



2024 Impact Plus Formulary List

The 2024 Impact Plus 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	AIMOVIG AUTOINJECTOR [PA]	ARIKAYCE [PA]	BELBUCA
1ST TIER UNIFINE PENTIPS	AIRSUPRA	aripiprazole	BENEFIX
1ST TIER UNIFINE PENTIPS PLUS	AJOVY AUTOINJECTOR [PA]	ARISTADA	benzonatate
A	AJOVY SYRINGE [PA]	ARISTADA INITIO	BESIVANCE
ABILIFY ASIMTUFII	AKLIEF	ARMOUR THYROID	BETASERON [PA]
ABILIFY MAINTENA	albuterol sulfate	ARNUIITY ELLIPTA	BETHKIS
ABILIFY MYCITE	albuterol sulfate hfa	ASMANEX	BETOPTIC S
ABSORICA	ALECENSA [PA]	ASMANEX HFA	BIJUVA
ABSORICA LD	alendronate sodium	atenolol	BIKTARVY
ACCU-CHEK FASTCLIX LANCET DRUM	allopurinol	atomoxetine hcl	BINOSTO
ACCU-CHEK FASTCLIX LANCING DEV	ALPHAGAN P	ATORVALIQ [ST]	BOSULIF [PA]
ACCU-CHEK SOFTCLIX	alprazolam	atorvastatin calcium	BREO ELLIPTA
acetaminophen-codeine	ALPROLIX	AURYXIA	BREXAFEMME
ACTEMRA [PA]	ALUNBRIG [PA]	AUVI-Q	BREZTRI AEROSPHERE
ACTEMRA ACTPEN [PA]	amitriptyline hcl	AVONEX [PA]	BRILINTA
acyclovir	amlodipine besylate	AVONEX PEN [PA]	BRIXADI
ADBRY [PA]	amoxicillin	AZASITE	brompheniramine-pseudoephed-dm
ADEMPAS [PA]	amoxicillin-clavulanate potass	azelastine hcl	BROMSITE
ADVAIR HFA	AMZEEQ	azithromycin	BRONCHITOL [PA]
ADVATE	ANDRODERM [PA]	B	BRUKINSA [PA]
ADYNOVATE	ANORO ELLIPTA	baclofen	budesonide
AEMCOLO	APRETUDE [PA]	BAFIERTAM [PA]	budesonide-formoterol fumarate
AFSTYLA	APRISO	BAQSIMI	buprenorphine-naloxone
	APTIOM	BARACLUDE	bupropion hcl
	ARALAST NP	BAXDELA [PA]	

Cost for covered alternatives may vary.

bupropion hcl sr	COMETRIQ [PA]	DUPIXENT PEN [PA]	fenofibrate
bupropion xl	CORLANOR	DUPIXENT SYRINGE [PA]	fentanyl [pa]
bupirone hcl	CORTROPHIN [PA]	DYANAVEL XR	FETZIMA
BYDUREON BCISE [PA]	COTELLIC [PA]	DYMISTA	finasteride
BYETTA [PA]	COTEMPLA XR-ODT	DYSPORE [PA]	FLECTOR [PA]
BYOOVIZ [PA]	CREON	E	fluconazole
C	CRINONE	EDARBI	fluoxetine hcl
CABENUVA [PA]	cyclobenzaprine hcl	EDARBYCLOR	fluticasone propionate
CABOMETYX [PA]	CYCLOSET	ELEPSIA XR [ST]	fluticasone propionate hfa
calcitriol	CYSTADANE	ELIGARD [PA]	fluticasone-salmeterol
CALQUENCE [PA]	D	ELIQUIS	FOLIC ACID
CAMBIA	DAYVIGO [ST]	ELOCTATE	FOLTX
CAPLYTA	DENAVIR	ELYXYB [ST]	FORFIVO XL
CARAFATE	DEPLIN-ALGAL OIL	EMGALITY PEN [PA]	FORTEO [PA]
CARBAGLU [PA]	DESCOXY	EMGALITY SYRINGE [PA]	FRAGMIN
CAROSPIR [ST]	desvenlafaxine succinate er	EMPAVELI [PA]	FREESTYLE LIBRE 14 DAY READER
carvedilol	dexamethasone	EMVERM [PA]	FREESTYLE LIBRE 14 DAY SENSOR
cefazolin sodium	DEXCOM G6 RECEIVER	ENBREL [PA]	FREESTYLE LIBRE 2 READER
cefdinir	DEXCOM G6 SENSOR	ENBREL MINI [PA]	FREESTYLE LIBRE 2 SENSOR
celecoxib	DEXCOM G6 TRANSMITTER	ENBREL SURECLICK [PA]	FREESTYLE LIBRE 3 READER
cephalexin	DEXCOM G7 RECEIVER	ENSTILAR	FREESTYLE LIBRE 3 SENSOR
CEQUA	DEXCOM G7 SENSOR	ENTRESTO	FUROSCIX [ST]
CERDELGA [PA]	dexmethylphenidate hcl er	EPCLUSA [PA]	furosemide
CEREFOLIN NAC	dextroamphetamine-amphet er	EPIDIOLEX [PA]	FYCOMPA
CEREZYME [PA]	dextroamphetamine- amphetamine	epinephrine	G
CETRAXAL	diazepam	EPIPEN 2-PAK	gabapentin
CETROTIDE	DICLEGIS	EPIPEN JR 2-PAK	GAVRETO [PA]
chlorhexidine gluconate	diclofenac sodium	ERIVEDGE [PA]	GELNIQUE [ST]
chlorthalidone	dicyclomine hcl	ERLEADA [PA]	GEMTESA
CIBINQO [PA]	DILANTIN	erythromycin	GENOTROPIN [PA]
CIMDUO	diltiazem 24hr er (cd)	escitalopram oxalate	gentamicin sulfate
CIMERLI [PA]	divalproex sodium	esomeprazole magnesium	GENVOYA
cinacalcet hcl [pa]	DOPTELET [PA]	ESPEROCT	GLASSIA
CINRYZE [PA]	DORYX MPC [ST]	estradiol	glimpiride
ciprofloxacin hcl	DOVATO	estradiol (twice weekly)	glipizide
cialopram hbr	doxycycline hyclate	ESTRING	glipizide er
CLENPIQ	doxycycline monohydrate	EUCRISA [ST]	GLUCAGEN
clindamycin hcl	DROPLET GENTEEL LANCING DEVICE	EUFLEXXA [PA]	GLYXAMBI [ST]
clindamycin phosphate	DROPLET LANCETS	EYSUVIS	GONAL-F
clobetasol propionate	DUAVEE	ezetimibe	GONAL-F RFF
clonazepam	DUEXIS	F	GONAL-F RFF REDI-JECT
clonidine hcl	DULERA	FABHALTA [PA]	GRALISE [ST]
clopidogrel	duloxetine hcl	FABIOR [ST]	GRASTEK
COMBIGAN	DUOBRII	famotidine	guanfacine hcl er
COMBIPATCH		FASENRA [PA]	GVOKE
COMBIVENT RESPIMAT		FASENRA PEN [PA]	

Cost for covered alternatives may vary.

GVOKE HYPOPEN 1-PACK	hydrochlorothiazide	KERASTAT [PA]	LUMRYZ [PA]
GVOKE HYPOPEN 2-PACK	hydrocodone-acetaminophen	KERENDIA	LUPRON DEPOT [PA]
GVOKE PFS 1-PACK SYRINGE	hydrocortisone	KESIMPTA PEN [PA]	LUPRON DEPOT-PED [PA]
GVOKE PFS 2-PACK SYRINGE	hydromorphone hcl	ketoconazole	LYBALVI
H	hydroxychloroquine sulfate	ketorolac tromethamine	LYNPARZA [PA]
HADLIMA [PA]	hydroxyzine hcl	KISQALI [PA]	LYUMJEV
HADLIMA PUSH TOUCH [PA]	hydroxyzine pamoate	KISQALI FEMARA CO-PACK [PA]	LYUMJEV KWIKPEN U-100
HADLIMA(CF) [PA]	hyoscyamine sulfate	KITABIS PAK	LYUMJEV KWIKPEN U-200
HADLIMA(CF) PUSH TOUCH [PA]	HYRIMOZ(CF) [PA]	KLOXXADO	LYUMJEV TEMPO PEN U-100
HAEGARDA [PA]	HYRIMOZ(CF) PEDIATRIC CROHN'S [PA]	KOGENATE FS	M
haloperidol	HYRIMOZ(CF) PEN [PA]	KOVALTRY	MAVENCLAD [PA]
haloperidol lactate	HYRIMOZ(CF) PEN CROHN-UC START [PA]	KYLEENA	MAVYRET [PA]
HARVONI [PA]	HYRIMOZ(CF) PEN PSORIASIS [PA]	L	MAYZENT [PA]
HEMANGEOL	I	labetalol hcl	medroxyprogesterone acetate
heparin sodium	IBRANCE [PA]	lactulose	MEKINIST [PA]
heparin sodium-d5w	ibuprofen	lamotrigine	meloxicam
HORIZANT [ST]	ILET INFUSION KIT-INSET	LANTUS	METANX
HUMALOG	ILET INFUSION-CONTACT DETACH	LANTUS SOLOSTAR	metformin hcl
HUMALOG JUNIOR KWIKPEN	ILET INSULIN PUMP	latanoprost	metformin hcl er
HUMALOG KWIKPEN U-100	ILEVRO	LENVIMA [PA]	methadone hcl
HUMALOG KWIKPEN U-200	IMBRUVICA [PA]	LEVEMIR	methocarbamol
HUMALOG MIX 50-50	INBRIJA [PA]	LEVEMIR FLEXPEN	methotrexate
HUMALOG MIX 50-50 KWIKPEN	INCONTROL PEN NEEDLE	levetiracetam	methylphenidate er
HUMALOG MIX 75-25	INCRUSE ELLIPTA	levocetirizine dihydrochloride	methylphenidate hcl
HUMALOG MIX 75-25 KWIKPEN	INFLECTRA [PA]	levofloxacin	methylprednisolone
HUMALOG TEMPO PEN U-100	INLYTA [PA]	levothyroxine sodium	metoprolol succinate
HUMIRA [PA]	insulin lispro	lidocaine	metoprolol tartrate
HUMIRA PEN [PA]	insulin lispro kwikpen u-100	lidocaine-prilocaine	metronidazole
HUMIRA(CF) [PA]	INTRAROSA	LINZESS	MICROLET
HUMIRA(CF) PEDIATRIC CROHN'S [PA]	ipratropium bromide	lisdexamphetamine dimesylate	MICROLET 2
HUMIRA(CF) PEN [PA]	ipratropium-albuterol	lisinopril	MICROLET NEXT LANCING DEVICE
HUMIRA(CF) PEN CROHN'S-UC-HS [PA]	IXINITY	lisinopril-hydrochlorothiazide	MINIMED 630G
HUMIRA(CF) PEN PEDIATRIC UC [PA]	J	LIVALO	MINIMED 770G
HUMIRA(CF) PEN PSOR-UV-ADOL HS [PA]	JAKAFI [PA]	LO LOESTRIN FE	MINIMED 780G
HUMULIN 70/30 KWIKPEN	JANUMET [ST]	LODOCO [ST]	MINIMED MIO ADVANCE
HUMULIN 70-30	JANUMET XR [ST]	LOKELMA [PA]	MINIMED QUICK SET
HUMULIN N	JANUVIA [ST]	lorazepam	MINIMED SILHOUETTE
HUMULIN N KWIKPEN	JARDIANCE	LORBRENA [PA]	MINIMED SURE T
HUMULIN R	JIVI	LOREEV XR	MIRENA
HUMULIN R U-500	JUBLIA [PA]	losartan potassium	mirtazapine
HUMULIN R U-500 KWIKPEN	JULUCA	losartan-hydrochlorothiazide	MIRVASO
hydralazine hcl	JYNARQUE [PA]	LOTEMAX	MONOFERRIC
	K	LOTEMAX SM	MONOVISC [PA]
	KANJINTI [PA]	LUCEMYRA	montelukast sodium
		LUMAKRAS [PA]	morphine sulfate
		LUMIGAN	morphine sulfate [pa]

Cost for covered alternatives may vary.

morphine sulfate er	OB COMPLETE ONE	ORLISSA [PA]	PREMPRO
MOUNJARO [PA]	OB COMPLETE PETITE	ORLADEYO [PA]	PREZISTA
MOVANTIK	OB COMPLETE PREMIER	ORTHOVISC [PA]	PROAIR RESPICLICK
MUGARD	OB COMPLETE WITH DHA	ORTIKOS	PROCRIT [PA]
MULTAQ	OCREVUS [PA]	oseltamivir phosphate	PROCTOFOAM-HC
mupirocin	ODACTRA	OSPHERA	progesterone
MUSE	ODEFSEY	OTEZLA [PA]	PROLASTIN C
MVASI [PA]	ODOMZO [PA]	OTOVEL	PROLENSA
MYFEMBREE [PA]	OFEV [PA]	OVIDREL	PROMACTA [PA]
MYRBETRIQ	ofloxacin	oxcarbazepine	promethazine hcl
N	olanzapine	OXTELLAR XR	promethazine-dm
NAFTIN	olmesartan medoxomil	oxybutynin chloride er	propranolol hcl
naltrexone hcl	OMECLAMOX-PAK	oxycodone hcl	PYLERA
NAMZARIC	omeprazole	oxycodone-acetaminophen	Q
naproxen	OMNIPOD 5 G6 INTRO KIT (GEN 5)	OXYCONTIN	QBREXZA
NASCOBAL	OMNIPOD 5 G6 PODS (GEN 5)	OZEMPIC [PA]	QNASL
NATAZIA	OMNIPOD CLASSIC PODS (GEN 3)	P	QNASL CHILDREN
NATESTO	OMNIPOD DASH INTRO KIT (GEN 4)	pantoprazole sodium	QUDEXY XR [ST]
NAYZILAM	OMNIPOD DASH PODS (GEN 4)	PARADIGM	quetiapine fumarate
NEEVODHA	OMNIPOD GO PODS	paroxetine hcl	QUILLICHEW ER [ST]
NEULASTA [PA]	OMNITROPE [PA]	PAXLOVID	QUILLIVANT XR [ST]
NEULASTA ONPRO [PA]	ondansetron hcl	PEN NEEDLE	QULIPTA [PA]
NEUPRO	ONDANSETRON ODT	PEN NEEDLES	QVAR REDIHALER
NEXAVAR [PA]	ONETOUCH DELICA PLUS LANCET	PENTASA	R
NEXIUM	ONETOUCH ULTRA TEST STRIP	PENTIPS	RAGWITEK
NEXLETOL [PA]	ONETOUCH ULTRA2	PERFOROMIST	RASUVO [ST]
NEXLIZET [PA]	ONETOUCH VERIO FLEX METER	PERSERIS	RAYALDEE
NEXTSTELLIS	ONETOUCH VERIO REFLECT METER	PHEBURANE [PA]	REBIF [PA]
nifedipine er	ONETOUCH VERIO TEST STRIP	phenazopyridine hcl	REBIF REBIDOSE [PA]
nitrofurantoin mono-macro	ONEXTON	phentermine hcl	REBINYN
NITYR	OPVEE	phenylephrine hcl-0.9% nacl	RECTIV
NIVESTYM [PA]	ORALAIR	PHESGO [PA]	RELAFEN DS [ST]
NOCDURNA	ORAPEUTIC	pioglitazone hcl	RELISTOR [PA]
NORLIQVA [ST]	ORENITRAM ER [PA]	PIQRAY [PA]	REPATHA PUSHTRONEX [PA]
nortriptyline hcl	ORENITRAM MONTH 1 TITRATION KT [PA]	PLEGRIDY [PA]	REPATHA SURECLICK [PA]
NOURIANZ	ORENITRAM MONTH 2 TITRATION KT [PA]	PLEGRIDY PEN [PA]	REPATHA SYRINGE [PA]
NOVAREL	ORENITRAM MONTH 3 TITRATION KT [PA]	polymyxin b sul-trimethoprim	RESTASIS
NOVOEIGHT	ORFADIN [PA]	PONVORY [PA]	RESTASIS MULTIDOSE
np thyroid	ORGOVYX [PA]	potassium chloride	RETACRIT [PA]
NUCALA [PA]	ORIAHNN [PA]	pravastatin sodium	RETIN-A MICRO PUMP
NUDEXTA [PA]		prazosin hcl	REVLIMID [PA]
NURTEC ODT [PA]		prednisolone acetate	REXULTI
NUZYRA		prednisone	REYVOW [PA]
nystatin		pregabalin	RHOPRESSA
O		PREMARIN	RINVOQ [PA]
OB COMPLETE		PREMPHASE	risperidone

Cost for covered alternatives may vary.

RIXUBIS	STIVARGA [PA]	TEZSPIRE [PA]	ULTOMIRIS [PA]
rizatriptan	STRENSIQ [PA]	tizanidine hcl	UNIFINE PENTIPS
ROCKLATAN [ST]	STRIVERDI RESPIMAT	TOBI PODHALER	UNIFINE PENTIPS MAXFLOW
ropinirole hcl	SUBLOCADE [PA]	TOBRADEX	UNIFINE PENTIPS PLUS
rosuvastatin calcium	sucralfate	TOBRADEX ST	UNIFINE PENTIPS PLUS MAXFLOW
ROZLYTREK [PA]	SUFLAVE	TOLSURA	UNIFINE SAFECONTROL
RUCONEST [PA]	sulfamethoxazole- trimethoprim	topiramate	UNIFINE ULTRA PEN NEEDLE
RUXIENCE [PA]	sumatriptan succinate	TOSYMRA [ST]	UPTRAVI [PA]
RYBELSUS [PA]	SUNOSI [PA]	TOUJEO MAX SOLOSTAR	UZEDY
RYKINDO	SUPREP	TOUJEO SOLOSTAR	V
RYTARY	SUTAB	tramadol hcl	valacyclovir
S	SYMFI	TRAZIMERA [PA]	valsartan
SANCUSO	SYMFI LO	trazodone hcl	VALTOCO
SAVELLA	SYMLINPEN 120	TRELEGY ELLIPTA	VARUBI
SAXENDA [PA]	SYMLINPEN 60	TREMFYA [PA]	VASCEPA
SCEMBLIX [PA]	SYMPAZAN [PA]	TRESIBA	VELPHORO
SECUADO	SYMPROIC	TRESIBA FLEXTOUCH U-100	VELMIDY
sertraline hcl	SYMTUZA	TRESIBA FLEXTOUCH U-200	venlafaxine hcl er
SEVENFACT	SYNJARDY	tretinoin	VENTOLIN HFA
SEYSARA [ST]	SYNJARDY XR	triamcinolone acetonide	VEREGEN [ST]
SFROWASA	T	triamterene- hydrochlorothiazid	VERQUOVO
sildenafil citrate	TACLONEX	TRIJARDY XR [ST]	V-GO 20
SIMBRINZA	tacrolimus	TRINTELLIX	V-GO 30
SIMPONI ARIA [PA]	TADLIQ [ST]	TRIPTODUR [PA]	V-GO 40
simvastatin	TAFINLAR [PA]	TRIUMEQ	VIBERZI
SIVEXTRO	TAGRISSO [PA]	TRIUMEQ PD	VIOKACE
SKYLA	TAKHZYRO [PA]	TROKENDI XR [ST]	VITAMIN D2
SKYRIZI [PA]	TALICIA	TRUE METRIX AIR GLUCOSE METER	VITRAKVI [PA]
SKYRIZI ON-BODY [PA]	TALTZ AUTOINJECTOR (2 PACK) [PA]	TRUE METRIX BLOOD GLUCOSE MTR	VIVITROL
SKYRIZI PEN [PA]	TALTZ AUTOINJECTOR (3 PACK) [PA]	TRUE METRIX GLUCOSE TEST STRIP	VIZIMPRO [PA]
SKYTROFA [PA]	TALTZ AUTOINJECTOR [PA]	TRUEPLUS INSULIN SYRINGE	VOSEVI [PA]
SOGROYA [PA]	TALTZ SYRINGE [PA]	TRUEPLUS PEN NEEDLE	VRAYLAR
SOLIQUA 100-33 [ST]	TALZENNA [PA]	TRULANCE	VUMERITY [PA]
SOLIRIS [PA]	tamsulosin hcl	TRULICITY [PA]	VYVGART HYTRULO [PA]
SOLOSEC	TARGADOX [ST]	TWIRLA	VYZULTA
SOMATULINE DEPOT [PA]	TASCENSO ODT [PA]	TYMLOS [PA]	W
SOMAVERT [PA]	TASIGNA [PA]	TYRVAYA [ST]	WAKIX [PA]
SOOLANTRA	TAZORAC	U	warfarin sodium
SPIRIVA HANDIHALER	TEGSEDI [PA]	UBRELVY [PA]	WEGOVY [PA]
SPIRIVA RESPIMAT	TEKTRUNA [ST]	UCERIS	WELLBUTRIN XL
spironolactone	TEMPO REFILL KIT (WITH GAUZE)	UDENYCA [PA]	WYNZORA
SPRIX	TEMPO SMART BUTTON	UDENYCA AUTOINJECTOR [PA]	X
SPRYCEL [PA]	TEMPO WELCOME KIT	UDENYCA ONBODY [PA]	XACIATO
STELARA [PA]	testosterone cypionate [pa]		XADAGO [ST]
STIMUFEND [PA]			XALKORI [PA]
STIOLTO RESPIMAT			

Cost for covered alternatives may vary.

XARELTO	XYWAV [PA]	ZEMBRACE SYMTOUCH [ST]	zolpidem tartrate
XCOPRI	Y	ZENPEP	ZOMIG [ST]
XDEMVI [PA]	YUPELRI	ZEPBOUND [PA]	ZTLIDO
XENLETA	Z	ZERVIAE	ZUBSOLV
XIFAXAN	ZARXIO [PA]	ZIEXTENZO [PA]	ZURZUVAE [PA]
XOFLUZA	ZEGALOGUE AUTOINJECTOR	ZILXI	ZYLET
XOLAIR [PA]	ZEGALOGUE SYRINGE	ZIMHI	ZYPITAMAG [ST]
XTANDI [PA]	ZEJULA [PA]	ZIRABEV [PA]	
XULTOPHY 100-3.6 [ST]	ZELBORAF [PA]	ZIRGAN	

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	D3-50	LEQVIO	PHEXXI	SYNTHROID
ADDERALL XR	DALIRESP	LEVOXYL	PHOSLYRA	SAVAYSA
ADMELOG	DEPO-PROVERA	LEXAPRO	PRADAXA	SUPARTZ FX
ADVAIR DISKUS	DEPO-TESTOSTERONE	LIPITOR	PRALUENT PEN	T
AKYNZEO VIALS	DHIVY	LYRICA	PREVIDENT	TAMIFLU
ALVESCO	DILANTIN	LASIX	PREVIDENT 5000 PLUS	THEO-24
AMITIZA	DIOVAN	LAMICTAL	PREZCOBIX	TRADJENTA
AMJEVITA(CF) AUTOINJECTOR	DIVIGEL	LATUDA	PROGRAF	TRACLEER
ARANESP	DEXILANT	LUZU	PROZAC	TRANSDERM-SCOP
ADMELOG SOLOSTAR	DEPAKOTE	M	PULMICORT FLEXHALER	TRINATAL RX 1
ADDERALL	DAYTRANA	MELATONIN	PREVIDENT 5000 SENSITIVE	TUDORZA PRESSAIR
ACCRUFER	E	METHADOSE	PANCREAZE	TRUVADA
ALTRENO	EFFER-K	MINOLIRA ER	PRISTIQ	TIKOSYN
ALLEGRA-D 24 HOUR	EPOGEN	MUCINEX	PREGNYL	TOPROL XL
ABILIFY	ESTRACE	MYDAYIS	PREVDUO	TRI-LUMA
ALLEGRA-D 12 HOUR	ESTROGEL	MAXIDEX	PATADAY ONCE DAILY RELIEF	THERA-M
B	ENTYVIO	MIRCERA	POLY-VI-SOL WITH IRON	U
B-12	ESBRIET	MAGNESIUM OXIDE	PIFELTRO	UNITHROID
BALCOLTRA	F	MYFORTIC	PROPECIA	V
BERINERT	FARXIGA	MG-PLUS-PROTEIN	Q	VELTASSA
BETADINE	FIASP FLEXTOUCH	MAGNESIUM	QSYMIA	VERZENIO
BEPREVE	FOCALIN XR	MESTINON	R	VICTOZA 2-PAK
BEVESPI AEROSPHERE	FUSION PLUS	N	REGULOID	VICTOZA 3-PAK
BYSTOLIC	FIASP	NEORAL	REMICADE	VIIBRYD
C	FISH OIL OMEGA-3	NEXIUM	RENFLEXIS	VITAFOL ULTRA
CELEBREX	FLOLAN	NIFEREX	RENVELA	VITAMIN D2
CIPRO HC	FLORASTOR	NORDITROPIN FLEXPEN	REZVOGLAR KWIKPEN	VITAMIN D3
COLCRYS	G	NOVOLIN 70-30	RHOFADE	VITRON-C
CONCEPT DHA	GRANIX	NOVOLIN N FLEXPEN	RISPERDAL CONSTA	VOLTAREN ARTHRITIS PAIN
CONCERTA	GENTEAL TEARS	NOVOLIN R FLEXPEN	RITUXAN	VOTRIENT
CONTRAVE	GELSYN-3	NOVOLOG	ROCUNEST	VYVANSE
COPAXONE	GLEEVEC	NOVOLOG FLEXPEN	ROZEREM	VIVELLE-DOT
CORTEF	I	NUVARING	ROZSET	VITAMIN B-12
COSENTYX SENSOREADY (2 PENS)	ICAR-C	NUCYNTA	RETIN-A	VIAGRA
CYMBALTA	IMVEXXY	NEURONTIN	REFRESH TEARS	X
COSENTYX SENSOREADY PEN	INJECTAFER	NOVOLIN 70-30 FLEXPEN	RIBOFLAVIN	XALATAN
CELEXA	INVOKANA	NOVOLOG MIX 70-30 FLEXPEN	S	XANAX
CLIMARA PRO	INTEGRA PLUS	NUBEQA	SAMSCA	XELJANZ
COSENTYX UNOREADY PEN	IBSRELA	NOVOLIN N	SANDOSTATIN LAR DEPOT	XELJANZ XR
CLINPRO 5000	K	NORVASC	SEMGLEE (YFGN)	XIGDUO XR
CLASSIC PRENATAL	KALBITOR	NARCAN	SEMGLEE (YFGN) PEN	XIIDRA
CHORIONIC GONADOTROPIN	KAPSPARGO SPRINKLE	NOVOSEVEN RT	SENN	XTAMPZA ER
CYTOMEL	KATERZIA	NUCYNTA ER	SEREVENT DISKUS	Z
CELLCEPT	KLOR-CON	O	SEROQUEL	ZOLOFT
CORTISPORIN-TC	KONVOMEP	OPSUMIT	SLOW-MAG	ZYPREXA
CIALIS	KORLYM	P	SPRAVATO	ZITHROMAX
D	K-PHOS NEUTRAL	PERIDEX	STEGLATRO	Y
	KLOR-CON 10		SUBOXONE	YUSIMRY(CF) PEN
	L		SYMBICORT	

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 8 of 8