

# ProCare Rx

## 2026 National Formulary 2<sup>nd</sup> Quarter Edition

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## Overview

The **Clinically Preferred Drug List** or “PDL” is a continually updated list of prescription medications that represents the current clinical judgement of our clinical team, providers and experts in the diagnosis and treatment of different diseases. It contains clinical prescribing information that assists health care professionals when prescribing the highest quality affordable drugs to patients. The PDL represents the efforts of our clinical team to a method to evaluate the various drug products available. *Note that not all drugs that are available are listed in this document ... just those that are the most commonly dispensed by general practitioners and specialists. There are thousands of generic drugs for effective products that are readily available not listed in this book.* The PDL shows both generic and brand names for reference and convenience. Some plan sponsors, HMOs or Health Plans, Unions or Employers may be provided with the option of imposing further restrictions or choose not to reimburse some products listed in the PDL.

Additionally, as drug prices increase, new specialty drugs are released, and brand drugs lose patent, limiting drug selection to preferred products (generics, brands, as well as specialty) has become more critical. Our clinicians work to manage a balanced formulary, offering the best clinical products based on (1) safety, (2) efficacy, (3) availability, (4) lowest potential for abuse, (5) limited side effects, (6) viable clinical alternatives, (7) patient educational needs & availability, and finally (8) cost. While a very high percentage of plan designs follow this formulary, some small percentage may make plan design modifications and/or apply their own clinical management parameters.

## Coverage Limitation

The PDL does not provide information regarding specific coverage, limitations or exclusions, member out-of-pocket costs (known as “member contributions” or more commonly “copays”) that may be assigned at plan level. The PDL applies to out-patient drugs provided to members, and *does not* apply to medications used in the in-patient setting (with the exception of some physician administered office products). All applicable dosage forms and strengths of a particular drug are included in the PDL under the specific entry unless otherwise noted and listed separately.

## Compounded Drugs

Our Pharmacy & Therapeutics Committee (“P&T Committee”) has recommended against the coverage of compounded products. This decision was based on our research that compounds are not currently FDA approved as indicated for therapeutic use. Compounds have not passed the standards of clinical safety nor clinical efficacy that the FDA has set for authorization to be used in human diseases. Furthermore, due to ongoing reports concerning compounded pharmacy products causing harm for their intended patients, the P&T Committee has decided to take a prudent position against approval of compounding products to keep the safety and best interests of our members as its highest priority. If you have any questions, please contact your account executive.

While the P&T Committee does not recommend the use or coverage of compounds, we maintain that every patient has the right to order, and pharmacies have the right to dispense, compounded drugs at their own risk and expense. Please note that some plan benefits may opt to include them on a limited basis.

## Drug Placement Determination

New Drugs are constantly being developed and approved by the FDA for the treatment of the different disease states. Due to vast availability of medication therapies and treatments, a reasonable process of drug selection and drug usage has been developed. The goal of the PDL is to enhance the physicians’ and pharmacists’ abilities to provide optimal cost-effective drug therapies to patients.

The development, maintenance, and improvement of the PDL are evolutionary processes that require the constant attention of our P&T Committee. As stated above, the PDL is a continually reviewed and revised list of drug products that mirrors the prevailing clinical opinion of the P&T Committee. Unfortunately, this dynamic process does not allow this document to be completely accurate in official print at all times. Updates are provided as necessary through newsletters and updates made readily available on the Internet for members, physicians, pharmacists and plan sponsors.

New Drugs being considered for formulary inclusion will be reviewed for their safety, efficacy, FDA-approved indications, contraindications, side effects, pharmacokinetic profile, patient compliance potential, drug cost and effects on other indirect health costs. A thorough medical literature review will place an emphasis on the following characteristics:

- Safety and Effectiveness of Product
- Potential for Patient Clinical or Utilization Abuse
- Comparison Studies with Similar Products if available
- Therapeutic Outcomes and Economic Data

Drugs that are given a "priority" review by the FDA will be reviewed for possible inclusion into the formulary in as little as 7 days if necessary. New drugs will have their characteristics compared to other similar drugs within a therapeutic class when available. New drugs that are added to an existing therapeutic class may result in the deletion of other drug(s) within the particular therapeutic class as clinical applications warrant. This process ensures the selection of the most clinically useful and cost-effective drugs within a specific therapeutic class.

## Preferred Brand Products

Brand drugs (listed in bold) that are added to the PDL in the "Preferred Brand" column include those that offer a clinical and/or cost advantage over other existing comparable brand drugs (listed under "Non-Preferred Brands") without sacrificing safety or effectiveness. Drugs will not be placed in either column if there currently is insufficient clinical evidence of its appropriate clinical effectiveness.

Brand drugs, whose generic form is also listed in the "Generic Drugs" column, should be considered as Non-Preferred brands as there have readily available generic equivalents. Brand drugs listed in the "Generic Drugs" column that have a caret (^) are considered Preferred Brands with preferred brand copays. Brand drugs listed in the "Generic Drugs" column that have a hash or pound sign (#) are brand drugs with generic copays. Copays as always are part of the member's defined benefits and vary by plan for brands and generics for standard and specialty drugs.

Brand drugs that may vary from formulary to formulary are notated with an asterisk (\*). Brand drugs that have <sup>RECOMMEND</sup> next to their name may not have any tier limitations in place, although they are subject to the copay tier assigned.

Brand drugs that are crossed out (i.e. **Drug-Name**) are no longer marketed but are available generically.

*Exclusions & Grandfathering:* Patients on continuous therapy of a Non-Preferred brand that may be excluded or is in a higher formulary tier may continue to take these drugs at the Preferred Brand copay until therapy is discontinued (called "grandfathering"). Restart of such brand drugs may require restart of therapy and may be charged the higher Non-Preferred Brand copay.

## Generic Substitution

Whenever available, lower cost generic drugs approved by the FDA should be used regardless of the brand name indicated. Generic drugs provide the patients with a more cost effective, chemically and therapeutically equivalent option that can reduce the patient's out of pocket cost. Generic drugs will be listed in the "Generic Drugs" column, or in parenthesis next the brand drug name in the "Preferred Brands" or "Non-Preferred Brands" columns. The brand drugs listed under the "Generic Drugs" column are for reference only, do not have a generic copay, and do not guarantee coverage. This statement is not meant to preclude or override any state statutes that may exist (e.g., Non-Substitutable Drugs). Inclusion of a brand drug for generic substitution is subject to the following:

- An FDA Rating of "A" for generic equivalency as well as thorough review by the P&T Committee for efficacy and safety
- A narrow therapeutic index that makes it not subject to substitution due to complex pharmacokinetics, dosage forms, etc.

## Single & Dual Source Generics

Upon patent expiration, brand drugs become available from one or more generic manufacturers. If the brand drug becomes available from only one generic manufacturer – typically for an exclusivity period or when other competing generics are removed from the market – the generic drug is called a "*Single Source Generic*" or SSG. If a brand drug becomes available from two (2) manufacturers, the generic drugs are called "*Dual Source Generics*" or DSG; if a brand drug is available from many generic

manufacturers, it is then called a “Multi-Source Brand” or MSB, while the generic drugs are called “Multi-Source Generics” or MSG.

While a generic drug is a SSG or DSG, its price may only be slightly cheaper than the original equivalent brand drug. During this time, at the clinical team’s recommendation, the SSG or DSG may be priced according to one of the following algorithms:

- GENERIC discount with a GENERIC copay
- GENERIC discount with a BRAND copay
- BRAND discount with a GENERIC copay
- BRAND discount with a BRAND copay
- NDC blocked so that the member must buy the BRAND at the full cash price (100% copay) with our discounts being applied

### **Prior Authorizations, Step Edits & Quantity Limits**

*Prior Authorization:* Some brand drugs may require approval called “prior authorization” before the prescription can be dispensed. If a drug requires prior authorization, it may be noted in this PDL with either a P/A or P/A Req’d. Note that your plan may also restrict specific drugs and require a Prior Authorization that may not be shown on this PDL.

When a Prior Authorization is required, one or more of the following criteria must be fulfilled before the Prior Authorization will be issued:

1. Patient must have failed an appropriate trial of generics or other clinically Preferred Brand drugs (“step edit” – see below).
2. Use of a Preferred Brand drug(s) may cause documented underlying conditions or side effects, which would be detrimental to the patient’s health.
3. The treatment algorithm for that disease state is being followed according to the generally accepted published guidelines or the protocol in the FDA approved package insert.
4. A more cost effective, clinically equivalent agent is available as the Preferred Brand Drug.

*Step Edits:* Many drugs on the PDL may have specific step edits or quantity limits. A “step edit” is the process where another drug may be required to be used first before the prescribed drug is covered. Such drugs requiring use of another drug before it can be dispensed will be indicated in this PDL with an <sup>S/E</sup> or an <sup>S/E-2</sup>.

*Quantity Limits:* Our clinical team has implemented quantity limits to limit utilization on many drugs. Many products may have quantity limits implemented in your plan benefit design that are consistent with their FDA approved package insert or appropriate clinical guidance to control utilization. They are not specifically marked in this PDL.

More information on specialty drugs are detailed at the end of the PDL.

### **100% Copay vs. Excluded Drugs**

Our P&T Committee and clinicians believe that excluding drugs limit the choice of physicians and patients in treating specific conditions. Some drugs are manufactured simply for patient convenience at a much higher price, while other have cheaper equivalent drugs. To maintain a complete patient profile of drugs, clients should *not* exclude drugs indicated with 100% Copay but instead cover them at 100% copay to the patient, encouraging the patient to use manufacturer copay cards to reduce their out-of-pocket costs. If a patient is already on one of the drugs listed with a star (\*), therapy should be continued at the non-preferred copay.

## Non-Listed Drugs & Drug Categories

Drug categories that are not specifically listed in the book are generally categories of lower utilization where generic products are readily available (i.e. cough & cold) and shall be driven by plan design if covered. A specific brand drug may be “preferred”, “non-preferred” or “non-formulary” depending on the class.

Additionally, if a specific drug is not listed in the PDL, the drug is categorized under a general statement (such as that of HIV products on page 9), is covered under a medical benefit due to the location of administration, or is in a therapeutic class generally not seen in managed care. Oral products (other than oral oncology drugs) that are not listed should be considered as having a Non-Preferred brand copay.

## Formulary Modifications & Changes

Changes may be made to this PDL at any time based on availability or market conditions. Drugs approved by the FDA are added as Non-Preferred Brands with the same restrictions as other Non-Preferred Brands in the same clinical equivalent drug class until they are reviewed by the P&T Committee unless the clinical team determines that the product is a “line extension”. Drugs that are NOT listed in this book when the competitors *are* should be considered as excluded, not covered, or non-preferred drugs.

## Biosimilars

The FDA acknowledges a biosimilar drug as a specialty product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product, and listed in the FDA Purple Book, with the following definitions

- “Highly Similar” means that a manufacturer developing a proposed biosimilar demonstrates that its product is highly similar to the original brand drug product by extensively analyzing (i.e., characterizing) the structure and function of both the reference product and the proposed biosimilar.
- “No Clinically Meaningful Differences” means that the manufacturer must demonstrate that its proposed biosimilar product has no clinically meaningful differences from the original brand drug in terms of safety, purity, and potency (safety and effectiveness).

Biosimilars in this document are listed in bold and italics font.

## Changes to the PDL

Changes to the PDL generally occur on a quarterly basis; however due to the ongoing changes in the market, availability of new drugs, patent losses, new generics and other factors, tier and utilization management changes may occur at any time. Placement of new drugs can be found in the formulary newsletter posted on our website, while a list of changes to the PDL may be requested through your account manager.

# Antibiotics

GENERIC DRUGS	PREFERRED BRANDS	NON- PREFERRED BRANDS
<b>Penicillins &amp; Cephalosporins</b> <i>Multiple Generics available for Prescribing</i> w1		
<b>Tetracyclines</b> Doxycycline (various) / <b>Acticlate, Doryx, Vibramycin</b> Minocycline / <b>Minocin, Dynacin, Solodyn</b> <i>Multiple Generics available for Prescribing</i> w1		
<b>Macrolides, Clindamycins &amp; Ketolides</b> <i>Multiple Generics available for Prescribing</i> w9		
<b>Sulfonamides, Sulfones &amp; Nitrofurantoin</b> <i>Multiple Generics available for Prescribing</i> w2		
<b>Quinolones</b> Ciprofloxacin / <b>Cipro, Cipro XR</b> Levofloxacin / <b>Levaquin</b> Moxifloxacin / <b>Avelox</b> Ofloxacin / <b>Floxin</b> w1		<b>Baxdela</b> (Delafloxacin) <sup>S/E</sup> <b>Factive</b> (Gemifloxacin)
<b>Miscellaneous Antibiotics</b> Vancomycin / <b>FirVanq Soln, Vancocin</b> Linezolid / <b>Zyvox</b> w1	<b>Dificid</b> <sup>®</sup> (Fidaxomycin <sup>™</sup> )	<b>Orlynvah Tabs</b> (Sulopenem Etzadroxil/Probenecid) <b>Pivya Tabs</b> (Pivmecillinam) <b>Rebyota Susp</b> (Fecal Microbiota Spores) <b>Vowst</b> (Fecal Microbiota Spores)

**ANTIBIOTICS**

# Antivirals

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>General Antivirals</b></p> <p><u>Antivirals:</u>                      Acyclovir / <b>Zovirax</b>                      Amantadine / <b>Symmetrel</b>                      Famciclovir / <b>Famvir</b>                      Ganciclovir / <b>Cytovene</b>                      Valacyclovir / <b>Valtrex</b>                      Valganciclovir / <b>Valcyte</b></p> <p>W5</p> <p><u>Flu Treatment/Flu Prevention:</u>                      Oseltamivir / <b>Tamiflu</b>                      Rimantadine / <b>Flumadine</b></p> <p>W5</p>	<p><u>Antivirals:</u></p> <p><u>Flu Treatment/Flu Prevention:</u></p>	<p><u>Antivirals:</u>  <b>Prevymis</b> (Letermovir) <sup>P/A Req'd</sup></p> <p><u>Flu Treatment/Flu Prevention:</u>  <b>Relenza Diskhaler</b> (Zanamivir)  <b>Xofluza</b> (Baloxavir Marboxil)</p>
<p><b>HIV Antiviral Drugs</b></p> <p><i>Multiple Generics available for Prescribing</i></p> <p>W5</p>	<p>All <u>Single Source Brand</u> HIV Antiviral Drugs</p>	<p>All <u>Multi-Source Brand</u> HIV Antiviral Drugs</p>
<p><b>HIV Pre-Exposure Prophylaxis Drugs</b></p> <p>Tenofovir/Emtricitabine / <b>Truvada</b> <sup>S/E/P/A Req'd</sup></p> <p>W5</p>	<p><b>Descovy</b> (Emtricitabine/Tenofovir Alafenamide)</p>	<p><b>Truvada</b> (Emtricitabine/Tenofovir Disproxil (TDF))</p>

ANTIVIRALS

## Anti-Infectives

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Anaerobic Anti-Infectives</b> Metronidazole / <b>Flagyl</b> Paromomycin Sulfate / <b>Humatin</b> Tinidazole / <b>Tindamax</b> W4		<b>Likmez Suspension</b> (Metronidazole) <sup>100% Copay</sup>
<b>Antiparasitics</b> W4	<b>Alinia</b> (Nitazoxanide)	
<b>Antimalarials &amp; Antiprotozoals</b> Atovaquone/Proguanil / <b>Malarone</b> Hydroxychloroquine / <b>Plaquenil</b> Mefloquine / <b>Lariam</b> Pyrimethamine / <b>Daraprim</b> Quinine Sulfate / <b>Qualaquin</b> W4		<b>Arakoda</b> (Tafenoquine) <b>Lampit</b> (Nifurtimox)
<b>Antihelminthic Drugs</b> Albendazole / <b>Albenza</b> Ivermectin / <b>Stromectol</b> Praziquantel / <b>Biltricide</b> W4		<b>Emverm</b> (Mebendazole)

INFECTIONS

## Antiemetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Antiemetics (Assorted Use)</b> Aprepitant / <b>Emend</b> Dronabinol / <b>Marinol</b> Meclizine / <b>Antivert</b> Ondansetron / <b>Zofran, Zofran ODT</b> Doxylamine/Pyridoxine / <b>Diclegis</b> Prochlorperazine / <b>Compazine</b> Promethazine HCL / <b>Phenergan, Promethegan Supp.</b> Scopalamine / <b>Transderm-Scop Patch</b> (Many other Generic Products are Available) H6	<b>Bonjesta ER</b> <sup>1</sup> (Doxylamine Succinate/Vitamin B6) <b>Ondansetron ODT</b> <sup>1</sup> (16mg Only)	<b>Akynzeo</b> (Netupitant/Palonosetron) <sup>P/A Req'd</sup> <b>Sancuso Patch</b> (Granisetron) <sup>P/A Req'd</sup> <b>Sustol Injectable</b> (Ganisetron) <sup>P/A Req'd</sup> <b>Syndros Oral Solution</b> (Dronabinol) <sup>P/A Req'd</sup> <b>Varubi</b> (Rolapitant)

NAUSEA

# Neurologic: Parkinsons & Migraine Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Parkinsons Drugs</b></p> <p>Amantadine / <b>Symmetrel</b>                      Bromocriptine / <b>Parlodel</b>                      Carbidopa/Levodopa / <b>Sinemet/CR</b>                      Carbidopa/Levodopa/Entacapone / <b>Stalevo</b>                      Entacapone / <b>Comtan</b>                      Pramipexole / <b>Mirapex ER</b>                      Rasagiline / <b>Ailect</b>                      Ropinirole / <b>Requip, Requip-XL</b>                      Tolcapone / <b>Tasmar</b></p> <p><u>Parkinsons Motion/Dyskinesia Drugs:</u></p> <p>H6</p> <p><u>Psychosis Drugs:</u></p> <p>H8</p>	<p><u>Parkinsons Motion/Dyskinesia Drugs:</u></p> <p><u>Psychosis Drugs:</u></p>	<p><b>Apokyn Injectable, Kynmobi SL Film</b> (Apomorphine)  <b>Banzel</b> (Rufinamide)  <b>Crexont ER Caps</b> (Carbidopa/Levodopa) <sup>S/E</sup>  <b>Imbrija Inhaler</b> (Levodopa) <sup>P/A Req'd</sup>  <b>Neupro Patch</b> (Rotigotine)  <b>Ongentys</b> (Opicapone)  <b>Osmolex ER</b> (Amantadine)  <b>Rytary ER</b> (Carbidopa/Levodopa) <sup>S/E</sup>  <b>Vyalev Inj</b> (Foscarbidopa/Foslevodopa) <sup>P/A Req'd Specialty</sup>  <b>Zelapar ODT</b> (Selegiline)</p> <p><u>Parkinsons Motion/Dyskinesia Drugs:</u></p> <p><b>Gocovri</b> (Amantadine) <sup>100% Copay</sup>  <b>Xadago</b> (Safinamide) <sup>100% Copay</sup></p> <p><u>Psychosis Drugs:</u></p> <p><b>Nuplazid</b> (Pimavanserin) <sup>P/A Req'd</sup></p>
<p><b>::Anti-Migraine Drugs</b></p> <p><u>Triptans:</u></p> <p>Sumatriptan / <b>Imitrex, Imitrex Nasal Spray</b>                      Sumatriptan / Naproxen Sodium <b>Treximet</b> <sup>100% Copay</sup>                      Rizatriptan / Maxalt, Maxalt MLT                      Zomitriptan / <b>Zomig, Zomig Nasal Spray</b>                      {All Generic <b>TRIPTRANS</b>}</p> <p><u>CGRP (Prevention):</u></p> <p><u>CGRP (Treatment):</u></p> <p><u>Other Products:</u></p> <p>Ergotamine/Caffeine / <b>Cafergot</b>                      Dihydroergotamine/ <b>Migranal Nasal</b></p> <p>H3</p>	<p><u>Triptans:</u></p> <p><u>CGRP (Prevention)</u></p> <p><b>Ajovy' Injector</b> (Fremanezumab)  <b>Emgality' Injector</b> (Galcanezumab<sup>-</sup>)  <b>Qulipta'</b> (Atogepant)</p> <p><u>CGRP (Treatment)</u></p> <p><b>Reyvow</b> (Lasmiditan<sup>-</sup>)  <b>Ubrelvy</b> (Ubrogepant)</p> <p><u>Other Products:</u></p> <p><b>Nervio'</b> REN Device'</p>	<p><u>Triptans:</u></p> <p><b>Onzetra Xsail</b> (Sumatriptan Nasal) <sup>S/E</sup>  <b>RizaFilm</b> (Rizatriptan Oral Film) <sup>S/E</sup>  <b>Symbravo</b> (Meloxicam/Rizatriptan) <sup>S/E</sup>  <b>Tosymra Nasal Spray'</b> (Sumatriptan) <sup>? S/E</sup>  <b>Zembrace SymTouch'</b> (Sumatriptan) <sup>? S/E</sup></p> <p><u>CGRP (Prevention)</u></p> <p><b>Aimovig Injector</b> (Erenumab) <sup>Clinical P/A</sup>  <b>Nurtec-ODT</b> (Rimegepant)</p> <p><u>CGRP (Treatment) <sup>S/E</sup></u></p> <p><b>Nurtec-ODT</b> (Rimegepant)  <b>Zavzpret Nasal Spray</b> (Zavegepant)</p> <p><u>Other Products:</u></p> <p><b>Cambia Powder</b> (Diclofenac Potassium) <sup>100% Copay</sup>  <b>GammaCore Device</b> – VNS  <b>Elyxyb Oral Solution</b> (Celecoxib) <sup>100% Copay</sup>  <b>Ergomar</b> (Ergotamine)  <b>Trudhesa Nasal Spray</b> (Dihydroergotamine) <sup>P/A Req'd</sup></p>

PARKINSONS

MIGRAINES

Note: BROKEN Packages for Oral CGRPs are Prohibited, Must be Full Box

# Neurologic: Alzheimers, Anticonvulsants & Antiepileptics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Alzheimer's Drugs</b></p> <p>Donepezil / <b>Aricept</b>/ODT                      Galantamine / <b>Razadyne</b>/ER                      Memantine /<b>Namenda</b>/XR                      Pyridostigmine / <b>Mestinon</b>                      Rivastigmine / <b>Exelon Capsules/Patches</b></p> <p>H1/J1</p>		<p><b>Adlarity Patches</b> (Donepezil) <sup>100% Copay</sup>  <b>Namzaric</b> (Memantine/Donepezil) <sup>S/E</sup>  <b>Zunveyl Tabs</b> (Benzgalantamine) <sup>P/A Req'd</sup></p>
<p><b>::Anticonvulsants &amp; Anti-Epileptics</b></p> <p><u>Anti-Convulsants</u></p> <p>Carbamazepine / <b>Carbatrol, Tegretol</b>                      Clonazepam / <b>Klonopin</b>                      Divalproex Sodium / <b>Depakote/ER/Sprinkles</b>                      Gabapentin / <b>Neurontin</b>                      Lacosamide / <b>Vimpat</b>                      Lamotrigine / <b>Lamictal, Lamictal XR, Lamictal ODT</b>                      Methsuximide / <b>Celontin</b>                      Oxcarbazepine / <b>Trileptal</b>                      Pregabalin / <b>Lyrica, Lyrica CR</b>                      Topiramate / <b>Topamax, Qudexy XR, Trokendi</b>                      Valproic Acid / <b>Depakene</b>                      Vigabatrin / <b>Sabril</b>  <i>(Many other Generic Products are Available)</i></p> <p><u>Anti-Epileptic Drugs</u></p> <p>Levetiracetam / <b>Keppra, Keppra XR</b>                      Phenytoin / <b>Dilantin</b>                      Phenytoin Sodium / <b>Phenytek</b></p> <p>H2/H4</p>	<p><u>Anti-Convulsants</u></p> <p><b>Xcopri</b> (Cenobamate) <sup>S/E</sup></p> <p><u>Anti-Epileptic Drugs</u></p> <p><b>Dilantin 30mg ONLY</b> (Phenytoin)  <b>Motpoly XR'</b> (Lacosamide)  <b>Spritam'</b> (Levetiracetam) <sup>S/E</sup></p>	<p><u>Anti-Convulsants</u></p> <p><b>Aptiom</b> (Esllicarbazepine) <sup>S/E</sup>  <b>Diacomit</b> (Stiripentol) <sup>S/E [Dravet]</sup>  <b>Eprontia Solution</b> (Topiramate) <sup>100% Copay</sup>  <b>Fintepla</b> (Fenfluramine) <sup>S/E</sup>  <b>Fycompa</b> (Perampanel) <sup>S/E</sup>  <b>Libervant Buccal Film</b> (Diazepam) <sup>P/A Req'd</sup>  <b>Nayzilam Nasal Spray</b> (Midazolam)  <b>Oxtellar XR</b> (Oxcarbazepine) <sup>P/A Req'd</sup>  <b>Valtoco Nasal Spray</b> (Diazepam) <sup>P/A Req'd</sup></p> <p><u>Anti-Epileptic Drugs</u></p> <p><b>Briviact</b> (Brivaracetam) <sup>S/E</sup>  <b>Elepsia XR</b> (Levetiracetam) <sup>P/A Req'd</sup>  <b>Subvenite</b> (Lamotrigine) <sup>100% Copay</sup></p>
<p><b>Fibromyalgia, Neuropathic &amp; PHN** Drugs</b></p> <p>Duloxetine / <b>Cymbalta</b>                      Gabapentin / <b>Neurontin</b>                      Pregabalin / <b>Lyrica/CR</b></p> <p>H4/H7</p>		<p><b>Gralise</b> (Gabapentin)  <b>Savella</b> (Milnacipran)  <b>ZTLido</b> (Lidocaine Patch)**</p>
<p><b>Restless Leg Syndrome (RLS) Drugs</b></p> <p>Pramipexole / <b>Mirapex</b>                      Ropinirole / <b>Requip, Requip-XL</b></p> <p>H6</p>		<p><b>Horizant</b> (Gabapentin Enacarbil)  <b>Neupro Patch</b> (Rotigotine)</p>

ALZHEIMERS  
EPILEPSY & SEIZURES

\*\* - Post-Herpatic Neuralgia Pain (PHN)

# Blood Modifiers

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Anticoagulants/Anti-10A/Thrombin Inhibitors</b> Dabigatran Etexilate / <b>Pradaxa</b> Warfarin Sodium / <b>Coumadin, Jantoven</b> Heparin Sodium M9	<b>Eliquis'</b> (Apixaban) <b>Xarelto 2.5mg, 15mg, 20mg'</b> (Rivaroxaban) <b>Suspension &amp; Starter Pak – all'</b>	<b>Savaysa</b> (Edoxaban Tosylate)
<b>::Heparin-Related Drugs / DVT</b> Dabigatran Etexilate / <b>Pradaxa</b> M9	<b>Eliquis'</b> (Apixaban) <b>Xarelto 10mg'</b> (Rivaroxaban)	<b>Bevyxxa</b> (Betrixaban) <b>Savaysa</b> (Edoxaban Tosylate)
<b>Platelet Aggregation Inhibitors / ACS</b> Anagralide / <b>Agrylin</b> Cilostazol / <b>Pletal</b> Clopidogrel / <b>Plavix</b> Dipyridamole / <b>Persantine</b> Dipyridamole & Aspirin / <b>Aggrenox</b> Pentoxifylline / <b>Trental</b> Prasugrel / <b>Effient</b> M9 / N1	<b>Brilinta'</b> (Ticagrelor)	<b>Durlaza ER</b> (Aspirin) <sup>100% Copay</sup>
<b>Other Drugs</b> Aminocaproic Acid / <b>Amicar</b> Omeprazole & Aspirin / <b>Yosprela</b> <sup>100% Copay</sup> Tranexamic Acid / <b>Lestyda</b> M9		<b>Zontivity</b> (Vorapaxar)

**BLOOD THINNERS / DVT**

# Cardiovascular: Alpha/Beta Blockers & CCBs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Alpha &amp; Beta Blockers</b></p> <p><u>Alpha Blockers</u>                      Doxazosin / <b>Cardura</b> <sup>100% Copay for Brand</sup>                      Phenoxybenzamine / <b>Dibenzyline</b>                      Prazosin / <b>Minipress</b>                      Terazosin / <b>Hytrin</b></p> <p>J7</p> <p><u>Beta Blockers</u>                      Acebutolol / <b>Sectral</b>                      Atenolol / <b>Tenormin</b>                      Betaxolol / <b>Kerlone</b>                      Metoprolol / <b>Lopressor, Toprol/XL</b>                      Nadolol / <b>Corgard</b>                      Nebivolol / <b>Bystolic</b>                      Propranolol / <b>Inderal XL/LA</b>                      Sotalol / <b>Betapace/AF</b>                      (Many other Generic Products are Available)</p> <p>J7</p> <p><u>Alpha-Beta Blocker Combinations</u>                      Carvedilol / <b>Coreg, Coreg CR</b>                      Labetolol / <b>Normedyn, Trandate</b></p>	<p><u>Alpha Blockers</u></p> <p><u>Beta Blockers</u></p> <p><u>Alpha-Beta Blocker Combinations</u></p>	<p><u>Alpha Blockers</u></p> <p><u>Beta Blockers</u>  <b>Innopran XL</b> (Propranolol)  <b>Sotylize Solution</b> (Sotalol) <sup>100% Copay</sup></p> <p><u>Alpha-Beta Blocker Combinations</u></p>
<p><b>Antihypertensive Combinations, Misc.</b></p> <p>Atenolol/Chlorthalidone / <b>Tenoretic</b>                      Bisoprolol/HCTZ / <b>Ziac</b>                      Metoprolol/HCTZ/ <b>Lopressor HCT</b>                      Nadolol/Bendroflumethiazide / <b>Corzide</b></p> <p>J7</p>		<p><b>Dutoprol</b> (Metoprolol Succinate/HCTZ)</p>
<p><b>Calcium Channel Blockers:</b></p> <p>Amlodipine / <b>Norvasc</b>                      Diltiazem / <b>Cardizem/CD/LA</b>                      Diltiazem / <b>Dilacor XR, Diltia XT, Tiazac ER</b>                      Felodipine / <b>Plendil</b>                      Nicardipine / <b>Cardene</b>                      Nifedipine / <b>Adalat/CC, Procardia/XL</b>                      Nisoldipine / <b>Sular</b>                      Verapamil / <b>Calan/SR</b> <sup>100% Copay for Brand</sup>, <b>Verelan/PM</b>                      (Many other Generic Products are Available)</p> <p>A9</p>		<p><b>Conjupri</b> (Levamlodipine) <sup>100% Copay</sup>  <b>Consensi</b> (Celecoxib/Amlodipine) <sup>100% Copay</sup>  <b>Katerzia Solution</b> (Amlodipine) <sup>100% Copay</sup>  <b>Norliqva Solution</b> (Amlodipine) <sup>100% Copay</sup>  <b>Nymalize Solution</b> (Nimodipine) <sup>100% Copay</sup></p>

HEART / CARDIOVASCULAR

# Cardiovascular: ACE, ARBs & Diuretics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>ACE Inhibitors with/without Diuretics</b></p> <p>Benazepril / <b>Lotensin (Lotensin HCT)</b>            Captopril / <b>Capoten (Capezide)</b>            Enalapril / <b>Vasotec (Vaseretic)</b>            Fosinopril / <b>Monopril (Monopril HCT)</b>            Lisinopril / <b>Prinivil (Prinzide), Zestril (Zestoretic)</b>            Quinapril / <b>Accupril (Accuretic)</b> <sup>100% Copay for Brand</sup>            Ramipril / <b>Altace</b>  <i>(Many other Generic Products are Available)</i></p> <p>A4</p>		<p><b>Epaned Solution (Enalapril)</b> <sup>100% Copay</sup>  <b>Qbrelis Solution (Lisinopril)</b> <sup>100% Copay</sup></p>
<p><b>ACE Inhibitor / CCB Combination</b></p> <p>Benazepril/Amlodipine / <b>Lotrel (all other strengths)</b>            Trandolapril/Verapamil / <b>Tarka</b></p> <p>A4</p>		<p><b>Prestalia (Amlodipine / Perindopril)</b> <sup>S/E</sup></p>
<p><b>ARBs without &amp; with Diuretics</b></p> <p>Candesartan, Candesartan HCTZ / <b>Atacand, Atacand HCT</b>            Irbesartan, Irbesartan HCTZ / <b>Avapro, Avalide</b>            Losartan, Losartan HCT / <b>Cozaar, Hyzaar</b>            Olmesartan/HCT / <b>Benicar, Benicar HCT</b>            Telmisartan, HCTZ / <b>Micardis, Micardis HCT</b>            Valsartan, Valsartan HCTZ / <b>Diovan, Diovan HCT</b></p> <p>A4</p>		<p><b>Edarbi (Azilsartan)</b>  <b>Edarbyclor (Azilsartan/Chlorthalidone)</b>  <b>Prexartan Solution (Valsartan)</b> <sup>100% Copay</sup>  <b>Arbli (Losartan)</b></p>
<p><b>ARB Combinations</b></p> <p>Olmesartan/Amlodipine/HCT / <b>Azor, Tribenzor</b>            Telmisartan/Amlodipine / <b>Twynsta</b>            Valsartan/Amlodipine/HCT / <b>Exforge/HCT</b></p> <p>A4</p>		
<p><b>Heart Failure Agents</b></p> <p>A4</p>		<p><b>Entresto (Naprilysin/Valsartan)</b>  <b>Inpefa<sup>1</sup> (Sotagliflozin)</b></p>
<p><b>Diuretics</b></p> <p>Chlorothiazide / <b>Diuril</b>            Chlorthalidone / <b>Hygroton</b>            Furosemide / <b>Lasix</b>            Spironolactone/HCTZ / <b>Aldactone, Aldactazide, Carospir</b>            Triamterene / HCTZ / <b>Dyazide, Dyrenium, Maxzide</b>  <i>(Many other Generic Products are Available)</i></p> <p>R1</p>		<p><b>Embumyst (Bumetanide)</b>  <b>Furoscix Inj (Furosemide)</b> <sup>S/E</sup>  <b>Soanz (Toremide)</b> <sup>P/A to Indication</sup></p>

HEART / CARDIOVASCULAR

# Cardiovascular: Anti-Arrhythmia & Vasodilators

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Renin Inhibitors &amp; Combinations<sup>##</sup></b> <small>A4</small>	<b>Tekturna/HCT'</b> (Aliskiren Hemifumarate/HCT)	
<b>Antiarrhythmics / Anti-Ischemic</b> Amiodarone / <b>Pacerone</b> Disopyramide / <b>Norpace/ Norpace CR 150mg</b> Dofetilide / <b>Tikosyn</b> Propafenone / <b>Rythmol, Rythmol SR</b> Ranolazine / <b>Ranexa-ER</b> <small>A2</small>		<b>Multaq</b> (Dronedarone) <b>Norpace CR</b> (Disopyramide)
<b>Cardiac Glycosides</b> Digoxin / <b>Lanoxin</b> <small>A1</small>		
<b>Vasodilators, Coronary, Nitrates</b> Isosorbide Dinitrate / <b>Isordil, Sorbitrate</b> Isosorbide Dinitrate/Hydralazine / <b>Bidil</b> Isosorbide Mononitrate' / <b>Imdur-ER</b> <b>Nitroglycerins</b> Nitroglycerin Oral / <b>Nitrostat</b> Nitroglycerin (Patch) / <b>Nitro-Dur, Minitran</b> Nitroglycerin Mist / <b>NitroMist Spray, Nitrolingual Spray</b> <small>A7</small>	<u>Nitroglycerins</u>	<u>Nitroglycerins</u> <b>Gonitro</b> (Nitroglycerin Sublingual) <b>Nitro-BID Ointment</b> (Nitroglycerin)
<b>Vasodilators, Sympatholytics</b> Clonidine / <b>Catapres, Catapres TTS Patch</b> Guanfacine / <b>Tenex</b> Hydralazine / <b>Apresoline</b> Methyldopa / <b>Aldomet</b> Methyldopa/HCTZ / <b>Alderil</b> <small>A4</small>		
<b>Other Drugs (Various Indications)</b> Colchicine / <b>Colcris</b> Droxidopa / <b>Northera</b>	<b>Farxiga'</b> (Dapagliflozin) <small>S/E (Allowed for HF &amp; CKD)</small> <b>Jardiance'</b> (Empagliflozin) <small>S/E (Allowed for HF &amp; CKD)</small>	<b>Aspruzo Sprinkle</b> (Ranolazine) <small>P/A Req'd</small> <b>Corlanor</b> (Ivabradine) <b>Lodoco</b> (Colchicine) <b>Verquvo</b> (Vericiguat) <small>P/A Req'd</small>

HEART / CARDIOVASCULAR

<sup>##</sup> Note special warnings on use of Aliskiren containing products in treatment of diabetics

# Cholesterol: Statins, Fibrates & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Statins&amp; Statin/CCB Combinations</b></p> <p>Atorvastatin / <b>Lipitor</b>                      Atorvastatin/Amlodipine / <b>Caduet</b><sup>100% Copay for Brand</sup>                      Ezetimibe/Simvastatin / <b>Vytorin</b>                      Fluvastatin / <b>Lescol, Lescol XL</b>                      Lovastatin / <b>Mevacor</b>                      Pitavastatin / <b>Livalo</b>                      Pravastatin / <b>Pravachol</b>                      Rosuvastatin / <b>Crestor</b>                      Simvastatin / <b>Zocor</b></p> <p>M4</p>	<p><b>Zypitamag<sup>1</sup></b> (Pitavastatin)<sup>S/E</sup></p>	<p><b>Altoprev</b> (Lovastatin)  <b>Atorvaliq Solution</b> (Atorvastatin)<sup>100% Copay</sup>  <b>Roszet</b> (Ezetimibe/Rosuvastatin)<sup>100% Copay</sup></p>
<p><b>::Cholesterol Management – PCSK9s</b></p> <p>M4</p>	<p><b>Praluent Inj</b> (Alirocumab)<sup>Clinical-P/A</sup>  <b>Repatha Inj</b> (Evolocumab)<sup>Clinical P/A</sup></p>	
<p><b>Bile Acid Sequestrants/Liver Drugs</b></p> <p><u>BAS</u>                      Cholestyramine / <b>Questran</b>                      Colesevelam / <b>Welchol</b>                      Colestipol / <b>Colestid</b></p> <p>M4</p> <p><u>Liver Drugs</u>                      Ursodiol / <b>Urso/Urso Forte</b></p> <p>D7</p>	<p><u>BAS</u></p> <p><u>Liver Drugs</u></p>	<p><u>BAS</u></p> <p><u>Liver Drugs</u></p>
<p><b>Fibrates &amp; Other Drugs</b></p> <p>Gemfibrozil / <b>Lopid</b><sup>100% Copay</sup>                      Fenofibric Acid –Choline / <b>Fibricor, TriLipix</b>                      Fenofibrate, micronized / <b>Fenoglide</b>                      Fenofibrate, nanocrystalized / <b>Tricor</b></p> <p><u>ACL Inhibitors</u></p> <p><u>Other Drugs</u>                      Ezetimibe / <b>Zetia</b>                      Icosapent Ethyl / <b>Vascepa</b><sup>^A</sup>                      Niacin / <b>Niacor</b>                      Omega-3 Acid Ethyl Esters / <b>Lovaza</b></p> <p>M4</p>	<p><u>ACL Inhibitors</u></p> <p><u>Other Drugs</u></p>	<p><b>Lipofen</b> (Fenofibrate, micronized)</p> <p><u>ACL Inhibitors</u>  <b>Nexletol</b> (Bempedoic Acid)<sup>S/E</sup>  <b>Nexlizet</b> (Bempedoic Acid / Ezetimibe)<sup>S/E</sup></p> <p><u>Other Drugs</u>                      Icosapent Ethyl [A/G]  <b>Tryngolza Inj</b> (Olezarsen)<sup>Clinical P/A</sup></p>

**CHOLESTEROL**

# Pancreatic Drugs & Urological: Diuretics, BPH, OAB & E/D

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Pancreatic Drugs</b> D8	<b>Creon<sup>®</sup></b> (Lipase/Protease/Amylase) <b>Zenpep<sup>®</sup></b> (Lipase/Protease/Amylase)	<b>Pancreaze</b> (Lipase/Protease/Amylase) <b>Pertyze, Viokace</b> (Lipase/Protease/Amylase)
<b>Benign Prostate Hyperplasia</b> <u>Alpha Blockers</u> Alfuzosin / <b>Uroxatral</b> Doxazosin / <b>Cardura</b> Prazosin / <b>Minipress</b> Silodosin / <b>Rapaflo</b> Tamsulosin / <b>Flomax</b> Terazosin / <b>Hytrin</b> J7/Q9 <u>5 Alpha Reductase Inhibitors</u> Finasteride / <b>Proscar</b> Dutasteride / <b>Avodart</b> Dutasteride/Tamsulosin / <b>Jalyn</b> Q9 <u>Phosphodiesterase-5 Enzyme Inhibitors</u> Tadalafil / <b>Cialis 5mg Only</b> F2	<u>Alpha Blockers</u>           <u>5 Alpha Reductase Inhibitors</u>           <u>Phosphodiesterase-5 Enzyme Inhibitors</u>	<u>Alpha Blockers</u> <b>Cardura XL</b> (Doxazosin Mesylate) <b>Tezruy Solution</b> (Terazosin) <sup>100% Copay</sup>           <u>5 Alpha Reductase Inhibitors</u>           <u>Phosphodiesterase-5 Enzyme Inhibitors</u>
<b>::Urologic Drugs</b> <u>Overactive Bladder</u> Oxybutynin / <b>Ditropan XL</b> Darifenacin / <b>Enablex</b> Solifenacin Succinate / <b>VESIcare</b> Tolterodine / <b>Detrol, Detrol LA</b> Trospium / <b>Sanctura, Sanctura XR</b> R1 <u>Other Drugs</u> Desmopressin Acetate / <b>DDAVP</b> Flavoxate / <b>Urispas</b> Phenazopyridine / <b>Pyridium</b> R5/P2	<u>Overactive Bladder</u> <b>Myrbetriq<sup>®</sup></b> (Mirabegron)           <u>Other Drugs</u>	<u>Overactive Bladder Anti-Cholinergics</u> <b>Gelnique</b> (Oxybutynin) <sup>S/E</sup> <b>Gemtesa</b> (Vibegron) <sup>S/E</sup> <b>Oxytrol Patch</b> (Oxybutynin) <b>Toviaz</b> (Fesoterodine Fumarate) <sup>S/E</sup>           <u>Other Drugs</u> <b>Elmiron</b> (Pentosan Polysulfate) <b>Nocdurna SL</b> (Desmopressin Acetate) <sup>P/A Req'd</sup> <b>Noctiva Nasal Spray</b> (Desmopressin) <sup>P/A Req'd</sup>
<b>::Erectile Dysfunction Drugs</b>  Sildenafil / <b>Viagra</b> <sup>S/E</sup> Tadalafil / <b>Cialis</b> <sup>S/E</sup> Vardenafil / <b>Levitra</b> <sup>S/E</sup> F2		<b>Staxyn</b> (Vardenafil) <sup>S/E</sup> <b>Caverject, Edex</b> (Alprostadil) <sup>S/E</sup> <b>Muse</b> (Alprostadil) <sup>S/E</sup> <b>Stendra</b> (Avanafil) <sup>S/E</sup>

UROLOGY

E/D

# CKD & Urological: Gout, PH / K Modifiers & Depleters

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Chronic Kidney Disease Drugs</b>	<b>Farxiga'</b> (Dapagliflozin) <sup>S/E</sup> (Allowed for Indication Determination) <b>Jardiance'</b> (Empagliflozin) <sup>S/E</sup> (Allowed for Indication Determination) <b>Kerendia'</b> (Finerenone) <sup>S/E</sup> for Indication	
<b>Gout Drugs</b> <u>Orals</u> Allopurinol / <b>Zyloprim</b> Colchicine / <b>Colcris</b> Febuxostat / <b>Uloric</b> Probenecid / <b>Benemid, Col-Bemenid</b> <u>Topicals</u> C7	<u>Orals</u> <b>Mitigare'</b> (Colchicine) <u>Topicals</u>	<u>Orals</u> <b>Duzallo</b> (Lesinurad+Allopurinol) <b>Gloperba Solution</b> (Colchicine) <sup>100% Copay</sup> <b>Zurampic</b> (Lesinurad) <u>Topicals</u> <b>ColciGel</b> (Colchicine Gel)
<b>Urinary Ph Modifiers</b> Potassium Citrate / <b>Urocit-K</b> Potassium Acid Phosphate / <b>K-Phos Original</b> R1		<b>Citra-K</b> (Potassium Citrate + Citric Acid) <b>K-Phos MF, N° 2</b> (Sod. Phos/Pot. Phos) <b>Renacidin Solution</b> (Mag Carb/Citric Acid/Lact)
<b>Potassium &amp; Electrolytes</b> Potassium Bicarbonate / <b>Effer-K</b> Potassium Bicarb+Potassium Citrate / <b>K-Lyte</b> Potassium Gluconate, Potassium Chloride / <b>KTab ER#</b> Potassium Phosphate / <b>K-Phos</b> C1/R1		<b>Klor-Con</b> (Potassium Chloride) <b>Micro-K</b> (Potassium Chloride)
<b>Phosphorus/Calcium Electrolyte Depleters</b> <u>Hyperkalemia</u> Sodium Polystyrene Sulfonate / <b>Kayexalate</b> <sup>HK</sup> <u>Hyperphosphatemia</u> Lanthanum Carbonate / <b>Fosrenol</b> <sup>HP</sup> Sevelamer Carbonate / <b>Renvela</b> <sup>HP</sup> Sevelamer Hydrochloride / <b>Renagel</b> <sup>HP</sup> C1	<u>Hyperkalemia</u> <b>Lokelma'</b> (Sodium Zirconium Cyclosilicate) <sup>HK</sup> <u>Hyperphosphatemia</u>	<u>Hyperkalemia</u> <b>Kionex</b> (Sodium Polystyrene Sulfonate) <sup>HK</sup> <b>Veltassa Powder Packets</b> (Patiromer Calcium) <sup>HK</sup> <u>Hyperphosphatemia</u> <b>Auryxia</b> (Ferric Citrate) <sup>HP</sup> <b>Phoslyra Oral Solution</b> (Calcium Acetate) <sup>HP</sup> <b>Velphoro</b> (SuCroferric Oxyhydroxide) <sup>HP</sup>

CKD

GOUT & POTASSIUM

# Osteoporosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Osteoporosis Drugs / Paget's Disease</b></p> <p><u>Bisphosphonates</u>                      Alendronate / <b>Fosamax</b>                      Ibandronate / <b>Boniva 150mg Tablets</b>                      Risedronate / <b>Actonel, Atelvia</b></p> <p><u>Other Drugs</u>                      Raloxifene / <b>Evista</b>                      Calcitonin / <b>Miacalcin Nasal Spray</b></p> <p>P4</p>	<p><u>Bisphosphonates</u></p> <p><u>Other Drugs</u></p>	<p><u>Bisphosphonates</u>  <b>Binosto Effervescent Tabs</b> (Alendronate)  <b>Fosamax Plus D</b> (Alendronate w/ Vit D)</p> <p><u>Other Drugs</u></p>

**BONE**

# Anti-Inflammatory & Pain

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Inflammatory Drugs (NSAID)</b></p> <p>Aspirin/Omeprazole / <b>Yosprala</b> <sup>100% Copay</sup>                      Diclofenac/Misoprostol / <b>Arthrotec</b>                      Diclofenac Potassium / <b>Cataflam, Zipsor</b>                      Diclofenac Sodium / <b>Voltaren/XR, Zorvolex</b>                      Etodolac / <b>Lodine</b>                      Fenoprofen / <b>Nalfon</b>                      Flurbiprofen / <b>Ansaid</b>                      Ibuprofen / <b>Motrin</b>                      Indomethacin / <b>Indocin</b>                      Ketoprofen / <b>Orudis, Oruvail</b>                      Ketorolac / <b>Toradol, Sprix Spray</b>                      Meclofenamate / <b>Meclomen</b>                      Mefenamic Acid / <b>Ponstel</b>                      Meloxicam/ <b>Mobic, Vivlodex</b>                      Nabumetone / <b>Relafen</b>                      Naproxen / <b>Naprosyn/EC, Anaprox DS, Naprelan</b>                      Naproxen/Esomeprazole IR / <b>Vimovo</b> <sup>100% Copay</sup>                      Oxaprozin / <b>Daypro</b>                      Piroxicam / <b>Feldene</b>                      Sulindac / <b>Clinoril</b>                      Tolmetin / <b>Tolectin-DS</b></p> <p>S2</p>		<p><b>Combogesic Tabs</b> (Acetaminophen/Ibuprofen) <sup>100%</sup>  <b>Duexis</b> (Ibuprofen/Famotidine) <sup>100% Copay</sup>  <b>Relafen DS*</b> (Nabumetone) <sup>S/E</sup></p>

**PAIN (Non-Narcotic)**

\*\*\* May not be covered by all plan benefit designs.



# CNS: Anxiety, Sedatives, ADD/ADHD & Narcolepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Anxiety Drugs (Benzodiazepines)</b></p> <p><i>All Generics in this Class are Preferred</i></p> <p>H6</p>		<p>All Brands in this Class are Non-Preferred</p>
<p><b>::Sedatives/Sleeping Aids</b></p> <p><u>Orexin Antagonists</u></p> <p><u>Other Agents</u></p> <p>Eszopiclone / <b>Lunesta</b><sup>E</sup>                      Ramelteon / <b>Rozerem</b>                      Temazepam / <b>Restoril</b>                      Zolpidem / <b>Ambien, Ambien CR</b>  <i>(Several other Generic Products are Available)</i></p> <p>H2/H8</p>	<p><u>Orexin Antagonists</u></p> <p><b>Quviviq</b><sup>S/E</sup> (Daridorexant)</p> <p><u>Other Agents</u></p>	<p><u>Orexin Antagonists</u></p> <p><b>Belsomra</b> (Suvorexant)<sup>S/E</sup>  <b>Dayvigo</b> (Lemborexant)<sup>S/E</sup></p> <p><u>Other Agents</u></p> <p><b>Edluar Sublingual</b> (Zolpidem)<sup>S/E</sup>  <b>Hetlioz</b> (Tasimelteon)<sup>P/A Req'd</sup></p>
<p><b>Sedatives/Hypnotics (Barbiturate/CNS)</b></p> <p><i>(Various other Generics)</i></p> <p>H2</p>		
<p><b>::ADD &amp; ADHD Drugs</b></p> <p><u>Stimulants</u></p> <p>Amphetamine/D-Amphetamine / <b>Adderall, Adderall XR</b>                      Amphetamine / <b>Mydayis, Evekeo</b>                      D-Amphetamine / <b>Dexedrine</b>                      Dexmethylphenidate / <b>Focalin, Focalin XR, Zenzedi</b>                      Lisdexamfetamine Dimesylate / <b>Vyvanse</b>                      Methylphenidate / <b>Concerta, Concerta ER, Relexxi ER</b>                      Methylphenidate / <b>Desoxyn, Metadate CD/ER, Ritalin/LA</b>                      Methylphenidate Patches/ <b>Daytrana</b></p> <p><u>Non-Stimulants</u></p> <p>Atomoxetine / <b>Strattera</b>                      Clonidine HCL / <b>Kapvay</b>                      Guanfacine / <b>Intuniv</b></p> <p>J5/H7/H2</p>	<p><u>Stimulants</u></p> <p><b>Dyanavel XR</b> (Amphetamine)  <b>QuilliChew ER</b><sup>'</sup> (Methylphenidate)  <b>Quillivant XR Suspension</b><sup>'</sup> (Methylphenidate)</p> <p><u>Non-Stimulants</u></p> <p><b>Qelbree ER</b><sup>'</sup> (Viloxazine)</p>	<p><u>Stimulants</u></p> <p><b>Adzenys XR-ODT / ER Liquid</b> (Amphetamine)<sup>S/E-2</sup>  <b>Aptensio XR</b> (Methylphenidate)<sup>S/E-2</sup>  <b>Azstarys</b> (Dexmethylepenidate/Sedexmeth)<sup>S/E-2</sup>  <b>Cotempla XR-ODT</b> (Methylphenidate)<sup>S/E-2</sup>  <b>Jornay PM</b> (Methylphenidate)<sup>S/E-2</sup>  <b>Methylin Solution</b> (Methylphenidate)<sup>S/E-2</sup>  <b>Xelstrym Patch</b> (Dextroamphetamine)<sup>S/E-2</sup></p> <p><u>Non-Stimulants</u></p> <p><b>Onyda XR Susp</b> (Clonidine)<sup>S/E-2</sup></p>
<p><b>::Excessive Sleepiness / Narcolepsy</b></p> <p>Armodafinil / <b>Nuvigil</b>                      Modafinil / <b>Provigil</b></p> <p>H8</p>		<p><b>Lumryz Granules</b> (Sodium Oxybate)  <b>Sunosi</b> (Solriamfetol)<sup>P/A Req'd</sup></p>

ANXIETY / SEDATIVES

ADHD

Note: Some long-acting Methylphenidates & Amphetamines may require failure of generics prior for approval of a brand. Additionally, Non-Preferred Brands as shown need a failure of a Preferred Brand prior to approval.

# CNS: Anti-Depressants & PBA

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Serotonin Specific Reuptake Inhibitors (SSRI)</b> Citalopram / <b>Celexa</b> Escitalopram / <b>Lexapro</b> Fluoxetine / <b>Prozac</b> Fluvoxamine / <b>Luvex/CR</b> Paroxetine / <b>Paxil/CR</b> Sertraline / <b>Zoloft</b> H2	<b>Trintellix'</b> (Vortioxetine) <sup>S/E</sup> <b>Viibryd'</b> (Vilazodone) <sup>S/E</sup>	<b>Pexeva</b> (Paroxetine Mesylate) <sup>100% Copay</sup> <b>Zercapli</b> (Sertraline) <sup>2-S/E</sup>
<b>Serotonin Norepinephrine Reuptake Inhibitors</b> Duloxetine / <b>Cymbalta</b> Desvenlafaxine / <b>Pristiq</b> Venlafaxine / <b>Effexor XR</b> H7	<b>Fetzima'</b> (Levomilnacipran) <sup>S/E</sup>	<b>Drizalma Sprinkles</b> (Duloxetine) <sup>2-S/E</sup>
<b>Other SSRI Combinations</b> Olanzapine/Fluoxetine / <b>Symbyax</b> H7		
<b>Monoamine Oxidase Inhibitors (MAOIs)</b> Phenelzine Sulfate / <b>Nardil</b> Tranylcypromine Sulfate / <b>Parnate</b> H7/H2		<b>Emsam Patches</b> (Selegiline) <b>Marplan</b> (Isocarboxazid)
<b>Antidepressants, Other Drugs</b> Amitriptyline / <b>Elavil</b> Bupropion / <b>Wellbutrin SR/XL, Forfivo XL</b> Buspirone / <b>Buspar</b> Desipramine / <b>Norpramin</b> Imipramine / <b>Tofranil/PM</b> Nortriptyline / <b>Aventyl, Pamelor</b> Trazadone / <b>Desyre!</b> (Many other Generic Products are Available) H2/H7		<b>Aplenzin ER</b> (Bupropion Hydrobromide) <sup>S/E</sup> <b>Auvelity</b> (Dextromethorphan/Bupropion) <sup>S/E</sup>
<b>Pseudobulbar Affect (PBA) Drugs</b> H8		<b>Nuedexta</b> (Dextromethorphan/Quinidine)

**DEPRESSION**

# CNS: Anti-Psychotics & Bi-Polar

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Antipsychotic Drugs</b> <i>(Multiple Generic Drugs exist)</i> H7		
<b>::Atypical Antipsychotic Drugs</b> Aripiprazole / <b>Abilify</b> <sup>B,S</sup> Asenapine / <b>Saphris</b> <sup>B,S</sup> Clozapine / <b>Clozaril</b> <sup>B,S</sup> Lurasidone / <b>Latuda</b> <sup>B,S</sup> Olanzapine / <b>Zyprexa, Zyprexa ZYDIS</b> <sup>B,S</sup> Paliperidone / <b>Invega ER</b> <sup>B,S</sup> Quetiapine / <b>Seroquel IR</b> <sup>B,S</sup> , <b>Seroquel XR</b> <sup>B,S</sup> Risperidone / <b>Risperdal</b> <sup>B,S</sup> Ziprasidone / <b>Geodon</b> <sup>B,S</sup> H7	<b>Vraylar</b> <sup>†</sup> (Cariprazine) <sup>B,S,M</sup>	<b>Abilify MyCite</b> (Aripiprazole) <sup>B,S,M,P/A Req'd</sup> <b>Caplyta</b> (Lumateperone) <sup>S/E B,S</sup> <b>Cobenfy Caps</b> (Xanomeline/Trospium) <sup>S/E S,P/A Req'd</sup> <b>Fanapt</b> (Iloperidone) <sup>2 S/E B,S,P/A Req'd</sup> <b>Opipza Film</b> (Aripiprazole) <sup>M,P/A Req'd</sup> <b>Rexulti</b> (Brexipiprazole) <sup>2 S/E M,S,P/A Req'd</sup> <b>Secuado Patch</b> (Asenapine) <sup>S/E S,P/A Req'd</sup> <b>Spravato Nasal Spray</b> (Esketamine) <sup>M,T,P/A Req'd</sup> <b>Versacloz Susp</b> (Clozapine) <sup>S/E B</sup>
<b>Bipolar Disorders (Anti-mania Drugs)</b> Lithium Carbonate / <b>Lithobid ER</b> Valproic Acid / <b>Stavzor</b> H2		<b>Equetro</b> (Carbamazepine) <b>Lybalvi</b> (Olanzapine/Samidorphan)

**ANTI-PSYCHOTICS**

<sup>B</sup> - Bi-polar indication    <sup>S</sup> - Schizophrenia indication    <sup>M</sup> - Major Depressive Disorder (MDD) indication or Add-on to MDD    <sup>T</sup> - Treatment Resistant Depression (TRD)

# Parathyroid Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Parathyroid Drugs</b> Calcitriol <sup>2</sup> / <b>Rocaltrol</b> Cinacalcet <sup>2</sup> / <b>Sensipar</b> Doxercaliferol <sup>2</sup> / <b>Hectorol</b> Ergocalciferol Drops <sup>2</sup> / <b>Drisol</b> Paricalcitol <sup>2</sup> / <b>Zemlar</b> C6/P4		<b>Royaldee</b> <sup>2</sup> (Calcifediol) <sup>P/A Req'd</sup>

<sup>1</sup> – Hypothyroidism,    <sup>2</sup> – Hyperthyroidism

# Gastrointestinal: Ulcer, GERD & IBS

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Anti-Ulcer / GERD Drugs</b></p> <p><u>H2 Antagonists</u> Generic Drugs Only</p> <p><u>PPIs</u> Esomeprazole / <b>Nexium</b> Dexlansoprazole / <b>Dexilant</b> Lansoprazole / <b>Prevacid</b> Omeprazole / <b>Prilosec</b> Omeprazole w/ Sodium Bicarb / <b>Zegerid</b> <sup>100% Copay</sup> Pantoprazole / <b>Protonix</b> Rabeprazole / <b>Aciphex</b></p> <p><u>Other Drugs</u> Metoclopramide / <b>Reglan</b> Sucralfate / <b>Carafate</b></p> <p>D4/J9/Z2</p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u></p> <p><u>Other Drugs</u></p>	<p><u>H2 Antagonists</u></p> <p><u>PPIs</u> <b>Konvomep Powder</b> (Omepr/Sod Bicarb) <sup>100% Copay</sup></p> <p><u>Other Drugs</u> <b>Dartisla ODT</b> (Glycopyrrolate) <sup>S/E</sup> <b>Gimoti Nasal Spray</b> (Metoclopramide) <sup>S/E</sup> <b>Voquezna</b> (Vonoprazan) <sup>S/E</sup></p>
<p><b>Bowel &amp; Colon Drugs</b></p> <p><u>::Inflammatory Bowel Disease/Ulcerative Colitis</u> Balsalazide Disodium / <b>Colazal</b> Mesalamine / <b>Apriso, Delzicol, Lialda, Pentasa, Rowasa</b></p> <p>D6/Q3</p> <p><u>::Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> Lubiprostone / <b>Amitiza</b> <sup>IBS-C, OIC, CIC</sup> Prucalopride / <b>Motegrity</b> <sup>CIC</sup> Senna Glucoside / <b>Senakot</b> (OTC) Senna + Docusate / <b>Senna-S</b> (OTC)</p> <p><u>::Irritable Bowel Syndrome (IBS-D)</u></p> <p>D6</p> <p><u>Other Drugs:</u> Budesonide / <b>Entocort EC, Uceris Foam</b> <sup>P/A Req'd</sup> Diphenoxylate/Atropine / <b>Lomotil</b> Glycopyrrolate / <b>Cuvposa Solution</b> Mesalamine / <b>Canasa Suppositories</b></p> <p>D6/J2</p>	<p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u></p> <p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Linzess</b><sup>†</sup> (Linaclotide) <sup>IBS-C, CIC</sup> <b>Relistor</b><sup>†</sup> (Methylnaltrexone) <sup>OIC</sup> <b>Trulance</b><sup>†</sup> (Plecanatide) <sup>CIC, IBS-C</sup></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> <b>Viberzi</b><sup>†</sup> (Eluxadoline) <sup>IBS-D</sup> <b>Xifaxan 550</b><sup>†</sup> (Rifaximin) <sup>IBS-D</sup></p> <p><u>Other Drugs:</u></p>	<p><u>Inflammatory Bowel Disease/Ulcerative Colitis</u> <b>Dipentum</b> (Olsalazine) <sup>S/E</sup></p> <p><u>Irritable Bowel Syndrome (IBS-C, OIC, CIC)</u> <b>Ibsrela</b> (Tenapanor) <sup>OIC – S/E</sup> <b>Movantik</b> (Naloxegol) <sup>OIC – S/E</sup> <b>Symproic</b> (Naldemedine) <sup>OIC</sup></p> <p><u>Irritable Bowel Syndrome (IBS-D)</u> <b>Lotronex</b> (Alosetron) <sup>IBS-D</sup></p> <p><u>Other Drugs:</u> <b>Aemcolo</b> (Rifamycin) <sup>Travelers Diarrhea, P/A Req'd</sup> <b>Motofen</b> (Difenoxin/Atropine Sulfate)</p>

**ULCERS / GERD**

**BOWEL & IBS**

## Gastrointestinal: Laxatives & Colon Preps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Laxatives</b> Lactulose / <b>Granulose</b> D6		<b>Kristalose'</b> (Lactulose)
<b>::Colon Prep Drugs</b> Peg 3350/NA Sulfate,Bicarbonate CL/KCL / <b>Gavilyte</b> , <b>Golytely, MoviPrep</b> Sodium Chloride / <b>Nulytely</b> Sodium Phosphate Tablets / <b>Osmoprep</b> D6	<b>Plenvu'</b> (Peg 3350/NA Ascorbate/NA Sulfate) <b>Suflave'</b> (Sodium, Potassium, & Magnesium Sulfate) <b>Suprep'</b> (Sodium, Potassium, & Magnesium Sulfate) <b>Sutab'</b> (Sodium, Potassium, & Magnesium Sulfate)	<b>Clenpiq Pre-Mix</b> (Sod Picosulf, Mag Ox, Citric Acid)
<b>::H. Pylori Drugs</b> Lansoprazole/Amox/Clarithromycin / <b>PrevPac</b> D4	<b>Talicia'</b> (Omeprazole Mag/Amox/Rifabutin)	<b>Omeclamox</b> Omeprazole/Amox/Clarithromycin <b>Pylera</b> (Bismuth/Metronid/Tetracycline) <b>Voquesna Tripak</b> (Amox/Clarithromycin/Vonoprazam)

**COLON PREPS**

# Hormone Therapy: O/Cs & Estrogens

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Contraceptives</b></p> <p><u>Orals</u> All Oral Contraceptives flagged as Generic</p> <p><u>Other Drugs</u> Norgestrel / <b>OPIII</b> (OTC) Ethin Estradiol/Etonogestrel / <b>EluRyng, Nuvaring</b> Generic Products</p> <p>G8</p>	<p><u>Orals</u> <b>Beyaz', Yaz'</b> <b>Natazia', Safyral'</b> <b>Lo Lo-Estrin'</b></p> <p><u>Other Drugs</u></p>	<p><u>Orals</u> All Oral Contraceptives flagged as Brand</p> <p><u>Other Drugs</u> <b>Phexxi</b> (Lactic Acid/Citric Acid/Potassium Bitrate) All Other formulations flagged as Brand</p>
<p><b>Estrogens / Estrogen Combinations</b></p> <p><u>Orals – Single</u> Estradiol / <b>Estrace</b> Estropipate / <b>Ogen</b> ME-Test/Estrogen/Ester / <b>Covaryx/HS</b></p> <p>G1</p> <p><u>Orals – Combination Products</u> Estradiol/Norethindrone / <b>Activella, FemHRT, Mimvey</b></p> <p>G1</p> <p><u>Patches/Gels</u> Estradiol / <b>Climara Patch, Alora Patch</b> Estradiol / <b>Vivelle/DOT Patch</b> Estradiol Gel / <b>Divigel, Estrogel</b> Lo-Dose Estradiol / <b>Minivelle Patch</b></p> <p>G1</p> <p><u>Vaginal (All Forms)</u> Estradiol / <b>Estrace Cream</b> Estradiol / <b>Vagifem</b></p> <p>Q4</p>	<p><u>Orals – Single</u></p> <p><u>Orals – Combination Products</u></p> <p><u>Patches/Gels/Pumps</u> <b>Climara Pro Patch'</b> (Estradiol/Levonorgestrel) <b>Xulane Patch</b> (Norelgestromin/Estradiol)</p> <p><u>Vaginal (All Forms)</u> <b>Osphena'</b> (Ospemifene)</p>	<p><u>Orals – Single</u> <b>Menest</b> (Esterified Estrogen) <b>Premarin</b> (Conjugated Estrogen)</p> <p><u>Orals – Combination Products</u> <b>Angeliq</b> (Estradiol/Drospirenone) <b>Annovera</b> (Estradiol/Segesterone) <b>Bijuva</b> (Estradiol/Progesterone) <b>Duavee</b> (Conj Estrogens/Bazedoxifene) <sup>100% Copay</sup> <b>Femlyv ODT</b> (Estradiol/Norethidrone) <b>Prefest</b> (Estradiol/Norgestimate) <b>Prempro, Premphase</b> (Conj. Estrog/Medroxyprog)</p> <p><u>Patches/Gels/Pumps</u> <b>Combipatch</b> (Estradiol/Norethindrone) <b>Elestrin Gel</b> (Estradiol) <sup>S/E New Starts</sup> <b>Evamist Spray</b> (Estradiol) <sup>S/E New Starts</sup> <b>Menostar Patch</b> (Estrogen)</p> <p><u>Vaginal (All Forms)</u> <b>Estring, Femring Ring</b> (Estradiol) <b>Imvexxy</b> (Estradiol) <b>Premarin Cream</b> (Conj. Estrogen)</p>

**BIRTH CONTROL / HORMONE THERAPY**

IMPORTANT NOTE - Contraceptive coverage varies by Plan, but most Plans cover generic Oral Contraceptives. If your Plan is required to comply with ACA coverage, copays for some drugs may be \$0.00.

# Hormone Therapy: Androgenics & Progesterones

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Endometriosis Drugs</b> <small>G1/G8</small>	<b>Orilissa'</b> (Elagolix) <b>Oriahnn'</b> (Elagolix/Estradiol Norethindrone)	<b>Myfembree</b> (Relugolix/Estradiol/Noreth) <sup>S/E</sup>
<b>::Other Hormonal &amp; Non-Hormonal Drugs</b> Clomiphene Citrate / <b>Serophene</b> Hydroxyprogesterone Caproate Injections / <b>Makena</b> <small>G1/G8</small>	<b>Inluryio (Imlunestrant)</b>	<b>Brisdelle</b> (Paroxetine) <b>Ella</b> (Ulipristal Acetate) <b>IntraRosa Vaginal Insert</b> (Prasterone) <b>Lynkuet (Elinzanetant)</b> <b>Veozah</b> (Fezolinetant) <b>Vyleesi</b> (Bremelanotide) <sup>S/E</sup> <b>Zurzuvae</b> (Zuranolone) <sup>S/E</sup>
<b>::Progestational Drugs</b> Medroxyprogesterone / <b>Provera, Depo-Provera</b> Progesterone, Micronized / <b>Prometrium</b> <small>G2</small>	<b>Crinone'</b> (Progesterone, Micronized)	<b>Addyi</b> (Flibanserin) <b>Endometrin Supp</b> (Progesterone, Micron.)
<b>::Androgenic Drugs</b> Methyltestosterone / <b>Testred</b> Oxandrolone / <b>Oxandrin</b> Prasterone / <b>DHEA</b> Testosterone / <b>AndroGel Gel, Fortesta, Testim, Vogelxo</b> Testosterone Cypionate / <b>Depo-Testosterone</b> <sup>S/E</sup> <small>F1</small>	<b>Natesto Nasal Gel'</b> (Testosterone)	<b>Androderm</b> (Testosterone Patch, Gel) <sup>S/E</sup> <b>Aveed</b> (Testosterone Undecanoate) <sup>S/E</sup> <b>Methitest</b> (Methyltestosterone) <sup>S/E</sup> <b>Jatenzo</b> (Testosterone Undecanoate) <b>Testopel Insert</b> (Testosterone) <sup>S/E</sup> <b>Tlando</b> (Testosterone) <sup>S/E</sup> <b>Xyosted</b> (Testosterone) <sup>S/E</sup>

\* Dispense UNBROKEN Packages

# Prenatal Vitamins, Iron Deficiency

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Prenatal Vitamins</b> <i>All Generic Drugs are Covered in Tier 1</i>		<i>All Brand Drugs – generic failure required</i>
<b>Iron Deficiency Drugs</b> <i>All Generic Drugs are Covered in Tier 1</i>		<b>Accrufer'</b> (Ferrous Maltol) <i>All Other Brand Drugs – generic failure required</i>

VITAMINS

# Metabolic: Thyroid Replacements

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Anti-Thyroid &amp; Thyroid Replacements</b> <u>Thyronine (Free T3)</u> Liothyronine / <b>Cytomel</b> <u>Thyroxine (Free T4)</u> Levothyroxine / <b>Eurthyrox, Levo-T, Levothroid, Levoxyl, Unithroid</b> <u>Mixed Thyronine/ Thyroxine</u>  <u>Other Drugs</u> Propylthiouracil / <b>Propylthiouracil</b> Methimazole / <b>Tapazole</b>	<u>Thyronine (Free T3)</u>  <u>Thyroxine (Free T4)</u> <b>Synthroid</b> (Levothyroxine) <b>Tirosint'/Tirosint Solution</b> (Levothyroxine) <u>Mixed Thyronine/ Thyroxine</u>  <u>Other Drugs</u>	<u>Thyronine (Free T3)</u>  <u>Thyroxine (Free T4)</u>  <u>Mixed Thyronine/ Thyroxine</u> <b>Adthyza</b> (Thyroid, pork) <b>Armour Thyroid</b> (Thyroid, pork) <b>Westhroid</b> (Thyroid, pork) <u>Other Drugs</u> <b>NP Thyroid</b> (Thyroid, pork)
<b>Glucocorticoids / Mineralocorticoids</b> Betamethasone / <b>Celestone Soln</b> Delfazacort / <b>Emflaza</b> Dexamethasone / <b>Decadron, Hidex</b> Hydrocortisone / <b>Cortef</b> Methylprednisone / <b>Medrol</b> Prednisone / <b>Deltasone, Millipred ER, Taperdex ODT</b> Prednisolone / <b>Orapred ODT, Pediapred, Veripred Soln</b>  <i>Multiple Generics available for Prescribing</i>		<b>Agamree Susp</b> (Vamorolone) <sup>100% Copay</sup> <b>Rayos</b> (Prednisone ER) <sup>100% Copay</sup>

THYROID

# Diabetes: Insulins & Injectables

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Insulins</b></p> <p><u>Short-Acting Insulin</u> <sup>(Bolus)</sup>                      Insulin Aspart                      Insulin Lispro</p> <p><u>Long-Acting Insulin</u> <sup>(Basal)</sup>                      Insulin Glargine Vial/Pen</p> <p><u>Mixed Insulin</u>                      Insulin Aspart                      Insulin Lispro</p> <p><u>Human Insulin</u></p> <p>C4</p>	<p><u>Short-Acting Insulin</u> <sup>(Bolus)</sup>  <b>Fiasp</b> (Insulin Aspart/Niacinamide)  <b>Humalog</b> (Insulin Lispro<sup>-</sup>)  <b>Lyumjev</b> (Insulin Lispro/Trepostinil<sup>-</sup>)  <b>Novolog</b> (Insulin Aspart)</p> <p><u>Long-Acting Insulin</u> <sup>(Basal)</sup>  <b>Lantus</b><sup>'</sup> (Insulin Glargine)  <b>Levemir</b> (Insulin Detemir)  <b>Toujeo</b><sup>'</sup>/<b>Toujeo Max Solostar</b><sup>'</sup> (Insulin Glargine<sup>-</sup>)  <b>Tresiba</b><sup>'</sup> (Insulin Degludec)</p> <p><u>Mixed Insulin</u>  <b>Humalog Mix</b> (Insulin Lispro<sup>-</sup>)  <b>Novolog Mix</b> (Insulin Aspart)</p> <p><u>Human Insulin</u>  <b>Humulin</b><sup>'</sup> (Insulin, Assorted<sup>-</sup>)  <b>Novolin</b><sup>'</sup> (Insulin Aspart)</p>	<p><u>Short-Acting Insulin</u> <sup>(Bolus)</sup>  <b>Admelog</b> (Insulin Lispro) <sup>S/E</sup>  <b>Apidra</b><sup>'</sup> (Insulin Glulisine<sup>-</sup>)  <b>Kirsty</b> (Insulin Aspart)  <b>Merilog</b> (Insulin aspart)  <b>Merilog Solostar</b> (Insulin aspart)</p> <p><u>Long-Acting Insulin</u> <sup>(Basal)</sup>  <b>Basaglar</b> (Insulin Glargine)  <b>Rezvoglar</b> (Insulin Glargine)  <b>Semglee</b> (Insulin Glargine)</p> <p><u>Mixed Insulin</u></p> <p><u>Human Insulin</u></p>
<p><b>::Injectable Anti-Diabetics****</b></p> <p><u>GLP-1</u></p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>GLP-1 / GIP Combinations</u></p> <p><u>Other Injectables</u></p> <p>C4</p>	<p><u>GLP-1</u>  <b>Ozempic</b><sup>'</sup> (Semaglutide)  <b>Rybelsus Tablets</b><sup>'</sup> (Semaglutide)  <b>Trulicity</b><sup>'</sup> (Dulaglutide<sup>-</sup>)  <b>Victoza</b><sup>'</sup> (Liraglutide)</p> <p><u>GLP-1 / Insulin Combinations</u>  <b>Soliqua</b><sup>'</sup> (Insulin Glargine &amp; Lixisenatide<sup>-</sup>)  <b>Xultophy</b><sup>'</sup> (Insulin Degludec &amp; Liraglutide)</p> <p><u>GLP-1 / GIP Combinations</u>  <b>Mounjaro</b><sup>'</sup> (Tirzepatide<sup>-</sup>)</p> <p><u>Other Injectables</u></p>	<p><u>GLP-1</u>  <b>Bydureon BCise</b><sup>'</sup> (Exenatide<sup>-</sup>)  <b>Byetta</b><sup>'</sup> (Exenatide<sup>-</sup>)</p> <p><u>GLP-1 / Insulin Combinations</u></p> <p><u>GLP-1 / GIP Combinations</u></p> <p><u>Other Injectables</u>  <b>SymlinPen</b> (Pramlintide Acetate)</p>

\*\*\*\* Some of the injectable sub-classes above may require a step edit through Metformin. If a sub-classes such step edit requirement, all drugs in that sub-class will require the same clinical requirement.

INSULINS

GLP-1S

# Diabetes: Oral Antidiabetics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Hypoglycemic Rescue Medications</b></p> <p>Glucagon / <b>Glucagon Emergency Kit</b></p> <p>M4</p>	<p><b>Baqsimi Nasal Powder Inhaler</b><sup>†</sup> (Glucagon<sup>-</sup>)  <b>GlucaGen Kit</b><sup>†</sup> (Glucagon) <small>Novo Nordisk Only</small>  <b>GVOKE</b><sup>†</sup> (Glucagon)  <b>Zegalogue</b><sup>†</sup> (Dasiglucagon)</p>	<p><b>Proglycem Oral Suspension</b> (Diazoxide)</p>
<p><b>::Oral Anti-Diabetics</b></p> <p><u>Orals</u></p> <p>Glyburide / <b>Glynase</b>  Metformin ER / <b>Fortamet ER, Glumetza</b> <small>S/E-both 100% Copay</small>  Metformin / <b>Glucophage XR</b></p> <p>(Over 30 other generic Drugs exist)</p> <p>C4</p>	<p><u>Orals</u></p>	<p><u>Orals</u></p> <p><b>Cycloset</b> (Bromocriptine) <small>100% Copay</small>  <b>Glimepiride 3mg Only</b> (Glimepiride)  <b>Riomet</b> (Metformin) <small>100% Copay</small></p>
<p><u>Thiazolidinediones (TZDs) &amp; Combinations</u></p> <p>Pioglitazone Family/ <b>Actos, Duetact, ActoPlusMet</b></p> <p>C4</p>	<p><u>Thiazolidinediones (TZDs)</u> <small>S/E Through Metformin</small></p>	<p><u>Thiazolidinediones (TZDs)</u> <small>S/E Through Metformin</small></p>
<p><u>DPP-4 / DPP-4 Combos</u></p> <p>Alogliptin / <b>Nesina</b>  Alogliptin/Metformin / <b>Kazano</b>  Alogliptin/Pioglitazone / <b>Oseni</b></p> <p>C4</p>	<p><u>DPP-4 / DPP-4 Combos</u> <small>S/E Through Metformin</small></p> <p><b>Janumet XR</b><sup>†</sup> (Sitagliptin/Metformin<sup>-</sup>)  <b>Januvia</b><sup>†</sup> (Sitagliptin<sup>-</sup>)  <b>Jentadueto</b><sup>†</sup> (Linagliptin/Metformin)  <b>Onglyza</b><sup>†</sup> (Saxagliptin)  <b>Tradjenta</b><sup>†</sup> (Linagliptin)</p>	<p><u>DPP-4 / DPP-4 Combos</u> <small>S/E Through Metformin</small></p> <p><b>Zituvimet</b> (Sitagliptin/Metformin) <small>100% Copay</small>  <b>Zituvio</b> (Sitagliptin) <small>100% Copay</small></p>
<p><u>SGLT-2 Inhibitors</u></p>	<p><u>SGLT-2 Inhibitors</u> <small>S/E Through Metformin</small></p> <p><b>Invokana</b><sup>†</sup> (Canagliflozin)  <b>Invokamet XR</b><sup>†</sup> (Canagliflozin/Metformin)  <b>Jardiance</b><sup>†</sup> (Empagliflozin)  <b>Synjardy</b><sup>†</sup> (Empagliflozin/Metformin)</p>	<p><u>SGLT-2 Inhibitors</u> <small>S/E Through Metformin</small></p> <p><b>Brenzavvy</b> (Bexagliflozin)  <b>Farxiga</b><sup>†</sup> (Dapagliflozin)  <b>Steglatro</b> (Ertugliflozin) <small>100% Copay</small>  <b>Segluromet</b> (Ertugliflozin/Metformin) <small>100% Copay</small>  <b>Xigduo</b><sup>†</sup> (Dapagliflozin/Metformin)</p>
<p><u>SGLT-2 / DPP-4 Combinations</u></p> <p>C4</p>	<p><u>SGLT-2 / DPP-4 Combinations</u> <small>S/E Through Metformin</small></p> <p><b>Glyxambi</b><sup>†</sup> (Empagliflozin/Linagliptin)  <b>Trijardy XR</b><sup>†</sup> (Empagliflozin/Linagliptin/Metformin)</p>	<p><u>SGLT-2 / DPP-4 Combinations</u> <small>S/E Through Metformin</small></p> <p><b>Qtern</b> (Dapagliflozin/Saxagliptin)  <b>Steglujan</b> (Ertugliflozin/Sitagliptin) <small>100% Copay</small>  <b>Trijardy XR</b> (Empagliflozin/Linagliptin/Metformin)</p>

**RESCUE**

**DIABETES (DPP-4s, SGLT-2s, Combos)**

## Diabetes: Diabetic Supplies & Pumps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Diabetic Supplies</b> <u>Meters</u> Store Brand <u>Strips</u> Store Brand M4/X2	<u>Meters</u> <b>Freestyle Lite/Precision                      GlucoCard Shine Meters'</b> <u>Strips</u> <b>Freestyle Lite/InsulinX/Precision/Xtra Strips                      GlucoCard Shine Strips'</b>	<u>Meters</u> <i>Other Brands of Meters are either NOT Covered OR may incur a 100% copay depending on plan design.</i> <u>Strips</u> <i>Other Brands of Strips are either NOT Covered, may be grandfathered for a short time, OR may incur a 100% copay depending on plan design.</i>
<u>Lancets Devices &amp; Lancets</u> Store Brand <u>Syringes &amp; Supplies by:</u> Store Brand Y2/Y9	<u>Lancets Devices &amp; Lancets</u> <b>TechLITE Lancets'</b> <u>Syringes &amp; Supplies by:</u> <b>Novofine &amp; NovoTwist Pen Needles'                      TechLITE Pen Needles'</b>	<u>Lancets Devices &amp; Lancets</u> <b>All Other Lancets</b> <u>Syringes &amp; Supplies by:</u> <b>All other brand products</b>
<b>Continuous Glucose Monitoring Devices</b> Y9	<b>Dexcom G6/G7 Transmitter, Receiver &amp; Sensors'                      Freestyle Libre/L-2/L-3 Reader &amp; Sensors'</b>	<b>POGO Automated Blood Glucose Monitor</b>
<b>Insulin Pumps &amp; Supplies</b> Y9	<b>CeQur Simplicity'                      OmniPod System: DASH/Omnipod 5 Dex (G7/G6)                      OmniPod 5 Libre 2+</b>	<b>V-Go Disposable Units                      Minimed 50X, Paradigm &amp; Guardian'</b>

\* NOTE – Omnipod systems are compatible with Dexcom G6/G7 CGM devices

## Weight Loss

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Anti-Obesity Medications</b> Benzphetamine HCL / <b>Didrex</b> Phendimetrazine / <b>Bontril PDM</b> Phentermine HCL / <b>Adipex-P</b> J8	<b>Saxenda Injection'</b> (Liraglutide) <sup>P/A Approp Use</sup> <b>Wegovy'</b> (Semaglutide) <sup>P/A Approp Use</sup> <b>Zepbound'</b> (Tirzepatide-) <sup>P/A Approp Use</sup>	<b>Contrave</b> (Bupropion/Naloxone) <sup>P/A Req'd</sup> <b>Lomaira</b> (Phentermine) <sup>P/A Req'd</sup> <b>Qsymia</b> (Phentermine/Topiramate) <sup>P/A Req'd</sup>

IMPORTANT NOTE – Coverage of Anti-Obesity Medications are determined by member's specific benefit plan design

DIABETIC SUPPLIES, CGMS, PUMPS

WEIGHT

# Respiratory: Allergy & Asthma

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Allergy Medications</b></p> <p><u>::Intranasal Corticosteroids</u>                      Flunisolide / <b>Nasarel</b>                      Fluticasone / <b>Flonase Sensimist (OTC)</b>                      Mometasone Furoate / <b>Nasonex 24HR (OTC)</b>                      Triamcinolone Acetate / <b>Nasacort Allergy 24 HR (OTC)</b></p> <p><sup>z2</sup>  <u>Other Allergy Drugs (Sprays)</u>                      Azelastine / <b>Astepro, Astepro Allergy (OTC)</b>                      Olopatadine / <b>Patanase</b></p> <p><sup>q7</sup></p>	<p><u>Intranasal Corticosteroids</u>  <b>QNasi</b><sup>1</sup> (Beclomethasone Dipropionate)</p> <p><u>Other Allergy Drugs (Sprays)</u></p>	<p><u>Intranasal Corticosteroids</u>  <b>Beconase AQ</b> (Beclomethasone Dipropionate)  <b>Omnaris, Zetonna</b> (Ciclesonide)</p> <p><u>Other Allergy Drugs (Sprays)</u>  <b>Dymista</b> (Azelastine/Fluticasone)  <b>Ryaltris</b> (Olopatadine/Mometasone) <sup>S/E</sup></p>
<p><b>Asthma Drugs</b></p> <p><u>::Short Acting Beta Agonists (SABA)</u>                      Albuterol Sulfate Inhaler / <b>Proventil HFA</b>                      Albuterol Sulfate Inhaler / <b>ProAir HFA/RespiClick</b>                      Albuterol Sulfate Inhaler / <b>Ventolin HFA</b><sup>1A</sup>                      Levalbuterol / <b>Xopenex</b></p> <p><u>::Inhaled Corticosteroids (ICS)</u>                      Budesonide / <b>Pulmicort</b></p> <p><u>::ICS / LABA Combination Drugs</u>                      Fluticasone/Salmeterol / <b>Wixela Inhub, AirDuo Respiclick</b>  <b>Breyna</b><sup>1</sup> / Budesonide/Formoterol                      Budesonide/Formoterol [AG] <sup>S/E</sup></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Beta Agonists / ICS Combo Drugs</u></p> <p><u>Other Drugs</u>                      Budesonide / <b>Pulmicort Respules for Inhalation</b></p> <p><sup>B6</sup></p>	<p><u>Short Acting Beta Agonists (SABA)</u>  <b>Ventolin HFA</b><sup>1</sup></p> <p><u>Inhaled Corticosteroids (ICS)</u>  <b>Arnuity</b><sup>1</sup> (Fluticasone Furoate)  <b>Pulmicort Flexhaler</b><sup>1</sup> (Budesonide)  <b>Qvar/Qvar RediHaler</b><sup>1</sup> (Beclomethasone)</p> <p><u>ICS / LABA Combination Drugs</u>  <b>Advair</b><sup>1</sup> (Fluticasone/Salmeterol)  <b>Breo</b><sup>1</sup> (Fluticasone/Vilanterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>Beta Agonists / ICS Combo Drugs</u>  <b>Airsupra</b><sup>1</sup> (Albuterol/Budesonide)</p> <p><u>Other Drugs</u></p>	<p><u>Short Acting Beta Agonists (SABA)</u>  <b>ProAir Digihaler</b> only (Albuterol Sulfate w/Device)</p> <p><u>Inhaled Corticosteroids (ICS)</u>  <b>Alvesco</b><sup>1</sup> (Ciclesonide)  <b>Asmanex</b> (Mometasone)</p> <p><u>ICS/LABA Combination Drugs</u>  <b>AirDuo Digihaler</b> (Fluticasone/Salmeterol)  <b>Dulera</b> (Mometasone/Formoterol) <sup>100% Copay</sup>  <b>Symbicort</b> (Budesonide/Formoterol) <sup>S/E</sup></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u>  <b>Spiriva 1.25mcg</b><sup>1</sup> (Tiotropium)</p> <p><u>Beta Agonists / ICS Combo Drugs</u></p> <p><u>Other Drugs</u></p>

ALLERGIES

ASTHMA

# Respiratory: Allergy, COPD & Nasal Polyps

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Leukotriene Inhibitors</b></p> <p>Montelukast / <b>Singulair</b>                      Zafirlukast / <b>Accolate</b>                      Zileuton / <b>Zyflo/CR</b></p> <p>Z4</p>		
<p><b>::COPD Drugs</b></p> <p><u>Beta Agonists / Muscarinic Agonists, Short Acting</u>                      Albuterol/Ipratropium</p> <p><u>Long Acting Beta Agonists (LABA)</u></p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u></p> <p><u>LABA / LAMA Combination Drugs</u></p> <p><u>ICS / LABA Combination Drugs</u>                      AG-Budesonide/Formoterol (<b>Symbicort</b>)                      Fluticasone/Salmeterol / <b>Wixela Inhub</b></p> <p><u>ICS / LABA / LAMA Combination Drugs</u></p> <p><u>Inhalation/Nebulizer Drugs</u></p> <p>B6</p>	<p><u>Beta Agonists / Muscarinic Agonists</u>  <b>Combivent</b><sup>†</sup> (Albuterol/Ipratropium) [SABA/SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u>  <b>Striverdi</b><sup>†</sup> (Olodaterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u>  <b>Incruse</b><sup>†</sup> (Umeclidinium)  <b>Spiriva 2.5mcg</b><sup>†</sup>, <b>Spiriva Handihaler</b> (Tiotropium)</p> <p><u>LABA / LAMA Combination Drugs</u>  <b>Anoro</b><sup>†</sup> (Umeclidinium/Vilanterol)  <b>Bevespi</b><sup>†</sup> (Formoterol/Glycopyrronium)  <b>Stiolto</b><sup>†</sup> (Tiotropium/Olodaterol)</p> <p><u>ICS / LABA Combination Drugs</u>  <b>Advair</b><sup>†</sup> (Fluticasone/Salmeterol)  <b>Breo</b><sup>†</sup> (Fluticasone/Vilanterol)</p> <p><u>ICS / LABA / LAMA Combination Drugs</u>  <b>Breztri</b><sup>†</sup> (Budesonide/Glycopyrrolate/Formoterol)  <b>Trelegy</b><sup>†</sup> (Umeclidinium/Vilanterol/Fluticasone)</p> <p><u>Inhalation/Nebulizer Drugs</u>  <b>Perforomist Inhalation</b><sup>†</sup> (Formoterol Fumarate)  <b>Yupelri Inhalation</b><sup>†</sup> (Revefenacin)</p>	<p><u>Beta Agonist / Muscarinic Agonists</u>  <b>Atrovent HFA</b> (Ipratropium) [SAMA]</p> <p><u>Long Acting Beta Agonists (LABA)</u>  <b>Serevent</b><sup>†</sup> (Salmeterol)</p> <p><u>Long Acting Muscarinic Agonists (LAMA)</u>  <b>Tudorza</b> (Acclidinium Bromide)<sup>†</sup></p> <p><u>LABA / LAMA Combination Drugs</u>  <b>Duaklir</b> (Acclidinium/Formoterol)<sup>†</sup></p> <p><u>ICS / LABA Combination Drugs</u></p> <p><u>ICS / LABA / LAMA Combination Drugs</u></p> <p><u>Inhalation/Nebulizer Drugs</u>  <b>Brovana</b> (Arformoterol Tartrate)<sup>S/E</sup>                      AG-Formoterol Fumarate  <b>Lonhala Magnair</b> (Glycopyrrolate)<sup>S/E</sup></p>
<p><u>Other Drugs</u></p> <p>Z2</p>	<p><u>Other Drugs</u>  <b>Daliresp</b><sup>†</sup> (Roflumilast)</p>	<p><u>Other Drugs</u>  <b>Jascayd</b> (Nerandolimast)</p>
<p><b>Nasal Polyps (Non-Specialty)</b></p> <p>Q7</p>	<p><b>XHance</b><sup>†</sup> (Fluticasone Propionate)</p>	

COPD

# Dermatology: Acne, Atopic Dermatitis, Rosacea, Psoriasis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Dermatology Medications</b></p> <p><u>::Acne/Acne Vulgaris</u>                      Adapalene / <b>Differin Gel/Pump</b>                      Adapalene+BP / <b>Epiduo, Epiduo Forte</b>                      Clindamycin / <b>Cleocin-T Soln, Evoclin Foam</b>                      Clindamycin+BP / <b>Acanya Gel Pump, Onexton Gel Pump</b>                      Dapsone / <b>Aczone 5.0%, Aczone 7.5% Pump<sup>^</sup></b>                      Doxycycline Monohydrate / <b>Avidoxy, Doryx, Oracea</b>                      Erythromycin+Ethanol / <b>Erygel Gel</b>                      Isotretinoin / <b>Absorica/Absorica-LD</b>                      Minocycline / <b>Solodyn, Ximino</b>                      Sulfacetamide / <b>Plexion, Rosula Cloths/Wash</b>                      Sulfacetamide/Sulfur / <b>Avar Foam/ Avar LS Pads</b>                      Tretinoin / <b>Retin-A/Micro, Avita Crm/Gel, Atralin Gel</b>                      Tretinoin+ Clindamycin / <b>Veltin, Ziana</b></p> <p><u>::Seborrhea Dermatitis/Sicca</u>                      Sulfacetamide / <b>Ovace, Plexion</b></p> <p><u>::Rosacea</u>                      Sulfacetamide / <b>Plexion</b>                      Brimonidine / <b>Mirvaso Pump</b>                      Ivermectin / <b>Soolantra Cream</b>                      Metronidazole / <b>MetroGel, Metro lotion, MetroCream</b>                      Metronidazole / <b>Rosadan Cream</b></p> <p><u>::Atopic Dermatitis (Eczema)</u>                      Tacrolimus / <b>Protopic Ointment</b>                      Pimecrolimus / <b>Elidel Cream</b></p> <p><u>::Psoriasis/Plaque Psoriasis (Oral &amp; Topical)</u>                      Acitretin / <b>Soriatane</b>                      Calcipotriene / <b>Sorilux Foam<sup>E</sup></b>                      Calcipotriene/Betamethesone / <b>Taclonex Susp</b>                      Calcitriol / <b>Vectical Oint</b>                      Clobetasol / <b>Clobex Lotion/Spray, Olux Foam</b>                      Methoxsalen / <b>8-MOP</b>                      Tazarotene / <b>Tazorac Cream/Gel</b></p> <p>Various</p>	<p><u>Acne/Acne Vulgaris</u>  <b>Amzeeq Foam<sup>†</sup></b> (Minocycline)  <b>Seysara<sup>†</sup></b> (Sarecycline)  <b>Winlevi Cream<sup>†</sup></b> (Clascoterone)</p> <p><u>Seborrhea Dermatitis/Sicca</u></p> <p><u>Rosacea</u>  <b>Zilxi Foam<sup>†</sup></b> (Minocycline)</p> <p><u>Atopic Dermatitis (Eczema)</u></p> <p><u>Psoriasis/Plaque Psoriasis (Oral &amp; Topical)</u>  <b>Bryhali Lotion<sup>†</sup></b> (Halobetasol Propionate)  <b>Duobrii Lotion<sup>†</sup></b> (Halobetasol Prop/Tazarotene)  <b>Impoz Cream<sup>†</sup></b> (Clobetasol Propionate) <sup>S/E</sup>  <b>Sernivo Spray<sup>†</sup></b> (Betamethasone Dipropionate) <sup>S/E</sup></p>	<p><u>Acne/Acne Vulgaris</u>  <b>Aklief Cream</b> (Triferotene)  <b>Altreno Lotion</b> (Tretinoin) <sup>P/A Req'd</sup>  <b>Arazlo Lotion, Fabior Foam</b> (Tazarotene) <sup>S/E</sup>  <b>Azelex Cream</b> (Azelaic Acid)  <b>Cabtreo Gel</b> (Adapalene/BP/Clindamycin)  <b>Eucrisa Cream</b> (Crisaborole) <sup>100% Copay</sup>  <b>Twynéo Cream</b> (Tretinoin+Benzoyl Peroxide)</p> <p><u>Seborrhea Dermatitis/Sicca</u>  <b>Xolegel Gel</b> (Ketoconazole)  <b>Zoryve Foam</b> (Roflumilast) <sup>P/A Req'd</sup></p> <p><u>Rosacea</u>  <b>Emrosi ER Caps</b> (Minocycline) <sup>S/E</sup>  <b>Epsolay Cream Pump</b> (Benzoyl Peroxide)  <b>Finacea Foam</b> (Azelaic Acid)  <b>Noritrate Cream</b> (Metronidazole)  <b>Rhofade Cream</b> (Oxymetazoline)</p> <p><u>Atopic Dermatitis (Eczema)</u>  <b>Opzelura Cream</b> (Ruxolitinib)<sup>?</sup>  <b>Vtama Cream</b> (Tapinarof) <sup>S/E</sup></p> <p><u>Psoriasis/Plaque Psoriasis (Oral &amp; Topical)</u>  <b>Enstilar Foam</b> (Calcipotriene/Betamethesone)  <b>Vtama Cream</b> (Tapinarof) <sup>S/E</sup>  <b>Wynzora Cream</b> (Calcipotriene/Betameth) <sup>S/E</sup>  <b>Zoryve Cream</b> (Roflumilast) <sup>P/A Req'd</sup></p>

**ACNE / ROSACEA / ATOPIC DERM / PSORIASIS**

IMPORTANT NOTE – For all topicals, use Generics as First Line therapy for all indications

# Dermatology: Keratolytics, Scabies & Lice

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS	A/K
<p><b>::Keratolytic (AK) Drugs</b></p> <p><u>Moisture Drugs</u>                      Bexarotene / <b>Targretin</b>                      Fluorouracil / <b>Carac Cream, Efudex Cream</b>                      L5F/Q5P/T0A</p> <p><u>Immunomodulators</u>                      Imiquimod / <b>Aldara</b> <sup>S/E</sup>, <b>Zyclara 3.75% Cream</b>                      Z2G</p>	<p><u>Moisture Drugs</u>  <b>Klisyri Ointment Paks</b> (Tirbanibulin)</p> <p><u>Immunomodulators</u></p>	<p><u>Moisture Drugs</u> <sup>S/E through Generics</sup>  <b>Fluoroplex Cream, Tolak Cream</b> (Fluorouracil)  <b>Panretin Gel</b> (Alitretinoin)</p> <p><u>Immunomodulators</u>  <b>Zyclara 2.5% Cream Pump</b> (Imiquimod)</p>	ANTIFUNGALS
<p><b>Antifungals</b></p> <p><u>Orals</u>                      Clotrimazole / <b>Lotrimin-AF Cream (OTC)</b>                      Fluconazole / <b>Diflucan</b>                      Flucytosine / <b>Ancobon</b>                      Itraconazole / <b>Sporanox, Tolsura</b>                      Posaconazole / <b>Noxafil</b>                      Voriconazole / <b>Vfend</b></p> <p><u>Topicals</u>                      Ciclopirox / <b>Loprox Cream</b>                      Econazole Cream/ <b>Spectazole</b>                      Halcinonide / <b>Halog Cream</b>                      Halobetasol Propionate / <b>Ultravate Lotion</b>                      Hydrocortisone / <b>Locoid Lotion</b>                      Ketoconazole / <b>Nizoral-AD Shampoo (OTC), Extina Foam</b>                      Luliconazole / <b>Luzu Cream</b>                      Naftifine / <b>Naftin Cream, Gel</b> <sup>(Tier 3 Eff 02/01/2025)</sup>                      Nystatin / <b>Mycolog</b>                      Sulconazole / <b>ExeldermCream/Solution</b>                      Tavorole / <b>Kerydin Solution</b>                      Q5/L9</p>	<p><u>Orals</u>  <b>Lamisil Granules only</b> (Terbinafine)</p> <p><u>Topicals</u>  <b>Jublia</b> (Efinaconazole)</p>	<p><u>Orals</u>  <b>Cresemba</b> (Isamuconazonium)  <b>Oravig Buccal</b> (Miconazole)  <b>Oxistat Lotion</b> (Oxiconazole)</p> <p><u>Topicals</u>  <b>Ertaczo Cream</b> (Sertaconazole)  <b>Halog Ointment</b> (Halcinonide)  <b>Recorlev</b> (Levoketoconazole)  <b>Vusion Ointment</b> (Miconazole/Zinc Oxide)</p>	
<p><b>::Scabies &amp; Pediculosis (Lice) Drugs</b></p> <p>Ivermectin / <b>Sklice Lotion</b>                      Malathion / <b>Ovide Lotion</b>                      Permethrin 5% / <b>Elimite Cream/Liquid</b>                      Spinosad / <b>Natroba Suspension</b>                      Q5N</p>		<p><b>Eurax Cream/Lotion</b> (Crotamiton)  <b>Ulesfia Lotion</b> (Benzil Alcohol)</p>	LICE

IMPORTANT NOTE – For Topical Steroids, use Generics as First Line therapy for all indications. Many Single Source Brand Products are considered Non-Preferred Brands

## Dermatology: Topicals, & Hyperhydrosis & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Topical Local Anesthetics &amp; Analgesics</b> Diclofenac Epolamine / <b>Flector 12Hr Patches</b> <sup>^</sup> Diclofenac Sodium / <b>Voltaren Arthritis (OTC), Voltaren Gel</b> Diclofenac Sodium / <b>Pennsaid Pump</b> Lidocaine / <b>Lidoderm Patches</b> <sup>100% Copy</sup> HC Acetate/Pramoxine / <b>Proctofoam-HC, Analpram-HC</b> HC Acetate/Pramoxine / <b>Pramosone Cream</b> Q5E/Q5H	<b>Licart 24Hr Patches</b> <sup>'</sup> (Diclofenac Epolamine)	<b>Cetacaine Spray</b> (Tetracaine/Benzocaine) <b>Epifoam</b> (HC Acetate/Pramoxine HCL) <b>LidoRx Pump</b> (Lidocaine - Homeopathic) <b>Novacort Gel</b> (HC Acetate/Pramoxine) <b>Pramosone Lotion</b> (HC Acetate/Pramoxine) <b>SpeedGel Rx Pump</b> (Homeopathic)
<b>Hyperhydrosis</b> L8C	<b>Qbrexza</b> <sup>'</sup> (Glycopyrronium)	<b>Sofdra Gel</b> (Sofpironium)
<b>Other Topical Products</b> Acyclovir / <b>Zovirax Ointment</b> Fluocinonide / <b>Vanos Cream</b> Mupirocin / <b>Bactroban Ointment/Cream</b> Nitroglycerin / <b>Rectiv Ointment</b> Q5V/Q5W	<b>StrataXRT Cream</b> <sup>'</sup> (Wound Care)	<b>Altabax Ointment</b> (Retapamulin) <b>Qutenza Patches</b> (Capsaicin) <sup>P/A Req'd</sup> <b>Ultravate Lotion</b> (Halobetasol Prop) <sup>S/E</sup>

**PAIN (TOPICALS)**

## Vaginal Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Vaginal Antibiotics</b> Metronidazole / <b>Vandozole Gel</b> Clindamycin / <b>Cleocin Cream/Supp</b>		<b>Clindesse Cream</b> (Clindamycin Phosphate) <b>Nuversa Gel</b> (Metronidazole) <b>Xaciato</b> (Clindamycin Phosphate)
<b>::Vaginal Antifungals</b> Fluconazole / <b>Diflucan</b> <sup>(VVC)</sup> Miconazole / <b>Monistat Cream</b> <sup>(VYI)</sup> Terconazole / <b>Terazol Cream</b> <sup>(VVC)</sup>		<b>AVC Cream</b> (Sulfanilamide) <sup>(VYI)</sup> <b>Brexafemme</b> (Ibexafungerp) <sup>S/E (VYI, VVC)</sup> <b>Solosec Granules</b> (Secnidazole) <sup>(VYI)</sup> <b>Vivjoa Capsules</b> (Oteseconazole) <sup>(RVVC)</sup>

**VAGINAL PREPS**

<sup>VYI</sup> - Vaginal Yeast Infection    <sup>VVC</sup> - Vulvovaginal Candidiasis    <sup>RVVC</sup> - Recurring Vulvovaginal Candidiasis

# Ophthalmics: Anti-Infectives, Antihistamines, Dry Eye Drugs & Anti-Inflammatories

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Ophthalmic Anti-Infectives</b></p> <p>Ciprofloxacin / <b>Ciloxan Ointment</b>                      Gatifloxacin / <b>Zymaxid</b>                      Ofloxacin / <b>Ocuflox</b>                      Moxifloxacin / <b>Vigamox</b>                      Polymyxin/Trimethoprim / <b>Polytrim</b>                      Sulfacetamide 10% / <b>Bleph-10</b>                      Tobramycin / <b>Tobrex</b>                      Trifluridine / <b>Viroptic</b></p> <p>Q21N/Q6S-V-W</p>	<p><b>Azasisite'</b> (Azithromycin)  <b>Besivance'</b> (Besifloxacin)</p>	<p><b>Blephamide/SOP</b> (Sulfacetamide/Prednisolone)  <b>Natacyn</b> (Natamycin)  <b>Xdemvy</b> (Lotilaner) <sup>SPEC</sup>  <b>Zirgan Gel</b> (Ganciclovir)</p>
<p><b>::Ophthalmic Antihistamines</b></p> <p>Bepotastine / <b>Bepreve</b>                      Epinastine / <b>Elestat</b></p> <p>Q6R</p>		<p><b>Zerviate</b> (Cetirizine) <sup>100% Copay</sup></p>
<p><b>::Ophthalmic Immunomodulators (Dry Eye)</b></p> <p><u>Eye Drops</u>                      Cyclosporine / <b>Restasis'^</b></p> <p><u>Other</u></p> <p>Q2C</p>	<p><u>Eye Drops</u>  <b>Miebo'</b> (Perfluorohexyloctane)  <b>Restasis Multidose'</b> (Cyclosporine)</p> <p><u>Other</u>  <b>Tyrvaya Nasal Spray'</b> (Varenicline)</p>	<p><u>Topicals</u>  <b>Cequa Solution</b> (Cyclosporine)  <b>Eysuvis</b> (Loteprednol Etabonate)  <b>Iheezo</b> (Chloroprocaine)  <b>Veveye</b> (Cyclosporine)  <b>Xiidra</b> (Lifitegrast)</p> <p><u>Other</u></p>
<p><b>::Ophthalmic Mast Cell Stabilizers</b></p> <p>Q6U</p>		<p><b>Alocril</b> (Nedocromil Sodium)  <b>Alomide</b> (Lodoxamide)</p>

**OPHTHALMICS (Eyes)**

# Ophthalmics: Glaucoma, Mydriatics & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Ophthalmic Anti-Inflammatory Drugs</b></p> <p>Bromfenac Sodium / <b>Bromsite</b>                      Diclofenac Sodium / <b>Voltaren</b>                      Difluprednate / <b>Durezol</b>                      Fluorometholone / <b>FML Liquifilm</b>                      Ketorolac / <b>Acular, Acular-LS</b>                      Loteprednol / <b>Alrex, Lotemax Drops</b>                      Prednisolone Acetate / <b>Pred Forte</b></p> <p>6P</p>	<p><b>Ilevro'</b> (Nepafenac)  <b>Lotemax Ointment'</b> (Loteprednol)  <b>Lotemax SM Gel'</b> (Loteprednol)  <b>Prolensa'</b> (Bromfenac Sodium)</p>	<p><b>Acuvail</b> (Ketorolac)  <b>Clobetasol Eye Drops</b> (Clobetasol)  <b>Flarex, FML Forte, FML-SOP</b> (Fluorometholone)  <b>Inveltys</b> (Loteprednol Etabonate)  <b>Maxidex</b> (Dexamethasone)  <b>Nevanac</b> (Nepafenac)  <b>Pred Mild</b> (Prednisolone Acetate)</p>
<p><b>::Ophthalmics for Glaucoma</b></p> <p><u>Miotics</u>                      Brimonidine / <b>Alphagan-P'^</b>                      Brimonidine/Timolol / <b>Combigan'^</b>                      Brinzolamide / <b>Azopt</b>                      Dorzolamine / <b>Trusopt</b>                      Levobunolol / <b>Betagan</b>                      Pilocarpine / <b>Isopto-Carpine</b>                      Timolol Maleate / <b>Timoptic Oculdose, Istalol</b>                      Timolol/Dorzolam / <b>Cosopt, Cosopt PF'^</b></p> <p><u>Prostaglandins</u>                      Latanoprost / <b>Xalatan</b>                      Talfuprost / <b>Zioptan</b>                      Travoprost / <b>Travatan Z</b></p> <p>Q6G</p>	<p><u>Miotics</u>  <b>Betimol'</b> (Timolol)  <b>Simbrinza'</b> / Brimonidine/Brinzolamide</p> <p><u>Prostaglandins</u>  <b>Lumigan'</b> (Bimatoprost)  <b>Vyzulta'</b> (Latanoprostene Bunod)</p>	<p><u>Miotics</u>  <b>Betopic-S</b> (Betaxolol)  <b>Iopidine</b> (Apraclonidine)  <b>Qlosi</b> (Pilocarpine)  <b>Rhopressa</b> (Netarsudil)  <b>Vizz</b> (Aceclidine)  <b>Vuity</b> (Pilocarpine)</p> <p><u>Prostaglandins</u>  <b>Iyuzeh</b> (Latanoprostene)  <b>Omlonti</b> (Omidenapag isopropyl)  <b>Rocklatan</b> (Netarsudil/Latanoprost)  <b>Xelphos</b> (Latanoprost-PF Emulsion)</p>
<p><b>Ophthalmic Mydriatics (Pupils)</b></p> <p>Atropine Sulfate / <b>Isopto Atropine</b>                      Cyclopentolate / <b>Cyclogyl</b>                      Tropicamide / <b>Mydracil</b></p> <p>Q6J</p>		<p><b>Cyclomydril</b> (Phenylephrine/Cyclopent)</p>
<p><b>::Ophthalmic Antibiotic-Corticoid Drugs</b></p> <p>Neomycin/Polymyxin/Dexamethasone / <b>Maxitrol</b>                      Tobramycin/Dexamethasone / <b>Tobradex</b></p> <p>Q6I</p>	<p><b>Zylet'</b> (Tobramycin/Loteprednisolone)</p>	<p><b>Pred-G</b> (Gentamicin/Prednisolone)  <b>Tobradex-ST</b> (Tobramycin/Dexamethasone)</p>

**OPHTHALMICS (Eyes)**

# Ear Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Other Ophthalmic Drugs</b></p> <p>Q2</p>		<p><b>Cystadrops</b> (Cysteamine) <small>P/A Req'd (Specialty)</small>  <b>Cystaran</b> (Cysteamine) <small>P/A Req'd (Specialty)</small>  <b>Lumify</b> (Brimonidine Tartrate) <small>P/A Req'd</small>  <b>Miochol-E Kit</b> (Acetylcholine Chloride)  <b>Oxervate</b> (Cenegermin) <small>P/A Req'd</small>  <b>Upneeq</b> (Oxynetazoline)  <b>Verkazia</b> (Cyclosporine)</p>
<p><b>Ear Drugs</b></p> <p>Ciprofloxacin / <b>Cetraxal Solution</b>  Ciprofloxacin/Dexamethasone / <b>CiproDex</b>  Ciprofloxacin/Fluocinolone / <b>Otovel</b>  Neomycin/Colist Sulfate / <b>Coly-Mycin S</b>  Fluocinolone Acetonide / <b>Dermotic</b></p> <p>Q8</p>		<p><b>Cipro HC</b> (Ciprofloxacin/HC)  <b>Cortane-B Lotion</b> (HC/Pramoxine/Chlorox)</p>

EYE  
EAR

# Miscellaneous: Dependence & Withdrawal, Dental, Saliva, & Rescue Drugs

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Dependence &amp; Withdrawal Symptom Drugs</b>		
<u>Alcohol Dependence Drugs</u> Disulfiram / <b>Antabuse</b> C0D	<u>Alcohol Dependence Drugs</u>  <u>Opioid Dependence Drugs</u>  <u>Withdrawal Symptom Drugs</u>  <u>Smoking Cessation</u>	<u>Alcohol Dependence Drugs</u>
<u>Opioid Dependence Drugs</u> Buprenorphine/Naloxone Tablets <sup>S/E</sup> / <b>Suboxone, Zubsolv</b> <sup>S/E</sup> Buprenorphine/NLX / <b>Suboxone SL Film</b> <sup>^</sup> H3W		<u>Opioid Dependence Drugs</u>
<u>Withdrawal Symptom Drugs</u> H33		<u>Withdrawal Symptom Drugs</u> <b>Lucemyra</b> (Lofexidine) <sup>100% Copay</sup>
<u>Smoking Cessation</u> Varenicline Tartrate / <b>Chantix</b> H7/J3		<u>Smoking Cessation</u> <b>Nicotrol NS</b> (Nicotine)
<b>Saliva Substitutes</b>		
D4	<b>SalivaMax Powder</b> <sup>'</sup>	<b>Aquoral Spray</b> <b>Mucositis Rx Powder</b>
<b>Parasympathetic (Saliva) Drugs</b>		
Bethanechol / <b>Urecholine</b> Cevimeline / <b>Evoxac</b> Pilocarpine / <b>Salagen</b> J1A		
<b>::Rescue Drugs</b>		
<u>Anaphylaxis Drugs</u> Epinephrine (Epipen AG) Epinephrine / <b>Epipen, Epipen Jr</b> J5F	<u>Anaphylaxis Drugs</u>  <u>Opioid Overdose Agents</u>	<u>Anaphylaxis Drugs</u> <b>Auvi-Q</b> (Epinephrine) <sup>100% Copay</sup> <b>Nefvy Nasal Spray</b> (Epinephrine) <b>Symjepi</b> (Epinephrine) <sup>S/E</sup>
<u>Opioid Overdose Agents</u> Naloxone / <b>Narcan Spray</b> (OTC) H3T		<u>Opioid Overdose Agents</u> <b>Naloxone:</b> <b>Evzio Injector</b> <sup>100%</sup> <b>Kloxxado Spray</b> <sup>100% Copay</sup> <b>Rezenopy Nasal Spray</b> <b>RiVive Nasal Spray</b> <b>Zimhi Injector</b> <b>Opvee Nasal Spray</b> (Nalmefene)

**ADDICTION**

**RESCUE MEDS**

# Specialty Drug Formulary List

## Specialty Drug Products

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs typically treat complex and chronic conditions, including cancer, multiple sclerosis, various types of hepatitis, chronic kidney failure, organ transplants, rheumatoid arthritis and other diseases. Specialty drugs might be covered through either medical or prescription drug insurance. Under which benefit a specialty drug is covered usually depends on where the patient receives the drug. If the patient takes the drug orally or self-injects the drug at home, it is more likely to be covered through their prescription drug benefit, while if the patient receives the drug at a doctor's office or an outpatient clinic, it's more likely to be covered through the medical benefit.

Prescriptions for specialty drugs can be filled at a retail pharmacy, but not many pharmacies will dispense specialty drugs or provide the extra clinical and educational services required to properly manage specialty patients due to inventory costs. Additionally, some drug manufacturers limit the distribution of specialty drugs, making their drugs available only through designated, pre-certified specialty pharmacies. For more information about limited distribution drugs, please contact your clinical Account Manager.

## Specialty Programs & Limits

Some specialty drugs below are noted with letters or symbols next to them. The letters and symbols refer to the requirements of the pharmacy benefit programs and are provided to help check which drugs may have a clinical program or limitations in place. The benefit plan determines how these medications may be covered.

<b>P/A or P/A Req'd</b>	Prior Authorization – Physician is required to provide additional information to determine coverage.
<b>P/A for Diagnosis</b>	Prior Authorization may be required for clinical diagnosis
<b>Clinical P/A</b>	Prior Authorization may be required for clinical diagnosis
<b>C-P/A</b>	Prior Authorization may be required for clinical confirmation
<b>S/E</b>	Step Therapy – Trial of another drug is required before this drug is covered.
<b>RECOMMENDED</b>	Product is preferred over other drugs listed in the assigned tier – step edit may or may not apply
<b>100%</b>	100% Copay may apply. Lower-cost or better clinical options are available.

## Specialty Drug Product Qualifications

The P&T Committee, using current medical literature, has developed a “specialty” pharmacy product formulary comprised of Specialty Drug Products. To be considered a “Specialty Drug”, a drug should fall into at least five (5) of the following categories although still subject to assignment by the P&T Committee.

1. A drug that treats specific, mainly chronic, and often rare conditions; or is considered an orphan drug
2. A drug whose usage is initiated with a specialist
3. A drug that requires special handling
4. A drug whose use involves unique distribution channels, such as limited distribution management and specialized paperwork (REMS)
5. A drug that requires administration in a healthcare setting with oversight of a healthcare professional
6. A drug that is costs more than a specific set amount per month
7. A drug whose usage requires high degrees of patient management, increased supervision, counseling, and/or education
8. A drug whose use often may result in patients requiring reimbursement assistance to maintain regimen

### SPECIALTY NOTES:

- Clinical Prior Authorization may be required for agents to confirm indication. Additional clinical criteria for Non-Preferred drugs may be applicable.
- CGRP medications can be found on page 11
- For IMMUNOLOGY products, unbranded biosimilars are considered Preferred drugs. All other biosimilars that are not listed on page 46 are considered Non-Preferred drugs and may be subject to the same Clinical Prior Authorization and additional clinical criteria as other Non-Preferred drugs.

## Specialty Drug Copays

While the formulary placement of a drug is determined by the P&T Committee, the copays that are assigned to brand and generic drugs are determined by the copay established under each plan benefit design. Therefore, in many cases, the copay for a preferred brand specialty drug may be different than a preferred brand drug that is not deemed as a specialty drug. This often occurs with HIV, oncology, immunology, respiratory and many other drugs.

Additionally, drugs that are infused or administered intravenously often have different copays applied, especially when they are covered under a medical benefit. For more information about what a copay would be for a specific drug, the patient should contact their benefit office.

*NOTE: If the member uses a member portal, online pricing tool or smartphone/tablet app, the copay returned may not always be as expected based on many factors, including whether the member's plan follows the formulary and the recommendations of the P&T Committee, how the plan even wants a given drug covered, what stage the member is in their deductible benefit if applicable, whether the claim is filled by an in or out of network provider, and if other member level coverage overrides have been entered.*

# Specialty: Hep C, NASH, Multiple Sclerosis

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>::Hepatitis Treatment Drugs</b></p> <p><u>Hepatitis B Drugs</u> Adefovir Dipivoxil / <b>Hepsera</b> Entecavir / <b>Baraclude</b> Lamivudine / <b>Epivir HBV</b> Peginterferon Alfa-2B / <b>Peg-Intron</b></p> <p><small>HEPB</small> <u>Hepatitis C Drugs</u> Ribavirin / <b>Copegus, Ribasphere</b></p> <p><small>HEPC</small></p>	<p><u>Hepatitis B Drugs</u></p> <p><u>Hepatitis C Drugs</u> <b>Mavyret</b><sup>®</sup> (Glecaprevir/Pibrentasir) <sup>P/A Diagnosis</sup> Sofosbuvir/Ledipasvir / [Harvoni AG Only] <sup>P/A Req'd</sup> Sofosbuvir/Velpatasvir / [Epclusa AG Only] <sup>P/A Req'd</sup></p>	<p><u>Hepatitis B Drugs</u> <b>Pegasys</b> (Peginterferon Alfa-2A) <b>Vemlidy</b> (Tenofovir Alafenamide)</p> <p><u>Hepatitis C Drugs</u> <b>Epclusa</b> (Sofosbuvir/Velpatasvir) <sup>P/A Req'd</sup> <b>Harvoni</b> (Sofosbuvir/Ledipasvir) <sup>P/A Req'd</sup> <b>Sovaldi Pellets</b> (Sofosbuvir) <sup>P/A Req'd</sup> <b>Vosevi</b> (Sofosbuvir/Velpatasvir/Voxilaprevir) <sup>P/A Req'd</sup> <b>Zepatier</b> (Elbasvir/Grazoprevir) <sup>P/A Req'd</sup></p>
<p><b>NASH/MASH Agents</b></p> <p><small>NSH</small></p>		<p><b>Rezdifra</b> (Resmetirom) <sup>P/A Req'd</sup></p>
<p><b>::Multiple Sclerosis (MS) Drugs</b></p> <p><u>Injectables</u> Glatiramer Acetate / <b>Copaxone</b> Glatiramer Acetate / <b>Glatopa</b></p> <p><small>MS_I</small> <u>Orals</u> Dimethyl Fumerate / <b>Tecfidera</b> Fingolimod / <b>Gilenya</b> Teriflunomide / <b>Aubagio</b></p> <p><small>MS_O</small> <u>Infused – Medical</u></p> <p><small>MS_F</small> <u>Ambulatory &amp; Spasticity</u> Dalfampridine / <b>Ampyra</b> <sup>P/A Req'd</sup></p> <p><small>MS_A</small></p>	<p><u>Injectables</u> <b>Kesimpta</b><sup>®</sup> (Ofatumumab)</p> <p><u>Orals</u> <b>Mayzent</b><sup>®</sup> (Siponimod) <b>Zeposia</b><sup>®</sup> (Ozanimod)</p> <p><u>Infused – Medical</u></p> <p><u>Ambulatory &amp; Spasticity</u></p>	<p><u>Injectables</u> <b>Avonex</b> (Interferon <math>\beta</math> -1A) <sup>S/E</sup> <b>Betaseron</b> (Interferon <math>\beta</math> 1B) <sup>S/E</sup> <b>Briumvi</b> (Ublituximab) <b>Extavia</b> (Interferon <math>\beta</math> -1B) <sup>S/E</sup> <b>Plegridy</b> (Interferon <math>\beta</math> -1A) <sup>2-S/E (Inj &amp; Oral)</sup> <b>Rebif</b> (Interferon <math>\beta</math> -1A/Albumin) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Orals</u> <b>Bafiertam</b> (Monomethyl Fumerate) <sup>S/E</sup> <b>Mavenclad</b> (Cladribine) <sup>P/A, Special Therapy</sup> <b>Ponvory</b> (Ponesimod) <sup>S/E</sup> <b>Tascendo ODT</b><sup>®</sup> (Fingolimod) <sup>S/E</sup> <b>Vumerity</b> (Diroximel Fumerate) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Infused – Medical</u> <b>Lemtrada Infusion</b> (Alemtuzumab) <sup>S/E</sup> <b>Ocrevus/Ocrevus-Zunovo</b> (Ocrelizumab) <sup>S/E</sup> <b>Tysabri Infusion</b> (Natalizumab) <sup>2-S/E (Inj &amp; Oral)</sup></p> <p><u>Ambulatory &amp; Spasticity</u> <b>Fleqsuvy Susp</b> (Baclofen) <sup>100% Copay</sup> <b>Lyvespah Granules</b> (Baclofen) <sup>100% Copay</sup> <b>Ozobax</b> (Baclofen) <sup>S/E</sup></p>

Hepatitis

NASH

MULTIPLE SCLEROSIS

# Specialty: Immunology – Primary Indications

	Rheumatoid Arthritis	Plaque Psoriasis	Psoriatic Arthritis	Crohns Disease	Ulcerative Colitis	Ankylosing Spondylitis
<b>Self Administered Products</b>						
<b>PREFERRED BRANDS</b>	<b>Humira</b> <sup>†</sup> (Adalimumab) <b>Orencia</b> <sup>†</sup> (Abatacept) <b>Rinvoq</b> <sup>†</sup> (Upadacitinib)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>	<b>Cosentyx</b> <sup>†</sup> (Secukinumab) <b>Humira</b> <sup>†</sup> (Adalimumab) <b>Skyrizi</b> <sup>†</sup> (Risankizumab) <b>Stelara</b> <sup>†</sup> (Ustekinumab) <b>Tremfya</b> <sup>†</sup> (Guselkumab)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>	<b>Cosentyx</b> <sup>†</sup> (Secukinumab) <b>Humira</b> <sup>†</sup> (Adalimumab) <b>Rinvoq</b> <sup>†</sup> (Upadacitinib) <b>Skyrizi</b> <sup>†</sup> (Risankizumab) <b>Stelara</b> <sup>†</sup> (Ustekinumab) <b>Tremfya</b> <sup>†</sup> (Guselkumab)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>	<b>Entyvio</b> <sup>†</sup> (Vedolizumab) <b>Humira</b> <sup>†</sup> (Adalimumab) <b>Rinvoq</b> <sup>†</sup> (Upadacitinib) <b>Skyrizi</b> <sup>†</sup> (Risankizumab) <b>Stelara</b> <sup>†</sup> (Ustekinumab) <b>Tremfya</b> <sup>†</sup> (Guselkumab)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>	<b>Entyvio</b> <sup>†</sup> (Vedolizumab) <b>Humira</b> <sup>†</sup> (Adalimumab) <b>Rinvoq</b> <sup>†</sup> (Upadacitinib) <b>Skyrizi</b> <sup>†</sup> (Risankizumab) <b>Stelara</b> <sup>†</sup> (Ustekinumab) <b>Tremfya</b> <sup>†</sup> (Guselkumab)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>	<b>Cosentyx</b> <sup>†</sup> (Secukinumab) <b>Humira</b> <sup>†</sup> (Adalimumab) <b>Rinvoq</b> <sup>†</sup> (Upadacitinib)  Biosim: <b>Hyrimoz, Simlandi Pyzchiva, Selarsdi</b>
	<b>NON-PREFERRED BRANDS</b>	<b>Kevzara</b> ** (Sarilumab) <sup>S/E</sup> <b>Actemra</b> (Tocilizumab) <sup>S/E-2</sup> <b>Cimzia</b> (Certolizumab) <sup>S/E-2</sup> <b>Enbrel</b> (Etanercept) <sup>S/E-2</sup> <b>Kineret</b> (Anakinra) <sup>S/E-2</sup> <b>Olumiant</b> (Baricitinib) <sup>S/E</sup> <b>Simponi</b> (Golimumzab) <sup>S/E-2</sup> <b>Xeljanz/XR</b> (Tofacitinib) <sup>100%</sup>  <i>All Other Biosimilars</i> <sup>S/E-2</sup>	<b>Bimzelx</b> (Bimekizumab) <sup>S/E</sup> <b>Cimzia</b> (Certolizumab) <sup>S/E</sup> <b>Enbrel</b> (Etanercept) <sup>S/E</sup> <b>Ilumya</b> (Tildrakizumab) <sup>S/E</sup> <b>Otezla</b> (Apremilast) <sup>S/E</sup> <b>Siliq</b> (Brodalumab) <sup>S/E</sup> <b>Sotyktu</b> (Deucravacitinib) <sup>S/E</sup> <b>Taltz</b> (Ixekezumab) <sup>S/E</sup>  <i>All Other Biosimilars</i> <sup>S/E</sup>	<b>Orencia</b> <sup>†</sup> (Abatacept) <sup>S/E</sup> <b>Bimzelx</b> (Bimekizumab) <sup>S/E</sup> <b>Cimzia</b> (Certolizumab) <sup>S/E</sup> <b>Enbrel</b> (Etanercept) <sup>S/E</sup> <b>Otezla</b> (Apremilast) <sup>S/E</sup> <b>Simponi</b> (Golimumzab) <sup>S/E</sup> <b>Taltz</b> (Ixekezumab) <sup>S/E</sup> <b>Xeljanz/XR</b> (Tofacitinib) <sup>100%</sup>  <i>All Other Biosimilars</i> <sup>S/E</sup>	<b>Cimzia</b> (Certolizumab) <sup>S/E</sup> <b>Omvo</b> (Mirikizumab) <sup>S/E</sup>          <i>All Other Biosimilars</i> <sup>S/E</sup>	<b>Omvo</b> (Mirikizumab) <sup>S/E</sup> <b>Simponi</b> (Golimumzab) <sup>S/E</sup> <b>Velsipity</b> (Etrasimod) <sup>100%</sup> <b>Xeljanz/XR</b> (Tofacitinib) <sup>100%</sup> <b>Zeposia</b> (Ozanimod) <sup>S/E</sup>          <i>All Other Biosimilars</i> <sup>S/E</sup>
<b>Office Administered Products</b>						
<b>Covered Under Medical Benefit Only</b>	<b>Actemra</b> (Tocilizumab) <b>Cimzia</b> (Certolizumab) <b>Remicade</b> (Infliximab) <b>Rituxan</b> (Rituximab) <b>Simponi Aria</b> (Golimumzab)  <i>All Medical Biosimilars</i>	<b>Remicade</b> (Infliximab)          <i>All Medical Biosimilars</i>	<b>Cimzia</b> (Certolizumab) <b>Remicade</b> (Infliximab) <b>Rituxan</b> (Rituximab) <b>Simponi Aria</b> (Golimumzab)          <i>All Medical Biosimilars</i>	<b>Cimzia</b> (Certolizumab) <b>Entyvio</b> (Vedolizumab) <b>Remicade</b> (Infliximab) <b>Rituxan</b> (Rituximab) <b>Stelara</b> (Ustekinumab) <b>Tysabri</b> (Natalizumab)          <i>All Medical Biosimilars</i>	<b>Entyvio</b> (Vedolizumab) <b>Remicade</b> (Infliximab) <b>Stelara</b> (Ustekinumab)          <i>All Medical Biosimilars</i>	<b>Cimzia</b> (Certolizumab) <b>Remicade</b> (Infliximab) <b>Rituxan</b> (Rituximab) <b>Simponi Aria</b> (Golimumzab)          <i>All Medical Biosimilars</i>

**IMMUNOLOGY**

**Self-Injected Action Types:**

- Anti-TNFs Adalimumab (**Humira, Biosimilars**), Certolizumab (**Cimzia**), Etanercept (**Enbrel**), Golimumzab (**Simponi**)
- IL-1 Inhibitors Anakinra (**Kineret**)
- IL-6 Inhibitors Sarilumab (**Kevzara**), Tocilizumab (**Actemra, Biosimilars**)
- IL-17 Inhibitors Brodalumab (**Siliq**), Ixekezumab (**Taltz**), Secukinumab (**Cosentyx**), Bimekizumab (**Bimzelx – 17 A/F**)
- IL-23 Inhibitors Guselkumab (**Tremfya**), Risankizumab (**Skyrizi**), Tildrakizumab (**Ilumya**), Mirikizumab (**Omvo**), Ustekinumab (**Stelara – 12+23, Biosimilars**)
- JAK/TYK2 Inhibitors Baricitinib (**Olumiant**), Tofacitinib (**Xeljanz/XR**), Upadacitinib (**Rinvoq**), Deucravacitinib (**Sotyktu**)
- S1P Modulators/Inhibitors Ozanimod (**Zeposia**), Etrasimod (**Velsipity**)
- Other Agents Abatacept (**Orencia – SCM**), Apremilast (**Otezla – P-4**), Vedolizumab (**Entyvio – IRA**)

\*\* = Recommended Non-Preferred Agent

ERA = Also a Preferred Agent for Enthesitis Related Arthritis

# Specialty: MTX, UC & CD, Atopic Dermatitis, PN, Osteoarthritis, HGH & Anti-Psychotics

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>::Methotrexates &amp; DMARDs</b> Leflunomide / Arava	Rasuvo Inj <sup>1</sup> (Methotrexate)	Jylamvo Soln (Methotrexate) 100% Copay Otrexup / RediTrex Inj (Methotrexate) Trexall (Methotrexate)
<b>Ulcerative Colitis &amp; Crohns - Other</b> Budesonide / Uceris P/A Req'd		
<b>::Atopic Dermatitis</b> HAE	Dupixent Inj <sup>1</sup> (Dupilumab) P/A Indication Ebglyss Inj (Lebrikizumab) <sup>1</sup> P/A Indication Rinvoq Tab <sup>1</sup> (Upadacitinib) P/A Indication	Adbry Inj (Tralokinumab) P/A Indication Cibinqo Tabs (Abrocitinib) 100% Copay Nemluvio Inj (Nemolizumab) P/A Indication
<b>Prurigo Nodularis (PN)</b>		Nemlivo Inj (Nemolizumab-ilot)
<b>Alopecia Areata Agents</b> LUP	Olumiant Inj <sup>1</sup> (Baricitinib) P/A Indication	Leqselvi Tabs (Deuruxolitinib) P/A Req'd Litfulo Caps (Ritlecitinib) 100% Copay
<b>::Osteoarthritis Drugs</b> Move-Free Ultra Vitamins (Huyronic Acid) OA O		Durolane, Euflexxa, Hyalgan, Orthovisc (Hyaluronate) P/A Req'd Supartz FX (Hyaluronate Sodium) P/A Req'd Synvisc, Synvisc-ONE (Hylan G-F) P/A Req'd
<b>::Cholesterol Management</b> PCS9		Juxtapid (Lomitapide) P/A Req'd Kynamro SQ (Mipomersen) P/A Req'd
<b>Human Growth Hormones (HGH)</b> Daily Dosing Weekly Dosing HGH	Daily Dosing Norditropin <sup>1</sup> (Somatropin) P/A Dosing Omnitrope <sup>1</sup> (Somatropin) P/A Dosing Weekly Dosing Skytrofa <sup>1</sup> (lonapegsomatropin) P/A Req	Daily Dosing All Other Daily Somatropin Drugs P/A Req'd Weekly Dosing Ngenla (Somatrogon) 100% Copay Sogroya (Somapacitan) P/A Req'd

OTHER SPECIALTY

<sup>B</sup> - Bi-polar indication    <sup>S</sup> - Schizophrenia indication    <sup>M</sup> - Manic Depressive Disorder indication

# Specialty: Cardiovascular, Respiratory & Immunosuppressants

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>Cardiovascular Drugs**</b></p> <p><u>Pulmonary Anti-HTN (PAH), Endothelin</u> Ambrisentan / <b>Letairis Tabs</b> Bosentan / <b>Tracleer Tabs</b></p> <p><small>PAHE</small> <u>Pulmonary Anti-HTN (PAH), Prostacycline</u> Epoprostenol / <b>Flolan Inj</b> Epoprostenol / <b>Veletri Inj</b> Treprostinil / <b>Remodulin Inj</b></p> <p><small>PAHP</small> <u>Hereditary Angioedema (HAE)</u> Icatibant Injection / <b>Firazyr SC</b></p> <p><small>PAHP</small> <u>Other Cardiovascular Drugs</u> Sildenafil / <b>Revatio Inj/Tabs</b> Tadalafil / <b>Adcirca Tabs</b></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u></p> <p><u>Pulmonary Anti-HTN, Prostacycline</u></p> <p><u>Hereditary Angioedema (HAE)</u></p> <p><u>Other Cardiovascular Drugs</u></p>	<p><u>Pulmonary Anti-HTN, Endothelin</u> <b>Opsynvi Tabs</b> (Macitentan/Taladafil)    <b>Tracleer Susp</b> (Bosentan) <b>Opsumit Tabs</b> (Macitentan)</p> <p><u>Pulmonary Anti-HTN, Prostacycline</u> <b>Orenitram ER Tabs</b> (Treprostinil)    <b>Tyvaso Soln</b> (Treprostinil) <b>Uptravi Tabs</b> (Selexipag)    <b>Winrevair Inj</b> (Sotatercept) <b>Ventavis Soln</b> (Iloprost)</p> <p><u>Hereditary Angioedema (HAE)</u> <b>Berinert Inj, Cinryze, Inj, Haegarda SC</b> (C1 Esterase Inhibitor) <b>Ekterly Tabs</b> (Sebetralstat) <b>Orladeyo Caps</b> (Berotralstat) <b>Ruconest Inj</b> (C1 Esterase Inhibitor) <b>Takhzyro SC</b> (Lanadelumab)</p> <p><u>Other Cardiovascular Drugs</u> <b>Adempas Tabs</b> (Riociguat)    <b>Camzyos Caps</b> (Mavacamten) <b>Liqrev Susp</b> (Sildenafil)    <b>Tryvio Tabs</b> (Aprocitentan)</p>
<p><b>Amyotrophic Lateral Sclerosis (ALS)</b></p> <p><small>ALS</small></p>		<p><b>Radicava IV</b> (Edaravone) <small>Medical Only</small> <b>Radicava ORS Susp</b> (Edaravone) <small>P/A Req'd</small></p>
<p><b>Immunosuppressants</b></p> <p><u>Organ Transplant Drugs</u> Cyclosporine / <b>Sandimmune</b> <small>P/A Req'd</small> Everolimus / <b>Zortress</b> <small>P/A Req'd</small> Mycophenolate / <b>Cellcept Myfortic</b> <small>P/A Req'd</small> Sirolimus / <b>Rapamune</b> <small>P/A Req'd</small> Tacrolimus / <b>Prograf</b> <small>P/A Req'd</small></p> <p><u>Neutropenia Drugs</u> <b>Short Acting:</b></p> <p><b>Long Acting:</b></p>	<p><u>Organ Transplant Drugs</u></p> <p><u>Neutropenia Drugs</u> <b>Short Acting:</b> <b>Zarxio</b> (Filgrastim) <small>P/A Req'd</small></p> <p><b>Long Acting:</b> <b>Ziextenzo'</b> (Pegfilgrastim) <small>P/A Clinical</small></p>	<p><u>Organ Transplant Drugs</u> <b>Astagraf XL</b> (Tacrolimus) <small>P/A Req'd</small> <b>Envarsus XR</b> (Tacrolimus) <small>P/A Req'd</small> <b>Myhibbin Susp</b> (Mycophenolate) <small>P/A Req'd</small></p> <p><u>Neutropenia Drugs</u> <b>Short Acting:</b> <b>Granix</b> (tbo-Filgrastim) <small>P/A Req'd</small> <b>Neupogen, Releuko</b> (Filgrastim) <small>P/A Req'd</small> <b>Nivestym, Nypozi</b> (Filgrastim) <small>100% Copay</small></p> <p><b>Long Acting:</b> <b>Leukine</b> (Sargramostim) <small>P/A Req'd</small> <b>Neulasta, Fulphila, Udenyca</b> (Pegfilgrastim) <small>P/A Req'd</small> <b>Nyvepria</b> (Pegfilgrastim) <small>100% Copay</small></p>

OTHER SPECIALTY

\*\* P/A Required for all Cardiovascular drugs listed

# Specialty: Lupus, Heparin, Hematopoietic, Osteoporosis, Narcolepsy, Infertility & Others

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Lupus Drugs</b> <small>LUP</small>		<b>Benlysta</b> (Belimumab) <sup>P/A Req'd</sup> <b>Lupkynis</b> (Voclosporin) <sup>P/A Req'd</sup> <b>Saphnelo</b> (Anifrolumab) <sup>P/A Req'd</sup>
<b>::Severe Respiratory (Eosinophyllic Agents)</b> <small>RESP</small>	<b>Dupixent'</b> (Dupilumab) <sup>P/A Indication</sup> <b>Fasenra'</b> (Benralizumab) <sup>P/A Indication</sup> <b>Nucala</b> (Mepolizumab) <sup>P/A Indication</sup>	<b>Cinqair</b> (Reslizumab IV) <sup>Med P/A Req'd</sup> <b>Xolair</b> (Omalizumab) <sup>P/A Clinical</sup> <b>Tezspire</b> (Tezepelumab) <sup>P/A Req'd</sup>
<b>Eosinophyllic Esophagitis</b> <small>EOE</small>	<b>Eohilia Susp</b> (Budesonide) <sup>P/A Indication</sup>	
<b>Other COPD Drugs</b> <small>PLP</small>	<b>Dupixent'</b> (Dupilumab) <sup>P/A Indication</sup>	<b>Ohtuvayre Susp</b> (Ensifentrine)
<b>::Nasal Polyps</b> <small>PLP</small>	<b>Dupixent'</b> (Dupilumab) <sup>P/A Indication</sup> <b>Nucala</b> (Mepolizumab) <sup>P/A Indication</sup>	
<b>Heparin-Related Drugs</b> Enoxaparin / <b>Lovenox Injection</b> Fondaparinux / <b>Arixtra Injection</b> <small>DVT</small>		<b>Fragmin Injection</b> (Dalteparin) <sup>100% Copay</sup>
<b>Hematopoietic Drugs</b> <small>HPOI</small>		<b>Aranesp</b> (Darbepoetin) <b>Epogen</b> (Epoetin-alfa) <b>Procrit, Retacrit</b> (Epoetin-alfa)
<b>::Osteoporosis Drugs</b> Ibandronate / <b>Boniva Inj</b> <sup>P/A Req'd</sup> Teriparatide / <b>Forteo Inj, Bonsity Inj</b> <sup>P/A Req'd</sup> Zoledronic Acid / <b>Reclast Inj</b> <sup>P/A Req'd</sup>		<b>Evenity</b> (Romosozumab) <sup>P/A Req'd</sup> <b>Prolia</b> (Denosumab) <sup>P/A Req'd</sup> <b>Tymlos Injectable</b> (Abaloparatide) <sup>P/A Req'd</sup>
<b>::Cataplexy / Narcolepsy Drugs</b> Sodium Oxybate / <b>Xyrem Solution</b> <sup>P/A Req'd</sup> <small>NARC</small>		<b>Wakix</b> (Pitolisant) <sup>P/A Req'd</sup> <b>Xywav</b> (Calcium/Magnesium/Pot/Sodium Ox) <sup>P/A Req'd</sup>

OTHER SPECIALTY

## Specialty: Sickle Cell Anemia, HIV, Antipsychotic, Alzheimers, Epilepsy

GENERIC DRUGS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>Alzheimers Agents</b> <small>ALZS</small>		<b>Kisunla IV (Donanemab)</b> Not Covered - Medical <b>Leqembi IV (Lecanemab)</b> Not Covered - Medical
<b>::Infertility Drugs</b> Cetorelix Acetate / <b>Cetrotide</b> P/A Req'd <small>INFS</small>		<b>Follistim AQ (Follitropin Beta)</b> P/A Req'd <b>Gonal-F, Gonal-F RFF (Follitropin Alfa)</b> P/A Req'd <b>Novarel (Chorionic Gonadotropin, Human)</b> P/A Req'd <b>Ovidrel (Choriogonadotropin Alfa)</b> P/A Req'd
<b>Sickle Cell Anemia</b> <small>SCA</small>		<b>Adakveo IV (Crizanlizumab)</b> Not Covered - Medical <b>Oxbryta (Voxelotor)</b> P/A Req'd <b>Xromi Solution (Hydroxyurea)</b> P/A Req'd
<b>HIV</b> <small>MISC</small>	<b>Apretude (Cabotegravir)</b> P/A for PREP after Vocabria <b>Cabenuva Injection (Cabotegravir/Rilpivirine)</b> <b>Vocabria (Cabotegravir)</b>	
<b>::Injectable Antipsychotic Agents</b> Ziprasidone / <b>Geodon Inj</b> B,S Risperidone / <b>Risperdal Consta Inj</b> B,S <small>ATYP</small>		<b>Abilify Maintena &amp; Asimtufii Inj (Aripiprazole)</b> B,S <b>Aristada ER Inj (Aripiprazole Lauroxil)</b> B,S <b>Erzofri Inj (Paliperidone)</b> S <b>Invega Trinza &amp; Hafyera Inj (Paliperidone)</b> B,S <b>Perseris Inject. Susp (Risperidone)</b> B,S <b>Risvan Susp (Risperidone)</b> S <b>Uzedy ER Inj (Risperidone)</b> B,S <b>Zyprexa Relprevv Inj (Olanzapine Pamoate)</b> B,S
<b>Epilepsy/Seizure</b> <small>MISC</small>		<b>Epidiolex (Cannabidiol)</b> P/A Req'd
<b>Other CKD Agents</b> <small>MISC</small>		<b>Korsuva (Difelikefalin)</b> P/A Req'd (Pruiritis) <b>Vafseo (Vadadustat)</b> P/A Req'd (Anemia)

OTHER SPECIALTY

2 For placement and criteria for all other specialty medications not listed in this PDL, please contact your assigned account manager.

# Prescription Digital Therapeutics Formulary

Prescription Digital Therapeutics (PDTs), such as smart device applications, are evolving into a new area of treatment options for physicians and patients. While these applications undergo rigorous safety checks under the FDA’s 510(k) pathway and may prove very helpful either as an adjunct (add-on) to existing therapy with your current medication, as treatment to reduce the use of current medication, or as stand-alone treatment, many are not covered under your pharmacy benefit at this point and may be excluded or not covered on the formulary.

As new PDTs are approved or cleared by the FDA, reviewed by our P&T Committee and recommended for formulary placement under the pharmacy benefit, this section will include those known digital technologies that we consider for coverage by your plan design. To be considered for formulary placement, all of the following must be met:

1. A PDT used to treat, manage, or prevent a disease or disorder.
2. A PDT with published trial results inclusive of clinically meaningful outcomes in peer-reviewed journals.
3. A PDT reviewed and cleared or certified by regulatory bodies as required to support product claims of risk, efficacy, and intended use.
4. Additional Criteria:
  - a. A PDT available only with a prescription from a licensed provider.
  - b. A PDT with applicable NDC

The current status of different digital therapeutics products is:

<b>::Digital Application</b>	<b>Therapeutic Indication</b>	<b>Manufacturer</b>	<b>Status</b>
ASPYRERX	Type 2 Diabetes	Better Therapeutics	Excluded
ENDEAVORRX	ADHD	Akili Interactive	Excluded
LUMINOPIA	Amblyopia (Lazy Eye)	Luminopia	PREFERRED
MAHANA IBS	Irritable Bowel Syndrome (IBS)	Mahana Therapeutics	Excluded
NERIVIO	Migraine	Theranica Bio-Electronics	PREFERRED
REGULORA IBS	Irritable Bowel Syndrome (IBS)	Metame Health	Excluded
REJOYN (MDD)	Manic Depressive Disorder (MDD)	Otsuka	Excluded
RESET (SUD)	Substance Use Disorder (SUD)	Pear Therapeutics	Excluded
RESET-O (OUD)	Opioid Use Disorder (OUD)	Pear Therapeutics	Excluded
SOMRYST	Insomnia	Pear Therapeutics	Excluded

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## Miscellaneous Notes

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### Miscellaneous Notes: Non-Listed Injectables, Infusion & Oral Products

**Injectables:** There are therapeutic categories that contain injectable specialty drugs that are not listed in this formulary listing (PDL). If you have any questions as to the tier preference of a specific non-listed injectable specialty drug, please contact your account manager for more information. Injectables that require medical administration or medical/nursing support that not shown in this PDL.

**Infusion:** There are infused drugs administered at home or at a facility by a healthcare professional that require medical/nursing support. If one of those drugs is not listed, those medications should be processed through medical benefits.

**Other Oral Products:** Oral products (other than oral oncology and HIV drugs) that are not listed in this PDL should be considered having a Non-Preferred Brand copay.

**Single Source Brand Oral Oncology and Immunosuppressant Drugs:** Unless noted, Single Source Brand oral drugs generally have a preferred brand copay applied, while Multi-Source Brand drugs have a non-preferred copay applied. Multi-Source Generic Oral Oncology and Immunosuppressant drugs generally have a generic copay applied.

