



2024 Elite Impact Formulary List

The 2024 Elite Impact Formulary drug list is shown below. The formulary is the list of drugs included in your prescription plan. Inclusion does not guarantee coverage. The following list is not a complete list of products that are on the formulary.

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

KEY

[PA] – Prior Authorization Requirement

[ST] – Step Therapy Requirement

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

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

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

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

1	albuterol sulfate hfa	ASMANEX HFA	BRIXADI
1ST TIER UNIFINE PENTIPS	ALECENSA [PA]	atenolol	brompheniramine- pseudoephed-dm
1ST TIER UNIFINE PENTIPS PLUS	alendronate sodium	atomoxetine hcl	BRUKINSA [PA]
A	allopurinol	atorvastatin calcium	budesonide
ABILIFY ASIMTUFII	alprazolam	ATROVENT HFA	budesonide-formoterol fumarate
ABILIFY MAINTENA	ALPROLIX	AUVI-Q	buprenorphine-naloxone
ACCU-CHEK FASTCLIX	ALTUVIIIIO	AVONEX [PA]	bupropion hcl
LANCET DRUM	ALUNBRIG [PA]	AVONEX PEN [PA]	bupropion hcl sr
ACCU-CHEK SOFTCLIX	amitriptyline hcl	AZASITE	bupropion xl
acetaminophen-codeine	amlodipine besylate	azelastine hcl	buspironone hcl
ACTEMRA [PA]	amoxicillin	azithromycin	B
ACTEMRA ACTPEN [PA]	amoxicillin-clavulanate potass	baclufen	BYDUREON BCISE [PA]
acyclovir	ANDRODERM [PA]	BAQSIMI	BYETTA [PA]
ADBRY [PA]	ANORO ELLIPTA	BARACLUDE	BYOOVIZ [PA]
ADEMPAS [PA]	APRETUDE [PA]	BAXDELA [PA]	C
ADVAIR HFA	APRISO	BELBUCA	CABENUVA [PA]
ADVATE	ARALAST NP	BENEFIX	CABOMETYX [PA]
ADYNOVATE	ARIKAYCE [PA]	benzonatate	calcitriol
AFSTYLA	aripiprazole	BETASERON [PA]	CALQUENCE [PA]
AIMOVIG AUTOINJECTOR [PA]	ARISTADA	BIKTARVY	CARBAGLU [PA]
AJOVY AUTOINJECTOR [PA]	ARISTADA INITIO	BOSULIF [PA]	carvedilol
AJOVY SYRINGE [PA]	ARMOUR THYROID	BREO ELLIPTA	cefazolin sodium
albuterol sulfate	ARNUITY ELLIPTA	BREZTRI AEROSPHERE	cefdinir
	ASMANEX	BRILINTA	celecoxib

Cost for covered alternatives may vary.

cephalexin	dicyclomine hcl	FABHALTA [PA]	GVOKE PFS 1-PACK
CEQUA	DILANTIN	famotidine	SYRINGE
CERDELGA [PA]	diltiazem 24hr er (cd)	fenofibrate	GVOKE PFS 2-PACK
CEREZYME [PA]	divalproex sodium	fentanyl [pa]	SYRINGE
CETROTIDE	DOPTELET [PA]	finasteride	H
chlorhexidine gluconate	DOVATO	FLECTOR [PA]	HADLIMA [PA]
chlorthalidone	doxycycline hyclate	fluconazole	HADLIMA PUSHTOUCH
CIBINQO [PA]	doxycycline monohydrate	fluoxetine hcl	[PA]
CIMDUO	DROPSAFE PREP PADS	fluticasone propionate	HADLIMA(CF) [PA]
cinacalcet hcl [pa]	DUAVEE	fluticasone propionate hfa	HADLIMA(CF)
CINRYZE [PA]	DULERA	fluticasone-salmeterol	PUSHTOUCH [PA]
ciprofloxacin hcl	duloxetine hcl	folic acid	HAEGARDA [PA]
citalopram hbr	DUPIXENT PEN [PA]	FREESTYLE LIBRE 14 DAY	haloperidol
clindamycin hcl	DUPIXENT SYRINGE [PA]	READER	haloperidol lactate
clindamycin phosphate	DYANAVEL XR [ST]	FREESTYLE LIBRE 14 DAY	HARVONI [PA]
clobetasol propionate	DYSPORT [PA]	SENSOR	heparin sodium
clonazepam	E	FREESTYLE LIBRE 2	heparin sodium-d5w
clonidine hcl	ELIGARD [PA]	READER	HUMALOG
clopidogrel	ELIQUIS	FREESTYLE LIBRE 2	HUMALOG JUNIOR
COMBIPATCH	ELOCTATE	SENSOR	KWIKPEN
COMBIVENT RESPIMAT	EMGALITY PEN [PA]	FREESTYLE LIBRE 3	HUMALOG KWIKPEN U-
COMETRIQ [PA]	EMGALITY SYRINGE [PA]	READER	100
CONTRAVE [PA]	EMPAVELI [PA]	FREESTYLE LIBRE 3	HUMALOG KWIKPEN U-
COTELLIC [PA]	EMVERM [PA]	SENSOR	200
CREON	ENBREL [PA]	furosemide	HUMALOG MIX 50-50
cyclobenzaprine hcl	ENBREL MINI [PA]	G	HUMALOG MIX 50-50
CYSTADANE	ENBREL SURECLICK [PA]	gabapentin	KWIKPEN
D	ENDOMETRIN	GAVRETO [PA]	HUMALOG MIX 75-25
DAYVIGO [ST]	ENTRESTO	GELNIQUE [ST]	HUMALOG MIX 75-25
DESCOVY [PA]	EPCUSA [PA]	GEMTESA	KWIKPEN
desvenlafaxine succinate	EPIDIOLEX [PA]	GENOTROPIN [PA]	HUMALOG TEMPO PEN U-
er	epinephrine	gentamicin sulfate	100
dexamethasone	EPIPEN 2-PAK	GENVOYA	HUMIRA [PA]
DEXCOM G6 RECEIVER	EPIPEN JR 2-PAK	GLASSIA	HUMIRA PEN [PA]
DEXCOM G6 SENSOR	ERIVEDGE [PA]	glimepiride	HUMIRA(CF) [PA]
DEXCOM G6	ERLEADA [PA]	glipizide	HUMIRA(CF) PEDIATRIC
TRANSMITTER	erythromycin	glipizide er	CROHN'S [PA]
DEXCOM G7 RECEIVER	escitalopram oxalate	GLUCAGEN	HUMIRA(CF) PEN [PA]
DEXCOM G7 SENSOR	esomeprazole magnesium	GLYXAMBI [ST]	HUMIRA(CF) PEN
dexmethylphenidate hcl	ESPEROCT	GONAL-F	CROHN'S-UC-HS [PA]
er	estradiol	GONAL-F RFF	HUMIRA(CF) PEN
dextroamphetamine-	estradiol (twice weekly)	GONAL-F RFF REDI-JECT	PEDIATRIC UC [PA]
amphet er	ESTRING	GRASTEK [PA]	HUMIRA(CF) PEN PSOR-
dextroamphetamine-	EUFLEXXA [PA]	guanfacine hcl er	UV-ADOL HS [PA]
amphetamine	ezetimibe	GVOKE	HUMULIN 70/30 KWIKPEN
diazepam	F	GVOKE HYPOPEN 1-PACK	HUMULIN 70-30
diclofenac sodium		GVOKE HYPOPEN 2-PACK	HUMULIN N
			HUMULIN N KWIKPEN
			HUMULIN R

Cost for covered alternatives may vary.

HUMULIN R U-500
HUMULIN R U-500
KWIKPEN
hydralazine hcl
hydrochlorothiazide
hydrocodone-
acetaminophen
hydrocortisone
hydromorphone hcl
hydroxychloroquine
sulfate
hydroxyzine hcl
hydroxyzine pamoate
hyoscyamine sulfate
HYRIMOZ(CF) [PA]
HYRIMOZ(CF) PEDIATRIC
CROHN'S [PA]
HYRIMOZ(CF) PEN [PA]
HYRIMOZ(CF) PEN
CROHN-UC START [PA]
HYRIMOZ(CF) PEN
PSORIASIS [PA]

I

IBRANCE [PA]
ibuprofen
ILET INFUSION KIT-INSET
ILET INFUSION-CONTACT
DETACH
ILET INSULIN PUMP
IMBRUVICA [PA]
INCONTROL PEN NEEDLE
INCRUSE ELLIPTA
INFLECTRA [PA]
INLYTA [PA]
insulin lispro
insulin lispro kwikpen u-
100
ipratropium bromide
ipratropium-albuterol
IXINITY

J

JAKAFI [PA]
JANUMET [ST]
JANUMET XR [ST]
JANUVIA [ST]
JARDIANCE
JIVI
JULUCA

K

KANJINTI [PA]
KESIMPTA PEN [PA]
ketoconazole
ketorolac tromethamine
KISQALI [PA]
KISQALI FEMARA CO-PACK
[PA]
KLOXXADO
KOGENATE FS
KOVALTRY
KYLEENA

L

labetalol hcl
lactulose
lamotrigine
latanoprost
LENVIMA [PA]
LEVEMIR
LEVEMIR FLEXPEN
levetiracetam
levocetirizine
dihydrochloride
levofloxacin
levothyroxine sodium
lidocaine
lidocaine-prilocaine
LINZESS
lisdexamfetamine
dimesylate
lisinopril
lisinopril-
hydrochlorothiazide
LOKELMA [PA]
lorazepam
LORBRENA [PA]
losartan potassium
losartan-
hydrochlorothiazide
LOTEMAX
LOTEMAX SM
LUMAKRAS [PA]
LUPRON DEPOT [PA]
LUPRON DEPOT-PED [PA]
LYNPARZA [PA]
LYUMJEV
LYUMJEV KWIKPEN U-100

LYUMJEV KWIKPEN U-200
LYUMJEV TEMPO PEN U-
100

M

MAVYRET [PA]
medroxyprogesterone
acetate
MEKINIST [PA]
meloxicam
metformin hcl
metformin hcl er
methadone hcl
methocarbamol
methotrexate
methylphenidate er
methylphenidate hcl
methylprednisolone
metoprolol succinate
metoprolol tartrate
metronidazole
MICROLET
MICROLET 2
MICROLET NEXT LANCING
DEVICE
MIRENA
mirtazapine
MONOVISC
montelukast sodium
MORPHINE SULFATE
morphine sulfate [pa]
morphine sulfate er
MOUNJARO [PA]
MOVANTIK
mupirocin
MUSE
MVASI [PA]
MYFEMBREE [PA]
MYRBETRIQ
N
naltrexone hcl
naproxen
NASCOBAL
NATESTO [PA]
NAYZILAM
NEULASTA [PA]
NEULASTA ONPRO [PA]
NEXLETOL [PA]

NEXLIZET [PA]
nifedipine er
nitrofurantoin mono-
macro
NIVESTYM [PA]
nortriptyline hcl
NOVAREL
NOVOEIGHT
np thyroid
NUCALA [PA]
NUDEXTA [PA]
NURTEC ODT [PA]
NUWIQ
nystatin
O
OCREVUS [PA]
ODACTRA
ODEFSEY
ODOMZO [PA]
OFEV [PA]
ofloxacin
olanzapine
olmesartan medoxomil
omeprazole
OMNIPOD 5 G6 INTRO KIT
(GEN 5)
OMNIPOD 5 G6 PODS
(GEN 5)
OMNIPOD CLASSIC PODS
(GEN 3)
OMNIPOD DASH INTRO
KIT (GEN 4)
OMNIPOD DASH PODS
(GEN 4)
OMNIPOD GO PODS
OMNITROPE [PA]
ondansetron hcl
ondansetron odt
ONETOUCH DELICA PLUS
LANCET
ONETOUCH ULTRA TEST
STRIP
ONETOUCH ULTRA2
ONETOUCH VERIO FLEX
METER
ONETOUCH VERIO
REFLECT METER

Cost for covered alternatives may vary.

ONETOUCH VERIO TEST STRIP	PREMPHASE	S	TAKHZYRO [PA]
OPVEE	PREMPRO	SANCUSO [PA]	TALTZ AUTOINJECTOR (2 PACK) [PA]
ORALAIR [PA]	PROCRIT [PA]	SAVELLA	TALTZ AUTOINJECTOR (3 PACK) [PA]
ORFADIN [PA]	progesterone	SAXENDA [PA]	TALTZ AUTOINJECTOR [PA]
ORIAHNN [PA]	PROLASTIN C	SCSEMBLIX [PA]	TALTZ SYRINGE [PA]
ORLISSA [PA]	PROMACTA [PA]	SEMGLEE (YFGN)	TALZENNA [PA]
ORTHOVISC [PA]	promethazine hcl	SEMGLEE (YFGN) PEN	tamsulosin hcl
oseltamivir phosphate	promethazine-dm	sertraline hcl	TASIGNA [PA]
OTEZLA [PA]	propranolol hcl	SEVENFACT	TEGSEDI [PA]
OVIDREL	Q	sildenafil citrate	TEMPO REFILL KIT (WITH GAUZE)
oxcarbazepine	QSYMIA [PA]	SIMPONI ARIA [PA]	TEMPO SMART BUTTON
oxybutynin chloride er	QUDEXY XR [ST]	simvastatin	TEMPO WELCOME KIT
oxycodone hcl	quetiapine fumarate	SKYLA	testosterone cypionate [pa]
oxycodone-acetaminophen	QUILLICHEW ER [ST]	SKYRIZI [PA]	TEZSPIRE [PA]
OXYCONTIN	QUILLIVANT XR [ST]	SKYRIZI ON-BODY [PA]	tizanidine hcl
OZEMPIC [PA]	QULIPTA [PA]	SKYRIZI PEN [PA]	TOBI PODHALER [PA]
P	QVAR REDIHALER	SKYTROFA [PA]	TOBRADEX
pantoprazole sodium	R	SOGROYA [PA]	TOBRADEX ST
paroxetine hcl	RAGWITEK	SOLIQUA 100-33 [ST]	topiramate
PAXLOVID	RASUVO [ST]	SOMATULINE DEPOT [PA]	tramadol hcl
PEN NEEDLE	REBIF [PA]	SOMAVERT [PA]	TRAZIMERA [PA]
PEN NEEDLES	REBIF REBIDOSE [PA]	SPIRIVA HANDIHALER	trazodone hcl
PENTASA	REBINYN	SPIRIVA RESPIMAT	TRELEGY ELLIPTA
PENTIPS	RECOMBINATE	spironolactone	TREMFYA [PA]
PERSERIS	RECTIV	SPRYCEL [PA]	TRESIBA
PHEBURANE [PA]	RELISTOR [PA]	STELARA [PA]	TRESIBA FLEXTOUCH U-100
phenazopyridine hcl	REPATHA PUSHTRONEX [PA]	STIOLTO RESPIMAT	TRESIBA FLEXTOUCH U-200
phentermine hcl	REPATHA SURECLICK [PA]	STIVARGA [PA]	tretinoin
phenylephrine hcl-0.9% nacl	REPATHA SYRINGE [PA]	STRENSIQ [PA]	triamcinolone acetonide
PHESGO [PA]	RESTASIS	STRIVERDI RESPIMAT	triamterene-hydrochlorothiazid
pioglitazone hcl	RESTASIS MULTIDOSE	SUBLOCADE [PA]	TRIJARDY XR [ST]
PIQRAY [PA]	RETACRIT [PA]	sucralfate	TRIPTODUR [PA]
PLEGRIDY [PA]	REVLIMID [PA]	sulfamethoxazole-trimethoprim	TRIUMEQ
PLEGRIDY PEN [PA]	REYVOW [PA]	sumatriptan succinate	TRIUMEQ PD
polymyxin b sul-trimethoprim	RINVOQ [PA]	SUNOSI [PA]	TROKENDI XR [ST]
potassium chloride	risperidone	SYMLINPEN 120	TRUE METRIX AIR GLUCOSE METER
pravastatin sodium	RIXUBIS	SYMLINPEN 60	TRUE METRIX GLUCOSE TEST STRIP
prazosin hcl	rizatriptan	SYMPROIC	TRUEPLUS INSULIN SYRINGE
PRECISION XTRA	ropinirole hcl	SYMTUZA	
prednisolone acetate	rosuvastatin calcium	SYNJARDY	
prednisone	ROZLYTREK [PA]	SYNJARDY XR	
pregabalin	RUCONEST [PA]	T	
PREMARIN	RUXIENCE [PA]	tacrolimus	
	RYBELSUS [PA]	TAFINLAR [PA]	
	RYKINDO	TAGRISSO [PA]	

Cost for covered alternatives may vary.

TRUEPLUS PEN NEEDLE
TRULANCE
TRULICITY [PA]
TYMLOS [PA]

U

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

V

valacyclovir
valsartan
VARUBI
VASCEPA
VELPHORO [ST]
VEMLIDY
venlafaxine hcl er
V-GO 20
V-GO 30
V-GO 40
VIBERZI [ST]
VIOKACE
vitamin d2
VITRAKVI [PA]
VIVITROL
VIZIMPRO [PA]

VOSEVI [PA]

W

warfarin sodium
WEGOVY [PA]

X

XALKORI [PA]
XARELTO
XIFAXAN [PA]
XOLAIR [PA]
XTANDI [PA]
XULTOPHY 100-3.6 [ST]
XYNTHA
XYNTHA SOLOFUSE

Y

YUPELRI

Z

ZARXIO [PA]

ZEGALOGUE

AUTOINJECTOR

ZEGALOGUE SYRINGE
ZEJULA [PA]
ZELBORAF [PA]
ZENPEP
ZEPBOUND [PA]
ZIEXTENZO [PA]
ZIMHI
ZIRABEV [PA]
zolpidem tartrate
zomig [st]
ZUBSOLV
ZYLET

Excluded Drug Tables

The excluded medications shown below are not covered on the formulary. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price. Please note that product placement on this list is subject to change throughout the year based upon market dynamics, new indications for existing products, and new product launches. The list below is not a complete list of all products considered excluded drugs by Kroger Prescription Plan; in most cases, multi-source brands are excluded from coverage with preference given generic equivalents.

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

Drug Class	Excluded Medications	Preferred Alternatives
ADHD Agents - Stimulants	CONCERTA, MYDAYIS, RELEXXI, AZSTARYS, VYVANSE, DAYTRANA	methylphenidate, dexamethylphenidate
Analgesic- Non-Opioid	CAMBIA, DUEXIS, ZIPSOR, ZORVOLEX	diclofenac, diclofenac potassium, famotidine
Analgesic – Opioid	hydrocodone-APAP 5/7.5/10 – 300 mg	hydrocodone-APAP 5/7.5/10 – 325 mg
Anti-Anginal Agents	RANEXA	diltiazem, verapamil
Anti-Coagulant	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Anticonvulsants	APTIOM, VIMPAT	carbamazepine, oxbarbazepine, gabapentin
	Topiramate ER capsules, EPRONTIA	topiramate tablets, QUDEXY XR
	Pregabalin ER	pregabalin (regular release)
Anti-Depressants	APLENZIN	Bupropion
Anti-Diabetic Agents	GLUMETZA, FORTAMET	Metformin ER
Anti-Diabetic Agents - combo products	Alogliptin/Metformin, KAZANO, KOMBIGLYZE XR, JENTADUETO, JENTADUETO XR, QTERN, STEGLUJAN	JANUMET, JANUMET XR, GLYXAMBI, TRIJARDY
Anti-Diabetic Agents - DPP4	ALOGLIPTIN, NESINA, ONGLYZA, TRAJENTA	JANUVIA
Anti-Diabetic Agents - GLP1 antagonist	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, MOUNJARO, RYBELSUS, TRULICITY
Anti-Diabetic Agents – SGLT2i	FARXIGA, INVOKANA, INVOKAMET/INVOKAMET XR, STEGLATRO, SEGLUROMET, XIGDUO XR	JARDIANCE, SYNJARDY/XR
Anti-Fungal - Azole	NOXAFIL	itraconazole, ketoconazole
Anti-Glaucoma (Ophthalmic Prostaglandins)	ALPHAGAN P, COMBIGAN, LUMIGAN, TRAVATAN Z, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Anti-Gout Agents	ULORIC	allopurinol, colchicine
Anti-Hemorrhagics	TAVALISSE	DOPTELET, PROMACTA, NPLATE
Anti-Hypertensives	Nisoldipine ER	Generic amlodipine, felodipine, or nifedipine
Anti-Migraine Therapy	VYEPTI TREXIMET	AIMOVIG, AJOVY, EMGALITY, NURTEC ODT, QULIPTA, REYVOW, UBRELVY sumatriptan and naproxen individually
Anti-Neoplastic Monoclonal Antibody	RIABNI	RUXIENCE

Cost for covered alternatives may vary.

THIS DOCUMENT LIST IS EFFECTIVE JULY 1, 2024 THROUGH DECEMBER 31, 2024. THIS LIST IS SUBJECT TO CHANGE. Page 6 of 12

Drug Class	Excluded Medications	Preferred Alternatives
Anti-Parkinsonism Agents	NEUPRO	pramipexole IR, ropinirole IR
	GOCOVRI ER	amantadine capsules/tablets/oral solution
	XADAGO, ZELAPAR	rasagiline, selegiline
Blood Glucose Meters & Test Strips	BAYER (BREEZE, CONTOUR), GE100, HEALTHPRO, EASY TALK PLUS II, NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), UNISTRIP, VIVAGUARD, EASY TRAK II, ABBOTT (FREESTYLE, PRECISION)	LIFESCAN (ONETOUCH), TRUE METRIX
Chelating Agents	JADENU	deferasirox
Cardiovascular	ROSZET	ezetimibe, simvastatin
Contraceptives	NUVARING, SAFYRAL, BALCOLTRA	Numerous Alternatives
Duchenne Muscular Dystrophy (DMD) Agents	EXONDYS 51, VYONDYS 53	No alternatives recommended
Duchenne Muscular Dystrophy (DMD) Agents - Misc.	EMFLAZA	prednisone solution, prednisone tablets
Dyslipidemia Agents	icosapent ethyl	VASCEPA
Emphysema Agents	ZEMAIRA	ARALAST NP, GLASSIA, PROLASTIN C
Epinephrine Auto-Injector Systems	SYMJEPI	EPINEPHRINE AUTO-INJECTOR (BY MYLAN), AUVI-Q, EPIPEN, EPIPEN JR
Erectile Dysfunction Oral Agents	LEVITRA, STAXYN, STENDRA, VIAGRA	tadalafil, sildenafil
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING, INTRAROSA	estradiol patches, estradiol tablets, YUVAFEM, ESTRING, PREMARIN CREAM
Fertility Products	All excluded unless listed in Preferred Alternatives column	OVIDREL, NOVAREL, GONAL-F, ENDOMETRIN, clomiphene
Gastrointestinal - Acid Related Disorders	CARAFATE SUSP	omeprazole, pantoprazole
Gout Therapy	COLCRYS, MITIGARE, DUZALLO	colchicine tablets, allopurinol
Granulocyte Colony Stimulating Factors	FULPHILA, NEUPOGEN, GRANIX, NYVEPRIA, UDENYCA, STIMUFEND, FYLNETRA	NIVESTYM, NEULASTA, NEULASTA ONPRO, ZARXIO, ZIEXTENZO
Growth Hormones	HUMATROPE, NORDITROPIN, NUTROPIN AQ, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, OMNITROPE, SKYTROFA, SOGROYA

Cost for covered alternatives may vary.

Drug Class	Excluded Medications	Preferred Alternatives
Hemostatics	NOVOSEVEN RT	SEVENFACT
Hepatitis C	DAKLINZA, OLYSIO, SOVALDI, TECHNIVIE, VIEKIRA PAK, VIEKIRA XR, ZEPATIER, velpatasvir/sofosbuvir, ledipasvir/sofosbuvir	MAVYRET, HARVONI, EPCLUSA, VOSEVI
Hyaluronic Acid Derivatives	All hyaluronic acid products except for the three preferred alternatives	EUFLEXXA, MONOVISC, ORTHOVISC
HIV	ATRIPLA, DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	COMPLERA	ODEFSEY
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS
	PREZISTA	darunavir
	STRIBILD	BIKTARVY, GENVOYA
	TRUVADA	emtricitabine-tenofovir
Immunoglobulins	CUTAQUIG, GAMMAKED, PRIVIGEN	GAMUNEX-C, XEMBIFY
Immunosuppressants	OTREXUP, REDITREX	RASUVO
Inflammatory Bowel Agents	ASACOL HD, DIPENTUM, mesalamine 800 MG delayed-release, LIALDA, DELZICOL	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
Insulins	NOVOLIN	HUMULIN
Insulins - Long Acting	LANTUS, LANTUS SOLOSTAR	SEMGLEE (YFGN), TRESIBA, insulin glargine-yfng
Insulins - Rapid Acting	APIDRA, NOVOLOG	insulin lispro, LYUMJEV, HUMALOG
Intestinal Anti-Inflammatory Agents	UCERIS	budesonide EC
Intra-articular Analgesic	DUROLANE	Oral Analgesic Therapy
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA, ZELNORM	LINZESS, TRULANCE
Laxatives	MOVIPREP, OSMOPREP, CLENPIQ, SUPREP	polyethylene glycol, lactulose
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER, XTAMPZA ER, MORPHABOND ER, NUCYNTA ER, HYSINGLA ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, OXYCONTIN
Lysosomal Storage Disorder Agents	ELELYSO	CEREZYME
Metabolic Disorder Agents	OXLUMO	No alternatives recommended
Miscellaneous Endocrine Drugs	KORLYM	ketoconazole, LYSODREN, SIGNIFOR
Miscellaneous	Most Multi-Source Brands	generic equivalents

Cost for covered alternatives may vary.

Drug Class	Excluded Medications	Preferred Alternatives
Misc. Topical Agents	CARAC, fluorouracil 0.5% cream, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream
Multiple Sclerosis	AUBAGIO, BAFIERTAM, BRIUMVI, TECFIDERA, VUMERITY, COPAXONE, EXTAVIA, TASCENSO ODT, GILENYA, MAVENCLAD, MAYZENT, PONVORY	dimethyl fumarate, fingolimod, glatiramer, AVONEX, , BETASERON, KESIMPTA, REBIF, OCREVUS, , teriflunomide
Myasthenia Gravis Agents	Mestinon	pyridostigmine, pyridostigmine ER
Myasthenic Agents	FIRDAPSE	RUZURGI
Narcotic Antagonists	EVZIO	naloxone syringe, KLOXXADO
Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA, QNASL	budesonide, flunisolide, fluticasone, mometasone
Neuropathy	GRALISE, HORIZANT	gabapentin, ropinirole
Ophthalmic – glaucoma agents	timolol maleate, PF, single use vial	timolol maleate, multi-dose vials
Ophthalmic - Cystinosis Agents	PROCYSBI	CYSTAGON
Ophthalmic Antihistamines	LASTACRAFT, PAZEO, ALOCRI, ALOMIDE, ZERVIA, BEPREVE	azelastine, olopatidine, Cromolyn, bepotastine
Ophthalmic Anti-infectives	MOXEZA	ciprofloxacin eye drops, erythromycin ophthalmic ointment
Ophthalmic Decongestants, Sympathomimetics	UPNEEQ	phenylephrine, naphazoline
Oncology – anti-androgens	ZYTIGA	abiraterone (250 mg specifically)
Oncology - GnRH analog	TRELSTAR	ELIGARD, FIRMAGON
Oncology - IgG1 monoclonal antibody	HERCEPTIN, HERCEPTIN HYLECTA, OGVIRI, HERZUMA	KANJINTI, TRAZIMERA
Oncology - JAK2/FLT3 inhibitor	INREBIC	JAKAFI
Oncology - Nuclear Export Inhibitors	XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
Oncology – Prostate	FENSOLVI	LUPRON DEPOT, TRIPTODUR
Oncology - VEGF antibody	AVASTIN	MVASI, ZIRABEV
Opiate Withdrawal Agents	LUCEMYRA	Clonidine
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
PCSK9 Inhibitors	PRALUENT	REPATHA
Phosphate Binders	AURYXIA, FOSRENOL, RENAGEL, PHOSLYRA	sevelamer carbonate, RENVELA TABLETS, VELPHORO
Pituitary and Hypothalamic Hormones	MYCAPSSA	SOMATULINE DEPOT
Proteinase Inhibitors	ORLADEYO	CINRYZE

Cost for covered alternatives may vary.

Drug Class	Excluded Medications	Preferred Alternatives
Proton Pump Inhibitors	ACIPHEX SPRINKLE, DEXILANT, PREVACID SOLUTAB, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, ZEGERID, omeprazole-sodium bicarbonate, NEXIUM	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
Psychiatric – ADHD	QELBREE	atomoxetine
Pulmonary Anti-Inflammatory Inhalers	ADVAIR DISKUS, ALVESCO, AIRDUO RESPICLICK, FLOVENT DISKUS/HFA, SYMBICORT	ADVAIR HFA, budesonide-formoterol, BREO ELLIPTA, BREYNA, DULERA, fluticasone propionate HFA, fluticasone-salmeterol/HFA, WIXELA
Pulmonary Long-Acting Inhalers	BEVESPI, TUDORZA PRESSAIR, DUAKLIR PRESSAIR, PULMICORT FLEXHALER, SEREVENT DISKUS	ASMANEX, INCRUSE ELLIPTA, SPIRIVA RESPIMAT, SPIRIVA HANDIHALER, ANORO ELLIPTA, QVAR, STIOLTO RESPIMAT, STRIVERDI RESPIMAT
Sedative-Hypnotics	Quazepam	temazepam, zolpidem, zaleplon
Short-Acting Inhalers	levalbuterol HFA, PROVENTIL HFA, XOPENEX HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, PROAIR HFA, VENTOLIN HFA	Albuterol Sulfate HFA
Short-Acting Oral Opioid Analgesics	NUCYNTA	morphine sulfate, oxycodone IR
Skeletal Muscle Relaxants	CYCLOPAK	cyclobenzaprine
Sickle Cell Disease - Hemoglobin S Polymerization Inhibitor	OXBRYTA	hydroxyurea, DROXIA, ADAKVEO
Statins	FLOLIPID, LIVALO	simvastatin, rosuvastatin, atorvastatin, pravastatin
Topical Antihistamine/Corticosteroid	CLOBETEX	Topical clobetasol and oral desloratadine
Topical Antineoplastics	KLISYRI	No alternatives recommended
Topical Acne/Antibiotic Combinations	CLINDAVIX, ONEXTON, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide,
Topical Retinoids for Acne	RETIN-A MICRO	tretinoin microspheres
Topical Antiviral	ZOVIRAX	acyclovir ointment
Topical Estrogen Gels	DIVIGEL, ESTROGEL	estradiol patches
Testosterone Products	FORTESTA, TESTIM, KYZATREX, VOGELXO, AVEED, JATENZO	NATESTO, testosterone cypionate, testosterone enanthate, testosterone (gel, packets, pump), ANDRODERM
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Urologics	VESICARE	darifenacin ER, GEMTESA, oxybutynin ER, tolterodine ER
Vaginal - Hormone Modulators	CRINONE 4% and 8%	medroxyprogesterone, megestrol, norethindrone, progesterone, ENDOMETRIN

Cost for covered alternatives may vary.

Indication Based Management

Indication	Non-Preferred Medications	Preferred Alternatives
Non-Radiographic Axial Spondyloarthritis	COSENTYX ⁴	CIMZIA, RINVOQ, TALTZ
Rheumatoid Arthritis	CIMZIA ³ , ORENCIA ³ , OLUMIANT ³ , SIMPONI ³ , KEVZARA ³ , KINERET ³ , XELJANZ ⁴ , XELJANZ XR ⁴	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, RINVOQ, ACTEMRA ¹
Juvenile Idiopathic Arthritis	ORENCIA ³ , XELJANZ ⁴ , XELJANZ XR ⁴	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, ACTEMRA ¹
Psoriatic Arthritis	CIMZIA ³ , ORENCIA ³ , SIMPONI ³ , COSENTYX ⁴ , XELJANZ ⁴ , XELJANZ XR ⁴	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, OTEZLA, RINVOQ, SKYRIZI, STELARA SC, TALTZ, TREMFYA
Ankylosing Spondylitis	CIMZIA ³ , SIMPONI ³ , COSENTYX ⁴ , XELJANZ ⁴ , XELJANZ XR ⁴	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, RINVOQ, TALTZ
Psoriasis	CIMZIA ³ , ILUMYA ³ , SILIQ ³ , BIMZELX ³ , COSENTYX ⁴	ENBREL, HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA, SOTYKTU ²
Ulcerative Colitis	ZEPOSIA ³ , ENTYVIO SC ³ , OMVOH ³ , VELSIPITY ⁴ , XELJANZ ⁴ , XELJANZ XR ⁴	HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, STELARA SC, RINVOQ, SIMPONI 100MG ¹
Crohn's Disease	CIMZIA ³ , ENTYVIO SC ³	HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ, RINVOQ, STELARA SC, SKYRIZI
Hidradenitis Suppurativa	COSENTYX ⁴	HUMIRA, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ

Please note that product placement for this class is under consideration and changes may occur based upon changes in market dynamics and new product launches.

¹Preferred Brand with step through ONE Adalimumab Product

²Preferred Brand with step through ONE Preferred Biologic

³Non-Preferred Brand with step through TWO Preferred Biologics

⁴Excluded Product or Non-Preferred Brand stepped through THREE Preferred Biologics

Cost for covered alternatives may vary.

Excluded Medications/Products at a Glance

A	DEPO-PROVERA	LEVOXYL	PREGNYL	THEO-24
ADDERALL XR	DEPO-TESTOSTERONE	LEXAPRO	PREVIDENT 5000 SENSITIVE	TIROSINT-SOL
ADMELOG	DILANTIN	LIVALO	PREZISTA	THERA-M
ADMELOG SOLOSTAR	DIOVAN	LO LOESTRIN FE	PREVIDENT 5000 PLUS	U
ADVAIR DISKUS	E	LUMIGAN	PHEXXI	UNITHROID
ADZENYS XR-ODT	EDARBI	LYRICA	Q	V
AKLIEF	EDARBYCLOR	M	QELBREE	VELTASSA
ALPHAGAN P	EFFER-K	MAVENCLAD	QNASL	VELPHORO
ALVESCO	ELITE-OB	MAYZENT	QUVIVIQ	VENTOLIN HFA
AMITIZA	EPOGEN	MELATONIN	R	VERZENIO
AMJEVITA(CF) AUTOINJECTOR	EYSUVIS	MULTAQ	RENFLEXIS	VICTOZA 2-PAK
AKYNZEO	ESTROGEL	MYDAYIS	REVELA	VICTOZA 3-PAK
APTIOM	ESBRIET	MIEBO	REZVOGLAR KWIKPEN	VITAMIN D3
ARANESP	F	MIRCERA	RHOPRESSA	VITRON-C
ARAZLO	FARXIGA	MUCINEX	RISPERDAL CONSTA	VOTRIENT
AURYXIA	FASENRA PEN	METHADOSE	RITUXAN	VTAMA
AUVELITY	FETZIMA	N	ROZEREM	VUMERITY
AZSTARYS	FIASP FLEXTOUCH	NAMZARIC	RETIN-A	VYVANSE
AIRSUPRA	FOCALIN XR	NEUPRO	RYALTRIS	VYZULTA
ALTRENO	FISH OIL OMEGA-3	NEXIUM	RHOFADE	VEOZAH
B	FIASP	NEXTSTELLIS	S	VITAMIN B-12
B-12	FUSION PLUS	NIFEREX	SAMSCA	VOLTAREN ARTHRITIS PAIN
BAFIERTAM	FULPHILA	NITROSTAT	SENNA	VIVELLE-DOT
BALCOLTRA	G	NOVOLOG	SEREVENT DISKUS	W
BEPREVE	GRANIX	NOVOLOG FLEXPEN	SIMBRINZA	WINLEVI
BETADINE	GAVILAX	NORVASC	SLOW-MAG	WELLBUTRIN XL
BEVESPI AEROSPHERE	GENTEAL TEARS	NORDITROPIN FLEXPRO	SLYND	X
BYSTOLIC	GRALISE	NUCYNTA	SOAANZ	XALATAN
BIJUVA	I	NARCAN	SPRAVATO	XANAX
C	ICAR-C	NUVARING	STEGLATRO	XELJANZ
CELEBREX	IMVEXXY	NOVOLIN N	SUBOXONE	XELJANZ XR
CIPRO HC	INJECTAFER	O	SUTAB	XHANCE
CLENPIQ	INTRAROSA	OPSUMIT	SYMBICORT	XIFAXAN
COLCRYS	INVOKANA	OXTELLAR XR	SYNTHROID	XIGDUO XR
COMBIGAN	J	P	SUFLAVE	XIIDRA
CONCEPT DHA	JUBLIA	PERFOROMIST	SUPARTZ FX	XOFLUZA
CONCERTA	K	PHOSLYRA	T	XTAMPZA ER
CORLANOR	KAPSPARGO SPRINKLE	PLENVU	TASCENSO ODT	XYOSTED
COSENTYX SENSOREADY (2 PENS)	KERENDIA	PONVORY	TIROSINT	XOPENEX HFA
CYMBALTA	KONVOMEK	PRADAXA	TOUJEO MAX SOLOSTAR	Y
COSENTYX UNOREADY PEN	KORLYM	PRALUENT PEN	TOUJEO SOLOSTAR	YUSIMRY(CF) PEN
CLINPRO 5000	KRISTALOSE	PREVIDENT	TRACLEER	Z
COPAXONE	KLOR-CON 10	PREZCOBIX	TRADJENTA	ZOLOFT
CORTEF	KLOR-CON	PREZISTA	TRANSDERM-SCOP	ZTLIDO
D	K-PHOS NEUTRAL	PROAIR RESPICLICK	TRINATAL RX 1	ZYPREXA
D3-50	L	PROCTOFOAM-HC	TWIRLA	ZORYVE
DALIRESP	LANTUS	PROGRAF	TAMIFLU	
DAYTRANA	LANTUS SOLOSTAR	PROZAC	TYRVAYA	
	LATUDA	PULMICORT FLEXHALER	TOPROL XL	
		PREVDUO		

Cost for covered alternatives may vary.