

2019 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. 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 prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

KEY

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

A

ABILIFY MAINTENA [INJ]
ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
AIMOVIG [INJ]
AKYZEO
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
anastrozole
ANDRODERM
ANDROGEL 1.62%
ANORO ELLIPTA
APRISO
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen

BARACLUDE SOLUTION
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
BREQ ELLIPTA
BRILINTA
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC
BYVALSON

C

CABOMETYX
CANASA
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIALIS
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
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate ext-release
dexamethasone
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]
DYMISTA

E

EDARBI
EDARBYCLOR
ELIDEL
ELIQUIS

EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDUO FORTE
EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium delayed-release
estradiol
estradiol patches
estradiol/norethindrone acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
EVEKEO
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patches
FETZIMA
FINACEA
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA

GILOTRIF
glimepiride
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF, GONAL-F RFF
REDI-JECT [INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ext-release

H

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

I

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

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
junel
junel fe

(continued)

Go to express-scripts.com/2019drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

K	MOVANTIK MOXEZA moxifloxacin eye solution mupirocin MUSE MYDAYIS MYRBETRIQ	P	RUCONEST [INJ]	triamcinolone topical triamterene/hctz tri-lo-marzia trinessa TRIPTODUR [INJ] tri-sprintec TRULANCE TRULICITY [INJ] TUDORZA PRESSAIR TYMLOS [INJ]
ketoconazole topical ketorolac KITABIS PAK KOGENATE FS [INJ] KOVALTRY [INJ] KYLEENA		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 prednisolone acetate eye suspension prednisolone sodium phosphate prednisone PREMARIN CREAM PREMARIN TABLETS PREMPHASE PREMPRO PREPOPIK PROAIR HFA PROAIR RESPICLICK PROCRIT [INJ] progesterone micronized PROLASTIN C [INJ] PROLENSA promethazine promethazine/ dextromethorphan propranolol propranolol ext-release PULMICORT FLEXHALER PYLERA	S SANCUSO SAVELLA SEGLUROMET SEREVENT DISKUS sertraline sildenafil SIMPONI 100 MG (for ulcerative colitis only) [INJ] simvastatin SKYLA SOLQUA [INJ] SOLODYN SOMATULINE DEPOT [INJ] SOOLANTRA SPIRIVA RESPIMAT spironolactone sprintec SPRYCEL STEGLATRO STELARA SC [INJ] STIOLTO RESPIMAT STRENSIQ [INJ] STRIVERDI RESPIMAT SUBOXONE SL FILM sulfamethoxazole/trimethoprim sumatriptan SUPREP SUTENT SYMBICORT SYMFI SYMFI LO SYMLINPEN [INJ] SYMPROIC SYNJARDY, SYNJARDY XR	U UCERIS FOAM ULORIC UPTRAVI
L	nabumetone NAMZARIC naproxen, naproxen sodium NARCAN NASAL SPRAY NASCOBAL neomycin/polymyxin/ hydrocortisone ear solution NEXIUM PACKETS niacin ext-release nifedipine ext-release nitrofurantoin macrocrystal NITYR NORDITROPIN [INJ] nortriptyline NOVAREL [INJ] NOVOEIGHT [INJ] NOVOFINE AUTOSHIELD NEEDLES NOVOFINE NEEDLES NOVOTWIST NEEDLES NUCALA [INJ] NUCYNTA, NUCYNTA ER NUDEXTA NUVARING NUWIQ [INJ] nystatin nystatin topical			V valacyclovir valsartan valsartan/hctz VARUBI VASCEPA VELPHORO VELTASSA venlafaxine venlafaxine ext-release VENTOLIN HFA verapamil ext-release VESICARE VIBERZI VIIBRYD VIMPAT VIOKACE VOSEVI VYVANSE
labetalol lamotrigine lansoprazole delayed-release LANTUS [INJ] latanoprost eye solution LATUDA LETAIRIS LEVEMIR [INJ] levetiracetam levocetirizine levofloxacin levothyroxine sodium lidocaine patches LINZESS liothyronine LIPOFEN lisinopril lisinopril/hctz LIVALO LO LOESTRIN FE lorazepam losartan losartan/hctz LOTEMAX lovastatin LUMIGAN LYRICA				W warfarin
M	O ODACTRA OFEV ofloxacin olanzapine olmesartan olmesartan/hctz olopatadine eye solution omega-3 acid ethyl esters omeprazole delayed-release ondansetron ondansetron orally disintegrating tablets ONETOUCH KITS/METERS; ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC ONETOUCH TEST STRIPS; ULTRA, VERIO ONEXTON OPSUMIT ORACEA ORFADIN ORTHOVISC [INJ] oseltamivir OTEZLA OTOVEL OTREXUP [INJ] OVIDREL [INJ] oxcarbazepine oxybutynin ext-release oxycodone oxycodone/acetaminophen OXYCONTIN OZEMPIC [INJ]	Q QNASL QUDEXY XR quetiapine QUILLICHEW ER QUILLIVANT XR quinapril QVAR QVAR REDIHALER	T TACLONEX SUSPENSION tacrolimus topical tamoxifen tamsulosin ext-release TARCEVA TASIGNA TAYTULLA TAZORAC GEL TAZORAC 0.05% CREAM TECFIDERA TEKTURNA, TEKTURNA HCT 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 TRADJENTA tramadol TRAVATAN Z trazodone TRELEGY ELLIPTA TREMIFYA [INJ] TRESIBA [INJ]	X XALKORI XARELTO XELJANZ, XELJANZ XR XIFAXAN XIGDUO XR XIIDRA XOLAIR [INJ] XTANDI XULTOPHY [INJ]
MAKENA MULTIDOSE VIAL [INJ] meclizine medroxyprogesterone meloxicam MESTINON SYRUP 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 MINIVELLE minocycline MIRENA mirtazapine MIRVASO MITIGARE moderiba mometasone MONOVISC [INJ] montelukast morphine sulfate ext-release		R rabeprazole delayed-release RAGWITEK raloxifene ramipril RANEXA ranitidine RAPAFLO RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] REMICADE [INJ] RESTASIS REVLIMID RHOPRESSA risperidone rizatriptan ropinirole rosuvastatin		Y YONSA yuvafem
				Z ZARXIO [INJ] ZENPEP ZEPATIER zolpidem zolpidem ext-release ZOMIG NASAL ZONTIVITY ZOVIRAX CREAM ZUBSOLV ZYLET ZYTIGA

Go to express-scripts.com/2019drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

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 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
AUTONOMIC & CENTRAL NERVOUS SYSTEM Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	NEUPRO PATCHES	pramipexole tablets, pramipexole ER tablets, ropinirole tablets
	XADAGO	rasagiline, selegiline
Beta Interferons for Multiple Sclerosis	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Analgesics	BUTRANS	BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges
CARDIOVASCULAR Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	REPATHA	PRALUENT
DERMATOLOGICAL Oral Agents For Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ACANYA, ONEXTON
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antiviral Agents	XERESE CREAM	acyclovir capsules, acyclovir tablets, famciclovir tablets, valacyclovir tablets, ZOVIRAX CREAM
Topical Corticosteroids	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
DIABETES Blood Glucose Meters & Test Strips	ABBOTT (FREESTYLE, PRECISION), BAYER (BREEZE, CONTOUR), NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK), UNISTRIP ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND	LIFESCAN (ONETOUCH)

Continued

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Glucagon-Like Peptide-1 Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, NOVOLOG	HUMALOG
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
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) Agonists (for Central Precocious Puberty)	LUPRON DEPOT-PED	TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPPO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
GASTROINTESTINAL Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Inflammatory Bowel Agents	ASACOL HD, DELZICOL, DIPENTUM	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, MAVYRET, OLYSIO, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals	ATRIPLA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
	DUZALLO, ZURAMPIC	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE

Continued

Drug Class	Excluded Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL (continued) Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progesterones	ENDOMETRIN	CRINONE 8% GEL
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Anti-Allergic	ALOCRIIL, ALOMIDE, EMADINE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, LOTEMAX
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKETS, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	EPINEPHRINE AUTO-INJECTOR (BY MYLAN), EPIPEN, EPIPEN JR
Long-Acting Beta Agonist Nebulized	BROVANA	PERFOROMIST
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Short-Acting Beta ₂ -Agonist Inhalers	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
UROLOGICAL Erectile Dysfunction Oral Agents	LEVITRA, STAXYN	sildenafil, CIALIS
WEIGHT LOSS Weight Loss Agents	CONTRAVE ER, QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	ENDARI	Over-the-Counter glutamine powder or tablets
	SIKLOS	DROXIA
	MEBOLIC, OMNIVEX, XYZBAC, ZYVIT	Over-the-Counter multivitamin combination plus folic acid
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST

Indication Based Management

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, INFLECTRA, OTEZLA, REMICADE, RENFLEXIS, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), 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.

* This medication may be subject to step therapy.

Continued

Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION)	FENTORA	PRED MILD
ABILIFY [^]	FIASP	PREGNYL
ABSTRAL	FLAREX	PREVACID [^] , PREVACID SOLUTAB [^]
ACIPHEX [^]	FLUOROURACIL 0.5% CREAM	PRILOSEC SUSPENSION
ACIPHEX SPRINKLE	FML FORTE, FML S.O.P.	PRISTIQ [^]
ACUVAIL	FOLLISTIM AQ	PROTONIX [^]
ADCIRCA [^]	FORTESTA	PROTONIX SUSPENSION
ADDERALL [^]	FOSRENOL CHEWABLE TABLETS [^]	PROVENTIL HFA
ADLYXIN	FOSRENOL POWDER PACKETS	PROVIGIL [^]
ADMELOG	GANIRELIX ACETATE	PROZAC [^]
AKTIPAK	GEL-ONE	PULMICORT RESPULES [^]
ALCORTIN A	GELSYN-3	QSYMIA
ALOCRIAL	GENVISC 850	RECOMBINATE
ALOGLIPTIN	GLEEVEC [^]	RENAGEL
ALOGLIPTIN/METFORMIN	GLUCOPHAGE [^] , GLUCOPHAGE XR [^]	REPATHA
ALOMIDE	GLUMETZA [^]	ROCHE (ACCU-CHEK)
ALTOPREV	GOCOVRI ER	SAIZEN, SAIZENPREP
ALVESCO	HUMATROPE	SANDOSTATIN LAR DEPOT
ANDROGEL 1% [^]	HYALGAN	SAVAYA
ANUSOL-HC [^]	HYMOVIS	SEROQUEL [^] , SEROQUEL XR [^]
APIDRA	IMITREX [^]	SIGNIFOR LAR
ARANESP	INDERAL LA [^]	SIKLOS
ARIMIDEX [^]	INTUNIV [^]	SINGULAR [^]
ASACOL HD	ISTALOL [^]	SOVALDI
ATACAND [^] , ATACAND HCT [^]	KAZANO	STAXYN
ATRIPLA	KEPPRA [^] , KEPPRA XR [^]	STRATTERA [^]
AUVI-Q	KOMBIGLYZE XR	SUMAVEL DOSEPRO
AVALIDE [^] , AVAPRO [^]	LAMICTAL [^] , LAMICTAL ODT [^] , LAMICTAL XR [^]	SUPARTZ FX
AVODART [^]	LAZANDA	SYNVISC, SYNVISC-ONE
AZOR [^]	LEVALBUTEROL HFA	TANZEUM
BAYER (BREEZE, CONTOUR)	LEVITRA	TESTIM [^]
BECONASE AQ	LEXAPRO [^]	TESTOSTERONE GEL
BENICAR [^] , BENICAR HCT [^]	LIBRAX [^]	TIKOSYN [^]
BERINERT	LIDODERM [^]	TIMOPTIC OCUDOSE
BRAVELLE	LIPITOR [^]	TOBI SOLUTION [^]
BRISDELLE [^]	LOESTRIN [^] , LOESTRIN FE [^]	TOPAMAX [^]
BROVANA	LOTREL [^]	TOPICORT SPRAY
BUPAP [^]	LOVENOX [^]	TRIBENZOL [^]
BUTRANS	LUNESTA [^]	TRICOR [^]
CELEBREX [^]	LUPRON DEPOT-PED	TRILEPTAL [^]
CELEXA [^]	LYRICA CR	TRIVIDIA (TRUETEST, TRUETRACK)
CETRAXAL	MAYVRET	UNISTRIP
CHORIONIC GONADOTROPIN	MAXALT [^] , MAXALT MLT [^]	UROXATRAL [^]
CLIMARA PRO	MAXIDEX	VAGIFEM [^]
COLCHICINE	MEBOLIC	VALIUM [^]
CONTRACE ER	MICARDIS [^] , MICARDIS HCT [^]	VALTRES [^]
COREG [^]	MINASTRIN 24 FE [^]	VELTIN
CORTIFOAM	MIRCERA	VERDESO FOAM
COSOPT [^]	NALFON	VIAGRA [^]
COZAAR [^] , HYZAAR [^]	NAMENDA XR [^]	VICTOZA
CRESTOR [^]	NASONEX [^]	VISCO-3
CYMBALTA [^]	NATESTO	VIVELLE- DOT [^]
CYTOMEL [^]	NATIONAL MEDICAL (ADVOCATE)	VOGELXO [^]
DAKLINZA	NESINA	VYTORIN [^]
DELZICOL	NEUPOGEN	WELLBUTRIN SR [^]
DETROL [^] , DETROL LA [^]	NEUPRO PATCHES	XADAGO
DIOVAN [^] , DIOVAN HCT [^]	NEURONTIN [^]	XALATAN [^]
DIPENTUM	NEVANAC	XANAX [^] , XANAX XR [^]
DOXYCYCLINE 40 MG CAPSULES	NOCTIVA	XENAZINE [^]
DUROLANE	NORCO [^]	XERESE CREAM
DUZALLO	NORVASC [^]	XOPENEX HFA
EFFEXOR XR [^]	NOVOLIN	XYNTHA, XYNTHA SOLOFUSE
ELOCTATE	NOVOLOG	XYZBAC
EMADINE	NUTROPIN AQ NUSPIN	YASMIN [^]
EMBEDA	NUVIGIL [^]	ZEGERID [^]
EMFLAZA	OLYSIO	ZETIA [^]
ENDARI	OMNARIS	ZETONNA
ENDOMETRIN	OMNIS HEALTH (EMBRACE, VICTORY)	ZIOPTAN
EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	OMNITROPE	ZOCOR [^]
EPOGEN	OMNIVEX	ZOLOFT [^]
ESTROGEL	ONGLYZA	ZOMACTON
EVZIO	ORTHO TRI-CYCLEN [^] , ORTHO TRI-CYCLEN LO [^]	ZOMIG TABLETS [^] , ZOMIG ZMT [^]
EXFORGE [^] , EXFORGE HCT [^]	OSMOLEX ER	ZONEGRAN [^]
EXONDYS 51	OXYCODONE ER	ZURAMPIC
EXTAVIA	PANCREAZE	ZYCLARA
FEMRING	PERTZYE	ZYFLO CR [^]
FENOPROFEN CAPSULES	PLAQUENIL [^]	ZYPITAMAG
FENORTHO	PLAVIX [^]	ZYVIT
	PRADAXA	

[^] 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.