

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
ANALGESICS – Hyaluronan Injections for Knee Osteoarthritis	N/A	EUFLEXXA, SYNVISI, SYNVISI ONE	DUROLANE, GEL-ONE, GELSYN-3, GENVISI, HYALGAN, HYMOVIS, MONOVISI, ORTHOVISI, SUPARTZ FX, SYNOJOINT, TRILURON, TRIVISI, VISCO-3
ANALGESICS – Opioid Withdrawal	buprenorphine sublingual, buprenorphine-naloxone sublingual, film	ZUBSOLV	BRIXADI, SUBLOCADE, SUBOXONE
ANALGESICS – Pain Relief	BELBUCA, NUCYNTA ER, XTAMPZA ER, acetaminophen- codeine, buprenorphine (patches, injection), fentanyl, hydrocodone- acetaminophen, hydrocodone, hydromorphone, morphine sulfate, oxycodone, oxycodone- acetaminophen, oxymorphone, tramadol	N/A	DEMEROL, DSUVIA, JOURNAVX, NUCYNTA, OXYCONTIN, SEGLENTIS
ANTI- COAGULANTS	BRILINTA, ELIQUIS, XARELTO, clopidogrel, dabigatran, enoxaparin, prasugrel, rivaroxaban 2.5mg, ticagrelor, warfarin	PRADAXA ORAL PELLETS, ZONTIVITY	SAVAYSA, YOSPRALA
ANTI- CONVULSANTS (ANTI-SEIZURES)	APTOM, DIASTAT PEDIATRIC, DILANTIN, EPIDIOLEX, carbamazepine, clobazam, clonazepam, divalproex sodium, eslicarbazepine, ethosuximide, felbamate, gabapentin, lacosamide, lamotrigine, levetiracetam, methsuximide, oxcarbazepine, perampanel, phenytoin, pregabalin, primidone, rufinamide, subvenite, tiagabine, topiramate, topiramate ER, valproic acid, vigabatrin, zonisamide	BRIVIACT, CARBATROL, DIACOMIT, DIAZEPAM RECTAL GEL, FINTEPLA, FYCOMPA, LAMICTAL XR, MYSOLINE, NAYZILAM, OXTELLAR XR, SPRITAM, TEGRETOL, VALTOCO, XCOPRI, ZARONTIN, ZTALMY	ELEPSIA XR, FANATREX FUSEPAQ, LIBERVANT, MOTPOLY XR, SYMPAZAN, VIGAFYDE, ZONISADE

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
ANTI-DEPRESSANTS	ZURZUVAE (used for PPD), amitriptyline, bupropion, citalopram, desvenlafaxine succinate ER, doxepin, duloxetine, escitalopram, fluoxetine (oral solution, caps, tabs), fluvoxamine, mirtazapine, paroxetine, paroxetine ER, sertraline (oral solution, tabs, caps), trazodone, venlafaxine, vilazodone	EMSAM, FETZIMA, MARPLAN, SPRAVATO, TRINTELLIX	APLENZIN, AUVELITY, DRIZALMA SPRINKLE,
ANTI-HYPERTENSIVES	amlodipine, chlorthalidone, isosorbide dinitrate/hydralazine, hydrochlorothiazide, lisinopril, losartan, nebivolol, spironolactone, valsartan	ARB LI SUSPENSION, DIURIL SUSPENSION, FUROSCIX KIT, NYMALIZE, QBRELIS, VACAMYL	EDARBI, EDARBYCLOR, Inderal XL, INNOPRAN XL, PRESTALIA, THALITONE, TRYVIO
ANTI-PSYCHOTICS – Non-Injectables	REXULTI, VRAYLAR, aripiprazole (oral solution, disintegrating tab, tab), asenapine sublingual, fluphenazine (oral solution, elixir, tabs), haloperidol, haloperidol lactate oral solution, lithium (oral solution, caps, tabs), lurasidone, olanzapine (disintegrating tab, tabs), paliperidone ER, quetiapine, risperidone (disintegrating tab, oral solution, tabs), ziprasidone	CAPLYTA, EQUETRO, FANAPT, LITHOBID, SECUADO, VERSACLOZ	ABILIFY MYCITE, ADASUVE, COBENFY, NUPLAZID
ANTI-PSYCHOTICS - Injectables	fluphenazine decanoate, haloperidol decanoate, olanzapine, risperidone microsphere ER, ziprasidone mesylate	N/A	ABILIFY ASIMTUFII, ABILIFY MAINTENA, ARISTADA, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA, PERSERIS, RYKINDO, UZEDY, ZYPREXA RELPREVV
ANTI-REJECTION – Post-Transplant	MYHIBBIN oral solution, azasan, azathioprine, cyclosporine, everolimus, gengraf, mycophenolate mofetil, mycophenolate sodium, sirolimus, tacrolimus	ASTAGRAF XL, CELLCEPT, ENVARSUS XR, IMURAN, MYFORTIC, NEORAL, PROGRAF, RAPAMUNE, SANDIMMUNE, ZORTRESS	CELLCEPT IV, PROGRAF IV, SANDIMMUNE IV

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) – Non-Stimulants	atomoxetine, clonidine ER, guanfacine ER	N/A	ONYDA XR suspension, QELBREE
ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER (ADHD) – Stimulants	AZSTARYS, JORNAY PM, QUILLICHEW ER, QUILLIVANT XR, amphet-dextroamphet 3- bead 24 HR ER, amphet- dextroamphet ER, dextroamphetamine IR solution, dexmethylphenidate ER, lisdexamfetamine (caps, chew), methylphenidate ER, methylphenidate IR (chew, patches, solution, caps, tabs), procentra solution, zenzedi	N/A	ADDERALL XR, ADZENYS XR- ODT, CONCERTA, COTEMPLA XR-ODT, DYANAVEL XR, VYVANSE, XELSTRYM PATCHES
CYSTIC FIBROSIS	KALYDECO, PULMOZYME, SYMDEKO, TRIKAFTA, albuterol, tobramycin nebulizer	ARIKAYCE, BETHKIS, CAYSTON, KITABIS PAK, ORKAMBI, TOBI PODHALER	ALYFTREK, BRONCHITOL
DERMATOLOGICALS– Acne & Rosacea Agents	ABSORICA LD, ORACEA, SOOLANTRA, ZILXI, adapalene/benzoyl peroxide, adapalene, amnesteem, azelaic acid, benzepro, benzoyl peroxide/erythromycin, claravis, clindamycin/benzoyl peroxide, clindamycin/tretinoin, dapsone, doxycycline, erythromycin, isotretinoin, ivermectin cream, sulfacetamide, tazarotene, tretinoin, tretinoin microsphere, zenatane	AKLIEF, AMZEEQ, ERY 2% PADS, WINLEVI	ALTRENO, AZELEX, BENZEPRO, DIFFERIN, DAZOMON, EPSOLAY, FINACEA FOAM, NORITATE, RETIN-A MICRO PUMP, RHOFADE
DERMATOLOGICALS – Atopic Dermatitis (Eczema), Non- Steroidal	ADBRY, CIBINQO, DUPIXENT, EBGLYSS, EUCRISA, NEMLUVIO, RINVOQ, pimecrolimus, tacrolimus	OPZELURA	ZORYVE

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
DERMATOLOGICALS – Psoriasis	COSENTYX, HADLIMA, HADLIMA PUSHTOUCH, OTEZLA, SELARSDI, SIMLANDI, SKYRIZI 150mg, SOTYKTU, STEQEYMA, TAZORAC, TREMFYA, XELJANZ, YESINTEK, acitretin, anthralin, adalimumab-aaty, adalimumab-adaz, calcipotriene, calcitriol, tazarotene, tretinoin	SPEVIGO, VTAMA	BIMZELX, HUMIRA, ILUMYA, OTULFI, PYZCHIVA, SILIQ, STELARA, TALTZ, USTEKINUMAB-AEKN, USTEKINUMAB-TTWE, WEZLANA, ZITHRANOL, ZORYVE
DERMATOLOGICALS – Topical Corticosteroids	ENSTILAR, alclometasone, amcinonide, betamethasone, calcipotriene- betamethasone, clobetasol, clocortolone pivalate, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, triamcinolone	DUOBRII LOTION	APEXICON E, BRYHALI, CHLOOXIA, EPIFOAM, HALOG, IMPOYZ, NUCORT, PANDEL, PRAMOSONE, SERNIVO, ULTRAVATE, WYNZORA
DIABETIC SUPPLIES – Continuous Glucose Monitors (CGMs), Conventional Glucose Monitors, Insulin Pumps, Test Strips	CONTOUR NEXT, CONTOUR PLUS BLUE, DEXCOM G6 AND G7, FREESTYLE (conventional glucose meter and test strips), iLET insulin pump, OMNIPOD 5 DexG7G6 and Libre2 G6, OMNIPOD DASH, true metrix, TWIIST insulin pump	N/A	ACCU-CHEK, EVERSENSE, FREESTYLE LIBRE 2 AND 3 PLUS, FREESTYLE LIBRE 14 DAY, GUARDIAN, MINIMED INSULIN PUMP, ONETOUCH ULTRA, ONETOUCH VERIO, PRECISION, T: SLIM, INSULIN PUMP, TRUE TRACK
DIABETIC SUPPLIES – Insulin Syringes, Ketone Test Strips, Lancets, Pen Needles	Brand Preferred Products – BD, CARETOUCH, COMFORT TOUCH, CONTOUR, KETO- DIASTIX, KETOSTIX, MEDICHOICE, MEDLANCE PLUS, NOVOFINE, ONETOUCH, UNILET Generic Products – CVS, H-E- B, Hy-Vee, Kroger, Meijer, ReliON (Walmart), Shopko, Wegmans, Walgreens	N/A	N/A

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
DIABETES – Short-Acting Insulin	FIASP FLEXTOUCH AND PENFILL, HUMALOG, HUMALOG MIX, HUMALOG TEMPO PEN, LYUMJEV, LYUMJEV TEMPO PEN, NOVOLOG, NOVOLOG MIX, insulin aspart, insulin lispro	FIASP PUMPCART	ADMELOG, AFREZZA, APIDRA, KIRSTY, MERILOG, MYXREDLIN
DIABETES – Intermediate/ Long-Acting Insulin	HUMULIN, LANTUS, LANTUS SOLOSTAR, LEVEMIR, NOVOLIN, REZVOGLAR, SEMGLEE-YFGN, TOUJEO, insulin aspart pro & aspart, insulin degludec, insulin glargine, insulin glargine max solstar, insulin glargine-yfgn, insulin lispro prot & lispro	TRESIBA	BASAGLAR KWIKPEN, BASAGLAR TEMPO PEN
DIABETES – DPP-4 Inhibitors	JANUVIA, alogliptin, saxagliptin, sitagliptin	N/A	BRYNOVIN, TRADJENTA, ZITUVIO
DIABETES – GLP-1, GIP/GLP-1 Agonists	MOUNJARO, RYBELSUS, exenatide, liraglutide	OZEMPIC, TRULICITY	VICTOZA
DIABETES – SGLT2 Inhibitors	FARXIGA, JARDIANCE, bexagliflozin, dapagliflozin	N/A	BRENZAVVY, INVOKANA, STEGLATRO
DIABETES – Combination	GLYXAMBI, JANUMET, JANUMET XR, SOLIQUA, SYNJARDY, SYNJARDY XR, TRIJARDY XR, XIGDUO XR, XULTOPHY, alogliptin/metformin, alogliptin/pioglitazone, dapagliflozin/metformin ER, saxagliptin/metformin ER, sitagliptin/metformin	N/A	INVOKAMET, INVOKAMET XR, KOMBIGLYZE XR, QTERN, SEGLUROMET, STEGLUJAN
ENDOCRINE – Testosterone Products	danazol, depo-testosterone, methyltestosterone, testosterone topical, testosterone cypionate, testosterone enanthate	METHITEST, XYOSTED	AVEED, JATENZO, KYZATREX, NATESTO, TESTONE, TESTOPEL, TLANDO, UNDECATREX

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
ENDOCRINE – Thyroid Products	ARMOUR THYROID, SYNTHROID, euthyrox, levo-T, levothyroxine, levoxyl, liothyronine, np thyroid, unithroid	ADTHYZA, ERMEZA, NIVA THYROID, THYQUIDITY, TIROSINT, TIROSINT-SOL	TRIOSTAT
ESTROGEN/ ESTROGEN-FREE- Women's Health	CLIMARA PRO, DUAVEE, ESTRING, MYFEMBREE, ORIAHNN, PREMARIN TABLETS AND VAG CREAM, PREMPHASE, PREMPRO, dotti patches, estradiol (patches, tablets, topical gel, pellet), estradiol valerate injection, est estrogens-methyltest, estradiol- norethindrone, fyavolv, jinteli, lyllana patches, mimvey, yuvaferm	ALORA, ANGELIQ, COMBIPATCH, DEPO- ESTRADIOL, ELESTRIN, EVAMIST, MENEST, MENOSTAR, PREFEST, VEOZAH	BIJUVA, DIVIGEL, FEMRING, IMVEXXY STARTER AND MAINTENANCE PACK, INTRAROSA, LYNKUET, OSPHENA, VAGIFEM
GASTROINTESTINAL – Chronic Idiopathic Constipation	TRULANCE, lubiprostone	N/A	LINZESS, MOTEGRITY
GASTROINTESTINAL – Crohn's Disease	ENTYVIO PEN, HADLIMA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI 180mg, 360mg, STEQEYMA, YESINTEK, adalimumab-aaty, adalimumab-adaz, azathioprine, balsalazide, budesonide, mercaptopurine, methotrexate, mesalamine (capsules, enema, suppository, enteric coated tablets), prednisone, sulfasalazine	CIMZIA, SFROWASA, ZYMFENTRA	HUMIRA, INFLECTRA, OTULFI, PYZCHIVA, RENFLEXIS, STELARA, TYSABRI, USTEKINUMAB-AEKN, USTEKINUMAB-TTWE, WEZLANA
GASTROINTESTINAL – Digestive Enzymes	CREON, ZENPEP	SUCRAID	PANCREAZE, PERTZYE, VIOKACE
GASTROINTESTINAL – Erosive Esophagitis, GERD	NEXIUM 2.5MG, 5MG oral suspension, dexlansoprazole, esomeprazole 40mg, lansoprazole 30mg, omeprazole 40mg, pantoprazole (oral suspension, tabs), rabeprazole	VOQUEZNA	FIRST-PANTOPRAZOLE, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC ORAL PACKETS

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
GASTROINTESTINAL – Irritable Bowel Syndrome	TRULANCE, VIBERZI, XIFAXAN 550MG, alosetron, lubiprostone	XIFAXAN 200MG*, *200mg strength – FDA approved for traveler's diarrhea, not IBS	IBSRELA, LINZESS, ZELNORM
GASTROINTESTINAL – Opioid Induced Constipation	MOVANTIK, SYMPROIC, lubiprostone	N/A	RELISTOR
GASTROINTESTINAL – Ulcerative Colitis	ENTYVIO PEN, HADLIMA, OMVOH 100mg/ml, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI 180mg, 360mg, STEQEYMA, TREMFYA, XELJANZ, YESINTEK, ZEPOSIA, adalimumab-aaty, adalimumab-adaz, azathioprine, balsalazide, budesonide, mercaptopurine, methotrexate, mesalamine (capsules, enema, suppository, enteric coated tablets), prednisone, sulfasalazine	SFROWASA, ZYMFENTRA	DIPENTUM, HUMIRA, INFLECTRA, OTULFI, PYZCHIVA, RENFLEXIS, STELARA, USTEKINUMAB-AEKN, USTEKINUMAB-TTWE, VELSIPITY, WEZLANA
GROWTH HORMONES	GENOTROPIN, GENOTROPIN MINIQUICK, OMNITROPE	SKYTROFA	HUMATROPE, NGENLA, NORDITROPIN FLEXPPO, NUTROPIN AQ NUSPIN, SAIZEN, SOGROYA, ZOMACTON
GOUT THERAPY	allopurinol, colchicine, colchicine-probenecid, febuxostat, probenecid	N/A	GLOPERBA, KRYSTEXXA
HEART FAILURE	CORLANOR 5MG/5ML SOLUTION, ENTRESTO, FARXIGA, JARDIANCE, VERQUVO, bisoprolol, carvedilol, eplerenone, ivabradine tablets, metoprolol succinate, sacubitril-valsartan, spironolactone	N/A	INPEFA

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
HEMATOPOIETIC AGENTS – Granulocyte Colony Stimulating Factors	FULPHILA, FYLNETRA, NIVESTYM, ZARXIO	N/A	GRANIX, NEULASTA, NEULASTA, NYVEPRIA, ONPRO, NEUPOGEN, RELEUKO, ROLVEDON, STIMUFEND, UDENYCA, ZIEXTENZO
HEPATITIS C	EPCLUSA, HARVONI, MAVYRET, VOSEVI, ledipasvir-sofosbuvir, sofosbuvir-velpatasvir	N/A	ZEPATIER
HIGH CHOLESTEROL	NEXLIZET, REPATHA, REPATHA SURECLICK, REPATHA PUSHTRONEX SYSTEM, VASCEPA, atorvastatin, cholestyramine, colestipol, ezetimibe, ezetimibe/simvastatin, fenofibrate, fenofibric acid, icosapent ethyl, lovastatin, niacin ER, omega-3- acid ethyl esters, pravastatin, rosuvastatin, simvastatin	JUXTAPID, LEQVIO	ALTOPREV, ATORVALIQ, EVKEEZA, EZALLOR SPRINKLE, FLOLIPID, NEXLETOL, PRALUENT, ZYPITAMAG
HIV	APRETUDE, BIKTARVY, CIMDUO, DELSTRIGO, DESCOVY, DOVATO, EVOTAZ, GENVOYA, INTELENCE, ISENTRESS, ISENTRESS HD, JULUCA, NORVIR, ODEFSEY, PREZCOBIX, PREZISTA, STAVUDINE, SYMTUZA, TIVICAY, TIVICAY PD, TRIUMEQ, TRIUMEQ PD, VIREAD, efavirenz/emtricitabine/tenofovir, efavirenz/lamivudine/tenofovir, emtricitabine/tenofovir	APTIVUS, CABENUVA, COMPLERA, EDURANT, EMTRIVA, FUZEON, LEXIVA, REYATAZ, RUKOBIA, SELZENTRY, STRIBILD, SUNLENCA, TYBOST, VIRACEPT, YEZTUGO	PIFELTRO, RETROVIR, TROGARZO, VOCABRIA

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
IMMUNOSUPPRESSANTS- Biologics, Biosimilars, Oral JAK Inhibitors, Non-Injectables	adalimumab-aaty, adalimumab- adaz, COSENTYX UNOREADY, COSENTYX SENSOREADY PEN, ENBREL, ENTYVIO, HADLIMA, HADLIMA PUSHTOUCH, OMVOH, OTEZLA, RINVOQ, RINVOQ LQ, SELARSDI, SKYRIZI, SIMLANDI, SIMPONI 100MG, SOTYKTU, STEQEYMA, TREMIFYA, TYENNE, XELJANZ, YESINTEK	CIMZIA, KEVZARA, OLUMIANT, SPEVIGO, ZYMFENTRA	ABRILADA, ACTEMRA, ADALIMUMAB-AACF, ADALIMUMAB-ADBM, ADALIMUMAB-FKJP, ADALIMUMAB-RYVK, AMJEVITA, BIMZELX, CYLTEZO, HULIO, HYRIMOZ, HUMIRA, IDACIO, ILARIS, ILUMYA, INFLECTRA, INFLIXIMAB, KINERET, OLUMIANT, OTULFI, PYZCHIVA, REMICADE, RENFLEXIS, SILIQ, SIMPONI 50MG, SIMPONI ARIA, STELARA, TALTZ, USTEKINUMAB-AEKN, USTEKINUMAB-TTWE, WEZLANA, YUFLYMA, YUSIMRY
INFERTILITY AGENTS	CLOMID, FOLLISTIM AQ, OVIDREL, PREGNYL, cetorelix acetate, chorionic gonadotropin, ganirelix acetate	MENOPUR	GONAL-F, GONAL-F RFF, NOVAREL
MIGRAINES- CGRP Inhibitors	AIMOVIG, AJOVY, EMGALITY 120MG/ML, EMGALITY (300MG DOSE) 100MG/ML NURTEC, QULIPTA, UBRELVY	N/A	VYEPTI, ZAVZPRET
MIGRAINES – Tryptans/Non-Tryptans (Oral)	REYVOW, almotriptan, eletriptan, ergotamine-caffeine, frovatriptan, naratriptan, propranolol, rizatriptan, sumatriptan, topiramate ER, zolmitriptan, zomig	ELYXYB, ERGOMAR, MIGERGOT	CAMBIA, FROVA, IMITREX, MAXALT, RELPAX, TREXIMET
MIGRAINES – Tryptans/Non-Tryptans (Non-Oral)	dihydroergotamine mesylate (nasal, injection), sumatriptan nasal spray, sumatriptan succinate injection, zolmitriptan nasal spray	N/A	ONZETRA XSAIL, TOSYMRA, TRUDHESA, ZEMBRACE SYMTOUCH

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
MULTIPLE SCLEROSIS	AVONEX, BETASERON, KESIMPTA, MAVENCLAD, MAYZENT, PLEGRIDY, REBIF, REBIF REBIDOSE, VUMERITY, ZEPOSIA, dalfampridine ER, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, teriflunomide	GILENYA 0.25MG caps, OCREVUS, TYSABRI	BAFIERTAM, BRIUMVI, EXTAVIA, LEMTRADA, PONVORY, TASCENSO ODT
NEUROMUSCULAR BLOCKING AGENT – Botulinum Toxins	N/A	BOTOX	BOTOX COSMETIC, DYSPORT, MYOBLOC, XEOMIN
OPHTHALMIC - Prostaglandins	LUMIGAN, bimatoprost, latanoprost, tafluprost (PF), travoprost (BAK Free)	VYZULTA	DURYSTA, iDOSE, IYUZEH, XELPROS
OPHTHALMIC – Miscellaneous (Antibiotics/Steroids, Antihistamines, Dry Eye Syndrome, Non-Prostaglandins, Pain Relief, Steroids)	BESIVANCE, EYSUVIS, LOTEMAX, LOTEMAX SM, NATACYN, RESTASIS, SIMBRINZA, azelastine, brimonidine tartrate, brimonidine-dorzolamide, bromfenac, cyclosporine emulsion eye drops, dexamethasone, difluprednate, dorzolamide, fluorometholone, ketorolac, loteprednol etabonate, olopatadine, prednisolone acetate, prednisolone-bromfenac, tobramycin-dexamethasone	ILEVRO, RHOPRESSA, ROCKLATAN, ZYLET	ACUVAIL, ALOCRIL, ALOMIDE, CEQUA, DEXTENZA, FML FORTE, INVELTYS, IOPIDINE, KLARITY-L, LUMIFY, MAXIDEX, MIEBO, NEVANAC, PRED MILD, RESTASIS MULTIDOSE, TOBRADEX, TRYPTYR, UPNEEQ, VERKAZIA, VEVYE, VIZZ, XIIDRA, ZERVIAE
OSTEOPOROSIS	TYMLOS, alendronate, calcitonin (salmon), etidronate sodium, ibandronate, risendronate, teriparatide (recombinant), zoledronic acid	PROLIA, XGEVA	BINOSTO, BONSTY, EVENITY, FOSAMAX PLUS D

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
PULMONARY HYPERTENSION	OPSUMIT, TRACLEER 32MG, UPTRAVI, ambrisentan, bosentan, sildenafil, tadalafil	ADEMPAS, ORENITRAM, TYVASO, VENTAVIS	ADCIRCA, FLOLAN, LETAIRIS, REVATIO, TRACLEER 62.5/125MG, TADLIQ, VELETRI
RESPIRATORY – Asthma/COPD Anti-Cholinergics, Corticosteroids, Long- Acting Beta-Agonists, Short-Acting Beta-Agonists, Miscellaneous	AIRSUPRA, ARNUITY ELLIPTA, ASMANEX, ASMANEX TWISTHALER, INCRUSE ELLIPTA, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT, VENTOLIN HFA, albuterol HFA, arformoterol tartrate, budesonide, cromolyn, fluticasone diskus, fluticasone furoate ellipta, fluticasone HFA, formoterol fumarate, ipratropium-albuterol, levalbuterol HCl, montelukast, theophylline ER, tiotropium bromide	ATROVENT HFA, THEO-24	ALVESCO, OHTUVAYRE, PROAIR DIGIHALER, PROAIR RESPICLICK, PULMICORT FLEXHALER, SPIRIVA HANDIHALER, TUDORZA PRESSAIR, YUPELRI, ZYFLO
RESPIRATORY – Combination Products	ADVAIR HFA, ANORO ELLIPTA, BREO ELLIPTA, BREZTRI AEROSPHERE, COMBIVENT RESPIMAT, DULERA, STIOLTO RESPIMAT, TRELEGY ELLIPTA, budesonide-formoterol, fluticasone-salmeterol, fluticasone furoate- vilanterol,umeclidinium- vilanterol, wixela inhub	N/A	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR, SYMBICORT
RESPIRATORY – Severe Asthma/COPD	DUPIXENT, FASENRA autoinjector , NUCALA autoinjector and syringe , TEZSPIRE autoinjector , XOLAIR autoinjector and syringe	N/A	CINQAIR, FASENRA syringe , NUCALA vial , TEZSPIRE syringe , XOLAIR vial

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Major Drug Class Overview

Drug Class	Preferred Alternatives (Tier 1 and Tier 2)	Non-Preferred Brands (Tier 3)	Excluded Brands (Tier 4)
SLEEP DISORDERS - Insomnia	BELSOMRA, estazolam, eszopiclone, temazepam, triazolam, zaleplon, zolpidem, zolpidem ER	N/A	EDLUAR, DAYVIGO, QUVIVIQ, SONATA, ZOLPIMIST
SLEEP DISORDERS - Narcolepsy	SUNOSI, armodafinil, dextroamphetamine, methylphenidate solution, methylphenidate IR tablets, methylphenidate ER (CD) capsules, modafinil, sodium oxybate	LUMRYZ, XYWAV, WAKIX	XYREM
UROLOGICAL – Erectile Dysfunction	sildenafil, tadalafil, vardenafil	CAVERJECT, STENDRA	CIALIS, VIAGRA
UROLOGICAL – Overactive Bladder	MYRBETRIQ tabs and solution, darifenacin, mirabegron ER, oxybutynin, solifenacin succinate, tolterodine tartrate, trospium chloride	N/A	GELNIQUE, GEMTESA, OXYTROL, VESICARE LS
WEIGHT LOSS	SAXENDA, WEGOVY, ZEPBOUND, benzphetamine, diethylpropion, orlistat, phendimetrazine, phentermine	IMCIVREE, LOMAIRA, QSYMIA, XENICAL	CONTRACE, PLENITY

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands

Tier 1 = Generics; **Tier 2** = Preferred Brands; **Tier 3** = Non-Preferred Brands; **Tier 4** = Formulary Exclusion

Humira and Adalimumab Biosimilar Coverage

Drug Name	Formulary Status	Available Strengths
adalimumab -aaty (unbranded Yuflyma)	Preferred	20mg/0.2mL, 40mg/0.4mL, 80mg/0.8mL
adalimumab-adaz (unbranded Hyrimoz)	Preferred	40mg/0.4mL
HADLIMA HADLIMA PUSHTOUCH	Preferred	40mg/0.4mL, 40mg/0.8mL
SIMLANDI	Preferred	40mg/0.4mL
ABRILADA ADALIMUMAB-AACF ADALIMUMAB-ADBM ADALIMUMAB-FKJP ADALIMUMAB-RYVK AMJEVITA CYLTEZO HULIO HYRIMOZ IDACIO YUFLYMA YUSIMRY	Formulary Exclusion	10mg/0.1mL, 10mg/0.2mL, 20mg/0.2mL, 20mg/0.4mL, 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands
Tier 1 = Generics; Tier 2 = Preferred Brands; Tier 3 = Non-Preferred Brands; Tier 4 = Formulary Exclusion

Stelara and Ustekinumab Biosimilar Coverage

Drug Name	Formulary Status	Available Strengths
SELARSDI	Preferred	45mg/0.5mL, 90mg/mL
STEQEYMA	Preferred	45mg/0.5mL, 90mg/mL
YESINTEK	Preferred	45mg/0.5mL, 90mg/mL
IMULDOSA OTULFI PYZCHIVA STELARA USTEKINUMAB USTEKINUMAB-AEKN USTEKINUMAB-TTWE WEZLANA	Formulary Exclusion	45mg/0.5mL, 90mg/mL

The list is not all-inclusive and does not guarantee coverage. Please refer to your benefit plan documents provided by your employer or plan sponsor for benefit coverage and restrictions. This list is revised periodically and is subject to change without notice. Medications may be subject to prior authorization, step therapy requirements and quantity limits.

lowercase = Generics; UPPERCASE = Brands
Tier 1 = Generics; Tier 2 = Preferred Brands; Tier 3 = Non-Preferred Brands; Tier 4 = Formulary Exclusion