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# 2026 National Preferred Formulary Exclusions

The excluded medications shown below are not covered on the National Preferred Formulary prescription drug list (PDL). If you're currently using one of the excluded medications, please ask your physician 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 medication prices. Not all the medications listed are covered by all prescription plans; check your benefit materials for the specific medications covered and the copays for your plan. For specific questions about your coverage, please call the number on your prescription ID card. If there is a clinical reason, identified by your physician, that requires you to continue taking your current medication, your physician can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Express Scripts Pharmacy Benefit Services manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **ANTIINFECTIVES**<br>Antibiotic Agents (Oral) | FIRVANQ, VANCOMYCIN 25MG/ML SOLUTION | vancomycin capsules, vancomycin 50mg/ml solution |
| | LIKMEZ, METRONIDAZOLE 125MG TABLETS | metronidazole 250mg or 500mg tablets |
| | SIVEXTRO | linezolid tablets or suspension |
| Antibiotic Agents for Urinary Tract Infections | fosfomycin, BLUJEPA, ORLYNVAH, PIVYA | amoxicillin/clavulanate, cefadroxil, ciprofloxacin, levofloxacin, nitrofurantoin macrocrystal, nitrofurantoin mono/macro, sulfamethoxazole/trimethoprim, trimethoprim |
| | NITROFURANTOIN 50MG/5ML SUSPENSION | nitrofurantoin 25mg/5ml suspension |
| Antifungal Agents (Oral) | TOLSURA | itraconazole |
| Antivirals | penciclovir cream, DENAVIR, XERESE | acyclovir oral or cream, famciclovir, valacyclovir |
| Chagas Disease Agents | LAMPIT | BENZNIDAZOLE |
| **AUTONOMIC & CENTRAL NERVOUS SYSTEM**<br>Alzheimer's Agents | KISUNLA, LEQEMBI, LEQEMBI IQLIK | Coverage may be approved for the treatment of Alzheimer's under certain conditions. |
| | ZUNVEYL | donepezil, galantamine tablets, galantamine er, rivastigmine |
| Amyotrophic Lateral Sclerosis (ALS) Agents | QALSODY | Coverage may be approved for the treatment of Amyotrophic Lateral Sclerosis (ALS) under certain conditions. |
| Anticonvulsants | FINTEPLA | DIACOMIT, EPIDIOLEX |
| | GABARONE, RELGAABI 200MG | gabapentin capsules (100mg, 300mg, 400mg), solution, tablets |
| | LEVETIRACETAM ODT | levetiracetam oral solution, levetiracetam tablets |
| | LIBERVANT | diazepam rectal gel, NAYZILAM, VALTOCO |
| | MOTPOLY XR | lacosamide |
| | PRIMIDONE 125MG TABLETS | primidone 50mg or 250mg tablets |
| | SUBVENITE SUSPENSION | lamotrigine chewable dispersible tablets, lamotrigine odt |
| | TOPIRAMATE 50MG SPRINKLE CAPSULES | topiramate solution, topiramate 25mg sprinkle capsules |
| | VIGAFYDE | vigabatrin powder packets |
| | ZONISADE | zonisamide |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **AUTONOMIC & CENTRAL NERVOUS SYSTEM *(continued)*** Antimigraine Agents | BREKIYA, TRUDHESA | dihydroergotamine nasal spray, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan |
| | ONZETRA XSAIL | sumatriptan nasal spray, zolmitriptan nasal spray, ZOMIG 2.5MG NASAL SPRAY |
| | sumatriptan/naproxen sodium, TREXIMET | etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam capsules or tablets, nabumetone, naproxen or oxaprozin plus almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan |
| | VYEPTI | AIMOVIG, AJOVY, EMGALITY |
| | ZAVZPRET | eletriptan, naratriptan, rizatriptan, sumatriptan, NURTEC ODT, UBRELVY |
| Antiparkinsonism Agents | APOKYN | Coverage may be approved for the treatment of Parkinson's Disease under certain conditions. |
| | CARBIDOPA/LEVODOPA ER CAPSULES, ONAPGO, VYALEV | carbidopa/levodopa er tablets |
| | DHIVY | carbidopa/levodopa |
| | GOCOVRI ER | amantadine |
| | NOURIANZ | cabergoline, entacapone, pramipexole, rasagiline, ropinirole |
| | XADAGO, ZELAPAR | rasagiline, selegiline |
| Antipsychotics (Oral) | COBENFY, FANAPT | aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine tablets (except 150mg), risperidone, ziprasidone |
| | OPIPZA | aripiprazole odt or oral solution |
| | QUETIAPINE 150MG TABLETS | quetiapine 50mg or 100mg tablets |
| Antispasmodic Agents | LYVISPAH, OZOBAX | baclofen solution, suspension or tablets |
| | METAXALONE 640MG TABLETS | metaxalone 400mg or 800mg tablets |
| | ONTRALFY, TIZANIDINE HCL 8MG CAPSULES, ZANAFLEX 8MG CAPSULES | tizanidine 2mg, 4mg or 6mg capsules, tizanidine tablets |
| Anxiolytic Agents | BUCAPSOL | buspirone |
| | LOREEV XR | lorazepam tablets |
| Central Nervous System Stimulants | ARYNTA, DYANAVEL XR, XELSTRYM | amphetamine er odt, dextroamphetamine er, dextroamphetamine/amphetamine, lisdexamfetamine |
| | METHYLPHENIDATE ER 45MG & 63MG, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER | dexmethylphenidate er, methylphenidate cd, methylphenidate er, methylphenidate la, AZSTARYS |
| | ONYDA XR | clonidine er tablets |
| Duchenne Muscular Dystrophy (DMD) Agents | AGAMREE | prednisolone solution/syrup, prednisolone tablets, prednisone solution, prednisone tablets |
| | AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53 | No alternatives recommended |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **AUTONOMIC & CENTRAL NERVOUS SYSTEM** Duchenne Muscular Dystrophy (DMD) Agents *(continued)* | DUVYZAT, ELEVIDYS | Coverage may be approved for the treatment of Duchenne Muscular Dystrophy under certain conditions. |
| Movement Disorders Therapy | AUSTEDO, AUSTEDO XR | tetrabenazine, INGREZZA, INGREZZA SPRINKLE |
| Multiple Sclerosis Agents | BRIUMVI | KESIMPTA, OCREVUS, OCREVUS ZUNOVO |
| | GILENYA, PONVORY, TASCENSO ODT | dimethyl fumarate, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only) |
| Narcotic Analgesics & Combinations | CONZIP, TRAMADOL 25MG & 75MG TABLETS, TRAMADOL ER CAPSULES, TRAMADOL SOLUTION | tramadol 50mg & 100mg tablets, tramadol er tablets |
| | levorphanol | hydromorphone tablets, morphine tablets, oxycodone tablets, oxymorphone tablets |
| | NUCYNTA | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen |
| | NUCYNTA ER, OXYCODONE ER, OXYCONTIN, TAPENTADOL ER, XTAMPZA ER | hydrocodone bitartrate er, hydromorphone er, morphine sulfate er, oxymorphone hcl er |
| | OXYCODONE COATED TABLETS, ROXYBOND | oxycodone uncoated tablets |
| | PRIMLEV, PROLATE SOLUTION | oxycodone/acetaminophen |
| Narcotic Antagonists | ZIMHI, ZURNAI | naloxone nasal spray or syringes, KLOXXADO |
| Niemann-Pick Disease Type C Agents | MIPLYFFA | AQNEURSA |
| Orphenadrine-Containing Analgesics | orphenadrine/aspirin/caffeine, NORGESIC, NORGESIC FORTE | orphenadrine citrate er |
| Rett Syndrome Agents | DAYBUE, DAYBUE STIX | Coverage may be approved for the treatment of Rett Syndrome under certain conditions. |
| Sedative-Hypnotic Agents | DORAL, QUAZEPAM | estazolam, lorazepam |
| | ZOLPIDEM 7.5MG CAPSULES | eszopiclone, zaleplon, zolpidem tablets |
| Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants | ESCITALOPRAM CAPSULES | citalopram, escitalopram tablets, fluoxetine, fluvoxamine, paroxetine hcl, sertraline, vilazodone |
| Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants | DRIZALMA SPRINKLE, VENLAFAXINE BESYLATE ER | desvenlafaxine er, duloxetine, venlafaxine hcl er, FETZIMA |
| Tricyclic Antidepressants | protriptyline | desipramine, nortriptyline |
| Miscellaneous Antidepressants | APLENZIN, BUPROPION XL 450MG, FORFIVO XL | bupropion xl 150mg or 300mg |
| | EXXUA ER | Generic Antidepressant Agents |
| | RALDESY | trazodone tablets |
| Miscellaneous Autonomic Agents | NORTHERA | atomoxetine, dihydroergotamine injection or nasal spray, fludrocortisone tablets, indomethacin capsules or injection, midodrine tablets, pyridostigmine tablets |
| **CARDIOVASCULAR** ACE Inhibitors | QBRELIS | lisinopril |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **CARDIOVASCULAR *(continued)*** Alpha-Adrenergic Agonists | CLONIDINE HCL 0.05MG, CLONIDINE ER 0.17MG, JAVADIN, NEXICLON XR | clonidine patches, clonidine hcl tablets (0.1mg, 0.2mg, 0.3mg) |
| Angiotensin Receptor Blockers (ARBs) & Combinations | ARBLI | losartan tablets |
| | AZILSARTAN, EDARBI | candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan |
| | EDARBYCLOR | candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan |
| | telmisartan/amlodipine | amlodipine/olmesartan, amlodipine/valsartan |
| | VALSARTAN SOLUTION | valsartan tablets |
| | WIDAPLIK | amlodipine & indapamide plus candesartan, irbesartan, losartan, olmesartan, telmisartan or valsartan |
| Anticoagulants | PRADAXA, SAVAYSA | dabigatran, rivaroxaban, ELIQUIS, XARELTO |
| Beta Blockers & Combinations | BISOPROLOL 2.5MG TABLETS | bisoprolol 5mg or 10mg |
| | INDERAL XL, INNOPRAN XL | propranolol er |
| | KAPSPARGO SPRINKLE | metoprolol succinate |
| | LABETALOL 400MG TABLETS | labetalol 100mg, 200mg or 300mg tablets |
| | LOPRESSOR SOLUTION, LOPRESSOR 12.5MG TABLETS, METOPROLOL TARTRATE 12.5MG TABLETS | metoprolol tartrate 25mg, 37.5mg, 50mg, 75mg or 100mg tablets |
| Calcium Channel Blockers | CONJUPRI, LEVAMLODIPINE | amlodipine, felodipine er, nifedipine er, nisoldipine |
| | KATERZIA, NORLIQVA, SDAMLO | amlodipine |
| Diuretics | ENBUMYST, FUROSCIX, LASIX ONYU, SOAANZ | bumetanide, ethacrynic acid, furosemide, torsemide |
| | HEMICLOR, THALITONE | chlorthalidone |
| | INZIRQO | hydrochlorothiazide capsules or tablets |
| Endothelin Receptor Antagonists | TRYVIO | Generic Anti-Hypertensive Agents (Categories include: ACE Inhibitors, Alpha-Adrenergic Blockers, Angiotensin Receptor Blockers [ARBs], Beta Blockers, Calcium Channel Blockers, Central Alpha-Adrenergic Agonists, Direct Renin Inhibitors, Direct Vasodilators & Diuretics) |
| Fenofibrates | FENOFIBRATE CAPSULES (50MG, 150MG), LIPOFEN | fenofibrate capsules (43mg, 67mg, 130mg, 134mg, 200mg), fenofibrate tablets, fenofibric acid |
| HMG & Cholesterol Inhibitor Combinations | fluvastatin, fluvastatin er, ALTOPREV, ATORVALIQ, LESCOL XL | atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin |
| | ROSUVASTATIN/EZETIMIBE | ezetimibe plus atorvastatin or rosuvastatin |
| PCSK9 & siRNA Inhibitors | LEQVIO, LEROCHOL, PRALUENT | REPATHA |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **CARDIOVASCULAR *(continued)*** Pulmonary Arterial Hypertension (PAH) Agents | TADLIQ | sildenafil oral suspension, sildenafil 20mg tablets, tadalafil 20mg tablets |
| Sodium Glucose Co-Transporter-1 & 2 Inhibitors | INPEFA | dapagliflozin, JARDIANCE |
| Miscellaneous Cardiovascular Agents | CORLANOR SOLUTION, CORLANOR TABLETS | ivabradine tablets, atenolol, bisoprolol 5mg or 10mg, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol |
| | LODOCO | colchicine |
| | NORPACE, NORPACE CR | amiodarone, quinidine sulfate, sotalol |
| **DERMATOLOGICAL** Agents for Hyperhidrosis | DRYSOL, QBREXZA, SOFDRA | Over-the-Counter aluminum chloride containing products |
| Molluscum Contagiosum Agents | ZELSUVMI | Coverage may be approved for the treatment of Molluscum Contagiosum. |
| Oral Agents for Acne | ABSORICA LD | isotretinoin capsules |
| | DORYX DR 80MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80MG | doxycycline hyclate, doxycycline monohydrate |
| | MINOCYCLINE ER CAPSULES, XIMINO | minocycline er tablets |
| Rosacea Agents (Oral) | EMROSI | Oral: minocycline<br>Topical: azelaic acid, ivermectin, metronidazole |
| Rosacea Agents (Topical) | EPSOLAY, ZILXI | azelaic acid, ivermectin topical, metronidazole topical, sodium sulfacetamide/sulfur, FINACEA FOAM |
| | NORITATE | metronidazole topical |
| Topical Agents for Acne | CABTREO, TWYNEO | adapalene, adapalene/benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin/ benzoyl peroxide, tretinoin, tretinoin micro |
| | CLENIA PLUS, SULFACETAMIDE/SULFUR 8%-4% CLEANSER, SULFACETAMIDE/SULFUR 10%-1% EMULSION, SULFACETAMIDE/SULFUR 9%-4.25% SUSPENSION, ZMA CLEAR | sulfacetamide/sulfur 9%-4% cleanser, sulfacetamide/sulfur 8%-4% suspension |
| | DAPSONE 7.5% GEL (TUBE) | azelaic acid, dapsone 5% (tube) or 7.5% gel (pump), clindamycin topical, erythromycin topical, FINACEA FOAM |
| | FABIOR, TAZAROTENE FOAM | tazarotene cream or gel, tretinoin |
| | WINLEVI | azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin |
| Topical Agents for Actinic Keratosis | CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA | fluorouracil 5% cream, fluorouracil 2% or 5% solution, imiquimod |
| Topical Antifungals | ciclopirox 8% treatment kit | ciclopirox 8% topical solution, tavaborole topical solution |
| | MICONAZOLE/ZINC OXIDE/PETROLATUM, VUSION | clotrimazole, ketoconazole, miconazole, nystatin |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **DERMATOLOGICAL**<br>Topical Antifungals *(continued)* | naftifine, oxiconazole, ECONAZOLE FOAM, ECOZA, ERTACZO, LULICONAZOLE, LUZU, NAFTIN, OXISTAT LOTION, SULCONAZOLE, XOLEGEL | ciclopirox, clotrimazole, econazole cream, ketoconazole |
| Topical Corticosteroids | clocortolone, diflorasone, diflorasone/emollient, flurandrenolide, halcinonide, CLOBETASOL 0.025%, HALOBETASOL LOTION, IMPOYZ, SERNIVO, ULTRAVATE, VERDESO | generic topical corticosteroids except those listed in the exclusion column |
| Vitamin D Analogs (Topical) | CALCIPOTRIENE FOAM, SORILUX | calcipotriene cream, ointment or solution |
| Miscellaneous Topical Dermatological Agents | ALCORTIN A | generic topical corticosteroids except those listed in the exclusion column for Topical Corticosteroids plus mupirocin |
| | crotamiton | permethrin |
| | doxepin cream | alclometasone cream & ointment; desonide cream & ointment; fluocinolone body oil, cream, ointment & solution; hydrocortisone 1% cream & ointment, 2.5% cream, lotion, ointment & solution; hydrocortisone valerate cream & ointment |
| | PLIAGLIS | lidocaine cream, lidocaine/prilocaine cream |
| | TRI-LUMA | fluocinolone, hydroquinone, tretinoin |
| | VEREGEN | imiquimod 5% cream, podofilox gel or solution |
| **DIABETES**<br>Biguanidine Agents | METFORMIN 625MG TABLETS | metformin 500mg, 750mg, 850mg or 1,000mg tablets |
| Blood Glucose Meters & Test Strips | ASCENSIA (CONTOUR)<br>ELI LILLY (TEMPO)<br>LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX)<br>ROCHE (ACCU-CHEK)<br>ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED | ABBOTT FREESTYLE KITS/METERS (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE)<br>ABBOTT FREESTYLE TEST STRIPS (FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE PRECISION NEO)<br>ABBOTT PRECISION XTRA METERS, TEST STRIPS<br>TRIVIDIA METERS (TRUE METRIX AIR, TRUE METRIX, TRUE METRIX GO)<br>TRIVIDIA TEST STRIPS (TRUE METRIX) |
| Continuous Glucose Monitoring Systems | EVERSENSE 365: SENSOR, TRANSMITTER | DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER<br>DEXCOM G7: RECEIVER, SENSOR<br>FREESTYLE LIBRE: READER, SENSOR |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **DIABETES *(continued)***<br>Diabetic Pen Needles & Syringes | PEN NEEDLES & SYRINGES BY:<br>ARKRAY<br>HOME AIDE DIAGNOSTICS<br>HTL-STREFA<br>NOVO NORDISK<br>OWEN MUMFORD<br>PRODIGY DIABETES CARE<br>SIMPLE DIAGNOSTICS<br>TRIVIDIA (NIPRO DIAGNOSTICS)<br>ULTIMED<br>ALL OTHER DIABETIC<br>PEN NEEDLES & SYRINGES<br>THAT ARE NOT LISTED AS PREFERRED | EMBECTA PEN NEEDLES<br>EMBECTA SYRINGES |
| Diabetic Supply Kits | BIGFOOT UNITY PROGRAM KIT | DEXCOM G6: RECEIVER, SENSOR, TRANSMITTER<br>DEXCOM G7: RECEIVER, SENSOR<br>FREESTYLE LIBRE: READER, SENSOR |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations | ALOGLIPTIN, BRYNOVIN, NESINA, SITAGLIPTIN, TRADJENTA, ZITUVIO | saxagliptin, JANUVIA |
| | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, SITAGLIPTIN/METFORMIN, SITAGLIPTIN/METFORMIN ER, ZITUVIMET, ZITUVIMET XR | saxagliptin/metformin, JANUMET, JANUMET XR |
| | ALOGLIPTIN/PIOGLITAZONE | pioglitazone plus saxagliptin or JANUVIA |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN, STEGLUJAN | GLYXAMBI |
| Glucose-Elevating Drugs | GLUCAGON EMERGENCY KIT (by Fresenius), ZEGALOGUE | glucagon emergency kit (all manufacturers covered except Fresenius), BAQSIMI, GVOKE |
| Insulin (Basal) & Glucagon-Like Peptide-1 (GLP-1) Agonist Combinations | XULTOPHY | SOLIQUA |
| Insulins | U-100: ADMELOG, APIDRA, FIASP, HUMALOG VIAL, INSULIN ASPART, KIRSTY, NOVOLOG, RELION NOVOLOG<br>Inhalation: AFREZZA | U-100: HUMALOG (CARTRIDGE, KWIKPEN, JUNIOR KWIKPEN), INSULIN LISPRO, MERILOG<br>U-200: HUMALOG KWIKPEN, LYUMJEV KWIKPEN |
| | U-100: BASAGLAR, BASAGLAR TEMPO, INSULIN DEGLUDEC, INSULIN GLARGINE, INSULIN GLARGINE-YFGN (by Civica), LEVEMIR, REZVOGLAR<br>U-200: INSULIN DEGLUDEC<br>U-300: INSULIN GLARGINE | U-100: INSULIN GLARGINE-YFGN (by Biocon), LANTUS, SEMGLEE (YFGN), TRESIBA<br>U-200: TRESIBA<br>U-300: TOUJEO |
| | INSULIN ASPART PROTAMINE, NOVOLOG MIX, RELION NOVOLOG MIX | HUMALOG MIX, INSULIN LISPRO PROTAMINE MIX |
| | NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX | HUMULIN, HUMULIN MIX |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **DIABETES *(continued)*** Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations | BRENZAVVY, INVOKANA, STEGLATRO | dapagliflozin, JARDIANCE |
| | INVOKAMET, INVOKAMET XR, SEGLUROMET | dapagliflozin/metformin ext-release, SYNJARDY, SYNJARDY XR |
| Sulfonylurea Agents | GLIMEPIRIDE 3MG TABLETS | glimepiride 1mg, 2mg or 4mg tablets |
| | GLIPIZIDE 2.5MG & 15MG TABLETS | glipizide 5mg & 10mg tablets |
| **EAR/NOSE** Nasal Antihistamines & Combination Products | azelastine/fluticasone, DYMISTA | azelastine nasal plus flunisolide nasal, fluticasone nasal, mometasone nasal or XHANCE |
| Nasal Steroids | OMNARIS, QNASL | flunisolide, fluticasone, mometasone, XHANCE |
| Otic Antibiotics & Combination Products | CETRAXAL | ciprofloxacin otic, ofloxacin otic |
| | CIPROFLOXACIN/FLUOCINOLONE OTIC | ciprofloxacin/dexamethasone otic, ciprofloxacin/hydrocortisone otic |
| **ENDOCRINE** Cushing's Agents | ISTURISA | ketoconazole tablets, SIGNIFOR |
| | RECORLEV | ketoconazole tablets |
| Enzyme Replacement Agents | LOARGYS | Coverage may be approved for the treatment of Hyperargininemia under certain conditions. |
| Familial Chylomicronemia Syndrome Agents | REDEMPLO | Coverage may be approved for the treatment of Familial Chylomicronemia Syndrome under certain conditions. |
| Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty) | LUPRON DEPOT-PED | FENSOLVI, SUPPRELIN LA, TRIPTODUR |
| Growth Hormones | HUMATROPE, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN, ZOMACTON | GENOTROPIN, OMNITROPE |
| | SKYTROFA, SOGROYA | GENOTROPIN, OMNITROPE, NGENLA |
| Phenylketonuria Agents | SEPHIENCE | sapropterin |
| Somatostatin Analogs & Other Related Medications | BYNFEZIA | octreotide |
| | LANREOTIDE, PALSONIFY, SANDOSTATIN LAR DEPOT | lanreotide (generic), octreotide er, SOMATULINE DEPOT |
| | SIGNIFOR LAR | For Acromegaly: lanreotide (generic), octreotide er, SOMATULINE DEPOT<br>For Cushing's Disease: SIGNIFOR |
| Testosterone Products | AVEED, AZMIRO | testosterone cypionate, testosterone enanthate, XYOSTED |
| | KYZATREX, NATESTO, TLANDO | testosterone gel, testosterone solution |
| Thyroid Replacement Therapy | ADTHYZA 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG | levothyroxine tablets, thyroid pork, ARMOUR THYROID |
| | LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL | levothyroxine tablets |
| Miscellaneous Endocrine Agents | CORTROPHIN GEL | No alternatives recommended |
| | DESMODA | desmopressin nasal, desmopressin tablets |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **GASTROINTESTINAL**<br>Antidiarrheal Agents | opium tincture, MYTESI | diphenoxylate/atropine, loperamide |
| Antiemetics (Injectable) | CINVANTI, FOCINVEZ | fosaprepitant injection |
| Antiemetics (Oral) | AKYNZEO CAPSULES, GRANISOL | granisetron, ondansetron solution or tablets, aprepitant, VARUBI |
| | ANTIVERT, MECLIZINE 50MG TABLETS | meclizine 25mg tablets |
| | BONJESTA | doxylamine/pyridoxine hcl |
| | EMEND POWDER PACKETS | aprepitant, VARUBI TABLETS |
| | ONDANSETRON ODT 16MG TABLETS | ondansetron odt 4mg or 8mg |
| Antispasmodics | DICYCLOMINE 40 MG TABLETS | dicyclomine 20 mg tablets |
| Bowel Evacuants | CLENPIQ, PLENVU, SUFLAVE, SUTAB | magnesium sulfate/potassium sulfate/sodium sulfate solution, peg 3350/ascorbic acid powder packets |
| Constipation Agents | RELISTOR TABLETS | lubiprostone, MOVANTIK, SYMPROIC |
| Corticosteroids (Rectal Formulations) | CORTIFOAM | budesonide foam, hydrocortisone enema |
| Gallstone Dissolution Agents | RELTONE | ursodiol |
| Gastroparesis Agents | GIMOTI | No alternatives recommended |
| Hemorrhoidal Preparations | HYDROCORTISONE/PRAMOXINE 25-18MG SUPPOSITORIES | hydrocortisone ac suppositories, pramoxine/hydrocortisone cream |
| | MICORT HC | hydrocortisone 2.5% rectal cream |
| | PROCTOFOAM-HC | pramoxine/hydrocortisone cream |
| Inflammatory Bowel Agents | DIPENTUM | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA 250MG CAPSULES |
| Irritable Bowel Syndrome & Chronic Constipation Agents | IBSRELA | lubiprostone, prucalopride, LINZESS, TRULANCE |
| Pancreatic Enzymes | PERTZYE | CREON, PANCREAZE, ZENPEP |
| Proton Pump Inhibitors | dexlansoprazole, DEXILANT | esomeprazole magnesium capsules, lansoprazole capsules, omeprazole capsules, pantoprazole tablets, rabeprazole tablets |
| | KONVOMEP, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole tablets |
| Miscellaneous Gastrointestinal Agents | DARTISLA ODT | glycopyrrolate tablets |
| **HEMATOLOGICAL**<br>Antiplatelet Agents | YOSPRALA DR | aspirin plus omeprazole, esomeprazole magnesium, lansoprazole, pantoprazole or rabeprazole tablets |
| Erythropoiesis-Stimulating Agents | ARANESP, EPOGEN, MIRCERA | PROCRIT, RETACRIT |
| Factor Deficiency Agents & Related Products | IXINITY, RIXUBIS | BENEFIX |
| | NOVOSEVEN RT | SEVENFACT |
| | NUWIQ, RECOMBINATE | ADVATE, ADYNOVATE, AFSTYLA, ALTUVIIIO, ELOCTATE, ESPEROCT, JIVI, KOVALTRY, NOVOEIGHT, XYNTHA, XYNTHA SOLOFUSE |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **HEMATOLOGICAL**<br>Factor Deficiency Agents & Related Products *(continued)* | REBINYN | ALPROLIX, IDELVION |
| Granulocyte Colony Stimulating Factors | FYLNETRA, NEULASTA, NYVEPRIA, ROLVEDON, RYZNEUTA, STIMUFEND, UDENYCA | FULPHILA, ZIEXTENZO |
| | GRANIX, NEUPOGEN, NYPOZI, RELEUKO, ZARXIO | NIVESTYM |
| Hematopoietic & Thrombopoietic Agents | APHEXDA | plerixafor |
| Hemophilia Agents | QFITLIA | For Hemophilia A with inhibitors: ALHEMO, HEMLIBRA<br>For Hemophilia A without inhibitors: ALHEMO, HEMLIBRA, HYMPAVZI<br>For Hemophilia B with inhibitors: ALHEMO<br>For Hemophilia B without inhibitors: ALHEMO, HYMPAVZI |
| Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors | VAFSEO | PROCRIT, RETACRIT |
| Iron Replacement Agents | MONOFERRIC | iron sucrose, sodium ferric gluconate complex |
| Sickle Cell Disease Agents | SIKLOS, XROMI | hydroxyurea, DROXIA |
| Thrombocytopenia Agents | ALVAIZ | eltrombopag, DOPTELET, NPLATE |
| | MULPLETA | DOPTELET |
| | WAYRILZ | eltrombopag, DOPTELET, NPLATE, TAVALISSE |
| Miscellaneous Hematology Agents | AQVESME | Coverage may be approved for the treatment of Alpha-Thalassemia, Transfusion-dependent Beta-Thalassemia or Non-Transfusion-dependent Beta-Thalassemia under certain conditions. |
| | RYTELO | Coverage may be approved for the treatment of Myelodysplastic Syndrome with Transfusion-Dependent Anemia under certain conditions. |
| **HEPATITIS**<br>Hepatitis C | LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| | SOVALDI | EPCLUSA, VOSEVI |
| **HIV**<br>Antiretrovirals<br>Note: Current patients established on therapy are allowed to continue therapy. | PREZCOBIX | atazanavir, darunavir, fosamprenavir, lopinavir/ritonavir, ritonavir, PREZISTA |
| | RUKOBIA ER | Coverage may be approved for the treatment of Human Immunodeficiency Virus-1 Infection in heavily treatment-experienced patients with multidrug-resistant infection. |
| | STRIBILD | BIKTARVY, GENVOYA |
| **MUSCULOSKELETAL & RHEUMATOLOGY**<br>Muscle Relaxants & Antispasmodic Agents | ATMEKSI, METHOCARBAMOL 1,000MG TABLETS | methocarbamol 500mg tablets |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **MUSCULOSKELETAL & RHEUMATOLOGY *(continued)*** Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | COMBOGESIC | ibuprofen plus acetaminophen |
| | COXANTO, DICLOFENAC 35MG CAPSULES, DOLOBID, FENOPROFEN 200MG CAPSULES, FENOPRON, OXAPROZIN 300MG CAPSULES, RELAFEN DS, SPRIX, ZORVOLEX | generic oral nonsteroidal anti-inflammatory drugs |
| | ELYXYB, VYSCOXA | celecoxib |
| | MELOXICAM SUSPENSION, ZYBIC | ibuprofen suspension, naproxen suspension |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | DICLOFENAC EPOLAMINE PATCHES | FLECTOR, LICART |
| **OBSTETRICAL & GYNECOLOGICAL** Combination Patches | CLIMARA PRO | COMBIPATCH |
| Contraceptives | AVERI, FEMLYV, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME | generic oral, patch & ring contraceptives |
| | PHEXX | Barrier methods of contraception, such as condoms, diaphragms or spermicides. |
| | SLYND | generic progestin-only oral contraceptives |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms | ESTRING, IMVEXXY, INTRAROSA, OSPHENA | estradiol cream, estradiol vaginal inserts, PREMARIN CREAM |
| | FEMRING | estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM |
| Estrogen/Progestin Combinations (Oral) | BIJUVA, PREMPHASE, PREMPRO | estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate |
| Estrogens (Oral) | MENEST | conjugated estrogen tablets, estradiol tablets |
| Human Chorionic Gonadotropin | CHORIONIC GONADOTROPIN 10,000 UNITS, NOVAREL | OVIDREL, PREGNYL |
| Ovulatory Stimulants (Follitropins) | FOLLISTIM AQ | GONAL-F, GONAL-F RFF REDI-JECT |
| Prenatal Vitamins | CITRANATAL, NATAL PNV, PREGENNA, TRINAZ | generic prenatal vitamins |
| Topical Estrogen Agents | ELESTRIN | estradiol gel, gel pump or patches |
| Vaginal Progesterones | CRINONE 4% | medroxyprogesterone, megestrol, norethindrone, progesterone |
| Miscellaneous Gynecological Agents | paroxetine mesylate | paroxetine hcl, paroxetine hcl ext-release |
| **ONCOLOGY** Acute Myeloid Leukemia (AML) Agents | ONUREG | Coverage may be approved for the treatment of Acute Myeloid Leukemia under certain conditions. |
| | REZLIDHIA | TIBSOVO |
| | VANFLYTA | RYDAPT |
| Alkylating Agents | GRAFAPEX | busulfan, cyclophosphamide, etoposide, fludarabine |
| B-Cell Lymphoma Agents | COLUMVI | Coverage may be approved for the treatment of Diffuse Large B-cell Lymphoma under certain conditions. |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **ONCOLOGY**<br>B-Cell Lymphoma Agents<br>*(continued)* | EPKINLY, LUNSUMIO VELO | Coverage may be approved for the treatment of Follicular Lymphoma or Diffuse Large B-cell Lymphoma under certain conditions. |
| Bendamustine Agents | VIVIMUSTA | bendamustine, BENDEKA |
| Bevacizumab-Containing Agents | ALYMSYS, AVASTIN, JOBEVNE, VEGZELMA | ZIRABEV |
| Bispecific Human Epidermal Growth Factor Receptor 2 (HER2)-Directed Antibody | ZIIHERA | PERJETA plus HERCESSI or OGIVRI |
| Bortezomib Agents | BORUZU | bortezomib |
| Bruton Tyrosine Kinase Inhibitors | JAYPIRCA | For Mantle Cell Lymphoma:<br>BRUKINSA, CALQUENCE<br>For Chronic Lymphocytic Leukemia, Small Lymphocytic Lymphoma:<br>BRUKINSA, CALQUENCE, IMBRUVICA |
| Cutaneous T-Cell Lymphoma Agents | LYMPHIR | acitretin, bexarotene capsules, isotretinoin, romidepsin, ADCETRIS, POTELIGEO, ZOLINZA |
| Docetaxel Agents | BEIZRAY/ALBUMIN, DOCIVYX | docetaxel |
| Gemcitabine Agents | AVGEMSI | gemcitabine |
| Glucocorticoid Receptor Antagonists | LIFYORLI | Coverage may be approved for the treatment of Platinum Resistant Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer under certain conditions. |
| Interferons | BESREMI | hydroxyurea |
| Intravesical Agents | INLEXZO | gemcitabine, mitomycin, valrubicin |
| Kinase Inhibitors | ITOVEBI | Coverage may be approved for the treatment of Breast Cancer under certain conditions. |
| Leucovorin Agents | VYKOURA | leucovorin injection |
| Melphalan Agents (Injectable) | IVRA | melphalan injection |
| Multiple Myeloma Agents | BLENREP, XPOVIO | bortezomib, lenalidomide, pomalidomide, DARZALEX, KYPROLIS, NINLARO, THALOMID |
| Myelodysplastic Syndrome Agents | INQOVI | decitabine |
| Myelofibrosis Agents | INREBIC, OJJAARA | JAKAFI, JAKAFI XR |
| Non-Small Cell Lung Cancer Agents | HERNEXEOS, HYRNUO | Coverage may be approved for the treatment of HER2 (ERBB2) activating mutation non-small cell lung cancer. |
| | KRAZATI | Coverage may be approved for the treatment of KRAS G12C-mutated non-small cell lung cancer. |
| | TEPMETKO | TABRECTA |
| PARP Inhibitors | RUBRACA, ZEJULA | LYNPARZA |
| Pemetrexed Agents | AXTLE | pemetrexed disodium |
| Programmed Death Ligand-1 Blocking Antibodies | UNLOXCYT | KEYTRUDA, KEYTRUDA QLEX, LIBTAYO |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **ONCOLOGY *(continued)*** Prostate Cancer Agents | AKEEGA | abiraterone plus LYNPARZA, TALZENNA plus XTANDI |
| | CAMCEVI, LEUPROLIDE DEPOT, TRELSTAR, VABRINTY | ELIGARD, FIRMAGON, LUPRON DEPOT, LUTRATE DEPOT |
| Renal Cell Cancer Agents | FOTIVDA | CABOMETYX, INLYTA, LENVIMA |
| Rituximab-Containing Agents | RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA | RUXIENCE |
| Thiotepa Injectable Agents | TEPYLUTE | thiotepa |
| Trastuzumab-Containing Agents | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, KANJINTI, ONTRUZANT, TRAZIMERA | HERCESSI, OGIVRI |
| Tyrosine Kinase Inhibitors | PHYRAGO | dasanitib |
| | QINLOCK | imatinib, nilotinib, pazopanib, sorafenib, sunitinib, IMKELDI, STIVARGA |
| Tyrosine Kinase Inhibitors - Nilotinib Products | NILOTINIB TARTRATE | nilotinib hcl, DANZITEN |
| **OPHTHALMIC** Antiglaucoma Agents (Beta-Adrenergic Blockers) | BETIMOL, TIMOPTIC OCUDOSE | timolol drops, betaxolol drops, carteolol drops, levobunolol drops |
| Antiglaucoma Agents (Ophthalmic Prostaglandins) | tafluprost drops, travoprost drops, DURYSTA, IDOSE TR, IYUZEH, OMLONTI, TRAVATAN Z, VYZULTA, ZIOPTAN | bimatoprost drops, latanoprost drops |
| Blepharoptosis Agents | UPNEEQ | No alternatives recommended |
| Ophthalmic Agents (Complement Protein C5 Inhibitors) | IZERVAY | Coverage may be approved for the treatment of Geographic Atrophy under certain conditions. |
| Ophthalmic Agents (Vascular Endothelial Growth Inhibitors) | EYLEA, EYLEA HD, VABYSMO | PAVBLU |
| | LUCENTIS | BYOOVIZ, CIMERLI |
| | SUSVIMO | No alternatives recommended |
| Ophthalmic Agents (Other) | ATROPINE (PRESERVATIVE FREE) 1% EYE SINGLE USE DROPPERETTE | atropine 1% drops |
| | CYSTADROPS | CYSTARAN |
| | VERKAZIA | azelastine drops, bepotastine drops, cromolyn drops, epinsatine drops, olopatadine drops |
| Ophthalmic Anti-Allergic | ALREX, ZERVIATE | azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops |
| Ophthalmic Anti-Inflammatory | BYQLOVI, CLOBETASOL DROPS, FLAREX, FML FORTE, MAXIDEX, PRED MILD | dexamethasone drops, difluprednate drops, fluorometholone drops, loteprednol 0.5% drops, prednisolone drops |
| Ophthalmic Combinations | TOBRADEX ST | tobramycin/dexamethasone drops |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | ACUVAIL, NEVANAC | bromfenac drops, diclofenac drops, ketorolac drops |
| Ophthalmic Quinolone Antibiotics | BESIFLOXACIN, BESIVANCE, CILOXAN OINTMENT | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **OPHTHALMIC *(continued)***<br>Presbyopia Agents | pilocarpine 1.25% drops,<br>QLOSI, VIZZ, VUITY, YUVEZZI | No alternatives recommended |
| **OSTEOARTHRITIS**<br>Hyaluronic Acid Derivatives | DUROLANE, EUFLEXXA, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, HYMOVIS ONE, SUPARTZ FX, SYNOJOYNT, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3 | MONOVISC, ORTHOVISC |
| **RENAL**<br>Nephropathic Cystinosis Agents | PROCYSBI | CYSTAGON |
| Overactive Bladder Agents | OXYBUTYNIN 2.5MG | oxybutynin solution or syrup, oxybutynin 5mg tablets |
| | VESICARE LS | oxybutynin solution or syrup,<br>MYRBETRIQ ER SUSPENSION |
| Phosphate Binders | FERRIC CITRATE,<br>FOSRENOL POWDER PACKETS,<br>VELPHORO, XPHOZAH | calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl |
| Miscellaneous Urologicals | URIMAR-T CAPSULES, URNEVA | methenamine/sodium phosphate/phenyl salicylate/ methylene blue/hyoscyamine |
| **RESPIRATORY**<br>Antihistamines (Oral) | clemastine, CARBINOXAMINE ER 4MG/5ML SUSPENSION, DESLORATADINE SOLUTION, KARBINAL ER SUSPENSION | carbinoxamine liquid & 4mg tablets;<br>cetirizine solution & syrup; desloratidine tablets;<br>hydroxyzine solution, syrup & tablets;<br>levocetirizine solution & tablets |
| Epinephrine Auto-Injector Systems | EPINEPHRINE AUTO-INJECTOR<br>(by Amneal Pharma, Avkare) | epinephrine auto-injector (by Mylan, Teva), AUVI-Q |
| Idiopathic Pulmonary Fibrosis Agents | PIRFENIDONE 534MG TABLETS | nintedanib, pirfenidone 267mg capsules or tablets, pirfenidone 801mg tablets, JASCAYD |
| Immunological Agents for Asthma | CINQAIR, EXDENSUR | DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR |
| Inhaled Phosphodiesterase (PDE)-3 & PDE-4 Inhibitors | OHTUVAYRE | LAMA/LABAs: ANORO ELLIPTA, STIOLTO RESPIMAT<br>LAMAs: tiotropium inhaler, INCRUSE ELLIPTA, SPIRIVA RESPIMAT<br>LABAs: formoterol inhalation solution, STRIVERDI RESPIMAT<br>ICS/LABAs: budesonide/formoterol, fluticasone/salmeterol inhalation powder, ADVAIR HFA, BREO ELLIPTA, DULERA |
| Leukotriene Pathway Inhibitors | zileuton er, ZYFLO | montelukast, zafirlukast |
| Long-Acting Beta Agonist Inhalers | SEREVENT DISKUS | STRIVERDI RESPIMAT |
| Long-Acting Muscarinic Antagonist Inhalers | TUDORZA PRESSAIR, UMECLIDINIUM ELLIPTA | tiotropium powder inhaler,<br>INCRUSE ELLIPTA, SPIRIVA RESPIMAT |
| Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers | BEVESPI AEROSPHERE, DUAKLIR PRESSAIR, UMECLIDINIUM/VILANTEROL | ANORO ELLIPTA, STIOLTO RESPIMAT |
| Pulmonary Anti-Inflammatory Inhalers | ALVESCO, ARNUITY ELLIPTA, FLUTICASONE ELLIPTA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA 110MCG, FLUTICASONE PROPIONATE HFA 220MCG, PULMICORT FLEXHALER | beclomethasone hfa, fluticasone propionate hfa 44mcg, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDIHALER |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **RESPIRATORY *(continued)***<br>Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers | AIRDUO RESPICLICK, FLUTICASONE/SALMETEROL DPI, FLUTICASONE/SALMETEROL HFA, FLUTICASONE/VILANTEROL | budesonide/formoterol, fluticasone/salmeterol inhalation powder, ADVAIR HFA, BREO ELLIPTA, DULERA |
| Short-Acting Beta$_2$-Agonist Inhalers | ALBUTEROL SULFATE HFA (by Prasco), LEVALBUTEROL HFA, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA | albuterol sulfate hfa (all manufacturers covered except Prasco) |
| **MISCELLANEOUS AGENTS**<br>Allergen Immunotherapy | PALFORZIA | Coverage may be approved for the treatment of Peanut Allergy under certain conditions. |
| Barth Syndrome Agents | FORZINITY | Coverage may be approved for the treatment of Barth Syndrome under certain conditions. |
| Benign Prostatic Hyperplasia Agents | ENTADFI | finasteride 5mg plus tadalafil 5mg |
| | TEZRULY | terazosin |
| Botulinum Toxin Products | BOTOX | DYSPORT, MYOBLOC<br>Migraine - AIMOVIG, AJOVY, EMGALITY, QULIPTA<br>Hyperhidrosis - Over-the-Counter aluminum chloride containing products |
| | DAXXIFY, XEOMIN | DYSPORT, MYOBLOC |
| Complement Inhibitors | BKEMV, PIASKY, SOLIRIS, ULTOMIRIS | ENSPRYNG, EPYSQLI |
| Eosinophilic Esophagitis Agents | EOHILIA | budesonide suspension made into a slurry or suspension & swallowed (not inhaled) |
| Erectile Dysfunction | VYBRIQUE | avanafil, sildenafil, tadalafil, vardenafil |
| Fibromyalgia Agents | TONMYA | duloxetine, milnacipran, pregabalin |
| Folic Acid Products | FOLIC ACID ORAL SOLUTION, QUIOFIC | folic acid tablets |
| Gaucher Disease Agents | ELELYSO, VPRIV | CEREZYME |
| Glucocorticoids | ALKINDI SPRINKLE, KHINDIVI | hydrocortisone tablets |
| | HEMADY | dexamethasone tablets |
| Hereditary Angioedema | BERINERT | CINRYZE, RUCONEST |
| | DAWNZERA | ANDEMBRY, HAEGARDA, TAKHZYRO |
| | EKTERLY | icatibant |
| Hunter Syndrome Agents | AVLAYAH | Coverage may be approved for the treatment of Mucopolysaccharidosis Type II (Hunter syndrome) under certain conditions. |
| Immune Globulins | CUTAQUIG | SC: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY |
| | GAMMAKED, QIVIGY, YIMMUGO | IV: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMMAGARD S-D, GAMUNEX-C<br>SC: GAMMAGARD LIQUID, GAMMAGARD LIQUID ERC, GAMUNEX-C, XEMBIFY |
| Immunosuppressant Agents | ENVARSUS XR | tacrolimus capsules |
| | JYLAMVO, TREXALL, XATMEP | methotrexate tablets |

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| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| **MISCELLANEOUS AGENTS** Immunosuppressant Agents *(continued)* | NIKTIMVO | IMBRUVICA, JAKAFI, JAKAFI XR |
| | RASUVO | methotrexate injection |
| Inflammatory Conditions Agents | SOVUNA | hydroxychloroquine tablets |
| Infused Non-TNF Biologics - Tocilizumab Intravenous Agents | ACTEMRA IV, TOFIDENCE IV | AVTOZMA IV, TYENNE IV |
| Infused Non-TNF Biologics - Ustekinumab Agents | OTULFI IV, PYZCHIVA IV, STARJEMZA IV, STELARA IV, STEQEYMA IV, USTEKINUMAB IV, WEZLANA IV | IMULDOSA IV, SELARSDI IV, USTEKINUMAB-TTWE IV (by Quallent), YESINTEK IV, ENTYVIO IV, OMVOH, SKYRIZI, TREMFYA |
| Infused TNF Antagonists | INFLECTRA, REMICADE, RENFLEXIS | AVSOLA, INFLIXIMAB |
| Menkes Disease Agents | ZYCUBO | Coverage may be approved for the treatment of Menkes Disease under certain conditions. |
| Metabolic Agents | HARLIKU | nitisinone 2mg capsules, NITYR 2 MG TABLETS |
| | RIVFLOZA | Coverage may be approved for the treatment of Primary Hyperoxaluria Type 1 under certain conditions. |
| Myasthenia Gravis Agents | IMAAVY, RYSTIGGO | Coverage may be approved for the treatment of Generalized Myasthenia Gravis. |
| | ZILBRYSQ | EPYSQLI |
| Neuromyelitis Optica Spectrum Disorder Agents | UPLIZNA | ENSPRYNG |
| NSAID & Acid Reducing Agent Combination Products | ibuprofen/famotidine | ibuprofen tablets plus famotidine tablets |
| | naproxen/esomeprazole magnesium, VIMOVO | naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus esomeprazole magnesium capsules |
| Osteoporosis (Bone Modifiers) | BOSAYA, CONEXXENCE, EVENITY, JUBBONTI, OSPOMYV (by Cordavis), PROLIA, STOBOCLO | alendronate, ibandronate, risedronate, teriparatide, zoledronic acid, BILDYOS, ENOBY, TYMLOS |
| Other Bone Mineral Density Increasing Agents | AUKELSO, BOMYNTRA, OSENVELT, WYOST, XGEVA | BILPREVDA, XTRENBO |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis | ONPATTRO, WAINUA | AMVUTTRA |
| Potassium Replacement Agents | POKONZA, POTASSIUM CL 40MEQ PACKETS | potassium chloride |
| Primary Biliary Cholangitis Agents | LIVDELZI | IQIRVO |
| Thymidine Kinase 2 Deficiency Agents | KYGEVVI | Coverage may be approved for the treatment of Thymidine Kinase 2 Deficiency under certain conditions. |
| Weight Loss | ZEPBOUND KWIKPENS, ZEPBOUND VIALS | liraglutide, FOUNDAYO, WEGOVY HD, WEGOVY PENS, WEGOVY TABLETS, ZEPBOUND PENS |
| Wilson's Disease Agents | CUVRIOR, TRIENTINE 500MG CAPSULES | trientine 250mg capsules |

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## Indication Based Management

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| Adalimumab Products for Inflammatory Conditions‡ | ADALIMUMAB-AACF, IDACIO<br>ADALIMUMAB-AATY, YUFLYMA<br>ADALIMUMAB-BWWD<br>ADALIMUMAB-FKJP, HULIO<br>ADALIMUMAB-RYVK (by Teva)<br>ABRILADA<br>AMJEVITA<br>CYLTEZO<br>HADLIMA<br>HUMIRA<br>HYRIMOZ<br>YUSIMRY | ADALIMUMAB-ADAZ<br>ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent)<br>SIMLANDI |
| Tocilizumab Products for Inflammatory Conditions‡ | ACTEMRA SC, AVTOZMA SC | TYENNE SC** |
| Ustekinumab Products for Inflammatory Conditions‡ | OTULFI SC, PYZCHIVA SC, STARJEMZA SC, STELARA SC, STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AAUZ SC, USTEKINUMAB-AEKN SC, WEZLANA SC | IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC (by Quallent), YESINTEK SC |
| Referenced excluded medications for Inflammatory Conditions‡ as indicated | KINERET, SILIQ | See below for Preferred Alternatives |

| Drug Class | Other Medications | Preferred Alternatives |
|---|---|---|
| Inflammatory Conditions‡ | All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process. | Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM (by Boehringer Ingelheim & Quallent), ENBREL, ICOTYDE, IMULDOSA SC, OMVOH SC, OTEZLA, OTEZLA XR, RINVOQ ER, RINVOQ LQ, SELARSDI SC, SIMLANDI, SKYRIZI, SOTYKTU, TALTZ, TREMFYA SC, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, YESINTEK SC, ZYMFENTRA<br><br>Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ<br><br>**Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, TYENNE SC |

‡ *Please note that PDL and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.*

*(continued)*

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## Excluded Medications/Products at a Glance

ABILIFY^
ABRILADA*
ABSORICA LD
ACANYA^
ACIPHEX^
ACTEMRA IV*, ACTEMRA SC*
ACUVAIL
ADALIMUMAB-AACF*
ADALIMUMAB-AATY*
ADALIMUMAB-BWWD*
ADALIMUMAB-FKJP*
ADALIMUMAB-RYVK (by Teva)*
ADCIRCA*^
ADDERALL^, ADDERALL XR^
ADMELOG
ADTHYZA 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG
ADVAIR DISKUS^
AFINITOR*^, AFINITOR DISPERZ*^
AFREZZA
AGAMREE*
AIRDUO RESPICLICK
AKEEGA*
AKYNZEO CAPSULES
ALBUTEROL SULFATE HFA (by Prasco)
ALCORTIN A
ALINIA TABLETS^
ALKINDI SPRINKLE
ALOGLIPTIN
ALOGLIPTIN/METFORMIN
ALOGLIPTIN/PIOGLITAZONE
ALREX
ALTOPREV
ALVAIZ*
ALVESCO
ALYMSYS*
AMBIEN^, AMBIEN CR^
AMITIZA^
AMJEVITA*
AMONDYS 45*
AMPYRA*^
AMRIX^
ANDROGEL^
ANTIVERT
ANUSOL-HC^
APHEXDA*
APIDRA
APLENZIN
APOKYN*
APTENSIO XR^
AQVESME*
ARANESP*
ARBLI
ARIMIDEX^
ARKRAY PEN NEEDLES & SYRINGES
ARNUITY ELLIPTA
ARYNTA
ASCENSIA (CONTOUR)
ATACAND^, ATACAND HCT^
ATMEKSI
ATORVALIQ
ATRALIN^
ATROPINE PF 1% DROPPERETTE
AUBAGIO*^
AUKELSO*
AUSTEDO*, AUSTEDO XR*
AVALIDE^, AVAPRO^
AVASTIN*
AVEED*
AVERI
AVGEMSI*
AVLAYAH*
AVODART^
AVTOZMA SC*
AXTLE
azelastine/fluticasone
AZILSARTAN
AZMIRO
AZOPT^
AZOR^
BALCOLTRA^
BANZEL^
BARACLUDE TABLETS^
BASAGLAR, BASAGLAR TEMPO
BEIZRAY*^
BEIZRAY/ALBUMIN*
BENICAR^, BENICAR HCT^
BEPREVE^
BERINERT*
BESIFLOXACIN
BESIVANCE
BESREMI*
BETIMOL
BEVESPI AEROSPHERE
BIDIL^
BIGFOOT UNITY PROGRAM KIT
BIJUVA
BISOPROLOL 2.5MG TABLETS
BKEMV*
BLENREP*
BLUJEPA
BOMYNTRA*
BONJESTA
BORUZU*
BOSAYA*
BOTOX*
BREKIYA*
BRENZAVVY
BRILINTA^
BRIUMVI*
BROMSITE^
BRYNOVIN
BUCAPSOL
BUPROPION XL 450MG
BUTRANS^
BYNFEZIA*
BYQLOVI
BYSTOLIC^
CABTREO
CALCIPOTRIENE FOAM
CAMCEVI*
CANASA^
CARAC
CARAFATE^
CARBIDOPA/LEVODOPA ER CAPSULES
CARBINOXAMINE ER 4MG/5ML SUSPENSION
CAROSPIR^
CELEBREX^
CELEXA^
CETRAXAL
CHORIONIC GONADOTROPIN 10,000 UNITS*
CIALIS^
ciclopirox 8% treatment kit
CILOXAN OINTMENT
CINQAIR*
CINVANTI
CIPRO HC^
CIPROFLOXACIN/FLUOCINOLONE OTIC
CITRANATAL
clemastine
CLENIA PLUS
CLENPIQ
CLIMARA PRO
CLINDAGEL^
CLOBETASOL 0.025%, CLOBETASOL DROPS
clocortolone
CLONIDINE HCL 0.05MG, CLONIDINE ER 0.17MG
COBENFY
COLCRYS^
COLUMVI*
COMBOGESIC
COMPLERA*^
CONCERTA^
CONDYLOX^
CONEXXENCE*
CONJUPRI
CONZIP
COPAXONE*^
COREG^
CORLANOR SOLUTION*, CORLANOR TABLETS
CORTIFOAM
CORTROPHIN GEL*
COSOPT^, COSOPT PF^
COXANTO
COZAAR^, HYZAAR^
CRESTOR^
CRINONE 4%
crotamiton
CUPRIMINE^
CUTAQUIG*
CUVPOSA^
CUVRIOR*
CYLTEZO*
CYMBALTA^
CYSTADANE*^
CYSTADROPS*
CYTOMEL^
DALIRESP^
DAPSONE 7.5% GEL (TUBE)
DARTISLA ODT
DAWNZERA*
DAXXIFY*
DAYBUE*, DAYBUE STIX*
DENAVIR
DESLORATADINE SOLUTION
DESMODA*
DEXILANT
dexlansoprazole
DHIVY
DICLOFENAC 35MG CAPSULES
DICLOFENAC EPOLAMINE PATCHES
DICYCLOMINE 40 MG TABLETS
diflorasone, diflorasone/emollient
DIOVAN^, DIOVAN HCT^
DIPENTUM
DIVIGEL^
DOCIVYX*
DOLOBID
DORAL
DORYX DR 50MG^ & 200MG^
DORYX DR 80MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80MG
doxepin cream
DRIZALMA SPRINKLE
DRYSOL
DUAKLIR PRESSAIR
DUREZOL^
DUROLANE*
DURYSTA*
DUVYZAT*
DYANAVEL XR
DYMISTA
DYRENIUM^
ECONAZOLE FOAM
ECOZA
EDARBI, EDARBYCLOR
EFFEXOR XR^
EKTERLY*
ELELYSO*
ELESTRIN
ELEVIDYS*
ELI LILLY (TEMPO)
ELYXYB
EMEND CAPSULES^, IV^, TRIFOLD PACK^
EMEND POWDER PACKETS
EMFLAZA*^
EMROSI
ENBUMYST
ENDARI*^
ENTADFI

*(continued)*

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## Excluded Medications/Products at a Glance *(continued)*

ENTRESTO^
ENVARSUS XR*
EOHILIA
EPANED^
EPINEPHRINE AUTO-INJECTOR (by Amneal Pharma, Avkare)
EPKINLY*
EPOGEN*
EPRONTIA^
EPSOLAY
ERTACZO
ESBRIET*^
ESCITALOPRAM CAPSULES
ESTRACE CREAM^
ESTRING
ESTROGEL^
EUFLEXXA*
EVEKEO^
EVENITY*
EVERSENSE 365: SENSOR, TRANSMITTER
EXDENSUR*
EXFORGE^, EXFORGE HCT^
EXJADE*^
EXONDYS 51*
EXXUA ER
EYLEA*, EYLEA HD*
FABIOR
FANAPT
FARXIGA^
FEMLYV
FEMRING
FENOFIBRATE CAPSULES (50MG, 150MG)
FENOPROFEN 200MG CAPSULES
FENOPRON
FERAHEME^
FERRIC CITRATE
FIASP
FINTEPLA*
FIRAZYR*^
FIRVANQ
FLAREX
FLEQSUVY^
FLUOROURACIL 0.5% CREAM
flurandrenolide
FLUTICASONE ELLIPTA
FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA 110MCG, FLUTICASONE PROPIONATE HFA 220MCG
FLUTICASONE/SALMETEROL DPI
FLUTICASONE/SALMETEROL HFA
FLUTICASONE/VILANTEROL
fluvastatin, fluvastatin er
FML FORTE
FOCALIN^, FOCALIN XR^
FOCINVEZ
FOLIC ACID ORAL SOLUTION
FOLLISTIM AQ*
FORFIVO XL
FORTEO^
FORZINITY*
fosfomycin
FOSRENOL CHEWABLE TABLETS^
FOSRENOL POWDER PACKETS
FOTIVDA*
FUROSCIX
FYLNETRA*
GABARONE
GAMMAKED*
GANIRELIX ACETATE*^
GEL-ONE*
GELSYN-3*
GENVISC 850*
GILENYA 0.25MG*, GILENYA 0.5MG*^
GIMOTI*
GLEEVEC*^
GLIMEPIRIDE 3MG TABLETS
GLIPIZIDE 2.5MG & 15MG TABLETS
GLUCAGON EMERGENCY KIT (by Fresenius)
GLUMETZA^
GOCOVRI ER*
GRAFAPEX
GRANISOL
GRANIX*
HADLIMA*
halcinonide
HALOBETASOL LOTION
HARLIKU*
HEMADY
HEMICLOR
HERCEPTIN*, HERCEPTIN HYLECTA*
HERNEXEOS*
HERZUMA*
HOME AIDE DIAGNOSTICS PEN NEEDLES & SYRINGES
HTL-STREFA PEN NEEDLES & SYRINGES
HULIO*
HUMALOG VIAL
HUMATROPE*
HUMIRA*
HYALGAN*
HYDROCORTISONE/PRAMOXINE 25-18MG SUPPOSITORIES
HYMOVIS*, HYMOVIS ONE*
HYRIMOZ*
HYRNUO*
IBSRELA
ibuprofen/famotidine
IDACIO*
IDOSE TR*
IMAAVY*
IMITREX^
IMPOYZ
IMVEXXY
INDERAL LA^
INDERAL XL, INNOPRAN XL
INDOCIN SUPPOSITORIES^, INDOCIN SUSPENSION^
INFLECTRA*
INLEXZO*
INPEFA
INQOVI*
INREBIC*
INSULIN ASPART, INSULIN ASPART PROTAMINE
INSULIN DEGLUDEC
INSULIN GLARGINE U-100, INSULIN GLARGINE U-300
INSULIN GLARGINE-YFGN (by Civica)
INTRAROSA
INTUNIV^
INVOKAMET, INVOKAMET XR, INVOKANA
INZIRQO
ISTALOL^
ISTURISA*
ITOVEBI*
IVRA
IXINITY*
IYUZEH
IZERVAY*
JADENU*^, JADENU SPRINKLE*^
JAVADIN
JAYPIRCA*
JENTADUETO, JENTADUETO XR
JOBEVNE*
JUBBONTI*
JYLAMVO
KANJINTI*
KAPSPARGO SPRINKLE
KARBINAL ER SUSPENSION
KATERZIA
KEPPRA^, KEPPRA XR^
KEVEYIS*^
KHINDIVI
KINERET*
KIRSTY
KISUNLA*
KLISYRI
KLONOPIN^
KONVOMEP
KORLYM*^
KRAZATI*
KUVAN*^
KYGEVVI*
KYZATREX
LABETALOL 400MG TABLETS
LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^
LAMPIT
LANREOTIDE*
LASIX ONYU
LATUDA^
LEDIPASVIR/SOFOSBUVIR*
LEQEMBI*, LEQEMBI IQLIK*
LEQVIO*
LEROCHOL
LESCOL XL
LETAIRIS*^
LEUPROLIDE DEPOT*
LEVALBUTEROL HFA
LEVAMLODIPINE
LEVEMIR
LEVETIRACETAM ODT
levorphanol
LEVOTHYROXINE CAPSULES
LEXAPRO^
LIALDA^
LIBERVANT
LIBRAX^
LIDODERM^
LIFESCAN (ONETOUCH SOLUTIONS STARTER, ULTRA, ULTRA2, VERIO, VERIO FLEX)
LIFYORLI*
LIKMEZ
LIPITOR^
LIPOFEN
LIVALO^
LIVDELZI*
LO LOESTRIN FE
LOARGYS*
LODOCO
LOESTRIN^, LOESTRIN FE^
LOPRESSOR SOLUTION, LOPRESSOR 12.5MG TABLETS
LOREEV XR
LOTREL^
LOTRONEX^
LOVAZA^
LOVENOX*^
LUCEMYRA^
LUCENTIS*
LULICONAZOLE
LUMIGAN^
LUNESTA^
LUNSUMIO VELO*
LUPRON DEPOT-PED*
LUZU
LYMPHIR*
LYRICA^, LYRICA CR^
LYVISPAH
MAVENCLAD*^
MAVYRET*
MAXALT^, MAXALT MLT^
MAXIDEX
MECLIZINE 50MG TABLETS
MELOXICAM SUSPENSION
MENEST
MESTINON^
METAXALONE 640MG TABLETS
METFORMIN 625MG TABLETS

*(continued)*

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## Excluded Medications/Products at a Glance *(continued)*

METHOCARBAMOL 1,000MG TABLETS
METHYLPHENIDATE ER 45MG & 63MG
METOPROLOL TARTRATE 12.5MG TABLETS
METRONIDAZOLE 125MG TABLETS
MICARDIS HCT^
MICONAZOLE/ZINC OXIDE/ PETROLATUM
MICORT HC
MINIVELLE^
MINOCYCLINE ER CAPSULES
MIPLYFFA*
MIRCERA*
MONOFERRIC
MOTEGRITY^
MOTPOLY XR
MOVIPREP^
MULPLETA*
MYDAYIS^
MYTESI*
naftifine
NAFTIN
NALFON CAPSULES^
NAMENDA XR^
naproxen/ esomeprazole magnesium
NATAL PNV
NATAZIA
NATESTO
NATROBA^
NESINA
NEULASTA*
NEUPOGEN*
NEURONTIN^
NEVANAC
NEXICLON XR
NEXIUM^
NEXTSTELLIS
NIKTIMVO*
NILOTINIB TARTRATE*
NITROFURANTOIN 50MG/5ML SUSPENSION
NORDITROPIN FLEXPRO*
NORGESIC, NORGESIC FORTE
NORITATE
NORLIQVA
NORPACE, NORPACE CR
NORTHERA*
NORVASC^
NOURIANZ*
NOVAREL*
NOVO NORDISK PEN NEEDLES
NOVOLIN, NOVOLIN MIX, RELION NOVOLIN, RELION NOVOLIN MIX
NOVOLOG, NOVOLOG MIX, RELION NOVOLOG, RELION NOVOLOG MIX
NOVOSEVEN RT*
NUCYNTA, NUCYNTA ER
NUTROPIN AQ NUSPIN*
NUVARING^
NUVIGIL^
NUWIQ*
NYPOZI*
NYVEPRIA*
OHTUVAYRE*
OJJAARA*
OMLONTI
OMNARIS
ONAPGO*
ONDANSETRON ODT 16MG TABLETS
ONFI^
ONPATTRO*
ONTRALFY
ONTRUZANT*
ONUREG*
ONYDA XR
ONZETRA XSAIL
OPIPZA
opium tincture
ORACEA^
ORLYNVAH
orphenadrine/aspirin/caffeine
OSENVELT*
OSPHENA
OSPOMYV (by Cordavis)*
OTULFI IV*, OTULFI SC*
OWEN MUMFORD PEN NEEDLES
OXAPROZIN 300MG CAPSULES
oxiconazole
OXISTAT CREAM^
OXISTAT LOTION
OXTELLAR XR^
OXYBUTYNIN 2.5MG
OXYCODONE COATED TABLETS
OXYCODONE ER
OXYCONTIN
OZOBAX, OZOBAX DS^
PALFORZIA*
PALSONIFY*
paroxetine mesylate
penciclovir cream
PERCOCET^
PERFOROMIST^
PERTZYE
PHEXX
PHYRAGO*
PIASKY*
pilocarpine 1.25% drops
PIRFENIDONE 534MG TABLETS*
PIVYA
PLAQUENIL^
PLAVIX^
PLENVU
PLIAGLIS
POKONZA
PONVORY*
POTASSIUM CL 40MEQ PACKETS
PRADAXA*
PRALUENT
PRED MILD
PREGENNA
PREMARIN TABLETS^, PREMPHASE, PREMPRO
PREVACID^, PREVACID SOLUTAB^
PREZCOBIX*
PRILOSEC SUSPENSION
PRIMIDONE 125MG TABLETS
PRIMLEV
PRISTIQ^
PROAIR RESPICLICK
PROCTOFOAM-HC
PROCYSBI*
PRODIGY DIABETES CARE
PROLATE SOLUTION
PROLENSA^
PROLIA*
PROMACTA*^
PROTONIX^
protriptyline
PROVIGIL^
PROZAC^
PULMICORT FLEXHALER
PULMICORT RESPULES^
PYLERA^
PYRIDIUM^
PYZCHIVA IV*, PYZCHIVA SC*
QALSODY*
QBRELIS
QBREXZA
QFITLIA*
QINLOCK*
QIVIGY*
QLOSI
QNASL
QTERN
QUAZEPAM
QUETIAPINE 150MG TABLETS
QUILLICHEW ER
QUILLIVANT XR
QUIOFIC
RABEPRAZOLE DR SPRINKLE
RALDESY
RASUVO
RAVICTI*^
REBINYN*
RECOMBINATE*
RECORLEV*
REDEMPLO*
RELAFEN DS
RELEUKO*
RELEXXII ER
RELGAABI 200MG
RELISTOR TABLETS
RELPAX^
RELTONE
REMICADE*
RENFLEXIS*
RETIN-A MICRO 0.04% & 0.1%^
REVLIMID*^
REZLIDHIA*
REZVOGLAR
RIABNI*
RITALIN^, RITALIN LA^
RITUXAN*, RITUXAN HYCELA*
RIVFLOZA*
RIXUBIS*
ROCHE (ACCU-CHEK)
ROLVEDON*
ROSUVASTATIN/EZETIMIBE
ROXYBOND
ROZEREM^
RUBRACA*
RUKOBIA ER*
RYSTIGGO*
RYTELO*
RYZNEUTA*
SABRIL*^
SAFYRAL^
SAMSCA*^
SANDOSTATIN LAR DEPOT*
SAPHRIS^
SAVAYSA
SAXENDA^
SDAMLO
SEGLUROMET
SENSIPAR^
SEPHIENCE*
SEREVENT DISKUS
SERNIVO
SEROQUEL^, SEROQUEL XR^
SIGNIFOR LAR*
SIKLOS
SILIQ*
SIMPLE DIAGNOSTICS PEN NEEDLES & SYRINGES
SINGULAIR^
SITAGLIPTIN
SITAGLIPTIN/METFORMIN, SITAGLIPTIN/METFORMIN ER
SIVEXTRO
SKYTROFA*
SLYND
SOAANZ
SOFDRA
SOFOSBUVIR/VELPATASVIR*
SOGROYA*
SOLIRIS*
SORILUX
SOVALDI*
SOVUNA
SPRIX
SPRYCEL*^
STARJEMZA IV*, STARJEMZA SC*
STEGLATRO
STEGLUJAN
STELARA SC*, STELARA IV*
STEQEYMA IV*, STEQEYMA SC*

*(continued)*

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## Excluded Medications/Products at a Glance *(continued)*

STIMUFEND*
STOBOCLO*
STRATTERA^
STRIBILD*
SUBOXONE^
SUBVENITE SUSPENSION
SUFLAVE
SULCONAZOLE
SULFACETAMIDE/SULFUR 8%-4% CLEANSER, 10%-1% EMULSION, 9%-4.25% SUSPENSION
sumatriptan/naproxen sodium
SUPARTZ FX*
SUPREP^
SUSVIMO*
SUTAB
SYMBICORT^
SYNOJOYNT*
SYNTHROID^
SYNVISC*, SYNVISC-ONE*
TACLONEX^
TADLIQ*
tafluprost drops
TAPENTADOL ER
TARGRETIN CAPSULES*^
TASCENSO ODT*
TASIGNA*^
TAYTULLA^
TAZAROTENE FOAM
TECFIDERA*^
TEKTURNA^
telmisartan/amlodipine
TEPMETKO*
TEPYLUTE
TESTIM^
TEZRULY
THALITONE
THIOLA*^, THIOLA EC*^
THYQUIDITY
TIKOSYN^
TIMOPTIC OCUDOSE
TIROSINT, TIROSINT-SOL
TIZANIDINE HCL 8MG CAPSULES
TLANDO
TOBI SOLUTION*^
TOBRADEX ST
TOFIDENCE IV*
TOLSURA
TONMYA
TOPAMAX^
TOPICORT SPRAY^
TOPIRAMATE 50MG SPRINKLE CAPSULES
TOPROL XL^
TOVIAZ^
TRADJENTA
TRAMADOL 25MG & 75MG TABLETS
TRAMADOL ER CAPSULES
TRAMADOL SOLUTION
TRANSDERM-SCOP^
TRAVATAN Z
travoprost drops
TRAZIMERA*
TRELSTAR
TREXALL
TREXIMET
TRI-LUMA
TRIBENZOR^
TRIENTINE 500MG CAPSULES
TRILEPTAL^
TRILURON*
TRINAZ
TRIVIDIA (NIPRO DIAGNOSTICS) PEN NEEDLES & SYRINGES
TRIVISC*
TRUDHESA
TRUVADA*^
TRUXIMA*
TRYVIO
TUDORZA PRESSAIR
TWIRLA
TWYNEO
TYBLUME
TYKERB*^
UDENYCA*
ULORIC^
ULTIMED PEN NEEDLES & SYRINGES
ULTOMIRIS*
ULTRAVATE
UMECLIDINIUM ELLIPTA
UMECLIDINIUM/VILANTEROL
UPLIZNA*
UNLOXCYT*
UPNEEQ
URIMAR-T CAPSULES
URNEVA
UROXATRAL^
USTEKINUMAB IV*, USTEKINUMAB SC*
USTEKINUMAB-AAUZ SC*
USTEKINUMAB-AEKN SC*
VABRINTY*
VABYSMO*
VAFSEO
VAGIFEM^
VALIUM^
VALSARTAN SOLUTION
VALTREX^
VANCOMYCIN 25MG/ML SOLUTION
VANFLYTA*
VANOS^
VEGZELMA*
VELPHORO
VELTIN^
VENLAFAXINE BESYLATE ER
VENTOLIN HFA
VERDESO
VEREGEN
VERKAZIA
VESICARE^
VESICARE LS
VIAGRA^
VICTOZA^
VIGAFYDE*
VIIBRYD^
VILTEPSO*
VIMOVO
VIMPAT^
VISCO-3*
VIVELLE-DOT^
VIVIMUSTA*
VIVLODEX^
VIZZ
VPRIV*
VUITY
VUSION
VYALEV*
VYBRIQUE
VYEPTI*
VYKOURA
VYONDYS 53*
VYSCOXA
VYTORIN^
VYVANSE^
VYZULTA
WAINUA*
WAYRILZ*
WELCHOL^
WELLBUTRIN SR^, WELLBUTRIN XL^
WEZLANA IV*, WEZLANA SC*
WIDAPLIK
WINLEVI
WYOST*
XADAGO
XALATAN^
XANAX^, XANAX XR^
XATMEP
XELSTRYM
XENAZINE*^
XEOMIN*
XERESE
XGEVA*
XIGDUO XR^
XIMINO
XOLEGEL
XOPENEX HFA
XPHOZAH
XPOVIO*
XROMI
XTAMPZA ER
XULTOPHY
XYREM*^
YASMIN^
YIMMUGO*
YOSPRALA DR
YUFLYMA*
YUSIMRY*
YUVEZZI
ZANAFLEX 8MG CAPSULES
ZARXIO*
ZAVESCA*^
ZAVZPRET
ZEGALOGUE
ZEJULA*
ZELAPAR
ZELSUVMI
ZEPBOUND KWIKPENS, ZEPBOUND VIALS
ZERVIATE
ZETIA^
ZIIHERA*
ZILBRYSQ*
zileuton er
ZILXI
ZIMHI
ZIOPTAN
ZIPSOR^
ZITUVIMET, ZITUVIMET XR
ZITUVIO
ZMA CLEAR
ZOCOR^
ZOLOFT^
ZOLPIDEM 7.5MG CAPSULES
ZOMACTON*
ZOMIG TABLETS^
ZONEGRAN^
ZONISADE
ZORVOLEX
ZOVIRAX OINTMENT^
ZUNVEYL
ZURNAI
ZYBIC
ZYCLARA
ZYCUBO*
ZYFLO
ZYLET^
ZYTIGA*^

* *Specialty Medication*

^ *Brand exclusions with generic equivalents – 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, their equivalent brand products may become excluded.*

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