

2019 Express Scripts National Preferred Formulary For Missouri Consolidated Health Care Plan

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
[PA] - Prior Authorization is required for coverage
[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication
[SP] - Drug is available through Specialty Pharmacy Services
[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ] [QLL]
ABSORICA
ACANYA [ST]
acetaminophen/codeine
ACTEMRA [INJ] [PA] [SP]
acyclovir
ADEMPAS [PA] [SP]
ADVAIR DISKUS [PA] [QLL]
ADVAIR HFA [PA] [QLL]
AFSTYLA [INJ] [SP]
AIMOVIG [INJ] [PA]
AKYNZEO [QLL]
albuterol nebulization solution
alendronate [QLL]
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX [ST]
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA [PA] [SP]
anastrozole
ANDRODERM [PA] [QLL]
ANDROGEL 1.62% [PA] [QLL]
ANORO ELLIPTA [QLL]
APRISO
ARCAPTA NEOHALER [QLL]
aripiprazole
ARISTADA [INJ]
ARMONAIR
RESPICLICK [QLL]
ARNUITY ELLIPTA [QLL]
ASMANEX HFA [QLL]
ASMANEX TWISTHALER [QLL]

atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin [QLL]
AVONEX [INJ] [PA] [QLL] [SP] [ST]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BARACLUDE SOLUTION
BD AUTOSHIELD DUO NEEDLES
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA [QLL] [ST]
benazepril
benzonatate
BEPREVE [ST]
BETASERON [INJ] [PA] [QLL] [SP] [ST]
BETHKIS [QLL] [SP]
BEVESPI AEROSPHERE [QLL]
BIKTARVY [SP]
bisoprolol/hctz
blisovi fe
BOSULIF [PA] [QLL] [SP]
BREO ELLIPTA [PA] [QLL]
BRILINTA
budesonide nebulization suspension [QLL]
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ] [PA] [QLL]
BYETTA [INJ] [PA] [QLL]
BYSTOLIC
BYVALSON

C

CABOMETYX [PA] [QLL] [SP]
CANASA
CARAC
CARAFATE SUSPENSION
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib [ST]
cephalexin
CERDELGA [SP]
CEREZYME [INJ] [SP]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIALIS [PA] [QLL]

CIMDUO [SP]
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate [QLL]
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate [QLL]
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT [QLL]
COPAXONE 40 MG [INJ] [PA] [QLL] [SP] [ST]
CORLANOR [PA]
COSENTYX [INJ] [PA] [SP]
CREON
CRINONE [SP]
BETHKIS [QLL] [SP]
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP [PA] [QLL]
DARAPRIM [PA] [SP]
DAYTRANA [ST]
DESCOXY [SP]
desvenlafaxine succinate ext-release [QLL] [ST]
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 [QLL]
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate [ST]
DUAVEE
DULERA [PA] [QLL]
duloxetine delayed-release [QLL]
DUPIXENT [INJ] [PA] [QLL] [SP]

DYMISTA [QLL] [ST]

E

EDARBI [ST]
EDARBYCLOR [ST]
ELIDEL [QLL] [ST]
ELIQUIS [PA]
EMVERM [QLL]
enalapril
ENBREL [INJ] [PA] [QLL] [SP] [ST]
enoxaparin [INJ] [SP]
ENSTILAR [QLL]
ENTRESTO [PA] [QLL]
EPCLUSA [PA] [QLL] [SP]
EPIDUO FORTE [ST]
EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ] [QLL]
EPIPEN [INJ] [QLL] [ST]
EPIPEN JR [INJ] [QLL] [ST]
ergocalciferol
ERIVEDGE [PA] [QLL] [SP]
ERLEADA [PA] [SP]
erythromycin eye ointment
ESBRIET [PA] [QLL] [SP]
escitalopram
esomeprazole magnesium delayed-release [QLL]
estradiol
estradiol patches
estradiol/norethindrone acetate
ESTRING
eszopiclone
EUFLEXXA [INJ] [PA] [SP]
EVEKEO
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA [QLL] [ST]
fenofibrate [ST]
fenofibrate micronized [ST]
fenofibric acid delayed-release
fentanyl patches
FETZIMA [QLL] [ST]
FINACEA [ST]
finasteride
FLECTOR [QLL] [ST]
FLOVENT DISKUS [QLL]
FLOVENT HFA [QLL]
fluconazole
fluocinonide [QLL]
flouxetine [QLL] [ST]
fluticasone nasal spray [QLL]
folic acid
FORTEO [INJ] [PA] [QLL] [SP]
FRAGMIN [INJ] [SP]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE [QLL] [ST]
gemfibrozil
GENOTROPIN [INJ] [PA] [SP] [ST]
GENVOYA [SP]
GILENYA [SP] [ST]
GILOTRIF [PA] [QLL] [SP]
glimepiride
glipizide
glipizide ext-release
GLUCAGON [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI [QLL] [ST]
GRALISE [ST]
GRANIX [INJ] [PA] [SP]
GRASTEK [PA]
guanfacine ext-release

H

HARVONI [PA] [QLL] [SP]
HELIXATE FS [INJ] [SP]
HUMALOG [INJ]
HUMIRA [INJ] [PA] [QLL] [SP]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex ext-release
hydrocortisone topical
hydromorphone [ST]
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER [QLL] [ST]

I

ibandronate
IBRANCE [PA] [QLL] [SP]
ibuprofen
ILEVRO
INCRUSE ELLIPTA [QLL]
indomethacin
INLYTA [PA] [QLL] [SP]
INVOKAMET [QLL] [ST]
INVOKAMET XR [QLL] [ST]
INVOKANA [QLL] [ST]
irbesartan
IRESSA [PA] [QLL] [SP]
isosorbide mononitrate ext-release

J

JANUMET [QLL]
JANUMET XR [QLL]
JANUVIA [QLL]

(continued)

Go to 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 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE.

You can find more information at express-scripts.com.

JARDIANCE [QLL] [ST]
JENTADUETO [QLL]
JENTADUETO XR [QLL]
junel
junel fe

K

ketoconazole topical [QLL]
ketorolac
KITABIS PAK [QLL] [SP]
KOGENATE FS [INJ] [SP]
KOVALTRY [INJ] [SP]

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution [PA]
LATUDA [QLL]
LETAIRIS [PA] [SP] [ST]
LEVEMIR [INJ]
levetiracetam
levofloxacin
levothyroxine sodium
lidocaine patches [PA] [QLL]
LINZESS
liothyronine
LIPOFEN [ST]
lisinopril
lisinopril/hctz
LIVALO [QLL] [ST]
LO LOESTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin [QLL]
LUMIGAN [PA]
LYRICA [ST]

M

MAKENA MULTIDOSE VIAL
[INJ] [PA] [SP]
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 [QLL]
minocycline [ST]
mirtazapine
MIRVASO [PA]
MITIGARE
moderiba [PA] [SP]
mometasone [QLL]
MONOVISC [INJ] [PA] [SP]
montelukast
morphine sulfate
ext-release [ST]

MOVANTIK
MOXEZA
moxifloxacin eye solution
mupirocin
MUSE [PA] [QLL]
MYDAYIS
MYRBETRIQ [ST]

N

nabumetone
NAMZARIC [ST]
naproxen, naproxen sodium
NARCAN NASAL SPRAY [QLL]
NASCOBAL
neomycin/polymyxin/
hydrocortisone ear solution
NEXIUM PACKETS [QLL] [ST]
niacin ext-release
nifedipine ext-release
nitrofurantoin macrocrystal
NITYR [SP]
NORDITROPIN
[INJ] [PA] [SP] [ST]
nortriptyline
NOVOEIGHT [INJ] [SP]
NOVOFINE AUTOSHIELD
NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUCALA [INJ] [PA] [QLL] [SP]
NUCYNIA [QLL]
NUCYNIA ER [QLL] [ST]
NUDEXTA
NUVARING
NUWIQ [INJ] [SP]
nystatin [QLL]
nystatin topical [QLL]

O

ODACTRA [PA]
OFEV [PA] [QLL] [SP]
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine eye solution
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron [QLL]
ondansetron orally
disintegrating tablets [QLL]
ONETOUCH KITS/METERS;
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS;
ULTRA, VERIO
ONEXTON [ST]
OPSUMIT [PA] [SP]
ORACEA [ST]
ORFADIN [SP]
ORTHOVISC [INJ] [PA] [SP]
oseltamivir
OTEZLA [PA] [SP] [ST]
OTOVEL
OTREXUP [INJ] [ST]
oxcarbazepine
oxybutynin ext-release
oxycodone [ST]
oxycodone/acetaminophen
OXYCONTIN [QLL] [ST]
OZEMPIC [INJ] [QLL]

P

pantoprazole delayed-release
paroxetine hcl

PAZEO [ST]
penicillin v potassium
PENTASA
PERFOROMIST [QLL]
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY
[INJ] [PA] [QLL] [SP] [ST]
polymyxin/trimethoprim
eye solution
POMALYST [PA] [SP]
potassium chloride ext-release
PRALUENT
[INJ] [PA] [QLL] [SP]
pramipexole
pravastatin
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREPOPIK
PROAIR HFA [QLL]
PROAIR RESPICLICK [QLL]
PROCIT [INJ] [PA] [SP]
progesterone micronized
PROLASTIN C [INJ] [PA] [SP]
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT
FLEXHALER [QLL]
PYLERA

Q

QNASL [QLL] [ST]
QUDEXY XR [ST]
quetiapine
QUILLICHEW ER [ST]
QUILLIVANT XR [ST]
quinapril
QVAR [QLL]
QVAR REDHALER [QLL]

R

rabeprazole delayed-release
RAGWITEK [PA]
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ] [ST]
REBIF
[INJ] [PA] [QLL] [SP] [ST]
RECTIV
RELISTOR [INJ] [ST]
REMICADE [INJ] [PA] [SP]
RESTASIS [PA] [QLL]
REVLIMID [PA] [SP]
RHOPRESSA
risperidone [QLL]
rizatriptan
ropinirole
rosuvastatin [QLL]
RUCONEST [INJ] [PA] [SP]

S

SANCUSO [QLL]
SAVELLA [QLL] [ST]
SEGLUROMET [QLL]
SEREVENT DISKUS [QLL]
sertraline
sildenafil [PA]
SIMPONI 100 MG (for
ulcerative colitis only)
[INJ] [PA] [SP] [ST]
simvastatin [QLL]
SOLIQUA [INJ] [QLL]
SOLODYN [ST]
SOMATULINE DEPOT
[INJ] [SP]
SOOLANTRA [ST]
SPIRIVA RESPIMAT [QLL]
spironolactone
sprintec
SPRYCEL [PA] [QLL] [SP]
STEGLATRO [QLL] [ST]
STELARA SC [INJ] [PA] [SP]
STIOLTO RESPIMAT [QLL]
STRENSIQ [INJ] [SP]
STRIVERDI RESPIMAT [QLL]
SUBOXONE SL FILM
[PA] [QLL]
sulfamethoxazole/trimethoprim
sumatriptan [QLL]
SUPREP
SUTENT [PA] [QLL] [SP]
SYMBICORT [PA] [QLL]
SYMFI [SP]
SYMFI LO [SP]
SYMLINPEN [INJ] [PA] [QLL]
SYMPROIC
SYNJARDY [QLL] [ST]
SYNJARDY XR [QLL] [ST]

T

TACLONEX
SUSPENSION [QLL]
tacrolimus topical [ST]
tamoxifen
tamsulosin ext-release
TARCEVA [PA] [QLL] [SP]
TASIGNA [PA] [QLL] [SP]
TAYTULLA
TAZORAC GEL [PA]
TAZORAC 0.05% CREAM [PA]
TECFIDERA [SP] [ST]
TEKTURNA, TEKTURNA HCT
terazosin
terconazole vaginal
testosterone cypionate
[INJ] [PA]
THALOMID [PA] [SP]
timolol maleate eye solution
tizanidine
TOBI PODHALER [QLL] [SP]
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution [QLL]
tobramycin/dexamethasone
eye suspension
topiramate [ST]
TOUJEO [INJ]
TOVIAZ [ST]
TRACLEER [PA] [SP]
TRADJENTA [QLL]
tramadol [QLL] [ST]
TRAVATAN Z [PA]
trazodone
TRELEGY ELLIPTA [QLL]
TREMIFYA [INJ] [PA] [SP] [ST]
TRESIBA [INJ]
triamcinolone topical

triamterene/hctz
tri-lo-marzia
trinessa
TRIPTODUR [INJ] [PA] [SP]
tri-sprintec
TRULANCE
TRULICITY [INJ] [PA] [QLL]
TUDORZA PRESSAIR [QLL]
TYMLOS [INJ] [PA] [QLL] [SP]

U

UCERIS FOAM
ULORIC [ST]
UPTRAVI [PA] [SP]

V

valacyclovir [QLL]
valsartan
valsartan/hctz
VARUBI [QLL]
VASCEPA [PA]
VELPHORO
VELTASSA
venlafaxine [QLL]
venlafaxine ext-release
[QLL] [ST]
VENTOLIN HFA [QLL]
verapamil ext-release
VESICARE [ST]
VIBERZI
VIIBRYD [QLL] [ST]
VIMPAT
VIOKACE
VOSEVI [PA] [QLL] [SP]
VYVANSE [ST]

W

warfarin

X

XALKORI [PA] [QLL] [SP]
XARELTO [PA]
XELJANZ [PA] [SP] [ST]
XELJANZ XR [PA] [SP] [ST]
XIFAXAN [QLL]
XIGDUO XR [QLL] [ST]
XIIDRA [PA] [QLL]
XOLAIR [INJ] [PA] [QLL] [SP]
XTANDI [PA] [QLL] [SP]
XULTOPHY [INJ] [QLL]

Y

YONSA
yuvafem

Z

ZARXIO [INJ] [PA] [SP]
ZENPEP
ZEPATIER [PA] [SP]
zolpidem
zolpidem ext-release
ZOMIG NASAL [QLL] [ST]
ZONTIVITY [PA]
ZOVIRAX CREAM [PA] [QLL]
ZUBSOLV [PA] [QLL]
ZYLET
ZYTIGA [PA] [QLL] [SP]

Go to [express-scripts.com/2019drugs](https://www.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.

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

The excluded medications shown below are not covered on the Missouri Consolidated Health Care Plan 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 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
AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection [QLL]
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 [PA] [QLL] [SP] [ST], AVONEX PEN [PA] [QLL] [SP] [ST], BETASERON [PA] [QLL] [SP] [ST], PLEGRIDY [PA] [QLL] [SP] [ST], REBIF [PA] [QLL] [SP] [ST], REBIF REBIDOSE [PA] [QLL] [SP] [ST]
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 [ST], morphine sulfate ER [ST], oxymorphone ER [ST], HYSINGLA ER [QLL] [ST], NUCYNTA ER [QLL] [ST], OXYCONTIN [QLL] [ST]
Narcotic Analgesics	BUTRANS	BELBUCA [QLL] [ST]
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY [QLL]
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE [ST], LYRICA [ST]
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges [QLL]
CARDIOVASCULAR Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS [PA], XARELTO [PA]
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin [QLL], lovastatin [QLL], rosuvastatin [QLL], simvastatin [QLL], LIVALO [QLL] [ST]
PCSK9 Inhibitors	REPATHA	PRALUENT [PA] [QLL] [SP]
DERMATOLOGICAL Oral Agents for Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA [ST]
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin [PA], erythromycin/benzoyl peroxide, ACANYA [ST], ONEXTON [ST]
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel [QLL], fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungals	LULICONAZOLE	ciclopirox [QLL], econazole [QLL], ketoconazole [QLL], naftifine [QLL], oxiconazole [QLL]
Topical Antiviral Agents	XERESE CREAM	acyclovir capsules, acyclovir tablets, famciclovir tablets [QLL], valacyclovir tablets [QLL], ZOVIRAX CREAM [PA] [QLL]
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	Preferred Alternatives
DIABETES 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 [QLL], TRAJENTA [QLL]
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET [QLL], JANUMET XR [QLL], JENTADUETO [QLL], JENTADUETO XR [QLL]
Glucagon-Like Peptide-1 Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON [PA] [QLL], BYETTA [PA] [QLL], OZEMPIC [QLL], TRULICITY [PA] [QLL]
Insulins	NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, NOVOLOG	HUMALOG
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL], QNASL [QLL] [ST]
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
Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty)	LUPRON DEPOT-PED	TRIPTODUR [PA] [SP]
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN [PA] [SP] [ST], NORDITROPIN FLEXPRO [PA] [SP] [ST]
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT [SP]
Topical Estrogen Gels	ESTROGEL	DIVIGEL [QLL]
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62% [PA] [QLL]
GASTROINTESTINAL 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 [QLL], lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS [QLL] [ST]
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT [PA] [SP]
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE [SP], ADYNOVATE [SP], AFSTYLA [SP], HELIXATE FS [SP], KOGENATE FS [SP], KOVALTRY [SP], NOVOEIGHT [SP], NUWIQ [SP]
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX [PA] [SP], ZARXIO [PA] [SP]
HEPATITIS Hepatitis C	DAKLINZA, MAVYRET, OLYSIO, SOVALDI	EPCLUSA [PA] [QLL] [SP], HARVONI [PA] [QLL] [SP], VOSEVI [PA] [QLL] [SP], ZEPATIER [PA] [SP]
HIV Antiretrovirals	ATRIPLA	BIKTARVY [SP], GENVOYA [SP], ODEFSEY [SP], STRIBILD [SP], SYMFI [SP], SYMFI LO [SP], TRIUMEQ [SP]
MUSCULOSKELETAL & RHEUMATOLOGY 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	Preferred Alternatives
OPHTHALMIC 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 [PA], LUMIGAN [PA], TRAVATAN Z [PA]
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, EMADINE	azelastine drops, cromolyn drops, olopatadine drops, ALREX [ST], BEPREVE [ST], PAZEO [ST]
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
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, VISCO-3	EUFLEXXA [PA] [SP], MONOVISC [PA] [SP], ORTHOVISC [PA] [SP]
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKETS, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	EPINEPHRINE AUTO-INJECTOR (BY MYLAN) [QLL], EPIPEN [QLL] [ST], EPIPEN JR [QLL] [ST]
Long-Acting Beta Agonist Nebulized	BROVANA	PERFOROMIST [QLL]
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK [QLL], ARNUITY ELLIPTA [QLL], ASMANEX HFA/TWISTHALER [QLL], FLOVENT DISKUS/HFA [QLL], PULMICORT FLEXHALER [QLL], QVAR [QLL]
Short-Acting Beta ₂ -Agonist Inhalers	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK [QLL], VENTOLIN HFA [QLL]
UROLOGICAL Erectile Dysfunction Oral Agents	LEVITRA, STAXYN	sildenafil [PA], CIALIS [PA] [QLL]
WEIGHT LOSS Weight Loss Agents	CONTRAVE ER, QSYMIA	benzphetamine [PA], diethylpropion [PA], phentermine [PA]
MISCELLANEOUS AGENTS	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 [PA] [SP]

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 [PA] [SP], COSENTYX [PA] [SP], ENBREL [PA] [QLL] [SP] [ST], HUMIRA [PA] [QLL] [SP], INFLECTRA [PA] [SP], OTEZLA [PA] [SP] [ST], REMICADE [PA] [SP], RENFLEXIS [PA] [SP], SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY) [PA] [SP] [ST], STELARA SC [PA] [SP], TREMFYA* [PA] [SP] [ST], XELJANZ [PA] [SP] [ST], XELJANZ XR [PA] [SP] [ST]

‡ 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.

[PA] - Prior Authorization is required for coverage

[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication

[SP] - Drug is available through Specialty Pharmacy Services

[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug

Continued

Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION)	FLAREX	PRADAXA
ABILIFY^	FLUOROURACIL 0.5% CREAM	PRED MILD
ABSTRAL	FML FORTE, FML S.O.P.	PREVACID^, PREVACID SOLUTAB^
ACIPHEX^	FORTESTA	PRILOSEC SUSPENSION
ACIPHEX SPRINKLE	FOSRENOL CHEWABLE TABLETS^	PRISTIQ^
ACUVAIL	FOSRENOL POWDER PACKETS	PROTONIX^
ADCIRCA^	GEL-ONE	PROTONIX SUSPENSION
ADDERALL^	GELSYN-3	PROVENTIL HFA
ADLYXIN	GENVISC 850	PROVIGIL^
ADMELOG	GLEEVEC^	PROZAC^
AKTIPAK	GLUCOPHAGE^, GLUCOPHAGE XR^	PULMICORT RESPULES^
ALCORTIN A	GLUMETZA^	QSYMIA
ALOCRIAL	GOCOVRI ER	RECOMBINATE
ALOGLIPTIN	HUMATROPE	RENAGEL
ALOGLIPTIN/METFORMIN	HYALGAN	REPATHA
ALOMIDE	HYDROXYPROGESTERONE 1,250 MG/5 ML	ROCHE (ACCU-CHEK)
ALTOPREV	HYMOVIS	SAIZEN, SAIZENPREP
ALVESCO	IMIQUIMOD 3.75% CREAM PUMP	SANDOSTATIN LAR DEPOT
ANDROGEL 1% [^]	IMITREX^	SAVAYA
ANUSOL-HC^	INDERAL LA^	SEROQUEL^, SEROQUEL XR^
APIDRA	INTUNIV^	SIGNIFOR LAR
ARANESP	ISTALOL^	SIKLOS
ARIMIDEX^	KAZANO	SINGULAIR^
ASACOL HD	KEPPRA^, KEPPRA XR^	SOVALDI
ATACAND^, ATACAND HCT^	KOMBIGLYZE XR	STAXYN
ATRIPLA	LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^	STRATTERA^
AUVI-Q	LAZANDA	SUMAVEL DOSEPRO
AVALIDE^, AVAPRO^	LEVALBUTEROL HFA	SUPARTZ FX
AVODART^	LEVITRA	SYNVISC, SYNVISC-ONE
AZOR^	LEXAPRO^	TANZEUM
BAYER (BREEZE, CONTOUR)	LIBRAX^	TESTIM^
BECONASE AQ	LIDODERM^	TESTOSTERONE GEL
BENICAR^, BENICAR HCT^	LIPITOR^	TIKOSYN^
BERINERT	LOESTRIN^, LOESTRIN FE^	TIMOPTIC OCUDOSE
BRISDELLE^	LOTREL^	TOBI SOLUTION^
BROVANA	LOVENOX^	TOPAMAX^
BUPAP^	LUCEMYRA	TOPICORT SPRAY
BUTRANS	LULICONAZOLE	TRIBENZOR^
CELEBREX^	LUNESTA^	TRICOR^
CELEXA^	LUPRON DEPOT-PED	TRILEPTAL^
CETRAXAL	LYRICA CR	TRIVIDIA (TRUETEST, TRUETRACK)
CLIMARA PRO	MAVYRET	UNISTRIP
COLCHICINE	MAXALT^, MAXALT MLT^	UROXATRAL^
CONTRACE ER	MAXIDEX	VAGIFEM^
COREG^	MEBOLIC	VALIUM^
CORTIFOAM	MICARDIS^, MICARDIS HCT^	VALTRES^
COSOPT^	MINASTRIN 24 FE^	VELTIN
COZAAR^, HYZAAR^	MIRCERA	VERDESO FOAM
CRESTOR^	NALFON	VIAGRA^
CYMBALTA^	NAMENDA XR^	VICTOZA
CYTOMEL^	NASONEX^	VISCO-3
DAKLINZA	NATESTO	VIVELLE- DOT^
DELZICOL	NATIONAL MEDICAL (ADVOCATE)	VOGELXO^
DETROL^, DETROL LA^	NESINA	VYTORIN^
DIOVAN^, DIOVAN HCT^	NEUPOGEN	WELLBUTRIN SR^
DIPENTUM	NEUPRO PATCHES	XADAGO
DOXYCYCLINE 40 MG CAPSULES	NEURONTIN^	XALATAN^
DUROLANE	NEVANAC	XANAX^, XANAX XR^
DUZALLO	NOCTIVA	XENAZINE^
EFFEXOR XR^	NORCO^	XERESE CREAM
ELOCTATE	NORVASC^	XOPENEX HFA
EMADINE	NOVOLIN	XYNTHA, XYNTHA SOLOFUSE
EMBEDA	NOVOLOG	XYZBAC
EMFLAZA	NUTROPIN AQ NUSPIN	YASMIN^
ENDARI	NUVIGIL^	ZEGERID^
EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	OLYSIO	ZETIA^
EPOGEN	OMNARIS	ZETONNA
ESTROGEL	OMNIS HEALTH (EMBRACE, VICTORY)	ZIOPTAN
EVZIO	OMNITROPE	ZOCOR^
EXFORGE^, EXFORGE HCT^	OMNIVEX	ZOLOFT^
EXONDYS 51	ONGLYZA	ZOMACTON
EXTAVIA	ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^	ZOMIG TABLETS^, ZOMIG ZMT^
FEMRING	OSMOLEX ER	ZONEGRAN^
FENOPROFEN CAPSULES	OXYCODONE ER	ZURAMPIC
FENORTHO	PANCREAZE	ZYCLARA
FENTORA	PERTZYE	ZYFLO CR^
FIASP	PLAQUENIL^	ZYPITAMAG
	PLAVIX^	ZYVIT

[^] 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.