

2025 ABBREVIATED FORMULARY



  **BlueCross.
BlueShield.**
Federal Employee Program.

[fepblue.org](https://www.fepblue.org)

REVIEW THIS ABBREVIATED FORMULARY TO LEARN HOW TO GET THE MOST FROM YOUR PHARMACY BENEFIT SUCH AS:

- Understanding the Formulary
- How to use the Abbreviated Formulary
- Abbreviated Formulary
- “Managed Not Covered” Drugs
- Excluded Drug List

YOUR PHARMACY BENEFIT

The Blue Cross and Blue Shield Service Benefit Plan works with CVS Caremark to administer your pharmacy benefit. CVS Caremark is an independent company called a Pharmacy Benefit Manager (PBM). The PBM manages your:

- Retail Pharmacy Program
- Mail Service Pharmacy Program
- Specialty Pharmacy Program

GENERAL QUESTIONS

If you have any questions about your benefits, please:

- See the Blue Cross and Blue Shield Service Benefit Plan brochures (RI 71-005 or RI 71-017)
- Visit www.fepblue.org
- Call Customer Care any time toll-free at **1-800-624-5060**

NEW FOR 2025

- Expanded FEP Blue Standard excluded drug list. [See p. 42](#)
- Expanded FEP Blue Basic “Managed Not Covered” drug list. [See p. 52](#)

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UNDERSTANDING THE FORMULARY

We continually review drugs in support of safe and appropriate treatment. This helps to ensure that drugs in your benefit plan work well and are cost-effective.

FORMULARY

The formulary is a complete list of your covered prescription drugs. It includes generic, brand name, and specialty drugs, as well as Preferred drugs that will lower your out-of-pocket costs. The FEP Blue Standard and FEP Blue Basic formularies have five tiers of drugs. The FEP Blue Focus formulary has two tiers of drugs.

[See p. 4](#)

NON-COVERED DRUGS

There are certain drugs approved by the U.S. Food and Drug Administration (FDA) that we don't cover. We call these drugs "excluded" or "Managed Not Covered." These drugs all have Preferred alternatives that you can use.

FEP Blue Standard has a comprehensive formulary. This means we cover almost all FDA-approved drugs. There is a small list of excluded drugs that are not covered. [See p. 42–51](#)

FEP Blue Basic has a managed formulary. This means that we cover most FDA-approved drugs. There is a list of "Managed Not Covered" drugs that provides the Preferred alternatives that you may use. [See p. 52–67](#)

FEP Blue Focus has a limited or closed formulary. This means that we only cover some FDA-approved drugs. Any drug not on the FEP Blue Focus formulary is not covered.

If you buy a drug that is not covered, you will pay full price.

QUANTITY LIMITS (QL)

Certain drugs on the formulary have quantity limits (for example, number of pills). This means your pharmacy benefit will only cover up to a specific amount per prescription or a limited amount per year. Quantity limits help ensure drugs are used safely and appropriately. Drug quantities are approved based on accepted standards of healthcare practice in the United States.

PRIOR APPROVAL (PA)

Some prescription drugs and supplies need approval in advance, or “prior approval” before we provide coverage for them. We need to confirm:

- Your use of the drug is related to a service or condition covered under the Service Benefit Plan.
- Your doctor prescribes it in a way that matches generally accepted medical practices.

FACTS TO KNOW ABOUT PRIOR APPROVAL

- You will need to renew your prior approval periodically.

- Drugs and supplies on the Prior Approval list may change throughout the year.
- Mail Service and Specialty Programs will not fill prescriptions that need prior approval until you receive prior approval.
- In-network (Preferred) retail pharmacies will fill your prescriptions, but you will pay the full cost of the drug until you get prior approval. If you receive prior approval, we’ll reimburse you for our portion of the drug cost once you file a claim.



HELP WITH PRIOR APPROVAL

Visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions) or call toll-free any time at **1-800-624-5060** (TTY: 711). You will be able to:

- See a list of drugs that need prior approval
- Get a prior approval request form

Your doctor can submit requests for prior approval by:

- Submitting an ePA (electronic prior approval)
- Calling toll-free **1-877-727-3784**
- Filling out the Prior Approval Form found at [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)

UNDERSTANDING THE FORMULARY

HOW TIERS RELATE TO COSTS

The costs of drugs vary. How much you pay is your cost share. Look for your drug in the formulary for your plan option. The tier level where your drug type is listed determines your cost.

FEP Blue Standard and FEP Blue Basic	
TIER	DRUG TYPE
Tier 1	Generic Drugs: typically the most affordable, and are equal to their brand name counterparts in quality, effectiveness and intended use.
Tier 2	Preferred Brand Name Drugs: proven to be safe, effective, and favorably priced compared to Non-preferred brands.
Tier 3	Non-preferred Brand Name Drugs: typically higher cost share since there is a generic or Preferred brand available.
Tier 4	Preferred Specialty Drugs: proven to be safe, effective, and favorably priced compared to Non-preferred specialty drugs.
Tier 5	Non-preferred Specialty Drugs: typically higher cost share since there is a Preferred specialty drug available.

FEP Blue Focus	
TIER	DRUG TYPE
Tier 1	Preferred Generic Drugs: typically the most affordable, and are equal to their brand name counterparts in quality, effectiveness and intended use.
Tier 2	Preferred Brand Name Drugs and Preferred Specialty Drugs: proven to be safe, effective, and favorably priced compared to non-covered drug options.

HOW WE ASSIGN PRESCRIPTION DRUGS TO TIERS

The Pharmacy and Medical Policy Committee (PMPC) is an independent group of doctors and pharmacists. This group recommends drugs for each tier based on their:

- Effectiveness
- Safety
- How they compare to other drugs in the same class

The PMPC meets every quarter to review new drugs and other changes to the formulary. Based on that review, we may change drug tiers or add or remove them from the formulary. Check the formulary often to be aware of any changes.



To see your 2025 cost share for a prescription drug:

- Prior to January 1, 2025, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2025, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

COST SHARE TIERS

S FEP BLUE STANDARD COST SHARE TIERS

FEP Blue Standard members save by using the in-network (Preferred) retail pharmacies or the Mail Service Pharmacy filling prescription drugs. Members can also save by asking for generic and/or Preferred brand name drugs when possible. Use the charts below to find your cost share.

FEP Blue Standard: Generic and Brand Name Drugs Cost Share Based on Where You Fill Your Prescription			
TIER	MAIL SERVICE PHARMACY	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY
Tier 1: Generic Drugs	■ \$15* for up to a 90-day supply	■ \$7.50* for up to a 30-day supply ■ \$22.50* for a 31 to 90-day supply	■ 45% of the average wholesale price plus any difference between our allowance and the billed amount
Tier 2: Preferred Brand Name Drugs	■ \$90 for up to a 90-day supply	■ 30% of our allowance	■ If you use a Non-preferred retail pharmacy, you need to file a paper claim for reimbursement
Tier 3: Non-preferred Brand Name Drugs	■ \$125 for up to a 90-day supply	■ 50% of our allowance	

*Lower cost shares are available to FEP Blue Standard members with Medicare Part B primary.

FEP Blue Standard: Specialty Drugs

Cost Share Based on Where You Fill Your Prescription

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	<ul style="list-style-type: none"> ■ \$65 for up to a 30-day supply ■ \$185 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 	<ul style="list-style-type: none"> ■ 30% of our allowance ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy 	<ul style="list-style-type: none"> ■ 45% of the average wholesale price plus any difference between our allowance and the billed amount ■ When you buy specialty drugs at a Non-preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	<ul style="list-style-type: none"> ■ \$85 for up to a 30-day supply ■ \$240 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 		



To see 2025 FEP Blue Standard with Medicare Part B primary cost shares:

- Prior to January 1, 2025, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2025, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

COST SHARE TIERS

B FEP BLUE BASIC COST SHARE TIERS

FEP Blue Basic members must use an in-network (Preferred) retail pharmacy and will save by choosing generic drugs and Preferred brand name drugs when possible. Use the charts below to find your cost share.

FEP Blue Basic: Generic and Brand Name Drugs Cost Share Based on Where You Fill Your Prescription*		
TIER	PREFERRED RETAIL PHARMACY	NON-PREFERRED RETAIL PHARMACY & MAIL SERVICE PHARMACY
Tier 1: Generic Drugs	<ul style="list-style-type: none">■ \$15 for up to a 30-day supply■ \$40 for a 31 to 90-day supply	■ Not covered*
Tier 2: Preferred Brand Name Drugs	<ul style="list-style-type: none">■ \$75 for up to a 30-day supply■ \$200 for a 31 to 90-day supply	
Tier 3: Non-preferred Brand Name Drugs	<ul style="list-style-type: none">■ 60% of our allowance with a \$90 minimum for up to a 30-day supply and \$250 minimum for a 31 to 90-day supply	

*FEP Blue Basic members with Medicare Part B primary coverage have Mail Service Pharmacy benefits and some lower cost shares.

FEP Blue Basic: Specialty Drugs

Cost Share Based on Where You Fill Your Prescription*

TIER	SPECIALTY PHARMACY	PREFERRED RETAIL PHARMACY
Tier 4: Preferred Specialty Drugs	<ul style="list-style-type: none"> ■ \$120 for up to a 30-day supply ■ \$350 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 	<ul style="list-style-type: none"> ■ \$120 for up to a 30-day supply only ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy
Tier 5: Non-preferred Specialty Drugs	<ul style="list-style-type: none"> ■ \$200 for up to a 30-day supply ■ \$500 for a 31 to 90-day supply ■ You are limited to a 30-day supply for the first 3 fills of each specialty drug. You can get up to a 90-day supply after the third fill 	<ul style="list-style-type: none"> ■ \$200 for up to a 30-day supply only ■ When you buy specialty drugs at a Preferred retail pharmacy, you are limited to one 30-day supply for each prescription. You must get all refills through the Specialty Pharmacy

*FEP Blue Basic members with Medicare Part B primary coverage have some lower cost shares.



To see 2025 FEP Blue Basic with Medicare Part B primary cost shares:

- Prior to January 1, 2025, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2025, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: [fepblue.org/rx](https://www.fepblue.org/rx)

COST SHARE TIERS



F FEP BLUE FOCUS COST SHARE TIERS

Members who use generic medications will benefit the most from FEP Blue Focus. This plan has a limited or closed formulary of covered drugs.

FEP Blue Focus Cost Share Based on Where You Fill Your Prescription	
TIER	PREFERRED RETAIL PHARMACY AND SPECIALTY PHARMACY
Tier 1: Preferred Generic Drugs	<ul style="list-style-type: none"> ■ \$5 for up to a 30-day supply ■ \$15 for a 31 to 90-day supply
Tier 2: Preferred Brand Name Drugs and Preferred Specialty Drugs	<ul style="list-style-type: none"> ■ 40% of our allowance up to \$350 for up to a 30-day supply ■ 40% of our allowance up to \$1,050 for a 31 to 90-day supply ■ You are limited to a 30-day supply for each specialty drug prescription



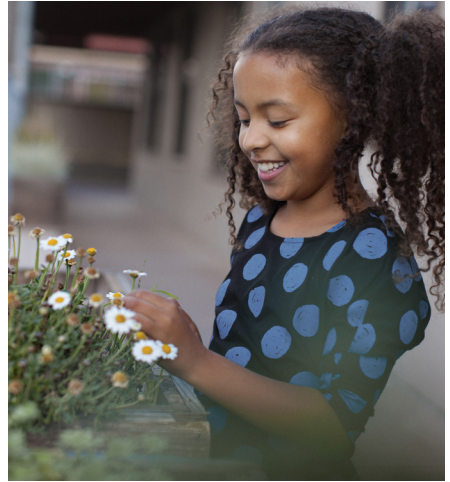
To see 2025 FEP Blue Focus cost shares:

- Prior to January 1, 2025, visit fepblue.org/whatsnew
- After January 1, 2025, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 711)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

HOW TO USE THE ABBREVIATED FORMULARY

Use the abbreviated formulary to find the most cost-effective drugs for your condition.

1. Find the tier related to your drug. The charts are organized:
 - By drug category for Non-specialty drugs by condition
[See p. 14–23](#)
 - Alphabetically, including specialty for all drugs
[See p. 24–40](#)
2. See if there are any limitations for your drug.
3. Review the cost share charts to find your copay or coinsurance. [See p. 6–11](#)
4. If your drug is in Tiers 2, 3 or 5, ask your doctor if there is a generic drug to treat your condition. If there is not a generic drug, ask your doctor to prescribe a Preferred brand name drug.



PROGRAM OPTIONS

The benefit for FEP Blue Standard (BS), FEP Blue Basic (BB) and FEP Blue Focus (BF) varies. The charts list the BS, BB and BF tiers for each drug. In many cases the tier is the same, but not in every case.



To see the 2025 full formularies:

- Prior to January 1, 2025, visit fepblue.org/whatsnew
- After January 1, 2025, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 711)

PROGRAM LEGEND

Some drugs are noted with letters or symbols in the columns next to them. The letters describe any limitations.

‡	Quantity Limit: benefit will only cover up to a specified, limited amount of the drug each time you fill a prescription or a limited amount per year.
◇	Prior Approval: needs approval in advance before a drug is covered.
\$	Step Therapy: before we provide coverage for a specific drug, we may require you to try a different drug(s) first.
◇\$	Prior Approval with Step Therapy.
*	This list shows uses for why certain drugs are prescribed. Some drugs can be prescribed for multiple conditions.
**	Generic oral contraceptives and select brand contraceptives are available to eligible members at no copay.
NC	Not Covered
BS	FEP Blue Standard 
BB	FEP Blue Basic 
BF	FEP Blue Focus 
BOLD	Bold type means there is a generic for this drug.
ITALIC	Italic type means this is a specialty drug.

This abbreviated formulary lists the most commonly used drugs. Please note: **Before filling your prescription, check the Preferred/Non-preferred status of the drug.** Other than changes resulting from new drugs or safety issues, the Preferred drug list is updated periodically during the year.

ABBREVIATED FORMULARY

(NON-SPECIALTY BY CONDITION)

Bold Type means there is a generic version for this drug. Drugs that are listed in CAPITAL LETTERS are brand name drugs, while those in lowercase are generic versions.

CONDITION/DRUG	BS TIER	BB TIER	BF TIER	CONDITION/DRUG	BS TIER	BB TIER	BF TIER
ALLERGY/COUGH & COLD				JUBLIA ◊	3	NC	NC
azelastine	1	1	1	KERYDIN * ◊	3	NC	NC
BECONASE AQ	3	NC	NC	ketoconazole tabs ◊	1	1	1
benzonatate	1	1	1	levofloxacin	1	1	1
CLARINEX	3	NC	NC	LOPROX ‡	3	NC	NC
CLARINEX-D	3	NC	NC	LUZU ◊	3	NC	NC
desloratadine	1	NC	NC	MENTAX	3	NC	NC
flunisolide spray	1	1	1	naftifine ‡	1	1	1
fluticasone spray	1	1	1	oseltamivir phosphate ‡	1	1	1
levocetirizine	1	NC	NC	OXISTAT ◊	3	NC	NC
promethazine/codeine ‡	1	1	1	sulfamethoxazole/ trimethoprim	1	1	1
VERAMYST	2	NC	NC	TAMIFLU CAPS ‡	3	3	NC
ANTI-INFECTIVES/ANTIBIOTICS/ ANTIFUNGAL/ANTIVIRAL				tavorole sol 5% * ◊	1	1	1
amoxicillin	1	1	1	valacyclovir	1	1	1
amoxicillin/ clavulanate potassium	1	1	1	VALTREX	3	3	NC
azithromycin	1	1	1	VUSION ‡ *	3	NC	NC
cephalexin	1	1	1	XOFLUZA ‡	3	3	2
ciprofloxacin	1	1	1	ZOVIRAX	3	3	NC
clotrimazole/ betamethasone ‡	1	1	1	ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS			
ERTACZO ◊	3	NC	NC	anastrozole	1	1	1
EXELDERM ◊	3	3	NC	ASTAGRAF XL	2	2	2
fluconazole	1	1	1	CELLCEPT	3	3	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
cyclosporine	1	1	1
letrozole	1	1	1
megestrol acetate	1	1	1
mycophenolate mofetil	1	1	1
MYFORTIC	3	3	NC
NEORAL	3	3	NC
NILANDRON ◊	3	3	NC
PROGRAF	3	3	NC
RAPAMUNE	3	3	NC
sirolimus	1	1	1
tacrolimus	1	1	1
tamoxifen citrate	1	1	1
ANTI-OBESITY			
SAXENDA ◊	3	3	2
WEGOVY ◊	3	3	NC
ANTIVIRAL/HIV			
abacavir	1	1	1
abacavir/ lamivudine/ zidovudine	1	1	1
APTIVUS	2	2	2
BIKTARVY	2	2	2
COMBIVIR	3	3	NC
DESCOVY	2	2	2
DOVATO	2	2	2
EDURANT	2	2	2
efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
emtricitabine/tenofovir disoproxil fumarate	1	1	1
EPIVIR	3	3	NC
EPZICOM	3	3	NC
etravirine	1	1	1
GENVOYA	2	2	2
ISENTRESS	2	2	2
lamivudine	1	1	1
lamivudine/zidovudine	1	1	1
nevirapine ext-rel	1	1	1
RETROVIR	3	3	NC
REYATAZ	3	3	NC
stavudine	1	1	1
STRIBILD	2	2	2
TRIUMEQ	2	2	2
TRIZIVIR	3	3	NC
TRUVADA	3	3	NC
VIRACEPT	2	2	2
ZIAGEN	3	3	NC
zidovudine	1	1	1
ASTHMA/COPD			
ALVESCO	3	NC	NC
ACCOLATE	3	3	NC
ADVAIR DISKUS	3	3	NC
ADVAIR HFA	3	3	NC
albuterol sulfate tablet/solution	1	1	1
albuterol sulfate, CFC-free aerosol	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
ANORO ELLIPTA	2	2	2
arformoterol soln	1	1	1
ARNUITY ELLIPTA	2	2	2
ATROVENT HFA	2	3	NC
BREO ELLIPTA	3	3	NC
BROVANA	3	3	NC
budesonide/formoterol	1	1	1
COMBIVENT RESPIMAT	3	3	NC
DULERA	2	2	2
FLOVENT HFA	3	3	NC
fluticasone/salmeterol CFC-free aerosol	1	1	1
fluticasone/salmeterol diskus	1	1	1
fluticasone/vilanterol	1	1	1
FORADIL	3	3	NC
formoterol inhalation soln	1	1	1
INCRUSE ELLIPTA	3	NC	NC
montelukast sodium	1	1	1
PERFORMIST	3	3	NC
PROAIR HFA	3	3	NC
PROVENTIL HFA	3	NC	NC
QVAR/REDIHALER	2	2	2
SINGULAIR	3	3	NC
SPIRIVA	3	3	NC
SPIRIVA RESPIMAT	2	2	2
STIOLTO RESPIMAT	2	2	2

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
STRIVERDI RESPIMAT	3	3	NC
SYMBICORT	3	3	NC
tiotropium inhalation powder caps	1	1	1
TRELEGY ELLIPTA	2	2	2
TUDORZA PRESSAIR	3	NC	NC
VENTOLIN HFA	3	NC	NC
XOPENEX HFA	3	NC	NC
XOPENEX/ CONCENTRATE	3	3	NC
zafirlukast	1	1	1
CARDIOVASCULAR DRUGS: HIGH BLOOD PRESSURE			
amlodipine besylate/ benazepril hydrochloride	1	1	1
ATACAND/HCT	3	NC	NC
atenolol	1	1	1
AVALIDE	3	NC	NC
AVAPRO	3	NC	NC
AZOR	3	3	NC
BENICAR/HCT	3	3	NC
BREVIBLOC	3	3	NC
BYSTOLIC	3	NC	NC
candesartan/hctz	1	1	1
carvedilol	1	1	1
clonidine	1	1	1
COZAAR	3	NC	NC
diltiazem er	1	1	1
DIOVAN/HCT	3	NC	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
doxazosin mesylate	1	1	1
EDARBI	3	NC	NC
EDARBYCLOR	3	NC	NC
enalapril maleate	1	1	1
EXFORGE/HCTZ	3	3	NC
furosemide	1	1	1
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
HYZAAR	3	NC	NC
irbesartan/hctz	1	1	1
lisinopril/hctz	1	1	1
losartan/hctz	1	1	1
metoprolol succinate/ tartrate	1	1	1
MICARDIS/HCT	3	NC	NC
nebivolol	1	1	1
propranolol	1	1	1
ramipril	1	1	1
spironolactone	1	1	1
telmisartan/hctz	1	1	1
triamterene/hctz	1	1	1
valsartan/hctz	1	1	1
verapamil/er	1	1	1
CARDIOVASCULAR DRUGS: HIGH CHOLESTEROL			
amlodipine/atorvastatin	1	1	1
atorvastatin calcium	1	1	1
CADUET	3	NC	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
CRESTOR	3	NC	NC
ezetimibe	1	1	1
fenofibrate	1	1	1
fenofibric acid	1	1	1
gemfibrozil	1	1	1
icosapent ethyl caps	1	1	1
LESCOL XL	3	NC	NC
LIPITOR	3	NC	NC
LIVALO	3	NC	NC
lovastatin	1	1	1
LOVAZA	3	3	NC
niacin er	1	1	1
omega-3 acid ethyl esters	1	1	1
pitavastatin	1	1	1
pravastatin sodium	1	1	1
rosuvastatin	1	1	1
simvastatin	1	1	1
VYTORIN	3	NC	NC
WELCHOL	3	3	NC
ZETIA	3	3	NC
ZOCOR	3	NC	NC
CARDIOVASCULAR DRUGS: OTHER			
AGGRASTAT	3	3	NC
BRILINTA	3	3	NC
clopidogrel	1	1	1
dabigatran caps	1	1	1
digoxin	1	1	1

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	BS TIER	BB TIER	BF TIER	CONDITION/DRUG	BS TIER	BB TIER	BF TIER
EFFIENT	3	3	NC	paroxetine	1	1	1
ELIQUIS	2	2	2	PRISTIQ	3	3	NC
enoxaparin sodium	1	1	1	sertraline tab	1	1	1
ENTRESTO	2	3	2	trazodone	1	1	1
isosorbide mononitrate er	1	1	1	TRINTELLIX	3	3	NC
NEXLETOL ◊	3	3	NC	venlafaxine hcl/er	1	1	1
NEXLIZET ◊	3	3	NC	VIIBRYD	3	3	NC
NITROSTAT	3	3	NC	vilazodone	1	1	1
PLAVIX	3	3	NC	WELLBUTRIN XL	3	NC	NC
PRALUENT ◊	3	NC	NC	CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT DISORDER			
REPATHA ◊	2	2	2	amphetamine salt combo ◊	1	1	1
warfarin	1	1	1	amphetamine/dextroamphetamine mixed salt er ◊	1	1	1
XARELTO	2	2	2	DAYTRANA ◊	3	3	NC
CENTRAL NERVOUS SYSTEM: ANXIETY AND DEPRESSION				dextro-amphetamine/amphetamine salts ◊	1	1	1
alprazolam	1	1	1	FOCALIN XR ◊	3	3	NC
amitriptyline	1	1	1	INTUNIV	3	3	NC
bupropion/xl	1	1	1	JORNAY PM ◊	3	3	NC
citalopram tabs	1	1	1	lisdexamfetamine ◊	1	1	1
CYMBALTA	3	3	NC	METHYLIN ◊	3	3	NC
diazepam	1	1	1	methylphenidate/er (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg) ◊	1	1	1
duloxetine ER	1	1	1	MYDAYIS ◊	3	3	NC
EFFEXOR XR	3	3	NC	STRATTERA	3	3	NC
escitalopram oxalate	1	1	1	VYVANSE ◊	3	3	NC
fluoxetine	1	1	1				
LEXAPRO	3	3	NC				
lorazepam	1	1	1				

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
CENTRAL NERVOUS SYSTEM: MIGRAINE			
AIMOVIQ ◊	2	2	2
EMGALITY ◊	2	2	2
NURTEC ODT ◊	2	2	2
RELPAK ‡	3	3	NC
rizatriptan ‡	1	1	1
sumatriptan succinate ‡	1	1	1
zolmitriptan ‡	1	1	1
ZOMIG/ZMT ‡	3	3	NC
CENTRAL NERVOUS SYSTEM OTHER			
ABILIFY	3	3	NC
ADLARITY	3	3	NC
AZILECT	3	3	NC
carbidopa/levodopa & er	1	1	1
cyclobenzaprine	1	1	1
donepezil	1	1	1
EQUETRO	3	3	NC
EXELON	3	3	NC
LATUDA	3	3	NC
lurasidone	1	1	1
NAMENDA TABS	3	3	NC
NEUPRO	2	2	2
pramipexole dihydrochloride	1	1	1
quetiapine fumarate	1	1	1
risperidone	1	1	1
ropinirole	1	1	1
SAVELLA ‡	3	3	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
SEROQUEL XR	3	3	NC
CENTRAL NERVOUS SYSTEM: PAIN			
buprenorphine patch ‡	1	1	1
buprenorphine/naloxone ‡	1	1	1
butalbital/APAP ‡	1	1	1
BUTRANS ‡	3	3	NC
EMBEDA ‡	2	2	NC
fentanyl patch ‡	1	1	1
hydrocodone/acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
MORPHABOND ‡	3	3	NC
OXYCONTIN ‡	3	NC	NC
SUBOXONE FILM ‡	3	3	NC
ZUBSOLV ‡	2	2	2
CENTRAL NERVOUS SYSTEM: SEIZURE DISORDERS			
clonazepam	1	1	1
gabapentin ‡	1	1	1
lamotrigine	1	1	1
levetiracetam	1	1	1
LYRICA ‡	3	NC	NC
pregabalin ‡	1	1	1
topiramate/er	1	1	1
CENTRAL NERVOUS SYSTEM: SLEEP AGENTS			
AMBIEN/CR ‡	3	NC	NC
EDLUAR ‡	3	NC	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	BS TIER	BB TIER	BF TIER	CONDITION/DRUG	BS TIER	BB TIER	BF TIER
eszopiclone ‡	1	1	1	ORACEA	3	3	NC
LUNESTA ‡	3	NC	NC	TAZORAC ◊	3	3	NC
ramelteon ‡	1	1	1	tretinoin ◊	1	1	1
ROZEREM ‡	3	NC	NC	DIABETES: BLOOD GLUCOSE MONITORING			
temazepam ‡	1	1	1	ACCU-CHEK TEST STRIPS ‡	2	2	2
zaleplon ‡	1	1	1	DEXCOM CGM SYSTEM ◊	3	3	NC
zolpidem/ER ‡	1	1	1	FREESTYLE LIBRE/ FREESTYLE LIBRE CGM SYSTEM ◊	2	2	2
CONTRACEPTIVES: OTHER				ONETOUCH TEST STRIPS ‡	2	2	2
ANNOVERA **	2	2	2	DIABETES DRUGS			
etonogestrel/ EE vaginal ring **	1	1	1	AFREZZA ◊	3	3	NC
NUVARING	3	3	NC	BAQSIMI	2	2	2
PARAGARD T 380A **	2	2	2	dapagliflozin propanediol \$	2	2	2
DERMATOLOGY				dapagliflozin propanediol-metformin \$	2	2	2
betamethasone ‡	1	1	1	FARXIGA \$	2	2	2
CARAC	3	NC	NC	glimpiride	1	1	1
ciclopirox ‡	1	1	1	glipizide/er/xl	1	1	1
clindamycin phosphate ‡	1	1	1	GLUCAGEN	2	2	2
clobetasol propionate ‡	1	1	1	glyburide	1	1	1
CLOBEX ‡	3	3	NC	GVOKE	2	2	2
doxepin crm ‡	1	1	1	INVOKANA ◊ \$	3	NC	NC
EPIDUO/FORTE ◊	3	3	NC	JANUMET	2	2	2
ERYGEL ‡	3	3	NC	JANUMET XR	2	2	2
fluorouracil cream 0.5%	1	NC	NC	JANUVIA	2	2	2
lidocaine topical ‡	1	1	1	JARDIANCE \$	2	2	2
methylprednisolone	1	1	1				
mupirocin ‡	1	1	1				
NORITATE ◊	3	NC	NC				

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
liraglutide ◊	2	2	2
MOUNJARO ◊	2	2	2
OZEMPIC ◊	2	2	2
pioglitazone	1	1	1
RYBELSUS ◊	2	2	2
saxagliptin	1	1	1
saxagliptin/metformin er	1	1	1
TRULICITY ◊	2	2	2
VICTOZA ◊	3	3	NC
DIABETES: INSULIN			
BASAGLAR	2	2	2
FIASP/FLEXTOUCH	2	2	2
HUMALOG/ MIX/KWIKPEN	2	NC	NC
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
INSULIN ASPART	2	2	2
INSULIN LISPRO	2	NC	NC
LEVEMIR	2	2	2
LYUMJEV/KWIKPEN	3	NC	NC
NOVOLIN	2	2	2
NOVOLOG /MIX/ FLEXPEN	2	2	2
TRESIBA	2	3	NC
DIABETES: MISCELLANEOUS			
OMNIPOD DASH/5 G6/5 G7 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2
EYE/EAR			
ALPHAGAN P	3	3	NC
ALREX	3	3	NC
AZOPT	3	3	NC
brimonidine tartrate	1	1	1
brimonidine/timolol	1	1	1
CEQUA ◊	3	3	NC
CIPRODEX	3	3	NC
COMBIGAN	3	3	NC
difluprednate	1	1	1
dorzolamide/timolol maleate	1	1	1
DUREZOL	3	3	NC
latanoprost	1	1	1
loteprednol 0.2%	1	1	1
LUMIGAN	2	NC	NC
prednisolone acetate	1	1	1
RESTASIS ◊	3	3	NC
RHOPRESSA	2	3	NC
ROCKLATAN	2	3	NC
tafluprost	1	1	1
timolol maleate	1	1	1
TRAVATAN Z	3	3	NC
VIGAMOX	3	3	NC
XIIDRA ◊	2	2	2
ZIOPTAN	3	3	NC

ABBREVIATED FORMULARY (NON-SPECIALTY BY CONDITION)

CONDITION/DRUG	BS TIER	BB TIER	BF TIER	CONDITION/DRUG	BS TIER	BB TIER	BF TIER
GASTROINTESTINAL DRUGS							
ASACOL HD	3	NC	NC	sucralfate	1	1	1
CREON	2	2	2	SUPREP BOWEL PREP KIT	3	3	NC
DELZICOL	3	NC	NC	VARUBI ‡	2	2	2
DEXILANT ‡	3	NC	NC	VIOKACE	2	2	2
dexlansoprazole delayed-rel ‡	1	1	1	HORMONE REPLACEMENT			
EMEND ‡	3	3	NC	ANDRODERM ◊	2	2	2
esomeprazole magnesium delayed-rel ‡	1	1	1	ANDROGEL ◊	3	NC	NC
famotidine 40mg	1	1	1	ESTRACE	3	3	NC
lansoprazole ‡	1	1	1	estradiol	1	1	1
LIALDA	3	3	NC	FORTESTA ◊	3	3	NC
LINZESS ◊	2	2	2	MINIVELLE	3	3	NC
lubiprostone ◊	1	1	1	PREFEST	3	3	NC
mesalamine er caps	1	1	1	PREMARIN	2	2	2
MOVIPREP	3	3	NC	PREMPRO	2	2	2
omeprazole	1	1	1	progesterone ◊	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC	STRIANT ◊	3	3	NC
pantoprazole sodium ‡	1	1	1	TESTIM ◊	3	NC	NC
PENTASA	2	NC	NC	testosterone cypionate ◊	1	1	1
polyethylene glycol 3350	1	1	1	testosterone gel ◊	1	1	1
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1	VAGIFEM	3	3	NC
RELISTOR ◊	3	3	2	VIVELLE DOT	3	3	NC
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1	VOGELXO ◊	3	NC	NC
				INFLAMMATION: CORTICOSTEROIDS			
				CORTEF	3	NC	NC
				MEDROL	3	NC	NC
				ORAPRED ODT	3	NC	NC
				prednisone	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
RAYOS ◊	3	NC	NC
MISCELLANEOUS			
allopurinol	1	1	1
calcitriol	1	1	1
colchicine	1	1	1
COLCRYS	3	3	NC
epinephrine injection	1	1	1
EPIPEN/JR	3	3	NC
EVISTA	3	3	NC
febuxostat ◊	1	1	1
naloxone	1	1	1
NARCAN	3	3	NC
ORAL CONTRACEPTIVES **			
LO LOESTRIN FE	2	2	2
MIRCETTE	3	3	NC
OSTEOPOROSIS/BONE DISEASES			
ACTONEL	3	3	NC
alendronate	1	1	1
ibandronate	1	1	1
risedronate	1	1	1
PSORIASIS			
acitretin	1	1	1
calcipotriene- betamethasone ‡	1	1	1
RHEUMATOLOGY			
ARTHROTEC	3	NC	NC
CELEBREX ‡	3	3	NC
celecoxib ‡	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
FELDENE	3	NC	NC
ibuprofen	1	1	1
meloxicam tabs	1	1	1
methotrexate inj	1	1	1
NAPROSYN	3	NC	NC
OTREXUP ◊	3	3	NC
RASUVO ◊	3	3	NC
THYROID MEDICATIONS			
ARMOUR THYROID	3	3	NC
levothyroxine	1	1	1
SYNTHROID	2	2	2
UROLOGIC DISORDERS			
AVODART	3	3	NC
fesoterodine er	1	1	1
finasteride	1	1	1
GELNIQUE	3	NC	NC
JALYN	3	NC	NC
mirabegron er	1	1	1
MYRBETRIQ TABS	3	3	NC
oxybutynin/er	1	1	1
phenazopyridine	1	1	1
RAPAFLO	3	3	NC
silodosin	1	1	1
solifenacin	1	1	1
tamsulosin	1	1	1
tolterodine/er	1	1	1
TOVIAZ	3	3	NC
trospium/er	1	1	1

ABBREVIATED FORMULARY

(ALPHABETIC INCLUDING SPECIALTY)

Bold Type means there is a generic version for this drug. ***Italic Type*** means this is a specialty drug. Drugs that are listed in CAPITAL LETTERS are brand name drugs, while those in lowercase are generic versions.

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
abacavir	1	1	1	<i>AFINITOR</i> ◊	5	NC	NC
abacavir/ lamivudine/zidovudine	1	1	1	<i>AFINITOR DISPERZ TAB</i> ◊	5	NC	NC
ABILIFY	3	3	NC	AFREZZA ◊	3	3	NC
<i>ABIRATERONE</i> ◊	4	4	2	AFSTYLA	4	4	NC
ABRAXANE	5	5	NC	AIMOVIQ ◊	2	2	2
ACCOLATE	3	3	NC	albuterol sulfate tablet/solution	1	1	1
ACCU-CHEK TEST STRIPS ‡	2	2	2	albuterol sulfate, CFC-free aerosol	1	1	1
acitretin	1	1	1	<i>ALDURAZYME</i> ◊	4	4	NC
<i>ACTEMRA</i> ◊	4	4	2	<i>ALECENSA</i> ◊	4	4	2
<i>ACTHAR</i> ◊	5	5	NC	alendronate	1	1	1
ACTONEL	3	3	NC	allopurinol	1	1	1
<i>ADALIMUMAB-ADAZ</i> ◊	4	4	2	ALPHAGAN P	3	3	NC
<i>ADBRY</i> ◊	4	4	NC	<i>ALPHANATE</i>	4	4	2
<i>ADCETRIS</i> ◊	4	4	NC	<i>ALPHANINE SD</i>	4	4	NC
<i>ADCIRCA</i> ◊	5	NC	NC	alprazolam	1	1	1
<i>ADEFOVIR DIPIVOXIL</i>	4	4	2	ALPROLIX	4	4	2
<i>ADEMPAS</i> ◊	5	5	2	ALREX	3	3	NC
ADLARITY	3	3	NC	<i>ALTUVIIIO</i>	5	5	NC
ADVAIR DISKUS	3	3	NC	<i>ALUNBRIG</i> ◊	4	4	2
ADVAIR HFA	3	3	NC	ALVESCO	3	NC	NC
ADVATE	4	4	NC	AMBIEN/CR ‡	3	NC	NC
ADYNOVATE	5	5	NC	<i>AMBRISENTAN</i> ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
amitriptyline	1	1	1
amlodipine besylate/ benazepril hydrochloride	1	1	1
amlodipine/atorvastatin	1	1	1
AMONDYS-45 ◊	5	5	NC
amoxicillin	1	1	1
amoxicillin/ clavulanate potassium	1	1	1
amphetamine salt combo ◊	1	1	1
amphetamine/ dextroamphetamine mixed salt er ◊	1	1	1
anastrozole	1	1	1
ANDRODERM ◊	2	2	2
ANDROGEL ◊	3	NC	NC
ANNOVERA**	2	2	2
ANORO ELLIPTA	2	2	2
APOKYN ◊	5	NC	NC
APOMORPHINE ◊	4	4	2
APTIVUS	2	2	2
ARALAST NP ◊	5	5	NC
ARANESP ◊	4	4	2
ARCALYST ◊	4	4	2
arformoterol soln	1	1	1
ARMOUR THYROID	3	3	NC
ARNUITY ELLIPTA	2	2	2
ARRANON	5	5	NC

NAME	BS TIER	BB TIER	BF TIER
ARTHROTEC	3	NC	NC
ASACOL HD	3	NC	NC
ASTAGRAF XL	2	2	2
ATACAND/HCT	3	NC	NC
atenolol	1	1	1
atorvastatin calcium	1	1	1
ATROVENT HFA	2	3	NC
AUBAGIO ◊	5	5	NC
AVALIDE	3	NC	NC
AVAPRO	3	NC	NC
AVODART	3	3	NC
AVONEX ◊	4	4	2
azelastine	1	1	1
AZILECT	3	3	NC
azithromycin	1	1	1
AZOPT	3	3	NC
AZOR	3	3	NC
BAQSIMI	2	2	2
BARACLUDGE SOLN	4	4	2
BASAGLAR	2	2	2
BECONASE AQ	3	NC	NC
BELEODAQ ◊	4	4	NC
BENDAMUSTINE ◊	4	4	2
BENDEKA ◊	4	4	NC
BENEFIX	4	4	2
BENICAR/HCT	3	3	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
<i>BENLYSTA</i> ◊	4	4	NC	buprenorphine patch ‡	1	1	1
benzonatate	1	1	1	buprenorphine/ naloxone ‡	1	1	1
<i>BERINERT</i> ◊	4	4	2	bupropion/xl	1	1	1
<i>BESREMI</i> ◊	5	5	NC	butalbital/APAP ‡	1	1	1
<i>BETAINE ANHYDROUS</i>	4	4	2	BUTRANS ‡	3	3	NC
betamethasone ‡	1	1	1	<i>BYLVAY</i> ◊	5	5	NC
<i>BETASERON</i> ◊	4	4	2	BYSTOLIC	3	NC	NC
BETHKIS	5	5	NC	CADUET	3	NC	NC
<i>BEXAROTENE CAPS/GEL</i> ◊	4	4	2	calcipotriene- betamethasone ‡	1	1	1
BICNU	5	5	NC	calcitriol	1	1	1
BIKTARVY	2	2	2	<i>CALQUENCE</i> ◊	4	4	2
<i>BIVIGAM</i> ◊	4	4	NC	candesartan/hctz	1	1	1
<i>BLEOMYCIN</i>	4	4	2	CARAC	3	NC	NC
<i>BLINCYTO</i> ◊	4	4	2	carbidopa/ levodopa & er	1	1	1
<i>BOSENTAN</i> ◊	4	4	2	carvedilol	1	1	1
<i>BOSULIF</i> ◊	4	4	2	CELEBREX ‡	3	3	NC
<i>BOTOX</i> ◊	4	4	2	celecoxib ‡	1	1	1
<i>BRAFTOVI</i> ◊	5	5	NC	CELLCEPT	3	3	NC
BREO ELLIPTA	3	3	NC	cephalexin	1	1	1
BREVBLOC	3	3	NC	<i>CEQUA</i> ◊	3	3	NC
BRILINTA	3	3	NC	<i>CERDELGA</i> ◊	4	4	2
brimonidine tartrate	1	1	1	<i>CEREZYME</i> ◊	4	4	2
brimonidine/timolol	1	1	1	<i>CETRORELIX</i> ◊	4	4	2
BROVANA	3	3	NC	CETROTIDE ◊	5	5	NC
budesonide/formoterol	1	1	1	<i>CHORIONIC GONADOTROPIN</i> ◊	4	4	2
BUPHENYL ◊	5	5	NC				

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
<i>CIBINQO</i> ◊	5	5	NC	<i>CORTROPHIN GEL</i> ◊	4	4	NC
ciclopirox ‡	1	1	1	<i>COSENTYX</i> ◊	5	5	NC
<i>CIMZIA</i> ◊	5	5	NC	COSMEGEN	5	5	NC
<i>CINACALCET</i> ◊	4	4	2	COZAAR	3	NC	NC
<i>CINRYZE</i> ◊	4	4	2	CREON	2	2	2
CIPRODEX	3	3	NC	CRESTOR	3	NC	NC
ciprofloxacin	1	1	1	<i>CUVITRU</i> ◊	5	5	2
citalopram tabs	1	1	1	cyclobenzaprine	1	1	1
CLARINEX	3	NC	NC	cyclosporine	1	1	1
CLARINEX-D	3	NC	NC	CYMBALTA	3	3	NC
clindamycin phosphate ‡	1	1	1	CYSTADANE	5	5	NC
clobetasol propionate ‡	1	1	1	<i>CYSTAGON</i>	4	4	2
GLOBEX ‡	3	3	NC	<i>CYTARABINE</i>	4	4	2
CLOLAR	5	5	NC	<i>CYTOGAM</i>	4	4	2
clonazepam	1	1	1	dabigatran caps	1	1	1
clonidine	1	1	1	<i>DALFAMPRIDINE ER</i> ◊	4	4	2
clopidogrel	1	1	1	dapagliflozin propanediol \$	2	2	2
clotrimazole/ betamethasone ‡	1	1	1	dapagliflozin propanediol-metformin \$	2	2	2
<i>COAGADEX</i>	4	4	NC	<i>DARZALEX</i> ◊	4	4	NC
colchicine	1	1	1	<i>DASATINIB</i> ◊	4	4	2
COLCRYS	3	3	NC	DAYTRANA ◊	3	3	NC
COMBIGAN	3	3	NC	<i>DECITABINE</i>	4	4	2
COMBIVENT RESPIMAT	3	3	NC	<i>DEFERASIROX</i> ◊	4	4	2
COMBIVIR	3	3	NC	<i>DEFLAZACORT</i> ◊	4	4	2
<i>CORIFACT</i>	4	4	NC	DELZICOL	3	NC	NC
CORTEF	3	NC	NC	DESCOVY	2	2	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
DESFERAL	5	5	NC	EDARBI	3	NC	NC
desloratadine	1	NC	NC	EDARBYCLOR	3	NC	NC
DEXCOM CGM SYSTEM ◊	3	3	NC	EDLUAR ‡	3	NC	NC
DEXILANT ‡	3	NC	NC	EDURANT	2	2	2
dexlansoprazole delayed-rel ‡	1	1	1	efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	1	1
dextro-amphetamine/amphetamine salts ◊	1	1	1	EFFEXOR XR	3	3	NC
diazepam	1	1	1	EFFIENT	3	3	NC
difluprednate	1	1	1	EGRIFTA ◊	4	4	2
digoxin	1	1	1	ELAPRASE ◊	4	4	NC
diltiazem er	1	1	1	ELIGARD ◊	4	4	2
<i>DIMETHYL FUMARATE</i> ◊	4	4	2	ELIQUIS	2	2	2
DIOVAN/HCT	3	NC	NC	ELITEK	4	4	2
<i>DOFETILIDE</i>	4	4	2	ELLENCÉ	5	5	NC
donepezil	1	1	1	ELOCTATE	4	4	2
<i>DOPTELET</i> ◊	5	5	NC	EMBEDA ‡	2	2	NC
dorzolamide/timolol maleate	1	1	1	EMEND ‡	3	3	NC
DOVATO	2	2	2	EMGALITY ◊	2	2	2
doxazosin mesylate	1	1	1	<i>EMPLICITI</i> ◊	4	4	NC
doxepin crm ‡	1	1	1	emtricitabine/tenofovir disoproxil fumarate	1	1	1
DOXIL	5	5	NC	enalapril maleate	1	1	1
DULERA	2	2	2	<i>ENBREL</i> ◊	4	4	2
duloxetine ER	1	1	1	enoxaparin sodium	1	1	1
<i>DUPIXENT</i> ◊	5	5	NC	<i>ENTECAVIR</i>	4	4	2
DUREZOL	3	3	NC	ENTRESTO	2	3	2
<i>DYSPORT</i> ◊	4	4	2	<i>ENTYVIO</i> ◊	5	5	NC
				EPCUSA ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
EPIDUO/FORTE ◊	3	3	NC	EXELDERM ◊	3	3	NC
epinephrine injection	1	1	1	EXELON	3	3	NC
EPIPEN/JR	3	3	NC	EXFORGE/HCTZ	3	3	NC
EPIVIR	3	3	NC	EXJADE ◊	5	NC	NC
<i>EPOGEN</i> ◊	5	5	NC	<i>EXONDYS 51</i> ◊	5	5	NC
EPZICOM	3	3	NC	ezetimibe	1	1	1
EQUETRO	3	3	NC	<i>FABRAZYME</i> ◊	4	4	2
<i>ERBITUX</i> ◊	4	4	NC	famotidine 40mg	1	1	1
<i>ERIVEDGE</i> ◊	4	4	2	FARXIGA \$	2	2	2
<i>ERLEADA</i> ◊	4	4	NC	FASLODEX ◊	5	NC	NC
<i>ERLOTINIB</i> ◊	4	4	2	febuxostat ◊	1	1	1
ERTACZO ◊	3	NC	NC	<i>FEIBA</i>	4	4	NC
ERYGEL ‡	3	3	NC	FELDENE	3	NC	NC
escitalopram oxalate	1	1	1	fenofibrate	1	1	1
esomeprazole magnesium delayed-rel ‡	1	1	1	fenofibric acid	1	1	1
ESTRACE	3	3	NC	fentanyl patch ‡	1	1	1
estradiol	1	1	1	fesoterodine er	1	1	1
eszopiclone ‡	1	1	1	FIASP/FLEXTOUCH	2	2	2
ETHYOL	5	5	NC	finasteride	1	1	1
etonogestrel/ EE vaginal ring **	1	1	1	FIRAZYR ◊	5	NC	NC
<i>ETOPOPHOS</i>	4	4	NC	<i>FIRMAGON</i> ◊	4	4	2
<i>ETOPOSIDE</i>	4	4	2	FLOVENT HFA	3	3	NC
etravirine	1	1	1	fluconazole	1	1	1
<i>EUFLEXXA</i> ◊	5	5	NC	<i>FLUDARABINE</i>	4	4	2
EVISTA	3	3	NC	flunisolide spray	1	1	1
				fluorouracil cream 0.5%	1	NC	NC
				<i>FLUOROURACIL INJ</i>	4	4	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
fluoxetine	1	1	1	<i>GEL-ONE</i> ◊	4	4	2
fluticasone spray	1	1	1	<i>GELSYN-3</i> ◊	4	4	2
fluticasone/salmeterol CFC-free aerosol	1	1	1	gemfibrozil	1	1	1
fluticasone/salmeterol diskus	1	1	1	<i>GENOTROPIN</i> ◊	5	NC	NC
fluticasone/vilanterol	1	1	1	GENVOYA	2	2	2
FOCALIN XR ◊	3	3	NC	<i>GLASSIA</i> ◊	5	5	NC
<i>FOLLISTIM AQ</i> ◊	4	4	2	<i>GLATIRAMER</i> ◊	4	4	2
FOLOTYN	5	5	NC	GLEEVEC ◊	5	NC	NC
FORADIL	3	3	NC	glimepiride	1	1	1
formoterol inhalation soln	1	1	1	glipizide/er/xl	1	1	1
FORTESTA ◊	3	3	NC	GLUCAGEN	2	2	2
<i>FOTIVDA</i> ◊	5	5	NC	glyburide	1	1	1
FREESTYLE LIBRE/ FREESTYLE LIBRE CGM SYSTEM ◊	2	2	2	<i>GONAL-F</i> ◊	5	5	NC
furosemide	1	1	1	<i>GONAL-F RFF</i> ◊	5	5	NC
<i>FUZEON</i>	4	4	2	GVOKE	2	2	2
gabapentin ‡	1	1	1	HALAVEN ◊	5	5	NC
<i>GAMMAGARD</i> ◊	4	4	2	HARVONI ◊	4	4	2
<i>GAMMAKED</i> ◊	4	4	2	<i>HEMOFIL M</i>	4	4	NC
<i>GAMMAPLEX</i> ◊	4	4	2	<i>HEPAGAM B</i>	4	4	2
<i>GAMUNEX-C</i> ◊	4	4	2	HUMALOG/ MIX/KWIKPEN	2	NC	NC
<i>GATTEX</i> ◊	4	4	2	<i>HUMATE-P</i>	4	4	2
<i>GAZYVA</i> ◊	4	4	NC	<i>HUMATROPE</i> ◊	5	NC	NC
<i>GEFITINIB</i> ◊	4	4	2	HUMULIN U-500 CONCENTRATE	2	2	2
GELNIQUE	3	NC	NC	HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
				<i>HYALGAN</i> ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
<i>HYCAMTIN CAP</i>	4	4	2	INSULIN LISPRO	2	NC	NC
HYCAMTIN INJ	5	5	NC	INTUNIV	3	3	NC
hydralazine	1	1	1	INVOKANA ◊ \$	3	NC	NC
hydrochlorothiazide	1	1	1	irbesartan/hctz	1	1	1
hydrocodone/ acetaminophen ‡	1	1	1	IRESSA ◊	5	5	NC
hydromorphone ‡	1	1	1	<i>IRINOTECAN</i>	4	4	2
<i>HYPERHEP B S-D</i>	4	4	2	ISENTRESS	2	2	2
<i>HYPERRHO S-D</i>	4	4	2	isosorbide mononitrate er	1	1	1
<i>HYQVIA</i> ◊	4	4	2	ISTODAX ◊	5	5	NC
<i>HYRIMOZ</i> ◊	4	4	2	<i>IXEMPRO</i>	4	4	NC
HYZAAR	3	NC	NC	<i>IXINITY</i>	4	4	NC
ibandronate	1	1	1	JADENU ◊	5	NC	NC
<i>IBRANCE</i> ◊	4	4	2	<i>JAKAFI</i> ◊	4	4	2
ibuprofen	1	1	1	JALYN	3	NC	NC
<i>ICATIBANT</i> ◊	4	4	2	JANUMET	2	2	2
<i>ICLUSIG</i> ◊	4	4	2	JANUMET XR	2	2	2
icosapent ethyl caps	1	1	1	JANUVIA	2	2	2
IDAMYCIN PFS	5	5	NC	JARDIANCE \$	2	2	2
<i>IDARUBICIN HCL</i>	4	4	2	<i>JEVTANA</i> ◊	4	4	2
<i>IDELVION</i>	4	4	NC	JORNAY PM ◊	3	3	NC
<i>ILARIS</i> ◊	4	4	2	JUBLIA ◊	3	NC	NC
<i>IMATINIB</i> ◊	4	4	2	<i>JYNARQUE</i> ◊	4	4	2
<i>INCRELEX</i> ◊	4	4	2	<i>KADCYLA</i> ◊	4	4	NC
INCRUSE ELLIPTA	3	NC	NC	<i>KALBITOR</i> ◊	4	4	2
<i>INLYTA</i> ◊	4	4	2	<i>KALYDECO</i> ◊	4	4	2
INSULIN ASPART	2	2	2	KERYDIN * ◊	3	NC	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
KESIMPTA ◊	4	4	2	levothyroxine	1	1	1
ketoconazole tabs ◊	1	1	1	LEXAPRO	3	3	NC
KEYTRUDA ◊	4	4	2	LIALDA	3	3	NC
KINERET ◊	5	5	2	lidocaine topical ‡	1	1	1
KOATE-DVI	4	4	NC	LILETTA **	4	4	2
KRYSTEXXA ◊	5	5	NC	LINZESS ◊	2	2	2
KUVAN ◊	5	5	NC	LIPITOR	3	NC	NC
KYPROLIS ◊	5	5	2	liraglutide ◊	2	2	2
lamivudine	1	1	1	lisdexamfetamine ◊	1	1	1
lamivudine/zidovudine	1	1	1	lisinopril/hctz	1	1	1
lamotrigine	1	1	1	LIVALO	3	NC	NC
lansoprazole ‡	1	1	1	LO LOESTRIN FE	2	2	2
latanoprost	1	1	1	LOPROX ‡	3	NC	NC
LATUDA	3	3	NC	lorazepam	1	1	1
LEDIPASVIR/ SOFOSBUVIR ◊	4	4	2	losartan/hctz	1	1	1
LEMTRADA ◊	5	5	2	loteprednol 0.2%	1	1	1
LENALIDOMIDE ◊	4	4	2	lovastatin	1	1	1
LESCOL XL	3	NC	NC	LOVAZA	3	3	NC
LETAIRIS ◊	5	NC	NC	lubiprostone ◊	1	1	1
letrozole	1	1	1	LUMIGAN	2	NC	NC
LEUKINE ◊	5	5	NC	LUMIZYME ◊	4	4	2
LEUPROLIDE ◊	4	4	2	LUNESTA ‡	3	NC	NC
LEVEMIR	2	2	2	LUPRON DEPOT ◊	4	4	2
levetiracetam	1	1	1	lurasidone	1	1	1
levocetirizine	1	NC	NC	LUZU ◊	3	NC	NC
levofloxacin	1	1	1	LYNPARZA ◊	4	4	2
				LYRICA ‡	3	NC	NC

NAME	BS TIER	BB TIER	BF TIER
LYUMJEV/KWIKPEN	3	NC	NC
MEDROL	3	NC	NC
megestrol acetate	1	1	1
<i>MEKINIST</i> ◊	4	4	2
<i>MEKTOVI</i> ◊	5	5	NC
meloxicam tabs	1	1	1
<i>MENOPUR</i> ◊	4	4	2
MENTAX	3	NC	NC
mesalamine er caps	1	1	1
MESNEX INJ	5	5	NC
<i>MESNEX TAB</i>	4	4	2
methotrexate inj	1	1	1
METHYLIN ◊	3	3	NC
methylphenidate/er (except methylphenidate tab ER osmotic release 45mg, 63mg, 72mg) ◊	1	1	1
methylprednisolone	1	1	1
metoprolol succinate/tartrate	1	1	1
MICARDIS/HCT	3	NC	NC
<i>MICRHOGAM</i>	4	4	2
<i>MIGLUSTAT</i> ◊	4	4	2
MINIVELLE	3	3	NC
mirabegron er	1	1	1
MIRCETTE	3	3	NC
<i>MIRENA</i> **	4	4	2
<i>MITOMYCIN</i>	4	4	2
<i>MITOXANTRONE</i>	4	4	2

NAME	BS TIER	BB TIER	BF TIER
<i>MONOVISC</i> ◊	5	5	NC
montelukast sodium	1	1	1
MORPHABOND ‡	3	3	NC
MOUNJARO ◊	2	2	2
MOVIPREP	3	3	NC
mupirocin ‡	1	1	1
mycophenolate mofetil	1	1	1
MYDAYIS ◊	3	3	NC
MYFORTIC	3	3	NC
<i>MYOBLOC</i> ◊	4	4	2
MYRBETRIQ TABS	3	3	NC
<i>NABI-HB</i>	4	4	NC
naftifine ‡	1	1	1
<i>NAGLAZYME</i> ◊	4	4	NC
naloxone	1	1	1
NAMENDA TABS	3	3	NC
NAPROSYN	3	NC	NC
NARCAN	3	3	NC
neбиволол	1	1	1
NEORAL	3	3	NC
NEUPRO	2	2	2
nevirapine ext-rel	1	1	1
NEXAVAR ◊	5	5	NC
NEXLETOL ◊	3	3	NC
NEXLIZET ◊	3	3	NC
niacin er	1	1	1
NILANDRON ◊	3	3	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
<i>NIPENT</i>	4	4	2	<i>OMNITROPE</i> ◊	5	NC	NC
NITROSTAT	3	3	NC	ONETOUCH TEST STRIPS ‡	2	2	2
<i>NORDITROPIN</i> ◊	4	4	2	<i>ONIVYDE</i> ◊	5	5	NC
<i>NORITATE</i> ◊	3	NC	NC	<i>OPDIVO</i> ◊	4	4	2
NORTHERA ◊	5	NC	NC	<i>OPSUMIT</i> ◊	4	4	2
<i>NOVAREL</i> ◊	4	4	2	ORACEA	3	3	NC
NOVOLIN	2	2	2	<i>ORALAIR</i> ◊	5	5	2
NOVOLOG/ MIX/FLEXPEN	2	2	2	ORAPRED ODT	3	NC	NC
<i>NOVOSEVEN RT</i>	4	4	2	<i>ORENCIA</i> ◊	5	5	NC
<i>NPLATE</i> ◊	4	4	2	<i>ORENITRAM</i> ◊	4	4	2
<i>NUBEQA</i> ◊	4	4	NC	<i>ORKAMBI</i> ◊	4	4	2
<i>NUCALA</i> ◊	5	5	NC	<i>ORTHOVISC</i> ◊	5	5	NC
<i>NULOJIX</i>	4	4	NC	oseltamivir phosphate ‡	1	1	1
<i>NURTEC ODT</i> ◊	2	2	2	<i>OTEZLA</i> ◊	4	4	2
<i>NUTROPIN AQ</i> ◊	5	NC	NC	OTREXUP ◊	3	3	NC
NUVARING	3	3	NC	<i>OVIDREL</i> ◊	4	4	2
<i>NUWIQ</i>	4	4	NC	OXISTAT ◊	3	NC	NC
<i>OCALIVA</i> ◊	5	5	2	oxybutynin/er	1	1	1
<i>OCTAGAM</i> ◊	4	4	NC	OXYCONTIN ‡	3	NC	NC
<i>OFEV</i> ◊	4	4	2	OZEMPIC ◊	2	2	2
omega-3 acid ethyl esters	1	1	1	<i>PALYNZIQ</i> ◊	5	5	NC
omeprazole	1	1	1	<i>PAMIDRONATE</i>	4	4	2
omeprazole/sodium bicarbonate ‡	1	NC	NC	pantoprazole sodium ‡	1	1	1
OMNIPOD DASH/ 5 G6/5 G7 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC	PARAGARD T 380A **	2	2	2
				paroxetine	1	1	1
				<i>PAZOPANIB</i> ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
PEGASYS ◊	4	4	2
PENTASA	2	NC	NC
PERFORMIST	3	3	NC
PERJETA ◊	4	4	2
phenazopyridine	1	1	1
pioglitazone	1	1	1
PIRFENIDONE ◊	4	4	2
pitavastatin	1	1	1
PLAVIX	3	3	NC
PLEGRIDY/PEN ◊	4	4	2
polyethylene glycol 3350	1	1	1
POMALYST ◊	5	5	2
PRALATREXATE	4	4	2
PRALUENT ◊	3	NC	NC
pramipexole dihydrochloride	1	1	1
pravastatin sodium	1	1	1
prednisolone acetate	1	1	1
prednisone	1	1	1
PREFEST	3	3	NC
pregabalin ‡	1	1	1
PREGNYL ◊	4	4	2
PREMARIN	2	2	2
PREMPRO	2	2	2
PRISTIQ	3	3	NC
PRIVIGEN ◊	4	4	NC
PROAIR HFA	3	3	NC

NAME	BS TIER	BB TIER	BF TIER
PROCRIT ◊	5	NC	NC
PROFILNINE	4	4	NC
progesterone ◊	1	1	1
PROGRAF	3	3	NC
PROLASTIN-C ◊	4	4	2
PROLIA ◊	4	4	2
PROMACTA ◊	4	4	2
promethazine/codeine ‡	1	1	1
propranolol	1	1	1
PROVENTIL HFA	3	NC	NC
PULMOZYME ◊	4	4	2
quetiapine fumarate	1	1	1
QVAR/REDIHALER	2	2	2
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
ramelteon ‡	1	1	1
ramipril	1	1	1
RAPAFLO	3	3	NC
RAPAMUNE	3	3	NC
RASUVO ◊	3	3	NC
RAVICTI ◊	4	4	2
RAYOS ◊	3	NC	NC
REBIF ◊	4	4	2
REBINYN	4	4	NC
RECLAST ◊	5	NC	NC
RECOMBIMATE	4	4	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
RELISTOR ◊	3	3	2	SAIZEN ◊	5	NC	NC
RELPAK ‡	3	3	NC	SAMSCA ◊	5	5	NC
REMODULIN ◊	5	5	NC	SANDOSTATIN LAR ◊	4	4	2
REPATHA ◊	2	2	2	SAPROPTERIN ◊	4	4	2
RESTASIS ◊	3	3	NC	SAVELLA ‡	3	3	NC
RETACRIT ◊	4	4	2	saxagliptin	1	1	1
RETROVIR	3	3	NC	saxagliptin/metformin er	1	1	1
REVATIO ◊	5	NC	NC	SAXENDA ◊	3	3	2
REVLIMID ◊	4	4	2	SCEMBLIX ◊	5	5	NC
REYATAZ	3	3	NC	SENSIPAR ◊	5	NC	NC
RHOGAM PLUS	4	4	2	SEROQUEL XR	3	3	NC
RHOPHYLAC	4	4	NC	SEROSTIM ◊	4	4	2
RHOPRESSA	2	3	NC	sertraline tab	1	1	1
RIASTAP	4	4	NC	SILDENAFIL (PAH) ◊	4	4	2
RIBAVIRIN ◊	4	4	2	silodosin	1	1	1
RINVOQ ER ◊	4	4	NC	simvastatin	1	1	1
risedronate	1	1	1	SINGULAIR	3	3	NC
risperidone	1	1	1	sirolimus	1	1	1
RIXUBIS	4	4	2	SKYLA **	4	4	2
rizatriptan ‡	1	1	1	SKYRIZI ◊	4	4	NC
ROCKLATAN	2	3	NC	SODIUM PHENYL BUTYRATE ◊	4	4	2
ROMIDEPSIN ◊	4	4	NC	sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
ropinirole	1	1	1	SOFOSBUVIR/VELPATASVIR ◊	4	4	2
rosuvastatin	1	1	1	SOLESTA	4	4	2
ROZEREM ‡	3	NC	NC				
RYBELSUS ◊	2	2	2				
SABRIL ◊	5	NC	NC				

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
solifenacin	1	1	1	SUPREP BOWEL PREP KIT	3	3	NC
<i>SOLIRIS</i> ◊	4	4	NC	<i>SUTENT</i> ◊	5	5	NC
SOMATULINE DEPOT ◊	4	4	2	SYMBICORT	3	3	NC
<i>SOMAVERT</i>	4	4	2	<i>SYMDEKO</i> ◊	4	4	2
<i>SORAFENIB</i> ◊	4	4	2	<i>SYNAGIS</i> ◊	4	4	2
<i>SOVALDI</i> ◊	4	4	2	SYNTHROID	2	2	2
SPIRIVA	3	3	NC	<i>SYNVISC</i> ◊	5	5	NC
SPIRIVA RESPIMAT	2	2	2	<i>SYNVISC ONE</i> ◊	5	5	NC
spironolactone	1	1	1	<i>TABRECTA</i> ◊	4	4	2
SPRYCEL ◊	5	5	NC	tacrolimus	1	1	1
stavudine	1	1	1	<i>TADALAFIL (PAH)</i> ◊	4	4	2
<i>STELARA</i> ◊	4	4	NC	<i>TAFINLAR</i> ◊	4	4	2
STIOLTO RESPIMAT	2	2	2	tafluprost	1	1	1
<i>STIVARGA</i> ◊	4	4	2	TAMIFLU CAPS ‡	3	3	NC
STRATTERA	3	3	NC	tamoxifen citrate	1	1	1
STRIANT ◊	3	3	NC	tamsulosin	1	1	1
STRIBILD	2	2	2	TARGRETIN CAPS/GEL ◊	5	NC	NC
STRIVERDI RESPIMAT	3	3	NC	<i>TASIGNA</i> ◊	5	5	2
<i>SUBLOCADE</i> ◊	4	4	2	<i>TASIMELTEON</i> ◊	4	4	2
SUBOXONE FILM ‡	3	3	NC	tavaborole sol 5% * ◊	1	1	1
sucralfate	1	1	1	<i>TAVALISSE</i> ◊	5	5	NC
sulfamethoxazole/ trimethoprim	1	1	1	TAZORAC ◊	3	3	NC
sumatriptan succinate ‡	1	1	1	telmisartan/hctz	1	1	1
<i>SUNITINIB</i> ◊	4	4	2	temazepam ‡	1	1	1
<i>SUPARTZ FX</i> ◊	4	4	2	TEMODAR ◊	5	NC	NC
<i>SUPPRELIN LA</i> ◊	4	4	2	<i>TEMOZOLOMIDE</i>	4	4	2

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
TEPMETKO ◊	5	5	NC	TRESIBA	2	3	NC
TERIFLUNOMIDE ◊	4	4	2	tretinoin ◊	1	1	1
TESTIM ◊	3	NC	NC	TRETEN	4	4	NC
testosterone cypionate ◊	1	1	1	triamterene/hctz	1	1	1
testosterone gel ◊	1	1	1	TRIKAFTA ◊	4	4	2
TETRABENAZINE ◊	4	4	2	TRINTELLIX	3	3	NC
THALOMID ◊	4	4	2	TRISENOX	5	5	NC
THYROGEN	4	4	2	TRIUMEQ	2	2	2
TICE BCG	4	4	2	TRIZIVIR	3	3	NC
TIKOSYN ◊	5	NC	NC	TROGARZO ◊	4	4	2
timolol maleate	1	1	1	tropium/er	1	1	1
tiotropium inhalation powder caps	1	1	1	TRULICITY ◊	2	2	2
TOBI	5	5	NC	TRUVADA	3	3	NC
TOBI PODHALER	4	4	NC	TUDORZA PRESSAIR	3	NC	NC
TOBRAMYCIN INH SOLN	4	4	2	TYKERB ◊	5	NC	NC
tolterodine/er	1	1	1	TYMLOS ◊	4	4	2
TOLVAPTAN ◊	4	4	2	TYSABRI ◊	4	4	2
topiramate/er	1	1	1	TYVASO/DPI ◊	5	5	NC
TOPOTECAN	4	4	2	TYZEKA	4	4	2
TOVIAZ	3	3	NC	UPTRAVI TABS ◊	4	4	2
TRAVATAN Z	3	3	NC	VAGIFEM	3	3	NC
trazodone	1	1	1	valacyclovir	1	1	1
TREANDA ◊	5	5	NC	valsartan/hctz	1	1	1
TRELEGY ELLIPTA	2	2	2	VALTRESX	3	3	NC
TRELSTAR ◊	4	4	2	VARIZIG	4	4	2
				VARUBI †	2	2	2
				VECTIBIX ◊	4	4	NC

NAME	BS TIER	BB TIER	BF TIER
VELCADE ◊	5	5	NC
VELETRI ◊	5	5	NC
VEMLIDY	4	4	2
venlafaxine hcl/er	1	1	1
VENTAVIS ◊	4	4	2
VENTOLIN HFA	3	NC	NC
VERAMYST	2	NC	NC
verapamil/er	1	1	1
VERZENIO ◊	4	5	2
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2
VICTOZA ◊	3	3	NC
VIDAZA	5	5	NC
VIGABATRIN ◊	4	4	2
VIGAMOX	3	3	NC
VIIBRYD	3	3	NC
vilazodone	1	1	1
VIMIZIM ◊	4	4	NC
VINBLASTINE	4	4	2
VINCRISTINE	4	4	2
VIOKACE	2	2	2
VIRACEPT	2	2	2
VIVELLE DOT	3	3	NC
VIVITROL	4	4	2
VOGELXO ◊	3	NC	NC
VOTRIENT ◊	5	5	NC
VPRIV ◊	5	5	NC

NAME	BS TIER	BB TIER	BF TIER
VUSION ‡ *	3	NC	NC
VYEPTI ◊	5	5	NC
VYTORIN	3	NC	NC
VYVANSE ◊	3	3	NC
warfarin	1	1	1
WEGOVY ◊	3	3	NC
WELCHOL	3	3	NC
WELLBUTRIN XL	3	NC	NC
WILATE	4	4	NC
WINRHO SDF	4	4	NC
XALKORI ◊	4	4	2
XARELTO	2	2	2
XELJANZ/XR ◊	4	4	NC
XELODA ◊	5	NC	NC
XENAZINE ◊	5	NC	NC
XEOMIN ◊	4	4	2
XGEVA ◊	4	4	2
XIAFLEX ◊	4	4	2
XIIDRA ◊	2	2	2
XOFLUZA ‡	3	3	2
XOLAIR ◊	4	4	2
XOPENEX HFA	3	NC	NC
XOPENEX/ CONCENTRATE	3	3	NC
XTANDI ◊	4	4	2
XYNTHA	4	4	NC
XYNTHA SOLOFUSE	4	4	NC

ABBREVIATED FORMULARY (ALPHABETIC INCLUDING SPECIALTY)

NAME	BS TIER	BB TIER	BF TIER	NAME	BS TIER	BB TIER	BF TIER
YERVOY ◊	4	4	NC	ZOLADEX ◊	4	4	2
YONSA ◊	4	4	2	ZOLEDRONIC ACID	4	4	2
zafirlukast	1	1	1	ZOLINZA ◊	4	4	2
zaleplon ‡	1	1	1	zolmitriptan ‡	1	1	1
ZALTRAP ◊	4	4	2	zolpidem/ER ‡	1	1	1
ZELBORAF ◊	4	4	2	ZOMACTON ◊	5	NC	NC
ZEMAIRA ◊	5	5	NC	ZOMIG/ZMT ‡	3	3	NC
ZETIA	3	3	NC	ZOVIRAX	3	3	NC
ZIAGEN	3	3	NC	ZUBSOLV ‡	2	2	2
zidovudine	1	1	1	ZYKADIA ◊	4	4	2
ZIOPTAN	3	3	NC	ZYTIGA ◊	5	NC	NC
ZOCOR	3	NC	NC				



To see the 2025 full formularies:

- Prior to January 1, 2025, visit [fepblue.org/whatsnew](https://www.fepblue.org/whatsnew)
- After January 1, 2025, visit [fepblue.org/pharmacy/prescriptions](https://www.fepblue.org/pharmacy/prescriptions)
- Call Customer Care: **1-800-624-5060** (TTY: 711)



EXCLUDED DRUG LIST

FEP BLUE STANDARD

These listed drugs are not covered under FEP Blue Standard. If you use any of these Excluded Drugs, you will need to pay the full cost of the drug(s).

If you are using one of these non-covered drugs, ask your doctor for one of the covered generic or brand name options.

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Miscellaneous	adapalene pad, adapalene soln 0.1%, CABTREO	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide, clindamycin gel, lotion, soln, swabs, clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin gel 2%, soln, erythromycin/benzoyl peroxide, sulfacetamide sodium, tazarotene crm 0.1%, gel 0.05%, 0.1%, tretinoin, ACANYA, AKLIEF, AMZEEQ, ARAZLO, ATRALIN, AZELEX, BENZAC AC, BENZAMYCIN, CLEOCINT, DIFFERIN (Rx only), EPIDUO/FORTE, ERYGEL, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP, TAZORAC, TWYNEO, VELTIN, WINLEVI, ZIANA
	ABSORICA LD	isotretinoin, ABSORICA
Allergies Antihistamines	carbinoxamine 6mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
Anticoagulants	PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFIL, SPORANOX, VFEND

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	diclofenac potassium caps, diclofenac sodium soln 2%, fenoprofen cap 200mg, indomethacin caps (20mg, 40mg), indomethacin supp (50mg, 100mg), indomethacin susp, meloxicam caps (5mg, 10mg), meloxicam susp 7.5mg/5mL, naproxen sodium ext-rel tablets, oxaprozin 300 mg caps, CAMBIA, COXANTO, FENORTHO, INDOCIN susp/ supp, NAPRELAN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/ soln (except soln 2%), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ ER (except indomethacin caps 20mg, 40mg and supp 50mg, 100mg, and suspension), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin (except 300mg caps), piroxicam, sulindac
Anti-Inflammatories Nonsteroidal Anti-Inflammatories (NSAIDs)	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
Combinations	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antiobesity	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
Antispasmodics	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/scopolamine/ phenobarbital
Anxiety Disorders Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAXXR
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
Autoimmune Agents Adalimumab Agents	adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HULIO, IDACIO, SIMLANDI, YUFLYMA, YUSIMRY	adalimumab-adaz HYRIMOZ

EXCLUDED DRUG LIST FEP BLUE STANDARD

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Autoimmune Agents Miscellaneous	LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber
Benign Prostatic Hyperplasia (BPH)	UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), JALYN, PROSCAR, RAPAFLO, FLOMAX
Bladder Agents	DETROL, DETROL LA, ENABLEX, GEMTESA, OXYTROL, VESICARE	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, DITROPAN XL, GÉLNIQUE, MYRBETRIQ, TOVIAZ, VESICARE LS
Calcium Regulators Parathyroid Hormones	FORTEO, TERIPARATIDE 620mcg/2.48mL	Teriparatide 600mcg/2.4mL, TYMLOS
Cardiovascular Antiarrhythmics	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
Central Nervous System Miscellaneous	ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT	amphetamine/dextroamphetamine mixed salts/ER, amphetamine sulfate, dexmethylphenidate/ER, dextroamphetamine/ER, lisdexamfetamine, methylphenidate/ER, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RELEXXII, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
Corticosteroids Oral	DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Dermatology Antifungal	ALCOTRIN-A, LOTRISONE*, XOLEGEL	ciclopirox, clotrimazole, clotrimazole/ betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, ECOZA, ERTACZO, EXELDERM, JUBLIA, KERYDIN, LOPROX, LUZU, MENTAX, NAFTIN, OXISTAT, VUSION
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, LEXETTE, NOVACORT, OLUX/OLUX-E, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, SERNIVO, TOPICORT, ULTRAVATE
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	TACLONEX	acitretin, betamethasone dipropionate/ calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, WYNZORA
Dermatology Rosacea	EPSOLAY	azelaic acid gel, brimonidine topical gel, doxycycline (except 20mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/ lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, NORITATE, ORACEA, RHOFADE, SOOLANTRA, ZILXI
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSEN, TRADJENTA, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/ pioglitazone, saxagliptin, saxagliptin/ metformin ext-rel, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

EXCLUDED DRUG LIST FEP BLUE STANDARD

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Diabetes Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
Diabetes Insulins	insulin glargine, LANTUS/ SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/ SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE -YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA/FLEXTOUCH
Diabetes Metformin	metformin 625mg tab, GLUMETZA, RIOMET ER	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln, RIOMET IR
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/ pioglitazone, bromocriptine mesylate, glimpiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
Diabetes SGLT2 Inhibitors	BRENZAVVY	dapagliflozin, FARXIGA, JARDIANCE
Glaucoma Prostaglandins	IYUZEH	bimatoprost, brimonidine, brinzolamide, dorzolamide, latanoprost, tafluprost, travoprost, ALPHAGAN P, LUMIGAN, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
Gout	allopurinol 200mg tab	allopurinol (does not include 200mg tab), colchicine, febuxostat, probenecid, COLCRYS, KRSTEXXA, MITIGARE, ULORIC, ZYLOPRIM
H2 Receptor Antagonists	PEPCID	cimetidine, famotidine 40mg, nizatidine
Hematopoietic Agents Miscellaneous	ALVAIZ	DOPTELET, NPLATE, PROMACTA, TAVALISSE
High Blood Pressure Angiotensin II Receptor Blockers/ Combinations (ARBs)	valsartan oral soln 4mg/ml	candesartan, candesartan/HCT, irbesartan, irbesartan/HCT, losartan, losartan/HCT, olmesartan, olmesartan/ HCT, telmisartan, telmisartan/HCT, valsartan, valsartan/HCT, ATACAND, ATACAND HCT, AVAPRO, AVALIDE, BENICAR, BENICAR HCT, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT
High Blood Pressure Calcium Channel Blockers	CONJUPRI, NORLIQVA	amlodipine tabs, felodipine ext-rel, nicardipine, nifedipine ext-rel, nisoldipine ext-rel, KATERZIA, NORVASC, PROCARDIA XL, SULAR

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID, TRICOR, TRIPLEX
High Cholesterol Statins	simvastatin susp, ALTOPREV, ATORVALIQ, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp), CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, LESCOL XL, LIPITOR, LIVALO, ROSZET, VYTORIN, ZOCOR
Hypokalemia	POKONZA	klor-con, potassium chloride, EFFER-K
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Interstitial Cystitis	RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber
Irritable Bowel Syndrome With Constipation	AMITIZA	lubiprostone (generic), IBSRELA, LINZESS, MOTEGRITY
Laxatives	LACTULOSE PAK 10MG, SUFLAVE	lactulose solution, PEG 3350/ electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP, SUTAB
Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120mg/mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT
Migraine Agents Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
Migraine Agents Selective Serotonin Agonists	REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALFMLT, ONZETRA XSAIL, RELPAX, TOSYMRA, ZOMIG
Movement Disorders	TASMAR	amantadine, apomorphine, benzotropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR

EXCLUDED DRUG LIST FEP BLUE STANDARD

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, glatopa
	TECFIDERA	dimethyl fumarate delayed-rel
Musculoskeletal Therapy Agents	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
	orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine†, baclofen, cyclobenzaprine
Nausea and Vomiting Therapy (5HT-3 Blocker)	ondansetron 16mg ODT, ANZEMET, ZUPLENZ	granisetron, ondansetron (except 16mg ODT), palonosetron, promethazine, SANCUSO
Omega-3 Fatty Acids	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Dry Eye Disease	VEVYE	cyclosporine emulsion, CEQUA, EYSUVIS, MIEBO, RESTASIS, TYRVAYA, XIIDRA
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
	PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
Pain Medications Neuropathic Pain	gabapentin (once-daily) tabs, pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), LYRICA, NEURONTIN
Pain Medications Opioids	benzhydrocodone/acetaminophen, hydrocodone-acetaminophen sol 10mg–325mg/15mL, oxycodone/acetaminophen sol 10mg–300mg/5mL, oxycodone/acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 10mg–300 mg/5mL sol, and 2.5mg–300, 5mg–300mg, 10mg–300mg tabs), tramadol/acetaminophen, ENDOCET, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 25mg tab and 100mg tab), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	tramadol 25mg tab, tramadol 100mg tab, CONZIP	tramadol (except 25mg and 100mg tabs), tramadol ext-rel, tramadol/acetaminophen

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE STANDARD	COVERED OPTIONS**
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Proton Pump Inhibitors	esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEF, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, omeprazole/sodium bicarbonate, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel), DEXILANT
Sleep Agents	zolpidem cap 7.5mg, DORAL, QUVIVIQ, SECONAL	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ER tab, AMBIEN/CR, BELSOMRA, DAYVIGO, EDLUAR, LUNESTA, RESTORIL, ROZEREM, SILENOR
Testosterone Agents Oral/Buccal	TLANDO	JATENZO, KYZATREX, STRIANT
Thyroid Disease	ERMEZA	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT, THYQUIDITY
Ulcerative Colitis	COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTIUM, LIALDA, PENTASA
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate

*This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

**For more covered options, consult 2025 FEP Blue Standard formulary.

***Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81mg per day) for female members at risk for preeclampsia.

†Denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.

EXCLUDED DRUG LIST FEP BLUE STANDARD

ALPHABETIC EXCLUDED DRUG LIST FEP BLUE STANDARD

ABRILADA	carbinoxamine 6mg	gabapentin (once-daily) tabs
ABSORICA LD	chlorzoxazone tab (250mg, 375mg, 750mg)	GEMTESA
ACIPHEX	COLAZAL	GLUMETZA
adalimumab-aacf	CONJUPRI	GRALISE
adalimumab-aaty	CONSENSI	HADLIMA
adalimumab-adbm	CONZIP	halobetasol propionate topical foam
adalimumab-ryvk	COPAXONE	HORIZANT
adapalene pad	COTEMPLA XR-ODT	HULIO
adapalene soln 0.1 %	COXANTO	hydrocodone-acetaminophen sol 10mg–325mg/15mL
ADIPEX-P	CUPRIMINE	ibuprofen/famotidine tabs
ADLYXIN	cyclobenzaprine ext-rel	IDACIO
ADZENYS XR-ODT	CYCLOSET	INDOCIN susp/supp
AJOVY	CYLTEZO	indomethacin caps (20mg, 40mg)
ALCOTRIN-A	DESOXYN	indomethacin supp (50mg, 100mg)
allopurinol 200mg tab	DETROL	indomethacin susp
ALTOPREV	DETROL LA	insulin glargine
ALVAIZ	DEXABLISS	IYUZEH
AMITIZA	diclofenac potassium caps	JENTADUETO
AMJEVITA	diclofenac sodium soln 2%	JENTADUETO XR
AMPYRA	DONNATAL	KAZANO
AMRIX	DORAL	KOMBIGLYZE XR
ANZEMET	DUEXIS	KONVOMEF
APADAZ	DXEVO 11-DAY	LACTULOSE PAK 10MG
aspirin/omeprazole delayed-rel tabs	DYANAVEL XR	LANTUS/SOLOSTAR
ATORVALIQ	ENABLEX	LAZANDA
atropine sulfate eye ointment	EPSOLAY	levorphanol
BACIGUENT	ERMEZA	LEXETTE
benzhydrocodone/acetaminophen	esomeprazole strontium	LIBRAX
BETAPACE	EVEKEO ODT	LITFULO
BETAPACE AF	EXTINA	LOREEV XR
BRENZAVVY	FENOGLIDE	LORZONE
BRYHALI	fenoprofen cap 200mg	LOTRISONE
BYDUREON	FENORTHO	LYRICA CR
BYDUREON BCISE	FIRST-LANSOPRAZOLE	meloxicam caps (5mg, 10mg)
BYETTA	FIRST-OMEPRAZOLE	meloxicam susp 7.5mg/5mL
CABTREO	FIRST-PANTOPRAZOLE	metformin 625mg tab
CAFERGOT	FLOLIPID	MIGRANAL
CAMBIA	FLUMADINE	MILLIPRED
CARAFATE	FORTEO	MINOLIRA

NALOCET	pregabalin ext-rel tabs	TRADJENTA
NAPRELAN	PREVACID	tramadol 100mg tab
naproxen sodium ext-rel tablets	PREVACID SOLUTAB	tramadol 25mg tab
naproxen/esomeprazole magnesium tabs DR	PRILOSEC	triamcinolone oint 0.05%
NESINA	PRIMLEV	TRIANEX
NEXIUM	PROLATE	TRUDHESA
NORLIQVA	PROTONIX	UBRELVY
NOVACORT	QUUVIQ	UROXATRAL
OLUX	rabeprazole capsule sprinkle delayed-rel	valsartan oral soln 4mg/ml
OLUX-E	RELAFEN DS	VANOS
ondansetron 16mg ODT	REYVOW	VASCEPA
ONGLYZA	REZVOGLAR	VEREGEN
opium tincture	RIMSO-50	VESICARE
orphenadrine/aspirin/caffeine tabs	RIOMET ER	VEVYE
ORPHENGESIC FORTE	RYVENT	VIMOVO
OSENI	SAVAYSA	VIVLODEX
OVACE	SECONAL	VUIITY
OVACE PLUS	SEMGLEE	XERESE
oxaprozin 300mg caps	SIMLANDI	XOLEGEL
oxycodone/acetaminophen sol 10mg-300mg/5mL	simvastatin susp	YOSPRALA
oxycodone/acetaminophen tab (2.5mg-300mg, 5mg-300mg, 10mg-300mg)	SOLIQUA	YUFLYMA
OXYTROL	SUFLAVE	YUSIMRY
penicillamine caps	SYMBYAX	ZEGERID
PENNSAID 2%	TACLONEX	zileuton ext-rel
PEPCID	TASMAR	ZIPSOR
PHOSPHOLINE IODIDE	TECFIDERA	ZITUVIO
PLENITY	TERIPARATIDE 620mcg/2.48mL	zolpidem cap 7.5mg
POKONZA	TIVORBEX	ZORVOLEX
PRADAXA	TLANDO	ZTLIDO
PRADAXA PAK	TOLSURA	ZUPLENZ
	TOUJEO/SOLOSTAR/MAX SOLOSTAR	ZYFLO CR
		ZYPITAMAG

“MANAGED NOT COVERED” DRUG LIST

FEP BLUE BASIC

These listed drugs are not covered under FEP Blue Basic. If you use any of these “Managed Not Covered” Drugs, you will need to pay the full cost of the drug(s).

If you are using one of these non-covered drugs, ask your doctor for one of the covered generic or brand name options.

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Acne Oral Antibiotics	MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
Acne Topical	ABSORICA LD	isotretinoin, ABSORICA
	adapalene pad, adapalene soln 0.1%, CABTREO, TWYNEO	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide, clindamycin gel, lotion, soln, swabs, clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin gel 2%, soln, erythromycin/benzoyl peroxide, sulfacetamide sodium, tazarotene crm 0.1%, gel 0.05%, 0.1%, tretinoin, ACANYA, AKLIEF, AMZEEQ, ARAZLO, ATRALIN, AZELEX, BENZAC AC, BENZAMYCIN, CLEOCIN T, DIFFERIN (Rx only), EPIDUO/FORTE, ERYGEL, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP,TAZORAC, VELTIN, WINLEVI, ZIANA
Allergies Antihistamines	carbinoxamine 6mg, cetirizine solution, desloratadine, CLARINEX, CLARINEX-D, RYVENT, XYZAL	montelukast, zafirlukast, ACCOLATE, SINGULAIR
Allergies Nasal Steroids/ Antihistamines/ Combinations	BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, RYALTRIS, VERAMYST, ZETONNA	azelastine spray, azelastine/fluticasone nasal spray, flunisolide spray, fluticasone spray, mometasone spray, olopatadine spray, PATANASE
Anticoagulants	PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
Antidiarrheals	opium tincture	diphenoxylate/atropine, loperamide
Antifungals	TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFIL, SPORANOX, VFEND

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Anti-Inflammatories Nonsteroidal Anti- Inflammatories (NSAIDs)	diclofenac potassium caps, diclofenac sodium sol 2%, fenoprofen caps 200mg, indomethacin caps (20mg, 40mg), indomethacin supp (50mg, 100mg), indomethacin susp, meloxicam caps (5mg, 10mg), meloxicam susp 75mg/5ml, naproxen sodium ext-rel tabs, oxaprozin 300mg caps, ANAPROX DS, CAMBIA, COXANTO, FELDENE, FENORTHO, INDOCIN susp/supp, NAPRELAN, NAPROSYN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/soln (except 2% soln), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20 mg, 40 mg and supp 50 mg, 100 mg, and suspension), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin (except 300 mg caps), piroxicam, sulindac
	LICART	diclofenac epolamine patch 1.3%, diclofenac sodium gel 1%, diclofenac sodium solution (except 2% soln), FLECTOR
	ELYXYB	celecoxib, CELEBREX
Anti-Inflammatories Nonsteroidal Anti- Inflammatories (NSAIDs) Combinations	ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
Antimetabolites	JYLAMVO	methotrexate, XATMEP
	CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
Antineoplastic Agents (Anti)Hormonal	ZYTIGA	abiraterone
	FASLODEX	fulvestrant
Antineoplastic Agents Kinase Inhibitors	GLEEVEC	imatinib mesylate
	AFINITOR, AFINITOR DISPERZ	everolimus, everolimus tabs for oral suspension
	TYKERB	lapatinib
Antineoplastic Agents Miscellaneous	XELODA	capecitabine
	TEMODAR	temozolomide
	TARGRETIN CAPS/GEL	bexarotene caps/gel
Antiobesity	ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Antirheumatics	penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
	REDITREX	methotrexate, OTREXUP, RASUVO
Antispasmodics	LIBRAX	chlordiazepoxide/clidinium, dicyclomine, hyoscyamine
	DONNATAL	atropine/hyoscyamine/scopolamine/ phenobarbital
Anxiety Disorders Benzodiazepines	LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAX/XR
Asthma Beta Agonist (Rescue Inhaler)	PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol solution, albuterol sulfate CFC-free aerosol, levalbuterol inhalation solution, levalbuterol nebulizer solution concentrate, levalbuterol tartrate CFC- free aerosol, PROAIR HFA, XOPENEX CONCENTRATE, XOPENEX SOLUTION
Asthma Inhaled Corticosteroid	AEROSPAN, ALVESCO	budesonide inhalation suspension, fluticasone, CFC-free aerosol, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
Asthma Leukotriene Modulators	zileuton ext-rel, ZYFLO CR	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
Autoimmune Agents Adalimumab Agents	adalimumab-aacf, adalimumab- aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HULIO, IDACIO, SIMLANDI, YUFLYMA, YUSIMRY	adalimumab-adaz, HYRIMOZ
Autoimmune Agents Miscellaneous	LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber
Benign Prostatic Hyperplasia (BPH)	ENTADFI, JALYN, UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFL0, FLOMAX
Bladder Agents	DETROL, DETROL LA, ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin ext-rel, fesoterodine ext- rel, oxybutynin, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Calcium Regulators Parathyroid Hormones	FORTEO, TERIPARATIDE 620mcg/2.48mL	Teriparatide 600mcg/2.4mL, TYMLOS
Cardiovascular Heart	aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
	INPEFA	Members advised to discuss suitable therapeutic alternatives with prescriber
Cardiovascular Antiarrhythmics	TIKOSYN	dofetilide
	BETAPACE, BETAPACE AF	sotalol, sotalol AF
Cardiovascular Loop Diuretics	FUROSCIX, SOAANZ	bumetanide, ethacrynic acid, furosemide, torsemide, EDECRIN, LASIX
Cardiovascular Miscellaneous	NORTHERA	droxidopa
	LODOCO	Members advised to discuss suitable therapeutic alternatives with prescriber
Central Nervous System Anticonvulsants	SABRIL	vigabatrin, vigadrone
Central Nervous System Antidepressant Combinations	SYMBYAX	olanzapine/fluoxetine
Central Nervous System Antidepressants Miscellaneous	WELLBUTRIN XL	amitriptyline/perphenazine, bupropion, bupropion ext-rel, mirtazapine, nefazodone, trazodone, APLENZIN, FORFIVO XL, REMERON, SPRAVATO, WELLBUTRIN SR
Central Nervous System Miscellaneous	ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVAL XR, EVEKEO ODT, XELSTRYM	amphetamine sulfate, amphetamine/ dextroamphetamine mixed salts/ER, dexmethylphenidate/ ER, dextroamphetamine/ER, lisdexamfetamine, methylphenidate/ ER, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RELEXXII, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)	INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, tiotropium inhalation powder caps, ATROVENT HFA, SPIRIVA, SPIRIVA RESPIMAT

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
COPD Inhaled Long-Acting Muscarinic Receptor Antagonist (LAMA)/ Long-Acting Beta Agonist (LABA) Combinations	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Corticosteroids	ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11-DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
Dermatology Actinic Keratosis	fluorouracil cream 0.5%, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (except fluorouracil cream 0.5%), EFUDEXT
Dermatology Antifungal	ALCORTIN-A, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, OXISTAT, VUSION*, XOLEGEL *	ciclopirox, clotrimazole, clotrimazole/ betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/ iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, ECOZA, EXELDERM
Dermatology Corticosteroids	halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, IMPEKLO, IMPOYZ, LEXETTE, NOVACORT, OLUX, OLUX-E, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, hydrocortisone/pramoxine, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, PRAMOSONE, SERNIVO, TOPICORT, ULTRAVATE
Dermatology Impetigo	XEPI CREAM 1%	mupirocin cream 2%, mupirocin ointment 2%, ALTBAX OINTMENT 1%
Dermatology Miscellaneous	XERESE	acyclovir, hydrocortisone
	VEREGEN	imiquimod, ZYCLARA
	EXTINA	ketoconazole foam 2%
	OVACE, OVACE PLUS	sulfacetamide sodium
Dermatology Psoriasis	TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/ calcipotriene (ointment, suspension), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, VTAMA, ZORYVE

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Dermatology Rosacea	EPSOLAY, NORITATE	azelaic acid gel, brimonidine topical gel, doxycycline (except 20 mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA, ZILXI
Diabetes Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Combinations	JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, TRADJENTA, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, saxagliptin, saxagliptin/metformin ext-rel, JANUMET, JANUMET XR, JANUVIA
Diabetes Incretin Mimetic Agents	ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes Incretin Mimetic Agent Combinations	SOLIQUA	XULTOPHY
Diabetes Insulins (NOTE: HUMULIN R U-500 concentrate will continue to be covered)	insulin lispro, ADMELOG/SOLOSTAR, APIDRA/SOLOSTAR, HUMALOG, HUMALOG TEMPO, LYUMJEV, LYUMJEV KWIKPEN, LYUMJEV/TEMPO	insulin aspart, FIASP/FLEXTOUCH, NOVOLOG
	HUMALOG MIX 50/50	insulin aspart protamine 70%/insulin aspart 30%, NOVOLOG MIX 70/30
	insulin lispro protamine/insulin lispro 75/25, HUMALOG MIX 75/25	insulin aspart protamine 70%/insulin aspart 30%, NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	insulin glargine, LANTUS/SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE -YFGN (interchangeable biosimilar), LEVEMIR, TRESIBA/FLEXTOUCH
Diabetes Metformin	metformin 625mg tab, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln
Diabetes Other	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Diabetes SGLT2 Inhibitors	BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	dapagliflozin, dapagliflozin/metformin ER, FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes Supplies	OMNIPOD GO	CEQR SIMPLICITY, OMNIPOD 5 G6, OMNIPOD 5 G7, OMNIPOD DASH, V-GO
Endocrine And Metabolic Miscellaneous	RECLAST	zoledronic acid
	SANDOSTATIN	octreotide
	SENSIPAR	cinacalcet
Gastrointestinal Diabetic Gastroparesis	GIMOTI	metoclopramide, REGLAN
Glaucoma Prostaglandins	IYUZEH, LUMIGAN	bimatoprost, brimonidine, brinzolamide, dorzolamide, latanoprost, tafluprost, travoprost, ALPHAGAN P, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
Gout	allopurinol 200mg tab	allopurinol (does not include 200 mg tab), colchicine, febuxostat, probenecid, COLCRYS, KRSTEXXA, MITIGARE, ULORIC, ZYLOPRIM
Growth Hormone	GENOTROPIN, HUMATROPE, NGENLA, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
H2 Receptor Antagonists	PEPCID	famotidine 40mg, cimetidine, nizatidine
Hematopoietic Agents Miscellaneous	ALVAIZ	DOPTELET, NPLATE, PROMACTA, TAVALISSE
Hematopoietic Growth Factors	NEUPOGEN	GRANIX, NIVESTYM, RELEUKO, ZARXIO
	PROCRIT	ARANESP, EPOGEN, RETACRIT
Hepatitis B	BARACLUDE TABLETS	entecavir tablets
	HEPSERA	adefovir dipivoxil
Hepatitis C	ZEPATIER	ledipasvir/sofosbuvir, sofosbuvir/ velpatasvir, EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI
Hereditary Angioedema (HAE)	FIRAZYR	icatibant

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
High Blood Pressure Angiotensin II Receptor Blockers/ Combinations (ARBs)	valsartan oral soln 4 mg/ mL, ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT	candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/ HCTZ, telmisartan, telmisartan/HCTZ, valsartan (does not include valsartan oral soln 4 mg/mL), valsartan/HCTZ, BENICAR, BENICAR HCT
High Blood Pressure Beta-Blockers	BYSTOLIC	acebutolol, atenolol, carvedilol/ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nebivolol, pindolol, propranolol/ ext-rel, COREG/CR, INDERAL LA, INNOPRAN XL, KAPSPARGO, LOPRESSOR, TENORMIN, TOPROLXL
High Blood Pressure Calcium Channel Blockers	CONJUPRI, KATERZIA, NORLIQVA	amlodipine tabs, felodipine ext-rel, nicardipine, nifedipine ext-rel, nisoldipine ext-rel, NORVASC, PROCARDIA XL, SULAR
High Cholesterol Fibrates	FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, TRICOR, TRIPLEX, LOPID, ANTARA
High Cholesterol PCSK9 Inhibitors	PRALUENT	REPATHA
High Cholesterol Statins	simvastatin susp, ALTOPREV, ATORVALIQ, CADUET, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ ROSUVASTATIN tabs, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, ROSZET, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp)
Hypokalemia	POKONZA	klor-con, potassium chloride, EFFER-K
Immunomodulators Miscellaneous	ZORTRESS	everolimus
Influenza Agents	FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
Interstitial Cystitis	RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber
Iron Deficiency	ACCRUFER	ferrous fumarate [†] , ferrous gluconate [†] , ferrous sulfate [†] , INJECTAFER, MONOFERRIC
Iron Overload	EXJADE, JADENU	deferasirox

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Irritable Bowel Syndrome With Constipation	AMITIZA	lubiprostone (generic), IBSRELA, LINZESS, MOTEGRITY
Laxatives	LACTULOSE PAK 10MG, SUTAB	lactulose solution, PEG 3350/ electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP
Migraine Agents Calcitonin Gene-Related Peptide (CGRP) Inhibitors	AJOVY	AIMOVIG, EMGALITY 120 mg/mL, QULIPTA, VYEPTI
	UBRELVY	NURTEC ODT
Migraine Agents Ergotamine Derivatives	CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
Migraine Agents Selective Serotonin Agonists	REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG
Movement Disorders	APOKYN, OSMOLEX ER, TASMAR	amantadine IR, apomorphine, benztropine, bromocriptine, carbidopa/ levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, AZILECT, COMTAN, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
	XENAZINE	tetrabenazine
Multiple Sclerosis	AMPYRA	dalfampridine ER
	COPAXONE	glatiramer, GLATOPA
	TECFIDERA	dimethyl fumarate delayed-rel
Musculoskeletal Therapy Agents	cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
	baclofen susp 25 mg/5ml, FLEQSUVY, LYVISPAH	baclofen (except baclofen susp 25 mg/5ml), cyclobenzaprine, dantrolene, DANTRIUM, LIORESAL INTRATHECAL, OZOBAX
	chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
	orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine†, baclofen, cyclobenzaprine
Nausea And Vomiting Therapy (5HT-3 Blocker)	ondansetron 16mg ODT, ANZEMET, ZUPLENZ	granisetron, ondansetron (except 16mg ODT), palonosetron, promethazine, SANCUSO

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Nausea And Vomiting Pregnancy	BONJESTA	doxylamine†, doxylamine/pyridoxine delayed-rel, pyridoxine (vitamin B6)†, DICLEGIS, UNISOM†
Omega-3 Fatty Acids	VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
Ophthalmology Anti-Infectives	BACIGUENT	bacitracin ophthalmic
Ophthalmology Dry Eye Disease	EYSUVIS, MIEBO, TYRVAYA, VEVYE	cyclosporine emulsion, CEQUA, RESTASIS, XIIDRA
Ophthalmology Miscellaneous	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
	PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
	VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
Pain Medications Neuropathic Pain	gabapentin (once-daily) tabs, pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), NEURONTIN
Pain Medications Opioids	ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone ext-rel, hydromorphone ext-rel, morphine ext-rel, tramadol ext-rel, EMBEDA, MORPHABOND, MS CONTIN, NUCYNTA ER, OPANA ER, XTAMPZA ER
	benzhydrocodone/acetaminophen, hydrocodone/acetaminophen soln 10mg–325mg/15mL, oxycodone/acetaminophen sol 10mg–300mg/5mL, oxycodone/acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except oxycodone/acetaminophen sol 10mg–300mg/5mL, and 2.5mg–300mg, 5mg–300mg, 10mg–300mg tabs), tramadol/acetaminophen, ENDOCET, PERCOCET
	LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
	levorphanol	hydromorphone, morphine, oxycodone, tramadol (except 25mg and 100mg tabs, and 5 mg/mL oral soln), DILAUDID, NUCYNTA, OPANA, ROXICODONE
	SEGLENTIS	celecoxib, tramadol (except 25mg and 100mg tabs, and 5mg/mL oral soln), CELEBREX
	tramadol 25mg tabs, tramadol 100mg tabs, tramadol 5mg/mL oral, CONZIP, QDOLO	tramadol (except 25mg and 100mg tabs, and 5mg/mL oral soln), tramadol ext-rel, tramadol/acetaminophen

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

CATEGORY* DRUG CLASS*	DRUGS NOT COVERED IN 2025 FOR FEP BLUE BASIC	COVERED OPTIONS**
Pain Medications Topical	ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
Pancreatic Enzymes	PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
Proton Pump Inhibitors	esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEF, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
Pulmonary Arterial Hypertension (PAH)	LETAIRIS	ambrisentan
	LIQREV, REVATIO	sildenafil (PAH)
	ADCIRCA	tadalafil (PAH), Alyq
	TRACLEER 62.5mg, 125mg tab	bosentan
Sleep Agents	zolpidem cap 7.5 mg, AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, QUVIVIO, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ER tab, BELSOMRA, DAYVIGO, RESTORIL, SILENOR
Testosterone Agents Topical	ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, FORTESTA
Testosterone Agents Oral/Buccal	TLANDO	JATENZO, KYZATREX, STRIANT
Thyroid Disease	ERMEZA, THYQUIDITY	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT
Ulcer Therapy Miscellaneous	CARAFATE	sucralfate
	DARTISLA ODT	glycyrrolate tabs (generic)
Ulcerative Colitis	ASACOL HD, COLAZAL, DELZICOL, PENTASA	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, APRISO, AZULFIDINE, DIPENTIUM, LIALDA

*This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

**For more covered options, consult 2025 FEP Blue Basic formulary.

***Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81mg per day) for female members at risk for preeclampsia.

†Denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.



“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

ALPHABETIC “MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

ABRILADA	ASACOL HD	COTEMPLA XR-ODT
ABSORICA LD	aspirin/omeprazole delayed-rel tabs	COXANTO
ACCRUFER	ATACAND	COZAAR
ACIPHEX	ATACAND HCT	CRESTOR
adalimumab-aacf	ATORVALIQ	CUPRIMINE
adalimumab-aaty	atropine sulfate eye ointment	cyclobenzaprine ext-rel
adalimumab-adbm	AVALIDE	CYCLOSET
adalimumab-ryvk	AVAPRO	CYLTEZO
adapalene pad	BACIGUENT	DARTISLA ODT
adapalene soln 0.1%	baclofen susp 25mg/5ml	DELTASONE
ADCIRCA	BARACLUDE TABLETS	DELZICOL
ADHANSIA XR	BECONASE AQ	desloratadine
ADIPEX-P	benzhydrocodone/acetaminophen	DESOXYN
ADLYXIN	BETAPACE	DETROL
ADMELOG/SOLOSTAR	BETAPACE AF	DETROL LA
ADZENYS XR-ODT	BONJESTA	DEXABLISS
AEROSPAN	BRENZAVVY	DEXILANT
AFINITOR	BRYHALI	diclofenac potassium caps
AFINITOR DISPERZ	BYDUREON	diclofenac sodium sol 2%
AJOVY	BYDUREON BCISE	DIOVAN
ALCORTIN-A	BYETTA	DIOVAN HCT
ALKINDI SPRINKLE CAPS	BYSTOLIC	DONNATAL
allopurinol 200mg tab	CABTREO	DORAL
ALTOPREV	CADUET	DUAKLIR PRESSAIR
ALVAIZ	CAFERGOT	DUEXIS
ALVESCO	CAMBIA	DXEVO 11-DAY
AMBIEN	CARAC	DYANAVEL XR
AMBIEN CR	CARAFATE	DYMISTA
AMITIZA	carbinoxamine 6mg	EDARBI
AMJEVITA	cetirizine solution	EDARBYCLOR
AMPYRA	chlorzoxazone tab (250mg, 375mg, 750mg)	EDLUAR
AMRIX	CLARINEX	ELYXYB
ANAPROX DS	CLARINEX-D	ENABLEX
ANDROGEL	COLAZAL	ENTADFI
ANZEMET	CONJUPRI	EPSOLAY
APADAZ	CONSENSI	ERMEZA
APIDRA/SOLOSTAR	CONZIP	ERTACZO
APOKYN	COPAXONE	esomeprazole strontium
ARTHROTEC	CORTEF	EVEKEO ODT
ARYMO ER		EXJADE

EXTINA	HUMULIN R	LETAIRIS
EYSUVIS	hydrocodone/acetaminophen soln 10mg-325mg/15mL	levocetirizine
EZALLOR SPRINKLE		levorphanol
EZETIMIBE/ROSUVASTATIN tabs	HYSINGLA ER	LEXETTE
FASLODEX	HYZAAR	LIBRAX
FELDENE	ibuprofen/famotidine tabs	LICART
FENOGLIDE	IDACIO	LIPITOR
fenoprofen caps 200mg	IMPEKLO	LIPTRUZET
FENORTHO	IMPOYZ	LIQREV
FIRAZYR	INCRUSE ELLIPTA	LITFULO
FIRST-LANSOPRAZOLE	INDOCIN susp/supp	LIVALO
FIRST-OMEPRAZOLE	indomethacin caps (20mg, 40mg)	LODOCO
FIRST-PANTOPRAZOLE	indomethacin supp (50mg, 100mg)	LOPROX
FLEQSUVY	indomethacin susp	LOREEV XR
FLOLIPID	INPEFA	LORZONE
FLUMADINE	insulin glargine	LOTRISONE
fluorouracil cream 0.5%	insulin lispro	LUMIGAN
FORTAMET	insulin lispro protamine/insulin lispro 75/25	LUNESTA
FORTEO	INTERMEZZO	LUZU
FUROSCIX	INVOKAMET	LYRICA
gabapentin (once-daily) tabs	INVOKAMET XR	LYRICA CR
GELNIQUE	INVOKANA	LYUMJEV
GEMTESA	IYUZEH	LYUMJEV KWIKPEN
GENOTROPIN	JADENU	LYUMJEV TEMPO
GIMOTI	JALYN	LYVISPAH
GLEEVEC	JENTADUETO	MEDROL
GLUMETZA	JENTADUETO XR	meloxicam caps (5mg, 10mg)
GRALISE	JUBLIA	meloxicam susp 7.5mg/5ml
HADLIMA	JYLAMVO	MENTAX
halobetasol propionate topical foam	KATERZIA	metformin 625mg tab
HEPSERA	KAZANO	MEVACOR
HORIZANT	KERYDIN	MICARDIS
HULIO	KLISYRI	MICARDIS HCT
HUMALOG	KOMBIGLYZE XR	MIEBO
HUMALOG MIX 50/50	KONVOMEP	MIGRANAL
HUMALOG MIX 75/25	LACTULOSE PAK 10MG	MILLIPRED
HUMALOG TEMPO	LANTUS/SOLOSTAR	MINOLIRA
HUMATROPE	LAZANDA	NAFTIN
HUMULIN 70/30	LESCOL/XL	NALOCET
HUMULIN N		NAPRELAN

“MANAGED NOT COVERED” DRUG LIST FEP BLUE BASIC

NAPROSYN	PENTASA	SAVAYSA
naproxen sodium ext-rel tabs	PEPCID	SECONAL
naproxen/esomeprazole magnesium tabs DR	PERTZYE	SEGLENTIS
NASONEX	PHOSPHOLINE IODIDE	SEGLUROMET
NATESTO	PLENITY	SEMGLEE
NESINA	POKONZA	SENSIPAR
NEUPOGEN	PRADAXA	SEYSARA
NEXIUM	PRADAXA PAK	SIMLANDI
NGENLA	PRALUENT	simvastatin susp
NORITATE	PRAVACHOL	SOAAZ
NORLIQVA	pregabalin ext-rel tabs	SOLIQUA
NORTHERA	PREVACID	SONATA
NOVACORT	PREVACID SOLUTAB	STEGLATRO
NUTROPIN	PRILOSEC	STEGLUJAN
NUTROPIN AQ	PRIMLEV	SUFLAVE
OLUX	PROCRIT	SUTAB
OLUX-E	PROLATE	SYMBYAX
omeprazole/sodium bicarbonate	PROTONIX	TACLONEX
OMNARIS	PROVENTIL HFA	TAPERDEX
OMNIPOD GO	QDOLO	TARGETIN CAPS/GEL
OMNITROPE	QNASL	TASMAR
ondansetron 16mg ODT	QUVIVIQ	TECFIDERA
ONGLYZA	rabeprazole capsule sprinkle delayed-rel	TEMODAR
opium tincture	RAYOS	TERIPARATIDE 620mcg/2.48mL
ORAPRED ODT	RECLAST	TESTIM
orphenadrine/aspirin/caffeine tabs	REDITREX	THYQUIDITY
ORPHENGESIC FORTE	RELAFEN DS	TIKOSYN
OSENI	REVATIO	TIVORBEX
OSMOLEX ER	REYVOW	TLANDO
OVACE	REZVOGLAR	TOLSURA
OVACE PLUS	RHINOCORT AQUA	TOSYMRA
oxaprozin 300mg caps	RIMSO-50	TOUJEO/SOLOSTAR/MAX SOLOSTAR
OXISTAT	RIOMET ER	TRACLEER 62.5mg, 125mg tab
oxycodone/acetaminophen sol 10mg–300mg/5mL	RIOMET IR	TRADJENTA
oxycodone/acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg)	ROSZET	tramadol 100mg tabs
OXYCONTIN	ROZEREM	tramadol 25mg tabs
OXYTROL	RYALTRIS	tramadol 5mg/mL oral
penicillamine caps	RYVENT	triamcinolone oint 0.05%
PENNSAID 2%	SABRIL	TRIANEX
	SAIZEN	TRUDHESA
	SANDOSTATIN	TUDORZA PRESSAIR

TWYNEO
TYKERB
TYRVAYA
UBRELVY
UROXATRAL
valsartan oral soln 4mg/mL
VANOS
VASCEPA
VENTOLIN HFA
VERAMYST
VEREGEN
VESICARE
VESICARE LS
VEVYE
VIMOVO
VIVLODEX
VOGELXO

VUITY
VUSION
VYTORIN
WELLBUTRIN XL
WYNZORA
XELODA
XELSTRYM
XENAZINE
XEPI CREAM 1%
XERESE
XOLEGEL
XOPENEX HFA
XYZAL
YOSPRALA
YUFLYMA
YUSIMRY
ZEGERID

ZENPEP
ZEPATIER
ZETONNA
zileuton ext-rel
ZIPSOR
ZITUVIO
ZOCOR
zolpidem cap 7.5mg
ZOMACTON
ZORTRESS
ZORVOLEX
ZTLIDO
ZUPLENZ
ZYFLO CR
ZYPITAMAG
ZYTIGA



2025 PHARMACY BENEFIT CHANGE HIGHLIGHTS

FEP BLUE BASIC WITHOUT MEDICARE PART B PRIMARY COPAY

We have updated the copays for Tier 2, Tier 4 and Tier 5.

FEP BLUE BASIC OUT-OF-POCKET MAXIMUM

We have updated the member out-of-pocket maximum to \$7,500 for Self-Only and \$15,000 for Self+One and Self & Family.

POSTAL SERVICES HEALTH BENEFITS (PSHB)

For eligible members, prescription drug benefits will now be provided under a new FEP Postal Health Benefits program. To learn more visit fepblue.org/our-plans/usps.

This is not a full list of benefit changes. To see a full list, visit fepblue.org/brochure to download the FEP Blue Standard and FEP Blue Basic (RI 71-005) and/or FEP Blue Focus (RI 71-017) brochures.



To see the 2025 full formularies:

- Prior to January 1, 2025, visit fepblue.org/whatsnew
- After January 1, 2025, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: **1-800-624-5060** (TTY: 711)

HOW TO CONTACT US

Call these numbers for prescription drug information:

RETAIL PHARMACY PROGRAM

(FEP Blue Standard, FEP Blue Basic and FEP Blue Focus)

Toll-free any time at

1-800-624-5060

(TTY: 711)

MAIL SERVICE PHARMACY PROGRAM

(FEP Blue Standard, FEP Blue Basic with Medicare Part B)

Toll-free any time at

1-800-262-7890

(TTY: 1-800-216-5343)

OTHER BENEFIT OR CLAIMS INFORMATION

Call the customer service number on the back of your member ID card. You can also see the national list of customer service numbers at [fepblue.org/contact](https://www.fepblue.org/contact).

SPECIALTY PHARMACY PROGRAM

(FEP Blue Standard, FEP Blue Basic and FEP Blue Focus)

Toll-free at **1-888-346-3731**

(TTY: 1-877-853-9549)

Monday–Friday:

7 a.m. to 9 p.m. Eastern time

Saturday–Sunday:

8 a.m. to 6:30 p.m. Eastern time

GENERAL QUESTIONS

Visit [fepblue.org](https://www.fepblue.org)

This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.



**BlueCross
BlueShield**

Federal Employee Program.

RXABRFM2025