

# 2024 ABBREVIATED FORMULARY



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 brochures (RI 71-005 or RI 71-017)
- Visit [www.fepblue.org](http://www.fepblue.org)
- Call Customer Care any time toll-free at **1-800-624-5060**

## NEW FOR 2024

- Expanded Standard Option excluded drug list. [See p. 42](#)
- Expanded Basic Option “Managed Not Covered” drug list. [See p. 52](#)

# TABLE OF CONTENTS

- UNDERSTANDING THE FORMULARY . . . . . 2**
  - Formulary . . . . . 2
  - “Non-Covered” Drugs . . . . . 2
  - Quantity Limits . . . . . 2
  - Prior Approval . . . . . 3
  - How Tiers Relate to Costs . . . . . 4
  - How Prescription Drugs are Assigned to Tiers . . . . . 5
  
- COST SHARE TIERS . . . . . 6**
  - Standard Option Cost Share Tiers . . . . . 6
  - Basic Option Cost Share Tiers . . . . . 8
  - FEP Blue Focus Cost Share Tiers . . . . . 11
  
- HOW TO USE THE ABBREVIATED FORMULARY . . . . . 12**
  - Program Options . . . . . 12
  - Legend . . . . . 13
  
- ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION) . . . . . 14**
  
- ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY) . . . . . 24**
  
- EXCLUDED DRUG LIST STANDARD OPTION . . . . . 42**
  - Alphabetic Excluded Drug List Standard Option . . . . . 50
  
- “MANAGED NOT COVERED” DRUG LIST BASIC OPTION . . . . . 52**
  - Alphabetic “Managed Not Covered” Drug List Basic Option . . . 64
  
- 2024 PHARMACY BENEFIT CHANGE HIGHLIGHTS . . . . . 68**
  
- HOW TO CONTACT US . . . . . 69**

# 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. 42–51](#)

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. 52–66](#)

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.
- In-network (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](https://www.fepblue.org/pharmacy/prescriptions) or call toll-free any time at **1-800-624-5060** (TTY: 711). 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](https://www.fepblue.org/pharmacy/prescriptions)

## UNDERSTANDING THE FORMULARY

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

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

## HOW WE ASSIGN PRESCRIPTION DRUGS 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, we may change drug tiers or add or remove them from the formulary. Check the formulary often to be aware of any changes.



### To see your 2024 cost share for a prescription drug:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://fepblue.org/rx)

# COST SHARE TIERS

## S STANDARD OPTION COST SHARE TIERS

Standard Option members save by using the in-network (Preferred) retail pharmacies or the Mail Service Pharmacy 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
<b>Tier 1:</b> Generic Drugs	■ <b>\$15*</b> for up to a 90-day supply	■ <b>\$7.50*</b> for up to a 30-day supply ■ <b>\$22.50*</b> for a 31 to 90-day supply	■ <b>45%</b> of the average wholesale price plus any difference between our allowance and the billed amount
<b>Tier 2:</b> Preferred Brand Name Drugs	■ <b>\$90</b> for up to a 90-day supply	■ <b>30%</b> of our allowance	■ If you use a Non-preferred retail pharmacy, you need to file a paper claim for reimbursement
<b>Tier 3:</b> Non-preferred Brand Name Drugs	■ <b>\$125</b> for up to a 90-day supply	■ <b>50%</b> 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
<b>Tier 4:</b> Preferred Specialty Drugs	<ul style="list-style-type: none"> <li>■ <b>\$65</b> for up to a 30-day supply</li> <li>■ <b>\$185</b> for a 31 to 90-day supply</li> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>30%</b> of our allowance</li> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>45%</b> of the average wholesale price plus any difference between our allowance and the billed amount</li> <li>■ 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</li> </ul>
<b>Tier 5:</b> Non-preferred Specialty Drugs	<ul style="list-style-type: none"> <li>■ <b>\$85</b> for up to a 30-day supply</li> <li>■ <b>\$240</b> for a 31 to 90-day supply</li> <li>■ 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</li> </ul>		



### To see 2024 Standard Option with Medicare Part B primary cost shares:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

## COST SHARE TIERS

### **B** BASIC OPTION COST SHARE TIERS

Basic Option members must use an in-network (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.

<b>Basic Option: Generic and Brand Name Drugs Cost Share Based on Where You Fill Your Prescription*</b>		
<b>TIER</b>	<b>PREFERRED RETAIL PHARMACY</b>	<b>NON-PREFERRED RETAIL PHARMACY &amp; MAIL SERVICE PHARMACY</b>
<b>Tier 1:</b> Generic Drugs	<ul style="list-style-type: none"><li>■ <b>\$15</b> for up to a 30-day supply</li><li>■ <b>\$40</b> for a 31 to 90-day supply</li></ul>	■ Not covered*
<b>Tier 2:</b> Preferred Brand Name Drugs	<ul style="list-style-type: none"><li>■ <b>\$60</b> for up to a 30-day supply</li><li>■ <b>\$180</b> for a 31 to 90-day supply</li></ul>	
<b>Tier 3:</b> Non-preferred Brand Name Drugs	<ul style="list-style-type: none"><li>■ <b>60%</b> of our allowance with a <b>\$90</b> minimum for up to a 30-day supply and <b>\$250</b> minimum for a 31 to 90-day supply</li></ul>	

\*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
<b>Tier 4:</b> Preferred Specialty Drugs	<ul style="list-style-type: none"> <li>■ <b>\$85</b> for up to a 30-day supply</li> <li>■ <b>\$235</b> for a 31 to 90-day supply</li> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>\$85</b> for up to a 30-day supply only</li> <li>■ 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</li> </ul>
<b>Tier 5:</b> Non-preferred Specialty Drugs	<ul style="list-style-type: none"> <li>■ <b>\$110</b> for up to a 30-day supply</li> <li>■ <b>\$300</b> for a 31 to 90-day supply</li> <li>■ 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</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>\$110</b> for up to a 30-day supply only</li> <li>■ 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</li> </ul>

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



### To see 2024 Basic Option with Medicare Part B primary cost shares:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)





## 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
<b>Tier 1:</b> Preferred Generic Drugs	<ul style="list-style-type: none"> <li>■ <b>\$5</b> for up to a 30-day supply</li> <li>■ <b>\$15</b> for a 31 to 90-day supply</li> </ul>
<b>Tier 2:</b> Preferred Brand Name Drugs and Preferred Specialty Drugs	<ul style="list-style-type: none"> <li>■ <b>40%</b> of our allowance up to <b>\$350</b> for up to a 30-day supply</li> <li>■ <b>40%</b> of our allowance up to <b>\$1,050</b> for a 31 to 90-day supply</li> <li>■ You are limited to a 30-day supply for each specialty drug prescription</li> </ul>



### To see 2024 FEP Blue Focus cost shares:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://fepblue.org/rx)

# 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 2024 full formularies:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)

## PROGRAM LEGEND

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

‡	<b>Quantity Limit:</b> 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.
◇	<b>Prior Approval:</b> needs approval in advance before a drug is covered.
\$	<b>Step Therapy:</b> before we provide coverage for a specific drug, we may require you to try a different drug(s) first.
◇\$	<b>Prior Approval with Step Therapy.</b>
*	This list shows uses for why certain drugs are prescribed. Some drugs can be prescribed for multiple conditions.
**	Generic oral contraceptives and select brand contraceptives are available to eligible members at no copay.
NC	<b>Not Covered</b>
SO	<b>Standard Option</b> 
BO	<b>Basic Option</b> 
BF	<b>FEP Blue Focus</b> 
<b>BOLD</b>	<b>Bold type</b> means there is a generic for this drug.
<i><b>ITALIC</b></i>	<i><b>Italic type</b></i> means this is a specialty drug.

This abbreviated formulary lists the most commonly used drugs. Please note: **Before filling your prescription, 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
<b>ALLERGY/COUGH &amp; COLD</b>				JUBLIA ◊	3	NC	NC
azelastine	1	1	1	<b>KERYDIN*◊</b>	3	NC	NC
BECONASE AQ	3	NC	NC	ketoconazole tabs ◊	1	1	1
benzonatate	1	1	1	levofloxacin	1	1	1
<b>CLARINEX</b>	3	NC	NC	<b>LOPROX ‡</b>	3	NC	NC
CLARINEX-D	3	NC	NC	<b>LUZU ◊</b>	3	NC	NC
desloratadine	1	NC	NC	MENTAX	3	NC	NC
flunisolide spray	1	1	1	naftifine ‡	1	1	1
fluticasone spray	1	1	1	oseltamivir phosphate ‡	1	1	1
levocetirizine	1	NC	NC	<b>OXISTAT ◊</b>	3	NC	NC
promethazine/codeine ‡	1	1	1	sulfamethoxazole/ trimethoprim	1	1	1
VERAMYST	2	NC	NC	<b>TAMIFLU CAPS ‡</b>	3	3	NC
<b>ANTI-INFECTIVES/ANTIBIOTICS/ ANTIFUNGAL/ANTIVIRAL</b>				tavorole sol 5% * ◊	1	1	1
amoxicillin	1	1	1	valacyclovir	1	1	1
amoxicillin/ clavulanate potassium	1	1	1	<b>VALTREX</b>	3	3	NC
azithromycin	1	1	1	<b>VUSION ‡ *</b>	3	NC	NC
cephalexin	1	1	1	XOFLUZA ‡	3	3	2
ciprofloxacin	1	1	1	<b>ZOVIRAX</b>	3	3	NC
clotrimazole/ betamethasone ‡	1	1	1	<b>ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS</b>			
ERTACZO ◊	3	NC	NC	anastrozole	1	1	1
<b>EXELDERM ◊</b>	3	3	NC	ASTAGRAF XL	2	2	2
fluconazole	1	1	1	azathioprine	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
<b>CELLCEPT</b>	3	3	NC
cyclosporine	1	1	1
letrozole	1	1	1
megestrol acetate	1	1	1
mycophenolate mofetil	1	1	1
<b>MYFORTIC</b>	3	3	NC
<b>NEORAL</b>	3	3	NC
<b>NILANDRON ◊</b>	3	3	NC
<b>PROGRAF</b>	3	3	NC
<b>RAPAMUNE</b>	3	3	NC
sirolimus	1	1	1
tacrolimus	1	1	1
tamoxifen citrate	1	1	1
<b>ANTIVIRAL/HIV</b>			
abacavir	1	1	1
abacavir/ lamivudine/ zidovudine	1	1	1
APTIVUS	2	2	2
BIKTARVY	2	2	2
<b>COMBIVIR</b>	3	3	NC
DESCOVY	2	2	2
DOVATO	2	2	2
EDURANT	2	2	2
efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1
emtricitabine/tenofovir disoproxil fumarate	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
<b>EPIVIR</b>	3	3	NC
<b>EPZICOM</b>	3	3	NC
etravirine	1	1	1
GENVOYA	2	2	2
ISENTRESS	2	2	2
lamivudine	1	1	1
lamivudine/zidovudine	1	1	1
nevirapine ext-rel	1	1	1
<b>RETROVIR</b>	3	3	NC
<b>REYATAZ</b>	3	3	NC
stavudine	1	1	1
STRIBILD	2	2	2
TRIUMEQ	2	2	2
<b>TRIZIVIR</b>	3	3	NC
<b>TRUVADA</b>	3	3	NC
VIRACEPT	2	2	2
<b>ZIAGEN</b>	3	3	NC
zidovudine	1	1	1
<b>ASTHMA/COPD</b>			
ALVESCO	3	NC	NC
<b>ACCOLATE</b>	3	3	NC
<b>ADVAIR DISKUS</b>	3	3	NC
<b>ADVAIR HFA</b>	3	3	NC
albuterol sulfate tablet/ solution	1	1	1
albuterol sulfate, CFC-free aerosol	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
ANORO ELLIPTA	2	2	2	<b>SYMBICORT</b>	3	3	NC
arformeterol soln	1	1	1	tiotropium inhalation powder caps	1	1	1
ARNUITY ELLIPTA	2	2	2	TRELEGY ELLIPTA	2	2	2
ATROVENT HFA	2	3	NC	TUDORZA PRESSAIR	3	NC	NC
<b>BREO ELLIPTA</b>	3	3	NC	<b>VENTOLIN HFA</b>	3	NC	NC
<b>BROVANA</b>	3	3	NC	<b>XOPENEX HFA</b>	3	NC	NC
budesonide/formoterol	1	1	1	<b>XOPENEX/ CONCENTRATE</b>	3	3	NC
COMBIVENT RESPIMAT	3	3	NC	zafirlukast	1	1	1
DULERA	2	2	2	<b>CARDIOVASCULAR DRUGS: HIGH BLOOD PRESSURE</b>			
<b>FLOVENT HFA</b>	3	3	NC	amlodipine besylate/ benazepril hydrochloride	1	1	1
fluticasone/salmeterol CFC-free aerosol	1	1	1	<b>ATACAND/HCT</b>	3	NC	NC
fluticasone/salmeterol diskus	1	1	1	atenolol	1	1	1
fluticasone/vilanterol	1	1	1	<b>AVALIDE</b>	3	NC	NC
FORADIL	3	3	NC	<b>AVAPRO</b>	3	NC	NC
formeterol inhalation soln	1	1	1	<b>AZOR</b>	3	3	NC
INCRUSE ELLIPTA	3	NC	NC	<b>BENICAR/HCT</b>	3	3	NC
montelukast sodium	1	1	1	<b>BREVIBLOC</b>	3	3	NC
<b>PERFOROMIST</b>	3	3	NC	<b>BYSTOLIC</b>	3	NC	NC
<b>PROAIR HFA</b>	3	3	NC	candesartan/hctz	1	1	1
<b>PROVENTIL HFA</b>	3	NC	NC	carvedilol	1	1	1
QVAR/REDIHALER	2	2	2	clonidine	1	1	1
<b>SINGULAIR</b>	3	3	NC	<b>COZAAR</b>	3	NC	NC
SPIRIVA RESPIMAT	2	2	2	diltiazem er	1	1	1
<b>SPIRIVA</b>	3	3	NC	<b>DIOVAN/HCT</b>	3	NC	NC
STIOLTO RESPIMAT	2	2	2	doxazosin mesylate	1	1	1
STRIVERDI RESPIMAT	3	3	NC				



CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
EDARBI	3	NC	NC	fenofibrate	1	1	1
EDARBYCLOR	3	NC	NC	fenofibric acid	1	1	1
enalapril maleate	1	1	1	gemfibrozil	1	1	1
<b>EXFORGE/HCTZ</b>	3	3	NC	icosapent ethyl caps	1	1	1
furosemide	1	1	1	<b>LESCOL XL</b>	3	NC	NC
hydralazine	1	1	1	<b>LIPITOR</b>	3	NC	NC
hydrochlorothiazide	1	1	1	LIVALO	3	NC	NC
<b>HYZAAR</b>	3	NC	NC	lovastatin	1	1	1
irbesartan/hctz	1	1	1	<b>LOVAZA</b>	3	3	NC
lisinopril/hctz	1	1	1	niacin er	1	1	1
losartan/hctz	1	1	1	omega-3 acid ethyl esters	1	1	1
metoprolol succinate/ tartrate	1	1	1	pravastatin sodium	1	1	1
<b>MICARDIS/HCT</b>	3	NC	NC	rosuvastatin	1	1	1
nebivolol	1	1	1	simvastatin (except susp)	1	1	1
propranolol	1	1	1	<b>VYTORIN</b>	3	NC	NC
ramipril	1	1	1	<b>WELCHOL</b>	3	3	NC
spironolactone	1	1	1	<b>ZETIA</b>	3	3	NC
telmisartan/hctz	1	1	1	<b>ZOCOR</b>	3	NC	NC
triamterene/hctz	1	1	1	<b>CARDIOVASCULAR DRUGS: OTHER</b>			
valsartan/hctz	1	1	1	AGGRASTAT	3	3	NC
verapamil/er	1	1	1	BRILINTA	3	3	NC
<b>CARDIOVASCULAR DRUGS: HIGH CHOLESTEROL</b>				clopidogrel	1	1	1
amlodipine/atorvastatin	1	1	1	dabigatran caps	1	1	1
atorvastatin calcium	1	1	1	digoxin	1	1	1
<b>CADUET</b>	3	NC	NC	<b>EFFIENT</b>	3	3	NC
<b>CRESTOR</b>	3	NC	NC	ELIQUIS	2	2	2
ezetimibe	1	1	1	enoxaparin sodium	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
ENTRESTO	3	3	2	TRINTELLIX	3	3	NC
isosorbide mononitrate er	1	1	1	venlafaxine hcl/er	1	1	1
NEXLETOL ◊	3	3	NC	<b>VIIBRYD</b>	3	3	NC
NEXLIZET ◊	3	3	NC	vilazodone	1	1	1
<b>NITROSTAT</b>	3	3	NC	<b>WELLBUTRIN XL</b>	3	NC	NC
<b>PLAVIX</b>	3	3	NC	<b>CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT DISORDER</b>			
PRALUENT ◊	3	NC	NC	amphetamine salt combo ◊	1	1	1
REPATHA ◊	2	2	2	<b>DAYTRANA ◊</b>	3	3	NC
warfarin	1	1	1	dextro-amphetamine/ amphetamine salts ◊	1	1	1
XARELTO	2	2	2	<b>FOCALIN XR ◊</b>	3	3	NC
<b>CENTRAL NERVOUS SYSTEM: ANXIETY AND DEPRESSION</b>				<b>INTUNIV</b>	3	3	NC
alprazolam	1	1	1	JORNAY PM ◊	3	3	NC
amitriptyline	1	1	1	lisdexamfetamine ◊	1	1	1
bupropion/xl	1	1	1	<b>METHYLIN ◊</b>	3	3	NC
citalopram tabs	1	1	1	methylphenidate/er (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg) ◊	1	1	1
<b>CYMBALTA</b>	3	3	NC	MYDAYIS ◊	2	2	2
diazepam	1	1	1	<b>STRATTERA</b>	3	3	NC
duloxetine ER	1	1	1	<b>VYVANSE ◊</b>	3	3	NC
<b>EFFEXOR XR</b>	3	3	NC	<b>CENTRAL NERVOUS SYSTEM: MIGRAINE</b>			
escitalopram oxalate	1	1	1	AIMOVIQ ◊	2	2	2
fluoxetine	1	1	1	EMGALITY ◊	2	2	2
<b>LEXAPRO</b>	3	3	NC	NURTEC ODT ◊	2	2	2
lorazepam	1	1	1	<b>RELPAK ‡</b>	3	3	NC
paroxetine	1	1	1	rizatriptan ‡	1	1	1
<b>PRISTIQ</b>	3	3	NC				
sertraline tabs	1	1	1				
trazodone	1	1	1				

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
sumatriptan succinate ‡	1	1	1
zolmitriptan ‡	1	1	1
<b>ZOMIG/ZMT ‡</b>	3	3	NC
<b>CENTRAL NERVOUS SYSTEM: OTHER</b>			
<b>ABILIFY</b>	3	3	NC
ADLARITY	3	3	NC
<b>AZILECT</b>	3	3	NC
baclofen	1	1	1
carbidopa/levodopa & er	1	1	1
cyclobenzaprine	1	1	1
donepezil	1	1	1
EQUETRO	3	3	NC
<b>EXELON</b>	3	3	NC
<b>LATUDA</b>	3	3	NC
lurasidone	1	1	1
<b>NAMENDA TABS</b>	3	3	NC
NEUPRO	2	2	2
pramipexole dihydrochloride	1	1	1
quetiapine fumarate	1	1	1
risperidone	1	1	1
ropinirole	1	1	1
SAVELLA ‡	3	3	NC
<b>SEROQUEL XR</b>	3	3	NC
<b>CENTRAL NERVOUS SYSTEM: PAIN</b>			
buprenorphine patch ‡	1	1	1
buprenorphine/naloxone ‡	1	1	1
butalbital/APAP ‡	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
<b>BUTRANS ‡</b>	3	3	NC
EMBEDA ‡	2	2	NC
fentanyl patch ‡	1	1	1
hydrocodone/acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
MORPHABOND ‡	3	3	NC
OXYCONTIN ‡	3	NC	NC
<b>SUBOXONE FILM ‡</b>	3	3	NC
tramadol (except 100mg tab)/er ‡	1	1	1
ZUBSOLV ‡	2	2	2
<b>CENTRAL NERVOUS SYSTEM: SEIZURE DISORDERS</b>			
clonazepam	1	1	1
gabapentin ‡	1	1	1
lamotrigine	1	1	1
levetiracetam	1	1	1
<b>LYRICA ‡</b>	3	NC	NC
pregabalin ‡	1	1	1
topiramate/er	1	1	1
<b>CENTRAL NERVOUS SYSTEM: SLEEP AGENTS</b>			
<b>AMBIEN/CR ‡</b>	3	NC	NC
EDLUAR ‡	3	NC	NC
eszopiclone ‡	1	1	1
<b>LUNESTA ‡</b>	3	NC	NC
ramelteon ‡	1	1	1
<b>ROZEREM ‡</b>	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
temazepam ‡	1	1	1	<b>DIABETES: BLOOD GLUCOSE MONITORING</b>			
zaleplon ‡	1	1	1	ACCU CHEK TEST STRIPS ‡	2	2	2
zolpidem/ER ‡	1	1	1	DEXCOM CGM SYSTEM ◊	3	3	NC
<b>CONTRACEPTIVES: OTHER</b>				FREESTYLE LIBRE/ FREESTYLE LIBRE CGM SYSTEM ◊	2	2	2
ANNOVERA	3	3	NC	ONETOUCH TEST STRIPS ‡	2	2	2
etonogestrel/ EE vaginal ring**	1	1	1	<b>DIABETES: DRUGS</b>			
<b>NUVARING</b>	3	3	NC	AFREZZA ◊	3	3	NC
PARAGARD T 380A**	2	2	2	BAQSIMI	2	2	2
<b>DERMATOLOGY</b>				FARXIGA \$	2	2	2
betamethasone ‡	1	1	1	glimepiride	1	1	1
<b>CARAC</b>	3	NC	NC	glipizide/er/xl	1	1	1
ciclopirox ‡	1	1	1	GLUCAGEN	2	2	2
clindamycin phosphate ‡	1	1	1	glyburide	1	1	1
clobetasol propionate ‡	1	1	1	GVOKE	2	2	2
<b>CLOBEX ‡</b>	3	3	NC	INVOKANA ◊ \$	3	NC	NC
doxepin crm ‡	1	1	1	JANUMET	2	2	2
<b>EPIDUO/FORTE ◊</b>	3	3	NC	JANUMET XR	2	2	2
<b>ERYGEL ‡</b>	3	3	NC	JANUVIA	2	2	2
fluorouracil cream 0.5%	1	NC	NC	JARDIANCE \$	2	2	2
lidocaine topical ‡	1	1	1	MOUNJARO ◊	2	2	2
methylprednisolone	1	1	1	OZEMPIC ◊	2	2	2
mupirocin ‡	1	1	1	pioglitazone	1	1	1
NORITATE ◊	3	NC	NC	RYBELSUS ◊	2	2	2
<b>ORACEA</b>	3	3	NC	saxagliptin	1	1	1
<b>TAZORAC ◊</b>	3	3	NC				
tretinoin ◊	1	1	1				

CONDITION/DRUG	SO TIER	BO TIER	BF TIER	CONDITION/DRUG	SO TIER	BO TIER	BF TIER
saxagliptin/metformin er	1	1	1	brimonidine tartrate	1	1	1
TRULICITY ◊	2	2	2	brimonidine/timolol	1	1	1
VICTOZA ◊	2	2	2	CEQUA ◊	3	3	NC
<b>DIABETES: INSULIN</b>				<b>CIPRODEX</b>	3	3	NC
BASAGLAR	2	2	2	<b>COMBIGAN</b>	3	3	NC
FIASP/FLEXTOUCH	2	2	2	difluprednate	1	1	1
HUMALOG/MIX/ KWIKPEN	2	NC	NC	дорзолamide/timolol maleate	1	1	1
HUMULIN U-500 CONCENTRATE	2	2	2	<b>DUREZOL</b>	3	3	NC
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC	latanoprost	1	1	1
INSULIN ASPART	2	2	2	LUMIGAN	2	NC	NC
INSULIN LISPRO	2	NC	NC	prednisolone acetate	1	1	1
LEVEMIR	2	2	2	<b>RESTASIS ◊</b>	3	3	NC
LYUMJEV/KWIKPEN	3	NC	NC	RHOPRESSA	2	3	NC
NOVOLIN	2	2	2	ROCKLATAN	2	3	NC
NOVOLOG/MIX/ FLEXPEN	2	2	2	tafluprost	1	1	1
TRESIBA	2	3	NC	timolol maleate	1	1	1
<b>DIABETES: MISCELLANEOUS</b>				<b>TRAVATAN Z</b>	3	3	NC
OMNIPOD DASH/5 G6 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC	<b>VIGAMOX</b>	3	3	NC
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2	XIIDRA ◊	2	2	2
<b>EYE/EAR</b>				<b>ZIOPTAN</b>	3	3	NC
<b>ALPHAGAN P</b>	3	3	NC	<b>GASTROINTESTINAL DRUGS</b>			
ALREX	2	2	2	<b>ASACOL HD</b>	3	NC	NC
<b>AZOPT</b>	3	3	NC	CREON	2	2	2
				<b>DELZICOL</b>	3	NC	NC
				<b>DEXILANT ‡</b>	3	NC	NC
				dexlansoprazole delayed-rel ‡	1	1	1
				dicyclomine	1	1	1

## ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
<b>EMEND ‡</b>	3	3	NC
esomeprazole magnesium delayed-rel ‡	1	1	1
famotidine 40mg	1	1	1
lansoprazole ‡	1	1	1
<b>LIALDA</b>	3	3	NC
LINZESS ◊	2	2	2
lubiprostone ◊	1	1	1
mesalamine er caps	1	1	1
<b>MOVIPREP</b>	3	3	NC
omeprazole	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC
ondansetron/odt ‡	1	1	1
pantoprazole sodium ‡	1	1	1
<b>PENTASA</b>	2	NC	NC
polyethylene glycol 3350	1	1	1
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
RELISTOR ◊	3	3	2
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
sucralfate	1	1	1
<b>SUPREP BOWEL PREP KIT</b>	3	3	NC
VARUBI ‡	2	2	2
VIOKACE	2	2	2

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
<b>HORMONE REPLACEMENT</b>			
ANDRODERM ◊	2	2	2
<b>ANDROGEL ◊</b>	3	NC	NC
<b>ESTRACE</b>	3	3	NC
estradiol	1	1	1
<b>FORTESTA ◊</b>	3	3	NC
<b>MINIVELLE</b>	3	3	NC
PREFEST	3	3	NC
PREMARIN	2	2	2
PREMPRO	2	2	2
progesterone ◊	1	1	1
STRIANT ◊	3	3	NC
<b>TESTIM ◊</b>	3	NC	NC
testosterone cypionate ◊	1	1	1
testosterone gel ◊	1	1	1
<b>VAGIFEM</b>	3	3	NC
<b>VIVELLE DOT</b>	3	3	NC
<b>VOGELXO ◊</b>	3	NC	NC
<b>INFLAMMATION: CORTICOSTEROIDS</b>			
<b>CORTEF</b>	3	NC	NC
<b>MEDROL</b>	3	NC	NC
<b>ORAPRED ODT</b>	3	NC	NC
prednisone	1	1	1
RAYOS ◊	3	NC	NC
<b>MISCELLANEOUS</b>			
allopurinol (except 200mg tabs)	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
calcitriol	1	1	1
<b>COLCRYS</b>	3	3	NC
epinephrine injection	1	1	1
<b>EPIPEN/JR</b>	3	3	NC
<b>EVISTA</b>	3	3	NC
febuxostat ◊	1	1	1
naloxone	1	1	1
<b>NARCAN</b>	3	3	NC
<b>ORAL CONTRACEPTIVES</b>			
<b>MIRCETTE**</b>	3	3	NC
LO LOESTRIN FE**	2	2	2
<b>OSTEOPOROSIS/BONE DISEASES</b>			
<b>ACTONEL</b>	3	3	NC
alendronate	1	1	1
ibandronate	1	1	1
risedronate	1	1	1
<b>PSORIASIS</b>			
acitretin	1	1	1
calcipotriene- betamethasone †	1	1	1
<b>RHEUMATOLOGY</b>			
<b>ARTHROTEC</b>	3	NC	NC
<b>CELEBREX ‡</b>	3	3	NC
celecoxib †	1	1	1
diclofenac tablets	1	1	1
<b>FELDENE</b>	3	NC	NC
ibuprofen	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
meloxicam tabs	1	1	1
methotrexate inj	1	1	1
<b>NAPROSYN</b>	3	NC	NC
OTREXUP ◊	3	3	NC
RASUVO ◊	3	3	NC
<b>THYROID MEDICATIONS</b>			
ARMOUR THYROID	3	3	NC
levothyroxine	1	1	1
<b>SYNTHROID</b>	2	2	2
<b>UROLOGIC DISORDERS</b>			
<b>AVODART</b>	3	3	NC
fesoterodine er	1	1	1
finasteride	1	1	1
GELNIQUE	3	NC	NC
<b>JALYN</b>	3	NC	NC
MYRBETRIQ	2	2	NC
oxybutynin/er	1	1	1
phenazopyridine	1	1	1
<b>RAPAFLO</b>	3	3	NC
silodosin	1	1	1
solifenacin	1	1	1
tamsulosin	1	1	1
tolterodine/ER	1	1	1
<b>TOVIAZ</b>	3	3	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	<b>AFINITOR DISPERZ TABS</b> ◊	5	NC	NC
abacavir/lamivudine/ zidovudine	1	1	1	AFREZZA ◊	3	3	NC
<b>ABILIFY</b>	3	3	NC	AFSTYLA	4	4	NC
<i>ABIRATERONE</i> ◊	4	4	2	AGGRASTAT	3	3	NC
<b>ABRAXANE</b>	5	5	NC	AIMOVIQ ◊	2	2	2
<b>ACCOLATE</b>	3	3	NC	albuterol sulfate tablet/solution	1	1	1
ACCU CHEK TEST STRIPS <sup>†</sup>	2	2	2	albuterol sulfate, CFC-free aerosol	1	1	1
acitretin	1	1	1	<i>ALDURAZYME</i> ◊	4	4	NC
<i>ACTEMRA</i> ◊	4	4	2	<i>ALECENSA</i> ◊	4	4	2
<i>ACTHAR</i> ◊	5	5	NC	alendronate	1	1	1
<b>ACTONEL</b>	3	3	NC	allopurinol (except 200mg tabs)	1	1	1
<i>ADBRY</i> ◊	4	4	NC	<b>ALPHAGAN P</b>	3	3	NC
<i>ADCETRIS</i> ◊	4	4	NC	<i>ALPHANATE</i>	4	4	2
<b>ADCIRCA</b> ◊	5	NC	NC	<i>ALPHANINE SD</i>	4	4	NC
<i>ADEFOVIR DIPIVOXIL</i>	4	4	2	alprazolam	1	1	1
<i>ADEMPAS</i> ◊	5	5	2	<i>ALPROLIX</i>	4	4	2
ADLARITY	3	3	NC	ALREX	2	2	2
<b>ADRIAMYCIN</b>	5	5	NC	<i>ALTUVIIIO</i>	5	5	NC
<b>ADVAIR DISKUS</b>	3	3	NC	<i>ALUNBRIG</i> ◊	4	4	2
<b>ADVAIR HFA</b>	3	3	NC	ALVESCO	3	NC	NC
<i>ADVATE</i>	4	4	NC	<b>AMBIEN/CR</b> ‡	3	NC	NC
<i>ADYNOVATE</i>	5	5	NC	<i>AMBRISENTAN</i> ◊	4	4	2
<b>AFINITOR</b> ◊	5	NC	NC				

NAME	SO TIER	BO TIER	BF TIER
AMIFOSTINE	4	4	2
amitriptyline	1	1	1
amlodipine besylate/ benazepril hydrochloride	1	1	1
amlodipine/atorvastatin	1	1	1
AMONDYS-45 ◊	5	5	NC
amoxicillin	1	1	1
amoxicillin/clavulanate potassium	1	1	1
amphetamine salt combo ◊	1	1	1
anastrozole	1	1	1
ANDRODERM ◊	2	2	2
<b>ANDROGEL ◊</b>	3	NC	NC
ANNOVERA	3	3	NC
ANORO ELLIPTA	2	2	2
<b>APOKYN ◊</b>	5	NC	NC
APOMORPHINE ◊	4	4	2
APTIVUS	2	2	2
ARALAST NP ◊	5	5	NC
ARANESP ◊	4	4	2
ARCALYST ◊	4	4	2
arformeterol soln	1	1	1
ARMOUR THYROID	3	3	NC
ARNUITY ELLIPTA	2	2	2
<b>ARRANON</b>	5	5	NC
<b>ARTHROTEC</b>	3	NC	NC
<b>ASACOL HD</b>	3	NC	NC

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

## ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
BENLYSTA ◊	4	4	NC	buprenorphine/naloxone ‡	1	1	1
benzonatate	1	1	1	bupropion/xl	1	1	1
BERINERT ◊	4	4	2	butalbital/APAP ‡	1	1	1
BESREMI ◊	5	5	NC	<b>BUTRANS ‡</b>	3	3	NC
BETAINE ANHYDROUS	4	4	2	<b>BYSTOLIC</b>	3	NC	NC
betamethasone ‡	1	1	1	<b>CADUET</b>	3	NC	NC
BETASERON ◊	4	4	2	calcipotriene- betamethasone ‡	1	1	1
<b>BETHKIS</b>	5	5	NC	calcitriol	1	1	1
BEXAROTENE CAPS/GEL ◊	4	4	2	CALQUENCE ◊	4	4	2
<b>BICNU</b>	5	5	NC	candesartan/hctz	1	1	1
BIKTARVY	2	2	2	<b>CARAC</b>	3	NC	NC
BIVIGAM ◊	4	4	NC	carbidopa/ levodopa & er	1	1	1
BLEOMYCIN	4	4	2	carvedilol	1	1	1
BLINCYTO ◊	4	4	2	<b>CELEBREX ‡</b>	3	3	NC
BOSENTAN ◊	4	4	2	celecoxib ‡	1	1	1
BOSULIF ◊	4	4	2	<b>CELLCEPT</b>	3	3	NC
BOTOX ◊	4	4	2	cephalexin	1	1	1
BRAFTOVI ◊	5	5	NC	CEPROTIN ◊	4	4	NC
<b>BREO ELLIPTA</b>	3	3	NC	CEQUA ◊	3	3	NC
<b>BREVBLOC</b>	3	3	NC	CERDELGA ◊	4	4	2
BRILINTA	3	3	NC	CEREZYME ◊	4	4	2
brimonidine tartrate	1	1	1	CETROTIDE ◊	5	5	NC
brimonidine/timolol	1	1	1	CHORIONIC GONADOTROPIN ◊	4	4	2
<b>BROVANA</b>	3	3	NC	CIBINQO ◊	5	5	NC
budesonide/formoterol	1	1	1	ciclopirox ‡	1	1	1
<b>BUPHENYL ◊</b>	5	5	NC	CIMZIA ◊	5	5	NC
buprenorphine patch ‡	1	1	1				

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
CINACALCET ◊	4	4	2	<b>COZAAR</b>	3	NC	NC
CINRYZE ◊	4	4	2	CREON	2	2	2
<b>CIPRODEX</b>	3	3	NC	<b>CRESTOR</b>	3	NC	NC
ciprofloxacin	1	1	1	CUVITRU ◊	5	5	2
CISPLATIN	4	4	2	cyclobenzaprine	1	1	1
citalopram tabs	1	1	1	CYCLOPHOSPHAMIDE	4	4	2
CLADRIBINE	4	4	2	cyclosporine	1	1	1
<b>CLARINEX</b>	3	NC	NC	<b>CYMBALTA</b>	3	3	NC
CLARINEX-D	3	NC	NC	<b>CYSTADANE</b>	5	5	NC
clindamycin phosphate ‡	1	1	1	CYSTAGON	4	4	2
clobetasol propionate ‡	1	1	1	CYTARABINE	4	4	2
<b>GLOBEX ‡</b>	3	3	NC	CYTOGAM	4	4	2
<b>CLOLAR</b>	5	5	NC	dabigatran caps	1	1	1
clonazepam	1	1	1	DACARBAZINE	4	4	2
clonidine	1	1	1	DACTINOMYCIN	4	4	2
clopidogrel	1	1	1	DALFAMPRIDINE ER ◊	4	4	2
clotrimazole/ betamethasone ‡	1	1	1	DARZALEX ◊	4	4	NC
COAGADEX	4	4	NC	DAUNORUBICIN HCL	4	4	2
<b>COLCRYS</b>	3	3	NC	<b>DAYTRANA ◊</b>	3	3	NC
<b>COMBIGAN</b>	3	3	NC	DECITABINE	4	4	2
COMBIVENT RESPIMAT	3	3	NC	DEFERASIROX ◊	4	4	2
<b>COMBIVIR</b>	3	3	NC	DEFEROXAMINE	4	4	2
CORIFACT	4	4	NC	<b>DELZICOL</b>	3	NC	NC
<b>CORTEF</b>	3	NC	NC	DESCOVY	2	2	2
CORTROPHIN GEL ◊	4	4	NC	<b>DESFERAL</b>	5	5	NC
COSENTYX ◊	5	5	NC	desloratadine	1	NC	NC
<b>COSMEGEN</b>	5	5	NC	DEXCOM CGM SYSTEM ◊	3	3	NC

**ABBREVIATED FORMULARY** (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<b>DEXILANT ‡</b>	3	NC	NC	EDARBI	3	NC	NC
dexlansoprazole delayed-rel ‡	1	1	1	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	<b>EFFEXOR XR</b>	3	3	NC
difluprednate	1	1	1	<b>EFFIENT</b>	3	3	NC
digoxin	1	1	1	<i>EGRIFTA</i> ◊	4	4	2
diltiazem er	1	1	1	<i>ELAPRASE</i> ◊	4	4	NC
<i>DIMETHYL FUMARATE</i> ◊	4	4	2	<i>ELIGARD</i> ◊	4	4	2
<b>DIOVAN/HCT</b>	3	NC	NC	ELIQUIS	2	2	2
<i>DOCETAXEL</i>	4	4	2	<i>ELITEK</i>	4	4	2
<i>DOFETILIDE</i>	4	4	2	<b>ELLENCÉ</b>	5	5	NC
donepezil	1	1	1	<i>ELOCTATE</i>	4	4	2
<i>DOPTelet</i> ◊	5	5	NC	EMBEDA ‡	2	2	NC
dorzolamide/ timolol maleate	1	1	1	<b>EMEND ‡</b>	3	3	NC
DOVATO	2	2	2	EMGALITY ◊	2	2	2
doxazosin mesylate	1	1	1	<i>EMPLICITI</i> ◊	4	4	NC
doxepin crm ‡	1	1	1	emtricitabine/tenofovir disoproxil fumarate	1	1	1
<b>DOXIL</b>	5	5	NC	enalapril maleate	1	1	1
<i>DOXORUBICIN HCL</i>	4	4	NC	<i>ENBREL</i> ◊	4	4	2
DULERA	2	2	2	enoxaparin sodium	1	1	1
duloxetine ER	1	1	1	<i>ENTECAVIR</i>	4	4	2
<i>DUPIXENT</i> ◊	5	5	NC	ENTRESTO	3	3	2
<b>DUREZOL</b>	3	3	NC	<i>ENTYVIO</i> ◊	5	5	NC
<i>DYSPORT</i> ◊	4	4	2	<b>EPLUSA</b> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<b>EPIDUO/FORTE</b> ◊	3	3	NC	<b>EXELON</b>	3	3	NC
epinephrine injection	1	1	1	<b>EXFORGE/HCTZ</b>	3	3	NC
<b>EPIPEN/JR</b>	3	3	NC	<b>EXJADE</b> ◊	5	NC	NC
<b>EPIVIR</b>	3	3	NC	<i>EXONDYS 51</i> ◊	5	5	NC
<i>EPOGEN</i> ◊	5	5	NC	<i>EXTAVIA</i> ◊	5	5	NC
<b>EPZICOM</b>	3	3	NC	ezetimibe	1	1	1
EQUETRO	3	3	NC	<i>FABRAZYME</i> ◊	4	4	2
<i>ERBITUX</i> ◊	4	4	NC	famotidine 40mg	1	1	1
<i>ERIVEDGE</i> ◊	4	4	2	FARXIGA \$	2	2	2
<i>ERLEADA</i> ◊	4	4	NC	<b>FASLODEX</b> ◊	5	NC	NC
<i>ERLOTINIB</i> ◊	4	4	2	febuxostat ◊	1	1	1
ERTACZO ◊	3	NC	NC	<i>FEIBA</i>	4	4	NC
<b>ERYGEL</b> ‡	3	3	NC	<b>FELDENE</b>	3	NC	NC
escitalopram oxalate	1	1	1	fenofibrate	1	1	1
esomeprazole magnesium delayed-rel ‡	1	1	1	fenofibric acid	1	1	1
<b>ESTRACE</b>	3	3	NC	fentanyl patch ‡	1	1	1
estradiol	1	1	1	fesoterodine er	1	1	1
eszopiclone ‡	1	1	1	FIASP/FLEXTOUCH	2	2	2
<b>ETHYOL</b>	5	5	NC	finasteride	1	1	1
etonogestrel/ EE vaginal ring**	1	1	1	<b>FIRAZYR</b> ◊	5	NC	NC
<i>ETOPOPHOS</i>	4	4	NC	<i>FIRMAGON</i> ◊	4	4	2
<i>ETOPOSIDE</i>	4	4	2	<b>FLOVENT HFA</b>	3	3	NC
etravirine	1	1	1	fluconazole	1	1	1
<i>EUFLEXXA</i> ◊	5	5	NC	<i>FLUDARABINE</i>	4	4	2
<b>EVISTA</b>	3	3	NC	flunisolide spray	1	1	1
<b>EXELDERM</b> ◊	3	3	NC	fluorouracil cream 0.5%	1	NC	NC
				<i>FLUOROURACIL INJ</i>	4	4	2
				fluoxetine	1	1	1

## ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
fluticasone spray	1	1	1	GEFITINIB ◊	4	4	2
fluticasone/salmeterol CFC-free aerosol	1	1	1	GELNIQUE	3	NC	NC
fluticasone/salmeterol diskus	1	1	1	GEL-ONE ◊	4	4	2
fluticasone/vilanterol	1	1	1	GELSYN-3 ◊	4	4	2
<b>FOCALIN XR ◊</b>	3	3	NC	GEMCITABINE	4	4	2
FOLLISTIM AQ ◊	4	4	2	gemfibrozil	1	1	1
<b>FOLOTYN</b>	5	5	NC	GENOTROPIN ◊	5	NC	NC
FORADIL	3	3	NC	GENVOYA	2	2	2
formeterol inhalation soln	1	1	1	GLASSIA ◊	5	5	NC
FORTEO ◊	4	4	2	GLATIRAMER ◊	4	4	2
<b>FORTESTA ◊</b>	3	3	NC	<b>GLEEVEC ◊</b>	5	NC	NC
FOTIVDA ◊	5	5	NC	glimepiride	1	1	1
FREESTYLE LIBRE/ FREESTYLE LIBRE CGM SYSTEM ◊	2	2	2	glipizide/er/xl	1	1	1
FULVESTRANT	4	4	2	GLUCAGEN	2	2	2
furosemide	1	1	1	glyburide	1	1	1
FUZEON	4	4	2	GONAL-F ◊	5	5	NC
gabapentin ‡	1	1	1	GONAL-F RFF ◊	5	5	NC
GAMMAGARD ◊	4	4	2	GVOKE	2	2	2
GAMMAKED ◊	4	4	2	HALAVEN ◊	4	4	2
GAMMAPLEX ◊	4	4	2	<b>HARVONI ◊</b>	4	4	2
GAMUNEX-C ◊	4	4	2	HEMOFIL M	4	4	NC
GANCICLOVIR	4	4	2	HEPAGAM B	4	4	2
GATTEX ◊	4	4	2	HIZENTRA ◊	4	4	2
GAZYVA ◊	4	4	NC	HUMALOG/ MIX/ KWIKPEN	2	NC	NC
				HUMATE-P	4	4	2
				HUMATROPE ◊	5	NC	NC
				HUMIRA ◊	4	4	2



NAME	SO TIER	BO TIER	BF TIER
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
<i>HYALGAN</i> ◊	4	4	2
<i>HYCAMTIN CAP</i>	4	4	2
<b><i>HYCAMTIN INJ</i></b>	5	5	NC
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
hydrocodone/acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
<i>HYPERHEP B S-D</i>	4	4	2
<i>HYPERRHO S-D</i>	4	4	2
<i>HYQVIA</i> ◊	4	4	2
<b>HYZAAR</b>	3	NC	NC
ibandronate	1	1	1
<i>IBRANCE</i> ◊	4	4	2
ibuprofen	1	1	1
<i>ICATIBANT</i> ◊	4	4	2
<i>ICLUSIG</i> ◊	4	4	2
icosapent ethyl caps	1	1	1
<b>IDAMYCIN PFS</b>	5	5	NC
<i>IDARUBICIN HCL</i>	4	4	2
<i>IDELVION</i>	4	4	NC
<b>IFEX</b>	5	5	NC
<i>IFOSFAMIDE</i>	4	4	2
<i>ILARIS</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
<i>IMATINIB</i> ◊	4	4	2
<i>IMBRUVICA</i> ◊	4	4	2
<i>INCRELEX</i> ◊	4	4	2
INCRUSE ELLIPTA	3	NC	NC
<i>INLYTA</i> ◊	4	4	2
INSULIN ASPART	2	2	2
INSULIN LISPRO	2	NC	NC
<b>INTUNIV</b>	3	3	NC
INVOKANA ◊ \$	3	NC	NC
irbesartan/hctz	1	1	1
<b>IRESSA</b> ◊	5	5	NC
<i>IRINOTECAN</i>	4	4	2
ISENTRESS	2	2	2
isosorbide mononitrate er	1	1	1
<b>ISTODAX</b> ◊	5	5	NC
<i>IXEMPRA</i>	4	4	NC
<i>IXINITY</i>	4	4	NC
<b>JADENU</b> ◊	5	NC	NC
<i>JAKAFI</i> ◊	4	4	2
<b>JALYN</b>	3	NC	NC
JANUMET	2	2	2
JANUMET XR	2	2	2
JANUVIA	2	2	2
JARDIANCE \$	2	2	2
<i>JEVTANA</i> ◊	4	4	2
JORNAY PM ◊	3	3	NC
JUBLIA ◊	3	NC	NC

**ABBREVIATED FORMULARY** (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
JYNARQUE ◊	4	4	2	LEUKINE ◊	5	5	NC
KADCYLA ◊	4	4	NC	LEUPROLIDE ◊	4	4	2
KALBITOR ◊	4	4	2	LEVEMIR	2	2	2
KALYDECO ◊	4	4	2	levetiracetam	1	1	1
KEPIVANCE ◊	4	4	2	levocetirizine	1	NC	NC
<b>KERYDIN* ◊</b>	3	NC	NC	levofloxacin	1	1	1
KESIMPTA ◊	4	4	2	levothyroxine	1	1	1
ketoconazole tabs ◊	1	1	1	<b>LEXAPRO</b>	3	3	NC
KEYTRUDA ◊	4	4	2	<b>LIALDA</b>	3	3	NC
KINERET ◊	5	5	2	lidocaine topical ‡	1	1	1
KOATE-DVI	4	4	NC	LILETTA	5	5	NC
KOGENATE FS	4	4	2	LINZESS ◊	2	2	2
KRYSTEXXA ◊	5	5	NC	<b>LIPITOR</b>	3	NC	NC
<b>KUVAN ◊</b>	5	5	NC	lisdexamfetamine ◊	1	1	1
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	<b>LOPROX ‡</b>	3	NC	NC
lansoprazole ‡	1	1	1	lorazepam	1	1	1
latanoprost	1	1	1	losartan/hctz	1	1	1
<b>LATUDA</b>	3	3	NC	lovastatin	1	1	1
LEDIPASVIR/ SOFOSBUVIR ◊	4	4	2	<b>LOVAZA</b>	3	3	NC
LEMTRADA ◊	5	5	2	lubiprostone ◊	1	1	1
LENALIDOMIDE ◊	4	4	2	LUMIGAN	2	NC	NC
<b>LESCOL XL</b>	3	NC	NC	LUMIZYME ◊	4	4	2
<b>LETAIRIS ◊</b>	5	NC	NC	<b>LUNESTA ‡</b>	3	NC	NC
letrozole	1	1	1	LUPRON DEPOT ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
lurasidone	1	1	1
<b>LUZU</b> ◊	3	NC	NC
<i>LYNPARZA</i> ◊	4	4	2
<b>LYRICA</b> ‡	3	NC	NC
LYUMJEV/KWIKPEN	3	NC	NC
<b>MEDROL</b>	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
mesalamine er caps	1	1	1
<i>MESNA</i>	4	4	2
<b>MESNEX INJ</b>	5	5	NC
<i>MESNEX TABS</i>	4	4	2
methotrexate inj	1	1	1
<b>METHYLIN</b> ◊	3	3	NC
methylphenidate/er (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg) ◊	1	1	1
methylprednisolone	1	1	1
metoprolol succinate/ tartrate	1	1	1
<b>MICARDIS/HCT</b>	3	NC	NC
<i>MICRHOGAM</i>	4	4	2
<i>MIGLUSTAT</i> ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
<b>MINIVELLE</b>	3	3	NC
<b>MIRCETTE</b>	3	3	NC
<i>MIRENA</i>	4	4	2
<i>MITOMYCIN</i>	4	4	2
<i>MITOXANTRONE</i>	4	4	2
<i>MONOVISC</i> ◊	5	5	NC
montelukast sodium	1	1	1
MORPHABOND ‡	3	3	NC
MOUNJARO ◊	2	2	2
<b>MOVIPREP</b>	3	3	NC
<b>MOZOBIL</b> ◊	5	5	NC
mupirocin ‡	1	1	1
mycophenolate mofetil	1	1	1
MYDAYIS ◊	2	2	2
<b>MYFORTIC</b>	3	3	NC
<i>MYOBLOC</i> ◊	4	4	2
MYRBETRIQ	2	2	NC
<i>NABI-HB</i>	4	4	NC
naftifine ‡	1	1	1
<i>NAGLAZYME</i> ◊	4	4	NC
naloxone	1	1	1
<b>NAMENDA TABS</b>	3	3	NC
<b>NAPROSYN</b>	3	NC	NC
<b>NARCAN</b>	3	3	NC
nebivolol	1	1	1
<i>NELARABINE</i>	4	4	2
<b>NEORAL</b>	3	3	NC
NEUPRO	2	2	2

**ABBREVIATED FORMULARY** (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
nevirapine ext-rel	1	1	1	omeprazole	1	1	1
<b>NEXAVAR</b> ◊	5	5	NC	omeprazole/sodium bicarbonate ‡	1	NC	NC
NEXLETOL ◊	3	3	NC	OMNIPOD DASH/5 G6 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC
NEXLIZET ◊	3	3	NC	OMNITROPE ◊	5	NC	NC
niacin er	1	1	1	ondansetron/odt ‡	1	1	1
<b>NILANDRON</b> ◊	3	3	NC	ONETOUCH TEST STRIPS ‡	2	2	2
NIPENT	4	4	2	ONIVYDE ◊	5	5	NC
<b>NITROSTAT</b>	3	3	NC	OPDIVO ◊	4	4	2
NORDITROPIN ◊	4	4	2	OPSUMIT ◊	4	4	2
NORITATE ◊	3	NC	NC	<b>ORACEA</b>	3	3	NC
<b>NORTHERA</b> ◊	5	NC	NC	ORALAIR ◊	5	5	2
NOVAREL ◊	4	4	2	<b>ORAPRED ODT</b>	3	NC	NC
NOVOLIN	2	2	2	ORENCIA ◊	5	5	NC
NOVOLOG/MIX/ FLEXPEN	2	2	2	ORENITRAM ◊	4	4	2
NOVOSEVEN RT	4	4	2	ORKAMBI ◊	4	4	2
NPLATE ◊	4	4	2	ORTHOVISC ◊	5	5	NC
NUBEQA◊	4	4	NC	oseltamivir phosphate ‡	1	1	1
NUCALA ◊	5	5	NC	OTEZLA ◊	4	4	2
NULOJIX	4	4	NC	OTREXUP ◊	3	3	NC
NURTEC ODT ◊	2	2	2	OVIDREL ◊	4	4	2
NUTROPIN AQ ◊	5	NC	NC	OXALIPLATIN	4	4	2
<b>NUVARING</b>	3	3	NC	<b>OXISTAT</b> ◊	3	NC	NC
NUWIQ	4	4	NC	oxybutynin/er	1	1	1
OCALIVA ◊	5	5	2	OXYCONTIN ‡	3	NC	NC
OCTAGAM ◊	4	4	NC	OZEMPIC ◊	2	2	2
OFEV ◊	4	4	2				
omega-3 acid ethyl esters	1	1	1				

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
PACLITAXEL	4	4	2	PREMARIN	2	2	2
PALYNZIQ ◊	5	5	NC	PREMPRO	2	2	2
PAMIDRONATE	4	4	2	<b>PRISTIQ</b>	3	3	NC
pantoprazole sodium ‡	1	1	1	PRIVIGEN ◊	4	4	NC
PARAGARD T 380A	2	2	2	<b>PROAIR HFA</b>	3	3	NC
paroxetine	1	1	1	PROCRIT ◊	5	NC	NC
PEGASYS ◊	4	4	2	PROFILNINE	4	4	NC
<b>PENTASA</b>	2	NC	NC	progesterone ◊	1	1	1
<b>PERFOROMIST</b>	3	3	NC	<b>PROGRAF</b>	3	3	NC
PERJETA ◊	4	4	2	PROLASTIN-C ◊	4	4	2
phenazopyridine	1	1	1	PROLEUKIN	4	4	2
pioglitazone	1	1	1	PROLIA ◊	4	4	2
PIRFENIDONE ◊	4	4	2	PROMACTA ◊	4	4	2
<b>PLAVIX</b>	3	3	NC	promethazine/codeine ‡	1	1	1
PLEGRIDY/PEN ◊	4	4	2	propranolol	1	1	1
PLERIXAFOR ◊	4	4	2	<b>PROVENTIL HFA</b>	3	NC	NC
polyethylene glycol 3350	1	1	1	PULMOZYME ◊	4	4	2
POMALYST ◊	5	5	2	quetiapine fumarate	1	1	1
PRALATREXATE	4	4	2	QVAR/REDIHALER	2	2	2
PRALUENT ◊	3	NC	NC	rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
pramipexole dihydrochloride	1	1	1	ramelteon ‡	1	1	1
pravastatin sodium	1	1	1	ramipril	1	1	1
prednisolone acetate	1	1	1	<b>RAPAFLO</b>	3	3	NC
prednisone	1	1	1	<b>RAPAMUNE</b>	3	3	NC
PREFEST	3	3	NC	RASUVO ◊	3	3	NC
pregabalin ‡	1	1	1	RAVICTI ◊	4	4	2
PREGNYL ◊	4	4	2				

## ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
RAYOS ◊	3	NC	NC	rosuvastatin	1	1	1
REBIF ◊	4	4	2	<b>ROZEREM ‡</b>	3	NC	NC
REBINYN	4	4	NC	RYBELSUS	2	2	2
<b>RECLAST ◊</b>	5	NC	NC	<b>SABRIL ◊</b>	5	NC	NC
RECOMBINATE	4	4	2	SAIZEN ◊	5	NC	NC
RELISTOR ◊	3	3	2	<b>SAMSCA ◊</b>	5	5	NC
<b>RELPAX ‡</b>	3	3	NC	SANDOSTATIN LAR ◊	4	4	2
<b>REMODULIN ◊</b>	5	5	NC	SAPROPTERIN ◊	4	4	2
REPATHA ◊	2	2	2	SAVELLA ‡	3	3	NC
<b>RESTASIS ◊</b>	3	3	NC	saxagliptin	1	1	1
RETACRIT ◊	4	4	2	saxagliptin/metformin er	1	1	1
<b>RETROVIR</b>	3	3	NC	SCSEMBLIX◊	5	5	NC
<b>REVATIO ◊</b>	5	NC	NC	<b>SENSIPAR ◊</b>	5	NC	NC
<b>REVLIMID ◊</b>	4	4	2	<b>SEROQUEL XR</b>	3	3	NC
<b>REYATAZ</b>	3	3	NC	SEROSTIM ◊	4	4	2
RHOGAM PLUS	4	4	2	sertraline tab	1	1	1
RHOPHYLAC	4	4	NC	SILDENAFIL (PAH) ◊	4	4	2
RHOPRESSA	2	3	NC	silodosin	1	1	1
RIASTAP	4	4	NC	simvastatin (except susp)	1	1	1
RIBAVIRIN ◊	4	4	2	<b>SINGULAIR</b>	3	3	NC
RINVOQ ER ◊	4	4	NC	sirolimus	1	1	1
risedronate	1	1	1	SKYLA	4	4	2
risperidone	1	1	1	SKYRIZI ◊	4	4	NC
RIXUBIS	4	4	2	SODIUM PHENYLBUTYRATE ◊	4	4	2
rizatriptan ‡	1	1	1	sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
ROCKLATAN	2	3	NC				
ROMIDEPSIN ◊	4	4	NC				
ropinirole	1	1	1				

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<i>SOFOSBUVIR/VELPATASVIR</i> ◊	4	4	2	<i>SUPARTZ FX</i> ◊	4	4	2
<i>SOLESTA</i>	4	4	2	<i>SUPPRELIN LA</i> ◊	4	4	2
solifenacin	1	1	1	<b>SUPREP BOWEL PREP KIT</b>	3	3	NC
<i>SOLIRIS</i> ◊	4	4	NC	<b>SUTENT</b> ◊	5	5	NC
<b>SOMATULINE DEPOT</b> ◊	4	4	2	<b>SYMBICORT</b>	3	3	NC
<i>SOMAVERT</i>	4	4	2	<i>SYMDEKO</i> ◊	4	4	2
<i>SORAFENIB</i> ◊	4	4	2	<i>SYNAGIS</i> ◊	4	4	2
<i>SOVALDI</i> ◊	4	4	2	<b>SYNTHROID</b>	2	2	2
SPIRIVA RESPIMAT	2	2	2	<i>SYNVISC</i> ◊	5	5	NC
<b>SPIRIVA</b>	3	3	NC	<i>SYNVISC ONE</i> ◊	5	5	NC
spironolactone	1	1	1	<i>TABRECTA</i> ◊	4	4	2
<i>SPRYCEL</i> ◊	4	4	2	tacrolimus	1	1	1
stavudine	1	1	1	<i>TADALAFIL (PAH)</i> ◊	4	4	2
<i>STELARA</i> ◊	4	4	NC	<i>TAFINLAR</i> ◊	4	4	2
STIOLTO RESPIMAT	2	2	2	tafluprost	1	1	1
<i>STIVARGA</i> ◊	4	4	2	<b>TAMIFLU CAPS ‡</b>	3	3	NC
<b>STRATTERA</b>	3	3	NC	tamoxifen citrate	1	1	1
STRIANT ◊	3	3	NC	tamsulosin	1	1	1
STRIBILD	2	2	2	<b>TARGRETIN CAPS/GEL</b> ◊	5	NC	NC
STRIVERDI RESPIMAT	3	3	NC	<i>TASIGNA</i> ◊	5	5	2
<i>SUBLOCADE</i> ◊	5	5	2	<i>TASIMELTEON</i> ◊	4	4	2
<b>SUBOXONE FILM ‡</b>	3	3	NC	tavaborole sol 5%* ◊	1	1	1
sucralfate	1	1	1	<i>TAVALISSE</i> ◊	5	5	NC
sulfamethoxazole/ trimethoprim	1	1	1	<b>TAZORAC</b> ◊	3	3	NC
sumatriptan succinate ‡	1	1	1	telmisartan/hctz	1	1	1
<i>SUNITINIB</i> ◊	4	4	2	temazepam ‡	1	1	1

**ABBREVIATED FORMULARY** (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<b>TEMODAR</b> ◊	5	NC	NC	<b>TREANDA</b> ◊	5	5	NC
TEMOZOLOMIDE	4	4	2	TRELEGY ELLIPTA	2	2	2
TEPMETKO ◊	5	5	NC	TRELSTAR ◊	4	4	2
TERIFLUNOMIDE ◊	4	4	2	TRESIBA	2	3	NC
<b>TESTIM</b> ◊	3	NC	NC	tretinoin ◊	1	1	1
testosterone cypionate ◊	1	1	1	TRETEN	4	4	NC
testosterone gel ◊	1	1	1	triamterene/hctz	1	1	1
TETRABENAZINE ◊	4	4	2	TRIKAFTA ◊	4	4	2
THALOMID ◊	4	4	2	TRINTELLIX	3	3	NC
THIOTEPA	4	4	2	<b>TRISENOX</b>	5	5	NC
THYROGEN	4	4	2	TRIUMEQ	2	2	2
TICE BCG	4	4	2	<b>TRIZIVIR</b>	3	3	NC
<b>TIKOSYN</b> ◊	5	NC	NC	TROGARZO ◊	4	4	2
timolol maleate	1	1	1	tropium/er	1	1	1
tiotropium inhalation powder caps	1	1	1	TRULICITY ◊	2	2	2
<b>TOBI</b>	5	5	NC	<b>TRUVADA</b>	3	3	NC
TOBI PODHALER	4	4	NC	TUDORZA PRESSAIR	3	NC	NC
TOBRAMYCIN INH SOLN	4	4	2	<b>TYKERB</b> ◊	5	NC	NC
tolterodine/er	1	1	1	TYMLOS ◊	4	4	2
TOLVAPTAN ◊	4	4	2	TYSABRI ◊	4	4	2
topiramate/er	1	1	1	TYVASO/DPI ◊	5	5	NC
TOPOTECAN	4	4	2	TYZEKA	4	4	2
<b>TOVIAZ</b>	3	3	NC	UPTRAVI TABS ◊	4	4	2
tramadol (except 100mg tab)/er †	1	1	1	<b>VAGIFEM</b>	3	3	NC
<b>TRAVATAN Z</b>	3	3	NC	valacyclovir	1	1	1
trazodone	1	1	1	valsartan/hctz	1	1	1
				<b>VALTREX</b>	3	3	NC
				VARIZIG	4	4	2



NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
VARUBI ‡	2	2	2	<b>VOGELXO ◊</b>	3	NC	NC
VECTIBIX ◊	4	4	NC	VOTRIENT ◊	4	4	2
<b>VELCADE ◊</b>	5	5	NC	VPRIV ◊	5	5	NC
<b>VELETRI ◊</b>	5	5	NC	<b>VUSION ‡ *</b>	3	NC	NC
VEMLIDY	4	4	2	VYEPTI ◊	5	5	NC
venlafaxine/er	1	1	1	<b>VYTORIN</b>	3	NC	NC
VENTAVIS ◊	4	4	2	<b>VYVANSE ◊</b>	3	3	NC
<b>VENTOLIN HFA</b>	3	NC	NC	warfarin	1	1	1
VERAMYST	2	NC	NC	<b>WELCHOL</b>	3	3	NC
verapamil/er	1	1	1	<b>WELLBUTRIN XL</b>	3	NC	NC
VERZENIO ◊	4	5	2	WILATE	4	4	NC
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2	WINRHO SDF	4	4	NC
VICTOZA ◊	2	2	2	XALKORI ◊	4	4	2
<b>VIDAZA</b>	5	5	NC	XARELTO	2	2	2
VIGABATRIN ◊	4	4	2	XELJANZ/XR ◊	4	4	NC
<b>VIGAMOX</b>	3	3	NC	<b>XELODA ◊</b>	5	NC	NC
<b>VIIBRYD</b>	3	3	NC	<b>XENAZINE ◊</b>	5	NC	NC
vilazodone	1	1	1	XEOMIN ◊	4	4	2
VIMIZIM ◊	4	4	NC	XGEVA ◊	4	4	2
VINBLASTINE	4	4	2	XIAFLEX ◊	4	4	2
VINCRIStINE	4	4	2	XIIDRA ◊	2	2	2
VINOReLBINE	4	4	2	XOLAIR ◊	4	4	2
VIOKACE	2	2	2	XOFLUZA ‡	3	3	2
VIRACEPT	2	2	2	<b>XOPENEX HFA</b>	3	NC	NC
VISUDYNE	4	4	2	<b>XOPENEX/ CONCENTRATE</b>	3	3	NC
<b>VIVELLE DOT</b>	3	3	NC	XTANDI ◊	4	4	2
VIVITROL	4	4	2	XYNTHA	4	4	NC

## ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
<i>XYNTHA SOLOFUSE</i>	4	4	NC	<b>ZOCOR</b>	3	NC	NC
<i>YERVOY</i> ◊	4	4	NC	<i>ZOLADEX</i> ◊	4	4	2
<i>YONSA</i> ◊	4	4	2	<i>ZOLEDRONIC ACID</i>	4	4	2
<i>zafirlukast</i>	1	1	1	<i>ZOLINZA</i> ◊	4	4	2
<i>zaleplon</i> ‡	1	1	1	<i>zolmitriptan</i> ‡	1	1	1
<i>ZALTRAP</i> ◊	4	4	2	<i>zolpidem/ER</i> ‡	1	1	1
<i>ZANOSAR</i>	4	4	2	<i>ZOMACTON</i> ◊	5	NC	NC
<i>ZELBORAF</i> ◊	4	4	2	<b>ZOMIG/ZMT</b> ‡	3	3	NC
<i>ZEMAIRA</i> ◊	5	5	NC	<i>ZORBTIVE</i> ◊	4	4	2
<b>ZETIA</b>	3	3	NC	<b>ZOVIRAX</b>	3	3	NC
<b>ZIAGEN</b>	3	3	NC	<i>ZUBSOLV</i> ‡	2	2	2
<i>zidovudine</i>	1	1	1	<i>ZYKADIA</i> ◊	4	4	2
<b>ZIOPTAN</b>	3	3	NC	<b>ZYTIGA</b> ◊	5	NC	NC



### To see the 2024 full formularies:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)



# 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*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Acne</b> Oral Antibiotics	MINOLIRA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
<b>Acne</b> Miscellaneous	adapalene pad, adapalene soln 0.1%	adapalene crm, gel (Rx only), DIFFERIN (Rx only)
	ABSORICA LD	isotretinoin, ABSORICA
<b>Allergies</b> Antihistamines	carbinoxamine 6mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
<b>Anticoagulants</b>	PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
<b>Antidiarrheals</b>	opium tincture	diphenoxylate/atropine, loperamide
<b>Antifungals</b>	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFIL, SPORANOX, VFEND
<b>Anti-Inflammatories</b> Nonsteroidal Anti-Inflammatories (NSAIDs)	diclofenac potassium caps, diclofenac sodium soln 2%, fenoprofen cap 200mg, indomethacin caps (20mg, 40mg), indomethacin supp (50mg, 100mg), meloxicam caps (5mg, 10mg), meloxicam susp 7.5mg/5mL, naproxen sodium ext-rel tablets, CAMBIA, FENORTHO, INDOCIN susp/supp, NAPRELAN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/soln (except soln 2%), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20mg, 40mg and supp 50mg, 100mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Anti-Inflammatories</b> 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
<b>Antiobesity</b>	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
<b>Antirheumatics</b>	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
<b>Antispasmodics</b>	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/scopolamine/phenobarbital
<b>Anxiety Disorders</b> Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAXXR
<b>Asthma</b> Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
<b>Benign Prostatic Hyperplasia (BPH)</b>	UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), JALYN, PROSCAR, RAPAFLU, FLOMAX
<b>Bladder Agents</b>	DETROL, DETROL LA, ENABLEX, GEMTESA, OXYTROL, VESICARE	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, DITROPAN XL, GELNIQUE, MYRBETRIQ, TOVIAZ, VESICARE LS
<b>Cardiovascular</b> Antiarrhythmics	BETAPACE, BETAPACE AF	sotalol, sotalol AF

## EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Cardiovascular</b> Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
<b>Central Nervous System</b> Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
<b>Central Nervous System</b> Miscellaneous	methylphenidate tab ER osmotic release 45mg, 63mg, 72mg, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXXII	amphetamine/dextroamphetamine mixed salts/ER, amphetamine sulfate, dexamethylphenidate/ER, dextroamphetamine/ER, lisdexamfetamine, methylphenidate/ER (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg), ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
<b>Corticosteroids</b> Oral	DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS
<b>Dermatology</b> 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
<b>Dermatology</b> Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, 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, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, SERNIVO, TOPICORT, ULTRAVATE



CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Dermatology</b> Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketokonazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
<b>Dermatology</b> Psoriasis	TACLONEX	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, WYNZORA
<b>Dermatology</b> Rosacea	EPSOLAY	azelaic acid gel, brimonidine topical gel, doxycycline (except 20 mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/ lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, NORITATE, ORACEA, RHOFADE, SOOLANTRA, ZILXI
<b>Diabetes</b> 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
<b>Diabetes</b> Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<b>Diabetes</b> Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
<b>Diabetes</b> Insulins	insulin glargine, LANTUS/ SOLOSTAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE - YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA/FLEXTOUCH
<b>Diabetes</b> Metformin	metformin 625mg tab, GLUMETZA, RIOMET ER	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln, RIOMET IR
<b>Diabetes</b> Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
<b>Gout</b>	allopurinol 200mg tab	allopurinol (does not include 200mg tab), colchicine, febuxostat, probenecid, COLCRYS, KRYSTEXXA, MITIGARE, ULORIC, ZYLOPRIM

## EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>H2 Receptor Antagonists</b>	PEPCID	cimetidine, famotidine 40mg, nizatidine
<b>High Blood Pressure Angiotensin II Receptor Blockers/ Combinations (ARBs)</b>	valsartan oral soln 4mg/ml	candesartan, candesartan/HCT, irbesartan, irbesartan/HCT, losartan, losartan/HCT, olmesartan, olmesartan/HCT, telmisartan, telmisartan/HCT, valsartan, valsartan/HCT, ATACAND, ATACAND HCT, AVAPRO, AVALIDE, BENICAR, BENICAR HCT, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT
<b>High Blood Pressure Calcium Channel Blockers</b>	levamlodipine maleate caps, CONJUPRI, NORLIQVA	amlodipine tabs, felodipine ext-rel, nocardipine, nifedipine ext-rel, nisoldipine ext-rel, KATERZIA, NORVASC, PROCARDIA XL, SULAR
<b>High Cholesterol Fibrates</b>	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID, TRICOR, TRIPLEX
<b>High Cholesterol Statins</b>	simvastatin susp, ALTOPREV, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, LESCOL XL, LIPITOR, LIVALO, ROSZET, VYTORIN, ZOCOR
<b>Influenza Agents</b>	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
<b>Interstitial Cystitis</b>	RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber
<b>Irritable Bowel Syndrome Irritable Bowel Syndrome with Constipation</b>	AMITIZA	lubiprostone (generic), IBSRELA, LINZESS, MOTEGRITY
<b>Laxatives</b>	LACTULOSE PAK 10MG	lactulose solution, PEG 3350/ electrolytes, sodium sulfate/ potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP, SUTAB
<b>Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors</b>	AJOVY	AIMOVIG, EMGALITY 120mg/mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT



CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Migraine Agents</b> Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
<b>Migraine Agents</b> Selective Serotonin Agonists	REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, TOSYMRA, ZOMIG
<b>Movement Disorders</b>	TASMAR	amantadine, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
<b>Multiple Sclerosis</b>	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, glatopa
	TECFIDERA	dimethyl fumarate delayed-rel
<b>Musculoskeletal Therapy Agents</b>	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
	orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine†, baclofen, cyclobenzaprine
<b>Nausea and Vomiting Therapy</b> (5HT-3 Blocker)	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, SANCUSO
<b>Omega-3 Fatty Acids</b>	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
<b>Ophthalmology</b> Anti-Infectives	BACIGUENT	bacitracin ophthalmic
<b>Ophthalmology</b> Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
	PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber

## EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Pain Medications</b> Neuropathic Pain	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), LYRICA, NEURONTIN
<b>Pain Medications</b> Opioids	benzhydrocodone/ acetaminophen, hydrocodone- acetaminophen sol 10-325 mg/15 mL, oxycodone/ acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg), oxycodone- acetaminophen soln 10–300mg/5ml, APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/ acetaminophen, oxycodone/ acetaminophen (except 2.5mg– 300mg, 5mg–300mg, 10mg–300mg tabs), tramadol/acetaminophen, ENDOCET, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tab), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	tramadol 100mg tabs, CONZIP	tramadol (except 100mg tabs), tramadol ext-rel, tramadol/acetaminophen
<b>Pain Medications</b> Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
<b>Proton Pump Inhibitors</b>	esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST- LANSOPRAZOLE, FIRST- OMEPRAZOLE, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, omeprazole/sodium bicarbonate, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel), DEXILANT
<b>Sleep Agents</b>	zolpidem cap 7.5mg, DORAL, QUVIVIQ, SECONAL	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ ER tab, AMBIEN/CR, BELSOMRA, DAYVIGO, EDLUAR, LUNESTA, RESTORIL, ROZEREM, SILENOR
<b>Testosterone Agents</b> Oral/Buccal	TLANDO	JATENZO, KYZATREX, STRIANT

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR STANDARD OPTION	COVERED OPTIONS**
<b>Thyroid Disease</b>	ERMEZA	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT, THYQUIDITY
<b>Ulcerative Colitis</b>	COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTIUM, LIALDA, PENTASA
<b>Ulcer Therapy Miscellaneous</b>	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, review 2024 Standard Option formulary.

\*\*\*Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81mg per day) for female members at risk for preeclampsia.

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



## EXCLUDED DRUG LIST STANDARD OPTION

### ALPHABETIC EXCLUDED DRUG LIST STANDARD OPTION

ABSORICA LD	CYCLOSET	KOMBIGLYZE XR
ACIPHEX	DESOXYN	LACTULOSE PAK 10MG
adapalene pad	DETROL	LANTUS/SOLOSTAR
adapalene soln 0.1%	DETROL LA	LAZANDA
ADIPEX-P	DEXABLISS	levamlodipine maleate caps
ADLYXIN	diclofenac potassium caps	levorphanol
ADZENYS XR-ODT	diclofenac sodium soln 2%	LEXETTE
AJOVY	DONNATAL	LIBRAX
ALCOTRIN-A	DORAL	LOREEV XR
allopurinol 200mg tab	DUEXIS	LORZONE
ALTOPREV	DXEVO 11-DAY	LOTRISONE
AMITIZA	DYANAVEL XR	LYRICA CR
AMPYRA	ENABLEX	meloxicam caps (5mg, 10mg)
AMRIX	EPSOLAY	meloxicam susp 7.5mg/5ml
ANZEMET	ERMEZA	metformin 625mg tab
APADAZ	esomeprazole strontium	methylphenidate tab ER osmotic release 45mg, 63mg, 72mg
aspirin/omeprazole delayed-rel tabs	EVEKEO ODT	MIGRANAL
atropine sulfate eye ointment	EXTINA	MILLIPRED
BACIGUENT	FENOGLIDE	MINOLIRA
benzhydrocodone/acetaminophen	fenoprofen cap 200mg	NALOCET
BETAPACE	FENORTHO	NAPRELAN
BETAPACE AF	FIRST-LANSOPRAZOLE	naproxen sodium ext-rel tablets
BRYHALI	FIRST-OMEPRAZOLE	naproxen/esomeprazole magnesium tabs DR
BYDUREON	FLOLIPID	NESINA
BYDUREON BCISE	FLUMADINE	NEXIUM
BYETTA	GEMTESA	NORLIQVA
CAFERGOT	GLUMETZA	NOVACORT
CAMBIA	GRALISE	OLUX
CARAFATE	halobetasol propionate topical foam	OLUX-E
carbinoxamine 6 mg	HORIZANT	ONGLYZA
chlorzoxazone tab (250mg, 375mg, 750mg)	hydrocodone-acetaminophen sol 10-325mg/15mL	opium tincture
COLAZAL	ibuprofen/famotidine tabs	orphenadrine/aspirin/caffeine tabs
CONJUPRI	INDOCIN SUSP/SUPP	ORPHENGESIC FORTE
CONSENSI	indomethacin caps (20mg, 40mg)	OSENI
CONZIP	indomethacin supp 50mg, 100mg	OVACE
COPAXONE	insulin glargine	OVACE PLUS
COTEMPLA XR-ODT	JENTADUETO	oxycodone/acetaminophen tab (2.5mg-300mg, 5mg-300mg, 10mg-300mg)
CUPRIMINE	JENTADUETO XR	
cyclobenzaprine ext-rel	KAZANO	

oxycodone -acetaminophen soln  
10-300mg/5ml

OXYTROL

penicillamine caps

PENNSAID 2%

PEPCID

PHOSPHOLINE IODIDE

PLENITY

PRADAXA

PRADAXA PAK

pregabalin ext-rel tabs

PREVACID

PREVACID SOLUTAB

PRIOSEC

PRIMLEV

PROLATE

PROTONIX

QUVIVIQ

rabeprazole capsule sprinkle  
delayed-rel

RELAFEN DS

RELEXXII

REYVOW

RIMSO-50

RIOMET ER

RYVENT

SAVAYSA

SECONAL

SEMGLEE

simvastatin susp

SOLIQUA

SYMBYAX

TACLONEX

TASMAR

TECFIDERA

TIVORBEX

TLANDO

TOLSURA

TOUJEO/SOLOSTAR/MAX  
SOLOSTAR

TRADJENTA

tramadol 100mg tabs

triamcinolone oint 0.05%

TRIANEX

TRUDHESA

UBRELVY

UROXATRAL

valsartan oral soln 4mg/ml

VANOS

VASCEPA

VEREGEN

VESICARE

VIMOVO

VIVLODEX

VUITY

XERESE

XOLEGEL

YOSPRALA

ZEGERID

zileuton ext-rel

ZIPSOR

zolpidem cap 7.5mg

ZORVOLEX

ZTLIDO

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*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Acne</b> Oral Antibiotics	MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
<b>Acne</b> Topical	ABSORICA LD	isotretinoin, ABSORICA
	adapalene pad, adapalene soln 0.1%, TWYNEO	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide, clindamycin gel, lotion, soln, swabs, clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin gel 2%, soln, erythromycin/benzoyl peroxide, sulfacetamide sodium, tazarotene crm 0.1%, gel 0.05%, 0.1%, tretinoin, ACANYA, AKLIEF, AMZEEQ, ARAZLO, ATRALIN, AZELEX, BENZAC AC, BENZAMYCIN, CLEOCIN T, DIFFERIN (Rx only), EPIDUO/FORTE, ERYGEL, FABIOR, ONEXTON, RETIN A/MICRO, TAZORAC, VELTIN, WINLEVI, ZIANA
<b>Allergies</b> Antihistamines	carbinoxamine 6mg, cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, RYVENT, XYZAL	montelukast, zafirlukast, ACCOLATE, SINGULAIR
<b>Allergies</b> Nasal Steroids/ Antihistamines/ Combinations	BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, RYALTRIS, VERAMYST, ZETONNA	azelastine spray, azelastine/fluticasone nasal spray, flunisolide spray, fluticasone spray, mometasone spray, olopatadine spray, PATANASE
<b>Anticoagulants</b>	PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
<b>Antidiarrheals</b>	opium tincture	diphenoxylate/atropine, loperamide

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Antifungals</b>	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFIL, SPORANOX, VFEND
<b>Anti-Inflammatories Nonsteroidal Anti- Inflammatories (NSAIDs)</b>	diclofenac potassium caps, diclofenac sodium sol 2%, fenoprofen caps 200mg, indomethacin caps (20mg, 40mg), indomethacin supp (50mg, 100mg), meloxicam caps (5mg, 10mg), meloxicam susp 7.5mg/5ml, naproxen sodium ext-rel tabs, ANAPROX DS, CAMBIA, FELDENE, FENORTHO, INDOCIN susp/supp, NAPRELAN, NAPROSYN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/ soln (except 2% soln), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ ER (except indomethacin caps 20mg, 40mg and supp 50mg, 100mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
	LICART	diclofenac epolamine patch 1.3%, diclofenac sodium gel 1%, diclofenac sodium solution (except 2% soln), FLECTOR
	ELYXYB	celecoxib, CELEBREX
<b>Anti-Inflammatories Nonsteroidal Anti- Inflammatories (NSAIDs) Combinations</b>	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
<b>Antineoplastic Agents (Anti)Hormonal</b>	ZYTIGA	abiraterone
	FASLODEX	fulvestrant
<b>Antineoplastic Agents Kinase Inhibitors</b>	GLEEVEC	imatinib mesylate
	AFINITOR, AFINITOR DISPERZ	everolimus, everolimus tabs for oral suspension
	TYKERB	lapatinib
<b>Antineoplastic Agents Miscellaneous</b>	XELODA	capecitabine
	TEMODAR	temozolomide
	TARGETIN CAPS/GEL	bexarotene caps/gel

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Antiobesity</b>	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
<b>Antirheumatics</b>	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
	REDITREX	methotrexate, OTREXUP, RASUVO
<b>Antispasmodics</b>	LIBRAX	chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/scopolamine/phenobarbital
<b>Anxiety Disorders</b> Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAXXR
<b>Asthma</b> 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
<b>Asthma</b> Inhaled Corticosteroid	AEROSPAN, ALVESCO	budesonide inhalation suspension, fluticasone, CFC-free aerosol, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
<b>Asthma</b> Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
<b>Benign Prostatic Hyperplasia (BPH)</b>	ENTADFI, JALYN, UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFLU, FLOMAX
<b>Bladder Agents</b>	DETROL, DETROL LA, ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ



CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Cardiovascular</b> Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
<b>Cardiovascular</b> Antiarrhythmics	TIKOSYN	dofetilide
	BETAPACE, BETAPACE AF	sotalol, sotalol AF
<b>Cardiovascular</b> Loop Diuretics	FUROSCIX, SOAAZ	bumetanide, ethacrynic acid, furosemide, torsemide, EDECRIN, LASIX
<b>Cardiovascular</b> Miscellaneous	NORTHERA	droxidopa
<b>Central Nervous System</b> Anticonvulsants	SABRIL	vigabatrin, vigadrone
<b>Central Nervous System</b> Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
<b>Central Nervous System</b> Antidepressants Miscellaneous	WELLBUTRIN XL	amitriptyline/perphenazine, bupropion, bupropion ext-rel, mirtazapine, nefazodone, trazodone, APLENZIN, FORFIVO XL, REMERON, SPRAVATO, WELLBUTRIN SR
<b>Central Nervous System</b> Miscellaneous	methylphenidate tab ER osmotic release 45mg, 63mg, 72mg, ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXII, XELSTRYM	amphetamine sulfate, amphetamine/dextroamphetamine mixed salts/ER, dexamethylphenidate/ER, dextroamphetamine/ER, lisdexamfetamine, methylphenidate/ER (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg), ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
<b>COPD</b> Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)	INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, tiotropium inhalation powder caps, ATROVENT HFA, SPIRIVA, SPIRIVA RESPIMAT

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>COPD</b> Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)/ Long-Acting Beta Agonist (LABA) Combinations	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
<b>Corticosteroids</b>	ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11- DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
<b>Dermatology</b> Actinic Keratosis	fluorouracil cream 0.5%, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (except fluorouracil cream 0.5%), EFUDEX
<b>Dermatology</b> Antifungal	ALCORTIN-A, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, OXISTAT, VUSION*, XOLEGEL*	ciclopirox, clotrimazole, clotrimazole/ betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloë, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, ECOZA, EXELDERM
<b>Dermatology</b> Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, IMPEKLO, IMPOYZ, LEXETTE, NOVACORT, OLUX, OLUX-E, 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, HALOG, KENALOG SPRAY, PRAMOSONE, SERNIVO, TOPICORT, ULTRAVATE
<b>Dermatology</b> Impetigo	XEPI CREAM 1%	mupirocin cream 2%, mupirocin ointment 2%, ALTABAX OINTMENT 1%
<b>Dermatology</b> Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Dermatology</b> Psoriasis	TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, VTAMA, ZORYVE
<b>Dermatology</b> Rosacea	EPSOLAY, NORITATE	azelaic acid gel, brimonidine topical gel, doxycycline (except 20mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA, ZILXI
<b>Diabetes</b> 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
<b>Diabetes</b> Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<b>Diabetes</b> Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
<b>Diabetes</b> Insulins <b>(NOTE: HUMULIN R U-500 concentrate will continue to be covered)</b>	insulin lispro, ADMELOG/ SOLOSTAR, APIDRA/ SOLOSTAR, HUMALOG, HUMALOG TEMPO, LYUMJEV, LYUMJEV KWIKPEN, LYUMJEV TEMPO	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
	insulin glargine, LANTUS/ SOLOSTAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE - YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA/FLEXTOUCH

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Diabetes</b> Metformin	metformin 625mg tab, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln
<b>Diabetes</b> Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
<b>Diabetes</b> SGLT2 Inhibitors	INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
<b>Endocrine And Metabolic</b> Miscellaneous	RECLAST	zoledronic acid
	SANDOSTATIN	octreotide
	SENSIPAR	cinacalcet
<b>Gastrointestinal</b> Diabetic Gastroparesis	GIMOTI	metoclopramide, REGLAN
<b>Glaucoma</b> Prostaglandins	LUMIGAN	latanoprost, tafluprost, travoprost, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
<b>Gout</b>	allopurinol 200mg tab	allopurinol (does not include 200mg tab), colchicine, febuxostat, probenecid, COLCRYS, KRISTEXXA, MITIGARE, ULORIC, ZYLOPRIM
<b>Growth Hormone</b>	GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
<b>H2 Receptor Antagonists</b>	PEPCID	famotidine 40mg, cimetidine, nizatidine
<b>Hematopoietic Growth Factors</b>	NEUPOGEN	GRANIX, NIVESTYM, RELEUKO, ZARXIO
	PROCRIT	ARANESP, EPOGEN, RETACRIT
<b>Hepatitis B</b>	BARACLUDE TABLETS	entecavir tablets
	HEPSERA	adefovir dipivoxil
<b>Hepatitis C</b>	ZEPATIER	ledipasvir/sofosbuvir, sofosbuvir/ velpatasvir, EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI
<b>Hereditary Angioedema (HAE)</b>	FIRAZYR	icatibant

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>High Blood Pressure</b> Angiotensin II Receptor Blockers/ Combinations (ARBs)	valsartan oral soln 4mg/ mL, 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 (does not include valsartan oral soln 4mg/mL), valsartan/HCTZ, BENICAR, BENICAR HCT
<b>High Blood Pressure</b> 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
<b>High Blood Pressure</b> Calcium Channel Blockers	levamlodipine maleate caps, CONJUPRI, KATERZIA, NORLIQVA	amlodipine tabs, felodipine ext- rel, nifedipine, nifedipine ext-rel, nisoldipine ext-rel, NORVASC, PROCARDIA XL, SULAR
<b>High Cholesterol</b> Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, TRICOR, TRIPLEX, LOPID, ANTARA
<b>High Cholesterol</b> PCSK9 Inhibitors	PRALUENT	REPATHA
<b>High Cholesterol</b> Statins	simvastatin susp, ALTOPREV, CADUET, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, ROSZET, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<b>Immunomodulators</b> Miscellaneous	ZORTRESS	everolimus
<b>Influenza Agents</b>	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
<b>Interstitial Cystitis</b>	RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber
<b>Iron Deficiency</b>	ACCRUFER	ferrous fumarate†, ferrous gluconate†, ferrous sulfate†, INJECTAFER, MONOFERRIC
<b>Iron Overload</b>	EXJADE, JADENU	deferasirox

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Irritable Bowel Syndrome</b> Irritable Bowel Syndrome with Constipation	AMITIZA	lubiprostone (generic), IBSRELA, LINZESS, MOTEGRITY
<b>Laxatives</b>	LACTULOSE PAK 10MG, SUTAB	lactulose solution, PEG 3350/ electrolytes, sodium sulfate/ potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP
<b>Migraine Agents</b> Calcitonin Gene- Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIQ, EMGALITY 120 mg/mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT
<b>Migraine Agents</b> Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
<b>Migraine Agents</b> Selective Serotonin Agonists	REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG
<b>Movement Disorders</b>	APOKYN, OSMOLEX ER, TASMAR	amantadine IR, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ ER, selegiline, tolcapone, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
	XENAZINE	tetrabenazine
<b>Multiple Sclerosis</b>	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, GLATOPA
	TECFIDERA	dimethyl fumarate delayed-rel

<b>CATEGORY* DRUG CLASS*</b>	<b>DRUGS NOT COVERED IN 2024 FOR BASIC OPTION</b>	<b>COVERED OPTIONS**</b>
<b>Musculoskeletal Therapy Agents</b>	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	FLEQSUVY, LYVISPAH	baclofen, cyclobenzaprine, dantrolene, DANTRIUM, LIORESAL INTRATHECAL, OZOBAX
	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
	orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine†, baclofen, cyclobenzaprine
<b>Nausea And Vomiting Therapy (5HT-3 Blocker)</b>	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, SANCUSO
<b>Nausea And Vomiting Pregnancy</b>	BONJESTA	doxylamine†, doxylamine/pyridoxine delayed-rel, pyridoxine (vitamin B6)†, DICLEGIS, UNISOM†
<b>Omega-3 Fatty Acids</b>	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
<b>Ophthalmology Anti-Infectives</b>	BACIGUENT	bacitracin ophthalmic
<b>Ophthalmology Dry Eye Disease</b>	EYSUVIS, TYRVAYA	cyclosporine emulsion, CEQUA, RESTASIS, XIIDRA
<b>Ophthalmology Miscellaneous</b>	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
	PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
<b>Pain Medications Neuropathic Pain</b>	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), NEURONTIN

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Pain Medications</b> Opioids	ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone ext-rel, hydromorphone ext-rel, morphine ext-rel, tramadol ext-rel, EMBEDA, MORPHABOND, MS CONTIN, NUCYNТА ER, OPANA ER, XTAMPZA ER
	benzhydrocodone/ acetaminophen, hydrocodone/acetaminophen soln 10–325mg/15mL, oxycodone/acetaminophen tab (2.5mg–300mg, 5mg– 300mg, 10mg–300mg), oxycodone-acetaminophen soln 10–300mg/5ml, APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 2.5mg–300mg, 5mg–300mg, 10mg–300mg tabs), tramadol/ acetaminophen, ENDOCET, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tab, and 5mg/ mL oral soln), DILAUDID, NUCYNТА, OPANA, ROXICODONE
	SEGLENTIS	celecoxib, tramadol (except 100mg tabs, and 5mg/mL oral soln), CELEBREX
	tramadol 100mg tabs, tramadol 5 mg/mL oral, CONZIP, QDOLO	tramadol (except 100mg tabs and 5mg/mL oral soln), tramadol ext-rel, tramadol/acetaminophen
<b>Pain Medications</b> Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
<b>Pancreatic Enzymes</b>	PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
<b>Proton Pump Inhibitors</b>	esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST- LANSOPRAZOLE, FIRST- OMEPRAZOLE, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed- rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)



CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2024 FOR BASIC OPTION	COVERED OPTIONS**
<b>Pulmonary Arterial Hypertension (PAH)</b>	LETAIRIS	ambrisentan
	REVATIO	sildenafil (PAH)
	ADCIRCA	tadalafil (PAH), Alyq
	TRACLEER 62.5mg, 125mg tab	bosentan
<b>Sleep Agents</b>	zolpidem cap 7.5mg, AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, QUVIVIO, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ER tab, BELSOMRA, DAYVIGO, RESTORIL, SILENOR
<b>Testosterone Agents Topical</b>	ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, FORTESTA
<b>Testosterone Agents Oral/Buccal</b>	TLANDO	JATENZO, KYZATREX, STRIANT
<b>Thyroid Disease</b>	ERMEZA, THYQUIDITY	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT
<b>Ulcer Therapy Miscellaneous</b>	CARAFATE	sucralfate
	DARTISLA ODT	glycopyrrolate tabs (generic)
<b>Ulcerative Colitis</b>	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, review 2024 Basic Option formulary.

\*\*\*Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81mg per day) for female members at risk for preeclampsia.

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

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

### ALPHABETIC “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

ABSORICA LD	AVAPRO	DESOXYN
ACCRUFER	BACIGUENT	DETROL
ACIPHEX	BARACLUDE TABLETS	DETROL LA
adapalene pad	BECONASE AQ	DEXABLISS
adapalene soln 0.1%	benzhydrocodone/acetaminophen	DEXILANT
ADCIRCA	BETAPACE	diclofenac potassium caps
ADHANSIA XR	BETAPACE AF	diclofenac sodium sol 2%
ADIPEX-P	BONJESTA	DIOVAN
ADLYXIN	BRYHALI	DIOVAN HCT
ADMELOG/SOLOSTAR	BYDUREON	DONNATAL
ADZENYS XR-ODT	BYDUREON BCISE	DORAL
AEROSPAN	BYETTA	DUAKLIR PRESSAIR
AFINITOR	BYSTOLIC	DUEXIS
AFINITOR DISPERZ	CADUET	DXEVO 11-DAY
AJOVY	CAFERGOT	DYANAVEL XR
ALCORTIN-A	CAMBIA	DYMISTA
ALKINDI SPRINKLE CAPS	CARAC	EDARBI
allopurinol 200mg tab	CARAFATE	EDARBYCLOR
ALTOPREV	carbinoxamine 6 mg	EDLUAR
ALVESCO	cetirizine solution	ELYXYB
AMBIEN	chlorzoxazone tab (250mg, 375mg, 750mg)	ENABLEX
AMBIEN CR	CLARINEX	ENTADFI
AMITIZA	CLARINEX-D	EPSOLAY
AMPYRA	COLAZAL	ERMEZA
AMRIX	CONJUPRI	ERTACZO
ANAPROX DS	CONSENSI	esomeprazole strontium
ANDROGEL	CONZIP	EVEKEO ODT
ANZEMET	COPAXONE	EXJADE
APADAZ	CORTEF	EXTINA
APIDRA/SOLOSTAR	COTEMPLA XR-ODT	EYSUVIS
APOKYN	COZAAR	EZALLOR SPRINKLE
ARTHROTEC	CRESTOR	EZETIMIBE/ROSUVASTATIN tabs
ARYMO ER	CUPRIMINE	FASLODEX
ASACOL HD	cyclobenzaprine ext-rel	FELDENE
aspirin/omeprazole delayed-rel tabs	CYCLOSET	FENOGLIDE
ATACAND	DARTISLA ODT	fenoprofen caps 200mg
ATACAND HCT	DELTASONE	FENORTHO
atropine sulfate eye ointment	DELZICOL	FIRAZYR
AVALIDE	desloratadine	FIRST-LANSOPRAZOLE

FIRST-OMEPRAZOLE	INTERMEZZO	LYUMJEV TEMPO
FLEQSUVY	INVOKAMET	LYVISPAH
FLOLIPID	INVOKAMET XR	MEDROL
FLUMADINE	INVOKANA	meloxicam caps (5mg, 10mg)
fluorouracil cream 0.5%	JADENU	meloxicam susp 7.5mg/5ml
FORTAMET	JALYN	MENTAX
FUROSCIX	JENTADUETO	metformin 625mg tab
GELNIQUE	JENTADUETO XR	methylphenidate tab ER osmotic release 45mg, 63mg, 72mg
GEMTESA	JUBLIA	MEVACOR
GENOTROPIN	KATERZIA	MICARDIS
GIMOTI	KAZANO	MICARDIS HCT
GLEEVEC	KERYDIN	MIGRANAL
GLUMETZA	KLISYRI	MILLIPRED
GRALISE	KOMBIGLYZE XR	MINOLIRA
halobetasol propionate topical foam	LACTULOSE PAK 10MG	NAFTIN
HEPSERA	LANTUS/SOLOSTAR	NALOCET
HORIZANT	LAZANDA	NAPRELAN
HUMALOG	LESCOL/XL	NAPROSYN
HUMALOG MIX 50/50	LETAIRIS	naproxen sodium ext-rel tabs
HUMALOG MIX 75/25	levamlodipine maleate caps	naproxen/esomeprazole magnesium tabs DR
HUMALOG TEMPO	levocetirizine	NASONEX
HUMATROPE	levorphanol	NATESTO
HUMULIN 70/30	LEXETTE	NESINA
HUMULIN N	LIBRAX	NEUPOGEN
HUMULIN R	LICART	NEXIUM
hydrocodone/acetaminophen soln 10–325mg/15mL	LIPITOR	NORITATE
HYSINGLA ER	LIPTRUZET	NORLIQVA
HYZAAR	LIVALO	NORTHERA
ibuprofen/famotidine tabs	LOPROX	NOVACORT
IMPEKLO	LOREEV XR	NUTROPIN
IMPOYZ	LORZONE	NUTROPIN AQ
INCRUSE ELLIPTA	LOTRISONE	OLUX
INDOCIN SUSP/SUPP	LUMIGAN	OLUX-E
indomethacin caps (20mg, 40mg)	LUNESTA	omeprazole/sodium bicarbonate
indomethacin supp (50mg, 100mg)	LUZU	OMNARIS
insulin glargine	LYRICA	OMNITROPE
insulin lispro	LYRICA CR	ONGLYZA
insulin lispro protamine/insulin lispro 75/25	LYUMJEV	opium tincture
	LYUMJEV KWIKPEN	

## “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

ORAPRED ODT	REDITREX	TLANDO
orphenadrine/aspirin/caffeine tabs	RELAFEN DS	TOLSURA
ORPHENGESIC FORTE	RELEXXII	TOSYMRA
OSENI	REVATIO	TOUJEO/SOLOSTAR/ MAX SOLOSTAR
OSMOLEX ER	REYVOW	TRACLEER 62.5mg, 125mg tab
OVACE	RHINOCORT AQUA	TRADJENTA
OVACE PLUS	RIMSO-50	tramadol 100mg tabs
OXISTAT	RIOMET ER	tramadol 5mg/mL oral
oxycodone/acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg)	RIOMET IR	triamcinolone oint 0.05%
oxycodone-acetaminophen soln 10–300mg/5ml	ROSZET	TRIANEX
OXYCONTIN	ROZEREM	TRUDHESA
OXYTROL	RYALTRIS	TUDORZA PRESSAIR
penicillamine caps	RYVENT	TWYNEO
PENNSAID 2%	SABRIL	TYKERB
PENTASA	SAIZEN	TYRVAYA
PEPCID	SANDOSTATIN	UBRELVY
PERTZYE	SAVAYSA	UROXATRAL
PHOSPHOLINE IODIDE	SECONAL	valsartan oral soln 4 mg/mL
PLENITY	SEGLENTIS	VANOS
PRADAXA	SEGLUROMET	VASCEPA
PRADAXA PAK	SEMGLEE	VENTOLIN HFA
PRALUENT	SENSIPAR	VERAMYST
PRAVACHOL	SEYSARA	VEREGEN
pregabalin ext-rel tabs	simvastatin susp	VESICARE
PREVACID	SOAAZ	VESICARE LS
PREVACID SOLUTAB	SOLIQUA	VIMOVO
PRIOLOSEC	SONATA	VIVLODEX
PRIMLEV	STEGLATRO	VOGELXO
PROCRIT	STEGLUJAN	VUIITY
PROLATE	SUTAB	VUSION
PROTONIX	SYMBYAX	VYTORIN
PROVENTIL HFA	TACLONEX	WELLBUTRIN XL
QDOLO	TAPERDEX	WYNZORA
QNASL	TARGRETIN CAPS/GEL	XELODA
QUVIVIQ	TASMAR	XELSTRYM
rabeprazole capsule sprinkle delayed-rel	TECFIDERA	XENAZINE
RAYOS	TEMODAR	XEPI CREAM 1%
RECLAST	TESTIM	XERESE
	THYQUIDITY	XOLEGEL
	TIKOSYN	XOPENEX HFA
	TIVORBEX	

---

XYZAL

---

YOSPRALA

---

ZEGERID

---

ZENPEP

---

ZEPATIER

---

ZETONNA

---

zileuton ext-rel

---

ZIPSOR

---

ZOCOR

---

zolpidem cap 7.5mg

---

ZOMACTON

---

ZORTRESS

---

ZORVOLEX

---

ZTLIDO

---

ZUPLENZ

---

ZYFLO CR

---

ZYPITAMAG

---

ZYTIGA



# 2024 PHARMACY BENEFIT CHANGE HIGHLIGHTS

## DRUGS ASSOCIATED WITH ARTIFICIAL INSEMINATION (AI)

We now provide benefits for drugs associated with covered artificial insemination (AI) procedures.

## DRUGS USED IN CONJUNCTION WITH ASSISTED REPRODUCTIVE TECHNOLOGIES (ART)

We now cover in vitro fertilization related drugs limited to three cycles annually once prior approval has been obtained for individuals that meet our definition of infertility.

## MEDICARE PRESCRIPTION DRUG PROGRAM

For eligible members, prescription drug benefits will now be provided under a new FEP Medicare Prescription Drug Program. To learn more, visit [fepblue.org/medicarerx](https://fepblue.org/medicarerx).

This is not a full list of benefit changes. To see a full list, visit [fepblue.org/brochure](https://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 2024 full formularies:

- Prior to January 1, 2024, visit [fepblue.org/whatsnew](https://fepblue.org/whatsnew)
- After January 1, 2024, visit [fepblue.org/pharmacy/prescriptions](https://fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)

# 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: 711)

## **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)

## **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](https://www.fepblue.org/contact).

## **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

## **GENERAL QUESTIONS**

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

RXABRFRM2024