

2020 Express Scripts National Preferred Formulary For HealthSmart

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]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
APRISO
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

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

C

CABOMETYX
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

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

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOXY
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
EPCLUSA
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
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
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluciclonide
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
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA

GILENYA
GLOTRIF
GLASSIA [INJ]
glimiperide
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

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
ILEVRO
INBRIJA
INCRUSE 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
junel

(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]

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
neomycin/polymyxin/
hydrocortisone ear solution
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
NUCALA [INJ]
NUCYNTA, NUCYNTA ER
NUEDEXTA
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
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORALAIR
ORLISSA
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 (NDCs starting
with 00024) [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
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
quinapril
QVAR
QVAR REDHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
ranitidine
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REMICADE [INJ]
REPATHA (NDCs starting
with 55513) [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
risperidone
rizatriptan

ropinirole
rosuvastatin
RUBRACA
RUCONEST [INJ]

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]
sulfamethoxazole/
trimethoprim
sumatriptan
SUNOSI
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
tacrolimus topical
tadalafil
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
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
TRADJENTA
tramadol
TRAVATAN Z
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
VIOKACE
VIZIMPRO
VOSEVI
VYVANSE

W

warfarin

X

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

Y

YONSA
YUPELRI
yuvaferm

Z

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

Go to [express-scripts.com/2020drugs](https://www.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](https://www.express-scripts.com).

2020 HealthSmart Preferred Drug List Exclusions

The excluded medications shown below are not covered on the HealthSmart 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.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES Antibiotics	DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate dr
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
	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO	rasagiline, selegiline
Antipsychotics (Oral)	ABILIFY MYCITE	aripiprazole tablets
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
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Multiple Sclerosis (Oral)	AUBAGIO	GILENYA, MAYZENT, TECFIDERA
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	buprenorphine patches, BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, pregabalin
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
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

Continued

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR (continued) HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	PRALUENT (NDCs starting with 72733), REPATHA (NDCs starting with 72511)	PRALUENT (NDCs starting with 00024), REPATHA (NDCs starting with 55513)
DERMATOLOGICAL Oral Agents for Acne	MINOLIRA	minocycline ER
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Rosacea Agents (Topical)	RHOFADE	MIRVASO
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, 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 Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinonide acetamide, triamcinolone acetamide
	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE	lidocaine cream, lidocaine/prilocaine cream
DIABETES Blood Glucose Meters & Test Strips	BAYER (BREEZE, CONTOUR) NATIONAL MEDICAL (ADVOCATE) OMNIS HEALTH (EMBRACE, VICTORY) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) UNISTRIP 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 LISPRO, 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
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
GASTROINTESTINAL Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS

Continued

Drug Class	Excluded Medications	Preferred Alternatives
GASTROINTESTINAL (continued) Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine delayed release, sulfasalazine, APRISO, 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
Thrombocytopenia Agents	MULPLETA	DOPTELET
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.	ATRIPLA, DELSTRIGO, SYMTUZA	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
	COMPLERA	ODEFSEY
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA
	STRIBILD	BIKTARVY, GENVOYA
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
	TIVORBEX, VIVLODEX, ZORVOLEX	diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
	ZIPSOR	diclofenac potassium, diclofenac sodium
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)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progesterones	ENDOMETRIN	CRINONE 8% GEL
ONCOLOGY Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Multiple Myeloma Agents	XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO

Continued

Drug Class	Excluded Medications	Preferred Alternatives
OPHTHALMIC (continued) Ophthalmic Anti-Inflammatory	FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, INVELTYS, 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, SYNVISCO, SYNVISCO-ONE, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
OSTEOPOROSIS Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
RENAL DISEASE 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	STIOLTO RESPIMAT	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA, LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	SIKLOS	DROXIA
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Immunosuppressant Agents	XATMEP	methotrexate
Metabolic Agents	ORFADIN	NITYR
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	No alternatives recommended
Potassium Binders	VELTASSA	LOKELMA

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, OTEZLA, REMICADE, 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.

Continued

Excluded Medications/Products at a Glance

<p> ABILIFY[^] ABILIFY MYCITE ABSTRAL ACIPHEX[^] ACIPHEX SPRINKLE ACUVAIL ADCIRCA[^] ADDERALL[^] ADLYXIN ADMEOG AKTIPAK AKYNZEO CAPSULES ALBUTEROL SULFATE HFA ALCORTIN A ALOCRIIL ALOGLIPTIN ALOGLIPTIN/METFORMIN ALOGLIPTIN/PIOGLITAZONE ALOMIDE ALTOPREV ALVESCO AMBIEN[^], AMBIEN CR[^] AMPYRA[^] AMRIX[^] ANDROGEL 1%[^] ANUSOL-HC[^] APADAZ APIDRA ARANESP ARIMIDEX[^] ASACOL HD[^] ASPIRIN/OMEPRAZOLE DR ATACAND[^], ATACAND HCT[^] ATRIPLA AUBAGIO AUVI-Q AVALIDE[^], AVAPRO[^] AVODART[^] AZOR[^] BARACLUDE TABLETS[^] BAYER (BREEZE, CONTOUR) BECONASE AQ BENICAR[^], BENICAR HCT[^] BENZHYDROCODONE/ACETAMINOPHEN BERINERT BRAVELLE BRISDELLE[^] BUPAP[^] BUTRANS CELEBREX[^] CELEXA[^] CETRAXAL CHORIONIC GONADOTROPIN CIALIS[^] CINQAIR CLIMARA PRO CLOCORTOLONE COLCHICINE COMPLERA COREG[^] CORTIFOAM COSOPT[^] COZAAR[^], HYZAAR[^] CRESTOR[^] CUPRIMINE[^] CYMBALTA[^] CYTOMEL[^] DELSTRIGO DELZICOL[^] DETROL[^], DETROL LA[^] DICLOFENAC EPOLAMINE PATCHES DIOVAN[^], DIOVAN HCT[^] DIPENTUM DOXYCYCLINE 40 MG CAPSULES DOXYCYCLINE HYCLATE DR 80 MG </p>	<p> DUROLANE DUTOPROL DUZALLO EFFEXOR XR[^] ELIDEL[^] EMBEDA EMEND CAPSULES[^], TRIFOLD PACK[^] EMEND POWDER PACKETS EMFLAZA ENDOMETRIN EPANED 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 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 HUMATROPE HYALGAN HYMOVIS IMIQUIMOD 3.75% CREAM PUMP IMITREX[^] INDERAL LA[^] INGREZZA INSULIN LISPRO INTUNIV[^] ISTATOL[^] JADENU, JADENU SPRINKLE KAPSPARGO SPRINKLE KAZANO KEPRA[^], KEPRA XR[^] KISQALI, KISQALI FEMARA CO-PACK KOMBIGLYZE XR LAMICTAL[^], LAMICTAL ODT[^], LAMICTAL XR[^] LAZANDA LEDIPASVIR/SOFOSBUVIR LEVALBUTEROL HFA LEXAPRO[^] LIBRAX[^] LIDOCAINE/TETRACAINE LIDODERM[^] LIPITOR[^] 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[^] NATIONAL MEDICAL (ADVOCATE) NESINA NEUPOGEN NEURONTIN[^] NEVANAC NOCTIVA NORCO[^] NORVASC[^] NOVOLIN NOVOLOG NUTROPIN AQ NUSPIN NUVIGIL[^] NUVIQ OMNARIS OMNIS HEALTH (EMBRACE, VICTORY) OMNITROPE ONGLYZA ONPATTRO ONZETRA XSAIL ORFADIN ORTHO TRI-CYCLEN[^], ORTHO TRI-CYCLEN LO[^] OSMOLEX ER OXYCODONE ER PANCREAZE PATADAY[^] PENNSAID PERTZYE PIFELTRO PIQRAY PLAQUENIL[^] PLAVIX[^] PRADAXA PRALUENT (NDCs starting with 72733) PRAVACHOL[^] PRED MILD PREGNYL PREVACID[^], PREVACID SOLUTAB[^] PREZCOBIX PRILOSEC SUSPENSION PRISTIQ[^] PROLIA PROTONIX[^] PROTONIX SUSPENSION PROVENTIL HFA PROVIGIL[^] PROZAC[^] PULMICORT RESPULES[^] QBRELIS QSYMIA RABEPRAZOLE DR SPRINKLE RAPAFLO[^] RECOMBINATE RELION NOVOLIN RENAGEL[^] REPATHA (NDCs starting with 72511) RHOFADE ROCHE (ACCU-CHEK) SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAVAYSA SEROQUEL[^], SEROQUEL XR[^] SIGNIFOR LAR SIKLOS </p>	<p> SINGULAIR[^] SITAVIG SOFOSBUVIR/VELPATASVIR SOVALDI SPIRIVA HANDIHALER, SPIRIVA RESPIMAT SPRAVATO STIOLTO RESPIMAT STRATTERA[^] STRIBILD STRIVERDI RESPIMAT SUBSYS SUMAVEL DOSEPRO SUPARTZ FX SYMTUZA SYNVISIC, SYNVISIC-ONE TESTIM[^] TIKOSYN[^] TIMOPTIC OCUDOSE TIVORBEX TOBI SOLUTION[^] TOLSURA TOPAMAX[^] TOPICORT SPRAY TOPIRAMATE ER CAPSULES TRIBENZOR[^] TRICOR[^] TRILEPTAL[^] TRIVIDIA (TRUETEST, TRUETRACK) TRIVISC TUDORZA PRESSAIR UNISTRIP UROXATRAL[^] VAGIFEM[^] VALIUM[^] VALTRESA[^] VELTASSA VELTIN VERDESO FOAM VIAGRA[^] VICTOZA VISCO-3 VIVELLE-DOT[^] VIVLODEX VYTORIN[^] WELLBUTRIN SR[^] XADAGO XALATAN[^] XANAX[^], XANAX XR[^] XATMEP XELPROS XENAZINE[^] XOPENEX HFA XPOVIO XYNTHA, XYNTHA SOLOFUSE YASMIN[^] YOSPRALA DR ZAVESCA[^] ZEGERID[^] ZETIA[^] ZETONNA ZIOPTAN ZIPSOR ZOCOR[^] ZOLOFT[^] ZOMACTON ZOMIG TABLETS[^], ZOMIG ZMT[^] ZONEGRAN[^] ZORVOLEX 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.