

2019 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]
ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
AIMOVIG [INJ]
AKYNZEO
albuterol nebulization
solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
ARCAPTA NEOHALER
ARIKAYCE
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
BARACLUE 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
BREO 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
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
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]
DYMISTA

E

EDARBI
EDARBYCLOR
ELIDEL
ELIQUIS
EMGALITY [INJ]
EMVERM

enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDIOLEX
EPIDUO FORTE
epinephrine autoinjector
(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]
ezetimibe
ezetimibe/simvastatin

F

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

G

gabapentin
GELNIQUE
gemfibrozil

GENOTROPIN [INJ]
GENVOYA
GILENYA
GILOTRIF
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [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]
humalazine
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

(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.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

JENTADUETO XR
JIVI [INJ]
junel
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
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
LOKELMA
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

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
MOVANTIK
MOXEZA
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

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
NUVIQ [INJ]
nystatin
nystatin topical

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]

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
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

Q

QBREXZA
QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quiapril
QVAR
QVAR REDHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
REMICADE [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
risperidone
rizatriptan
ropinirole

rosuvastatin
RUCONEST [INJ]

S

SANCUSO
SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG (for
ulcerative colitis only) [INJ]
simvastatin
SKYLA
SOLIQUA [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

T

TACLONEX SUSPENSION
tacrolimus topical
tadalafil
tamoxifen
tamsulosin ext-release
TARCEVA
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEKTRUNA, TEKTRUNA 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
TREGLEY ELLIPTA
TREMIFYA [INJ]

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

U

UCERIS FOAM
ULORIC
UPTRAVI

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

W

warfarin

X

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

Y

YONSA
yuvafem

Z

ZARXIO [INJ]
ZENPEP
ZEPATIER
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZONTIVITY
ZOVIRAX CREAM
ZTLIDO
ZUBSOLV
ZYLET
ZYTIGA

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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 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 Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO	rasagiline, selegiline
Beta Interferons for Multiple Sclerosis	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Calcitonin Gene-Related Peptide Antagonists	AJOVY	AIMOVIG, EMGALITY
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
Beta Blockers	KAPSPARGO SPRINKLE	metoprolol succinate
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	REPATHA	PRALUENT
DERMATOLOGICAL Oral Agents for Acne	MINOCYCLINE ER 55 MG TABLETS, MINOLIRA	minocycline ER
Oral Agents for Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne	PLIXDA	adapalene
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, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungals	LULICONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
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

Continued

Drug Class	Excluded Medications	Preferred Alternatives
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 (ONETOUGH)
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 FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
GASTROINTESTINAL Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Inflammatory Bowel Agents	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, RETACRIT
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Granulocyte Colony Stimulating Factors	NEUPOGEN, NIVESTYM	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, LEDIPASVIR/SOFOSBUVIR, MAVYRET, OLYSIO, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals	ATRIPLA, DELSTRIGO, SYMTUZA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
	PIFELTRO	efavirenz, nevirapine ER, EDURANT, INTELENCE, RESCRIPTOR
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
	DUZALLO, ZURAMPIC	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, 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) Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonists (for Endometriosis)	ORILISSA	LUPRON DEPOT, SYNAREL, ZOLADEX
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 Progestones	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	ALOCRIL, 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, SYNVISC, SYNVISCO-ONE, TRIVISC, 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
WEIGHT LOSS Weight Loss Agents	CONTRAVE ER, QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	HYDROXYPROGESTERONE 1,250 MG/5 ML	hydroxyprogesterone caproate 250 mg/ml (single dose vial)
	SIKLOS	DROXIA
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATRO	No alternatives recommended

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)	FIASP	PLAQUENIL [^]
ABILIFY [^]	FLAREX	PLAVIX [^]
ABSTRAL	FLUOROURACIL 0.5% CREAM	PLIXDA
ACIPHEX [^]	FML FORTE, FML S.O.P.	PRADAXA
ACIPHEX SPRINKLE	FOLLISTIM AQ	PRED MILD
ACUVAIL	FOSRENOL CHEWABLE TABLETS [^]	PREGNYL
ADCIRCA [^]	FOSRENOL POWDER PACKETS	PREVACID [^] , PREVACID SOLUTAB [^]
ADDERALL [^]	GANIRELIX ACETATE	PRIOSEC SUSPENSION
ADLYXIN	GEL-ONE	PRISTIQ [^]
ADMELOG	GELSYN-3	PROTONIX [^]
AJOVY	GENVISC 850	PROTONIX SUSPENSION
AKTIPAK	GLEEVEC [^]	PROVENTIL HFA
ALCORTIN A	GLUCOPHAGE [^] , GLUCOPHAGE XR [^]	PROVIGIL [^]
ALOCRIL	GLUMETZA [^]	PROZAC [^]
ALOGLIPTIN	GOCOVRI ER	PULMICORT RESPULES [^]
ALOGLIPTIN/METFORMIN	HUMATROPE	QSYMIA
ALOMIDE	HYALGAN	RECOMBINATE
ALTOPREV	HYDROXYPROGESTERONE 1,250 MG/5 ML	RENAGEL
ALVESCO	HYMOVIS	REPATHA
ANDROGEL 1% [^]	IMIQUIMOD 3.75% CREAM PUMP	ROCHE (ACCU-CHEK)
ANUSOL-HC [^]	IMITREX [^]	SAIZEN, SAIZENPREP
APIDRA	INDERAL LA [^]	SANDOSTATIN LAR DEPOT
ARANESP	INTUNIV [^]	SAVAYSA
ARIMIDEX [^]	ISTALOL [^]	SEROQUEL [^] , SEROQUEL XR [^]
ASACOL HD [^]	KAPSPARGO SPRINKLE	SIGNIFOR LAR
ATACAND [^] , ATACAND HCT [^]	KAZANO	SIKLOS
ATRIPLA	KEPPRA [^] , KEPPRA XR [^]	SINGULAIR [^]
AUVI-Q	KOMBIGLYZE XR	SOFOSBUVIR/VELPATASVIR
AVALIDE [^] , AVAPRO [^]	LAMICTAL [^] , LAMICTAL ODT [^] , LAMICTAL XR [^]	SOVALDI
AVODART [^]	LAZANDA	STRATTERA [^]
AZOR [^]	LEDIPASVIR/SOFOSBUVIR	SUMAVEL DOSEPRO
BAYER (BREEZE, CONTOUR)	LEVAlBUTEROL HFA	SUPARTZ FX
BECONASE AQ	LEXAPRO [^]	SYM TUZA
BENICAR [^] , BENICAR HCT [^]	LIBRAX [^]	SYNVISC, SYNVISC-ONE
BERINERT	LIDODERM [^]	TANZEUM
BRAVELLE	LIPITOR [^]	TESTIM [^]
BRISDELLE [^]	LOESTRIN [^] , LOESTRIN FE [^]	TIKOSYN [^]
BROVANA	LOTREL [^]	TIMOPTIC OCUDOSE
BUPAP [^]	LOVENOX [^]	TOBI SOLUTION [^]
BUTRANS	LUCEMYRA	TOPAMAX [^]
CELEBREX [^]	LULICONAZOLE	TOPICORT SPRAY
CELEXA [^]	LUNESTA [^]	TRIBENZOR [^]
CETRAXAL	LUPRON DEPOT-PED	TRICOR [^]
CHORIONIC GONADOTROPIN	LYRICA CR	TRILEPTAL [^]
CLIMARA PRO	MAVYRET	TRIVIDIA (TRUETEST, TRUETRACK)
COLCHICINE	MAXALT [^] , MAXALT MLT [^]	TRIVISC
CONTRACE ER	MAXIDEX	UNISTRIP
COREG [^]	MICARDIS [^] , MICARDIS HCT [^]	UROXATRAL [^]
CORTIFOAM	MINASTRIN 24 FE [^]	VAGIFEM [^]
COSOPT [^]	MINOCYCLINE ER 55 MG TABLETS	VALIUM [^]
COZAAR [^] , HYZAAR [^]	MINOLIRA	VALTREL [^]
CRESTOR [^]	MIRCERA	VELTIN
CYMBALTA [^]	NALFON CAPSULES	VERDESO FOAM
CYTOMEL [^]	NAMENDA XR [^]	VIAGRA [^]
DAKLINZA	NASONEX [^]	VICTOZA
DELSTRIGO	NATIONAL MEDICAL (ADVOCATE)	VISCO-3
DELZICOL	NESINA	VIVELLE-DOT [^]
DETROL [^] , DETROL LA [^]	NEUPOGEN	VYTORIN [^]
DIOVAN [^] , DIOVAN HCT [^]	NEURONTIN [^]	WELLBUTRIN SR [^]
DIPENTUM	NEVANAC	XADAGO
DOXYCYCLINE 40 MG CAPSULES	NIVESTYM	XALATAN [^]
DUROLANE	NOCTIVA	XANAX [^] , XANAX XR [^]
DUZALLO	NORCO [^]	XENAZINE [^]
EFFEXOR XR [^]	NORVASC [^]	XERESE CREAM
ELOCTATE	NOVOLIN	XOPENEX HFA
EMADINE	NOVOLOG	XYNTHA, XYNTHA SOLOFUSE
EMBEDA	NUTROPIN AQ NUSPIN	YASMIN [^]
EMFLAZA	NUVIGIL [^]	ZEGERID [^]
ENDOMETRIN	OLYSIO	ZETIA [^]
EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	OMNARIS	ZETONNA
EPOGEN	OMNIS HEALTH (EMBRACE, VICTORY)	ZIOPTAN
ESTROGEL	OMNITROPE	ZOCOR [^]
EVZIO	ONGLYZA	ZOLOFT [^]
EXFORGE [^] , EXFORGE HCT [^]	ONPATTRO	ZOMACTON
EXONDYS 51	ORILISSA	ZOMIG TABLETS [^] , ZOMIG ZMT [^]
EXTAVIA	ORTHO TRI-CYCLEN [^] , ORTHO TRI-CYCLEN LO [^]	ZONEGRAN [^]
FEMRING	OSMOLEX ER	ZURAMPIC
FENOPROFEN CAPSULES	OXYCODONE ER	ZYCLARA
FENORTHO	PANCREAZE	ZYFLO CR [^]
FENTORA	PERTZYE	ZYPITAMAG
	PIFELTRO	

[^] 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.