

CLINICAL FOCUS

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

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

| | | | | | | |
|---|--|--|---|---------------------------------|---|----------------------|
| A | abiraterone acetate ^{QL, PA, †} | AUBAGIO ^{QL, PA, †} | ciprofloxacin hcl | doxazosin mesylate | fluocinonide ST | indomethacin |
| | AZASITE | ciprofloxacin | doxepin hcl | fluorometholone | INLYTA ^{QL, PA, †} | ipratropium bromide |
| | azathioprine | citalopram | doxycycline hyclate | fluouracil [†] | ipratropium-albuterol | irbesartan- |
| acetaminophen-codeine | azelaic acid ^{AE} | hydrobromide ^{QL} | doxycycline | fluoxetine hcl | hydrochlorothiazide | irbesartan- |
| acyclovir | azelastine hcl | clarithromycin | monohydrate | fluvoxamine maleate | IRESSA ^{QL, PA, †} | isosorbide dinitrate |
| adapalene-benzoyl | azithromycin | clindamycin hcl | DUAVEE ^{QL} | folic acid | isosorbide mononitrate | er |
| peroxide ^{AE} | | clindamycin phos- | duloxetine hcl ^{QL} | FORTEO ^{QL, PA, †} | isotretinoin ^{PA, AE} | |
| ADEMPAS ^{QL, PA, †} | | benzoyl perox ^{AE} | DUPIXENT ^{QL, PA, †} | FRAGMIN ^{QL} | | |
| ADVAIR DISKUS ^{QL} | BACLOFEN | clindamycin phosphate | dutasteride ^{QL} | furosemide | | |
| ADVAIR HFA ^{QL} | benazepril hcl | clobetasol propionate ST | DYMISTA ^{QL} | FYCOMPA ^{QL} | | |
| AFSTYLA [†] | benazepril- | clonazepam | | | | |
| AIMOVIG ^{QL, PA, †} | hydrochlorothiazide | clonidine hcl | E | gabapentin | G | |
| AJOVY ^{QL, PA, †} | BEPREVE | clonidine | econazole nitrate | gemfibrozil | JANUMET XR ^{QL} | |
| AKYNZEO ^{QL, PA} | BESIVANCE ST | clopidogrel bisulfate | ELIDEL | GENOTROPIN ^{PA, †} | JANUMET ^{QL} | |
| albuterol sulfate | BETASERON ^{QL, PA, †} | clotrimazole- | ELIQUIS ^{QL} | gentamicin sulfate | JANUVIA ^{QL} | |
| alendronate sodium | BETHKIS ^{QL, PA, †} | betamethasone | ELMIRON | GENVOYA ^{QL, PA, †} | JARDIANCE ^{QL} | |
| alfuzosin hcl er | bimatoprost ST | clotrimazole | EMGALITY ^{QL, PA, †, AE} | enalapril maleate | GILENYA ^{QL, PA, †} | |
| aliskiren fumarate ^{QL, ST} | bisoprolol- | COLCRYS ^{QL} | enalapril | enalapril- | GILOTRIF ^{QL, PA, †} | |
| allopurinol | hydrochlorothiazide | colestipol hcl | hydrochlorothiazide | hydrochlorothiazide | glatiramer acetate ^{QL, PA, †} | K |
| alprazolam | bosentan ^{QL, PA, †} | COMBIPATCH ^{QL} | ENBREL ^{QL, PA, †} | glatopa ^{QL, PA, †} | KALBITOR ^{PA, †} | |
| ALREX | BREO ELLIPTA ^{QL} | COMBIVENT | enoxaparin sodium | glimepiride | ketoconazole | |
| ambrisentan ^{QL, PA, †} | BREVICON (28) | RESPIMAT ^{QL} | ENSTILAR ^{QL} | glipizide er | ketorolac tromethamine | |
| amiodarone hcl | BRILINTA ^{QL} | CORLANOR ^{QL, PA} | ENTRESTO ^{QL, PA} | glipizide xl | KISQALI (200 MG | |
| AMITIZA ^{QL, PA} | brimonidine tartrate | COSENTOX ^{PA, †} | EPIDUO FORTE ^{AE} | glipizide | DOSE) ^{QL, PA, †} | |
| amitriptyline hcl | budesonide er | CREON | EPIPEN 2-PAK ^{QL} [INJ] | GLUCAGON | KISQALI (400 MG | |
| amlodipine besy- | budesonide ^{QL} | cyanocobalamin [INJ] | EPIPEN JR 2-PAK ^{QL} [INJ] | EMERGENCY ^{QL} [INJ] | DOSE) ^{QL, PA, †} | |
| benazepril hcl | buprenorphine ^{QL} | cyclobenzaprine hcl | EPIPIPEN 2-PAK ^{QL} [INJ] | glyburide | KISQALI (600 MG | |
| amlodipine besylate- | bupropion hcl er | cyproheptadine hcl | EZETIMIBE-SIMVASTATIN ^{QL, ST} | GLYXAMBI ^{QL} | DOSE) ^{QL, PA, †} | |
| valsartan ^{QL} | (smoking det) ^{QL} | D | ezetimibe ^{QL, ST} | GONAL-F RFF [†] | KITABIS PAK ^{QL, PA, †} | |
| amlodipine besylate | bupropion hcl er (sr) | dalfampridine er ^{QL, PA, †} | ergocalciferol | GONAL-F [†] [INJ] | KOVALTRY [†] | |
| amoxicillin-pot | bupropion hcl er (xl) | DALIRESP ^{QL, PA} | erlotinib hcl ^{QL, PA, †} | GRANIX ^{PA, †} | | |
| clavulanate | bupropion hcl | DAYTRAN ^{QL, ST, AE} | erythromycin | guanfacine hcl er ^{QL} | L | |
| amoxicillin | buspirone hcl | deferasirox ^{PA, †} | escitalopram oxalate | guanfacine hcl | labetalol hcl | |
| amphetamine sulfate ^{QL, ST, AE} | butalbital-apap- | DESCOVERY ^{QL, †} | esomeprazole | | lactulose | |
| amphetamine- | caffeine ^{QL} | desloratadine ^{QL} | magnesium ^{QL, ST} | | lamotrigine | |
| dextroamphetamine ^{AE} | BYSTOLIC ^{QL, ST} | desonide ST | estradiol ^{QL} | | lansoprazole | |
| amphetamine- | C | desvenlafaxine | eszopiclone ^{QL} | | LANTUS | |
| dextroamphetamine ^{AE} | cabergoline | succinate er ^{QL} | etodolac | | latanoprost | |
| anastrozole | calcitriol | dexamethasone | EUFLEXXA ^{QL, PA, †} | | LATUDA ^{QL, ST} | |
| ANORO ELLIPTA ^{QL} | CANASA | dexamethylphenidate hcl er ^{QL, AE} | EVEKEO ^{QL, ST, AE} | | LAZANDA ^{QL, PA} | |
| aprepitant ^{QL} | carbamazepine | dexmethylphenidate hcl ^{QL, AE} | exemestane | | leflunomide | |
| APRISO ^{QL} | carbidopa-levodopa er | diclofenac sodium | ezetimibe-simvastatin ^{QL, ST} | | letrozole | |
| ARCAPTA NEOHALER ^{QL} | carbidopa-levodopa | diclofenac sodium | ezetimibe ^{QL, ST} | | LEVEMIR | |
| ariPIPRAZOLE | carvediolol | dicyclomine hcl | F | | levetiracetam | |
| ARISTADA ^{QL, PA} | cefadroxil | digoxin | FARXIGA ^{QL} | | levocetirizine | |
| armodafinil ^{QL, PA} | cefdinir | diltiazem hcl er | febuxostat | | dihydrochloride | |
| ARMOUR THYROID | cefuroxime axetil | diphenoxylate-atropine | fenofibrate micronized ^{QL} | | levofloxacin | |
| ARNUTTY ELLIPTA ^{QL} | celecoxib ^{QL} | divalproex sodium er | fentanyl ^{QL} | | levothyroxine sodium | |
| ASMANEX HFA ^{QL} | cephalexin | divalproex sodium | FETZIMA ^{QL} | | lidocaine viscous hcl | |
| atenolol-chlorthalidone | CETROTIDE ^{PA, †} | DIVIGEL | finasteride | | LINZESS ^{QL, PA} | |
| atenolol | CHANTIX ^{QL} | donepezil hcl ^{QL} | FLOVENT DISKUS ^{QL} | | liothyronine sodium | |
| atomoxetine hcl ^{QL, AE} | chlorhexidine gluconate | dorzolamide hcl-timolol mal | FLOVENT HFA ^{QL} | | lisinopril | |
| atorvastatin calcium | ciclopodox | | fluconazole | | lithium carbonate er | |
| ATRIPLA ^{QL, †} | cinacalcet hcl ^{PA, †} | | fludrocortisone acetate | | lithium carbonate | |
| ATROVENT HFA ^{QL} | CIPRODEX | | | | | |

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|---|---|--|--|------------------------------------|
| LIVALO ^{QL, ST} | NOVOEIGHT [†] | PREPOPIK | SUBOXONE ^{QL} | venlafaxine hcl |
| LO LOESTRIN FE | NOVOLIN 70/30 | prochlorperazine | sucralfate | verapamil hcl er |
| lorazepam | NOVOLIN N | PROCIT ^{PA, †} [INJ] | sulfamethoxazole- | VIBERZI ^{QL, PA} |
| losartan potassium-hctz | NOVOLIN R [INJ] | progesterone | trimethoprim | VICTOZA ^{QL, PA} |
| losartan potassium | NOXAFIL ^{PA} | PROLENZA | sulfasalazine | VIIBRYD ^{QL, ST} |
| loteprednol etabonate | NUCALA ^{PA, †} | promethazine hcl | sumatriptan ^{QL} | VIMPAT ^{QL} |
| lovastatin | NUVARING ^{QL} | promethazine-codeine | SUPREP BOWEL PREP | VIOKACE |
| LUMIGAN ST | nystatin | PROMETHAZINE-DM | KIT | VIREAD ^{QL, †} |
| LYRICA ^{QL} | O | propranolol hcl er | SYMBICORT ^{QL} | VIVITROL ^{QL, PA, †} |
| M | OFEV ^{QL, PA, †} | propranolol hcl | SYNJARDY XR ^{QL} | VYVANSE ^{QL, ST, AE} |
| MAKENA ^{QL, †} | olanzapine | PULMICORT | SYNJARDY ^{QL} | |
| MAVYRET ^{QL, PA, †} | olmesartan medoxomil- | FLEXHALER ^{QL} | SYNTHROID | W |
| MAYZENT ^{QL, PA, †} | hctz ^{QL} | Q | T | warfarin sodium |
| meclizine hcl | olmesartan medoxomil ^{QL} | QNDSL ^{QL} | tacrolimus | X |
| medroxyprogesterone acetate ^{QL} | olmesartan-amlodipine- hctz ^{QL} | quetiapine fumarate er ^{QL} | tadalafil ^{QL} | XARELTO ^{QL} |
| meloxicam | olopatadine hcl | quetiapine fumarate ^{QL} | tamoxifen citrate | XELJANZ XR ^{QL, PA, †} |
| memantine hcl er ^{QL, ST} | omega-3-acid ethyl esters ^{QL} | QVAR REDIHALER ^{QL} | tamsulosin hcl | XELJANZ ^{QL, PA, †} |
| memantine hcl ^{QL} | ondansetron | R | TAZORAC ^{AE} | XIFAXAN ^{QL, PA} |
| mercaptopurine | ONETOUCH ULTRA ^{QL} | raloxifene hcl ^{QL} | TEKTURNA HCT ^{QL, ST} | XIGDUO XR ^{QL} |
| mesalamine ^{QL, ST} | ONETOUCH VERIO ^{QL} | ramipril | temazepam | XiIDRA ^{QL, PA} |
| metformin hcl er ^{QL} | OPDIVO ^{PA, †} | ranolazine er ^{QL} | tenofovir disoproxil fumarate ^{QL, †} | XOLAIR ^{PA, †} |
| metformin hcl | ORILISSA ^{QL, PA, †} | rasagiline mesylate ^{QL, ST} | terazosin hcl | XULTOPHY ^{QL, PA} |
| methadone hcl | ORTHOVISC ^{QL, PA, †} | RASUVO ^{QL, PA, †} | terbinafine hcl | Z |
| methimazole | oseltamivir phosphate ^{QL} | REBIF ^{QL, PA, †} | terconazole | zaleplon |
| methocarbamol | OTEZLA ^{QL, PA, †} | RECTIV | testosterone cypionate | ZENPEP |
| methotrexate | oxcarbazepine | RELISTOR ^{QL, PA} | testosterone ^{PA} | zolmitriptan ^{QL} |
| methylphenidate hcl er ^{QL, AE} | oxybutynin chloride er | REMICADE ^{PA, †} | timolol maleate | zolpidem tartrate er ^{QL} |
| methylphenidate hcl ^{QL, AE} | oxybutynin chloride | REPATHA ^{QL, PA} | TIVICAY ^{QL, †} | zolpidem tartrate ^{QL} |
| metoclopramide hcl | oxycodone hcl | RESTASIS ^{QL, PA, †} | tizanidine hcl ^{QL} | ZOMIG ^{QL} |
| metoprolol succinate er | oxycodone- | REVLIMID ^{QL, PA, †} | TOBI PODHALER ^{QL, PA, †} | zonisamide |
| metoprolol tartrate | acetaminophen ^{QL} | RINVOQ ^{QL, PA, †, AE} | TOBRADEX ST | ZONTIVITY ^{QL} |
| metronidazole | OXYCONTIN ^{QL} | risperidone | tobramycin- | ZYLET |
| minocycline hcl | OZEMPIC (0.25 OR 0.5 MG/DOSE) ^{QL, PA} | ritonavir ^{QL, †} | dexamethasone | |
| MIRENA (52 MG) | | rizatriptan benzoate ^{QL} | tobramycin | |
| mirtazapine | | ropinirole hcl er ^{QL, ST} | tolterodine tartrate er ^{QL, ST} | |
| MIRVASO ^{QL, PA} | P | ropinirole hcl | tolterodine tartrate | |
| misoprostol | paliperidone er ^{QL, ST} | rosuvastatin calcium ^{QL} | | |
| modafinil ^{QL, PA} | pantoprazole sodium | S | | |
| mometasone furoate | paroxetine hcl er ST | SANCUSO ^{QL, PA} | | |
| MONOVISC ^{QL, PA, †} | paroxetine hcl | SAVELLA ^{QL} | | |
| montelukast sodium | peg 3350/electrolytes | SEREVENT DISKUS ^{QL} | | |
| morphine sulfate er ^{QL} | penicillin v potassium | sertraline hcl | | |
| morphine sulfate | PENTASA ST | sevelamer carbonate | | |
| MOVANTIK ^{QL, PA} | PERFOROMIST | SIGNIFOR LAR ^{QL, PA, †} | | |
| MOXEZA | permethrin | SIGNIFOR ^{QL, PA, †} | | |
| moxifloxacin hcl ST | phenazopyridine hcl | sildenafil citrate ^{QL} | | |
| mupirocin | phenytoin | silodosin ST | | |
| mycophenolate mofetil | pimecrolimus | simvastatin | | |
| MYRBETRIQ ^{QL, ST} | pioglitazone hcl | SKYRIZI (150 MG DOSE) ^{QL, PA, †} | | |
| N | polymyxin b- | sodium fluoride | | |
| nabumetone | trimethoprim | sodium sulfacetamide | | |
| naltrexone hcl ^{QL} | posaconazole ^{PA} | solifenacin succinate ^{QL, ST} | | |
| NAMZARIC ^{QL, ST} | potassium chloride er | SOMATULINE DEPOT ^{QL, PA, †} | | |
| naproxen | potassium citrate er | sotalol hcl | | |
| naratriptan hcl ^{QL} | pramipexole | SPIRIVA HANDIHALER ^{QL} | | |
| NARCAN | dihydrochloride | SPIRIVA RESPIMAT ^{QL} | | |
| neomycin-polymyxin-hc | prasugrel hcl ^{QL} | spironolactone | | |
| NEUPOGEN ^{PA, †} [INJ] | pravastatin sodium | SPRYCEL ^{QL, PA, †} | | |
| NEVANAC | prazosin hcl | STELARA ^{PA, †} | | |
| nifedipine er | prednisolone | STIOLTO RESPIMAT ^{QL} | | |
| nitrofurantoin | prednisone | STRIBILD ^{QL, †} | | |
| nitroglycerin | pregabalin ^{QL} | | | |
| nortriptyline hcl | PREMARIN ^{QL} | | | |
| | PREMPRO ^{QL} | | | |
| | | | V | |
| | | | valacyclovir hcl | |
| | | | valsartan- | |
| | | | hydrochlorothiazide | |
| | | | valsartan | |
| | | | VELTASSA ^{QL} | |
| | | | venlafaxine hcl er | |

Examples of Excluded Medications with Selected Formulary Alternatives

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

| Excluded Medication(s) | Selected Preferred Alternative(s) |
|--|--|
| ACANYA and ONEXTON (clindamycin phosphate-benzoyl peroxide) | clindamycin and benzoyl peroxide (separate agents) |
| ADMELOG (insulin lispro) | NOVOLOG |
| AEROSPAN (flunisolide) | ARNUITY ELLIPTA ^{QL} , ASMANEX HFA ^{QL} , ASMANEX TWISTHALER ^{QL} , FLOVENT DISKUS ^{QL} , FLOVENT HFA ^{QL} , PULMICORT FLEXHALER ^{QL} , QVAR REDIHALER ^{QL} |
| AIRDUO (fluticasone-salmeterol 55-14 mcg, 113-14 mcg, 232-14 mcg) | fluticasone-salmeterol ^{QL} (100-50 mcg, 250-50 mcg, 500-50 mcg), wixela ^{QL} , ADVAIR DISKUS ^{QL} , ADVAIR HFA ^{QL} , BREO ELLIPTA ^{QL} , SYMBICORT ^{QL} |
| AFREZZA | NOVOLOG, NOVOLIN, FIASP |
| ALVESCO (ciclesonide) | ARNUITY ELLIPTA ^{QL} , ASMANEX HFA ^{QL} , ASMANEX TWISTHALER ^{QL} , FLOVENT DISKUS ^{QL} , FLOVENT HFA ^{QL} , PULMICORT FLEXHALER ^{QL} , QVAR REDIHALER ^{QL} |
| APIDRA, APIDRA SOLOSTAR (insulin glulisine) | NOVOLOG |
| AUVI-Q (epinephrine solution) | epinephrine 0.15 mg ^{QL} , epinephrine 0.3 mg ^{QL} , EPIPEN ^{QL} , EPIPEN JR ^{QL} |
| BASAGLAR (insulin glargine) | LANTUS, LEVEMIR, TOUJEO, TRESIBA |
| BELSOMRA (suvorexant) | zolpidem IR ^{QL} , zaleplon |
| BONJESTA and DICLEGIS (doxylamine-pyridoxine) | OTC doxylamine and OTC pyridoxine |
| BRAVELLE [†] (urofollitropin) | GONAL-F [†] , GONAL-F RFF [†] |
| BYETTA (exenatide) | OZEMPIC ^{PA QL} , TRULICITY ^{PA QL} , VICTOZAPA ^{QL} |
| BYDUREON (exenatide extended-release) | OZEMPIC ^{PA QL} , TRULICITY ^{PA QL} , VICTOZAPA ^{QL} |
| CAMBIA (diclofenac) | diclofenac sodium DR |
| chlorzoxazone | cyclobenzaprine |
| DENAVID (penciclovir) | acyclovir ointment |
| DEXILANT (dexlansoprazole) | lansoprazole, omeprazole, pantoprazole |
| DIABETES TEST STRIPS (e.g., Accu-Chek, Ascensia, Breeze, Contour, Freestyle, etc.) | ONETOUCH ^{QL} |
| DORYX (doxycycline hyolate DR) | doxycycline hyolate |
| DULEREA (mometasone-formoterol) | fluticasone-salmeterol ^{QL} (100-50 mcg, 250-50 mcg, 500-50 mcg), wixela ^{QL} , ADVAIR DISKUS ^{QL} , ADVAIR HFA ^{QL} , BREO ELLIPTA ^{QL} , SYMBICORT ^{QL} |
| DUREZOL (difluprednate) | prednisolone acetate ophth solution |
| EXTAVIA [†] | BETASERON ^{† PA QL} , REBIF ^{† PA QL} |
| fenoprofen | ibuprofen, meloxicam |
| FOLLISTIM AQ [†] (follitropin beta) | GONAL-F [†] , GONAL-F RFF [†] |
| FOSTEUM, FOSTEUM PLUS | alendronate, ibandronate, risedronate |
| FORFIVO XL (bupropion ER) | bupropion ER |
| GLEEVEC ^{† PA, QL} | imatinib ^{† PA, QL} |
| GLUMETZA and FORTAMET (metformin ER modified/osmotic) | metformin ER (generic Glucophage XR) |
| GRALISE (gabapentin) | gabapentin |
| HORIZANT (gabapentin ER) | gabapentin |
| HUMALOG (insulin lispro) | NOVOLOG |
| HUMULIN N (insulin isophane), HUMULIN R (insulin regular), HUMULIN 70/30 (insulin NPH and regular) | NOVOLIN N, NOVOLIN R, NOVOLIN 70/30 |
| INCRUSE ELLIPTA (umeclidinium) | SPIRIVA ^{QL} |
| INVOKANA (canagliflozin) | FAXIGA ^{QL} , JARDIANCE ^{QL} |
| INVOKAMET (canagliflozin-metformin), INVOKAMET XR (canagliflozin-metformin ER) | SYNJARDY ^{QL} , SYNJARDY XR ^{QL} , XIGDUO XR ^{QL} |
| JADENU ^{† PA} | deferasirox ^{† PA} |
| JENTADUETO, JENTADUETO XR (linagliptin and metformin) | JANUMET ^{QL} , JANUMET XR ^{QL} |
| KAZANO (alogliptin-metformin) | JANUMET ^{QL} , JANUMET XR ^{QL} |

(Continued)

| Excluded Medication(s) | Selected Preferred Alternative(s) |
|--|--|
| ketoprofen | ibuprofen, meloxicam |
| KOMBIGLYZE XR (saxagliptin-metformin ER) | JANUMET ^{QL} , JANUMET XR ^{QL} |
| NASCOBAL (cyanocobalamin nasal) | OTC vitamin B12 |
| NESINA (alogliptin) | JANUVIA ^{QL} |
| NORDITROPIN [†] (somatropin) | GENOTROPIN ^{†, PA} |
| NORITATE | azelaic acid gel, metronidazole |
| ONGLYZA (saxagliptin) | JANUVIA ^{QL} |
| OSENI (alogliptin-pioglitazone) | JANUVIA ^{QL} and pioglitazone |
| PANCREAZE (pancrelipase DR) | CREON, ZENPEP |
| PERTZYE (pancrelipase DR) | CREON, ZENPEP |
| PROVENTIL HFA (albuterol) | PROAIR HFA ^{QL} |
| QTERN (dapagliflozin-saxagliptin) | GLYXAMBI ^{QL} |
| SEGLUROMET (ertugliflozin-metformin) | SYNJARDY ^{QL} , SYNJARDY XR ^{QL} , XIGDUO XR ^{QL} |
| SPRIX | ibuprofen, meloxicam |
| STEGLATRO (ertugliflozin) | FARXIGA ^{QL} , JARDIANCE ^{QL} |
| STEGLUJAN (ertugliflozin-sitagliptin) | GLYXAMBI ^{QL} |
| SOLIQUA (insulin glargine-lixisenatide) | XULTOPHY ^{PA QL} |
| SOLODYN (minocycline ER) | minocycline |
| SOOLANTRA (ivermectin cream) | metronidazole cream |
| TIROSINT (levothyroxine) | levothyroxine, SYNTHROID |
| TRADJENTA (linagliptin) | JANUVIA ^{QL} |
| TREXIMET (sumatriptan-naproxen) | sumatriptan ^{QL} and naproxen (separate agents) |
| TUDORZA PRESSAIR (aclidinium) | SPIRIVA ^{QL} |
| VENTOLIN HFA (albuterol sulfate) | PROAIR HFA ^{QL} |
| VIMOVO (esomeprazole-naproxen) | OTC esomeprazole and OTC naproxen |
| XOPENEX HFA (levalbuterol) | PROAIR HFA ^{QL} |
| ZEGERID (omeprazole-sodium bicarbonate) | OTC omeprazole-sodium bicarbonate |
| ZELAC | OTC alternatives |
| ZIANA and VELTIN (clindamycin phosphate-tretinoin) | clindamycin and tretinoin ^{AE} (separate agents) |
| ZIOPTAN (tafluprost) | latanoprost |
| ZORVOLEX (diclofenac) | diclofenac sodium DR |
| ZOVIRAX CREAM | acyclovir ointment |
| ZYTIGA ^{† PA QL} | abiraterone ^{† PA QL} |

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|------------|-----------------------------------|---|
| KEY | [INJ] = Injectable Drug | For the member: Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the US Food and Drug Administration (FDA) may not be covered upon release to market. |
| | ER = Extended-Release | WellDyneRx may contact your provider after receiving a prescription to request consideration of a drug list product or generic equivalent. This may result in your provider prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of the original prescription. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards. |
| | DR = Delayed Release | |
| | AE = Age Edit | |
| | LD = Limited Distribution | In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred or excluded option upon release of the generic product to the market. |
| | PA = Prior Authorization | |
| | QL = Quantity Limits | For the physician: Generics should be considered the first-line of prescribing. Please prescribe preferred products and allow generic substitutions when medically appropriate. Brand-name drugs are listed in CAPITAL letters; generic drugs are listed in lower case letters. |
| | ST = Step Therapy | |
| | + Indicates specialty medications | This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to market. |