA][SP]	metoprolol tartrate	O
I	levetiracetam	metronidazole	OCREVUS [PA][SP]
IBRANCE [PA][SP]	levocetirizine dihydrochloride	MICROLET	OCREVUS ZUNOVO [PA][SP]
ibuprofen	levofloxacin	MICROLET 2	ODACTRA
ILET INFUSION KIT-INSET	levothyroxine sodium	MICROLET NEXT LANCING DEVICE	ODEFSEY
ILET INFUSION-CONTACT DETACH	lidocaine	milnacipran hcl	ODOMZO [PA][SP]
ILET INSULIN PUMP	LINZESS	mirabegron er	ofloxacin
ILET STARTER KIT-INSET	liothyronine sodium	MIRENA	OGIVRI [PA][SP]
IMBRUVICA [PA][SP]	liraglutide [PA]	mirtazapine	olanzapine
IMULDOSA [PA][SP]	lisdexamfetamine dimesylate	MONOJECT	olmesartan medoxomil
INCONTROL PEN NEEDLE	lisinopril	MONOJECT INSULIN SAFETY SYRNG	omeprazole
INCRUSE ELLIPTA	lisinopril-hydrochlorothiazide	MONOJECT INSULIN SYRINGE	OMNIPOD 5 (G6/LIBRE 2 PLUS)
INLYTA [PA][SP]	LOKELMA [PA]	MONOVISC [SP]	OMNIPOD 5 DEXG7G6
insulin glargine-yfgn	lorazepam	montelukast sodium	INTRO(GEN 5)
insulin lispro	LORBRENA [PA][SP]	morphine sulfate [PA]	OMNIPOD 5 DEXG7G6 PODS (GEN 5)
insulin lispro kwikpen u-100	losartan potassium	morphine sulfate er	OMNIPOD 5
INSULIN SYRINGE	losartan-hydrochlorothiazide	MOUNJARO [PA]	INTRO(G6/LIBRE2PLUS)
INSULIN SYRINGE U-500	LOTEMAX GEL	MOVANTIK	OMNIPOD DASH INTRO KIT (GEN 4)
ipratropium bromide	LOTEMAX SM	mupirocin	OMNIPOD DASH PODS (GEN 4)
ipratropium-albuterol	loteprednol drops		OMNITROPE [PA][SP]
	LUPRON DEPOT [PA][SP]		ondansetron hcl

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ondansetron odt	PREMPHASE	sacubitril-valsartan	T
OPVEE	PREMPRO	SAFESNAP INSULIN SYRINGE	tacrolimus
ORALAIR	PRO COMFORT INSULIN SYRINGE	SAFETYGLIDE INSULIN SYRINGE	tadalafil
ORFADIN [PA][SP]	PROCRT [PA][SP]	SAFETYGLIDE SYRINGE	TAFINLAR [PA][SP]
ORIAHNN [PA]	PRODIGY INSULIN SYRINGE	SANCUSO [PA]	TAKHZYRO [PA][SP]
ORILISSA [PA]	progesterone	SCEMBLIX [PA][SP]	TALTZ AUTOINJECTOR (2 PACK) [PA][SP]
ORTHOVISC [PA][SP]	PROLASTIN C[SP]	SEMGLEE (YFGN)	TALTZ AUTOINJECTOR (3 PACK) [PA][SP]
oseltamivir phosphate	promethazine hcl	SEMGLEE (YFGN) PEN	TALTZ AUTOINJECTOR [PA][SP]
OSENVELT [PA][SP]	promethazine-dm	sertraline hcl	TALTZ SYRINGE [PA][SP]
OTEZLA [PA][SP]	propranolol hcl	SEVENFACT[SP]	TALZENNA [PA][SP]
OTEZLA XR [PA][SP]	propranolol hcl er	sildenafil citrate	tamsulosin hcl
OVIDREL	Q	SIMPONI ARIA [PA][SP]	TECHLITE INSULIN SYRINGE
oxcarbazepine	quetiapine fumarate	simvastatin	TERUMO INSULIN SYRINGE
oxybutynin chloride er	QUILLICHEW ER [ST]	sitagliptin [ST]	testosterone cypionate [PA]
oxycodone hcl	QUILLIVANT XR [ST]	sitagliptin-metformin [ST]	TEZSPIRE [PA][SP]
oxycodone ER	QULIPTA [PA]	SKYLA	THINPRO INSULIN SYRINGE
oxycodone-acetaminophen	QVAR REDHALER	SKYRIZI [PA][SP]	tiotropium br
OZEMPIC [PA]	R	SKYRIZI ON-BODY [PA][SP]	tizanidine hcl
P	RAGWITEK	SKYRIZI PEN [PA][SP]	TOBI PODHALER [PA][SP]
pantoprazole sodium	RASUVO [ST]	SKYTROFA [PA][SP]	TOBRADEX
PARADIGM	REBIF [PA][SP]	SOGROYA [PA][SP]	TOBRADEX ST
paroxetine hcl	REBIF REBIDOSE [PA][SP]	SOLQUA 100-33 [ST]	topiramate
PAXLOVID	REBINYN[SP]	SOMATULINE DEPOT [PA][SP]	tramadol hcl
PEN NEEDLE	RELISTOR [PA]	SOMAVERT [PA][SP]	TRAZIMERA [PA][SP]
PEN NEEDLES	RENFLEXIS [PA][SP]	SOTYKTU [PA][SP]	trazodone hcl
PENTASA	REPATHA PUSHTRONEX [PA]	SPIRIVA RESPIMAT	TRELEGY ELLIPTA
PENTIPS PEN NEEDLE	REPATHA SURECLICK [PA]	spironolactone	TREMFYA [PA][SP]
PERSERIS	REPATHA SYRINGE [PA]	STARJEMZA [PA][SP]	TRESIBA
PHEBURANE [PA][SP]	RESTASIS	STELARA [PA][SP]	TRESIBA FLEXTOUCH U-100
phenazopyridine hcl	RESTASIS MULTIDOSE	STIOLTO RESPIMAT	TRESIBA FLEXTOUCH U-200
phentermine hcl	RETACRIT [PA][SP]	STIVARGA [PA][SP]	tretinoin
phenylephrine hcl-0.9% nacl[sp]	REVLIMID [PA][SP]	STOBOCLO [PA][SP]	triamcinolone acetonide
PHESGO [PA][SP]	REYVOW [PA]	STRENSIQ [PA][SP]	triamterene-hydrochlorothiazid
pioglitazone hcl	RINVOQ [PA][SP]	STRIVERDI RESPIMAT	TRIJARDY XR [ST]
PIQRAY [PA][SP]	RINVOQ LQ [PA][SP]	SUBLOCADE [PA]	TRIPTODUR [PA][SP]
PLEGRIDY [PA][SP]	risperidone	sucralfate	TRIUMEQ
PLEGRIDY PEN [PA][SP]	RIXUBIS[SP]	sulfamethoxazole-trimethoprim	TRIUMEQ PD
POMALYST [PA][SP]	rizatriptan	sumatriptan succinate	TROKENDI XR [ST]
potassium chloride	ropinirole hcl	SUNOSI [PA]	TRUE COMFORT INSULIN SYRINGE
pravastatin sodium	rosuvastatin calcium	SURE COMFORT	TRUE COMFORT PRO INS SYRINGE
prazosin hcl	ROZLYTREK [PA][SP]	SURE COMFORT INSULIN SYRINGE	TRUE METRIX AIR GLUCOSE METER
PRECISION XTRA	RUCONEST [PA][SP]	SURE-JECT INSULIN SYRINGE	TRUE METRIX GLUCOSE TEST STRIP
prednisolone acetate	RUXIENCE [PA][SP]	SYMPROIC	TRUEPLUS INSULIN SYRINGE
prednisone	RYBELSUS [PA]	SYMTOZA	
pregabalin	RYKINDO	SYNJARDY	
PREMARIN	S	SYNJARDY XR	

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TRUEPLUS PEN NEEDLE
 TRULANCE
 TRULICITY [PA]
 TWIIST REFILL KT(CSST-NDL-SYR)
 TWIIST RFL(INFUS-CSST-NDL-SYR)
 TWIIST STARTER KIT
 TYENNE [PA][SP]
 TYENNE AUTOINJECTOR [PA][SP]
 TYMLOS [PA][SP]

U

UBRELVY [PA]
 ULTICARE
 ULTICARE INSULIN SYRINGE
 ULTIGUARD SAFEPAK-INSULIN SYR
 ULTILET INSULIN SYRINGE
 ULTRA COMFORT
 ULTRA FLO INSULIN SYRINGE
 ULTRACARE INSULIN SYRINGE
 ULTRA-FINE INSULIN SYRINGE

UNIFINE PENTIPS
 UNIFINE PENTIPS MAXFLOW
 UNIFINE PENTIPS PLUS
 UNIFINE PENTIPS PLUS MAXFLOW
 UNIFINE SAFECONTROL PEN NEEDLE
 UNIFINE ULTRA PEN NEEDLE
 UPTRAVI [PA][SP]
 UZEDY

V

valacyclovir
 valsartan
 VANISHPOINT
 VANISHPOINT INSULIN SYRINGE
 VARUBI
 VASCEPA
 VEMLIDY
 venlafaxine hcl er
 V-GO 20
 V-GO 30
 V-GO 40

VIBERZI [ST]
 VIOKACE
 vitamin d2
 VITRAKVI [PA][SP]
 VIVITROL[SP]
 VIZIMPRO [PA][SP]
 VOSEVI [PA][SP]
 VOYDEYA [PA][SP]

W

warfarin sodium
 WEGOVY [PA]
X
 XALKORI [PA][SP]
 XARELTO
 XIFAXAN [PA]
 XOLAIR [PA][SP]
 XTANDI [PA][SP]
 XTRENBO [PA][SP]
 XULTOPHY 100-3.6 [ST]
 XYNTHA SOLOFUSE[SP]
 XYNTHA[SP]

Y

YESINTEK [PA][SP]
 YEZTUGO
 YUPELRI

Z

ZARXIO [PA][SP]
 ZEJULA [PA][SP]
 ZELBORAF [PA][SP]
 ZENPEP
 ZEPBOUND [PA]
 ZEPOSIA [PA][SP]
 ZIEXTENZO [PA][SP]
 ZIRABEV [PA][SP]
 zolpidem tartrate
 ZOMIG [ST]
 ZUBSOLV
 ZYKADIA [PA][SP]
 ZYMFENTRA [PA][SP]
 ZYMFENTRA PEN (2 PACK) [PA][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 Novo Connection Plans; 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	LISINOPRIL-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, NUCYNTA ER, NUCYNTA, 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
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, TIOTROPIUM BR
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

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Drug Class	Non-Preferred/Excluded	Preferred
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, ZITUVIMET	JANUMET, JANUMET XR, SITAGLIPTIN-METFORMIN
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, FARXIGA, BRENZAVVY, INVOKANA	JARDIANCE, DAPAGLIFLOZIN
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA, SITAGLIPTIN, SAXAGLIPTIN
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN	GLYXAMBI
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN ER OSMOTIC, METFORMIN ER GASTRIC	METFORMIN HCL ER, METFORMIN HCL TAB (500 MG OR 1000 MG)
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET	SYNJARDY, SYNJARDY XR, DAPAGLIFLOZIN-METFORMIN ER
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, SYNVIS, HYALGAN, SYNVIS-ONE, TRILURON, HYMOVIS, DUROLANE	ORTHOVISC, EUFLEXXA, MONOVISC
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ELYXYB, ONZETRA XSAIL, CAMBIA, ZEMBRACE, REXPAX	AIMOVIG, AJOVY, ZOMIG, EMGALITY, SUMATRIPTAN, RIZATRIPTAN, REYVOW, UBRELVI, QULIPTA, NURTEC ODT
ANTI-NARCOLEPSY & ANTI-CATAPEX, 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, TASIGNA, TRUQAP	ALUNBRIG, IMBRUVICA, XALKORI, VITRAKVI, ROZLYTREK, TALZENNA, IBRANCE, BOSULIF, GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, LORBRENA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, VIZIMPRO, SCEMBLIX, KISQALI, INLYTA, ZEJULA, FRUZAQLA, NILOTINIB
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

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
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
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
GLUCOCORTICOIDs	HEMADY, RAYOS, UCERIS	METHYLPREDNISOLONE, PREDNISONE, DEXAMETHASONE
GLUCOCORTICOIDs, 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

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JULY 1, 2026 THROUGH DECEMBER 31, 2026. THIS LIST IS SUBJECT TO CHANGE. Page 8 of 12

Drug Class	Non-Preferred/Excluded	Preferred
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	HARVONI, EPCUSA
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, LANTUS, REZVOGLAR, BASAGLAR, INSULIN GLARGINE (100/ML VIAL)	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE-YFGN (100/ML (3) PEN), SEMGLEE, INSULIN GLARGINE-YFGN (100/ML VIAL)
LAXATIVES AND CATHARTICS	SUPREP, KRISTALOSE, AMITIZA	SOD SULF-POTASS SULF-MAG SULF, LUBIPROSTONE, GAVILYTE-N, PLENUVU, 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, ORILISSA
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, BETOPTIC S, 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

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
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, QUVIVIQ	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
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, ADALIMUMAB-AATY, TYENNE ¹
Juvenile Idiopathic Arthritis	ORENCIA ² , XELJANZ ³ , XELJANZ XR ³ , ACTEMRA ³	ENBREL, HUMIRA, HADLIMA, RINVOQ, ADALIMUMAB-AATY, TYENNE ¹
Psoriatic Arthritis	SIMPONI ² , CIMZIA ² , ORENCIA ² , BIMZELX ² , COSENTYX ³ , SELARSDI ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, ADALIMUMAB-AATY, OTEZLA, YESINTEK, IMULDOSA, STARJEMZA, STELARA, TREMFYA, TALTZ, RINVOQ, SKYRIZI
Ankylosing Spondylitis	SIMPONI ² , CIMZIA ² , BIMZELX ² , COSENTYX ³ , XELJANZ ³ , XELJANZ XR ³	ENBREL, HUMIRA, HADLIMA, ADALIMUMAB-AATY, RINVOQ, TALTZ
Psoriasis	CIMZIA ² , ILUMYA ² , SILIQ ³ , BIMZELX ² , SELARSDI ³ , COSENTYX ³	ENBREL, HUMIRA, HADLIMA, ADALIMUMAB-AATY, OTEZLA, SKYRIZI, YESINTEK, IMULDOSA, STARJEMZA, STELARA, TREMFYA, TALTZ, SOTYKTU
Crohn's Disease	CIMZIA ² , ENTYVIO SC ² , SELARSDI ³	HUMIRA, HADLIMA, OMVOH, ADALIMUMAB-AATY, YESINTEK, IMULDOSA, STARJEMZA, 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, ADALIMUMAB-AATY, YESINTEK, IMULDOSA, STARJEMZA, STELARA, TREMFYA, RINVOQ, SKYRIZI, ZEPOSIA ²
Non-Radiographic Axial Spondylarthritis	CIMZIA, BIMZELX, COSENTYX ³	RINVOQ, TALTZ
Hidradenitis Suppurativa	BIMZELX ¹ , COSENTYX ³	HUMIRA, HADLIMA, ADALIMUMAB-AATY

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

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Excluded Medications/Products at a Glance

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

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