

2024 ACCESS PREFERRED DRUG LIST

The following **Preferred Drug List** is an abbreviated version of commonly prescribed medications. This list is intended to be a guide and prescribers should still use generics when possible. Drugs listed in proper case are Brand Drugs. Generic products are listed in lowercase letters.



Accu-Chek Guide	Asmanex (120 metered Doses)	Bd Safetyglide Syringe/Needle	Carefine Pen Needles
acetaminophen-codeine	Asmanex (14 Metered Doses)	benazepril hcl	Careone Insulin Syringe
Actemra	Asmanex (30 Metered Doses)	Benlysta	Carepoint Syringe Luer Lock
Actemra Actpen	Asmanex (60 Metered Doses)	benzonatate	Caretouch Insulin Syringe
acyclovir	Asmanex (7 metered Doses)	betamethasone dipropionate	Caretouch Luer Lock Syr/Needle
Adacel	Asmanex Hfa	Biktarvy	Caretouch Pen Needles
Adthyza	atenolol	bimatoprost	carisoprodol
Advocate Insulin Syringe	atenolol-chlorthalidone	bisoprolol fumarate	carvedilol
Afluria Quadrivalent	atomoxetine hcl	bisoprolol-hydrochlorothiazide	cataflam
Aimovig	atorvastatin calcium	blisovi fe 1/20	cefdinir
Ajovy	Aum Mini Insulin Pen Needle	Boostrix	cefuroxime axetil
ala-cort	Aum Pen Needle	Botox	celecoxib
albuterol sulfate	aurovela fe 1/20	breyna	cephalexin
albuterol sulfate hfa	avidoxy	Breztri Aerosphere	chlorthalidone
alendronate sodium	avita	Brilinta	ciclodan
alfuzosin hcl er	azathioprine	brimonidine tartrate	ciclopirox
allopurinol	azelaic acid	brimonidine tartrate-timolol	ciprofloxacin hcl
alprazolam	azelastine hcl	budesonide	ciprofloxacin-dexamethasone
Alrex	azelastine-fluticasone	budesonide-formoterol fumarate	citalopram hydrobromide
amitriptyline hcl	azithromycin	bumetanide	clarithromycin
amlodipine besy-benazepril hcl	baclofen	buprenorphine hcl	Clenpiq
amlodipine besylate	Baqsimi One Pack	buprenorphine hcl-naloxone hcl	clindamycin hcl
amoxicillin	Baqsimi Two Pack	bupropion hcl	clindamycin phos-benzoyl perox
amoxicillin-pot clavulanate	Bd Eclipse Syringe	bupropion hcl er (sr)	clindamycin phosphate
amphetamine-dextroamphet er	Bd Eclipse Syringe/Needle	bupropion hcl er (xl)	clobetasol propionate
amphetamine-dextroamphetamine	Bd Insulin Syr Ultrafine li	buspirone hcl	clonazepam
anastrozole	Bd Insulin Syringe Half-Unit	butalbital-apap-caffeine	clonidine hcl
Anoro Ellipta	Bd Insulin Syringe U/F	Bydureon	clopidogrel bisulfate
Aq Insulin Syringe	Bd Insulin Syringe U/F 1/2unit	Bydureon Bcise	clotrimazole
aripiprazole	Bd Integra Syringe	cabergoline	clotrimazole-betamethasone
armodafinil	Bd Luer-Lok Syringe	calcitriol	colchicine
Armour Thyroid	Bd Safetyglide Insulin Syringe	Caplyta	colesevelam hcl
Arnuity Ellipta		carbidopa-levodopa	colestipol hcl

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

Combipatch	dexlansoprazole	Elite-Thin Insulin Syringe	finasteride
Combivent Respimat	dexmethylphenidate hcl	Elmiron	flecainide acetate
Comfort Assist Insulin Syringe	dexmethylphenidate hcl er	Emgality	Fluad Quadrivalent
Comfort Ez Insulin Syringe	diazepam	Emgality (300 mg Dose)	Fluarix Quadrivalent
Comfort Ez Pen Needles	diclofenac potassium	emtricitabine-tenofovir df	Flublok Quadrivalent
Comfort Touch Insulin Pen Need	diclofenac sodium	enalapril maleate	Flucelvax Quadrivalent
Corlanor	dicyclomine hcl	Enbrel	fluconazole
Creon	diphenoxylate-atropine	Enbrel Mini	fludrocortisone acetate
Cuvitru	divalproex sodium	Enbrel Sureclick	Flulaval Quadrivalent
cyanocobalamin	divalproex sodium er	endocet	fluocinonide
cyclobenzaprine hcl	dodex	Enlite Glucose Sensor	fluorometholone
cyclosporine	dorzolamide hcl-timolol mal	Entresto	fluorouracil
cyproheptadine hcl	Dovato	epinephrine	fluoxetine hcl
decadron	doxazosin mesylate	EqI Insulin Syringe	fluticasone-salmeterol
depo-testosterone	doxepin hcl	ergocalciferol	Fluzone High-Dose
Descovy	doxycycline hyclate	erythromycin	Fluzone High-Dose Quadrivalent
desmopressin acetate	doxycycline monohydrate	escitalopram oxalate	Fluzone Quadrivalent
desonide	Droplet Insulin Syringe	esomeprazole magnesium	folic acid
desvenlafaxine succinate er	Droplet Micron	estarylla	Freestyle Libre 14 day Reader
dexamethasone	Droplet Pen Needles	estradiol	Freestyle Libre 14 day Sensor
Dexcom G4 plat Ped Rcv/Share	Dropsafe Safety Syringe/Needle	Estring	Freestyle Libre 2 Reader
Dexcom G4 plat Ped Receiver	Dulera	eszopiclone	Freestyle Libre 2 Sensor
Dexcom G4 platinum Rcv/Share	duloxetine hcl	etodolac	Freestyle Libre 3 Plus Sensor
Dexcom G4 platinum Receiver	Dupixent	euthyrox	Freestyle Libre 3 Reader
Dexcom G5 mob/G4 plat Sensor	Easy Comfort Insulin Syringe	Eversense E3 sensor/Holder	Freestyle Libre 3 Sensor
Dexcom G5 mobile Receiver	Easy Touch Fliplock Insulin Sy	Eversense Sensor/Holder	Freestyle Libre Reader
Dexcom G5 receiver Kit	Easy Touch Fliplock Safety Syr	Exel Comfort Point Insulin Syr	Freestyle Libre Sensor System
Dexcom G6 receiver	Easy Touch Insulin Safety Syr	ezetimibe	Freestyle Precision Ins Syr
Dexcom G6 sensor	Easy Touch Insulin Syringe	famotidine	furosemide
Dexcom G6 transmitter	Easy Touch Pen Needles	Farxiga	gabapentin
Dexcom G7 receiver	Easy Touch Safety Syringe	femynor	gemfibrozil
Dexcom G7 sensor	Easy Touch Sheathlock Syringe	fenofibrate	Genotropin
	Easy Touch Safety Syringe	fenofibric acid	Genotropin Miniquick
	eletriptan hydrobromide	Fetzima	gentamicin sulfates
	Eliquis	Fifty50 Superior Comfort Syr	Genvoya

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

glimepiride	Humalog Kwikpen	Insulin Lispro	levetiracetam
glipizide	Humalog Mix 50/50	Insulin Lispro (1 unit Dial)	levofloxacin
glipizide er	Humalog Mix 50/50 Kwikpen	Insulin Lispro Junior Kwikpen	levo-t
glipizide xl	Humalog Mix 75/25	Insulin Lispro Prot & Lispro	levothyroxine sodium
Global Easy Glide Insulin Syr	Humalog Mix 75/25 Kwikpen	Insulin Syringe	levoxyl
Global Inject Ease Insulin Syr	Humalog Tempo Pen	Insulin Syringe-Needle U-100	lidocaine viscous hcl
Global Insulin Syringes	Humulin 70/30	ipratropium bromide	Linzess
Glucopro Insulin Syringe	Humulin 70/30 Kwikpen	ipratropium-albuterol	liothyronine sodium
glyburide	Humulin N	irbesartan	lisinopril
glycopyrrolate	Humulin N Kwikpen	irbesartan-hydrochlorothiazide	lisinopril-hydrochlorothiazide
Glyxambi	Humulin R	isosorbide mononitrate er	Litetouch Insulin Syringe
Gnp Insulin Syringe	Humulin R U-500 (concentrated)	jantoven	Livalo
Gnp Insulin Syringes	Humulin R U-500 Kwikpen	Janumet	Lo Loestrin Fe
Gnp Insulin Syringes 30Gx5/16"	hydralazine hcl	Janumet Xr	loestrin fe 1/20
Gnp Insulin Syringes 31Gx5/16"	hydrochlorothiazide	Januvia	lorazepam
Gnp Ultra Com Insulin Syringe	hydrocodone-acetaminophen	Jardiance	lorcet hd
guanfacine hcl	hydrocortisone	junel fe 1/20	losartan potassium
guanfacine hcl er	hydromorphone hcl	Kesimpta	losartan potassium-hctz
Guardian 4 Glucose Sensor	hydroxychloroquine sulfate	ketoconazole	loteprednol etabonate
Guardian Real-Time Replace Ped	hydroxyzine hcl	ketorolac tromethamine	lovastatin
Guardian Real-Time Replacement	hydroxyzine pamoate	Kinray Insulin Syringe	Luer Lock Safety Syringes
Guardian Sensor (3)	hyoscyamine sulfate	klor-con 10	Lumigan
Guardian Sensor 3	ibu	klor-con m20	lymepak
Gvoke Hypopen 1-Pack	ibuprofen	klor-con sprinkle	Magellan Insulin Safety Syr
Gvoke Hypopen 2-Pack	icosapent ethyl	Kroger Insulin Syringe	meclizine hcl
Hadlima	imiquimod	labetalol hcl	Medic Insulin Syringe
Hadlima Pushtouch	Incruse Ellipta	lamotrigine	medroxyprogesterone acetate
hailey fe 1/20	indomethacin	lansoprazole	meloxicam
Healthwise Insulin Syr/Needle	Insulin Aspart	Lantus	mesalamine
Hizentra	Insulin Aspart Flexpen	Lantus Solostar	metaxalone
Hm Ulticare Insulin Syringe	Insulin Aspart Penfill	larin fe 1/20	metformin hcl
Humalog	Insulin Aspart Prot & Aspart	latanoprost	metformin hcl er
Humalog Junior Kwikpen	Insulin Glargine	Leader Insulin Syringe	methimazole
	Insulin Glargine Solostar	leflunomide	methocarbamol
	Insulin Glargine-Yfgn	letrozole	methotrexate sodium

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

methylphenidate hcl	naltrexone hcl	ondansetron	prasugrel hcl
Methylphenidate Hcl Er	naproxen	ondansetron hcl	pravastatin sodium
methylphenidate hcl er (cd)	Nature-Throid	Onetouch Ultra	prazosin hcl
methylphenidate hcl er (la)	nebivolol hcl	Onetouch Ultra Test	Precision Sure-Dose Syringe
methylphenidate hcl er (osm)	neomycin-polymyxin-dexameth	Onetouch Verio	prednisolone
methylprednisolone	neomycin-polymyxin-hc	Orilissa	prednisolone sodium phosphate
metoclopramide hcl	nifedipine er	oscimin	prednisone
metoprolol succinate er	nifedipine er osmotic release	oseltamivir phosphate	Preferred Plus Insulin Syringe
metoprolol tartrate	nitrofurantoin monohydrate macro	Otezla	pregabalin
metronidazole	nitroglycerin	oxcarbazepine	Premarin
microgestin fe 1/20	Niva Thyroid	oxybutynin chloride	Premphase
mili	norelgestromin-eth estradiol	oxybutynin chloride er	Prempro
minocycline hcl	norethin ace-eth estrad-fe	oxycodone hcl	previfem
mirtazapine	norethindrone acetate	oxycodone-acetaminophen	Pro Comfort Insulin Syringe
Mm Insulin Syringe/Needle	norgestimate-eth estradiol	Oxycontin	prochlorperazine maleate
modafinil	norgestim-eth estrad triphasic	Ozempic (0.25 Or 0.5 Mg/Dose)	Prodigy Insulin Syringe
mometasone furoate	nortriptyline hcl	Ozempic (1 mg/Dose)	progesterone
mondoxynol	Novotwist Pen Needle	Ozempic (2 mg/Dose)	promethazine hcl
Monoject Insulin Syringe	Np Thyroid	paliperidone er	promethazine-codeine
Monoject Syringe	Nurtec	pantoprazole sodium	promethazine-dm
Monoject Ultra Comfort Syringe	nymyo	paroxetine hcl	propranolol hcl
mono-lynyah	nystatin	Pen Needles	propranolol hcl er
montelukast sodium	Odefsey	penicillin v potassium	Pulmicort Flexhaler
morgidox	ofloxacin	permethrin	Pulmozyme
morphine sulfate er	olanzapine	phenazo	Pure Comfort Pen Needle
Mounjaro	olmesartan medoxomil	phenazopyridine hcl	Qnasl
moxifloxacin hcl	olmesartan medoxomil-hctz	phentermine hcl	Qnasl Childrens
Ms Insulin Syringe	omega-3-acid ethyl esters	pimecrolimus	quetiapine fumarate
mupirocin	omeprazole	pioglitazone hcl	Qulipta
mycophenolate mofetil	Omnipod 5 G6 pods (gen 5)	Pneumovax 23	Qvar Redihaler
Mydayis	Omnipod 5 G7 pods (gen 5)	polymyxin b-trimethoprim	Ra Insulin Syringe
Myrbetriq	Omnipod Classic Pods (gen 3)	potassium chloride crys er	rabeprazole sodium
na sulfate-k sulfate-mg sulf	Omnipod Dash Pods (gen 4)	potassium chloride er	ramipril
nabumetone	Omnitrope	potassium citrate er	ranolazine er
naloxone hcl		pramipexole dihydrochloride	relafen

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

Relion Insulin Syringe	Stiolto Respimat	topiramate	Ultilet Insulin Syringe
Repatha	subvenite	torseamide	Ultilet Insulin Syringe Short
Repatha Pushtronex System	sucralfate	Toujeo Max Solostar	Ultra Comfort Insulin Syringe
Repatha Sureclick	sulfamethoxazole- trimethoprim	Toujeo Solostar	Ultra Flo Insulin Syr 1/2 Unit
Rezvoglar Kwikpen	sulfasalazine	Tradjenta	Ultra Flo Insulin Syringe
Rinvoq	sumatriptan succinate	tramadol hcl	Ultracare Insulin Syringe
risperidone	Sunosi	tranexamic acid	Ultracare Pen Needles
rizatriptan benzoate	Suprep Bowel Prep Kit	trazodone hcl	Ultra-Thin II Ins Syr Short
ropinirole hcl	Sure Comfort Insulin Syringe	Trelegy Ellipta	unithroid
rosadan	Sure-Ject Insulin Syringe	tretinoin	valacyclovir hcl
rosuvastatin calcium	symax-sl	tri femynor	valsartan
roweepra	Synjardy	triamcinolone acetonide	valsartan- hydrochlorothiazide
Rybelsus	Synjardy Xr	triamterene-hctz	vanadom
Safesnap Insulin Syringe	Syringe	triazolam	Vanishpoint Insulin Syringe
Safesnap Syringe	Syringe Luer Lock	triderm	Vanishpoint Safety Syringe
Safety Insulin Syringes	tacrolimus	tri-estarylla	Vanishpoint Syringe
Santyl	tadalafil	Trijardy Xr	varenicline tartrate
Savella	Taltz	Trikafta	varenicline tartrate(continue)
Sb Insulin Syringe	tamoxifen citrate	tri-linyah	Vascepa
scopolamine	tamsulosin hcl	tri-mili	venlafaxine hcl
sertraline hcl	tarina fe 1/20	tri-nymyo	venlafaxine hcl er
Shingrix	tarina fe 1/20 eq	tri-previfem	Verifine Insulin Syringe
sildenafil citrate	Techlite Insulin Syringe	tri-sprintec	Viberzi
simvastatin	telmisartan	Triumeq	vilazodone hcl
Sof-Sensor	temazepam	tri-vylibra	vitamin d (ergocalciferol)
solifenacin succinate	terbinafine hcl	True Comfort Insulin Syringe	vylibra
Soliqua	testosterone	True Comfort Pro Insulin Syr	warfarin sodium
sorine	testosterone cypionate	True Comfort Pro Pen Needles	Westhroid
sotalol hcl	Thyroid	Trueplus Insulin Syringe	wixela inhub
Spiriva Handihaler	timolol maleate	Trulance	Xarelto
Spiriva Respimat	tizanidine hcl	Trulicity	Xeljanz
spironolactone	tobramycin	Ubrelyv	Xeljanz Xr
sprintec 28	tobramycin-dexamethasone	Ulticare Insulin Syr 1/2 Unit	Xifaxan
Steglatro	tolterodine tartrate er	Ulticare Insulin Syringe	Xigduo Xr
Steglujan	Topcare Ultra Comfort Ins Syr	Ultiguard Safepack Syr/Needle	Xolair

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

xulane
Yusimry

zafemy
Zenpep

Zevrx Insulin Syringe
zolpidem tartrate

zolpidem tartrate er
zonisamide

Examples of Non-Preferred Medications with Selected Preferred Alternatives

The following is a list of non-preferred brand-name medications with examples of select alternatives that are preferred. Column 1 lists examples of non-preferred medications. Column 2 lists some preferred alternatives that can be prescribed which may result in a lower copay. This list is not all inclusive and subject to change.

Non-Preferred Medications	Preferred Formulary Alternative(s)
ABRAXANE	paclitaxel protein-bound
ABSORICA	amnesteem, claravis, myorisan, zenatane
ACCURETIC	Generic quinapril and hydrochlorothiazide as separate products
ADAGEN	REVCOVI
ADVAIR DISKUS	wixela, BREO ELLIPTA, budesonide-formoterol fumarate, fluticasone-salmeterol powder
AKYNZEO (CAPSULE)	granisetron, ondansetron, aprepitant, VARUBI TABLETS
ALVESCO	ARNUIITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
AMITIZA	LINZESS, TRULANCE
AMJEVITA	ENBREL, RINVOQ, STELARA, XELJANZ IR/XR, YUSIMRY, HADLIMA, OTEZLA
AMPYRA	generic dalfampridine
AMZEEQ	topical adapalene, azelaic acid, benzoyl peroxide, clindamycin
APIDRA	HUMALOG, INSULIN LISPRO, INSULIN ASPART
APRISO	Generic mesalamine capsules
ARCAPTA NEOHALER	SEREVENT DISKUS, STRIVERDI RESPIMAT
ARMOUR THYROID	LEVOTHYROXINE SODIUM, NP THYROID, generic thyroid tablets
ARZERRA	IMBRUVICA, VENCLEXTA
ATROVENT HFA	ipratropium bromide (inhalation solution), INCRUSE ELLIPTA, SPIRIVA
BASAGLAR	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BEPREVE	Generic bepotastine drops
BETHKIS	Generic tobramycin inhalation solution
BRAVELLE	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
BREEZE, CONTOUR METERS/STRIPS	ACCU-CHEK or ONETOUCH brand blood glucose testing supplies
BUTRANS	buprenorphine (patch), BELBUCA
BYVALSON	valsartan, BYSTOLIC, atenolol, bisoprolol, carvedilol ER, metoprolol succinate, propranolol ER
CIMZIA	ENBREL, RINVOQ, STELARA, XELJANZ IR/XR, YUSIMRY, HADLIMA, OTEZLA
CIPRODEX	Generic Ciprofloxacin Hydrochloride - Dexamethasone otic suspension
COMPLERA	ODEFSEY
CONTRAVE	BELVIQ, BELVIQ XR, QSYMIA, WEGOVY
COPAXONE	generic glatiramer, generic glatopa
COSENTYX	ENBREL, RINVOQ, STELARA, XELJANZ IR/XR, YUSIMRY, HADLIMA, OTEZLA
CRINONE	ENDOMETRIN
DAKLINZA	MAVYRET, ZEPATIER
DAYTRANA	generic methylphenidate patches
DHIVY	Carbidopa-levodopa
DYMISTA	Generic azelastine hydrochloride and fluticasone propionate spray
EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan
EMTRIVA 200MG	Generic emtricitabine
EPCLUSA	MAVYRET, ZEPATIER
EPOGEN	ARANESP, PROCRIT

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

ESBRIET	pirfenidone tablets, OFEV
FIASP	HUMALOG, INSULIN LISPRO, INSULIN ASPART
FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
FORTESTA	ANDROGEL 1.62%,
FREESTYLE METERS/STRIPS	ACCU-CHEK GUIDE or ONETOUCH brand blood glucose testing supplies
FULPHILA	NEULASTA, UDENYCA
GELNIQUE	MYRBETRIQ, TOVIAZ, VESICARE
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GENVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
GILENYA	generic fingolimod
GLUCAGEN 1MG EMERGENCY KIT	Baqsimi, Glucagon emergency kit (by Eli Lilly), Gvoke
GLUCAGEN 1MG HYPOKIT	Baqsimi, Glucagon emergency kit (by Eli Lilly), Gvoke
GRALISE	gabapentin, pregabalin
HARVONI	MAVYRET, ZEPATIER
HEXALEN	No Alternatives Recommended
HUMATROPE	OMNITROPE, GENOTROPIN
HUMIRA	ENBREL, RINVOO, STELARA, XELJANZ IR/XR, YUSIMRY, HADLIMA, OTEZLA
INVOKANA/INVOKAMET	FARXIGA/XIGDUO, JARDIANCE/SYNDARDY
IVERMECTIN	Generic ivermectin (generically named brand products excluded)
IXINITY	ALPROLIX
JADENU	deferasirox
KADIAN	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
KALETRA	Generic lopinavir/ritonavir tablet or solution
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KOATE/KOATE DVI	ELOCTATE
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KUVAN	Generic sapropterin dihydrochloride
LARTRUVO	No Alternatives Recommended
LEDIPASVIR-SOFOSBUVIR	MAVYRET, ZEPATIER
LEVEMIR	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
LEVITRA	CIALIS, sildenafil
LIPOFEN	fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid
LOESTRIN FE	junel fe
MIACALCIN	Generic calcitonin spray or injection
MIRCERA	ARANESP, PROCRIT
MITIGARE	allopurinol, ULORIC
MOXEZA	ciprofloxacin (eye drops), gatifloxacin, levofloxacin (drops), moxifloxacin (drops), ofloxacin (eye drops)
MULPLETA	DOPTELET
NATESTO	ANDROGEL 1.62%,
NESINA	JANUVIA, TRADJENTA
NEVANAC	bromfenac, diclofenac sodium, ketorolac, ILEVRO, PROLENSA
NORDITROPIN	GENOTROPIN, OMNITROPE
NOVOLOG (BRAND)	HUMALOG, INSULIN LISPRO, INSULIN ASPART
NOVOSEVEN	FEIBA
NUTROPIN AQ	OMNITROPE, GENOTROPIN
NUVIQ	ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT
OLYSIO	MAVYRET, ZEPATIER
OMNARIS	budesonide, fluticasone, fluticasone, mometasone, QNASL
ONGLYZA	JANUVIA, TRADJENTA
ORACEA	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

ORENCIA (IV & SC)	ENBREL, RINVOQ, STELARA, XELJANZ IR/XR, YUSIMRY, HADLIMA, OTEZLA
ORFADIN	NITYR
OTOVEL	ciprofloxacin-dexamethasone
OXTELLAR XR	generic oxcarbazepine
PENTASA 500MG	Generic mesalamine capsules
PERTZYE	CREON, ZENPEP
PRALUENT	REPATHA, generic statins (atorvastatin, rosuvastatin)
PRECISION XTRA	ACCU-CHEK GUIDE or ONETOUCH brand blood glucose testing supplies
PROAIR HFA	albuterol HFA
QBREXZA	OTC aluminum chloride containing products
QUDEXY XR	topiramate
QUILLICHEW ER	Extended release generic methylphenidate, extended release generic mixed amphetamine salts, extended release generic dexmethylphenidate, generic lisdexamfetamine
QUILLIVANT XR	Extended release generic methylphenidate, extended release generic mixed amphetamine salts, extended release generic dexmethylphenidate, generic lisdexamfetamine
RASUVO	generic methotrexate tablets or injectable
RAVICTI	Generic buphenyl
REMICADE (INFUSION CARE PATH)	AVSOLA or INFLECTRA (Infusion Care Path)
RENFLEXIS (INFUSION CARE PATH)	AVSOLA or INFLECTRA (Infusion Care Path)
RESTASIS	Generic cyclosporine ocular drops
REXULTI	generic lurasidone
RITUXAN	RUXIENCE
RIXUBIS	Alprolix
SAPHRIS	aripiprazole, paliperidone, quetiapine, ziprasidone
SAXENDA	generic phentermine (*weight loss), topiramate, naltrexone, bupropion
SELZENTRY 150MG & 300MG	Generic maraviroc
SEMGLEE-YFGN	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
SIMPONI 50MG/0.5ML	SIMPONI 100MG/ML
SINEMET	carbidopa-levodopa
SKLICE	Generic ivermectin or over the counter lice products
SOFOSBUVIR-VELPATASVIR	MAVYRET, ZEPATIER
SOGROYA	GENOTROPIN, OMNITROPE
SOVALDI	MAVYRET, ZEPATIER
SYMBICORT	Budesonide / Formoterol HFA, WIXELA, Fluticasone Propionate/Salmeterol Diskus, Advair HFA, Breo Ellipta
TARGRETIN	Generic bexarotene capsules
TAYTULLA	Tarina FE, Taysofy, generic oral contraceptive products
TAZORAC	tazarotene 0.1% cream, tretinoin
TECFIDERA	Generic dimethyl fumarate
TECHNIVIE	MAVYRET, ZEPATIER
TRESIBA	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
TREXIMET	sumatriptan and naproxen sodium
TRINTELLIX	generic vilazodone, generic citalopram, generic venlafaxine, generic bupropion
TRUVADA	Generic emtricitabine/tenofovir disoproxil fumarate
TYBLUME	Generic oral contraceptive products
TYKERB	Generic lapatinib ditosylate tablets
VENTOLIN HFA	albuterol HFA
VOSEVI	MAVYRET, ZEPATIER
VRAYLAR	generic lurasidone
VUMERITY	Generic dimethyl fumarate
VYVANSE	Generic Lisdexamfetamine

©MedOne Pharmacy Benefit Solutions, 2024. Access Preferred Drug List. Effective 1/1/2024; Updated 7/3/2024

This document is for informational use only and does not guarantee coverage, lack of coverage, or coverage requirements for any specific drug therapy. Information within this document is subject to change. Additional plan limitations and requirements may apply. If you have questions regarding the medications covered under your prescription drug benefit, please call MedOne Pharmacy Benefit Solutions at 1-888-884-6331.

ZEGALOGUE	Baqsimi, Glucagon emergency kit (by Eli Lilly), Gvoke
ZIOPTAN	Generic tafluprost ophthalmic solution
ZOMACTON	OMNITROPE, GENOTROPIN