



2020 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]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
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 RESPICLIK
ARNUTY 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
BREO 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]
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
DESCOVY
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]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
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
EUFLEXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]

GENVOYA
GILENYA
GILOTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [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
INBRIA
INCRUSE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR

(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 BUT MAY BE SUBJECT TO CHANGE DURING THE PLAN YEAR. You can find more information at express-scripts.com.

JULUCA
junel
junel fe

K

ketoconazole topical
ketorolac
KITABIS PAK
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
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
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMZARIC
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]
NOVOFINE AUTOSHIELD
NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUCALA [INJ]
NUCYNTA, NUCYNTA ER
NUDEXTA
nystatin
nystatin topical

O

OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine eye solution
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORILISSA
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
TEST STRIPS,
B-KETONE STRIPS
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
pregabalin
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREPOIK
PROAIR HFA
PROAIR RESPICLICK
PROCRIIT [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
raloxifene
ramipril
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
SIMPONI 100 MG (for
ulcerative colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLQUA [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
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
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
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

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](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	Covered 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
Calcium Channel Blockers	KATERZIA	amlodipine

Continued

Drug Class	Excluded Medications	Covered Alternatives
CARDIOVASCULAR <i>(continued)</i> 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, IMIQIMOD 3.75% CREAM PUMP, ZYCLARA	fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungals	LULICONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	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/prilocaine cream
DIABETES Blood Glucose Test Strips	BAYER (BREEZE, CONTOUR) NATIONAL MEDICAL (ADVOCATE) OMNIS HEALTH (EMBRACE, VICTORY) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) UNISTRIP ALL OTHER TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE ONETOUCH TEST STRIPS: ULTRA, VERIO PRECISION XTRA 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, SAIZENPREP, 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
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM

Continued

Drug Class	Excluded Medications	Covered Alternatives
GASTROINTESTINAL (continued) 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
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
Thrombocytopenia Agents	MULPLETA	DOPTLET
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
	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
	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES
	PENNSAID	diclofenac sodium topical, FLECTOR PATCHES
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Folliotropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progestones	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
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

Continued

Drug Class	Excluded Medications	Covered Alternatives
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISC, SYNVISC-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	BELVIQ, CONTRAVE, SAXENDA
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	Covered 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, RINVOQ ER, 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

ABILIFY^	DOXYCYCLINE HYCLATE DR 80 MG	LUNESTA^	SIGNIFOR LAR
ABILIFY MYCITE	DUROLANE	LYRICA^	SIKLOS
ABSTRAL	DUTOPROL	LYRICA CR	SINGULAIR^
ACIPHEX^	DUZALLO	MAVYRET	SITAVIG
ACIPHEX SPRINKLE	EFFEXOR XR^	MAXALT^, MAXALT MLT^	SODIUM HYALURONATE
ACUVAIL	ELIDEL^	MAXIDEX	SOFOSBUVIR/VELPATASVIR
ADCIRCA^	EMBEDA	METOPROLOL SUCCINATE/HCTZ ER	SOVALDI
ADDERALL^	EMEND CAPSULES^, TRIFOLD PACK^	MICARDIS^, MICARDIS HCT^	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
ADLYXIN	EMEND POWDER PACKETS	MINASTRIN 24 FE^	SPRAVATO
ADMELOG	EMFLAZA	MINOLIRA	STIOLTO RESPIMAT
AKTIPAK	ENDOMETRIN	MIRCERA	STRATTERA^
AKYNZEO CAPSULES	EPANED	MULPLETA	STRIBILD
ALBUTEROL SULFATE HFA	EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	NALFON CAPSULES	STRIVERDI RESPIMAT
ALCORTIN A	EPOGEN	NAMENDA XR^	SUBSYS
ALOCRIL	ESTROGEL	NASONEX^	SUMAVEL DOSEPRO
ALOGLIPTIN	EVENITY	NATIONAL MEDICAL (ADVOCATE)	SUPARTZ FX
ALOGLIPTIN/METFORMIN	EVZIO	NESINA	SYM TUZA
ALOGLIPTIN/PIOGLITAZONE	EXFORGE^, EXFORGE HCT^	NEUPOGEN	SYNVISC, SYNVISC-ONE
ALOMIDE	EXJADE^	NEURONTIN^	TESTIM^
ALTOPREV	EXONDYS 51	NEVANAC	TIKOSYN^
ALVESCO	EXTAVIA	NOCTIVA	TIMOPTIC OCULOSE
AMBIEN^, AMBIEN CR^	EZALLOR SPRINKLE	NORCO^	TIVORBEX
AMPYRA^	FEMRING	NORVASC^	TOBI SOLUTION^
AMRIX^	FENOPROFEN CAPSULES	NOVOLIN	TOLSURA
ANDROGEL 1% ^	FENORTHO	NOVOLOG	TOPAMAX^
ANUSOL-HC^	FENTANYL CITRATE BUCCAL TABLETS	NUTROPIN AQ NUSPIN	TOPICORT SPRAY
APADAZ	FENTORA	NUVIGIL^	TOPIRAMATE ER CAPSULES
APIDRA	FIASP	OMNARIS	TRIBENZOR^
ARANESP	FLUOROURACIL 0.5% CREAM	OMNIS HEALTH (EMBRACE, VICTORY)	TRICOR^
ARIMIDEX^	FML FORTE, FML S.O.P.	OMNITROPE	TRILEPTAL^
ASACOL HD^	FOCALIN^, FOCALIN XR^	ONGLYZA	TRIVIDIA (TRUETEST, TRUETRACK)
ASPIRIN/OMEPRazole DR	FOLLISTIM AQ	ONPATRO	TRIVISC
ATACAND^, ATACAND HCT^	FOSRENOL CHEWABLE TABLETS^	ONZETRA XSAIL	TUDORZA PRESSAIR
ATRIPLA	FOSRENOL POWDER PACKETS	ORFADIN	UNISTRIIP
AUBAGIO	GANIRELIX ACETATE^	ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^	UROXATRAL^
AUVI-Q	GEL-ONE	OSMOLEX ER	VAGIFEM^
AVALIDE^, AVAPRO^	GELSYN-3	OXYCODONE ER	VALIUM^
AVODART^	GENVISC 850	PANCREAZE	VALTRES^
AZOR^	GLEEVEC^	PATADAY^	VELTASSA
BARACLUDE TABLETS^	GLUCOPHAGE^, GLUCOPHAGE XR^	PENNSAID	VELTIN
BAYER (BREEZE, CONTOUR)	GLUMETZA	PERTZYE	VERDESO FOAM
BECONASE AQ	GOCOVRI ER	PIFELTRO	VIAGRA^
BENICAR^, BENICAR HCT^	GRANIX	PIQRAY	VICTOZA
BENZHYDROCODONE/ACETAMINOPHEN	HUMATROPE	PLAQUENIL^	VISCO-3
BERINERT	HYALGAN	PLAVIX^	VIVELLE-DOT^
BRAVELLE	HYMOVIS	PRADAXA	VIVLODEX
BRISDELLE^	IMIQUIMOD 3.75% CREAM PUMP	PRALUENT (NDCs starting with 72733)	VYTORIN^
BUPAP^	IMITREX^	PRAVACHOL^	WELLBUTRIN SR^
BUTRANS	INDERAL LA^	PRED MILD	XADAGO
CELEBREX^	INGREZZA	PREGNYL	XALATAN^
CELEXA^	INSULIN LISPRO	PREVACID^, PREVACID SOLUTAB^	XANAX^, XANAX XR^
CETRAXAL	INTUNIV^	PREZCOBIX	XATMEP
CHORIONIC GONADOTROPIN	ISTALOL^	PRIOSEC SUSPENSION	XELPROS
CIALIS^	JADENU, JADENU SPRINKLE	PRISTIQ^	XENAZINE^
CINQAIR	KAPSPARGO SPRINKLE	PROLIA	XOPENEX HFA
CLIMARA PRO	KATERZIA	PROTONIX^	XPOVIO
CLOCORTOLONE	KAZANO	PROTONIX SUSPENSION	YASMIN^
COLCHICINE	KEPPRA^, KEPPRA XR^	PROVENTIL HFA	YOSPRALA DR
COMPLERA	KISQALI, KISQALI FEMARA CO-PACK	PROVIGIL^	ZAVESCA^
COREG^	KOMBIGLYZE XR	PROZAC^	ZEGERID^
CORTIFOAM	LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^	PULMICORT RESPULES^	ZETIA^
COSOPT^	LAZANDA	QBRELIS	ZETONNA
COZAAR^, HYZAAR^	LEDIPASVIR/SOFOSBUVIR	QSYMIA	ZIOPTAN
CRESTOR^	LEVALBUTEROL HFA	RABEPRAZOLE DR SPRINKLE	ZIPSOR
CUPRIMINE^	LEXAPRO^	RAPAFLO^	ZOCOR^
CYMBALTA^	LIBRAX^	RELION NOVOLIN	ZOLOFT^
CYTOMEL^	LIDOCAINE/TETRACAINE	RENAGEL^	ZOMACTON
DELSTRIGO	LIDODERM^	REPATHA (NDCs starting with 72511)	ZOMIG TABLETS^, ZOMIG ZMT^
DELZICOL^	LIPITOR^	RHOFADE	ZONEGRAN^
DETROL^, DETROL LA^	LOESTRIN^, LOESTRIN FE^	ROCHE (ACCU-CHEK)	ZORVOLEX
DICLOFENAC EPOLAMINE PATCHES	LOTREL^	SAIZEN, SAIZENPREP	ZURAMPIC
DIOVAN^, DIOVAN HCT^	LOVENOX^	SANDOSTATIN LAR DEPOT	ZYCLARA
DIPENTUM	LUCEMYRA	SAVAYSA	ZYFLO CR^
DOXYCYCLINE 40 MG CAPSULES	LULICONAZOLE	SEROQUEL^, SEROQUEL XR^	ZYTIGA 250 MG^

^ 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.