



2025 Impact Plus Formulary List

The 2025 Impact Plus 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 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.

A	albuterol sulfate hfa	ASMANEX	BETASERON [PA][SP]
ABILIFY ASIMTUFI	ALECENSA [PA][SP]	ASMANEX HFA	BETOPTIC S
ABILIFY MAINTENA	allopurinol	atenolol	BIJUVA
ABSORICA	ALPHAGAN P	atomoxetine hcl	BIKTARVY
ABSORICA LD	alprazolam	ATORVALIQ [ST]	BOSULIF [PA][SP]
ACCU-CHEK FASTCLIX	ALTUVIIIO[SP]	atorvastatin calcium	BREO ELLIPTA
LANCET DRUM	amitriptyline hcl	AUGTYRO [PA][SP]	BREZTRI AEROSPHERE
ACCU-CHEK SOFTCLIX	amlodipine besylate	AURYXIA	BRILINTA
acetaminophen-codeine	amoxicillin	AUVI-Q	BRIXADI
acyclovir	amoxicillin-clavulanate	AVONEX [PA][SP]	brompheniramine-
ADBRY [PA][SP]	potass	AVONEX PEN [PA][SP]	pseudoephed-dm
ADBRY AUTOINJECTOR	AMZEEQ	AZASITE	BROMSITE
[PA][SP]	ANDRODERM [PA]	azelastine hcl	BRUKINSA [PA][SP]
ADEMPAS [PA][SP]	ANORO ELLIPTA	azithromycin	budesonide-formoterol
ADVAIR HFA	APRETUDE [PA]	B	fumarate
ADVATE[SP]	APRISO	baclofen	bumetanide
AIMOVIG AUTOINJECTOR	APTIOM	BAFIERTAM [PA][SP]	buprenorphine-naloxone
[PA]	aripiprazole	BARACLUDE[SP]	bupropion hcl
AIRSUPRA	ARISTADA	BELBUCA	bupropion hcl sr
AJOVY AUTOINJECTOR [PA]	ARISTADA INITIO	BENEFIX[SP]	bupropion xl
AJOVY SYRINGE [PA]	ARMOUR THYROID	benzonatate	buspirone hcl
AKLIEF	ARNUITY ELLIPTA	BESIVANCE	BYDUREON BCISE [PA]
albuterol sulfate			

Cost for covered alternatives may vary.

BYETTA [PA]	desvenlafaxine succinate er	ENSTILAR	FREESTYLE LIBRE 3 PLUS
C	dexamethasone	ENTRESTO	SENSOR
CABENUVA [PA]	DEXCOM G6 RECEIVER	EPCLUSA [PA][SP]	FREESTYLE LIBRE 3 READER
CABOMETYX [PA][SP]	DEXCOM G6 SENSOR	EPIDIOLEX [PA][SP]	FREESTYLE LIBRE 3 SENSOR
CALQUENCE [PA][SP]	DEXCOM G6 TRANSMITTER	epinephrine	FUROSCIX [ST][SP]
CAPLYTA	DEXCOM G7 RECEIVER	EIPEN 2-PAK	furosemide
CARAFATE	DEXCOM G7 SENSOR	EIPEN JR 2-PAK	FYCOMPA
CARBAGLU [PA][SP]	dexmethylphenidate hcl er	ERIVEDGE [PA][SP]	G
CAROSPIR [ST]	dextroamphetamine-amphet er	ERLEADA [PA][SP]	gabapentin
carvedilol	dextroamphetamine- amphetamine	erythromycin	GEMTESA
cefazolin sodium[sp]	diazepam	escitalopram oxalate	GENOTROPIN [PA][SP]
cefdinir	DICLEGIS	esomeprazole magnesium	GENVOYA
celecoxib	diclofenac sodium	ESPEROCT[SP]	GLASSIA[SP]
cephalexin	dicyclomine hcl	estradiol	glimepiride
CEQUA	DILANTIN	estradiol (twice weekly)	glipizide
CEREFOLIN NAC	diltiazem 24hr er (cd)	ESTRING	glipizide er
CETROTIDE[SP]	divalproex sodium	EUCRISA [ST]	GLYXAMBI [ST]
chlorhexidine gluconate	DOPTelet [PA][SP]	EUFLEXXA [PA]	GONAL-F RFF REDI-JECT[SP]
chlorthalidone	DORYX MPC [ST]	EYSUVIS	GONAL-F[SP]
CIBINQO [PA][SP]	DOVATO	ezetimibe	GRALISE [ST]
CIPRO HC	doxepin hcl	F	GRASTEK
ciprofloxacin hcl	doxycycline hyclate	FABHALTA [PA][SP]	guanfacine hcl er
cialopram hbr	doxycycline monohydrate	FABRAZYME [PA][SP]	GVOKE
CLENPIQ	DUAVEE	famotidine	GVOKE HYPOPEN 1-PACK
clindamycin hcl	DULERA	FASENRA [PA][SP]	GVOKE HYPOPEN 2-PACK
clindamycin phosphate	duloxetine hcl	FASENRA PEN [PA][SP]	GVOKE PFS 1-PACK SYRINGE
clobetasol propionate	DUPIXENT PEN [PA][SP]	fenofibrate	H
clonazepam	DUPIXENT SYRINGE [PA][SP]	fentanyl [pa]	HADLIMA [PA][SP]
clonidine hcl	DYANAVEL XR	FETZIMA	HADLIMA PUSH TOUCH
clopidogrel	DYMISTA	finasteride	[PA][SP]
colchicine	DYSPOrt [PA][SP]	FIRMAGON[SP]	HADLIMA(CF) [PA][SP]
COMBIGAN	E	FLECTOR [PA]	HADLIMA(CF) PUSH TOUCH
COMBIPATCH	EDARBI	fluconazole	[PA][SP]
COMBIVENT RESPIMAT	EDARBYCLOR	fluoxetine hcl	haloperidol
CORLANOR	ELFABRIO [PA][SP]	fluticasone propionate	haloperidol lactate
COTEMPLA XR-ODT	ELIGARD [PA][SP]	fluticasone propionate hfa	HARVONI [PA][SP]
CREON	ELIQUIS	fluticasone-salmeterol	HEMANGEOL
CREXONT	ELYXYB [ST]	folic acid	heparin sodium-d5w
CRINONE	EMGALITY PEN [PA]	FOLTx	HORIZANT [ST]
cyclobenzaprine hcl	EMGALITY SYRINGE [PA]	FRAGMIN	HUMALOG
CYCLOSET	EMVERM [PA]	FREESTYLE LIBRE 14 DAY	HUMALOG JUNIOR KWIKPEN
CYSTADANE [PA][SP]	ENBREL [PA][SP]	READER	HUMALOG KWIKPEN U-100
D	ENBREL MINI [PA][SP]	FREESTYLE LIBRE 14 DAY	HUMALOG KWIKPEN U-200
DAYVIGO [ST]	ENBREL SURECLICK [PA][SP]	SENSOR	HUMALOG MIX 50-50
DEPLIN-ALGAL OIL	enoxaparin sodium	FREESTYLE LIBRE 2 READER	KWIKPEN
DESCOVY		FREESTYLE LIBRE 2 SENSOR	HUMALOG MIX 75-25
			HUMALOG MIX 75-25
			KWIKPEN

Cost for covered alternatives may vary.

HUMALOG TEMPO PEN U-100	JYLAMVO [ST]	LUMIGAN	N
HUMIRA [PA][SP]	JYNARQUE [PA][SP]	LUPRON DEPOT [PA][SP]	naltrexone hcl
HUMIRA PEN [PA][SP]	K	LUPRON DEPOT-PED [PA][SP]	NAMZARIC
HUMIRA(CF) [PA][SP]	KANJINTI [PA][SP]	LYBALVI	naproxen
HUMIRA(CF) PEN [PA][SP]	KERENDIA	LYNPARZA [PA][SP]	NASCOBAL
HUMIRA(CF) PEN CROHN'S-UC-HS [PA][SP]	KESIMPTA PEN [PA][SP]	LYUMJEV	NATAZIA
HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA][SP]	ketoconazole	LYUMJEV KWIKPEN U-100	NATESTO
HUMULIN 70/30 KWIKPEN	ketorolac tromethamine	LYUMJEV KWIKPEN U-200	NAYZILAM
HUMULIN 70-30	KISQALI [PA][SP]	LYUMJEV TEMPO PEN U-100	NEEVODHA
HUMULIN N	KLOXXADO	M	NEMLUVIO [PA][SP]
HUMULIN N KWIKPEN	KYLEENA	MAVENCLAD [PA][SP]	NEULASTA [PA][SP]
HUMULIN R	L	MAVYRET [PA][SP]	NEULASTA ONPRO [PA][SP]
HUMULIN R U-500	labetalol hcl	MAYZENT [PA][SP]	NEUPRO
HUMULIN R U-500 KWIKPEN	lactulose	meclizine hcl	NEXIUM
hydralazine hcl	lamotrigine	medroxyprogesterone acetate	NEXLETOL [PA]
hydrochlorothiazide	LANTUS	MEKINIST [PA][SP]	NEXLIZET [PA]
hydrocodone-acetaminophen	LANTUS SOLOSTAR	meloxicam	NEXTSTELLIS
hydrocortisone	latanoprost	METANX	nifedipine er
hydromorphone hcl	LENVIMA [PA][SP]	metformin hcl	nitrofurantoin mono-macro
hydroxychloroquine sulfate	LEVEMIR	metformin hcl er	NITYR[SP]
hydroxyzine hcl	LEVEMIR FLEXPEN	methadone hcl	NIVESTYM [PA][SP]
hydroxyzine pamoate	levetiracetam	methocarbamol	norepinephrine bitartrate-d5w[sp]
hyoscyamine sulfate	levocetirizine dihydrochloride	methotrexate	NORLIQVA [ST]
I	levothyroxine sodium	methylphenidate er	nortriptyline hcl
IBRANCE [PA][SP]	LIBERVANT	methylphenidate hcl	NOURIANZ
ibuprofen	lidocaine	methylprednisolone	NOVAREL
ILEVRO	LINZESS	metoprolol succinate	np thyroid
IMBRUVICA [PA][SP]	liothyronine sodium	metoprolol tartrate	NUCALA [PA][SP]
INCONTROL PEN NEEDLE	lisdexamfetamine dimesylate	metronidazole	NUDEXTA [PA]
INCRUSE ELLIPTA	lisinopril	MICROLET	NURTEC ODT [PA]
INFLECTRA [PA][SP]	lisinopril-hydrochlorothiazide	MIRENA	NUZYRA[SP]
INLYTA [PA][SP]	lithium carbonate	mirtazapine	nystatin
insulin lispro	LIVALO	MONOVISC [PA]	O
insulin lispro kwikpen u-100	LIVDELZI [PA][SP]	montelukast sodium	OB COMPLETE PREMIER
INTRAROSA	LO LOESTRIN FE	MORPHINE SULFATE	OCREVUS [PA][SP]
ipratropium-albuterol	LOKELMA	morphine sulfate [pa]	ODACTRA
J	lorazepam	morphine sulfate er	ODEFSEY
JAKAFI [PA][SP]	LORBRENA [PA][SP]	morphine sulfate[sp]	ODOMZO [PA][SP]
JARDIANCE	LOREEV XR	MOUNJARO [PA]	OFEV [PA][SP]
JENTADUETO	losartan potassium	MOVANTIK	ofloxacin
JENTADUETO XR	losartan-hydrochlorothiazide	MULTAQ	olanzapine
JUBLIA [PA]	LOTEMAX	mupirocin	olmesartan medoxomil
JULUCA	LOTEMAX SM	MVASI [PA][SP]	omeprazole
	LUMAKRAS [PA][SP]	MYFEMBREE [PA]	OMNIPOD 5 DEXG7G6
		MYRBETRIQ	INTRO(GEN 5)

Cost for covered alternatives may vary.

OMNIPOD 5 DEXG7G6 PODS (GEN 5)	PLEGRIDY PEN [PA][SP]	RETACRIT [PA][SP]	SPRYCEL [PA][SP]
OMNIPOD DASH PODS (GEN 4)	POMALYST [PA][SP]	REVLIMID [PA][SP]	STELARA [PA][SP]
OMNITROPE [PA][SP]	potassium chloride	REXULTI	STIOLTO RESPIMAT
ondansetron hcl	pravastatin sodium	REYVOW [PA]	STIVARGA [PA][SP]
ondansetron odt	prazosin hcl	RHOPRESSA	STRIVERDI RESPIMAT
ONETOUCH DELICA PLUS LANCET	prednisolone acetate	RINVOQ [PA][SP]	SUBLOCADE [PA]
ONETOUCH ULTRA TEST STRIP	prednisone	risperidone	sucralfate
ONETOUCH ULTRA2	pregabalin	rizatriptan	SUFLAVE
ONETOUCH VERIO FLEX METER	PREMARIN	ROCKLATAN [ST]	sulfamethoxazole-trimethoprim
ONETOUCH VERIO REFLECT METER	PREMPHASE	ropinirole hcl	sumatriptan succinate
ONETOUCH VERIO TEST STRIP	PREMPRO	rosuvastatin calcium	SUNOSI [PA]
ONEXTON	PREZISTA	RUCONEST [PA][SP]	SUPREP
ORENITRAM ER [PA][SP]	PROAIR RESPICLIK	RUXIENCE [PA][SP]	SUTAB
ORGOVYX [PA][SP]	PROCRIT [PA][SP]	RYBELSUS [PA]	SYMLINPEN 60
ORIAHNN [PA]	PROCTOFOAM-HC	RYTARY	SYMPAZAN [PA]
ORLISSA [PA]	progesterone	S	SYMPROIC
ORLADEYO [PA][SP]	PROLASTIN C[SP]	SANCUSO	SYMTUZA
ORTHOVISC [PA]	PROLENSA	SAVELLA	SYNJARDY
OSPHENA	PROMACTA [PA][SP]	SAXENDA [PA]	SYNJARDY XR
OTEZLA [PA][SP]	promethazine hcl	SCEMBLIX [PA][SP]	T
OVIDREL	promethazine-dm	scopolamine	tacrolimus
oxcarbazepine	propranolol hcl	SECUADO	tadalafil
OXTELLAR XR	propranolol hcl er	SEYSARA [ST]	TADLIQ [ST]
oxycodone hcl	PYLERA	sildenafil citrate	TAFINLAR [PA][SP]
oxycodone-acetaminophen	Q	SIMBRINZA	TAGRISSE [PA][SP]
OXYCONTIN	QBREXZA	SIMLANDI [PA][SP]	TAKHZYRO [PA][SP]
OZEMPIC [PA]	QNASL	SIMPONI ARIA [PA][SP]	TALICIA
P	quetiapine fumarate	simvastatin	TALTZ AUTOINJECTOR (2 PACK) [PA][SP]
pantoprazole sodium	QUILLICHEW ER [ST]	SKYLA	TALTZ AUTOINJECTOR (3 PACK) [PA][SP]
paroxetine hcl	QUILLIVANT XR [ST]	SKYRIZI [PA][SP]	TALTZ AUTOINJECTOR [PA][SP]
PAXLOVID	QULIPTA [PA]	SKYRIZI ON-BODY [PA][SP]	TALTZ SYRINGE [PA][SP]
PEN NEEDLE	QVAR REDIHALER	SKYRIZI PEN [PA][SP]	TALZENNA [PA][SP]
PENTASA	R	SKYTROFA [PA][SP]	tamsulosin hcl
PENTIPS PEN NEEDLE	RAGWITEK	SOFDRA	TASIGNA [PA][SP]
PERFOROMIST	RASUVO [ST]	SOGROYA [PA][SP]	TAZORAC
PERSERIS	RAYALDEE	SOLQUA 100-33 [ST]	TEMPO WELCOME KIT
phenazopyridine hcl	REBIF [PA][SP]	SOLOSEC	testosterone cypionate [pa]
phentermine hcl	REBIF REBIDOSE [PA][SP]	SOMATULINE DEPOT [PA][SP]	TEZSPIRE [PA][SP]
phenylephrine hcl-0.9% nacl[sp]	REBINYN[SP]	SOMAVERT [PA][SP]	tizanidine hcl
pioglitazone hcl	RECTIV	SOOLANTRA	TOBI PODHALER[SP]
	RELISTOR [PA]	SOTYKTU [PA][SP]	TOBRADEX
	REPATHA PUSHTRONEX [PA]	SPIRIVA HANDIHALER	TOBRADEX ST
	REPATHA SYRINGE [PA]	SPIRIVA RESPIMAT	topiramate
	RESTASIS	spironolactone	
	RESTASIS MULTIDOSE		

Cost for covered alternatives may vary.

TOUJEO MAX SOLOSTAR	TRUEPLUS PEN NEEDLE	VENTOLIN HFA	XTANDI [PA][SP]
TOUJEO SOLOSTAR	TRULANCE	VERQUVO	XULTOPHY 100-3.6 [ST]
TRADJENTA	TRULICITY [PA]	V-GO 20	XYWAV [PA][SP]
tramadol hcl	TWIRLA	V-GO 30	Y
TRAZIMERA [PA][SP]	TYENNE [PA][SP]	V-GO 40	YUPELRI
trazodone hcl	TYMLOS [PA][SP]	VIBERZI	Z
TRELEGY ELLIPTA	TYRVAYA	VIBRANT	ZARXIO [PA][SP]
TREMFYA [PA][SP]	U	VIOKACE	ZELBORAF [PA][SP]
TRESIBA	UBRELVY [PA]	vitamin d2	ZEMBRACE SYMTOUCH [ST]
TRESIBA FLEXTOUCH U-100	UDENYCA [PA][SP]	VIVITROL[SP]	ZENPEP
TRESIBA FLEXTOUCH U-200	UDENYCA ONBODY [PA][SP]	VOYDEYA [PA][SP]	ZEPBOUND [PA]
tretinoin	UNIFINE PENTIPS	VRAYLAR	ZEPOSIA [PA][SP]
triamcinolone acetonide	UNIFINE PENTIPS PLUS	VUMERITY [PA][SP]	ZERVIAE
triamterene- hydrochlorothiazid	UNIFINE SAFECONTROL	VYZULTA	ZILXI
TRIJARDY XR [ST]	UNIFINE ULTRA PEN NEEDLE	W	ZIRABEV [PA][SP]
TRINTELLIX	UPTRAVI [PA][SP]	WAKIX [PA][SP]	ZIRGAN
TRIPTODUR [PA][SP]	UZEDY	warfarin sodium	zolpidem tartrate
TRIUMEQ	V	WEGOVY [PA]	zomig [st]
TROKENDI XR [ST]	valacyclovir	WELLBUTRIN XL	ZTLIDO
TRUE METRIX AIR GLUCOSE METER	valsartan	X	ZUBSOLV
TRUE METRIX BLOOD GLUCOSE MTR	VALTOCO	XARELTO	ZURZUVAE [PA][SP]
TRUE METRIX GLUCOSE TEST STRIP	VASCEPA	XCOPRI	ZYLET
TRUEPLUS INSULIN SYRINGE	VELPHORO	XDEMIVY [PA][SP]	ZYMFENTRA [PA][SP]
	VELTASSA	XIFAXAN	ZYPITAMAG [ST]
	VEMLIDY	XOFLUZA	
	venlafaxine hcl er	XOLAIR [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 Medications	Preferred Alternative Medications
VITAMIN A DERIVATIVES, TOPICAL ACNE AGENTS	ARAZLO	FABIOR, AKLIEF
VITAMIN A DERIVATIVES	DIFFERIN, RETIN-A MICRO PUMP (0.06 %)	RETIN-A MICRO PUMP (0.08 %)
VAGINAL ESTROGEN PREPARATIONS	FEMRING, VAGIFEM	ESTRADIOL, ESTRING, PREMARIN
VAGINAL ANTIBIOTICS	CLINDESSE	XACIATO
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	OXYBUTYNIN CHLORIDE, TOVIAZ	GELNIQUE
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXII, METHYLPHENIDATE ER (45 MG TAB), METHYLPHENIDATE ER (63 MG TAB), METHYLPHENIDATE ER (72 MG TAB)	QUILLIVANT XR, METHYLPHENIDATE ER (36 MG TAB), COTEMPLA XR-ODT, QUILLICHEW ER
TOPICAL ANTI-INFLAMMATORY, NSAIDS	PENNSAID, LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL ANTIBIOTICS	XEPI	MUPIROCIN, ZILXI, AMZEEQ
TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB	ZORYVE	EUCRISA
THYROID HORMONES	THYQUIDITY, TIROSINT-SOL, TIROSINT, LEVOXYL, SYNTHROID	ERMEZA, LEVOTHYROXINE SODIUM, ARMOUR THYROID
THROMBOPOIETIN RECEPTOR AGONISTS	ALVAIZ	PROMACTA, DOPTELET
TETRACYCLINES	ORACEA, ACTICLATE, MINOLIRA ER	NUZYRA, DOXYCYCLINE HYCLATE, DORYX MPC, SEYSARA, TARGADOX
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA	SOMATULINE DEPOT
SKELETAL MUSCLE RELAXANTS	LYVISPAH	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	PRISTIQ	FETZIMA, DULOXETINE HCL, VENLAFAXINE HCL ER
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, SERTRALINE HCL (150 MG CAP), SERTRALINE HCL (200 MG CAP), CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (20 MG CAP), FLUOXETINE HCL (40 MG CAP), ESCITALOPRAM OXALATE, SERTRALINE HCL (100 MG TAB), SERTRALINE HCL (25 MG TAB), SERTRALINE HCL (50 MG TAB), CITALOPRAM HBR (20 MG TAB), CITALOPRAM HBR (40 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), QUVIVIQ, BELSOMRA	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
ROSACEA AGENTS, TOPICAL	FINACEA, METROGEL, EPSOLAY, RHOFAD, METROCREAM	MIRVASO, SOOLANTRA
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI	ORENITRAM ER, UPTRAVI, TREPROSTINIL
PULM. ANTI-HTN, SEL. C-GMP PHOSPHODIESTERASE T5 INHIB	REVATIO	TADLIQ

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2025 THROUGH JUNE 30, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 6 of 12

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM (40 MG CAP), NEXIUM (20 MG CAP)	NEXIUM (5 MG PACKET), NEXIUM (40 MG PACKET), NEXIUM (2.5 MG PACKET), NEXIUM (10 MG PACKET), NEXIUM (20 MG PACKET), OMEPRAZOLE, PANTOPRAZOLE SODIUM
PRENATAL VITAMIN PREPARATIONS	PRENATE PIXIE, PRENATE DHA, PRENATE RESTORE, PRIMACARE, PRENATE MINI, PRENATE ENHANCE, PRENATE ELITE	OB COMPLETE PETITE, OB COMPLETE ONE, OB COMPLETE WITH DHA, OB COMPLETE PREMIER
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	ENDOMETRIN	CRINONE
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
PANCREATIC ENZYMES	PERTZYE, PANCREAZE	CREON, ZENPEP, VIOKACE
OXAZOLIDINONES	ZYVOX	SIVEXTRO
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL-FLUOCINOLONE	OTOVEL, CIPRO HC
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	VERKAZIA, XIIDRA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS	BYOOVIZ, CIMERLI
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	NAPRELAN	DICLOFENAC SODIUM, IBU, MELOXICAM, IBUPROFEN, NAPROXEN, RELAFEN DS
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	APLENZIN	BUPROPION XL, FORFIVO XL, WELLBUTRIN XL
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, BECONASE AQ, ZETONNA, XHANCE	FLUTICASONE PROPIONATE, QNASL CHILDREN, QNASL
NASAL ANTIHISTAMINE & ANTI-INFLAM. STEROID COMB.	RYALTRIS	DYMISTA
MULTIVITAMIN PREPARATIONS	PRENATE ESSENTIAL, PRENATE CHEWABLE	NEEVODHA, OB COMPLETE
MOVEMENT DISORDERS(DRUG THERAPY)	INGREZZA INITIATION PK(TARDIV), AUSTEDO XR TITRATION KT(WK1-4), INGREZZA, INGREZZA SPRINKLE, AUSTEDO XR, AUSTEDO	HORIZANT
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	ALPHAGAN P (0.15%), ZIOPTAN, COSOPT PF, IYUZEH, XELPROS, BETIMOL	LATANOPROST, COMBIGAN, LUMIGAN, ALPHAGAN P (0.1%), ROCKLATAN, RHOPRESSA, VYZULTA, SIMBRINZA, BETOPTIC S
METABOLIC DEFICIENCY AGENTS	BETAINE ANHYDROUS	CYSTADANE
MACROLIDES	DIFICID	AZITHROMYCIN
LOOP DIURETICS	SOAAZ	FUROSCIX, FUROSEMIDE
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS	FYREMADEL	CETROTIDE, ORILISSA
LEUKOCYTE (WBC) STIMULANTS	FULPHILA, FYLNETRA, NYVEPRIA, GRANIX, RELEUKO, NEUPOGEN	UDENYCA AUTOINJECTOR, STIMUFEND, NEULASTA, UDENYCA, UDENYCA ONBODY, ZIEXTENZO, NEULASTA ONPRO, NIVESTYM, ZARXIO
LAXATIVES AND CATHARTICS	PLENVU, KRISTALOSE	SOD SULF-POTASS SULF-MAG SULF, SUFLAVE, CLENPIQ, SUPREP, SUTAB
IRON REPLACEMENT	ACCRUFER	MONOFERRIC
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, NOVOLIN, ADMELOG, APIDRA, BASAGLAR, REZVOGLAR, SEMGLEE, INSULIN DEGLUDEC	HUMALOG, LYUMJEV, HUMULIN, INSULIN LISPRO, TOUJEO, TRESIBA, LANTUS, LEVEMIR, INSULIN GLARGINE (U300)

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	TAVNEOS	ULTOMIRIS, SOLIRIS, FABHALTA, VOYDEYA
HUMAN CHORIONIC GONADOTROPIN (HCG)	CHORIONIC GONADOTROPIN, PREGNYL	OVIDREL, NOVAREL
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	EPCLUSA, HARVONI
HEMATINICS,OTHER	MIRCERA, ARANESP, EPOGEN	PROCRIT, RETACRIT
GROWTH HORMONES	HUMATROPE, NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	SKYTROFA, GENOTROPIN, OMNITROPE, SOGROYA
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX, ARMONAIR DIGIHALER, QVAR REDIHALER, ASMANEX HFA
GLUCOCORTICOIDS	RAYOS, HEMADY	METHYLPREDNISOLONE, ORTIKOS, PREDNISONE, UCERIS
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
FACTOR IX PREPARATIONS	IDELVION, RIXUBIS (1000 UNIT VIAL), RIXUBIS (3000 UNIT VIAL)	RIXUBIS (250 UNIT VIAL), REBINYN, RIXUBIS (500 UNIT VIAL), BENEFIX, ALPROLIX, RIXUBIS (2000 UNIT VIAL), IXINITY
EYE ANTIINFLAMMATORY AGENTS	ACUVAIL, MAXIDEX, PRED MILD, FML FORTE, FLAREX, NEVANAC, ALREX, BROMFENAC SODIUM (0.075%), BROMFENAC SODIUM (0.07%), INVELTYS	PREDNISOLONE ACETATE, LOTEMAX, BROMSITE, EYSUVIS, PROLENSA, LOTEMAX SM, ILEVRO, BROMFENAC SODIUM (0.09%),
ESTROGENIC AGENTS	ESTROGEL, ELESTRIN, EVAMIST, CLIMARA PRO, CLIMARA, DIVIGEL	COMBIPATCH, PREMARIN, PREMPHASE, PREMPRO
DIRECT FACTOR XA INHIBITORS	SAVAYSA	ELIQUIS, XARELTO
CONTRACEPTIVES,ORAL	BALCOLTRA, YAZ, SAFYRAL, TYBLUME, BEYAZ, SLYND, YASMIN 28	NIKKI, TRI-SPRINTEC, HAILEY FE, SPRINTEC, LO LOESTRIN FE, NEXTSTELLIS, NATAZIA
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CALCIUM CHANNEL BLOCKING AGENTS	CONJUPRI	NORLIQVA, AMLODIPINE BESYLATE
BLOOD SUGAR DIAGNOSTICS	CONTOUR TEST STRIP, ACCU-CHEK SMARTVIEW, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, GLUCOCARD SHINE, PRECISION XTRA, GLUCOCARD VITAL SENSOR, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, FREESTYLE INSULINX TEST STRIPS, FREESTYLE TEST STRIPS	ONETOUCH ULTRA TEST STRIP, ONETOUCH VERIO TEST STRIP, TRUETRACK TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
BETA-ADRENERGIC BLOCKING AGENTS	TENORMIN	HEMANGEOL, METOPROLOL TARTRATE, METOPROLOL SUCCINATE
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	FLUTICASONE-VILANTEROL, SYMBICORT, AIRDUO DIGIHALER, FLUTICASONE-SALMETEROL HFA, AIRDUO RESPICLIK	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA, AIRSUPRA
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	COMBIVENT RESPIMAT, STIOLTO RESPIMAT, ANORO ELLIPTA
BETA-ADRENERGIC AGENTS, ORALLY INHALED,LONG ACTING	SEREVENT DISKUS	PERFORMOMIST
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA	ALBUTEROL SULFATE HFA, PROAIR DIGIHALER, LEVALBUTEROL TARTRATE HFA, VENTOLIN HFA, PROAIR RESPICLIK, ALBUTEROL SULFATE
ANTI-ULCER-H.PYLORI AGENTS	VOQUEZNA TRIPLE PAK, VOQUEZNA DUAL PAK	OMECLAMOX-PAK, PYLERA, TALICIA
ANTIPSYCHOTICS,ATYPICAL,DOPAMINE, & SEROTONIN ANTAG	FANAPT, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HAFYERA, ZYPREXA RELPREVV, RISPERDAL CONSTA, QUETIAPINE FUMARATE (150MG), LATUDA	SECUADO, PERSERIS, UZEDY, RYKINDO, CAPLYTA, LYBALVI, QUETIAPINE FUMARATE (Other Strengths)

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Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
ANTIPSORIATICS AGENTS	VECTICAL, SORILUX, ZORYVE, VTAMA	DUOBRII, TAZORAC
ANTIPARKINSONISM DRUGS,OTHER	ONGENTYS, DHIVY	KYNMOBI, NEUPRO, RYTARY, INBRIJA, XADAGO, NOURIANZ
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	NINLARO, EXKIVITY, VERZENIO, RUBRACA, JAYPIRCA	ZEJULA, XALKORI, ALUNBRIG, VITRAKVI, IMBRUVICA, ROZLYTREK, LENVIMA, IBRANCE, TALZENNA, BOSULIF, TASIGNA, ALECENSA, AUGTYRO, GAVRETO, BRUKINSA, COMETRIQ, CALQUENCE, KISQALI, TAGRISSO, SPRYCEL, LORBRENA, PIQRAY, SCEMBLIX, CABOMETYX, STIVARGA, NEXAVAR, VIZIMPRO, INLYTA, LYNPARZA
ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LUPRON DEPOT, LEUPROLIDE DEPOT
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI	MEKINIST, COTELLIC
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI	TAFINLAR, ZELBORAF
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	ONTRUZANT, OGIVRI	TRAZIMERA, PHESGO, KANJINTI
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM	SODIUM OXYBATE (HIKMA), XYWAV, LUMRYZ
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, ONZETRA XSAIL, RELPAX	ZOMIG, TOSYMRA, ELYXYB, AJOVY, AIMOVIG, CAMBIA, ZEMBRACE, EMGALITY, RIZATRIPTAN, SUMATRIPTAN, NURTEC ODT, REYVOW, UBRELVY, QULIPTA
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	SUPARTZ FX, SYNOJOYNT, VISCO-3, GELSYN-3, GENVISC 850, GEL-ONE, TRIVISC, SYNVISC, HYALGAN, SYNVISC-ONE, TRILURON, HYMOVIS, DUROLANE	ORTHOVISC, EUFLEXXA, MONOVISC
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINOPRIL
ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS	PRALUENT	REPATHA
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	CRESTOR	ATORVALIQ, ATORVASTATIN, ROSUVASTATIN, SIMVASTATIN, ZYPITAMAG, LIVALO
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	XIGDUO XR, INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	SYNJARDY, SYNJARDY XR
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL (1000 MG TAB), METFORMIN HCL ER, METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	STEGLUJAN, QTERN	GLYXAMBI
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	JANUVIA, SITAGLIPTIN, ALOGLIPTIN, ZITUVIO, NESINA	TRADJENTA
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	INPEFA, STEGLATRO, FARXIGA, DAPAGLIFLOZIN, BRENZAVVY, INVOKANA	JARDIANCE
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPTORAGONIST)	VICTOZA 2-PAK, VICTOZA 3-PAK, LIRAGLUTIDE	BYDUREON BCISE, TRULICITY, OZEMPIC, BYETTA, RYBELSUS
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JANUMET XR, JANUMET, ALOGLIPTIN-METFORMIN, KAZANO, SITAGLIPTIN-METFORMIN	JENTADUETO, JENTADUETO XR
ANTHEMOPHILIC FACTORS	XYNTHA SOLOFUSE, XYNTHA, RECOMBINATE, NUWIQ	AFSTYLA, KOGENATE FS, KOVALTRY, JIVI, NOVOEIGHT, ALTUVIIIO, ADVATE, ADYNOVATE, ELOCTATE, ESPEROCT, SEVENFACT
ANTIFUNGAL AGENTS	VIVJOA	TOLSURA, FLUCONAZOLE
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, BONJESTA, ANZEMET	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT, VARUBI, DICLEGIS

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Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
ANTICONVULSANTS	BRIVIACT, LYRICA, SPRITAM, DILANTIN-125, DILANTIN (100 MG CAP), TOPIRAMATE ER (CAP), MOTPOLY XR, QUDEXY XR	XCOPRI, FYCOMPA, TROKENDI XR, DILANTIN (30 MG CAP), GABAPENTIN, LAMOTRIGINE, TOPIRAMATE, OXTELLAR XR, ELEPSIA XR, APTIOM, TOPIRAMATE ER (SPRINKLES)
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RIABNI	RUXIENCE
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	OTREXUP	RASUVO
ANTIANDROGENIC AGENTS	NUBEQA, YONSA	XTANDI, ERLEADA
ANOREXIC AGENTS	QSYMIA	PHENTERMINE HCL
ANDROGENIC AGENTS	XYOSTED, TLANDO, JATENZO, KYZATREX	NATESTO, ANDRODERM, TESTOSTERONE CYPIONATE
ANALGESICS,NARCOTICS	XTAMPZA ER, HYSINGLA ER, NUCYNTA ER, NUCYNTA, OXYCODONE HCL ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCONTIN
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
AGENTS TO TREAT MULTIPLE SCLEROSIS	COPAXONE, BRIUMVI, GILENYA	BETASERON, MAYZENT, PONVORY, KESIMPTA PEN, REBIF REBIDOSE, PLEGRIDY PEN, AVONEX PEN, REBIF, PLEGRIDY, GLATOPA, AVONEX, OCREVUS, BAFIERTAM, VUMERITY, MAVENCLAD, TASCENSO ODT
ADRENOCORTICOTROPHIC HORMONES	ACTHAR SELFJECT, ACTHAR	CORTROPHIN
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, EVEKEO ODT, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
ACNE AGENTS, TOPICAL	ACZONE, EPIDUO FORTE, VELTIN, TWYNEO	ONEXTON
ACNE AGENTS, SYSTEMIC	ISOTRETINOIN	ABSORICA, ABSORICA LD
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE

Cost for covered alternatives may vary.

Indication Based Management

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

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

¹Requires step through ONE Preferred Biologic

²Requires step through TWO Preferred Biologics

³Excluded or Requires step through THREE Preferred Biologics

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2025 THROUGH JUNE 30, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 11 of 12

Excluded Medications / Products at a Glance

A	CLASSIC PRENATAL CHORIONIC GONADOTROPIN	JANUMET XR	PERIDEX	SYMBICORT
ADDERALL XR	CYTOMEL	K	PHEXXI	SYNTHROID
ADMELOG	CORTISPORIN-TC	KAPSPARGO SPRINKLE	PRADAXA	SUPARTZ FX
ADVAIR DISKUS	CIALIS	KATERZIA	PRALUENT PEN	SLOWMAG
ALVESCO	CABTREO	KLOR-CON	PREVIDENT	STRATTERA
AMJEVITA(CF) AUTOINJECTOR	D	KONVOMEP	PREVIDENT 5000 PLUS	SYSTANE
ARANESP	D3-50	K-PHOS NEUTRAL	PREZCOBIX	T
ATIVAN	DALIRESP	KLOR-CON 10	PROGRAF	TAMIFLU
ADMELOG SOLOSTAR	DEPO-PROVERA	L	PROZAC	THEO-24
ADDERALL	DEPO- TESTOSTERONE	LEVOXYL	PULMICORT FLEXHALER	TRANSDERM-SCOP
ACCRUFER	DILANTIN	LEXAPRO	PREVIDENT 5000 SENSITIVE	TRINATAL RX 1
ALTRENO	DIOVAN	LIPITOR	PRISTIQ	TUDORZA PRESSAIR
ALLEGRA-D 24 HOUR	DEXILANT	LYRICA	PREGNYL	TRUVADA
ABILIFY	DEPAKOTE	LASIX	PREVDUO	TOPROL XL
ALLEGRA-D 12 HOUR	E	LATUDA	PATADAY ONCE DAILY RELIEF	TRI-LUMA
ACTEMRA	EFFER-K	M	POLY-VI-SOL WITH IRON	THRIVITE RX
ACTEMRA ACTPEN	ESTRACE	MELATONIN	PIFELTRO	TEGRETOL XR
ACIDOPHILUS LACTOBACILLI	ENTYVIO	METHADOSE	PROPECIA	U
AZO D-MANNOSE	F	MUCINEX	PRENATAL 19	UNITHROID
AZELEX	FARXIGA	MYDAYIS	Q	URE-NA
B	FIASP FLEXTOUCH	MAXIDEX	QSYMIA	V
B-12	FOCALIN XR	MAGNESIUM OXIDE	R	VERZENIO
BETADINE	FUSION PLUS	MYFORTIC	REGULOID	VICTOZA 2-PAK
BEVESPI AEROSPHERE	FIASP	MAGNESIUM	REMICADE	VICTOZA 3-PAK
BYSTOLIC	FISH OIL OMEGA-3	N	RENFLEXIS	VITAMIN D2
BAQSIMI	FLOLAN	NEORAL	REVELA	VITAMIN D3
BRENZAVVY	FLORASTOR	NIFEREX	REZVOGLAR KWIKPEN	VITRON-C
B AND C	FORTEO	NORDITROPIN FLEXPRO	RHOFADE	VYVANSE
C	FEMRING	NOVOLIN 70-30	RITUXAN	VITAMIN B-12
CELEBREX	G	NOVOLIN N FLEXPEN	ROZEREM	VASHE
COLCRYS	GRANIX	NOVOLIN R	RETIN-A	X
CONCEPT DHA	GELSYN-3	NOVOLOG	REFRESH TEARS	XALATAN
CONCERTA	H	NOVOLOG FLEXPEN	RIBOFLAVIN	XANAX
CONTRAVE	HYALGAN	NUVARING	S	XELJANZ
COPAXONE	HYDREA	NUCYNTA	SAMSCA	XELJANZ XR
CORTEF	I	NOVOLIN 70-30 FLEXPEN	SEMGLEE (YFGN)	XIGDUO XR
COSENTYX SENSOREADY (2 PENS)	ICAR-C	NOVOLOG MIX 70- 30 FLEXPEN	SEMGLEE (YFGN) PEN	XIIDRA
CYMBALTA	IMVEXXY	NUBEQA	SENNA	XTAMPZA ER
COSENTYX SENSOREADY PEN	INJECTAFER	NOVOLIN N	SEREVENT DISKUS	XPHOZAH
CELEXA	INVOKANA	NORVASC	SEROQUEL	Y
CLIMARA PRO	INTEGRA PLUS	NARCAN	SLOW-MAG	YUSIMRY(CF) PEN
COSENTYX UNOREADY PEN	IBSRELA	NOVOSEVEN RT	SPRAVATO	Z
CLINPRO 5000	INTUNIV	NUCYNTA ER	STEGLATRO	ZOLOFT
	J	O	SUBOXONE	ZYPREXA
	JANUVIA	OPSUMIT		
	JANUMET	P		

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