ProCare Rx

2026 Base Impact Formulary List

The 2026 Base Impact Formulary drug list is shown below. The formulary is the list of drugs included in your prescription plan. Inclusion does not guarantee coverage. The following list is not a complete list of products that are on the formulary. This printed formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the formulary. For example, drugs for the treatment of infertility or weight loss may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

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

KEY

[PA] – Prior Authorization Requirement

[ST] – Step Therapy Requirement

[SP] – Drug is listed on a Specialty Tier

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

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

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

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

1

1ST TIER UNIFINE PENTIPS
1ST TIER UNIFINE PENTIPS PLUS

A

ABILIFY ASIMTUFII
ABILIFY MAINTENA
ABSORICA
ACCU-CHEK FASTCLIX LANCET DRUM
ACCU-CHEK FASTCLIX LANCING DEV
ACCU-CHEK SOFTCLIX
acetaminophen-codeine
acyclovir
ADBRY [PA][SP]
ADBRY AUTOINJECTOR [PA][SP]
ADEMPAS [PA][SP]
ADVAIR HFA
ADVATE[SP]
ADYNOVATE[SP]
AFSTYLA[SP]
AIMOVIG AUTOINJECTOR [PA]
AIRSUPRA [ST]
AJOVY AUTOINJECTOR [PA]
AJOVY SYRINGE [PA]
albuterol sulfate
albuterol sulfate hfa
ALECENSA [PA][SP]
alendronate sodium
allopurinol
ALPHAGAN P
alprazolam
ALPROLIX[SP]
ALTUVIIIO[SP]
amitriptyline hcl
amlodipine besylate
amoxicillin
amoxicillin-clavulanate potass
AMZEEQ
ANORO ELLIPTA
APRETUDE [PA]
APRISO
ARALAST NP[SP]
ARANESP [PA][SP]
ARIKAYCE [PA][SP]
aripiprazole
ARISTADA
ARISTADA INITIO
ARMOUR THYROID
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
atenolol
atomoxetine hcl
atorvastatin calcium
AUGTYRO [PA][SP]
AUVI-Q
AVONEX (4 PACK) [PA][SP]
AVONEX PEN (4 PACK) [PA][SP]
AZASITE
azelastine hcl
azithromycin

B

baclofen
BARACLUDE [SP]
BAXDELA [PA]
BELBUCA
BENEFIX [SP]
benzonatate
BESIVANCE
BETHKIS [SP]
BETOPTIC S
BIKTARVY
BOSULIF [PA][SP]
BREO ELLIPTA
BREZTRI AEROSPHERE
BRIXADI
brompheniramine-pseudoephed-dm
BROMSITE
BRUKINSA [PA][SP]
budesonide
budesonide-formoterol fumarate
buprenorphine-naloxone

bupropion hcl
bupropion hcl sr
bupropion xl
buspirone hcl
BYOOVIZ [PA][SP]

C

CABENUVA [PA]
CABOMETYX [PA][SP]
CALQUENCE [PA][SP]
CARBAGLU [PA][SP]
carvedilol
cefazolin sodium [sp]
cefdinir
celecoxib
cephalexin
CEQUA
CERDELGA [PA][SP]
CEREZYME [PA][SP]
CETRAXAL [ST]
CETROTIDE [SP]
chlorhexidine gluconate
chlorthalidone
CIBINQO [PA][SP]
CIMDUO
CIMERLI [PA][SP]
CINRYZE [PA][SP]
CIPRO HC
ciprofloxacin hcl
citalopram hbr
CLENPIQ
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clomiphene
clonazepam
clonidine hcl
clopidogrel
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COTELLIC [PA][SP]
COTEMPLA XR-ODT
CREON
CRINONE
cyanocobalamin injection
cyclobenzaprine hcl
CYSTADANE [SP]

D

DANZITEN [PA][SP]
DAYVIGO [ST]
DENAVIR
DEPLIN-ALGAL OIL
DESCOVY
desvenlafaxine succinate er
dexamethasone
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR
dexmethylphenidate hcl er
dextroamphetamine-amphetamine er
dextroamphetamine-amphetamine
diazepam
DICLEGIS
diclofenac sodium
dicyclomine hcl
diltiazem 24hr er (cd)
divalproex sodium
DOPTELET [PA][SP]
DOVATO
doxycycline hyclate
doxycycline monohydrate
DROPLET INSULIN SYRINGE
DROPLET LANCETS
DUAVEE
DULERA
duloxetine hcl
DUPIXENT PEN [PA][SP]
DUPIXENT SYRINGE [PA][SP]
DUROLANE
DYANAVEL XR
DYSPORT [PA][SP]

E

EASY COMFORT INSULIN SYRINGE
EBGLYSS PEN [PA][SP]
EBGLYSS SYRINGE [PA][SP]
ELFABRIO [PA][SP]
ELIGARD [PA][SP]
ELIQUIS
ELOCTATE [SP]
ELYXYB [ST]
EMGALITY PEN [PA]
EMGALITY SYRINGE [PA]
EMPAVELI [PA][SP]
EMVERM [PA]
ENBREL [PA][SP]
ENBREL MINI [PA][SP]
ENBREL SURECLICK [PA][SP]
enoxaparin sodium
EPCLUSA [PA][SP]
EPIDIOLEX [PA][SP]
epinephrine
ERIVEDGE [PA][SP]
ERLEADA [PA][SP]
erythromycin
ERZOFRI
escitalopram oxalate
esomeprazole magnesium
ESPEROCT [SP]
estradiol
estradiol (twice weekly)
ESTRING
EUFLEXXA [PA]
EVAMIST [ST]
exenatide [pa]
ezetimibe

F

FABHALTA [PA][SP]
FABRAZYME [PA][SP]
famotidine
FARXIGA
FASENRA [PA][SP]
FASENRA PEN [PA][SP]
fenofibrate
fentanyl [pa]
FETZIMA
finasteride
FIRMAGON [SP]
FLAREX
FLECTOR [PA]
fluconazole
fluoxetine hcl
fluticasone propionate
fluticasone propionate hfa
fluticasone-salmeterol
folic acid
FOLTX
FRAGMIN
FREESTYLE FREEDOM LITE METER
FREESTYLE INSULINX METER
FREESTYLE INSULINX TEST STRIPS
FREESTYLE LANCETS
FREESTYLE LIBRE 14 DAY SENSOR
FREESTYLE LIBRE 2 PLUS SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
FREESTYLE LIBRE 3 PLUS SENSOR
FREESTYLE LIBRE 3 READER
FREESTYLE LIBRE 3 SENSOR
FREESTYLE PRECISION
FREESTYLE PRECISION NEO METER
FREESTYLE PRECISION NEO TEST STRIPS
FREESTYLE SIDEKICK II
FREESTYLE SYSTEM
FREESTYLE TEST STRIPS
FUROSCIX [ST][SP]
furosemide

G

gabapentin
GAVRETO [PA][SP]
GELSYN-3 [PA]
GEMTESA
GENOTROPIN [PA][SP]
GENVOYA
GLASSIA [SP]
glimepiride
glipizide
glipizide er
GLYXAMBI [ST]
GONAL-F RFF REDI-JECT [SP]
GONAL-F RFF [SP]
GONAL-F [SP]
GRALISE [ST]
GRASTEK
guanfacine hcl er
GVOKE
GVOKE HYPOPEN 1-PACK
GVOKE HYPOPEN 2-PACK
GVOKE PFS 1-PACK SYRINGE

GVOKE PFS 2-PACK SYRINGE

H

HADLIMA [PA][SP]
HADLIMA PUSHTOUCH [PA][SP]
HADLIMA(CF) [PA][SP]
HADLIMA(CF) PUSHTOUCH [PA][SP]
HAEGARDA [PA][SP]
haloperidol
haloperidol lactate
HARVONI [PA][SP]
HEMANGEOL
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN U-100
HUMALOG KWIKPEN U-200
HUMALOG MIX 50-50 KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25 KWIKPEN
HUMATROPE [PA][SP]
HUMIRA [PA][SP]
HUMIRA PEN [PA][SP]
HUMIRA(CF) [PA][SP]
HUMIRA(CF) PEN [PA][SP]
HUMIRA(CF) PEN CROHN'S-UC-HS [PA][SP]
HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA][SP]
HUMULIN 70/30 KWIKPEN
HUMULIN 70-30
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500 KWIKPEN
hydralazine hcl
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydromorphone hcl
hydroxychloroquine sulfate
hydroxyzine hcl
hydroxyzine pamoate
hyoscyamine sulfate

I

IBRANCE [PA][SP]
ibuprofen
ILET INFUSION KIT-INSET
ILET INFUSION-CONTACT DETACH
ILET INSULIN PUMP
ILET STARTER KIT-INSET
IMBRUVICA [PA][SP]
IMULDOSA [PA][SP]
INCONTROL PEN NEEDLE
INCRUSE ELLIPTA
INFLECTRA [PA][SP]
INLYTA [PA][SP]
insulin glargine-yfgn
insulin lispro
insulin lispro kwikpen u-100
INSULIN SYRINGE
INTRAROSA
INZIRQO [ST]
ipratropium bromide
ipratropium-albuterol
IQIRVO [PA][SP]
IXINITY [SP]

J

JAKAFI [PA][SP]
JANUMET [ST]
JANUMET XR [ST]
JANUVIA [ST]
JARDIANCE
JIVI [SP]
JUBBONTI [PA][SP]
JULUCA
JYLAMVO [ST]
JYNARQUE [PA][SP]

K

KESIMPTA PEN [PA][SP]
ketoconazole
ketorolac tromethamine
KISQALI [PA][SP]
KITABIS PAK [SP]
KLOXXADO
KOGENATE FS [SP]
KOVALTRY [SP]
KYLEENA

L

labetalol hcl
lactulose
lamotrigine
latanoprost
LENVIMA [PA][SP]
levetiracetam
levocetirizine dihydrochloride
levofloxacin
levothyroxine sodium
lidocaine
LINZESS
liothyronine sodium
liraglutide [pa]
lisdexamfetamine dimesylate
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA [PA][SP]
losartan potassium
losartan-hydrochlorothiazide
LOTEMAX GEL
LOTEMAX SM
LUMAKRAS [PA][SP]
LUMIGAN
LUMRYZ [PA][SP]
LUMRYZ STARTER PACK [PA][SP]
LUPRON DEPOT [PA][SP]
LUPRON DEPOT-PED [PA][SP]
LYNPARZA [PA][SP]
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
LYUMJEV TEMPO PEN U-100

M

MAVYRET [PA][SP]
meclizine hcl
medroxyprogesterone acetate
MEKINIST [PA][SP]
meloxicam
METANX
metformin hcl
metformin hcl er
methocarbamol
methotrexate
methylphenidate er
methylphenidate hcl
methylprednisolone
metoprolol succinate
metoprolol tartrate
metronidazole
MICROLET
MICROLET 2
MICROLET NEXT LANCING DEVICE
MINIMED SILHOUETTE
MIRENA
mirtazapine
MIRVASO [ST]
montelukast sodium
MORPHINE SULFATE
morphine sulfate [pa]
morphine sulfate er
MOUNJARO [PA]
MOVANTIK
mupirocin
MVASI [PA][SP]
MYFEMBREE [PA]
MYRBETRIQ

N

naltrexone hcl
naproxen
NATAZIA
NATESTO
NAYZILAM
NEEVODHA
NEMLUVIO [PA][SP]
NEULASTA [PA][SP]
NEULASTA ONPRO [PA][SP]
NEUPRO
NEXIUM
NEXLETOL [PA]
NEXLIZET [PA]
nifedipine er
nitrofurantoin mono-macro
NIVESTYM [PA][SP]
normal saline flush
nortriptyline hcl
NOVAREL
NOVOEIGHT [SP]
np thyroid
NUCALA [PA][SP]
NUEDEXTA [PA]
NURTEC ODT [PA]

nystatin

O

OB COMPLETE
OB COMPLETE ONE
OB COMPLETE PETITE
OB COMPLETE PREMIER
OB COMPLETE WITH DHA
OCREVUS [PA][SP]
OCREVUS ZUNOVO [PA][SP]
ODACTRA
ODEFSEY
ODOMZO [PA][SP]
OFEV [PA][SP]
ofloxacin
OGIVRI [PA][SP]
olanzapine
olmesartan medoxomil
OMECLAMOX-PAK
omeprazole
OMNIPOD 5 (G6/LIBRE 2 PLUS)
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)
OMNIPOD 5 DEXG7G6 PODS (GEN 5)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)
OMNIPOD DASH INTRO KIT (GEN 4)
OMNIPOD DASH PODS (GEN 4)
OMNITROPE [PA][SP]
ondansetron hcl
ondansetron odt
ONEXTON
OPVEE
ORALAIR
ORFADIN [PA][SP]
ORIAHNN [PA]
ORILISSA [PA]
oseltamivir phosphate
OTEZLA [PA][SP]
OTEZLA XR [PA][SP]
OTOVEL
OVIDREL
oxcarbazepine
oxybutynin chloride er
oxycodone hcl
oxycodone-acetaminophen
OZEMPIC [PA]

P

pantoprazole sodium
paroxetine hcl
PAXLOVID
PEN NEEDLE
PEN NEEDLES
PENTASA
PENTIPS PEN NEEDLE
PERSERIS
PHEBURANE [PA][SP]
phenazopyridine hcl
phentermine hcl
phenylephrine hcl-0.9% nacl [sp]
PHESGO [PA][SP]
pioglitazone hcl
PIQRAY [PA][SP]
PLEGRIDY [PA][SP]
PLEGRIDY PEN [PA][SP]
POMALYST [PA][SP]
potassium chloride
PRALUENT PEN [PA]
pravastatin sodium
prazosin hcl
PRECISION XTRA
prednisolone acetate
prednisone
pregabalin
PREMARIN
PREMPHASE
PREMPRO
PREZISTA
PROAIR RESPICLICK
PROCRIT [PA][SP]
progesterone
PROLASTIN C [SP]
PROLENSA
promethazine hcl
promethazine-dm
propranolol hcl
propranolol hcl er
prucalopride
PYLERA

Q

QNASL
QNASL CHILDREN
quetiapine fumarate
QUILLICHEW ER [ST]
QUILLIVANT XR [ST]
QULIPTA [PA]
QVAR REDIHALER

R

RAGWITEK
RALDESY [ST]
RASUVO [ST]
REBIF [PA][SP]
REBIF REBIDOSE [PA][SP]
REBINYN [SP]
RELISTOR [PA]
REPATHA PUSHTRONEX [PA]
REPATHA SURECLICK [PA]
REPATHA SYRINGE [PA]
RESTASIS
RESTASIS MULTIDOSE
RETACRIT [PA][SP]
REVLIMID [PA][SP]
REXULTI
REYVOW [PA]
RINVOQ [PA][SP]
RINVOQ LQ [PA][SP]
risperidone
RIXUBIS[SP]
rizatriptan
ropinirole hcl
rosuvastatin calcium
ROZLYTREK [PA][SP]
RUCONEST [PA][SP]
RUXIENCE [PA][SP]
RYBELSUS [PA]
RYKINDO

S

sacubitril-valsartan
SANCUSO [PA]
SAVELLA
SAXENDA [ST]
SCEMBLIX [PA][SP]
SECUADO
SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
sertraline hcl
SEVENFACT[SP]
sildenafil citrate
SIMBRINZA
SIMPONI ARIA [PA][SP]
simvastatin
SKYLA
SKYRIZI [PA][SP]
SKYRIZI ON-BODY [PA][SP]
SKYRIZI PEN [PA][SP]
SKYTROFA [PA][SP]
SOFDRA
SOGROYA [PA][SP]
SOLIQUA 100-33 [ST]
SOLIRIS [PA][SP]
SOMATULINE DEPOT [PA][SP]
SOMAVERT [PA][SP]
SOOLANTRA
SOTYKTU [PA][SP]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
STEGLUJAN [ST]
STELARA [PA][SP]
STIMUFEND [PA][SP]
STIOLTO RESPIMAT
STIVARGA [PA][SP]
STRENSIQ [PA][SP]
STRIVERDI RESPIMAT
SUBLOCADE [PA]
sucralfate
SUFLAVE
sulfamethoxazole-trimethoprim
sumatriptan succinate
SUNOSI [PA]
SUPARTZ FX [PA]
SUPREP
SUTAB
SYMFI
SYMPROIC
SYMTUZA
SYNJARDY
SYNJARDY XR

T

TACLONEX
tacrolimus
tadalafil
TAFINLAR [PA][SP]
TAGRISSO [PA][SP]

TAKHZYRO [PA][SP]
TALICIA
TALTZ AUTOINJECTOR (2 PACK) [PA][SP]
TALTZ AUTOINJECTOR (3 PACK) [PA][SP]
TALTZ AUTOINJECTOR [PA][SP]
TALTZ SYRINGE [PA][SP]
TALZENNA [PA][SP]
tamsulosin hcl
TASIGNA [PA][SP]
TAZORAC
TECHLITE LANCETS
TEKTURNA [ST]
testosterone cypionate [pa]
TEZSPIRE [PA][SP]
ticagrelor
tizanidine hcl
TOBI PODHALER [SP]
TOBRADEX
TOBRADEX ST
topiramate
tramadol hcl
TRAZIMERA [PA][SP]
trazodone hcl
TRELEGY ELLIPTA
TREMFYA [PA][SP]
TREMFYA ONE-PRESS [PA][SP]
TREMFYA PEN [PA][SP]
TREMFYA PEN INDUCTION PK-CROHN [PA][SP]
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
tretinoin
triamcinolone acetonide
triamterene-hydrochlorothiazid
TRIJARDY XR [ST]
TRINTELLIX
TRIPTODUR [PA][SP]
TRIUMEQ
TRIUMEQ PD
TROKENDI XR [ST]
TRUE METRIX AIR GLUCOSE METER
TRUE METRIX BLOOD GLUCOSE MTR
TRUE METRIX GLUCOSE TEST STRIP
TRUEPLUS INSULIN SYRINGE
TRUEPLUS PEN NEEDLE
TRULANCE
TRULICITY [PA]
TRYVIO [ST]
TWIIST REFILL KT(CSST-NDL-SYR)
TWIIST RFL(INFUS-CSST-NDL-SYR)
TWIIST STARTER KIT
TWIRLA
TYENNE [PA][SP]
TYENNE AUTOINJECTOR [PA][SP]
TYMLOS [PA][SP]

U

UBRELVY [PA]
UCERIS
UDENYCA [PA][SP]
UDENYCA AUTOINJECTOR [PA][SP]
UDENYCA ONBODY [PA][SP]
ULTOMIRIS [PA][SP]
ULTRA-FINE INSULIN SYRINGE
UNIFINE PENTIPS
UNIFINE PENTIPS MAXFLOW
UNIFINE PENTIPS PLUS MAXFLOW
UNIFINE SAFECONTROL PEN NEEDLE
UNIFINE ULTRA PEN NEEDLE
UPTRAVI [PA][SP]
UZEDY

V

valacyclovir
valsartan
VARUBI
VASCEPA
VELTASSA
VEMLIDY
venlafaxine hcl er
VENTOLIN HFA
V-GO 20
V-GO 30
V-GO 40
VIBRANT
VIBRANT STARTER KIT
VIOKACE
vitamin d2
VITRAKVI [PA][SP]
VIVITROL [SP]
VOSEVI [PA][SP]
VOYDEYA [PA][SP]
VUMERITY [PA][SP]
VYNDAMAX [PA][SP]
VYVGART HYTRULO [PA][SP]
VYZULTA

W

warfarin sodium
WEGOVY [ST]

X

XALKORI [PA][SP]
XARELTO
XDEMVY [PA][SP]
XIFAXAN
XIGDUO XR
XOLAIR [PA][SP]
XTANDI [PA][SP]
XULTOPHY 100-3.6 [ST]
XYNTHA SOLOFUSE [SP]
XYNTHA [SP]

Y

YESINTEK [PA][SP]
YEZTUGO
YUFLYMA [PA][SP]
YUPELRI

Z

ZARXIO [PA][SP]
ZEGALOGUE AUTOINJECTOR
ZEGALOGUE SYRINGE
ZEJULA [PA][SP]
ZELBORAF [PA][SP]
ZENPEP
ZEPBOUND [ST]
ZEPOSIA [PA][SP]
ZIEXTENZO [PA][SP]
ZIRABEV [PA][SP]
zolpidem tartrate
ZOMIG [ST]
ZUBSOLV
ZURZUVAE [PA][SP]
ZYKADIA [PA][SP]
ZYLET
ZYMFENTRA (2 PACK) [PA][SP]
ZYMFENTRA [PA][SP]
ZYMFENTRA PEN (2 PACK) [PA][SP]

Alternative Drug Tables

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

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

Drug Class	Non-Preferred	Preferred
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINOPRIL-HYDROCHLOROTHIAZIDE
ACNE AGENTS, SYSTEMIC	ABSORICA LD, ISOTRETINOIN	ABSORICA
ACNE AGENTS, TOPICAL	VELTIN, EPIDUO FORTE, ACZONE	ONEXTON, TWYNEO
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, ADZENYS XR-ODT	DYANAVEL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, GILENYA, BAFIERTAM, MAVENCLAD, TASCENSO ODT	BETASERON, REBIF REBIDOSE, KESIMPTA PEN, PLEGRIDY PEN, AVONEX PEN (4 PACK), PLEGRIDY, REBIF, AVONEX (4 PACK), GLATOPA, OCREVUS ZUNOVO, OCREVUS, VUMERITY
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
ANALGESICS,NARCOTICS	XTAMPZA ER, NUCYNTA ER, NUCYNTA, HYSINGLA ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL
ANAPHYLAXIS THERAPY AGENTS	NEFFY, EPIPEN JR 2-PAK, EPIPEN 2-PAK	AUVI-Q
ANDROGENIC AGENTS	XYOSTED, JATENZO, KYZATREX, TLANDO, UNDECATREX	NATESTO, TESTOSTERONE CYPIONATE
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANOREXIC AGENTS	QSYMIA	PHENTERMINE HCL
ANTIANDROGENIC AGENTS	YONSA, NUBEQA	XTANDI, ERLEADA
ANTI-ANXIETY - BENZODIAZEPINES	LOREEV XR	ALPRAZOLAM, LORAZEPAM
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	OTREXUP	RASUVO
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RIABNI	RUXIENCE
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
ANTICONVULSANT - BENZODIAZEPINE TYPE	SYMPAZAN, VALTOCO	NAYZILAM
ANTICONVULSANTS	SPRITAM, XCOPRI, BRIVIACT, LYRICA, DILANTIN-125, DILANTIN, MOTPOLY XR, OXTELLAR XR, ELEPSIA XR	GABAPENTIN, TROKENDI XR, TOPIRAMATE ER SPRINKLE, LAMOTRIGINE, TOPIRAMATE, FYCOMPA
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, ONDANSETRON ODT (16 MG TAB), BONJESTA	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), DICLEGIS, VARUBI
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE
ANTIHEMOPHILIC FACTORS	RECOMBINATE, NUWIQ	KOVALTRY, NOVOEIGHT, ESPEROCT, ADVATE, ADYNOVATE, ELOCTATE, AFSTYLA, ALTUVIIIO, KOGENATE FS, SEVENFACT, JIVI, XYNTHA, XYNTHA SOLOFUSE

Drug Class	Non-Preferred	Preferred
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, ZITUVIMET XR, SITAGLIPTIN-METFORMIN, ZITUVIMET	JANUMET, JANUMET XR
ANTIHYPERGLYCEMC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	STEGLATRO, INPEFA, DAPAGLIFLOZIN, BRENZAVVY, INVOKANA	DAPAGLIFLOZIN (10 MG TAB), JARDIANCE, FARXIGA
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA
ANTIHYPERGLYCEMIC,BIGUANIDE TYPE(NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL ER, METFORMIN HCL (1000 MG TAB), METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	XIGDUO XR, SYNJARDY, SYNJARDY XR
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ROSUVASTATIN, ATORVASTATIN
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINOPRIL
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM, VALSARTAN
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	VISCO-3, SYNOJOYNT, ORTHOVISC, GENVISC 850, GEL-ONE, TRIVISC, SYNVISC, HYALGAN, MONOVISC, SYNVISC-ONE, TRILURON, HYMOVIS	SUPARTZ FX, GELSYN-3, EUFLEXXA, DUROLANE
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	AIMOVIG, AJOVY, ZOMIG, ELYXYB, EMGALITY, SUMATRIPTAN, RIZATRIPTAN, REYVOW, UBRELVY, QULIPTA, NURTEC ODT
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, XYWAV	SODIUM OXYBATE (HIKMA), LUMRYZ STARTER PACK, LUMRYZ
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	ONTRUZANT, HERCESSI, KANJINTI	TRAZIMERA, PHESGO, OGIVRI
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI	TAFINLAR, ZELBORAF
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI	MEKINIST, COTELLIC
ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LUPRON DEPOT, LEUPROLIDE DEPOT
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST, PITUIT.SUPPRS	ORGOVYX	FIRMAGON
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	ALUNBRIG, FRUZAQLA, NINLARO, RYDAPT, EXKIVITY, JAYPIRCA, TABRECTA, RUBRACA, NEXAVAR, VANFLYTA, VIZIMPRO, VERZENIO, TRUQAP	IMBRUVICA, VITRAKVI, TALZENNA, IBRANCE, XALKORI, TASIGNA, ROZLYTREK, GAVRETO, AUGTYRO, ALECENSA, BRUKINSA, CALQUENCE, LENVIMA, BOSULIF, LORBRENA, ZYKADIA, PIQRAY, LYNPARZA, STIVARGA, CABOMETYX, TAGRISSO, SCEMBLIX, KISQALI, INLYTA, ZEJULA
ANTIPARKINSONISM DRUGS, OTHER	RYTARY, CREXONT, ONGENTYS, INBRIJA, NOURIANZ, XADAGO, DHIVY	NEUPRO
ANTIPSORIATICS AGENTS	VECTICAL, SORILUX, ZORYVE, VTAMA, DUOBRII	TAZORAC
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	OPIPZA, ABILIFY MYCITE	ABILIFY MAINTENA, ARISTADA INITIO, ABILIFY ASIMTUFII, ARISTADA, REXULTI
ANTIPSYCHOTICS, ATYPICAL, DOPAMINE,& SEROTONIN ANTAG	FANAPT, INVEGA SUSTENNA, INVEGA HAFYERA, INVEGA TRINZA, ZYPREXA RELPREVV, CAPLYTA, QUETIAPINE FUMARATE, LYBALVI, LATUDA	SECUADO, PERSERIS, UZEDY, RYKINDO, ERZOFRI
ANTI-ULCER-H.PYLORI AGENTS	VOQUEZNA TRIPLE PAK (non-preferred, Tier 3 w/ PA), VOQUEZNA DUAL PAK, (non-preferred, Tier 3 w/ PA)	OMECLAMOX-PAK, PYLERA, TALICIA
ANTIVIRALS, GENERAL	XOFLUZA	OSELTAMIVIR PHOSPHATE, VALACYCLOVIR
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA	ALBUTEROL SULFATE HFA (90 MCG AEROSOL), LEVALBUTEROL TARTRATE HFA,

Drug Class	Non-Preferred	Preferred
		PROAIR DIGIHALER, VENTOLIN HFA, PROAIR RESPICLICK, ALBUTEROL SULFATE
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	DUAKLIR PRESSAIR, BEVESPI AEROSPHERE	ANORO ELLIPTA, COMBIVENT RESPIMAT, STIOLTO RESPIMAT
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	SYMBICORT, AIRDUO DIGIHALER, AIRDUO RESPICLICK, FLUTICASONE-VILANTEROL	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, ADVAIR HFA, AIRSUPRA
BETA-ADRENERGIC BLOCKING AGENTS	TENORMIN	HEMANGEOL, METOPROLOL SUCCINATE, METOPROLOL TARTRATE, PROPRANOLOL HCL
BLOOD SUGAR DIAGNOSTICS	CONTOUR TEST STRIP, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK SMARTVIEW, ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, GLUCOCARD SHINE, PRECISION XTRA TEST STRIP, GLUCOCARD VITAL SENSOR, ONETOUCH VERIO TEST STRIP, ONETOUCH ULTRA TEST STRIP, CONTOUR PLUS TEST STRIP	FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, FREESTYLE INSULINX TEST STRIPS, FREESTYLE TEST STRIPS, TRUE METRIX GLUCOSE TEST STRIP
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI	AMLODIPINE BESYLATE
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CONTRACEPTIVES, ORAL	YAZ, FEMLYV, SAFYRAL, TYBLUME, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28, BALCOLTRA	NIKKI, HAILEY FE, SPRINTEC, LO LOESTRIN FE, NATAZIA
DIRECT FACTOR XA INHIBITORS	SAVAYSA	XARELTO, ELIQUIS
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
ESTROGENIC AGENTS	ESTROGEL, CLIMARA, CLIMARA PRO, ELESTRIN, DIVIGEL	COMBIPATCH, EVAMIST, PREMARIN, PREMPRO, PREMPHASE
EYE ANTIINFLAMMATORY AGENTS	ILEVRO, PRED MILD, MAXIDEX, FML FORTE, EYSUVIS, ACUVAIL, NEVANAC, ALREX, INVELTYS	LOTEMAX GEL, BROMSITE, FLAREX, LOTEMAX SM, CLOBETASOL PROPIONATE, PROLENSA, LOTEPREDNOL DROPS
FACTOR IX PREPARATIONS	IDELVION	REBINYN, BENEFIX, ALPROLIX, RIXUBIS, IXINITY
FOLIC ACID PREPARATIONS	DEPLIN FC	DEPLIN-ALGAL OIL, FOLIC ACID
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
GLUCOCORTICOIDS	HEMADY, RAYOS	METHYLPREDNISOLONE, PREDNISONE, UCERIS
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARMONAIR DIGIHALER, ASMANEX, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX HFA, QVAR REDIHALER
GROWTH HORMONES	NGENLA, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON	OMNITROPE, SKYTROFA, HUMATROPE, GENOTROPIN, SOGROYA
HEMATINICS, OTHER	MIRCERA, EPOGEN	ARANESP, PROCRIT, RETACRIT
HEP C VIRUS - NS5A & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	HARVONI, EPCLUSA
HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HUMAN CHORIONIC GONADOTROPIN (HCG)	PREGNYL, CHORIONIC GONADOTROPIN	OVIDREL, NOVAREL
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	TAVNEOS	ULTOMIRIS, SOLIRIS, FABHALTA, VOYDEYA
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, INSULIN GLARGINE, NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, REZVOGLAR, BASAGLAR	HUMALOG, HUMULIN, LYUMJEV, INSULIN LISPRO, TRESIBA, INSULIN DEGLUDEC, INSULIN GLARGINE-YFGN, SEMGLEE-YFGN
LAXATIVES AND CATHARTICS	PLENVU, KRISTALOSE, AMITIZA	SOD SULF-POTASS SULF-MAG SULF, CLENPIQ, SUPREP, SUFLAVE, SUTAB
LEUKOCYTE (WBC) STIMULANTS	FULPHILA, FYLNETRA, NYVEPRIA, GRANIX, RELEUKO, NEUPOGEN, NYPOZI	UDENYCA AUTOINJECTOR, STIMUFEND, NEULASTA, ZIEXTENZO, UDENYCA ONBODY,

Drug Class	Non-Preferred	Preferred
		UDENYCA, NEULASTA ONPRO, NIVESTYM, ZARXIO
LHRH(GNRH) ANTAGONIST, PITUITARY SUPPRESSANT AGENTS	FYREMADEL	CETROTIDE, ORILISSA
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LOOP DIURETICS	SOAANZ	FUROSCIX, FUROSEMIDE
MACROLIDES	DIFICID	AZITHROMYCIN
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	XELPROS, BETIMOL, IYUZEH, COSOPT PF, ZIOPTAN, ROCKLATAN, RHOPRESSA	LATANOPROST, LUMIGAN, COMBIGAN, ALPHAGAN P, BETOPTIC S, VYZULTA, SIMBRINZA
MULTIVITAMIN PREPARATIONS	PRENATE ESSENTIAL, PRENATE CHEWABLE	OB COMPLETE
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, ZETONNA, XHANCE	FLUTICASONE PROPIONATE, QNASL CHILDREN, QNASL
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	WELLBUTRIN XL, APLENZIN	BUPROPION XL
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	RELAFEN DS, NAPRELAN	DICLOFENAC SODIUM, MELOXICAM, IBUPROFEN, NAPROXEN
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS	CIMERLI, BYOOVIZ
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	XIIDRA, VERKAZIA, VEVYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL-FLUOCINOLONE	CIPRO HC, OTOVEL
PANCREATIC ENZYMES	PANCREAZE, PERTZYE	ZENPEP, CREON, VIOKACE
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PLATELET AGGREGATION INHIBITORS	ZONTIVITY, BRILINTA	CLOPIDOGREL, ASPIRIN EC, TICAGRELOR
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PREGNANCY FACILITATING/MAINTAINING AGENT, HORMONAL	ENDOMETRIN	CRINONE
PRENATAL VITAMIN PREPARATIONS	PRENATE PIXIE, PRIMACARE, PRENATE DHA, PRENATE ENHANCE, PRENATE MINI, PRENATE RESTORE, PRENATE ELITE	OB COMPLETE WITH DHA, OB COMPLETE ONE, OB COMPLETE PETITE, OB COMPLETE PREMIER
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM (40 MG CAP), NEXIUM (20 MG CAP)	NEXIUM PACKET, OMEPRAZOLE, PANTOPRAZOLE SODIUM
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER	UPTRAVI, TREPROSTINIL
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
ROSACEA AGENTS, TOPICAL	EPSOLAY, RHOFADE, MIRVASO, METROCREAM, METROGEL, FINACEA	SOOLANTRA
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), BELSOMRA, QUVIVIQ	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, SERTRALINE HCL (150 MG CAP), SERTRALINE HCL (200 MG CAP), CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (40 MG CAP), FLUOXETINE HCL (20 MG CAP), ESCITALOPRAM OXALATE, SERTRALINE HCL (100 MG TAB), SERTRALINE HCL (25 MG TAB), SERTRALINE HCL (50 MG TAB), CITALOPRAM HBR (40 MG TAB), CITALOPRAM HBR (20 MG TAB)
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	PRISTIQ	FETZIMA, DULOXETINE HCL, VENLAFAXINE HCL ER

Drug Class	Non-Preferred	Preferred
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA	SOMATULINE DEPOT
TETRACYCLINES	NUZYRA, ORACEA, DORYX MPC, SEYSARA, ACTICLATE, MINOLIRA ER, TARGADOX	DOXYCYCLINE MONOHYDRATE, DOXYCYCLINE HYCLATE, EMROSI
THYROID HORMONES	TIROSINT-SOL, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID, THYQUIDITY
TOPICAL ANTIBIOTICS	ZILXI, XEPI	MUPIROCIN, AMZEEQ
TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS	QBREXZA	SOFDRA
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	ENSTILAR, WYNZORA	TACLONEX
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXXII, METHYLPHENIDATE ER (45 MG TAB), METHYLPHENIDATE ER (63 MG TAB), METHYLPHENIDATE ER (72 MG TAB)	QUILLIVANT XR, METHYLPHENIDATE ER (36 MG TAB), COTEMPLA XR-ODT, QUILLICHEW ER
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	TOVIAZ	OXYBUTYNIN
VAGINAL ESTROGEN PREPARATIONS	FEMRING	ESTRADIOL, ESTRING, PREMARIN
VITAMIN A DERIVATIVES	DIFFERIN, RETIN-A MICRO PUMP (0.06 %)	RETIN-A MICRO PUMP (0.08 %)
VITAMIN B PREPARATIONS	METANX FC, CEREFOLIN NAC	METANX, FOLTX

Indication Based Management

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

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

[1]Requires step through ONE Preferred Biologic

[2]Requires step through TWO Preferred Biologics

[3]Excluded or Requires step through THREE Preferred Biologics