

Brand Name Preferred List as of July 1, 2024

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|---------------------------|---------------|--------------------------|--------------------------|--------------------------|------------------------|-------------------------|-------------------------|---------------------|
| Adcirca | Benicar HCT | Copaxone 20mg/ml dose | Finacea | Lantus Vial | Pentasa | Retin-A Gel | Testim Gel 1% Packet | Vyvanse Chewable |
| Adderall XR | Butrans | Daytrana | Firvanq | Lumigan | Pradaxa | Sabril Powder Pack | Toviaz | Xigduo XR |
| Advair Diskus | Carbatrol | Dexilant | Flovent HFA* | Narcan Nasal | Proair HFA | Sabril Tablet | Transderm- Scop | |
| Advair HFA | Catapres TTS* | Elidel | Gabitril | Natroba | Protonix Suspension | Sandimmune Capsule** | Travatan-Z | |
| Alphagan P 0.1%, 0.15% | Celontin | Emend Cap | Humalog Jr Kwikpen** | Nexium Suspension | Proventil HFA** | Saphris | Trileptal Suspension | |
| Amitiza | Chantix | Emend Pack | Humalog Mix Kwikpen** | Novolog Cartridge** | Rapamune Solution | Spiriva Handihaler | Vascepa | |
| Apriso | Chantix Pack | Epipen** | Humalog Kwikpen** | Novolog Mix Flexpen** | Rapamune Tablet | Suboxone Film | Ventolin HFA | |
| Azopt | Ciprodex* | Epipen Jr** | Humalog Vial** | Novolog Mix Vial | Relpax | Symbicort | Vigamox | |
| Banzel Susp | Combigan | Exelon Patch | Imitrex Nasal | Novolog Flexpen** | Restasis | Tegretol XR | Vimpat* | |
| Banzel Tab | Concerta | Farxiga | Lantus Solostar | Novolog Vial** | Retin-A Cream | Tekturna | Vyvanse Capsule | |

* = Brand Name AND Generic are BOTH Preferred (various reasons including drugs being discontinued, shortages, etc.)

** = Brand and AUTHORIZED GENERIC (only) are BOTH Preferred

This list is current as of 7/1/2024 and is subject to change at any time, should not be considered all-inclusive, and cannot be used for claims payment. **FOR INFORMATIONAL PURPOSES ONLY.**