



The drugs included in this guide have prior authorization requirements. Plan members must qualify for prior authorization prior to coverage through the prescription drug benefit. Each prior authorization is approved for a limited duration. Once a prior authorization expires, your health care provider must request a renewal if continuing coverage is desired.

Your health care provider must contact Express Scripts, Inc. to obtain prior authorization (exceptions noted). **PROVIDERS ONLY** may contact Express Scripts, Inc. at 800-417-8164.

This list does not dictate or control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

This list is subject to change with or without notice. **Members can contact Express Scripts, Inc. at 866-727-5867 for the most up-to-date information regarding specific prior authorization requirements.**

BLOOD CONDITIONS

Formulary

- GRANIX
- NEULASTA
- NPLATE¹
- PROCRIT
- PROMACTA¹
- ZARXIO

Excluded

- ARANESP²
- EPOGEN²
- MIRCERA²
- NEUPOGEN²

- TECHNIVIE
- VIEKIRA PAK
- VIEKIRA XR
- VOSEVI

Non-Formulary

- PEG-INTRON

Excluded

- DAKLINZA²
- OLYSIO²
- SOVALDI²
- ZEPATIER²

- GAMMAGARD LIQUID
- GAMUNEX-C
- HIZENTRA

Non-Formulary

- GAMMAKED
- HYQVIA

- TREMFYA

Excluded

- CIMZIA²
- KINERET²
- ORENCIA²
- SIMPONI 50 MG²
- TALTZ²

- INGREZZA¹
- KEVEYIS¹
- KYMRIAH¹
- MAKENA¹
- NORTHERA
- PENNSAID¹
- saliva stimulant agents
- VIMOVO¹
- YESCARTA¹
- YOSPRALA¹
- ZINPLAVA¹

Excluded

- EMFLAZA²
- EXONDYS 51²
- FORTAMET² (including generic formulations)
- GLUMETZA² (including generic formulations)
- SANDOSTATIN LAR DEPOT²
- SIGNIFOR LAR²

BOTULINUM TOXINS

Non-Formulary

- BOTOX¹
- DYSPORT¹
- MYOBLOC¹
- XEOMIN¹

HEREDITARY ANGIOEDEMA

Formulary

- BERINERT¹
- CINRYZE¹
- FIRAZYR¹

Non-Formulary

- HAEGARDA¹
- KALBITOR¹
- RUCONEST¹

INFERTILITY

Formulary

- CETROTIDE¹
- chorionic gonadotropin¹
- GONAL-F/RFF¹
- MENOPUR¹
- NOVAREL¹
- progesterone¹

Non-Formulary

- OVIDREL¹
- PREGNYL¹
- REPRONEX¹

Excluded

- BRAVELLE²
- FOLLISTIM AQ²
- GANIRELIX ACETATE²

MISCELLANEOUS CONDITIONS

Formulary

- BENLYSTA
- CERDELGA
- CHENODAL¹
- CHOLBAM
- DARAPRIM
- DEMSER
- diclofenac gel¹
- DUPIXENT
- EGRIFTA
- KORLYM¹
- KRISTEXXA¹
- KUVAN¹

- lidocaine ointment¹
- MYALEPT
- NATPARA¹
- NITYR¹
- NUEDEXTA
- OCALIVA¹
- ORFADIN¹
- phenoxybenzamine
- RADICAVA¹
- REGRANEX
- SAMSCA¹
- SELZENTRY
- SIGNIFOR¹
- SOMATULINE DEPOT
- SOMAVERT
- SPINRAZA¹
- XENAZINE¹
- XERMELO¹
- XYREM
- ZAVESCA

Non-Formulary

- AUSTEDO¹
- DIBENZYLINE
- DUEXIS¹

MULTIPLE SCLEROSIS

Formulary

- AMPYRA
- AVONEX
- COPAXONE 40
- EXTAVIA
- GILENYA
- GLATOPA
- LEMTRADA
- OCREVUS
- PLEGRIDY
- REBIF
- TECFIDERA
- TYSABRI

Non-Formulary

- AUBAGIO
- BETASERON
- ZINBRYTA

Excluded

- COPAXONE 20²

DERMATOLOGIC CONDITIONS (≥ 35 years of age)

Formulary

- topical tazarotene
- topical tretinoin

HYPER-CHOLESTEROLEMIA

Formulary

- JUXTAPID¹
- PRALUENT
- REPATHA

Non-Formulary

- KYNAMRO¹

INFLAMMATORY CONDITIONS

Formulary

- ACTEMRA
- ARCALYST¹
- COSENTYX
- ENBREL
- ENTYVIO¹
- HUMIRA
- ILARIS¹
- INFLECTRA
- OTEZLA
- REMICADE
- RITUXAN
- SIMPONI 100 MG (for ulcerative colitis only)
- STELARA
- XELJANZ

Non-Formulary

- KEVZARA
- RENFLEXIS
- SILIQ
- SIMPONI ARIA

GROWTH DEFICIENCY

Formulary

- GENOTROPIN
- HUMATROPE
- INCRELEX
- NORDITROPIN
- SEROSTIM

Non-Formulary

- ZORBTIVE

Excluded

- NUTROPIN AQ²
- OMNITROPE²
- SAIZEN²
- ZOMACTON²

HYPOGONADISM

Formulary

- ANDROGEL 1.62%
- AXIRON

Non-Formulary

- ANDRODERM
- STRIANT

Excluded

- ANDROGEL 1%²
- FORTESTA²
- NATESTO²
- TESTIM²
- TESTOSTERONE GEL²
- VOGELXO²

HEPATITIS C VIRUS

Formulary

- EPCLUSA
- HARVONI
- MAVYRET
- PEGASYS

IMMUNODEFICIENCY

Formulary

¹Your health care provider must contact OSU Health Plan at 614-292-4700 or 800-678-6269 to obtain prior authorization.

²This medication is not covered by your prescription drug plan. Please use an alternative medication.

Additionally, any intravenously administered medication not specifically listed here as well as certain compounds require pre-certification.

- CABOMETYX
- CAPRELSA
- COTELLIC
- ERBITUX
- ERIVEDGE
- GILOTRIF
- HERCEPTIN
- IBRNACE
- ICLUSIG
- IDHIFA
- imatinib
- IMBRUVICA
- INLYTA
- IRESSA
- JAKAFI
- KADCYLA
- LENVIMA
- LONSURF
- LYNPARZA
- MEKINIST
- NERLYNX
- NEXAVAR
- NINLARO
- PERJETA
- REVLIMID
- RITUXAN
- HYCELA
- RUBRACA
- RYDAPT
- SPRYCEL
- STIVARGA
- SUTENT
- TAFINLAR
- TAGRISSO
- TARCEVA
- TASIGNA
- THALOMID
- TYKERB
- VECTIBIX
- VENCLEXTA
- VOTRIENT
- XALKORI
- XTANDI
- ZEJULA
- ZELBORAF
- ZYDELIG
- ZYKADIA
- ZYTIGA

Non-Formulary

- ALECENSA
- ALUNBRIG
- COMETRIQ
- FARYDAK
- KISQALI
- ODOMZO
- TEMODAR
- VERZENIO

OPHTHALMIC CONDITIONS

Formulary

- EYLEA¹
- LUCENTIS¹
- RESTASIS
- XIIDRA

Non-Formulary

- MACUGEN¹

OSTEOARTHRITIS

Formulary

- EUFLEXXA
 - MONOVISC
 - ORTHOVISC
- Excluded**
- GEL-ONE²
 - GELSYN-3²
 - GENVISC 850²
 - HYALGAN²
 - HYMOVIS²
 - SUPARTZ²
 - SYNVIS²
 - SYNVIS-ONE²

OSTEOPOROSIS

Formulary

- TYMLOS

Excluded

- FORTEO²

PULMONARY HYPERTENSION

Formulary

- ADCIRCA
- ADEMPAS
- epoprostenol
- LETAIRIS
- OPSUMIT
- REMODULIN
- sildenafil
- TRACLEER
- TYVASO
- UPTRAVI
- VENTAVIS

Non-Formulary

- ORENITRAM

RESPIRATORY CONDITIONS

Formulary

- ARALAST NP
- DALIRESP
- ESBRIET
- KALYDECO
- NUCALA¹
- OFEV
- ORKAMBI
- PROLASTIN C
- SYNAGIS
- XOLAIR
- ZEMAIRA

Non-Formulary

- CINQAIR
- GLASSIA

SLEEP DISORDERS

Formulary

- armodafinil
- modafinil

Non-Formulary

- HETLIOZ

WEIGHT MANAGEMENT

Non-Formulary

- BELVIQ¹
- BELVIQ XR¹
- CONTRAVE¹
- LOMAIRA¹
- SAXENDA¹

Excluded

- QSYMIA

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