

2021 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
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
albuterol sulfate hfa (by
Cipla, Lupin, Par, Perrigo,
Proficient Rx & Teva)
ALECENSA
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
AMZEEQ
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUBAGIO
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM

BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BETASERON [INJ]
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREQ ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]

C

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

D

COMETRIQ
CORLANOR
CREON
cyanocobalamin [INJ]
cyclobenzaprine

DALIRESP
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
dimethyl fumarate
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
emtricitabine/tenofovir
disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
ENTYVIO [INJ]
EPLUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [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
etonogestrel-ee vaginal ring
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
fluooxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE & LIBRE 2
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA

GILENYA
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]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

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

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA
junel
junel fe

(continued)

Go to express-scripts.com/2021drugs 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, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

K

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

L

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

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
 mometasone
 MONOVISC [INJ]

montelukast
 morphine sulfate ext-release
 MOVANTIK
 moxifloxacin eye solution
 mupirocin
 MUSE
 MVASI [INJ]
 MYDAYIS
 MYRBETRIQ

N

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

O

ODACTRA
 ODEFSEY
 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
 ORALAIR
 ORIAHNN
 ORILISSA
 ORTHOVISC [INJ]
 oseltamivir
 OTEZLA
 OTOVEL
 OVIDREL [INJ]
 oxcarbazepine
 oxybutynin ext-release
 oxycodone
 oxycodone/acetaminophen
 OXYCONTIN
 OZEMPIC [INJ]

P

PANCREAZE
 pantoprazole delayed-release
 paroxetine hcl
 penicillin v potassium
 PENTASA
 PERFOROMIST
 PHOSLYRA
 pioglitazone
 PLEGRIDY [INJ]
 polymyxin/trimethoprim
 eye solution
 potassium chloride
 ext-release
 pramipexole
 pravastatin
 PRECISION XTRA METERS,
 TEST STRIPS,
 B-KETONE STRIPS
 prednisolone acetate
 eye suspension
 prednisolone sodium
 phosphate
 prednisone
 pregabalin
 PREMARIN CREAM
 PROCRIT [INJ]
 progesterone micronized
 PROLASTIN C [INJ]
 promethazine
 promethazine/
 dextromethorphan
 propranolol
 propranolol ext-release
 PULMICORT FLEXHALER

Q

QNASL
 QUDEXY XR
 quetiapine
 QUILLICHEW ER
 QUILLIVANT XR
 quinapril
 QVAR REDIHALER

R

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

S

SAVELLA
 SEGLUROMET
 SEREVENT DISKUS
 sertraline

SEVENFACT [INJ]
 sildenafil
 SIMPONI 100 MG (for
 ulcerative colitis only) [INJ]
 simvastatin
 SKYLA
 SKYRIZI [INJ]
 SOLIQUA [INJ]
 SOLOSEC
 SOMATULINE DEPOT [INJ]
 SPIRIVA HANDIHALER
 SPIRIVA RESPIMAT
 spironolactone
 sprintec
 SPRYCEL
 STEGLATRO
 STEGLUJAN
 STELARA SC [INJ]
 STIOLTO RESPIMAT
 STRENSIQ [INJ]
 SUBLOCADE [INJ]
 sulfamethoxazole/
 trimethoprim
 sumatriptan
 SUNOSI
 SUTENT
 SYMBICORT
 SYMFI
 SYMFI LO
 SYMJEP1 [INJ]
 SYMLINPEN [INJ]
 SYMPROIC
 SYMTUZA
 SYNJARDY, SYNJARDY XR

T

tacrolimus topical
 tadalafil
 TAKHZYRO [INJ]
 TALICIA
 TALTZ [INJ]
 TALZENNA
 tamoxifen
 tamsulosin ext-release
 TASIGNA
 TAZORAC GEL
 TAZORAC 0.05% CREAM
 TEGSEDI [INJ]
 TEKTURNA HCT
 TEMIXYS
 terazosin
 terconazole vaginal
 testosterone cypionate [INJ]
 timolol maleate eye solution
 tizanidine
 TOBI PODHALER
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin eye solution
 tobramycin/dexamethasone
 eye suspension
 topiramate
 TOUJEO [INJ]
 TOVIAZ
 TRACLEER SUSPENSION
 tramadol
 travoprost eye solution
 TRAZIMERA [INJ]
 trazodone
 TREGLEY ELLIPTA
 TREMFYA [INJ]
 treprostinil [INJ]
 TRESIBA [INJ]
 triamcinolone topical
 triamterene/hctz
 TRIJARDY XR
 tri-lo-marzia
 TRIPTODUR [INJ]
 tri-sprintec

TRIUMEQ
 TRULANCE
 TRULICITY [INJ]
 TYMLOS [INJ]

U

UCERIS FOAM
 UPTRAVI

V

valacyclovir
 valsartan
 valsartan/hctz
 VARUBI
 VASCEPA
 VELPHORO
 venlafaxine
 venlafaxine ext-release
 verapamil ext-release
 VERZENIO
 VIBERZI
 VIMPAT
 VIOKACE
 VIZIMPRO
 VOSEVI
 VUMERITY
 VYVANSE

W

warfarin

X

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

Y

YONSA
 YUPELRI
 yuvafem

Z

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

Go to express-scripts.com/2021drugs 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, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

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 | | |
| Antibiotic Agents - Vancomycins (Oral) | FIRVANQ | vancomycin capsules, vancomycin oral solution |
| Antifungal Agents (Oral) | TOLSURA | itraconazole |
| Antivirals (Oral) | SITAVIG | acyclovir oral or cream, famciclovir, valacyclovir |
| Chagas Disease Agents | LAMPIT | BENZNIDAZOLE |
| AUTONOMIC & CENTRAL NERVOUS SYSTEM | | |
| Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA | clonidine |
| Anticonvulsants | APTOM | carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT |
| | FINTEPLA | DIACOMIT, EPIDIOLEX |
| Antimigraine Agents | VYEPTI | AIMOVIG, AJOVY, EMGALITY |
| | ZOLMITRIPTAN NASAL SPRAY | sumatriptan nasal spray, ZOMIG NASAL |
| Antiparkinsonism Agents | APOKYN~ | KYNMOBI |
| | GOCOVRI ER | amantadine capsules, amantadine tablets, amantadine oral solution |
| | ONGENTYS | entacapone |
| | XADAGO, ZELAPAR | rasagiline, selegiline |
| Antipsychotics (Oral) | CAPLYTA | aripiprazole, asenapine, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA |
| Antispasmodic Agents | OZOBAX | baclofen, tizanidine |
| Central Nervous System Stimulants | AMPHETAMINE ER SUSPENSION | dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE |
| Duchenne Muscular Dystrophy (DMD) Agents | EMFLAZA | prednisone solution, prednisone tablets |
| | EXONDYS 51, VILTEPSO, VYONDYS 53 | No alternatives recommended |
| Lambert-Eaton Myasthenic Syndrome Agents | FIRDAPSE | RUZURGI |
| Multiple Sclerosis (Beta Interferons) | EXTAVIA | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE |
| Narcotic Analgesics & Combinations | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN | hydrocodone/acetaminophen |
| | MORPHABOND ER, NUCYNIA ER, OXYCODONE ER, XTAMPA ER | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN |
| | NUCYNIA | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen |
| | PRIMLEV | oxycodone/acetaminophen |
| | QDOLO | tramadol tablets |
| Narcotic Antagonists | BUNAVAIL | buprenorphine/naloxone, ZUBSOLV |
| | EVZIO, NALOXONE AUTO-INJECTOR | naloxone syringes, NARCAN NASAL SPRAY |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| AUTONOMIC & CENTRAL NERVOUS SYSTEM (continued) Neuropathic Agents | LYRICA CR | gabapentin, pregabalin |
| Sedative-Hypnotic Agents | DORAL, QUAZEPAM | estazolam, lorazepam |
| Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants | PEXEVA, VIIBRYD | citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline |
| Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants | DRIZALMA SPRINKLE | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA |
| Tardive Dyskinesia Therapy | INGREZZA | AUSTEDO |
| Transmucosal Fentanyl Analgesics | FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS | fentanyl citrate lozenges |
| Miscellaneous Antidepressants | SPRAVATO | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline |
| CARDIOVASCULAR ACE Inhibitors | EPANED | enalapril |
| | QBRELIS | lisinopril |
| Angiotensin Receptor Blockers (ARBs) and Combinations | EDARBI | candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan |
| | EDARBYCLOR | candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan |
| Anticoagulants | PRADAXA, SAVAYSA | ELIQUIS, XARELTO |
| Beta Blockers & Combinations | BYSTOLIC | atenolol, carvedilol, metoprolol succinate |
| | DUTOPROL | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide |
| | INDERAL XL, INNOPRAN XL | propranolol er |
| | KAPSPARGO SPRINKLE | metoprolol succinate |
| Calcium Channel Blockers | CONJUPRI | amlodipine, felodipine er, nifedipine er, nisoldipine |
| | KATERZIA | amlodipine |
| HMG & Cholesterol Inhibitor Combinations | ALTOPREV, EZALLOR SPRINKLE | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO |
| PCSK9 Inhibitors | PRALUENT | REPATHA |
| Miscellaneous Cardiovascular Agents | CORLANOR~ | atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol |
| DERMATOLOGICAL Agents for Hyperhidrosis | DRYSOL | Over-the-Counter aluminum chloride containing products |
| Oral Agents for Acne | DORYX DR 80 MG, DOXYCYCLINE HYCLATE DR 80 MG | doxycycline hyclate, doxycycline monohydrate |
| | MINOCYCLINE ER CAPSULES, XIMINO | minocycline er tablets |
| Rosacea Agents (Oral) | DOXYCYCLINE 40 MG CAPSULES | doxycycline hyclate, doxycycline monohydrate |
| Topical Agents for Acne | CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE) | clindamycin phosphate gel, erythromycin gel, AMZEEQ |
| | EPIDUO FORTE | adapalene/benzoyl peroxide |
| | VELTIN | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON |
| | WINLEVI | clindamycin phosphate gel, clindamycin/tretinoin, erythromycin gel, tretinoin, AMZEEQ, ONEXTON |
| Topical Agents for Actinic Keratosis | CARAC, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, KLISYRI, ZYCLARA | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|--|---|
| DERMATOLOGICAL (continued) Topical Agents for Plaque Psoriasis | WYNZORA | betamethasone dipropionate, calcipotriene, calcipotriene/betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, ENSTILAR |
| Topical Antifungals | ECOZA, LULICONAZOLE, SULCONAZOLE, XOLEGEL | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole |
| Topical Corticosteroids | CLOCORTOLONE | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide |
| | IMPEKLO | betamethasone dipropionate, clobetasol, desonide, desoximetasone, diflorasone, fluocinonide, halcinonide, halobetasol, mometasone, triamcinolone |
| | VERDESO FOAM | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment |
| Vitamin D Analogs (Topical) | CALCIPOTRIENE FOAM | calcipotriene, calcitriol |
| Miscellaneous Topical Dermatological Agents | ALCORTIN A | hydrocortisone, mupirocin |
| | LIDOCAINE/TETRACAINE, PLIAGLIS~ | lidocaine cream, lidocaine/prilocaine cream |
| DIABETES Blood Glucose Meters & Test Strips | ASCENSIA (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 (DPP-4) Inhibitors & Combinations | ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA | JANUVIA |
| | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR | JANUMET, JANUMET XR |
| | ALOGLIPTIN/PIOGLITAZONE | pioglitazone plus JANUVIA |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN | GLYXAMBI, STEGLUJAN |
| Glucagon-Like Peptide-1 Agonists | ADLYXIN, VICTOZA | BYDUREON, BYETTA, OZEMPIC, TRULICITY |
| Insulins | ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG | HUMALOG, LYUMJEV |
| | NOVOLIN, RELION NOVOLIN | HUMULIN |
| | SEMGLEE | LANTUS, LEVEMIR, TOUJEO, TRESIBA |
| EAR/NOSE Nasal Steroids | BECONASE AQ, OMNARIS, QNASL~, ZETONNA | flunisolide, fluticasone, mometasone |
| Otic Fluoroquinolone Antibiotics | CIPROFLOXACIN/FLUOCINOLONE OTIC | ciprofloxacin/dexamethasone otic, OTOVEL |
| ENDOCRINE (OTHER) Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty) | FENSOLVI | LUPRON DEPOT-PED, TRIPTODUR |
| Growth Hormones | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON | GENOTROPIN, NORDITROPIN FLEXPRO |
| Somatostatin Analogs | MYCAPSSA, SANDOSTATIN LAR DEPOT | SOMATULINE DEPOT |
| | SIGNIFOR LAR | For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR |
| Testosterone Products | AVEED | testosterone cypionate, testosterone enanthate |
| Thyroid Replacement Therapy | LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT~, TIROSINT-SOL~ | levothyroxine tablets |
| Miscellaneous Endocrine Drugs | KORLYM | ketoconazole, LYSODREN, SIGNIFOR |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| GASTROINTESTINAL Antidiarrheal Agents | MYTESI | diphenoxylate/atropine, loperamide |
| Antiemetics (Oral) | AKYNZEO CAPSULES | granisetron, ondansetron, aprepitant, VARUBI TABLETS |
| | EMEND POWDER PACKETS | aprepitant, VARUBI TABLETS |
| Bowel Evacuants | CLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENVU, SUPREP, SUTAB | peg-electrolyte solution |
| Corticosteroids (Rectal Formulations) | CORTIFOAM | hydrocortisone enema, UCERIS FOAM |
| Gallstone Dissolution Agents | RELTONE | ursodiol |
| Gastroparesis Agents | GIMOTI | No alternatives recommended |
| Helicobacter Pylori Agents | HELIDAC, PYLERA | lansoprazole/amoxicillin/clarithromycin, TALICIA |
| Hemorrhoidal Preparations | PROCTOFOAM-HC | pramoxine/hydrocortisone |
| Inflammatory Bowel Agents | DIPENTUM | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA |
| Irritable Bowel Syndrome & Chronic Constipation Agents | AMITIZA, LUBIPROSTONE | LINZESS, TRULANCE |
| Pancreatic Enzymes | PERTZYE | CREON, PANCREAZE, ZENPEP |
| Proton Pump Inhibitors | ACIPHEX SPRINKLE, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole |
| HEMATOLOGICAL Antiplatelet Agents | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole |
| Erythropoiesis-Stimulating Agents | ARANESP, EPOGEN, MIRCERA | PROCRIT, RETACRIT |
| Factor Deficiency Agents & Related Products | NOVOSEVEN RT~ | SEVENFACT |
| | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT |
| Granulocyte Colony Stimulating Factors | GRANIX, NEUPOGEN | NIVESTYM, ZARXIO |
| | NEULASTA, UDENYCA | FULPHILA, NYVEPRIA, ZIEXTENZO |
| Iron Replacement Agents | MONOFERRIC | sodium ferric gluconate complex, VENOFER |
| Sickle Cell Disease Agents | OXBRYTA | 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 |
| HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy. | COMPLERA | ODEFSEY |
| | DELSTRIGO | efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ |
| | PIFELTRO | efavirenz, EDURANT |
| | PREZCOBIX | atazanavir, ritonavir, KALETRA TABLETS, PREZISTA |
| | RUKOBIA ER | Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection. |
| | STRIBILD | BIKTARVY, GENVOYA |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|--|
| MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy | COLCHICINE CAPSULES | colchicine tablets, MITIGARE |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, TIVORBEX, ZIPSOR, ZORVOLEX | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam |
| | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen |
| | RELAFEN DS | nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | DICLOFENAC EPOLAMINE PATCHES, PENNSAID | diclofenac sodium topical, FLECTOR PATCHES, LICART PATCHES |
| OBSTETRICAL & GYNECOLOGICAL Combination Patches | CLIMARA PRO | COMBIPATCH |
| Contraceptives | ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, TWIRLA | generic oral and ring contraceptives, xulane patches |
| | PHEXXI | Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges. |
| | SLYND | generic progestin-only oral contraceptives |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms | ESTRING~, IMVEXXY~, INTRAROSA, OSPHENA | estradiol cream, estradiol vaginal tablets, yuvafem, PREMARIN CREAM |
| | FEMRING | estradiol cream, estradiol patches, estradiol tablets, yuvafem, PREMARIN CREAM |
| Estrogen/Progestin Combinations (Oral) | BIJUVA~, PREMPHASE, PREMPRO | amabel, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol |
| Estrogens (Oral) | MENEST~, PREMARIN TABLETS | estradiol tablets |
| Human Chorionic Gonadotropin | CHORIONIC GONADOTROPIN, PREGNYL | NOVAREL, OVIDREL |
| Ovulatory Stimulants (Follitropins) | FOLLISTIM AQ | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT |
| Prenatal Vitamins | PREGENNA, TRINAZ | generic prenatal vitamins |
| Topical Estrogen Agents | DIVIGEL~, ELESTRIN, ESTROGEL, EVAMIST~ | estradiol patches |
| Vaginal Progestones | CRINONE 4% | medroxyprogesterone, megestrol, norethindrone, progesterone |
| | CRINONE 8% | ENDOMETRIN |
| ONCOLOGY Acute Myeloid Leukemia (AML) Agents | ONUREG | azacitidine, decitabine |
| Bevacizumab-Containing Agents | AVASTIN | MVASI, ZIRABEV |
| Breast Cancer Agents | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY | IBRANCE, VERZENIO |
| Chronic Lymphocytic Leukemia (CLL) Agents | CALQUENCE | IMBRUVICA, VENCLEXTA |
| Multiple Myeloma Agents | BLENREP, XPOVIO | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE |
| Myelodysplastic Syndrome Agents | INQOVI | decitabine |
| Myelofibrosis Agents | INREBIC | JAKAFI |
| Prostate Cancer Agents | ORGOVYX, TRELSTAR | ELIGARD, FIRMAGON |
| Rituximab-Containing Agents | RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA | RUXIENCE |
| Trastuzumab-Containing Agents | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT | KANJINTI, TRAZIMERA |
| | PHESGO | PERJETA plus KANJINTI or TRAZIMERA |
| Tyrosine Kinase Inhibitors | QINLOCK | imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers) | BETIMOL~ | timolol drops, betaxolol drops, levobunolol drops, ALPHAGAN P 0.1%, COMBIGAN |
| Antiglaucoma Agents (Other) | RHOPRESSA~, ROCKLATAN~ | betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins) | DURYSTA, XELPROS | bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN |
| Blepharoptosis Agents | UPNEEQ | No alternatives recommended |
| Ophthalmic Agents - Other | CYSTADROPS | CYSTARAN |
| Ophthalmic Anti-Allergic | ALOCRIL, ALOMIDE, LASTACAPT, PAZEO | azelastine drops, cromolyn drops, epinastine drops, olopatadine drops, ZERVIAE |
| Ophthalmic Anti-Inflammatory | FLAREX~, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT |
| Ophthalmic Combinations | TOBRADEX ST~, ZYLET~ | tobramycin/dexamethasone drops, TOBRADEX OINTMENT |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | ACUVAIL, BROMSITE~, NEVANAC | bromfenac drops, diclofenac drops, ketorolac drops |
| Ophthalmic Quinolone Antibiotics | BESIVANCE~, CILOXAN OINTMENT | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops |
| 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, Teva), EPIPEN, EPIPEN JR |
| Immunological Agents for Asthma | CINQAIR | DUPIXENT, FASENRA, NUCALA |
| Long-Acting Beta Agonist Inhalers | STRIVERDI RESPIMAT | SEREVENT DISKUS |
| Long-Acting Muscarinic Antagonist Inhalers | TUDORZA PRESSAIR | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT |
| Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR | ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT |
| Pulmonary Anti-Inflammatory Inhalers | ARMONAIR DIGIHALER, PULMICORT FLEXHALER~ | ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER |
| Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers | AIRDUO DIGIHALER, AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA) | fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT |
| Respiratory Agents - Other | DALIRESP~ | fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFORMIST, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT |
| Short-Acting Beta ₂ -Agonist Inhalers | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA | albuterol sulfate hfa (by Cipla, Lupin, Par, Perrigo, Proficient Rx & Teva) |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|----------------------|--|
| MISCELLANEOUS AGENTS Allergen Immunotherapy | PALFORZIA | No alternatives recommended |
| Cushing's Agents | ISTURISA | SIGNIFOR |
| Gaucher Disease Agents | ELELYSO | CEREZYME |
| Glucocorticoids | ALKINDI SPRINKLE | hydrocortisone tablets |
| | HEMADY | dexamethasone tablets |
| Hereditary Angioedema | BERINERT | CINRYZE, RUCONEST |
| Immune Globulins | CUTAQUIG | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| | GAMMAKED | IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| | HIZENTRA | SC: XEMBIFY |
| Immunosuppressant Agents | ENVARUSUS XR~ | tacrolimus |
| | OTREXUP | RASUVO |
| | XATMEP | methotrexate |
| Neuromyelitis Optica Spectrum Disorder Agents | UPLIZNA | ENSPRYNG |
| Nocturnal Polyuria Agents | NOCTIVA | desmopressin tablets |
| Overactive Bladder Agents | VESICARE LS | oxybutynin, oxybutynin er |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis | ONPATTRO | TEGSEDI |
| Potassium Binders | VELTASSA | LOKELMA |

Indication Based Management

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|----------------------|--|
| Spinal Conditions (nr-axSpA) | COSENTYX | TALTZ, CIMZIA |
| Inflammatory Conditions‡ where COSENTYX is indicated | COSENTYX | TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR |

| 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 a patient already established on therapy with a Nonpreferred medication. | Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR Preferred after Step through HUMIRA: ACTEMRA ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR |

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

Excluded Medications/Products at a Glance

| | | | | |
|---|---|---|---|--|
| <p>ABILIFY^ ACANYA^ ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADCIRCA^ ADDERALL^ ADLYXIN ADMELOG AFREZZA AGGRENOL^ AIRDUO DIGIHALER, AIRDUO RESPICLICK AKYZEO CAPSULES ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO) ALCORTIN A ALKINDI SPRINKLE ALOCRIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV AMBIEN^, AMBIEN CR^ AMITIZA AMPHETAMINE ER SUSPENSION AMPYRA^ AMRIX^ ANDROGEL^ ANNOVERA ANUSOL-HC^ APADAZ APIDRA APOKYN~ APTIOM ARANESP ARIMIDEX^ ARMONAIR DIGIHALER ASACOL HD^ ASCENSIA (CONTOUR) ASPIRIN/OMEPRAZOLE DR ATACAND^, ATACAND HCT^ ATRALIN^ ATRIPLA^ AUVI-Q AVALIDE^, AVAPRO^ AVASTIN AVEED AVODART^ AZOR^ BALCOLTRA BARACLUDE TABLETS^ BECONASE AQ BENICAR^, BENICAR HCT^ BENZHYDROCODONE/ACETAMINOPHEN BERINERT BESIVANCE~ BETIMOL~ BIJUA~ BLENREP BRISDELLE^ BROMSITE~ BUDESONIDE/FORMOTEROL BUNAVAIL BUPAP^ BUTRANS^ BYSTOLIC CALCIPOTRIENE FOAM CALQUENCE CANASA^~ CAPLYTA CARAC CELEBREX^ CELEXA^ CHORIONIC GONADOTROPIN CIALIS^ CILOXAN OINTMENT CINQAIR CIPROFLOXACIN/FLUOCINOLONE OTIC CLENPIQ CLIMARA PRO CLINDAGEL CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE) CLOCORTOLONE COLCHICINE CAPSULES COLCRYS^~ COMPLERA CONCERTA^ CONIUPRI COREG^ CORLANOR~ CORTIFOAM COSENTYX COSOPT^ (currently excluded), COSOPT PF^~ COZAAR^, HYZAAR^ CRESTOR^</p> | <p>CRINONE CUPRIMINE^ CUTAQUIG CYMBALTA^ CYSTADROPS CYTOMEL^ DALIRESP~ DELSTRIGO DELZICOL^ DETROL^, DETROL LA^ DICLOFENAC 35 MG CAPSULES DICLOFENAC EPOLAMINE PATCHES DIOVAN^, DIOVAN HCT^ DIPENTUM DIVIGEL~ DORAL DORYX DR 80 MG, DOXYCYCLINE HYCLATE DR 80 MG DOXYCYCLINE 40 MG CAPSULES DRIZALMA SPRINKLE DRYSOL DUAKLIR PRESSAIR DURAGESIC^ DUROLANE DURYSTA DUTOPROL EKOZA EDARBI, EDARBYCLOR EFFEXOR XR^ ELELYSO ELESTRIN ELIDEL^ EMEND CAPSULES^, TRIFOLD PACK^ EMEND POWDER PACKETS EMFLAZA ENVARBUS XR~ EPANED EPIDUO^ EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR (BY IMPAX) EPOGEN ESOMEPRAZOLE STRONTIUM ESTRACE CREAM^ ESTRING~ ESTROGEL ESTROSTEP FE^ EVAMIST~ EVENITY EVZIO EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FEMRING FENOPROFEN CAPSULES FENORTHO FENSOLVI FENTANYL CITRATE BUCCAL TABLETS FENTORA FIASP FINTEPLA FIRAZYR^ FIRDAPSE FIRVANQ FLAREX~ FLUOROURACIL 0.5% CREAM FLUTICASON/SALMETEROL (BY A-S MEDICATION, TEVA) FML FORTE, FML S.O.P. FOCALIN^, FOCALIN XR^ FOLLISTIM AQ FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS GAMMAKED GANIRELIX ACETATE^ GEL-ONE GELSYN-3 GENERESS FE^ GENVISC 850 GIMOTI GLEEVEC^ GLUCOPHAGE^, GLUCOPHAGE XR^ GLUMETZA^ GOCOVRI ER GOLYTELY PACKETS GRANIX HELIDAC HEMADY HERCEPTIN, HERCEPTIN HYLECTA HERZUMA HIZENTRA HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX^ IMPEKLO</p> | <p>IMVEXXY~ INDERAL LA^ INDERAL XL, INNOPRAN XL INDOMETHACIN 20 MG CAPSULES INGREZZA INQOVI INREBIC INSULIN ASPART, INSULIN ASPART PROTAMINE INSULIN LISPRO INTRAROSA INTUNIV^ ISTALOL^ ISTURISA JADENU^, JADENU SPRINKLE^ JENTADUETO, JENTADUETO XR KAPSPARGO SPRINKLE KATERZIA KAZANO KEPPRA^, KEPPRA XR^ KETOROLAC NASAL SPRAY KISQALI, KISQALI FEMARA CO-PACK KLISYRI KOMBIGLYZE XR KORLYM LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ LAMPIT LASTACAFT LAZANDA LEDIPASVIR/SOFOSBUVIR LETAIRIS^ LEVALBUTEROL HFA LEVOTHYROXINE CAPSULES LEXAPRO^ LIALDA^ LIBRAX^ LIDOCAINE/TETRACAINE LIDODERM^ LIPITOR^ LO LOESTRIN FE LOCOID^, LOCOID LIPOCREAM^ LOESTRIN^, LOESTRIN FE^ LOTREL^ LOTRONEX^ LOVENOX^ LUBIPROSTONE LUCEMYRA LULICONAZOLE LUNESTA^ LYRICA^ LYRICA CR MAVYRET MAXALT^, MAXALT MLT^ MAXIDEX^ MENEST~ MESTINON^ MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MINIVELLE^ MINOCYCLINE ER CAPSULES MIRCERA MIR CETTE^ MONOFERRIC MORPHABOND ER MOVIPREP^ MULPLETA MYCAPSSA MYTESI NALFON CAPSULES NALOXONE AUTO-INJECTOR NAMENDA XR^ NASONEX^ NATAZIA NATROBA^ NESINA NEULASTA NEUPOGEN NEURONTIN^ NEVANAC NEXIUM CAPSULES^ NEXIUM PACKETS NOCTIVA NORCO^ NORTHERA^~ NORVASC^ NOVOLIN, RELION NOVOLIN NOVOLOG NOVOSEVEN RT~ NOXAFIL TABLETS^ NUCYNTA, NUCYNTA ER NUTROPIN AQ NUSPIN NUVIGIL^ NUVIQ OGIVRI OMNARIS OMNITROPE ONGENTYS ONGLYZA</p> | <p>ONPATTRO ONTRUZANT ONUREG ORGOVYX OSMOPREP OSPHERA OTREXUP OXBRYTA PENNYN OXYCODONE ER OZOBAX PALFORZIA PATADAY^ PAZEO PENNSAID PERCOCET^ PERTZYE PEXEVA PHESGO PHEXI PIFELTRO PIQRAY PLAQUENIL^ PLAVIX^ PLENVU PLIAGLIS~ PRADAXA PRALUENT PRAVACHOL^ PRED MILD PREGENNA PREGNYL PREMARIN TABLETS, PREMPHASE, PREMPRO PREVACID^, PREVACID SOLUTAB^ PREZCOBIX^ PRILOSEC SUSPENSION PRIMLEV PRISTIQ^ PROAIR DIGIHALER, PROAIR RESPICLICK PROAIR HFA^ PROCTOFOAM-HC PROCYSBI PROLIA PROTONIX^ PROVENTIL HFA^ PROVIGIL^ PROZAC^ PULMICORT FLEXHALER~ PULMICORT RESPULES^ PYLERA QBRELIS QDOLO QINLOCK QNASL~ QTERN QUARTETTE^ QUAZEPAM RABEPRAZOLE DR SPRINKLE RANEXA^ RAPAFLO^ RECOMBINATE RELAFEN DS RELTONE RENAGEL^ RETIN-A MICRO 0.04% & 0.1%~ RHOPRESSA~, ROCKLATAN~ RIABNI RITUXAN, RITUXAN HYCELA ROCHE (ACCU-CHEK) ROZEREM^ RUKOBIA ER SAFYRAL^ SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAPHRIS^~ SAVAYA SEASONIQUE^, LOSEASONIQUE^ SEMGLEE SENSIPAR^ SEROQUEL^, SEROQUEL XR^ SIGNIFOR LAR SIKLOS SINGULAIR^ SITAVIG SLYND SODIUM HYALURONATE SOFOSBUVIR/VELPATASVIR SOVALDI SPRAVATO STRATTERA^ STRIBILD STRIVERDI RESPIMAT SUBOXONE^~ SUBSYS SULCONAZOLE SUPARTZ FX SUPREP SUTAB</p> | <p>SYNVISC, SYNVISC-ONE TARGRETTIN CAPSULES^ TAVALISSE TAYTULLA^ TAZORAC 0.1% CREAM^ TEKTURNA^ TESTIM^ THYQUIDITY TIKOSYN^ TIMOPTIC OCUDOSE^ TIROSINT~, TIROSINT-SOL~ TIVORBEX PAZEO TOBI SOLUTION^ TOBRADEX ST~ TOLSURA TOPAMAX^ TOPICORT SPRAY^ TOPROL XL^ TRADJENTA TRANSDERM-SCOP^ TRAVATAN Z^ TRELSTAR TREMIMET^ TRIBENZOR^ TRICOR^ TRILEPTAL^ TRILURON TRINAZ TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TRUVADA^~ TRUXIMA TUDORZA PRESSAIR TWIRLA UDENYCA ULORIC^ UPLIZNA UPNEEQ UROXATRAL^ VAGIFEM^ VALIUM^ VALTRESX^ VANOS^ VELTASSA VELTIN VENTOLIN HFA VERDESO FOAM VESICARE^ VESICARE LS VIAGRA^ VICTOZA VIIBRYD VILTEPSO VISO-3 VIVELLE~DOT^ VIVLODEX^ VYEPTI VYONDYS 53 VYTORIN^ WELCHOL PACKETS^ (currently excluded), WELCHOL TABLETS^~ WELLBUTRIN SR^, WELLBUTRIN XL^ WINLEVI WYNZORA XADAGO XALATAN^ XANAX^, XANAX XR^ XATMEP XELPROS XENAZINE^ XIMINO XOLEGEL XOPENEX HFA XPROVIO XTAMPZA ER XYNTHA, XYNTHA SOLOFUSE YASMIN^ YOSPRALA DR ZAVESCA^ ZEGERID^ ZELAPAR ZETIA^ ZETONNA ZIPSOR ZOCOR^ ZOHYDRO ER^ ZOLMITRIPTAN NASAL SPRAY ZOLOFT^ ZOMACTON ZOMIG TABLETS^, ZOMIG ZMT^ ZONEGRAN^ ZORVOLEX ZOVIRAX OINTMENT^ ZYCLARA ZYLET~ ZYTIGA 250 MG^ (currently excluded), ZYTIGA 500 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.

~ Medications will be excluded beginning 07/01/2021.