



## 2024 Base Impact Formulary List

The 2024 Base Impact 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.

**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. Patients can log into [www.kpp-rx.com](http://www.kpp-rx.com) to view real time formulary and benefit information with their provider.**

### KEY

[PA] – Prior Authorization Requirement

[ST] – Step Therapy Requirement

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.

<b>1</b>			
1ST TIER UNIFINE	AIMOVIG	ARALAST NP	BARACLUDE
PENTIPS	AUTOINJECTOR [PA]	ARANESP [PA]	BAXDELA [PA]
1ST TIER UNIFINE	AJOVY AUTOINJECTOR	ARIKAYCE [PA]	BELBUCA
PENTIPS PLUS	[PA]	aripiprazole	BENEFIX
<b>A</b>	AJOVY SYRINGE [PA]	ARISTADA	benzonatate
ABILIFY ASIMTUFII	albuterol sulfate	ARISTADA INITIO	benztropine mesylate
ABILIFY MAINTENA	albuterol sulfate hfa	ARMONAIR DIGIHALER	BEPREVE
ABSORICA	ALECENSA [PA]	ARMOUR THYROID	BESIVANCE
ACCU-CHEK FASTCLIX	alendronate sodium	ARNUITY ELLIPTA	BETHKIS
LANCET DRUM	allopurinol	ASMANEX	BETOPTIC S
ACCU-CHEK FASTCLIX	ALPHAGAN P	ASMANEX HFA	BIKTARVY
LANCING DEV	alprazolam	atenolol	BOSULIF [PA]
ACCU-CHEK SOFTCLIX	ALPROLIX	atomoxetine hcl	BREO ELLIPTA
acetaminophen-	ALTUVIIIIO	atorvastatin calcium	BREXAFEMME [ST]
codeine	amitriptyline hcl	AURYXIA	BREZTRI AEROSPHERE
ACTEMRA [PA]	amlodipine besylate	AUVI-Q	BRILINTA
ACTEMRA ACTPEN [PA]	amlodipine besylate-	AVONEX [PA]	brompheniramine-
acyclovir	benazepril	AVONEX PEN [PA]	pseudoephed-dm
ADBRY [PA]	amoxicillin	AZASITE	BROMSITE
ADEMPAS [PA]	amoxicillin-clavulanate	azelastine hcl	BRONCHITOL [PA]
ADVAIR HFA	potass	azithromycin	BRUKINSA [PA]
ADVATE	AMZEEQ	<b>B</b>	budesonide
ADYNOVATE	anastrozole	baclofen	budesonide-formoterol
AFSTYLA	ANDRODERM [PA]	BAFIERTAM [PA]	fumarate
	ANORO ELLIPTA	BAQSIMI	buprenorphine hcl
	APRISO		

Cost for covered alternatives may vary.

buprenorphine-naloxone	CORLANOR	DUPIXENT SYRINGE [PA]	FLAREX
bupropion hcl	COTELLIC [PA]	DUROLANE [PA]	FLECTOR [PA]
bupropion hcl sr	COTEMPLA XR-ODT	DYANAVAL XR	fluconazole
bupropion xl	CREON	DYSPORT [PA]	fluoxetine hcl
buspirone hcl	CRINONE	<b>E</b>	fluticasone propionate
butalbital-acetaminophen-caffe	cyclobenzaprine hcl	ELIQUIS	fluticasone-salmeterol
BYDUREON BCISE [ST]	CYSTADANE	ELOCTATE	folic acid
BYETTA [ST]	<b>D</b>	ELYXYB [ST]	FOLTIX
BYOOVIZ [PA]	DAYTRANA	EMGALITY PEN [PA]	FORTEO [PA]
<b>C</b>	DAYVIGO [ST]	EMGALITY SYRINGE [PA]	FRAGMIN
CABOMETYX [PA]	DENAVIR	EMPAVELI [PA]	FREESTYLE FREEDOM LITE
CALQUENCE [PA]	DEPLIN-ALGAL OIL	EMVERM [PA]	FREESTYLE INSULINX
CAPLYTA	DESCOVY	ENBREL [PA]	FREESTYLE LIBRE 14 DAY READER
CARAFATE	desvenlafaxine succinate er	ENBREL MINI [PA]	FREESTYLE LIBRE 14 DAY SENSOR
CARBAGLU [PA]	dexamethasone	ENBREL SURECLICK [PA]	FREESTYLE LIBRE 2 READER
carbamazepine	DEXCOM G6 RECEIVER	enoxaparin sodium	FREESTYLE LIBRE 2 SENSOR
carvedilol	DEXCOM G6 SENSOR	ENTRESTO	FREESTYLE LIBRE 3 SENSOR
cefazolin sodium	DEXCOM G6 TRANSMITTER	ENTYVIO [PA]	FREESTYLE LITE METER
cefdinir	DEXCOM G7 RECEIVER	EPCLUSA [PA]	FULPHILA [PA]
celecoxib	DEXCOM G7 SENSOR	EPIDIOLEX [PA]	FUROSCIX [ST]
cephalexin	dexmethylphenidate hcl er	epinephrine	furosemide
CEQUA	dextroamphetamine-amphet er	EPIPEN 2-PAK	<b>G</b>
CERDELGA [PA]	dextroamphetamine-amphetamine	EPIPEN JR 2-PAK	gabapentin
CEREZYME [PA]	diazepam	ERIVEDGE [PA]	GELNIQUE [ST]
CETRAXAL [ST]	DICLEGIS	ERLEADA [PA]	GELSYN-3 [PA]
CETROTIDE	diclofenac sodium	erythromycin	GEMTESA
chlorhexidine gluconate	dicyclomine hcl	escitalopram oxalate	GENOTROPIN [PA]
chlorthalidone	diltiazem 24hr er (cd)	esomeprazole magnesium	GENVOYA
CIBINQO [PA]	divalproex sodium	ESPEROCT	GLASSIA
CIMDUO	DIVIGEL	estradiol	glimepiride
CIMERLI [PA]	DOPTELET [PA]	estradiol (twice weekly)	glipizide
CIPRO HC	DOVATO	ESTRING	glipizide er
ciprofloxacin hcl	doxycycline hyclate	eszopiclone	GLUCAGEN
citalopram hbr	doxycycline monohydrate	EUFLEXXA [PA]	GLUCAGON EMERGENCY KIT
CLENPIQ	DROPLET LANCETS	EVAMIST [ST]	GLYXAMBI [ST]
clindamycin hcl	drospirenone-ethinyl estradiol	ezetimibe	GONAL-F
clindamycin phosphate	DUAVEE	<b>F</b>	GONAL-F RFF
clobetasol propionate	DULERA	famotidine	GONAL-F RFF REDI-JECT
clonazepam	duloxetine hcl	FARXIGA	GRALISE [ST]
clonidine hcl	DUPIXENT PEN [PA]	FASENRA [PA]	GRASTEK [PA]
clopidogrel		FASENRA PEN [PA]	guanfacine hcl er
COMBIGAN		fenofibrate	
COMBIPATCH		FETZIMA	
COMBIVENT RESPIMAT		finasteride	
COMETRIQ [PA]			

Cost for covered alternatives may vary.

GUARDIAN CONNECT  
TRANSMITTER  
GUARDIAN SENSOR 3  
GVOKE  
GVOKE HYOPEN 1-  
PACK  
GVOKE HYOPEN 2-  
PACK  
GVOKE PFS 1-PACK  
SYRINGE  
GVOKE PFS 2-PACK  
SYRINGE

## H

HADLIMA [PA]  
HADLIMA PUSHTOUCH  
[PA]  
HADLIMA(CF) [PA]  
HADLIMA(CF)  
PUSHTOUCH [PA]  
HAEGARDA [PA]  
haloperidol  
HARVONI [PA]  
HEALTHY ACCENTS  
UNIFINE PENTIP  
heparin sodium-d5w  
HUMALOG  
HUMALOG JUNIOR  
KWIKPEN  
HUMALOG KWIKPEN U-  
100  
HUMALOG KWIKPEN U-  
200  
HUMALOG MIX 50-50  
HUMALOG MIX 50-50  
KWIKPEN  
HUMALOG MIX 75-25  
HUMALOG MIX 75-25  
KWIKPEN  
HUMALOG TEMPO PEN  
U-100  
HUMATROPE [PA]  
HUMIRA [PA]  
HUMIRA PEN [PA]  
HUMIRA PEN CROHN'S-  
UC-HS [PA]  
HUMIRA PEN PSOR-  
UVEITS-ADOL HS [PA]  
HUMIRA(CF) [PA]  
HUMIRA(CF) PEDIATRIC  
CROHN'S [PA]

HUMIRA(CF) PEN [PA]  
HUMIRA(CF) PEN  
CROHN'S-UC-HS [PA]  
HUMIRA(CF) PEN  
PEDIATRIC UC [PA]  
HUMIRA(CF) PEN PSOR-  
UV-ADOL HS [PA]  
HUMULIN 70/30  
KWIKPEN  
HUMULIN 70-30  
HUMULIN N  
HUMULIN N KWIKPEN  
HUMULIN R  
HUMULIN R U-500  
HUMULIN R U-500  
KWIKPEN  
hydralazine hcl  
hydrochlorothiazide  
hydrocodone-  
acetaminophen  
hydrocortisone  
hydroxychloroquine  
sulfate  
hydroxyzine hcl  
hydroxyzine pamoate  
HYRIMOZ(CF) [PA]  
HYRIMOZ(CF)  
PEDIATRIC CROHN'S  
[PA]  
HYRIMOZ(CF) PEN [PA]  
HYRIMOZ(CF) PEN  
CROHN-UC START  
[PA]  
HYRIMOZ(CF) PEN  
PSORIASIS [PA]

## I

IBRANCE [PA]  
ibuprofen  
IMBRUVICA [PA]  
INCONTROL PEN  
NEEDLE  
INCRUSE ELLIPTA  
INFLECTRA [PA]  
INLYTA [PA]  
insulin lispro  
insulin lispro kwikpen  
u-100  
INSULIN SYRINGE  
INTRAROSA

ipratropium-albuterol  
IXINITY

## J

JAKAFI [PA]  
JANUMET [ST]  
JANUMET XR [ST]  
JANUVIA [ST]  
JARDIANCE  
JENTADUETO [ST]  
JENTADUETO XR [ST]  
JIVI  
JULUCA

## K

KANJINTI [PA]  
KERASTAT [PA]  
KESIMPTA PEN [PA]  
ketoconazole  
ketorolac  
tromethamine  
KISQALI [PA]  
KISQALI FEMARA CO-  
PACK [PA]  
KITABIS PAK  
KLOXXADO  
KOGENATE FS  
KOVALTRY  
KYLEENA  
KYNMOBI [PA]

## L

labetalol hcl  
lamotrigine  
latanoprost  
LENVIMA [PA]  
LEVEMIR  
LEVEMIR FLEXPEN  
levetiracetam  
levocetirizine  
dihydrochloride  
levofloxacin  
levothyroxine sodium  
lidocaine  
LINZESS  
liothyronine sodium  
lisdexamfetamine  
dimesylate  
lisinopril

lisinopril-  
hydrochlorothiazide  
lithium carbonate  
LO LOESTRIN FE  
LOKELMA [PA]  
lorazepam  
LORBRENA [PA]  
losartan potassium  
losartan-  
hydrochlorothiazide  
LOTEMAX  
LOTEMAX SM  
LUMAKRAS [PA]  
LUMIGAN  
LUPRON DEPOT [PA]  
LUPRON DEPOT-PED  
[PA]  
LYNPARZA [PA]  
LYUMJEV  
LYUMJEV KWIKPEN U-  
100  
LYUMJEV KWIKPEN U-  
200  
LYUMJEV TEMPO PEN  
U-100

## M

MAKENA [PA]  
MAVENCLAD [PA]  
MAVYRET [PA]  
MAYZENT [PA]  
medroxyprogesterone  
acetate  
MEKINIST [PA]  
meloxicam  
metformin hcl  
metformin hcl er  
methocarbamol  
methotrexate  
methylphenidate er  
methylphenidate hcl  
methylprednisolone  
metoprolol succinate  
metoprolol tartrate  
metronidazole  
MICROLET  
MICROLET 2  
MICROLET NEXT  
LANCING DEVICE

Cost for covered alternatives may vary.

MINIMED SILHOUETTE  
MIRENA  
mirtazapine  
montelukast sodium  
MORPHINE SULFATE  
MOUNJARO [ST]  
MOVANTIK  
MULTI-LANCET  
mupirocin  
MUSE  
MVASI [PA]  
MYFEMBREE [PA]  
MYRBETRIQ

## N

naltrexone hcl  
naproxen  
NASCOBAL  
NATAZIA  
NATESTO  
NAYZILAM  
nebivolol hcl  
NEULASTA [PA]  
NEULASTA ONPRO [PA]  
NEUPRO  
NEXIUM  
NEXLETOL [PA]  
NEXLIZET [PA]  
nifedipine er  
nitrofurantoin mono-  
macro  
NIVESTYM [PA]  
norethindrone  
nortriptyline hcl  
NOVAREL  
NOVOEIGHT  
np thyroid  
NUCALA [PA]  
NUDEXTA [PA]  
nystatin

## O

OB COMPLETE  
OB COMPLETE ONE  
OB COMPLETE PETITE  
OB COMPLETE PREMIER  
OB COMPLETE WITH  
DHA  
OCREVUS [PA]

ODACTRA  
ODEFSEY  
ODOMZO [PA]  
OFEV [PA]  
ofloxacin  
olanzapine  
olmesartan medoxomil  
OMECLAMOX-PAK  
omeprazole  
OMNIPOD 5 G6 INTRO  
KIT (GEN 5)  
OMNIPOD 5 G6 PODS  
(GEN 5)  
OMNIPOD CLASSIC  
PODS (GEN 3)  
OMNIPOD DASH INTRO  
KIT (GEN 4)  
OMNIPOD DASH PODS  
(GEN 4)  
OMNIPOD GO PODS  
OMNITROPE [PA]  
ondansetron hcl  
ondansetron odt  
ONETOUCH DELICA  
PLUS LANCET  
ONETOUCH LANCETS  
ONETOUCH ULTRA TEST  
STRIP  
ONETOUCH ULTRA2  
ONETOUCH VERIO FLEX  
METER  
ONETOUCH VERIO  
REFLECT METER  
ONETOUCH VERIO TEST  
STRIP  
ONEXTON  
ORALAIR [PA]  
ORFADIN [PA]  
ORIAHNN [PA]  
ORLISSA [PA]  
OTEZLA [PA]  
OTOVEL  
OVIDREL  
oxcarbazepine  
oxybutynin chloride er  
oxycodone hcl  
oxycodone-  
acetaminophen  
OXYCONTIN

OZEMPIC [ST]

## P

pantoprazole sodium  
paroxetine hcl  
PENTASA  
PERSERIS  
PHEBURANE [PA]  
phentermine hcl  
phenylephrine hcl-0.9%  
nacl  
PHESGO [PA]  
PHOSLYRA  
pioglitazone hcl  
PIQRAY [PA]  
PLEGRIDY [PA]  
PLEGRIDY PEN [PA]  
PONVORY [PA]  
potassium chloride  
pravastatin sodium  
prazosin hcl  
PRECISION XTRA  
prednisolone acetate  
prednisone  
pregabalin  
PREMARIN  
PREMPHASE  
PREMPRO  
PREZISTA  
PROAIR DIGIHALER  
PROAIR RESPICLICK  
PROCRIT [PA]  
progesterone  
PROLASTIN C  
PROLENSA  
PROMACTA [PA]  
promethazine hcl  
promethazine-dm  
propranolol hcl  
propranolol hcl er  
PYLERA

## Q

QNASL  
QNASL CHILDREN  
QUDEXY XR [ST]  
quetiapine fumarate  
QUILLICHEW ER [ST]

QUILLIVANT XR [ST]

QULIPTA [PA]

QVAR REDIHALER

## R

RAGWITEK  
RASUVO [ST]  
REBIF [PA]  
REBIF REBIDOSE [PA]  
REBINYN  
RECTIV  
RELISTOR [PA]  
REPATHA PUSHTRONEX  
[PA]  
REPATHA SURECLICK  
[PA]  
REPATHA SYRINGE [PA]  
RESET (SUD)  
RESET (SUD) (NON-  
MONETARY CM)  
RESET-O (OUD)  
RESET-O (OUD)(NON-  
MONETARY CM)  
RESTASIS  
RESTASIS MULTIDOSE  
RETACRIT [PA]  
RETIN-A MICRO PUMP  
REVLIMID [PA]  
REXULTI  
RINVOQ [PA]  
risperidone  
RIXUBIS  
rizatriptan  
ropinirole hcl  
rosuvastatin calcium  
ROZLYTREK [PA]  
RUBRACA [PA]  
RUCONEST [PA]  
RUXIENCENCE [PA]  
RYBELSUS [ST]

## S

SANCUSO  
SAVELLA  
SAXENDA [PA]  
SCSEMBLIX [PA]  
SECUADO  
SEGLUROMET  
SEMGLEE (YFGN)

Cost for covered alternatives may vary.

SEMGLEE (YFGN) PEN  
sertraline hcl  
SEVENFACT  
sildenafil citrate  
SIMBRINZA  
SIMPONI ARIA  
simvastatin  
SKYLA  
SKYRIZI [PA]  
SKYRIZI ON-BODY [PA]  
SKYRIZI PEN [PA]  
SKYTROFA [PA]  
SOGROYA [PA]  
SOLIQUA 100-33 [ST]  
SOLIRIS [PA]  
SOMATULINE DEPOT  
[PA]  
SOMAVERT [PA]  
SOOLANTRA  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
spironolactone  
sprintec  
SPRYCEL [PA]  
STELARA [PA]  
STIOLTO RESPIMAT  
STIVARGA [PA]  
STRENSIQ [PA]  
STRIVERDI RESPIMAT  
SUBLOCADE [PA]  
sucralfate  
SUFLAVE  
sulfamethoxazole-  
trimethoprim  
sumatriptan succinate  
SUPARTZ FX [PA]  
SUPREP  
SURE-T  
SUTAB  
SYMFI  
SYMFI LO  
SYMLINPEN 120  
SYMLINPEN 60  
SYMPROIC  
SYM TUZA  
SYNJARDY  
SYNJARDY XR

**T**  
TACLONEX  
tacrolimus  
TAFINLAR [PA]  
TAKHZYRO [PA]  
TALICIA  
TALTZ AUTOINJECTOR  
(2 PACK) [PA]  
TALTZ AUTOINJECTOR  
(3 PACK) [PA]  
TALTZ AUTOINJECTOR  
[PA]  
TALTZ SYRINGE [PA]  
tamsulosin hcl  
TASCENSO ODT [PA]  
TAZORAC  
TECHLITE LANCETS  
TEGSEDI [PA]  
TEKURNA [ST]  
TEKURNA HCT [ST]  
TEMIXYS  
TEMPO REFILL KIT  
TEMPO SMART  
BUTTON  
TEMPO WELCOME KIT  
terbinafine hcl  
testosterone cypionate  
[pa]  
TEZSPIRE [PA]  
tizanidine hcl  
TOBI PODHALER  
TOBRADEX  
TOBRADEX ST  
topiramate  
TRACLEER [PA]  
TRADJENTA [ST]  
tramadol hcl  
TRAZIMERA [PA]  
trazodone hcl  
TRELEGY ELLIPTA  
TREMIFYA [PA]  
TRESIBA  
TRESIBA FLEXTOUCH U-  
100  
TRESIBA FLEXTOUCH U-  
200  
tretinoin

triamcinolone  
acetone  
triamterene-  
hydrochlorothiazid  
TRIJARDY XR [ST]  
TRINTELLIX  
TRIPTODUR [PA]  
TRIUMEQ  
TRIUMEQ PD  
TROKENDI XR [ST]  
TRUE METRIX AIR  
GLUCOSE METER  
TRUE METRIX BLOOD  
GLUCOSE MTR  
TRUE METRIX GLUCOSE  
TEST STRIP  
TRUEPLUS INSULIN  
SYRINGE  
TRUEPLUS PEN NEEDLE  
TRUETRACK TEST STRIP  
TRULANCE  
TRULICITY [ST]  
TWIRLA  
TYMLOS [PA]  
**U**  
UBRELVY [PA]  
UCERIS  
UDENYCA [PA]  
UDENYCA  
AUTOINJECTOR [PA]  
ULTOMIRIS [PA]  
UNIFINE PEN NEEDLE  
UNIFINE PENTIPS  
UNIFINE PENTIPS  
MAXFLOW  
UNIFINE PENTIPS PLUS  
UNIFINE PENTIPS PLUS  
MAXFLOW  
UNIFINE SAFECONTROL  
UNIFINE ULTRA PEN  
NEEDLE  
UPTRAVI [PA]  
UZEDY  
**V**  
valacyclovir  
valsartan  
valsartan-  
hydrochlorothiazide

VARUBI  
VASCEPA  
VELPHORO  
VEMOLIDY  
venlafaxine hcl  
venlafaxine hcl er  
VENTOLIN HFA  
V-GO 20  
V-GO 30  
V-GO 40  
VIOKACE  
vitamin d2  
VITRAKVI [PA]  
VOSEVI [PA]  
VYZULTA  
**W**  
warfarin sodium  
WEGOVY [PA]  
**X**  
XALKORI [PA]  
XARELTO  
XIFAXAN  
XIGDUO XR  
XOLAIR [PA]  
XTANDI [PA]  
XULTOPHY 100-3.6 [ST]  
XYNTHA  
**Y**  
YUPELRI  
**Z**  
ZARXIO [PA]  
ZEGALOGUE  
AUTOINJECTOR  
ZEGALOGUE SYRINGE  
ZEJULA [PA]  
ZELBORAF [PA]  
ZENPEP  
ZEPOSIA [PA]  
ZERVIAE  
ZIEXTENZO [PA]  
ZIMHI  
ZIRABEV [PA]  
zolpidem tartrate  
ZOMIG [ST]  
ZUBSOLV  
ZYLET

Cost for covered alternatives may vary.

## Indication Based Management

Indication	Non-Preferred Medications	Preferred Alternatives
Spinal Conditions	COSENTYX <sup>^</sup>	CIMZIA, RINVOQ, TALTZ
Rheumatoid Arthritis	CIMZIA <sup>§</sup> , ORENCIA <sup>§</sup> , SIMPONI <sup>§</sup> , KEVZARA <sup>§</sup> , KINERET <sup>§</sup> , OLUMIANT <sup>§</sup> , XELJANZ/XELJANZ XR <sup>^</sup>	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, RINVOQ (Preferred after step through HUMIRA, HYRIMOZ, HADLIMA, OR ADALIMUMAB-ADAZ: ACTEMRA)
Juvenile Idiopathic Arthritis	ORENCIA <sup>§</sup> , SIMPONI <sup>§</sup> , XELJANZ/XELJANZ XR <sup>^</sup>	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ (Preferred after step through HUMIRA, HYRIMOZ, HADLIMA, OR ADALIMUMAB-ADAZ: ACTEMRA)
Psoriatic Arthritis	CIMZIA <sup>§</sup> , ORENCIA <sup>§</sup> , SIMPONI <sup>§</sup> , COSENTYX <sup>^</sup> , XELJANZ/XELJANZ XR <sup>^</sup>	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, OTEZLA, RINVOQ, SKYRIZI, STELARA SC, TALTZ, TREMFYA
Ankylosing Spondylitis	CIMZIA <sup>§</sup> , SIMPONI <sup>§</sup> , COSENTYX, XELJANZ/XELJANZ XR <sup>^</sup>	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, RINVOQ, TALTZ
Psoriasis	CIMZIA <sup>§</sup> , ILUMYA <sup>§</sup> , SILIQ <sup>§</sup> , COSENTYX <sup>^</sup>	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA
Ulcerative Colitis	XELJANZ/XELJANZ XR <sup>^</sup>	HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, STELARA SC, RINVOQ (Preferred after step through HUMIRA, HYRIMOZ, HADLIMA, OR ADALIMUMAB-ADAZ: SIMPONI 100MG, ZEPOSIA)
Crohn's Disease	CIMZIA <sup>§</sup>	HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, STELARA SC, SKYRIZI

*\*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.*

*§These products require either a single- or double-step prior to approval*

*^These products require a triple-step prior to approval*

Cost for covered alternatives may vary.