

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 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 MyBlueSM 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/Anorexiant	3
Analgesics - Anti-Inflammatory	3
Analgesics - Nonnarcotic	5
Analgesics - Opioid	5
Antianxiety Agents	8
Anticonvulsants	8
Antidepressants	8
Antidiabetics	9
Antiemetics	11
Antifungals	11
Antihistamines	11
Antihyperlipidemics	11
Antihypertensives	12
Anti-Infective Agents - Misc.	13
Antimalarials	13
Antineoplastics And Adjunctive Therapies	13
Antiparkinson And Related Therapy Agents	13
Antipsychotics/Antimanic Agents	14
Beta Blockers	14
Cardiovascular Agents - Misc.	14
Cephalosporins	16
Contraceptives	16
Corticosteroids	16
Cough/Cold/Allergy	17
Dermatologicals	17
Diuretics	23
Endocrine And Metabolic Agents - Misc.	23
Estrogens	24
Gastrointestinal Agents - Misc.	24
Genitourinary Agents - Miscellaneous	24
Gout Agents	24
Hematopoietic Agents	24
Hypnotics/Sedatives/Sleep Disorder Agents	25
Laxatives	25
Migraine Products	25
Minerals & Electrolytes	26
Miscellaneous Therapeutic Classes	26
Musculoskeletal Therapy Agents	26
Neuromuscular Agents	27
Ophthalmic Agents	27
Psychotherapeutic And Neurological Agents - Misc.	28
Tetracyclines	29
Thyroid Agents	30
Ulcer Drugs/Antispasmodics/Anticholinergics	30
Urinary Antispasmodics	31
Vaginal And Related Products	31

Drug	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	
*Adhd Agent - Selective Alpha Adrenergic Agonists***	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	QL (2 tablets per day); Alternative Options (alternative: clonidine hcl ER tab 12hour 0.1mg)
*Amphetamines***	
<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)
PROCENTRA ORAL SOLUTION 5 MG/5ML	QL (60ml per day); Alternative Options (alternative: dextroamphetamine tab 5mg)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Alternative Options (alternative: Zenzedi (dextroamphetamine sulfate) tab 5mg or 10mg)
*Stimulants - Misc.***	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	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)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Alternative Options (alternative: methylphenidate oral solution 10mg/5ml)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	QL (1 tablet per day); Alternative Options (Alternative: methylphenidat hcl tab osmotic release tablets); AL (Min 6 Years)
Analgesics - Anti-Inflammatory	
*Antirheumatic Antimetabolites***	
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	Alternative Options (alternative: methotrexate injection)
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	Alternative Options (alternative: methotrexate injection)

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Drug	Notes
*Nonsteroidal Anti-Inflammatory Agent Combinations***	
<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)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG	Alternative Options (alternative: naproxen DR or EC tab 375mg plus esomeprazole magnesium tab 20mg)
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	Alternative Options (alternative: naproxen DR or EC tab 500mg plus esomeprazole magnesium DR cap 20mg)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***	
COXANTO ORAL CAPSULE 300 MG	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)
FENOPRON ORAL CAPSULE 300 MG	Alternative Options (Alternative: fenoprofen tab 600mg)
INDOCIN ORAL SUSPENSION 25 MG/5ML	Alternative Options (Alternative: indomethacin capsules)
INDOCIN RECTAL SUPPOSITORY 50 MG	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)
LOFENA ORAL TABLET 25 MG	Alternative Options (alternative: diclofenac tab 75mg)
<i>meloxicam oral capsule 5 mg</i>	Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
<i>meloxicam oral suspension 7.5 mg/5ml</i>	Alternative Options (alternative: meloxicam tab 7.5mg or 15mg)
NALFON ORAL CAPSULE 400 MG	Alternative Options (alternative: fenoprofen tab 600mg)
NAPROSYN ORAL SUSPENSION 125 MG/5ML	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))

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Drug	Notes
<i>oxaprozin oral capsule 300 mg</i>	DS (30 day supply max); Alternative Options (Alternative: oxaprozin 600mg tab)
RELAFEN DS ORAL TABLET 1000 MG	Alternative Options (alternative: nabumetone 500mg or 750mg)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	QL (10 bottles per month); Alternative Options (alternative: ketorolac tab 10mg); AL (Min 18 Years)
TOLECTIN 600 ORAL TABLET 600 MG	Alternative Options (Alternative: tolmetin 400mg)
<i>tolmetin sodium oral tablet 600 mg</i>	Alternative Options (Alternative: tolmetin 400mg)
ZIPSOR ORAL CAPSULE 25 MG	Alternative Options (alternative: Diclofenac Sodium DR tab 25mg, 50mg or 75mg)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Alternative Options (alternative: diclofenac potassium tab 50mg or diclofenac sodium DR tab 50mg)
Analgesics - Nonnarcotic	
*Analgesics-Sedatives***	
ALLZITAL ORAL TABLET 25-325 MG	Alternative Options (alternative: butalbital/acetaminophen tab 50-325mg)
BUPAP ORAL TABLET 50-300 MG	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)
*Salicylates***	
DOLOBID ORAL TABLET 250 MG	DS (30 day supply max); Alternative Options (Alternative: Diflunisal 500mg tablet)
DOLOBID ORAL TABLET 375 MG	Alternative Options (Alternative: Diflunisal 500mg tablet)
Analgesics - Opioid	
*Codeine Combinations***	
<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)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Alternative Options (alternative: butalbital/acetaminophen/caffeine/codeine cap 50-325-40-30mg)

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Drug	Notes
*Hydrocodone Combinations***	
<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)
*Opioid Agonists***	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 100mg); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 200mg); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	QL (2 capsules per day); Alternative Options (alternative: tramadol hcl ER tab 24hour biphasic release 300mg); AL (Min 18 Years)
OXAYDO ORAL TABLET 5 MG	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)
OXAYDO ORAL TABLET 7.5 MG	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)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG	Alternative Options (Alternative: oxycodone immediate release tab 5mg, 10mg, 15mg, or 30 mg)

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Drug	Notes
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG	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)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	Alternative Options (alternative: oxycodone immediate release tab 5mg, 10mg, 15mg or 30mg)
<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)
*Opioid Combinations***	
APADAZ ORAL TABLET 4.08-325 MG	QL (6 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 4.08325mg)
APADAZ ORAL TABLET 6.12-325 MG	QL (6 tablets per day); Alternative Options (alternative: benzhydrocodone hclacetaminophen tab 6.12325mg)
APADAZ ORAL TABLET 8.16-325 MG	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)

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Drug	Notes
PROLATE ORAL SOLUTION 10-300 MG/5ML	QL (40ml per day); Alternative Options (alternative: oxycodone/acetaminophen 5-325mg/5ml oral solution or oxycodone/acetaminophen 5/325mg tab)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	QL (8 tablets per day); Alternative Options (alternative: oxycodone/acetaminophen tab 5/325mg, 7.5/325mg, or 10/325mg)
*Tramadol Combinations***	
SEGLENTIS ORAL TABLET 56-44 MG	Alternative Options (alternative: Celecoxib 50mg, 100mg, or 200mg AND Tramadol 50mg)
Antianxiety Agents	
*Benzodiazepines***	
ATIVAN ORAL TABLET 0.5 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 0.5mg); AL (Min 18 Years)
ATIVAN ORAL TABLET 1 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 1mg); AL (Min 18 Years)
ATIVAN ORAL TABLET 2 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30 day supply max); Alternative Options (alternative: lorazepam tab 2mg); AL (Min 18 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG	QL (max 2 fills in 25 days); Alternative Options (alternative: lorazepam (various strengths))
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG	Alternative Options (alternative: lorazepam (various strengths))
Anticonvulsants	
*Anticonvulsants - Misc.***	
GABARONE ORAL TABLET 100 MG	DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternative: Gabapentin Capsules)
Antidepressants	
*Antidepressant - Miscellaneous Combinations***	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Alternative Options (alternative: Dextromethorphan HBR (OTC) and bupropion HCL SR 100mg ER 12 HR)

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Drug	Notes
*Antidepressants - Misc.**	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 300mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	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)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Alternative Options (alternative: bupropion hcl ER tab 24hour 150mg plus bupropion hcl ER tab 24hour 300mg)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	QL (3 tablets per day); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	QL (45 tablets per month); Alternative Options (alternative: bupropion hcl XL tab 150mg or 300mg)
*Selective Serotonin Reuptake Inhibitors (SsrIs)**	
<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)
Antidiabetics	
*Biguanides**	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	QL (2 tablets per day); Alternative Options (alternative: metformin hcl ER tab 500mg or 750mg (generic for Glucophage XR)); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	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)

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<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)
<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)
*Diabetic Other***	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	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)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	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)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	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)
*Sulfonylureas***	
<i>glimepiride oral tablet 3 mg</i>	Alternative Options (Alternative: Glimepiride 1mg, 2mg or 4mg)
*Sulfonylurea-Thiazolidinedione Combinations***	
DUETACT ORAL TABLET 30-2 MG	Alternative Options (alternative: glimepiride tab 2mg plus pioglitazone hcl tab 30mg); AL (Min 16 Years)
DUETACT ORAL TABLET 30-4 MG	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)

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<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)
Antiemetics	
*5-Ht3 Receptor Antagonists***	
<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)
*Antiemetics - Miscellaneous***	
MARINOL ORAL CAPSULE 10 MG, 5 MG	QL (3 capsules per day)
MARINOL ORAL CAPSULE 2.5 MG	QL (3 capsules per day); Alternative Options (alternative: dronabinol cap 2.5mg, 5mg, or 10mg)
Antifungals	
*Antifungals***	
<i>fulvicin p/g 165 oral tablet 165 mg</i>	SP; DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternatives: Griseofulvin Ultramicrosize 125mg and 250mg tablets)
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	SP; DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternatives: Griseofulvin Ultramicrosize 125mg and 250mg tablets)
*Triazoles***	
<i>tolsura oral capsule 65 mg</i>	QL (4 capsules per day); Alternative Options (alternative: itraconazole cap 100mg); AL (Min 18 Years)
Antihistamines	
*Antihistamines - Ethanolamines***	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
RYVENT ORAL TABLET 6 MG	Alternative Options (alternative: carbinoxamine maleate tab 4mg)
Antihyperlipidemics	
*Fibric Acid Derivatives***	
<i>fenofibrate micronized oral capsule 43 mg, 90 mg</i>	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))

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<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, 54 mg</i>	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
FENOGLIDE ORAL TABLET 120 MG	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
FENOGLIDE ORAL TABLET 40 MG	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
TRICOR ORAL TABLET 145 MG	QL (1 tablet per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
TRICOR ORAL TABLET 48 MG	QL (2 tablets per day); Alternative Options (alternative: fenofibrate tab 48mg or 145mg (generic for Tricor), fenofibrate tab 160mg (generic for Triglide))
*Hmg Coa Reductase Inhibitors***	
<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)
Antihypertensives	
*Ace Inhibitor & Calcium Channel Blocker Combinations***	
PRESTALIA ORAL TABLET 14-10 MG	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 10mg); AL (Min 18 Years)
PRESTALIA ORAL TABLET 3.5-2.5 MG	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)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
PRESTALIA ORAL TABLET 7-5 MG	Alternative Options (alternative: perindopril erbumine tab 2mg, 4mg, or 8mg plus amlodipine besylate tab 5mg); AL (Min 18 Years)
*Ace Inhibitors***	
EPANED ORAL SOLUTION 1 MG/ML	Alternative Options (alternative: Enalapril tab (various strengths))
*Angiotensin li Receptor Antagonists***	
<i>valsartan oral solution 4 mg/ml</i>	Alternative Options (alternative: valsartan tab (various strengths))
*Antiadrenergics - Centrally Acting***	
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	Alternative Options (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	Alternative Options (alternative: clonidine transdermal patch weekly 0.1mg/24hr, 0.2mg/24hr, or 0.3mg/24hr)
Anti-Infective Agents - Misc.	
*Anti-Infective Agents - Misc.***	
<i>metronidazole oral tablet 125 mg</i>	DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternatives: Metronidazole 250mg and 500mg tablets)
*Urinary Anti-Infectives***	
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	DS (30 day supply max); Alternative Options (Alternatives: nitrofurantoin macrocrystalline cap 25mg, 50mg or 100mg (generics for MACRODANTIN))
Antimalarials	
*Antimalarials***	
SOVUNA ORAL TABLET 200 MG, 300 MG	Alternative Options (alternative: hydroxychloroquine sulfate tab 200mg or 300mg)
Antineoplastics And Adjunctive Therapies	
*Antiandrogens***	
EULEXIN ORAL CAPSULE 125 MG	DS (30 day supply max); Alternative Options (Alternative: flutamide 125mg cap)
Antiparkinson And Related Therapy Agents	
*Antiparkinson Monoamine Oxidase Inhibitors***	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	QL (2 tablets per day); Alternative Options (alternative: selegiline hcl cap 5mg or selegiline hcl tab 5mg)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
Antipsychotics/Antimanic Agents	
*Phenothiazines***	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	Alternative Options (alternative: chlorpromazine hcl tab 25mg)
*Quinolinone Derivatives***	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	DS (30 day supply max); Alternative Options (Alternative: aripiprazole solution, dispersible tablets (ODT), and tablets)
Beta Blockers	
*Beta Blockers Non-Selective***	
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)
Cardiovascular Agents - Misc.	
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***	
<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)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
<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)
CADUET ORAL TABLET 10-10 MG	Alternative Options (alternative: amlodipine besylate tab 10mg plus atorvastatin calcium tab 10mg)
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)
*Cardiovascular Anti-Inflammatory/Immune Modulators***	
LODOCO ORAL TABLET 0.5 MG	Alternative Options (Alternative: colchicine 0.6mg capsule)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***	
LIQREV ORAL SUSPENSION 10 MG/ML	DS (30 day supply max); Alternative Options (alternative: sildenafil citrate suspension 10mg/ml (generic for Revatio))
Cephalosporins	
*Cephalosporins - 1St Generation***	
<i>cephalexin oral capsule 750 mg</i>	Alternative Options (alternative: cephalexin cap 250mg plus cephalexin cap 500mg)
Contraceptives	
*Combination Contraceptives - Oral***	
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
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	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
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	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
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	QL (28 tablets per month); F
YAZ ORAL TABLET 3-0.02 MG	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
Corticosteroids	
*Glucocorticosteroids***	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Alternative Options (alternative: hydrocortisone tab)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
<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)
HEMADY ORAL TABLET 20 MG	Alternative Options (alternative: dexamethasone tab (various strengths))
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	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)
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)
Cough/Cold/Allergy	
*Antitussive - Nonnarcotic***	
<i>benzonatate oral capsule 150 mg</i>	Alternative Options (alternative: benzonatate cap 100mg or benzonatate cap 200mg)
*Opioid Antitussive-Antihistamine***	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Alternative Options (alternative: codeine sulfate tab 60mg plus chlorpheniramine (OTC))
Dermatologicals	
*Acne Antibiotics***	
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%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
CLINDAGEL EXTERNAL GEL 1 %	Alternative Options (alternative: clindamycin phosphate gel 1%)
KLARON EXTERNAL LOTION 10 %	Alternative Options (alternative: sulfacetamide sodium lotion 10% (acne))
*Acne Combinations***	
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 %, 1.2-5 %</i>	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
<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%)
EPIDUO EXTERNAL GEL 0.1-2.5 %	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Alternative Options (alternative: adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)
NEUAC EXTERNAL GEL 1.2-5 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
ONEXTON EXTERNAL GEL 1.2-3.75 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
TWYNEO EXTERNAL CREAM 0.1-3 %	Alternative Options (alternative: tretinoin plus benzoyl peroxide (OTC) taken separately)
VELTIN EXTERNAL GEL 1.2-0.025 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
ZIANA EXTERNAL GEL 1.2-0.025 %	Alternative Options (alternative: clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
*Acne Products***	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Alternative Options (alternative: Amnesteem, Claravis, isotretinoin, Myorisan, or Zenatane)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Alternative Options (alternative: accutane, amnesteem, claravis, isotretinoin, myorisan, or zenatane caps (various strengths))
ARAZLO EXTERNAL LOTION 0.045 %	Alternative Options (alternative: tazarotene cream 0.1%)
ATRALIN EXTERNAL GEL 0.05 %	Alternative Options (alternative: tretinoin gel 0.05%)
AVITA EXTERNAL CREAM 0.025 %	Alternative Options (alternative: tretinoin cream 0.025%)
AZELEX EXTERNAL CREAM 20 %	Alternative Options (alternative: azelaic acid gel 15%)
FABIOR EXTERNAL FOAM 0.1 %	Alternative Options (alternative: tazarotene cream 0.1%)
RETIN-A EXTERNAL CREAM 0.025 %	Alternative Options (alternative: tretinoin cream 0.025%)
RETIN-A EXTERNAL CREAM 0.05 %	Alternative Options (alternative: tretinoin cream 0.05%)
RETIN-A EXTERNAL CREAM 0.1 %	Alternative Options (alternative: tretinoin cream 0.1%)
RETIN-A EXTERNAL GEL 0.01 %	Alternative Options (alternative: tretinoin gel 0.1%)
RETIN-A EXTERNAL GEL 0.025 %	Alternative Options (alternative: tretinoin gel 0.025%)
RETIN-A MICRO EXTERNAL GEL 0.04 %	Alternative Options (alternative: tretinoin gel 0.04%)
RETIN-A MICRO EXTERNAL GEL 0.1 %	Alternative Options (alternative: tretinoin gel 0.1%)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
<i>tazarotene external foam 0.1 %</i>	Alternative Options (alternative: tazarotene cream 0.1%)
<i>tretinoin microsphere external gel 0.08 %</i>	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
<i>tretinoin microsphere pump external gel 0.08 %</i>	Alternative Options (alternative: tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
*Antibiotic Steroid Combinations - Topical***	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Alternative Options (alternative: neomycin-bacitracin-polymyxin ointment plus fluocinonide ointment 0.05%)
*Antibiotics - Topical***	
<i>mupirocin calcium external cream 2 %</i>	Alternative Options (alternative: mupirocin ointment 2%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
*Antipsoriatics***	
<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)
SORILUX EXTERNAL FOAM 0.005 %	QL (1x 120gm can per 30 days); Alternative Options (Alternative: calcipotriene 0.005% cream or solution); AL (Min 18 Years)
*Corticosteroids - Topical***	
<i>amcinonide external ointment 0.1 %</i>	Alternative Options (Alternative: fluocinolone, triamcinolone, betamethasone dipropionate)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	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)
DESOWEN EXTERNAL CREAM 0.05 %	Alternative Options (alternative: desonide cream 0.05%)
<i>desoximetasone external liquid 0.25 %</i>	Alternative Options (alternative: desoximetasone ointment 0.25%)
<i>desoximetasone external ointment 0.05 %</i>	Alternative Options (alternative: desoximetasone ointment 0.25%)
<i>halcinonide external solution 0.1 %</i>	DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); 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%)
HALOG EXTERNAL CREAM 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
HALOG EXTERNAL OINTMENT 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
HALOG EXTERNAL SOLUTION 0.1 %	QL (2gm per day); DS (30 day supply max); Alternative Options (alternative: halcinonide cream 0.1%)
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
IMPOYZ EXTERNAL CREAM 0.025 %	Alternative Options (alternative: clobetasol propionate cream 0.05%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
LEXETTE EXTERNAL FOAM 0.05 %	Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Alternative Options (alternative: hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
SYNALAR EXTERNAL CREAM 0.025 %	Alternative Options (alternative: fluocinolone acetonide cream 0.025%)
SYNALAR EXTERNAL OINTMENT 0.025 %	Alternative Options (alternative: fluocinolone acetonide ointment 0.025%)
SYNALAR EXTERNAL SOLUTION 0.01 %	Alternative Options (alternative: fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%)
TOPICORT EXTERNAL OINTMENT 0.05 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Alternative Options (alternative: desoximetasone ointment 0.25%)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Alternative Options (alternative: triamcinolone acetonide cream 0.025%)
ULTRAVATE EXTERNAL LOTION 0.05 %	QL (2 ml per day); Alternative Options (alternative: halobetasol ointment 0.05% or halobetasol cream 0.05%)
VANOS EXTERNAL CREAM 0.1 %	Alternative Options (alternative: fluocinonide cream 0.05%)
VERDESO EXTERNAL FOAM 0.05 %	Alternative Options (alternative: desonide cream 0.05%)
*Imidazole-Related Antifungals - Topical***	
<i>ketoconazole external foam 2 %</i>	Alternative Options (alternative: ketoconazole cream 2% or ketoconazole shampoo 2%)
KETODAN EXTERNAL FOAM 2 %	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)
LUZU EXTERNAL CREAM 1 %	QL (6gm per month); DS (30 day supply max); Alternative Options (alternative: clotrimazole cream 1%); AL (Min 18 Years)
OXISTAT EXTERNAL LOTION 1 %	Alternative Options (alternative: oxiconazole cream 1%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
*Immunomodulators Imidazoquinolinamines - Topical***	
<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%)
ZYCLARA EXTERNAL CREAM 3.75 %	Alternative Options (alternative: imiquimod cream 5%)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Alternative Options (alternative: imiquimod cream 5%)
*Rosacea Agents***	
<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)
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	DS (Tier 4 OR coinsurance if Excluded Drugs List [EDL] does not apply); Alternative Options (Alternatives: 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)
*Topical Steroid Combinations***	
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)

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Drug	Notes
Diuretics	
*Loop Diuretics***	
SOAANZ ORAL TABLET 40 MG, 60 MG	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
SOAANZ TABLET 20 MG ORAL	Alternative Options (alternative: Torsemide 5mg, 10mg, 20mg or 100mg)
*Potassium Sparing Diuretics***	
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)
Endocrine And Metabolic Agents - Misc.	
*Bisphosphonates***	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	QL (4 tablets per month); Alternative Options (alternative: alendronate sodium tab 70mg plus vitamin d3 (cholecalciferol) tab 2000unit)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	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)
*Urea Cycle Disorder - Agents***	
BUPHENYL ORAL POWDER 3 GM/TSP	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
BUPHENYL ORAL TABLET 500 MG	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
PHEBURANE ORAL PELLETT 483 MG/GM	DS (30 day supply max); Alternative Options (alternative: sodium phenylbutyrate oral tab 500mg or sodium phenylbutyrate oral powder 3gm/teaspoonful)
Estrogens	
*Estrogen & Progestin***	
BIJUVA ORAL CAPSULE 1-100 MG	Alternative Options (alternative: progesterone micronized cap 100mg plus estradiol 1mg)
Gastrointestinal Agents - Misc.	
*Gallstone Solubilizing Agents***	
RELTONE ORAL CAPSULE 200 MG, 400 MG	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Alternative Options (alternative: Ursodiol oral cap 300mg or oral tab 250mg or 500mg)
*Gastrointestinal Stimulants***	
GIMOTI NASAL SOLUTION 15 MG/ACT	DS (30 day supply max); Alternative Options (alternative: metoclopramide ODT, solution or tab)
Genitourinary Agents - Miscellaneous	
*Prostatic Hypertrophy Agent Combinations***	
ENTADFI ORAL CAPSULE 5-5 MG	Alternative Options (alternative: finasteride tab and tadalafil tab taken separately)
Gout Agents	
*Gout Agents***	
<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)
MITIGARE ORAL CAPSULE 0.6 MG	Alternative Options (alternative: colchicine 0.6mg tablet)
Hematopoietic Agents	
*Amino Acids***	
ENDARI ORAL PACKET 5 GM	Alternative Options (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC))

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
<i>l-glutamine oral packet 5 gm</i>	Alternative Options (alternative: glutamine powder packet (OTC), glutamine cap 500mg (OTC) or Lglutamine tab 500mg (OTC))
*Hemoglobin S (Hbs) Polymerization Inhibitors***	
OXBRYTA ORAL TABLET 300 MG	DS (30 day supply max); Alternative Options (alternative: Oxbryta tab 500mg or soluble tab 300mg)
Hypnotics/Sedatives/Sleep Disorder Agents	
*Hypnotics - Tricyclic Agents***	
SILENOR ORAL TABLET 3 MG, 6 MG	QL (1 tablet per day); Alternative Options (alternative: doxepin cap 10mg); AL (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	Alternative Options (alternative: zolpidem tartrate tab 10mg); AL (Min 18 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	Alternative Options (alternative: zolpidem tartrate tab 5mg); AL (Min 18 Years)
<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)
Laxatives	
*Laxatives - Miscellaneous***	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Alternative Options (alternative: lactulose oral solution)
<i>lactulose oral packet 10 gm, 20 gm</i>	Alternative Options (alternative: lactulose oral solution)
Migraine Products	
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***	
ELYXYB ORAL SOLUTION 120 MG/4.8ML	DS (30 day supply max); Alternative Options (alternative: Celecoxib 50mg, 100mg, 200mg, or 400mg)
*Migraine Products - Nsaids***	
CAMBIA ORAL PACKET 50 MG	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)
*Selective Serotonin Agonist-Nsaid Combinations***	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
TREXIMET ORAL TABLET 85-500 MG	Alternative Options (alternative: sumatriptan succinate tab 50mg or 100mg plus naproxen tab 500mg)
*Selective Serotonin Agonists 5-Ht(1)***	
FROVA ORAL TABLET 2.5 MG	QL (20 tablets per month); Alternative Options (alternative: frovatriptan succinate tab 2.5mg)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Alternative Options (alternative: sumatriptan succinate tab 25mg)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	QL (20 pens per month); Alternative Options (alternative: sumatriptan succinate injection 4mg/0.5ml); AL (Min 18 Years)
Minerals & Electrolytes	
*Potassium***	
POKONZA ORAL PACKET 10 MEQ	Alternative Options (Alternatives: potassium chloride oral packet 20 meq (generic) and potassium chloride oral solution 20 meq/15ml (10%))
Miscellaneous Therapeutic Classes	
*Chelating Agents***	
CUPRIMINE ORAL CAPSULE 250 MG	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
<i>penicillamine oral capsule 250 mg</i>	Alternative Options (alternative: Depen Titra (penicillamine) tab 250mg)
Musculoskeletal Therapy Agents	
*Central Muscle Relaxants***	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	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)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
<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)
FEXMID ORAL TABLET 7.5 MG	Alternative Options (alternative: cyclobenzaprine hcl tab 5mg or 10mg)
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	Alternative Options (alternative: Baclofen tab 10mg or 20mg)
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	DS (30 day supply max); Alternative Options (alternative: Baclofen tab 10mg or 20mg)
<i>methocarbamol oral tablet 1000 mg</i>	Alternative Options (alternative: methocarbamol 500mg or 750mg tab)
OZOBAX DS ORAL SOLUTION 10 MG/5ML	QL (40ml per day); Alternative Options (alternative: baclofen tab)
OZOBAX ORAL SOLUTION 5 MG/5ML	QL (80ml per day); Alternative Options (alternative: baclofen tab)
SOMA ORAL TABLET 250 MG	QL (4 tablets per day); DS (21 day supply max); Alternative Options (alternative: carisoprodol tab 350mg)
TANLOR ORAL TABLET 1000 MG	Alternative Options (alternative: methocarbamol 500mg or 750mg tab)
*Muscle Relaxant Combinations***	
NORGESIC ORAL TABLET 25-385-30 MG	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))
Neuromuscular Agents	
*Benzathiazoles***	
RILUTEK ORAL TABLET 50 MG	Alternative Options (alternative: riluzole tab 50mg)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Alternative Options (alternative: riluzole tab 50mg)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Alternative Options (alternative: riluzole tab 50mg)
Ophthalmic Agents	
*Beta-Blockers - Ophthalmic***	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.25%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
BETIMOL OPHTHALMIC SOLUTION 0.5 %	Alternative Options (alternative: timolol maleate ophthalmic solution 0.5%)
*Ophthalmic Steroids***	
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%)
*Prostaglandins - Ophthalmic***	
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%)
Psychotherapeutic And Neurological Agents - Misc.	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Alternative Options (Alternative: Gabapentin cap 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 300 MG	Alternative Options (alternative: gabapentin cap 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 600 MG	Alternative Options (alternative: gabapentin tab 600mg); AL (Min 18 Years)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
*Restless Leg Syndrome (RLS) Agents***	
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)
*Vasomotor Symptom Agents - SsrIs***	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Alternative Options (Alternative: paroxetine tab 10mg)
Tetracyclines	
*Tetracyclines***	
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)
<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))

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
<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)
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG	QL (1 tablet per day); Alternative Options (alternative: minocycline hcl cap 50mg, 75mg, 100mg); AL (Min 12 Years)
TARGADOX ORAL TABLET 50 MG	Alternative Options (alternative: doxycycline hyclate tab 20mg or cap 50mg)
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>	DS (30 day supply max); Alternative Options (Alternative: Tetracycline capsules)
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Alternative Options (alternative: minocycline hcl cap/tab 50mg, 75mg, or 100mg)
Thyroid Agents	
*Thyroid Hormones***	
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)
Ulcer Drugs/Antispasmodics/Anticholinergics	
*Proton Pump Inhibitors***	
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)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
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)
*Quaternary Anticholinergics***	
GLYCATE ORAL TABLET 1.5 MG	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg)
<i>glycopyrrolate oral tablet 1.5 mg</i>	Alternative Options (Alternative: Glycopyrrolate 1mg or 2mg)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	QL (8 capsules per day); Alternative Options (Alternative: lansoprazole cap DR 30mg, amoxicillin cap 500mg, plus clarithromycin 500mg tab)
Urinary Antispasmodics	
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Alternative Options (alternative: tolterodine tartrate tab 2mg)
DETROL ORAL TABLET 1 MG	Alternative Options (alternative: tolterodine tartrate tab 1mg)
DETROL ORAL TABLET 2 MG	Alternative Options (alternative: tolterodine tartrate tab 2mg)
GELNIQUE TRANSDERMAL GEL 10 %	Alternative Options (alternative: oxybutynin chloride tab 5mg)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Alternative Options (alternative: oxybutynin tab 5mg)
Vaginal And Related Products	
*Vaginal Estrogens***	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Drug	Notes
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (alternative: Estrace (estradiol) vaginal cream 0.01%)

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OPEN Drug List; Last revision date:05/07/2025 To search for a drug use control + f

Index

ABSORICA	19	DESOWEN	20	HALOG	20
ABSORICA LD	18	<i>desoximetasone</i>	20	HEMADY	17
ACANYA	18	DETROL	31	HIDEX 6-DAY	17
ACIPHEX	30	DETROL LA	31	HORIZANT	29
ACZONE	17	<i>dexabliss</i>	17	<i>hydrocodone-acetaminophen</i>	6
<i>adapalene-benzoyl peroxide</i>	18	<i>dexamethasone</i>	17	<i>hydrocodone-ibuprofen</i>	6
ALKINDI SPRINKLE	16	<i>dextroamphetamine sulfate</i>	3	<i>hydrocortisone butyr lipo base</i>	20
<i>allopurinol</i>	24	<i>diclofenac potassium</i>	4	<i>imiquimod</i>	22
ALLZITAL	5	<i>diclofenac potassium(migraine)</i>	25	<i>imiquimod pump</i>	22
ALREX	28	DOLOBID	5	IMPOYZ	20
<i>amcinonide</i>	20	DORYX	29	IMVEXXY MAINTENANCE PACK ..	31
<i>amlodipine-atorvastatin</i>	14, 15	DORYX MPC	29	IMVEXXY STARTER PACK	32
<i>amoxicill-clarithro-lansopraz</i>	31	<i>doxycycline</i>	22	INDERAL LA	14
AMRIX	26	<i>doxycycline hyclate</i>	29	INDERAL XL	14
APADAZ	7	<i>doxycycline monohydrate</i>	29	INDOCIN	4
APLENZIN	9	DUETACT	10	<i>indomethacin</i>	4
ARAZLO	19	DUOBRII	22	INNOPRAN XL	14
ATELVIA	23	EDLUAR	25	INVELTYS	28
ATIVAN	8	ELYXYB	25	IYUZEH	28
ATRALIN	19	EMROSI	22	JOYEAX	16
AUVELITY	8	ENDARI	24	KAPVAY	3
AVITA	19	ENSTILAR	22	<i>ketoconazole</i>	21
AZELEX	19	ENTADFI	24	KETODAN	21
<i>baclofen</i>	26	EPANED	13	<i>ketoprofen</i>	4
BALCOLTRA	16	EPIDUO	18	KLARON	18
<i>benzonatate</i>	17	EPIDUO FORTE	18	KRISTALOSE	25
BETIMOL	27, 28	EULEXIN	13	<i>lactulose</i>	25
BEYAZ	16	EYSUVIS	28	<i>levonorgest-eth estradiol-iron</i>	16
BIJUVA	24	FABIOR	19	LEXETTE	21
BINOSTO	23	<i>fenofibrate</i>	12	<i>l-glutamine</i>	25
BUPAP	5	<i>fenofibrate micronized</i>	11	LIPOFEN	12
BUPHENYL	23	FENOGLIDE	12	LIQREV	16
<i>bupropion hcl er (xl)</i>	9	<i>fenopropfen calcium</i>	4	LOCOID LIPOCREAM	21
<i>butalbital-acetaminophen</i>	5	FENOPRON	4	LODOCO	15
<i>butalbital-apap-caff-cod</i>	5	FEXMID	27	LOFENA	4
CADUET	15	FINACEA	22	LOREEV XR	8
<i>calcipotriene</i>	20	FIORICET/CODEINE	5	LOTEMAX	28
CAMBIA	25	FLEQSUVY	27	LOTEMAX SM	28
<i>carbinoxamine maleate</i>	11	<i>flolipid</i>	12	<i>loteprednol etabonate</i>	28
<i>carisoprodol</i>	26	<i>fluoxetine hcl</i>	9	<i>luliconazole</i>	21
CAROSPIR	23	FORFIVO XL	9	LUZU	21
<i>cephalexin</i>	16	FOSAMAX PLUS D	23	LYVISPAH	27
<i>chlorpromazine hcl</i>	14	FROVA	26	MARINOL	11
<i>chlorzoxazone</i>	26	<i>fulvicin plg 165</i>	11	<i>meloxicam</i>	4
<i>citalopram hydrobromide</i>	9	<i>gabapentin (once-daily)</i>	28	<i>metformin hcl</i>	10
CLEOCIN-T	17	GABARONE	8	<i>metformin hcl er (mod)</i>	9, 10
CLINDAGEL	18	GELNIQUE	31	<i>metformin hcl er (osm)</i>	10
<i>clindamycin phos-benzoyl perox</i>	18	GIMOTI	24	<i>methocarbamol</i>	27
<i>clindamycin-tretinoin</i>	18	<i>glimepiride</i>	10	<i>methylphenidate hcl er (osm)</i>	3
CLOBEX SPRAY	20	GLUMETZA	9	METROCREAM	22
<i>clonidine hcl er</i>	13	GLYCATE	31	METROGEL	22
<i>colchicine</i>	24	<i>glycopyrrolate</i>	31	METROLOTION	22
CONCERTA	3	GRALISE	28	<i>metronidazole</i>	13
CONZIP	6	<i>griseofulvin ultramicrosize</i>	11	MINASTRIN 24 FE	16
COXANTO	4	GVOKE HYOPEN 1-PACK	10	<i>minocycline hcl er</i>	30
CUPRIMINE	26	GVOKE HYOPEN 2-PACK	10	MINOLIRA	30
<i>cyclobenzaprine hcl</i>	27	GVOKE PFS	10	MINZOYA	16
<i>cyclobenzaprine hcl er</i>	27	<i>halcinonide</i>	20	MITIGARE	24
<i>desonide</i>	20	<i>halobetasol propionate</i>	20	<i>mupirocin calcium</i>	19

NALFON	4	SOMA	27
NAPROSYN	4	SORILUX	20
<i>naproxen</i>	4	SOVUNA	13
<i>naproxen-esomeprazole mg</i>	4	<i>spironolactone</i>	23
NEO-SYNALAR	19	SPRIX	5
NEUAC	18	<i>sumatriptan-naproxen sodium</i>	25
NEXICLON XR	13	SYNALAR	21
NEXIUM	30	TANLOR	27
NEXIUM 24HR CLEAR MINIS	30	TAPERDEX 12-DAY	17
<i>nitrofurantoin</i>	13	TAPERDEX 6-DAY	17
NORGESIC	27	TAPERDEX 7-DAY	17
NORITATE	22	TARGADOX	30
<i>ondansetron</i>	11	<i>tazarotene</i>	19
<i>ondansetron hcl</i>	11	TEGLUTIK	27
ONEXTON	18	<i>tetracycline hcl</i>	30
ONZETRA XSAIL	26	THYQUIDITY	30
OPIPZA	14	TIGLUTIK	27
ORACEA	22	TIROSINT-SOL	30
<i>orphenadrine-aspirin-caffeine</i>	27	TOLECTIN 600	5
OTREXUP	3	<i>tolmetin sodium</i>	5
<i>oxaprozin</i>	5	<i>tolsura</i>	11
OXAYDO	6	TOPICORT	21
OXBRYTA	25	TOPICORT SPRAY	21
OXISTAT	21	<i>tramadol hcl</i>	7
<i>oxybutynin chloride</i>	31	<i>tramadol hcl (er biphasic)</i>	7
<i>oxycodone hcl</i>	6	<i>tretinoin microsphere</i>	19
<i>oxycodone-acetaminophen</i>	7	<i>tretinoin microsphere pump</i>	19
OZOBAX	27	TREXIMET	26
OZOBAX DS	27	<i>triamcinolone acetonide</i>	21
<i>pantoprazole sodium</i>	30	TRICOR	12
<i>paroxetine mesylate</i>	29	TUXARIN ER	17
<i>penicillamine</i>	26	TWYNEO	18
PHEBURANE	24	ULTRAVATE	21
<i>pioglitazone hcl-glimepiride</i>	10, 11	<i>ursodiol</i>	24
POKONZA	26	<i>valsartan</i>	13
<i>prednisolone</i>	17	VANOS	21
PRESTALIA	12, 13	VELTIN	18
PREVACID	30	VERDESO	21
PREVACID SOLUTAB	31	VIMOVO	4
PROCENTRA	3	WELLBUTRIN XL	9
PROLATE	8	WYNZORA	22
PROTONIX	31	XALATAN	28
QUILLIVANT XR	3	XIMINO	30
<i>rabeprazole sodium</i>	31	YAZ	16
RASUVO	3	ZELAPAR	13
RAYOS	17	ZEMBRACE SYMTOUCH	26
RELAFEN DS	5	ZENZEDI	3
RELEXXII	3	ZIANA	18
RELTONE	24	ZIPSOR	5
RETIN-A	19	<i>zolpidem tartrate</i>	25
RETIN-A MICRO	19	ZORVOLEX	5
RETIN-A MICRO PUMP	19	ZYCLARA	22
RILUTEK	27	ZYCLARA PUMP	22
<i>risedronate sodium</i>	23		
ROXYBOND	6, 7		
RYVENT	11		
SEGLENTIS	8		
<i>sertraline hcl</i>	9		
SILENOR	25		
SOAANZ	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

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.



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

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.

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'í' 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。