



**WE CAN HELP YOU
UNDERSTAND
PRESCRIPTION COSTS**

fepblue.org



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

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

YOUR PHARMACY BENEFIT

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

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

GENERAL QUESTIONS

If you have any questions about your benefits, please:

- See the Blue Cross and Blue Shield Service Benefit Plan brochures (RI 71-005 or RI 71-017)
- Visit www.fepblue.org
- Call Customer Care any time toll-free at **1-800-624-5060**

NEW FOR 2023

- Expanded Standard Option excluded drug list. See p. 42
- Expanded Basic Option “Managed Not Covered” drug list. See p. 52

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UNDERSTANDING THE FORMULARY

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

FORMULARY

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

See p. 4

NON-COVERED DRUGS

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

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

See p. 42–51

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

See p. 52–66

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

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

QUANTITY LIMITS (QL)

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

PRIOR APPROVAL (PA)

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

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

FACTS TO KNOW ABOUT PRIOR APPROVAL

- You will need to renew your prior approval periodically.

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



HELP WITH PRIOR APPROVAL

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

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

Your doctor can submit requests for prior approval by:

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

HOW TIERS RELATE TO COSTS

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

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

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

HOW WE ASSIGN PRESCRIPTION DRUGS TO TIERS

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

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

The PMPC meets every quarter to review new drugs and other changes to the formulary. Based on that review, we may change drug tiers or add or remove them from the formulary. Check the formulary often to be aware of any changes.



To see your 2023 cost share for a prescription drug:

- Prior to January 1, 2023, visit fepblue.org/whatsnew
- After January 1, 2023, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

COST SHARE TIERS

S STANDARD OPTION COST SHARE TIERS

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

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

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

Standard Option: Specialty Drugs

Cost Share Based on Where You Fill Your Prescription

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	■ \$65 for up to a 30-day supply ■ \$185 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill	■ 30% of our allowance ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy	■ 45% of the average wholesale price plus any difference between our allowance and the billed amount ■ When you buy specialty drugs at a Non-preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	■ \$85 for up to a 30-day supply ■ \$240 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill		



To see 2023 Standard Option with Medicare Part B primary cost shares:

- Prior to January 1, 2023, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2023, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

B BASIC OPTION COST SHARE TIERS

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

Basic Option: Generic and Brand Name Drugs Cost Share Based on Where You Fill Your Prescription*		
TIER	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY & MAIL SERVICE PHARMACY
Tier 1: Generic Drugs	■ \$15 for up to a 30-day supply ■ \$40 for a 31 to 90-day supply	■ Not covered*
Tier 2: Preferred Brand Name Drugs	■ \$60 for up to a 30-day supply ■ \$180 for a 31 to 90-day supply	
Tier 3: Non-preferred Brand Name Drugs	■ 60% of our allowance with a \$90 minimum for up to a 30-day supply and \$250 minimum for a 31 to 90-day supply	

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

Basic Option: Specialty Drugs

Cost Share Based on Where You Fill Your Prescription*

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	■ \$85 for up to a 30-day supply ■ \$235 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill	■ \$85 for up to a 30-day supply only ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	■ \$110 for up to a 30-day supply ■ \$300 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill	■ \$110 for up to a 30-day supply only ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy

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



To see 2023 Basic Option with Medicare Part B primary cost shares:

- Prior to January 1, 2023, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2023, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

COST SHARE TIERS



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FEP BLUE FOCUS COST SHARE TIERS

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

FEP Blue Focus Cost Share Based on Where You Fill Your Prescription	
TIER	PREFERRED RETAIL PHARMACY AND SPECIALTY PHARMACY
Tier 1: Preferred Generic Drugs	■ \$5 for up to a 30-day supply ■ \$15 for a 31 to 90-day supply
Tier 2: Preferred Brand Name Drugs and Preferred Specialty Drugs	■ 40% of our allowance up to \$350 for up to a 30-day supply ■ 40% of our allowance up to \$1,050 for a 31 to 90-day supply ■ You are limited to a 30-day supply for each specialty drug prescription



To see 2023 FEP Blue Focus cost shares:

- Prior to January 1, 2023, visit fepblue.org/whatsnew
- After January 1, 2023, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

HOW TO USE THE ABBREVIATED FORMULARY

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

1. Find the tier related to your drug. The charts are organized:

- By drug category for Non-specialty drugs by condition

See p. 14–23

- Alphabetically, including specialty for all drugs

See p. 24–40

2. See if there are any limitations for your drug.

3. Review the cost share charts to find your copay or coinsurance. See p. 6–11

4. If your drug is in Tiers 2, 3 or 5, ask your doctor if there is a generic drug to treat your condition. If there is not a generic drug, ask your doctor to prescribe a Preferred brand name drug.



PROGRAM OPTIONS

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



To see the 2023 full formularies:

- Prior to January 1, 2023, visit fepblue.org/whatsnew
- After January 1, 2023, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)

PROGRAM LEGEND

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

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

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

ABBREVIATED FORMULARY

(NON-SPECIALTY BY CONDITION)

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

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ALLERGY/COUGH & COLD			
azelastine	1	1	1
BECONASE AQ	3	NC	NC
benzonatate	1	1	1
CLARINEX	3	NC	NC
CLARINEX-D	3	NC	NC
desloratadine	1	NC	NC
flunisolide spray	1	1	1
fluticasone spray	1	1	1
levocetirizine	1	NC	NC
promethazine/codeine ‡	1	1	1
VERAMYST	2	NC	NC
ANTI-INFECTIVES/ANTIBIOTICS/ANTIFUNGAL/ANTIVIRAL			
amoxicillin	1	1	1
amoxicillin/ clavulanate potassium	1	1	1
azithromycin	1	1	1
cephalexin	1	1	1
ciprofloxacin	1	1	1
clotrimazole/ betamethasone	1	1	1
ERTACZO ◇	3	NC	NC
EXELDERM ◇	3	3	NC
fluconazole	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
JUBLIA ◇	3	NC	NC
KERYDIN*◇	3	NC	NC
ketoconazole tabs ◇	1	1	1
levofloxacin	1	1	1
LOPROX ‡	3	NC	NC
LUZU ◇	3	NC	NC
MENTAX	3	NC	NC
naftifine ‡	1	1	1
oseltamivir phosphate ‡	1	1	1
OXISTAT ◇	3	NC	NC
sulfamethoxazole/ trimethoprim	1	1	1
TAMIFLU CAPS ‡	3	3	NC
tavaborole sol 5% * ◇	1	1	1
valacyclovir	1	1	1
VALTREX	3	3	NC
VUSION ‡ *	3	NC	NC
XOFLUZA ‡	3	3	2
ZOVIRAX	3	3	NC
ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS			
anastrozole	1	1	1
ASTAGRAF XL	2	2	2
azathioprine	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
CELLCEPT	3	3	NC
cyclosporine	1	1	1
letrozole	1	1	1
megestrol acetate	1	1	1
mycophenolate mofetil	1	1	1
MYFORTIC	3	3	NC
NEORAL	3	3	NC
NILANDRON ◊	3	3	NC
PROGRAF	3	3	NC
RAPAMUNE	3	3	NC
sirolimus	1	1	1
tacrolimus	1	1	1
tamoxifen citrate	1	1	1
ANTIOBESITY			
phentermine tabs/caps ◊	1	1	1
QSYMIA ◊	2	2	2
SAXENDA ◊	2	2	2
WEGOVY ◊	2	2	2
ANTIVIRAL/HIV			
abacavir	1	1	1
abacavir/ lamivudine/ zidovudine	1	1	1
APTIVUS	2	2	2
BIKTARVY	2	2	2
COMBIVIR	3	3	NC
DESCOVY	2	2	2

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
DOVATO	2	2	2
EDURANT	2	2	2
efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1
emtricitabine/tenofovir disoproxil fumarate	1	1	1
EPIVIR	3	3	NC
EPZICOM	3	3	NC
etravirine	1	1	1
GENVOYA	2	2	2
ISENTRESS	2	2	2
lamivudine	1	1	1
lamivudine/zidovudine	1	1	1
nevirapine ext-rel	1	1	1
PREZISTA	2	2	2
RETROVIR	3	3	NC
REYATAZ	3	3	NC
stavudine	1	1	1
STRIBILD	2	2	2
SUSTIVA	3	3	NC
TRIUMEQ	2	2	2
TRIZIVIR	3	3	NC
TRUVADA	3	3	NC
VIRACEPT	2	2	2
ZIAGEN	3	3	NC
zidovudine	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ASTHMA/COPD			
ALVESCO	3	NC	NC
ACCOLATE	3	3	NC
ADVAIR DISKUS	3	3	NC
ADVAIR HFA	2	2	2
albuterol sulfate tablet/ solution	1	1	1
albuterol sulfate, CFC-free aerosol	1	1	1
ANORO ELLIPTA	2	2	2
arformeterol soln	1	1	1
ARNUITY ELLIPTA	2	2	2
ATROVENT HFA	2	3	NC
BREO ELLIPTA	2	2	2
BROVANA	3	3	NC
budesonide/formoterol	1	1	1
COMBIVENT RESPIMAT	3	3	NC
DULERA	2	2	2
FLOVENT HFA	2	2	2
fluticasone/salmeterol diskus	1	1	1
FORADIL	3	3	NC
formeterol inhalation soln	1	1	1
INCRUSE ELLIPTA	3	NC	NC
montelukast sodium	1	1	1
PERFOROMIST	3	3	NC
PROAIR HFA	3	3	NC
PROVENTIL HFA	3	NC	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
QVAR/REDIHALER	2	2	2
SINGULAIR	3	3	NC
SPIRIVA/RESPIMAT	2	2	2
STIOLTO RESPIMAT	2	2	2
STRIVERDI RESPIMAT	3	3	NC
SYMBICORT	3	3	NC
TRELEGY ELLIPTA	2	2	2
TUDORZA PRESSAIR	3	NC	NC
VENTOLIN HFA	3	NC	NC
XOPENEX HFA	3	NC	NC
XOPENEX/ CONCENTRATE	3	3	NC
zafirlukast	1	1	1
CARDIOVASCULAR DRUGS: HIGH BLOOD PRESSURE			
amlodipine besylate/ benazepril hydrochloride	1	1	1
ATACAND/HCT	3	NC	NC
atenolol	1	1	1
AVALIDE	3	NC	NC
AVAPRO	3	NC	NC
AZOR	3	3	NC
BENICAR/HCTZ	3	3	NC
BREVIBLOC	3	3	NC
BYSTOLIC	3	NC	NC
candesartan/hctz	1	1	1
carvedilol	1	1	1
clonidine	1	1	1
COZAAR	3	NC	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
diltiazem er	1	1	1
DIOVAN/HCT	3	NC	NC
doxazosin mesylate	1	1	1
EDARBI	3	NC	NC
EDARBYCLOR	3	NC	NC
enalapril maleate	1	1	1
EXFORGE/HCTZ	3	3	NC
furosemide	1	1	1
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
HYZAAR	3	NC	NC
irbesartan/hctz	1	1	1
lisinopril/hctz	1	1	1
losartan/hctz	1	1	1
metoprolol succinate/ tartrate	1	1	1
MICARDIS/HCT	3	NC	NC
nebivolol	1	1	1
propranolol	1	1	1
ramipril	1	1	1
spironolactone	1	1	1
telmisartan/hctz	1	1	1
triamterene/hctz	1	1	1
valsartan/hctz	1	1	1
verapamil/er	1	1	1
CARDIOVASCULAR DRUGS: HIGH CHOLESTEROL			
amlodipine/atorvastatin	1	1	1
atorvastatin calcium	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
CADUET	3	NC	NC
CRESTOR	3	NC	NC
ezetimibe	1	1	1
fenofibrate	1	1	1
fenofibric acid	1	1	1
gemfibrozil	1	1	1
icosapent ethyl caps	1	1	1
LESCOL XL	3	NC	NC
LIPITOR	3	NC	NC
LIVALO	3	NC	NC
lovastatin	1	1	1
LOVAZA	3	3	NC
niacin er	1	1	1
omega-3 acid ethyl esters	1	1	1
pravastatin sodium	1	1	1
rosuvastatin	1	1	1
simvastatin	1	1	1
VYTORIN	3	NC	NC
WELCHOL	3	3	NC
ZETIA	3	3	NC
ZOCOR	3	NC	NC
CARDIOVASCULAR DRUGS: OTHER			
AGGRASTAT	3	3	NC
BRILINTA	3	3	NC
clopidogrel	1	1	1
digoxin	1	1	1
EFFIENT	3	3	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
ELIQUIS	2	2	2
enoxaparin sodium	1	1	1
ENTRESTO	3	3	2
isosorbide mononitrate er	1	1	1
NEXLETOL ◇	3	3	NC
NEXLIZET ◇	3	3	NC
NITROSTAT	3	3	NC
PLAVIX	3	3	NC
PRALUENT ◇	3	NC	NC
REPATHA ◇	2	2	2
warfarin	1	1	1
XARELTO	2	2	2
CENTRAL NERVOUS SYSTEM: ANXIETY AND DEPRESSION			
alprazolam	1	1	1
amitriptyline	1	1	1
bupropion/xl	1	1	1
citalopram tabs	1	1	1
CYMBALTA	3	3	NC
diazepam	1	1	1
duloxetine ER	1	1	1
EFFEXOR XR	3	3	NC
escitalopram oxalate	1	1	1
fluoxetine	1	1	1
LEXAPRO	3	3	NC
lorazepam	1	1	1
paroxetine	1	1	1
PRISTIQ	3	3	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
sertraline tabs	1	1	1
trazodone	1	1	1
TRINTELLIX	3	3	NC
venlafaxine hcl/er	1	1	1
VIIBRYD	3	3	NC
vilazodone	1	1	1
WELLBUTRIN XL	3	3	NC
CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT DISORDER			
amphetamine salt combo ◇	1	1	1
DAYTRANA ◇	3	3	NC
dextro-amphetamine/ amphetamine salts ◇	1	1	1
FOCALIN XR ◇	3	3	NC
INTUNIV	3	3	NC
JORNAY PM ◇	3	3	NC
METHYLIN ◇	3	3	NC
methylphenidate/er ◇ (except methylphenidate tabs ER osmotic release 72mg)	1	1	1
MYDAYIS ◇	2	2	2
STRATTERA	3	3	NC
VYVANSE ◇	2	2	2
CENTRAL NERVOUS SYSTEM: MIGRAINE			
AIMOVIG ◇	2	2	2
EMGALITY ◇	2	2	2
NURTEC ODT ◇	3	3	NC
RELPAK ‡	3	3	NC

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

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
EMBEDA ‡	2	2	NC
fentanyl patch ‡	1	1	1
hydrocodone/ acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
MORPHABOND ‡	3	3	NC
OXYCONTIN ‡	3	NC	NC
SUBOXONE FILM ‡	3	3	NC
tramadol (except 100mg tabs)/er ‡	1	1	1
ZUBSOLV ‡	2	2	2
CENTRAL NERVOUS SYSTEM: SEIZURE DISORDERS			
clonazepam	1	1	1
gabapentin ‡	1	1	1
lamotrigine	1	1	1
levetiracetam	1	1	1
LYRICA ‡	3	NC	NC
pregabalin ‡	1	1	1
topiramate	1	1	1
CENTRAL NERVOUS SYSTEM: SLEEP AGENTS			
AMBIEN/CR ‡	3	NC	NC
EDLUAR ‡	3	NC	NC
eszopiclone ‡	1	1	1
LUNESTA ‡	3	NC	NC
ramelteon ‡	1	1	1
ROZEREM ‡	3	NC	NC
temazepam ‡	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
zaleplon ‡	1	1	1
zolpidem/ER ‡	1	1	1
CONTRACEPTIVES: OTHER**			
ANNOVERA	3	3	NC
etonogestrel/ EE vaginal ring	1	1	1
NUVARING	3	3	NC
PARAGARD T 380A	2	2	2
DERMATOLOGY			
betamethasone ‡	1	1	1
CARAC	3	NC	NC
ciclopirox ‡	1	1	1
clindamycin phosphate ‡	1	1	1
clobetasol propionate ‡	1	1	1
CLOBEX ‡	3	3	NC
doxepin crm ‡	1	1	1
EPIDUO/FORTE ◊	3	3	NC
ERYGEL ‡	3	3	NC
fluorouracil cream 0.5%	1	NC	NC
lidocaine topical ‡	1	1	1
methylprednisolone	1	1	1
mupirocin ‡	1	1	1
NORITATE ◊	3	NC	NC
ORACEA	3	3	NC
TAZORAC ◊	3	3	NC
tretinoin ◊	1	1	1
DIABETES: BLOOD GLUCOSE MONITORING			
ACCU CHEK TEST STRIPS ‡	2	2	2

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
DEXCOM CGM SYSTEM ◊	3	3	NC
FREESTYLE LIBRE/2/3 CGM SYSTEM ◊	2	2	2
ONETOUCH TEST STRIPS ‡	2	2	2
DIABETES: DRUGS			
AFREZZA ◊	3	3	NC
BAQSIMI	2	2	2
FARXIGA \$	2	2	2
glimepiride	1	1	1
glipizide/er/xl	1	1	1
GLUCAGEN	2	2	2
glyburide	1	1	1
GVOKE	2	2	2
INVOKANA ◊\$	3	NC	NC
JANUMET	2	2	2
JANUMET XR	2	2	2
JANUVIA	2	2	2
JARDIANCE \$	2	2	2
OZEMPIC	2	2	2
pioglitazone	1	1	1
RYBELSUS	2	2	2
TRULICITY	2	2	2
VICTOZA	2	2	2
DIABETES: INSULIN			
BASAGLAR	2	2	2
FIASP	2	2	2
HUMALOG/MIX/ KWIKPEN	2	NC	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
INSULIN ASPART	2	2	2
INSULIN GLARGINE- YFGN (interchangeable biosimilar)	2	2	2
INSULIN LISPRO	2	NC	NC
LEVEMIR	2	2	2
LYUMJEV/KWIKPEN	3	NC	NC
NOVOLIN	2	2	2
NOVOLOG/MIX/ FLEXPEN	2	2	2
TRESIBA	2	3	NC
DIABETES: MISCELLANEOUS			
OMNIPOD DASH/5G 6 INSULIN INFUSION DISPOSABLE PUMP ◇	3	3	NC
V-GO INSULIN INFUSION DISPOSABLE PUMP ◇	2	2	2
EYE/EAR			
ALPHAGAN P (0.15%)	3	3	NC
ALREX	2	2	2
AZOPT	3	3	NC
brimonidine tartrate	1	1	1
brimonidine/timolol	1	1	1
CEQUA ◇	3	3	NC
CIPRODEX	3	3	NC
COMBIGAN	3	3	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
difluprednate	1	1	1
dorzolamide/timolol maleate	1	1	1
DUREZOL	3	3	NC
latanoprost	1	1	1
LUMIGAN	2	NC	NC
prednisolone acetate	1	1	1
RESTASIS ◇	3	3	NC
RHOPRESSA	2	3	NC
ROCKLATAN	2	3	NC
timolol maleate	1	1	1
TRAVATAN Z	3	3	NC
VIGAMOX	3	3	NC
XIIDRA ◇	2	2	2
ZIOPTAN	3	3	NC
GASTROINTESTINAL DRUGS			
ASACOL HD	3	NC	NC
CREON	2	2	2
DELZICOL	3	NC	NC
DEXILANT ‡	3	NC	NC
dexlansoprazole delayed-rel ‡	1	1	1
dicyclomine	1	1	1
EMEND ‡	3	3	NC
esomeprazole magnesium delayed-rel ‡	1	1	1
famotidine 40mg	1	1	1
lansoprazole ‡	1	1	1
LIALDA	3	3	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
LINZESS ◇	2	2	2
lubiprostone ◇	1	1	1
mesalamine er caps	1	1	1
MOVIPREP	3	3	NC
omeprazole	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC
ondansetron/odt ‡	1	1	1
pantoprazole sodium ‡	1	1	1
PENTASA	2	NC	NC
polyethylene glycol 3350	1	1	1
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
RELISTOR ◇	3	3	2
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
sucralfate	1	1	1
SUPREP BOWEL PREP KIT	3	3	NC
VARUBI ‡	2	2	2
VIOKACE	2	2	2
HORMONE REPLACEMENT			
ANDRODERM ◇	2	2	2
ANDROGEL ◇	3	NC	NC
ESTRACE	3	3	NC
estradiol	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
FORTESTA ◇	3	3	NC
MINIVELLE	3	3	NC
PREFEST	3	3	NC
PREMARIN	2	2	2
PREMPRO	2	2	2
progesterone ◇	1	1	1
STRIANT ◇	3	3	NC
TESTIM ◇	3	NC	NC
testosterone cypionate ◇	1	1	1
testosterone gel ◇	1	1	1
VAGIFEM	3	3	NC
VIVELLE DOT	3	3	NC
VOGELXO ◇	3	NC	NC
INFLAMMATION: CORTICOSTEROIDS			
CORTEF	3	NC	NC
MEDROL	3	NC	NC
ORAPRED ODT	3	NC	NC
prednisone	1	1	1
RAYOS ◇	3	NC	NC
MISCELLANEOUS			
allopurinol	1	1	1
calcitriol	1	1	1
COLCRYS	3	3	NC
epinephrine injection	1	1	1
EPIPEN 2 PAK	3	3	NC
EVISTA	3	3	NC
febuxostat ◇	1	1	1

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
naloxone	1	1	1
NARCAN	3	3	NC
ORAL CONTRACEPTIVES BIPHASIC**			
MIRCETTE	3	3	NC
ORAL CONTRACEPTIVES MONOPHASIC**			
cryselle	1	1	1
LO LOESTRIN FE	2	2	2
zovia	1	1	1
OSTEOPOROSIS/BONE DISEASES			
ACTONEL	3	3	NC
alendronate	1	1	1
ibandronate	1	1	1
risedronate	1	1	1
PSORIASIS			
acitretin	1	1	1
calcipotriene- betamethasone ‡	1	1	1
RHEUMATOLOGY			
ARTHROTEC	3	NC	NC
CELEBREX ‡	3	3	NC
celecoxib ‡	1	1	1
diclofenac tablets	1	1	1
FELDENE	3	NC	NC
ibuprofen	1	1	1
meloxicam tabs	1	1	1
methotrexate inj	1	1	1
NAPROSYN	3	NC	NC
OTREXUP ◊	3	3	NC

CONDITION/DRUG	SO TIER	BO TIER	BF TIER
RASUVO ◊	3	3	NC
THYROID MEDICATIONS			
ARMOUR THYROID	3	3	NC
levothyroxine	1	1	1
SYNTHROID	2	2	2
UROLOGIC DISORDERS			
AVODART	3	3	NC
fesoterodine er	1	1	1
finasteride	1	1	1
GELNIQUE	3	NC	NC
JALYN	3	NC	NC
MYRBETRIQ	2	2	NC
oxybutynin/er	1	1	1
phenazopyridine	1	1	1
RAPAFLO	3	3	NC
silodosin	1	1	1
solifenacin	1	1	1
tamsulosin	1	1	1
tolterodine/ER	1	1	1
TOVIAZ	3	3	NC
trospium/er	1	1	1

ABBREVIATED FORMULARY

(ALPHABETIC INCLUDING SPECIALTY)

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

NAME	SO TIER	BO TIER	BF TIER
abacavir	1	1	1
abacavir/lamivudine/ zidovudine	1	1	1
ABILIFY	3	3	NC
<i>ABIRATERONE</i> ◇	4	4	2
ABRAXANE	5	5	NC
ACCOLATE	3	3	NC
ACCU CHEK TEST STRIPS†	2	2	2
acitretin	1	1	1
<i>ACTEMRA</i> ◇	4	4	2
<i>ACTHAR</i> ◇	5	5	NC
ACTONEL	3	3	NC
<i>ADBRY</i> ◇	4	4	NC
<i>ADCETRIS</i> ◇	4	4	NC
ADCIRCA ◇	5	NC	NC
<i>ADEFOVIR DIPIVOXIL</i>	4	4	2
<i>ADEMPAS</i> ◇	5	5	2
ADRIAMYCIN	5	5	NC
ADVAIR DISKUS	3	3	NC
ADVAIR HFA	2	2	2
<i>ADVATE</i>	4	4	NC
<i>ADYNOVATE</i>	5	5	NC
AFINITOR ◇	5	NC	NC

NAME	SO TIER	BO TIER	BF TIER
<i>AFINITOR DISPERZ TABS</i> ◇	5	NC	NC
<i>AFREZZA</i> ◇	3	3	NC
<i>AFSTYLA</i>	4	4	NC
AGGRASTAT	3	3	NC
<i>AIMOVI</i> ◇	2	2	2
albuterol sulfate tablet/solution	1	1	1
albuterol sulfate, CFC-free aerosol	1	1	1
<i>ALDURAZYME</i> ◇	4	4	NC
<i>ALECENSA</i> ◇	4	4	2
alendronate	1	1	1
<i>ALKERAN INJ</i>	5	5	NC
<i>ALKERAN TABS</i>	5	5	NC
allopurinol	1	1	1
ALPHAGAN P (0.15%)	3	3	NC
<i>ALPHANATE</i>	4	4	2
<i>ALPHANINE SD</i>	4	4	NC
alprazolam	1	1	1
<i>ALPROLIX</i>	4	4	2
ALREX	2	2	2
<i>ALUNBRIG</i> ◇	4	4	2
ALVESCO	3	NC	NC
AMBIEN/CR ‡	3	NC	NC

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

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

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

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

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

NAME	SO TIER	BO TIER	BF TIER
COSENTYX ◇	5	5	NC
COSMEGEN	5	5	NC
COZAAR	3	NC	NC
CREON	2	2	2
CRESTOR	3	NC	NC
cryselle	1	1	1
CUVITRU ◇	5	5	2
cyclobenzaprine	1	1	1
CYCLOPHOSPHAMIDE	4	4	2
cyclosporine	1	1	1
CYMBALTA	3	3	NC
CYSTADANE	5	5	2
CYSTAGON	4	4	2
CYTARABINE	4	4	2
CYTOGAM	4	4	2
DACARBAZINE	4	4	2
DACOGEN	5	5	NC
DACTINOMYCIN	4	4	2
DALFAMPRIDINE ER ◇	4	4	2
DARZALEX ◇	4	4	NC
DAUNORUBICIN HCL	4	4	2
DAYTRANA ◇	3	3	NC
DECITABINE	4	4	2
DEFERASIROX ◇	4	4	2
DEFEROXAMINE	4	4	2
DELZICOL	3	NC	NC
DESCOVY	2	2	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
DESFERAL	5	5	NC	duloxetine ER	1	1	1
desloratadine	1	NC	NC	DUPIXENT ◇	5	5	NC
DEXCOM CGM SYSTEM ◇	3	3	NC	DUREZOL	3	3	NC
DEXILANT ‡	3	NC	NC	DYSPORT ◇	4	4	2
dexlansoprazole delayed-rel ‡	1	1	1	EDARBI	3	NC	NC
dextro-amphetamine/ amphetamine salts ◇	1	1	1	EDARBYCLOR	3	NC	NC
diazepam	1	1	1	EDLUAR ‡	3	NC	NC
diclofenac tablets	1	1	1	EDURANT	2	2	2
dicyclomine	1	1	1	efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1
difluprednate	1	1	1	EFFEXOR XR	3	3	NC
digoxin	1	1	1	EFFIENT	3	3	NC
diltiazem er	1	1	1	EGRIFTA ◇	4	4	2
DIMETHYL FUMARATE ◇	4	4	2	ELAPRASE ◇	4	4	NC
DIOVAN/HCT	3	NC	NC	ELIGARD ◇	4	4	2
DOCETAXEL	4	4	2	ELIQUIS	2	2	2
DOFETILIDE	4	4	2	ELITEK	4	4	2
donepezil	1	1	1	ELLENCÉ	5	5	NC
DOPTelet ◇	5	5	NC	ELOCTATE	4	4	2
dorzolamide/ timolol maleate	1	1	1	EMBEDA ‡	2	2	NC
DOVATO	2	2	2	EMEND ‡	3	3	NC
doxazosin mesylate	1	1	1	EMGALITY ◇	2	2	2
doxepin crm ‡	1	1	1	EMPLICITI ◇	4	4	NC
DOXIL	5	5	NC	emtricitabine/tenofovir disoproxil fumarate	1	1	1
DOXORUBICIN HCL	4	4	NC	enalapril maleate	1	1	1
DULERA	2	2	2	ENBREL ◇	4	4	2
				enoxaparin sodium	1	1	1

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
ENTECAVIR	4	4	2	etravirine	1	1	1
ENTRESTO	3	3	2	EUFLEXXA ◊	5	5	NC
ENTYVIO ◊	5	5	NC	EVISTA	3	3	NC
EPCLUSA ◊	4	4	2	EXELDERM ◊	3	3	NC
EPIDUO/FORTE ◊	3	3	NC	EXELON	3	3	NC
epinephrine injection	1	1	1	EXFORGE/HCTZ	3	3	NC
EPIPEN 2 PAK	3	3	NC	EXJADE ◊	5	NC	NC
EPIVIR	3	3	NC	EXONDYS 51 ◊	5	5	NC
EPOGEN ◊	5	5	NC	EXTAVIA ◊	5	5	NC
EPZICOM	3	3	NC	EYLEA ◊	4	4	2
EQUETRO	3	3	NC	ezetimibe	1	1	1
ERBITUX ◊	4	4	NC	FABRAZYME ◊	4	4	2
ERIVEDGE ◊	4	4	2	famotidine 40mg	1	1	1
ERLEADA ◊	4	4	NC	FARXIGA \$	2	2	2
ERLOTINIB ◊	4	4	2	FARYDAK ◊	5	5	2
ERTACZO ◊	3	NC	NC	FASLODEX ◊	5	NC	NC
ERYGEL ‡	3	3	NC	febuxostat ◊	1	1	1
escitalopram oxalate	1	1	1	FEIBA	4	4	NC
esomeprazole magnesium delayed-rel ‡	1	1	1	FELDENE	3	NC	NC
ESTRACE	3	3	NC	fenofibrate	1	1	1
estradiol	1	1	1	fenofibric acid	1	1	1
eszopiclone ‡	1	1	1	fentanyl patch ‡	1	1	1
ETHYOL	5	5	NC	fesoterodine er	1	1	1
etonogestrel/ EE vaginal ring	1	1	1	FIASP/FLEXTOUCH	2	2	2
ETOPOPHOS	4	4	NC	finasteride	1	1	1
ETOPOSIDE	4	4	2	FIRAZYR ◊	5	NC	NC
				FIRMAGON ◊	4	4	2
				FLOVENT HFA	2	2	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

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

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

NAME	SO TIER	BO TIER	BF TIER
ICLUSIG ◇	4	4	2
icosapent ethyl caps	1	1	1
IDAMYCIN PFS	5	5	NC
IDARUBICIN HCL	4	4	2
IDELVION	4	4	NC
IFEX	5	5	NC
IFOSFAMIDE	4	4	2
ILARIS ◇	4	4	2
IMATINIB ◇	4	4	2
IMBRUVICA ◇	4	4	2
INCRELEX ◇	4	4	2
INCRUSE ELLIPTA	3	NC	NC
INLYTA ◇	4	4	2
INSULIN ASPART	2	2	2
INSULIN GLARGINE- YFGN (interchangeable biosimilar)	2	2	2
INSULIN LISPRO	2	NC	NC
INTRON-A ◇	4	4	2
INTUNIV	3	3	NC
INVOKANA ◇\$	3	NC	NC
irbesartan/hctz	1	1	1
IRESSA ◇	5	5	2
IRINOTECAN	4	4	2
ISENTRESS	2	2	2
isosorbide mononitrate er	1	1	1
ISTODAX ◇	5	5	NC
IXEMPRA	4	4	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

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

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

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

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER
NAGLAZYME ◇	4	4	NC
naloxone	1	1	1
NAMENDA TABS	3	3	NC
NAPROSYN	3	NC	NC
NARCAN	3	3	NC
nebivolol	1	1	1
NELARABINE	4	4	2
NEORAL	3	3	NC
NEULASTA ◇	5	NC	NC
NEUPOGEN ◇	5	NC	NC
NEUPRO	2	2	2
nevirapine ext-rel	1	1	1
NEXAVAR ◇	5	5	NC
niacin er	1	1	1
NILANDRON ◇	3	3	NC
NIPENT	4	4	2
NITROSTAT	3	3	NC
NORDITROPIN ◇	4	4	2
NORITATE ◇	3	NC	NC
NORTHERA ◇	5	NC	NC
NOVAREL ◇	4	4	2
NOVOLIN	2	2	2
NOVOLOG/MIX/ FLEXPEN	2	2	2
NOVOSEVEN RT	4	4	2
NPLATE ◇	4	4	2
NUBEQA ◇	4	4	NC
NUCALA ◇	5	5	NC

NAME	SO TIER	BO TIER	BF TIER
NULOJIX	4	4	NC
NURTEC ODT ◇	3	3	NC
NUTROPIN AQ ◇	5	NC	NC
NUVARING	3	3	NC
NUVIQ	4	4	NC
OCALIVA ◇	5	5	2
OCTAGAM ◇	4	4	NC
OFEV ◇	4	4	2
OLUMIANT ◇	5	5	NC
omega-3 acid ethyl esters	1	1	1
omeprazole	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC
OMNIPOD DASH/5G 6 INSULIN INFUSION DISPOSABLE PUMP ◇	3	3	NC
OMNITROPE ◇	5	NC	NC
ondansetron/odt ‡	1	1	1
ONETOUCH TEST STRIPS ‡	2	2	2
ONIVYDE ◇	5	5	NC
ONTRUZANT ◇	4	4	2
OPDIVO ◇	4	4	2
OPSUMIT ◇	4	4	2
ORACEA	3	3	NC
ORALAIR ◇	5	5	2
ORAPRED ODT	3	NC	NC
ORENCIA ◇	5	5	NC
ORENITRAM ◇	4	4	2

NAME	SO TIER	BO TIER	BF TIER
ORKAMBI ◊	4	4	2
ORTHOVISC ◊	5	5	NC
oseltamivir phosphate ‡	1	1	1
OTEZLA ◊	4	4	2
OTREXUP ◊	3	3	NC
OVIDREL ◊	4	4	2
OXALIPLATIN	4	4	2
OXISTAT ◊	3	NC	NC
oxybutynin/er	1	1	1
OXYCONTIN ‡	3	NC	NC
OZEMPIC	2	2	2
PACLITAXEL	4	4	2
PALYNZIQ ◊	5	5	NC
PAMIDRONATE	4	4	2
pantoprazole sodium ‡	1	1	1
PARAGARD T 380A	2	2	2
paroxetine	1	1	1
PEGASYS ◊	4	4	2
PENTASA	2	NC	NC
PERFOROMIST	3	3	NC
PERJETA ◊	4	4	2
phenazopyridine	1	1	1
phentermine tabs/caps ◊	1	1	1
pioglitazone	1	1	1
PIRFENIDONE TABS ◊	4	4	2
PLAVIX	3	3	NC
PLEGRIDY/PEN ◊	4	4	2
polyethylene glycol 3350	1	1	1

NAME	SO TIER	BO TIER	BF TIER
POMALYST ◊	5	5	2
PRALUENT ◊	3	NC	NC
pramipexole dihydrochloride	1	1	1
pravastatin sodium	1	1	1
prednisolone acetate	1	1	1
prednisone	1	1	1
PREFEST	3	3	NC
pregabalin ‡	1	1	1
PREGNYL ◊	4	4	2
PREMARIN	2	2	2
PREMPRO	2	2	2
PREVYMIS ◊	4	4	2
PREZISTA	2	2	2
PRISTIQ	3	3	NC
PRIVIGEN ◊	4	4	NC
PROAIR HFA	3	3	NC
PROCRT ◊	5	NC	NC
PROFILNINE	4	4	NC
progesterone ◊	1	1	1
PROGRAF	3	3	NC
PROLASTIN-C ◊	4	4	2
PROLEUKIN	4	4	2
PROLIA ◊	4	4	2
PROMACTA ◊	4	4	2
promethazine/codeine ‡	1	1	1
propranolol	1	1	1
PROVENTIL HFA	3	NC	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER	NAME	SO TIER	BO TIER	BF TIER
PULMOZYME ◇	4	4	2	RHOGAM PLUS	4	4	2
QSYMIA ◇	2	2	2	RHOPHYLAC	4	4	NC
quetiapine fumarate	1	1	1	RHOPRESSA	2	3	NC
QVAR/REDIHALER	2	2	2	RIASTAP	4	4	NC
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1	RIBAVIRIN ◇	4	4	2
ramelteon ‡	1	1	1	RINVOQ ER ◇	4	4	NC
ramipril	1	1	1	risedronate	1	1	1
RAPAFLO	3	3	NC	risperidone	1	1	1
RAPAMUNE	3	3	NC	RITUXAN ◇	5	5	NC
RASUVO ◇	3	3	NC	RIXUBIS	4	4	2
RAVICTI ◇	4	4	2	rizatriptan ‡	1	1	1
RAYOS ◇	3	NC	NC	ROCKLATAN	2	3	NC
REBIF ◇	4	4	2	ROMIDEPSIN ◇	4	4	NC
REBINYN	4	4	NC	ropinirole	1	1	1
RECLAST ◇	5	NC	NC	rosuvastatin	1	1	1
RECOMBINATE	4	4	2	ROZEREM ‡	3	NC	NC
RELISTOR ◇	3	3	2	RUXIENCE ◇	4	4	2
RELPAX ‡	3	3	NC	RYBELSUS	2	2	2
REMODULIN ◇	5	5	NC	SABRIL ◇	5	NC	NC
REPATHA ◇	2	2	2	SAIZEN ◇	5	NC	NC
RESTASIS ◇	3	3	NC	SAMSCA ◇	4	4	NC
RETACRIT ◇	4	4	2	SANDOSTATIN LAR ◇	4	4	2
RETROVIR	3	3	NC	SAPROPTERIN ◇	4	4	2
REVATIO ◇	5	NC	NC	SAVELLA ‡	3	3	NC
REVLIMID ◇	4	4	2	SAXENDA ◇	2	2	2
REYATAZ	3	3	NC	SCSEMBLIX◇	5	5	NC
				SENSIPAR ◇	5	NC	NC
				SEROQUEL XR	3	3	NC

NAME	SO TIER	BO TIER	BF TIER
SEROSTIM ◊	4	4	2
sertraline tabs	1	1	1
SIKLOS ◊	5	5	NC
SILDENAFIL (PAH) ◊	4	4	2
silodosin	1	1	1
simvastatin	1	1	1
SINGULAIR	3	3	NC
sirolimus	1	1	1
SKYLA	4	4	2
SKYRIZI ◊	4	4	NC
SODIUM PHENYLBUTYRATE ◊	4	4	2
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
SOFOSBUVIR/ VELPATASVIR ◊	4	4	2
SOLESTA	4	4	2
solifenacin	1	1	1
SOLIRIS ◊	4	4	NC
SOMATULINE DEPOT ◊	4	4	2
SOMAVERT	4	4	2
SORAFENIB ◊	4	4	2
SOVALDI ◊	4	4	2
SPIRIVA/RESPIMAT	2	2	2
spironolactone	1	1	1
SPRYCEL ◊	4	4	2
stavudine	1	1	1
STELARA ◊	4	4	NC

NAME	SO TIER	BO TIER	BF TIER
STIMATE	4	4	2
STIOLTO RESPIMAT	2	2	2
STIVARGA ◊	4	4	2
STRATTERA	3	3	NC
STRIANT ◊	3	3	NC
STRIBILD	2	2	2
STRIVERDI RESPIMAT	3	3	NC
SUBLOCADE ◊	5	5	2
SUBOXONE FILM ‡	3	3	NC
sucralfate	1	1	1
sulfamethoxazole/ trimethoprim	1	1	1
sumatriptan succinate ‡	1	1	1
SUNITINIB ◊	4	4	2
SUPARTZ FX ◊	4	4	2
SUPPRELIN LA ◊	4	4	2
SUPREP BOWEL PREP KIT	3	3	NC
SUSTIVA	3	3	NC
SUTENT ◊	5	5	NC
SYMBICORT	3	3	NC
SYMDEKO ◊	4	4	2
SYNAGIS ◊	4	4	2
SYNTHROID	2	2	2
SYNVISC ◊	5	5	NC
SYNVISC ONE ◊	5	5	NC
TABRECTA ◊	4	4	2
tacrolimus	1	1	1

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER
<i>TADALAFIL (PAH) ◇</i>	4	4	2
<i>TAFINLAR ◇</i>	4	4	2
TAMIFLU CAPS ‡	3	3	NC
tamoxifen citrate	1	1	1
tamsulosin	1	1	1
TARGRETIN CAPS/GEL ◇	5	NC	NC
<i>TASIGNA ◇</i>	5	5	2
tavaborole sol 5%* ◇	1	1	1
<i>TAVALISSE ◇</i>	5	5	NC
TAZORAC ◇	3	3	NC
telmisartan/hctz	1	1	1
temazepam ‡	1	1	1
TEMODAR ◇	5	NC	NC
<i>TEMOZOLOMIDE</i>	4	4	2
<i>TEPMETKO ◇</i>	5	5	NC
TESTIM ◇	3	NC	NC
testosterone cypionate ◇	1	1	1
testosterone gel ◇	1	1	1
<i>TETRABENAZINE ◇</i>	4	4	2
<i>THALOMID ◇</i>	4	4	2
<i>THIOTEPA</i>	4	4	2
<i>THYROGEN</i>	4	4	2
<i>TICE BCG</i>	4	4	2
TIKOSYN ◇	5	NC	NC
timolol maleate	1	1	1
TOBI	5	5	NC
<i>TOBI PODHALER</i>	4	4	NC

NAME	SO TIER	BO TIER	BF TIER
<i>TOBRAMYCIN INH SOLN</i>	4	4	2
tolterodine/ER	1	1	1
<i>TOLVAPTAN ◇</i>	4	4	2
topiramate	1	1	1
<i>TOPOTECAN</i>	4	4	2
TOTECT	5	5	NC
TOVIAZ	3	3	NC
tramadol (except 100mg tabs)/er ‡	1	1	1
TRAVATAN Z	3	3	NC
trazodone	1	1	1
<i>TREANDA ◇</i>	5	5	NC
TRELEGY ELLIPTA	2	2	2
<i>TRELSTAR ◇</i>	4	4	2
TRESIBA	2	3	NC
tretinoin ◇	1	1	1
<i>TRETEN</i>	4	4	NC
triamterene/hctz	1	1	1
<i>TRIKAFTA ◇</i>	4	4	2
TRINTELLIX	3	3	NC
TRISENOX	5	5	NC
TRIUMEQ	2	2	2
TRIZIVIR	3	3	NC
<i>TROGARZO ◇</i>	4	4	2
tropium/er	1	1	1
TRULICITY	2	2	2
TRUVADA	3	3	NC
<i>TRUXIMA ◇</i>	4	4	2

NAME	SO TIER	BO TIER	BF TIER
TUDORZA PRESSAIR	3	NC	NC
TYKERB ◇	5	NC	NC
TYSABRI ◇	4	4	2
TYVASO/DPI ◇	5	5	NC
TYZEKA	4	4	2
UDENYCA ◇	4	4	2
VAGIFEM	3	3	NC
valacyclovir	1	1	1
valsartan/hctz	1	1	1
VALTREX	3	3	NC
VARIZIG	4	4	2
VARUBI ‡	2	2	2
VECTIBIX ◇	4	4	NC
VELCADE ◇	5	5	NC
VELETRI ◇	5	5	NC
VELLIDY	4	4	2
venlafaxine/er	1	1	1
VENTAVIS ◇	4	4	2
VENTOLIN HFA	3	NC	NC
VERAMYST	2	NC	NC
verapamil/er	1	1	1
VERZENIO ◇	4	5	2
V-GO INSULIN INFUSION DISPOSABLE PUMP ◇	2	2	2
VICTOZA	2	2	2
VIDAZA	5	5	NC
VIGABATRIN ◇	4	4	2
VIGAMOX	3	3	NC

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

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	SO TIER	BO TIER	BF TIER
XENAZINE ◊	5	NC	NC
XEOMIN ◊	4	4	2
XGEVA ◊	4	4	2
XIAFLEX ◊	4	4	2
XIIDRA ◊	2	2	2
XOLAIR ◊	4	4	2
XOPENEX HFA	3	NC	NC
XOPENEX/ CONCENTRATE	3	3	NC
XTANDI ◊	4	4	2
XYNTHA	4	4	NC
XYNTHA SOLOFUSE	4	4	NC
YERVOY ◊	4	4	NC
YONSA ◊	4	4	2
zafirlukast	1	1	1
zaleplon ‡	1	1	1
ZALTRAP ◊	4	4	2
ZANOSAR	4	4	2
ZARXIO ◊	4	4	2
ZELBORAF ◊	4	4	2

NAME	SO TIER	BO TIER	BF TIER
ZEMAIRA ◊	5	5	NC
ZETIA	3	3	NC
ZIAGEN	3	3	NC
zidovudine	1	1	1
ZIOPTAN	3	3	NC
ZOCOR	3	NC	NC
ZOLADEX ◊	4	4	2
ZOLEDRONIC ACID	4	4	2
ZOLINZA ◊	4	4	2
zolmitriptan ‡	1	1	1
zolpidem/ER ‡	1	1	1
ZOMACTON ◊	5	NC	NC
ZOMIG/ZMT ‡	3	3	NC
ZORBTIVE ◊	4	4	2
zovia	1	1	1
ZOVRAX	3	3	NC
ZUBSOLV ‡	2	2	2
ZYKADIA ◊	4	4	2
ZYTIGA ◊	5	NC	NC



To see the 2023 full formularies:

- Prior to January 1, 2023, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2023, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)



EXCLUDED DRUG LIST

STANDARD OPTION

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

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

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Topical	adapalene pad, adapalene soln 0.1%	adapalene crm, adapalene gel, DIFFERIN
	ABSORICA LD	isotretinoin, ABSORICA
Allergies Antihistamines	carbinoxamine 6mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
Anticoagulants	PRADAXA, SAVAYSA	warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole delayed-rel tabs, voriconazole, DIFLUCAN, NOXAFIL susp, NOXAFIL tabs, SPORANOX, VFEND
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	diclofenac potassium cap, diclofenac sodium soln 2%, fenoprofen cap 200mg, indomethacin caps (20mg, 40mg), meloxicam caps (5mg, 10mg), naproxen sodium ext-rel tablets, CAMBIA, FENORTHO, INDOCIN SUSP, NAPRELAN, PENNSAID 2%, QMIIZ, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium cap), diclofenac gel/soln (except soln 2%), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20mg, 40mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs) Combinations	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antiobesity	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
Antispasmodics	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/ scopolamine/phenobarbital
Anxiety Disorders Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, TRANXENE T-TAB, VALIUM, XANAX/XR
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
Benign Prostatic Hyperplasia (BPH)	UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), JALYN, PROSCAR, RAPAFLO, FLOMAX

EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Bladder Agents	DETROL, DETROL LA, ENABLEX, GEMTESA, OXYTROL, VESICARE	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, DITROPAN XL, GELNIQUE, MYRBETRIQ, TOVIAZ, VESICARE LS
Cardiovascular Antiarrhythmics	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
Central Nervous System Miscellaneous	methylphenidate tabs ER osmotic release 72mg, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXII	amphetamine/dextroamphetamine mixed salts/ER, amphetamine sulfate, dexmethylphenidate/ER, dextroamphetamine/ER, methylphenidate/ER (except methylphenidate tabs ER osmotic release 72mg), ADDERALL, ADDERALL XR, ADHANSIA XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
Corticosteroids Oral	DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Dermatology Antifungal	ALCOTRIN-A, LOTRISONE*, XOLEGEL	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/ iodoquinol, hydrocortisone/ iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/ zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, ECOZA, ERTACZO, EXELDERM, JUBLIA, KERYDIN, LOPROX, LUZU, MENTAX, NAFTIN, OXISTAT, VUSION
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, LEXETTE, NOVACORT, OLUX/OLUX-E, PSORCON, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, triamcinolone acetoneide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, SERNIVO, TEMOVATE, TOPICORT, ULTRAVATE
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	SORIATANE, TACLONEX	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcitriol, methoxsalen, DOVONEX, DUOBRII, ENSTILAR, SORILUX, VECTICAL, WYNZORA
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, TRADJENTA	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Diabetes Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
Diabetes Insulins	insulin glargine, LANTUS/ SOLOSTAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX	BASAGLAR, INSULIN GLARGINE - YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA
Diabetes Metformin	metformin 625mg tabs, GLUMETZA, RIOMET ER	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln, RIOMET IR
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
H2 Receptor Antagonists	PEPCID	cimetidine, famotidine 40mg, nizatidine
High Blood Pressure Beta-Blockers/ Combinations	DUTOPROL	metoprolol succinate ext-rel, hydrochlorothiazide
High Blood Pressure Calcium Channel Blockers	levamlodipine maleate caps, CONJUPRI	amlodipine tabs, felodipine ext-rel, nicardipine, nifedipine ext-rel, nisoldipine ext-rel, KATERZIA, NORVASC, PROCARDIA XL, SULAR
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID, TRICOR, TRIPLEX
High Cholesterol Statins	simvastatin susp, ALTOPREV, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/ simvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pravastatin, rosuvastatin, simvastatin, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, LESCOL XL, LIPITOR, LIVALO, ROSZET, VYTORIN, ZOCOR
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Irritable Bowel Syndrome Irritable Bowel Syndrome with Constipation	AMITIZA, ZELNORM	lubiprostone, IBSRELA, LINZESS, MOTEGRITY

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Laxatives	LACTULOSE PAK 10MG, PCP 100	lactulose solution, PEG 3350/ electrolytes, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP
Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120mg/ mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT
Migraine Agents Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/ inj, ergotamine/cafeine tabs, D.H.E. 45
Migraine Agents Selective Serotonin Agonists	REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, AMERGE, FROVA, IMITREX, MAXALT, MAXALT- MLT, ONZETRA XSAIL, RELPAK, TOSYMRA, ZOMIG, ZOMIG-ZMT
Movement Disorders	TASMAR	amantadine, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, glatopa
	TECFIDERA	dimethyl fumarate delayed-rel
Musculoskeletal Therapy Agents	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	chlorzoxazone tabs (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tabs 500mg
	orphenadrine/aspirin/cafeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine†, baclofen, cyclobenzaprine
Nausea and Vomiting Therapy (5HT-3 Blocker)	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, SANCUSO
Omega-3 Fatty Acids	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA

EXCLUDED DRUG LIST STANDARD OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution, pilocarpine hcl ophthalmic solution
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
Pain Medications Neuropathic Pain	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), LYRICA, NEURONTIN
Pain Medications Opioids	benzhydrocodone/acetaminophen, hydrocodone/acetaminophen sol 10–325mg/15mL, oxycodone/acetaminophen tabs (2.5mg–300mg, 5mg–300mg, 10mg–300mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 2.5mg–300, 5mg–300mg, 10mg–300mg tabs), tramadol/acetaminophen, ENDOCET, LORTAB, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, ACTIQ, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tabs), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	tramadol 100mg tabs, CONZIP	tramadol (except 100mg tabs), tramadol ext-rel, tramadol/acetaminophen, ULTRAM, ULTRAM ER
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Proton Pump Inhibitors	esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, omeprazole/sodium bicarbonate, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel), DEXILANT

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR STANDARD OPTION	COVERED OPTIONS**
Sleep Agents	DORAL, SECONAL	doxepin, estazolam, eszopiclone, flurazepam, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem/ER, AMBIEN/CR, BELSOMRA, DAYVIGO, EDLUAR, LUNESTA, RESTORIL, ROZEREM, SILENOR, ZOLPIMIST
Ulcerative Colitis	COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTIUM, LIALDA, PENTASA
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate

*This list shows uses for why certain drugs are prescribed. Some drugs can be prescribed for multiple conditions.

**For more covered options, review 2023 Standard Option formulary.

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

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



EXCLUDED DRUG LIST STANDARD OPTION

ALPHABETIC EXCLUDED DRUG LIST STANDARD OPTION

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

penicillamine caps	SAVAYSA	VANOS
PENNSAID 2%	SECONAL	VASCEPA
PEPCID	SEMGLEE	VEREGEN
PLENITY	simvastatin susp	VESICARE
PRADAXA	SOLIQUA	VIMOVO
pregabalin ext-rel tabs	SORIATANE	VIVLODEX
PREVACID	SYMBYAX	VUITY
PREVACID SOLUTAB	TACLONEX	XERESE
PRILOSEC	TASMAR	XOLEGEL
PRIMLEV	TECFIDERA	YOSPRALA
PROLATE	TIVORBEX	ZEGERID
PROTONIX	TOLSURA	ZELNORM
PSORCON	TOUJEO/SOLOSTAR/MAX	zileuton ext-rel
QMIIZ	TRADJENTA	ZIPSOR
rabeprazole capsule sprinkle delayed-rel	tramadol 100mg tabs	ZORVOLEX
RELAFEN DS	triamcinolone oint 0.05%	ZTLIDO
RELEXXII	TRIANEX	ZUPLENZ
REYVOW	TRUDHESA	ZYFLO CR
RIOMET ER	UBRELVY	ZYPITAMAG
RYVENT	UROXATRAL	



"MANAGED NOT COVERED" DRUG LIST

BASIC OPTION

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

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

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Topical	adapalene pad, adapalene soln 0.1%	adapalene crm, adapalene gel, DIFFERIN
	ABSORICA LD	isotretinoin, ABSORICA
Allergies Antihistamines	carbinoxamine 6mg, cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, RYVENT, XYZAL	montelukast, zafirlukast, ACCOLATE, SINGULAIR
Allergies Nasal Steroids	BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, VERAMYST, ZETONNA	azelastine/fluticasone nasal spray, flunisolide spray, fluticasone spray
Anticoagulants	PRADAXA, SAVAYSA	warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole delayed-rel tabs, voriconazole, DIFLUCAN, NOXAFIL susp, NOXAFIL tabs, SPORANOX, VFEND

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	diclofenac potassium caps, diclofenac sodium sol 2%, fenoprofen caps 200mg, indomethacin caps 20mg, 40mg, meloxicam caps (5mg, 10mg), naproxen sodium ext-rel tabs, ANAPROX DS, CAMBIA, FELDENE, FENORTHO, INDOCIN susp, NAPRELAN, NAPROSYN, PENNSAID 2%, QMIIZ, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/soln (except 2% soln), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20mg, 40mg), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin, piroxicam, sulindac
	LICART	diclofenac epolamine patch 1.3%, diclofenac sodium gel 1%, diclofenac sodium solution (except 2% soln), FLECTOR
	ELYXYB	celecoxib, CELEBREX
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs) Combinations	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antineoplastic Agents (Anti)Hormonal	ZYTIGA	abiraterone
	FASLODEX	fulvestrant
Antineoplastic Agents Kinase Inhibitors	GLEEVEC	imatinib mesylate
	AFINITOR, AFINITOR DISPERZ	everolimus, everolimus tabs for oral suspension
	TYKERB	lapatinib
Antineoplastic Agents Miscellaneous	XELODA	capecitabine
	TEMODAR	temozolomide
	TARGRETIN CAPS/GEL	bexarotene caps/gel

"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Antiobesity	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, phendimetrazine tabs, phentermine tabs/caps, CONTRACE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
	REDITREX	methotrexate, OTREXUP, RASUVO
Antispasmodics	LIBRAX	chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/ scopolamine/phenobarbital
Anxiety Disorders Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, TRANXENE T-TAB, VALIUM, XANAX/XR
Asthma Beta Agonist (Rescue Inhaler)	PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol solution, albuterol sulfate CFC-free aerosol, levalbuterol inhalation solution, levalbuterol nebulizer solution concentrate, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, XOPENEX CONCENTRATE, XOPENEX SOLUTION
Asthma Inhaled Corticosteroid	AEROSPAN, ALVESCO	budesonide inhalation suspension, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
Benign Prostatic Hyperplasia (BPH)	JALYN, UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFLO, FLOMAX

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Bladder Agents	DETROL, DETROL LA, ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Cardiovascular Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
Cardiovascular Antiarrhythmics	TIKOSYN	dofetilide
	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Loop Diuretics	SOAANZ	bumetanide, ethacrynic acid, furosemide, torsemide, EDECRIN, LASIX
Cardiovascular Miscellaneous	NORTHERA	droxidopa
Central Nervous System Anticonvulsants	SABRIL	vigabatrin, vigadrone
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
Central Nervous System Miscellaneous	methylphenidate tabs ER osmotic release 72mg, ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT, RELEXII	amphetamine sulfate, amphetamine/ dextroamphetamine mixed salts/ER, dexamethylphenidate/ER, dextroamphetamine/ER, methylphenidate/ER (except methylphenidate tabs ER osmotic release 72mg), ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RITALIN, RITALIN LA, VYVANSE, ZENZEDI

"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Contraceptives	PHEXXI	desogestrel/EE, drospirenone/EE, ethynodiol diacetate/EE, etonogestrel/EE, levonorgestrel/EE, medroxyprogesterone acetate 150mg/ml, norethindrone acetate/EE, norethindrone acetate/EE and iron, norethindrone, norethindrone/EE, norgestimate/EE, norelgestromin/EE, norgestrel/EE. ANNOVERA, DEPO-PROVERA, ELURYNG, KYLEENA, LILETTA, LO LOESTRIN FE, LOSEASONIQUE, MIRCETTE, MIRENA, NATAZIA, NEXPLANON, NEXTSTELLIS, NUVARING, PARAGARD, SAFYRAL, SEASONIQUE, SKYLA, SLYND, TAYTULLA, TWIRLA, TYBLUME, YASMIN, YAZ
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)	INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, ATROVENT HFA, SPIRIVA
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)/ Long-Acting Beta Agonist (LABA) Combinations	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Corticosteroids	ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11- DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
Dermatology Actinic Keratosis	fluorouracil cream 0.5%, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (except fluorouracil cream 0.5%), EFUDEX, FLUOROPLEX

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Dermatology Antifungal	ALCORTIN-A, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, OXISTAT, VUSION*, XOLEGEL *	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/ iodoquinol, hydrocortisone/ iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/ zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, ECOZA, EXELDERM
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, IMPEKLO, IMPOYZ, LEXETTE, NOVACORT, OLUX, OLUX-E, PSORCON, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, hydrocortisone/pramoxine, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, PRAMOSONE, SERNIVO, TEMOVATE, TOPICORT, ULTRAVATE
Dermatology Impetigo	XEPI CREAM 1 %	mupirocin cream 2%, mupirocin ointment 2%, ALTBAX OINTMENT 1 %
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketoconazole foam 2 %
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	SORIATANE, TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DOVONEX, DUOBRII, ENSTILAR, SORILUX, VECTICAL
Dermatology Rosacea	NORITATE	azelaic acid gel, doxycycline (except 20mg), flurandrenolide, ivermectin crm 1 %, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA, ZILXI

"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENi, TRADJENTA	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
Diabetes Insulins (NOTE: HUMULIN R U-500 concentrate will continue to be covered)	insulin lispro, ADMELOG/ SOLOSTAR, APIDRA/ SOLOSTAR, HUMALOG, LYUMJEV/KWIKPEN	insulin aspart, FIASP/ FLEXTOUCH, NOVOLOG
	HUMALOG MIX 50/50	insulin aspart protamine 70%/ insulin aspart 30%, NOVOLOG MIX 70/30
	insulin lispro protamine/ insulin lispro 75/25, HUMALOG MIX 75/25	insulin aspart protamine 70%/ insulin aspart 30%, NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	insulin glargine, LANTUS/ SOLOSTAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, INSULIN GLARGINE - YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA
Diabetes Metformin	metformin 625mg tabs, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
Diabetes SGLT2 Inhibitors	INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Endocrine And Metabolic Miscellaneous	RECLAST	zoledronic acid
	SANDOSTATIN	octreotide
	SENSIPAR	cinacalcet
Gastrointestinal Diabetic Gastroparesis	GIMOTI	metoclopramide, REGLAN

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Glaucoma Prostaglandins	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, VYSULTA, XALATAN, XELPROS, ZIOPTAN
Growth Hormone	GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
H2 Receptor Antagonists	PEPCID	famotidine 40mg, cimetidine, nizatidine
Hematopoietic Growth Factors	NEUPOGEN	GRANIX, NIVESTYM, RELEUKO, ZARXIO
	NEULASTA, NEULASTA ONPRO	FULPHILA, NYVEPRIA, UDENYCA, ZIEXTENZO
	PROCRIT	ARANESP, EPOGEN, RETACRIT
Hepatitis B	BARACLUDE TABLETS	entecavir tablets
	HEPSERA	adefovir dipivoxil
Hepatitis C	ZEPATIER	ledipasvir/sofosbuvir, sofosbuvir/velpatasvir, EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI
Hereditary Angioedema (HAE)	FIRAZYR	icatibant
High Blood Pressure Angiotensin II Receptor Blockers/Combinations (ARBs)	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT	candesartan, candesartan/ HCTZ, irbesartan, irbesartan/ HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ, BENICAR, BENICAR HCT
High Blood Pressure Beta-Blockers	BYSTOLIC	acebutolol, atenolol, carvedilol/ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nebivolol, pindolol, propranolol/ext-rel, COREG/CR, INDERAL LA, INNOPRAN XL, KAPSPARGO, LOPRESSOR, TENORMIN, TOPROL-XL
High Blood Pressure Beta-Blockers/ Combinations	DUTOPROL	metoprolol succinate ext-rel, hydrochlorothiazide
High Blood Pressure Calcium Channel Blockers	levamlodipine maleate caps, CONJUPRI, KATERZIA	amlodipine tabs, felodipine ext- rel, nifedipine, nifedipine ext-rel, nisoldipine ext-rel, NORVASC, PROCARDIA XL, SULAR

“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, TRICOR, TRIPLEX, LOPID, ANTARA
High Cholesterol PCSK9 Inhibitors	PRALUENT	REPATHA
High Cholesterol Statins	simvastatin susp, ALTOPREV, CADUET, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, ROSZET, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Immunomodulators Miscellaneous	ZORTRESS	everolimus
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Iron Deficiency	ACCRUFERz	ferrous fumarate†, ferrous gluconate†, ferrous sulfate†, INJECTAFER, MONOFERRIC
Iron Overload	EXJADE, JADENU	deferasirox
Irritable Bowel Syndrome Irritable Bowel Syndrome with Constipation	AMITIZA, ZELNORM	lubiprostone, IBSRELA, LINZESS, MOTEGRITY
Laxatives	LACTULOSE PAK 10MG, PCP 100, SUTAB	lactulose solution, PEG 3350/ electrolytes, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP
Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120mg/ mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT
Migraine Agents Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/ inj, ergotamine/cafeine tabs, D.H.E. 45
Migraine Agents Selective Serotonin Agonists	REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, AMERGE, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG, ZOMIG-ZMT

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Movement Disorders	APOKYN, OSMOLEX ER, TASMAR	amantadine IR, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
	XENAZINE	tetrabenazine
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, GLATOPA
	TECFIDERA	dimethyl fumarate delayed-rel
Musculoskeletal Therapy Agents	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	FLEQSUVY, LYVISPAH	baclofen, cyclobenzaprine, dantrolene, DANTRIUM, LIORESAL INTRATHECAL, OZOBAX
	chlorzoxazone tabs (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tabs 500mg
	orphenadrine/aspirin/cafeine tabs, ORPHENGESIC FORTE	aspirin***, caffeinet†, baclofen, cyclobenzaprine
Nausea And Vomiting Therapy (5HT-3 Blocker)	ANZEMET, ZUPLENZ	granisetron, ondansetron, palonosetron, promethazine, SANCUSO
Nausea And Vomiting Pregnancy	BONJESTA	doxylamine†, doxylamine/pyridoxine delayed-rel, pyridoxine (vitamin B6)†, DICLEGIS, UNISOM†
Omega-3 Fatty Acids	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Dry Eye Disease	EYSUVIS, TYRVAYA	cyclosporine emulsion, CEQUA, RESTASIS, XIIDRA
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution, pilocarpine hcl ophthalmic solution
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber

"MANAGED NOT COVERED" DRUG LIST BASIC OPTION

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Pain Medications Neuropathic Pain	pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), NEURONTIN
Pain Medications Opioids	ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone ext-rel, hydromorphone ext-rel, morphine ext-rel, tramadol ext- rel, EMBEDA, MORPHABOND, MS CONTIN, NUCYNTA ER, OPANA ER, ULTRAM ER, XTAMPZA ER
	benzhydrocodone/ acetaminophen, hydrocodone/ acetaminophen soln 10- -325mg/15 mL, oxycodone/ acetaminophen tabs (2.5mg- 300mg, 5mg-300mg, 10mg- 300mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 2.5mg-300mg, 5mg-300mg, 10mg-300mg tabs), tramadol/acetaminophen, ENDOCET, LORTAB, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, ACTIQ, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 100mg tabs), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	SEGLENTIS	celecoxib, tramadol (except 100mg tabs), CELEBREX, ULTRAM, ULTRAM ER
	tramadol 100mg tabs, CONZIP, QDOLO	tramadol (except 100mg tabs), tramadol ext-rel, tramadol/ acetaminophen, ULTRAM, ULTRAM ER
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Pancreatic Enzymes	PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2023 FOR BASIC OPTION	COVERED OPTIONS**
Proton Pump Inhibitors	esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST- LANSOPRAZOLE, FIRST- OMEPRAZOLE, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed- rel, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
Pulmonary Arterial Hypertension (PAH)	LETAIRIS	ambrisentan
	REVATIO	sildenafil (PAH)
	ADCIRCA	tadalafil (PAH), Alyq
	TRACLEER 62.5mg, 125mg tabs	bosentan
Sleep Agents	AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, flurazepam, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem/ER, BELSOMRA, DAYVIGO, RESTORIL, SILENOR, ZOLPIMIST
Testosterone Agents	ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, FORTESTA
Thyroid Disease	THYQUIDITY	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate
Ulcerative Colitis	ASACOL HD, COLAZAL, DELZICOL, PENTASA	balsalazide, mesalamine delayed- rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, APRISO, AZULFIDINE, DIPENTIUM, LIALDA

*This list shows uses for why certain drugs are prescribed. Some drugs can be prescribed for multiple conditions.

**For more covered options, review 2023 Basic Option formulary.

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

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

“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

ALPHABETIC “MANAGED NOT COVERED” DRUG LIST BASIC OPTION

ABSORICA LD	BARACLUDE TABLETS	DEXABLISS
ACCRUFER	BECONASE AQ	DEXILANT
ACIPHEX	benzhydrocodone/acetaminophen	diclofenac potassium caps
adapalene pad	BETAPACE	diclofenac sodium sol 2%
adapalene soln 0.1%	BETAPACE AF	DIOVAN
ADCIRCA	BONJESTA	DIOVAN HCT
ADHANSIA XR	BRYHALI	DONNATAL
ADIPLEX-P	BYDUREON	DORAL
ADLYXIN	BYDUREON BCISE	DUAKLIR PRESSAIR
ADMELOG/SOLOSTAR	BYETTA	DUEXIS
ADZENYS XR-ODT	BYSTOLIC	DUTOPROL
AEROSPAN	CADUET	DXEVO 11-DAY
AFINITOR	CAFERGOT	DYANAVEL XR
AFINITOR DISPERZ	CAMBIA	DYMISTA
AJOVY	CARAC	EDARBI
ALCORTIN-A	CARAFATE	EDARBYCLOR
ALKINDI SPRINKLE CAPS	carbinoxamine 6mg	EDLUAR
ALTOPREV	cetirizine solution	ELYXYB
ALVESCO	chlorzoxazone tabs (250mg, 375mg, 750mg)	ENABLEX
AMBIEN	CLARINEX	ERTACZO
AMBIEN CR	CLARINEX-D	esomeprazole strontium
AMITIZA	COLAZAL	EVEKEO ODT
AMPYRA	CONJUPRI	EXJADE
AMRIX	CONSENSI	EXTINA
ANAPROX DS	CONZIP	EYSUVIS
ANDROGEL	COPAXONE	EZALLOR SPRINKLE
ANZEMET	CORTEF	EZETIMIBE/ROSUVASTATIN tabs
APADAZ	COTEMPLA XR-ODT	FASLODEX
APIDRA/SOLOSTAR	COZAAR	FELDENE
APOKYN	CRESTOR	FENOGLIDE
ARTHROTEC	CUPRIMINE	fenoprofen caps 200mg
ARYMO ER	cyclobenzaprine ext-rel	FENORTHO
ASACOL HD	CYCLOSET	FIRAZYR
aspirin/omeprazole delayed-rel tabs	DELTASONE	FIRST-LANSOPRAZOLE
ATACAND	DELZICOL	FIRST-OMEPRAZOLE
ATACAND HCT	desloratadine	FLEQSUVY
atropine sulfate eye ointment	DESOXYN	FLOLIPID
AVALIDE	DETROL	FLUMADINE
AVAPRO	DETROL LA	fluorouracil cream 0.5%
BACIGUENT		FORTAMET

GELNIQUE	KAZANO	MINOLIRA
GEMTESA	KERYDIN*	NAFTIN*
GENOTROPIN	KLISYRI	NALOCET
GIMOTI	KOMBIGLYZE XR	NAPRELAN
GLEEVEC	LACTULOSE PAK 10MG	NAPROSYN
GLUMETZA	LANTUS/SOLOSTAR	naproxen sodium ext-rel tabs
GRALISE	LAZANDA	naproxen/esomeprazole magnesium tabs DR
halobetasol propionate topical foam	LESCOL/XL	NASONEX
HEPSERA	LETAIRIS	NATESTO
HORIZANT	levamlodipine maleate caps	NESINA
HUMALOG	levocetirizine	NEULASTA
HUMALOG MIX 50/50	levorphanol	NEULASTA ONPRO
HUMALOG MIX 75/25	LEXETTE	NEUPOGEN
HUMATROPE	LIBRAX	NEXIUM
HUMULIN 70/30	LICART	NORITATE
HUMULIN N	LIPITOR	NORTHERA
HUMULIN R	LIPTRUZET	NOVACORT
hydrocodone/acetaminophen soln 10–325mg/15mL	LIVALO	NUTROPIN
HYSINGLA ER	LOPROX	NUTROPIN AQ
HYZAAR	LOREEV XR	OLUX
ibuprofen/famotidine tabs	LORZONE	OLUX-E
IMPEKLO	LOTRISONE*	omeprazole/sodium bicarbonate
IMPOYZ	LUMIGAN	OMNARIS
INCRUSE ELLIPTA	LUNESTA	OMNITROPE
INDOCIN susp	LUZU	ONGLYZA
indomethacin caps 20mg, 40mg	LYRICA	opium tincture
insulin glargine	LYRICA CR	ORAPRED ODT
insulin lispro	LYUMJEV/KWIKPEN	orphenadrine/aspirin/caffeine tabs
insulin lispro protamine/insulin lispro 75/25	LYVISPAH	ORPHENGESIC FORTE
INTERMEZZO	MEDROL	OSENI
INVOKAMET	meloxicam caps (5mg, 10mg)	OSMOLEX ER
INVOKAMET XR	MENTAX	OVACE
INVOKANA	metformin 625mg tabs	OVACE PLUS
JADENU	methylphenidate tabs ER osmotic release 72mg	OXISTAT
JALYN	MEVACOR	oxycodone/acetaminophen tabs (2.5mg–300mg, 5mg–300mg, 10mg–300mg)
JENTADUETO	MICARDIS	OXYCONTIN
JENTADUETO XR	MICARDIS HCT	OXYTROL
JUBLIA	MIGRANAL	PCP 100
KATERZIA	MILLIPRED	

“MANAGED NOT COVERED” DRUG LIST BASIC OPTION

penicillamine caps	SAVAYSA	VANOS
PENNSAID 2%	SECONAL	VASCEPA
PENTASA	SEGLENTIS	VENTOLIN HFA
PEPCID	SEGLUROMET	VERAMYST
PERTZYE	SEMGLEE	VEREGEN
PHEXXI	SENSIPAR	VESICARE
PLENITY	SEYSARA	VESICARE LS
PRADAXA	simvastatin susp	VIMOVO
PRALUENT	SOAAZ	VIVLODEX
PRAVACHOL	SOLIQUA	VOGELXO
pregabalin ext-rel tabs	SONATA	VUITY
PREVACID	SORIATANE	VUSION*
PREVACID SOLUTAB	STEGLATRO	VYTORIN
PRILOSEC	STEGLUJAN	WYNZORA
PRIMLEV	SUTAB	XELODA
PROCRIT	SYMBYAX	XENAZINE
PROLATE	TACLONEX	XEPI CREAM 1%
PROTONIX	TAPERDEX	XERESE
PROVENTIL HFA	TARGRETIN CAPS/GEL	XOLEGEL*
PSORCON	TASMAR	XOPENEX HFA
QDOLO	TECFIDERA	XYZAL
QMIIZ	TEMODAR	YOSPRALA
QNASL	TESTIM	ZEGERID
rabeprazole capsule sprinkle delayed-rel	THYQUIDITY	ZELNORM
RAYOS	TIKOSYN	ZENPEP
RECLAST	TIVORBEX	ZEPATIER
REDITREX	TOLSURA	ZETONNA
RELAFEN DS	TOSYMRA	zileuton ext-rel
RELEXXI	TOUJEO/SOLOSTAR/MAX SOLOSTAR	ZIPSOR
REVATIO	TRACLEER 62.5mg, 125mg tabs	ZOCOR
REYVOW	TRADJENTA	ZOMACTON
RHINOCORT AQUA	tramadol 100mg tabs	ZORTRESS
RIOMET ER	triamcinolone oint 0.05%	ZORVOLEX
RIOMET IR	TRIANEX	ZTLIDO
ROSZET	TRUDHESA	ZUPLENZ
ROZEREM	TUDORZA PRESSAIR	ZYFLO CR
RYVENT	TYKERB	ZYPITAMAG
SABRIL	TYRVAYA	ZYTIGA
SAIZEN	UBRELVY	
SANDOSTATIN	UROXATRAL	



2023 PHARMACY BENEFIT CHANGE HIGHLIGHTS

BASIC OPTION COST SHARE AT RETAIL

We changed the Basic Option cost share for prescriptions you fill at in-network (Preferred) retail pharmacies. For Basic Option, your cost share will be \$15 for a Tier 1 drug, \$60 for a Tier 2 drug and 60% for a Tier 3 drug (\$90 minimum) for a 30-day supply. [See p. 8](#)

STANDARD OPTION INSULIN COPAYMENT

For Standard Option members, we cover Preferred insulins with a \$35 copayment for up to a 30-day supply or a \$65 copayment for a 31 to 90-day supply, at in-network (Preferred) retail pharmacies. Previously, you paid 20% of the Plan allowance for each purchase of up to a 90-day supply.

COVERAGE FOR WEIGHT LOSS MEDICATIONS

We now cover weight loss medications when you receive prior approval and you buy the drugs from one of our Pharmacy Programs. Previously, we did not cover these drugs.

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



To see the 2023 full formularies:

- Prior to January 1, 2023, visit fepblue.org/whatsnew
- After January 1, 2023, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 1-800-624-5077)

HOW TO CONTACT US

Call these numbers for prescription drug information:

RETAIL PHARMACY PROGRAM

(Standard Option, Basic Option and FEP Blue Focus)

Toll-free any time at

1-800-624-5060

(TTY: 1-800-624-5077)

MAIL SERVICE PHARMACY PROGRAM

(Standard Option, Basic Option with Medicare Part B)

Toll-free any time at

1-800-262-7890

(TTY: 1-800-216-5343)

OTHER BENEFIT OR CLAIMS INFORMATION

Call the customer service number on the back of your member ID card. You can also see the national list of customer service numbers at [fepblue.org/contact](https://www.fepblue.org/contact).

SPECIALTY PHARMACY PROGRAM

(Standard Option, Basic Option and FEP Blue Focus)

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

(TTY: 1-877-853-9549)

Monday–Friday:

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

Saturday–Sunday:

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

GENERAL QUESTIONS

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

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



**BlueCross
BlueShield**

Federal Employee Program.

RXABRFRM2023