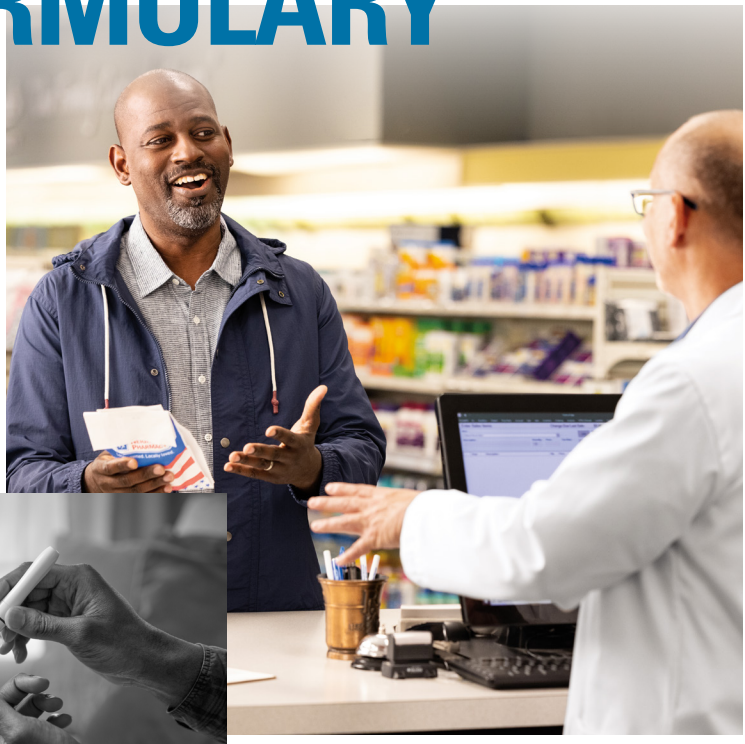
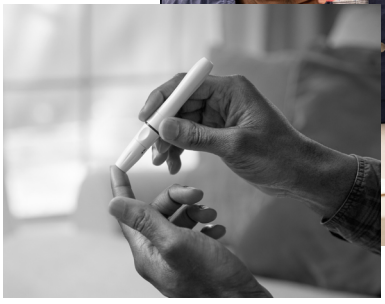
BLUE CROSS AND BLUE SHIELD
FEDERAL EMPLOYEE PROGRAM

2026 ABBREVIATED FORMULARY





BlueCross BlueShield
Federal Employee Program

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 2026

- Expanded FEP Blue Standard® excluded drug list. See p. 42
- Expanded FEP Blue Basic® "Managed Not Covered" drug list. See p. 56

TABLE OF CONTENTS

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. 42–55

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. 56–71

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 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

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 2026 cost share for a prescription drug:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)
- Use the FEP Prescription Drug Cost tool: 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.

FEDERAL EMPLOYEE

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 a 22 to 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 ■ If you use a Non-preferred retail pharmacy, you need to file a paper claim for reimbursement
Tier 2: Preferred Brand Name Drugs	■ **15%** of our allowance for a 22 to 90-day supply with a $150 maximum	■ **30%** of our allowance	
Tier 3: Non-preferred Brand Name Drugs	■ **20%** of our allowance for a 22 to 90-day supply with a $250 maximum	■ **50%** of our allowance	

FEDERAL EMPLOYEE

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	■ **$100** for up to a 30-day supply ■ **$300** 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	■ **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	■ **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	■ **$150** for up to a 30-day supply ■ **$450** 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 2026 FEP Blue Standard with Medicare Part B primary cost shares:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)
- Use the FEP Prescription Drug Cost tool: 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.

POSTAL SERVICE

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 a 22 to 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 ■ If you use a Non-preferred retail pharmacy, you need to file a paper claim for reimbursement
Tier 2: Preferred Brand Name Drugs	■ **$140** for a 22 to 90-day supply	■ **30%** of our allowance	
Tier 3: Non-preferred Brand Name Drugs	■ **$175** for a 22 to 90-day supply	■ **50%** of our allowance	

POSTAL SERVICE

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	■ **$100** for up to a 30-day supply ■ **$300** 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	■ **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	■ **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	■ **$135** for up to a 30-day supply ■ **$405** 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 2026 FEP Blue Standard with Medicare Part B primary cost shares:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

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.

FEDERAL EMPLOYEE

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	■ **$15** for up to a 30-day supply ■ **$40** for a 31 to 90-day supply	■ Not covered*
Tier 2: Preferred Brand Name Drugs	■ **35%** of our allowance for up to a 30-day supply with a $150 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $400 maximum	
Tier 3: Non-preferred Brand Name Drugs	■ **60%** of our allowance	

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

To see 2026 FEP Blue Basic with Medicare Part B primary cost shares:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

FEDERAL EMPLOYEE

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	■ **35%** of our allowance for up to a 30-day supply with a $250 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $700 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply with a $250 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply with a $500 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $850 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply or a max of $500 ■ 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.

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.

POSTAL SERVICE

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	■ **$15** for up to a 30-day supply ■ **$40** for a 31 to 90-day supply	■ Not covered
Tier 2: Preferred Brand Name Drugs	■ **35%** of our allowance for up to a 30-day supply with a $150 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $450 maximum	
Tier 3: Non-preferred Brand Name Drugs	■ **60%** of our allowance	

To see 2026 FEP Blue Basic with Medicare Part B primary cost shares:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)
- Use the FEP Prescription Drug Cost tool: fepblue.org/rx

POSTAL SERVICE

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	■ **35%** of our allowance for up to a 30-day supply with a $400 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $1,200 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply with a $400 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply with a $500 maximum ■ **35%** of our allowance for a 31 to 90-day supply with a $1,500 maximum ■ 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	■ **35%** of our allowance for up to a 30-day supply with a $500 maximum ■ 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

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.

FEDERAL EMPLOYEE

FEP Blue Focus Cost Share Based on Where You Fill Your Prescription	
TIER	**PREFERRED RETAIL PHARMACY AND SPECIALTY PHARMACY**
Tier 1: Preferred Generic Drugs	■ **$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	■ **40%** of our allowance up to **$500** for up to a 30-day supply ■ **40%** of our allowance up to **$1,300** for a 31 to 90-day supply ■ You are limited to a 30-day supply for each specialty drug prescription

POSTAL SERVICE

FEP Blue Focus Cost Share Based on Where You Fill Your Prescription	
TIER	**PREFERRED RETAIL PHARMACY AND SPECIALTY PHARMACY**
Tier 1: Preferred Generic Drugs	■ **$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	■ **40%** of our allowance up to **$550** for up to a 30-day supply ■ **40%** of our allowance up to **$1,650** for a 31 to 90-day supply ■ You are limited to a 30-day supply for each specialty drug prescription

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. 18–27
- Alphabetically, including specialty for all drugs
  See p. 28–41

2. See if there are any limitations for your drug.
3. Review the cost share charts to find your copay or coinsurance. See p. 6–15
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 2026 full formularies:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, 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
ALLERGY/COUGH & COLD			
azelastine	1	1	1
benzonatate	1	1	1
CLARINEX-D	3	NC	NC
desloratadine	1	NC	NC
flunisolide spray	1	1	1
fluticasone spray	1	1	1
levocetirizine	1	NC	NC
promethazine/codeine ‡	1	1	1
ANTI-INFECTIVES/ANTIBIOTICS/ ANTIFUNGAL/ANTIVIRAL			
amoxicillin	1	1	1
amoxicillin/ clavulanate potassium	1	1	1
azithromycin	1	1	1
cephalexin	1	1	1
ciprofloxacin	1	1	1
clotrimazole/ betamethasone ‡	1	1	1
ERTACZO ◊	3	NC	NC
EXELDERM ◊	3	3	NC
fluconazole	1	1	1
JUBLIA ◊	3	NC	NC
KERYDIN *◊	3	NC	NC
ketoconazole tabs ◊	1	1	1
levofloxacin	1	1	1
LOPROX ‡	3	NC	NC
naftifine ‡	1	1	1
oseltamivir phosphate ‡	1	1	1
OXISTAT ◊	3	NC	NC
sulfamethoxazole/ trimethoprim	1	1	1
TAMIFLU CAPS ‡	3	3	NC
tavaborole sol 5% * ◊	1	1	1
valacyclovir	1	1	1
VALTREX	3	3	NC
XOFLUZA ‡	3	3	2
ZOVIRAX	3	3	NC
ANTINEOPLASTICS AND IMMUNOSUPPRESSANTS			
anastrozole	1	1	1
ASTAGRAF XL	2	2	2
azathioprine	1	1	1
CELLCEPT	3	3	NC
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
PROGRAF	3	3	NC
sirolimus	1	1	1
tacrolimus	1	1	1
tamoxifen citrate	1	1	1
ANTI-OBESITY			
SAXENDA ◊	3	3	NC
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
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 er	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
RETROVIR	3	3	NC
REYATAZ	3	3	NC
stavudine	1	1	1
STRIBILD	2	2	2
TRIUMEQ	2	2	2
TRUVADA	3	3	NC
VIRACEPT	2	2	2
ZIAGEN	3	3	NC
zidovudine	1	1	1
ASTHMA/COPD			
ALVESCO	3	NC	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
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
BREZTRI	2	3	NC
BROVANA	3	3	NC
budesonide/formoterol	1	1	1
COMBIVENT	3	3	NC
DULERA	2	2	2
fluticasone/salmeterol CFC-free aerosol	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
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
PERFOROMIST	3	3	NC
QVAR/REDIHALER	2	2	2
SINGULAIR	3	3	NC
SPIRIVA	3	3	NC
SPIRIVA RESPIMAT	2	2	2
STIOLTO RESPIMAT	2	2	2
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
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
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
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
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
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
ZETIA	3	3	NC
ZOCOR	3	NC	NC
CARDIOVASCULAR DRUGS: OTHER			
BRILINTA	3	3	NC
clopidogrel	1	1	1
dabigatran caps	1	1	1
digoxin	1	1	1
EFFIENT	3	3	NC
ELIQUIS	2	2	2
enoxaparin sodium	1	1	1
ENTRESTO CAP	2	3	2
isosorbide mononitrate er	1	1	1
NEXLETOL ◊	3	3	NC
NEXLIZET ◊	3	3	NC
NITROSTAT	3	3	NC
PLAVIX	3	3	NC
REPATHA ◊	2	2	2
tirofiban inj	1	1	1
warfarin	1	1	1
XARELTO	2	2	2
CENTRAL NERVOUS SYSTEM: ANXIETY AND DEPRESSION			
alprazolam	1	1	1
amitriptyline	1	1	1
bupropion/xl	1	1	1
citalopram tabs	1	1	1
diazepam	1	1	1
duloxetine er	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
EFFEXOR XR	3	3	NC
escitalopram oxalate	1	1	1
fluoxetine	1	1	1
LEXAPRO	3	3	NC
lorazepam	1	1	1
paroxetine	1	1	1
PRISTIQ	3	3	NC
sertraline tab	1	1	1
trazodone	1	1	1
TRINTELLIX	3	3	NC
venlafaxine hcl/er	1	1	1
VIIBRYD	3	3	NC
vilazodone	1	1	1
WELLBUTRIN XL	3	NC	NC
CENTRAL NERVOUS SYSTEM: ATTENTION DEFICIT DISORDER			
amphetamine salt combo ◊	1	1	1
amphetamine/ dextroamphetamine mixed salt er ◊	1	1	1
DAYTRANA ◊	3	3	NC
dextro-amphetamine/ amphetamine salts ◊	1	1	1
FOCALIN XR ◊	3	3	NC
INTUNIV	3	3	NC
JORNAY PM ◊	3	3	NC
lisdexamfetamine ◊	1	1	1
METHYLIN ◊	3	3	NC
methylphenidate/er (except methylphenidate tab er osmotic release 45mg, 63mg, 72mg) ◊	1	1	1
MYDAYIS ◊	3	3	NC
VYVANSE ◊	3	3	NC
CENTRAL NERVOUS SYSTEM: MIGRAINE			
AIMOVIG ◊	2	2	2
EMGALITY ◊	2	2	2
NURTEC ODT ◊	2	2	2
RELPAX ‡	3	3	NC
rizatriptan ‡	1	1	1
sumatriptan succinate ‡	1	1	1
zolmitriptan ‡	1	1	1
CENTRAL NERVOUS SYSTEM: OTHER			
ABILIFY	3	3	NC
ADLARITY	3	3	NC
AZILECT	3	3	NC
baclofen	1	1	1
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
pramipexole dihydrochloride	1	1	1
quetiapine fumarate	1	1	1
risperidone	1	1	1
ropinirole	1	1	1
SAVELLA ‡	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
fentanyl patch ‡	1	1	1
hydrocodone/ acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
CENTRAL NERVOUS SYSTEM: SLEEP AGENTS			
AMBIEN/CR ‡	3	NC	NC
EDLUAR ‡	3	NC	NC
eszopiclone ‡	1	1	1
LUNESTA ‡	3	NC	NC
ramelteon ‡	1	1	1
ROZEREM ‡	3	NC	NC
temazepam ‡	1	1	1
zaleplon ‡	1	1	1
zolpidem/er ‡	1	1	1
CONTRACEPTIVES: OTHER			
ANNOVERA**	2	2	2
etonogestrel/ EE vaginal ring**	1	1	1
NUVARING	3	3	NC
PARAGARD T 380A**	2	2	2
DERMATOLOGY			
betamethasone ‡	1	1	1
ciclopirox ‡	1	1	1
clindamycin phosphate ‡	1	1	1
clobetasol propionate ‡	1	1	1
CLOBEX ‡	3	3	NC
doxepin crm ‡	1	1	1
EPIDUO/FORTE ◊	3	3	NC
fluorouracil cream 0.5%	1	NC	NC
lidocaine topical ‡	1	1	1
methylprednisolone	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
mupirocin ‡	1	1	1
NORITATE ◊	3	NC	NC
ORACEA	3	3	NC
TAZORAC ◊	3	3	NC
tretinoin ◊	1	1	1
DIABETES: BLOOD GLUCOSE MONITORING			
ACCU-CHEK TEST STRIPS ‡	2	2	2
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM ◊	3	3	NC
FREESTYLE LIBRE/ FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM ◊	2	2	2
FREESTYLE TEST STRIPS ‡	2	2	2
DIABETES DRUGS			
AFREZZA ◊	3	3	NC
BAQSIMI	2	2	2
FARXIGA $	2	2	2
glimepiride	1	1	1
glipizide/er/xl	1	1	1
glyburide	1	1	1
GVOKE	2	2	2
JANUMET	2	2	2
JANUMET XR	2	2	2
JANUVIA	2	2	2
JARDIANCE $	2	2	2

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
liraglutide ◊	1	1	1
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
XIGDUO XR $	2	2	2
DIABETES: INSULIN			
BASAGLAR KWIKPEN	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 GLARGINE-YFGN	2	2	2
INSULIN LISPRO	2	NC	NC
LYUMJEV/KWIKPEN	3	NC	NC
NOVOLIN	2	2	2
NOVOLOG/MIX/ FLEXPEN	2	2	2
TRESIBA	2	2	NC

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
DIABETES: MISCELLANEOUS			
OMNIPOD DASH/5 G6/5 G7 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC
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
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

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
XIIDRA ◊	2	2	2
ZIOPTAN	3	3	NC
GASTROINTESTINAL DRUGS			
CREON	2	2	2
DELZICOL	3	NC	NC
DEXILANT ‡	3	NC	NC
dexlansoprazole delayed-rel ‡	1	1	1
dicyclomine	1	1	1
EMEND ‡	3	3	NC
esomeprazole magnesium delayed-rel ‡	1	1	1
famotidine 40mg	1	1	1
lansoprazole ‡	1	1	1
LIALDA	3	3	NC
LINZESS ◊	2	2	2
lubiprostone ◊	1	1	1
mesalamine er caps	1	1	1
MOVIPREP	3	3	NC
omeprazole	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC
pantoprazole sodium ‡	1	1	1
PENTASA	2	NC	NC
polyethylene glycol 3350	1	1	1
rabeprazole delayed-rel (except rabeprazole capsule sprinkle delayed-rel) ‡	1	1	1
RELISTOR ◊	3	3	2

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
sucralfate	1	1	1
SUPREP BOWEL PREP KIT	3	3	NC
VARUBI ‡	2	2	2
VIOKACE	2	2	2
HORMONE REPLACEMENT			
ANDROGEL ◊	3	NC	NC
ESTRACE	3	3	NC
estradiol	1	1	1
MINIVELLE	3	3	NC
PREMARIN	3	3	NC
PREMPRO	2	2	2
progesterone ◊	1	1	1
TESTIM ◊	3	NC	NC
testosterone cypionate ◊	1	1	1
testosterone gel ◊	1	1	1
VAGIFEM	3	3	NC
VIVELLE DOT	3	3	NC
INFLAMMATION: CORTICOSTEROIDS			
CORTEF	3	NC	NC
MEDROL	3	NC	NC
prednisone	1	1	1
RAYOS ◊	3	NC	NC
MISCELLANEOUS			
allopurinol	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
calcitriol	1	1	1
colchicine	1	1	1
EOHILIA ◊	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
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
diclofenac tablets	1	1	1
FELDENE	3	NC	NC
ibuprofen	1	1	1
meloxicam tabs	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
methotrexate inj	1	1	1
NAPROSYN	3	NC	NC
OTREXUP ◊	3	3	NC
RASUVO ◊	3	3	NC
THYROID MEDICATIONS			
ARMOUR THYROID	3	3	2
levothyroxine	1	1	1
SYNTHROID	2	2	2
UROLOGIC DISORDERS			
AVODART	3	3	NC
fesoterodine er	1	1	1
finasteride	1	1	1

CONDITION/DRUG	BS TIER	BB TIER	BF TIER
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
abacavir	1	1	1
abacavir/lamivudine/ zidovudine	1	1	1
ABILIFY	3	3	NC
ABIRATERONE ◊	4	4	2
ACCU-CHEK TEST STRIPS ‡	2	2	2
acitretin	1	1	1
ACTONEL	3	3	NC
ADALIMUMAB-ADAZ ◊	4	4	2
ADALIMUMAB-FKJP ◊	4	4	2
ADBRY ◊	4	4	NC
ADCETRIS ◊	4	4	NC
ADCIRCA ◊	5	NC	NC
ADEFOVIR DIPIVOXIL	4	4	2
ADEMPAS ◊	5	5	2
ADLARITY	3	3	NC
ADVAIR DISKUS	3	3	NC
ADVAIR HFA	3	3	NC
ADVATE	4	4	NC
ADYNOVATE	5	5	NC
AFINITOR ◊	5	NC	NC
AFINITOR DISPERZ TAB ◊	5	NC	NC
AFREZZA ◊	3	3	NC

NAME	BS TIER	BB TIER	BF TIER
AFSTYLA	4	4	2
AIMOVIG ◊	2	2	2
albuterol sulfate tablet/solution	1	1	1
albuterol sulfate, CFC-free aerosol	1	1	1
ALDURAZYME ◊	4	4	NC
ALECENSA ◊	4	4	2
alendronate	1	1	1
allopurinol	1	1	1
ALPHAGAN P	3	3	NC
ALPHANATE	4	4	2
ALPHANINE SD	4	4	NC
alprazolam	1	1	1
ALPROLIX	4	4	2
ALREX	3	3	NC
ALTUVIIIO	5	5	NC
ALUNBRIG ◊	4	4	2
ALVESCO	3	NC	NC
AMBIEN/CR ‡	3	NC	NC
AMBRISENTAN ◊	4	4	2
amitriptyline	1	1	1
amlodipine besylate/ benazepril hydrochloride	1	1	1
amlodipine/atorvastatin	1	1	1

NAME	BS TIER	BB TIER	BF TIER
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
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	2
ARNUITY ELLIPTA	2	2	2
ARTHROTEC	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

NAME	BS TIER	BB TIER	BF TIER
AVALIDE	3	NC	NC
AVAPRO	3	NC	NC
AVODART	3	3	NC
AVONEX ◊	4	4	2
azathioprine	1	1	1
azelastine	1	1	1
AZILECT	3	3	NC
azithromycin	1	1	1
AZOPT	3	3	NC
AZOR	3	3	NC
baclofen	1	1	1
BAQSIMI	2	2	2
BARACLUDE SOLN	4	4	2
BASAGLAR KWIKPEN	2	2	2
BENEFIX	4	4	2
BENICAR/HCT	3	3	NC
BENLYSTA ◊	4	4	NC
benzonatate	1	1	1
BERINERT ◊	4	4	2
BESREMI ◊	5	5	NC
betamethasone ‡	1	1	1
BETASERON ◊	4	4	2
BETHKIS	5	5	NC
BEXAROTENE CAPS/GEL ◊	4	4	2
BIKTARVY	2	2	2
BIVIGAM ◊	4	4	NC

NAME	BS TIER	BB TIER	BF TIER
BLEOMYCIN	4	4	2
BLINCYTO ◊	4	4	2
BOSENTAN ◊	4	4	2
BOSULIF ◊	4	4	2
BOTOX ◊	4	4	2
BRAFTOVI ◊	5	5	NC
BREO ELLIPTA	3	3	NC
BREZTRI	2	3	NC
BRILINTA	3	3	NC
brimonidine tartrate	1	1	1
brimonidine/timolol	1	1	1
BROVANA	3	3	NC
budesonide/formoterol	1	1	1
***BUPHENYL* ◊**	5	5	NC
buprenorphine patch ‡	1	1	1
buprenorphine/ naloxone ‡	1	1	1
bupropion/xl	1	1	1
butalbital/APAP ‡	1	1	1
BUTRANS ‡	3	3	NC
BYLVAY ◊	5	5	NC
BYSTOLIC	3	NC	NC
CADUET	3	NC	NC
calcipotriene-betamethasone ‡	1	1	1
calcitriol	1	1	1
CALQUENCE ◊	4	4	2
candesartan/hctz	1	1	1
carbidopa/levodopa & er	1	1	1

NAME	BS TIER	BB TIER	BF TIER
carvedilol	1	1	1
CELEBREX ‡	3	3	NC
celecoxib ‡	1	1	1
CELLCEPT	3	3	NC
cephalexin	1	1	1
CEQUA ◊	3	3	NC
CERDELGA ◊	4	4	2
CEREZYME ◊	4	4	2
CETRORELIX ◊	4	4	2
***CETROTIDE* ◊**	5	5	NC
CHORIONIC GONADOTROPIN ◊	4	4	2
ciclopirox ‡	1	1	1
CIMZIA ◊	5	5	NC
CINACALCET ◊	4	4	2
CINRYZE ◊	4	4	2
ciprofloxacin	1	1	1
citalopram tabs	1	1	1
CLARINEX-D	3	NC	NC
clindamycin phosphate ‡	1	1	1
clobetasol propionate ‡	1	1	1
CLOBEX ‡	3	3	NC
clonazepam	1	1	1
clonidine	1	1	1
clopidogrel	1	1	1
clotrimazole/ betamethasone ‡	1	1	1
COAGADEX	4	4	NC
colchicine	1	1	1

NAME	BS TIER	BB TIER	BF TIER
COMBIGAN	3	3	NC
COMBIVENT	3	3	NC
COMBIVIR	3	3	NC
CORIFACT	4	4	NC
CORTEF	3	NC	NC
CORTROPHIN GEL ◊	4	4	2
COZAAR	3	NC	NC
CREON	2	2	2
CRESTOR	3	NC	NC
CUVITRU ◊	5	5	2
cyclobenzaprine	1	1	1
cyclosporine	1	1	1
CYSTADANE	5	5	NC
CYSTAGON	4	4	2
CYTARABINE	4	4	2
CYTOGAM	4	4	2
dabigatran caps	1	1	1
DALFAMPRIDINE ER ◊	4	4	2
DARZALEX ◊	5	5	NC
DASATINIB ◊	4	4	2
DAYTRANA ◊	3	3	NC
DECITABINE	4	4	2
DEFERASIROX ◊	4	4	2
DEFLAZACORT ◊	4	4	2
DELZICOL	3	NC	NC
DESCOVY	2	2	2
DESFERAL	5	5	NC
desloratadine	1	NC	NC

NAME	BS TIER	BB TIER	BF TIER
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM ◊	3	3	NC
DEXILANT ‡	3	NC	NC
dexlansoprazole delayed-rel ‡	1	1	1
dextro-amphetamine/ amphetamine salts ◊	1	1	1
diazepam	1	1	1
diclofenac tablets	1	1	1
dicyclomine	1	1	1
difluprednate	1	1	1
digoxin	1	1	1
diltiazem er	1	1	1
DIMETHYL FUMARATE ◊	4	4	2
DIOVAN/HCT	3	NC	NC
DOFETILIDE	4	4	2
donepezil	1	1	1
DOPTELET ◊	5	5	NC
dorzolamide/ timolol maleate	1	1	1
DOVATO	2	2	2
doxazosin mesylate	1	1	1
doxepin crm ‡	1	1	1
DULERA	2	2	2
duloxetine er	1	1	1
DUREZOL	3	3	NC
DYSPORT ◊	4	4	2
EBGLYSS ◊	4	4	2
EDARBI	3	NC	NC

NAME	BS TIER	BB TIER	BF TIER
EDARBYCLOR	3	NC	NC
EDLUAR ‡	3	NC	NC
EDURANT	2	2	2
efavirenz/emtricitabine/ tenofovir disoproxil fumarate	1	1	1
EFFEXOR XR	3	3	NC
EFFIENT	3	3	NC
EGRIFTA ◊	4	4	2
ELAPRASE ◊	4	4	NC
ELIGARD ◊	4	4	2
ELIQUIS	2	2	2
ELOCTATE	4	4	2
ELTROMBOPAG ◊	4	4	2
EMEND ‡	3	3	NC
EMGALITY ◊	2	2	2
emtricitabine/tenofovir disoproxil fumarate	1	1	1
enalapril maleate	1	1	1
ENBREL ◊	4	4	2
enoxaparin sodium	1	1	1
ENTECAVIR	4	4	2
ENTRESTO CAP	2	3	2
ENTYVIO ◊	5	5	NC
EOHILIA ◊	3	3	NC
***EPCLUSA* ◊**	4	4	2
EPIDUO/FORTE ◊	3	3	NC
epinephrine injection	1	1	1
EPIPEN/JR	3	3	NC

NAME	BS TIER	BB TIER	BF TIER
EPIVIR	3	3	NC
EPOGEN ◊	5	5	NC
EPZICOM	3	3	NC
EQUETRO	3	3	NC
ERIBULIN ◊	4	4	2
ERIVEDGE ◊	4	4	2
ERLEADA ◊	4	4	NC
ERLOTINIB ◊	4	4	2
ERTACZO ◊	3	NC	NC
escitalopram oxalate	1	1	1
esomeprazole magnesium delayed-rel ‡	1	1	1
ESTRACE	3	3	NC
estradiol	1	1	1
eszopiclone ‡	1	1	1
etonogestrel/ EE vaginal ring **	1	1	1
ETOPOSIDE	4	4	2
etravirine	1	1	1
EVISTA	3	3	NC
EXELDERM ◊	3	3	NC
EXELON	3	3	NC
EXFORGE/HCTZ	3	3	NC
EXONDYS 51 ◊	5	5	NC
ezetimibe	1	1	1
FABRAZYME ◊	4	4	2
famotidine 40mg	1	1	1
FARXIGA $	2	2	2
FASENRA ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
febuxostat ◊	1	1	1
FELDENE	3	NC	NC
fenofibrate	1	1	1
fenofibric acid	1	1	1
fentanyl patch ‡	1	1	1
fesoterodine er	1	1	1
FIASP/FLEXTOUCH	2	2	2
finasteride	1	1	1
FIRAZYR ◊	5	NC	NC
FIRMAGON ◊	4	4	2
fluconazole	1	1	1
flunisolide spray	1	1	1
fluorouracil cream 0.5%	1	NC	NC
FLUOROURACIL INJ	4	4	2
fluoxetine	1	1	1
fluticasone spray	1	1	1
fluticasone/salmeterol CFC-free aerosol	1	1	1
fluticasone/ salmeterol diskus	1	1	1
fluticasone/vilanterol	1	1	1
FOCALIN XR ◊	3	3	NC
FOLLISTIM AQ ◊	4	4	2
FORADIL	3	3	NC
formoterol inhalation soln	1	1	1
FOTIVDA ◊	5	5	NC
FREESTYLE LIBRE/ FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM ◊	2	2	2

NAME	BS TIER	BB TIER	BF TIER
FREESTYLE TEST STRIPS ‡	2	2	2
furosemide	1	1	1
gabapentin ‡	1	1	1
GAMMAGARD ◊	4	4	2
GAMMAKED ◊	4	4	2
GAMMAPLEX ◊	4	4	2
GAMUNEX-C ◊	4	4	2
GATTEX ◊	4	4	2
GEFITINIB ◊	4	4	2
gemfibrozil	1	1	1
GENVOYA	2	2	2
GLASSIA ◊	5	5	NC
GLATIRAMER ◊	4	4	2
GLEEVEC ◊	5	NC	NC
glimepiride	1	1	1
glipizide/er/xl	1	1	1
glyburide	1	1	1
GONAL-F ◊	5	5	NC
GONAL-F RFF ◊	5	5	NC
GVOKE	2	2	2
HALAVEN ◊	5	5	NC
HARVONI ◊	4	4	2
HEMOFIL M	4	4	NC
HEPAGAM B	4	4	2
HUMALOG/ MIX/KWIKPEN	2	NC	NC
HUMATE-P	4	4	2

NAME	BS TIER	BB TIER	BF TIER
HUMULIN U-500 CONCENTRATE	2	2	2
HUMULIN/KWIKPEN (EXCEPT HUMULIN U-500 CONCENTRATE)	2	NC	NC
HYCAMTIN CAP	4	4	2
hydralazine	1	1	1
hydrochlorothiazide	1	1	1
hydrocodone/ acetaminophen ‡	1	1	1
hydromorphone ‡	1	1	1
HYPERRHO S-D	4	4	2
HYQVIA ◊	4	4	2
HYRIMOZ ◊	4	4	2
HYZAAR	3	NC	NC
ibandronate	1	1	1
IBRANCE ◊	4	4	2
ibuprofen	1	1	1
ICATIBANT ◊	4	4	2
ICLUSIG ◊	4	4	2
icosapent ethyl caps	1	1	1
IDELVION	4	4	NC
ILARIS ◊	4	4	2
IMATINIB ◊	4	4	2
INCRELEX ◊	4	4	2
INCRUSE ELLIPTA	3	NC	NC
INLYTA ◊	4	4	2
INSULIN ASPART	2	2	2
INSULIN GLARGINE-YFGN	2	2	2
INSULIN LISPRO	2	NC	NC
INTUNIV	3	3	NC
irbesartan/hctz	1	1	1
IRINOTECAN	4	4	2
ISENTRESS	2	2	2
isosorbide mononitrate er	1	1	1
IXINITY	4	4	NC
JADENU ◊	5	NC	NC
JAKAFI ◊	4	4	2
JALYN	3	NC	NC
JANUMET	2	2	2
JANUMET XR	2	2	2
JANUVIA	2	2	2
JARDIANCE $	2	2	2
JEVTANA ◊	4	4	2
JORNAY PM ◊	3	3	NC
JUBLIA ◊	3	NC	NC
JYNARQUE ◊	5	5	NC
KADCYLA ◊	4	4	NC
KALBITOR ◊	4	4	2
KALYDECO ◊	4	4	2
KERYDIN *◊	3	NC	NC
KESIMPTA ◊	4	4	2
ketoconazole tabs ◊	1	1	1
KEYTRUDA ◊	4	4	2
KOATE-DVI	4	4	NC
KRYSTEXXA ◊	5	5	NC
KUVAN ◊	5	NC	NC

NAME	BS TIER	BB TIER	BF TIER
lamivudine	1	1	1
lamivudine/zidovudine	1	1	1
lamotrigine	1	1	1
lansoprazole ‡	1	1	1
latanoprost	1	1	1
LATUDA	3	3	NC
LENALIDOMIDE ◊	4	4	2
LESCOL XL	3	NC	NC
letrozole	1	1	1
LEUKINE ◊	5	5	NC
LEUPROLIDE ◊	4	4	2
levetiracetam	1	1	1
levocetirizine	1	NC	NC
levofloxacin	1	1	1
levothyroxine	1	1	1
LEXAPRO	3	3	NC
LIALDA	3	3	NC
lidocaine topical ‡	1	1	1
LILETTA **	4	4	2
LINZESS ◊	2	2	2
LIPITOR	3	NC	NC
liraglutide◊	1	1	1
lisdexamfetamine ◊	1	1	1
lisinopril/hctz	1	1	1
LIVALO	3	NC	NC
LO LOESTRIN FE	2	2	2
LOPROX ‡	3	NC	NC
lorazepam	1	1	1

NAME	BS TIER	BB TIER	BF TIER
losartan/hctz	1	1	1
loteprednol 0.2%	1	1	1
lovastatin	1	1	1
LOVAZA	3	3	NC
lubiprostone ◊	1	1	1
LUMIGAN	2	NC	NC
LUMIZYME ◊	4	4	2
LUNESTA ‡	3	NC	NC
LUPRON DEPOT ◊	4	4	2
lurasidone	1	1	1
LYNPARZA ◊	4	4	2
LYRICA ‡	3	NC	NC
LYUMJEV/KWIKPEN	3	NC	NC
MEDROL	3	NC	NC
megestrol acetate	1	1	1
MEKINIST ◊	4	4	2
MEKTOVI ◊	5	5	NC
meloxicam tabs	1	1	1
MENOPUR ◊	4	4	2
mesalamine er caps	1	1	1
MESNA TAB	4	4	2
MESNEX TAB	5	5	NC
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

NAME	BS TIER	BB TIER	BF TIER
metoprolol succinate/tartrate	1	1	1
MICARDIS/HCT	3	NC	NC
MIGLUSTAT ◊	4	4	2
MINIVELLE	3	3	NC
mirabegron er	1	1	1
MIRENA **	4	4	2
MITOMYCIN	4	4	2
montelukast sodium	1	1	1
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
MYOBLOC ◊	4	4	2
MYRBETRIQ TABS	3	3	NC
naftifine ‡	1	1	1
NAGLAZYME ◊	4	4	NC
naloxone	1	1	1
NAMENDA TABS	3	3	NC
NAPROSYN	3	NC	NC
NARCAN	3	3	NC
nebivolol	1	1	1
NEORAL	3	3	NC
NEUPRO	2	2	2
nevirapine er	1	1	1
NEXAVAR ◊	5	5	NC

NAME	BS TIER	BB TIER	BF TIER
NEXLETOL ◊	3	3	NC
NEXLIZET ◊	3	3	NC
niacin er	1	1	1
NILANDRON ◊	3	3	NC
NILOTINIB ◊	4	4	2
NITROSTAT	3	3	NC
NORDITROPIN ◊	4	4	2
NORITATE ◊	3	NC	NC
NORTHERA ◊	5	NC	NC
NOVAREL ◊	4	4	2
NOVOLIN	2	2	2
NOVOLOG/MIX/FLEXPEN	2	2	2
NOVOSEVEN RT	4	4	2
NPLATE ◊	4	4	2
NUBEQA ◊	4	4	NC
NUCALA ◊	4	4	NC
NULOJIX	4	4	NC
NURTEC ODT ◊	2	2	2
NUVARING	3	3	NC
NUWIQ	4	4	NC
OCTAGAM ◊	4	4	NC
OCTREOTIDE ACETATE ◊	4	4	2
OFEV ◊	4	4	2
omega-3 acid ethyl esters	1	1	1
omeprazole	1	1	1
omeprazole/sodium bicarbonate ‡	1	NC	NC

NAME	BS TIER	BB TIER	BF TIER
OMNIPOD DASH/5 G6/5 G7 INSULIN INFUSION DISPOSABLE PUMP ◊	3	3	NC
OPSUMIT ◊	4	4	2
ORACEA	3	3	NC
ORALAIR ◊	5	5	2
ORENITRAM ◊	4	4	2
ORKAMBI ◊	4	4	2
oseltamivir phosphate ‡	1	1	1
OTEZLA ◊	4	4	2
OTREXUP ◊	3	3	NC
OVIDREL ◊	4	4	2
OXISTAT ◊	3	NC	NC
oxybutynin/er	1	1	1
OXYCONTIN ‡	3	NC	NC
OZEMPIC ◊	2	2	2
PALYNZIQ ◊	5	5	NC
pantoprazole sodium ‡	1	1	1
PARAGARD T 380A **	2	2	2
paroxetine	1	1	1
PAZOPANIB ◊	4	4	2
PEGASYS ◊	4	4	2
PENTASA	2	NC	NC
PERFOROMIST	3	3	NC
PERJETA ◊	4	4	2
phenazopyridine	1	1	1
pioglitazone	1	1	1
PIRFENIDONE ◊	4	4	2
pitavastatin	1	1	1

NAME	BS TIER	BB TIER	BF TIER
PLAVIX	3	3	NC
PLEGRIDY /PEN ◊	4	4	2
polyethylene glycol 3350	1	1	1
POMALYST ◊	5	5	2
pramipexole dihydrochloride	1	1	1
pravastatin sodium	1	1	1
prednisolone acetate	1	1	1
prednisone	1	1	1
pregabalin ‡	1	1	1
PREGNYL ◊	4	4	2
PREMARIN	3	3	NC
PREMPRO	2	2	2
PRISTIQ	3	3	NC
PRIVIGEN ◊	4	4	NC
progesterone ◊	1	1	1
PROGRAF	3	3	NC
PROLASTIN-C ◊	4	4	2
PROLIA ◊	4	4	2
PROMACTA ◊	5	5	NC
promethazine/codeine ‡	1	1	1
propranolol	1	1	1
PULMOZYME ◊	4	4	2
PYZCHIVA ◊	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

NAME	BS TIER	BB TIER	BF TIER
ramelteon ‡	1	1	1
ramipril	1	1	1
RAPAFLO	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
RECOMBINATE	4	4	2
RELISTOR ◊	3	3	2
RELPAX ‡	3	3	NC
REMODULIN ◊	5	5	NC
REPATHA ◊	2	2	2
RESTASIS ◊	3	3	NC
RETACRIT ◊	4	4	2
RETROVIR	3	3	NC
REVATIO ◊	5	NC	NC
REVLIMID ◊	5	5	NC
REYATAZ	3	3	NC
RHOGAM PLUS	4	4	2
RHOPRESSA	2	3	NC
RIASTAP	4	4	2
RIBAVIRIN ◊	4	4	2
RINVOQ ◊	4	4	NC
RINVOQ ER ◊	4	4	NC
risedronate	1	1	1
risperidone	1	1	1

NAME	BS TIER	BB TIER	BF TIER
RIXUBIS	4	4	2
rizatriptan ‡	1	1	1
ROCKLATAN	2	3	NC
ropinirole	1	1	1
rosuvastatin	1	1	1
ROZEREM ‡	3	NC	NC
RYBELSUS ◊	2	2	2
SABRIL ◊	5	NC	NC
SAMSCA ◊	5	5	NC
SANDOSTATIN LAR ◊	5	5	NC
SAPROPTERIN ◊	4	4	2
SAVELLA ‡	3	3	NC
saxagliptin	1	1	1
saxagliptin/metformin er	1	1	1
SAXENDA ◊	3	3	NC
SCEMBLIX ◊	5	5	NC
SENSIPAR ◊	5	NC	NC
SEROSTIM ◊	4	4	2
sertraline tab	1	1	1
SILDENAFIL (PAH) ◊	4	4	2
silodosin	1	1	1
simvastatin	1	1	1
SINGULAIR	3	3	NC
sirolimus	1	1	1
SKYLA **	4	4	2
SKYRIZI ◊	4	4	NC
SODIUM PHENYLBUTYRATE ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
sodium sulfate, potassium sulfate and magnesium sulfate oral sol	1	1	1
solifenacin	1	1	1
SOMATULINE DEPOT ◊	4	4	2
SOMAVERT	4	4	2
SORAFENIB ◊	4	4	2
SPIRIVA	3	3	NC
SPIRIVA RESPIMAT	2	2	2
spironolactone	1	1	1
SPRYCEL ◊	5	NC	NC
stavudine	1	1	1
STIOLTO RESPIMAT	2	2	2
STIVARGA ◊	4	4	2
STRIBILD	2	2	2
STRIVERDI RESPIMAT	3	3	NC
SUBLOCADE ◊	4	4	2
SUBOXONE FILM ‡	3	3	NC
sucralfate	1	1	1
sulfamethoxazole/ trimethoprim	1	1	1
sumatriptan succinate ‡	1	1	1
SUNITINIB ◊	4	4	2
SUPPRELIN LA ◊	4	4	2
SUPREP BOWEL PREP KIT	3	3	NC
SUTENT ◊	5	NC	NC
SYMBICORT	3	3	NC
SYMDEKO ◊	4	4	2
SYNAGIS ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
SYNTHROID	2	2	2
TABRECTA ◊	4	4	2
tacrolimus	1	1	1
TADALAFIL (PAH) ◊	4	4	2
TAFINLAR ◊	4	4	2
tafluprost	1	1	1
TAMIFLU CAPS ‡	3	3	NC
tamoxifen citrate	1	1	1
tamsulosin	1	1	1
TARGRETIN CAPS/GEL ◊	5	NC	NC
TASIGNA ◊	5	NC	NC
TASIMELTEON ◊	4	4	2
tavaborole sol 5% *◊	1	1	1
TAVALISSE ◊	5	5	NC
TAZORAC ◊	3	3	NC
telmisartan/hctz	1	1	1
temazepam ‡	1	1	1
TEMOZOLOMIDE	4	4	2
TEPMETKO ◊	5	5	NC
TERIFLUNOMIDE ◊	4	4	2
TESTIM ◊	3	NC	NC
testosterone cypionate ◊	1	1	1
testosterone gel ◊	1	1	1
TETRABENAZINE ◊	4	4	2
THALOMID ◊	4	4	2
timolol maleate	1	1	1
tiotropium inhalation powder caps	1	1	1

NAME	BS TIER	BB TIER	BF TIER
tirofiban inj	1	1	1
TOBI	5	5	NC
TOBI PODHALER	4	4	NC
TOBRAMYCIN INH SOLN	4	4	2
tolterodine/er	1	1	1
TOLVAPTAN ◊	4	4	2
topiramate/er	1	1	1
TOVIAZ	3	3	NC
TRAVATAN Z	3	3	NC
trazodone	1	1	1
TREANDA ◊	5	5	NC
TRELEGY ELLIPTA	2	2	2
TRELSTAR ◊	4	4	2
TRESIBA	2	2	NC
tretinoin ◊	1	1	1
TRETTEN	4	4	NC
triamterene/hctz	1	1	1
TRIKAFTA ◊	*4*	*4*	*2*
TRINTELLIX	3	3	NC
TRIUMEQ	2	2	2
TROGARZO ◊	4	4	2
trospium/er	1	1	1
TRULICITY ◊	2	2	2
TRUVADA	3	3	NC
TUDORZA PRESSAIR	3	NC	NC
TYKERB ◊	5	NC	NC
TYMLOS ◊	4	4	2

NAME	BS TIER	BB TIER	BF TIER
TYSABRI ◊	4	4	2
TYVASO/DPI ◊	5	5	NC
TYZEKA	4	4	2
UPTRAVI TABS ◊	4	4	2
USTEKINUMAB-AAUZ ◊	4	4	2
VAGIFEM	3	3	NC
valacyclovir	1	1	1
valsartan/hctz	1	1	1
VALTREX	3	3	NC
VARIZIG	4	4	2
VARUBI ‡	2	2	2
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
verapamil/er	1	1	1
VERZENIO ◊	4	5	2
V-GO INSULIN INFUSION DISPOSABLE PUMP ◊	2	2	2
VICTOZA ◊	3	3	NC
VIGABATRIN ◊	4	4	2
VIGAMOX	3	3	NC
VIIBRYD	3	3	NC
vilazodone	1	1	1
VIMIZIM ◊	4	4	NC
VINCRISTINE	4	4	2

NAME	BS TIER	BB TIER	BF TIER
VIOKACE	2	2	2
VIRACEPT	2	2	2
VIVELLE DOT	3	3	NC
VIVITROL	4	4	2
VOTRIENT ◊	5	5	NC
VPRIV ◊	5	5	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
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
XIGDUO XR $	2	2	2
XIIDRA ◊	2	2	2
XOFLUZA ‡	3	3	2

NAME	BS TIER	BB TIER	BF TIER
XOLAIR ◊	4	4	2
XOPENEX HFA	3	NC	NC
XTANDI ◊	4	4	2
XYNTHA	4	4	NC
XYNTHA SOLOFUSE	4	4	NC
YERVOY ◊	4	4	NC
YESINTEK ◊	4	4	2
YONSA ◊	4	4	2
zafirlukast	1	1	1
zaleplon ‡	1	1	1
ZELBORAF ◊	4	4	2
ZEMAIRA ◊	5	5	NC
ZETIA	3	3	NC
ZIAGEN	3	3	NC
zidovudine	1	1	1
ZIOPTAN	3	3	NC
ZOCOR	3	NC	NC
ZOLADEX ◊	4	4	2
ZOLEDRONIC ACID ◊	4	4	2
ZOLINZA ◊	4	4	2
zolmitriptan ‡	1	1	1
zolpidem/er ‡	1	1	1
ZOVIRAX	3	3	NC
ZUBSOLV ‡	2	2	2
ZYKADIA ◊	4	4	2

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.

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
E.E.S. GRANULES, EMROSI, ERYPED 400, MINOLIRA	azithromycin, doxycycline (except 20mg), minocycline, minocycline er, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
adapalene pad, adapalene soln 0.1%, benzoyl peroxide (6% cloth, 8% gel, 5% wash), BENZAC AC WASH 5%, BENZEPRO AERO 5.3%, BENZEPRO LIQ 7%, BENZEPRO CLOTH 6%, CABTREO, DIFFERIN, PR BENZOYL LIQ 7%, ZACLIR	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide (except for 6% cloth, 8% gel and 5% wash), 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, BENZAMYCIN, CLEOCIN T, EPIDUO/FORTE, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP, TAZORAC, TWYNEO, WINLEVI, ZIANA
ABSORICA LD	isotretinoin, ABSORICA
carbinoxamine 6mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, rivaroxaban, warfarin, ELIQUIS, XARELTO
opium tincture, MYTESI	diphenoxylate/atropine, loperamide
TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, SPORANOX

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
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 er tablets, oxaprozin 300mg caps, CAMBIA, COXANTO, DOLOBID 375mg tab, FENOPRON (300mg caps), FLECTOR, INDOCIN susp/supp, LEVULAN KERASTICK, LICART, LODINE, NAPRELAN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac dr/er (except diclofenac potassium caps), diclofenac epolamine patch, 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
ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
CONSENSI	celecoxib/CELEBREX, with amlodipine/NORVASC
ADIPEX-P, PLENITY, ZEPBOUND	benzphetamine tabs, diethylpropion er tabs, diethylpropion tabs, liraglutide (generic SAXENDA), orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, phentermine/topiramate er, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE ER CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
penicillamine caps, CUPRIMINE, RIDAURA	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
chlordiazepoxide/clidinium, LIBRAX	dicyclomine, hyoscyamine
DONNATAL	atropine/hyoscyamine/scopolamine/phenobarbital
IGALMI, LOREEV XR	alprazolam/er, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAX/XR
zileuton er	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber.
ENTADFI, RAPAFLO, UROXATRAL	alfuzosin er, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, FLOMAX
ENABLEX, GEMTESA, OXYTROL, VESICARE	darifenacin er, fesoterodine er, oxybutynin, oxybutynin er, solifenacin, tolterodine, tolterodine er, trospium, trospium er, GELNIQUE, MYRBETRIQ, TOVIAZ, VESICARE LS
BETAPACE, BETAPACE AF	sotalol, sotalol AF

EXCLUDED DRUG LIST FEP BLUE STANDARD

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
chlordiazepoxide/amitriptyline, SYMBYAX	olanzapine/fluoxetine, perphenazine/amitriptyline
amphetamine (generic for EVEKEO), amphetamine er ODT, dextroamphetamine sol, methamphetamine (generic for DESOXYN), ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO, EVEKEO ODT, PROCENTRA	amphetamine/dextroamphetamine mixed salts/er, dexmethylphenidate/er, dextroamphetamine/er, lisdexamfetamine, methylphenidate/er, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, RELEXXII, RITALIN LA, VYVANSE, ZENZEDI
DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS
econazole nitrate foam, ALCORTIN-A, ECOZA, LOTRISONE*, NEO-SYNALAR, ORAVIG, XOLEGEL	ciclopirox, clotrimazole, clotrimazole/ betamethasone, econazole (all other forms except foam), hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, ERTACZO, EXELDERM, JUBLIA, KERYDIN, LOPROX, LUZU, MENTAX, NAFTIN, OXISTAT, VUSION
triamcinolone oint 0.05%, BRYHALI, CLODERM, LEXETTE, OLUX/OLUX-E, TOPICORT, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, clocortolone pivalate, 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, ULTRAVATE
SITAVIG, XERESE	acyclovir, hydrocortisone
VEREGEN	imiquimod, ZYCLARA
EXTINA	ketoconazole foam 2%
OVACE, OVACE PLUS	sulfacetamide sodium
TACLONEX	acitretin, betamethasone dipropionate/ calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, WYNZORA

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
EPSOLAY, FINACEA, METROGEL	azelaic acid gel, brimonidine topical gel, doxycycline (except 20mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, METROCREAM, METROLOTION, MIRVASO, NORITATE, ORACEA, RHOFADE, SOOLANTRA, ZILXI
sitagliptin, sitagliptin/metformin, sitagliptin/metformin er, BRYNOVIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, OSENI, TRADJENTA, ZITUVIMET, ZITUVIMET XR, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, saxagliptin, saxagliptin/metformin er, JANUMET, JANUMET XR, JANUVIA
exenatide, ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
SOLIQUA	XULTOPHY
insulin degludec, insulin glargine, LANTUS/SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN GLARGINE-YFGN (interchangeable biosimilar), TRESIBA/FLEXTOUCH
metformin 625mg, 750mg tab, metformin er (generic FORTAMET and generic GLUMETZA), metformin oral sol, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg, 750mg tabs), metformin er (except generic FORTAMET and generic GLUMETZA)
CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
bexagliflozin, dapagliflozin, dapagliflozin/metformin-er, BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
allopurinol 200mg tab	allopurinol (does not include 200mg tab), colchicine, febuxostat, probenecid, KRYSTEXXA, MITIGARE, ULORIC, ZYLOPRIM
PEPCID	cimetidine, famotidine 40mg, nizatidine
levamlodipine, valsartan oral soln 4mg/mL, MICARDIS, TRYVIO	amlodipine, amlodipine/olmesartan, amlodipine/valsartan, candesartan, candesartan/HCT, irbesartan, irbesartan/HCT, losartan, losartan/HCT, olmesartan, olmesartan/HCT, telmisartan, telmisartan/amlodipine, telmisartan/HCT, valsartan, valsartan/HCT, ATACAND, ATACAND HCT, AVALIDE, AVAPRO, BENICAR, BENICAR HCT, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, EXFORGE, HYZAAR, MICARDIS HCT

EXCLUDED DRUG LIST FEP BLUE STANDARD

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
CONJUPRI, NORLIQVA, VECAMYL	amlodipine tabs, felodipine er, nicardipine, nifedipine er, nisoldipine er, KATERZIA, NORVASC, PROCARDIA XL, SULAR
FENOGLIDE, TRICOR	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID
simvastatin susp, ALTOPREV, ATORVALIQ, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin er, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp), CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, LESCOL XL, LIPITOR, LIVALO, VYTORIN, ZOCOR
FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber.
AMITIZA, IBSRELA, TRULANCE	lubiprostone (generic), prucalopride, LINZESS, MOTEGRITY
SUFLAVE	kristalose, lactulose, PEG 3350/electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP, SUTAB
AJOVY	AIMOVIG, EMGALITY 120mg/mL, QULIPTA, VYEPTI
UBRELVY, ZAVZPRET	NURTEC ODT
CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, TOSYMRA, ZOMIG
tolcapone, TASMAR	amantadine, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/er, selegiline, APOKYN, AZILECT, CREXONT, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, XADAGO, ZELAPAR
AMPYRA	dalfampridine er
COPAXONE	glatiramer, GLATOPA
AUBAGIO, BAFIERTAM, GILENYA, MAVENCLAD, PONVORY, TECFIDERA, VUMERITY	dimethyl fumarate delayed-rel, fingolimod, teriflunomide, MAYZENT, ZEPOSIA

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
cyclobenzaprine er, AMRIX	baclofen, cyclobenzaprine
chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin**, caffeine†, baclofen, cyclobenzaprine
ondansetron (16mg ODT and 24mg tab), ANZEMET, ZUPLENZ	granisetron, ondansetron (except 16mg ODT and 24mg tab), palonosetron, promethazine, SANCUSO
VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
BACIGUENT	bacitracin ophthalmic
VEVYE	cyclosporine emulsion, CEQUA, EYSUVIS, MIEBO, RESTASIS, TYRVAYA, XIIDRA
atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
pilocarpine 1.25%, VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
gabapentin (once-daily) tabs, pregabalin er tabs, GABARONE, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include er tabs), LYRICA, NEURONTIN
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, PERCOCET 2.5mg–325mg tabs, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 10mg–300mg/5mL sol, and 2.5mg–300, 5mg–300mg, 10mg–300mg tabs), tramadol/acetaminophen, ENDOCET, PERCOCET (except 2.5mg–325mg tabs)
LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
hydromorphone 3mg supp, levorphanol, meperidine, methadone (tab for oral susp), methadose tab, morphine supp, METHADOSE SOL	hydromorphone (except 3mg supp), morphine, oxycodone, tramadol, DILAUDID, NUCYNTA, OPANA, ROXICODONE
CONZIP	tramadol, tramadol er, tramadol/acetaminophen
ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH

EXCLUDED DRUG LIST FEP BLUE STANDARD

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEP, 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
flurazepam, 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
KYZATREX, TLANDO, UNDECATREX	JATENZO, STRIANT
ERMEZA	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT, THYQUIDITY
COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine er caps, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTUM, LIALDA, PENTASA
CARAFATE	sucralfate
POKONZA	klor-con, potassium chloride, effer-K
BONSITY, FORTEO, TERIPARATIDE (NDC 47781-0652-89)	teriparatide (except NDC 47781-0652-89), TYMLOS
IYUZEH	bimatoprost, brimonidine, brinzolamide, dorzolamide latanoprost, tafluprost, travoprost, ALPHAGAN P, LUMIGAN, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
ALVAIZ	eltrombopag, DOPTELET, NPLATE, PROMACTA, TAVALISSE
LIVDELZI	IQIRVO
clobetasol ophthalmic suspension	dexamethasone, loteprednol, prednisolone, ALREX, DUREZOL, EYSUVIS, FLAREX, FML FORTE, INVELTYS, LOTEMAX, LOTEMAX SM, MAXIDEX, MAXITROL, PRED FORTE, PRED MILD, ZYLET
SOFDRA	QBREXZA
ERZOFRI	ABILIFY MAINTENA, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA
umeclidinium/vilanterol	ANORO ELLIPTA, BEVESPI AEROSPHERE, DUAKLIR STIOLTO RESPIMAT
BUCAPSOL	buspirone

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
NYPOZI	NEUPOGEN, NIVESTYM, RELEUKO, ZARXIO
fluticasone furoate	budesonide inhalation suspension, fluticasone CFC-free aerosol, ALVESCO, ARNUITY ELLIPTA, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
ACTHAR	CORTROPHIN
adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, ACTEMRA, AMJEVITA, BIMZELX, COSENTYX, CYLTEZO, HADLIMA, HULIO, HUMIRA, IDACIO, IMULDOSA, KINERET, OLUMIANT, ORENCIA, OTULFI, SELARSDI, SIMLANDI, SILIQ, SOTYKTU, STARJEMZA, STELARA, STEQEYMA, TOFIDENCE, VELSIPITY, WEZLANA, YUFLYMA, YUSIMRY, ZYMFENTRA	adalimumab-adaz, adalimumab-fkjp, ustekinumab-aauz, ENBREL, HYRIMOZ, OTEZLA, PYZCHIVA, RINVOQ, SKYRIZI, TALTZ, TREMFYA, TYENNE, XELJANZ, YESINTEK Preferred options may vary by indication, members are advised to discuss suitable therapeutic alternatives with their prescriber.
CIBINQO, CINQAIR, DUPIXENT, NEMLUVIO, TEZSPIRE	ADBRY, EBGLYSS, FASENRA, NUCALA, RINVOQ, XOLAIR Preferred options may vary by indication, members are advised to discuss suitable therapeutic alternatives with their prescriber.
PRALUENT	REPATHA
GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
NGENLA, SKYTROFA	SOGROYA
LETAIRIS	ambrisentan
PROCRIT	ARANESP, EPOGEN, RETACRIT
ledipasvir/sofosbuvir, sofosbuvir/velpatasvir, SOVALDI, ZEPATIER	EPCLUSA, HARVONI, MAVYRET, VOSEVI
ZYTIGA	Abiraterone, abirtega
ONETOUCH diabetic supplies	Preferred alternatives include ACCU-CHEK and FREESTYLE diabetic supplies
TARCEVA	GILOTRIF
SENSIPAR	cinacalcet
ASPRUZYO SPRINKLE, INDERAL XL	nitroglycerin patch, isosorbide dinitrate, ranolazine, diltiazem extended release, propranolol extended release, metoprolol tartrate, CARDIZEM CD, CARDIZEM LA, INDERAL LA, TOPROL XL

EXCLUDED DRUG LIST FEP BLUE STANDARD

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
atenolol sus 1mg/mL	atenolol tabs
CATAPRES-TTS	clonidine patch
BUMEX	bumetanide, furosemide, torsemide, LASIX
hydrocodone-homatropine, HYCODAN	benzonatate, hydromet
OMECLAMOX	amoxicillin/clarithromycin/lansoprazole, bismuth/metronidazole/tetracycline, omeprazole/sodium bicarbonate, PYLERA, TALICIA, VOQUENZA
CHENODAL, URSO FORTE	ursodiol
SEROQUEL XR	quetiapine extended release
DRISDOL	ROCALTROL, ergocalciferol
DROXIA	glutamine, ADAKVEO, ENDARI, SIKLOS
ALCAINE SOLN 0.5%	proparacaine, tetracaine, AKTEN
PROCTOCORT 30MG SUPP	hydrocortisone rectal cream, hydrocortisone 25mg & 30mg supp, procto-med hc cream, proctocort cream, proctosol hc cream, proctozone hc cream, ANUSOL-HC CREAM
AMELUZ	fluorouracil (topical)
PAMELOR	nortriptyline
methitest, methyltestosterone, testosterone gel 1.62% (generic for ANDROGEL) and 2%, ANDROGEL, NATESTO	testosterone gel (all strengths except 1.62% and 2%), JATENZO, TESTIM
SYNDROS	doxylamine†, doxylamine/pyridoxine delayed-rel, pyridoxine (vitamin B6)†, dronabinol, AKYNZEO, BONJESTA, DICLEGIS, MARINOL, UNISOM†
ALLZITAL, FIORICET	butalbital/acetaminophen, butalbital/acetaminophen/caffeine
pentazocine/naloxone	buprenorphine, buprenorphine/naloxone, butorphanol, BELBUCA, BUTRANS
FORFIVO XL	amitriptyline/perphenazine, bupropion, bupropion er, mirtazapine, nefazodone, trazodone,, APLENZIN, SPRAVATO, WELLBUTRIN SR, WELLBUTRIN XL
ALOCRIL OPHTH SOLN	cromolyn ophth soln, olopatadine soln

DRUGS NOT COVERED IN 2026 FOR FEP BLUE STANDARD	COVERED OPTIONS*
ACCUPRIL, LOTENSIN HCT, LOTREL, PRESTALIA	amlodipine/benazepril, benazepril, benazepril/HCT, captopril, enalapril, enalapril/HCT, fosinopril, fosinopril/HCT, lisinopril, lisinopril/HCT, moexipril, perindopril, quinapril, ramipril, trandolapril, trandolapril/verapamil, EPANED SOLN, QBRELIS SOLN, VASOTEC, VASERETIC, ZESTRIL, ZESTORETIC
benznidazole, LAMPIT, SOHONOS, XURIDEN, ZOKINVY	Members are advised to discuss suitable therapeutic alternatives with prescriber

* For more covered options, consult 2026 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 (81 mg per day) for female members at risk for preeclampsia.

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

ALPHABETIC EXCLUDED DRUG LIST FEP BLUE STANDARD

ABRILADA
ABSORICA LD
ACCUPRIL
ACIPHEX
ACTEMRA
ACTHAR
adalimumab-aacf
adalimumab-aaty
adalimumab-adbm
adalimumab-ryvk
adapalene pad
adapalene soln 0.1%
ADIPEX-P
ADLYXIN
ADZENYS XR-ODT
AJOVY
ALCAINE SOLN 0.5%
ALCORTIN-A
allopurinol 200mg tab
ALLZITAL
ALOCRIL OPHTH SOLN
ALTOPREV
ALVAIZ
AMELUZ
AMITIZA
AMJEVITA
amphetamine (generic for EVEKEO)
amphetamine er odt
AMPYRA
AMRIX
ANDROGEL
ANZEMET
APADAZ
aspirin/omeprazole delayed-rel tabs
ASPRUZYO SPRINKLE
atenolol sus 1mg/mL
ATORVALIQ
atropine sulfate eye ointment
AUBAGIO
BACIGUENT
BAFIERTAM
BENZAC AC WASH 5%
BENZEPRO AERO 5.3%
BENZEPRO CLOTH 6%
BENZEPRO LIQ 7%
benzhydrocodone/ acetaminophen
benznidazole
benzoyl peroxide (6% cloth, 8% gel, 5% wash)
BETAPACE
BETAPACE AF
bexagliflozin
BIMZELX
BONSITY
BRENZAVVY
BRYHALI
BRYNOVIN
BUCAPSOL
BUMEX
BYDUREON
BYDUREON BCISE
BYETTA
CABTREO
CAFERGOT
CAMBIA
CARAFATE
carbinoxamine 6mg
CATAPRES-TTS
CHENODAL
chlordiazepoxide/ amitriptyline
chlordiazepoxide/clidinium
chlorzoxazone tab (250mg, 375mg, 750mg)
CIBINQO
CINQAIR
clobetasol ophthalmic suspension
CLODERM
COLAZAL
CONJUPRI
CONSENSI
CONZIP
COPAXONE
COSENTYX
COTEMPLA XR-ODT
COXANTO
CUPRIMINE
cyclobenzaprine er
CYCLOSET
CYLTEZO
dapagliflozin
dapagliflozin/metformin-er
DESOXYN
DEXABLISS
dextroamphetamine sol
diclofenac potassium caps
diclofenac sodium soln 2%
DIFFERIN
DOLOBID 375mg tab
DONNATAL
DORAL
DRISDOL
DROXIA
DUEXIS
DUPIXENT
DXEVO 11-DAY
DYANAVEL XR
E.E.S. GRANULES
econazole nitrate foam
ECOZA
EMROSI
ENABLEX
ENTADFI
EPSOLAY
ERMEZA
ERYPED 400
ERZOFRI
esomeprazole strontium
EVEKEO
EVEKEO ODT
exenatide
EXTINA
FENOGLIDE
fenoprofen cap 200mg
FENOPRON (300mg caps)
FINACEA
FIORICET
FIRST-LANSOPRAZOLE
FIRST-OMEPRAZOLE
FIRST-PANTOPRAZOLE
FLECTOR
FLOLIPID
FLUMADINE
flurazepam
fluticasone furoate
FORFIVO XL
FORTAMET
FORTEO
gabapentin (once-daily) tabs
GABARONE
GEMTESA
GENOTROPIN
GILENYA
GLUMETZA
GRALISE
HADLIMA
HORIZANT
HULIO
HUMATROPE
HUMIRA
HYCODAN
hydrocodone-acetaminophen sol 10mg–325mg/15mL
hydrocodone-homatropine
hydromorphone 3mg supp
IBSRELA
ibuprofen/famotidine tabs

IDACIO
IGALMI
IMULDOSA
INDERAL XL
INDOCIN susp/supp
indomethacin caps (20mg, 40mg)
indomethacin supp (50mg, 100mg)
indomethacin susp
insulin degludec
insulin glargine
INVOKAMET
INVOKAMET XR
INVOKANA
IYUZEH
JENTADUETO
JENTADUETO XR
KAZANO
KINERET
KOMBIGLYZE XR
KONVOMEP
KYZATREX
LAMPIT
LANTUS/SOLOSTAR
LAZANDA
ledipasvir/sofosbuvir
LETAIRIS
levamlodipine
levorphanol
LEVULAN KERASTICK
LEXETTE
LIBRAX
LICART
LITFULO
LIVDELZI
LODINE
LOREEV XR
LORZONE
LOTENSIN HCT
LOTREL
LOTRISONE
LYRICA CR
MAVENCLAD
meloxicam caps (5mg, 10mg)
meloxicam susp 7.5mg/5mL
meperidine
metformin (625mg, 750mg tab)
metformin er (generic FORTAMET and generic GLUMETZA)
metformin oral sol
methadone (tab for oral susp)
METHADOSE SOL
methadose tab
methamphetamine (generic for DESOXYN)
methitest
methyltestosterone
METROGEL
MICARDIS
MIGRANAL
MILLIPRED
MINOLIRA
morphine supp
MYTESI
NALOCET
NAPRELAN
naproxen sodium er tablets
naproxen/esomeprazole magnesium tabs DR
NATESTO
NEMLUVIO
NEO-SYNALAR
NESINA
NEXIUM
NGENLA
NORLIQVA
NUTROPIN
NUTROPIN AQ
NYPOZI
OLUMIANT
OLUX
OLUX-E
OMECLAMOX
OMNITROPE
ondansetron (16mg ODT and 24mg tab)
ONETOUCH diabetic supplies
opium tincture
ORAVIG
ORENCIA
orphenadrine/aspirin/caffeine tabs
ORPHENGESIC FORTE
OSENI
OTULFI
OVACE
OVACE PLUS
oxaprozin 300mg caps
oxycodone/acetaminophen sol 10mg–300mg/5mL
oxycodone/acetaminophen tab (2.5mg–300mg, 5mg–300mg, 10mg–300mg)
OXYTROL
PAMELOR
penicillamine caps
PENNSAID 2%
pentazocine/naloxone
PEPCID
PERCOCET 2.5mg–325mg tabs
PHOSPHOLINE IODIDE
pilocarpine 1.25%
PLENITY
POKONZA
PONVORY
PR BENZOYL LIQ 7%
PRADAXA
PRADAXA PAK
PRALUENT
pregabalin er tabs
PRESTALIA
PREVACID
PREVACID SOLUTAB
PRILOSEC
PRIMLEV
PROCENTRA
PROCRIT
PROCTOCORT 30mg SUPP
PROLATE
PROTONIX
QUVIVIQ
rabeprazole capsule sprinkle delayed-rel
RAPAFLO
RELAFEN DS
REYVOW
REZVOGLAR
RIDAURA
RIMSO-50
RIOMET ER
RIOMET IR
RYVENT
SAIZEN
SAVAYSA
SECONAL
SEGLUROMET
SELARSDI
SEMGLEE
SENSIPAR
SEROQUEL XR
SILIQ
SIMLANDI
simvastatin susp
sitagliptin
sitagliptin/metformin
sitagliptin/metformin er
SITAVIG
SKYTROFA
SOFDRA
sofosbuvir/velpatasvir
SOHONOS
SOLIQUA
SOTYKTU
SOVALDI
STARJEMZA

EXCLUDED DRUG LIST FEP BLUE STANDARD

STEGLATRO
STEGLUJAN
STELARA
STEQEYMA
SUFLAVE
SYMBYAX
SYNDROS
TACLONEX
TARCEVA
TASMAR
TECFIDERA
TERIPARATIDE (NDC 47781-0652-89)
testosterone gel 1.62% (generic for ANDROGEL) and 2%
TEZSPIRE
TIVORBEX
TLANDO
TOFIDENCE
tolcapone
TOLSURA
TOPICORT
TOUJEO/SOLOSTAR/ MAX SOLOSTAR
TRADJENTA
triamcinolone oint 0.05%
TRIANEX
TRICOR
TRUDHESA
TRULANCE
TRYVIO
UBRELVY
umeclidinium/vilanterol
UNDECATREX
UROXATRAL
URSO FORTE
valsartan oral soln 4mg/mL
VANOS
VASCEPA
VECAMYL
VELSIPITY
VEREGEN
VESICARE
VEVYE
VIMOVO
VIVLODEX
VUITY
VUMERITY
WEZLANA
XERESE
XOLEGEL
XURIDEN
YOSPRALA
YUFLYMA
YUSIMRY
ZACLIR
ZAVZPRET
ZEGERID
ZEPATIER
ZEPBOUND
zileuton er
ZIPSOR
ZITUVIMET
ZITUVIMET XR
ZITUVIO
ZOKINVY
zolpidem cap 7.5mg
ZOMACTON
ZORVOLEX
ZTLIDO
ZUPLENZ
ZYMFENTRA
ZYPITAMAG
ZYTIGA

To see the 2026 full formularies:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)

"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.

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
E.E.S GRANULES, EMROSI, ERYPED 400, MINOLIRA, SEYSARA	azithromycin, doxycycline (except 20mg), minocycline, minocycline er, sulfamethoxazole/ trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
ABSORICA LD	isotretinoin, ABSORICA
adapalene pad, adapalene soln 0.1%, benzoyl peroxide (6% cloth, 8% gel, 5% wash), BENZAC AC WASH 5%, BENZEPRO AERO 5.3%, BENZEPRO LIQ 7%, BENZEPRO MIS CLOTH 6%, CABTREO, DIFFERIN, PR BENZOYL LIQ 7%, TWYNEO, ZACLIR	adapalene crm, gel (Rx only), adapalene/ benzoyl peroxide, benzoyl peroxide (except for 6% cloth, 8% gel, and 5% wash), 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, BENZAMYCIN, CLEOCIN T, EPIDUO/FORTE, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP, TAZORAC, WINLEVI, ZIANA
carbinoxamine 6mg, cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, CLEMSZA, RYVENT	montelukast, zafirlukast, ACCOLATE, SINGULAIR
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
PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, rivaroxaban, warfarin, ELIQUIS, XARELTO
opium tincture, MYTESI	diphenoxylate/atropine, loperamide
TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, SPORANOX

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
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 7.5mg/5mL, naproxen sodium er tabs, oxaprozin 300mg caps, CAMBIA, COXANTO, DOLOBID 375mg, FELDENE, FENOPRON (300mg caps), FLECTOR, INDOCIN susp/supp, LEVULAN KERASTICK, LICART, LODINE, LURBIRO, NAPRELAN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac dr/er (except diclofenac potassium caps), diclofenac epolamine patch, diclofenac gel/soln (except 2% soln), 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
ELYXYB	celecoxib, CELEBREX
ibuprofen/famotidine tabs, naproxen/ esomeprazole magnesium tabs DR, ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
ZYTIGA	abiraterone, abirtega
FASLODEX	fulvestrant
GLEEVEC, IMKELDI	imatinib mesylate
AFINITOR, AFINITOR DISPERZ	everolimus, everolimus tabs for oral suspension
TYKERB	lapatinib
XELODA	capecitabine
TEMODAR	temozolomide
TARGRETIN CAPS/GEL	bexarotene caps/gel
ADIPEX-P, PLENITY, ZEPBOUND	benzphetamine tabs, diethylpropion er tabs, diethylpropion tabs, liraglutide (generic SAXENDA), orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, phentermine/ topiramate er, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE ER CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
penicillamine caps, CUPRIMINE, RIDAURA	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
REDITREX	methotrexate, OTREXUP, RASUVO
chlordiazepoxide/clidinium, LIBRAX	dicyclomine, hyoscyamine
DONNATAL	atropine/hyoscyamine/ scopolamine/phenobarbital

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
IGALMI, LOREEV XR	alprazolam/er, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLONOPIN, VALIUM, XANAX/XR
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
fluticasone furoate, ALVESCO	budesonide inhalation suspension, fluticasone, CFC-free aerosol, ARNUITY ELLIPTA, ASMANEX, FLOVENT HFA, PULMICORT, QVAR, QVAR REDIHALER
zileuton er	montelukast, zafirlukast, SINGULAIR, ACCOLATE, ZYFLO
LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber.
ENTADFI, JALYN, RAPAFLO, UROXATRAL	alfuzosin er, dutasteride, dutasteride/ tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, FLOMAX
ENABLEX, GELNIQUE, GEMTESA, OXYTROL, VESICARE, VESICARE LS	darifenacin er, fesoterodine er, oxybutynin, oxybutynin er, solifenacin, tolterodine, tolterodine er, trospium, trospium er, MYRBETRIQ, TOVIAZ
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.
TIKOSYN	dofetilide
BETAPACE, BETAPACE AF	sotalol, sotalol AF
BUMEX, FUROSCIX	bumetanide, ethacrynic acid, furosemide, torsemide, EDECRIN, LASIX
NORTHERA	droxidopa
LODOCO	Members advised to discuss suitable therapeutic alternatives with prescriber.
SABRIL, VIGAFYDE	vigabatrin, vigadrone
chlordiazepoxide/amitriptyline, SYMBYAX	olanzapine/fluoxetine, perphenazine/ amitriptyline

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
FORFIVO XL, RALDESY, WELLBUTRIN XL	amitriptyline/perphenazine, bupropion, bupropion er, mirtazapine, nefazodone, trazodone, APLENZIN, REMERON, SPRAVATO, WELLBUTRIN SR
amphetamine (generic for EVEKEO), amphetamine er ODT, dextroamphetamine sol, methamphetamine (generic for DESOXYN), ADHANSIA XR, ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO, EVEKEO ODT, PROCENTRA, XELSTRYM	amphetamine sulfate, amphetamine/dextroamphetamine mixed salts/er, dexmethylphenidate/er, dextroamphetamine/er, lisdexamfetamine, methylphenidate/er, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, RELEXXII, RITALIN LA, VYVANSE, ZENZEDI
INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, tiotropium inhalation powder caps, ATROVENT HFA, SPIRIVA, SPIRIVA RESPIMAT
umeclidinium/vilanterol, DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
ALKINDI SPRINKLE CAPS, CORTEF, DELTASONE, DEXABLISS, DXEVO 11-DAY, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS, TAPERDEX	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
fluorouracil cream 0.5%, AMELUZ, CARAC, KLISYRI	diclofenac sodium gel 3%, fluorouracil (except fluorouracil cream 0.5%), EFUDEX
econazole nitrate foam, ALCORTIN-A, ECOZA, ERTACZO, JUBLIA, KERYDIN*, LOPROX, LOTRISONE*, LUZU, MENTAX, NAFTIN*, NEO-SYNALAR, ORAVIG, OXISTAT, VUSION*, XOLEGEL*	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole (all other forms except foam), hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, terbinafine tablets, EXELDERM
triamcinolone oint 0.05%, BRYHALI, CLODERM, IMPEKLO, IMPOYZ, LEXETTE, OLUX, OLUX-E, TOPICORT, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, clocortolone pivalate, 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, ULTRAVATE
XEPI CREAM 1%	mupirocin cream 2%, mupirocin ointment 2%, ALTABAX OINTMENT 1%
SITAVIG, XERESE	acyclovir, hydrocortisone

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
VEREGEN	imiquimod, ZYCLARA
EXTINA	ketoconazole foam 2%
OVACE, OVACE PLUS	sulfacetamide sodium
TACLONEX, WYNZORA	acitretin, betamethasone dipropionate/ calcipotriene (oint, susp), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, VTAMA, ZORYVE
EPSOLAY, FINACEA, METROGEL, NORITATE	azelaic acid gel, brimonidine topical gel, doxycycline (except 20mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, METROCREAM, METROLOTION, MIRVASO, ORACEA, RHOFADE, SOOLANTRA, ZILXI
sitagliptin, sitagliptin/metformin, sitagliptin/ metformin er, BRYNOVIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, OSENI, TRADJENTA, ZITUVIMET, ZITUVIMET XR, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/ pioglitazone, saxagliptin, saxagliptin/metformin er, JANUMET, JANUMET XR, JANUVIA
exenatide, ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
SOLIQUA	XULTOPHY
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 degludec, insulin glargine, LANTUS/ SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN GLARGINE-YFGN (interchangeable biosimilar), TRESIBA/FLEXTOUCH
NOTE: HUMULIN R U-500 concentrate will continue to be covered	
metformin 625mg, 750mg tab, metformin er (generic FORTAMET and generic GLUMETZA), metformin oral sol, FORTAMET, GLUMETZA, RIOMET ER, RIOMET IR	metformin (does not include 625mg, 750mg tabs), metformin er (except generic FORTAMET and generic GLUMETZA)

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
bexagliflozin, dapagliflozin, dapagliflozin/metformin er, BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, SEGLUROMET, STEGLATRO, STEGLUJAN	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
OMNIPOD GO	CEQUR SIMPLICITY, OMNIPOD 5 G6, OMNIPOD DASH, V-GO
RECLAST	zoledronic acid
SANDOSTATIN	octreotide
SENSIPAR	cinacalcet
GIMOTI	metoclopramide, REGLAN
IYUZEH, LUMIGAN	bimatoprost, brimonidine, brinzolamide, dorzolamide latanoprost, tafluprost, travoprost, ALPHAGAN P, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
allopurinol 200mg tab	allopurinol (does not include 200mg tab), colchicine, febuxostat, probenecid, KRYSTEXXA, MITIGARE, ULORIC, ZYLOPRIM
GENOTROPIN, HUMATROPE, NUTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	NORDITROPIN
PEPCID	famotidine 40mg, cimetidine, nizatidine
NEUPOGEN, NYPOZI	NIVESTYM, RELEUKO, ZARXIO
PROCRIT	ARANESP, EPOGEN, RETACRIT
BARACLUDE TABLETS	entecavir tablets
HEPSERA	adefovir dipivoxil
ledipasvir/sofosbuvir, sofosbuvir/velpatasvir, SOVALDI, ZEPATIER	EPCLUSA, HARVONI, MAVYRET, VOSEVI
FIRAZYR	icatibant
levamlodipine, valsartan oral soln 4mg/mL, ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT, TRYVIO	amlodipine, amlodipine/Olmesartan, amlodipine/valsartan, candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan (does not include valsartan oral soln 4mg/mL), valsartan/HCTZ, BENICAR, BENICAR HCT, EXFORGE

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
atenolol sus 1mg/mL, BYSTOLIC, INDERAL XL, INNOPRAN XL	acebutolol, atenolol (except sus 1mg/mL), carvedilol/er, metoprolol succinate er, metoprolol tartrate, nebivolol, pindolol, propranolol/er, COREG/CR, INDERAL LA, KAPSPARGO, LOPRESSOR, TENORMIN, TOPROL-XL
CONJUPRI, KATERZIA, NORLIQVA, VECAMYL	amlodipine tabs, felodipine er, nicardipine, nifedipine er, nisoldipine er, NORVASC, PROCARDIA XL, SULAR
FENOGLIDE, TRICOR	fenofibrate, fenofibric acid del-rel, gemfibrozil, LIPOFEN, LOPID, ANTARA
PRALUENT	REPATHA
simvastatin susp, ALTOPREV, ATORVALIQ, CADUET, CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp)
ZORTRESS	everolimus
FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber.
ACCRUFER	ferrous fumarate†, ferrous gluconate†, ferrous sulfate†, INJECTAFER, MONOFERRIC
EXJADE, JADENU	deferasirox
AMITIZA, IBSRELA, TRULANCE	lubiprostone (generic), prucalopride, LINZESS, MOTEGRITY
SUFLAVE, SUTAB	kristalose, lactulose, PEG 3350/electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, MOVIPREP, OSMOPREP, PLENVU, PREPOPIK, SUPREP
AJOVY	AIMOVIG, EMGALITY 120mg/mL, QULIPTA, VYEPTI
UBRELVY, ZAVZPRET	NURTEC ODT
CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
REYVOW, TOSYMRA	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, ZOMIG
tolcapone, APOKYN, ONAPGO, OSMOLEX ER, TASMAR	amantadine IR, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/er, selegiline, AZILECT, , CREXONT, DUOPA, GOCOVRI, KYNMOBI, MIRAPEX XR, NEUPRO, PARLODEL, RYTARY, SINEMET, XADAGO, ZELAPAR
XENAZINE	tetrabenazine
AMPYRA	dalfampridine er
COPAXONE	glatiramer, GLATOPA
AUBAGIO, BAFIERTAM, GILENYA, MAVENCLAD, PONVORY, TECFIDERA, VUMERITY	dimethyl fumarate delayed-rel, fingolimod, teriflunomide, MAYZENT, ZEPOSIA
cyclobenzaprine er, AMRIX	baclofen, cyclobenzaprine
baclofen susp 25mg/5mL, FLEQSUVY	baclofen (except baclofen susp 25mg/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
ondansetron (16mg ODT and 24mg tab), ANZEMET, ZUPLENZ	granisetron, ondansetron (except 16mg ODT and 24mg tab), palonosetron, promethazine, SANCUSO
BONJESTA, SYNDROS	doxylamine†, doxylamine/pyridoxine delayed-rel, dronabinol, pyridoxine (vitamin B6)†, AKYNZEO, DICLEGIS, MARINOL, UNISOM†
VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
BACIGUENT	bacitracin ophthalmic
EYSUVIS, TYRVAYA, VEVYE	cyclosporine emulsion, CEQUA, MIEBO, RESTASIS, XIIDRA
atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber.

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
pilocarpine 1.25%, VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber.
gabapentin (once-daily) tabs, pregabalin er tabs, GABARONE, GRALISE, HORIZANT, LYRICA, LYRICA CR	gabapentin, pregabalin (does not include er tabs), NEURONTIN
ARYMO ER, HYSINGLA ER, OXYCONTIN	hydrocodone er, hydromorphone er, morphine er, tramadol er, 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, PERCOCET (2.5mg–325mg tabs) 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 (except 2.5mg–325mg tabs)
LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
hydromorphone 3mg supp, levorphanol, meperidine, methadone (tab for oral susp), methadose tab, morphine supp, METHADOSE SOL	Hydromorphone (except 3mg supp), morphine, oxycodone, tramadol (except 5mg/mL oral soln), DILAUDID, NUCYNTA, OPANA, ROXICODONE
SEGLENTIS	celecoxib, tramadol (except 25mg tab, 100mg tab, and 5mg/mL oral soln), CELEBREX
tramadol 5mg/mL oral soln, CONZIP, QDOLO	tramadol (except 5mg/mL oral soln), tramadol er, tramadol/acetaminophen
ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
esomeprazole strontium, omeprazole/sodium bicarbonate, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, DEXILANT, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEP, 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)
LETAIRIS	ambrisentan
REVATIO	sildenafil (PAH)
ADCIRCA	tadalafil (PAH), Alyq
TRACLEER	bosentan

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
flurazepam, zolpidem cap 7.5mg, AMBIEN, AMBIEN CR, DORAL, EDLUAR, INTERMEZZO, LUNESTA, QUVIVIQ, ROZEREM, SECONAL, SONATA	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/er tab, BELSOMRA, DAYVIGO, RESTORIL, SILENOR
methitest, methyltestosterone, testosterone gel 1.62% (generic for ANDROGEL) and 2%, ANDROGEL, NATESTO, TESTIM, VOGELXO	testosterone gel (all strengths except 1.62% and 2%), JATENZO
KYZATREX, TLANDO, UNDECATREX	JATENZO, STRIANT
ERMEZA, THYQUIDITY	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT
CARAFATE	sucralfate
DARTISLA ODT	glycopyrrolate tabs (generic)
ASACOL HD, COLAZAL, DELZICOL, PENTASA	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine er caps, sulfasalazine, sulfasalazine delayed, rel, APRISO, AZULFIDINE, DIPENTUM, LIALDA
POKONZA	klor-con, potassium chloride, effer-k
BONSITY, FORTEO, TERIPARATIDE (NDC 47781-0652-89)	teriparatide (except NDC 47781-0652-89), TYMLOS
ALVAIZ	eltrombopag, DOPTELET, NPLATE, PROMACTA, TAVALISSE
JYLAMVO	methotrexate, XATMEP
ONYDA XR	atomoxetine, clonidine, guanfacine, INTUNIV, QELBREE
LIVDELZI	IQIRVO
clobetasol ophthalmic suspension	dexamethasone, loteprednol, prednisolone, ALREX, DUREZOL, FLAREX, FML FORTE, INVELTYS, LOTEMAX, LOTEMAX SM, MAXIDEX, MAXITROL, PRED FORTE, PRED MILD, ZYLET
SOFDRA	QBREXZA
ERZOFRI	ABILIFY MAINTENA, INVEGA HAFYERA, INVEGA SUSTENNA, INVEGA TRINZA
BUCAPSOL	buspirone

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, ACTEMRA, AMJEVITA, BIMZELX, COSENTYX, CYLTEZO, HADLIMA, HULIO, HUMIRA, IDACIO, IMULDOSA, KINERET, OLUMIANT, ORENCIA, OTULFI, SELARSDI, SIMLANDI, SILIQ, SOTYKTU, STARJEMZA, STELARA, STEQEYMA, TOFIDENCE, VELSIPITY, WEZLANA, YUFLYMA, YUSIMRY, ZYMFENTRA	adalimumab-adaz, adalimumab-fkjp, ustekinumab-aauz, ENBREL, HYRIMOZ, OTEZLA, PYZCHIVA, RINVOQ, SKYRIZI, TALTZ, TREMFYA, TYENNE, XELJANZ, YESINTEK Preferred options may vary by indication, members are advised to discuss suitable therapeutic alternatives with their prescriber.
ACTHAR	CORTROPHIN
CIBINQO, CINQAIR, DUPIXENT, NEMLUVIO, TEZSPIRE	ADBRY, EBGLYSS, FASENRA, NUCALA, RINVOQ, XOLAIR Preferred options may vary by indication, members are advised to discuss suitable therapeutic alternatives with their prescriber.
JAVYGTOR, KUVAN, ZELVYSIA	sapropterin
OPIPZA, SEROQUEL XR	aripiprazole, risperidone, quetiapine, ABILIFY, REXULTI
NGENLA, SKYTROFA	SOGROYA
PHYRAGO, SPRYCEL	dasatinib
SUTENT	sunitinib
DANZITEN, TASIGNA	nilotinib
ONETOUCH diabetic supplies	Preferred alternatives include ACCU-CHEK and FREESTYLE diabetic supplies
TARCEVA	GILOTRIF
ASPRUZYO SPRINKLE	nitroglycerin patch, isosorbide dinitrate, ranolazine, diltiazem extended release, CARDIZEM CD, CARDIZEM LA
hydrocodone-homatropine, HYCODAN	benzonatate, hydromet
CATAPRES-TTS	clonidine patch
OMECLAMOX	amoxicillin/clarithromycin/lansoprazole, bismuth/metronidazole/tetracycline, PYLERA, TALICIA, VOQUENZA
CHENODAL, URSO FORTE	ursodiol
NAMENDA PAK 5-10MG	memantine tab 28x5mg & 21x10mg
ALLZITAL, FIORICET	butalbital/acetaminophen, butalbital/acetaminophen/caffeine

DRUGS NOT COVERED IN 2026 FOR FEP BLUE BASIC	COVERED OPTIONS*
pentazocine/naloxone	buprenorphine, buprenorphine/naloxone, butorphanol, BELBUCA, BUTRANS
DRISDOL	ROCALTROL, ergocalciferol
DROXIA	glutamine, ADAKVEO, ENDARI, SIKLOS
ALCAINE SOLN 0.5%	proparacaine, tetracaine, AKTEN
ALOCRIL OPHTH SOLN	cromolyn ophth soln, olopatadine soln
PROCTOCORT 30MG SUPP	hydrocortisone rectal cream, hydrocortisone 25mg & 30mg supp, procto-med hc cream, proctocort cream, proctosol hc cream, proctozone hc cream, ANUSOL-HC CREAM
PAMELOR	nortriptyline
ACCUPRIL, LOTENSIN HCT, LOTREL, PRESTALIA	amlodipine/benazepril, benazepril, benazepril/HCT, captopril, enalapril, enalapril/HCT, fosinopril, fosinopril/HCT, lisinopril, lisinopril/HCT, moexipril, perindopril, quinapril, ramipril, trandolapril, trandolapril/verapamil, EPANED SOLN, QBRELIS SOLN, VASOTEC, VASERETIC, ZESTRIL, ZESTORETIC
benznidazole, LAMPIT, SOHONOS, XURIDEN, ZOKINVY	Members are advised to discuss suitable therapeutic alternatives with prescriber

*For more covered options, consult 2026 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.

To see the 2026 full formularies:

- Prior to January 1, 2026, visit fepblue.org/whatsnew
- After January 1, 2026, visit fepblue.org/pharmacy/prescriptions
- Call Customer Care: 1-800-624-5060 (TTY: 711)

ALPHABETIC "MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

ABRILADA
ABSORICA LD
ACCRUFER
ACCUPRIL
ACIPHEX
ACTEMRA
ACTHAR
adalimumab-aacf
adalimumab-aaty
adalimumab-adbm
adalimumab-ryvk
adapalene pad
adapalene soln 0.1%
ADCIRCA
ADHANSIA XR
ADIPEX-P
ADLYXIN
ADMELOG/SOLOSTAR
ADZENYS XR-ODT
AFINITOR
AFINITOR DISPERZ
AJOVY
ALCAINE SOLN 0.5%
ALCORTIN-A
ALKINDI SPRINKLE CAPS
allopurinol 200mg tab
ALLZITAL
ALOCRIL OPHTH SOLN
ALTOPREV
ALVAIZ
ALVESCO
AMBIEN
AMBIEN CR
AMELUZ
AMITIZA
AMJEVITA
amphetamine (generic for EVEKEO)
amphetamine er odt
AMPYRA
AMRIX
ANDROGEL
ANZEMET
APADAZ
APIDRA/SOLOSTAR
APOKYN
ARTHROTEC
ARYMO ER
ASACOL HD
aspirin/omeprazole delayed-rel tabs
ASPRUZYO SPRINKLE
ATACAND
ATACAND HCT
atenolol sus 1mg/mL
ATORVALIQ
atropine sulfate eye ointment
AUBAGIO
AVALIDE
AVAPRO
BACIGUENT
baclofen susp 25mg/5mL
BAFIERTAM
BARACLUDE TABLETS
BECONASE AQ
BENZAC AC WASH 5%
BENZEPRO AERO 5.3%
BENZEPRO LIQ 7%
BENZEPRO MIS CLOTH 6%
benzhydrocodone/ acetaminophen
benznidazole
benzoyl peroxide (6% cloth, 8% gel, 5% wash)
BETAPACE
BETAPACE AF
bexagliflozin
BIMZELX
BONJESTA
BONSITY
BRENZAVVY
BRYHALI
BRYNOVIN
BUCAPSOL
BUMEX
BYDUREON
BYDUREON BCISE
BYETTA
BYSTOLIC
CABTREO
CADUET
CAFERGOT
CAMBIA
CARAC
CARAFATE
carbinoxamine 6mg
CATAPRES-TTS
cetirizine solution
CHENODAL
chlordiazepoxide/ amitriptyline
chlordiazepoxide/clidinium
chlorzoxazone tab (250mg, 375mg, 750mg)
CIBINQO
CINQAIR
CLARINEX
CLARINEX-D
CLEMSZA
clobetasol ophthalmic suspension
CLODERM
COLAZAL
CONJUPRI
CONSENSI
CONZIP
COPAXONE
CORTEF
COSENTYX
COTEMPLA XR-ODT
COXANTO
COZAAR
CRESTOR
CUPRIMINE
cyclobenzaprine er
CYCLOSET
CYLTEZO
DANZITEN
dapagliflozin
dapagliflozin/metformin er
DARTISLA ODT
DELTASONE
DELZICOL
desloratadine
DESOXYN
DEXABLISS
DEXILANT
dextroamphetamine sol
diclofenac potassium caps
diclofenac sodium sol 2%
DIFFERIN
DIOVAN
DIOVAN HCT
DOLOBID 375mg
DONNATAL
DORAL
DRISDOL
DROXIA
DUAKLIR PRESSAIR
DUEXIS
DUPIXENT
DXEVO 11-DAY
DYANAVEL XR
DYMISTA
E.E.S GRANULES
econazole nitrate foam
ECOZA
EDARBI
EDARBYCLOR
EDLUAR
ELYXYB
EMROSI

ENABLEX
ENTADFI
EPSOLAY
ERMEZA
ERTACZO
ERYPED 400
ERZOFRI
esomeprazole strontium
EVEKEO
EVEKEO ODT
exenatide
EXJADE
EXTINA
EYSUVIS
EZALLOR SPRINKLE
EZETIMIBE/ROSUVASTATIN tabs
FASLODEX
FELDENE
FENOGLIDE
fenoprofen caps 200mg
FENOPRON (300mg caps)
FINACEA
FIORICET
FIRAZYR
FIRST-LANSOPRAZOLE
FIRST-OMEPRAZOLE
FIRST-PANTOPRAZOLE
FLECTOR
FLEQSUVY
FLOLIPID
FLUMADINE
fluorouracil cream 0.5%
flurazepam
fluticasone furoate
FORFIVO XL
FORTAMET
FORTEO
FUROSCIX
gabapentin (once-daily) tabs
GABARONE
GELNIQUE
GEMTESA
GENOTROPIN
GILENYA
GIMOTI
GLEEVEC
GLUMETZA
GRALISE
HADLIMA
HEPSERA
HORIZANT
HULIO
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMALOG TEMPO
HUMATROPE
HUMIRA
HUMULIN 70/30
HUMULIN N
HUMULIN R
HYCODAN
hydrocodone/acetaminophen soln 10mg–325mg/15mL
hydrocodone-homatropine
hydromorphone 3mg supp
HYSINGLA ER
HYZAAR
IBSRELA
ibuprofen/famotidine tabs
IDACIO
IGALMI
IMKELDI
IMPEKLO
IMPOYZ
IMULDOSA
INCRUSE ELLIPTA
INDERAL XL
INDOCIN susp/supp
indomethacin caps (20mg, 40mg)
indomethacin supp (50mg, 100mg)
indomethacin susp
INNOPRAN XL
INPEFA
insulin degludec
insulin glargine
insulin lispro
insulin lispro protamine/insulin lispro 75/25
INTERMEZZO
INVOKAMET
INVOKAMET XR
INVOKANA
IYUZEH
JADENU
JALYN
JAVYGTOR
JENTADUETO
JENTADUETO XR
JUBLIA
JYLAMVO
KATERZIA
KAZANO
KERYDIN
KINERET
KLISYRI
KOMBIGLYZE XR
KONVOMEP
KUVAN
KYZATREX
LAMPIT
LANTUS/SOLOSTAR
LAZANDA
ledipasvir/sofosbuvir
LESCOL/XL
LETAIRIS
levamlodipine
levocetirizine
levorphanol
LEVULAN KERASTICK
LEXETTE
LIBRAX
LICART
LIPITOR
LIPTRUZET
LITFULO
LIVALO
LIVDELZI
LODINE
LODOCO
LOPROX
LOREEV XR
LORZONE
LOTENSIN HCT
LOTREL
LOTRISONE
LUMIGAN
LUNESTA
LURBIRO
LUZU
LYRICA
LYRICA CR
LYUMJEV
LYUMJEV KWIKPEN
LYUMJEV TEMPO
MAVENCLAD
MEDROL
meloxicam caps (5mg, 10mg)
meloxicam susp 7.5mg/5mL
MENTAX
meperidine
metformin (625mg, 750mg tab)
metformin er (generic FORTAMET and generic GLUMETZA)
metformin oral sol
methadone (tab for oral susp)
METHADOSE SOL
methadose tab
methamphetamine (generic for DESOXYN)
methitest
methyltestosterone
METROGEL
MEVACOR

"MANAGED NOT COVERED" DRUG LIST FEP BLUE BASIC

MICARDIS
MICARDIS HCT
MIGRANAL
MILLIPRED
MINOLIRA
morphine supp
MYTESI
NAFTIN
NALOCET
NAMENDA PAK 5-10MG
NAPRELAN
naproxen sodium er tabs
naproxen/esomeprazole magnesium tabs DR
NASONEX
NATESTO
NEMLUVIO
NEO-SYNALAR
NESINA
NEUPOGEN
NEXIUM
NGENLA
NORITATE
NORLIQVA
NORTHERA
NUTROPIN
NUTROPIN AQ
NYPOZI
OLUMIANT
OLUX
OLUX-E
OMECLAMOX
omeprazole/sodium bicarbonate
OMNARIS
OMNIPOD GO
OMNITROPE
ONAPGO
ondansetron (16mg ODT and 24mg tab)
ONETOUCH diabetic supplies
ONYDA XR
OPIPZA
opium tincture
ORAPRED ODT
ORAVIG
ORENCIA
orphenadrine/aspirin/caffeine tabs
ORPHENGESIC FORTE
OSENI
OSMOLEX ER
OTULFI
OVACE
OVACE PLUS
oxaprozin 300mg caps
OXISTAT
oxycodone/acetaminophen sol 10mg–300mg/5mL
oxycodone/acetaminophen tab (2.5mg–300mg,5mg–300mg, 10mg–300mg)
OXYCONTIN
OXYTROL
PAMELOR
penicillamine caps
PENNSAID 2%
PENTASA
pentazocine/naloxone
PEPCID
PERCOCET (2.5mg–325mg tabs)
PRIMLEV
PERTZYE
PHOSPHOLINE IODIDE
PHYRAGO
pilocarpine 1.25%
PLENITY
POKONZA
PONVORY
PR BENZOYL LIQ 7%
PRADAXA
PRADAXA PAK
PRALUENT
PRAVACHOL
pregabalin er tabs
PRESTALIA
PREVACID
PREVACID SOLUTAB
PRILOSEC
PRIMLEV
PROCENTRA
PROCRIT
PROCTOCORT 30MG SUPP
PROLATE
PROTONIX
PROVENTIL HFA
QDOLO
QNASL
QUVIVIQ
rabeprazole capsule sprinkle delayed-rel
RALDESY
RAPAFLO
RAYOS
RECLAST
REDITREX
RELAFEN DS
REVATIO
REYVOW
REZVOGLAR
RHINOCORT AQUA
RIDAURA
RIMSO-50
RIOMET ER
RIOMET IR
ROZEREM
RYALTRIS
RYVENT
SABRIL
SAIZEN
SANDOSTATIN
SAVAYSA
SECONAL
SEGLENTIS
SEGLUROMET
SELARSDI
SEMGLEE
SENSIPAR
SEROQUEL XR
SEYSARA
SILIQ
SIMLANDI
simvastatin susp
sitagliptin
sitagliptin/metformin
sitagliptin/metformin er
SITAVIG
SKYTROFA
SOFDRA
sofosbuvir/velpatasvir
SOHONOS
SOLIQUA
SONATA
SOTYKTU
SOVALDI
SPRYCEL
STARJEMZA
STEGLATRO
STEGLUJAN
STELARA
STEQEYMA
SUFLAVE
SUTAB
SUTENT
SYMBYAX
SYNDROS
TACLONEX
TAPERDEX
TARCEVA
TARGRETIN CAPS/GEL
TASIGNA
TASMAR
TECFIDERA
TEMODAR
TERIPARATIDE (NDC 47781-0652-89)
TESTIM
testosterone gel 1.62% (generic for ANDROGEL) and 2%

TEZSPIRE
THYQUIDITY
TIKOSYN
TIVORBEX
TLANDO
TOFIDENCE
tolcapone
TOLSURA
TOPICORT
TOSYMRA
TOUJEO/SOLOSTAR/ MAX SOLOSTAR
TRACLEER
TRADJENTA
tramadol 5mg/mL oral soln
triamcinolone oint 0.05%
TRIANEX
TRICOR
TRUDHESA
TRULANCE
TRYVIO
TUDORZA PRESSAIR
TWYNEO
TYKERB
TYRVAYA
UBRELVY
umeclidinium/vilanterol
UNDECATREX
UROXATRAL
URSO FORTE
valsartan oral soln 4mg/mL
VANOS
VASCEPA
VECAMYL
VELSIPITY
VENTOLIN HFA
VERAMYST
VEREGEN
VESICARE
VESICARE LS
VEVYE
VIGAFYDE
VIMOVO
VIVLODEX
VOGELXO
VUITY
VUMERITY
VUSION
VYTORIN
WELLBUTRIN XL
WEZLANA
WYNZORA
XELODA
XELSTRYM
XENAZINE
XEPI CREAM 1%
XERESE
XOLEGEL
XOPENEX HFA
XURIDEN
YOSPRALA
YUFLYMA
YUSIMRY
ZACLIR
ZAVZPRET
ZEGERID
ZELVYSIA
ZENPEP
ZEPATIER
ZEPBOUND
ZETONNA
zileuton er
ZIPSOR
ZITUVIMET
ZITUVIMET XR
ZITUVIO
ZOCOR
ZOKINVY
zolpidem cap 7.5mg
ZOMACTON
ZORTRESS
ZORVOLEX
ZTLIDO
ZUPLENZ
ZYMFENTRA
ZYPITAMAG
ZYTIGA

2026 PHARMACY BENEFIT CHANGE HIGHLIGHTS

FEDERAL EMPLOYEE

FEP BLUE BASIC

We have updated the coinsurance to 35% for Preferred brand name, Preferred specialty and Non-preferred specialty prescription drugs.

FEP BLUE STANDARD

We have updated the coinsurance to 15% for Preferred brand name and 20% for Non-preferred brand name prescription drugs obtained via the Mail Service Pharmacy.

POSTAL SERVICE

FEP BLUE BASIC

We have updated the coinsurance to 35% for Preferred brand name, Preferred specialty and Non-preferred specialty prescription drugs.

FEP BLUE STANDARD

We have updated the copay to $140 for Preferred brand name and $175 for Non-preferred brand name prescription drugs obtained via the Mail Service Pharmacy.

We have updated the copay to $100 for a 30-day supply of Preferred specialty drugs and $135 for a 30-day supply of Non-preferred specialty drugs. This cost share is applicable when dispensed through the specialty pharmacy program.

This is not a full list of benefit changes. To see a full list, visit fepblue.org/brochure to download the Plan's Federal Employees Health Benefits Program brochures (FEP Blue Standard® and FEP Blue Basic®: RI 71-005; FEP Blue Focus®: RI 71-017) and the Postal Service Health Benefits Program brochures (FEP Blue Standard® and FEP Blue Basic®: RI 71-020; FEP Blue Focus®: RI 71-025).

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.

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

This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. For a full description of benefits, please read the Federal brochures (Federal Employees Health Benefits Program (FEHBP): FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017; Postal Service Health Benefits Program (PSHBP): FEP Blue Standard and FEP Blue Basic: RI 71-020; FEP Blue Focus RI 71-025). All benefits are subject to the definitions, limitations and exclusions set forth in the brochures.

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

BlueCross
BlueShield
Federal Employee Program

RXABRFRM2026