

## Excluded Drugs List Medications

### Open Drug List

Your benefit plan does not cover all medications. Your benefit plan may exclude coverage for medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations. Your plan may also exclude medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form.

Coverage for these EDL medications is only available if your plan opts out of this list. The only plans that may choose to provide coverage are large employer plans with an open benefit design. Most plans do not provide coverage. If your plan does not cover these medications and you use them, you will have to pay the full cost of the medication. Blue Cross® Blue Shield® of Arizona (AZ Blue) may update and add to this list at any time.

For each excluded medication, we have also provided examples of alternative options. Any alternatives are subject to normal plan requirements including utilization management and medical necessity. Alternatives are also subject to member cost share requirements such as copayments or coinsurance. Some alternatives may not be covered due to other plan limitations (i.e., because the alternative is available over the counter). If you are currently taking, or have been prescribed, one of these non-covered medications, talk to your prescriber about whether one of the alternatives would work for you.

Be sure to review the *Pharmacy Benefit* section for benefit-specific exclusions and *What is Not Covered* in your benefit book for general exclusions and limitations that apply to all benefits.

To check coverage and copay information for a medication under your plan, visit [azblue.com](http://azblue.com) and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

### Questions?

Log in to MyBlue<sup>SM</sup> to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

## Excluded Drugs List

### Table of Contents

*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians*	3
*Analgesics - Anti-Inflammatory*	3
*Analgesics - Nonnarcotic*	5
*Analgesics - Opioid*	6
*Antianxiety Agents*	9
*Anticonvulsants*	9
*Antidepressants*	9
*Antidiabetics*	10
*Antiemetics*	11
*Antifungals*	12
*Antihistamines*	12
*Antihyperlipidemics*	12
*Antihypertensives*	13
*Anti-Infective Agents - Misc.*	14
*Antimalarials*	14
*Antineoplastics And Adjunctive Therapies*	14
*Antiparkinson And Related Therapy Agents*	15
*Antipsychotics/Antimanic Agents*	15
*Beta Blockers*	15
*Calcium Channel Blockers*	16
*Cardiovascular Agents - Misc.*	16
*Cephalosporins*	17
*Contraceptives*	17
*Corticosteroids*	18
*Cough/Cold/Allergy*	19
*Dermatologicals*	19
*Diuretics*	24
*Endocrine And Metabolic Agents - Misc.*	25
*Estrogens*	25
*Gastrointestinal Agents - Misc.*	25
*Genitourinary Agents - Miscellaneous*	26
*Gout Agents*	26
*Hematopoietic Agents*	26
*Hypnotics/Sedatives/Sleep Disorder Agents*	26
*Laxatives*	27
*Migraine Products*	27
*Minerals & Electrolytes*	28
*Miscellaneous Therapeutic Classes*	28
*Musculoskeletal Therapy Agents*	28
*Neuromuscular Agents*	29
*Ophthalmic Agents*	30
*Psychotherapeutic And Neurological Agents - Misc.*	31
*Tetracyclines*	31
*Thyroid Agents*	33
*Ulcer Drugs/Antispasmodics/Anticholinergics*	33
*Urinary Antispasmodics*	34
*Vaginal And Related Products*	34
*Vasopressors*	34

Drug	Notes
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>	
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>	
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG</b>	QL (2 tablets per day); Alternative Options (alternative: clonidine hcl ER tab 12hour 0.1mg)
<b>*Amphetamines***</b>	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	QL (60ml per day); Alternative Options (alternative: dextroamphetamine tab 5mg)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Alternative Options (Alternative: generic dextroamphetamine sulfate 5mg and/or 10mg tablets)
<b>PROCENTRA ORAL SOLUTION 5 MG/5ML</b>	QL (60ml per day); Alternative Options (alternative: dextroamphetamine tab 5mg)
<b>ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG</b>	Alternative Options (alternative: Zenzedi (dextroamphetamine sulfate) tab 5mg or 10mg)
<b>*Stimulants - Misc.***</b>	
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG</b>	QL (1 tablet per day); Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	QL (1 tablet per day); Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets); AL (Min 6 Years)
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML</b>	Alternative Options (alternative: methylphenidate oral solution 10mg/5ml)
<b>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG</b>	Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets)
<b>RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG</b>	QL (1 tablet per day); Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets); AL (Min 6 Years)
<b>*Analgesics - Anti-Inflammatory*</b>	
<b>*Antirheumatic Antimetabolites***</b>	
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	Alternative Options (alternative: methotrexate injection)
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	Alternative Options (alternative: methotrexate injection)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>	
<b>VYSCOXA ORAL SUSPENSION 10 MG/ML</b>	DS (30 day supply max); Alternative Options (Alternative: Celecoxib capsules)
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	Alternative Options (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg)
<b>VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG</b>	Alternative Options (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg)
<b>VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG</b>	Alternative Options (alternative: naproxen DR or EC tab 500mg plus esomeprazole magnesium DR cap 20mg)
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</b>	
<b>COXANTO ORAL CAPSULE 300 MG</b>	DS (30 day supply max); Alternative Options (Alternative: oxaprozin 600mg tab)
<i>diclofenac potassium oral capsule 25 mg</i>	Alternative Options (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg)
<i>diclofenac potassium oral tablet 25 mg</i>	Alternative Options (alternative: diclofenac tab 75mg)
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	Alternative Options (alternative: fenoprofen tab 600mg)
<b>FENOPRON ORAL CAPSULE 300 MG</b>	Alternative Options (Alternative: fenoprofen tab 600mg)
<b>INDOCIN ORAL SUSPENSION 25 MG/5ML</b>	Alternative Options (Alternative: indomethacin capsules)
<b>INDOCIN RECTAL SUPPOSITORY 50 MG</b>	Alternative Options (alternative: indomethacin cap 25mg or 50mg)
<i>indomethacin oral suspension 25 mg/5ml</i>	Alternative Options (Alternative: indomethacin capsules)
<i>indomethacin rectal suppository 50 mg</i>	Alternative Options (alternative: indomethacin cap 25 mg or 50 mg)
<i>ketoprofen oral capsule 50 mg</i>	Alternative Options (alternative: Ketoprofen 25mg cap)
<b>LOFENA ORAL TABLET 25 MG</b>	Alternative Options (alternative: diclofenac tab 75mg)
<b>LURBIPR ORAL TABLET 100 MG</b>	Alternative Options (Alternative: flurbiprofen 100mg)
<b>LURBIRO ORAL TABLET 100 MG</b>	Alternative Options (Alternative: flurbiprofen 100mg)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>meloxicam oral suspension 7.5 mg/5ml</i>	QL (10ml per day); DS (30 day supply max); Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
<b>NALFON ORAL CAPSULE 400 MG</b>	Alternative Options (alternative: fenoprofen tab 600mg)
<b>NAPROSYN ORAL SUSPENSION 125 MG/5ML</b>	Alternative Options (alternative: naproxen tab 250mg or naproxen (OTC))
<i>naproxen oral suspension 125 mg/5ml</i>	Alternative Options (alternative: naproxen tab 250mg or naproxen (OTC))
<i>orudis oral capsule 75 mg</i>	Alternative Options (Alternative: ketoprofen 25mg capsule)
<i>oxaprozin oral capsule 300 mg</i>	DS (30 day supply max); Alternative Options (Alternative: oxaprozin 600mg tab)
<b>RELAFEN DS ORAL TABLET 1000 MG</b>	Alternative Options (alternative: nabumetone 500mg or 750mg)
<b>SPRIX NASAL SOLUTION 15.75 MG/SPRAY</b>	QL (10 bottles per month); Alternative Options (alternative: ketorolac tab 10mg); AL (Min 18 Years)
<b>TOLECTIN 600 ORAL TABLET 600 MG</b>	Alternative Options (Alternative: tolmetin 400mg)
<i>tolmetin sodium oral tablet 600 mg</i>	Alternative Options (Alternative: tolmetin 400mg)
<b>ZIPSOR ORAL CAPSULE 25 MG</b>	Alternative Options (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg)
<b>ZORVOLEX ORAL CAPSULE 18 MG, 35 MG</b>	Alternative Options (alternative: diclofenac potassium tab 50mg or diclofenac sodium DR tab 50mg)
<b>ZYBIC ORAL SUSPENSION 7.5 MG/5ML</b>	QL (10ml per day); DS (30 day supply max); Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
<b>*Analgesics - Nonnarcotic*</b>	
<b>*Analgesics-Sedatives***</b>	
<b>ALLZITAL ORAL TABLET 25-325 MG</b>	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
<b>BUPAP ORAL TABLET 50-300 MG</b>	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
<i>butalbital-apap-caffeine oral solution 50-325-40 mg/15ml</i>	Alternative Options (alternative: butalbital-acetaminophen-caffeine caps 50-300-40 MG)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Salicylates***</b>	
<b>DOLOBID ORAL TABLET 250 MG</b>	DS (30 day supply max); Alternative Options (Alternative: Diflunisal 500mg tablet)
<b>DOLOBID ORAL TABLET 375 MG</b>	Alternative Options (Alternative: Diflunisal 500mg tablet)
<b>*Analgesics - Opioid*</b>	
<b>*Codeine Combinations***</b>	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Alternative Options (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg)
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	Alternative Options (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg)
<b>*Hydrocodone Combinations***</b>	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	QL (147ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (Alternative: Hydrocodone/APAP tablet 10-300mg)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	QL (147ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max))
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	QL (8 tablets per day); Alternative Options (alternative: hydrocodone-ibuprofen 7.5-200mg)
<b>*Opioid Agonists***</b>	
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG</b>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); AL (Min 18 Years)
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG</b>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); AL (Min 18 Years)
<b>CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG</b>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); AL (Min 18 Years)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 87.5 mcg/hr</i>	QL (20 patches per month: PA applies for new starts only); Alternative Options (alternative: fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr, or 75mcg/hr)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr</i>	QL (20 patches per month: PA applies for new starts only); Alternative Options (alternative: fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr. or 75mcg/hr)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hr</i>	QL (20 patches per month: PA applies for new starts only); Alternative Options (alternative: Fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg/hr, or 75mcg/hr)
<b>OXAYDO ORAL TABLET 5 MG</b>	QL (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: oxycodone tab 5mg)
<b>OXAYDO ORAL TABLET 7.5 MG</b>	QL (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: oxycodone tab 5mg)
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg</i>	Alternative Options (Alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)
<i>oxycodone hcl oral tablet abuse-deterrent 30 mg, 5 mg</i>	Alternative Options (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG</b>	Alternative Options (Alternative: oxycodone immediate release tab 5mg, 10mg, 15mg, or 30 mg )
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG</b>	QL (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period); DS (First two fills: 7 day supply max (subsequent fills: 30 day supply max)); Alternative Options (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG</b>	Alternative Options (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg</i>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 200 mg</i>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); AL (Min 18 Years)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 300 mg</i>	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); AL (Min 18 Years)
<i>tramadol hcl oral tablet 25 mg</i>	Alternative Options (Alternative: Tramadol 50mg tab)
<i>tramadol hcl oral tablet 75 mg</i>	Alternative Options (Alternative: Tramadol 50MG)
<b>*Opioid Combinations***</b>	
<b>APADAZ ORAL TABLET 4.08-325 MG</b>	QL (6 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 4.08325mg)
<b>APADAZ ORAL TABLET 6.12-325 MG</b>	QL (6 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 6.12325mg)
<b>APADAZ ORAL TABLET 8.16-325 MG</b>	QL (6 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 8.16325mg)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	QL (40ml per day); Alternative Options (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	QL (8 tablets per day); Alternative Options (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg)
<b>PROLATE ORAL SOLUTION 10-300 MG/5ML</b>	QL (40ml per day); Alternative Options (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab)
<b>PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG</b>	QL (8 tablets per day); Alternative Options (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg)
<b>*Tramadol Combinations***</b>	
<b>SEGLENTIS ORAL TABLET 56-44 MG</b>	Alternative Options (alternative: Celecoxib 50mg, 100mg, or 200mg AND Tramadol 50mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Antianxiety Agents*</b>	
<b>*Antianxiety Agents - Misc.***</b>	
<b>BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG</b>	SP; Alternative Options (Alternative: buspirone hcl tablets)
<b>*Benzodiazepines***</b>	
<b>ATIVAN ORAL TABLET 0.5 MG</b>	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); Alternative Options (alternative: lorazepam tab 0.5mg); AL (Min 18 Years)
<b>ATIVAN ORAL TABLET 1 MG</b>	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); Alternative Options (alternative: lorazepam tab 1mg); AL (Min 18 Years)
<b>ATIVAN ORAL TABLET 2 MG</b>	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); Alternative Options (alternative: lorazepam tab 2mg); AL (Min 18 Years)
<b>LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG</b>	QL (max 2 fills in 25 days); Alternative Options (alternative: lorazepam (various strengths))
<b>LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG</b>	Alternative Options (alternative: lorazepam (various strengths))
<b>*Anticonvulsants*</b>	
<b>*Anticonvulsants - Misc.***</b>	
<b>GABARONE ORAL TABLET 100 MG, 400 MG</b>	Alternative Options (Alternative: Gabapentin Capsules)
<b>SUBVENITE ORAL SUSPENSION 10 MG/ML</b>	Alternative Options (Alternative: lamotrigine chewable or orally disintegrating tablets)
<b>*Antidepressants*</b>	
<b>*Antidepressants - Misc.***</b>	
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG</b>	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg); AL (Min 18 Years)
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG</b>	Alternative Options (alternative: bupropion hcl ER tab 24hour 300mg); AL (Min 18 Years)
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG</b>	QL (1 tablet per day); Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg); AL (Min 18 Years)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG</b>	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	QL (3 tablets per day); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG</b>	QL (45 tablets per month); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
<b>*Selective Serotonin Reuptake Inhibitors (SsrIs)***</b>	
<i>citalopram hydrobromide oral capsule 30 mg</i>	Alternative Options (alternative: citalopram tab 10mg or 20mg)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	QL (5 capsules per month); Alternative Options (alternative: fluoxetine cap 20mg x3/day or fluoxetine tab 20mg x3/day)
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	Alternative Options (alternative: sertraline tab 50mg)
<b>*Serotonin Modulators***</b>	
<b>RALDESY ORAL SOLUTION 10 MG/ML</b>	Alternative Options (Alternative: trazodone tablets)
<b>*Antidiabetics*</b>	
<b>*Biguanides***</b>	
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG</b>	QL (2 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	QL (4 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	QL (2 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	QL (4 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	QL (2 tablets per day); Alternative Options (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	QL (4 tablets per day); Alternative Options (alternative: metformin hcl tab ER 24Hr 500mg or 750mg tabs)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>metformin hcl oral tablet 625 mg</i>	Alternative Options (alternative: metformin tab 500mg, 850mg, or 1000mg)
<i>metformin hcl oral tablet 750 mg</i>	Alternative Options (Alternative: metformin tab 500mg, 850mg or 1,000mg)
<b>*Diabetic Other***</b>	
<b>GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
<b>GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML</b>	Alternative Options (alternative: glucagon injection reconstituted solution 1mg or Baqsimi One Pack (glucagon) nasal powder 3mg/dose or Baqsimi Two Pack (glucagon) nasal powder 3mg/dose)
<b>*Sulfonylureas***</b>	
<i>glimepiride oral tablet 3 mg</i>	Alternative Options (Alternative: Glimepiride 1mg, 2mg or 4mg)
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>	
<b>DUETACT ORAL TABLET 30-2 MG</b>	Alternative Options (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
<b>DUETACT ORAL TABLET 30-4 MG</b>	Alternative Options (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg</i>	Alternative Options (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
<i>pioglitazone hcl-glimepiride oral tablet 30-4 mg</i>	Alternative Options (alternative: glimepiride tab 4mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
<b>*Antiemetics*</b>	
<b>*5-Ht3 Receptor Antagonists***</b>	
<i>ondansetron hcl oral tablet 24 mg</i>	Alternative Options (alternative: ondansetron tab 8mg)
<i>ondansetron oral tablet dispersible 16 mg</i>	Alternative Options (alternative: Ondansetron ODT 4mg or 8mg)
<b>*Antiemetics - Miscellaneous***</b>	
<b>MARINOL ORAL CAPSULE 10 MG, 5 MG</b>	QL (3 capsules per day)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>MARINOL ORAL CAPSULE 2.5 MG</b>	QL (3 capsules per day); Alternative Options (alternative: dronabinol cap 2.5mg, 5mg, or 10mg)
<b>*Antifungals*</b>	
<b>*Antifungals***</b>	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	SP; DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (alternative: Griseofulvin Ultramicrosize 125mg or 250mg tablets)
<b>*Triazoles***</b>	
<i>tolsura oral capsule 65 mg</i>	QL (4 capsules per day); Alternative Options (alternative: itraconazole cap 100mg); AL (Min 18 Years)
<b>*Antihistamines*</b>	
<b>*Antihistamines - Ethanolamines***</b>	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
<i>carbzah oral solution 4 mg/5ml</i>	Alternative Options (Alternative: carbinoxamine solution)
<b>RYVENT ORAL TABLET 6 MG</b>	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
<b>*Antihistamines - Non-Sedating***</b>	
<i>desloratadine oral solution 0.5 mg/ml</i>	DS (30 day supply max); Alternative Options (Alternative: desloratadine tablet or dispersible tablet)
<b>*Antihyperlipidemics*</b>	
<b>*Fibric Acid Derivatives***</b>	
<i>fenofibrate micronized oral capsule 90 mg</i>	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<i>fenofibrate oral tablet 120 mg</i>	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<i>fenofibrate oral tablet 40 mg</i>	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>FENOGLIDE ORAL TABLET 120 MG</b>	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<b>FENOGLIDE ORAL TABLET 40 MG</b>	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<b>LIPOFEN ORAL CAPSULE 150 MG, 50 MG</b>	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
<b>*Hmg Coa Reductase Inhibitors***</b>	
<i>flolipid oral suspension 20 mg/5ml</i>	Alternative Options (alternative: simvastatin tab 20mg)
<i>flolipid oral suspension 40 mg/5ml</i>	Alternative Options (alternative: simvastatin tab 40mg)
<b>*Antihypertensives*</b>	
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>	
<b>PRESTALIA ORAL TABLET 14-10 MG</b>	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 10mg); AL (Min 18 Years)
<b>PRESTALIA ORAL TABLET 3.5-2.5 MG</b>	QL (1 tablet per day); Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 2.5mg); AL (Min 18 Years)
<b>PRESTALIA ORAL TABLET 7-5 MG</b>	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 5mg); AL (Min 18 Years)
<b>*Ace Inhibitors***</b>	
<b>EPANED ORAL SOLUTION 1 MG/ML</b>	Alternative Options (alternative: Enalapril tab (various strengths))
<b>*Angiotensin li Receptor Antagonists***</b>	
<b>ARBLI ORAL SUSPENSION 10 MG/ML</b>	Alternative Options (Alternative: losartan tablets)
<i>valsartan oral solution 4 mg/ml</i>	Alternative Options (alternative: valsartan tab (various strengths))
<b>*Antiadrenergics - Centrally Acting***</b>	
<b>JAVADIN ORAL SOLUTION 0.02 MG/ML</b>	DS (30 day supply max); Alternative Options (Alternative: clonidine tablets or patches)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG</b>	Alternative Options (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr)
<b>*Antiadrenergics - Peripherally Acting***</b>	
<b>TEZRULY ORAL SOLUTION 1 MG/ML</b>	DS (30 day supply max); Alternative Options (Alternative: terazosin capsules)
<b>*Anti-Infective Agents - Misc.*</b>	
<b>*Anti-Infective Agents - Misc.***</b>	
<i>metronidazole oral tablet 125 mg</i>	Alternative Options (alternative: metronidazole 250mg or 500mg tablets)
<b>*Urinary Anti-Infectives***</b>	
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	DS (30 day supply max); Alternative Options (alternative: nitrofurantoin macrocrystalline cap 25mg, 50mg, or 100mg (generics for MACRODANTIN))
<b>*Antimalarials*</b>	
<b>*Antimalarials***</b>	
<b>SOVUNA ORAL TABLET 200 MG, 300 MG</b>	Alternative Options (alternative: hydroxychloroquine sulfate tab 200mg or 300mg)
<b>*Antineoplastics And Adjunctive Therapies*</b>	
<b>*Antiandrogens***</b>	
<b>EULEXIN ORAL CAPSULE 125 MG</b>	DS (30 day supply max); Alternative Options (alternative: flutamide 125mg cap)
<b>*Lhrh Analogs***</b>	
<b>VABRINTY SUBCUTANEOUS KIT 22.5 MG</b>	QL (1 injection per 90 days (FDA approved only for Prostate Cancer)); DS (84 day supply min / 90 day supply max); Alternative Options (alternative: Eligard); M; AL (Min 18 Years)
<b>VABRINTY SUBCUTANEOUS KIT 30 MG</b>	QL (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies); DS (112 day supply min / 120 day supply max); Alternative Options (Alternative: Eligard); M; AL (Min 18 Years)
<b>VABRINTY SUBCUTANEOUS KIT 45 MG</b>	QL (1 injection per 180 days (FDA approved only for Prostate Cancer); x6 copay applies); DS (167 day supply min / 180 day supply max); Alternative Options (Alternative: Eligard); M; AL (Min 18 Years)
<b>VABRINTY SUBCUTANEOUS KIT 7.5 MG</b>	QL (1 injection per 30 days (FDA approved only for Prostate Cancer) ); DS (30 day supply max); Alternative Options (Alternative: Eligard); M; AL (Min 18 Years)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Antiparkinson And Related Therapy Agents*</b>	
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	QL (2 tablets per day); Alternative Options (alternative: selegiline hcl cap 5mg or selegiline hcl tab 5mg)
<b>*Antipsychotics/Antimanic Agents*</b>	
<b>*Phenothiazines***</b>	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Alternative Options (alternative: chlorpromazine hcl tab 25mg)
<b>*Quinolinone Derivatives***</b>	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	DS (30 day supply max); Alternative Options (Alternative: aripiprazole solution, dispersible tablets (ODT), and tablets)
<b>*Beta Blockers*</b>	
<b>*Beta Blockers Cardio-Selective***</b>	
LOPRESSOR ORAL SOLUTION 10 MG/ML	SP; Alternative Options (Alternative: any metoprolol tartrate or succinate)
LOPRESSOR ORAL TABLET 12.5 MG	QL (2 tablets per day); Alternative Options (Alternative: generic metoprolol 25mg tablet)
<i>metoprolol tartrate oral tablet 12.5 mg</i>	QL (2 tablets per day); Alternative Options (Alternative: generic metoprolol 25mg tablet)
<b>*Beta Blockers Non-Selective***</b>	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 160mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 60mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 120mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (alternative: propranolol hcl ER cap 24hour 80mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Calcium Channel Blockers*</b>	
<b>*Calcium Channel Blockers***</b>	
<b>SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG</b>	QL (1 bottle per day); Alternative Options (Alternative: amlodipine tablets)
<b>*Cardiovascular Agents - Misc.*</b>	
<b>*Calcium Channel Blocker &amp; Hmg Coa Reductase Inhibit Comb***</b>	
<i>amlodipine-atorvastatin oral tablet 10-10 mg</i>	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg)
<i>amlodipine-atorvastatin oral tablet 10-20 mg</i>	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
<i>amlodipine-atorvastatin oral tablet 10-40 mg</i>	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 40mg)
<i>amlodipine-atorvastatin oral tablet 10-80 mg</i>	QL (1 tablet per day); Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 80mg)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 10mg)
<i>amlodipine-atorvastatin oral tablet 2.5-20 mg</i>	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 20mg)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg</i>	Alternative Options (alternative: amlodipine besylate tab 2.5mg plus atorvastatin calcium tab 40mg)
<i>amlodipine-atorvastatin oral tablet 5-10 mg</i>	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg)
<i>amlodipine-atorvastatin oral tablet 5-20 mg</i>	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg)
<i>amlodipine-atorvastatin oral tablet 5-40 mg</i>	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg)
<i>amlodipine-atorvastatin oral tablet 5-80 mg</i>	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg)
<b>CADUET ORAL TABLET 10-10 MG</b>	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
CADUET ORAL TABLET 10-20 MG, 10-40 MG	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
CADUET ORAL TABLET 10-80 MG	QL (1 tablet per day); Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 20mg)
CADUET ORAL TABLET 5-10 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 10mg)
CADUET ORAL TABLET 5-20 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 20mg)
CADUET ORAL TABLET 5-40 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 40mg)
CADUET ORAL TABLET 5-80 MG	Alternative Options (alternative: amlodipine besylate tab 5mg plus atorvastatin calcium tab 80mg)
<b>*Cardiovascular Anti-Inflammatory/Immune Modulators***</b>	
LODOCO ORAL TABLET 0.5 MG	Alternative Options (Alternative: colchicine 0.6mg capsule)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>	
LIQREV ORAL SUSPENSION 10 MG/ML	DS (30 day supply max); Alternative Options (alternative: sildenafil citrate suspension 10mg/ml (generic for Revatio))
<b>*Cephalosporins*</b>	
<b>*Cephalosporins - 1St Generation***</b>	
<i>cephalexin oral capsule 750 mg</i>	Alternative Options (alternative: cephalexin cap 250mg plus cephalexin cap 500mg)
<b>*Cephalosporins - 3Rd Generation***</b>	
<i>cefixime oral tablet 400 mg</i>	Alternative Options (Alternative: generic cefixime 400mg capsules)
<b>*Contraceptives*</b>	
<b>*Combination Contraceptives - Oral***</b>	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
BEYAZ ORAL TABLET 3-0.02-0.451 MG	QL (28 tablets per month); Alternative Options (alternative: drospiren-eth estrad-levomefol tab 3-0.02-0.451mg, Safyral tab 3-0.03-0.451mg, Tydemy tab 3-0.03-0.451mg); F

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)</b>	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	QL (28 tablets per month); Alternative Options (alternative: Vienva tab 0.1mg-20mcg); F
<b>MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)</b>	QL (28 tablets per month); Alternative Options (alternative: norethin ace-eth estrad-fe chew tab 1mg-20mcg(24), Mibelas 24 FE tab 1mg-20mcg(24), Charlotte 24 FE tab 1mg-20mcg(24), norethin ace-eth estrad FE 24 tab 1/20, Aurovela 24 1/20, Blisovi 24 1/20, Hailey 24 1/20, Junel FE 24 1/20, Larin 24 FE 1/20, Microgestin 24 1/20, Tarina 24 FE 1/20); F
<b>MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)</b>	QL (28 tablets per month); F
<b>YAZ ORAL TABLET 3-0.02 MG</b>	QL (28 tablets per month); Alternative Options (alternative: drospirenone-ethinyl estradiol tab 3-0.02mg, Jasmiel tab 3-0.02mg, Lo-Zumandimine tab 3-0.02mg, Nikki tab 3-0.02mg, Loryna tab 3-0.02mg); F
<b>*Corticosteroids*</b>	
<b>*Glucocorticosteroids***</b>	
<b>ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG</b>	Alternative Options (alternative: hydrocortisone tab)
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
<b>HEMADY ORAL TABLET 20 MG</b>	Alternative Options (alternative: dexamethasone tab (various strengths))
<b>HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)</b>	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
<i>prednisolone oral solution 15 mg/5ml</i>	Alternative Options (Alternative: prednisolone sodium phosphate oral solution 15 mg/5ml)
<i>prednisolone oral tablet 5 mg</i>	Alternative Options (alternative: prednisolone solution 25mg/5ml, Medrol 32mg, methylpred 32mg, prednisolone solution 20mg/5ml)
<i>prednisone oral tablet delayed release 1 mg, 2 mg</i>	DS (30 day supply max); Alternative Options (Alternative: prednisone tab 1mg or 2.5mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
RAYOS ORAL TABLET DELAYED RELEASE 1 MG	Alternative Options (alternative: prednisone tab 1mg)
RAYOS ORAL TABLET DELAYED RELEASE 2 MG	Alternative Options (alternative: prednisone tab 1mg or 2.5mg)
RAYOS ORAL TABLET DELAYED RELEASE 5 MG	Alternative Options (alternative: prednisone tab 5mg)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Alternative Options (alternative: dexamethasone tab 0.75mg or 1.5mg)
<b>*Cough/Cold/Allergy*</b>	
<b>*Antitussive - Nonnarcotic***</b>	
<i>benzonatate oral capsule 150 mg</i>	Alternative Options (alternative: benzonatate cap 100mg or benzonatate cap 200mg)
<b>*Opioid Antitussive-Antihistamine***</b>	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Alternative Options (alternative: codeine sulfate tab 60mg plus chlorpheniramine (OTC))
<b>*Dermatologicals*</b>	
<b>*Acne Antibiotics***</b>	
ACZONE EXTERNAL GEL 5 %, 7.5 %	QL (60gm per month); Alternative Options (alternative: dapsone gel 5% or 7.5%)
CLEOCIN-T EXTERNAL LOTION 1 %	Alternative Options (alternative: clindamycin phosphate lotion 1%)
CLINDAGEL EXTERNAL GEL 1 %	Alternative Options (alternative: clindamycin phosphate gel 1%)
KLARON EXTERNAL LOTION 10 %	Alternative Options (alternative: sulfacetamide sodium lotion 10% (acne))
<b>*Acne Combinations***</b>	
ACANYA EXTERNAL GEL 1.2-2.5 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
<b>EPIDUO EXTERNAL GEL 0.1-2.5 %</b>	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
<b>EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %</b>	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
<b>ONEXTON EXTERNAL GEL 1.2-3.75 %</b>	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
<b>TWYNEO EXTERNAL CREAM 0.1-3 %</b>	Alternative Options (alternative: tretinoin plus benzoyl peroxide (OTC) taken separately)
<b>VELTIN EXTERNAL GEL 1.2-0.025 %</b>	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
<b>ZIANA EXTERNAL GEL 1.2-0.025 %</b>	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
<b>*Acne Products***</b>	
<b>ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG</b>	Alternative Options (alternative: Amnesteem, Claravis, isotretinoin, Myorisan, or Zenatane)
<b>ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG</b>	Alternative Options (alternative: accutane, amnesteem, claravis, isotretinoin, myorisan, or zenatane caps (various strengths))
<b>ALTRENO EXTERNAL LOTION 0.05 %</b>	QL (45gm per month); Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<b>ARAZLO EXTERNAL LOTION 0.045 %</b>	Alternative Options (alternative: tazarotene cream 0.1%)
<b>ATRALIN EXTERNAL GEL 0.05 %</b>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<b>AVITA EXTERNAL CREAM 0.025 %</b>	Alternative Options (Alternative: tretinoin cream)
<b>AZELEX EXTERNAL CREAM 20 %</b>	Alternative Options (alternative: azelaic acid gel 15%)
<b>FABIOR EXTERNAL FOAM 0.1 %</b>	Alternative Options (alternative: tazarotene cream 0.1%)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %</b>	Alternative Options (Alternative: tretinoin cream)
<b>RETIN-A EXTERNAL GEL 0.01 %, 0.025 %</b>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<b>RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 %</b>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %</b>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<i>tazarotene external foam 0.1 %</i>	Alternative Options (alternative: tazarotene cream 0.1%)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	Alternative Options (Alternative: tretinoin cream); AL (Max 35 Years)
<b>*Antibiotic Steroid Combinations - Topical***</b>	
<b>NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %</b>	Alternative Options (alternative: neomycin-bacitracin-polymyxin ointment plus fluocinonide ointment 0.05%)
<b>*Antipsoriatics***</b>	
<i>calcipotriene external foam 0.005 %</i>	QL (1x 120gm can per 30 days); Alternative Options (Alternative: calcipotriene 0.005% cream or solution); AL (Min 18 Years)
<b>SORILUX EXTERNAL FOAM 0.005 %</b>	QL (1x 120gm can per 30 days); Alternative Options (Alternative: calcipotriene 0.005% cream or solution); AL (Min 18 Years)
<b>*Corticosteroids - Topical***</b>	
<i>amcinonide external ointment 0.1 %</i>	Alternative Options (Alternative: flucinolone, triamcinolone, betamethasone dipropionate)
<i>clobetasol propionate external cream 0.025 %</i>	Alternative Options (alternative: clobetasol propionate cream 0.05%)
<b>CLOBEX SPRAY EXTERNAL LIQUID 0.05 %</b>	Alternative Options (alternative: clobetasol spray 0.05%); AL (Min 18 Years)
<i>desonide external gel 0.05 %</i>	QL (max 60 grams per 30 days); Alternative Options (Alternative: desonide cream or ointment)
<b>DESOWEN EXTERNAL CREAM 0.05 %</b>	Alternative Options (alternative: desonide cream 0.05%)
<i>desoximetasone external ointment 0.05 %</i>	Alternative Options (alternative: desoximetasone ointment 0.25%)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>halcinonide external solution 0.1 %</i>	QL (120ml per 30 days); DS (30 day supply max); Alternative Options (Alternative: Halcinonide Cream 0.1%)
<i>halobetasol propionate external foam 0.05 %</i>	Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
<i>halobetasol propionate external lotion 0.05 %</i>	QL (2 ml per day); Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
<b>HALOG EXTERNAL CREAM 0.1 %</b>	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
<b>HALOG EXTERNAL OINTMENT 0.1 %</b>	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
<b>HALOG EXTERNAL SOLUTION 0.1 %</b>	QL (120ml per 30 days); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
<i>hydrocortisone acetate external cream 2.5 %</i>	DS (30 day supply max); Alternative Options (Alternative: hydrocortisone 2.5% cream (generic))
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
<b>IMPOYZ EXTERNAL CREAM 0.025 %</b>	Alternative Options (alternative: clobetasol propionate cream 0.05%)
<b>LEXETTE EXTERNAL FOAM 0.05 %</b>	Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
<b>LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %</b>	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
<b>MICORT HC EXTERNAL CREAM 2.5 %</b>	DS (30 day supply max); Alternative Options (Alternative: hydrocortisone 2.5% cream (generic))
<b>SYNALAR EXTERNAL CREAM 0.025 %</b>	Alternative Options (alternative: fluocinolone acetonide cream 0.025%)
<b>SYNALAR EXTERNAL OINTMENT 0.025 %</b>	Alternative Options (alternative: fluocinolone acetonide ointment 0.025%)
<b>SYNALAR EXTERNAL SOLUTION 0.01 %</b>	Alternative Options (alternative: fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%)
<b>TOPICORT EXTERNAL OINTMENT 0.05 %</b>	Alternative Options (alternative: desoximetasone ointment 0.25%)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>TOPICORT SPRAY EXTERNAL LIQUID 0.25 %</b>	Alternative Options (alternative: desoximetasone ointment 0.25%)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Alternative Options (alternative: triamcinolone acetonide cream 0.025%)
<b>ULTRAVATE EXTERNAL LOTION 0.05 %</b>	QL (2 ml per day); Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
<b>VANOS EXTERNAL CREAM 0.1 %</b>	Alternative Options (alternative: fluocinonide cream 0.05%)
<b>VERDESO EXTERNAL FOAM 0.05 %</b>	Alternative Options (alternative: desonide cream 0.05%)
<b>*Imidazole-Related Antifungals - Topical***</b>	
<i>econazole nitrate external foam 1 %</i>	Alternative Options (Alternative: econazole cream 1%)
<b>ECOZA EXTERNAL FOAM 1 %</b>	Alternative Options (Alternative: econazole cream 1%)
<i>ketoconazole external foam 2 %</i>	Alternative Options (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%)
<b>KETODAN EXTERNAL FOAM 2 %</b>	Alternative Options (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%)
<i>luliconazole external cream 1 %</i>	QL (1x 60gm tube per month); DS (30 day supply max); Alternative Options (alternative: clotrimazole cream 1%); AL (Min 18 Years)
<b>LUZU EXTERNAL CREAM 1 %</b>	QL (6gm per month); DS (30 day supply max); Alternative Options (alternative: clotrimazole cream 1%); AL (Min 18 Years)
<b>OXISTAT EXTERNAL LOTION 1 %</b>	Alternative Options (alternative: oxiconazole cream 1%)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>	
<i>imiquimod external cream 3.75 %</i>	Alternative Options (alternative: imiquimod cream 5%)
<i>imiquimod pump external cream 3.75 %</i>	Alternative Options (alternative: imiquimod cream 5%)
<b>ZYCLARA EXTERNAL CREAM 3.75 %</b>	Alternative Options (alternative: imiquimod cream 5%)
<b>ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %</b>	Alternative Options (alternative: imiquimod cream 5%)
<b>*Rosacea Agents***</b>	
<i>doxycycline oral capsule delayed release 40 mg</i>	QL (1 capsule per day); Alternative Options (alternative: doxycycline hyclate tab 20mg); AL (Min 9 Years)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Alternative Options (alternative: minocycline HCL capsule or tablet 50mg, 75mg, or 100mg)
FINACEA EXTERNAL FOAM 15 %	Alternative Options (alternative: azelaic acid gel 15%)
METROCREAM EXTERNAL CREAM 0.75 %	Alternative Options (alternative: metronidazole cream 0.75%)
METROGEL EXTERNAL GEL 1 %	QL (1x 45gm tube or 1x 60gm tube per month); Alternative Options (alternative: metronidazole gel 1%); AL (Min 16 Years)
METROLOTION EXTERNAL LOTION 0.75 %	Alternative Options (alternative: metronidazole lotion 0.75%)
NORITATE EXTERNAL CREAM 1 %	Alternative Options (alternative: metronidazole cream 0.75%)
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	QL (1 capsule per day); Alternative Options (alternative: doxycycline hyclate tab 20mg); AL (Min 9 Years)
<b>*Topical Steroid Combinations***</b>	
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Alternative Options (alternative: Tazorac (tazarotene) plus halobetasol)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Alternative Options (alternative: calcipotriene cream 0.005% plus betamethasone dipropionate cream 0.05%)
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Alternative Options (alternative: calcipotriene/betamethasone dispropionate external ointment 0.005-0.064)
<b>*Diuretics*</b>	
<b>*Loop Diuretics***</b>	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML	DS (30 day supply max); Alternative Options (Alternative: bumetanide tablets)
SOAAZ ORAL TABLET 40 MG, 60 MG	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
SOAAZ TABLET 20 MG ORAL	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
<b>*Potassium Sparing Diuretics***</b>	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Alternative Options (alternative: spironolactone tab 25mg)
<i>spironolactone oral suspension 25 mg/5ml</i>	Alternative Options (alternative: spironolactone tab 25mg)
<b>*Thiazides And Thiazide-Like Diuretics***</b>	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Alternative Options (Alternative: Hydrochlorothiazide tablets and capsules)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Endocrine And Metabolic Agents - Misc.*</b>	
<b>*Bisphosphonates***</b>	
<b>ATELVIA ORAL TABLET DELAYED RELEASE 35 MG</b>	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
<b>BINOSTO ORAL TABLET EFFERVESCENT 70 MG</b>	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
<b>FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT</b>	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 2000unit)
<b>FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT</b>	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 5000unit)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
<b>*Urea Cycle Disorder - Agents***</b>	
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
<b>BUPHENYL ORAL TABLET 500 MG</b>	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
<b>PHEBURANE ORAL PELLETT 483 MG/GM</b>	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
<b>*Estrogens*</b>	
<b>*Estrogen &amp; Progestin***</b>	
<b>BIJUVA ORAL CAPSULE 1-100 MG</b>	Alternative Options (alternative: progesterone micronized cap 100mg plus estradiol 1mg)
<b>*Gastrointestinal Agents - Misc.*</b>	
<b>*Gallstone Solubilizing Agents***</b>	
<b>RELTONE ORAL CAPSULE 200 MG, 400 MG</b>	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)
<b>*Gastrointestinal Stimulants***</b>	
<b>GIMOTI NASAL SOLUTION 15 MG/ACT</b>	DS (30 day supply max); Alternative Options (alternative: metoclopramide ODT, solution or tab)
<b>*Genitourinary Agents - Miscellaneous*</b>	
<b>*Prostatic Hypertrophy Agent Combinations***</b>	
<b>ENTADFI ORAL CAPSULE 5-5 MG</b>	Alternative Options (alternative: finasteride tab and tadalafil tab taken separately)
<b>*Gout Agents*</b>	
<b>*Gout Agents***</b>	
<i>allopurinol oral tablet 200 mg</i>	Alternative Options (alternative: allopurinol tab 100mg or 300mg)
<i>colchicine oral capsule 0.6 mg</i>	Alternative Options (alternative: colchicine 0.6mg tablet)
<b>MITIGARE ORAL CAPSULE 0.6 MG</b>	Alternative Options (alternative: colchicine 0.6mg tablet)
<b>*Hematopoietic Agents*</b>	
<b>*Amino Acids***</b>	
<b>ENDARI ORAL PACKET 5 GM</b>	Alternative Options (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC))
<i>l-glutamine oral packet 5 gm</i>	Alternative Options (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC))
<b>*Hemoglobin S (Hbs) Polymerization Inhibitors***</b>	
<b>OXBRYTA ORAL TABLET 300 MG</b>	DS (30 day supply max); Alternative Options (alternative: Oxbryta tab 500mg or soluble tab 300mg)
<b>*Hypnotics/Sedatives/Sleep Disorder Agents*</b>	
<b>*Hypnotics - Tricyclic Agents***</b>	
<b>SILENOR ORAL TABLET 3 MG, 6 MG</b>	QL (1 tablet per day); Alternative Options (alternative: doxepin cap 10mg); AL (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>	
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG</b>	Alternative Options (alternative: zolpidem tartrate tab 10mg); AL (Min 18 Years)
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG</b>	Alternative Options (alternative: zolpidem tartrate tab 5mg); AL (Min 18 Years)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>zolpidem tartrate oral capsule 7.5 mg</i>	Alternative Options (alternative: zolpidem tartrate tab 5mg or 10mg)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Alternative Options (alternative: zolpidem tartrate tab 5mg); AL (Min 18 Years)
<b>*Laxatives*</b>	
<b>*Laxatives - Miscellaneous***</b>	
<b>KRISTALOSE ORAL PACKET 10 GM, 20 GM</b>	Alternative Options (alternative: lactulose oral solution)
<i>lactulose oral packet 10 gm, 20 gm</i>	Alternative Options (alternative: lactulose oral solution)
<b>*Migraine Products*</b>	
<b>*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***</b>	
<b>ELYXYB ORAL SOLUTION 120 MG/4.8ML</b>	DS (30 day supply max); Alternative Options (alternative: Celecoxib 50mg, 100mg, 200mg, or 400mg)
<b>*Migraine Products - Nsaids***</b>	
<b>CAMBIA ORAL PACKET 50 MG</b>	Alternative Options (alternative: diclofenac potassium tab 50mg or 75mg)
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	Alternative Options (alternative: diclofenac potassium tab 50mg or 75mg)
<b>*Selective Serotonin Agonist-Nsaid Combinations***</b>	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)
<b>SYMBRAVO ORAL TABLET 20-10 MG</b>	Alternative Options (Alternative: meloxicam plus rizatriptan 10mg )
<b>TREXIMET ORAL TABLET 85-500 MG</b>	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>	
<b>FROVA ORAL TABLET 2.5 MG</b>	QL (20 tablets per month); Alternative Options (alternative: frovatriptan succinate tab 2.5mg)
<b>ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC</b>	Alternative Options (alternative: sumatriptan succinate tab 25mg)
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML</b>	QL (20 pens per month); Alternative Options (alternative: sumatriptan succinate injection 4mg/0.5ml); AL (Min 18 Years)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Minerals &amp; Electrolytes*</b>	
<b>*Potassium***</b>	
<b>POKONZA ORAL PACKET 10 MEQ, 15 MEQ</b>	Alternative Options (alternative: potassium chloride oral packet 20 meq (generic) or potassium chloride oral solution 20 meq/15ml (10%))
<b>POKONZA ORAL SOLUTION 10 MEQ/15ML (5%)</b>	Alternative Options (alternative: potassium chloride oral packet 20 meq (generic) or potassium chloride oral solution 20 meq/15ml (10%))
<i>potassium chloride oral packet 40 meq</i>	DS (30 day supply max); Alternative Options (alternative: potassium chloride oral packet 20MEQ (generic) and potassium chloride oral solution 20MEQ/15ml (10%))
<b>*Miscellaneous Therapeutic Classes*</b>	
<b>*Chelating Agents***</b>	
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
<i>penicillamine oral capsule 250 mg</i>	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
<b>*Musculoskeletal Therapy Agents*</b>	
<b>*Central Muscle Relaxants***</b>	
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG</b>	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg); AL (Min 18 Years)
<i>baclofen oral solution 10 mg/5ml</i>	QL (40ml per day); Alternative Options (alternative: baclofen tab)
<i>baclofen oral solution 5 mg/5ml</i>	QL (80ml per day); Alternative Options (alternative: baclofen tab)
<i>baclofen oral suspension 25 mg/5ml</i>	Alternative Options (alternative: Baclofen tab 10mg or 20mg)
<i>carisoprodol oral tablet 250 mg</i>	QL (4 tablets per day); DS (21 day supply max); Alternative Options (alternative: carisoprodol tab 350mg)
<i>chlorzoxazone oral tablet 250 mg</i>	QL (4 tablets per day); Alternative Options (alternative: chlorzoxazone tab 500mg); AL (Min 18 Years)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg); AL (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>FEXMID ORAL TABLET 7.5 MG</b>	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg)
<b>FLEQSUVY ORAL SUSPENSION 25 MG/5ML</b>	Alternative Options (alternative: Baclofen tab 10mg or 20mg)
<b>LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG</b>	DS (30 day supply max); Alternative Options (alternative: Baclofen tab 10mg or 20mg)
<i>metaxalone oral tablet 640 mg</i>	SP; Alternative Options (Alternative: Metaxalone 400mg and 800mg)
<i>methocarbamol oral tablet 1000 mg</i>	Alternative Options (alternative: methocarbamol 500mg or 750mg tab)
<b>ONTRALFY ORAL SOLUTION 2 MG/5ML</b>	Alternative Options (alternative: tizanidine capsules and tablets)
<b>OZOBAX DS ORAL SOLUTION 10 MG/5ML</b>	QL (40ml per day); Alternative Options (alternative: baclofen tab)
<b>OZOBAX ORAL SOLUTION 5 MG/5ML</b>	QL (80ml per day); Alternative Options (alternative: baclofen tab)
<b>SOMA ORAL TABLET 250 MG</b>	QL (4 tablets per day); DS (21 day supply max); Alternative Options (alternative: carisoprodol tab 350mg)
<b>TANLOR ORAL TABLET 1000 MG</b>	Alternative Options (alternative: methocarbamol 500mg or 750mg tab)
<b>ZANAFLEX ORAL CAPSULE 8 MG</b>	DS (30 day supply max); Alternative Options (Alternative: Tizanidine capsules and tablets)
<b>*Muscle Relaxant Combinations***</b>	
<i>norgesic forte oral tablet 50-770-60 mg</i>	Alternative Options (Alternative: Orphenadrine ER tablet plus OTC aspirin plus OTC caffeine)
<b>NORGESIC ORAL TABLET 25-385-30 MG</b>	Alternative Options (alternative: Orphenadrin tab, aspirin (OTC), and caffeine (OTC))
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Alternative Options (alternative: Orphenadrin tab, aspirin (OTC), and caffeine (OTC))
<b>ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG</b>	Alternative Options (Alternative: Orphenadrine ER tablet plus OTC aspirin plus OTC caffeine)
<b>*Neuromuscular Agents*</b>	
<b>*Benzathiazoles***</b>	
<b>RILUTEK ORAL TABLET 50 MG</b>	Alternative Options (alternative: riluzole tab 50mg)
<b>TEGLUTIK ORAL SUSPENSION 50 MG/10ML</b>	Alternative Options (alternative: riluzole tab 50mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Alternative Options (alternative: riluzole tab 50mg)
<b>*Ophthalmic Agents*</b>	
<b>*Beta-Blockers - Ophthalmic***</b>	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.25%)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.5%)
<b>*Ophthalmic Steroid Combinations***</b>	
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	QL (20ml per month); Alternative Options (alternative: loteprednol 0.5% susp AND tobramycin 0.3% sol)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	QL (20ml per month); Alternative Options (alternative: loteprednol 0.5% susp AND tobramycin 0.3% sol)
<b>*Ophthalmic Steroids***</b>	
ALREX OPHTHALMIC SUSPENSION 0.2 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	QL (1x 8.3ml bottle per 14 days); DS (14 day supply max); Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
INVELTYS OPHTHALMIC SUSPENSION 1 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
LOTEMAX OPHTHALMIC GEL 0.5 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Alternative Options (alternative: loteprednol gel 0.5% and loteprednol suspension 0.5%)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Alternative Options (Alternative: loteprednol gel 0.5%, loteprednol suspension 0.5%)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Prostaglandins - Ophthalmic***</b>	
IYUZEH OPHTHALMIC SOLUTION 0.005 %	Alternative Options (alternative: latanoprost ophthalmic solution 0.005%)
XALATAN OPHTHALMIC SOLUTION 0.005 %	Alternative Options (alternative: latanoprost ophthalmic solution 0.005%)
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>	
<b>*Fibromyalgia Agent - Miscellaneous***</b>	
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG	DS (30 day supply max); Alternative Options (Alternative: cyclobenzaprine tablets (5mg or 10mg))
<b>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***</b>	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Alternative Options (Alternative: Gabapentin cap 300mg); AL (Min 18 Years)
<i>gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg</i>	Alternative Options (Alternative: gabapentin 300mg capsule and 600mg tablet)
GRALISE ORAL TABLET 300 MG	Alternative Options (alternative: gabapentin cap 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	Alternative Options (Alternative: gabapentin 300mg capsule and 600mg tablet)
GRALISE ORAL TABLET 600 MG	Alternative Options (alternative: gabapentin tab 600mg); AL (Min 18 Years)
<b>*Restless Leg Syndrome (RLs) Agents***</b>	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Alternative Options (alternative: gabapentin cap 300mg); AL (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Alternative Options (alternative: gabapentin tab 600mg); AL (Min 18 Years)
<b>*Tetracyclines*</b>	
<b>*Tetracyclines***</b>	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate DR tab 100mg)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	Alternative Options (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg)
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL	Alternative Options (alternative: doxycycline hyclate delayed release tab 100mg or doxycycline hyclate cap 50mg)
DORYX ORAL TABLET DELAYED RELEASE 50 MG	Alternative Options (alternative: doxycycline hyclate cap 50mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<i>doxycycline hyclate oral tablet 150 mg</i>	Alternative Options (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg)
<i>doxycycline hyclate oral tablet 50 mg</i>	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
<i>doxycycline hyclate oral tablet 75 mg</i>	Alternative Options (alternative: doxycycline hyclate cap 50mg)
<i>doxycycline hyclate oral tablet delayed release 150 mg</i>	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate cap 50mg plus doxycycline hyclate cap 100mg)
<i>doxycycline hyclate oral tablet delayed release 200 mg</i>	Alternative Options (alternative: doxycycline hyclate DR tab 100mg)
<i>doxycycline hyclate oral tablet delayed release 50 mg</i>	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	QL (2 tablets per day); Alternative Options (alternative: doxycycline hyclate cap 50mg)
<i>doxycycline monohydrate oral capsule 150 mg</i>	QL (2 capsules per day); Alternative Options (alternative: doxycycline monohydrate cap or tab (various strengths))
<i>doxycycline monohydrate oral capsule 75 mg</i>	Alternative Options (alternative: doxycycline monohydrate cap or tab (various strengths))
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i>	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg); AL (Min 12 Years)
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg</i>	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap 50mg, 75mg, 100mg); AL (Min 12 Years)
<b>MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG</b>	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap 50mg, 75mg, 100mg); AL (Min 12 Years)
<b>TARGADOX ORAL TABLET 50 MG</b>	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
<i>tetracycline hcl oral tablet 250 mg</i>	DS (30 day supply max); Alternative Options (alternative: tetracycline caps)
<i>tetracycline hcl oral tablet 500 mg</i>	DS (30 day supply max); Alternative Options (alternative: Tetracycline caps)
<b>XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG</b>	Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Thyroid Agents*</b>	
<b>*Thyroid Hormones***</b>	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Alternative Options (alternative: levothyroxine tab (various strengths))
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Alternative Options (alternative: Ermeza oral solution 150mcg/5ml)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics*</b>	
<b>*Antispasmodics***</b>	
<i>dicyclomine hcl oral tablet 40 mg</i>	DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternative: dicyclomine 10mg capsule, 20mg tablet or 10mg/5mL solution)
<b>*Proton Pump Inhibitors***</b>	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Alternative Options (alternative: rabeprazole sodium EC tab 20mg)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG	QL (2 capsules per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	QL (2 capsules per day); Alternative Options (alternative: Nexium 24HR cap 20mg (OTC))
<i>pantoprazole sodium oral packet 40 mg</i>	QL (6 packets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Alternative Options (alternative: lansoprazole DR cap 30mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	Alternative Options (alternative: lansoprazole DR cap 15mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	Alternative Options (alternative: lansoprazole DR cap 30mg)
PROTONIX ORAL PACKET 40 MG	QL (6 packets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	QL (3 tablets per day); Alternative Options (alternative: pantoprazole sodium EC tab 20mg)
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	QL (6 tablets per day); Alternative Options (alternative: pantoprazole sodium EC tab 40mg)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Alternative Options (alternative: rabeprazole sodium EC tab 20mg)

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>*Quaternary Anticholinergics***</b>	
<b>GLYCATE ORAL TABLET 1.5 MG</b>	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg)
<i>glycopyrrolate oral tablet 1.5 mg</i>	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg )
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	QL (8 capsules per day); Alternative Options (Alternative: lansoprazole cap DR 30mg, amoxicillin cap 500mg, plus clarithromycin 500mg tab)
<b>*Urinary Antispasmodics*</b>	
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>	
<b>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG</b>	Alternative Options (alternative: tolterodine tartrate tab 2mg)
<b>DETROL ORAL TABLET 1 MG</b>	Alternative Options (alternative: tolterodine tartrate tab 1mg)
<b>DETROL ORAL TABLET 2 MG</b>	Alternative Options (alternative: tolterodine tartrate tab 2mg)
<b>GELNIQUE TRANSDERMAL GEL 10 %</b>	Alternative Options (alternative: oxybutynin chloride tab 5mg)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Alternative Options (alternative: oxybutynin tab 5mg)
<b>*Vaginal And Related Products*</b>	
<b>*Vaginal Estrogens***</b>	
<b>IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG</b>	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)
<b>IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG</b>	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)
<b>*Vasopressors*</b>	
<b>*Anaphylaxis Therapy Agents***</b>	
<b>AUVI-Q SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML INJECTION</b>	Alternative Options (Alternative: epinephrine 0.15mg or 0.30mg by mfrs VIATRIS or TEVA (NDC: 000935986XX or 495020102XX))
<b>AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION</b>	Alternative Options (Alternative: epinephrine 0.15mg or 0.30mg by mfrs VIATRIS or TEVA (NDC: 000935986XX or 495020102XX))

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

Drug	Notes
<b>AUVI-Q SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION</b>	Alternative Options (Alternative: epinephrine 0.15mg or 0.30mg by mfrs VIATRIS or TEVA (NDC: 000935986XX or 495020102XX) )

\* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are currently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

OPEN Drug List; Last revision date:05/13/2026 To search for a drug use control + f

## Index

<b>ABSORICA</b> .....	20	<b>CONZIP</b> .....	6	<i>glimepiride</i> .....	11
<b>ABSORICA LD</b> .....	20	<b>COXANTO</b> .....	4	<b>GLUMETZA</b> .....	10
<b>ACANYA</b> .....	19	<b>CUPRIMINE</b> .....	28	<b>GLYCATE</b> .....	34
<b>ACIPHEX</b> .....	33	<i>cyclobenzaprine hcl</i> .....	28	<i>glycopyrrolate</i> .....	34
<b>ACZONE</b> .....	19	<i>cyclobenzaprine hcl er</i> .....	28	<b>GRALISE</b> .....	31
<i>adapalene-benzoyl peroxide</i> .....	19	<i>desloratadine</i> .....	12	<i>griseofulvin ultramicrosize</i> .....	12
<b>ALKINDI SPRINKLE</b> .....	18	<i>desonide</i> .....	21	<b>GVOKE HYPOPEN 1-PACK</b> .....	11
<i>allopurinol</i> .....	26	<b>DESOWEN</b> .....	21	<b>GVOKE HYPOPEN 2-PACK</b> .....	11
<b>ALLZITAL</b> .....	5	<i>desoximetasone</i> .....	21	<b>GVOKE PFS</b> .....	11
<b>ALREX</b> .....	30	<b>DETROL</b> .....	34	<i>halcinonide</i> .....	22
<b>ALTRENO</b> .....	20	<b>DETROL LA</b> .....	34	<i>halobetasol propionate</i> .....	22
<i>amcinonide</i> .....	21	<i>dexabliss</i> .....	18	<b>HALOG</b> .....	22
<i>amlodipine-atorvastatin</i> .....	16	<i>dexamethasone</i> .....	18	<b>HEMADY</b> .....	18
<i>amoxicill-clarithro-lansopraz</i> .....	34	<i>dextroamphetamine sulfate</i> .....	3	<b>HIDEX 6-DAY</b> .....	18
<b>AMRIX</b> .....	28	<i>diclofenac potassium</i> .....	4	<b>HORIZANT</b> .....	31
<b>APADAZ</b> .....	8	<i>diclofenac potassium(migraine)</i> .....	27	<i>hydrocodone-acetaminophen</i> .....	6
<b>APLENZIN</b> .....	9	<i>dicyclomine hcl</i> .....	33	<i>hydrocodone-ibuprofen</i> .....	6
<b>ARAZLO</b> .....	20	<b>DOLOBID</b> .....	6	<i>hydrocortisone acetate</i> .....	22
<b>ARBLI</b> .....	13	<b>DORYX</b> .....	31	<i>hydrocortisone butyr lipo base</i> .....	22
<b>ATELVIA</b> .....	25	<b>DORYX MPC</b> .....	31	<i>imiquimod</i> .....	23
<b>ATIVAN</b> .....	9	<i>doxycycline</i> .....	23	<i>imiquimod pump</i> .....	23
<b>ATRALIN</b> .....	20	<i>doxycycline hyclate</i> .....	32	<b>IMPOYZ</b> .....	22
<b>AUVI-Q</b> .....	34, 35	<i>doxycycline monohydrate</i> .....	32	<b>IMVEXXY MAINTENANCE PACK</b> ..	34
<b>AVITA</b> .....	20	<b>DUETACT</b> .....	11	<b>IMVEXXY STARTER PACK</b> .....	34
<b>AZELEX</b> .....	20	<b>DUOBRII</b> .....	24	<b>INDERAL LA</b> .....	15
<i>baclofen</i> .....	28	<i>econazole nitrate</i> .....	23	<b>INDERAL XL</b> .....	15
<b>BALCOLTRA</b> .....	17	<b>ECOZA</b> .....	23	<b>INDOCIN</b> .....	4
<i>benzonatate</i> .....	19	<b>EDLUAR</b> .....	26	<i>indomethacin</i> .....	4
<b>BETIMOL</b> .....	30	<b>ELYXYB</b> .....	27	<b>INNOPRAN XL</b> .....	15
<b>BEYAZ</b> .....	17	<b>EMROSI</b> .....	24	<b>INVELTYS</b> .....	30
<b>BIJUVA</b> .....	25	<b>ENBUMYST</b> .....	24	<b>INZIRQO</b> .....	24
<b>BINOSTO</b> .....	25	<b>ENDARI</b> .....	26	<b>IYUZEH</b> .....	31
<b>BUCAPSOL</b> .....	9	<b>ENSTILAR</b> .....	24	<b>JAVADIN</b> .....	13
<b>BUPAP</b> .....	5	<b>ENTADFI</b> .....	26	<b>JOYEAX</b> .....	18
<b>BUPHENYL</b> .....	25	<b>EPANED</b> .....	13	<b>KAPVAY</b> .....	3
<i>bupropion hcl er (xl)</i> .....	9	<b>EPIDUO</b> .....	20	<i>ketoconazole</i> .....	23
<i>butalbital-acetaminophen</i> .....	5	<b>EPIDUO FORTE</b> .....	20	<b>KETODAN</b> .....	23
<i>butalbital-apap-caff-cod</i> .....	6	<b>EULEXIN</b> .....	14	<i>ketoprofen</i> .....	4
<i>butalbital-apap-caffeine</i> .....	5	<b>EYSUVIS</b> .....	30	<b>KLARON</b> .....	19
<b>CADUET</b> .....	16, 17	<b>FABIOR</b> .....	20	<b>KRISTALOSE</b> .....	27
<i>calcipotriene</i> .....	21	<i>fenofibrate</i> .....	12	<i>lactulose</i> .....	27
<b>CAMBIA</b> .....	27	<i>fenofibrate micronized</i> .....	12	<i>levonorgest-eth estradiol-iron</i> .....	18
<i>carbinoxamine maleate</i> .....	12	<b>FENOGLIDE</b> .....	13	<b>LEXETTE</b> .....	22
<i>carbzah</i> .....	12	<i>fenoprofen calcium</i> .....	4	<i>l-glutamine</i> .....	26
<i>carisoprodol</i> .....	28	<b>FENOPRON</b> .....	4	<b>LIPOFEN</b> .....	13
<b>CAROSPIR</b> .....	24	<i>fentanyl</i> .....	7	<b>LIQREV</b> .....	17
<i>cefixime</i> .....	17	<b>FEXMID</b> .....	29	<b>LOCOID LIPOCREAM</b> .....	22
<i>cephalexin</i> .....	17	<b>FINACEA</b> .....	24	<b>LODOCO</b> .....	17
<i>chlorpromazine hcl</i> .....	15	<b>FIORICET/CODEINE</b> .....	6	<b>LOFENA</b> .....	4
<i>chlorzoxazone</i> .....	28	<b>FLEQSUVY</b> .....	29	<b>LOPRESSOR</b> .....	15
<i>citalopram hydrobromide</i> .....	10	<i>flolipid</i> .....	13	<b>LOREEV XR</b> .....	9
<b>CLEOCIN-T</b> .....	19	<i>fluoxetine hcl</i> .....	10	<b>LOTEMAX</b> .....	30
<b>CLINDAGEL</b> .....	19	<b>FORFIVO XL</b> .....	10	<b>LOTEMAX SM</b> .....	30
<i>clindamycin phos-benzoyl perox</i> 19, 20		<b>FOSAMAX PLUS D</b> .....	25	<i>loteprednol etabonate</i> .....	30
<i>clindamycin-tretinoin</i> .....	20	<b>FROVA</b> .....	27	<i>loteprednol-tobramycin</i> .....	30
<i>clobetasol propionate</i> .....	21	<i>gabapentin (once-daily)</i> .....	31	<i>luliconazole</i> .....	23
<b>CLOBEX SPRAY</b> .....	21	<b>GABARONE</b> .....	9	<b>LURBIPR</b> .....	4
<i>colchicine</i> .....	26	<b>GELNIQUE</b> .....	34	<b>LURBIRO</b> .....	4
<b>CONCERTA</b> .....	3	<b>GIMOTI</b> .....	26	<b>LUZU</b> .....	23

<b>LYVISPAH</b> .....	29	<b>PRESTALIA</b> .....	13	<b>TUXARIN ER</b> .....	19
<b>MARINOL</b> .....	11, 12	<b>PREVACID</b> .....	33	<b>TWYNEO</b> .....	20
<i>meloxicam</i> .....	4, 5	<b>PREVACID SOLUTAB</b> .....	33	<b>ULTRAVATE</b> .....	23
<i>metaxalone</i> .....	29	<b>PROCENTRA</b> .....	3	<i>ursodiol</i> .....	26
<i>metformin hcl</i> .....	11	<b>PROLATE</b> .....	8	<b>VABRINTY</b> .....	14
<i>metformin hcl er (mod)</i> .....	10	<b>PROTONIX</b> .....	33	<i>valsartan</i> .....	13
<i>metformin hcl er (osm)</i> .....	10	<b>QUILLIVANT XR</b> .....	3	<b>VANOS</b> .....	23
<i>methocarbamol</i> .....	29	<i>rabeprazole sodium</i> .....	33	<b>VELTIN</b> .....	20
<i>methylphenidate hcl er (osm)</i> .....	3	<b>RALDESY</b> .....	10	<b>VERDESO</b> .....	23
<i>metoprolol tartrate</i> .....	15	<b>RASUVO</b> .....	3	<b>VIMOVO</b> .....	4
<b>METROCREAM</b> .....	24	<b>RAYOS</b> .....	19	<b>VYSCOXIA</b> .....	4
<b>METROGEL</b> .....	24	<b>RELAFEN DS</b> .....	5	<b>WELLBUTRIN XL</b> .....	10
<b>METROLOTION</b> .....	24	<b>RELEXXII</b> .....	3	<b>WYNZORA</b> .....	24
<i>metronidazole</i> .....	14	<b>RELTONE</b> .....	25	<b>XALATAN</b> .....	31
<b>MICORT HC</b> .....	22	<b>RETIN-A</b> .....	21	<b>XIMINO</b> .....	32
<b>MINASTRIN 24 FE</b> .....	18	<b>RETIN-A MICRO</b> .....	21	<b>YAZ</b> .....	18
<i>minocycline hcl er</i> .....	32	<b>RETIN-A MICRO PUMP</b> .....	21	<b>ZANAFLEX</b> .....	29
<b>MINOLIRA</b> .....	32	<b>RILUTEK</b> .....	29	<b>ZELAPAR</b> .....	15
<b>MINZOYA</b> .....	18	<i>risedronate sodium</i> .....	25	<b>ZEMBRACE SYMTOUCH</b> .....	27
<b>MITIGARE</b> .....	26	<b>ROXYBOND</b> .....	7	<b>ZENZEDI</b> .....	3
<b>NALFON</b> .....	5	<b>RYVENT</b> .....	12	<b>ZIANA</b> .....	20
<b>NAPROSYN</b> .....	5	<b>SDAMLO</b> .....	16	<b>ZIPSOR</b> .....	5
<i>naproxen</i> .....	5	<b>SEGLENTIS</b> .....	8	<i>zolpidem tartrate</i> .....	27
<i>naproxen-esomeprazole mg</i> .....	4	<i>sertraline hcl</i> .....	10	<b>ZORVOLEX</b> .....	5
<b>NEO-SYNALAR</b> .....	21	<b>SILENOR</b> .....	26	<b>ZYBIC</b> .....	5
<b>NEXICLON XR</b> .....	14	<b>SOANZ</b> .....	24	<b>ZYCLARA</b> .....	23
<b>NEXIUM</b> .....	33	<b>SOMA</b> .....	29	<b>ZYCLARA PUMP</b> .....	23
<b>NEXIUM 24HR CLEAR MINIS</b> .....	33	<b>SORILUX</b> .....	21	<b>ZYLET</b> .....	30
<i>nitrofurantoin</i> .....	14	<b>SOVUNA</b> .....	14		
<b>NORGESIC</b> .....	29	<i>spironolactone</i> .....	24		
<i>norgesic forte</i> .....	29	<b>SPRIX</b> .....	5		
<b>NORITATE</b> .....	24	<b>SUBVENITE</b> .....	9		
<i>ondansetron</i> .....	11	<i>sumatriptan-naproxen sodium</i> .....	27		
<i>ondansetron hcl</i> .....	11	<b>SYMBRAVO</b> .....	27		
<b>ONEXTON</b> .....	20	<b>SYNALAR</b> .....	22		
<b>ONTRALFY</b> .....	29	<b>TANLOR</b> .....	29		
<b>ONZETRA XSAIL</b> .....	27	<b>TAPERDEX 12-DAY</b> .....	19		
<b>OPIPZA</b> .....	15	<b>TAPERDEX 6-DAY</b> .....	19		
<b>ORACEA</b> .....	24	<b>TAPERDEX 7-DAY</b> .....	19		
<i>orphenadrine-aspirin-caffeine</i> .....	29	<b>TARGADOX</b> .....	32		
<b>ORPHENGESIC FORTE</b> .....	29	<i>tazarotene</i> .....	21		
<i>orudis</i> .....	5	<b>TEGLUTIK</b> .....	29		
<b>OTREXUP</b> .....	3	<i>tetracycline hcl</i> .....	32		
<i>oxaprozin</i> .....	5	<b>TEZRULY</b> .....	14		
<b>OXAYDO</b> .....	7	<b>THYQUIDITY</b> .....	33		
<b>OXBRYTA</b> .....	26	<b>TIGLUTIK</b> .....	30		
<b>OXISTAT</b> .....	23	<b>TIROSINT-SOL</b> .....	33		
<i>oxybutynin chloride</i> .....	34	<b>TOLECTIN 600</b> .....	5		
<i>oxycodone hcl</i> .....	7	<i>tolmetin sodium</i> .....	5		
<i>oxycodone-acetaminophen</i> .....	8	<i>tolsura</i> .....	12		
<b>OZOBAX</b> .....	29	<b>TONMYA</b> .....	31		
<b>OZOBAX DS</b> .....	29	<b>TOPICORT</b> .....	22		
<i>pantoprazole sodium</i> .....	33	<b>TOPICORT SPRAY</b> .....	23		
<i>penicillamine</i> .....	28	<i>tramadol hcl</i> .....	8		
<b>PHEBURANE</b> .....	25	<i>tramadol hcl (er biphasic)</i> .....	8		
<i>pioglitazone hcl-glimepiride</i> .....	11	<i>tretinoin</i> .....	21		
<b>POKONZA</b> .....	28	<i>tretinoin microsphere</i> .....	21		
<i>potassium chloride</i> .....	28	<i>tretinoin microsphere pump</i> .....	21		
<i>prednisolone</i> .....	18	<b>TREXIMET</b> .....	27		
<i>prednisone</i> .....	18	<i>triamcinolone acetonide</i> .....	23		



An Independent Licensee of the Blue Cross Blue Shield Association

# Notice of Nondiscrimination

## Discrimination Is Against the Law

**Blue Cross® Blue Shield® of Arizona (AZ Blue)** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

### **AZ Blue:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

or email us at [crc@azblue.com](mailto:crc@azblue.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: [azblue.com/nondiscrimination-notice](http://azblue.com/nondiscrimination-notice).



Un licenciatario independiente de Blue Cross Blue Shield Association

## Aviso de no discriminación

La discriminación es ilegal

**Blue Cross® Blue Shield® of Arizona (AZ Blue)** cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

### **AZ Blue:**

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

### **Section 1557 Coordinator**

**P.O. Box 13466**

**Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711**

o bien, envíenos un correo electrónico a [crc@azblue.com](mailto:crc@azblue.com)

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: [azblue.com/nondiscrimination-notice](http://azblue.com/nondiscrimination-notice).

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

**Navajo:** Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'j' ahoot'i'ígíí éí t'áá jiiik'eh hóló. Kohjí' 1-877-475-4799.

**Chinese Simplified:** 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

**Chinese Traditional:** 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

**Vietnamese:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

**Korean:** 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

**Russian:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

### Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

### Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

**Japanese:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。