

2022 ABBREVIATED FORMULARY



**WE CAN HELP YOU UNDERSTAND
PRESCRIPTION COSTS**

 **BlueCross.
BlueShield.**
Federal Employee Program.

 [fepblue.org](https://www.fepblue.org)

REVIEW THIS ABBREVIATED FORMULARY TO LEARN HOW TO GET THE MOST FROM YOUR PHARMACY BENEFIT SUCH AS:

- Understanding the Formulary
- How to use the Abbreviated Formulary
- Abbreviated Formulary
- “Managed Not Covered” Drugs
- Excluded Drug List

YOUR PHARMACY BENEFIT

The Blue Cross and Blue Shield Service Benefit Plan works with CVS Caremark to administer your pharmacy benefit. CVS Caremark is an independent company called a Pharmacy Benefit Manager (PBM). The PBM manages your:

- Retail Pharmacy Program
- Mail Service Pharmacy Program
- Specialty Pharmacy Program

GENERAL QUESTIONS

If you have any questions about your benefits, please:

- See the Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005)
- Visit www.fepblue.org
- Call Customer Care any time toll-free at **1-800-624-5060**

NEW FOR 2022

- Expanded Standard Option excluded drug list. **See p. 42**
- Expanded Basic Option “Managed Not Covered” drug list. **See p. 50**

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UNDERSTANDING THE FORMULARY

We continually review drugs in support of safe and appropriate treatment. This helps to ensure that drugs in your benefit plan work well and are cost-effective.

FORMULARY

The formulary is a complete list of your covered prescription drugs. It includes generic, brand name, and specialty drugs, as well as Preferred drugs that will lower your out-of-pocket costs. The Standard Option and Basic Option formularies have five tiers of drugs. The FEP Blue Focus formulary has two tiers of drugs.

See p. 4

NON-COVERED DRUGS

There are certain drugs approved by the U.S. Food and Drug Administration (FDA) that we don't cover. We call these drugs "excluded" or "Managed Not Covered." These drugs all have Preferred alternatives that you can use.

Standard Option has a comprehensive formulary. This means we cover almost all FDA approved drugs. There is a small list of excluded drugs that are not covered.

See p. 42–49

Basic Option has a managed formulary. This means that we cover most FDA-approved drugs. There is a list of "Managed Not Covered" drugs that provides the Preferred alternatives that you may use.

See p. 50–61

FEP Blue Focus has a limited or closed formulary. This means that we only cover some FDA-approved drugs. Any drug not on the FEP Blue Focus formulary is not covered.

If you buy a drug that is not covered, you will pay full price.

QUANTITY LIMITS (QL)

Certain drugs on the formulary have quantity limits (for example, number of pills). This means your pharmacy benefit will only cover up to a specific amount per prescription or a limited amount per year. Quantity limits help ensure drugs are used safely and appropriately. Drug quantities are approved based on accepted standards of healthcare practice in the United States.

PRIOR APPROVAL (PA)

Some prescription drugs and supplies need approval in advance, or “prior approval” before we provide coverage for them. We need to confirm:

- Your use of the drug is related to a service or condition covered under the Service Benefit Plan.
- Your doctor prescribes it in a way that matches generally accepted medical practices.

FACTS TO KNOW ABOUT PRIOR APPROVAL

- You will need to renew your prior approval periodically.

- Drugs and supplies on the Prior Approval list may change throughout the year.
- Mail Service and Specialty Programs will not fill prescriptions that need prior approval until you receive prior approval.
- Preferred retail pharmacies will fill your prescriptions, but you will pay the full cost of the drug until you get prior approval. If you receive prior approval, we'll reimburse you for our portion of the drug cost once you file a claim.



HELP WITH PRIOR APPROVAL

Visit fepblue.org/pharmacy/prescriptions or call toll-free any time at **1-800-624-5060** TTY 1-800-624-5077. You will be able to:

- See a list of drugs that need prior approval
- Get a prior approval request form

Your doctor can submit requests for prior approval by:

- Submitting an ePA (electronic prior approval)
- Calling toll-free **1-877-727-3784**
- Filling out the Prior Approval Form found at fepblue.org/pharmacy/prescriptions

HOW TIERS RELATE TO COSTS

The costs of drugs vary. How much you pay is your cost share. Look for your drug in the formulary for your plan option. The tier level where your drug type is listed determines your cost.

Standard and Basic Options	
TIER	DRUG TYPE
Tier 1	Generic Drugs: typically the most affordable, and are equal to their brand name counterparts in quality, effectiveness and intended use.
Tier 2	Preferred Brand Name Drugs: proven to be safe, effective, and favorably priced compared to Non-preferred brands.
Tier 3	Non-preferred Brand Name Drugs: typically higher cost share since there is a generic or Preferred brand available.
Tier 4	Preferred Specialty Drugs: proven to be safe, effective, and favorably priced compared to Non-preferred specialty drugs.
Tier 5	Non-preferred Specialty Drugs: typically higher cost share since there is a Preferred specialty drug available.

FEP Blue Focus	
TIER	DRUG TYPE
Tier 1	Preferred Generic Drugs: typically the most affordable, and are equal to their brand name counterparts in quality, effectiveness and intended use.
Tier 2	Preferred Brand Name Drugs and Preferred Specialty Drugs: proven to be safe, effective, and favorably priced compared to non-covered drug options.

HOW PRESCRIPTION DRUGS ARE ASSIGNED TO TIERS

The Pharmacy and Medical Policy Committee (PMPC) is an independent group of doctors and pharmacists. This group recommends drugs for each tier based on their:

- Effectiveness
- Safety
- How they compare to other drugs in the same class

The PMPC meets every quarter to review new drugs and other changes to the formulary. Based on that review, drugs may change tiers or be added or removed from the formulary. Check your formulary often to be aware of any changes.



To see your 2022 cost share for a prescription drug:
- prior to January 1, 2022, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- after January 1, 2022, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077

S STANDARD OPTION COST SHARE TIERS

Standard Option members save by using the Mail Service Pharmacy and Preferred retail pharmacies for filling prescription drugs. Members can also save by asking for generic and/or Preferred brand name drugs when possible. Use the charts below to find your cost share.

Standard Option - GENERIC AND BRAND NAME DRUGS Cost Share Based on Where You Fill Your Prescription			
TIER	MAIL SERVICE PHARMACY	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY
Tier 1: Generic Drugs	- \$15* for up to a 90-day supply	- \$7.50* for up to a 30-day supply - \$22.50* for a 31 to 90-day supply	- 45% of the average wholesale price plus any difference between our allowance and the billed amount
Tier 2: Preferred Brand Name Drugs	- \$90 for up to a 90-day supply	- 30% of our allowance	- If you use a Non-preferred retail pharmacy, you need to file a paper claim for reimbursement
Tier 3: Non-preferred Brand Name Drugs	- \$125 for up to a 90-day supply	- 50% of our allowance	

*Lower cost shares are available to Standard Option members with Medicare Part B primary.

Standard Option - SPECIALTY DRUGS

Cost Share Based on Where You Fill Your Prescription

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	<ul style="list-style-type: none"> - \$65 for up to a 30-day supply - \$185 for a 31 to a 90-day supply - You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 	<ul style="list-style-type: none"> - 30% of our allowance - When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy 	<ul style="list-style-type: none"> - 45% of the average wholesale price plus any difference between our allowance and the billed amount - When you buy specialty drugs at a Non-preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	<ul style="list-style-type: none"> - \$85 for up to a 30-day supply - \$240 for a 31 to a 90-day supply - You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 		



To see 2022 Standard Option with Medicare Part B primary cost shares:

- prior to January 1, 2022, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- after January 1, 2022, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077

B BASIC OPTION COST SHARE TIERS

Basic Option members must use a Preferred retail pharmacy and will save by choosing generic drugs and Preferred brand name drugs when possible. Use the charts below to find your cost share.

Basic Option - GENERIC AND BRAND NAME DRUGS Cost Share Based on Where You Fill Your Prescription*		
TIER	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY & MAIL SERVICE PHARMACY
Tier 1: Generic Drugs	- \$10 for up to a 30-day supply - \$30 for a 31 to 90-day supply	Not covered*
Tier 2: Preferred Brand Name Drugs	- \$55 for up to a 30-day supply - \$165 for a 31 to 90-day supply	
Tier 3: Non-preferred Brand Name Drugs	- 60% of our allowance with a \$75 minimum for up to a 30-day supply and \$210 minimum for a 31 to 90-day supply	

*Basic Option members with Medicare Part B primary coverage have Mail Service Pharmacy benefits and some lower cost shares.

Basic Option - SPECIALTY DRUGS

Cost Share Based on Where You Fill Your Prescription*

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	<ul style="list-style-type: none">- \$85 for up to a 30-day supply- \$235 for a 31 to a 90-day supply- You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill	<ul style="list-style-type: none">- \$85 for up to a 30-day supply only- When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	<ul style="list-style-type: none">- \$110 for up to a 30-day supply- \$300 for a 31 to a 90-day supply- You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill	<ul style="list-style-type: none">- \$110 for up to a 30-day supply only- When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy

*Basic Option members with Medicare Part B primary coverage have some lower cost shares.



To see 2022 Basic Option with Medicare Part B primary cost shares:

- prior to January 1, 2022, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- after January 1, 2022, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077



F FEP BLUE FOCUS COST SHARE TIERS

Members who use generic medications will benefit the most from FEP Blue Focus. This plan has a limited or closed formulary of covered drugs.

FEP Blue Focus Cost Share Based on Where You Fill Your Prescription	
TIER	PREFERRED RETAIL PHARMACY AND SPECIALTY PHARMACY
Tier 1: Preferred Generic Drugs	<ul style="list-style-type: none"> - \$5 for up to a 30-day supply - \$15 for a 31 to 90-day supply
Tier 2: Preferred Brand Name Drugs and Preferred Specialty Drugs	<ul style="list-style-type: none"> - 40% of our allowance up to \$350 for up to a 30-day supply - 40% of our allowance up to \$1,050 for a 31 to 90-day supply - You are limited to a 30-day supply for each specialty drug prescription.



To see 2022 FEP Blue Focus cost shares:

- prior to January 1, 2022, visit fepblue.org/whatsnew
- after January 1, 2022, visit fepblue.org/pharmacy/prescriptions
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077

HOW TO USE THE ABBREVIATED FORMULARY

Use the abbreviated formulary to find the most cost-effective drugs for your condition.

1. Find the tier related to your drug. The charts are organized:
 - By drug category for Non-specialty drugs by condition
See p. 14–23
 - Alphabetically including Specialty for all drugs
See p. 24–40
2. See if there are any limitations for your drug.
3. Review the cost share charts to find your copay or coinsurance. **See p. 6–11**
4. If your drug is in Tiers 2, 3 or 5, ask your doctor if there is a generic drug to treat your condition. If there is not a generic drug, ask your doctor to



prescribe a Preferred brand name drug.

PROGRAM OPTIONS

The benefit for Standard Option (SO), Basic Option (BO) and FEP Blue Focus (BF) varies. The charts list the SO, BO and BF tiers for each drug. In many cases the tier is the same, but not in every case.



To see the 2022 full formularies:

- prior to January 1, 2022, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- after January 1, 2022, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077

PROGRAM LEGEND

Some drugs are noted with letters or symbols in the columns next to them. The letters describe any limitations.

‡	Quantity Limit: benefit will only cover up to a specified, limited amount of the drug each time you fill a prescription or a limited amount per year.
◇	Prior Approval: needs approval in advance before a drug is covered.
*	For certain drugs, this list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
**	Generic oral contraceptives and select brand contraceptives are available to female members at no copay.
NC	Not Covered
SO	Standard Option 
BO	Basic Option 
BF	FEP Blue Focus 
BOLD	Bold type means there is a generic for this drug.
<i>ITALIC</i>	<i>Italic type</i> means this is a specialty drug.

This abbreviated formulary lists the most commonly used drugs. Please note: **Before filling your prescription, please check the Preferred/Non-preferred status of the drug.** Other than changes resulting from new drugs or safety issues, the Preferred drug list is updated periodically during the year.

ABBREVIATED FORMULARY

(NON-SPECIALTY BY CONDITION)

Bold Type means there is a generic version for this drug. Drugs that are listed in CAPITAL LETTERS are brand name drugs, while those in lowercase are generic versions.

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ALLERGY/COUGH & COLD				ERTACZO ◊	3	NC	NC
azelastine	1	1	1	EXELDERM ◊	3	3	NC
BECONASE AQ	3	NC	NC	fluconazole	1	1	1
benzonatate	1	1	1	JUBLIA ◊	3	NC	NC
CLARINEX	3	NC	NC	KERYDIN*◊	3	NC	NC
CLARINEX-D	3	NC	NC	ketoconazole tabs ◊	1	1	1
desloratadine	1	NC	NC	levofloxacin	1	1	1
flunisolide spray	1	1	1	LOPROX ‡	3	NC	NC
fluticasone spray	1	1	1	LUZU ◊	3	NC	NC
levocetirizine	1	NC	NC	MENTAX	3	NC	NC
NASONEX	3	NC	NC	metronidazole	1	1	1
promethazine/codeine ‡	1	1	1	naftifine ‡	1	1	1
VERAMYST	2	NC	NC	oseltamivir phosphate ‡	1	1	1
ANTI-INFECTIVES/ ANTIBIOTICS/ ANTIFUNGAL/ANTIVIRAL				OXISTAT ◊	3	NC	NC
amoxicillin	1	1	1	sulfamethoxazole/ trimethoprim	1	1	1
amoxicillin/ clavulanate potassium	1	1	1	TAMIFLU CAPS ‡	3	3	NC
azithromycin	1	1	1	tavorole sol 5% * ◊	1	1	1
cephalexin	1	1	1	valacyclovir	1	1	1
ciprofloxacin	1	1	1	VALTREX	3	3	NC
clotrimazole/ betamethasone	1	1	1	VUSION ‡ *	3	NC	NC
doxycycline hyclate	1	1	1	XOFLUZA ‡	3	3	2
				ZOVIRAX	3	3	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS				DOVATO	2	2	2
anastrozole	1	1	1	EDURANT	2	2	2
ASTAGRAF XL	2	2	2	efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	1	1
azathioprine	1	1	1	emtricitabine/tenofovir disoproxil fumarate	1	1	1
CELLCEPT	3	3	NC	EPIVIR	3	3	NC
cyclosporine	1	1	1	EPZICOM	3	3	NC
letrozole	1	1	1	GENVOYA	2	2	2
megestrol acetate	1	1	1	INTELENCE	2	2	2
mycophenolate mofetil	1	1	1	ISENTRESS	2	2	2
MYFORTIC	3	3	NC	lamivudine	1	1	1
NEORAL	3	3	NC	lamivudine/zidovudine	1	1	1
NILANDRON ◊	3	3	NC	nevirapine ext-rel	1	1	1
PROGRAF	3	3	NC	PREZISTA	2	2	2
RAPAMUNE	3	3	NC	RETROVIR	3	3	NC
sirolimus	1	1	1	REYATAZ	3	3	NC
tacrolimus	1	1	1	stavudine	1	1	1
tamoxifen citrate	1	1	1	STRIBILD	2	2	2
ANTIVIRAL/HIV				SUSTIVA	3	3	NC
abacavir	1	1	1	TRIUMEQ	2	2	2
abacavir/ lamivudine/ zidovudine	1	1	1	TRIZIVIR	3	3	NC
APTIVUS	2	2	2	TRUVADA	3	3	NC
ATRIPLA	3	3	NC	VIRACEPT	2	2	2
BIKTARVY	2	2	2	VIRAMUNE/XR	3	3	NC
COMBIVIR	3	3	NC	ZIAGEN	3	3	NC
DESCOVY	2	2	2	zidovudine	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ASTHMA COPD				QVAR/REDIHALER	2	2	2
ALVESCO	3	NC	NC	SINGULAIR	3	3	NC
ACCOLATE	3	3	NC	SPIRIVA	2	2	2
ADVAIR DISKUS	3	3	NC	STIOLTO RESPIMAT	2	2	2
ADVAIR HFA	2	2	2	STRIVERDI RESPIMAT	3	3	NC
albuterol sulfate tablet/ solution	1	1	1	SYMBICORT	2	2	NC
albuterol sulfate, CFC- free aerosol	1	1	1	TRELEGY ELLIPTA	2	2	2
arformeterol soln	1	1	1	TUDORZA PRESSAIR	3	NC	NC
ANORO ELLIPTA	2	2	2	VENTOLIN HFA	2	NC	NC
ARNUITY ELLIPTA	2	2	2	XOPENEX HFA	3	NC	NC
ATROVENT HFA	2	3	NC	XOPENEX/ CONCENTRATE	3	3	NC
BREO ELLIPTA	2	2	2	zafirlukast	1	1	1
BROVANA	3	3	NC	CARDIOVASCULAR DRUGS HIGH BLOOD PRESSURE			
budesonide/formoterol	1	1	1	amlodipine besylate/benazepril hydrochloride	1	1	1
COMBIVENT RESPIMAT	3	3	NC	ATACAND/HCT	3	NC	NC
DULERA	2	2	2	atenolol	1	1	1
FLOVENT HFA	2	2	2	AVALIDE	3	NC	NC
fluticasone/salmeterol diskus	1	1	1	AVAPRO	3	NC	NC
FORADIL	3	3	NC	AZOR	3	3	NC
formeterol inhalation soln	1	1	1	BENICAR/HCTZ	3	3	NC
INCRUSE ELLIPTA	3	NC	NC	BREVIBLOC	3	3	NC
montelukast sodium	1	1	1	BYSTOLIC	3	NC	NC
PERFOROMIST	3	3	NC	candesartan/hctz	1	1	1
PROAIR HFA	2	2	NC	carvedilol	1	1	1
PROVENTIL HFA	2	NC	NC	clonidine	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
COZAAR	3	NC	NC
diltiazem cd	1	1	1
DIOVAN/HCT	3	NC	NC
doxazosin mesylate	1	1	1
EDARBI	3	NC	NC
EDARBYCLOR	3	NC	NC
enalapril maleate	1	1	1
EXFORGE/HCTZ	3	3	NC
furosemide	1	1	1
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
HYZAAR	3	NC	NC
irbesartan/hctz	1	1	1
LEVATOL	3	3	NC
lisinopril/hctz	1	1	1
losartan/hctz	1	1	1
metoprolol succinate/ tartrate	1	1	1
MICARDIS/HCT	3	NC	NC
nebivolol	1	1	1
propranolol	1	1	1
ramipril	1	1	1
spironolactone	1	1	1
telmisartan/hctz	1	1	1
triamterene/hctz	1	1	1
valsartan/hctz	1	1	1
verapamil/er	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
CARDIOVASCULAR DRUGS HIGH CHOLESTEROL			
amlodipine/atorvastatin	1	1	1
atorvastatin calcium	1	1	1
CADUET	3	NC	NC
CRESTOR	3	NC	NC
ezetimibe	1	1	1
fenofibrate	1	1	1
fenofibric acid	1	1	1
gemfibrozil	1	1	1
LESCOL/XL	3	NC	NC
LIPITOR	3	NC	NC
LIVALO	3	NC	NC
lovastatin	1	1	1
LOVAZA	3	3	NC
niacin er	1	1	1
omega-3 acid ethyl esters	1	1	1
pravastatin sodium	1	1	1
rosuvastatin	1	1	1
simvastatin	1	1	1
VYTORIN	3	NC	NC
WELCHOL	3	3	NC
ZETIA	3	3	NC
ZOCOR	3	NC	NC
CARDIOVASCULAR DRUGS OTHER			
AGGRASTAT	3	3	NC
BRILINTA	3	3	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
clopidogrel	1	1	1	LEXAPRO	3	3	NC
digoxin	1	1	1	lorazepam	1	1	1
EFFIENT	3	3	NC	paroxetine	1	1	1
ELIQUIS	2	2	2	PRISTIQ	3	3	NC
enoxaparin sodium	1	1	1	sertraline	1	1	1
ENTRESTO ◊	3	3	2	trazodone	1	1	1
isosorbide mononitrate	1	1	1	TRINTELLIX	3	3	NC
NEXLETOL ◊	3	3	NC	venlafaxine/er	1	1	1
NEXLIZET ◊	3	3	NC	VIIBRYD	3	3	NC
NITROSTAT	3	3	NC	WELLBUTRIN XL	3	3	NC
PLAVIX	3	3	NC	CENTRAL NERVOUS SYSTEM ATTENTION DEFICIT DISORDER			
PRALUENT ◊	3	NC	NC	amphetamine salt combo ◊	1	1	1
REPATHA ◊	2	2	2	DAYTRANA ◊	3	3	NC
warfarin	1	1	1	dextro-amphetamine/amphetamine salts ◊	1	1	1
XARELTO	2	2	2	FOCALIN XR ◊	3	3	NC
CENTRAL NERVOUS SYSTEM ANXIETY AND DEPRESSION				INTUNIV	3	3	NC
alprazolam	1	1	1	JORNAY PM ◊	3	3	NC
amitriptyline	1	1	1	METHYLIN ◊	3	3	NC
bupropion/xl	1	1	1	methylphenidate/er ◊ (except methylphenidate tab ER osmotic release 72 mg)	1	1	1
citalopram	1	1	1	MYDAYIS ◊	2	2	2
CYMBALTA	3	3	NC	STRATTERA	3	3	NC
diazepam	1	1	1	VYVANSE ◊	2	2	2
duloxetine ER	1	1	1	CENTRAL NERVOUS SYSTEM MIGRAINE			
EFFEXOR XR	3	3	NC	AIMOVIQ ◊	2	2	2
escitalopram oxalate	1	1	1	EMGALITY ◊	2	2	2
fluoxetine	1	1	1				

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
NURTEC ODT ◊	3	3	NC	butalbital/APAP ‡	1	1	1
RELPAK ‡	3	3	NC	BUTRANS ‡	3	3	NC
rizatriptan ‡	1	1	1	EMBEDA ‡	2	2	NC
sumatriptan succinate ‡	1	1	1	fentanyl patch ‡	1	1	1
zolmitriptan ‡	1	1	1	hydrocodone/ acetaminophen ‡	1	1	1
ZOMIG/ZMT ‡	3	3	NC	hydromorphone ‡	1	1	1
CENTRAL NERVOUS SYSTEM OTHER				MORPHABOND ‡	3	3	NC
ABILIFY	3	3	NC	OXYCONTIN ‡	3	NC	NC
AZILECT	3	3	NC	SUBOXONE FILM ‡	3	3	NC
baclofen	1	1	1	tramadol (except 100mg tab)/er ‡	1	1	1
carbidopa/levodopa & er	1	1	1	ZUBSOLV ‡	2	2	2
cyclobenzaprine	1	1	1	CENTRAL NERVOUS SYSTEM SEIZURE DISORDERS			
donepezil	1	1	1	clonazepam	1	1	1
EQUETRO	3	3	NC	gabapentin ‡	1	1	1
EXELON	3	3	NC	lamotrigine	1	1	1
NAMENDA TABS	3	3	NC	levetiracetam	1	1	1
NEUPRO	2	2	2	LYRICA ‡	3	NC	NC
pramipexole dihydrochloride	1	1	1	pregabalin ‡	1	1	1
quetiapine fumarate	1	1	1	topiramate	1	1	1
risperidone	1	1	1	CENTRAL NERVOUS SYSTEM SLEEP AGENTS			
ropinirole	1	1	1	AMBIEN/CR ‡	3	NC	NC
SAVELLA ‡	3	3	NC	EDLUAR ‡	3	NC	NC
SEROQUEL XR	3	3	NC	eszopiclone ‡	1	1	1
CENTRAL NERVOUS SYSTEM PAIN				LUNESTA ‡	3	NC	NC
buprenorphine patch ‡	1	1	1	ROZEREM ‡	3	NC	NC
buprenorphine/ naloxone ‡	1	11		temazepam ‡	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
zaleplon ‡	1	1	1	DIABETES BLOOD GLUCOSE MONITORING			
zolpidem/ER ‡	1	1	1	ACCU CHEK TEST STRIPS ‡	2	2	2
CONTRACEPTIVES OTHER				DEXCOM CGM SYSTEM ◊	3	3	NC
ANNOVERA	3	3	NC	FREESTYLE LIBRE / FREESTYLE LIBRE 2 CGM SYSTEM ◊	2	2	2
NUVARING	3	3	NC	ONETOUCH TEST STRIPS ‡	2	2	2
PARAGARD T 380A	2	2	2	DIABETES DRUGS			
DERMATOLOGY				AFREZZA ◊	3	3	NC
BENZACLIN	3	3	NC	BAQSIMI	2	2	2
betamethasone ‡	1	1	1	FARXIGA §	2	2	2
CARAC	3	NC	NC	FORTAMET ◊	3	NC	NC
ciclopirox ‡	1	1	1	glimepiride	1	1	1
clindamycin phosphate ‡	1	1	1	glipizide/er/xl	1	1	1
clobetasol propionate ‡	1	1	1	glyburide	1	1	1
CLOBEX ‡	3	3	NC	GLUCAGEN	2	2	2
doxepin crm ‡	1	1	1	GVOKE	2	2	2
EPIDUO ◊	3	3	NC	INVOKANA ◊	3	NC	NC
ERYGEL ‡	3	3	NC	JANUMET	2	2	2
fluorouracil cream 0.5%	1	NC	NC	JANUMET XR	2	2	2
lidocaine topical ‡	1	1	1	JANUVIA	2	2	2
methylprednisolone	1	1	1	JARDIANCE §	2	2	2
mupirocin ‡	1	1	1	OZEMPIC	2	2	2
NORITATE ◊	3	NC	NC	pioglitazone	1	1	1
ORACEA	3	3	NC	RYBELSUS	2	3	NC
TAZORAC ◊	3	3	NC	TRULICITY	2	2	2
tretinoin ◊	1	1	1				

§ Generic versions of GLUMETZA and FORTAMET (metformin ER ext-rel tabs) require Prior Approval.

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
VICTOZA	2	2	2
DIABETES INSULIN			
BASAGLAR	2	2	2
FIASP	2	2	2
HUMALOG/ MIX/ KWIKPEN	2	NC	NC
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/ KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
INSULIN ASPART	2	2	2
INSULIN LISPRO	2	NC	NC
LANTUS	2	NC	NC
LEVEMIR	2	2	2
LYUMJEV/KWIKPEN	3	NC	NC
NOVOLIN	2	2	2
NOVOLOG /MIX/ FLEXPEN	2	2	2
TOUJEO	2	NC	NC
TRESIBA	2	3	NC
DIABETES MISCELLANEOUS			
OMNIPOD DASH INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2
EYE/EAR			
ALPHAGAN P (0.15%)	3	3	NC
ALREX	2	2	2
AZOPT	3	3	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
brimonidine tartrate	1	1	1
brinzolamide ophth susp 1%	1	1	1
CEQUA ◊	3	3	NC
CIPRODEX	3	3	NC
COMBIGAN	2	2	2
dorzolamide/timolol maleate	1	1	1
DUREZOL	2	2	2
erythromycin	1	1	1
latanoprost	1	1	1
LUMIGAN	2	NC	NC
prednisolone acetate	1	1	1
RESTASIS ◊	2	2	2
RHOPRESSA	3	3	NC
ROCKLATAN	3	3	NC
timolol maleate	1	1	1
TRAVATAN Z	3	3	NC
VIGAMOX	3	3	NC
XIIDRA ◊	2	2	2
ZIOPTAN	3	3	NC
GASTROINTESTINAL DRUGS			
ALOXI ◊	3	3	NC
AMITIZA ◊	3	3	NC
ASACOL HD	3	NC	NC
CREON	2	2	2
DELZICOL	3	NC	NC
DEXILANT ‡	3	NC	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
dicyclomine	1	1	1	ESTRACE	3	3	NC
EMEND ‡	3	3	NC	estradiol	1	1	1
esomeprazole magnesium delayed-rel ‡	1	1	1	FORTESTA ◊	3	3	NC
famotidine 40 mg	1	1	1	MINIVELLE	3	3	NC
lansoprazole ‡	1	1	1	PREFEST	3	3	NC
LIALDA	3	3	NC	PREMARIN	2	2	2
LINZESS ◊	2	2	2	PREMPRO	2	2	2
lubiprostone ◊	1	1	1	progesterone ◊	1	1	1
MOVIPREP	3	3	NC	STRIANT ◊	3	3	NC
omeprazole	1	1	1	TESTIM ◊	3	NC	NC
omeprazole/sodium bicarbonate ‡	1	NC	NC	testosterone cypionate ◊	1	1	1
ondansetron/odt ‡	1	1	1	testosterone gel ◊	1	1	1
pantoprazole sodium ‡	1	1	1	VAGIFEM	3	3	NC
PENTASA	2	NC	NC	VIVELLE DOT	3	3	NC
polyethylene glycol 3350	1	1	1	VOGELXO ◊	3	NC	NC
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1	INFLAMMATION – CORTICOSTEROIDS			
RELISTOR ◊	3	3	2	CORTEF	3	NC	NC
sucralfate	1	1	1	MEDROL	3	NC	NC
SUPREP BOWEL PREP KIT	2	2	2	ORAPRED ODT	3	NC	NC
VARUBI ‡	2	2	2	prednisone	1	1	1
VIKACE	2	2	2	RAYOS ◊	3	NC	NC
HORMONE REPLACEMENT				MISCELLANEOUS			
ANDRODERM ◊	2	2	2	allopurinol	1	1	1
ANDROGEL ◊	3	NC	NC	calcitriol	1	1	1
				COLCRYS	3	3	NC
				epinephrine injection	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
EPIPEN 2 PAK	3	3	NC	ibuprofen	1	1	1
EVISTA	3	3	NC	meloxicam tabs	1	1	1
febuxostat ◊	1	1	1	methotrexate inj	1	1	1
naloxone	1	1	1	NAPROSYN	3	NC	NC
NARCAN	1	1	1	OTREXUP ◊	3	3	NC
varenicline tartrate tab	1	1	1	RASUVO ◊	3	3	NC
ORAL CONTRACEPTIVES BIPHASIC**				THYROID MEDICATIONS			
MIRCETTE	3	3	NC	ARMOUR THYROID	3	3	NC
ORAL CONTRACEPTIVES MONOPHASIC**				levothyroxine	1	1	1
cryselle	1	1	1	SYNTHROID	2	2	2
LO LOESTRIN FE	2	2	2	UROLOGIC DISORDERS			
zovia	1	1	1	AVODART	3	3	NC
OSTEOPOROSIS/BONE DISEASES				finasteride	1	1	1
ACTONEL	3	3	NC	GELNIQUE	3	NC	NC
alendronate	1	1	1	GEMTESA	3	NC	NC
ibandronate	1	1	1	JALYN	3	NC	NC
risedronate	1	1	1	MYRBETRIQ	2	2	NC
PSORIASIS				oxybutynin/er	1	1	1
acitretin	1	1	1	phenazopyridine	1	1	1
calcipotriene- betamethasone †	1	1	1	RAPAFLO	3	3	NC
RHEUMATOLOGY				silodosin	1	1	1
ARTHROTEC	3	NC	NC	solifenacin	1	1	1
CELEBREX †	3	3	NC	tamsulosin	1	1	1
celecoxib †	1	1	1	tolterodine/ER	1	1	1
diclofenac tablets	1	1	1	TOVIAZ	2	2	NC
FELDENE	3	NC	NC	tropium/er	1	1	1

ABBREVIATED FORMULARY

(ALPHABETIC INCLUDING SPECIALTY)

Bold Type means there is a generic version for this drug. **Italic Type** means this is a specialty drug. Drugs that are listed in CAPITAL LETTERS are brand name drugs, while those in lowercase are generic versions.

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
abacavir	1	1	1	<i>AFSTYLA</i>	4	4	NC
abacavir/ lamivudine/ zidovudine	1	1	1	AGGRASTAT	3	3	NC
ABILIFY	3	3	NC	AIMOVIQ ◊	2	2	2
<i>ABIRATERONE</i> ◊	4	4	2	albuterol sulfate tablet/ solution	1	1	1
<i>ABRAXANE</i>	4	4	NC	albuterol sulfate, CFC-free aerosol	1	1	1
ACCOLATE	3	3	NC	<i>ALDURAZYME</i> ◊	4	4	NC
ACCU CHEK TEST STRIPS ‡	2	2	2	<i>ALECENSA</i> ◊	5	5	2
acitretin	1	1	1	alendronate	1	1	1
<i>ACTEMRA</i> ◊	4	4	2	<i>ALIMTA</i>	4	4	2
<i>ACTHAR HP</i> ◊	5	5	NC	ALKERAN INJ	5	5	NC
ACTONEL	3	3	NC	ALKERAN TAB	5	5	NC
<i>ADCETRIS</i> ◊	4	4	2	allopurinol	1	1	1
ADCIRCA ◊	5	NC	NC	ALOXI ◊	3	3	NC
<i>ADEFOVIR</i>	4	4	2	ALPHAGAN P (0.15%)	3	3	NC
<i>ADEMPAS</i> ◊	5	5	2	<i>ALPHANATE</i>	4	4	2
ADRIAMYCIN	5	5	NC	<i>ALPHANINE SD</i>	4	4	NC
ADVAIR DISKUS	3	3	NC	alprazolam	1	1	1
ADVAIR HFA	2	2	2	<i>ALPROLIX</i>	4	4	2
<i>ADVATE</i>	4	4	NC	ALREX	2	2	2
<i>ADYNOVATE</i>	5	5	NC	ALVESCO	3	NC	NC
AFINITOR ◊	5	NC	NC	AMBIEN/CR ‡	3	NC	NC
<i>AFREZZA</i> ◊	3	3	NC	<i>AMBRISENTAN</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
AMIFOSTINE	4	4	2
AMITIZA ◊	3	3	NC
amitriptyline	1	1	1
amlodipine besylate/ benazepril hydrochloride	1	1	1
amlodipine/atorvastatin	1	1	1
amoxicillin	1	1	1
amoxicillin/ clavulanate potassium	1	1	1
amphetamine salt combo ◊	1	1	1
anastrozole	1	1	1
ANDRODERM ◊	2	2	2
ANDROGEL ◊	3	NC	NC
ANNOVERA	3	3	NC
ANORO ELLIPTA	2	2	2
APOKYN ◊	4	4	2
APTIVUS	2	2	2
ARALAST /NP ◊	4	4	2
ARANESP ◊	4	4	2
ARCALYST ◊	4	4	2
arformeterol soln	1	1	1
ARMOUR THYROID	3	3	NC
ARNUVITY ELLIPTA	2	2	2
ARRANON	4	4	NC
ARTHROTEC	3	NC	NC
ARZERRA ◊	4	4	NC
ASACOL HD	3	NC	NC

NAME	SO TIER	BO TIER	BF TIER
ASTAGRAF XL	2	2	2
ATACAND/HCT	3	NC	NC
atenolol	1	1	1
atorvastatin calcium	1	1	1
ATRIPLA	3	3	NC
ATROVENT HFA	2	3	NC
AUBAGIO ◊	4	4	2
AVALIDE	3	NC	NC
AVAPRO	3	NC	NC
AVASTIN ◊	5	5	NC
AVODART	3	3	NC
AVONEX ◊	4	4	2
azathioprine	1	1	1
azelastine	1	1	1
AZILECT	3	3	NC
azithromycin	1	1	1
AZOPT	3	3	NC
AZOR	3	3	NC
baclofen	1	1	1
BAQSIMI	2	2	2
BARACLUDE SOLN	4	4	2
BARACLUDE TABS ◊	5	NC	NC
BASAGLAR	2	2	2
BECONASE AQ	3	NC	NC
BELEODAQ ◊	4	4	NC
BENDEKA ◊	4	4	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<i>BENEFIX</i>	4	4	2	BUPHENYL ◊	5	5	NC
BENICAR/HCTZ	3	3	NC	buprenorphine patch ‡	1	1	1
<i>BENLYSTA</i> ◊	4	4	NC	buprenorphine/naloxone ‡	1	1	1
BENZACLIN	3	3	NC	bupropion/xl	1	1	1
benzonatate	1	1	1	butalbital/APAP ‡	1	1	1
<i>BERINERT</i> ◊	4	4	2	BUTRANS ‡	3	3	NC
betamethasone ‡	1	1	1	BYSTOLIC	3	NC	NC
<i>BETASERON</i> ◊	4	4	2	CADUET	3	NC	NC
BETHKIS	5	5	NC	calcipotriene- betamethasone ‡	1	1	1
<i>BEXAROTENE</i> ◊	4	4	2	calcitriol	1	1	1
BICNU	5	5	NC	<i>CALQUENCE</i> ◊	4	4	2
BIKTARVI	2	2	2	candesartan/hctz	1	1	1
<i>BIVIGAM</i> ◊	4	4	NC	CARAC	3	NC	NC
<i>BLEOMYCIN</i>	4	4	2	carbidopa/levodopa & er	1	1	1
<i>BLINCYTO</i> ◊	4	4	2	carvedilol	1	1	1
<i>BOSENTAN</i> ◊	4	4	2	CELEBREX ‡	3	3	NC
<i>BOSULIF</i> ◊	4	4	2	celecoxib ‡	1	1	1
<i>BOTOX</i> ◊	4	4	2	CELLCEPT	3	3	NC
<i>BRAFTOVI</i> ◊	5	5	NC	cephalexin	1	1	1
BREO ELLIPTA	2	2	2	<i>CEPROTIN</i> ◊	4	4	NC
BREVIBLOC	3	3	NC	<i>CEQUA</i> ◊	3	3	NC
BRILINTA	3	3	NC	<i>CERDELGA</i> ◊	4	4	2
brimonidine tartrate	1	1	1	<i>CEREZYME</i> ◊	4	4	2
brinzolamide ophth susp 1%	1	1	1	<i>CETROTIDE</i> ◊	4	4	2
BROVANA	3	3	NC	<i>CHORIONIC GONADO- TROPIN</i> ◊	4	4	2
budesonide/formoterol	1	1	1	ciclopirox ‡	1	1	1

NAME	SO TIER	BO TIER	BF TIER
<i>CIMZIA</i> ◊	5	5	NC
<i>CINACALCET</i> ◊	4	4	2
<i>CINRYZE</i> ◊	4	4	2
CIPRODEX	3	3	NC
ciprofloxacin	1	1	1
<i>CISPLATIN</i>	4	4	2
citalopram	1	1	1
<i>CLADRIBINE</i>	4	4	2
CLARINEX	3	NC	NC
CLARINEX-D	3	NC	NC
clindamycin phosphate ‡	1	1	1
clobetasol propionate ‡	1	1	1
CLOBEX ‡	3	3	NC
CLOLAR	5	5	NC
clonazepam	1	1	1
clonidine	1	1	1
clopidogrel	1	1	1
clotrimazole/ betamethasone ‡	1	1	1
<i>COAGADEX</i>	4	4	NC
COLCRYS	3	3	NC
COMBIGAN	2	2	2
COMBIVENT RESPIMAT	3	3	NC
COMBIVIR	3	3	NC
<i>CORIFACT</i>	4	4	NC
CORTEF	3	NC	NC
<i>COSENTYX</i> ◊	5	5	NC

NAME	SO TIER	BO TIER	BF TIER
COSMEGEN	5	5	NC
COZAAR	3	NC	NC
CREON	2	2	2
CRESTOR	3	NC	NC
cryselle	1	1	1
<i>CUVITRU</i> ◊	5	5	2
cyclobenzaprine	1	1	1
<i>CYCLOPHOSPHAMIDE</i>	4	4	2
cyclosporine	1	1	1
CYMBALTA	3	3	NC
<i>CYSTAGON</i>	4	4	2
<i>CYTARABINE</i>	4	4	2
<i>CYTOGAM</i>	4	4	2
<i>DACARBAZINE</i>	4	4	2
DACOGEN	5	5	NC
<i>DACTINOMYCIN</i>	4	4	2
<i>DALFAMPRIDINE ER</i> ◊	4	4	2
<i>DARZALEX</i> ◊	4	4	NC
<i>DAUNORUBICIN HCL</i>	4	4	2
DAYTRANA ◊	3	3	NC
<i>DECITABINE</i>	4	4	2
<i>DEFERASIROX</i> ◊	4	4	2
<i>DEFEROXAMINE</i>	4	4	2
DELZICOL	3	NC	NC
DESCOVY	2	2	2
DESFERAL	5	5	NC
desloratadine	1	NC	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
DEXCOM CGM SYSTEM ◊	3	3	NC	EDARBI	3	NC	NC
DEXILANT ‡	3	NC	NC	EDARBYCLOR	3	NC	NC
dextro-amphetamine/ amphetamine salts ◊	1	1	1	EDLUAR ‡	3	NC	NC
diazepam	1	1	1	EDURANT	2	2	2
diclofenac tablets	1	1	1	efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1
dicyclomine	1	1	1	EFFEXOR XR	3	3	NC
digoxin	1	1	1	EFFIENT	3	3	NC
diltiazem cd	1	1	1	<i>EGRIFTA</i> ◊	4	4	2
<i>DIMETHYL FUMARATE</i> ◊	4	4	2	<i>ELAPRASE</i> ◊	4	4	NC
DIOVAN/HCT	3	NC	NC	<i>ELIGARD</i> ◊	4	4	2
<i>DOCETAXEL</i>	4	4	2	ELIQUIS	2	2	2
<i>DOFETILIDE</i>	4	4	2	<i>ELITEK</i>	4	4	2
donepezil	1	1	1	ELLENCÉ	5	5	NC
<i>DOPTELET</i> ◊	5	5	NC	<i>ELOCTATE</i>	4	4	2
dorzolamide/timolol maleate	1	1	1	EMBEDA ‡	2	2	NC
DOVATO	2	2	2	EMEND ‡	3	3	NC
doxazosin mesylate	1	1	1	EMGALITY ◊	2	2	2
doxepin crm ‡	1	1	1	<i>EMPLICITI</i> ◊	4	4	NC
DOXIL	5	5	NC	emtricitabine/tenofovir disoproxil fumarate	1	1	1
<i>DOXORUBICIN HCL</i>	4	4	NC	enalapril maleate	1	1	1
doxycycline hyclate	1	1	1	<i>ENBREL</i> ◊	4	4	2
<i>DROXIDOPA</i> ◊	4	4	2	enoxaparin sodium	1	1	1
DULERA	2	2	2	<i>ENTECAVIR</i>	4	4	2
duloxetine ER	1	1	1	ENTRESTO ◊	3	3	2
DUREZOL	2	2	2	<i>ENTYVIO</i> ◊	5	5	NC
<i>DYSPORT</i> ◊	4	4	2	EPCLUSA ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
EPIDUO ◊	3	3	NC
epinephrine injection	1	1	1
EPIPEN 2 PAK	3	3	NC
<i>EPIRUBICIN</i>	4	4	NC
EPIVIR	3	3	NC
<i>EPOGEN</i> ◊	5	5	NC
EPZICOM	3	3	NC
EQUETRO	3	3	NC
<i>ERBITUX</i> ◊	4	4	NC
<i>ERIVEDGE</i> ◊	4	4	2
<i>ERLEADA</i> ◊	5	5	NC
<i>ERLOTINIB</i> ◊	4	4	2
ERTACZO ◊	3	NC	NC
ERYGEL ‡	3	3	NC
erythromycin	1	1	1
<i>ESBRIET</i> ◊	4	4	2
escitalopram oxalate	1	1	1
esomeprazole magnesium delayed-rel ‡	1	1	1
ESTRACE	3	3	NC
estradiol	1	1	1
eszopiclone ‡	1	1	1
ETHYOL	5	5	NC
<i>ETOPOPHOS</i>	4	4	NC
<i>ETOPOSIDE</i>	4	4	2
<i>EUFLEXXA</i> ◊	5	5	NC
<i>EVEROLIMUS</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
EVISTA	3	3	NC
EXELDERM ◊	3	3	NC
EXELON	3	3	NC
EXFORGE/HCTZ	3	3	NC
EXJADE ◊	5	NC	NC
<i>EXONDYS 51</i> ◊	5	5	NC
<i>EXTAVIA</i> ◊	5	5	NC
<i>EYLEA</i> ◊	4	4	2
ezetimibe	1	1	1
<i>FABRAZYME</i> ◊	4	4	2
famotidine 40mg	1	1	1
FARXIGA \$	2	2	2
<i>FARYDAK</i> ◊	5	5	2
FASLODEX ◊	5	NC	NC
febuxostat ◊	1	1	1
<i>FEIBA</i>	4	4	NC
FELDENE	3	NC	NC
fenofibrate	1	1	1
fenofibric acid	1	1	1
fentanyl patch ‡	1	1	1
FIASP/FLEXTOUCH	2	2	2
finasteride	1	1	1
FIRAZYR ◊	5	NC	NC
<i>FIRMAGON</i> ◊	4	4	2
FLOVENT HFA	2	2	2
fluconazole	1	1	1
<i>FLUDARABINE</i>	4	4	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
flunisolide spray	1	1	1	<i>GANCICLOVIR</i>	4	4	2
fluorouracil cream 0.5%	1	NC	NC	<i>GANIRELIX ACETATE</i> ◊	4	4	2
<i>FLUOROURACIL INJ</i>	4	4	2	<i>GATTEX</i> ◊	4	4	2
fluoxetine	1	1	1	<i>GAZYVA</i> ◊	4	4	NC
fluticasone spray	1	1	1	GELNIQUE	3	NC	NC
fluticasone/salmeterol diskus	1	1	1	<i>GEL-ONE</i> ◊	4	4	2
FOCALIN XR ◊	3	3	NC	<i>GELSYN-3</i> ◊	4	4	2
<i>FOLLISTIM /AQ</i> ◊	4	4	2	<i>GEMCITABINE</i>	4	4	2
<i>FOLOTYN</i>	4	4	2	gemfibrozil	1	1	1
FORADIL	3	3	NC	GEMTESA	3	NC	NC
formeterol inhalation soln	1	1	1	<i>GENOTROPIN</i> ◊	5	NC	NC
FORTAMET ◊	3	NC	NC	GENVOYA	2	2	2
<i>FORTEO</i> ◊	4	4	2	<i>GILENYA</i> ◊	4	4	2
FORTESTA ◊	3	3	NC	<i>GLASSIA</i> ◊	4	4	2
FREESTYLE LIBRE/ FREESTYLE LIBRE 2 CGM SYSTEM ◊	2	2	2	<i>GLATIRAMER</i> ◊	4	4	2
<i>FULPHILA</i> ◊	4	4	2	GLEEVEC ◊	5	NC	NC
<i>FULVESTRANT</i>	4	4	2	glimepiride	1	1	1
furosemide	1	1	1	glipizide/er/xl	1	1	1
<i>FUZEON</i>	4	4	2	GLUCAGEN	2	2	2
gabapentin ‡	1	1	1	glyburide	1	1	1
<i>GAMASTAN S/D</i> ◊	4	4	NC	<i>GONALF</i> ◊	5	5	NC
<i>GAMMAGARD</i> ◊	4	4	2	<i>GONALF RFF</i> ◊	5	5	NC
<i>GAMMAKED</i> ◊	4	4	2	<i>GRANIX</i> ◊	4	4	2
<i>GAMMAPLEX</i> ◊	4	4	2	GVOKE	2	2	2
<i>GAMUNEX-C</i> ◊	4	4	2	<i>HALAVEN</i> ◊	4	4	2
				HARVONI ◊	4	4	2

§ Generic versions of FORTAMET (metformin ER ext-rel tabs) require Prior Approval.

NAME	SO TIER	BO TIER	BF TIER
HEMOFIL M	4	4	NC
HEPAGAM B	4	4	2
HEPSERA ◊	5	NC	NC
HERCEPTIN ◊	5	5	NC
HERZUMA ◊	4	4	2
HIZENTRA ◊	4	4	2
HUMALOG/ MIX/ KWIKPEN	2	NC	NC
HUMATE-P	4	4	2
HUMATROPE ◊	5	NC	NC
HUMIRA ◊	4	4	2
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
HYALGAN ◊	4	4	2
HYCANTIN CAP	4	4	2
HYCANTIN INJ	5	5	NC
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
hydrocodone/ acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
HYPERHEP B	4	4	2
HYPERRHO S/D	4	4	2
HYQVIA ◊	4	4	2
HYZAAR	3	NC	NC
ibandronate	1	1	1
IBRANCE ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
ibuprofen	1	1	1
ICATIBANT ◊	4	4	2
ICLUSIG ◊	4	4	2
IDELVION	4	4	NC
IFEX	5	5	NC
IFOSFAMIDE	4	4	2
ILARIS ◊	4	4	2
IMATINIB ◊	4	4	2
IMBRUVICA ◊	4	4	2
INCRELEX ◊	4	4	2
INCRUSE ELLIPTA	3	NC	NC
INLYTA ◊	4	4	2
INSULIN ASPART	2	2	2
INSULIN LISPRO	2	NC	NC
INTELENCE	2	2	2
INTRON-A ◊	4	4	2
INTUNIV	3	3	NC
INVOKANA ◊	3	NC	NC
irbesartan/hctz	1	1	1
IRESSA ◊	5	5	2
IRINOTECAN	4	4	2
ISENTRESS	2	2	2
isosorbide mononitrate er	1	1	1
ISTODAX ◊	5	5	NC
IXEMPRA	4	4	NC
IXINITY	4	4	NC
JADENU ◊	5	NC	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
JAKAFI ◊	4	4	2	lansoprazole ‡	1	1	1
JALYN	3	NC	NC	LANTUS	2	NC	NC
JANUMET	2	2	2	LAPATINIB ◊	4	4	2
JANUMET XR	2	2	2	latanoprost	1	1	1
JANUVIA	2	2	2	LEDIPASVIR/ SOFOSBUVIR ◊	4	4	2
JARDIANCE \$	2	2	2	LEMTRADA ◊	5	5	2
JEVTANA ◊	4	4	2	LESCOL/XL	3	NC	NC
JORNAY PM ◊	3	3	NC	LETAIRIS ◊	5	NC	NC
JUBLIA ◊	3	NC	NC	letrozole	1	1	1
JYNARQUE ◊	4	4	2	LEUKINE ◊	5	5	NC
KADCYLA ◊	4	4	NC	LEUPROLIDE ◊	4	4	2
KALBITOR ◊	4	4	2	LEVATOL	3	3	NC
KALYDECO ◊	4	4	2	LEVEMIR	2	2	2
KANJINTI ◊	4	4	2	levetiracetam	1	1	1
KEPIVANCE ◊	4	4	2	levocetirizine	1	NC	NC
KERYDIN* ◊	3	NC	NC	levofloxacin	1	1	1
ketoconazole tabs ◊	1	1	1	levothyroxine	1	1	1
KEYTRUDA ◊	4	4	2	LEXAPRO	3	3	NC
KINERET ◊	5	5	2	LIALDA	3	3	NC
KOATE-DVI	4	4	NC	lidocaine topical ‡	1	1	1
KOGENATE FS	4	4	2	LILETTA	5	5	NC
KRYSTEXXA ◊	5	5	NC	LINZESS ◊	2	2	2
KUVAN ◊	5	5	NC	LIPITOR	3	NC	NC
KYPROLIS ◊	5	5	2	lisinopril/hctz	1	1	1
lamivudine	1	1	1	LIVALO	3	NC	NC
lamivudine/zidovudine	1	1	1	LO LOESTRIN FE	2	2	2
lamotrigine	1	1	1				

NAME	SO TIER	BO TIER	BF TIER
LOPROX	3	NC	NC
lorazepam	1	1	1
losartan/hctz	1	1	1
lovastatin	1	1	1
LOVAZA	3	3	NC
lubiprostone ◊	1	1	1
<i>LUCENTIS</i> ◊	4	4	2
LUMIGAN	2	NC	NC
<i>LUMIZYME</i> ◊	4	4	2
LUNESTA ‡	3	NC	NC
<i>LUPANETA PACK</i>	4	4	2
<i>LUPRON DEPOT</i> ◊	4	4	2
LUZU ◊	3	NC	NC
<i>LYNPARZA</i> ◊	4	4	2
LYRICA ‡	3	NC	NC
LYUMJEV/KWIKPEN	3	NC	NC
MEDROL	3	NC	NC
megestrol acetate	1	1	1
<i>MEKINIST</i> ◊	4	4	2
<i>MEKTOVI</i> ◊	5	5	NC
meloxicam tabs	1	1	1
<i>MELPHALAN HCL</i>	4	4	2
<i>MENOPUR</i> ◊	4	4	2
MENTAX	3	NC	NC
MESNA	4	4	2
MESNEX INJ	5	5	NC
<i>MESNEX TAB</i>	4	4	2

NAME	SO TIER	BO TIER	BF TIER
methotrexate inj	1	1	1
METHYLIN ◊	3	3	NC
methylphenidate/er ◊ (except methylphenidate tab ER osmotic release 72 mg)	1	1	1
methylprednisolone	1	1	1
metoprolol succinate/ tartrate	1	1	1
metronidazole	1	1	1
MICARDIS/HCT	3	NC	NC
<i>MICRHOGAM</i>	4	4	2
<i>MIGLUSTAT</i> ◊	4	4	2
MINIVELLE	3	3	NC
MIRCETTE	3	3	NC
<i>MIRENA</i>	4	4	2
<i>MITOMYCIN</i>	4	4	2
<i>MITOXANTRONE</i>	4	4	2
<i>MONONINE</i>	4	4	NC
<i>MONOVISC</i> ◊	5	5	NC
montelukast sodium	1	1	1
MORPHABOND ‡	3	3	NC
MOVIPREP	3	3	NC
<i>MOZOBIL</i> ◊	4	4	2
mupirocin ‡	1	1	1
<i>MVASI</i> ◊	4	4	2
mycophenolate mofetil	1	1	1
MYDAYIS ◊	2	2	2
MYFORTIC	3	3	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
MYOBLOC ◊	4	4	2	NOVOLIN	2	2	2
MYRBETRIQ	2	2	NC	NOVOLOG/MIX/FLEXPEN	2	2	2
NABI-HB	4	4	NC	NOVOSEVEN RT	4	4	2
naftifine ‡	1	1	1	NPLATE ◊	4	4	2
NAFTIN ‡	2	NC	NC	NUCALA ◊	5	5	NC
NAGLAZYME ◊	4	4	NC	NULOJIX	4	4	NC
naloxone	1	1	1	NURTEC ODT ◊	3	3	NC
NAMENDA TABS	3	3	NC	NUTROPIN AQ ◊	5	NC	NC
NAPROSYN	3	NC	NC	NUVARING	3	3	NC
NARCAN	1	1	1	NUWIQ	4	4	NC
NASONEX	3	NC	NC	OCALIVA ◊	5	5	2
NAVELBINE	5	5	NC	OCTAGAM ◊	4	4	NC
nebivolol	1	1	1	OCTREOTIDE	4	4	2
NEORAL	3	3	NC	OFEV ◊	4	4	2
NEULASTA ◊	5	NC	NC	OLUMIANT ◊	5	5	NC
NEUPOGEN ◊	5	NC	NC	omega-3 acid ethyl esters	1	1	1
NEUPRO	2	2	2	omeprazole	1	1	1
nevirapine ext-rel	1	1	1	omeprazole/sodium bicarbonate ‡	1	NC	NC
NEXAVAR ◊	4	4	2	OMNIPOD DASH INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC
niacin er	1	1	1	OMNITROPE ◊	5	NC	NC
NILANDRON ◊	3	3	NC	ondansetron/odt ‡	1	1	1
NIPENT	4	4	2	ONETOUCH TEST STRIPS ‡	2	2	2
NITROSTAT	3	3	NC	ONIVYDE ◊	5	5	NC
NORDITROPIN ◊	4	4	2	ONTRUZANT ◊	4	4	2
NORITATE ◊	3	NC	NC	OPDIVO ◊	4	4	2
NORTHERA ◊	5	NC	NC				
NOVAREL ◊	4	4	2				

NAME	SO TIER	BO TIER	BF TIER
<i>OPSUMIT</i> ◊	4	4	2
ORACEA	3	3	NC
<i>ORALAIR</i> ◊	5	5	2
ORAPRED ODT	3	NC	NC
<i>ORENCIA</i> ◊	5	5	NC
<i>ORENITRAM</i> ◊	4	4	2
<i>ORKAMBI</i> ◊	4	4	2
<i>ORTHOVISC</i> ◊	5	5	NC
oseltamivir phosphate ‡	1	1	1
<i>OTEZLA</i> ◊	4	4	2
OTREXUP ◊	3	3	NC
<i>OVIDREL</i> ◊	4	4	2
<i>OXALIPLATIN</i>	4	4	2
OXISTAT ◊	3	NC	NC
oxybutynin/er	1	1	1
OXYCONTIN ‡	3	NC	NC
OZEMPIC	2	2	2
<i>PACLITAXEL</i>	4	4	2
<i>PALYNZIQ</i> ◊	5	5	NC
<i>PAMIDRONATE</i>	4	4	2
pantoprazole sodium ‡	1	1	1
PARAGARD T 380A	2	2	2
paroxetine	1	1	1
<i>PEGASYS</i> ◊	4	4	2
PENTASA	2	NC	NC
PERFOROMIST	3	3	NC
<i>PERJETA</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
phenazopyridine	1	1	1
pioglitazone	1	1	1
PLAVIX	3	3	NC
<i>PLEGRIDY /PEN</i> ◊	4	4	2
polyethylene glycol 3350	1	1	1
<i>POMALYST</i> ◊	5	5	2
<i>PRALUENT</i> ◊	3	NC	NC
pramipexole dihydrochloride	1	1	1
pravastatin sodium	1	1	1
prednisolone acetate	1	1	1
prednisone	1	1	1
PREFEST	3	3	NC
pregabalin ‡	1	1	1
<i>PREGNYL</i> ◊	4	4	2
PREMARIN	2	2	2
PREMPRO	2	2	2
<i>PREVYMIS</i> ◊	4	4	2
PREZISTA	2	2	2
PRISTIQ	3	3	NC
<i>PRIVIGEN</i> ◊	4	4	NC
PROAIR HFA	2	2	NC
<i>PROCRIPT</i> ◊	5	NC	NC
<i>PROFILNINE SD</i>	4	4	NC
progesterone ◊	1	1	1
PROGRAF	3	3	NC
<i>PROLEUKIN</i>	4	4	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER
<i>PROLIA</i> ◊	4	4	2
<i>PROMACTA</i> ◊	4	4	2
promethazine/codeine ‡	1	1	1
propranolol	1	1	1
PROVENTIL HFA	2	NC	NC
<i>PULMOZYME</i> ◊	4	4	2
quetiapine fumarate	1	1	1
QVAR/REDIHALER	2	2	2
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
ramipril	1	1	1
RAPAFLO	3	3	NC
RAPAMUNE	3	3	NC
RASUVO ◊	3	3	NC
<i>RAVICTI</i> ◊	4	4	2
RAYOS ◊	3	NC	NC
<i>REBIF</i> ◊	4	4	2
<i>REBINYN</i>	4	4	NC
RECLAST ◊	5	NC	NC
<i>RECOMBINATE</i>	4	4	2
RELISTOR ◊	3	3	2
RELPAK ‡	3	3	NC
REMODULIN ◊	5	5	NC
<i>REPATHA</i> ◊	2	2	2
RESTASIS ◊	2	2	2
<i>RETACRIT</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
RETROVIR	3	3	NC
REVATIO ◊	5	NC	NC
<i>REVLIMID</i> ◊	4	4	2
REYATAZ	3	3	NC
<i>RHOGAM PLUS</i>	4	4	2
<i>RHOPHYLAC</i>	4	4	NC
RHOPRESSA	3	3	NC
<i>RIASTAP</i>	4	4	NC
<i>RIBAVIRIN</i> ◊	4	4	2
risedronate	1	1	1
risperidone	1	1	1
<i>RITUXAN</i> ◊	5	5	NC
<i>RIXUBIS</i>	4	4	2
rizatriptan ‡	1	1	1
ROCKLATAN	3	3	NC
<i>ROMIDEPSIN</i> ◊	4	4	NC
ropinirole	1	1	1
rosuvastatin	1	1	1
ROZEREM ‡	3	NC	NC
<i>RUXIENCE</i> ◊	4	4	2
RYBELSUS	2	3	NC
SABRIL ◊	5	NC	NC
<i>SAIZEN</i> ◊	5	NC	NC
SAMSCA ◊	5	NC	NC
<i>SANDOSTATIN LAR</i> ◊	4	4	2
<i>SAPROPTERIN</i> ◊	4	4	2
SAVELLA ‡	3	3	NC

NAME	SO TIER	BO TIER	BF TIER
SENSIPAR ◊	5	NC	NC
SEROQUEL XR	3	3	NC
<i>SEROSTIM</i> ◊	4	4	2
sertraline	1	1	1
<i>SIKLOS</i> ◊	5	5	NC
<i>SILDENAFIL (PAH)</i> ◊	4	4	2
silodosin	1	1	1
simvastatin	1	1	1
SINGULAIR	3	3	NC
sirolimus	1	1	1
<i>SKYLA</i>	4	4	2
<i>SODIUM PHENYLBUTYRATE</i> ◊	4	4	2
<i>SOFOSBUVIR/VELPATASVIR</i> ◊	4	4	2
<i>SOLESTA</i>	4	4	2
solifenacin	1	1	1
<i>SOLIRIS</i> ◊	4	4	NC
<i>SOMATULINE DEPOT</i> ◊	4	4	2
<i>SOMAVERT</i>	4	4	2
<i>SOVALDI</i> ◊	4	4	2
SPIRIVA	2	2	2
spironolactone	1	1	1
<i>SPRYCEL</i> ◊	4	4	2
stavudine	1	1	1
<i>STELARA</i> ◊	4	4	NC
<i>STIMATE</i>	4	4	2
STIOLTO RESPIMAT	2	2	2

NAME	SO TIER	BO TIER	BF TIER
<i>STIVARGA</i> ◊	4	4	2
STRATTERA	3	3	NC
STRIANT ◊	3	3	NC
STRIBILD	2	2	2
STRIVERDI RESPIMAT	3	3	NC
<i>SUBLOCADE</i> ◊	5	5	2
SUBOXONE FILM ‡	3	3	NC
sucralfate	1	1	1
sulfamethoxazole/ trimethoprim	1	1	1
sumatriptan succinate ‡	1	1	1
<i>SUNITINIB</i> ◊	4	4	2
<i>SUPARTZ</i> ◊	4	4	2
<i>SUPPRELIN LA</i> ◊	4	4	2
SUPREP BOWEL PREP KIT	2	2	2
SUSTIVA	3	3	NC
SUTENT ◊	5	5	NC
SYMBICORT	2	2	NC
<i>SYMDEKO</i> ◊	4	4	2
<i>SYNAGIS</i> ◊	4	4	2
SYNTHROID	2	2	2
<i>SYNVISC</i> ◊	5	5	NC
<i>SYNVISC ONE</i> ◊	5	5	NC
tacrolimus	1	1	1
<i>TADALAFIL (PAH)</i> ◊	4	4	2
<i>TAFINLAR</i> ◊	4	4	2
TAMIFLU CAPS ‡	3	3	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
tamoxifen citrate	1	1	1	<i>TOPOTECAN</i>	4	4	2
tamsulosin	1	1	1	TOTECT	5	5	NC
TARGRETIN CAPS ◊	5	NC	NC	TOUJEO	2	NC	NC
<i>TASIGNA</i> ◊	5	5	2	TOVIAZ	2	2	NC
tavorole sol 5%* ◊	1	1	1	tramadol (except 100mg tab)/er ‡	1	1	1
<i>TAVALISSE</i> ◊	5	5	NC	TRAVATAN Z	3	3	NC
TAZORAC ◊	3	3	NC	trazodone	1	1	1
telmisartan/hctz	1	1	1	<i>TREANDA</i> ◊	5	5	NC
temazepam ‡	1	1	1	TRELEGY ELLIPTA	2	2	2
TEMODAR ◊	5	NC	NC	<i>TRELSTAR</i> ◊	4	4	2
<i>TEMOZOLOMIDE</i>	4	4	2	<i>TREPROSTINIL</i> ◊	4	4	2
TESTIM ◊	3	NC	NC	TRESIBA	2	3	NC
testosterone cypionate ◊	1	1	1	tretinoin ◊	1	1	1
testosterone gel ◊	1	1	1	<i>TRETEN</i>	4	4	NC
<i>TETRABENAZINE</i> ◊	4	4	2	triamterene/hctz	1	1	1
<i>THALOMID</i>	4	4	2	<i>TRIKAFTA</i> ◊	4	4	2
<i>THIOTEPA</i>	4	4	2	TRINTELLIX	3	3	NC
<i>THYROGEN</i>	4	4	2	TRISENOX	5	5	NC
<i>TICE BCG</i>	4	4	2	TRIUMEQ	2	2	2
TIKOSYN ◊	5	NC	NC	TRIZIVIR	3	3	NC
timolol maleate	1	1	1	<i>TROGARZO</i> ◊	4	4	2
TOBI	5	5	NC	tropium/er	1	1	1
<i>TOBI PODHALER</i>	4	4	NC	TRULICITY	2	2	2
<i>TOBRAMYCIN INH SOLN</i>	4	4	2	TRUVADA	3	3	NC
tolterodine/ER	1	1	1	<i>TRUXIMA</i> ◊	4	4	2
<i>TOLVAPTAN</i> ◊	4	4	2	TUDORZA PRESSAIR	3	NC	NC
topiramate	1	1	1				

NAME	SO TIER	BO TIER	BF TIER
TYKERB ◊	5	NC	NC
TY SABRI ◊	4	4	2
TYVASO ◊	5	5	NC
TYZEKA	4	4	2
UDENYCA ◊	4	4	2
VAGIFEM	3	3	NC
valacyclovir	1	1	1
valsartan/hctz	1	1	1
VALTrex	3	3	NC
VANTAS ◊	4	4	2
varenicline tartrate tab	1	1	1
VARIZIG	4	4	2
VARUBI ‡	2	2	2
VECTIBIX ◊	4	4	NC
VELCADE ◊	5	5	NC
VELETRI ◊	5	5	NC
VEMLIDY	4	4	2
venlafaxine/er	1	1	1
VENTAVIS ◊	4	4	2
VENTOLIN HFA	2	NC	NC
VERAMYST	2	NC	NC
verapamil/er	1	1	1
VERZENIO ◊	4	4	2
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2
VICTOZA	2	2	2
VIDAZA	5	5	NC
VIGABATRIN ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
VIGAMOX	3	3	NC
VIIBRYD	3	3	NC
VIMIZIM ◊	4	4	NC
VINBLASTINE	4	4	2
VINCRISTINE	4	4	2
VINOARELBINE	4	4	2
VIOKACE	2	2	2
VIRACEPT	2	2	2
VIRAMUNE/XR	3	3	NC
VISUDYNE	4	4	2
VIVELLE DOT	3	3	NC
VIVITROL	4	4	2
VOGELXO ◊	3	NC	NC
VOTRIENT ◊	4	4	2
VPRIV ◊	4	4	2
VUSION ‡ *	3	NC	NC
VYEPTI ◊	5	5	NC
VYTORIN	3	NC	NC
VYVANSE ◊	2	2	2
warfarin	1	1	1
WELCHOL	3	3	NC
WELLBUTRIN XL	3	3	NC
WILATE	4	4	NC
WINRHO SDF	4	4	NC
XALKORI ◊	4	4	2
XARELTO	2	2	2
XELJANZ / XR ◊	4	4	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
XELODA ◊	5	NC	NC	ZELBORAF ◊	4	4	2
XENAZINE ◊	5	NC	NC	ZEMAIRA ◊	4	4	2
XEOMIN ◊	4	4	2	ZETIA	3	3	NC
XGEVA ◊	4	4	2	ZIAGEN	3	3	NC
XIAFLEX ◊	4	4	2	zidovudine	1	1	1
XIIDRA ◊	2	2	2	ZIOPTAN	3	3	NC
XOLAIR ◊	4	4	2	ZOCOR	3	NC	NC
XOPENEX HFA	3	NC	NC	ZOLADEX ◊	4	4	2
XOPENEX/CONCENTRATE	3	3	NC	ZOLEDRONIC ACID	4	4	2
XTANDI ◊	4	4	2	ZOLINZA ◊	4	4	2
XYNTHA	4	4	NC	zolmitriptan ‡	1	1	1
XYNTHA SOLOFUSE	4	4	NC	zolpidem/ER ‡	1	1	1
YERVOY ◊	4	4	NC	ZOMACTON ◊	5	NC	NC
YONSA ◊	5	5	2	ZOMIG/ZMT ‡	3	3	NC
zafirlukast	1	1	1	ZORBIVE ◊	4	4	2
zaleplon ‡	1	1	1	zovia	1	1	1
ZALTRAP ◊	4	4	2	ZOVIRAX	3	3	NC
ZANOSAR	4	4	2	ZUBSOLV ‡	2	2	2
ZARXIO ◊	4	4	2	ZYKADIA ◊	4	4	2
				ZYTIGA ◊	5	NC	NC



To see the 2022 full formularies:

- prior to January 1, 2022, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- after January 1, 2022, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- call Customer Care: **1-800-624-5060**
TTY 1-800-624-5077



EXCLUDED DRUG LIST

STANDARD OPTION

These listed drugs are not covered under Standard Option. If you use any of these Excluded Drugs, you will need to pay the full cost of the drug(s).

If you are using one of these non-covered drugs, ask your doctor for one of the covered generic or brand name options.

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA	azithromycin, doxycycline (except 20 mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Topical	adapalene pad, adapalene soln 0.1%	adapalene crm, adapalene gel, DIFFERIN
	ABSORICA LD	isotretinoin, ABSORICA
Allergies Antihistamines	carbinoxamine 6 mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
Anaphylaxis Treatment	AUVI-Q	epinephrine injection/auto-injector (0.15 mg, 0.30 mg), EPIPEN, EPIPEN JR., SYMJEPI
Anticoagulants	PRADAXA, SAVAYSA	warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole delayed-rel tabs, voriconazole, DIFLUCAN, NOXAFIL susp, NOXAFIL tabs, SPORANOX, VFEND
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	fenoprofen cap 200 mg, indomethacin caps (20 mg, 40 mg), meloxicam caps (5 mg, 10 mg), naproxen sodium ext-rel tablets, CAMBIA, FENORTHO, INDOCIN SUSP, NAPRELAN, PENNSAID 2%, QMIIZ, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER, diclofenac gel/soln, etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20 mg, 40 mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs) Combinations	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
Antispasmodics	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/ scopolamine/phenobarbital
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
Benign Prostatic Hyperplasia (BPH)	UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), JALYN, PROSCAR, RAPAFLO, FLOMAX
Bladder Agents	DETROL, DETROL LA, ENABLEX, OXYTROL, VESICARE	darifenacin ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, DITROPAN XL, GELNIQUE, GEMTESA, MYRBETRIQ, TOVIAZ, VESICARE LS
Cardiovascular Antiarrhythmics	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Heart	aspirin/omeprazole delayed- rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine

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EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Central Nervous System Miscellaneous	methylphenidate tab ER osmotic release 72 mg, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXXII	amphetamine/ dextroamphetamine mixed salts/ER, amphetamine ext-rel susp, amphetamine sulfate, dexamethylphenidate/ ER, dextroamphetamine/ ER, methylphenidate/ER (except methylphenidate tab ER osmotic release 72 mg), ADDERALL, ADDERALL XR, ADHANSIA XR, ADZENYS ER SUSP, APTENSIO XR, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QULLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
Corticosteroids Oral	DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS
Dermatology Antifungal	ALCOTRIN-A, LOTRISONE*, XOLEGEL	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/ iodoquinol, hydrocortisone/ iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/ zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, ECOZA, ERTACZO, EXELDERM, JUBLIA, KERYDIN, LOPROX, LUZU, MENTAX, NAFTIN, OXISTAT, VUSION
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, LEXETTE, NOVACORT, OLUX/OLUX-E, PSORCON, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betametha- sone dipropionate augmented (crm, lotion, gel, oint), clo- betasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, triamcinolone acetonide (except triamcino- lone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, DIPRO- LENE AF, HALOG, KENA- LOG SPRAY, SERNIVO, TEMO- VATE, TOPICORT, ULTRAVATE

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ALDARA, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	SORIATANE, TACLONEX	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcitriol, methoxsalen, DOVONEX, OXSORALEN ULTRA, SORILUX
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, TRADJENTA	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes Insulins	SEMGLEE	BASAGLAR, LANTUS, LEVEMIR, TOUJEO, TRESIBA
Diabetes Metformin	GLUMETZA, RIOMET ER	metformin ext-rel, metformin oral soln, FORTAMET, RIOMET IR
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
H2 Receptor Antagonists	PEPCID	cimetidine, famotidine 40mg, nizatidine
High Blood Pressure Beta-Blockers/ Combinations	DUTOPROL	metoprolol succinate ext-rel, hydrochlorothiazide
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID, TRICOR, TRIPLEX
High Cholesterol Statins	simvastatin susp, ALTOPREV, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin, CRESTOR, EZALLOR SPRINKLE, LESCOL XL, LIPITOR, LIVALO, VYTORIN, ZOCOR

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EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Laxatives	LACTULOSE PAK 10 MG, PCP 100	lactulose solution, PEG 3350/ electrolytes, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, NULYTELY, OSMOPREP, PLENVU, PREPOPIK, SUPREP
Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120 mg/ mL, VYEPTI
	UBRELVY	NURTEC ODT
Migraine Agents Ergotamine Derivatives	CAFERGOT	dihydroergotamine nasal spray/ inj, ergotamine/caffeine tabs, D.H.E. 45, MIGRANAL
Migraine Agents Selective Serotonin Agonists	REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, AMERGE, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, TOSYMRA, ZOMIG, ZOMIG-ZMT
Movement Disorders	TASMAR	amantadine, benzotropine, bromocriptine, carbidopa/ levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, DUOPA, GOCOVERI, KYNMOBI, MIRAPEX, MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, glatopa
	TECFIDERA	dimethyl fumarate delayed-rel
Muscle Relaxant	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
Musculoskeletal Agents Miscellaneous	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
Nausea and Vomiting Therapy (5HT-3 Blocker)	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, ALOXI, SANCUSO, ZOFRAN

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
Pain Medications Neuropathic Pain	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), LYRICA, NEURONTIN
Pain Medications Opioids	benzhydrocodone/ acetaminophen, hydrocodone-acetaminophen sol 10-325 mg/15 mL, oxycodone/acetaminophen tab (2.5 mg - 300 mg, 5 mg - 300 mg, 10 mg - 300 mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 2.5 mg - 300, 5 mg - 300 mg, 10 mg - 300 mg tabs), tramadol/acetaminophen, ENDOCET, LORTAB, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, ACTIQ, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tab), DILAUDID, NUCYNТА, OPANA, ROXICODONE
	tramadol 100 mg tabs, CONZIP	tramadol (except 100 mg tabs), tramadol ext-rel, tramadol/ acetaminophen, ULTRAM, ULTRAM ER
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Proton Pump Inhibitors	esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST- LANSOPRAZOLE, FIRST- OMEPRAZOLE, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, omeprazole/sodium bicarbonate, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel), DEXILANT

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EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR STANDARD OPTION	COVERED OPTIONS**
Sleep Agents	DORAL, SECONAL	doxepin, estazolam, eszopiclone, flurazepam, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem/ER, AMBIEN/CR, BELSOMRA, DAYVIGO, EDLUAR, LUNESTA, RESTORIL, ROZEREM, SILENOR, ZOLPIMIST
Ulcerative Colitis	COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTIUM, LIALDA, PENTASA
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate

*This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

**For more covered options, consult the 2022 Standard Option formulary.

***Low dose aspirin (81 mg) is covered for men age 45 through 79 and women age 12 through 79 and for pregnant women at risk of preeclampsia.



EXCLUDED DRUG LIST

STANDARD OPTION (ALPHABETIC)

ABSORICA LD	DESOXYN	meloxicam caps (5 mg, 10 mg)	RELAFEN DS
ACIPHEX	DETROL/LA		RELEXII
adapalene pad	DONNATAL	methylphenidate tab ER osmotic release 72 mg	REYVOW
adapalene soln 0.1%	DORAL	MILLIPRED	RIOMET ER
ADLYXIN	DUEXIS	MINOLIRA	RYVENT
ADZENYS XR-ODT	DUTOPROL	NALOCET	SAVAYA
AJOVY	DXEVO 11-DAY	NAPRELAN	SECONAL
ALCORIN-A	DYANAVEL XR	naproxen sodium ext-rel tablets	simvastatin susp
ALTOPREV	ENABLEX	naproxen/esomeprazole magnesium tabs D	SORIATANE
AMPYRA	esomeprazole strontium	NESINA	SYMBYAX
AMRIX	EVEKEO ODT	NEXIUM	TACLONEX
ANZEMET	EXTINA	NOVACORT	TASMAR
APADAZ	FENOGLIDE	OLUX/OLUX-E	TECFIDERA
aspirin/omeprazole delayed-rel tabs	fenopropfen cap 200 mg	ONGLYZA	TIVORBEX
atropine sulfate eye ointment	FENORHO	opiium tincture	TOLSURA
AUVI-Q	FIRSTFLANSOPRAZOLE	OSENI	TRADJENTA
BACIGUENT	FIRST-OMEPRAZOLE	OVACE/PLUS	tramadol 100 mg tabs
benzhydrocodone/ acetaminophen	FLOLIPID	oxycodone/acetamino- phen tab (2.5 mg-300 mg, 5 mg-300 mg, 10 mg-300mg)	triamcinolone oint 0.05%
BETAPACE/AF	FLUMADINE	OXYTROL	TRIANEX
BRYHALI	GLUMETZA	PCP 100	UBRELVY
BYDUREON	GRALISE	penicillamine	UROXATRAL
BYDUREON BCISE	halobetasol propionate topical foam	PENNSAID 2%	VANOS
BYETTA	HORIZANT	PEPCID	VEREGEN
CAFERGOT	hydrocodone-acetamino- phen sol 10-325 mg/mL	PRADAXA	VESICARE
CAMBIA	indomethacin caps 20 mg, 40 mg	pregabalin ext-rel tabs	VIMOVO
CARAFATE	JENTADUETO/XR	PREVACID/SOLUTAB	VIVLODEX
carbinoxamine 6 mg	KAZANO	PRIMOSEC	XERESE
chlorzoxazone tab	KOMBIGLYZE XR	PROLATE	XOLEGEL
COLAZAL	LACTULOSE PAK 10MG	PROTONIX	YOSPRALA
CONSENSI	LAZANDA	PSORCON	ZEGERID
CONZIP	levorphanol	QMIIZ	zileuton ext-rel
COPAXONE	LEXETTE	rbeprazole capsule sprinkle delayed-rel	ZIPSOR
CUPRIMINE	LIBRAX		ZORVOLEX
cyclobenzaprine ext-rel	LOTRISONE		ZTLIDO
CYCLOSET	LYRICA CR		ZUPLENZ
			ZYFLO CR
			ZYPITAMAG

“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

These listed drugs are not covered under Basic Option. If you use any of these “Managed Not Covered” Drugs, you will need to pay the full cost of the drug(s).

If you are using one of these non-covered drugs, ask your doctor for one of the covered generic or brand name options.

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20 mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Topical	adapalene pad, adapalene soln 0.1%	adapalene crm, adapalene gel, DIFFERIN
	ABSORICA LD	isotretinoin, ABSORICA
Allergies Antihistamines	carbinoxamine 6 mg, cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, RYVENT, XYZAL	montelukast, zafirlukast, ACCOLATE, SINGULAIR
Allergies Nasal Steroids	BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, VERAMYST, ZETONNA	azelastine/fluticasone nasal spray, flunisolide spray, fluticasone spray
Anaphylaxis Treatment	AUVI-Q	epinephrine injection/auto-injector (0.15 mg, 0.30 mg), EPIPEN, EPIPEN JR., SYMJEPi
Anticoagulants	PRADAXA, SAVAYSA	warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole delayed-rel tabs, voriconazole, DIFLUCAN, NOXAFIL susp, NOXAFIL tabs, SPORANOX, VFEND

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	fenoprofen caps 200 mg, indomethacin caps 20 mg, 40 mg, meloxicam caps (5 mg, 10 mg), naproxen sodium ext-rel tabs, ANAPROX DS, CAMBIA, FELDENE, FENORTHO, INDOCIN susp, NAPRELAN, NAPROSYN, PENNSAID 2%, QMIIZ, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER, diclofenac gel/ soln, etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20 mg, 40 mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs) Combinations	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antineoplastic Agents (Anti)Hormonal	ZYTIGA	abiraterone
	FASLODEX	fulvestrant
Antineoplastic Agents Kinase Inhibitors	GLEEVEC	imatinib mesylate
	AFINITOR	everolimus
	TYKERB	lapatinib
Antineoplastic Agents Miscellaneous	XELODA	capecitabine
	TEMODAR	temozolomide
	TARGRETIN CAPSULES	bexarotene capsules
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
Antispasmodics	LIBRAX	chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/ scopolamine/phenobarbital

“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Asthma Beta Agonist (Rescue Inhaler)	PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol solution, albuterol sulfate CFC-free aerosol, levalbuterol inhalation solution, levalbuterol nebulizer solution concentrate, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, XOPENEX CONCENTRATE, XOPENEX SOLUTION
Asthma Inhaled Corticosteroid	AEROSPAN, ALVESCO	budesonide inhalation suspension, ASMANEX, FLOVENT HFA, PULMICORT, QVAR REDIHALER
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
Benign Prostatic Hyperplasia (BPH)	JALYN, UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFLO, FLOMAX
Bladder Agents	DETROL, DETROL LA, ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin ext-rel, oxybutynin, oxybutynin ext- rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Cardiovascular Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole
Cardiovascular Antiarrhythmics	TIKOSYN	dofetilide
	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Miscellaneous	NORTHERA	droxidopa
Central Nervous System Anticonvulsants	SABRIL	vigabatrin, vigadrone
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Central Nervous System Miscellaneous	methylphenidate tab ER osmotic release 72 mg, ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXII	amphetamine ext-rel susp, amphetamine sulfate, amphetamine/dextroamphetamine mixed salts/ER, dexmethylphenidate/ER, dextroamphetamine/ER, methylphenidate/ER (except methylphenidate tab ER osmotic release 72 mg), ADDERALL, ADDERALL XR, ADZENYS ER SUSP, APTENSIO XR, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
Contraceptives	PHEXXI	desogestrel/EE, drospirenone/EE, ethynodiol diacetate/EE, etonogestrel/EE, levonorgestrel/EE, medroxyprogesterone acetate 150mg/ml, norethindrone acetate/EE, norethindrone acetate/EE and iron, norethindrone, norethindrone/EE, norgestimate/EE, norelgestromin/EE, norgestrel/EE. ANNOVERA, DEPO-PROVERA, ELURYNG, ESTROSTEP FE, KYLEENA, LILETTA, LO LOESTRIN FE, LOSEASONIQUE, MIRCETTE, MIRENA, NATAZIA, NEXPLANON, NUVARING, ORTHO MICRONOR, PARAGARD, SAFYRAL, SEASONIQUE, SKYLA, SLYND, TAYTULLA, TWIRLA, YASMIN, YAZ
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)	INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, ATROVENT HFA, SPIRIVA
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (Lama)/Long- Acting Beta Agonist (LABA) Combinations	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT, UTIBRON NEOHALER

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"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Corticosteroids	ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11-DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
Dermatology Actinic Keratosis	fluorouracil cream 0.5%, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (does not include fluorouracil cream 0.5%), EFUDEX, FLUOROPLEX, TOLAK
Dermatology Antifungal	ALCORTIN-A, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, OXISTAT, VUSION*, XOLEGEL*	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/ iodoquinol, hydrocortisone/ iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/ zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, ECOZA, EXELDERM
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, IMPEKLO, IMPOYZ, LEXETTE, NOVACORT, OLUX, OLUX-E, PSORCON, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, hydrocortisone/pramoxine, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, DIPROLENE AF, HALOG, KENALOG SPRAY, PRAMOSONE, SERNIVO, TEMOVATE, TOPICORT, ULTRAVATE
Dermatology Impetigo	XEPI CREAM 1%	mupirocin cream 2%, mupirocin ointment 2%, ALTABAX OINTMENT 1%
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ALDARA, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	SORIATANE, TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DOVONEX, OXSORALEN ULTRA, SORILUX

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Dermatology Rosacea	NORITATE	azelaic acid gel, doxycycline (except 20 mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA, ZILXI
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, TRADJENTA	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
Diabetes Insulins	insulin lispro, ADMELOG/ SOLOSTAR, APIDRA/SOLOSTAR, HUMALOG, LYUMJEV/ KWIKPEN	insulin aspart, FIASP/FLEXTOUCH, NOVOLOG
	HUMALOG MIX 50/50	insulin aspart protamine 70%/ insulin aspart 30%, NOVOLOG MIX 70/30
	insulin lispro protamine/ insulin lispro 75/25, HUMALOG MIX 75/25	insulin aspart protamine 70%/ insulin aspart 30%, NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	LANTUS, SEMGLEE, TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
	NOTE: HUMULIN R U-500 concentrate will continue to be covered	
Diabetes Metformin	FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin ext-rel, metformin oral soln
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide

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"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Diabetes SGLT2 Inhibitors	INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Endocrine And Metabolic Miscellaneous	RECLAST	zoledronic acid
	SANDOSTATIN	octreotide
	SENSIPAR	cinacalcet
	SAMSCA	tolvaptan
Gastrointestinal Diabetic Gastroparesis	GIMOTI	metoclopramide, REGLAN
Glaucoma	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, XALATAN, ZIOPTAN
Growth Hormone	GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
H2 Receptor Antagonists	PEPCID	famotidine 40mg, cimetidine, nizatidine
Hematopoietic Growth Factors	NEUPOGEN	GRANIX, ZARXIO
	NEULASTA, NEULASTA ONPRO	FULPHILA, NYVEPRIA, UDENYCA, ZIEXTENZO
	PROCRIT	ARANESP, EPOGEN, RETACRIT
Hepatitis B	BARACLUDE TABLETS	entecavir tablets
	HEPSERA	adefovir dipivoxil
Hepatitis C	ZEPATIER	ledipasvir/sofosbuvir, sofosbuvir/velpatasvir, EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI
Hereditary Angioedema (HAE)	FIRAZYR	icatibant
High Blood Pressure Angiotensin II Receptor Blockers/Combinations (ARBS)	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT	candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ, BENICAR, BENICAR HCT

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
High Blood Pressure Beta-Blockers	BYSTOLIC	acebutolol, atenolol, carvedilol/ ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nebivolol, pindolol, propranolol/ ext-rel, COREG/CR, INDERAL LA, INNOPRAN XL, KAPSPARGO, LOPRESSOR, TENORMIN, TOPROL-XL
High Blood Pressure Beta-Blockers/ Combinations	DUTOPROL	metoprolol succinate ext-rel, hydrochlorothiazide
High Blood Pressure Calcium Channel Blockers	CONJUPRI, KATERZIA	amlodipine tabs, felodipine ext- rel, nifedipine, nifedipine ext-rel, nisoldipine ext-rel, NORVASC, PROCARDIA XL, SULAR
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, TRICOR, TRIPLEX, LOPID, ANTARA
High Cholesterol PCSK9 Inhibitors	PRALUENT	REPATHA
High Cholesterol Statins	simvastatin susp, ALTOPREV, CADUET,CRESTOR, EZALLOR SPRINKLE, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/ simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Immunomodulators Miscellaneous	ZORTRESS 0.25mg, 0.5mg, 0.75mg	everolimus 0.25 mg, 0.5mg, 0.75mg
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Iron Overload	EXJADE, JADENU	deferasiroxx
Laxatives	LACTULOSE PAK 10MG, PCP 100, SUTAB	lactulose solution, PEG 3350/ electrolytes, CLENPIO, GOLYTELY, KRISTALOSE, MOVIPREP, NULYTELY, OSMOPREP, PLENVU, PREPOPIK, SUPREP
Migraine Agents Calcitonin Gene- Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120 mg/mL, VYEPTI
	UBRELVY	NURTEC ODT

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“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Migraine Agents Ergotamine Derivatives	CAFERGOT	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45, MIGRANAL
Migraine Agents Selective Serotonin Agonists	REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, AMERGE, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG, ZOMIG-ZMT
Movement Disorders	OSMOLEX ER, TASMAR	amantadine IR, benzotropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
	XENAZINE	tetrabenazine
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE TECFIDERA	glatiramer, GLATOPA dimethyl fumarate delayed-rel
Muscle Relaxants	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
Musculoskeletal Agents Miscellaneous	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
Nausea And Vomiting Therapy (5HT-3 Blocker)	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, ALOXI, SANCUSO, ZOFRAN
Nausea And Vomiting Pregnancy	BONJESTA	doxylamine [§] , doxylamine/ pyridoxine delayed-rel, pyridoxine (vitamin B6) [§] , DICLEGIS, UNISOM [§]
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Dry Eye Disease	EYSUVIS	CEQUA, RESTASIS, XIIDRA
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
Pain Medications Neuropathic Pain	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), NEURONTIN

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Pain Medications Opioids	ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone ext-rel, hydromorphone ext-rel, morphine ext-rel, tramadol ext-rel, EMBEDA, MORPHABOND, MS CONTIN, NUCYNTA ER, OPANA ER, ULTRAM ER, XTAMPZA ER, ZOHYDRO ER
	benzhydrocodone/acetaminophen, hydrocodone/acetaminophen soln 10-325 mg/15 mL, oxycodone/acetaminophen tab (2.5 mg - 300 mg, 5 mg - 300mg, 10 mg - 300 mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 2.5 mg - 300 mg, 5 mg - 300mg, 10 mg - 300 mg tabs), tramadol/acetaminophen, ENDOCET, LORTAB, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, ACTIQ, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tab), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	tramadol 100 mg tabs, CONZIF, QDOLO	tramadol (except 100 mg tabs), tramadol ext-rel, tramadol/acetaminophen, ULTRAM, ULTRAM ER
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Pancreatic Enzymes	PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
Proton Pump Inhibitors	esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, NEXIUM, PREVACID, PRILOSEC, PROTONIX, ZEGERID	esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)

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"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2022 FOR BASIC OPTION	COVERED OPTIONS**
Pulmonary Arterial Hypertension (PAH)	LETAIRIS	ambrisentan
	REVATIO	sildenafil (PAH)
	ADCIRCA	tadalafil (PAH), Alyq
	TRACLEER 62.5mg, 125mg tab	bosentan
Sleep Agents	AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, flurazepam, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem/ER, BELSOMRA, DAYVIGO, RESTORIL, SILENOR, ZOLPIMIST
Testosterone Agents	ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, FORTESTA
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate
Ulcerative Colitis	ASACOL HD, COLAZAL, DELZICOL, PENTASA	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, APRISO, AZULFIDINE, DIPENTIUM, LIALDA

*This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

**For more covered options, consult the 2022 Basic Option formulary.

***Low dose aspirin (81 mg) is covered for men age 45 through 79 and women age 12 through 79 and for pregnant women at risk of preeclampsia.

§ denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.



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“MANAGED NOT COVERED” DRUG LIST

BASIC OPTION (ALPHABETIC)

ABSORICA LD	BONJESTA	DUTOPROL	HUMULIN N
ACIPHEX	BRYHALI	DXEVO 11-DAY	HUMULIN R U-100
adapalene pad	BYDUREON	DYANAVEL XR	hydrocodone- acetaminophen 10-325 mg/mL
adapalene soln 0.1%	BYDUREON BCISE	DYMISTA	HYSINGLA ER
ADCIRCA	BYETTA	EDARBI	HYZAAR
ADHANSIA XR	BYSTOLIC	EDARBYCLOR	ibuprofen/famotidine tabs
ADLYXIN	CADUET	EDLUAR	IMPEKLO
ADMELOG/SOLOSTAR	CAFERGOT	ENABLEX	IMPOYZ
ADZENYS XR-ODT	CAMBIA	ERTACZO	INCRUSE ELLIPTA
AEROSPAN	CARAC	esomeprazole strontium	INDOCIN SUSP
AFINITOR	CARAFATE	EVEKEO ODT	indomethacin caps 20 mg, 40 mg
AJOVY	carbinoxamine 6mg	EXJADE	insulin lispro 100 units/mL
ALCORTIN-A	cetirizine solution	EXTINA	INTERMEZZO
ALKINDI SPRINKLE CAPS	chlorthalozone tab (250 mg, 375 mg, 750 mg)	EZALLOR SPRINKLE	INVOKAMET/XR
ALTOPREV	CLARINEX	FASLODEX	INVOKANA
ALVESCO	CLARINEX-D	FELDENE	JADENU
AMBIEN	COLAZAL	FENOGLIDE	JALYN
AMBIEN CR	CONJUPRI	fenoprofen caps 200 mg	JENTADUETO/XR
AMPYRA	CONSENSI	FENOGLIDE	JORNAY PM
AMRIX	CONZIP	FENORTHO	JUBLIA
ANAPROX DS	COPAXONE	FEXMID	KATERZIA
ANDROGEL	CORTEF	FIRAZYR	KAZANO
ANZEMET	COTEMPLA XR-ODT	FIRST-LANSOPRAZOLE	KERYDIN
APADAZ	COZAAR	FIRST-OMEPRAZOLE	KLISYRA
APIDRA	CRESTOR	FLOLIPID	KOMBIGLYZE XR
ARTHROTEC	CUPRIMINE	FLUMADINE	LACTULOSE PAK 10 MG
ARYMO ER	cyclobenzaprine ext-rel	FLUOROURACIL CREAM 0.5%	LANTUS
ASACOL HD	CYCLOSET	FORTAMET	LAZANDA
aspirin/omeprazole delayed-rel tabs	DELTAZONE	GELNIQUE	LESCOL/XL
ATACAND/HCT	DELZICOL	GEMTESA	LETAIRIS
atropine sulfate eye ointment	desloratadine	GENOTROPIN	levocetirizine
AUVI-Q	DESOXYN	GLEEVEC	levorphanol
AVALIDE	DETROL/LA	GLUMETZA	LXETTE
AVAPRO	DEXABLISS	GRALISE	LIBRAX
BACIGUENT	DEXILANT	halobetasol propionate topical form	LIPITOR
BARACLUDE TABLETS	DIOVAN	HEPSERA	LIPTRUZET
BECONASE AQ	DIOVAN HCT	HORIZANT	LIVALO
benzhydrocodone/ acetaminophen	DONNATAL	HUMALOG	LOPROX
BETAPACE/AF	DUAKLIR PRESSAIR	HUMALOG MIX	LORZONE
	DUEXIS	HUMATROPE	

LOTRISONE	NOVACORT	PRILOSEC	SORIATANE	VEREGEN
LUMIGAN	NUTROPIN	PRIMLEV	STEGLATRO	VESICARE
LUNESTA	NUTROPIN AQ	PROCRIT	STEGLUJAN	VIMOVO
LUZU	OLUX/OLUX-E	PROLATE	SUTAB	VIVLODEX
LYRICA	omeprazole/sodium bicarbonate	PROTONIX	SYMBYAX	VOGELXO
LYRICA CR	OMNARIS	PROVENTIL HFA	TACLONEX	VUSION
LYUMJEV/ KWIKPEN	OMNITROPE	PSORCON	TAPERDEX	VYTORIN
MEDROL	ONGLYZA	QDOLO	TAPERDEX	WYNZORA
meloxicam caps (5 mg, 10 mg)	opium tincture	QMIIZ	TARGRETIN CAPSULES	XELODA
MENTAX	ORAPRED ODT	QNASL	TASMAR	XENAZINE
methylphenidate tab ER osmotic release 72 mg	OSENI	rabepazole capsule sprinkle delayed-rel	TECFIDERA	XEPI CREAM 1%
MEVACHOR	OSMOLEX ER	RAYOS	TEMODAR	XERESE
MICARDIS	OVACE/PLUS	RECLAST	TESTIM	XOLEGEL
MICARDIS HCT	OXISTAT	RELEXXI	TIKOSYN	XOPENEX HFA
MILLIPRED	oxycodone/ acetaminophen tab (2.5 mg-300 mg, 5 mg-300 mg, 10 mg -300mg)	REVATIO	TIVORBEX	XYZAL
MINOLIRA	OXYCONTIN	REYVOW	TOLSURA	YOSPRA LA
NAFTIN	OXYTROL	RHINOCORT AQUA	TOSYMRA	ZEGERID
NALOCET	PCP 100	RIOMET	TOUJEO	ZENPEP
NAPRELAN	penicillamine	ROZEREM	TRACLEER 62.5 mg, 125 mg tab	ZEPATIER
NAPROSYN	PENNSAID 2%	RYVENT	TRADJENTA	ZETONNA
naproxen sodium ext-rel tabs	PENTASA	SABRIL	tramadol 100 mg tabs	zileuton ext-rel
NASONEX	PEPCID	SAIZEN	triamcinolone oint 0.05%	ZIPSOR
NATESTO	PERTZYE	SAMSCA	TRIANEX	ZOCOR
NESINA	PHEXXI	SANDOSTATIN	TUDORZA PRESSAIR	ZOMACTON
NEULASTA/ONPRO	PRADAXA	SAVAYSA	TYKERB	ZORTRESS 0.25 mg, 0.5 mg, 0.75 mg
NEUPOGEN	PRALUENT	SECONAL	UBRELVY	ZORVOLEX
NEXIUM	PRAVACHOL	SEGLUROMET	UROXATRAL	ZTLIDO
NEXIUM PACKETS	pregabalin ext-rel tabs	SEMSIPAR	VANOS	ZUPLENZ
NORITATE	PREVACID	SEYSARA	VENTOLIN HFA	ZYFLO CR
NORTHERA		simvastatin susp	VERAMYST	ZYPITAMAG
		SOLIQUA		ZYTIGA
		SONATA		

2022 PHARMACY BENEFIT CHANGE HIGHLIGHTS

SPECIALTY COST SHARE AT RETAIL

For Basic Option and Basic Option with Medicare Part B primary, when you fill a Specialty medication through a Preferred retail pharmacy, your cost share has changed. For Basic Option, your cost share will be \$85 for a tier 4 drug and \$110 for a tier 5 drug for a 30-day supply. For Basic Option with Medicare Party primary, your cost share will be \$80 for a tier 4 drug and \$100 for a tier 5 drug for a 30-day supply.

FEP BLUE FOCUS PREFERRED PHARMACY

You must use Preferred FEP Blue Focus retail pharmacies or the Specialty Pharmacy Program in order to receive benefits.

COVERAGE FOR PCSK9S, PRALUENT AND REPATHA

These drugs will no longer be considered Specialty medications for high cholesterol, therefore you must use a Preferred retail pharmacy to fill for these medications. Your cost share will now be a non-specialty cost share according to the tier level of the drug.

TUBELESS INSULIN DELIVERY SYSTEM

We now provide coverage for tubeless insulin delivery systems under the Tier 2 and Tier 3 pharmacy benefit. Previously, all types of insulin delivery systems were covered only under the durable medical equipment benefit.

This is not a full list of benefit changes. To see a full list, visit fepblue.org/brochure to download the Standard and Basic Option (RI 71-005) and/or FEP Blue Focus (RI 71-017) brochures



To see the 2022 full formularies:

- prior to January 1, 2022:

visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)

- after January 1, 2022:

visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)

- call Customer Care:

1-800-624-5060 TTY 1-800-624-5077

HOW TO CONTACT US

Call these numbers for prescription drug information:

RETAIL PHARMACY PROGRAM

(Standard Option, Basic Option and FEP Blue Focus)

Toll-free any time at

1-800-624-5060

TTY 1-800-624-5077

MAIL SERVICE PHARMACY PROGRAM

(Standard Option, Basic Option with Medicare Part B)

Toll-free any time at

1-800-262-7890

TTY 1-800-216-5343

SPECIALTY PHARMACY PROGRAM

(Standard Option, Basic Option and FEP Blue Focus)

Toll-free at **1-888-346-3731**

TTY 1-877-853-9549

Monday-Friday:

7 a.m. to 9 p.m. Eastern time

Saturday-Sunday:

8 a.m. to 6:30 p.m. Eastern time

OTHER BENEFIT OR CLAIMS INFORMATION

Call the customer service number on the back of your member ID card. You can also see the national list of customer service numbers at fepblue.org/contact.

GENERAL QUESTIONS

- See the Blue Cross and Blue Shield Service Benefit Plan brochures (Standard and Basic Option: RI 71-005; FEP Blue Focus: RI 71-017)
- Visit fepblue.org

This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (Standard Option and Basic Option: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.



**BlueCross.
BlueShield.**

Federal Employee Program.

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