

# 2018 Express Scripts National Preferred Formulary For The Ohio State University

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.**

**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]  
ACTHAR H.P. [INJ]  
acyclovir  
ADCIRCA  
ADEMPAS  
ADVAIR DISKUS  
ADVAIR HFA  
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  
apri  
APRISO  
ARCAPTA NEOHALER  
aripiprazole  
ARISTADA [INJ]  
ARMONAIR RESPICLICK  
ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
atenolol  
atenolol/chlorthalidone  
atorvastatin  
AVONEX [INJ]  
AZASITE  
azelastine nasal spray

azithromycin

## B

baclofen  
benazepril  
benzonatate  
BEPREVE  
BETASERON [INJ]  
BETHKIS  
BEVESPI AEROSPHERE  
bisoprolol/hctz  
blisovi fe  
BREG ELLIPTA  
BRILINTA  
BRISDELLE  
budesonide nebulization suspension  
bupropion  
bupropion ext-release  
buspirone  
butalbital/acetaminophen/caffeine  
BYDUREON [INJ]  
BYETTA [INJ]  
BYSTOLIC  
BYVALSON

## C

CANASA  
CARAC  
carbidopa/levodopa  
carvedilol  
divalproex ext-release  
DIVIGEL  
donepezil  
doxazosin  
doxycycline hyclate  
doxycycline monohydrate  
DUAVEE  
DULERA  
duloxetine delayed-release  
DUPIXENT [INJ]  
DYMISTA

COMBIGAN  
COMBIPATCH  
COMBIVENT RESPIMAT  
COPAXONE 40 MG [INJ]  
COREG CR  
CORLANOR  
COSENTYX [INJ]  
CREON  
CRINONE  
cyanocobalamin [INJ]  
cyclobenzaprine

## D

DALIRESP  
DAYTRANA  
desonide  
desvenlafaxine succinate er  
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, EPIDUO FORTE  
EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ]  
EPIPEN, EPIPEN JR [INJ]  
ergocalciferol  
erythromycin eye ointment  
escitalopram  
esomeprazole magnesium delayed-release  
ESTRACE CREAM  
estradiol  
estradiol patches  
estradiol/norethindrone acetate  
ESTRING  
eszopiclone  
EUFLEXXA [INJ]  
EVEKEO  
EXTAVIA [INJ]  
ezetimibe

## F

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

## G

gabapentin  
GELNIQUE  
gemfibrozil  
GENOTROPIN [INJ]  
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]  
guanfacine ext-release

## H

HARVONI  
HUMALOG [INJ]  
HUMATROPE [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  
ILEVRO  
INCRUSE ELLIPTA  
indomethacin  
INLYTA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
irbesartan  
IRESSA  
isosorbide mononitrate ext-release

## J

JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JENTADUETO  
JENTADUETO XR  
junel fe

## K

ketoconazole topical

(continued)

**THIS DOCUMENT LIST IS EFFECTIVE AS OF JANUARY 1, 2018 BUT MAY BE SUBJECT TO CHANGE DURING THE PLAN YEAR.**

**You may obtain the most current information regarding your prescription plan coverage by logging into [express-scripts.com](http://express-scripts.com).**

**Go to [express-scripts.com/2018drugs](http://express-scripts.com/2018drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.**

ketorolac  
KITABIS PAK  
KYLEENA

## L

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

## M

MAVYRET  
meclizine  
medroxyprogesterone  
meloxicam  
MEPHYTON  
MESTINON SYRUP  
metaxalone  
metformin  
metformin ext-release  
methimazole  
methocarbamol  
methotrexate  
methylphenidate  
methylphenidate ext-release  
methylprednisolone  
metoclopramide hcl  
metoprolol succinate  
ext-release  
metoprolol tartrate  
metronidazole  
metronidazole topical  
metronidazole vaginal gel  
microgestin fe  
MINIVELLE  
minocycline  
MIRENA  
mirtazapine  
MIRVASO  
MITIGARE  
moderiba  
mometasone  
mononessa

MONOVISC [INJ]  
montelukast  
morphine sulfate ext-release  
MOVANTI  
MOXEZA  
multivitamins/fluoride  
mupirocin  
MYDAYIS  
MYRBETRIQ

## N

nabumetone  
NAMENDA XR  
NAMZARIC  
NARCAN NASAL SPRAY  
NASCOBAL  
NATAZIA  
neomycin/polymyxin/  
hydrocortisone ear drops  
NEXIUM PACKETS  
niacin ext-release  
nifedipine ext-release  
nitrofurantoin macrocrystal  
NORDITROPIN [INJ]  
nortriptyline  
NUCYNTA, NUCYNTA ER  
NUDEXTA  
NUVARING  
nystatin oral suspension  
nystatin topical

## O

ofloxacin  
olanzapine  
olmesartan  
olmesartan/hctz  
olopatadine  
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  
ORTHOVISC [INJ]  
OTEZLA  
OTOVEL  
OTREXUP [INJ]  
oxcarbazepine  
oxybutynin ext-release  
oxycodone  
oxycodone/acetaminophen  
OXYCONTIN

## P

pantoprazole delayed-release  
paroxetine

PAZEO  
penicillin v potassium  
PENTASA  
PERFOROMIST  
PHOSLYRA  
PICATO  
pioglitazone  
PLEGRIDY [INJ]  
polymyxin/trimethoprim  
eye solution  
potassium chloride  
ext-release  
PRALUENT [INJ]  
pramipexole  
pravastatin  
prednisolone acetate  
eye suspension  
prednisolone sodium  
phosphate  
prednisone  
PREMARIN CREAM  
PREMARIN TABS  
PREMPHASE  
PREMPRO  
PREPOIK  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIIT [INJ]  
progesterone micronized  
PROLENSA  
promethazine  
promethazine/  
dextromethorphan  
propranolol  
propranolol ext-release  
PULMICORT FLEXHALER  
PYLERA

## Q

QNASL  
QUDEXY XR  
quetiapine  
QUILLICHEW ER  
QUILLIVANT XR  
quinapril  
QVAR

## R

rabeprazole delayed-release  
raloxifene  
ramipril  
RANEXA  
RAPAFLO  
RASUVO [INJ]  
REBIF [INJ]  
RECTIV  
RELISTOR [INJ]  
REMICADE [INJ]  
RENVELA TABLETS  
REPATHA [INJ]  
RESTASIS  
risperidone  
rizatriptan  
ropinirole  
rosuvastatin

## S

SAFYRAL  
SANCUSO  
SAVELLA  
SEREVENT DISKUS  
sertraline  
SIMPONI 100 MG (for  
ulcerative colitis only) [INJ]  
simvastatin  
SKYLA  
SOLIQUA [INJ]  
SOLODYN  
SOMATULINE DEPOT [INJ]  
SOOLANTRA  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
spironolactone  
sprintec  
SPRYCEL  
STELARA SC [INJ]  
STIOLTO RESPIMAT  
STRENSIQ [INJ]  
STRIVERDI RESPIMAT  
SUBOXONE SL FILM  
sulfamethoxazole/  
trimethoprim  
sumatriptan  
SUPREP  
SYMBICORT  
SYMLINPEN [INJ]  
SYNJARDY, SYNJARDY XR

## T

TACLONEX SUSPENSION  
tamoxifen  
tamsulosin ext-release  
TARCEVA  
TAYTULLA  
TAZORAC GEL  
TAZORAC 0.05% CREAM  
TECFIDERA  
TECHNIVIE  
TEKTRUNA, TEKTRUNA HCT  
temazepam  
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 SOLOSTAR [INJ]  
TOVIAZ  
TRACLEER  
TRADJENTA  
tramadol  
TRAVATAN Z  
trazodone  
TRESIBA [INJ]  
triamcinolone topical

triamterene/hctz  
trinessa  
tri-sprintec  
TRULICITY [INJ]  
TUDORZA PRESSAIR  
TYMLOS [INJ]

## U

UCERIS TABLETS  
ULORIC  
UPTRAVI

## V

valacyclovir  
valsartan  
valsartan/hctz  
VARUBI  
VASCEPA  
VELPHORO  
VELTASSA  
venlafaxine  
venlafaxine ext-release  
VENTOLIN HFA  
verapamil ext-release  
VESICARE  
VIBERZI  
VIEKIRA PAK  
VIEKIRA XR  
VIBRYD  
VIMPAT  
VIOKACE  
VOSEVI  
VYVANSE

## W

warfarin  
WELCHOL

## X

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

## Z

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

*Please note that product placement for the Treatment for Inflammatory Conditions is under consideration and changes may occur based upon changes in market dynamics and new product launches.*

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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> Anti-Migraine Therapy	Sumavel Dosepro	sumatriptan injection
Duchenne Muscular Dystrophy (DMD) Agents	Emflaza Exondys 51	prednisone solution, prednisone tablets No alternatives recommended
Long-Acting Opioid Oral Analgesics	Opana ER, Oxycodone ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Analgesics	Buprenorphine Patches, Butrans	fentanyl patches, hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Antagonists	Evzio	naloxone syringe, Narcan Nasal Spray
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda	fentanyl citrate lozenges
<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, Zyclara	fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato
<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	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin, Nesina, Onglyza Alogliptin/Metformin, Kazano, Kombiglyze XR	Januvia, Tradjenta Janumet, Janumet XR, Jentadueto, Jentadueto XR
Glucagon-Like Peptide-1 Agonists	Adlyxin, Tanzeum, Victoza	Bydureon, Byetta, Trulicity
Insulins	Novolin Apidra, NovoLog	Humulin 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> Estrogen and Estrogen Modifiers for Vaginal Symptoms	Femring	estradiol patches, estradiol tablets, yuvafem, Estrace Cream, Estring, Premarin Cream, Premarin Tablets
Growth Hormones	Nutropin AQ, Nutropin AQ Nuspin, Omnitrope, Saizen, SaizenPrep, Zomacton	Genotropin, Humatrope, Norditropin
Somatostatin Analogs	Sandostatin LAR Depot, Signifor LAR	Somatuline Depot
Topical Estrogen Gels	Estrogel	Divigel
Topical Testosterone Products	Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo	AndroGel 1.62%
<b>GASTROINTESTINAL</b> Inflammatory Bowel Agents	Asacol HD, Delzicol, Dipentum, Mesalamine 800 MG Delayed-Release	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa
Irritable Bowel Syndrome and Chronic Constipation Agents	Trulance	Amitiza, Linzess
Pancreatic Enzymes	Pancreaze, Pertzeye, Ultresa	Creon, Zenpep
Proton Pump Inhibitors	Acipex Sprinkle, Prevacid Solutab, 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, Olysio, Sovaldi, Zepatier	Epclusa, Harvoni, Mavyret, Technivie, Viekira Pak, Viekira XR, Vosevi

Drug Class	Excluded Medications	Covered Alternatives
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	Colchicine	Colcris, Mitigare
Osteoporosis Therapy	Forteo	Tymlos
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Ganirelix Acetate	Cetrotide
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject
Vaginal Progesterones	Endometrin	Crinone 8% Gel
<b>OPHTHALMIC</b> Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol, 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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvail, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz, Supartz FX, Synvisc, Synvisc-One	Euflexxa, Monovisc, Orthovisc
<b>RENAL DISEASE</b> Phosphate Binders	Fosrenol, Renagel	sevelamer carbonate, Phoslyra, Renvela Tablets, 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
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, Stendra	Cialis, Viagra
<b>WEIGHT LOSS</b> Weight Loss Agents	Qsymia	Belviq, Contrave

### Indication Based Management

Drug Class	Nonpreferred Medications	Covered Alternatives
<b>INFLAMMATORY CONDITIONS*</b> * Please note that product placement for this class is under consideration and changes may occur based upon changes in market dynamics and new product launches.	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), Stelara SC, Xeljanz, Xeljanz XR

### Excluded Medications/Products at a Glance

Abbott (Freestyle, Precision)	Butrans	Ganirelix Acetate	Natesto	Protonix Suspension	Tribenzor <sup>^</sup>
Abilify <sup>^</sup>	Cetralax	Gel-One	National Medical (Advocate)	Preventil HFA	Trividia (Truetest, Truetrack)
Abstral	Colchicine	Gelsyn-3	Nesina	Provigil <sup>^</sup>	Trulance
Aciphex <sup>^</sup>	Cymbalta <sup>^</sup>	Genvisc 850	Neupogen	Prozac <sup>^</sup>	Ultresa
Aciphex Sprinkle	Cytomel <sup>^</sup>	Glumetza	Nevanac	Pulmicort Respules <sup>^</sup>	Unistrip
Acuvail	Daklinza	Hyalgan	Novolin	Qsymia	Valium <sup>^</sup>
Adderall <sup>^</sup>	Delzicol	Hymovis	Novolog	Renagel	Valtrex <sup>^</sup>
Adlyxin	Dipentum	Imitrex <sup>^</sup>	Nutropin AQ,	Roche (Accu-Chek)	Veltin
Aktipak	Doxycycline 40 MG Capsules	Inderal LA <sup>^</sup>	Nutropin AQ Nuspin	Saizen, SaizenPrep	Victoza
Alogliptin	Effxor XR <sup>^</sup>	Intuniv <sup>^</sup>	Olysio	Sandostatin LAR Depot	Vogelxo
Alogliptin/Metformin	Emflaza	Istalol	Omnaris	Seroquel <sup>^</sup> , Seroquel XR <sup>^</sup>	Vytorin <sup>^</sup>
Alvesco	Endometrin	Kazano	Omnis Health	Signifor LAR	Wellbutrin SR <sup>^</sup>
AndroGel 1% <sup>^</sup>	Epinephrine Auto-Injector	Kombiglyze XR	(Embrace, Victory)	Singulair <sup>^</sup>	Xanax <sup>^</sup> , Xanax XR <sup>^</sup>
Anusol-HC <sup>^</sup>	(by A-S Medications,	Lazanda	Omnitrope	Sumavel Dosepro	Xenazine <sup>^</sup>
Apidra	Impax & Lineage)	Levalbuterol HFA	Onglyza	Supartz, Supartz FX	Xopenex HFA
Aranesp	Epogen	Levitra	Opana ER	Synvisc, Synvisc-One	Zegerid <sup>^</sup>
Asacol HD	Evzio	Lexapro <sup>^</sup>	Oxycodone ER	Tanzeum	Zepatier
Atacand <sup>^</sup> , Atacand HCT <sup>^</sup>	Exondys 51	Librax <sup>^</sup>	Pancreaze	Testim	Zetia <sup>^</sup>
Auvi-Q	Femring	Lidoderm <sup>^</sup>	Pertzye	Testosterone Gel	Zetonna
Azor <sup>^</sup>	Fentora	Lovenox <sup>^</sup>	Plaquenil <sup>^</sup>	Tikosyn <sup>^</sup>	Zioptan
Bayer (Breeze, Contour)	Fluorouracil 0.5% Cream	Lunesta <sup>^</sup>	Plavix <sup>^</sup>	Tobin Solution <sup>^</sup>	Zolofit <sup>^</sup>
Beconase AQ	Follistim AQ	Mesalamine 800 MG	Prevacid <sup>^</sup>		Zomacton
Benicar <sup>^</sup> , Benicar HCT <sup>^</sup>	Forteo	Delayed-Release	Prevacid Solutab		Zyclara
Bravelle	Fortesta	Minastrin 24 Fe <sup>^</sup>	Prilosec Suspension		Zyflo CR <sup>^</sup>
Bupap <sup>^</sup>	Fosrenol	Mircera	Pristiq <sup>^</sup>		
Buprenorphine Patches		Nasonex <sup>^</sup>	Protonix <sup>^</sup>		

<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.