

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

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

| | | | | |
|---|--|---|---|---|
| <p>A</p> <p>abiraterone^{QL, PA, †} acetaminophen-codeine acyclovir adapalene-benzoyl peroxide^{AE} ADEMPAS^{QL, PA, †} ADVAIR DISKUS^{QL} ADVAIR HFA^{QL} AFSTYLA[†] AIMOVIG^{QL, PA, †} AJOVY^{QL, PA, †} AKYNZEO^{QL, PA} albuterol HFA^{QL} alendronate alfuzosin ER aliskiren fumarate^{QL} allopurinol alprazolam ambrisentan^{QL, PA, †} amiodarone AMITIZA^{QL, PA} amitriptyline amlodipine amlodipine-benzepriST amlodipine-valsartan^{QL, ST} amoxicillin amoxicillin-clavulanate amphetamine dextroamphetamine ER^{ST, AE} amphetamine sulfate^{QL, ST, AE} amphetamine-dextroamphetamine^{AE} anastrozole ANORO ELLIPTA^{QL} apremitant^{QL} APRISO^{QL} ARCAPTA NEOHALER^{QL} aripiprazole^{QL} ARISTADA^{QL, PA} armodafinil^{QL, PA} ARMOUR THYROID ARNUITY ELLIPTA^{QL} ASMANEX HFA^{QL} atenolol atenolol-chlorthalidone atomoxetine^{QL, AE} atorvastatin ATRIPLA^{QL, †} ATROVENT HFA^{QL} AUBAGIO^{QL, PA, †} AZASITE azathioprine azelaic acid^{AE} azelastine azelastine-fluticasone^{QL} azithromycin</p> | <p>B</p> <p>baclofen benazepril benazepril-HCTZ BETASERON^{QL, PA, †} bimatoprostST bisoprolol-HCTZ bosentan^{QL, PA, †} BREO ELLIPTA^{QL} BRILINTA^{QL} brimonidine drops bromfenac drops budesonide ER budesonide^{QL} buprenorphine^{QL} bupropion bupropion ER (smoking deterrent)^{QL} bupropion ER (SR) bupropion ER (XL) buspirone butalbital-apap-caffeine^{QL} butalbital-asa-caffeine^{QL} BYSTOLIC^{QL, ST}</p> <p>C</p> <p>cabergoline calcitriol CANASA carbamazepine carbidopa-levodopa carbidopa-levodopa ER carvedilol cefadroxil cefdinir cefuroxime celecoxib^{QL} cephalixin CETROTIDE^{PA, †} CHANTIX^{QL} chlorhexidine gluconate ciclopirox cinacalcet^{PA, †} ciprofloxacin ciprofloxacin-dexamethasone drops citalopram^{QL} clarithromycin clindamycin clindamycin-benzoyl peroxide^{AE} clobetasol propionate clonazepam clonidine clopidogrel clotrimazole clotrimazole-betamethasone</p> | <p>COLCRYS^{QL} colestipol COMBIPATCH^{QL} COMBIVENT RESPIMAT^{QL} CORLANOR^{QL, PA} COSENTYX^{PA, †} CREON cromolyn drops cyanocobalamin [INJ] cyclobenzaprine cyproheptadine</p> <p>D</p> <p>dalfampridine ER^{QL, PA, †} DALIRESP^{QL, PA} DAYTRANA^{QL, AE} deferasirox^{PA, †} DESCOVY^{QL, †} desloratadine^{QL} desonideST desvenlafaxine ER^{QL, ST} dexamethasone dexmethylphenidate ER^{QL, AE} dexmethylphenidate^{QL, AE} diazepam diclofenac dicyclomine digoxin diltiazem ER dimethyl fumarate^{QL, PA, †} diphenoxylate-atropine divalproex divalproex ER DIVIGEL donepezil^{QL} dorzolamide-timolol drops doxazosin mesylate doxepin doxycycline hyclate doxycycline monohydrate DUAVEE^{QL} duloxetine^{QL} DUPIXENT^{QL, PA, †} dutasteride^{QL}</p> <p>E</p> <p>econazole nitrate ELIQUIS^{QL} ELMIRON EMGALITY^{QL, PA, †} enalapril maleate enalapril-HCTZ ENBREL^{QL, PA, †} Endometrin ENJUVA enoxaparin sodium ENSTILAR^{QL}</p> | <p>ENTRESTO^{QL, PA} epinastine drops epinephrine^{QL} [INJ] EPIPEN^{QL} ergocalciferol erlotinib^{QL, PA, †} erythromycin escitalopram oxalate esomeprazole magnesium^{QL, ST} estradiol^{QL} eszopiclone^{QL, ST} etodolac EUFLEXXA^{QL, PA, †} exemestane ezetimibe^{QL, ST} ezetimibe-simvastatin^{QL, ST}</p> <p>F</p> <p>FARXIGA^{QL} febuxostat fenofibrate micronized^{QL} fentanyl^{QL} FETZIMA^{QL} finasteride FLOVENT DISKUS^{QL} FLOVENT HFA^{QL} fluconazole fludrocortisone acetate fluocinonide fluorometholone fluorouracil[†] fluoxetine fluvoxamine maleate folic acid FORTEO^{QL, PA, †} FRAGMIN^{QL} FULPHILA^{QL, PA, †} furosemide FYCOMPA^{QL}</p> <p>G</p> <p>gabapentin GAMMAGARD^{PA, †} GAMUNEX-C^{PA, †} GELNIQUEST gemfibrozil GENOTROPIN^{PA, †} gentamicin sulfate GENVOYA^{QL, †} GILENYA^{QL, PA, †} GILOTRIF^{QL, PA, †} glatiramer acetate^{QL, PA, †} glatopa^{QL, PA, †} glimepiride glipizide glipizide ER glipizide XL</p> | <p>GLUCAGON^{QL} [INJ] glyburide GLYXAMBI^{QL} GONAL-F RFF[†] GONAL-F[†] [INJ] GRANIX^{PA, †} guanfacine guanfacine ER^{QL}</p> <p>H</p> <p>HUMIRA^{PA, †} hydralazine hydrochlorothiazide hydrocodone-acetaminophen hydrocodone-ibuprofen hydrocortisone hydromorphone hydromorphone ER hydroxychloroquine sulfate hydroxyzine hyoscyamine sulfate HYSINGLA ER^{QL}</p> <p>I</p> <p>ibandronate^{QL, PA, †} ICLUSIG^{QL, PA, †} imatinib mesylate^{QL, PA, †} IMBRUVICA^{QL, PA, †} indomethacin INLYTA^{QL, PA, †} ipratropium bromide ipratropium-albuterol irbesartan irbesartan-HCTZ IRESSA^{QL, PA, †} isosorbide dinitrate isosorbide mononitrate ER isotretinoin^{AE}</p> <p>J</p> <p>JANUMET XR^{QL} JANUMET^{QL} JANUVIA^{QL} JARDIANCE^{QL}</p> <p>K</p> <p>KALBITOR^{PA, †} ketoconazole ketorolac drops ketorolac tromethamine KISQALI^{QL, PA, †} KITABIS PAK^{QL, PA, †} KOVALTRY[†]</p> <p>L</p> <p>labetalol lactulose lamotrigine lansoprazole</p> |
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LANTUS
latanoprost
LATUDA^{QL, ST}
LAZANDA^{QL, PA}
leflunomide
letrozole
LEVEMIR
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine viscous
lidocaine^{QL}
LINZESS^{QL, PA}
liothyronine sodium
lisinopril
lithium
lithium ER
LIVALO^{QL, ST}
LO LOESTRIN FE
lorazepam
losartan
losartan-HCTZ
loteprednol etabonate
lovastatin
LUMIGANST

M

MAKENA^{QL, †}
MAVYRET^{QL, PA, †}
MAYZENT^{QL, LD, PA, †}
meclizine
medroxyprogesterone acetate^{QL}
meloxicam
memantine ER^{QL, ST}
memantine^{QL}
mercaptopurine
mesalamine^{QL}
metformin
metformin ER^{QL}
methadone
methimazole
methocarbamol
methotrexate
methylphenidate ER^{QL, AE}
methylphenidate^{QL, AE}
methylprednisolone
metoclopramide
metoprolol succinate ER
metoprolol tartrate
metronidazole
minocycline
MIRENA
mirtazapine
MIRVASO^{QL, PA}
misoprostol
modafinil^{QL, PA}
mometasone furoate
MONOVISC^{QL, PA, †}
montelukast sodium
morphine sulfate

morphine sulfate ER^{QL}
MOVANTIK^{QL, PA}
MOXEZAST
moxifloxacinST
mupirocin
mycophenolate mofetil
MYRBETRIQ^{QL, ST}

N

nabumetone
naltrexone^{QL}
NAMZARIC^{QL, ST}
naproxen
naratriptan^{QL}
NARCAN
neomycin-polymyxin-hydrocortisone
NEUPOGEN^{PA, †} [INJ]
NEVANAC
nifedipine ER
nitrofurantoin
nitroglycerin
nortriptyline
NOVOEIGHT[†]
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R [INJ]
NOVOLOG
NOVOLOG FLEXPEN
NOXAFIL^{PA}
NUCALA^{PA, †}
nystatin

O

OFEV^{QL, PA, †}
olanzapine^{QL}
olmesartan-amlodipine-HCTZ^{QL, ST}
olmesartan-HCTZ^{QL, ST}
olmesartan^{QL, ST}
olopatadine
omega-3-acid ethyl esters^{QL}
ondansetron
ONETOUCH ULTRA BLUE^{QL}
ONETOUCH VERIO^{QL}
OPDIVO^{PA, †}
ORILISSA^{QL, PA, †}
ORTHOVISC^{QL, PA, †}
oseltamivir^{QL}
OTEZLA^{QL, PA, †}
oxcarbazepine
oxybutynin
oxybutynin ER
oxycodone
OXYCONTIN^{QL}
oxyycodone-acetaminophen^{QL}
OZEMPIC^{QL, PA}

P

paliperidone ER^{QL, ST}
paliplidone ER^{QL, ST}
pantoprazole
paroxetine

paroxetine ERST
peg 3350 electrolyte soln
penicillin v potassium
PENTASA
PERFORMIST
permethrin
phenazopyridine
phenytoin
pimecrolimus
pioglitazone
polymyxin b-trimethoprim drops
posaconazole^{PA}
potassium chloride ER
potassium citrate ER
pramipexole
prasugrel^{QL}
pravastatin
prazosin
prednisolone
prednisone
pregabalin^{QL, ST}
PREMARIN^{QL}
PREMPRO^{QL}
prochlorperazine
PROCRIPT^{PA, †} [INJ]
progesterone
progesterone micronized
promethazine
promethazine-codeine
promethazine-DM
propranolol
propranolol ER
PULMICORT
FLEXHALER^{QL}
pyridostigmine

Q

QNASL^{QL}
quetiapine ER^{QL, ST}
quetiapine^{QL}
quinapril
QVAR REDIHALER^{QL}

R

raloxifene^{QL}
ramipril
ranolazine ER^{QL}
rasagiline^{QL, ST}
RASUVO^{QL, PA, †}
REBIF^{QL, PA, †}
RELISTOR^{QL, PA}
REMICADE^{PA, †}
REPATHA^{QL, PA, †}
RESTASIS^{QL, PA}
REVLIMID^{QL, PA, †}
RINVOQ^{QL, PA, †}
risperidone
ritonavir^{QL, †}
rizatriptan^{QL}
ropinirole
ropinirole ER^{QL, ST}
rosuvastatin^{QL, ST}
RUZURGI^{QL, PA, †}

S

SANCUSO^{QL, PA}
SAVELLA^{QL}
SEREVENT DISKUS^{QL}
sertraline
sevelamer carbonate
SIGNIFOR LAR^{QL, PA, †}
SIGNIFOR^{QL, PA, †}
sildenafil citrate^{QL}
silodosin
simvastatin
SKYRIZI^{QL, PA, †}
sodium fluoride
sodium sulfacetamide
solifenacin succinate^{QL, ST}
SOMATULINE DEPOT^{QL, PA, †}
sotalol
SPIRIVA HANDIHALER^{QL}
SPIRIVA RESPIMAT^{QL}
spironolactone
SPRYCEL^{QL, PA, †}
STELARA^{PA, †}
STIOLTO RESPIMAT^{QL}
STRIBILD^{QL, †}
SUBOXONE^{QL}
sucralfate
sulfamethoxazole-trimethoprim
sulfasalazine
sumatriptan^{QL}
SUPREP
SYMBICORT^{QL}
SYNJARDY XR^{QL}
SYNJARDY^{QL}
SYNTHROID

T

tacrolimus
tadalafil^{QL, ST}
tamoxifen
tamsulosin
temazepam
tenofovir disoproxil fumarate^{QL, †}
terazosin
terbinafine
terconazole
testosterone cypionate
testosterone^{PA}
timolol maleate
TIVICAY^{QL, †}
tizanidine^{QL, ST}
TOBI PODHALER^{QL, PA, †}
TOBRADEX ST
tobramycin
tobramycin inhalation solution^{QL, PA, †}
tobramycin-dexamethasone
tolterodine
tolterodine ER^{QL, ST}
topiramate
TOUJEO

TOVIAZ^{QL, ST}
tramadol
tramadol-acetaminophen
trazodone
TREMIFYA^{QL, PA, †}
TRESIBA
triamcinolone
triamterene-HCTZ
triazolam
TRIUMEQ^{QL, †}
TRULICITY^{QL, PA}
TRUVADA^{QL, †}
TRYMLOS^{QL, PA, †}

U

UPTRAVI^{QL, PA, †}

V

valacyclovir
valsartan
valsartan-HCTZ
VELTASSA^{QL}
VENCLEXTA^{QL, PA, †}
venlafaxine
venlafaxine ER
verapamil ER
VIBERZI^{QL, PA}
VICTOZA^{QL, PA}
VIIBRYD^{QL, ST}
VIMPAT^{QL}
VIOKAGE
VIREAD^{QL, †}
VIVITROL^{PA, †}
VYVANSE^{QL, AE, ST}

W

warfarin sodium

X

XARELTO^{QL}
XELJANZ XR^{QL, PA, †}
XELJANZ^{QL, PA, †}
XEMBIFY^{PA, †}
XIFAXAN^{QL, PA}
XIGDUO XR^{QL}
XIIDRA^{QL, PA}
XOLAIR^{PA, †}
XULTOPHY^{QL}

Y-Z

zaleplon
ZENPEP
ZIEXTENZO^{QL, PA, †}
zolmitriptan^{QL}
zolpidem ER^{QL, ST}
zolpidem^{QL}
ZOMIG^{QL}
zonisamide
ZONTIVITY^{QL}
ZYLET

(continued)

Examples of Excluded Medications with Selected Formulary Alternatives



The following is a list of some excluded medications with examples of selected covered formulary alternatives. This is not an all-inclusive list.

| Excluded Medication(s) | Selected Preferred Alternative(s) |
|--|--|
| ACANYA and ONEXTON (clindamycin phosphate-benzoyl peroxide) | clindamycin and benzoyl peroxide (separate agents) |
| ACIPHEX (rabeprazole) | lansoprazole, omeprazole, pantoprazole |
| ACTEMRA | ENBREL, HUMIRA |
| ADMELOG (insulin lispro) | NOVOLOG |
| AEROSPAN (flunisolide) | ARNUITY ELLIPTA ^{QL} , ASMANEX HFA ^{QL} , ASMANEX TWISTHALER ^{QL} , FLOVENT DISKUS ^{QL} , FLOVENT HFA ^{QL} , PULMICORT FLEXHALER ^{QL} , QVAR REDIHALER ^{QL} |
| AIRDUO (fluticasone-salmeterol) | ADVAIR DISKUS ^{QL} , ADVAIR HFA ^{QL} , BREO ELLIPTA ^{QL} , SYMBICORT ^{QL} |
| ALPHAGAN-P (brimonidine) | brimonidine 0.15% |
| ALVESCO (ciclesonide) | ARNUITY ELLIPTA ^{QL} , ASMANEX HFA ^{QL} , ASMANEX TWISTHALER ^{QL} , FLOVENT DISKUS ^{QL} , FLOVENT HFA ^{QL} , PULMICORT FLEXHALER ^{QL} , QVAR REDIHALER ^{QL} |
| ANDROGEL 1.62% (testosterone gel) | testosterone cypionate, testosterone enanthate, testosterone gel |
| APIDRA, APIDRA SOLOSTAR (insulin glulisine) | NOVOLOG |
| AUVI-Q (epinephrine solution) | epinephrine 0.15 mg ^{QL} , epinephrine 0.3 mg ^{QL} , EPIPEN ^{QL} , EPIPEN JR ^{QL} |
| BASAGLAR (insulin glargine) | LANTUS, LEVEMIR, TOUJEO, TRESIBA |
| BELSOMRA (suvorexant) | zolpidem IR ^{QL} , zaleplon |
| BONJESTA and DICLEGIS (doxylamine-pyridoxine) | OTC doxylamine and OTC pyridoxine |
| BRAVELLE (urofollitropin) | GONAL-F [†] , GONAL-F RFF [†] |
| BYETTA (exenatide) | OZEMPIC ^{PA QL} , TRULICITY ^{PA QL} , VICTOZA ^{PA QL} |
| BYDUREON (exenatide extended-release) | OZEMPIC ^{PA QL} , TRULICITY ^{PA QL} , VICTOZA ^{PA QL} |
| CALQUENCE (acalabrutinib) | IMBRUVICA ^{QL PA †} , VENCLEXTA ^{QL PA †} |
| CAMBIA (diclofenac) | diclofenac sodium DR |
| chlorzoxazone | cyclobenzaprine |
| CIMZIA | ENBREL, HUMIRA |
| COMBIGAN (brimonidine-timolol) | brimonidine 0.2% and timolol 0.5% (separate agents) |
| CONCERTA ER (methylphenidate extended-release) | amphetamine-dextroamphetamine ER ^{QL} , methylphenidate ER ^{QL} |
| DENAVIR (penciclovir) | acyclovir ointment |
| DEXILANT (dexlansoprazole) | lansoprazole, omeprazole, pantoprazole |
| DIABETES TEST STRIPS (e.g., Accu-Chek, Ascensia, Breeze, Contour, Freestyle, etc.) | ONETOUCH ^{QL} |
| DORYX (doxycycline hyclate DR) | doxycycline hyclate |
| DULERA (mometasone-formoterol) | ADVAIR DISKUS ^{QL} , ADVAIR HFA ^{QL} , BREO ELLIPTA ^{QL} , SYMBICORT ^{QL} |
| DUREZOL (difluprednate) | prednisolone acetate ophth solution |
| EPIDUO FORTE | clindamycin and tretinoin |
| EXTAVIA (interferon beta-1b) | BETASERON ^{† PA QL} , REBIF ^{† PA QL} |
| fenoprofen | ibuprofen, meloxicam |
| FOLLISTIM AQ (follitropin beta) | GONAL-F [†] , GONAL-F RFF [†] |
| FOSTEUM, FOSTEUM PLUS | alendronate, ibandronate, risedronate |
| FORFIVO XL (bupropion ER) | bupropion ER |
| GAMMAKED (immune globulin) | GAMMAGARD ^{PA †} , GAMUNEX-C ^{PA †} , XEMBIFY ^{PA †} |
| GLEEVEC (imatinib) | imatinib ^{† PA QL} |
| GLUMETZA and FORTAMET (metformin ER modified/osmotic) | metformin ER (generic Glucophage XR) |
| GRALISE (gabapentin) | gabapentin |
| HIZENTRA (immune globulin) | GAMMAGARD ^{PA †} , GAMUNEX-C ^{PA †} , XEMBIFY ^{PA †} |
| HORIZANT (gabapentin ER) | gabapentin |
| HUMALOG (insulin lispro) | NOVOLOG |
| HUMULIN N (insulin isophane), HUMULIN R (insulin regular), HUMULIN 70/30 (insulin NPH and regular) | NOVOLIN N, NOVOLIN R, NOVOLIN 70/30 |
| ILUMYA | STELARA, TREMFYA |
| INCRUSE ELLIPTA (umeclidinium) | SPIRIVA ^{QL} |
| INVOKANA (canagliflozin) | FARXIGA ^{QL} , JARDIANCE ^{QL} |
| INVOKAMET (canagliflozin-metformin), INVOKAMET XR (canagliflozin-metformin ER) | SYNJARDY ^{QL} , SYNJARDY XR ^{QL} , XIGDUO XR ^{QL} |
| JADENU ^{† PA} (deferasirox) | deferasirox ^{† PA} |
| JENTADUETO, JENTADUETO XR (linagliptin and metformin) | JANUMET ^{QL} , JANUMET XR ^{QL} |
| KAZANO (alogliptin-metformin) | JANUMET ^{QL} , JANUMET XR ^{QL} |
| ketoprofen | ibuprofen, meloxicam |
| KEVZARA | ENBREL, HUMIRA |
| KINERET | ENBREL, HUMIRA |
| KOMBIGLYZE XR (saxagliptin-metformin ER) | JANUMET ^{QL} , JANUMET XR ^{QL} |
| MINIVELLE (estradiol transdermal) | estradiol patch ^{QL} |
| MOVIPREP (polyethylene glycol electrolyte solution) | peg-3350 electrolyte solution ^{QL} |
| NASCOBAL (cyanocobalamin nasal) | OTC vitamin B12 |

(continued)

Examples of Excluded Medications with Selected Formulary Alternatives



The following is a list of some excluded medications with examples of selected covered formulary alternatives. This is not an all-inclusive list.

| Excluded Medication(s) | Selected Preferred Alternative(s) |
|--|---|
| NESINA (alogliptin) | JANUVIA ^{QL} |
| NEULASTA (pegfilgrastim) | FULPHILA ^{PA, QL, †} , ZIEXTENZO ^{PA, QL, †} |
| NORDITROPIN (somatropin) | GENOTROPIN ^{†, PA} |
| NORITATE (metronidazole) | azelaic acid gel, metronidazole |
| NUCYNTA (tapentadol) | hydrocodone-acetaminophen, morphine sulfate, oxycodone, tramadol |
| NUCYNTA ER (tapentadol ER) | hydromorphone ER ^{QL} , morphine sulfate ER ^{QL} , oxymorphone ER ^{QL} |
| OLUMIANT | RINVOQ, XELJANZ |
| ONGLYZA (saxagliptin) | JANUVIA ^{QL} |
| ORENCIA | ENBREL, HUMIRA |
| ORTHO DF (folic acid-vitamin D3) | OTC vitamins or folic acid |
| OSENI (alogliptin-pioglitazone) | JANUVIA ^{QL} and pioglitazone |
| PANCREAZE (pancrelipase DR) | CREON, ZENPEP |
| PERTZYE (pancrelipase DR) | CREON, ZENPEP |
| PROAIR, PROAIR RESPICLICK (albuterol sulfate) | albuterol HFA ^{QL} |
| PRODIGEN (lactobacillus-acidophilus) | OTC alternatives |
| PROVENTIL HFA (albuterol) | albuterol HFA ^{QL} |
| QTERN (dapagliflozin-saxagliptin) | GLYXAMBI ^{QL} |
| rabeprazole | lansoprazole, omeprazole, pantoprazole |
| SEGLUROMET (ertugliflozin-metformin) | SYNJARDY ^{QL} , SYNJARDY XR ^{QL} , XIGDUO XR ^{QL} |
| SILIQ | STELARA, TREMFYA |
| SIMPONI, SIMPONI ARIA | ENBREL, HUMIRA |
| SITAVIG (acyclovir) | acyclovir, valacyclovir |
| SPRIX (ketorolac) | ibuprofen, meloxicam |
| STEGLATRO (ertugliflozin) | FARXIGA ^{QL} , JARDIANCE ^{QL} |
| STEGLUJAN (ertugliflozin-sitagliptin) | GLYXAMBI ^{QL} |
| SOLIQUA (insulin glargine-lixisenatide) | XULTOPHY ^{PA, QL} |
| SOLODYN (minocycline ER) | minocycline |
| SOOLANTRA (ivermectin cream) | metronidazole cream |
| TALTZ | STELARA, TREMFYA |
| TECFIDERA (dimethyl fumarate) | dimethyl fumarate ^{PA, QL, †} |
| TEKTURNA (aliskiren) | enalapril, lisinopril, irbesartan, losartan, valsartan |
| TIROSINT (levothyroxine) | levothyroxine, SYNTHROID |
| TRADJENTA (linagliptin) | JANUVIA ^{QL} |
| TREXIMET (sumatriptan-naproxen) | sumatriptan ^{QL} and naproxen (separate agents) |
| TUDORZA PRESSAIR (aclidinium) | SPIRIVA ^{QL} |
| UDENYCA (pegfilgrastim-cbqv) | FULPHILA ^{PA, QL, †} , ZIEXTENZO ^{PA, QL, †} |
| VENTOLIN HFA (albuterol sulfate) | albuterol HFA ^{QL} |
| VIMOVO (esomeprazole-naproxen) | OTC esomeprazole and OTC naproxen |
| XOPENEX HFA (levalbuterol) | albuterol HFA ^{QL} |
| ZEGERID (omeprazole-sodium bicarbonate) | OTC omeprazole-sodium bicarbonate |
| ZELAC (lactobacillus-acidophilus) | OTC alternatives |
| ZIANA and VELTIN (clindamycin phosphate-tretinoin) | clindamycin and tretinoin ^{AE} (separate agents) |
| ZIOPTAN (tafluprost) | latanoprost |
| ZORVOLEX (diclofenac) | diclofenac sodium DR |
| ZOVIRAX CREAM | acyclovir ointment |
| ZYTIGA (abiraterone) | abiraterone ^{† PA, QL} |

KEY

[INJ] = Injectable Drug
 ER = Extended-Release
 DR = Delayed Release
 AE = Age Edit
 LD = Limited Distribution
 PA = Prior Authorization
 QL = Quantity Limits
 ST = Step Therapy
 † Indicates specialty medications

For the member: Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the US Food and Drug Administration (FDA) may not be covered upon release to market.

WellDyne may contact your provider after receiving a prescription to request consideration of a drug list product or generic equivalent. This may result in your provider prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of the original prescription. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred or excluded option upon release of the generic product to the market.

For the physician: Generics should be considered the first-line of prescribing. Please prescribe preferred products and allow generic substitutions when medically appropriate. Brand-name drugs are listed in CAPITAL letters; generic drugs are listed in lower case letters.

This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to market.