

Updates to your Prescription Drug List for Wisconsin 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.

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.

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

Your Plan

This is an overview of each tier on your plan. You may notice a change in the number of tiers on your plan. Many plans were 6-tiers in 2024 and all plans are now 5-tiers with more generic medications at Tier 2.

| 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 . |

*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 authorization | 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. |
| Step Therapy | You must first try other covered medications used to treat your condition before you can get your medication covered. | Ask your healthcare provider if other 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. |



| Type of Change | What is happening? | What should I do? |
|-----------------------|---|---|
| Quantity Limit | <p>Your drug has a new quantity limit or the limit has changed.</p> <p>Quantity limits are updated based on medical guidance and Food and Drug Administration (FDA) recommendations to ensure medications are used appropriately.</p> | <p>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.</p> |
| Excluded | <p>These medications are no longer covered by your plan.</p> | <p>Ask your healthcare provider if covered medications may work for you.</p> <p>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.</p> |

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-ADB KIT 10/0.2ML | Higher Tier | Please ask your healthcare provider |
| ADALIMUMAB-ADB KIT 20/0.4ML | Higher Tier | Please ask your healthcare provider |
| ADALIMUMAB-ADB KIT 40/0.8ML | Higher Tier | Please ask your healthcare provider |
| ADALIMUMAB-ADB KIT 40MG/0.4ML | Higher Tier | Please ask your healthcare provider |
| ADALIMUMAB-ADB KIT PSORIAS/UVEITIS | Higher Tier | Please ask your healthcare provider |
| ADASUVE INH 10MG | Non-Formulary | Please ask your healthcare provider |
| AIMOVI INJ 140MG/ML | Prior Authorization | |
| AIMOVI INJ 70MG/ML | Prior Authorization | |
| ALFERON N INJ 5MU/ML | Non-Formulary | Please ask your healthcare provider |
| ALMOTRIPTAN TAB 12.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ALMOTRIPTAN TAB 6.25MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| 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% |
| ALVESCO AER 160MCG | Step Therapy | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| ALVESCO AER 80MCG | Step Therapy | ARNUIITY ELLIPTA, ASMANEX, QVAR REDIHALER |
| 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 |
| AMLODIPINE/VALSARTAN 10- 320MG | Higher Tier | AMLODIPINE, VALSARTAN |

| Medication | Type of Change | Lower Cost Option(s) |
|----------------------------------|----------------|---|
| 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|----------------------------------|----------------|--|
| 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 |
| 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|-----------------------------|----------------|---|
| COMBIPATCH DIS .05/.25 | 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|---------------------------|----------------|---|
| 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 |
| 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 |
| 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 |
| DUOBRII LOTION | Step Therapy | CALCIPOTRIENE/BETAMETHASONE |
| 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 |
| ELETRIPTAN TAB 20MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ELETRIPTAN TAB 40MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|-------------------------------|--|---|
| 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 |
| FESOTERODINE 4MG ER TAB | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| FESOTERODINE 8MG ER TAB | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
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| 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 |
| FROVATRIPTAN TAB 2.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| 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 |
| 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 | |

| Medication | Type of Change | Lower Cost Option(s) |
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| | 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 |
| KIONEX SUS 15GM/60 | Higher Tier | SODIUM POLYSTYRENE POWDER |
| 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 |
| 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 |
| 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, LOTE PREDNOL SUS 0.5% |
| MASK VORTEX | Quantity Limit - Maximum of 2 spacers per 180 days | |
| MAXIDEX SUS 0.1% OP | Non-Formulary | DEXAMETHASONE SODIUM PHOSPHATE |

| Medication | Type of Change | Lower Cost Option(s) |
|--------------------------------|----------------|---|
| 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 |
| 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 | ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |
| MOLINDONE TAB HCL 25MG | Non-Formulary | ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |
| MOLINDONE TAB HCL 5MG | Non-Formulary | ARIPIRAZOLE IR TAB, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE, ZIPRASIDONE HCL |
| MOTOFEN TAB 1-0.025 | Non-Formulary | LOPERAMIDE HYDROCHLORIDE |
| 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 |
| MYTESI TAB 125MG | Non-Formulary | DIPHENOXYLATE/ATROPINE, LOPERAMIDE HYDROCHLORIDE |
| NAPROXEN/ESOMEPRAZOLE 375-20MG | Non-Formulary | ESOMEPRAZOLE CAP, NAPROXEN IR |
| NAPROXEN/ESOMEPRAZOLE 500-20MG | Non-Formulary | ESOMEPRAZOLE CAP, NAPROXEN IR |

| Medication | Type of Change | Lower Cost Option(s) |
|--------------------------|----------------|---|
| NATACHEW CHW | Non-Formulary | PNV-DHA+DOCUSATE, PRENATAL 19, PRENATAL PLS MIS MV + DHA, PRENATRYL, THRIVITE RX |
| 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 |
| 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 | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| OLANZAPINE TAB 15MG ODT | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| OLANZAPINE TAB 20MG ODT | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| OLANZAPINE TAB 5MG ODT | Higher Tier | ARIPIRAZOLE 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|---------------------------------|----------------|--|
| OTEZLA TAB 20MG | Higher Tier | Please ask your healthcare provider |
| OTEZLA TAB 30MG | Higher Tier | Please ask your healthcare provider |
| 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|------------------------------|----------------|---|
| 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 |
| 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 | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| QUETIAPINE TAB 200MG ER | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| QUETIAPINE TAB 300MG ER | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| QUETIAPINE TAB 400MG ER | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| QUETIAPINE TAB 50MG ER | Higher Tier | ARIPIRAZOLE 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|---------------------------|----------------|--|
| 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 | LENALIDOMIDE |
| 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 |
| SAVELLA MIS TITRATION PAK | Step Therapy | DULOXETINE CAP 20MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 100MG | Step Therapy | DULOXETINE CAP 60MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 12.5MG | Step Therapy | DULOXETINE CAP 20MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 25MG | Step Therapy | DULOXETINE CAP 30MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| SAVELLA TAB 50MG | Step Therapy | DULOXETINE CAP 60MG, GABAPENTIN (NEURONTIN), PREGABALIN |
| 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 |
| SEVELAMER TAB 800MG | Non-Formulary | SEVELAMER CARBONATE TAB |
| SILDENAFIL SUS 10MG/ML | Higher Tier | Please ask your healthcare provider |
| SILDENAFIL TAB 20MG | Higher Tier | Please ask your healthcare provider |
| SIMPONI INJ 100MG/ML | Higher Tier | Please ask your healthcare provider |

| Medication | Type of Change | Lower Cost Option(s) |
|-----------------------------------|---------------------|---|
| 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 |
| SOD POLY SUL SUS 15GM/60ML | Higher Tier | SODIUM POLYSTYRENE POWDER |
| 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 |
| SUMATRIPTAN-NAPROXEN 85- 500MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| 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 |
| TOLTERODINE TAB 1MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| TOLTERODINE TAB 2MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |

| Medication | Type of Change | Lower Cost Option(s) |
|---------------------------|----------------|--|
| 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 CHL CAP 60MG ER | Step Therapy | OXYBUTYNIN CHLORIDE ER, OXYBUTYNIN IR TAB 5MG |
| TROSPIUM CL TAB 20MG | Higher Tier | OXYBUTYNIN, SOLIFENACIN SUCCINATE |
| UCERIS AER 2MG/ACT | Non-Formulary | BUDESONIDE FOAM |
| VANAZOLE 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 |
| 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 |

| Medication | Type of Change | Lower Cost Option(s) |
|-----------------------------|----------------|---|
| 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 |
| XERMELO TAB 250MG | Non-Formulary | OCTREOTIDE |
| 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 | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| ZIPRASIDONE CAP 40MG | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| ZIPRASIDONE CAP 60MG | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| ZIPRASIDONE CAP 80MG | Higher Tier | ARIPIRAZOLE IR TAB, LURASIDONE HYDROCHLORIDE, OLANZAPINE IR TAB, QUETIAPINE IR, RISPERIDONE |
| ZOLMITRIPTAN TAB 2.5 MG ODT | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 2.5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 5MG | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZOLMITRIPTAN TAB 5MG ODT | Step Therapy | NARATRIPTAN HCL, RIZATRIPTAN BENZOATE, RIZATRIPTAN BENZOATE ODT, SUMATRIPTAN SPRAY, SUMATRIPTAN TAB |
| ZYMFENTRA INJ 120MG/ML | Excluded | Please ask your healthcare provider |



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