

Brand Name Preferred over Generic List UPDATED 04/01/25

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|-------------------------|------------------------|-------------------------|-------------------------|----------------------|-----------------------|-----------------------|--|--|
| Advair Diskus® | Celontin® | Exelon® Patch | Myrbetriq® Tablet | Pentasa® | Sandimmune® Capsule* | Tresiba® | | |
| Advair HFA® | Chantix®* | Farxiga® | Narcan® Nasal | Pradaxa® | Saphris® | Trileptal® Suspension | | |
| Alphagan P® 0.1%, 0.15% | Chantix® Pack* | Finacea® | Natroba® | Protonix® Suspension | Spiriva® Handihaler® | Ventolin® HFA | | |
| Apriso® | Combigan® | Humalog Jr® Kwikpen®** | Nexium® Suspension | Rapamune® Tablet* | Suboxone® Film | Victoza® | | |
| Azopt® | Copaxone® 20mg/ml dose | Humalog® Mix Kwikpen®** | Novolog® Cartridge** | Relpax® | Symbicort® | Vyvance® Capsule | | |
| Banzel® Susp | Daytrana® | Humalog® Kwikpen®** | Novolog® Mix Flexpen®** | Restasis® | Tegretol® XR | Vyvance® Chewable | | |
| Banzel® Tab | Dexilant® | Humalog® Vial** | Novolog® Mix Vial | Retin-A® Cream | Tekturna® | Xigduo® XR | | |
| Benicar HCT® | Elidel® | Lantus® Solostar® | Novolog® Flexpen®** | Retin-A® Gel | Testim® Gel 1% Packet | | | |
| Butrans® | Epipen®** | Lantus® Vial | Novolog® Vial** | Sabril® Powder Pack | Transderm-Scop® | | | |
| Carbatrol® | Epipen Jr®** | Lumigan® | Oxycontin® | Sabril® Tablet | Travatan-Z® | | | |

* = 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 04/01/2025, is subject to change at any time, should not be considered all-inclusive, and cannot be used for claims payment. **FOR INFORMATIONAL PURPOSES ONLY.**