

2025 Base Formulary

The 2025 Base Formulary drug list is shown below. The formulary is the list of drugs included in your prescription plan. Inclusion does not guarantee coverage. The following list is not a complete list of products that are on the formulary. This printed formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the formulary. For example, drugs for the treatment of infertility or weight loss may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

PLEASE NOTE: Brand-name drugs may move to non-preferred status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your ID card. Patients can log into www.kpp-rx.com to view real time formulary and benefit information with their provider.

KEY

[PA] – Prior Authorization Requirement

[ST] – Step Therapy Requirement

[SP] – Drug is listed on a Specialty Tier

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

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

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

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

A	albuterol sulfate hfa	ASMANEX	BIKTARVY
ABILIFY ASIMTUFII	ALECENSA [PA][SP]	ASMANEX HFA	BOSULIF [PA][SP]
ABILIFY MAINTENA	allopurinol	atenolol	BREO ELLIPTA
ABSORICA	ALPHAGAN P	atomoxetine hcl	BREZTRI AEROSPHERE
ACCU-CHEK FASTCLIX LANCET DRUM	alprazolam	atorvastatin calcium	BRILINTA
ACCU-CHEK SOFTCLIX	ALTUVIIIQ[SP]	AUGTYRO [PA][SP]	BRIXADI
acetaminophen-codeine	amitriptyline hcl	AURYXIA	brompheniramine- pseudoephed-dm
acyclovir	amlodipine besylate	AUVI-Q	BROMSITE
ADBRY [PA][SP]	amoxicillin	AVONEX [PA][SP]	BRUKINSA [PA][SP]
ADBRY AUTOINJECTOR [PA][SP]	amoxicillin-clavulanate potass	AVONEX PEN [PA][SP]	budesonide-formoterol fumarate
ADEMPAS [PA][SP]	AMZEEQ	AZASITE	bumetanide
ADVAIR HFA	ANDRODERM [PA]	azelastine hcl	buprenorphine-naloxone
ADVATE[SP]	ANORO ELLIPTA	azithromycin	bupropion hcl
AIMOVIQ AUTOINJECTOR [PA]	APRETUDE [PA]	B	bupropion hcl sr
AIRSUPRA [ST]	APRISO	baclofen	bupropion xl
AJOVY AUTOINJECTOR [PA]	ARANESP [PA][SP]	BARACLUDE[SP]	buspironone hcl
AJOVY SYRINGE [PA]	aripiprazole	BELBUCA	BYDUREON BCISE [PA]
albuterol sulfate	ARISTADA	BENEFIX[SP]	BYETTA [PA]
	ARISTADA INITIO	benzonatate	C
	ARMOUR THYROID	BESIVANCE	CABENUVA [PA]
	ARNUIITY ELLIPTA	BETOPTIC S	

Cost for covered alternatives may vary.

CABOMETYX [PA][SP]
CALQUENCE [PA][SP]
CARAFATE
CARBAGLU [PA][SP]
carvedilol
cefazolin sodium[sp]
cefdinir
celecoxib
cephalexin
CEQUA
CETROTIDE[SP]
chlorhexidine gluconate
chlorthalidone
CIBINQO [PA][SP]
CIPRO HC
ciprofloxacin hcl
citalopram hbr
CLENPIQ
clindamycin hcl
clindamycin phosphate
clobetasol propionate
clonazepam
clonidine hcl
clopidogrel
colchicine
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
CORLANOR
COTEMPLA XR-ODT
CREON
CRINONE
cyclobenzaprine hcl
CYSTADANE[SP]

D

DAYVIGO [ST]
DEPLIN-ALGAL OIL
DESCOVY
desvenlafaxine succinate
er
dexamethasone
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6
TRANSMITTER
DEXCOM G7 RECEIVER
DEXCOM G7 SENSOR

dexmethylphenidate hcl
er
dextroamphetamine-
amphet er
dextroamphetamine-
amphetamine
diazepam
DICLEGIS
diclofenac sodium
dicyclomine hcl
diltiazem 24hr er (cd)
divalproex sodium
DOPTELET [PA][SP]
DOVATO
doxepin hcl
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine hcl
DUPIXENT PEN [PA][SP]
DUPIXENT SYRINGE
[PA][SP]
DUROLANE [PA]
DYANAVAL XR
DYSPORE [PA][SP]

E

ELFABRIO [PA][SP]
ELIGARD [PA][SP]
ELIQUIS
ELYXYB [ST]
EMGALITY PEN [PA]
EMGALITY SYRINGE [PA]
EMVERM [PA]
ENBREL [PA][SP]
ENBREL MINI [PA][SP]
ENBREL SURECLICK
[PA][SP]
enoxaparin sodium
ENTRESTO
EPCLUSA [PA][SP]
EPIDIOLEX [PA][SP]
epinephrine
EPIPEN 2-PAK
EPIPEN JR 2-PAK
ERIVEDGE [PA][SP]
ERLEADA [PA][SP]
erythromycin

escitalopram oxalate
esomeprazole
magnesium
ESPEROCT[SP]
estradiol
estradiol (twice weekly)
ESTRING
EUFLEXXA [PA]
EVAMIST [ST]
ezetimibe

F

FABHALTA [PA][SP]
FABRAZYME [PA][SP]
famotidine
FARXIGA
FASENRA [PA][SP]
FASENRA PEN [PA][SP]
fenofibrate
fentanyl [pa]
FETZIMA
finasteride
FIRMAGON[SP]
FLAREX
FLECTOR [PA]
fluconazole
fluoxetine hcl
fluticasone propionate
fluticasone propionate
hfa
fluticasone-salmeterol
folic acid
FOLTX
FRAGMIN
FREESTYLE LIBRE 14 DAY
READER
FREESTYLE LIBRE 14 DAY
SENSOR
FREESTYLE LIBRE 2
READER
FREESTYLE LIBRE 2
SENSOR
FREESTYLE LIBRE 3 PLUS
SENSOR
FREESTYLE LIBRE 3
READER
FREESTYLE LIBRE 3
SENSOR
FUROSCIX [ST][SP]
furosemide

G

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

H

HADLIMA [PA][SP]
HADLIMA PUSHTOUCH
[PA][SP]
HADLIMA(CF) [PA][SP]
HADLIMA(CF)
PUSHTOUCH [PA][SP]
haloperidol
haloperidol lactate
HARVONI [PA][SP]
HEMANGEOL
heparin sodium-d5w
HUMALOG
HUMALOG JUNIOR
KWIKPEN
HUMALOG KWIKPEN U-
100
HUMALOG KWIKPEN U-
200
HUMALOG MIX 50-50
KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25
KWIKPEN
HUMALOG TEMPO PEN
U-100
HUMATROPE [PA][SP]

Cost for covered alternatives may vary.

HUMIRA [PA][SP]	JANUMET XR [ST]	LUPRON DEPOT [PA][SP]	NAYZILAM
HUMIRA PEN [PA][SP]	JANUVIA [ST]	LUPRON DEPOT-PED	NEEVODHA
HUMIRA(CF) [PA][SP]	JARDIANCE	[PA][SP]	NEMLUVIO [PA][SP]
HUMIRA(CF) PEN [PA][SP]	JULUCA	LYNPARZA [PA][SP]	NEULASTA [PA][SP]
HUMIRA(CF) PEN	JYLAMVO [ST]	LYUMJEV	NEULASTA ONPRO
CROHN'S-UC-HS	K	LYUMJEV KWIKPEN U-100	[PA][SP]
[PA][SP]	KANJINTI [PA][SP]	LYUMJEV KWIKPEN U-200	NEUPRO
HUMIRA(CF) PEN PSOR-	KESIMPTA PEN [PA][SP]	LYUMJEV TEMPO PEN U-	NEXIUM
UV-ADOL HS [PA][SP]	ketoconazole	100	NEXLETOL [PA]
HUMULIN 70/30	ketorolac tromethamine	M	NEXLIZET [PA]
KWIKPEN	KISQALI [PA][SP]	MAVYRET [PA][SP]	nifedipine er
HUMULIN 70-30	KLOXXADO	medroxyprogesterone	nitrofurantoin mono-
HUMULIN N	KYLEENA	acetate	macro
HUMULIN N KWIKPEN	L	MEKINIST [PA][SP]	NIVESTYM [PA][SP]
HUMULIN R	labetalol hcl	meloxicam	norepinephrine
HUMULIN R U-500	lactulose	METANX	bitartrate-d5w[sp]
HUMULIN R U-500	lamotrigine	metformin hcl	nortriptyline hcl
KWIKPEN	latanoprost	metformin hcl er	NOVAREL
hydralazine hcl	LENVIMA [PA][SP]	methadone hcl	np thyroid
hydrochlorothiazide	LEVEMIR	methocarbamol	NUCALA [PA][SP]
hydrocodone-	LEVEMIR FLEXPEN	methotrexate	NUDEXTA [PA]
acetaminophen	levetiracetam	methylphenidate er	NURTEC ODT [PA]
hydrocortisone	levocetirizine	methylphenidate hcl	nystatin
hydromorphone hcl	dihydrochloride	methylprednisolone	O
hydroxychloroquine	levothyroxine sodium	metoprolol succinate	OB COMPLETE PREMIER
sulfate	LIBERVANT	metoprolol tartrate	OCREVUS [PA][SP]
hydroxyzine hcl	lidocaine	metronidazole	ODACTRA
hydroxyzine pamoate	LINZESS	MICROLET	ODEFSEY
hyoscyamine sulfate	liothyronine sodium	MIRENA	ODOMZO [PA][SP]
I	lisdexamphetamine	mirtazapine	OFEV [PA][SP]
IBRANCE [PA][SP]	dimesylate	montelukast sodium	ofloxacin
ibuprofen	lisinopril	MORPHINE SULFATE	olanzapine
IMBRUVICA [PA][SP]	lisinopril-	morphine sulfate [pa]	olmesartan medoxomil
INCONTROL PEN NEEDLE	hydrochlorothiazide	morphine sulfate er	omeprazole
INCRUSE ELLIPTA	lithium carbonate	morphine sulfate[sp]	OMNIPOD 5 DEXG7G6
INFLECTRA [PA][SP]	LIVDELZI [PA][SP]	MOUNJARO [PA]	INTRO(GEN 5)
INLYTA [PA][SP]	LO LOESTRIN FE	MOVANTIK	OMNIPOD 5 DEXG7G6
Insulin degludec	LOKELMA	mupirocin	PODS (GEN 5)
insulin glargine-yfgn	lorazepam	MVASI [PA][SP]	OMNIPOD DASH PODS
insulin lispro	LORBRENA [PA][SP]	MYFEMBREE [PA]	(GEN 4)
insulin lispro kwikpen u-	losartan potassium	MYRBETRIQ	OMNITROPE [PA][SP]
100	losartan-	N	ondansetron hcl
INTRAROSA	hydrochlorothiazide	naltrexone hcl	ondansetron odt
ipratropium-albuterol	LOTEMAX	naproxen	ONETOUCH DELICA PLUS
IQIRVO [PA][SP]	LOTEMAX SM	NASCOBAL	LANCET
J	LUMAKRAS [PA][SP]	NATAZIA	ONETOUCH ULTRA TEST
JAKAFI [PA][SP]	LUMIGAN	NATESTO	STRIP
JANUMET [ST]			ONETOUCH ULTRA2

Cost for covered alternatives may vary.

ONETOUCH VERIO FLEX
METER
ONETOUCH VERIO
REFLECT METER
ONETOUCH VERIO TEST
STRIP

ONEXTON

ORIAHNN [PA]

ORLISSA [PA]

OTEZLA [PA][SP]

OVIDREL

oxcarbazepine

oxycodone hcl

oxycodone-
acetaminophen

OXYCONTIN

OZEMPIC [PA]

P

pantoprazole sodium

paroxetine hcl

PAXLOVID

PEN NEEDLE

PENTASA

PENTIPS PEN NEEDLE

PERSERIS

phenazopyridine hcl

phentermine hcl

phenylephrine hcl-0.9%
nacl[sp]

pioglitazone hcl

PLEGRIDY PEN [PA][SP]

POMALYST [PA][SP]

potassium chloride

PRALUENT PEN [PA]

pravastatin sodium

prazosin hcl

PRECISION XTRA

prednisolone acetate

prednisone

pregabalin

PREMARIN

PREMPHASE

PREMPRO

PREZISTA

PROAIR RESPICLICK

PROCIT [PA][SP]

progesterone

PROLASTIN C[SP]

PROLENSA

PROMACTA [PA][SP]

promethazine hcl

promethazine-dm

propranolol hcl

propranolol hcl er

PYLERA

Q

QNASL

quetiapine fumarate

QUILLICHEW ER [ST]

QUILLIVANT XR [ST]

QULIPTA [PA]

QVAR REDIHALER

R

RAGWITEK

RASUVO [ST]

REBIF [PA][SP]

REBIF REBIDOSE [PA][SP]

REBINYN[SP]

RECTIV

RELISTOR [PA]

REPATHA PUSHTRONEX
[PA]

REPATHA SURECLICK [PA]

REPATHA SYRINGE [PA]

RESTASIS

RESTASIS MULTIDOSE

RETACRIT [PA][SP]

REVLIMID [PA][SP]

REXULTI

REYVOW [PA]

RINVOQ [PA][SP]

risperidone

rizatriptan

ropinirole hcl

rosuvastatin calcium

RUCONEST [PA][SP]

RUXIENCE [PA][SP]

RYBELSUS [PA]

S

SANCUSO

SAVELLA

SAXENDA [PA]

SCEMBLIX [PA][SP]

scopolamine

SECUADO

SEMGLEE (YFGN)

SEMGLEE (YFGN) PEN

sertraline hcl

sildenafil citrate

SIMBRINZA

SIMLANDI [PA][SP]

SIMPONI ARIA [PA][SP]

simvastatin

SKYLA

SKYRIZI [PA][SP]

SKYRIZI ON-BODY
[PA][SP]

SKYRIZI PEN [PA][SP]

SKYTROFA [PA][SP]

SOFDRA

SOGROYA [PA][SP]

SOLQUA 100-33 [ST]

SOMATULINE DEPOT
[PA][SP]

SOMAVERT [PA][SP]

SOOLANTRA

SOTYKTU [PA][SP]

SPIRIVA HANDIHALER

SPIRIVA RESPIMAT

spironolactone

SPRYCEL [PA][SP]

STEGLUJAN [ST]

STELARA [PA][SP]

STIOLTO RESPIMAT

STIVARGA [PA][SP]

STRIVERDI RESPIMAT

SUBLOCADE [PA]

sucralfate

SUFLAVE

sulfamethoxazole-
trimethoprim

sumatriptan succinate

SUNOSI [PA]

SUPARTZ FX [PA]

SUPREP

SUTAB

SYMLINPEN 60

SYMPROIC

SYMITUZA

SYNJARDY

SYNJARDY XR

T

tacrolimus

tadalafil

TAFINLAR [PA][SP]

TAGRISSE [PA][SP]

TAKHZYRO [PA][SP]

TALICIA

TALTZ AUTOINJECTOR (2
PACK) [PA][SP]

TALTZ AUTOINJECTOR (3
PACK) [PA][SP]

TALTZ AUTOINJECTOR
[PA][SP]

TALTZ SYRINGE [PA][SP]

TALZENNA [PA][SP]

tamsulosin hcl

TASIGNA [PA][SP]

TAZORAC

TEMPO WELCOME KIT
testosterone cypionate
[pa]

TEZSPIRE [PA][SP]

tizanidine hcl

TOBI PODHALER[SP]

TOBRADEX

TOBRADEX ST

topiramate

tramadol hcl

TRAZIMERA [PA][SP]

trazodone hcl

TRELEGY ELLIPTA

TREMFYA [PA][SP]

TRESIBA

TRESIBA FLEXTOUCH U-
100

TRESIBA FLEXTOUCH U-
200

tretinoin

triamcinolone acetonide
triamterene-
hydrochlorothiazid

TRIJARDY XR [ST]

TRINTELLIX

TRIPTODUR [PA][SP]

TRIUMEQ

TROKENDI XR [ST]

TRUE METRIX AIR
GLUCOSE METER

Cost for covered alternatives may vary.

TRUE METRIX BLOOD
GLUCOSE MTR
TRUE METRIX GLUCOSE
TEST STRIP
TRUEPLUS INSULIN
SYRINGE
TRUEPLUS PEN NEEDLE

TRULANCE
TRULICITY [PA]
TWIRLA
TYENNE [PA][SP]
TYMLOS [PA][SP]
TYRVAYA

U
UBRELVY [PA]
UDENYCA [PA][SP]
UDENYCA ONBODY
[PA][SP]
UNIFINE PENTIPS

UNIFINE PENTIPS PLUS
UNIFINE SAFECONTROL
UNIFINE ULTRA PEN
NEEDLE
UPTRAVI [PA][SP]
UZEDY

V
valacyclovir
valsartan
VASCEPA
VELPHORO
VELTASSA
VEMOLIDY
venlafaxine hcl er
VENTOLIN HFA
V-GO 20
V-GO 30
V-GO 40

VIOKACE
vitamin d2
VIBRANT
VIVITROL[SP]
VOYDEYA [PA][SP]
VUMERITY [PA][SP]
VYZULTA

W
warfarin sodium
WEGOVY [PA]

X
XARELTO
XDEMZY [PA][SP]
XIFAXAN
XIGDUO XR
XOLAIR [PA][SP]
XTANDI [PA][SP]
XULTOPHY 100-3.6 [ST]

Y
YUPELRI

Z
ZARXIO [PA][SP]
ZELBORAF [PA][SP]
ZENPEP
ZEPBOUND [PA]
ZEPOSIA [PA][SP]
ZERVIATE
ZIRABEV [PA][SP]
zolpidem tartrate
zomig [st]
ZUBSOLV
ZURZUVAE [PA][SP]
ZYLET
ZYMFENTRA [PA][SP]

Alternative Drug Tables

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

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

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
VITAMIN B PREPARATIONS	METANX, CEREFOLIN NAC	FOLTX
VITAMIN A DERIVATIVES	DIFFERIN, RETIN-A MICRO PUMP (0.06 %)	RETIN-A MICRO PUMP (0.08 %)
VAGINAL ESTROGEN PREPARATIONS	FEMRING, VAGIFEM	ESTRADIOL, ESTRING, PREMARIN
URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	OXYBUTYNIN CHLORIDE (2.5MG), TOVIAZ	GELNIQUE, OXYBUTYNIN CHLORIDE (5MG),
TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	AZSTARYS, JORNAY PM, RELEXXII, METHYLPHENIDATE ER (45 MG TAB), METHYLPHENIDATE ER (63 MG TAB), METHYLPHENIDATE ER (72 MG TAB)	QUILLIVANT XR, METHYLPHENIDATE ER (36 MG TAB), COTEMPLA XR-ODT, QUILLICHEW ER
TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	ENSTILAR, WYNZORA	TACLONEX
TOPICAL LOCAL ANESTHETICS	ZTLIDO	LIDOCAINE
TOPICAL ANTI-INFLAMMATORY, NSAIDS	PENNSAID, LICART	DICLOFENAC SODIUM, FLECTOR
TOPICAL ANTIFUNGALS	NAFTIN, JUBLIA	KETOCONAZOLE
TOPICAL ANTIBIOTICS	ZILXI, AMZEEQ, XEPI	MUPIROCIN
THYROID HORMONES	THYQUIDITY, ERMEZA, TIROSINT-SOL, TIROSINT, LEVOXYL, SYNTHROID	LEVOTHYROXINE SODIUM, ARMOUR THYROID
THROMBOPOIETIN RECEPTOR AGONISTS	ALVAIZ	PROMACTA, DOPTELET
TETRACYCLINES	NUZYRA, ORACEA, DORYX MPC, SEYSARA, ACTICLATE, MINOLIRA ER, TARGADOX	DOXYCYCLINE HYCLATE
SOMATOSTATIC AGENTS	LANREOTIDE ACETATE, SANDOSTATIN LAR DEPOT, SIGNIFOR LAR, MYCAPSSA	SOMATULINE DEPOT
SKELETAL MUSCLE RELAXANTS	LYVISPAH	CYCLOBENZAPRINE HCL, METHOCARBAMOL, TIZANIDINE HCL
SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	PRISTIQ	FETZIMA, DULOXETINE HCL, VENLAFAXINE HCL ER
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	ZOLOFT, SERTRALINE HCL (150 MG CAP), SERTRALINE HCL (200 MG CAP), CITALOPRAM HBR (30 MG CAP), FLUOXETINE HCL (60 MG TAB)	FLUOXETINE HCL (20 MG CAP), FLUOXETINE HCL (40 MG CAP), ESCITALOPRAM OXALATE, SERTRALINE HCL (100 MG TAB), SERTRALINE HCL (25 MG TAB), SERTRALINE HCL (50 MG TAB), CITALOPRAM HBR (20 MG TAB), CITALOPRAM HBR (40 MG TAB)
SEDATIVE-HYPNOTICS, NON-BARBITURATE	ZOLPIDEM TARTRATE (7.5 MG CAP), QUVIVIQ, BELSOMRA	ZOLPIDEM TARTRATE (10 MG TAB), DAYVIGO
ROSACEA AGENTS, TOPICAL	FINACEA, MIRVASO, METROGEL, EPSOLAY, RHOFADÉ, METROCREAM	SOOLANTRA
RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	AEMCOLO, XIFAXAN (200 MG TAB)	XIFAXAN (550 MG TAB)
RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)	CORTIFOAM	UCERIS

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2025 THROUGH JUNE 30, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 6 of 11

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	TYVASO DPI, ORENITRAM ER	UPTRAVI, TREPROSTINIL
PROTON-PUMP INHIBITORS	PROTONIX, NEXIUM (40 MG CAP), NEXIUM (20 MG CAP)	NEXIUM (5 MG PACKET), NEXIUM (40 MG PACKET), NEXIUM (2.5 MG PACKET), NEXIUM (10 MG PACKET), NEXIUM (20 MG PACKET), OMEPRAZOLE, PANTOPRAZOLE SODIUM
PRENATAL VITAMIN PREPARATIONS	PRENATE PIXIE, PRENATE DHA, PRENATE RESTORE, PRIMACARE, PRENATE MINI, PRENATE ENHANCE, PRENATE ELITE	OB COMPLETE PETITE, OB COMPLETE ONE, OB COMPLETE WITH DHA, OB COMPLETE PREMIER
PREGNANCY FACILITATING/MAINTAINING AGENT,HORMONAL	ENDOMETRIN	CRINONE
POTASSIUM SPARING DIURETICS	CAROSPIR, KERENDIA	SPIRONOLACTONE
PLATELET AGGREGATION INHIBITORS	ZONTIVITY	CLOPIDOGREL, ASPIRIN EC, BRILINTA
PLASMA KALLIKREIN INHIBITORS	ORLADEYO	TAKHZYRO
PANCREATIC ENZYMES	PERTZYE, PANCREAZE	CREON, ZENPEP, VIOKACE
OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	CIPROFLOXACIN HCL-FLUOCINOLONE	CIPRO HC, OTOVEL
OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	VERKAZIA, XIIDRA, VEVEYE	RESTASIS, CEQUA, RESTASIS MULTIDOSE
OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY	LUCENTIS	BYOOVIZ, CIMERLI
NSAIDS, CYCLOOXYGENASE INHIBITOR-TYPE	NAPRELAN	DICLOFENAC SODIUM, IBU, MELOXICAM, IBUPROFEN, NAPROXEN, RELAFEN DS
NSAIDS, CYCLOOXYGENASE 2 INHIBITOR - TYPE	CELEBREX	CELECOXIB
NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	FORFIVO XL, WELLBUTRIN XL, APLENZIN	BUPROPION XL
NITROFURAN DERIVATIVES	MACROBID, MACRODANTIN	NITROFURANTOIN MONO-MACRO
NASAL ANTI-INFLAMMATORY STEROIDS	OMNARIS, BECONASE AQ, ZETONNA, XHANCE	FLUTICASONE PROPIONATE, QNASL CHILDREN, QNASL
MULTIVITAMIN PREPARATIONS	NEEVODHA, PRENATE ESSENTIAL, PRENATE CHEWABLE	OB COMPLETE
MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	ZIOPTAN, COSOPT PF, IYUZEH, XELPROS, ROCKLATAN, BETIMOL, RHOPRESSA, ALPHAGAN P (0.15%)	LATANOPROST, COMBIGAN, LUMIGAN, ALPHAGAN P (0.1%), VYZULTA, SIMBRINZA, BETOPTIC S
METABOLIC DEFICIENCY AGENTS	BETAINE ANHYDROUS	CYSTADANE
MACROLIDES	DIFICID	AZITHROMYCIN
LOOP DIURETICS	SOAAZ	FUROSCIX, FUROSEMIDE
LIPOTROPICS	TRICOR	VASCEPA, EZETIMIBE
LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	SUPPRELIN LA, FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS	FYREMADEL	CETROTIDE, ORLISSA
LEUKOCYTE (WBC) STIMULANTS	FULPHILA, FYLNETRA, NYVEPRIA, GRANIX, RELEUKO, NEUPOGEN	UDENYCA AUTOINJECTOR, STIMUFEND, NEULASTA, UDENYCA, UDENYCA ONBODY, ZIEXTENZO, NEULASTA ONPRO, NIVESTYM, ZARXIO
LAXATIVES AND CATHARTICS	PLENVU, KRISTALOSE	SOD SULF-POTASS SULF-MAG SULF, SUFLAVE, CLENPIQ, SUPREP, SUTAB

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
INSULINS	AFREZZA, FIASP, INSULIN ASPART, NOVOLOG, NOVOLIN, TOUJEO, ADMELOG, APIDRA, LANTUS, BASAGLAR, REZVOGLAR, INSULIN GLARGINE	HUMALOG, LYUMJEV, HUMULIN, INSULIN LISPRO, TRESIBA, LEVEMIR, SEMGLEE, INSULIN DEGLUDEC
HUMAN MONOCLONAL ANTIBODY COMPLEMENT(C5) INHIBITOR	TAVNEOS	ULTOMIRIS, SOLIRIS, FABHALTA, VOYDEYA
HUMAN CHORIONIC GONADOTROPIN (HCG)	CHORIONIC GONADOTROPIN, PREGNYL	OVIDREL, NOVAREL
HEPATITIS C VIRUS- NSSA AND NS3/4A INHIBITOR COMB	ZEPATIER	MAVYRET
HEP C VIRUS - NSSA & NS5B POLYMERASE INHIB. COMBO.	LEDIPASVIR-SOFOSBUVIR, SOFOSBUVIR-VELPATASVIR	EPCLUSA, HARVONI
HEMATINICS, OTHER	MIRCERA, EPOGEN	ARANESP, PROCIT, RETACRIT
GROWTH HORMONES	NGENLA, NORDITROPIN FLEXPOR, NUTROPIN AQ NUSPIN, ZOMACTON	SKYTROFA, GENOTROPIN, HUMATROPE, OMNITROPE, SOGROYA
GLUCOCORTICOIDS, ORALLY INHALED	PULMICORT FLEXHALER, ALVESCO	FLUTICASONE PROPIONATE HFA, ARNUITY ELLIPTA, FLUTICASONE PROPIONATE, ASMANEX, ARMONAIR DIGIHALER, QVAR REDIHALER, ASMANEX HFA
GLUCOCORTICOIDS	ORTIKOS, RAYOS, HEMADY	METHYLPREDNISOLONE, PREDNISONE, UCERIS
FOLLICLE-STIMULATING HORMONE (FSH)	FOLLISTIM AQ	GONAL-F RFF REDI-JECT, GONAL-F, GONAL-F RFF
FACTOR IX PREPARATIONS	IDELVION, RIXUBIS (1000 UNIT VIAL), RIXUBIS (3000 UNIT VIAL)	RIXUBIS (250 UNIT VIAL), REBINYN, RIXUBIS (500 UNIT VIAL), BENEFIX, ALPROLIX, RIXUBIS (2000 UNIT VIAL), IXINITY
EYE ANTIINFLAMMATORY AGENTS	ACUVAIL, MAXIDEX, PRED MILD, FML FORTE, EYSUVIS, NEVANAC, ALREX, BROMFENAC SODIUM (0.07%), BROMFENAC SODIUM (0.075%), ILEVRO, INVELTYS	PREDNISOLONE ACETATE, LOTEMAX, BROMSITE, FLAREX, PROLENSA, LOTEMAX SM, BROMFENAC SODIUM (0.09%)
ESTROGENIC AGENTS	ESTROGEL, ELESTRIN, CLIMARA PRO, CLIMARA, DIVIGEL	EVAMIST, COMBIPATCH, PREMARIN, PREMPHASE, PREMPRO
ELECTROLYTE DEPLETERS	VELTASSA	LOKELMA, AURYXIA, VELPHORO
DRUGS TO TREAT HEREDITARY TYROSINEMIA	NITYR	ORFADIN
DIRECT FACTOR XA INHIBITORS	SAVAYSA	ELIQUIS, XARELTO
CONTRACEPTIVES, ORAL	BALCOLTRA, YAZ, SAFYRAL, TYBLUME, BEYAZ, NEXTSTELLIS, SLYND, YASMIN 28	NIKKI, TRI-SPRINTEC, HAILEY FE, SPRINTEC, LO LOESTRIN FE, NATAZIA
CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	ANNOVERA, NUVARING	ETONOGESTREL-ETHINYL ESTRADIOL
CALCIUM CHANNEL BLOCKING AGENTS	NORLIQVA, CONJUPRI	AMLODIPINE BESYLATE
BLOOD SUGAR DIAGNOSTICS	CONTOUR TEST STRIP, ACCU-CHEK SMARTVIEW, CONTOUR NEXT TEST STRIP, GLUCOCARD EXPRESSION, ACCU-CHEK AVIVA PLUS, ACCU-CHEK GUIDE TEST STRIP, GLUCOCARD SHINE, PRECISION XTRA, GLUCOCARD VITAL SENSOR, FREESTYLE LITE TEST STRIP, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, FREESTYLE INSULINX TEST STRIPS, FREESTYLE TEST STRIPS	ONETOUCH ULTRA TEST STRIP, ONETOUCH VERIO TEST STRIP, TRUETRACK TEST STRIP, TRUE METRIX GLUCOSE TEST STRIP
BETA-ADRENERGIC BLOCKING AGENTS	TENORMIN	HEMANGEOL, METOPROLOL TARTRATE, METOPROLOL SUCCINATE
BETA-ADRENERGIC AND GLUCOCORTICOID COMBINATIONS	FLUTICASONE-VILANTEROL, SYMBICORT, AIRDUO DIGIHALER, AIRDUO RESPICLIK	BUDESONIDE-FORMOTEROL FUMARATE, FLUTICASONE-SALMETEROL, BREO ELLIPTA, DULERA, FLUTICASONE-SALMETEROL HFA, ADVAIR HFA, AIRSUPRA
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBINATIONS	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR	COMBIVENT RESPIMAT, STIOLTO RESPIMAT, ANORO ELLIPTA

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING	XOPENEX HFA	ALBUTEROL SULFATE HFA, PROAIR DIGIHALER, LEVALBUTEROL TARTRATE HFA, VENTOLIN HFA, PROAIR RESPICLICK, ALBUTEROL SULFATE
ANTIVIRALS, GENERAL	XOFLUZA	VALACYCLOVIR
ANTI-ULCER-H.PYLORI AGENTS	VOQUEZNA TRIPLE PAK, VOQUEZNA DUAL PAK	OMECLAMOX-PAK, PYLERA, TALICIA
ANTIPSYCHOTICS, ATYPICAL, DO PAMINE, & SEROTONIN ANTAG	FANAPT, INVEGA SUSTENNA, INVEGA TRINZA, INVEGA HAFYERA, ZYPREXA RELPREVV, RISPERDAL CONSTA, CAPLYTA, LYBALVI, QUETIAPINE FUMARATE (150MG), LATUDA	SECUADO, PERSERIS, UZEDY, RYKINDO, QUETIAPINE FUMARATE (OTHER STRENGTHS)
ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	ABILIFY MYCITE	ABILIFY MAINTENA, ARISTADA, ABILIFY ASIMTUFI, ARISTADA INITIO, REXULTI
ANTIPSORIATICS AGENTS	VECTICAL, DUOBRII, SORILUX, ZORYVE, VTAMA	TAZORAC
ANTIPARKINSONISM DRUGS, OTHER	RYTARY, ONGENTYS, INBRIJA, XADAGO, NOURIANZ, DHIVY	KYNMOBI, NEUPRO
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	ALUNBRIG, NINLARO, EXKIVITY, VERZENIO, RUBRACA, NEXAVAR, VIZIMPRO, JAYPIRCA	ZEJULA, VITRAKVI, IMBRUVICA, LENVIMA, IBRANCE, TALZENNA, TASIGNA, ALECENSA, AUGTYRO, GAVRETO, BRUKINSA, XALKORI, COMETRIQ, ROZLYTREK, CALQUENCE, KISQALI, TAGRISSO, SPRYCEL, BOSULIF, LOBRENDA, PIQRAY, SCEMBLIX, CABOMETYX, STIVARGA, INLYTA, LYNPARZA
ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST, PITUIT. SUPPRS	ORGOVYX	FIRMAGON
ANTINEOPLASTIC LHRH(GNRH) AGONIST, PITUITARY SUPPR.	CAMCEVI, TRELSTAR	ELIGARD, LEUPROLIDE DEPOT, LUPRON DEPOT
ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS	MEKTOVI	MEKINIST, COTELLIC
ANTINEOPLASTIC - BRAF KINASE INHIBITORS	BRAFTOVI	TAFINLAR, ZELBORAF
ANTINEOPLAST EGF RECEPTOR BLOCKER RCMB MC ANTIBODY	ONTRUZANT, OGIVRI	TRAZIMERA, PHESGO, KANJINTI
ANTI-NARCOLEPSY & ANTI-CATAPLEXY, SEDATIVE-TYPE AGT	XYREM, XYWAV	SODIUM OXYBATE (HIKMA), LUMRYZ
ANTIMIGRAINE PREPARATIONS	ZAVZPRET, TOSYMRA, ONZETRA XSAIL, CAMBIA, ZEMBRACE, RELPAX	ZOMIG, ELYXYB, AJOVY, AIMOVIG, EMGALITY, RIZATRIPTAN, SUMATRIPTAN, NURTEC ODT, REVVOW, UBRELVY, QULIPTA
ANTIMALARIAL DRUGS	ARAKODA, DARAPRIM	HYDROXYCHLOROQUINE SULFATE
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	SYNOJOYNT, VISCO-3, ORTHOVISC, GENVISC 850, GEL-ONE, TRIVISC, SYNVISIC, HYALGAN, MONOVISC, SYNVISIC-ONE, TRILURON, HYMOVIS	SUPARTZ FX, GELSYN-3, EUFLEXXA, DUROLANE
ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST	EDARBI	LOSARTAN POTASSIUM
ANTIHYPERTENSIVES, ACE INHIBITORS	ZESTRIL	LISINAPRIL
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	ATORVALIQ, CRESTOR, ZYPITAMAG, LIVALO	ATORVASTATIN, ROSUVASTATIN, SIMVASTATIN
ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR & BIGUANIDE COMB	INVOKAMET, INVOKAMET XR, SEGLUROMET, DAPAGLIFLOZIN-METFORMIN ER	XIGDUO XR, SYNJARDY, SYNJARDY XR
ANTIHYPERGLYCEMIC, BIGUANIDE TYPE (NON-SULFONYLUREA)	METFORMIN HCL (625 MG TAB)	METFORMIN HCL (1000 MG TAB), METFORMIN HCL ER, METFORMIN HCL (500 MG TAB)
ANTIHYPERGLYCEMIC, SGLT-2 & DPP-4 INHIBITOR COMB.	QTERN	GLYXAMBI, STEGLUJAN
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	SITAGLIPTIN, TRADJENTA, ALOGLIPTIN, ZITUVIO, NESINA	JANUVIA
ANTIHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2)INHIB	INPEFA, STEGLATRO, DAPAGLIFLOZIN, BRENZAVVY, INVOKANA	JARDIANCE, FARXIGA

Cost for covered alternatives may vary.

Drug Class	Non-Preferred/Excluded Medications	Preferred Alternative Medications
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	VICTOZA 2-PAK, VICTOZA 3-PAK, LIRAGLUTIDE	BYDUREON BCISE, TRULICITY, OZEMPIC, BYETTA, RYBELSUS
ANTIHYPERGLY, (DPP-4) INHIBITOR & BIGUANIDE COMB.	JENTADUETO, JENTADUETO XR, ALOGLIPTIN-METFORMIN, KAZANO, SITAGLIPTIN-METFORMIN	JANUMET XR, JANUMET
ANTIHEMOPHILIC FACTORS	XYNTHA SOLOFUSE, XYNTHA, RECOMBINATE, NUWIQ	AFSTYLA, KOGENATE FS, KOVALTRY, JIVI, NOVOEIGHT, ALTUVIIIO, ADVATE, ADYNOVATE, ELOCTATE, ESPEROCT, SEVENFACT
ANTIFUNGAL AGENTS	TOLSURA, VIVJOA	FLUCONAZOLE
ANTIEMETIC/ANTIVERTIGO AGENTS	EMEND, ONDANSETRON ODT (16 MG TAB), BONJESTA, ANZEMET	SANCUSO, ONDANSETRON HCL, ONDANSETRON ODT (4 MG TAB), ONDANSETRON ODT (8 MG TAB), VARUBI, DICLEGIS
ANTICONVULSANTS	XCOPRI, BRIVIACT, LYRICA, SPRITAM, FYCOMPA, DILANTIN-125, DILANTIN, TOPIRAMATE ER (CAP), MOTPOLY XR, OXTELLAR XR, ELEPSIA XR, QUDEXY XR, APTIOM	TROKENDI XR, GABAPENTIN, LAMOTRIGINE, TOPIRAMATE, TOPIRAMATE ER (SPRINKLES)
ANTICONVULSANT - BENZODIAZEPINE TYPE	SYMPAZAN, VALTOCO	NAYZILAM, CLONAZEPAM
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	TUDORZA PRESSAIR	SPIRIVA RESPIMAT, INCRUSE ELLIPTA, YUPELRI, SPIRIVA HANDIHALER
ANTI-CD20 (B LYMPHOCYTE) MONOCLONAL ANTIBODY	RIABNI	RUXIENCE
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	OTREXUP	RASUVO
ANTI-ANXIETY - BENZODIAZEPINES	LOREEV XR	ALPRAZOLAM, LORAZEPAM
ANTIANDROGENIC AGENTS	NUBEQA, YONSA	XTANDI, ERLEADA
ANOREXIC AGENTS	QSYMIA	PHENTERMINE HCL
ANGIOTENSIN RECEPTOR ANTAG./THIAZIDE DIURETIC COMB	EDARBYCLOR	LOSARTAN-HYDROCHLOROTHIAZIDE
ANDROGENIC AGENTS	XYOSTED, TLANDO, JATENZO, KYZATREX	NATESTO, ANDRODERM, TESTOSTERONE CYPIONATE
ANALGESICS,NARCOTICS	XTAMPZA ER, HYSINGLA ER, NUCYNTE ER, NUCYNTE, OXYCODONE HCL ER, OXAYDO, ROXYBOND	BELBUCA, OXYCODONE HCL, TRAMADOL HCL, OXYCONTIN
ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	LIKMEZ	METRONIDAZOLE
AMMONIA INHIBITORS	OLPRUVA	PHEBURANE, CARBAGLU
AGENTS TO TREAT MULTIPLE SCLEROSIS	MAYZENT, PONVORY, COPAXONE, BRIUMVI, BAFIERTAM, GILENYA, MAVENCLAD, TASCENSO ODT	BETASERON, KESIMPTA PEN, REBIF REBIDOSE, PLEGRIDY PEN, AVONEX PEN, REBIF, PLEGRIDY, GLATOPA, AVONEX, OCREVUS, VUMERITY
ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	XELSTRYM, EVEKEO ODT, ADZENYS XR-ODT	DYANAVAL XR, DEXTROAMPHETAMINE-AMPHET ER, DEXTROAMPHETAMINE-AMPHETAMINE
ACNE AGENTS, TOPICAL	ACZONE, EPIDUO FORTE, VELTIN, TWYNEO	ONEXTON
ACNE AGENTS, SYSTEMIC	ABSORICA LD, ISOTRETINOIN	ABSORICA
ACE INHIBITOR/THIAZIDE & THIAZIDE-LIKE DIURETIC	ZESTORETIC	LISINAPRIL-HYDROCHLOROTHIAZIDE

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2025 THROUGH JUNE 30, 2025. THIS LIST IS SUBJECT TO CHANGE. Page 10 of 11

Indication Based Management

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

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

¹Requires step through ONE Preferred Biologic

²Requires step through TWO Preferred Biologics

³Excluded or Requires step through THREE Preferred Biologics

Cost for covered alternatives may vary.