



**BlueCross
BlueShield**

Federal Employee Program

FEP BLUE STANDARD™

Effective January 1, 2025, the below drugs will no longer be covered under FEP Blue Standard™. These non-covered drugs have available covered options in the same therapeutic class. Members can review available covered options on the excluded drug list within the FEP Blue Standard™ formulary found [here](#).

FEP Blue Standard™ members taking a non-covered drug on or after January 1, 2025 should expect to pay the **full cost** of the prescription.

FORMULARY EXCEPTION PROCESS

The Formulary Exception process allows members to apply for coverage of a non-covered drug if they have tried and failed the covered drug(s). If the exception is approved, the non-covered drug will be covered at a Tier 3 cost share to the member. Any applicable prior approval criteria must be met in order for coverage to be provided. If a prior approval is required the necessary forms will be sent to the provider.

Click [here](#) for a Formulary Exception Form.

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
MINOLIRA	azithromycin, doxycycline (except 20 mg), minocycline, minocycline ext-rel, sulfamethoxazole/trimethoprim, MINOCIN, SOLODYN, VIBRAMYCIN, ZITHROMAX
adapalene pad, adapalene soln 0.1%, CABTREO	adapalene crm, gel (Rx only), adapalene/benzoyl peroxide, benzoyl peroxide, clindamycin gel, lotion, soln, swabs, clindamycin/benzoyl peroxide, clindamycin/tretinoin,

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
	erythromycin gel 2%, soln, erythromycin/benzoyl peroxide, sulfacetamide sodium, tazarotene crm 0.1%, gel 0.05%, 0.1%, tretinoin, ACANYA, AKLIEF, AMZEEQ, ARAZLO, ATRALIN, AZELEX, BENZAC AC, BENZAMYCIN, CLEOCIN T, DIFFERIN (Rx only), EPIDUO/FORTE, ERYGEL, FABIOR, ONEXTON, RETIN A, RETIN A MICRO/PUMP, TAZORAC, TWYNEO, VELTIN, WINLEVI, ZIANA
ABSORICA LD	isotretinoin, ABSORICA
carbinoxamine 6 mg, RYVENT	desloratadine, levocetirizine (Rx), montelukast, zafirlukast, ACCOLATE, CLARINEX, CLARINEX-D, SINGULAIR
PRADAXA, PRADAXA PAK, SAVAYSA	dabigatran caps, warfarin, ELIQUIS, XARELTO
opium tincture	diphenoxylate/atropine, loperamide
TOLSURA	fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole, DIFLUCAN, NOXAFIL, SPORANOX, VFEND
diclofenac potassium caps, diclofenac sodium soln 2%, fenoprofen cap 200 mg, indomethacin caps (20 mg, 40 mg), indomethacin supp (50 mg, 100 mg), indomethacin susp, meloxicam caps (5 mg, 10 mg), meloxicam susp 7.5 mg/5 mL, naproxen sodium ext-rel tablets, oxaprozin 300 mg caps, CAMBIA, COXANTO, FENORTHO, INDOCIN susp/supp, NAPRELAN, PENNSAID 2%, RELAFEN DS, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac DR/ER (except diclofenac potassium caps), diclofenac gel/soln (except soln 2%), etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER (except indomethacin caps 20 mg, 40 mg and supp 50 mg, 100 mg, and suspension), ketoprofen/ER, meloxicam tabs, nabumetone, naproxen, oxaprozin (except 300 mg caps), piroxicam, sulindac
ibuprofen/famotidine tabs, naproxen/esomeprazole magnesium tabs DR, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole magnesium delayed-rel, famotidine, ibuprofen, naproxen
CONSENSI	celecoxib, CELEBREX, AND amlodipine tabs, NORVASC
ADIPEX-P, PLENITY	benzphetamine tabs, diethylpropion ext-rel tabs, diethylpropion tabs, orlistat (RX), phendimetrazine tabs, phentermine tabs/caps, CONTRAVE, LOMAIRA, PHENDIMETRAZINE TARTRATE EXT-REL CAP, QSYMIA, SAXENDA, WEGOVY, XENICAL (RX)
penicillamine caps, CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate, penicillamine tabs, DEPEN
LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
DONNATAL	atropine/hyoscyamine/scopolamine/phenobarbital

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
LOREEV XR	alprazolam/ext-rel, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, ATIVAN, KLOONOPIN, VALIUM, XANAX/XR
zileuton ext-rel	montelukast, zafirlukast, ACCOLATE, SINGULAIR, ZYFLO
adalimumab-aacf, adalimumab-aaty, adalimumab-adbm, adalimumab-ryvk, ABRILADA, AMJEVITA, CYLTEZO, HADLIMA, HULIO, IDACIO, SIMLANDI, YUFLYMA, YUSIMRY	adalimumab-adaz, adalimumab-fkjp, HUMIRA, HYRIMOZ
LITFULO	Members advised to discuss suitable therapeutic alternatives with prescriber.
UROXATRAL	alfuzosin ext-rel, dutasteride, dutasteride/tamsulosin, finasteride, silodosin, tadalafil (2.5mg, 5mg), tamsulosin, AVODART, CIALIS (2.5mg, 5mg), PROSCAR, RAPAFLO, FLOMAX
DETROL, DETROL LA, ENABLEX, GEMTESA, OXYTROL, VESICARE	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin, oxybutynin ext-rel, solifenacain, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, DITROPAN XL, GELNIQUE, MYRBETRIQ, TOVIAZ, VESICARE LS
BETAPACE, BETAPACE AF	sotalol, sotalol AF
aspirin/omeprazole delayed-rel tabs, YOSPRALA	aspirin*** and esomeprazole magnesium delayed-rel, lansoprazole, omeprazole, pantoprazole, rabeprazole (except rabeprazole capsule sprinkle delayed-rel)
SYMBYAX	olanzapine/fluoxetine
ADZENYS XR-ODT, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR, EVEKEO ODT	amphetamine/dextroamphetamine mixed salts/ER, amphetamine sulfate, dextmethylphenidate/ER, dextroamphetamine/ER, lisdexexamfetamine, methylphenidate/ER, ADDERALL, ADDERALL XR, APTENSIO XR, AZSTARYS, CONCERTA, DAYTRANA, DEXEDRINE, EVEKEO, FOCALIN, FOCALIN XR, JORNAY PM, METHYLIN, MYDAYIS, PROCENTRA, QUILLICHEW ER, QUILLIVANT XR, RELEXXII, RITALIN, RITALIN LA, VYVANSE, ZENZEDI
DEXABLISS, DXEVO 11-DAY, MILLIPRED	dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisolone, prednisone, CORTEF, MEDROL, ORAPRED ODT, RAYOS
ALCOTRIN-A, LOTRISONE*, XOLEGEL	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe, ketoconazole, luliconazole, miconazole nitrate/zinc oxide, naftifine, nystatin, oxiconazole crm, sulconazole, tavaborole sol 5%, ECOZA,

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
	ERTACZO, EXELDERM, JUBLIA, KERYDIN, LOPROX, LUZU, MENTAX, NAFTIN, OXISTAT, VUSION
halobetasol propionate topical foam, triamcinolone oint 0.05%, BRYHALI, LEXETTE, OLUX/OLUX-E, TRIANEX, VANOS	betamethasone dipropionate (crm, lotion, oint), betamethasone dipropionate augmented (crm, lotion, gel, oint), clobetasol propionate, diflorasone diacetate, fluocinonide (crm, gel, oint, soln), halobetasol propionate crm, triamcinolone acetonide (except triamcinolone oint 0.05%), APEXICON E, CLOBEX, DIPROLENE, HALOG, KENALOG SPRAY, SERNIVO, TOPICORT, ULTRAVATE
XERESE	acyclovir, hydrocortisone
VEREGEN	imiquimod, ZYCLARA
EXTINA	ketoconazole foam 2%
OVACE, OVACE PLUS	sulfacetamide sodium
TACLONEX	acitretin, betamethasone dipropionate/calcipotriene (ointment, suspension), calcipotriene, calcitriol, methoxsalen, DUOBRII, ENSTILAR, SORILUX, VECTICAL, WYNZORA
EPSOLAY	azelaic acid gel, brimonidine topical gel, doxycycline (except 20 mg), flurandrenolide, ivermectin crm 1%, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, NORITATE, ORACEA, RHOFADE, SOOLANTRA, ZILXI
sitagliptin, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, TRAJENTA, ZITUVIO	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, saxagliptin, saxagliptin/metformin ext-rel, JANUMET, JANUMET XR, JANUVIA
ADLYXIN, BYDUREON, BYDUREON BCISE, BYETTA	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
SOLIQUA	XULTOPHY
insulin glargine, LANTUS/SOLOSTAR, REZVOGLAR, SEMGLEE, TOUJEO/SOLOSTAR/MAX SOLOSTAR	BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC/FLEXTOUCH, INSULIN GLARGINE - YFGN (interchangeable biosimilar), TRESIBA/FLEXTOUCH
metformin 625mg tab, GLUMETZA, RIOMET ER	metformin (does not include 625mg tabs), metformin ext-rel, metformin oral soln, RIOMET IR
CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide
BRENZAVVY	dapagliflozin, FARXIGA, JARDIANCE
allopurinol 200 mg tab	allopurinol (does not include 200 mg tab), colchicine, febuxostat, probenecid, COLCRYS, KRYSPEXXA, MITIGARE, ULORIC, ZYLOPRIM

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PEPCID	cimetidine, famotidine 40mg, nizatidine
levamlodipine, valsartan oral soln 4 mg/ml, TRYVIO	candesartan, candesartan/HCT, irbesartan, irbesartan/HCT, losartan, losartan/HCT, olmesartan, olmesartan/HCT, telmisartan, telmisartan/HCT, valsartan, valsartan/HCT, ATACAND, ATACAND HCT, AVAPRO, AVALIDE, BENICAR, BENICAR HCT, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYSCLOR, HYZAAR, MICARDIS, MICARDIS HCT
CONJUPRI, NORLIQVA	amlodipine tabs, felodipine ext-rel, nicardipine, nifedipine ext-rel, nisoldipine ext-rel, KATERZIA, NORVASC, PROCARDIA XL, SULAR
FENOGLIDE	fenofibrate, fenofibric acid del-rel, gemfibrozil, ANTARA, LIPOFEN, LOPID, TRICOR
simvastatin susp, ALTOPREV, ATORVALIQ, FLOLIPID, ZYPITAMAG	atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin ext-rel, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin (except susp), CRESTOR, EZALLOR SPRINKLE, EZETIMIBE/ROSUVASTATIN tabs, LESCOL XL, LIPITOR, LIVALO, VYTORIN, ZOCOR
FLUMADINE	oseltamivir, rimantadine, RELENZA, TAMIFLU, XOFLUZA
RIMSO-50	Members advised to discuss suitable therapeutic alternatives with prescriber.
AMITIZA	lubiprostone (generic), prucalopride, IBSRELA, LINZESS, MOTEGRITY
LACTULOSE PAK 10MG, SUFLAVE	lactulose solution, PEG 3350/electrolytes, sodium sulfate/potassium sulfate/magnesium sulfate, CLENPIQ, GOLYTELY, KRISTALOSE, MOVIPREP, OSMOPREP, PLENNU, PREPOPIK, SUPREP, SUTAB
AJOVY	AIMOVIG, EMGALITY 120 mg/mL, QULIPTA, VYEPTI
UBRELVY	NURTEC ODT
CAFERGOT, MIGRANAL, TRUDHESA	dihydroergotamine nasal spray/inj, ergotamine/caffeine tabs, D.H.E. 45
REYVOW	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, FROVA, IMITREX, MAXALT, MAXALT-MLT, ONZETRA XSAIL, RELPAX, TOSYMRA, ZOMIG
TASMAR	amantadine, apomorphine, benztropine, bromocriptine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole/ER, selegiline, tolcapone, APOKYN, AZILECT, COMTAN, CREXONT, DUOPA, GOCOVRI, KYNMOBI,

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
	MIRAPEX XR, NEUPRO, OSMOLEX ER, PARLODEL, RYTARY, SINEMET, STALEVO, XADAGO, ZELAPAR
AMPYRA	dalfampridine ER
COPAXONE	glatiramer, glatopa
TECFIDERA	dimethyl fumarate delayed-rel
cyclobenzaprine ext-rel, AMRIX	baclofen, cyclobenzaprine
chlorzoxazone tab (250mg, 375mg, 750mg), LORZONE	chlorzoxazone tab 500mg
orphenadrine/aspirin/caffeine tabs, ORPHENGESIC FORTE	aspirin***, caffeine [§] , baclofen, cyclobenzaprine
ondansetron 16mg ODT, ANZEMET, ZUPLENZ	gransetron, ondansetron (except 16mg ODT), palonosetron, promethazine, SANCUSO
VASCEPA	icosapent ethyl caps, omega-3 acid ethyl esters caps, LOVAZA
BACIGUENT	bacitracin ophthalmic
VEVYE	cyclosporine emulsion, CEQUA, EYSUVIS, MIEBO, RESTASIS, TYRVAYA, XIIDRA
atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution
PHOSPHOLINE IODIDE	Members advised to discuss suitable therapeutic alternatives with prescriber
VUITY	Members advised to discuss suitable therapeutic alternatives with prescriber
gabapentin (once-daily) tabs, pregabalin ext-rel tabs, GRALISE, HORIZANT, LYRICA CR	gabapentin, pregabalin (does not include ext-rel tabs), LYRICA, NEURONTIN
benzhydrocodone/acetaminophen, hydrocodone-acetaminophen sol 10 mg - 325 mg/15 mL, oxycodone/acetaminophen sol 10 mg - 300 mg/5 mL, oxycodone/acetaminophen tab (2.5 mg - 300 mg, 5 mg - 300 mg, 10 mg - 300 mg), APADAZ, NALOCET, PRIMLEV, PROLATE	codeine/acetaminophen, hydrocodone/acetaminophen, oxycodone/acetaminophen (except 10 mg - 300 mg/5 mL sol, and 2.5 mg - 300, 5 mg - 300 mg, 10 mg - 300 mg tabs), tramadol/acetaminophen, ENDOCET, PERCOCET
LAZANDA	fentanyl buccal, fentanyl sublingual, fentanyl transmucosal, FENTORA, SUBSYS
levorphanol	hydromorphone, morphine, oxycodone, tramadol (except

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
	25mg tab and 100mg tab), DILAUDID, NUCYNTA, OPANA, ROXICODONE
tramadol 25mg tab , tramadol 100mg tab, CONZIP	tramadol (except 25mg tab and 100mg tab), tramadol ext-rel, tramadol/acetaminophen
ZTLIDO	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH
esomeprazole strontium, rabeprazole capsule sprinkle delayed-rel, ACIPHEX, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEP, NEXIUM, PREVACID, PREVACID SOLUTAB, PRILOSEC, PROTONIX, ZEGERID	dexlansoprazole delayed-rel, esomeprazole magnesium delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, omeprazole/sodium bicarbonate, pantoprazole delayed-rel, rabeprazole (except rabeprazole capsule sprinkle delayed-rel), DEXILANT
zolpidem cap 7.5 mg, DORAL, QUVIVIQ, SECONAL	doxepin, estazolam, eszopiclone, quazepam, ramelteon, temazepam, triazolam, zaleplon, zolpidem tab/ER tab, AMBIEN/CR, BELSOMRA, DAYVIGO, EDLUAR, LUNESTA, RESTORIL, ROZEREM, SILENOR
TLANDO	JATENZO, KYZATREX, STRIANT
ERMEZA	levothyroxine, liothyronine, CYTOMEL, SYNTHROID, TIROSINT, THYQUIDITY
COLAZAL	balsalazide, mesalamine delayed-rel (caps, tabs), mesalamine ext-rel caps, sulfasalazine, sulfasalazine delayed, rel, ASACOL HD, APRISO, AZULFIDINE, DELZICOL, DIPENTIUM, LIALDA, PENTASA
CARAFATE	sucralfate
POKONZA	klor-con, potassium chloride, EFFER-K
FORTEO, TERIPARATIDE 620mcg/2.48mL	teriparatide 600mcg/2.4mL, TYMLOS
IYUZEH	bimatoprost, brimonidine, brinzolamide, dorzolamide latanoprost, tafluprost, travoprost, ALPHAGAN P, LUMIGAN, TRAVATAN Z, VYZULTA, XALATAN, XELPROS, ZIOPTAN
ALVAIZ	DOPTELET, NPLATE, PROMACTA, TAVALISSE
LIVDELZI	IQIRVO, OCALIVA
clobetasol ophthalmic suspension	dexamethasone, loteprednol, prednisolone, ALREX, DUREZOL, EYSUVIS, FLAREX, FML FORTE, INVELTYS, LOTEMAX, LOTEMAX SM, MAXIDEX, MAXITROL, PRED FORTE, PRED MILD, ZYLET

DRUGS NOT COVERED IN 2025 FOR BLUE STANDARD	COVERED OPTIONS**
SOFDRA	Members advised to discuss suitable therapeutic alternatives with prescriber

* This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

** For more covered options, consult 2025 Blue Standard formulary.

*** Multiple strengths of aspirin are covered for men age 45 through 79 and women age 50 through 79. Low-dose aspirin (81 mg per day) for female members at risk for preeclampsia.

§ Denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.

