



Effective July 1, 2026

Your Prescription Drug List

Serve You Rx Biosimilar Advantage Formulary

Please read: This document contains information about the drugs covered under your pharmacy benefit plan.

If you have questions:

- Call customer service at **800-759-3203**.
- Visit **ServeYouRx.com/members/member-portal**
 - Locate a participating retail pharmacy by ZIP code
 - Perform drug cost comparisons
 - Search the drug database for generics, brand-names, generic equivalents and other drug information
 - View quality and safety information about prescription alternatives



Your Prescription Drug List (PDL)

The Prescription Drug List, or formulary, is a listing of the most commonly prescribed medications sorted by therapeutic category. The PDL identifies the drugs available for certain conditions and organizes them into cost levels, also known as tiers. It is intended to be used as a guide to help you and your doctor choose the best course of treatment for you. Drug designation by category is for reference only and not clinical comparison. The PDL is not intended to be a substitute for the clinical knowledge and judgement of the medical practitioner in their choice of drug therapy. In all cases, the prescriber is expected to select appropriate drug therapy for the individual patient and provide high-quality healthcare.

Please note

- Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule.
- This document is not intended to be a complete list of medications and devices, and not all medications and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.
- You may also log on to [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more information.

At Serve You Rx, we are committed to helping you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the PDL.

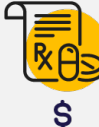


HOW DO I USE MY PRESCRIPTION DRUG LIST?

Bring this PDL with you when you see your doctor. You and your doctor should consult it when choosing a medication. It is organized by common medical conditions. Medications are then listed alphabetically and identified as generic or brand, and if special rules apply. If your medication is not listed in this document, please visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203**.

WHAT ARE TIERS?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or plan sponsor. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

\$	DRUG TIER	INCLUDES	HELPFUL TIPS
	Tier 1 Lowest Cost	Lower-cost, commonly used generic drugs	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-Range Cost	Many common brand-name drugs, called preferred brands	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please Note

Plans may have different tiers (4, none, etc.). If your plan has a Tier 4, specialty drugs are included in this tier. If you have a high-deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan documents or call customer service at **800-759-3203** for more information about your benefit plan.

WHEN DOES THE PRESCRIPTION DRUG LIST CHANGE?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

SPECIALTY PROGRAM AND EXCLUSIONS

Some medications are noted with letters or symbols next to them. The letters and symbols help you check which medications are a specialty medication or an excluded medication. Your benefit plan determines how these medications may be covered for you.

SP	Specialty Medication — Medication is designated as a specialty pharmacy drug.
E	Excluded — May be excluded from coverage or subject to prior authorization. Lower-cost options are available and covered.

WHAT IS THE DIFFERENCE BETWEEN BRAND-NAME AND GENERIC MEDICATIONS?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes the same company that makes a brand-name medication also makes the generic version.

IS IT A GENERIC OR BRAND-NAME DRUG?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, rosuvastatin).

WHAT IF MY DOCTOR WRITES A BRAND-NAME PRESCRIPTION?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit the drug cost comparison tool in the Member Portal at [ServeYouRx.com](https://www.ServeYouRx.com) to be sure.

ARE YOU TAKING A SPECIALTY MEDICATION?

Specialty medications treat rare or complex conditions and are typically higher cost medications. Specialty drugs have the following characteristics:

- Treat complex and often costly medical conditions such as cancer, rheumatoid arthritis, multiple sclerosis, hepatitis C, and pulmonary hypertension
- Are often injected or infused (IV) medicines, but may also be taken orally
- Require close monitoring of response to drug therapy
- May require individualized dosing, medical devices to administer the medicine, and/or special handling and delivery
- Require additional education for safe and cost-effective use

Please Note

Not all specialty medications are listed in the PDL.

Bolero Specialty Pharmacy stocks most specialty medications and is committed to helping patients navigate the complexity of specialty drug therapy with helpful programs, services, and enhanced patient care.

There are specialty drugs available that are called **biosimilars**. Biosimilars are not generics of brand-name drugs but highly similar to an already FDA-approved biologic medication, which is known as the original biologic or reference product. Biosimilars are safe and effective and have no clinical differences when compared to the reference product. Biosimilars may offer a lower cost option compared to the original biologic. If you are on a biologic, ask your **doctor if your medication is available as a biosimilar and if it might be right for you.**

SHOULD I TALK TO MY DOCTOR ABOUT OTC MEDICATIONS?

An over-the-counter (OTC, no prescription required) medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered under your pharmacy benefit, they may cost less than your out-of-pocket expense for prescription medications.

HOW DO I GET UPDATED INFORMATION ABOUT MY PHARMACY BENEFIT?

Since the PDL may change during your plan year, we encourage you to visit [ServeYouRx.com](https://www.ServeYouRx.com) or call customer service at **800-759-3203** for more current information. You can also use our member portal to: Perform drug cost comparisons;

- View your medication history;
- Locate in-plan, out-of-plan, and 24-hour pharmacies near you;
- Search the drug database for generics, brand-names, generic equivalents, and other drug information;
- View quality and safety information about prescription alternatives; and
- View any plan-specific content.

If you need more information:

Call customer service at 800-759-3203

Visit the member portal at
ServeYouRx.com to...

- Compare drug prices
- Find your lowest prescription cost
- Locate your pharmacy and get driving directions
- Keep track of your health history
- Learn more about your drugs

Table of Contents

Acne/Rosacea	7	Endocrine: Thyroid Hormone Replacement	26
Addiction/Substance Abuse	7	Eye Conditions: Antibiotics	27
Anti-Infectives: Antibiotics	7	Eye Conditions: Glaucoma	27
Anti-Infectives: Antifungals	8	Eye Conditions: Other.....	27
Anti-Infectives: Antivirals	8	Gastrointestinal: Acid Suppression.....	28
Blood Disorders	8	Gastrointestinal: Inflammatory Bowel Disease.....	29
Cancer	10	Gastrointestinal: Nausea/Vomiting	29
Cardiovascular/Heart Disease: Anticoagulants.....	12	Gastrointestinal: Other.....	29
Cardiovascular/Heart Disease: High Blood Pressure ...	12	Gout	30
Cardiovascular/Heart Disease: High Cholesterol.....	14	HIV/AIDS.....	30
Cardiovascular/Heart Disease: Other	14	Infertility.....	30
Cardiovascular/Heart Disease: PAH.....	15	Inflammatory Conditions	30
Central Nervous System: Alzheimer's/Dementia	15	Men's Health: Erectile Dysfunction.....	32
Central Nervous System: Antipsychotics	15	Men's Health: Prostate	32
Central Nervous System: Attention Deficit Disorder	16	Men's Health: Testosterone Therapy	32
Central Nervous System: Depression	17	Miscellaneous	32
Central Nervous System: Migraine	17	Musculoskeletal: Osteoarthritis.....	35
Central Nervous System: Multiple Sclerosis	18	Musculoskeletal: Osteoporosis.....	35
Central Nervous System: Other	18	Musculoskeletal: Other	35
Central Nervous System: Parkinson's Disease	19	Musculoskeletal: Pain Relief.....	36
Central Nervous System: Sedatives/Hypnotics	19	Overactive Bladder	37
Central Nervous System: Seizure Disorders.....	19	Respiratory: Asthma/COPD.....	37
Dermatology	20	Respiratory: Nasal Allergies	38
Diabetes/Endocrine Blood: Glucose Monitoring	22	Respiratory: Oral Allergies.....	38
Diabetes/Endocrine: Insulin.....	23	Transplant.....	38
Diabetes/Endocrine: Non-Insulin.....	24	Vitamins/Electrolytes	39
Endocrine: Growth Hormone.....	26	Weight Loss Management.....	39
Endocrine: Other	26	Women's Health: Birth Control	39
		Women's Health: Hormone Replacement.....	41
		Women's Health: Vaginal Anti-Infectives	42

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Acne/Rosacea		
Absorica	E	
Absorica LD	E	
Accutane	1	
Acitretin	1	SP
Amnesteem	1	
Claravis	1	
Isotretinoin 10mg, 20mg, 30mg, 40mg	1	
Oracea	E	
Seysara	E	
Zenatane	1	
Addiction/Substance Abuse		
Brixadi	3	SP
Buprenorphine SL	1	
Buprenorphine/Naloxone	1	
Kloxxado	2	
Naloxone Nasal Spray	1	
Naltrexone Tab	1	
Opvee	3	
Rextovy	3	
Suboxone	3	
Sublocade	3	SP
Varenicline	1	
Vivitrol	3	SP
Zimhi	3	
Zubsolv	2	
Anti-Infectives: Antibiotics		

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Amoxicillin	1	
Amoxicillin/Clavulanate	1	
Azithromycin	1	
Bethkis	E	SP
Cayston	2	SP
Cefadroxil	1	
Cefdinir	1	
Cefixime Cap	1	
Cefpodoxime	1	
Cefuroxime	1	
Cephalexin	1	
Cipro Suspension	2	
Ciprofloxacin/Dexamethasone Otic	1	
Ciprofloxacin Tab	1	
Clarithromycin Tab	1	
Cleocin Vaginal Cream, Suppository	3	
Clindamycin Cap	1	
Clindamycin Vaginal Cream	1	
Dificid	2	
Doryx MPC	E	
Doxycycline Hyclate	1	
Doxycycline Hyclate DR	E	
Doxycycline Monohydrate	1	
Humatin	3	
Kitabis	3	SP
Levofloxacin Tab	1	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Likmez	3	
Metronidazole Tab	1	
Minocycline Cap	1	
Neomycin/Polymyxin/ HC Otic	1	
Nitrofurantoin Macrocrystals	1	
Nitrofurantoin Monohydrate Macrocrystals	1	
Nitrofurantoin Suspension 50mg/5mL	E	
Nuversa	3	
Nuzyra	3	
Ofloxacin Otic	1	
Penicillin VK	1	
Sulfamethoxazole/Trimethoprim	1	
Sulfatrim Pediatric	1	
Targadox	3	
Tobramycin Nebulization Solution	1	SP
TOBI Nebulizer	E	SP
TOBI Podhaler	2	SP
Anti-Infectives: Antifungals		
Brexafemme	3	
Ciclodan	1	
Clotrimazole Cream	1	
Clotrimazole Lozenge	1	
Cresemba	3	
Exelderm Cream	2	
Fluconazole	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Jublia	E	
Nyamyc	1	
Nystatin Mouth/Throat	1	
Nystop	1	
Terbinafine Tab	1	
Tolsura	E	
Vivjoa	3	
Anti-Infectives: Antivirals		
Acyclovir Cap, Tab	1	
Baraclude Tab	E	SP
Epclusa	2	SP
Harvoni	2	SP
Lagevrio	2	
Ledipasvir/Sofosbuvir	E	SP
Mavyret	3	SP
Oseltamivir Phosphate Cap	1	
Paxlovid	2	
Sofosbuvir/Velpatasvir	E	SP
Tamiflu	E	
Valacyclovir	1	
Valtrex	E	
Vemlidy	2	SP
Vosevi	2	SP
Xofluza	2	
Blood Disorders		
Advate	2	SP
Adynovate	2	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Afstyla	2	SP
Alphanate	3	SP
Alprolix	2	SP
Altuviiiio	2	SP
Aranesp	E	SP
Doptelet	2	SP
Eloctate	2	SP
Empaveli	3	SP
Epogen	E	SP
Esperoct	2	SP
Fabhalta	2	SP
Fulphila	2	SP
Fylnetra	E	SP
Granix	E	SP
Humate-P	3	SP
Idelvion	2	SP
Javygtor	1	SP
Jesduvroq	3	
Jivi	2	SP
Koate	3	SP
Kogenate FS	2	SP
Kovaltry	2	SP
Leukine	E	SP
Mircera	3	SP
Neulasta	E	SP
Neulasta Onpro	E	SP
Neupogen	E	SP
Nivestym	2	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Novoeight	2	SP
Nuwiq	3	SP
Nypozi	2	SP
Nyvepria	E	SP
Palynziq	2	SP
PiaSky	3	SP
Procrit	E	SP
Promacta	E	SP
Rebinyn	2	SP
Recombinate	3	SP
Releuko	E	SP
Retacrit	2	SP
Rolvedon	E	SP
Ryzneuta	E	SP
Soliris	E	SP
Stimufend	E	SP
Tavalisse	2	SP
Tranexamic Acid Tab	1	
Udenyca	E	SP
Udenyca On-Body	3	SP
Ultomiris	3	SP
Vafseo	E	
Voydeya	3	SP
Wilate	3	SP
Xyntha	2	SP
Xyntha Solofuse	2	SP
Zarxio	E	SP
Ziextenzo	2	SP

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Cancer		
Abiraterone	1	SP
Afinitor	E	SP
Afinitor Disperz	2	SP
Akeega	3	SP
Alecensa	2	SP
Alunbrig	2	SP
Alymys	3	SP
Anastrozole Tab	1	
Anktiva	3	SP
Arimidex	E	
Augtyro	2	SP
Avastin	E	SP
Ayvakit	2	SP
Balversa	2	SP
Belrapzo	3	SP
Bosulif	2	SP
Braftovi	2	SP
Brunkinsa	2	SP
Cabometyx	2	SP
Calquence	2	SP
Capecitabine	1	SP
Caprelsa	3	SP
Cometriq	2	SP
Cotellic	2	SP
Danziten	2	SP
Darzalex Faspro	3	SP
Daurismo	2	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Ensacove	2	SP
Erivedge	2	SP
Erleada	2	SP
Fotivda	2	SP
Fruzaqla	2	SP
Gavreto	2	SP
Gilotrif	2	SP
Gleevec	E	SP
Herceptin	E	SP
Herceptin Hylecta	E	SP
Hercessi	E	SP
Hernexeos	3	SP
Herzuma	3	SP
Hycamtin	2	SP
Ibuprofen	2	SP
Iclusig	2	SP
Idhifa	3	SP
Imatinib Mesylate	1	SP
Imbruvica	2	SP
Inlyta	2	SP
Inqovi	2	SP
Inrebic	3	SP
Itovebi	2	SP
Iwilfin	2	SP
Jaypirca	3	SP
Jobevne	E	SP
Kanjinti	E	SP
Kisqali	2	SP

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Koselugo	2	SP
Krazati	2	SP
Lenalidomide	1	SP
Lenvima	2	SP
Letrozole	1	
Lumakras	2	SP
Lynparza	2	SP
Mekinist	2	SP
Mektovi	2	SP
Modeyso	3	SP
Mvasi	3	SP
Nerlynx	2	SP
Ninlaro	2	SP
Nubeqa	2	SP
Odomzo	2	SP
Ogivri	2	SP
Ojjaara	2	SP
Ontruzant	E	SP
Onureg	2	SP
Orgovyx	2	SP
Panretin	3	
Pemazyre	2	SP
Phesgo	3	SP
Piqray	2	SP
Pomalyst	2	SP
Retevmo	2	SP
Revlimid	2	SP
Rezlidhia	2	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Riabni	2	SP
Rituxan	E	SP
Rituxan Hycela	E	SP
Rozlytrek	2	SP
Rubraca	3	SP
Ruxience	2	SP
Rydapt	2	SP
Rylaze	3	SP
Scemblix	2	SP
Soltamox	2	
Sprycel	E	SP
Stivarga	2	SP
Sutent	E	SP
Tabrecta	2	SP
Tafinlar	2	SP
Tagrisso	2	SP
Talzenna	2	SP
Tamoxifen Tab	1	
Targretin	E	SP
Tasigna	E	SP
Tazverik	2	SP
Temozolomide	1	SP
Tepmetko	2	SP
Tibsovo	2	SP
Trazimera	3	SP
Treanda	3	SP
Truqap	2	SP
Truxima	3	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Vanflyta	2	SP
Vegzelma	2	SP
Venclexta	2	SP
Verzenio	2	SP
Vitrakvi	2	SP
Vivimusta	3	SP
Vizimpro	3	SP
Voranigo	2	SP
Welireg	2	SP
Xalkori	E	SP
Xospata	2	SP
Xpovio	2	SP
Xtandi	2	SP
Yonsa	3	SP
Zejula	2	SP
Zelboraf	2	SP
Zirabev	2	SP
Zydelig	2	SP
Zytiga	E	SP
Cardiovascular/Heart Disease: Anticoagulants		
Brilinta	E	
Clopidogrel	1	
Eliquis	2	
Enoxaparin	1	
Jantoven	1	
Plavix	E	
Prasugrel	1	
Warfarin	1	

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Xarelto 10mg, 15mg, 20mg	2	
Yosprala	E	
Cardiovascular/Heart Disease: High Blood Pressure		
Altace	E	
Amlodipine	1	
Amlodipine/Benazepril	1	
Amlodipine/Olmesartan	1	
Amlodipine/Valsartan	1	
Atacand	E	
Atenolol	1	
Atenolol/Chlorthalidone	1	
Avapro	E	
Azor	E	
Benazepril	1	
Benicar	E	
Benicar HCT	E	
Bisoprolol	1	
Bisoprolol/HCTZ	1	
Bumetanide	1	
Bystolic	E	
Candesartan	1	
Cardizem LA	E	
Cartia XT	1	
Carvedilol	1	
Catapres-TTS	E	
Chlorthalidone	1	
Clonidine Tab	1	
Conjupri	3	
Coreg	E	
Coreg CR	E	
Cozaar	E	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Diltiazem ER	1	
Diovan	E	
Diovan HCT	E	
Doxazosin	1	
Edarbi	E	
Edarbyclor	E	
Enalapril	1	
Exforge	E	
Exforge HCT	E	
Furoscix	3	SP
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Hyzaar	E	
Inderal LA	E	
Inderal XL	E	
Innopran XL	E	
Inzirqo	3	
Irbesartan	1	
Irbesartan/HCTZ	1	
Kaspargo Sprinkle	3	
Katerzia	E	
Labetalol	1	
Lasix	E	
Levamlodipine	1	
Lisinopril	1	
Lisinopril/HCTZ	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Lopressor Solution	3	
Losartan	1	
Losartan/HCTZ	1	
Lotrel	E	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Micardis	E	
Micardis HCT	E	
Minoxidil	1	
Nadolol	1	
Nebivolol	1	
Nifedipine ER	1	
Nifedipine ER Osmotic	1	
Norliqva	3	
Norvasc	E	
Olmesartan	1	
Olmesartan/HCTZ	1	
Prazosin	1	
Propranolol	1	
Propranolol ER	1	
Ramipril	1	
Spiroinolactone	1	
Tekturna	E	
Telmisartan	1	
Tenormin	E	
Toprol XL	E	
Torsemide	1	
Triamterene/HCTZ	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Tribenzor	E	
Valsartan Solution	E	
Valsartan Tab	1	
Valsartan/HCTZ	1	
Verapamil ER	1	
Zestril	E	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvaliq	3	
Atorvastatin	1	
Colestid	E	
Crestor	E	
Ezallor Sprinkle	E	
Ezetimibe	1	
Fenofibrate	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	
Icosapent Ethyl	1	
Juxtapid	2	SP
Leqvio	3	
Lescol XL	E	
Lipitor	E	
Livalo	E	
Lovastatin	1	
Nexletol	2	
Nexlizet	2	
Omega-3 Acid	1	
Praluent	E	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Pravastatin	1	
Questran	E	
Questran Light	E	
Repatha	2	
Rosuvastatin	1	
Simvastatin	1	
Tricor	E	
Vascepa	E	
Vytorin	E	
Welchol	E	
Zetia	E	
Zocor	E	
Zypitamag	E	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Aspruzyo Sprinkle	E	
Camzyos	3	SP
Corlanor Tab	E	
Entresto Tab	E	
Flecainide	1	
Inpefa	E	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitro-Bid	1	
Nitro-Dur 0.3mg/hr, 0.8mg/hr	2	
Nitroglycerin SL	1	
Nitrostat	E	
Nitro-Time	2	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Ranolazine ER	1	
Sacubitril/Valsartan	1	
Soanz	E	
Sotalol	1	
Tikosyn	E	
Verquvo	3	
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension (PAH)		
Adcirca	E	SP
Adempas	2	SP
Letairis	E	SP
Liqrev	3	SP
Opsumit	2	SP
Opsynvi	2	SP
Orenitram	2	SP
Remodulin	E	SP
Revatio	E	SP
Sildenafil Suspension	1	
Sildenafil Tab 20mg	1	
Tadliq	E	SP
Tracleer	E	SP
Treprostinil	1	SP
Tyvaso	2	SP
Tyvaso DPI	2	SP
Uptravi	2	SP
Winrevair	2	SP
Yutrepia	2	SP

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Central Nervous System: Alzheimer's/Dementia		
Adlarity	E	
Donepezil	1	
Kisunla	E	SP
Legembi	3	SP
Memantine	1	
Namzaric	2	
Zunveyl	3	
Central Nervous System: Antipsychotics		
Abilify	E	
Abilify Asimtufii	2	
Abilify Maintena	2	
Aripiprazole	1	
Aristada	2	
Aristada Initio	2	
Caplyta	2	
Invega Hafyera	2	
Invega Sustenna	2	
Invega Trinza	2	
Latuda	E	
Lurasidone	1	
Lybalvi	3	
Olanzapine	1	
Perseris	3	
Quetiapine	1	
Quetiapine ER	1	
Rexulti	2	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Risperdal	E	
Risperidone	1	
Rykindo	2	
Saphris	E	
Secuado	3	
Seroquel	E	
Seroquel XR	E	
Uzedy	2	
Vraylar	2	
Ziprasidone	1	
Zyprexa	E	
Central Nervous System: Attention Deficit Disorder		
Adderall	E	
Adderall XR	E	
Adzenys XR-ODT	E	
Amphetamine/ Dextroamphetamine	1	
Amphetamine/ Dextroamphetamine ER	1	
Amphetamine/ Dextroamphetamine 3-Bead ER	1	
Atomoxetine	1	
Azstarys	2	
Concerta	E	
Cotempla XR-ODT	E	
Daytrana	E	
Dexmethylphenidate	1	
Dexmethylphenidate ER	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Dyanavel XR	E	
Evekeo	E	
Focalin	E	
Focalin XR	E	
Guanfacine ER	1	
Intuniv	E	
Jornay PM	2	
Lisdexamfetamine	1	
Metadate CD	E	
Methylphenidate CD	1	
Methylphenidate ER	1	
Methylphenidate LA	1	
Methylphenidate OSM 27mg, 36mg, 54mg	1	
Methylphenidate OSM 45mg, 63mg, 72mg	E	
Methylphenidate Tab	1	
Methylphenidate XR	E	
Mydayis	E	
Procentra	3	
Qelbree	3	
Quillichew ER	3	
Quillivant XR	3	
Relexxi	E	
Ritalin	E	
Ritalin LA	E	
Strattera	E	
Vyvanse	E	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Xelstrym	E	
Zenzedi	3	
Central Nervous System: Depression		
Amitriptyline	1	
Auvelity	3	
Bupropion	1	
Bupropion SR	1	
Bupropion XL	1	
Celexa	E	
Citalopram Cap	E	
Citalopram Tab	1	
Cymbalta	E	
Desvenlafaxine ER	1	
Doxepin	1	
Duloxetine	1	
Effexor XR	E	
Escitalopram Tab	1	
Fetzima	2	
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	3	
Lexapro	E	
Mirtazapine	1	
Nortriptyline	1	
Paroxetine Tab	1	
Paxil CR	E	
Paxil Tab	E	
Pristiq	E	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Prozac	E	
Sertraline Cap	E	
Sertraline Tab	1	
Spravato	2	SP
Trazodone	1	
Trintellix	2	
Venlafaxine	1	
Venlafaxine Besylate ER	E	
Venlafaxine ER	1	
Vilazodone	1	
Wellbutrin SR	E	
Wellbutrin XL	E	
Zoloft	E	
Zuruvae	2	SP
Central Nervous System: Migraine		
Aimovig	2	
Ajovy	2	
Bac	1	
Butalbital/Acetaminophen/ Caffeine	1	
Eletriptan	1	
Emgality	2	
Ergomar	E	
Imitrex Tab	E	
Maxalt	E	
Maxalt-MLT	E	
Naratriptan	1	
Nurtec	2	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Onzetra Xsail	E	
Qulipta	2	
Relpax	E	
Reyvow	2	
Rizatriptan	1	
Sumatriptan	1	
Tosymra	E	
Treximet	E	
Trudhesa	E	
Ubrelvy	2	
Zavzpret	E	
Zembrace Symtouch	E	
Zomig Tab	E	
Central Nervous System: Multiple Sclerosis		
Ampyra	E	SP
Aubagio	E	SP
Avonex	2	SP
Bafiertam	E	SP
Betaseron	2	SP
Briumvi	E	SP
Copaxone 20mg/mL	3	SP
Copaxone 40mg/mL	2	SP
Dalfampridine ER	1	SP
Dimethyl Fumarate	1	SP
Extavia	E	SP
Gilenya 0.5mg Cap	E	SP
Glatiramer Acetate	1	SP
Glatopa	1	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Kesimpta	2	SP
Mavenclad	2	SP
Mayzent	2	SP
Plegridy	2	SP
Ponvory	E	SP
Rebif	2	SP
Tascenso ODT	3	SP
Tecfidera	E	SP
Vumerity	2	SP
Zeposia	3	SP
Central Nervous System: Other		
Alprazolam Tab	1	
Armodafinil	1	
Ativan Tab	E	
Austedo	E	SP
Austedo XR	E	SP
Buspirone	1	
Daybue	3	SP
Diazepam Tab	1	
Gabapentin Once-Daily	E	
Gralise	E	
Horizant	E	
Hydroxyzine HCL	1	
Hydroxyzine Pamoate	1	
Lithium	1	
Lithium ER	1	
Lorazepam Tab	1	
Loreev XR	E	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Lumryz	3	SP
Modafinil	1	
Nuvigil	E	
Provigil	E	
Radicava ORS	3	SP
Savella	E	
Sodium Oxybate	3	SP
Sunosi	2	
Teglutik	3	SP
Valium	E	
Wakix	3	SP
Xanax	E	
Xanax XR	E	
Xyrem	E	SP
Xywav	3	SP
Central Nervous System: Parkinson's Disease		
Benzotropine	1	
Carbidopa-Levodopa	1	
Crexont	E	
Dhivy	3	
Gocovri	E	
Inbrija	3	SP
Neupro	2	
Ongentys	3	
Osmolex ER	E	
Pramipexole	1	
Ropinirole	1	

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Rytary	3	
Xadago	E	
Central Nervous System: Sedatives/Hypnotics		
Ambien	E	
Ambien CR	E	
Belsomra	2	
Dayvigo	2	
Eszopiclone	1	
Lunesta	E	
Quviviq	3	
Restoril	E	
Temazepam	1	
Triazolam	1	
Zolpidem Cap	E	
Zolpidem ER	1	
Zolpidem Tab	1	
Central Nervous System: Seizure Disorders		
Aptiom	E	
Briviact	2	
Carbatrol	3	
Clonazepam	1	
Divalproex DR	1	
Divalproex ER	1	
Elepsia XR	E	
Epidiolex	2	SP
Eprontia	E	
Fycompa	2	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Gabapentin	1	
Keppra	E	
Keppra XR	E	
Klonopin	E	
Lacosamide	1	
Lamictal	E	
Lamictal ODT	E	
Lamictal XR Tab	E	
Lamotrigine	1	
Lamotrigine ER	1	
Levetiracetam tab	1	
Levetiracetam ER	1	
Libervant	3	
Lyrica	E	
Lyrica CR	E	
Motpoly XR	E	
Nayzilam	2	
Neurontin	E	
Onfi	E	
Oxcarbazepine	1	
Oxtellar XR	E	
Pregabalin	1	
Primidone	1	
Qudexy XR	E	
Roweepra	1	
Sabril	E	SP
Subvenite Tab	E	
Sympazan	E	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Topamax	E	
Topamax Sprinkle	E	
Topiramate	1	
Trileptal	E	
Trokendi XR	E	
Valtoco	2	
Vigadrone	1	SP
Vimpat	E	
Xcopri	2	
Zonegran	E	
Zonisade	3	
Zonisamide	1	
Dermatology		
Acanya	E	
Aczone	E	
Acyclovir Cream	E	
Acyclovir Ointment	1	
Adapalene/Benzoyl Peroxide Gel	1	
Aklief	E	
Ala-Cort	1	
Amzeeq	3	
Arazlo	E	
Azelaic Acid Gel	1	
Azelex	E	
Benzamycin	E	
Betamethasone Cream, Ointment	1	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Cabtreo	3	
Calcipotriene Foam	E	
Ciclopirox Solution	1	
Clindacin ETZ Swab	1	
Clindacin-P	1	
Clindagel	E	
Clindamycin Gel, Lotion, Solution, Swab	1	
Clindamycin/Benzoyl Peroxide Gel	1	
Clobetasol Cream, Foam, Ointment, Shampoo, Solution	1	
Clobex	E	
Clodan	1	
Cloderm	E	
Clotrimazole/ Betamethasone Cream	1	
Desonide Cream, Ointment	1	
Differin Cream, Lotion	E	
Drysol	3	
Duobrii	E	
Elidel	E	
Enstilar	2	
Epiduo	E	
Epiduo Forte	3	
Epsolay	E	
Eucrisa	2	
Fabior	E	
Finacea Foam	2	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Fluocinonide Cream, Ointment, Solution	1	
Fluorouracil Cream	1	
Fluticasone Cream	1	
Halog Cream, Solution	E	
Hydrocortisone Cream, Ointment	1	
Hyftor	3	SP
Imiquimod Cream	1	
Impoyz	E	
Kenalog Spray	E	
Ketoconazole Cream, Shampoo	1	
Klayesta	1	
Klisyri	2	
Lexette	E	
Lidocaine Ointment	1	
Lidocaine/Prilocaine Cream	1	
Metrogel	E	
Metronidazole Cream, Gel	1	
Mirvaso	E	
Mometasone Cream, Ointment	1	
Mupirocin Ointment	1	
Natroba	3	
Neuac	1	
Noritate	E	
Nystatin Cream, Ointment	1	
Onexton	E	
Opzelura	2	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Pimecrolimus	1	
Retin-A	E	
Retin-A Micro 0.06%, 0.08%	E	
Retin-A-Micro 0.04%, 0.1%	3	
Rhofade	E	
Santyl	3	
Scalacort DK	2	
Silvadene	E	
Soolantra	E	
Sorilux	E	
Taclonex	3	
Tacrolimus Ointment	1	
Tazarotene Foam	E	
Tazorac	E	
Texacort	2	
Tolak	2	
Topicort Ointment, Spray	E	
Tretinoin Cream, Gel	1	
Triamcinolone Cream, Lotion, Ointment	1	
Triderm	1	
Twynéo	E	
Vectical	3	
Vtama	2	
Winlevi	3	
Wynzora	E	
Xaciato	E	
Ycanth	3	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Ziana	E	
Zilxi	E	
Zoryve Cream 0.15%, 0.3%	2	
Zoryve Foam	2	
Zovirax	E	
Zyclara	E	
Zyclara Pump	E	
Diabetes/Endocrine Blood: Glucose Monitoring		
Accu-Chek FastClix Lancet Kit	3	
Accu-Chek SoftClix Lancet Device Kit	3	
BD Insulin Syringes	2	
BD Pen Needles	2	
CeQur Simplicity 2U	2	
CeQur Simplicity Inserter	2	
Contour Next EZ Kit w/ Device	2	
Contour Next Gen Monitor	2	
Contour Next Monitor Kit w/Device	2	
Contour Next One Kit	2	
Contour Next Gen Test Strips	2	
Contour Plus Blue Kit w/ Device	2	
Contour Plus Test Strips	2	
Contour Test Strips	2	
Dexcom G6 Receiver, Sensor, Transmitter	E	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Dexcom G7 Receiver, Sensor	2	
Embecta Insulin Syringes	2	
Embecta Pen Needles	2	
Enlite Glucose Sensor	3	
Eversense 365 Sensor/ Holder	3	
Eversense 365 Smart Transmitter	3	
Eversense E3 Sensor/ Holder/Smart Transmitter	3	
Eversense Sensor/Holder/ Smart Transmitter	3	
FreeStyle Libre 2 Plus Sensor	2	
FreeStyle Libre 2 Reader, Sensor	2	
FreeStyle Libre 3 Plus Sensor	2	
FreeStyle Libre 3 Reader, Sensor	2	
FreeStyle Libre 14 Day Reader, Sensor	2	
FreeStyle Freedom Lite System Kit	2	
FreeStyle Lite System Kit	2	
FreeStyle Lite Test Strips	2	
Guardian Connect Transmitter	E	
Novofine Pen Needles	E	
Novofine Plus Pen Needles	E	
Omnipod 5 Dexcom Intro Kit	2	
Omnipod 5 Dexcom Pods	2	
Omnipod 5 Libre Intro Kit	2	

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Omnipod 5 Libre Pods	2	
Omnipod Dash Intro Kit	2	
Omnipod Dash Pods	2	
OneTouch Ultra 2 Kit w/ Device	E	
OneTouch Ultra Blue Test Strips	E	
OneTouch Ultra Test Strips	E	
OneTouch Verio Flex System	E	
OneTouch Verio Reflect Kit w/ Device	E	
OneTouch Verio Test Strips	E	
Precision Xtra Meter	2	
Precision Xtra Test Strips	2	
Tempo Refill	E	
Tempo Smart Button	E	
Tempo Welcome	E	
V-Go 20	2	
V-Go 30	2	
V-Go 40	2	
Diabetes/Endocrine: Insulin		
Admelog	E	
Admelog SoloStar	E	
Apidra SoloStar	E	
Apidra Vials	E	
Basaglar KwikPen	E	
Basaglar Tempo Pen	E	
Fiasp	1	
Fiasp FlexTouch	1	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Fiasp Penfill	1	
Humalog Mix 50/50 KwikPen	1	
Humalog Mix 75/25 Vials	1	
Humalog Tempo Pen	E	
Humalog U-100 Junior KwikPen	E	
Humalog U-200	1	
Humulin 70/30 Vials and KwikPen	1	
Humulin N Vials and KwikPen	1	
Humulin R U-500 Vials and KwikPen	1	
Humulin R Vials	1	
Insulin Aspart	E	
Insulin Aspart FlexPen	E	
Insulin Aspart Penfill	E	
Insulin Aspart Protamine & Insulin Aspart	E	
Insulin Aspart Protamine & Insulin Aspart FlexPen	E	
Insulin Degludec	E	
Insulin Degludec FlexTouch	E	
Insulin Glargine 100 unit/mL	E	
Insulin Glargine SoloStar 100 unit/mL	E	
Insulin Glargine 300 unit/mL	E	
Insulin Glargine-yfgn	1	
Insulin Lispro	1	
Insulin Lispro Junior Kwik-Pen	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Insulin Lispro Protamine & Insulin Lispro	1	
Lantus SoloStar	E	
Lantus U-100 Vials	E	
Lyumjev Tempo Pen	E	
Lyumjev Vials and KwikPen	1	
Novolin 70/30 Vials and FlexPen	1	
Novolin N Vials and FlexPen	1	
Novolog R Vials and FlexPen	1	
Novolog FlexPen	1	
Novolog Mix 70/30 Vials and FlexPen	1	
Novolog Penfill	1	
Novolog U-100 Vials	1	
Rezvoglar KwikPen	3	
Semglee (yfgn)	E	
Soliqua	2	
Toujeo Max SoloStar	1	
Toujeo SoloStar	1	
Tresiba	1	
Tresiba FlexTouch	1	
Xultophy	2	
Diabetes/Endocrine: Non-Insulin		
Alogliptin	E	
Alogliptin/Metformin	E	
Alogliptin/Pioglitazone	E	
Baqsimi	2	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Bexagliflozin	E	
Brenzavvy	E	
Bydureon BCise	E	
Byetta	E	
Dapagliflozin	1	
Dapagliflozin/Metformin ER	1	
Dapagliflozin/Saxagliptin	1	
Exenatide	1	
Farxiga	2	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glucagon Emergency Kit (Fresenius manufacturer)	E	
Glyburide	1	
Glyxambi	2	
Gvoke	2	
Invokamet	E	
Invokamet XR	E	
Invokana	E	
Janumet	2	
Janumet XR	2	
Januvia	2	
Jardiance	2	
Jentadueto	E	
Jentadueto XR	E	
Metformin 500mg, 850mg, 1000mg	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Metformin 625mg, 750mg	E	
Metformin ER	1	
Metformin ER Modified Release	E	
Metformin ER Osmotic	E	
Mounjaro	2	
Onglyza	E	
Ozempic	2	
Pioglitazone	1	
Qtern	E	
Rybelsus	2	
Segluromet	E	
Sitagliptin	3	
Sitagliptin/Metformin	E	
Steglatro	E	
Steglujan	E	
SymlinPen	E	
Synjardy	2	
Synjardy XR	2	
Tradjenta	E	
Trijardy XR	2	
Trulicity	2	
Tzield	3	SP
Victoza	E	
Xigduo XR	2	
Zegalogue	E	
Zituvimet	E	
Zituvimet XR	E	
Zituvio	E	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Endocrine: Growth Hormone		
Genotropin	2	SP
Humatrope	E	SP
Increlex	3	SP
Ngenla	E	SP
Norditropin FlexPro	2	SP
Nutropin AQ NuSpin	E	SP
Omnitrope	3	SP
Skytrofa	2	SP
Sogroya	2	SP
Zomacton	E	SP
Endocrine: Other		
Acthar	3	SP
Alkindi Sprinkle	3	SP
Cabergoline	1	
Calcitriol Cap	1	
Cortef	E	
Cortisone Tab	1	
Cortrophin	3	SP
Dexamethasone Tab	1	
Fludrocortisone Acetate Tab	1	
Hemady	E	
Hydrocortisone Tab	1	
Isturisa	3	SP
Kenalog-40	E	
Lupron Depot	E	SP
Methylprednisolone Tab	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Mycapssa	3	SP
Osphena	E	
Prednisone	1	
Prednisolone	1	
Prednisolone Sodium Phosphate Solution	1	
Rayos	E	
Recorlev	E	SP
Signifor	3	SP
Somatuline Depot	3	SP
Supprelin LA	3	SP
Tarpeyo	3	SP
Triptodur	3	SP
Endocrine: Thyroid Hormone Replacement		
Adthyza	E	
Armour Thyroid	E	
Cytomel	E	
Ermeza	3	
Euthyrox	1	
Levo-T	1	
Levothyroxine	1	
Levoxyl	1	
Liothyronine	1	
Methimazole	1	
Niva Thyroid	E	
NP Thyroid	E	
Renthyroid	E	
Synthroid	E	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Thyquidity	3	
Thyroid	E	
Tirosint 37.5mcg, 44mcg, 62.4mcg	3	
Tirosint-Sol	3	
Unithroid	1	
Eye Conditions: Antibiotics		
Azasite	E	
Besivance	2	
Ciloxan	2	
Ciprofloxacin Ophthalmic	1	
Erythromycin Ophthalmic	1	
Moxifloxacin Ophthalmic	1	
Ofloxacin Ophthalmic	1	
Polymyxin B/Trimethoprim Ophthalmic	1	
Tobradex	2	
Tobradex ST	E	
Tobramycin Ophthalmic	1	
Tobramycin/Dexamethasone Ophthalmic	1	
Tobrex	2	
Vigamox	E	
Zylet	E	
Eye Conditions: Glaucoma		
Acetazolamide Tab	1	
Alphagan P	E	
Azopt	E	
Betimol	3	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Brimonidine Ophthalmic	1	
Brimonidine/Timolol Ophthalmic	1	
Combigan	E	
Cosopt	E	
Cosopt PF	E	
Dorzolamide/Timolol Ophthalmic	1	
Dorzolamide/Timolol Ophthalmic PF	1	
Iyuzeh	E	
Latanoprost Ophthalmic	1	
Lumigan	2	
Rhopressa	3	
Rocklatan	3	
Simbrinza	2	
Timolol Maleate Ophthalmic (Once-Daily)	1	
Timolol Maleate Ocular	1	
Timolol Maleate Ophthalmic	1	
Timolol Maleate Ophthalmic PF	1	
Timoptic Ocudose	E	
Travatan Z	E	
Vyzulta	3	
Xalatan	E	
Zioptan	E	
Eye Conditions: Other		
Alomide	2	
Beovu	3	SP
Bepreve	E	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Bromsite	E	
Byooviz	2	SP
Cequa	E	
Cyclosporine Ophthalmic	1	
Eysuvis	E	
Flarex	E	
Ilevro	2	
Inveltys	E	
Ketorolac Ophthalmic	1	
Latisse	3	
Lotemax Ointment	2	
Lotemax Gel, Suspension	E	
Lotemax SM	2	
Lucentis	3	SP
Miebo	2	
Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension	1	
Nevanac	E	
Pred Forte	E	
Prednisolone Ophthalmic	1	
Prolensa	E	
Restasis	1	
Restasis Multidose	E	
Tryptyr	2	
Tyrvaya	2	
Verkazia	3	
Vevye	E	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Vuity	E	
Xdemvy	3	SP
Xiidra	2	
Zerviate	E	
Gastrointestinal: Acid Suppression		
Aciphex	E	
Carafate Tab	E	
Dexlansoprazole	1	
Dexilant	E	
Duexis	E	
Esomeprazole Magnesium (Rx only)	1	
Famotidine (Rx only)	1	
Ibuprofen/Famotidine	E	
Konvomep	E	
Lansoprazole (Rx only)	1	
Misoprostol	1	
Nexium Cap	E	
Omeprazole (Rx only)	1	
Omeprazole/Sodium Bicarbonate	1	
Pantoprazole	1	
Prevacid	E	
Prevacid SoluTab	E	
Protonix Pak, Tab	E	
Rabeprazole	1	
Rabeprazole Sprinkle	1	
Sucralfate Tab	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Vimovo	E	
Gastrointestinal: Inflammatory Bowel Disease		
Apriso	E	
Budesonide Cap, Tab	1	
Canasa	E	
Cortifoam	2	
Delzicol	E	
Dipentum	E	
Hydrocortisone (Perianal)	1	
Lialda	E	
Mesalamine DR	1	
Mesalamine ER 0.375gm	1	
Pentasa	E	
Proctofoam-HC	2	
Procto-Med HC	1	
Sulfasalazine	1	
Uceris	E	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	2	
Emend Suspension	2	
Gimoti	3	SP
Meclizine	1	
Metoclopramide	1	
Ondansetron ODT	1	
Ondansetron Tab	1	
Prochlorperazine	1	
Sancuso	3	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Scopolamine	1	
Varubi	2	
Gastrointestinal: Other		
Amitiza	E	
Clenpiq	2	
Constulose	1	
Creon	2	
Dicyclomine	1	
Diphenoxylate/Atropine	1	
Gavilyte-C	1	
Gavilyte-G	1	
Gavilyte-N w/ Flavor Pack	1	
Glycopyrrolate Tab 1mg, 2mg	1	
Golytely	E	
Ibsrela	E	
Lactulose	1	
Linzess	2	
Lubiprostone	1	
Motegrity	E	
Motofen	E	
Movantik	2	
Moviprep	E	
Na Sulfate-K Sulfate-Mg Sulfate	1	
Pancreaze	E	
PEG 3350-KCl-Na Bicarb-NaCl	1	
PEG-3350/Electrolytes	1	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Pertzye	E	
Plenvu	3	
Pylera	E	
Rebyota	3	SP
Relistor	3	
Reltone	E	
Suflave	3	
Suprep Bowel Prep	E	
Sutab	2	
Symproic	2	
Talicia	3	
Trulance	2	
Ursodiol Cap 200mg, 400mg	E	
Viberzi	2	
Viokace	E	
Voquezna	3	
Vowst	3	SP
Xifaxan 200mg Tab	3	
Xifaxan 550mg Tab	2	
Zenpep	2	
Gout		
Allopurinol 100mg, 300mg	1	
Colchicine Tab	1	
Gloperba	3	
Lodoco	E	
Mitigare	E	
HIV/AIDS		

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Biktarvy	2	
Cabenuva	2	
Cimduo	2	
Descovy	3	
Dovato	2	
Emtricitabine/Tenofovir Disoproxil Fumarate	1	
Juluca	2	
Prezcobix	E	
Symfi	E	
Symtuza	3	
Triumeq	2	
Truvada	E	
Yeztugo	2	
Infertility		
Cetrotide	E	SP
Clomid	1	
Crinone	2	
Follistim AQ	3	SP
Ganirelix	1	SP
Gonal-F	2	SP
Menopur	2	SP
Novarel	2	
Ovidrel	2	
Pregnyl	3	
Inflammatory Conditions		
Abrilada	E	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Actemra	E	SP
Adalimumab-aacf	2	SP
Adalimumab-aaty	2	SP
Adalimumab-adaz	E	SP
Adalimumab-adbm 10mg	2	SP
Adalimumab-adbm 20mg, 40mg	E	SP
Adalimumab-bwwd	E	SP
Adalimumab-fkjp	E	SP
Adalimumab-ryvk (Teva manufacturer)	2	SP
Amjevita	E	SP
Auranofin	1	
Avsola	2	SP
Avtozma	2	SP
Bimzelx	2	SP
Cimzia	3	SP
Cosentyx	E	SP
Cyltezo	E	SP
Enbrel	2	SP
Entyvio	3	SP
Hadlima	E	SP
Hulio	E	SP
Humira	E	SP
Hydroxychloroquine	1	
Hyrimoz	E	SP
Idacio	E	SP
Ilumya	E	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Imuldosa	E	SP
Inflectra	E	SP
Infliximab	2	SP
Jylamvo	3	
Kevzara	3	SP
Kineret	3	SP
Leflunomide	1	
Methotrexate Sodium	1	
Olumiant	3	SP
OmvoH	2	SP
Orencia	3	SP
Otezla	2	SP
Otezla XR	2	SP
Otrexup	2	
Otulfii	2	SP
Pyzchiva	E	SP
Plaquenil	E	
Rasuvo	2	
Remicade	E	SP
Renflexis	E	SP
Rinvoq	E	SP
Rinvoq LQ	E	SP
Scenesse	E	SP
Selardsi	E	SP
Siliq	E	SP
Simlandi	E	SP
Simponi	3	SP
Simponi Aria	E	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Skyrizi	E	SP
Sotyktu	2	SP
Sovuna	3	
Starjemza	2	SP
Stelara	E	SP
Steqeyma	E	SP
Taltz	2	SP
Tofidence	E	SP
Tremfya	E	SP
Trexall	2	
Tyenne	2	SP
Ustekinumab	E	SP
Ustekinumab-aaaz	2	SP
Ustekinumab-aekn (preferred NDCs)	2	SP
Ustekinumab- ttwe	E	SP
Velsipity	E	SP
Wezlana	E	SP
Xeljanz	2	SP
Xeljanz XR	2	SP
Yesintek	2	SP
Yuflyma	E	SP
Yusimry	2	SP
Zymfentra	E	SP
Men's Health: Erectile Dysfunction		
Cialis	E	
Sildenafil 25mg, 50mg, 100mg	1	
Stendra	E	

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Tadalafil	1	
Viagra	E	
Men's Health: Prostate		
Alfuzosin ER	1	
Avodart	E	
Cialis 2.5mg, 5mg	E	
Dutasteride	1	
Finasteride 5mg	1	
Flomax	E	
Tamsulosin	1	
Men's Health: Testosterone Therapy		
Androgel	E	
Aveed	3	
Jatenzo	E	
Kyzatrex	E	
Natesto	E	
Testim	E	
Testopel	3	
Testosterone Cypionate IM Injection	1	
Testosterone Gel	1	
Tlando	3	
Undecatrex	E	
Vogelxo	3	
Xyosted	3	
Miscellaneous		
Adbry	2	SP
Alyftrek	2	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Arakoda	3	
Asceniv	E	SP
Atovaquone/Proguanil	1	
Auvi-Q	2	
Benlysta	3	SP
Benzonatate	1	
Besremi	3	SP
Bivigam	3	SP
Bonjesta	E	
Brinsupri	2	SP
Bronchitol	3	SP
Buphenyl	E	SP
Bylvay	3	SP
Cerdelga	2	SP
Chlorhexidine Gluconate Mouth/Throat	1	
Cibinqo	E	SP
Cinryze	2	SP
Clarinox	E	
Clarinox-D	3	
Cuprimine	E	SP
Cutaquig	E	SP
Cuvrior	3	SP
Depen Titratabs	E	SP
Desmopressin Acetate Tab	1	
Dojolvi	3	SP
Dupixent	2	SP
Duvyzat	3	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Dysport	2	
Ebglyss	2	SP
Elfabrio	E	SP
Elmiron	E	
Emflaza	E	SP
Emverm	2	
Endari	E	SP
Epinephrine Auto-Injector	1	
Epipen	E	
Epipen Jr	E	
Esbriet	E	SP
Fabrazyme	3	SP
Fasenra	2	SP
Fasenra Pen	2	SP
Firazyr	E	SP
Firdapse	3	SP
Haegarda	2	SP
Hemangeol	3	
Hetlioz	E	SP
Hetlioz LQ	3	SP
Hizentra	3	SP
Ingrezza	2	SP
Iqirvo	2	SP
Joenja	3	SP
Jynarque	1	SP
Kalydeco	2	SP
Kerendia	3	
Kuvan	2	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Lidocaine Mouth/Throat	1	
Lidocaine Viscous	1	
Litfulo	3	SP
Livdelzi	2	SP
Livmarli	3	SP
Lonsurf	2	SP
Lorbrena	3	SP
Lupkynis	3	SP
Myobloc	2	
Neffy	3	
Nemluvio	2	SP
Nocdurna	3	
Nucala	2	SP
Ofev	2	SP
Olpruva	3	SP
Orfadin Cap	E	SP
Oriahnn	2	
Orilissa	2	
Orkambi	2	SP
Orladeyo	3	SP
Palforzia	E	SP
Panzyga	3	SP
Penicillamine Cap	E	SP
PerioGard	1	
Pheburane	3	SP
Phenazopyridine (Rx only)	1	
Preident 5000	E	
Privigen	3	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Promethazine	1	
Promethazine DM	1	
Propecia	3	
Pseudoephedrine/ Brompheniramine/DM	1	
Pulmozyme	2	SP
Qbrexza	3	
Ravicti	E	SP
Rayaldee	2	
Rezdifra	3	SP
Rezurock	2	SP
Ruconest	3	SP
Sandostatin	E	SP
Sensipar	E	
Sofdra	E	
Strensiq	2	SP
Symdeko	2	SP
Syprine	E	SP
Takhyzyro	2	SP
Tavneos	3	SP
Thiola	E	SP
Thiola EC	2	SP
Trikafta	2	SP
Velphoro	2	
Veozah	3	
Viltepso	E	SP
Vyleesi	3	
Vyvgart	3	SP

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Vyvgart Hytrulo	3	SP
Wainua	3	SP
Xembify	3	SP
Xhance	2	
Xeomin	2	
Xphozah	3	
Yorvipath	3	SP
Musculoskeletal: Osteoarthritis		
Durolane	E	
Euflexxa	2	
Gelsyn-3	E	
Gel-One	E	
Genvisc 850	E	
Hyalgan	E	
Hymovis	E	
Monovisc	E	
Orthovisc	E	
Supartz FX	E	
Synjoynt	E	
Synvisc	2	
Synvisc-One	2	
Triluron	E	
TriVisc	E	
Visco-3	E	
Musculoskeletal: Osteoporosis		
Alendronate Tab	1	
Bildyos	2	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Bonsity	3	SP
Bosaya	E	SP
Conexence	E	SP
Enoby	E	SP
Forteo	E	SP
Ibandronate	1	
Jubbonti	E	SP
Prolia	E	SP
Stoboclo	E	SP
Teriparatide	1	SP
Tymlos	2	SP
Musculoskeletal: Other		
Amrix	E	
Aukelso	E	SP
Baclofen Solution, Suspension, Tab	1	
Bilprevda	2	SP
Bomynta	E	SP
Carisoprodol	1	
Cyclobenzaprine Tab	1	
Fleqsuvy	E	
Lyvispah	E	
Methocarbamol	1	
Osenvelt	E	SP
Ozobax DS	E	
Soma	E	
Tizanidine Tab	1	
Wyost	E	SP

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Xgeva	E	SP
Xtrenbo	E	SP
Zanaflex	E	
Musculoskeletal: Pain Relief		
Acetaminophen w/ Codeine	1	
Acetaminophen/Caffeine/ Dihydrocodeine	1	
Arthrotec	E	
Belbuca	2	
Butrans	E	
Cambia	E	
Celebrex	E	
Celecoxib	1	
Conzip	E	
Coxanto	E	
Diclofenac Gel 1%	1	
Diclofenac Patch 1.3%	1	
Diclofenac Potassium Tab	1	
Diclofenac Sodium Tab	1	
Dilaudid Liquid, Tab	E	
Elyxyb	3	
Endocet	1	
Fenopron	E	
Fioricet	E	
Fioricet/Codeine	E	
Flector	3	
Hydrocodone/ Acetaminophen	1	
Hydromorphone Tab	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Hysingla ER	E	
Ibuprofen Suspension 100mg/5mL (Rx only)	1	
Ibuprofen Tab (Rx only)	1	
Indomethacin Cap	1	
Ketorolac Tab	1	
Licart	E	
Lidocan	1	
Lidocaine Patch	1	
Lidoderm	E	
Meloxicam	1	
Morphine Sulfate ER	1	
MS Contin	E	
Nabumetone	1	
Nalfon	E	
Naprelan	E	
Naproxen (Rx only)	1	
Norgesic	E	
Norgesic Forte	E	
Nucynta	3	
Nucynta ER	2	
Oxaprozin Cap	E	
Oxycodone w/ Acetaminophen	1	
Oxycodone Solution, Tab	1	
Oxycontin	E	
Percocet	E	
Qdolo	3	
Relafen DS	E	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Roxicodone	E	
Roxybond	3	
Sprix	E	
Tolectin	3	
Tramadol	1	
Tramadol Solution	3	
Trezix	E	
Xtampza ER	2	
Zipsor	E	
ZTlido	E	
Overactive Bladder		
Gemtesa	E	
Mirabegron ER	E	
Myrbetriq Suspension	2	
Myrbetriq Tab	1	
Oxybutynin	1	
Oxybutynin ER	1	
Solifenacin	1	
Tolterodine ER	1	
Toviaz	E	
Vesicare	E	
Vesicare LS	E	
Respiratory: Asthma/COPD		
Advair Diskus	E	
Advair HFA	1	
AirDuo RespiClick	E	
Airsupra	2	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Albuterol HFA	1	
Albuterol Inhalation Solution	1	
Alvesco	E	
Anoro Ellipta	2	
Arnuity Ellipta	2	
Asmanex	2	
Asmanex HFA	2	
Atrovent HFA	2	
Bevespi Aerosphere	E	
Breo Ellipta	1	
Breyna	1	
Breztri Aerosphere	2	
Brovana	E	
Budesonide Inhalation Suspension	1	
Budesonide/Formoterol	1	
Combivent Respimat	2	
Duaklir Pressair	E	
Dulera	2	
Fluticasone Furoate Ellipta	E	
Fluticasone Furoate/Vilanterol	E	
Fluticasone Propionate Diskus	1	
Fluticasone Propionate HFA	1	
Fluticasone/Salmeterol 100/50, 250/50, 500/50	1	
Fluticasone/Salmeterol 45/21, 115/21, 230/21	E	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Fluticasone/Salmeterol 55/14, 113/14, 232/14	1	
Incruse Ellipta	2	
Ipratropium Bromide	1	
Ipratropium/Albuterol	1	
Levalbuterol HFA	1	
Montelukast	1	
Ohtuvayre	3	SP
Perforomist	E	
ProAir RespiClick	E	
Pulmicort Flexhaler	E	
Pulmicort Suspension	E	
Qvar RediHaler	2	
Serevent Diskus	2	
Singulair	E	
Spiriva HandiHaler	E	
Spiriva Respimat	2	
Stiolto Respimat	2	
Striverdi Respimat	2	
Symbicort	E	
Tezspire	2	SP
Theo-24	2	
Tiotropium Bromide Monohydrate	1	
Trelegy Ellipta	2	
Tudorza Pressair	E	
Umeclidinium/Vilanterol	E	
Ventolin HFA	E	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Wixela Inhub	1	
Xolair	2	SP
Xopenex HFA	3	
Yupelri	3	
Respiratory: Nasal Allergies		
Azelastine Nasal Spray	1	
Azelastine/Fluticasone Nasal Spray	1	
Dymista	E	
Fluticasone Propionate Nasal Spray (Rx only)	1	
Ipratropium Nasal Spray	1	
Mometasone Nasal Spray	1	
Omnaris	E	
QNasi	2	
QNasi Childrens	2	
Ryaltris	E	
Respiratory: Oral Allergies		
Cetirizine Solution (Rx only)	1	
Cyproheptadine Tab	1	
Levocetirizine Tab (Rx only)	1	
Transplant		
Azathioprine Tab	1	
Mycophenolate Mofetil	1	
Mycophenolate Sodium	1	
Mycophenolic Acid	1	
Myhibbin	3	
Prograf Granules	2	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Tacrolimus Cap	1	
Vitamins/Electrolytes		
Accrufer	E	
Auryxia	E	
Carnitor	E	
Carnitor SF	E	
Cyanocobalamin Injection 1000mcg/mL	1	
Cyanocobalamin Nasal Spray	1	
Ergocalciferol Cap	1	
Folic Acid 1mg Tab	1	
Klor-Con 10	1	
Klor-Con Extended Release	1	
Klor-Con m10, m15, m20	1	
Lokelma	2	
Nascobal	E	
Pokonza	E	
Potassium Chloride Crys ER	1	
Potassium Chloride ER	1	
Potassium Citrate ER	1	
Veltassa	3	
Vitamin D (ergocalciferol) (Rx only)	1	
Weight Loss Management		
Adipex-P	E	
Contrave	E	
Foundayo	2	
Imcivree	3	SP

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Orlistat	1	
Phentermine	1	
Qsymia	E	
Saxenda	E	
Wegovy	2	
Zepbound Auto-Injector	2	
Zepbound KwikPen	E	
Zepbound Vial	E	
Women's Health: Birth Control		
Afirmelle	1	
Altavera	1	
Annovera	3	
Apri	1	
Aubra EQ	1	
Aurovela 1/20	1	
Aurovela 1.5/30	1	
Aurovela 24 Fe	1	
Aurovela Fe 1/20	1	
Aurovela Fe 1.5/30	1	
Aviane	1	
Ayuna	1	
Balcoltra	E	
Beyaz	E	
Blisovi 24 Fe	1	
Blisovi Fe 1/20	1	
Blisovi Fe 1.5/30	1	
Briellyn	1	
Camila	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Chateal EQ	1	
Cyred EQ	1	
Deblitane	1	
Delyla	1	
Drospirenone/Ethinyl Estradiol	1	
Eluryng	1	
Emzahh	1	
Eniloring	1	
Enskyce	1	
Errin	1	
Estartylla	1	
Estradiol/Norethindrone Acetate	1	
Etonogestrel/Ethinyl Estradiol	1	
Falmina	1	
Hailey 1.5/30	1	
Hailey 24 Fe	1	
Hailey Fe 1/20	1	
Hailey Fe 1.5/30	1	
Haloette	1	
Heather	1	
Incassia	1	
Isibloom	1	
Jasmiel	1	
Jencycla	1	
Juleber	1	
Junel 1/20	1	
Junel 1.5/30	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Junel Fe 1/20	1	
Junel Fe 1.5/30	1	
Junel Fe 24	1	
Kalliga	1	
Kurvelo	1	
Larin 1/20	1	
Larin 1.5/30	1	
Larin 24 Fe	1	
Larin Fe 1/20	1	
Larin Fe 1.5/30	1	
Lessina	1	
Levonorgestrel/Ethinyl Estradiol	1	
Levora-28 0.15/30	1	
Lo Loestrin Fe	2	
Loestrin 1/20-21	3	
Loestrin 1.5/30-21	3	
Loestrin Fe 1/20	3	
Loestrin Fe 1.5/30	3	
Loryna	1	
Lo-Zumandimine	1	
Lutera	1	
Lyleq	1	
Lyza	1	
Marlissa	1	
Medroxyprogesterone Acetate Injection	1	
Microgestin 1/20	1	
Microgestin 1.5/30	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Microgestin Fe 1/20	1	
Microgestin Fe 1.5/30	1	
Mili	1	
Mirena	3	
Mono-Linyah	1	
Natazia	2	
Nextstellis	3	
Nikki	1	
Nora-BE	1	
Norelgestromin/Ethinyl Estradiol	1	
Norethindrone	1	
Norethindrone Acetate	1	
Norethindrone Acetate/Ethinyl Estradiol	1	
Norethindrone Acetate/Ethinyl Estradiol/Fe	1	
Norgestimate/Ethinyl Estradiol	1	
Norgestimate/Ethinyl Estradiol Triphasic	1	
Norlyroc	1	
Ocella	1	
Phexxi	E	
Portia-28	1	
Reclipsen	1	
Safyral	E	
Sharobel	1	
Slynd	3	
Sprintec 28	1	

Bold type = Brand name drug [Plain type = Generic drug]
E Excluded **SP** Specialty Program

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Sronyx	1	
Syeda	1	
Tarina 24 Fe	1	
Tarina Fe 1/20 EQ	1	
Tri-Estarylla	1	
Tri-Linyah	1	
Tri-Lo-Estarylla	1	
Tri-Lo-Marzia	1	
Tri-Lo-Mili	1	
Tri-Lo-Sprintec	1	
Tri-Mili	1	
Tri-Sprintec	1	
Tri-Vylibra	1	
Tri-Vylibra Lo	1	
Twirla	3	
Vestura	1	
Vienva	1	
Vylibra	1	
Xulane	1	
Yasmin 28	E	
Yaz	E	
Zafemy	1	
Zumandimine	1	
Women's Health: Hormone Replacement		
Alora	3	
Bijuva	2	
Climara	E	
Climara Pro	E	

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Combipatch	2	
Covaryx	1	
Delestrogen IM Injection	E	
Divigel	E	
Dotti	1	
Duavee	2	
Elestrin	3	
Endometrin	E	
Estrace	E	
Estradiol Patch, Tab, Vaginal Cream	1	
Estring	E	
EstroGel	E	
Evamist	3	
Gallifrey	1	
Imvexxy	3	
Intrarosa	E	
Lyllana	1	

DRUG NAME	DRUG TIER	SPECIALTY PROGRAM
Medroxyprogesterone Acetate Tab	1	
Mimvey	1	
Myfembree	2	
Premarin Tab, Vaginal Cream	2	
Premphase	2	
Prempro	2	
Progesterone Cap, Injection	1	
Prometrium	E	
Vagifem	E	
Vivelle-Dot	E	
Yuvaferm	1	
Women's Health: Vaginal Anti-Infectives		
Clindesse	3	
Gynazole-1	2	
Metronidazole Vaginal Gel	1	
Terconazole Vaginal Cream	1	

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Index

A

- Abilify, 15
- Abilify Asimtufii, 15
- Abilify Maintena, 15
- Abiraterone, 10
- Abrilada, 30
- Absorica, 7
- Absorica LD, 7
- Acanya, 20
- Accrufer, 39
- Accu-Chek FastClix Lancet Kit, 22
- Accu-Chek SoftClix Lancet Device Kit, 22
- Accutane, 7
- Acetaminophen w/ Codeine, 36
- Acetaminophen/Caffeine/ Dihydrocodeine, 36
- Acetazolamide Tab, 27
- Aciphex, 28
- Acitretin, 7
- Actemra, 31
- Acthar, 26
- Acyclovir Cap, Tab, 8
- Acyclovir Cream, 20
- Acyclovir Ointment, 20
- Aczone, 20
- Adalimumab-aacf, 31
- Adalimumab-aaty, 31
- Adalimumab-adaz, 31
- Adalimumab-adbm, 31
- Adalimumab-adbm 20mg, 40mg, 31
- Adalimumab-bwwd, 31
- Adalimumab-fkjp, 31
- Adalimumab-ryvk (Teva manufacturer), 31
- Adapalene/Benzoyl Peroxide Gel, 20
- Adbry, 32
- Adcirca, 15
- Adderall, 16
- Adderall XR, 16
- Adempas, 15
- Adipex-P, 39
- Adlarity, 15
- Admelog, 23
- Admelog SoloStar, 23
- Adthyza, 26
- Advair Diskus, 37
- Advair HFA, 37
- Advate, 8
- Adynovate, 8
- Adzenys XR-ODT, 16
- Afinitor, 10
- Afinitor Disperz, 10
- Afirmelle, 39
- Afstyla, 9
- Aimovig, 17
- AirDuo RespiClick, 37
- Airsupra, 37
- Ajovy, 17
- Akeega, 10
- Aklief, 20
- Akynzeo, 29
- Ala-Cort, 20
- Albuterol HFA, 37
- Albuterol Inhalation Solution, 37
- Alecensa, 10
- Alendronate Tab, 35
- Alfuzosin ER, 32
- Alkindi Sprinkle, 26
- Allopurinol 100mg, 300mg, 30
- Alogliptin, 24
- Alogliptin/Metformin, 24
- Alogliptin/Pioglitazone, 24
- Alomide, 27
- Alora, 41
- Alphagan P, 27
- Alphanate, 9
- Alprazolam Tab, 18
- Alprolix, 9
- Altace, 12
- Altavera, 39
- Altuviio, 9
- Alunbrig, 10
- Alvesco, 37
- Alyftrek, 32
- Alymsys, 10
- Ambien, 19
- Ambien CR, 19
- Amiodarone, 14
- Amitiza, 29
- Amitriptyline, 17
- Amjevita, 31
- Amlodipine, 12
- Amlodipine/Benazepril, 12
- Amlodipine/Olmesartan, 12
- Amlodipine/Valsartan, 12
- Amnesteem, 7
- Amoxicillin, 7
- Amoxicillin/Clavulanate, 7
- Amphetamine/
Dextroamphetamine 3-Bead ER, 16
- Amphetamine
/Dextroamphetamine, 16
- Amphetamine/
Dextroamphetamine ER, 16
- Ampyra, 18
- Amrix, 35
- Amzeeq, 20
- Anastrozole Tab, 10
- Androgel, 32
- Anktiva, 10
- Annovera, 39
- Anoro Ellipta, 37
- Apidra SoloStar, 23
- Apidra Vials, 23
- Apri, 39
- Apriso, 29
- Aptiom, 19
- Arakoda, 33
- Aranesp, 9
- Arazlo, 20
- Arimidex, 10
- Aripiprazole, 15
- Aristada, 15
- Aristada Initio, 15
- Armodafinil, 18
- Armour Thyroid, 26
- Arnuity Ellipta, 37
- Arthrotec, 36
- Asceniv, 33
- Asmanex, 37
- Asmanex HFA, 37
- Aspruzo Sprinkle, 14
- Atacand, 12
- Atenolol, 12
- Atenolol/Chlorthalidone, 12
- Ativan Tab, 18
- Atomoxetine, 16
- Atorvaliq, 14
- Atorvastatin, 14
- Atovaquone/Proguanil, 33
- Atrovent HFA, 37
- Aubagio, 18
- Aubra EQ, 39
- Augtyro, 10
- Aukelso, 35
- Auranofin, 31
- Aurovela 1.5/30, 39
- Aurovela 1/20, 39
- Aurovela 24 Fe, 39
- Aurovela Fe 1.5/30, 39
- Aurovela Fe 1/20, 39
- Auryxia, 39
- Austedo, 18
- Austedo XR, 18
- Auvelity, 17
- Auvi-Q, 33
- Avapro, 12
- Avastin, 10
- Aveed, 32
- Aviane, 39
- Avodart, 32
- Avonex, 18
- Avsola, 31
- Avtozma, 31
- Ayuna, 39
- Ayvakit, 10
- Azasite, 27
- Azathioprine Tab, 38
- Azelaic Acid Gel, 20
- Azelastine Nasal Spray, 38
- Azelastine/Fluticasone Nasal Spray, 38
- Azelex, 20
- Azithromycin, 7
- Azopt, 27
- Azor, 12
- Azstarys, 16

B

- Bac, 17
- Baclofen Solution, Suspension, Tab, 35
- Bafiertam, 18
- Balcoltra, 39
- Balversa, 10
- Baqsimi, 24
- Baraclude Tab, 8
- Basaglar KwikPen, 23
- Basaglar Tempo Pen, 23

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Biosimilar Advantage Formulary | July 2026

BD Insulin Syringes, 22	Briumvi, 18	Cartia XT, 12	Clindamycin Gel, Lotion, Solution, Swab, 21
BD Pen Needles, 22	Briviact, 19	Carvedilol, 12	Clindamycin Vaginal Cream, 7
Belbuca, 36	Brixadi, 7	Catapres-TTS, 12	Clindamycin/Benzoyl Peroxide Gel 1-5%, 1.2-2.5%, 21
Belrapzo, 10	Bromsite, 28	Cayston, 7	Clindesse, 42
Belsomra, 19	Bronchitol, 33	Cefadroxil, 7	Clobetasol Cream, Foam, Ointment, Shampoo, Solution, 21
Benazepril, 12	Brovana, 37	Cefdinir, 7	Clobex, 21
Benicar, 12	Brunkinsa, 10	Cefixime Cap, 7	Clodan, 21
Benicar HCT, 12	Budesonide Cap, Tab, 29	Cefpodoxime, 7	Cloderm, 21
Benlysta, 33	Budesonide Inhalation Suspension, 37	Cefuroxime, 7	Clomid, 30
Benzamycin, 20	Budesonide/Formoterol, 37	Celebrex, 36	Clonazepam, 19
Benzonatate, 33	Bumetanide, 12	Celecoxib, 36	Clonidine Tab, 12
Benzotropine, 19	Buphenyl, 33	Celexa, 17	Clopidogrel, 12
Beovu, 27	Buprenorphine, 7	Cephalexin, 7	Clotrimazole Cream, 8
Bepreve, 27	Buprenorphine SL, 7	Cequa, 28	Clotrimazole Lozenge, 8
Besivance, 27	Buprenorphine/Naloxone, 7	Cequur Simplicity 2U, 22	Colchicine Tab, 30
Besremi, 33	Bupropion, 17	Cequur Simplicity Inserter, 22	Colestid, 14
Betamethasone Cream, 21	Bupropion SR, 17	Cerdelga, 33	Combigan, 27
Betamethasone Cream, Ointment, 20	Buspirone, 18	Cetirizine Solution (Rx only), 38	Combipatch, 42
Betaseron, 18	Butalbital/Acetaminophen/ Caffeine, 17	Cetrotide, 30	Combivent Respimat, 37
Bethkis, 7	Butrans, 36	Chateal EQ, 40	Cometriq, 10
Betimol, 27	Bydureon, 25	Chlorhexidine Gluconate Mouth, 33	Concerta, 16
Bevespi Aerosphere, 37	Bydureon BCise, 25	Chlorthalidone, 12	Conexence, 35
Bexagliflozin, 25	Byetta, 25	Cialis, 32	Conjupri, 12
Beyaz, 39	Bylvay, 33	Cialis 2.5mg, 5mg, 32	Constulose, 29
Bijuva, 41	Byooviz, 28	Cibinqo, 33	Contour Next EZ Kit w/ Device, 22
Biktarvy, 30	Bystolic, 12	Ciclodan, 8	Contour Next Gen Monitor, 22
Bildyos, 35		Ciclopirox Solution, 21	Contour Next Gen Test Strips, 22
Bilprevda, 35		Ciloxan, 27	Contour Next Monitor Kit w/Device, 22
Bimzelx, 31		Cimduo, 30	Contour Next One Kit, 22
Bisoprolol, 12		Cimzia, 31	Contour Plus Blue Kit w/ Device, 22
Bisoprolol/HCTZ, 12		Cinryze, 33	Contour Plus Test Strips, 22
Bivigam, 33		Cipro Suspension, 7	Contour Test Strips, 22
Blisovi 24 Fe, 39		Ciprofloxacin Ophthalmic, 27	Contrave, 39
Blisovi Fe 1.5/30, 39		Ciprofloxacin Tab, 7	Conzip, 36
Blisovi Fe 1/20, 39		Ciprofloxacin/Dexamethasone Otic, 7	Copaxone 20mg/mL, 18
Bomytra, 35		Citalopram Cap, 17	Copaxone 40mg/mL, 18
Bonjesta, 33		CitalopramTab, 17	Coreg, 12
Bonsity, 35		Claravis, 7	Coreg CR, 12
Bosaya, 35		Clarinex, 33	Corlanor Tab, 14
Bosulif, 10		Clarinet-D, 33	Cortef, 26
Braftovi, 10		Clarithromycin Tab, 7	Cortifoam, 29
Brenzavvy, 25		Clenpiq, 29	Cortisone Tab, 26
Breo Ellipta, 37		Cleocin Vaginal Cream, Suppository, 7	Cortrophin, 26
Brexafemme, 8		Climara, 41	Cosentyx, 31
Breyna, 37		Climara Pro, 41	Cosopt, 27
Breztri Aerosphere, 37		Clindacin ETZ Swab, 21	
Briellyn, 39		Clindacin-P, 21	
Brilinta, 12		Clindagel, 21	
Brimonidine Ophthalmic, 27		Clindamycin Cap, 7	
Brimonidine/Timolol Ophthalmic, 27			
Brinsupri, 33			

C

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Cosopt PF, 27
 Cotellic, 10
 Cotempla XR-ODT, 16
 Covaryx, 42
 Coxanto, 36
 Cozaar, 12
 Creon, 29
 Cresemba, 8
 Crestor, 4, 14
 Crexont, 19
 Crinone, 30
 Cuprimine, 33
 Cutaquig, 33
 Cuvrior, 33
 Cyanocobalamin Injection
 1000mcg/mL, 39
 Cyanocobalamin Nasal
 Spray, 39
 Cyclobenzaprine Tab, 35
 Cyclosporine Ophthalmic, 28
 Cyltezo, 31
 Cymbalta, 17
 Cyproheptadine Tab, 38
 Cyred EQ, 40
 Cytomel, 26

D

Dalfampridine ER, 18
 Danziten, 10
 Dapagliflozin, 25
 Dapagliflozin/Metformin ER, 25
 Dapagliflozin/Saxagliptin, 25
 Darzalex Faspro, 10
 Daurismo, 10
 Daybue, 18
 Daytrana, 16
 Dayvigo, 19
 Deblitane, 40
 Delestrogen IM Injection, 42
 Delyla, 40
 Delzicol, 29
 Depen Titratabs, 33
 Descovy, 30
 Desmopressin Acetate Tab, 33
 Desonide Cream, Ointment, 21
 Desvenlafaxine ER, 17
 Dexamethasone Tab, 26
 Dexcom G6 Receiver, Sensor,
 Transmitter, 22
 Dexcom G7 Receiver,
 Sensor, 23
 Dexilant, 28
 Dexlansoprazole, 28
 Dexmethylphenidate, 16
 Dexmethylphenidate ER, 16
 Dhivy, 19
 Diazepam Tab, 18
 Diclofenac Gel 1%, 36
 Diclofenac Patch 1.3%, 36
 Diclofenac Potassium Tab, 36
 Diclofenac Sodium Tab, 36
 Dicyclomine, 29
 Differin Gel, Lotion, 21
 Difucid, 7
 Dilaudid Liquid, Tab, 36
 Diltiazem ER, 13
 Dimethyl Fumarate, 18
 Diovan, 13
 Diovan HCT, 13
 Dipentum, 29
 Diphenoxylate/Atropine, 29
 Divalproex DR, 19
 Divalproex ER, 19
 Divigel, 42
 Dojolvi, 33
 Donepezil, 15
 Doptelet, 9
 Doryx, 7
 Doryx MPC, 7
 Dorzolamide/Timolol
 Ophthalmic, 27
 Dorzolamide/Timolol Ophthalmic
 PF, 27
 Dotti, 42
 Dovato, 30
 Doxazosin, 13
 Doxepin, 17
 Doxycycline Hyclate, 7
 Doxycycline Hyclate DR Tab, 7
 Doxycycline Monohydrate, 7
 Drospirenone/Ethinyl
 Estradiol, 40
 Drysol, 21
 Duaklir Pressair, 37
 Duavee, 42
 Duexis, 28
 Dulera, 37
 Duloxetine, 17
 Duobrii, 21
 Dupixent, 33
 Durolane, 35
 Dutasteride, 32
 Duvyzat, 33
 Dyanavel XR, 16
 Dymista, 38

Dysport, 33

E

Ebglyss, 33
 Edarbi, 13
 Edarbyclor, 13
 Effexor XR, 17
 Elepsia XR, 19
 Elestrin, 42
 Eletriptan, 17
 Elfabrio, 33
 Elidel, 21
 Eliquis, 12
 Elmiron, 33
 Elocate, 9
 Eluryng, 40
 Elyxyb, 36
 Embecta Insulin Syringes, 23
 Embecta Pen Needles, 23
 Emend Suspension, 29
 Emflaza, 33
 Emgality, 17
 Empaveli, 9
 Emtricitabine/Tenofovir
 Disoproxil Fumarate, 30
 Emverm, 33
 Emzahn, 40
 Enalapril, 13
 Enbrel, 31
 Endari, 33
 Endocet, 36
 Endometrin, 42
 Enloring, 40
 Enlite Glucose Sensor, 23
 Enoby, 35
 Enoxaparin, 12
 Ensacove, 10
 Enskyce, 40
 Enstilar, 21
 Entresto Tab, 14
 Entyvio, 31
 Eplusa, 8
 Epidiolex, 19
 Epiduo, 21
 Epiduo Forte, 21
 Epinephrine Auto-Injector, 33
 Epipen, 33
 Epipen Jr, 33
 Epogen, 9
 Eprontia, 19
 Epsolay, 21
 Ergocalciferol Cap, 39
 Ergomar, 17
 Erivedge, 10
 Erleada, 10
 Ermeza, 26
 Errin, 40
 Erythromycin Ophthalmic, 27
 Esbriet, 33
 Escitalopram Tab, 17
 Esomeprazole Magnesium (Rx
 only), 28
 Esperoct, 9
 Estarylla, 40
 Estrace, 42
 Estradiol Patch, Tab, Vaginal
 Cream, 42
 Estradiol/Norethindrone
 Acetate, 40
 Estring, 42
 EstroGel, 42
 Eszopiclone, 19
 Etonogestrel/Ethinyl
 Estradiol, 40
 Eucrisa, 21
 Euflexxa, 35
 Euthyrox, 26
 Evamist, 42
 Evekeo, 16
 Eversense 365 Sensor/
 Holder, 23
 Eversense 365 Smart
 Transmitter, 23
 Eversense E3 Sensor/
 Holder/Smart Transmitter, 23
 Eversense Sensor/Holder/Smart
 Transmitter, 23
 Exelderm Cream, 8
 Exenatide, 25
 Exforge, 13
 Exforge HCT, 13
 Extavia, 18
 Eysuvis, 28
 Ezallor Sprinkle, 14
 Ezetimibe, 14

F

Fabhalta, 9
 Fabior, 21
 Fabrazyme, 33
 Falmina, 40
 Famotidine (Rx only), 28
 Farxiga, 25
 Fasenra, 33

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Biosimilar Advantage Formulary | July 2026

Fasenna Pen, 33
 Fenofibrate, 14
 Fenofibrate Micronized, 14
 Fenopron, 36
 Fetzima, 17
 Fiasp, 23
 Fiasp FlexTouch, 23
 Fiasp Penfill, 24
 Finacea Foam, 21
 Finasteride 5mg, 12
 Fioricet, 36
 Fioricet/Codeine, 36
 Firazyr, 33
 Firdapse, 33
 Flarex, 28
 Flecainide, 14
 Flector, 36
 Fleqsuvy, 35
 Flomax, 32
 Fluconazole, 8
 Fludrocortisone Acetate Tab, 26
 Flucocinonide Cream, Ointment, Solution, 21
 Fluorouracil Cream, 21
 Fluoxetine, 17
 Fluticasone Cream, 21
 Fluticasone Furoate Ellipta, 37
 Fluticasone Furoate/
 Vilanterol, 37
 Fluticasone Propionate
 Diskus, 37
 Fluticasone Propionate HFA, 37
 Fluticasone Propionate Nasal
 Spray (Rx only), 38
 Fluticasone/Salmeterol 100/50,
 250/50, 500/50, 37
 Fluticasone/Salmeterol 45/21,
 115/21, 230/21, 37
 Fluticasone/Salmeterol 55/14,
 113/14, 232/14, 38
 Fluvoxamine, 17
 Focalin, 16
 Focalin XR, 16
 Folic Acid 1mg Tab, 39
 Follistim AQ, 30
 Forfivo XL, 17
 Forteo, 35
 Fotivda, 10
 Foundayo, 39
 FreeStyle Freedom Lite System
 Kit, 23
 FreeStyle Libre 14 Day Reader,
 Sensor, 23

FreeStyle Libre 2 Plus
 Sensor, 23
 FreeStyle Libre 2 Reader,
 Sensor, 23
 FreeStyle Libre 3 Plus
 Sensor, 23
 FreeStyle Libre 3 Reader,
 Sensor, 23
 FreeStyle Lite System Kit, 23
 FreeStyle Lite Test Strips, 23
 Fruzaqla, 10
 Fulphila, 9
 Furoscix, 13
 Furosemide, 13
 Fycompa, 19
 Fynetra, 9

G

Gabapentin, 20
 Gabapentin Once-Daily, 18
 Gallifrey, 42
 Ganirelix, 30
 Gavilyte-C, 29
 Gavilyte-G, 29
 Gavilyte-N w/ Flavor Pack, 29
 Gavreto, 10
 Gel-One, 35
 Gelsyn-3, 35
 Gemfibrozil, 14
 Gemtesa, 37
 Genotropin, 26
 Genvisc 850, 35
 Gilenya 0.5mg Cap, 18
 Gilotrif, 10
 Gimoti, 29
 Glatiramer Acetate, 18
 Glatopa, 18
 Gleevec, 10
 Glimepiride, 25
 Glipizide, 25
 Glipizide ER, 25
 Gloperba, 30
 Glucagon Emergency Kit
 (Fresenius manufacturer), 25
 Glyburide, 25
 Glycopyrrolate Tab 1mg,
 2mg, 29
 Glyxambi, 25
 Gocovri, 19
 Golytely, 29
 Gonal-F, 30
 Gralise, 18

Granix, 9
 Guanfacine, 13
 Guanfacine ER, 16
 Guardian Connect
 Transmitter, 23
 Gvoke, 25
 Gynazole-1, 42

H

Hadlima, 31
 Haegarda, 33
 Hailey 1.5/30, 40
 Hailey 24 Fe, 40
 Hailey Fe 1.5/30, 40
 Hailey Fe 1/20, 40
 Haloette, 40
 Halog Cream, Solution, 21
 Harvoni, 8
 Heather, 40
 Hemady, 26
 Hemangeol, 33
 Herceptin, 10
 Herceptin Hylecta, 10
 Hercessi, 10
 Hernexeos, 10
 Herzuma, 10
 Hetlioz, 33
 Hetlioz LQ, 33
 Hizentra, 33
 Horizant, 18
 Hulio, 31
 Humalog, 24
 Humalog Mix 50/50 KwikPen, 24
 Humalog Mix 75/25 Vials, 24
 Humalog Tempo Pen, 24
 Humalog U-100 Junior
 KwikPen, 24
 Humalog U-200, 24
 Humate-P, 9
 Humatin, 7
 Humatrope, 26
 Humira, 31
 Humulin 70/30 Vials and
 KwikPen, 24
 Humulin N Vials and
 KwikPen, 24
 Humulin R U-500 Vials and
 KwikPen, 24
 Humulin R Vials, 24
 Hyalgan, 35
 Hycamtin, 10
 Hydralazine, 13

Hydrochlorothiazide, 13
 Hydrocodone/
 Acetaminophen, 36
 Hydrocortisone (Perianal), 29
 Hydrocortisone Cream,
 Ointment, 21
 Hydrocortisone Tab, 26
 Hydromorphone Tab, 36
 Hydroxychloroquine, 31
 Hydroxyzine HCL, 18
 Hydroxyzine Pamoate, 18
 Hyftor, 21
 Hymovis, 35
 Hyrimoz, 31
 Hysingla ER, 36
 Hyzaar, 13

I

Ibandronate, 35
 Ibsrela, 29
 Ibtrozi, 10
 Ibuprofen Suspension
 100mg/5mL (Rx only), 36
 Ibuprofen Tab (Rx only), 36
 Ibuprofen/Famotidine, 28
 Iclusig, 10
 Icosapent Ethyl, 14
 Idacio, 31
 Idelvion, 9
 Idhifa, 10
 Ilevro, 28
 Ilumya, 31
 Imatinib Mesylate, 10
 Imbruvica Cap, 10
 Imcivree, 39
 Imiquimod Cream, 21
 Imitrex, 17
 Imitrex Tab, 17
 Impozy, 21
 Imuldosa, 31
 Invexxy, 42
 Inbrija, 19
 Incassia, 40
 Incivree, 39
 Increlex, 26
 Incruse Ellipta, 38
 Inderal LA, 13
 Inderal XL, 13
 Indomethacin Cap, 36
 Inflectra, 31
 Infiximab, 31
 Ingrezza, 33

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Inlyta, 10	Janumet XR, 25	Klonopin, 20	Levetiracetam tab, 20
Innopran XL, 13	Januvia, 25	Klor-Con 10, 39	Levocetirizine Tab (Rx only), 38
Inpefa, 14	Jardiance, 25	Klor-Con Extended Release, 39	Levofloxacin Tab, 7
Inqovi, 10	Jasmiel, 40	Klor-Con m10, m15, m20, 39	Levonorgestrel/Ethinyl Estradiol, 40
Inrebic, 10	Jatenzo, 32	Kloxxado, 7	Levora-28 0.15/30, 40
Insulin Aspart, 24	Javygtor, 9	Koate, 9	Levo-T, 26
Insulin Aspart FlexPen, 24	Jaypirca, 10	Kogenate FS, 9	Levothyroxine, 26
Insulin Aspart Penfill, 24	Jencycla, 40	Konvomep, 28	Levoxyl, 26
Insulin Aspart Protamine & Insulin Aspart, 24	Jentadueto, 25	Koselugo, 11	Lexapro, 17
Insulin Aspart Protamine & Insulin Aspart FlexPen, 24	Jentadueto XR, 25	Kovaltry, 9	Lexette, 21
Insulin Degludec, 24	Jesduvroq, 9	Krazati, 11	Lialda, 29
Insulin Degludec FlexTouch, 24	Jivi, 9	Kurvelo, 40	Libervant, 20
Insulin Glargine 100 unit/mL, 24	Jobevne, 10	Kuvan, 33	Licart, 36
Insulin Glargine 300 unit/mL, 24	Joenja, 33	Kyzatrex, 32	Lidocaine Mouth/Throat, 34
Insulin Glargine SoloStar 100 unit/mL, 24	Jornay PM, 16		Lidocaine Ointment, 21
Insulin Glargine-yfgn, 24	Jubbonti, 35	L	Lidocaine Patch, 36
Insulin Lispro, 24	Jublia, 8	Labetalol, 13	Lidocaine Viscous, 34
Insulin Lispro Junior KwikPen, 24	Juleber, 40	Lacosamide, 20	Lidocaine/Prilocaine Cream, 21
Insulin Lispro Protamine & Insulin Lispro, 24	Juluca, 30	Lactulose, 29	Lidocan, 36
Intrarosa, 42	Junel, 40	Lagevrio, 8	Lidoderm, 36
Intuniv, 16	Junel 1.5/30, 40	Lamictal, 20	Likmez, 8
Invega Hafyera, 15	Junel 1/20, 40	Lamictal ODT, 20	Linzess, 29
Invega Sustenna, 15	Junel Fe 1.5/30, 40	Lamictal XR Tab, 20	Liothyronine, 26
Invega Trinza, 15	Junel Fe 1/20, 40	Lamotrigine, 20	Lipitor, 14
Inveltys, 28	Junel Fe 24, 40	Lamotrigine ER, 20	Liqrev, 15
Invokamet, 25	Juxtapid, 14	Lansoprazole (Rx only), 28	Lisdexamfetamine, 16
Invokamet XR, 25	Jylamvo, 31	Lantus Solostar, 24	Lisinopril, 13, 52
Invokana, 25	Jynarque, 33	Lantus U-100 Vials, 24	Lisinopril/HCTZ, 13
Inzirqo, 13	K	Larin 1.5/30, 40	Litfulo, 34
Ipratropium Bromide, 38	Kalliga, 40	Larin 1/20, 40	Lithium, 18
Ipratropium Nasal Spray, 38	Kalydeco, 33	Larin 24 Fe, 40	Lithium ER, 18
Ipratropium/Albuterol, 38	Kanjinti, 10	Larin Fe 1.5/30, 40	Livalo, 14
Iqirvo, 33	Kapspargo Sprinkle, 13	Larin Fe 1/20, 40	Livdelzi, 34
Irbesartan, 13	Katerzia, 13	Lasix, 13	Livmarli, 34
Irbesartan/HCTZ, 13	Kenalog Spray, 21	Latanoprost Ophthalmic, 27	Lo Loestrin Fe, 40
Isibloom, 40	Kenalog-40, 26	Latisse, 28	Lodoco, 30
Isosorbide Mononitrate ER, 14	Keppra, 20	Latuda, 15	Loestrin, 40
Isotretinoin 10mg, 20mg, 30mg, 40mg, 7	Keppra XR, 20	Ledipasvir/Sofosbuvir, 8	Loestrin 1.5/30-21, 40
Isturisa, 26	Kerendia, 33	Leflunomide, 31	Loestrin 1/20-21, 40
Itovebi, 10	Kesimpta, 18	Lenalidomide, 11	Loestrin Fe 1.5/30, 40
Iwifin, 10	Ketoconazole Cream, Shampoo, 21	Lenvima, 11	Loestrin Fe 1/20, 40
Iyuzeh, 27	Ketorolac Ophthalmic, 28	Leqembi, 15	Lokelma, 39
J	Ketorolac Tab, 36	Leqvio, 14	Lonsurf, 34
Jantoven, 12	Kevzara, 31	Lescol XL, 14	Lopressor Solution, 13
Janumet, 25	Kineret, 31	Lessina, 40	Lorazepam Tab, 18
	Kisqali, 10	Letairis, 15	Lorbrena, 34
	Kisunla, 15	Letrozole, 11	Loreev XR, 18
	Kitabis, 7	Leukine, 9	Loryna, 40
	Klayesta, 21	Levalbuterol HFA, 38	Losartan, 13
	Klisyri, 21	Levamlodipine, 13	Losartan/HCTZ, 13
		Levemir Vials and KwikPen, 24	Lotemax Gel, Suspension, 28
		Levetiracetam ER, 20	Lotemax Ointment, 28

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Lotemax SM, 28	Methimazole, 26	Moxifloxacin Ophthalmic, 27	Ngenla, 26
Lotrel, 13	Methocarbamol, 35	MS Contin, 36	Nifedipine ER, 13
Lovastatin, 14	Methotrexate Sodium, 31	Multaq, 14	Nifedipine ER Osmotic, 13
Lo-Zumandimine, 40	Methylphenidate CD, 16	Mupirocin , Ointment, 21	Nikki, 41
Lubiprostone, 29	Methylphenidate ER, 16	Mvasi, 11	Ninlaro, 11
Lucentis, 28	Methylphenidate LA, 16	Mycapssa, 26	Nitro-Bid, 14
Lumakras, 11	Methylphenidate OSM 27mg, 36mg, 54mg, 16	Mycophenolate Mofetil, 38	Nitro-Dur 0.3mg/hr, 0.8mg/hr, 14
Lumigan, 27	Methylphenidate OSM 45mg, 63mg, 72mg, 16	Mycophenolate Sodium, 38	Nitrofurantoin Macrocrystals, 8
Lumryz, 19	Methylphenidate Tab, 16	Mycophenolic Acid, 38	Nitrofurantoin Monohydrate Macrocrystals, 8
Lunesta, 19	Methylphenidate XR, 16	Mydayis, 16	Nitrofurantoin Suspension 50mg/5mL, 8
Lupkynis, 34	Methylprednisolone Tab, 26	Myfembree, 42	Nitroglycerin SL, 14
Lupron Depot, 26	Metoclopramide, 29	Myhibbin, 38	Nitrostat, 14
Lurasidone, 15	Metoprolol Succinate ER, 13	Myobloc, 34	Nitro-Time, 14
Lutera, 40	Metoprolol Tartrate, 13	Myrbetriq Suspension, 37	Niva Thyroid, 26
Lybalvi, 15	Metrogel, 21	Myrbetriq Tab, 37	Nivestym, 9
Lyleq, 40	Metronidazole Cream, Gel, 21		Nocdurma, 34
Lyllana, 42	Metronidazole Tab, 8	N	Nora-BE, 41
Lynparza, 11	Metronidazole Vaginal Gel, 42	Na Sulfate-K Sulfate-Mg Sulfate, 29	Norditropin FlexPro, 26
Lyrca, 20	Micardis, 13	Nabumetone, 36	Norelgestromin/Ethinyl Estradiol, 41
Lyrca CR, 20	Micardis HCT, 13	Nadolol, 13	Norethindrone, 41
Lyumjev Tempo Pen, 24	Microgestin 1.5/30, 40	Nalfon, 36	Norethindrone Acetate, 41
Lyvispah, 35	Microgestin 1/20, 40	Naloxone Nasal Spray, 7	Norethindrone Acetate/Ethinyl Estradiol, 41
Lyza, 40	Microgestin Fe 1.5/30, 41	Naltrexone Tab, 7	Norethindrone Acetate/Ethinyl Estradiol/Fe, 41
	Microgestin Fe 1/20, 41	Namzaric, 15	Norgesic, 36
	Miebo, 28	Naprelan, 36	Norgesic Forte, 36
M	Mili, 41	Naproxen (Rx only), 36	Norgestimate/Ethinyl Estradiol, 41
Marlissa, 40	Mimvey, 42	Naratriptan, 17	Norgestimate/Ethinyl Estradiol, 41
Mavenclad, 18	Minocycline Cap, 8	Nascobal, 39	Norgestimate/Ethinyl Estradiol, 41
Mavyret, 8	Minoxidil, 13	Natazia, 41	Norgestrate, 36
Maxalt, 17	Mirabegron ER, 37	Natesto, 32	Norgestrate/Forte, 36
Maxalt-MLT, 17	Mircera, 9	Natroba, 21	Norgestrate/Forte Estradiol, 41
Mayzent, 18	Mirena, 41	Nayzilam, 20	Norgestrate/Forte Estradiol, 41
Meclizine, 29	Mirtazapine, 17	Nebivolol, 13	Norgestrate/Forte Estradiol, 41
Medroxyprogesterone Acetate Injection, 40	Mirvaso, 21	Neffy, 34	Norgestrate/Forte Estradiol, 41
Medroxyprogesterone Acetate Tab, 42	Misoprostol, 28	Nemludio, 34	Norgestrate/Forte Estradiol, 41
Mekinist, 11	Mitigare, 30	Neomycin/Polymyxin/ HC Otic, 8	Norgestrate/Forte Estradiol, 41
Mektovi, 11	Modafinil, 19	Neomycin/Polymyxin/ Dexamethasone Ophthalmic Ointment, Suspension, 28	Norgestrate/Forte Estradiol, 41
Meloxicam, 36	Modeyso, 11	Nerlynx, 11	Norgestrate/Forte Estradiol, 41
Memantine, 15	Mometasone Cream, Ointment, 21	Neuac, 21	Norgestrate/Forte Estradiol, 41
Menopur, 30	Mometasone Nasal Spray, 38	Neulasta, 9	Norgestrate/Forte Estradiol, 41
Mesalamine DR, 29	Mono-Linyah, 41	Neulasta Onpro, 9	Norgestrate/Forte Estradiol, 41
Mesalamine ER 0.375gm, 29	Monovisc, 35	Neupogen, 9	Norgestrate/Forte Estradiol, 41
Metadate CD, 16	Montelukast, 38	Neupro, 19	Norgestrate/Forte Estradiol, 41
Metformin, 25	Morphine Sulfate ER, 36	Neurontin, 20	Norgestrate/Forte Estradiol, 41
Metformin 500mg, 850mg, 1000mg, 25	Motegrity, 29	Nevanac, 28	Norgestrate/Forte Estradiol, 41
Metformin 625mg, 750mg, 25	Motofen, 29	Nexium Cap, 28	Norgestrate/Forte Estradiol, 41
Metformin ER, 25	Motpoly XR, 20	Nexletol, 14	Norgestrate/Forte Estradiol, 41
Metformin ER Modified Release, 25	Mounjaro, 25	Nexlizet, 14	Norgestrate/Forte Estradiol, 41
Metformin ER Osmotic, 25	Movantik, 29	Nextstellis, 41	Norgestrate/Forte Estradiol, 41
	Moviprep, 29		Norgestrate/Forte Estradiol, 41

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Questran Light, 14
 Quetiapine, 15
 Quetiapine ER, 15
 Quillichew ER, 16
 Quillivant XR, 16
 Qulipta, 18
 Quviviq, 19
 Qvar RediHaler, 38

R

Rabeprazole, 28
 Rabeprazole Sprinkle, 28
 Radicava ORS, 19
 Ramipril, 13
 Ranolazine ER, 15
 Rasuvo, 31
 Ravicti, 34
 Rayaldee, 34
 Rayos, 26
 Rebif, 18
 Rebinyn, 9
 Rebyota, 30
 Reclipsen, 41
 Recombinate, 9
 Recorlev, 26
 Relafen DS, 36
 Releuko, 9
 Relexxi, 16
 Relistor, 30
 Relpax, 18
 Reltone, 30
 Remicade, 31
 Remodulin, 15
 Renflexis, 31
 Renthroid, 26
 Repatha, 14
 Reset, 7
 Restasis, 28
 Restasis Multidose, 28
 Restoril, 19
 Retacrit, 9
 Retevmo, 11
 Retin-A, 22
 Retin-A Micro 0.06%, 0.08%, 22
 Retin-A-Micro 0.04%, 0.1%, 22
 Revatio, 15
 Revlimid, 11
 Rextovy, 7
 Rexulti, 15
 Reyvow, 18
 Rezdifra, 34
 Rezlidhia, 11

Rezurock, 34
 Rezvoglar KwikPen, 24
 Rhofade, 22
 Rhopressa, 27
 Riabni, 11
 Rinvoq, 31
 Rinvoq LQ, 31
 Risperdal, 16
 Risperidone, 16
 Ritalin, 16
 Ritalin LA, 16
 Rituxan, 11
 Rituxan Hycela, 11
 Rizatriptan, 18
 Rocklatan, 27
 Rolvedon, 9
 Ropinirole, 19
 Rosuvastatin, 14
 Roweepra, 20
 Roxicodone, 37
 Roxybond, 37
 Rozlytrek, 11
 Rubraca, 11
 Ruconest, 34
 Ruxience, 11
 Ryaltris, 38
 Rybelsus, 25
 Rydapt, 11
 Rykindo, 16
 Rylaze, 11
 Rytary, 19
 Ryzneuta, 9

S

Sabril, 20
 Sacubitril/Valsartan, 15
 Safyral, 41
 Sancuso, 29
 Sandostatin, 34
 Santyl, 22
 Saphris, 16
 Savella, 19
 Saxenda, 39
 Scalacort DK, 22
 Scemblix, 11
 Scenesse, 31
 Scopolamine, 29
 Secuado, 16
 Segluromet, 25
 Selarsi, 31
 Semglee (yfgn), 24
 Sensipar, 34

Serevent Diskus, 38
 Seroquel, 16
 Seroquel XR, 16
 Sertraline Cap, 17
 Sertraline Tab, 17
 Seysara, 7
 Sharobel, 41
 Signifor, 26
 Sildenafil 25mg, 50mg, 100mg, 32
 Sildenafil Suspension, 15
 Sildenafil Tab 20mg, 15
 Siliq, 31
 Silvadene, 22
 Simbrinza, 27
 Simlandi, 31
 Simponi, 31
 Simponi Aria, 31
 Simvastatin, 14
 Singulair, 38
 Sitagliptin, 25
 Sitagliptin/Metformin, 25
 Skyrizi, 32
 Skytrofa, 26
 Slynd, 41
 Soaanz, 15
 Sofdra, 34
 Sofosbuvir/Velpatasvir, 8
 Sogroya, 26
 Solifenacin, 37
 Soliqua, 24
 Soliris, 9
 Soltamox, 11
 Soma, 35
 Somatuline Depot, 26
 Soolantra, 22
 Sorilux, 22
 Sotalol, 15
 Sotyktu, 32
 Sovuna, 32
 Spiriva HandiHaler, 38
 Spiriva Respimat, 38
 Spironolactone, 13
 Spravato, 17
 Sprintec 28, 41
 Sprix, 37
 Sprycel, 11
 Sronyx, 41
 Starjemza, 32
 Steglatro, 25
 Steglujan, 25
 Stelara, 32
 Stendra, 32

Steqeyma, 32
 Stimufend, 9
 Stiolto Respimat, 38
 Stivarga, 11
 Stoboclo, 35
 Strattera, 16
 Strensiq, 34
 Striverdi Respimat, 38
 Sublocade, 7
 Suboxone, 7
 Subvenite Tab, 20
 Sucralfate Tab, 28
 Suflave, 30
 Sulfamethoxazole/Trimethoprim, 8
 Sulfasalazine, 29
 Sulfatrim Pediatric, 8
 Sumatriptan, 18
 Sunosi, 19
 Supartz FX, 35
 Supprelin LA, 26
 Suprep Bowel Prep, 30
 Sutab, 30
 Sutent, 11
 Syeda, 41
 Symbicort, 38
 Symdeko, 34
 Symfi, 30
 SymlinPen, 25
 Sympazan, 20
 Symproic, 30
 Symtuza, 30
 Synjardy, 25
 Synjardy XR, 25
 Synjoynt, 35
 Synthroid, 26
 Synvisc, 35
 Synvisc-One, 35
 Syprine, 34

T

Tabrecta, 11
 Taclonex, 22
 Tacrolimus Cap, 39
 Tacrolimus Ointment, 22
 Tadalafil, 32
 Tadiq, 15
 Tafinlar, 11
 Tagrisso, 11
 Takhzyro, 34
 Talicia, 30
 Taltz, 32

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Talzenna, 11	Tiotropium Bromide Monohydrate, 38	Triazolam, 19	Ustekinumab- ttwe, 32
Tamiflu, 8	Tirosint 37.5mcg, 44mcg, 62.4mcg, 27	Tribenzor, 14	Ustekinumab-aaaz, 32
Tamoxifen Tab, 11	Tirosint-Sol, 27	Tricor, 14	Ustekinumab-aekn, 32
Tamsulosin, 32	Tizanidine Tab, 35	Triderm, 22	Uzedy, 16
Targadox, 8	Tlando, 32	Tri-Estarylla, 41	
Targretin, 11	TOBI Nebulizer, 8	Trijardy XR, 25	V
Tarina 24 Fe, 41	TOBI Podhaler, 8	Trikafta, 34	Vafseo, 9
Tarina Fe 1/20 EQ, 41	Tobradex, 27	Trileptal, 20	Vagifem, 42
Tarpeyo, 26	Tobradex ST, 27	Tri-Linyah, 41	Valacyclovir, 8
Tascenso ODT, 18	Tobramycin/Dexamethasone Ophthalmic, 27	Tri-Lo-Estarylla, 41	Valium, 19
Tasigna, 11	Tobramycin Nebulization Solution, 8	Tri-Lo-Marzia, 41	Valsartan, 14
Tavalisse, 9	Tobramycin Ophthalmic, 27	Tri-Lo-Mili, 41	Valsartan Solution, 14
Tavneos, 34	Tobrex, 27	Tri-Lo-Sprintec, 41	Valsartan/HCTZ, 14
Tazarotene Foam, 22	Tolectin, 37	Triluron, 35	ValsartanTab, 14
Tazorac, 22	Tolamox, 8	Tri-Mili, 41	Valtoco, 20
Tazverik, 11	Topamax, 20	Trintellix, 17	Valtrex, 8
Tecfidera, 18	Topamax Sprinkle, 20	Triptodur, 26	Vanflyta, 12
Teglutik, 19	Topicort Ointment, Spray, 22	Tri-Sprintec, 41	Varenicline, 7
Tekturna, 13	Topiramate, 20	Triumeq, 30	Varubi, 29
Telmisartan, 13	Toprol XL, 13	TriVibra, 41	Vascepa, 14
Temazepam, 19	Torseamide, 13	Tri-Vylibra Lo, 41	Vectical, 22
Temozolomide, 11	Tosymra, 18	Trokendi XR, 20	Vegzelma, 12
Tempo Refill, 23	Toujeo Max SoloStar, 24	Trudhesa, 18	Velphoro, 34
Tempo Smart Button, 23	Toujeo SoloStar, 24	Trulance, 30	Velsipity, 32
Tempo Welcome, 23	Toviaz, 37	Trulicity, 25	Veltassa, 39
Tenormin, 13	Tracleer, 15	Truqap, 11	Vemlidy, 8
Tepmetko, 11	Tradjenta, 25	Truvada, 30	Venclexta, 12
Terbinafine Tab, 8	Tramadol, 37	Truxima, 11	Venlafaxine, 17
Terconazole Vaginal Cream, 42	Tramadol Solution, 37	Tryptyr, 28	Venlafaxine ER, 17
Teriparatide, 35	Tranexamic Acid Tab, 9	Tudorza Pressair, 38	Ventolin HFA, 38
Testim, 32	Travatan Z, 27	Twirla, 41	Veozah, 34
Testopel, 32	Trazimera, 11	Twyneo, 22	Verapamil ER, 14
Testosterone Cypionate IM Injection, 32	Trazodone, 17	Tyenne, 32	Verkazia, 28
Testosterone Gel, 32	Treanda, 11	Tymlos, 35	Verquvo, 15
Texacort, 22	Trelegy Ellipta, 38	Tyrvaya, 28	Verzenio, 12
Tezspire, 38	Tremfya, 32	Tyvaso, 15	Vesicare, 37
Theo-24, 38	Treprostiniil, 15	Tyvaso DPI, 15	Vesicare LS, 37
Thiola, 34	Tresiba, 24	Tzield, 25	Vestura, 41
Thiola EC, 34	Tresiba FlexTouch, 24		Vevye, 28
Thyquidity, 27	Tretinoin Cream, Gel, 22	U	V-Go 20, 23
Thyroid, 27	Trexall, 32	Ubrelvy, 18	V-Go 30, 23
Tibsovo, 11	Treximet, 18	Uceris, 29	V-Go 40, 23
Tikosyn, 15	Trezix, 37	Udenyca, 9	Viagra, 32
Timolol Maleate Ocodose, 27	Triamcinolone Cream, Lotion, Ointment, 22	Udenyca On-Body, 9	Viberzi, 30
Timolol Maleate Ophthalmic, 27	Triamterene/HCTZ, 13	Ultomiris, 9	Victoza, 25
Timolol Maleate Ophthalmic (Once-Daily), 27		Umeclidinium/Vilanterol, 38	Vienna, 41
Timolol Maleate Ophthalmic PF, 27		Undecatret, 32	Vigadrone, 20
Timoptic, 27		Unithroid, 27	Vigamox, 27
Timoptic Ocodose, 27		Uptravi, 15	Vilazodone, 17
		Ursodiol Cap 200mg, 400mg, 30	Viltepso, 34
		Ustekinumab, 32	Vimovo, 29
			Vimpat, 20

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.

Viokace, 30
 Visco-3, 35
 Vitamin D (ergocalciferol) (Rx only), 39
 Vitrakvi, 12
 Vivelle-Dot, 42
 Vivimusta, 12
 Vivitrol, 7
 Vivjoa, 8
 Vizimpro, 12
 Vogelxo, 32
 Voquenza, 30
 Voranigo, 12
 Vosevi, 8
 Vowst, 30
 Voydeya, 9
 Vraylar, 16
 Vtama, 22
 Vuity, 28
 Vumerity, 18
 Vyleesi, 34
 Vylibra, 41
 Vytorin, 14
 Vyvanse, 16
 Vyvgart, 34
 Vyvgart Hytrulo, 35
 Vyzulta, 27

W

Wainua, 35
 Wakix, 19
 Warfarin, 12
 Wegovy, 39
 Welchol, 14
 Welireg, 12
 Wellbutrin SR, 17
 Wellbutrin XL, 17
 Wezlana, 32
 Wilate, 9

Winlevi, 22
 Winrevair, 15
 Wixela Inhub, 38
 Wynzora, 22
 Wyost, 35

X

Xaciat, 22
 Xadago, 19
 Xalatan, 27
 Xalkori, 12
 Xanax, 19
 Xanax XR, 19
 Xarelto 10mg, 15mg, 20mg, 12
 Xcopri, 20
 Xdemvy, 28
 Xeljanz, 32
 Xeljanz XR, 32
 Xelstrym, 17
 Xembify, 35
 Xeomin, 35
 Xgeva, 36
 Xhance, 35
 Xifaxan 200mg Tab, 30
 Xifaxan 550mg Tab, 30
 Xigduo XR, 25
 Xiidra, 28
 Xofluz, 8
 Xolair, 38
 Xopenex HFA, 38
 Xospata, 12
 Xphozah, 35
 Xpovio, 12
 Xtampza ER, 37
 Xtandi, 12
 Xtrenbo, 36
 Xulane, 41
 Xultophy, 24
 Xyntha, 9

Xyntha Solofuse, 9
 Xyosted, 32
 Xyrem, 19
 Xywav, 19

Y

Yasmin 28, 41
 Yaz, 41
 Ycanth, 22
 Yesintek, 32
 Yeztugo, 30
 Yonsa, 12
 Yorvipath, 35
 Yosprala, 12
 Yuflyma, 32
 Yupelri, 38
 Yusimry, 32
 Yutrepia, 15
 Yuvaferm, 42

Z

Zafemy, 41
 Zanaflex, 36
 Zarxio, 9
 Zavzpret, 18
 Zegalogue, 25
 Zejula, 12
 Zelboraf, 12
 Zembrace Symtouch, 18
 Zenatane, 7
 Zenpep, 30
 Zenedi, 17
 Zepbound Auto-Injector, 39
 Zepbound KwikPen, 39
 Zepbound Vial, 39
 Zeposia, 18
 Zerviate, 28
 Zestril, 14

Zetia, 14
 Ziana, 22
 Ziextenzo, 9
 Zilxi, 22
 Zimhi, 7
 Zioptan, 27
 Ziprasidone, 16
 Zipsor, 37
 Zirabev, 12
 Zituvimet, 25
 Zituvimet XR, 25
 Zituvio, 25
 Zocor, 14
 Zolof, 17
 Zolpidem, 19
 Zolpidem Capsule, 19
 Zolpidem ER, 19
 Zolpidem Tab, 19
 Zomacton, 26
 Zomig Tab, 18
 Zonegran, 20
 Zonisade, 20
 Zonisamide, 80
 Zoryve Cream 0.15%, 0.3%, 22
 Zoryve Foam, 22
 Zovirax, 22
 ZTIido, 37
 Zubsolv, 7
 Zumandimine, 41
 Zunveyl, 15
 Zurzuva, 17
 Zyclara, 22
 Zyclara Pump, 22
 Zydelig, 12
 Zylet, 27
 Zymfentra, 32
 Zypitmag, 14
 ZYPREXA, 16
 Zytiga, 12

Bold type = Brand name drug [Plain type = Generic drug]

E Excluded **SP** Specialty Program

Not all medication classes and devices listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or plan sponsor to see what medications are covered under your plan.



Biosimilar Advantage | July 2026

©2026 Serve You Rx

ServeYouRx.com | 800-759-3203