

2020 Express Scripts National Preferred Formulary

KEY
[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
albuterol sulfate hfa
(by Perrigo, Proficient Rx
& Teva)
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benzazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
AMZEEQ
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclufen
BAQSIMI
BARACLUDE SOLUTION
BAXDELA

BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
COLCRYS
COMBIGAN
COMBIPATCH

COMBIVENT RESPIMAT
COMETRIQ
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPLUSA
EPIDIOLEX
EPIDUO FORTE

epinephrine auto-injector
(by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE READER,
SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]

GENVOYA
GILENYA
GILOTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hyalalazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
ILEVRO
INBRIJA
INCROUTE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JIVI [INJ]
JULUCA
june!

(continued)

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

junel fe

K

ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
LOTEMAX
LOTEMAX SM
lovastatin
LUMIGAN
LUPANETA [INJ]
LUPRON DEPOT
3.75 MG, 11.25 MG [INJ]
LUPRON DEPOT-PED [INJ]
LYNPARZA

M

MAYZENT
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate ext-release

MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NAYZILAM
neomycin/polymyxin/
hydrocortisone ear solution
NEULASTA [INJ]
NEXIUM PACKETS
niacin ext-release
nifedipine ext-release
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [INJ]
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NOVOFINE AUTOSHIELD
NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA
NUCALA [INJ]
NUCYNTA, NUCYNTA ER
NUDEXTA
nystatin
nystatin topical

O

ODACTRA
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORALAIR
ORILISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OTREXUP [INJ]
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

pantoprazole delayed-release
paroxetine hcl

PAZEO
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
eye solution
POMALYST
potassium chloride
ext-release
PRALUENT [INJ]
pramipexole
pravastatin
PRECISION XTRA METERS,
TEST STRIPS,
B-KETONE STRIPS
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
pregabalin
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREPOPIK
PROAIR HFA
PROAIR RESPICLICK
PROCRIPT [INJ]
progesterone micronized
PROLASTIN C [INJ]
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QBREXZA
QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
ranitidine
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REMICADE [INJ]
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
RINVOQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
RUBRACA
RUCONEST [INJ]

RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG (for
ulcerative colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLIQUA [INJ]
SOMATULINE DEPOT [INJ]
SOOLANTRA
spironolactone
sprintec
SPRYCEL
STEGLATRO
STELARA SC [INJ]
STRENSIQ [INJ]
SUBOXONE SL FILM
sulfamethoxazole/
trimethoprim
sumatriptan
SUNOSI
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMTUZA
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
tacrolimus topical
tadalafil
TALICIA
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEKTURNA HCT
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER SUSPENSION
TRADJENTA
tramadol
travoprost
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ]
TRESIBA [INJ]

triamcinolone topical
triamterene/hctz
tri-lo-marzia
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UCERIS FOAM
UDENYCA [INJ]
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
VERZENIO
VIBERZI
VIIBRYD
VIMPAT
VIOKAGE
VIZIMPRO
VOSEVI
VUMERITY
VYVANSE

W

warfarin

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM

Y

YONSA
YUPELRI
yuvafem

Z

ZARXIO [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZILEXON [INJ]
ZIOPTAN
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV
ZYLET
ZYTIGA 500 MG

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The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

| Drug Class | Excluded Medications | Preferred Alternatives | |
|--|--|--|---|
| ANTIINFECTIVES Antibiotics | DOXYCYCLINE HYCLATE DR 80 MG | doxycycline hyclate dr | |
| | XIFAXAN 200 MG TABLETS~ | azithromycin, ciprofloxacin, levofloxacin, ofloxacin | |
| | Antifungal Agents (Oral) | TOLSURA itraconazole | |
| | Antivirals (Oral) | SITAVIG acyclovir oral or cream, famciclovir, valacyclovir | |
| AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA | clonidine | |
| | Anticonvulsants | TOPIRAMATE ER CAPSULES topiramate tablets, QUEDEXY XR | |
| | Anti-Migraine Therapy | ONZETRA XSAIL sumatriptan nasal spray, ZOMIG NASAL SPRAY | |
| | Antiparkinsonism Agents | GOCOVRI ER, OSMOLEX ER | amantadine capsules, amantadine tablets, amantadine oral solution |
| | | XADAGO, ZELAPAR~ | rasagiline, selegiline |
| | Antispasmodic Agents | OZOBAX baclofen, tizanidine | |
| | Duchenne Muscular Dystrophy (DMD) Agents | EMFLAZA | prednisone solution, prednisone tablets |
| | | EXONDYS 51, VYONDYS 53 | No alternatives recommended |
| | Long-Acting Opioid Oral Analgesics | EMBEDA, OXYCODONE ER, XTAMPZA ER~ | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, NUCYNTA ER, OXYCONTIN |
| | Multiple Sclerosis (Beta Interferons) | EXTAVIA | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE |
| | Multiple Sclerosis (Oral) | AUBAGIO | GILENYA, MAYZENT, TECFIDERA, VUMERITY |
| | Narcotic Analgesics & Combinations | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN | hydrocodone/acetaminophen |
| | | BUTRANS | buprenorphine patches, BELBUCA |
| | | PRIMLEV~ | oxycodone/acetaminophen |
| | Narcotic Antagonists | EVZIO | naloxone syringes, NARCAN NASAL SPRAY |
| Neuropathic Agents | LYRICA CR | gabapentin, pregabalin | |
| Sedative-Hypnotic Agents | DORAL~ | estazolam, lorazepam | |
| Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants | DRIZALMA SPRINKLE | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA | |
| Tardive Dyskinesia Therapy | INGREZZA | AUSTEDO | |
| Transmucosal Fentanyl Analgesics | ABSTRAL, FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS | fentanyl citrate lozenges | |
| Miscellaneous Antidepressants | SPRAVATO | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline | |
| Miscellaneous Central Nervous System Agents | NORTHERA~ | desmopressin acetate tablets, desmopressin acetate nasal, fludrocortisone, indomethacin, midodrine, pyridostigmine | |

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives | |
|---|---|---|---|
| CARDIOVASCULAR ACE Inhibitors | EPANED | enalapril | |
| | QBRELIS | lisinopril | |
| | Anticoagulants | PRADAXA, SAVAYSA | ELIQUIS, XARELTO |
| | Beta Blockers & Combinations | KAPSPARGO SPRINKLE | metoprolol succinate |
| | | DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide |
| | Calcium Channel Blockers | KATERZIA | amlodipine |
| | Calcium Channel Blockers & Combinations | CONSENSI | amlodipine benzoate plus celecoxib |
| HMG & Cholesterol Inhibitor Combinations | ALTOPREV, EZALLOR SPRINKLE, SIMVASTATIN SUSPENSION | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO | |
| DERMATOLOGICAL Oral Agents for Acne | MINOLIRA, XIMINO~ | minocycline er | |
| Rosacea Agents (Oral) | DOXYCYCLINE 40 MG CAPSULES | ORACEA | |
| Topical Acne Combinations | EPIDUO FORTE~ | adapalene/benzoyl peroxide | |
| Topical Acne/Antibiotic Combinations | AKTIPAK, VELTIN | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON | |
| Topical Agents for Actinic Keratosis | CARAC~, FLUOROURACIL 0.5% CREAM, IMIQIMOD 3.75% CREAM PUMP, ZYLARA | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, PICATO | |
| Topical Antibiotics for Acne | CLINDAGEL~, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)~ | clindamycin phosphate gel, erythromycin gel, AMZEEQ | |
| Topical Antifungals | LULICONAZOLE, SULCONAZOLE | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole | |
| Topical Corticosteroids | CLOCORTOLONE | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide | |
| | TOPICORT SPRAY, VERDESO FOAM | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment | |
| Vitamin D Analogs (Topical) | CALCIPOTRIENE FOAM | calcipotriene, calcitriol | |
| | CALCIPOTRIENE/BETAMETHASONE SUSPENSION | calcipotriene/betamethasone ointment, ENSTILAR, TACLONEX SUSPENSION | |
| Miscellaneous Topical Dermatological Agents | ALCORTIN A | hydrocortisone, mupirocin | |
| | LIDOCAINE/TETRACAINE | lidocaine cream, lidocaine/prilocaine cream | |
| DIABETES Blood Glucose Meters & Test Strips | ASCENSIA (BREEZE, CONTOUR) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED | FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH TEST STRIPS: ULTRA, VERIO PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS | |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations | ALOGLIPTIN, NESINA, ONGLYZA | JANUVIA, TRADJENTA | |
| | ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR | |
| | ALOGLIPTIN/PIOGLITAZONE | pioglitazone plus JANUVIA or TRADJENTA | |
| Glucagon-Like Peptide-1 Agonists | ADLYXIN, VICTOZA | BYDUREON, BYETTA, OZEMPIC, TRULICITY | |
| Insulins | NOVOLIN, RELION NOVOLIN | HUMULIN | |
| | ADMELOG, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG | HUMALOG | |

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Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|---|--|
| EAR/NOSE Nasal Steroids | BECONASE AQ, OMNARIS, ZETONNA | budesonide, flunisolide, fluticasone, mometasone, QNASL |
| Otic Fluoroquinolone Antibiotics | CETRAXAL | ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL |
| | CIPROFLOXACIN/FLUOCINOLONE OTIC | CIPRODEX, OTOVEL |
| ENDOCRINE (OTHER) Combination Patches | CLIMARA PRO | COMBIPATCH |
| Estrogen and Estrogen Modifiers for Vaginal Symptoms | FEMRING | estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS |
| Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty) | SUPPRELIN LA~ | LUPRON DEPOT-PED, TRIPTODUR |
| Growth Hormones | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON | GENOTROPIN, NORDITROPIN FLEXPRO |
| Somatostatin Analogs | SANDOSTATIN LAR DEPOT, SIGNIFOR LAR | SOMATULINE DEPOT |
| Testosterone Products (Injectable) | AVEED~ | testosterone cypionate, testosterone enanthate |
| Topical Estrogen Gels | ESTROGEL | DIVIGEL |
| Miscellaneous Endocrine Drugs | KORLYM~ | ketoconazole, LYSODREN, SIGNIFOR |
| GASTROINTESTINAL Antiemetics (Oral) | AKYNZEO CAPSULES | granisetron, ondansetron, aprepitant, VARUBI TABLETS |
| | EMEND POWDER PACKETS | aprepitant, VARUBI TABLETS |
| Bowel Evacuants | OSMOPREP~ | peg-electrolyte solution, PREPOPIK, SUPREP |
| Corticosteroids (Rectal Formulations) | CORTIFOAM | hydrocortisone enema, UCERIS FOAM |
| Helicobacter Pylori Agents | PYLERA~ | lansoprazole/amoxicillin/clarithromycin, TALICIA |
| Inflammatory Bowel Agents | DIPENTUM | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA |
| Pancreatic Enzymes | PANCREAZE, PERTZYE | CREON, ZENPEP |
| Proton Pump Inhibitors | ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS |
| HEMATOLOGICAL Antiplatelet Agents | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole |
| Chelating Agents | JADENU, JADENU SPRINKLE | deferasirox |
| Erythropoiesis-Stimulating Agents | ARANESP, EPOGEN, MIRCERA | PROCRIT, RETACRIT |
| Factor VIII Recombinant Products | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT |
| Granulocyte Colony Stimulating Factors | GRANIX, NEUPOGEN | NIVESTYM, ZARXIO |
| Sickle Cell Disease Agents | AXBRYTA | hydroxyurea, ADAKVEO, DROXIA |
| | SIKLOS | DROXIA |
| Thrombocytopenia Agents | MULPLETA | DOPTELET |
| | TAVALISSE~ | DOPTELET, PROMACTA, NPLATE |
| HEPATITIS Hepatitis C | LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |

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Continued

| Drug Class | Excluded Medications | Preferred Alternatives | |
|---|---|--|--|
| HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy. | ATRIPLA, DELSTRIGO | BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ | |
| | COMPLERA | ODEFSEY | |
| | PIFELTRO | efavirenz, EDURANT | |
| | PREZCOBIX | atazanavir, ritonavir, KALETRA TABLETS, PREZISTA | |
| | STRIBILD | BIKTARVY, GENVOYA | |
| MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy | COLCHICINE | COLCRYS, MITIGARE | |
| | ZURAMPIC | allopurinol, probenecid | |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen | |
| | RELAFEN DS | nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam | |
| | TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam | |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | DICLOFENAC EPOLAMINE PATCHES | FLECTOR PATCHES | |
| | PENNSAID | diclofenac sodium topical, FLECTOR PATCHES | |
| OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin | CHORIONIC GONADOTROPIN, PREGNYL | NOVAREL, OVIDREL | |
| Ovulatory Stimulants (Follitropins) | FOLLISTIM AQ | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT | |
| Vaginal Progestones | ENDOMETRIN | CRINONE 8% GEL | |
| ONCOLOGY ALK Positive Lung Cancer Agents | ALECENSA~ | If medically necessary, request prior authorization. | |
| | ALUNBRIG~ | XALKORI, ZYKADIA | |
| | Bevacizumab-Containing Agents | AVASTIN~ | MVASI, ZIRABEV |
| | Breast Cancer Agents | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY | IBRANCE, VERZENIO |
| | Multiple Myeloma Agents | NINLARO~ | KYPROLIS, VELCADE |
| | | XPOVIO | DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID, VELCADE |
| | Myelofibrosis Agents | INREBIC | JAKAFI |
| | Prostate Cancer | TRELSTAR~ | ELIGARD, FIRMAGON |
| | Rituximab-Containing Agents | RITUXAN~, RITUXAN HYCELA~, TRUXIMA~ | RUXIENCE |
| | Trastuzumab-Containing Agents | HERCEPTIN~, HERCEPTIN HYLECTA~, OGIVRI~ | KANJINTI, TRAZIMERA |
| OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers) | TIMOPTIC OCUDOSE | betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN | |
| | Antiglaucoma Drugs (Ophthalmic Prostaglandins) | XELPROS | bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN |
| | Ophthalmic Anti-Allergic | ALOCRIL, ALOMIDE | azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO |
| | Ophthalmic Anti-Inflammatory | FML FORTE, FML S.O.P., MAXIDEX, PRED MILD | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX |
| | Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | ACUVAIL, NEVANAC | bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA |

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Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| OSTEOARTHRITIS Hyaluronic Acid Derivatives | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, TRILURON, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC |
| OSTEOPOROSIS Bone Modifiers | EVENITY, PROLIA | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS |
| RENAL DISEASE Nephropathic Cystinosis Medications | PROCYSBI~ | CYSTAGON |
| Phosphate Binders | FOSRENOL POWDER PACKETS | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO |
| RESPIRATORY Epinephrine Auto-Injector Systems | AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY IMPAX) | epinephrine auto-injector (by Mylan), EPIPEN, EPIPEN JR |
| Immunological Agents for Asthma | CINQAIR | FASENRA, NUCALA |
| Long-Acting Beta Agonist Inhalers | STRIVERDI RESPIMAT | SEREVENT DISKUS |
| Long-Acting Muscarinic Antagonist Inhalers | SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, TUDORZA PRESSAIR | INCRUSE ELLIPTA |
| Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR, STIOLTO RESPIMAT | ANORO ELLIPTA, BEVESPI AEROSPHERE |
| Pulmonary Anti-Inflammatory Inhalers | ALVESCO | ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER |
| Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers | BUDESONIDE/FORMOTEROL | ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT |
| Short-Acting Beta ₂ -Agonist Inhalers | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PAR, PRASCO), LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA | albuterol sulfate hfa (by Perrigo, Proficient Rx & Teva), PROAIR HFA/RESPICLICK, VENTOLIN HFA |
| WEIGHT LOSS Weight Loss Agents | QSYMIA | benzphetamine, diethylpropion, phentermine |
| MISCELLANEOUS AGENTS | NOCTIVA | desmopressin tablets |
| Hereditary Angioedema | BERINERT | RUCONEST |
| Immunosuppressant Agents | XATMEP | methotrexate |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis | ONPATTRO | No alternatives recommended |
| Potassium Binders | VELTASSA | LOKELMA |

Indication Based Management

| Drug Class | Excluded Medications | Preferred Alternatives |
|---------------------------------|---|---|
| INFLAMMATORY CONDITIONS | TALTZ | COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA |
| Drug Class | Nonpreferred Medications | Preferred Alternatives |
| INFLAMMATORY CONDITIONS‡ | All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication. | ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, RINVOQ ER, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR |

‡ Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

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Continued

Excluded Medications/Products at a Glance

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| <p> ABILIFY^ ABSTRAL ACANYA^~ ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADCIRCA^ ADDERALL^ ADLYXIN ADMELOG AGGRENOX^~ AKTIPAK AKYNZEO CAPSULES ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PAR, PRASCO) ALCORTIN A ALECCNSA~ ALOCIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV ALUNBRIG~ ALVESCO AMBIEN^, AMBIEN CR^ AMPYRA^ AMRIX^ ANDROGEL 1%[^] ANUSOL-HC^ APADAZ APIDRA ARANESP ARIMIDEX^ ASACOL HD^ ASCENSIA (BREEZE, CONTOUR) ASPIRIN/OMEPRazole DR ATACAND^, ATACAND HCT^ ATRALIN^~ ATRIPLA AUBAGIO AUVI-Q AVALIDE^, AVAPRO^ AVASTIN~ AVEED~ AVODART^ AZOR^ BARACLUDE TABLETS^ BECONASE AQ BENICAR^, BENICAR HCT^ BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRISDELLE^ BUDESONIDE/FORMOTEROL BUPAP^ BUTRANS CALCIPOTRIENE FOAM CALCIPOTRIENE/BETAMETHASONE SUSPENSION CARAC~ CELEBREX^ CELEXA^ CETRAXAL CHORIONIC GONADOTROPIN CIALIS^ CINQAIR CIPROFLOXACIN/FLUOCINOLONE OTIC CLIMARA PRO CLINDAGEL~ CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)~ CLOCORTOLONE COLCHICINE COMPLERA CONSENSI COREG^ CORTIFOAM COSOPT^ COZAAR^, HYZAAR^ CRESTOR^ CUPRIMINE^ CYMBALTA^ CYTOMEL^ DELSTRIGO DELZICOL^ DETROL^, DETROL LA^ DICLOFENAC EPOLAMINE PATCHES DIOVAN^, DIOVAN HCT^ DIPENTUM </p> | <p> DORAL~ DOXYCYCLINE 40 MG CAPSULES DOXYCYCLINE HYCLATE DR 80 MG DRIZALMA SPRINKLE DUAKLIR PRESSAIR DUROLANE DUTOPROL EFFEXOR XR^ ELIDEL^ EMBEDA EMEND CAPSULES^, TRIFOLD PACK^ EMEND POWDER PACKETS EMFLAZA ENDOMETRIN EPANED EPIDUO^~ EPIDUO FORTE~ EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESTROGEL EVENITY EVZIO EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FIRAZYR^~ FLUOROURACIL 0.5% CREAM FML FORTE, FML S.O.P. FOCALIN^, FOCALIN XR^ FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS GANIRELIX ACETATE^ GEL-ONE GELSYN-3 GENVISC 850 GLEEVEC^ GLUCOPHAGE^, GLUCOPHAGE XR^ GLUMETZA^ GOCOVRI ER GRANIX HERCEPTIN~, HERCEPTIN HYLECTA~ HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX^ INDERAL LA^ INGREZZA INREBIC INSULIN ASPART, INSULIN ASPART PROTAMINE INSULIN LISPRO INTUNIV^ ISTAROL^ JADENU, JADENU SPRINKLE KAPSPARGO SPRINKLE KATERZIA KAZANO KEPBRA^, KEPBRA XR^ KISQALI, KISQALI FEMARA CO-PACK KOMBIGLYZE XR KORLYM~ LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ LAZANDA LEDIPASVIR/SOFOSBUVIR LETAIRIS^~ LEVALBUTEROL HFA LEXAPRO^ LIBRAX^ LIDOCAINE/TETRACAINE LIDODERM^ LIPITOR^ LOCOID^~, LOCOID LIPOCREAM^~ LOESTRIN^, LOESTRIN FE^ LOTREL^ LOVENOX^ LUCEMYRA LULICONAZOLE LUNESTA^ LYRICA^ LYRICA CR </p> | <p> MAVYRET MAXALT^, MAXALT MLT^ MAXIDEX METOPROLOL SUCCINATE/HCTZ ER MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MINOLIRA MIRCERA MULPLETA NALFON CAPSULES NAMENDA XR^ NASONEX^ NESINA NEUPOGEN NEURONTIN^ NEVANAC NINLARO~ NOCTIVA NORCO^ NORTHERA~ NORVASC^ NOVOLIN NOVOLOG NOXAFIL TABLETS^~ NUTROPIN AQ NUSPIN NUVIGIL^ NUWIQ OGIVRI~ OMNARIS OMNITROPE ONGLYZA ONPATRO ONZETRA XSAIL ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^ OSMOLEX ER OSMOPREP~ OXBRYTA OXYCODONE ER OZOBAX PANCREAZE PATADAY^ PENNSAID PERCOCET^~ PERTZYE PIFELTRO PIQRAY PLAQUENIL^ PLAVIX^ PRADAXA PRAVACHOL^ PRED MILD PREGNYL PREVACID^, PREVACID SOLUTAB^ PREZCOBIX PRILOSEC SUSPENSION PRIMLEV~ PRISTIQ^ PROCYSBI~ PROLIA PROTONIX^ PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL^ PROZAC^ PULMICORT RESPULES^ PYLERA~ QBRELIS QSYMIA RABEPRAZOLE DR SPRINKLE RANEXA^~ RAPAFLO^ RECOMBINATE RELAFEN DS RELION NOVOLIN RENAGEL^ RITUXAN~, RITUXAN HYCELA~ ROCHE (ACCU-CHEK) ROZEREM^~ SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAVAYSA SENSIPAR^~ SEROQUEL^, SEROQUEL XR^ SIGNIFOR LAR SIKLOS SIMVASTATIN SUSPENSION SINGULAIR^ SITAVIG SODIUM HYALURONATE </p> | <p> SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA^ STRIBILD STRIVERDI RESPIMAT SUBSYS SULCONAZOLE SUPARTZ FX SUPPRELIN LA~ SYNVISC, SYNWISC-ONE TALTZ TARGRETIN CAPSULES^~ TAVALISSE~ TESTIM^ TIKOSYN^ TIMOPTIC OCUDOSE TIVORBEX TOBI SOLUTION^ TOLSURA TOPAMAX^ TOPICORT SPRAY TOPIRAMATE ER CAPSULES TOPROL XL^~ TRANSDERM-SCOP^~ TRELSTAR~ TREXIMET^~ TRIBENZOR^ TRICOR^ TRILEPTAL^ TRILURON TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TRUXIMA~ TUDORZA PRESSAIR ULORIC^~ UROXATRAL^ VAGIFEM^ VALIUM^ VALTRESX^ VANOS^~ VELTASSA VELTIN VERDESO FOAM VESICARE^~ VIAGRA^ VICTOZA VISCOS-3 VIVELLE-DOT^ VIVLODEX VYONDYS 53 VYTORIN^ WELLBUTRIN SR^ XADAGO XALATAN^ XANAX^, XANAX XR^ XATMEP XELPROS XENAZINE^ XIFAXAN 200 MG TABLETS~ XIMINO~ XOPENEX HFA XPROVIO XTAMPZA ER~ XYNTHA, XYNTHA SOLOFUSE YASMIN^ YOSPRALA DR ZAVESCA^ ZEGERID^ ZELAPAR~ ZETIA^ ZETONNA ZIPSOR ZOCOR^ ZOLOFT^ ZOMACTON ZOMIG TABLETS^, ZOMIG ZMT^ ZONEGRAN^ ZORVOLEX ZOVIRAX OINTMENT^~ ZURAMPIC ZYCLARA ZYFLO CR^ ZYTIGA 250 MG^ </p> |
|--|--|--|--|

^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

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