

2026 PERFORMANCE 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 and generic products are listed in lowercase letters.

acetaminophen-codeineacyclovir	chlorthalidone	fenofibrate	lisdexamfetamine dimesylate
albuterol sulfate	ciprofloxacin hcl	fluconazole	lisinopril
albuterol sulfate hfa	citalopram hydrobromide	fluoxetine hcl	lisinopril-hydrochlorothiazide
allopurinol	clindamycin hcl	fluticasone propionate	lorazepam
alprazolam	clindamycin phos (twice-daily)	fluticasone-salmeterol	losartan potassium
amitriptyline hcl	clindamycin phosphate	folic acid	losartan potassium-hctz
amlodipine besylate	clobetasol propionate	Freestyle Libre 2 Sensor	meclizine hcl
amoxicillin	clonazepam	Freestyle Libre 3 Plus Sensor	medroxyprogesterone acetate
amoxicillin-pot clavulanate	clonidine hcl	Freestyle Libre 3 Sensor	meloxicam
amphetamine-dextroamphet er	clopidogrel bisulfate	furosemide	metformin hcl
amphetamine-dextroamphetamine	colchicine	gabapentin	metformin hcl er
anastrozole	cyanocobalamin	glimepiride	methocarbamol
aripiprazole	cyclobenzaprine hcl	glipizide	methotrexate sodium
aspirin low dose	desvenlafaxine succinate er	glipizide er	methylphenidate hcl
atenolol	dexamethasone	guanfacine hcl er	methylphenidate hcl er (osm)
atomoxetine hcl	dexmethylphenidate hcl er	hydrochlorothiazide	methylprednisolone
atorvastatin calcium	diazepam	hydrocodone-acetaminophen	metoprolol succinate er
azelastine hcl	diclofenac sodium	hydrocortisone	metoprolol tartrate
azithromycin	dicyclomine hcl	hydroxychloroquine sulfate	metronidazole
baclofen	doxycycline hyclate	hydroxyzine hcl	minoxidil
benzonatate	doxycycline monohydrate	hydroxyzine pamoate	mirtazapine
budesonide-formoterol fumarate	drospirenone-ethinyl estradiol	ibuprofen	montelukast sodium
buprenorphine hcl-naloxone hcl	duloxetine hcl	ipratropium-albuterol	Mounjaro
bupropion hcl er (sr)	Elquis	irbesartan	mupirocin
bupropion hcl er (xl)	enalapril maleate	Jardiance	na sulfate-k sulfate-mg sulf
buspirone hcl	Entresto	ketoconazole	naloxone hcl
butalbital-apap-caffeine	Entresto	ketorolac tromethamine	naltrexone hcl
carvedilol	epinephrine	lamotrigine	naproxen
cefdinir	escitalopram oxalate	Lantus Solostar	nebivolol hcl
celecoxib	esomeprazole magnesium	latanoprost	nicotine
cephalexin	estradiol	levetiracetam	nitrofurantoin monohyd macro
chlorhexidine gluconate	eszopiclone	levocetirizine dihydrochloride	norethindrone
	ezetimibe	levothyroxine sodium	Np Thyroid
	famotidine	lidocaine	nystatin
	Farxiga	liothyronine sodium	ofloxacin

olmesartan medoxomil	pregabalin	tamsulosin hcl	Zepbound
omeprazole	progesterone	terbinafine hcl	
ondansetron	promethazine hcl	testosterone cypionate	
ondansetron hcl	promethazine-dm	tizanidine hcl	
oseltamivir phosphate	propranolol hcl	topiramate	
oxybutynin chloride er	propranolol hcl er	tramadol hcl	
oxycodone hcl	pseudoeph-bromphen-dm	trazodone hcl	
oxycodone-acetaminophen	quetiapine fumarate	Trelegy Ellipta	
Ozempic (0.25 Or 0.5 Mg/Dose)	rizatriptan benzoate	tretinoin	
Ozempic (1 Mg/Dose)	ropinirole hcl	triamcinolone acetonide	
Ozempic (2 Mg/Dose)	rosuvastatin calcium	triamterene-hctz	
pantoprazole sodium	Rybelsus	Trulicity	
paroxetine hcl	sertraline hcl	valacyclovir hcl	
phenobarbital	sildenafil citrate	valsartan	
pioglitazone hcl	simvastatin	venlafaxine hcl er	
potassium chloride crys er	spironolactone	vitamin d (ergocalciferol)	
potassium chloride er	sprintec 28	Wegovy	
pravastatin sodium	sucralfate	Xarelto	
prazosin hcl	sulfamethoxazole- trimethoprim	Zepbound	
prednisolone acetate	sumatriptan succinate	zolpidem tartrate	
prednisone	tadalafil		

Excluded Medications with Covered Preferred Alternatives

The following is a list of excluded medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of excluded medications. Column 2 lists some alternatives that can be prescribed. This list is not all inclusive and subject to change.

Excluded Medications	Formulary Alternative (s)
ABILIFY MYCITE	aripiprazole, INVEGA SUSTENNA, ARISTADA, ABILIFY MAINTENA
ACANYA	topical clindamycin & benzoyl peroxide as separate products used together
ACCURETIC	Generic quinapril and hydrochlorothiazide as separate products
ACIPHEX SPRINKLE	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM Packets
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO
ADBRY	Cibinqo, Dupixent, Rinvoq
ADDERALL XR	amphetamine-dextroamphetamine salts, methylphenidate, dexamethylphenidate
ADVAIR DISKUS	Budesonide / Formoterol HFA, Wixela, Fluticasone Propionate/Salmeterol Diskus, Advair HFA, Breo Ellipta
ADZENYS XR-ODT	lisdexamfetamine, amphetamine/dextroamphetamine ER, atomoxetine
AFINITOR	everolimus
AIRDUO RESPICLICK	ADVAIR HFA, BREO ELLIPTA
AJOVY	AIMOVIG, EMGALITY
AKYNZEO	fosaprepitant, aprepitant, Varubi
AKYNZEO (capsule)	granisetron, ondansetron, aprepitant, VARUBI TABLETS
ALIMTA	pemetrexed
ALLOPURINOL 200MG TAB	Generic allopurinol 100mg
ALPHAGAN P	generic Brimonidine tartrate
ALTOPREV	atorvastatin, lovastatin, rosuvastatin, simvastatin
ALVESCO	ARNUITY ELLIPTA, PULMICORT FLEXHALAR, QVAR
AMBIEN	zolpidem
AMBIEN CR	zolpidem ER
AMILORIDE-HYDROCHLOROTHIAZIDE	AMILoride, HydroCHLORothiazide as separate products used together
AMJEVITA	ENBREL, RINVOQ, XELJANZ IR/XR, YUSIMRY, OTEZLA
AMRIX	cyclobenzaprine ER
ANDROGEL	generic topical testosterone gel
ANTARA	fenofibrate, fenofibric acid
APIDRA	Humalog, Insulin Lispro, Insulin Aspart
APLENZIN	fluoxetine, paroxetine, citalopram, venlafaxine (ER), TRINTELLIX
APRISO	Generic mesalamine capsules
APTENSIO	Generic methylphenidate capsules
ARAZLO	tazarotene cream
ARGATROBAN	enoxaparin, warfarin, ELIQUIS, XARELTO
ARIXTRA	fondaparinux
ASMANEX	FLUTICASONE HFA
ASMANEX HFA	FLUTICASONE HFA
ATRALIN	topical tretinoin gel/cream
ATROPINE (Oph)	GENERIC ATROPINE 1% SOLUTION
AUBAGIO	generic teriflunomide
AUVELITY	Bupropion XL
AVEED	testosterone cypionate
AZASAN	azathioprine
BALCOLTRA	Aviane, Larissia, Lessina, Lo Loestrin Fe, Levonorgestrel-Eth Est, Natazia, Sronyx, Vienna
BANZEL	Multisource product, consider generic rufinamide

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

BASAGLAR	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
BASAGLAR KWIKPEN U-100	SEMGLEE, LANTUS, TOUJEO
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone
BEPREVE	Generic bepotastine drops
BERINERT	RUCONEST
BETHKIS	Generic tobramycin inhalation solution
BEVESPI	ANORO ELLIPTA
BIVALIRUDIN	enoxaparin, warfarin, ELIQUIS, XARELTO
BONJESTA	doxylamine-pyridoxine hcl
BRILINTA	Generic clopidogrel
BRIUMVI	generic dimethyl fumarate or glatiramer
BROVANA	STRIVERDI RESPIMAT
BUNAVAIL	generic buprenorphine-naloxone
BUPROPION XL 450 MG Tablet	bupropion xl 150 mg or 300 mg
BYSTOLIC	nebivolol
CABENUVA	emtricitabine and tenofovir disoproxil
CAMBIA	diclofenac
CARBATROL	carbamazepine ER
CEQUA	cyclosporine eye drops
CIALIS	sildenafil
CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
CIPRODEX	Generic Ciprofloxacin Hydrochloride - Dexamethasone otic suspension
CITALOPRAM 30 MG CAP	citalopram 10mg, 20mg, 40mg
CLINDAGEL	topical clindamycin gel
COMBIGAN	rimonidine/timolol ophthalmic solution
CONCERTA	generic methylphenidate extended release tabs/caps
CONDYLOX 0.5% GEL	imiquimod 5% cream, podofilox solution
CONJUPRI	amlodipine
CONTOUR METERS/STRIPS	ACCU-CHEK GUIDE blood glucose testing supplies
CONZIP	tramadol tablets, tramadol ER tablets
COPAXONE	generic glatiramer, generic Glatopa
COSENTYX	YUSIMRY, OTULFI
CRINONE	medroxyprogesterone acetate, megestrol acetate, norethindrone acetate, progesterone
CUPRIMINE	penicillamine
CYSTADANE	Multisource product, consider generic betaine
DAYTRANA	generic methylphenidate patches
DAYVIGO	Generic zolpidem, trazadone
DELZICOL	balsalazide disodium, mesalamine, sulfasalazine, PENTASA 250 MG
DEPAKOTE ER / DEPAKOTE	divalproex sodium ER / divalproex sodium
DEPAKOTE SPRINKLES	divalproex sodium delayed-release sprinkle capsule
DEXCOM G4/G5/G6/G7	FreeStyle Libre/FreeStyle Libre 2 Continuous Blood Glucose Monitoring System
DEXILANT	omeprazole, dextansoprazole
DHIVY	Carbidopa-levodopa
DICLOFENAC 2% SOLUTION	Generic topical diclofenac gel
DICLOFENAC PATCHES	Generic topical diclofenac gel
DICLONA GEL	Generic topical diclofenac gel
DIPENTUM	balsalazide disodium, mesalamine, sulfasalazine, PENTASA 250 MG
DIVIGEL	Estradiol gel
DORAL	lorazepam, midazolam, temazepam
DORYX MPC	doxycycline hyclate
DULERA	budesonide / formoterol

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

DURAGESIC	fentanyl
DUREZOL	difluprednate
DYANAVEL XR	Extended release generic methylphenidate, extended release generic mixed amphetamine salts, extended release generic dexamethylphenidate, generic lisdexamfetamine
DYMISTA	Generic azelastine hydrochloride and fluticasone propionate spray
ECOZA	econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate
ELEMAR PATCH	lidocaine 5% patch
ELEPSIA XR	levetiracetam
ELIDEL	pimecrolimus
ELMIRON	AMITRIPTYLINE, CIMETIDINE, HYDROXYZINE
EMEND (capsules & trifold pack)	Aprepitant, VARUBI TABLETS
EMTRIVA CAPSULES	Generic emtricitabine
ENTRESTO	sacubitril/valsartan
EPANED	enalapril
EPCLUSA	MAVYRET, ZEPATIER
EPOGEN	PROCRIT
EPSOLAY CREAM	OTC Benzoyl Peroxide Cream
EQUETRO	carbamazepine
ESBRIET	pirfenidone tablets, OFEV
ESOMEPRAZOLE STRONTIUM	esomeprazole magnesium
ESTRACE CREAM	Estradiol cream
ESTROGEL	Estradiol gel
ESTROSTEP FE	tri-igest fe, tilia fe
EVEKEO Tabs	Multisource product, consider generic amphetamine sulfate
EXJADE	deferasirox
EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON
FABIOR	tazarotene cream, tretinoin
FANAPT	aripiprazole, quetiapine, olanzapine, ziprasidone, REXULTI, VRAYLAR
FEMLYV	Generic norethindrone acet-ethinyl est
FENOFIBRATE (150 MG-, 50 MG, 30 MG, 90 MG)	fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid
FENTORA	fentanyl citrate lozenges
FERAHEME	Multisource product, consider generic ferumoxytol
FERRIPROX (Twice Daily Tablets)	Generic deferiprone tablets
FIASP	HUMALOG, INSULIN LISPRO, INSULIN ASPART
FIRVANQ	vancomycin hcl
FLECTOR PATCH	Diclofenac sodium topical
FLOVENT DISKUS/HFA	ARUNITY ELLIPTA, PULMICORT FLEXHALAR, QVAR
FLUDARABINE PHOSPHATE 25MG/ML	Generic Fludarabine Phosphate
FLUOROURACIL	Generic fluorouracil (generically named brand products excluded)
FLUTICASONE/SALMETEROL	ADVAIR HFA, BREO ELLIPTA, fluticasone/salmeterol (TEVA)
FOCALIN	dexamethylphenidate
FOCALIN XR	dexamethylphenidate ER
FOCALIN/FOCALIN XR	dexamethylphenidate ER
FORDAGEL KIT	OTC Icy Hot
FORFIVO XL 450 MG TABLET	bupropion xl 150 mg or 300 mg
FORTESTA	Testosterone 1.62% gel
FREESYLE, PRECISION METERS/STRIPS	ACCU-CHEK GUIDE brand blood glucose testing supplies
FUROSCIX	furosemide tablets
GANIRELIX ACETATE	CETROTIDE
GEL-ONE	EUFLEXXA, ORTHOVISC

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

GENERESS FE	kaitlib fe, layolis fe, norethin-eth estra ferrous fum
GENOTROPIN	NORDITROPIN, OMNITROPE
GENVISC 850	EUFLEXXA, ORTHOVISC
GEODON	ziprasidone
GILENYA	Generic fingolimod
GLYCERIN	Over the counter product
GRALISE	Immediate Release Gabapentin
GRANIX	ZARXIO, NIVESTYM
GVOKE	glucagon kit
HADLIMA	YUSIMRY, Adalimumab-adbm
HALOBETASOL PROP 0.05% FOAM	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
HERCEPTIN HYLECTA	KANJINTI
HERZUMA	KANJINTI
HETLIOZ	Generic tasimelteon capsules
HORIZANT	ZTLIDO
HUMATROPE	OMNITROPE
HUMIRA	ENBREL, RINVOQ, XELJANZ IR/XR, YUSIMRY, OTEZLA
HYALGAN	EUFLEXXA, ORTHOVISC
HYDROCORTISONE PRAMOXINE SUP	HC pramoxine cream
HYDROXYM GEL	2.5% hydrocortisone Cream
HYMOVIS	EUFLEXXA, ORTHOVISC
IBSRELA	OTC laxatives/stool softeners
IMPOYZ	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
IMUBOLIC	One-a-day immune support vitamins
INDERAL XL	propranolol hcl er
INNOPRAN XL	propranolol hcl er
INTRAROSA	estradiol, yuvafem, ESTRING, PREMARIN
INVEGA	paliperidone
INVOKANA/INVOKAMET	FARXIGA/XIGDUO, JARDIANCE/SYNDARDY
IVERMECTIN TOPICAL	Generic ivermectin (generically named brand products excluded)
JADENU	deferasirox
JADENU SPRINKLE	deferasirox
JATENZO	topical / injectable testosterone
JAYPIRCA	ibrutinib
KALETRA	Generic lopinavir/ritonavir tablet or solution
KERYDIN	tavaborole, ciclopirox, terbinafine
KINERET (EXCLUDED FOR RA)	ENBREL, RINVOQ, XELJANZ IR/XR, YUSIMRY, OTEZLA
KLONOPIN	Multisource product, consider generic clonazepam
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KUVAN	Generic sapropterin dihydrochloride
LASTACAPT	azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl,
LATUDA	generic lurasidone
LAZANDA	generic fentanyl products
LEVEMIR	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
LEXETTE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
LIALDA	mesalamine
LIKMEZ	metronidazole tablets
LIPITOR	atorvastatin
LIPOFEN	fenofibrate tablets, fenofibrate capsules (43 mg, 67 mg, 130 mg, 134 mg, 200 mg), fenofibric acid
LIVALO	pitavastatin

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

LO LOESTRINE / LO LOESTRINE FE	JUNEL FE 24
LOCROID/LOCROID LIPOCREAM	hydrocortisone cream
LOSEASONIQUE	amethia lo, camrese lo, levonorg-eth estrad eth estrad, lojaimiess
LOTRONEX	alosetron hcl
LOVAZA	Multisource product, consider generic omega-3 acid ethyl esters
LYBALVI	aripiprazole, paliperidone, quetiapine, ziprasidone
LYRICA	pregabalin
LYVISPAH	baclofen tablets
MESTINON	pyridostigmine bromide
METFORMIN 625MG	generic metformin extended release tablets (500mg)
METHOCARBAMOL 1000MG TABLET	methocarbamol 750mg tablet
MIACALCIN	Generic calcitonin spray or injection
MICONAZOLE-ZINC-PETRO 0.25-15%	miconazole, clotrimazole, ketoconazole, nystatin
MINIVELLE	estradiol
MINOLIRA	minocycline IR
MIRCERA	PROCRIT
MIRCETTE	azurette, bekylree, desogestr-eth estrad eth estro, kariva, pimtrea, simliya, viorele
MONOVISC	EUFLEXXA, GELSYN-3, DUROLANE
MOTEGRITY	Over-the-counter laxatives (saline, osmotic, stimulant), LINZESS
MOVANTIK	lubiprostone
MOVIPREP	suprep, Clenpiq, Prepopik,
MULPLETA	DOPTLET
MYDAYIS	amphetamine/dextroamphetamine ER
MYTESI	diphenoxylate w/atropine, loperamide hcl
NAMZARIC	Generic donepezil, memantine
NATESTO	Testosterone gel 1.62%
NEUPOGEN	ZARXIO
NEURONTIN	gabapentin
NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO
NEXIUM CAPSULES (RX)	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium
NEXOBRID	santyl
NEXTSTELLIS	ethinyl estradiol/norethindrone acetate
NGENLA	NORDITROPIN
NORITATE	metronidazole
NORPACE CAPSULE	Multisource product, consider generic disopyramide phosphate
NORPACE CR CAPSULE	amiodarone, quinidine sulfate
NOXAFIL DELAYED RELEASE	posaconazole
NUTROPIN AQ	NORDITROPIN, OMNITROPE
NUWIQ	ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT
OMNARIS	budesonide, flunisolide, fluticasone, mometasone
ONE TOUCH METERS/STRIPS	ACCU-CHEK GUIDE blood glucose testing supplies
ONFI	Multisource product, consider generic clobazam
ONGLYZA	JANUVIA, TRADJENTA
ONZETRA	Sumatriptan tablets, sumatriptan nasal spray (generic)
ORACEA	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole
ORENCIA (IV & SC)	ENBREL, RINVOQ, XELJANZ IR/XR, YUSIMRY, OTEZLA
OSMOPREP	SUPREP
OXISTAT 1% CREAM	Multisource product, consider generic oxiconazole nitrate
OXISTAT 1% LOTION	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
OZOBAX	baclofen tablets
PANCREAZE	CREON
PANDEL 0.1%	hydrocortisone cream 0.5%

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

PAXIL	PAROXETINE
PAXIL CR	PAROXETINE
PENNSAID	diclofenac sodium topical, FLECTOR PATCH
PENTASA 500 MG	Generic mesalamine capsules
PERCOCET	oxycodone/acetaminophen
PERFOROMIST	Multisource product, consider generic formoterol fumarate
PERTZYE	CREON, ZENPEP
PHEXXI	generic contraceptives
PLAQUENIL	HYDROXYCHLOROQUINE
PLEGRIDY	dimethyl fumarate, glatiramer, fingolimod
PRADAXA CAPSULES	XARELTO, ELIQUIS, warfarin
PRALUENT	REPATHA, generic statins (atorvastatin, rosuvastatin)
PRECISION XTRA	ACCU-CHEK GUIDE blood glucose testing supplies
PREGEN DHA	OTC prenatal
PREGENNA	prenatal plus, preplus
PREVACID SOLUTAB	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM Packets
PRILOSEC SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
PROAIR DIGIHALER	generic albuterol HFA inhalers (Manufacturers: Teva, Par, Perrigo, Lupin, Cipla, or Proficient)
PROAIR HFA/ PROAIR RESPICLICK	generic albuterol HFA inhalers (Manufacturers: Teva, Par, Perrigo, Lupin, Cipla, or Proficient)
PROCTOFOAM-HC	hc pramoxine, pramoxine hcl w/hydrocortisone
PROLENSA	Bromfenac eye drops
PROMETRIUM	PROGESTERONE
PROTONIX SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
PYRIDIUM	Multisource product, consider generic phenazopyridine hcl
QBRELIS	lisinopril
QBREXZA	OTC aluminum chloride containing products
QDOLO	tramadol tablets
QELBREE	ATOMOXETINE
QINLOCK	imatinib, SUTENT, STIVARGA, NEXAVAR, VOTRIENT, TASIGNA
QTERN	GLYXAMBI
QUAZEPAM	estazolam, lorazepam
QUDEXY XR	topiramate
QUILLICHEW ER	Extended release generic methylphenidate, extended release generic mixed amphetamine salts, extended release generic dexamethylphenidate, generic lisdexamfetamine
QUILLIVANT XR	Extended release generic methylphenidate, extended release generic mixed amphetamine salts, extended release generic dexamethylphenidate, generic lisdexamfetamine
QUINAPRIL-HYDROCHLOROTHIAZIDE 20-25 MG TAB	Generic quinapril and hydrochlorothiazide as separate products
QUVIVIQ	zolpidem, eszopiclone
RANEXA	ranolazine extended release
RAPAFLO	silodosin
RAVICTI	Generic buphenyl
RAYASAL	topical tretinoin cream
REBIF	dimethyl fumarate, glatiramer, fingolimod
RECOMBIMATE	ADVATE, ADYNOVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT
RELEUKO	ZARXIO, NIVESTYM
RELEXXII	Generic methylphenidate capsules
RELISTOR	lubiprostone
RELPAK	ELETRIPTAN
REMERON	mirtazapine
RESTASIS	Generic cyclosporine ocular drops

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

RETIN-A MICRO	generic topical tretinoin gel/cream
REYVOW	NURTEC, UBRELVY
RISPERDAL	risperidone
RISPERDAL COSTA	generic risperidone microspheres, Abilify Maintena, Aristada
RITALIN	Multisource product, consider generic methylphenidate hcl
ROXYBOND	oxycodone HCl
ROZEREM	ramelteon, zolpidem, BELSOMRA
RUBRACA	Lynparza
RX PROBIOTICS	OTC probiotics
SABRIL	Multisource product, consider generic vigabatrin
SAFYRAL	drospirenone-eth estra-levomef, tydemy
SAIZEN	NORDITROPIN, OMNITROPE
SAPHRIS	aripiprazole, paliperidone, quetiapine, ziprasidone
SAVAYSA	ELIQUIS, XARELTO
SEASONIQUE	amethia, ashlyna, camrese, daysee, jaimiess, levonorg-eth estrad eth estrad, simpesse
SEGLENTIS	celecoxib, tramadol
SEGLUROMET	XIGDUO, SYNJARDY
SELZENTRY 150MG AND 300MG	Generic maraviroc
SEMGLEE-YFGN	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
SENSIPAR	cinacalcet
SERNIVO	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
SERTRALINE CAPS	SERTRALINE TAB
SITAVIG	acyclovir (oral or cream), famciclovir, valacyclovir
SKLICE	Generic ivermectin or over the counter lice products
SKYTROFA	NORTITROPIN
SLYND	NORETHINDRONE
SOGROYA	NORDITROPIN
SOVALDI	MAVYRET, ZEPATIER
SPIRIVA HANDIHALER	tiotropium handihaler
SPRYCEL	Imatinib, SUTENT, STIVARGA, NEXAVAR, VOTRIENT, TASIGNA
STEGLATRO	FARXIGA, JARDIANCE
STEGLUJAN	FARXIGA or JARDIANCE and Januvia
STENDRA	sildenafil
STIMUFEND	ZARXIO
SUBSYS	fentanyl citrate lozenges
SUPARTZ, SUPARTZ FX	EUFLEXXA, ORTHOVISC
SYMBICORT	Budesonide / Formoterol HFA, WIXELA, Fluticasone Propionate/Salmeterol Diskus, Advair HFA, Breo Ellipta
SYNVISC, SYNVISC ONE	EUFLEXXA, ORTHOVISC
TADLIQ	generic tadalafil tablets
TARGRETIN	bexarotene
TAYTULLA	TARINA FE, TAYSOFY, generic oral contraceptive products
TAZORAC	tazarotene 0.1% cream, tretinoin
TECFIDERA	dimethyl fumarate, glatiramer
TEGRETOL	carbamazepine
TEGRETOL XR	carbamazepine ER
TEKTURNA	aliskiren
TEMODAR	Generic temozolomide
TESTIM	Testosterone gel 1.62%
THIOLA	Multisource product, consider generic tiopronin
TIMOPTIC	timolol 0.25% solution in 5mL size, not preservative free individual dropper
TIROSINT	LEVOTHYROXINE SODIUM, NP THYROID, generic thyroid tablets

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

TIVORBEX	diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam
TLANDO	topical / injectable testosterone
TRAMADOL HCL ER CAPSULE	tramadol tablets, tramadol er tablets
TRAMADOL ORAL SOLUTION	tramadol tablets, tramadol er tablets
TRAVATAN Z	travoprost
TRESIBA	LANTUS, INSULIN GLARGINE, INSULIN GLARGINE-YFGN, REZVOGLAR, TOUJEO
TREXIMET	sumatriptan succinate and naproxen sodium as separate products
TRINAZ	prenatal plus, preplus
TRIOSTAT	LEVOTHYROXINE, LIOTHYRONINE
TROKENDI XR	topiramate
TRUETEST, TRUETRACK METERS/STRIPS	ACCU-CHEK GUIDE blood glucose testing supplies
TUDORZA	SPIRIVA RESPIMAT
TWIRLA	XULANE, ZAFEMY
TWYNEO	tretinoin + benzoyl peroxide (OTC)
TYBLUME	Generic oral contraceptive products
TYKERB	Generic lapatinib ditosylate tablets
ULORIC	allopurinol, febuxostat
ULTRAVATE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
UNISTRIP METERS/STRIPS	ACCU-CHEK GUIDE brand blood glucose testing supplies
URSODIOL	Generic ursodiol (generically named brand products excluded)
VANOS	topical betamethasone, clobetasol, fluocinolone, fluocinonide, halobetasol, hydrocortisone, mometasone, triamcinolone
VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, ONEXTON
VEMLIDY	entecavir, tenofovir disoproxil
VENTOLIN HFA	generic Albuterol HFA Inhalers (Manufacturers: Teva, Par, Perrigo, Lupin, Cipla, or Proficient)
VESICARE	darifenacin extended release, solifenacin succinate
VICTOZA	OZEMPIC, MOUNJARO, TRULICITY
VIIBRYD	Multisource product, consider generic vilazodone hcl
VIMPAT SOLUTION/TABLET	Multisource product, consider generic lacosamide
VISCO-3	EUFLEXXA, ORTHOVISC
VITAMIN D3	over the counter product
VIVLODEX	diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone, piroxicam
VUMERITY	Generic dimethyl fumarate
VUSION OINTMENT	miconazole, clotrimazole, ketoconazole, nystatin
VYEPTI	AIMOVIG, EMGALIGY
VYVANSE	lisdexamfetamine
WELCHOL	colesevelam hcl
WELLBUTRIN XL	bupropion hcl xl
WINLEVI	topical tretinoin, topical adapalene
XATMEP	methotrexate
XERESE	acyclovir oral or cream, famciclovir, valacyclovir
XIMINO	generic minocycline
XOLEGEL	ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
XOPENEX HFA	generic albuterol HFA inhalers (Manufacturers: Teva, Par, Perrigo, Lupin, Cipla, or Proficient)
XPHOZAH	sevelamer, calcium acetate
XTAMPZA ER	oxycodone
XYREM	Generic stimulants (modafinil, armodafinil, methylphenidate)

©MedOne Pharmacy Benefit Solutions, 2025. Access Preferred Drug List. Effective 1/1/2026; Updated 10/9/2025

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.

YOSPRALA	Over the counter aspirin and omeprazole taken as separate products used concurrently
ZEGALOGUE	Baqsimi, Glucagon emergency kit (by Eli Lilly), Gvoke
ZELNORM	Over-the-counter laxatives (saline, osmotic, stimulant), LINZESS
ZETONNA	budesonide, flunisolide, fluticasone, mometasone
ZIOPTAN	Generic tafluprost ophthalmic solution
ZIPSOR	diclofenac potassium, diclofenac sodium
ZOLMITRIPTAN SOLUTION	zolmitriptan oral tablets
ZOMACTON	NORDITROPIN, OMNITROPE
ZONISADE	zonisamide
ZORVOLEX	generic diclofenac tablets
ZORYVE FOAM	Topical tacrolimus, topical ketoconazole, topical betamethasone.
ZOVIRAX OINT	Acyclovir
ZYMFENTRA	AVSOLA, YUSIMRY, OTULFI