

# 2019 Express Scripts National Preferred Formulary For The Ohio State University

**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  
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  
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]  
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  
DESCOXY  
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**

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

**G**

gabapentin  
GELNIQUE  
gemfibrozil  
GENOTROPIN [INJ]  
GENVOYA  
GILENYA  
GILOTRIF  
gimepiride  
glipizide  
glipizide ext-release  
GLUCAGEN [INJ]  
GLUCAGON [INJ]  
glyburide  
GLYXAMBI  
GONAL-F, GONAL-F RFF,  
GONAL-F RFF  
REDI-JECT [INJ]  
GRALISE  
GRANIX [INJ]  
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  
ILEVRO  
INCRUSE ELLIPTA  
indomethacin  
INLYTA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
irbesartan  
IRESSA  
isosorbide mononitrate  
ext-release

The following list represents an abbreviated version of the formulary that is at the core of your prescription plan. The list is not all-inclusive, does not guarantee coverage and is subject to change each year at any time due to review by the National Pharmacy and Therapeutics Committee. Typically, a change in formulary status will be effective on January 1st or July 1st of each year. 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 organization's benefit materials to obtain information related to coverage under your prescription plan. You may also call Express Scripts directly at 866.727.5867.**

(continued)

Go to [express-scripts.com/2019drugs](http://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 BUT MAY BE SUBJECT TO CHANGE DURING THE PLAN YEAR.**

You can find more information at [express-scripts.com](http://express-scripts.com).

<b>J</b>	MITIGARE moderiba mometasone MONOVISC [INJ] montelukast morphine sulfate ext-release MOVANTI MOXEZA moxifloxacin eye solution mupirocin MYDAYIS MYRBETRIQ	OZEMPIC [INJ]	rosuvastatin RUCONEST [INJ]	TRESIBA [INJ] triamcinolone topical triamterene/hctz tri-lo-marzia trinessa TRIPTODUR [INJ] tri-sprintec TRULANCE TRULICITY [INJ] TUDORZA PRESSAIR TYMLOS [INJ]
JANUMET, JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR junel junel fe		<b>P</b>	<b>S</b>	<b>U</b>
<b>K</b>	<b>N</b>	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 RESPICLIK PROCRIT [INJ] progesterone micronized PROLASTIN C [INJ] PROLENSA promethazine promethazine/ dextromethorphan propranolol propranolol ext-release PULMICORT FLEXHALER PYLERA	SANCUSO SAVELLA SEGLUROMET SEREVENT DISKUS sertraline 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	UCERIS FOAM ULORIC UPTRAVI
ketoconazole topical ketorolac KITABIS PAK KYLEENA	nabumetone NAMZARIC 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] NOVOFINE AUTOSHIELD NEEDLES NOVOFINE NEEDLES NOVOTWIST NEEDLES NUCALA [INJ] NUCYNTA, NUCYNTA ER NUDEXTA NUVARING nystatin nystatin topical	<b>Q</b>	<b>T</b>	<b>V</b>
<b>L</b>	<b>O</b>	QNASL QUDEXY XR quetiapine QUILLICHEW ER QUILLIVANT XR quinapril QVAR QVAR REDHALER	TACLONEX SUSPENSION tacrolimus topical 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 TRELEGY ELLIPTA TREMIFYA [INJ]	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 levofloxacin levothyroxine sodium lidocaine patches LINZESS liothyronine LIPOFEN lisinopril lisinopril/hctz LIVALO LO LOESTRIN FE lorazepam losartan losartan/hctz LOTEMAX lovastatin LUMIGAN LYRICA	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	<b>R</b>	<b>W</b>	<b>X</b>
<b>M</b>		rabeprazole delayed-release raloxifene ramipril RANEXA RAPAFLO RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] REMICADE [INJ] RESTASIS REVLIMID RHOPRESSA risperidone rizatriptan ropinirole	<b>X</b>	<b>Y</b>
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			warfarin	XALKORI XARELTO XELJANZ, XELJANZ XR XIFAXAN XIGDUO XR XIIDRA XOLAIR [INJ] XTANDI XULTOPHY [INJ]
				<b>Z</b>
				ZARXIO [INJ] ZENPEP ZEPATIER zolpidem zolpidem ext-release ZOMIG NASAL ZONTIVITY ZOVIRAX CREAM ZUBSOLV ZYLET ZYTIGA

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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](https://express-scripts.com).

The excluded medications shown below are not covered on The Ohio State University 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 covered alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](http://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	Covered Alternatives
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> 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
	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
<b>CARDIOVASCULAR</b> Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	REPATHA	PRALUENT
<b>DERMATOLOGICAL</b> 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, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungal	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	Covered Alternatives
<b>DIABETES</b> 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)
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
<b>EAR/NOSE</b> Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
<b>ENDOCRINE (OTHER)</b> 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
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
<b>GASTROINTESTINAL</b> 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
<b>HEMATOLOGICAL</b> Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
<b>HEPATITIS</b> Hepatitis C	DAKLINZA, MAVYRET, OLYSIO, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
<b>HIV</b> Antiretrovirals	ATRIPLA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> 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

Continued

Drug Class	Excluded Medications	Covered Alternatives
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE
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
<b>OPHTHALMIC</b> 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, ALLEX, 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
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
<b>RENAL DISEASE</b> Phosphate Binders	FOSRENOL POWDER PACKETS, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
<b>RESPIRATORY</b> 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	PERFORMIST
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
<b>UROLOGICAL</b> Erectile Dysfunction Oral Agents	LEVITRA, STAXYN	sildenafil, CIALIS
<b>WEIGHT LOSS</b> Weight Loss Agents	CONTRAVE, QSYMIA	BELVIQ
<b>MISCELLANEOUS AGENTS</b>	ENDARI	Over-the-Counter glutamine powder or tablets
	HYDROXYPROGESTERONE 1,250 MG/5 ML	hydroxyprogesterone caproate 250 mg/ml (single dose vial)
	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	Covered Alternatives
<b>INFLAMMATORY CONDITIONS‡</b>	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 <sup>^</sup>
ABILIFY <sup>^</sup>	FLAREX	PLAVIX <sup>^</sup>
ABSTRAL	FLUOROURACIL 0.5% CREAM	PRADAXA
ACIPHEX <sup>^</sup>	FML FORTE, FML S.O.P.	PRED MILD
ACIPHEX SPRINKLE	FOLLISTIM AQ	PREGNYL
ACUVAIL	FORTESTA	PREVACID <sup>^</sup> , PREVACID SOLUTAB <sup>^</sup>
ADCIRCA <sup>^</sup>	FOSRENOL CHEWABLE TABLETS <sup>^</sup>	PRILOSEC SUSPENSION
ADDERALL <sup>^</sup>	FOSRENOL POWDER PACKETS	PRISTIQ <sup>^</sup>
ADLYXIN	GANIRELIX ACETATE	PROTONIX <sup>^</sup>
ADMELOG	GEL-ONE	PROTONIX SUSPENSION
AKTIPAK	GELSYN-3	PROVENTIL HFA
ALCORTIN A	GENVISC 850	PROVIGIL <sup>^</sup>
ALOCRIAL	GLEEVEC <sup>^</sup>	PROZAC <sup>^</sup>
ALOGLIPTIN	GLUCOPHAGE <sup>^</sup> , GLUCOPHAGE XR <sup>^</sup>	PULMICORT RESPULES <sup>^</sup>
ALOGLIPTIN/METFORMIN	GLUMETZA	QSYMIA
ALOMIDE	GOCOVRI ER	RENAGEL
ALTOPREV	HUMATROPE	REPATHA
ALVESCO	HYALGAN	ROCHE (ACCU-CHEK)
ANDROGEL 1% <sup>^</sup>	HYDROXYPROGESTERONE 1,250 MG/5 ML	SAIZEN, SAIZENPREP
ANUSOL-HC <sup>^</sup>	HYMOVIS	SANDOSTATIN LAR DEPOT
APIDRA	IMIQUIMOD 3.75% CREAM PUMP	SAVAYA
ARANESP	IMITREX <sup>^</sup>	SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>
ARIMIDEX <sup>^</sup>	INDERAL LA <sup>^</sup>	SIGNIFOR LAR
ASACOL HD	INTUNIV <sup>^</sup>	SIKLOS
ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>	ISTALOL <sup>^</sup>	SINGULAIR <sup>^</sup>
ATRIPLA	KAZANO	SOVALDI
AUVI-Q	KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>	STAXYN
AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>	KOMBIGLYZE XR	STRATTERA <sup>^</sup>
AVODART <sup>^</sup>	LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> , LAMICTAL XR <sup>^</sup>	SUMAVEL DOSEPRO
AZOR <sup>^</sup>	LAZANDA	SUPARTZ FX
BAYER (BREEZE, CONTOUR)	LEVALBUTEROL HFA	SYNVISC, SYNVISC-ONE
BECONASE AQ	LEVITRA	TANZEUM
BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>	LEXAPRO <sup>^</sup>	TESTIM <sup>^</sup>
BERINERT	LIBRAX <sup>^</sup>	TESTOSTERONE GEL
BRAVELLE	LIDODERM <sup>^</sup>	TIKOSYN <sup>^</sup>
BRISDELLE <sup>^</sup>	LIPITOR <sup>^</sup>	TIMOPTIC OCUDOSE
BROVANA	LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>	TOBI SOLUTION <sup>^</sup>
BUPAP <sup>^</sup>	LOTREL <sup>^</sup>	TOPAMAX <sup>^</sup>
BUTRANS	LOVENOX <sup>^</sup>	TOPICORT SPRAY
CELEBREX <sup>^</sup>	LUCEMYRA	TRIBENZOR <sup>^</sup>
CELEXA <sup>^</sup>	LULICONAZOLE	TRICOR <sup>^</sup>
CETRAXAL	LUNESTA <sup>^</sup>	TRILEPTAL <sup>^</sup>
CHORIONIC GONADOTROPIN	LUPRON DEPOT-PED	TRIVIDIA (TRUETEST, TRUETRACK)
CLIMARA PRO	LYRICA CR	UNISTRIP
COLCHICINE	MAVYRET	UROXATRAL <sup>^</sup>
CONTRACE	MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>	VAGIFEM <sup>^</sup>
COREG <sup>^</sup>	MAXIDEX	VALIUM <sup>^</sup>
CORTIFOAM	MEBOLIC	VALTREL <sup>^</sup>
COSOPT <sup>^</sup>	MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup>	VELTIN
COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>	MINASTRIN 24 FE <sup>^</sup>	VERDESO FOAM
CRESTOR <sup>^</sup>	MIRCERA	VIAGRA <sup>^</sup>
CYMBALTA <sup>^</sup>	NALFON	VICTOZA
CYTOMEL <sup>^</sup>	NAMENDA XR <sup>^</sup>	VISCO-3
DAKLINZA	NASONEX <sup>^</sup>	VIVELLE- DOT <sup>^</sup>
DELZICOL	NATESTO	VOGELXO <sup>^</sup>
DETROL <sup>^</sup> , DETROL LA <sup>^</sup>	NATIONAL MEDICAL (ADVOCATE)	VYTORIN <sup>^</sup>
DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>	NESINA	WELLBUTRIN SR <sup>^</sup>
DIPENTUM	NEUPOGEN	XADAGO
DOXYCYCLINE 40 MG CAPSULES	NEUPRO PATCHES	XALATAN <sup>^</sup>
DUROLANE	NEURONTIN <sup>^</sup>	XANAX <sup>^</sup> , XANAX XR <sup>^</sup>
DUZALLO	NEVANAC	XENAZINE <sup>^</sup>
EFFEXOR XR <sup>^</sup>	NOCTIVA	XERESE CREAM
EMADINE	NORCO <sup>^</sup>	XOPENEX HFA
EMBEDA	NORVASC <sup>^</sup>	XYZBAC
EMFLAZA	NOVOLIN	YASMIN <sup>^</sup>
ENDARI	NOVOLOG	ZEGERID <sup>^</sup>
ENDOMETRIN	NUTROPIN AQ NUSPIN	ZETIA <sup>^</sup>
EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	NUVIGIL <sup>^</sup>	ZETONNA
EPOGEN	OLYSIO	ZIOPTAN
ESTROGEL	OMNARIS	ZOCOR <sup>^</sup>
EVZIO	OMNIS HEALTH (EMBRACE, VICTORY)	ZOLOFT <sup>^</sup>
EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>	OMNITROPE	ZOMACTON
EXONDYS 51	OMNIVEX	ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup>
EXTAVIA	ONGLYZA	ZONEGRAN <sup>^</sup>
FEMRING	ORTHO TRI-CYCLEN <sup>^</sup> , ORTHO TRI-CYCLEN LO <sup>^</sup>	ZURAMPIC
FENOPROFEN CAPSULES	OSMOLEX ER	ZYCLARA
FENORTHO	OXYCODONE ER	ZYFLO CR <sup>^</sup>
FENTORA	PANCREAZE	ZYPITAMAG
	PERTZYE	ZYVIT

<sup>^</sup> 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.