



## 2026 Elite Impact Formulary List

The 2026 Elite 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. This printed formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the formulary. For example, drugs for the treatment of infertility or weight loss may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

**PLEASE NOTE: Brand-name drugs may move to non-preferred status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your ID card. 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

[SP] – Drug is listed on a Specialty Tier

Brand-name drugs are listed in CAPITAL letters. Example: ABILIFY MAINTENA.

Generic drugs are listed in lower-case letters. Example: ibuprofen.

**For the member:** FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

**For the physician:** Please prescribe preferred products and allow generic substitutions when medically appropriate.

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

Cost for covered alternatives may vary.

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

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

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026 THROUGH JUNE 30, 2026. THIS LIST IS SUBJECT TO CHANGE. Page 2 of 12

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

Cost for covered alternatives may vary.

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

Cost for covered alternatives may vary.

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

## Alternative Drug Tables

The Non-Preferred or Excluded medications shown below may be filled at a higher copay or co-insurance. If you fill a prescription for an excluded drug, you may pay the full retail price. Please note that product placement on this list is subject to change throughout the year based upon market dynamics, new indications for existing products, and new product launches. The list below is NOT a complete list of all products considered excluded or non-preferred drugs by Kroger Prescription Plans; in most cases, multi-source brands are excluded from coverage with preference given to generic equivalents.

**Take action to avoid paying full price.** If you're currently using one of the non-preferred or excluded medications, you can ask your doctor to consider writing you a new prescription for a preferred alternative. Additional covered alternatives may be available. Costs for covered alternatives may vary. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Drug Class	Non-Preferred/Excluded	Preferred
<b>ACE INHIBITOR/THIAZIDE &amp; THIAZIDE-LIKE DIURETIC</b>	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE
<b>ACNE AGENTS,SYSTEMIC</b>	ABSORICA, ABSORICA LD, ISOTRETINOIN (25 MG CAP), ISOTRETINOIN (35 MG CAP)	ISOTRETINOIN CAP (10 MG, 20 MG, 30MG, OR 40MG)
<b>ADRENERGICS, AROMATIC, NON-CATECHOLAMINE</b>	XELSTRYM, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
<b>AGENTS TO TREAT MULTIPLE SCLEROSIS</b>	MAYZENT, PONVORY, COPAXONE, BRIUMVI, VUMERITY, GILENYA, BAFIERTAM, MAVENCLAD, TASCENSO ODT	DIMETHYL FUMARATE, BETASERON, REBIF REBIDOSE, KESIMPTA PEN, PLEGRIDY PEN, AVONEX, PLEGRIDY, REBIF, GLATOPA, OCREVUS ZUNOVO, OCREVUS
<b>AMINOGLYCOSIDES</b>	BETHKIS, KITABIS PAK	ARIKAYCE, TOBI PODHALER
<b>AMMONIA INHIBITORS</b>	OLPRUVA	PHEBURANE, CARBAGLU
<b>ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS</b>	LIKMEZ	METRONIDAZOLE
<b>ANALGESICS,NARCOTICS</b>	XTAMPZA ER, NUCYNТА ER, NUCYNТА, HYSINGLA ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCODONE ER TAB (10MG, 20MG, OR 40MG, 80MG), OXYCONTIN (15MG, 30MG, OR 60MG), HYDROCODONE BITARTRATE ER 24HR TAB
<b>ANAPHYLAXIS THERAPY AGENTS</b>	NEFFY, SYMJEPI	AUVI-Q, EPINEPHRINE 0.15MG
<b>ANDROGENIC AGENTS</b>	XYOSTED, JATENZO, KYZATREX, TLANDO, UNDECATREX	NATESTO, TESTOSTERONE CYPIONATE, TESTOSTERONE 1% GEL
<b>ANGIOTENSIN RECEPT-NEPRILYSIN INHIBITOR COMB(ARNI)</b>	ENTRESTO SPRINKLE, ENTRESTO TAB	SACUBITRIL/VALSARTAN TAB
<b>ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB</b>	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
<b>ANTIANDROGENIC AGENTS</b>	YONSA, NUBEQA	XTANDI, ERLEADA, ABIRATERONE 250MG TAB
<b>ANTI-ANXIETY - BENZODIAZEPINES</b>	LOREEV XR	ALPRAZOLAM, LORAZEPAM
<b>ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS</b>	OTREXUP	RASUVO
<b>ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY</b>	RIABNI	RUXIENCE
<b>ANTICHOLINERGICS, ORALLY INHALED LONG ACTING</b>	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
<b>ANTICONVULSANT - BENZODIAZEPINE TYPE</b>	LIBERVANT, SYMPAZAN, VALTOCO	NAYZILAM, CLONAZEPAM
<b>ANTICONVULSANTS</b>	SPRITAM, FYCOMPA, XCOPRI, BRIVIACT, LYRICA, DILANTIN-125, DILANTIN (100 MG CAP), MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, APTIOM	GABAPENTIN, TROKENDI XR, TOPIRAMATE ER SPRINKLE, DILANTIN (30 MG CAP), LAMOTRIGINE, TOPIRAMATE, PREGABALIN, DIVALPROEX SODIUM, OXCARBAZEPINE
<b>ANTIEMETIC/ANTIVERTIGO AGENTS</b>	EMEND, DICLEGIS, ONDANSETRON ODT (16 MG TAB), BONJESTA	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG, 8MG), VARUBI, APREPITANT
<b>ANTIFUNGAL AGENTS</b>	TOLSURA, VIVJOA	FLUCONAZOLE

Cost for covered alternatives may vary.

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

Drug Class	Non-Preferred/Excluded	Preferred
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, SITAGLIPTIN-METFORMIN, ZITUVIMET	JANUMET, JANUMET XR
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, DAPAGLIFLOZIN, BRENZAVVY, FARXIGA, INVOKANA	JARDIANCE
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA, SAXAGLIPTIN
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN	GLYXAMBI
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN ER OSMOTIC, METFORMIN ER GASTRIC	METFORMIN HCL ER, METFORMIN HCL TAB (500 MG OR 1000 MG)
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	SYNJARDY, SYNJARDY XR
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ROSUVASTATIN, ATORVASTATIN
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	PRALUENT	REPATHA
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINAPRIL
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM, VALSARTAN
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	VISCO-3, SYNOJOYNT, SUPARTZ FX, GELSYN-3, GENVISC 850, GEL-ONE, TRIVISC, SYNVISIC, HYALGAN, SYNVISIC-ONE, TRILURON, HYMOVIS, DUROLANE	ORTHOVISC, EUFLEXXA, MONOVISC
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ELYXYB, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	AIMOVIG, AJOVY, ZOMIG, EMGALITY, SUMATRIPTAN, RIZATRIPTAN, REYVOW, UBRELVY, QULIPTA, NURTEC ODT
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, LUMRYZ STARTER PACK, XYWAV, LUMRYZ	SODIUM OXYBATE (HIKMA)
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	KANJINTI, HERZUMA, ONTRUZANT, HERCESSI	OGIVRI, TRAZIMERA, PHESGO, VECTIBIX
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI, OJEMDA	TAFINLAR, ZELBORAF
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI, GOMEKLI	MEKINIST, COTELLIC, KOSELUGO
ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LUPRON DEPOT, LEUPROLIDE DEPOT
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST, PITUIT. SUPPRS	ORGOVYX	FIRMAGON
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	IMKELDI, NINLARO, RYDAPT, EXKIVITY, JAYPIRCA, TABRECTA, RUBRACA, NEXAVAR, VANFLYTA, VERZENIO, TRUQAP, TASIGNA	ALUNBRIG, IMBRUVICA, XALKORI, VITRAKVI, ROZLYTREK, TALZENNA, IBRANCE, BOSULIF, GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, LORBRENA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, TAGRISSO, VIZIMPRO, SCEMBLIX, KISQALI, INLYTA, ZEJULA, FRUZAQLA
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	OPIPZA, ABILIFY MYCITE, REXULTI	ABILIFY MAINTENA, ARISTADA INITIO, ABILIFY ASIMTUFII, ARISTADA, ARIPIPAZOLE
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE, & SEROTONIN ANTAG	SECUADO, FANAPT, INVEGA SUSTENNA, INVEGA HAFYERA, INVEGA TRINZA, ZYPREXA, CAPLYTA, LYBALVI, LATUDA	PERSERIS, RYKINDO, ERZOFRI, RISPERIDONE, QUETIAPINE, PALIPERIDONE ER
ANTIRETROVIRAL – CAPSID INHIBITORS		YEZTUGO, SUNLECA
ANTIVIRALS, GENERAL	XOFLUZA, TAMIFLU, VALTREX	OSELTAMIVIR PHOSPHATE, VALACYCLOVIR
ARTV CMB NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE RTI	SYMFI, SYMFI LO	ODEFSEY, EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA, VENTOLIN HFA, PROAIR RESPICLICK	ALBUTEROL SULFATE HFA, LEVALBUTEROL TARTRATE HFA, ALBUTEROL SULFATE

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2026 THROUGH JUNE 30, 2026. THIS LIST IS SUBJECT TO CHANGE. Page 7 of 12

Drug Class	Non-Preferred/Excluded	Preferred
<b>BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS</b>	DUAKLIR PRESSAIR, BEVESPI AEROSPHERE	ANORO ELLIPTA, COMBIVENT RESPIMAT, STIOLTO RESPIMAT, IPRATROPIUM/ALBUTEROL
<b>BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS</b>	SYMBICORT, AIRDUO DIGIHALER, FLUTICASONE-SALMETEROL HFA, AIRDUO RESPICLICK, FLUTICASONE-VILANTEROL, AIRSUPRA	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA, BREYNA
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	HEMANGEOL, TENORMIN, BYSTOLIC	METOPROLOL SUCCINATE, METOPROLOL TARTRATE, PROPRANOLOL HCL, ATENOLOL
<b>BLOOD SUGAR DIAGNOSTICS</b>	CONTOUR TEST STRIP, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK SMARTVIEW, ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, GLUCOCARD SHINE, PRECISION XTRA, GLUCOCARD VITAL SENSOR, CONTOUR PLUS TEST STRIP, ONETOUCH VERIO TEST STRIP, ONETOUCH ULTRA TEST STRIP	FREESTYLE TEST STRIP, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>	NORLIQVA, CONJUPRI, TIAZAC	AMLODIPINE BESYLATE, DILTIAZEM 24HR ER CAP, NIFEDIPINE ER
<b>CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC</b>	NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL, HALOETTE
<b>CONTRACEPTIVES, ORAL</b>	LO LOESTRIN FE, YAZ, SAFYRAL, BEYAZ, YASMIN 28, BALCOLTRA	NIKKI, HAILEY 24 FE, SPRINTEC, ZOVIA 1-35, SLYND, NORETHINDRONE
<b>DIRECT FACTOR XA INHIBITORS</b>	SAVAYSA, RIVAROXABAN	XARELTO, ELIQUIS
<b>DRUGS TO TREAT HEREDITARY TYROSINEMIA</b>	NITYR	ORFADIN, NITISINONE
<b>ELECTROLYTE DEPLETERS</b>	VELTASSA, FOSRENOL, RENVELA	LOKELMA, SEVELAMER, LANTHANUM, CALCIUM ACETATE
<b>ESTROGENIC AGENTS</b>	ESTROGEL, CLIMARA, CLIMARA PRO, EVAMIST, ELESTRIN, DIVIGEL	COMBIPATCH, PREMARIN, PREMPRO, PREMPHASE, ESTRADIOL (ONCE WEEKLY), ESTRADIOL (TWICE WEEKLY)
<b>EYE ANTIINFLAMMATORY AGENTS</b>	ILEVRO, PRED MILD, BROMSITE, FLAREX, MAXIDEX, FML FORTE, EYSUVIS, ACUVAIL, PROLENSA, NEVANAC, ALREX, BROMFENAC SODIUM, INVELTYS. LOTEMAX DROPS	LOTEMAX OINTMENT, LOTEMAX SM, PREDNISOLONE ACETATE, LOTEPREDNOL DROPS
<b>FACTOR IX PREPARATIONS</b>	IDELVION	REBINYN, BENEFIX, ALPROLIX, RIXUBIS, IXINITY
<b>FOLIC ACID PREPARATIONS</b>	DEPLIN FC, DEPLIN-ALGAL OIL	FOLIC ACID
<b>FOLLICLE-STIMULATING HORMONE (FSH)</b>	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
<b>GLUCOCORTICIDS</b>	HEMADY, RAYOS, UCERIS	METHYLPREDNISOLONE, PREDNISONE, DEXAMETHASONE
<b>GLUCOCORTICIDS, ORALLY INHALED</b>	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ASMANEX, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX HFA, QVAR REDIHALER
<b>GROWTH HORMONES</b>	HUMATROPE, NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	OMNITROPE, SKYTROFA, GENOTROPIN, SOGROYA
<b>HEMATINICS, OTHER</b>	MIRCERA, ARANESP, EPOGEN	PROCRIT, RETACRIT
<b>HEP C VIRUS - NS5A &amp; NS5B POLYMERASE INHIB. COMBO.</b>	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	HARVONI, EPCLUSA
<b>HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB</b>	ZEPATIER	MAVYRET
<b>HUMAN CHORIONIC GONADOTROPIN (HCG)</b>	PREGNYL, CHORIONIC GONADOTROPIN	OVIDREL, NOVAREL
<b>HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR</b>	ULTOMIRIS, SOLIRIS, TAVNEOS, ZILBRYSQ	FABHALTA, VOYDEYA
<b>INSULINS</b>	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE (300/ML (3) PEN), NOVOLIN, TOUJEO, ADMELOG, APIDRA,	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE-YFGN (100/ML (3) PEN),

Cost for covered alternatives may vary.

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

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded	Preferred
<b>SKELETAL MUSCLE RELAXANTS</b>	LYVISPAN, ZANAFLEX, SOMA	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL, BACLOFEN
<b>SOMATOSTATIC AGENTS</b>	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA, PALSONIFY	SOMATULINE DEPOT, OCTREOTIDE ACETATE, SIGNIFOR
<b>TETRACYCLINES</b>	NUZYRA, EMROSI, ORACEA, DORYX MPC, SEYSARA, TARGADOX	DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE
<b>THYROID HORMONES</b>	TIROSINT-SOL, THYQUIDITY, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID, NP THYROID
<b>TOPICAL ANTIBIOTICS</b>	ZILXI, AMZEEQ, XEPI	MUPIROCIIN
<b>TOPICAL ANTIFUNGALS</b>	NAFTIN, JUBLIA	KETOCONAZOLE, NYSTATIN
<b>TOPICAL ANTI-INFLAMMATORY, NSAIDS</b>	LICART	DICLOFENAC SODIUM, FLECTOR
<b>TOPICAL LOCAL ANESTHETICS</b>	ZTLIDO	LIDOCAINE
<b>TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY</b>	AZSTARYS, JORNAY PM, RELEXXII, COTEMPLA XR-ODT, METHYLPHENIDATE ER TAB (45 MG, 63 MG, OR 72 MG)	QUILLIVANT XR, METHYLPHENIDATE ER TAB (18 MG, 27 MG, 36 MG, OR 54 MG), QUILLICHEW ER, DEXMETHYLPHENIDATE
<b>URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT</b>	TOVIAZ	OXYBUTYNIN CHLORIDE, FESOTERODINE ER TAB, GELNIQUE
<b>VAGINAL ESTROGEN PREPARATIONS</b>	FEMRING	ESTRADIOL, ESTRING, PREMARIN

Cost for covered alternatives may vary.

## Indication Based Management

Indication	Non-Preferred/Excluded Medications	Preferred Alternative Medications
<b>Rheumatoid Arthritis</b>	CIMZIA <sup>2</sup> , ORENCIA <sup>2</sup> , OLUMIANT <sup>2</sup> , SIMPONI <sup>2</sup> , KEVZARA <sup>2</sup> , KINERET <sup>2</sup> , XELJANZ <sup>3</sup> , XELJANZ XR <sup>3</sup> , ACTEMRA <sup>3</sup>	ENBREL, HUMIRA, HADLIMA, RINVOQ, YUFLYMA, TYENNE <sup>1</sup>
<b>Juvenile Idiopathic Arthritis</b>	ORENCIA <sup>2</sup> , XELJANZ <sup>3</sup> , XELJANZ XR <sup>3</sup> , ACTEMRA <sup>3</sup>	ENBREL, HUMIRA, HADLIMA, RINVOQ, YUFLYMA, TYENNE <sup>1</sup>
<b>Psoriatic Arthritis</b>	SIMPONI <sup>2</sup> , CIMZIA <sup>2</sup> , ORENCIA <sup>2</sup> , BIMZELX <sup>2</sup> , COSENTYX <sup>3</sup> , SELARSDI <sup>3</sup> , XELJANZ <sup>3</sup> , XELJANZ XR <sup>3</sup>	ENBREL, HUMIRA, HADLIMA, YUFLYMA, OTEZLA, YESINTEK, IMULDOSA, STELARA, TALTZ, TREMFYA, RINVOQ, SKYRIZI
<b>Ankylosing Spondylitis</b>	SIMPONI <sup>2</sup> , CIMZIA <sup>2</sup> , BIMZELX <sup>2</sup> , COSENTYX <sup>3</sup> , XELJANZ <sup>3</sup> , XELJANZ XR <sup>3</sup>	ENBREL, HUMIRA, HADLIMA, YUFLYMA, RINVOQ, TALTZ
<b>Psoriasis</b>	CIMZIA <sup>2</sup> , ILUMYA <sup>2</sup> , SILIQ <sup>3</sup> , BIMZELX <sup>2</sup> , SELARSDI <sup>3</sup> , COSENTYX <sup>3</sup>	ENBREL, HUMIRA, HADLIMA, YUFLYMA, OTEZLA, SKYRIZI, YESINTEK, IMULDOSA, STELARA, TALTZ, TREMFYA, SOTYKTU
<b>Crohn's Disease</b>	CIMZIA <sup>2</sup> , ENTYVIO SC <sup>2</sup> , SELARSDI <sup>3</sup>	HUMIRA, HADLIMA, OMVOH, YUFLYMA, YESINTEK, IMULDOSA, STELARA, TREMFYA, RINVOQ, SKYRIZI
<b>Ulcerative Colitis</b>	SIMPONI 100MG <sup>1</sup> , ENTYVIO SC <sup>2</sup> , OMVOH <sup>2</sup> , VELSIPITY <sup>3</sup> , SELARSDI <sup>3</sup> , XELJANZ <sup>3</sup> , XELJANZ XR <sup>3</sup>	HUMIRA, HADLIMA, YUFLYMA, YESINTEK, IMULDOSA, STELARA, TREMFYA, RINVOQ, SKYRIZI, ZEPOSIA <sup>2</sup>
<b>Non-Radiographic Axial Spondylarthritis</b>	CIMZIA, BIMZELX, COSENTYX <sup>3</sup>	RINVOQ, TALTZ
<b>Hidradenitis Suppurativa</b>	BIMZELX <sup>1</sup> , COSENTYX <sup>3</sup>	HUMIRA, HADLIMA, YUFLYMA

Please note that product placement for this class is under consideration and changes may occur based upon changes in market dynamics and new product launches. The list above is not inclusive of all biosimilar products. Any biosimilars not listed above are considered: Excluded or Requires step through THREE Preferred Biologics

<sup>1</sup>Requires step through ONE Preferred Biologic

<sup>2</sup>Requires step through TWO Preferred Biologics

<sup>3</sup>Excluded or Requires step through THREE Preferred Biologics

Cost for covered alternatives may vary.

## Excluded Medications/Products at a Glance

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

Cost for covered alternatives may vary.

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