Updates to your Prescription Drug List for New Jersey
2025 Individual & Family plans*

We are here to help you get ready for changes to your Prescription Drug List (PDL), renewing on 1/1/25.

We re-evaluate the PDL to help manage costs for both you and UnitedHealthcare. When making changes, we consider a medication's overall value, which is based on factors such as a medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

To view the complete list of all medications, visit the **2025 Prescription Drug List**

This guide will help you understand which medications are changing and if you need to talk to your healthcare provider before you refill your medication. You may experience a medication changing tiers or a medication no longer being covered. We also add medications to the PDL and move medications to lower tiers to give you more options.

You can access your coverage information by going to the following link or through your member portal: **myuhc.com/exchange.**

Your Plan

This is an overview of each tier on your plan.

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic medications.**
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic medications.**
4	$$$	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred brand name** medications and **non-preferred generic medications.**
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value,** which includes most **specialty medications.**

UnitedHealthcare

*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans

Medications added to the PDL

We are giving you more medication options to treat your condition by adding more medications to the PDL.

Medication	Tier	Coverage Rules or Limits	Other Covered Products
Breztri Aerosphere	3	QL	
Dexcom	4	PA, QL	
Emgality 100mg/ml	3	PA, QL	Aimovig is also Tier 3 (PA, QL)
Emgality 120mg/ml	3	PA, QL	Aimovig is also Tier 3 (PA, QL)
Freestyle Libre	4	PA, QL	
Nayzilam	4	PA, QL	
nebivolol	2	QL	
Rextovy	1		Narcan & naloxone are also Tier 1
Stiolto Respimat	3	QL	Bevespi Aerosphere is also Tier 3 (QL)
Sunosi	4	PA, QL	
teriflunomide	5	PA, QL	
zolpidem ER	3	QL	

Medications moving to a lower tier

These medications are moving to a lower tier. Using lower tier medications can help you pay the lowest out-of-pocket cost.

Medication	Tier	Coverage Rules or Limits	Other Covered Products
aprepitant cap	3	QL	
brimonidine ophthalmic soln. 0.15%, 0.2%	2	QL	
clindamycin/benzoyl peroxide 1.2-5% gel	3	QL	
cyclosporine modified capsule, Gengraf capsule	2		
cyclosporine modified soln, Gengraf soln	3		

diazepam rectal gel	3	QL
lansoprazole capsules	2	QL
mycophenolate mofetil capsule, tablet	2	
sevelamer carbonate tablet	3	
Trelegy Ellipta	3	QL

Key: PA=Prior authorization QL=Quantity limit

Medications that require you to take action before your first refill in 2025

Find your medication in this list to learn about upcoming changes. Depending on the type of change, we provide a list of other medication options when available. These are suggestions only. Only you and your healthcare provider can make decisions about how to manage your health.

Type of Change	What is happening?	What should I do?
Higher Tier	Medications moving to a higher tier are still covered by your plan but may result in a higher cost share. Your plan covers other medications to treat your condition that may be a lower cost to you.	To save money, ask your healthcare provider about other medication options.
Non-Formulary	These medications are no longer covered by your plan. Your plan covers other medications to treat your condition.	Ask your healthcare provider if covered medications may work for you. To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception. If approved, your medication will be covered at the second highest tier.
Prior	**author- ization**	These medications now require a prior

authorization (PA) to be sure this medication is most appropriate for your condition. You need approval before you refill your prescription.	To continue taking your medication, you or your healthcare provider can ask us for a prior authorization or exception.

Type of Change	What is happening?	What should I do?
Quantity Limit	Your drug has a new quantity limit or the limit has changed. Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately.	If you are taking a medication that exceeds the new quantity limit, you or your healthcare provider can ask us for an exception to cover the additional amount.
Excluded	These medications are no longer covered by your plan.	Ask your healthcare provider if covered medications may work for you. To continue taking your medication, you can pay the full cost of the prescription and the amount you pay will not count towards any deductible or out-of-pocket maximum you may have.

Note: If you are taking a single pill that contains multiple medications, your cost may be lower if you take your medication in separate pills instead of a single pill. For example, glipizide and metformin are available together in a single pill, but you may save money by taking glipizide and metformin in separate pills. Once your plan is active, you can price your medications at **myuhc.com/exchange**. If this saves you money, talk to your healthcare provider.

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- **Online: professionals.optumrx.com/prior-authorization.html**
- **Phone: 1-800-711-4555**

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information. If you need help, you can also start a request at **myuhc.com/exchange** or by calling the member services

number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

Medication	Type of Change	Lower Cost Option(s)
ACD FORMULA SOL A	Excluded	Please ask your healthcare provider
ACTEMRA 162MG/0.9ML ACTPEN	Higher Tier	Please ask your healthcare provider
ACTEMRA INJ 162MG/0.9ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADAZ INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADBM KIT 10/0.2ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADBM KIT 20/0.4ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADBM KIT 40/0.8ML	Higher Tier	Please ask your healthcare provider
ADALIMUMAB-ADBM KIT 40MG/0.4ML	Higher Tier	Please ask your healthcare provider
ADASUVE INH 10MG	Non-Formulary	Please ask your healthcare provider
AIMOVIG INJ 140MG/ML	Prior Authorization	
AIMOVIG INJ 70MG/ML	Prior Authorization	
ALFERON N INJ 5MU/ML	Non-Formulary	Please ask your healthcare provider
ALPRAZOLAM TAB 0.5MG ER	Higher Tier	ALPRAZOLAM IR, CLONAZEPAM TAB
ALPRAZOLAM TAB 1MG ER	Higher Tier	ALPRAZOLAM IR, CLONAZEPAM TAB
ALPRAZOLAM TAB 2MG ER	Higher Tier	ALPRAZOLAM IR, CLONAZEPAM TAB
ALPRAZOLAM TAB 3MG ER	Higher Tier	ALPRAZOLAM IR, CLONAZEPAM TAB
ALREX SUS 0.2%	Non-Formulary	FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTEPREDNOL SUS 0.5%
AMJEVITA INJ 10/0.2ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 20/0.2ML	Higher Tier	Please ask your healthcare provider
AMJEVITA INJ 20/0.4ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
AMJEVITA INJ 40/0.8ML	Non-Formulary	Please ask your healthcare provider
AMJEVITA INJ 80/0.8ML	Higher Tier	Please ask your healthcare provider
AMLODIPINE/VALSARTAN 10-160MG	Higher Tier	AMLODIPINE, VALSARTAN

Medication	Type of Change	Lower Cost Option(s)
AMLODIPINE/VALSARTAN 10-320MG	Higher Tier	AMLODIPINE, VALSARTAN
AMLODIPINE/VALSARTAN TAB 5-160MG	Higher Tier	AMLODIPINE, VALSARTAN
AMLODIPINE/VALSARTAN TAB 5-320MG	Higher Tier	AMLODIPINE, VALSARTAN
ANGELIQ TAB 0.25-0.5	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
ANGELIQ TAB 0.5-1MG	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
ANTICOAGULNT SOL SOD CITR	Excluded	Please ask your healthcare provider
ARTISS KIT 10ML	Excluded	Please ask your healthcare provider
ARTISS KIT 2ML	Excluded	Please ask your healthcare provider
ARTISS KIT 4ML	Excluded	Please ask your healthcare provider
ARTISS SOL 10ML	Excluded	Please ask your healthcare provider
ARTISS SOL 2ML	Excluded	Please ask your healthcare provider
ARTISS SOL 4ML	Excluded	Please ask your healthcare provider
BALCOLTRA TAB 0.1-20	Non-Formulary	LEVONORGESTREL/ETHI ESTRADIOL/FE
BENAZEPRIL/HCTZ TAB 10-12.5	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HCTZ TAB 20-12.5	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HCTZ TAB 20-25MG	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BENAZEPRIL/HCTZ TAB 5-6.25	Higher Tier	BENAZEPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
BETAMETHASONE VAL LOT 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE LOTION, MOMETASONE FUROATE
BETAMETHASONE VAL OIN 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
BETAMETHASONE VALERATE CRE 0.1%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
BREO ELLIPTA INH 100-25	Non-Formulary	FLUTICASONE/SALMETEROL
BREO ELLIPTA INH 200-25	Non-Formulary	FLUTICASONE/SALMETEROL
BREO ELLIPTA INH 50-25	Non-Formulary	FLUTICASONE/SALMETEROL
BUTALBITAL/ASPIRIN/CAFFEINE CAP	Higher Tier	BUTALBITAL/APAP/CAFFEINE TAB

Medication	Type of Change	Lower Cost Option(s)
BUTORPHANOL SOL 10MG/ML	Higher Tier	Please ask your healthcare provider
CALCITONIN INJ 200/ML	Non-Formulary	ALENDRONATE TAB, CALCITONIN SALMON SPRAY, IBANDRONATE SODIUM, RISEDRONATE SODIUM
CALCITONIN INJ 400/2ML	Non-Formulary	ALENDRONATE TAB, CALCITONIN SALMON SPRAY, IBANDRONATE SODIUM, RISEDRONATE SODIUM
CANDESARTAN TAB 16MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
CANDESARTAN TAB 32MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
CANDESARTAN TAB 4MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
CANDESARTAN TAB 8MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
CELONTIN CAP 300MG	Non-Formulary	METHSUXIMIDE
CEPHALEXIN CAP 750MG	Non-Formulary	CEPHALEXIN CAP 500MG
CETRORELIX INJ 0.25MG	Non-Formulary	Please ask your healthcare provider
CETRORELIX KIT 0.25MG	Non-Formulary	Please ask your healthcare provider
CHLORDIAZEPOXIDE/AMITR 5-12.5MG	Higher Tier	CHLORDIAZEPOXIDE HCL, AMITRIPTYLINE HCL
CHLORDIAZEPOXIDE/AMITRIP 10-25MG	Higher Tier	CHLORDIAZEPOXIDE HCL, AMITRIPTYLINE HCL
CHORIONIC GONADOTROPIN INJ 10000	Non-Formulary	PREGNYL W/DILUENT BENZYL
CIMZIA KIT 200MG	Higher Tier	Please ask your healthcare provider
CIMZIA KIT STARTER	Higher Tier	Please ask your healthcare provider
CIMZIA PREFILL KIT 200MG/ML	Higher Tier	Please ask your healthcare provider
CITRANATAL 90 DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL ASSURE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL BLOOM TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL CAP HARMONY	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
CITRANATAL CAP MEDLEY	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL MIS B-CALM	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CITRANATAL PAK DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CLONAZEPAM ODT TAB 0.125MG	Higher Tier	CLONAZEPAM TAB
CLONAZEPAM ODT TAB 0.25MG	Higher Tier	CLONAZEPAM TAB
CLONAZEPAM ODT TAB 0.5MG	Higher Tier	CLONAZEPAM TAB
CLONAZEPAM ODT TAB 1MG	Higher Tier	CLONAZEPAM TAB
CLONAZEPAM ODT TAB 2MG	Higher Tier	CLONAZEPAM TAB
C-NATE DHA CAP 28-1-200	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
COLCHICINE CAP 0.6MG	Non-Formulary	COLCHICINE TAB
COMBIPATCH DIS .05/.14	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
CONCEPT DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CONCEPT OB CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
CONDYLOX GEL 0.5%	Non-Formulary	PODOFILOX GEL
DEFLAZACORT SUS 22.75MG/ML	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 18MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 30MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 36MG	Non-Formulary	Please ask your healthcare provider
DEFLAZACORT TAB 6MG	Non-Formulary	Please ask your healthcare provider
DELESTROGEN INJ 10MG/ML	Non-Formulary	ESTRADIOL VALERATE INJ 10MG/ML
DEPO-ESTRADIOL INJ 5MG/ML	Non-Formulary	ESTRADIOL VALERATE INJ 10MG/ML
DESLORATADINE TAB 5MG	Higher Tier	LEVOCETIRIZINE TAB
DESONIDE CRE 0.05%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
DESONIDE OIN 0.05%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
DESVENLAFAXINE TAB 100MG ER	Higher Tier	DULOXETINE CAP 60MG, VENLAFAXINE CAP ER

Medication	Type of Change	Lower Cost Option(s)
DESVENLAFAXINE TAB 25MG ER	Higher Tier	DULOXETINE CAP 60MG, VENLAFAXINE CAP ER
DESVENLAFAXINE TAB 50MG ER	Higher Tier	DULOXETINE CAP 60MG, VENLAFAXINE CAP ER
DEXAMETHASONE TAB 10-DAY	Non-Formulary	DEXAMETHASONE
DEXAMETHASONE TAB 13-DAY	Non-Formulary	DEXAMETHASONE
DEXAMETHASONE TAB 6-DAY	Non-Formulary	DEXAMETHASONE
DEXTENZA INSERT 0.4MG	Non-Formulary	DEXAMETHASONE SODIUM PHOSPHATE
DICLOFENAC TAB 100MG ER	Higher Tier	DICLOFENAC SODIUM DR, IBUPROFEN, MELOXICAM TAB, NAPROXEN IR
DIFICID SUS	Non-Formulary	VANCOMYCIN HYDROCHLORIDE
DIFICID TAB 200MG	Non-Formulary	VANCOMYCIN HYDROCHLORIDE
DILTIAZEM ER 12HR CAP 120MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER 12HR CAP 60MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER 12HR CAP 90MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 180MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 240MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 300MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 360MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM ER TAB 420MG	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 120MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER

Medication	Type of Change	Lower Cost Option(s)
DILTIAZEM TAB 240MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 300MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 360MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DILTIAZEM TAB 420MG ER	Higher Tier	AMLODIPINE, DILTIAZEM ER 24HR CAP, FELODIPINE ER, NIFEDIPINE ER, VERAPAMIL TAB ER
DOXERCALCIFEROL CAP 0.5MCG	Non-Formulary	CALCITRIOL, PARICALCITOL CAP
DOXERCALCIFEROL CAP 1MCG	Non-Formulary	CALCITRIOL, PARICALCITOL CAP
DOXERCALCIFEROL CAP 2.5MCG	Non-Formulary	CALCITRIOL, PARICALCITOL CAP
DOXYLAMINE/PYRIDOXINE 10-10MG	Non-Formulary	Please ask your healthcare provider
DUAVEE TAB 0.45-20	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV, RISEDRONATE SODIUM
DUET DHA 400 MIS 25-1-400	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
DUET DHA MIS BALANCED	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
DUPIXENT INJ 100/0.67	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 200/1.14	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 200MG	Higher Tier	Please ask your healthcare provider
DUPIXENT INJ 300MG/2ML	Higher Tier	Please ask your healthcare provider
ELITE-OB TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
EMFLAZA SUS 22.75MG/ML	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 18MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 30MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 36MG	Non-Formulary	Please ask your healthcare provider
EMFLAZA TAB 6MG	Non-Formulary	Please ask your healthcare provider

Medication	Type of Change	Lower Cost Option(s)
ENBRACE HR CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
ENTYVIO INJ 108MG/0.68ML	Excluded	Please ask your healthcare provider
EPCLUSA PAK 150-37.5	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
EPCLUSA PAK 200-50MG	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
EPCLUSA TAB 200-50MG	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
EPCLUSA TAB 400-100	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
EPIFOAM AER 1%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
FEMRING MIS 0.05/24H	Non-Formulary	ESTRADIOL VAGINAL CREAM 0.01%, ESTRADIOL VAGINAL TAB, ESTRING, PREMARIN VAG CRE 0.625MG
FEMRING MIS 0.1MG/24	Non-Formulary	ESTRADIOL VAGINAL CREAM 0.01%, ESTRADIOL VAGINAL TAB, ESTRING, PREMARIN VAG CRE 0.625MG
FIRVANQ SOL 25MG/ML	Non-Formulary	VANCOMYCIN HYDROCHLORIDE
FIRVANQ SOL 50MG/ML	Non-Formulary	VANCOMYCIN HYDROCHLORIDE
FLAREX SUS 0.1% OP	Non-Formulary	FLUOROMETHOLONE
FLEXICHAMBER MASK	Quantity Limit - Maximum of 2 spacers per 180 days	
FLOVENT DISKUS AER 100MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT DISKUS AER 250MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT DISKUS AER 50MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT HFA AER 110MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT HFA AER 220MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLOVENT HFA AER 44MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
FLUNISOLIDE SPR 0.025%	Higher Tier	FLUTICASONE PROPIONATE
FLUOCINOLONE CRE 0.01%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM

Medication	Type of Change	Lower Cost Option(s)
FLUOCINOLONE CRE 0.025%	Higher Tier	TRIAMCINOLONE ACETONIDE CREAM
FLUOCINOLONE OIN 0.025%	Higher Tier	TRIAMCINOLONE ACETONIDE OINTMENT
FLUPHENAZINE TAB 10MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 1MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 2.5MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUPHENAZINE TAB 5MG	Higher Tier	CHLORPROMAZINE HCL, HALOPERIDOL, LOXAPINE, PROCHLORPERAZINE MALEATE
FLUTICASONE/VILANTEROL 100-25	Non-Formulary	FLUTICASONE/SALMETEROL
FLUTICASONE/VILANTEROL 200-25	Non-Formulary	FLUTICASONE/SALMETEROL
FML FORTE SUS 0.25% OP	Non-Formulary	FLUOROMETHOLONE
FOSINOPRIL/HCTZ TAB 10/12.5MG	Higher Tier	FOSINOPRIL SODIUM, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
FOSINOPRIL/HCTZ TAB 20/12.5MG	Higher Tier	FOSINOPRIL SODIUM, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
GLIPIZIDE/METFORMIN TAB 2.5-250M	Higher Tier	GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN
GLIPIZIDE/METFORMIN TAB 2.5-500M	Higher Tier	GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN
GLIPIZIDE/METFORMIN TAB 5-500MG	Higher Tier	GLIPIZIDE, METFORMIN HCL 500MG, GLYBURIDE/METFORMIN
HADLIMA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HADLIMA INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HADLIMA PUSH INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HADLIMA PUSH INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HARVONI PAK	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
HARVONI PAK 45-200MG	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
HARVONI TAB 45-200MG	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR
HARVONI TAB 90-400MG	Non-Formulary	LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR

Medication	Type of Change	Lower Cost Option(s)
HUMIRA INJ 10/0.1ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 20/0.2ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HUMIRA INJ 40/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEDIATRIC INJ CROHNS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 40/0.4ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 40MG/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ 80/0.8ML	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ CD/UC/HS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN INJ PS/UV	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT CD/UC/HS	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT PED UC	Higher Tier	Please ask your healthcare provider
HUMIRA PEN KIT PS/UV	Higher Tier	Please ask your healthcare provider
IBUPROFEN/FAMOTIDINE 800-26.6	Non-Formulary	FAMOTIDINE, IBUPROFEN
INSPIREASE DRUG DELIVERY SYSTEM	Quantity Limit - Maximum of 2 spacers per 180 days	
INSPIREASE RESERVOIR BAGS	Quantity Limit - Maximum of 2 spacers per 180 days	
INTRAROSA SUP 6.5MG	Excluded	Please ask your healthcare provider
INTRON A INJ 10MU	Non-Formulary	Please ask your healthcare provider
INTRON A INJ 50MU	Non-Formulary	Please ask your healthcare provider
IRESSA TAB 250MG	Non-Formulary	GEFITINIB
ISENTRESS POW 100MG	Non-Formulary	Please ask your healthcare provider
ISENTRESS TAB 400MG	Non-Formulary	Please ask your healthcare provider
ISOSORBIDE DINITRATE IR 40MG TAB	Non-Formulary	ISOSORBIDE DINITRATE TAB 20MG
KOSHR PRENAT TAB 30-1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
LAMOTRIGINE KIT ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE ODT KIT 25/50MG	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE ODT KIT 50/100MG	Non-Formulary	LAMOTRIGINE IR TAB

Medication	Type of Change	Lower Cost Option(s)
LAMOTRIGINE STARTER KIT/BLUE	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE STARTER KIT/GREEN	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE STARTER KIT/ORANGE	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 100MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 200MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 25MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LAMOTRIGINE TAB 50MG ODT	Non-Formulary	LAMOTRIGINE IR TAB
LEUKINE INJ 250MCG	Non-Formulary	NEULASTA, ZARXIO
LIDOCAINE OIN 5%	Non-Formulary	LIDOCAINE/PRILOCAINE
LIRAGLUTIDE INJ 18MG/3ML	Non-Formulary	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
LITHOSTAT TAB 250MG	Non-Formulary	Please ask your healthcare provider
LORTAB ELX 10-300MG	Non-Formulary	ACETAMINOPHEN/CODEINE, HYDROCODONE/ACETAMINOPHEN
LOTEPREDNOL SUS 0.2%	Non-Formulary	FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTEPREDNOL SUS 0.5%
MASK VORTEX	Quantity Limit - Maximum of 2 spacers per 180 days	
MAXIDEX SUS 0.1% OP	Non-Formulary	DEXAMETHASONE SODIUM PHOSPHATE
METHENAMINE TAB 1GM	Higher Tier	AMOXICILLIN/CLAVULANATE, CIPROFLOXACIN HCL, LEVOFLOXACIN, SULFAMETHOXAZOLE/TRIMETHOPRIM, TRIMETHOPRIM
METHITEST TAB 10MG	Non-Formulary	METHYLTESTOSTERONE
METOPROLOL/HCTZ TAB 100-25MG	Higher Tier	METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE
METOPROLOL/HCTZ TAB 100-50MG	Higher Tier	METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE
METOPROLOL/HCTZ TAB 50-25MG	Higher Tier	METOPROLOL TARTRATE, HYDROCHLOROTHIAZIDE, BISOPROLOL/HYDROCHLOROTHIAZIDE

Medication	Type of Change	Lower Cost Option(s)
MIRABEGRON TAB 25MG ER	Non-Formulary	OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER
MIRABEGRON TAB 50MG ER	Non-Formulary	OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER
MIRTAZAPINE TAB 15MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MIRTAZAPINE TAB 30MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MIRTAZAPINE TAB 45MG ODT	Higher Tier	BUPROPION HCL, CITALOPRAM TAB, ESCITALOPRAM TAB, MIRTAZAPINE TAB, PAROXETINE HCL
MITIGARE CAP 0.6MG	Non-Formulary	COLCHICINE TAB
MOLINDONE TAB HCL 10MG	Non-Formulary	ARIPIPRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL
MOLINDONE TAB HCL 25MG	Non-Formulary	ARIPIPRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL
MOLINDONE TAB HCL 5MG	Non-Formulary	ARIPIPRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL
MYRBETRIQ SUS 8MG/ML	Non-Formulary	OXYBUTYNIN CHLORIDE SYP
MYRBETRIQ TAB 25MG	Non-Formulary	OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER
MYRBETRIQ TAB 50MG	Non-Formulary	OXYBUTYNIN, SOLIFENACIN SUCCINATE, DARIFENACIN HYDROBROMIDE ER, TOLTERODINE ER, TROSPIUM CHLORIDE ER
NAPROXEN/ESOMEPRAZOLE 375-20MG	Non-Formulary	ESOMEPRAZOLE CAP, NAPROXEN IR
NAPROXEN/ESOMEPRAZOLE 500-20MG	Non-Formulary	ESOMEPRAZOLE CAP, NAPROXEN IR
NATACHEW CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NATPARA INJ 100MCG	Non-Formulary	CALCITRIOL
NATPARA INJ 25MCG	Non-Formulary	CALCITRIOL

Medication	Type of Change	Lower Cost Option(s)
NATPARA INJ 50MCG	Non-Formulary	CALCITRIOL
NATPARA INJ 75MCG	Non-Formulary	CALCITRIOL
NESTABS DHA PAK	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NESTABS TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
NEUPRO DIS 2MG/24HR	Non-Formulary	BROMOCRIPTINE CAP 5MG, PRAMIPEXOLE IR TAB, ROPINIROLE IR
NEVANAC SUS 0.1% OP	Non-Formulary	BROMFENAC 0.09%, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SODIUM, KETOROLAC TROMETHAMINE
NOCDURNA SUB 27.7MCG	Non-Formulary	Please ask your healthcare provider
NOCDURNA SUB 55.3MCG	Non-Formulary	Please ask your healthcare provider
NOCLOT-50 SOL ACD-A	Excluded	Please ask your healthcare provider
NUTROPIN AQ INJ 10MG/2ML	Non-Formulary	OMNITROPE
NUTROPIN AQ INJ 20MG/2ML	Non-Formulary	OMNITROPE
NUTROPIN AQ INJ NUSPIN 5	Non-Formulary	OMNITROPE
NUZYRA TAB 150MG	Non-Formulary	DOXYCYCLINE MONOHYDRATE TAB, TETRACYCLINE CAP
NYMALIZE SOL	Non-Formulary	NIMODIPINE
OB COMPLETE CAP ONE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE CAP PETITE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE TAB PREMIER	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OB COMPLETE/ CAP DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
OLANZAPINE TAB 10MG ODT	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE

Medication	Type of Change	Lower Cost Option(s)
OLANZAPINE TAB 15MG ODT	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OLANZAPINE TAB 20MG ODT	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OLANZAPINE TAB 5MG ODT	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
OLUMIANT TAB 1MG	Higher Tier	Please ask your healthcare provider
OLUMIANT TAB 2MG	Higher Tier	Please ask your healthcare provider
OLUMIANT TAB 4MG	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 10/20/30	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 10MG/20MG	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 20MG	Higher Tier	Please ask your healthcare provider
OTEZLA TAB 30MG	Higher Tier	Please ask your healthcare provider
OXICONAZOLE NITRATE CREAM	Non-Formulary	ECONAZOLE NITRATE
PENCICLOVIR CRE 1%	Non-Formulary	ACYCLOVIR OINT, FAMCICLOVIR, VALACYCLOVIR HCL
PERPHENAZINE/AMITRIPTYLINE 2-10	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 2-25	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-10	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-25	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PERPHENAZINE/AMITRIPTYLINE 4-50	Higher Tier	PERPHENAZINE, AMITRIPTYLINE HCL
PIOGLITAZONE/GLIMEPIRIDE 30-2MG	Non-Formulary	GLIMEPIRIDE, PIOGLITAZONE HCL
PIOGLITAZONE/GLIMEPIRIDE 30-4MG	Non-Formulary	GLIMEPIRIDE, PIOGLITAZONE HCL
PNV-DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PNV-OMEGA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
PNV-SELECT TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRAMOSONE LOTION 1%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
PRAMOSONE LOTION 2.5%	Non-Formulary	HYDROCORTISONE LOTION 2.5%, HYDROCORTISONE OINTMENT
PRED MILD SUS 0.12% OP	Non-Formulary	FLUOROMETHOLONE, INVELTYS, LOTEMAX OINTMENT, LOTEMAX SM, LOTEPREDNOL SUS 0.5%
PREFEST TAB	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
PREMPHASE TAB	Non-Formulary	CLIMARA PRO, ESTRADIOL/NORETHINDRONE, FYAVOLV
PRENA 1 TRUE MIS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENA1 CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENA1 PEARL CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENAISSANCE CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENAISSANCE CAP PLUS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE AM TAB 1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP ENHANCE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP PIXIE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE CAP RESTORE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
PRENATE CHEW 0.6-0.4	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE MINI CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRENATE TAB ELITE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PRIMACARE CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
PULMICORT INH 180MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
PULMICORT INH 90MCG	Non-Formulary	ARNUITY ELLIPTA, ASMANEX, QVAR REDIHALER
PYRIDIUM TAB 100MG	Non-Formulary	PHENAZOPYRIDINE
PYRIDIUM TAB 200MG	Non-Formulary	PHENAZOPYRIDINE
QUETIAPINE TAB 150MG ER	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 200MG ER	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 300MG ER	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 400MG ER	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUETIAPINE TAB 50MG ER	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
QUINAPRIL/HCTZ TAB 10-12.5MG	Higher Tier	QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE

Medication	Type of Change	Lower Cost Option(s)
QUINAPRIL/HCTZ TAB 20-12.5MG	Higher Tier	QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
QUINAPRIL/HCTZ TAB 20-25MG	Higher Tier	QUINAPRIL HCL, HYDROCHLOROTHIAZIDE, ENALAPRIL MALEATE/HCTZ, LISINOPRIL/HYDROCHLOROTHIAZIDE
RABEPRAZOLE TAB 20MG	Higher Tier	OMEPRAZOLE, PANTOPRAZOLE TAB
RECTIV OIN 0.4%	Non-Formulary	NITROGLYCERIN OINTMENT
REDICHEW RX CHW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
REVLIMID CAP 10MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 15MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 2.5MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 20MG	Non-Formulary	LENALIDOMIDE
REVLIMID CAP 25MG	Non-Formulary	LISDEXAMFETAMINE CAPSULE
REVLIMID CAP 5MG	Non-Formulary	LENALIDOMIDE
RHOFADE CRE 1%	Non-Formulary	AZELAIC ACID, BRIMONIDINE GEL, METRONIDAZOLE CREAM
RIMANTADINE TAB 100MG	Higher Tier	OSELTAMIVIR PHOSPHATE
RINVOQ LQ SOL 1MG/ML	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 15MG ER	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 30MG ER	Higher Tier	Please ask your healthcare provider
RINVOQ TAB 45MG ER	Higher Tier	Please ask your healthcare provider
RISEDRONATE TAB 150MG	Higher Tier	ALENDRONATE TAB, IBANDRONATE SODIUM
RISEDRONATE TAB 30MG	Higher Tier	ALENDRONATE TAB
RISEDRONATE TAB 35MG	Higher Tier	ALENDRONATE TAB
RISEDRONATE TAB 5MG	Higher Tier	ALENDRONATE TAB
ROSADAN CREAM 0.75%	Non-Formulary	METRONIDAZOLE CREAM
ROSADAN GEL 0.75%	Non-Formulary	METRONIDAZOLE GEL
ROSADAN GEL KIT 0.75%	Non-Formulary	METRONIDAZOLE GEL
SELECT-OB CHEW	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
SELECT-OB+ PAK DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
SEREVENT DISKUS AER 50MCG	Non-Formulary	ARFORMOTEROL TARTRATE, FORMOTEROL FUMARATE, STRIVERDI RESPIMAT
SEVELAMER TAB 400MG	Non-Formulary	SEVELAMER CARBONATE TAB

Medication	Type of Change	Lower Cost Option(s)
SEVELAMER TAB 800MG	Non-Formulary	SEVELAMER CARBONATE TAB
SILDENAFIL SUS 10MG/ML	Higher Tier	Please ask your healthcare provider
SIMPONI INJ 100MG/ML	Higher Tier	Please ask your healthcare provider
SIMPONI INJ 50/0.5ML	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 150DOSE	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 150MG/ML	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 180/1.2	Higher Tier	Please ask your healthcare provider
SKYRIZI INJ 360MG/2.4ML	Higher Tier	Please ask your healthcare provider
SPRYCEL TAB 100MG	Non-Formulary	DASATINIB
SPRYCEL TAB 140MG	Non-Formulary	DASATINIB
SPRYCEL TAB 20MG	Non-Formulary	DASATINIB
SPRYCEL TAB 50MG	Non-Formulary	DASATINIB
SPRYCEL TAB 70MG	Non-Formulary	DASATINIB
SPRYCEL TAB 80MG	Non-Formulary	DASATINIB
STELARA INJ 45MG/0.5	Higher Tier	Please ask your healthcare provider
STELARA INJ 90MG/ML	Higher Tier	Please ask your healthcare provider
SUBVENITE STARTER KIT	Non-Formulary	LAMOTRIGINE IR TAB
SULFACETAMIDE LOT 10%	Higher Tier	CLINDAMYCIN PHOSPHATE, ERYTHROMYCIN
TAZORAC CRE 0.05%	Non-Formulary	CALCIPOTRIENE, TAZAROTENE
TEGLUTIK SUS 50/10ML	Non-Formulary	RILUZOLE
TELMISARTAN TAB 20MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
TELMISARTAN TAB 40MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
TELMISARTAN TAB 80MG	Higher Tier	IRBESARTAN, LOSARTAN POTASSIUM, OLMESARTAN MEDOXOMIL, VALSARTAN
TESTOSTERONE CYP INJ 100MG/ML	Prior Authorization	
TESTOSTERONE CYP INJ 200MG/ML	Prior Authorization	
TESTOSTERONE ENAN INJ 200MG/ML	Prior Authorization	
TEZSPIRE SOL 210MG	Excluded	DUPIXENT, XOLAIR
TIGLUTIK SUS 50/10ML	Non-Formulary	RILUZOLE
TISSEEL KIT 10ML	Excluded	Please ask your healthcare provider
TISSEEL KIT 2ML	Excluded	Please ask your healthcare provider
TISSEEL KIT 4ML	Excluded	Please ask your healthcare provider
TISSEEL SOLUTION	Excluded	Please ask your healthcare provider
TOLTERODINE CAP 2MG ER	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
TOLTERODINE CAP 4MG ER	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE

Medication	Type of Change	Lower Cost Option(s)
TOLTERODINE TAB 1MG	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
TOLTERODINE TAB 2MG	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
TRIAMTERENE CAP 100MG	Non-Formulary	AMILORIDE HCL, SPIRONOLACTONE
TRIAMTERENE CAP 50MG	Non-Formulary	AMILORIDE HCL, SPIRONOLACTONE
TRICITRASOL CON	Excluded	Please ask your healthcare provider
TRISTART DHA CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
TRISTART ONE CAP 35-1-215	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
TROSPIUM CL TAB 20MG	Higher Tier	OXYBUTYNIN, SOLIFENACIN SUCCINATE
UCERIS AER 2MG/ACT	Non-Formulary	BUDESONIDE FOAM
VALCHLOR GEL 0.016%	Non-Formulary	Please ask your healthcare provider
VANDAZOLE GEL 0.75%	Higher Tier	METRONIDAZOLE VAGINAL
VASCEPA CAP 0.5GM	Non-Formulary	ICOSAPENT ETHYL
VASCEPA CAP 1GM	Non-Formulary	ICOSAPENT ETHYL
VECAMYL TAB 2.5MG	Non-Formulary	ACEBUTOLOL HCL, AMLODIPINE, ATENOLOL, BETAXOLOL HCL, BISOPROLOL FUMARATE
VICTOZA INJ 18MG/3ML	Non-Formulary	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
VIRT-NATE DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VIRT-PN DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL CAP ULTRA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL FE+ CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL GUMMIES	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL STRP MIS 1MG	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX

Medication	Type of Change	Lower Cost Option(s)
VITAFOL-NANO TAB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-OB	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-OB+DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAFOL-ONE	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAMED MD CAP ONE RX	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITAPEARL CAP	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
VITATRUE MIS	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
XELJANZ SOL 1MG/ML	Higher Tier	Please ask your healthcare provider
XELJANZ TAB 10MG	Higher Tier	Please ask your healthcare provider
XELJANZ TAB 5MG	Higher Tier	Please ask your healthcare provider
XELJANZ XR TAB 11MG	Higher Tier	Please ask your healthcare provider
XELJANZ XR TAB 22MG	Higher Tier	Please ask your healthcare provider
XOLAIR INJ 150MG/ML	Higher Tier	Please ask your healthcare provider
XOLAIR INJ 300/2ML	Higher Tier	Please ask your healthcare provider
XOLAIR INJ 75/0.5ML	Higher Tier	Please ask your healthcare provider
XYREM SOL 500MG/ML	Non-Formulary	SODIUM OXYBATE
YUPELRI SOL	Non-Formulary	ATROVENT HFA, INCRUSE ELLIPTA, IPRATROPIUM BROMIDE, SPIRIVA, TIOTROPIUM BROMIDE
ZATEAN-PN CAP DHA	Non-Formulary	PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX
ZIPRASIDONE CAP 20MG	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE

Medication	Type of Change	Lower Cost Option(s)
ZIPRASIDONE CAP 40MG	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZIPRASIDONE CAP 60MG	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZIPRASIDONE CAP 80MG	Higher Tier	ARIPIPRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE
ZYMFENTRA INJ 120MG/ML	Excluded	Please ask your healthcare provider

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