

# July 1, 2026 Premium Formulary Exclusions and Preferred Specialty Prior Authorization Requirements

| Therapeutic category/<br>disease state    | Excluded medications |                                                                          | Formulary alternative medications                                                                                                                              |
|-------------------------------------------|----------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Analgesics                                |                      |                                                                          |                                                                                                                                                                |
| Non-steroidal<br>anti-inflammatory agents | Oral                 | Coxanto, Fenopron 300mg, Oxaprozin 300mg (M), Relafen DS, Tolectin 600mg | celecoxib, diclofenac, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketorolac, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac |
|                                           | Other                | Sprix nasal spray                                                        | diclofenac, ibuprofen, meloxicam                                                                                                                               |
|                                           | Topical              | Diclofenac patch (M), Flector, Licart                                    | Any preferred/generic oral non-steroidal anti-inflammatory agent (examples: diclofenac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen)              |
| Opioid analgesics                         | Oral Long-Acting     | Conzip, Tramadol ER cap (M)                                              | generic tramadol ER tab                                                                                                                                        |
|                                           | Oral Long-Acting     | Nucynta ER,                                                              | hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin                                          |
|                                           | Oral Long-Acting     | Tapentadol ER (M)                                                        | Xtampza ER                                                                                                                                                     |
|                                           | Oral Short-Acting    | Tramadol solution (M)                                                    | tramadol 50mg, 100mg tab                                                                                                                                       |
|                                           | Oral Short-Acting    | Oxycodone HCl (M), Roxybond                                              | oxycodone HCl                                                                                                                                                  |
| Other                                     |                      | Combogesic tab                                                           | acetaminophen/ibuprofen, acetaminophen, ibuprofen                                                                                                              |
| Skeletal muscle relaxants                 |                      | Norgesic, Norgesic Forte, Orphengesic Forte (M)                          | orphenadrine tab, aspirin                                                                                                                                      |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state | Excluded medications                                                              | Formulary alternative medications                                                                                                                        |
|----------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antianxiety agents</b>              |                                                                                   |                                                                                                                                                          |
| <b>Antianxiety agents</b>              | Bucapsol                                                                          | buspirone, hydroxyzine                                                                                                                                   |
|                                        | Loreev XR                                                                         | clonazepam, diazepam, lorazepam, oxazepam, temazepam                                                                                                     |
| <b>Antibacterials</b>                  |                                                                                   |                                                                                                                                                          |
| <b>Oral antibiotics</b>                | Doryx MPC, Doxycycline Hyclate DR 80mg, doxycycline monohydrate (Rosacea), Emrosi | doxycycline IR, minocycline IR                                                                                                                           |
|                                        | Likmez susp                                                                       | metronidazole 250mg tab, 500mg tab                                                                                                                       |
|                                        | Nitrofurantoin susp 50mg/5ml                                                      | nitrofurantoin cap, tab                                                                                                                                  |
|                                        | Xifaxan 200mg tab                                                                 | Please talk to your provider about clinically appropriate options.                                                                                       |
| <b>Urinary anti-infectives</b>         | Blujepa, Orlynvah                                                                 | Please talk to your provider about clinically appropriate options.                                                                                       |
| <b>Vaginal anti-infectives</b>         | Cleocin vaginal suppositories, Nuversa gel                                        | clindamycin vaginal cream, metronidazole vaginal gel,                                                                                                    |
|                                        | Cleocin vaginal suppositories, Nuversa gel                                        | Clindesse cream, Xaciato                                                                                                                                 |
| <b>Anticonvulsants</b>                 |                                                                                   |                                                                                                                                                          |
| <b>Seizure disorders</b>               | Elepsia XR <sup>1</sup>                                                           | levetiracetam ER                                                                                                                                         |
|                                        | Gabarone                                                                          | gabapentin cap, tab                                                                                                                                      |
|                                        | Levetiracetam 250mg (made by Prasco), Spritam                                     | generic levetiracetam tab                                                                                                                                |
|                                        | Zonisade susp <sup>1</sup>                                                        | zonisamide cap                                                                                                                                           |
| <b>Antidepressants</b>                 |                                                                                   |                                                                                                                                                          |
| <b>Antidepressants</b>                 | Auvelity <sup>1</sup>                                                             | bupropion, citalopram tab, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine ER/IR, sertraline tab/sol, venlafaxine ER/IR |
|                                        | Bupropion XL (M) <sup>1</sup>                                                     | generic bupropion XL                                                                                                                                     |
|                                        | Citalopram cap 30mg <sup>1</sup>                                                  | generic citalopram tab                                                                                                                                   |
|                                        | Venlafaxine ER 112.5mg <sup>1</sup>                                               | venlafaxine ER tab                                                                                                                                       |
| <b>Antifungals, oral</b>               |                                                                                   |                                                                                                                                                          |
| <b>Oral antifungals</b>                | Vivjoa                                                                            | fluconazole tab                                                                                                                                          |
|                                        | Tolsura                                                                           | itraconazole cap                                                                                                                                         |
| <b>Antimalarials</b>                   |                                                                                   |                                                                                                                                                          |
| <b>Oral antimalarials</b>              | Sovuna                                                                            | hydroxychloroquine                                                                                                                                       |
| <b>Antimigraines</b>                   |                                                                                   |                                                                                                                                                          |
| <b>CGRP antagonists</b>                | Ajovy                                                                             | amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality 120mg/ml                           |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state         | Excluded medications                                                                               | Formulary alternative medications                                                                                      |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Ergotamine derivative</b>                   | Brekiya                                                                                            | Nurtec, Ubrelvy, Zavzpret                                                                                              |
|                                                | Trudhesa                                                                                           | dihydroergotamine                                                                                                      |
| <b>Non-steroidal anti-inflammatory agents/</b> | Elyxyb                                                                                             | eletriptan, frovatriptan, rizatriptan, sumatriptan, zolmitriptan                                                       |
| <b>Combinations</b>                            | Symbravo                                                                                           | meloxicam, rizatriptan                                                                                                 |
| <b>Serotonin receptor agonists</b>             | Imitrex injection, Onzetra Xsail, Tosymra, Zembrace Symtouch                                       | rizatriptan ODT, sumatriptan tab, sumatriptan nasal spray, zolmitriptan ODT                                            |
| <b>Antiparkinson agents</b>                    |                                                                                                    |                                                                                                                        |
| <b>Parkinson's disease</b>                     | Carbidopa/Levodopa ER (M), Rytary                                                                  | generic carbidopa/levodopa ER                                                                                          |
|                                                | Dhivy                                                                                              | carbidopa/levodopa IR, carbidopa/levodopa ODT                                                                          |
|                                                | Gocovri                                                                                            | amantadine                                                                                                             |
| <b>Antipsychotics</b>                          |                                                                                                    |                                                                                                                        |
| <b>Atypical antipsychotics</b>                 | Secuado <sup>1</sup>                                                                               | aripiprazole, asenapine, clozapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone            |
| <b>Antivirals</b>                              |                                                                                                    |                                                                                                                        |
| <b>Hepatitis B drugs</b>                       | Vemlidy <sup>1</sup>                                                                               | entecavir                                                                                                              |
|                                                | Vemlidy <sup>1</sup>                                                                               | tenofovir disoproxil fumarate                                                                                          |
| <b>Hepatitis C drugs</b>                       | Ledipasvir-Sofosbuvir (M)                                                                          | Epclusa, Harvoni, Mavyret, Vosevi                                                                                      |
|                                                | Sofosbuvir-Velpatasvir (M)                                                                         | Epclusa, Harvoni, Mavyret, Vosevi                                                                                      |
| <b>HIV drugs</b>                               | Vocabria <sup>1</sup>                                                                              | Please talk to your provider about clinically appropriate options.                                                     |
| <b>Autonomic &amp; central nervous system</b>  |                                                                                                    |                                                                                                                        |
| <b>Attention deficit disorder</b>              | Azstarys, Cotempla XR-ODT, Dyanavel XR chew tab/suspension, Quillichew ER, Quillivant XR, Xelstrym | amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/ER, lisdexamfetamine              |
|                                                | Cotempla XR-ODT, Dyanavel XR chew tab/suspension, Quillichew ER, Quillivant XR, Xelstrym           | Jornay PM                                                                                                              |
|                                                | Qelbree                                                                                            | amphetamine IR/ER, atomoxetine, clonidine ER, guanfacine ER, methylphenidate IR/ER                                     |
| <b>Multiple sclerosis</b>                      | Plegridy, Rebif, Rebif Rebidose                                                                    | Avonex, Betaseron                                                                                                      |
|                                                | Ponvory                                                                                            | dimethyl fumarate DR, fingolimod, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Kesimpta, Vumerity |
|                                                | Tascenso ODT                                                                                       | Fingolimod                                                                                                             |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                | Excluded medications                                                            | Formulary alternative medications                                                        |
|-------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Cardiovascular</b>                                 |                                                                                 |                                                                                          |
| <b>Cholesterol-lowering agents</b>                    | Atorvaliq                                                                       | atorvastatin                                                                             |
|                                                       | Leqvio, Praluent                                                                | Repatha                                                                                  |
|                                                       | Zypitamag                                                                       | atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin                         |
| <b>Edema</b>                                          | Soaanz                                                                          | bumetanide, furosemide, torsemide                                                        |
| <b>Heart failure</b>                                  | Furoscix                                                                        | furosemide                                                                               |
|                                                       | Inpefa                                                                          | Farxiga, Jardiance                                                                       |
| <b>Hypertension</b>                                   | Conjupri, Katerzia, Levamlodipine (M)                                           | amlodipine                                                                               |
|                                                       | Hemiclor, Thalitone                                                             | chlorthalidone                                                                           |
|                                                       | Inderal XL, Innopran XL                                                         | propranolol ER                                                                           |
|                                                       | Inzirqo                                                                         | hydrochlorothiazide cap/tab                                                              |
|                                                       | Kaspargo                                                                        | metoprolol ER                                                                            |
| <b>Hypertrophic cardiomyopathy (HCM)</b>              | Camzyos                                                                         | Please talk to your provider about clinically appropriate options.                       |
| <b>Transthyretin amyloid cardiomyopathy (ATTR-CM)</b> | Attruby                                                                         | Vyndamax, Vyndaqel                                                                       |
| <b>Chemotherapy agents</b>                            |                                                                                 |                                                                                          |
| <b>Alkylating agents</b>                              | Belrapzo, Bendamustine Sol (by Apotex), Bendamustine Sol (by Baxter), Vivimusta | generic bendamustine                                                                     |
|                                                       | Ivra                                                                            | melphalan                                                                                |
|                                                       | Tepadina, Tepylute                                                              | thiotepa                                                                                 |
| <b>Antiandrogens</b>                                  | Yonsa                                                                           | Xtandi                                                                                   |
| <b>Asparaginase enzyme therapy agents</b>             | Rylaze                                                                          | Oncaspar                                                                                 |
| <b>Combination agents</b>                             | Inqovi                                                                          | Please talk to your provider about clinically appropriate options.                       |
| <b>Cytolytic antibodies</b>                           | Riabni, Truxima                                                                 | Ruxience                                                                                 |
| <b>HER-2 inhibitors</b>                               | Hercessi, Herzuma, Ogivri, Ontruzant                                            | Kanjinti, Trazimera                                                                      |
| <b>Isocitrate dehydrogenase-1 inhibitors (IDH1)</b>   | Rezlidhia                                                                       | Tibsovo                                                                                  |
| <b>Kinase inhibitors</b>                              | Fotivda                                                                         | Please talk to your provider about clinically appropriate options.                       |
|                                                       | Ibtrozi                                                                         | Augtyro, Rozlytrek                                                                       |
|                                                       | Imbruvica 140mg, 280mg tab                                                      | Calquence; Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state              | Excluded medications                 | Formulary alternative medications                                                     |
|-----------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------|
|                                                     | Niktimvo, Rezurock                   | Imbruvica 70mg cap, 140mg cap; Imbruvica 420mg tab, 560mg tab; Imbruvica susp; Jakafi |
|                                                     | Nilotinib D-tartrate                 | generic nilotinib HCl                                                                 |
|                                                     | Ojjaara                              | Jakafi                                                                                |
|                                                     | Pemazyre                             | Please talk to your provider about clinically appropriate options.                    |
|                                                     | Phyrago                              | dasatinib                                                                             |
|                                                     | Xalkori                              | Please talk to your provider about clinically appropriate options.                    |
| <b>Methyltransferase inhibitors</b>                 | Tazverik                             | Please talk to your provider about clinically appropriate options.                    |
| <b>Miscellaneous</b>                                | Darzalex Faspro                      | Please talk to your provider about clinically appropriate options.                    |
| <b>Nucleoside metabolic inhibitors</b>              | Avgemsi                              | gemcitabine                                                                           |
|                                                     | Inlexzo                              | gemcitabine, mitomycin                                                                |
| <b>PARP inhibitors</b>                              | Akeega, Talzenna                     | Lynparza                                                                              |
|                                                     | Rubraca                              | Lynparza, Zejula                                                                      |
| <b>PD-L1 blocking antibody</b>                      | Unloxcyt                             | Please talk to your provider about clinically appropriate options.                    |
| <b>Platinum-based agents</b>                        | Kyxata                               | carboplatin                                                                           |
| <b>Vascular endothelial growth factor inhibitor</b> | Alymsys, Jobevne, Vegzelma           | Mvasi, Zirabev                                                                        |
| <b>Contraceptives</b>                               |                                      |                                                                                       |
| <b>Gel</b>                                          | Phexx                                | Please talk to your provider about clinically appropriate options.                    |
| <b>Oral</b>                                         | Nextstellis                          | drospirenone/ethinyl estradiol, loryna, nikki                                         |
|                                                     | Slynd                                | camila, incassia, nora-be, norethindrone, norlyda, norlyroc                           |
| <b>Patch</b>                                        | Twirla                               | levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane, zafemy  |
| <b>Corticosteroids</b>                              |                                      |                                                                                       |
| <b>Oral steroids</b>                                | Alkindi sprinkle, Cortisone tab 25mg | hydrocortisone                                                                        |
|                                                     | Hemady                               | dexamethasone                                                                         |
|                                                     | Khindivi                             | hydrocortisone                                                                        |
|                                                     | Prednisone DR tablet (M)             | generic prednisone                                                                    |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                         | Excluded medications                                                                                                                | Formulary alternative medications                                                               |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Dermatological agents</b>                                   |                                                                                                                                     |                                                                                                 |
| <b>Facial angiofibroma</b>                                     | Hyftor gel                                                                                                                          | Please talk to your provider about clinically appropriate options.                              |
| <b>Topical acne treatment</b>                                  | Arazlo, Fabior, Tazarotene foam 0.1%                                                                                                | tazarotene cream, Akliel                                                                        |
|                                                                | Cabtreo gel                                                                                                                         | adapalene, benzoyl peroxide, clindamycin topical, Epiduo Forte, Onexton                         |
|                                                                | Twynéo                                                                                                                              | Epiduo Forte, Onexton, Retin-A micro gel 0.06%, 0.08%                                           |
|                                                                | Winlevi                                                                                                                             | adapalene, clindamycin topical, dapsone topical, tazarotene cream, tretinoin cream              |
| <b>Topical anesthetics</b>                                     | ZTlido                                                                                                                              | lidocaine patch                                                                                 |
| <b>Topical antifungals</b>                                     | Econazole Aerosol 1% (M)                                                                                                            | econazole cream, miconazole cream                                                               |
|                                                                | Jublia                                                                                                                              | ciclopirox, terbinafine                                                                         |
| <b>Topical anti-infectives</b>                                 | Epsolay, Noritate                                                                                                                   | azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra, Zilxi |
|                                                                | Pruradik lotion                                                                                                                     | ivermectin lotion/tab                                                                           |
|                                                                | Rhofade                                                                                                                             | brimonidine gel, Mirvaso                                                                        |
| <b>Topical antineoplastics</b>                                 | Fluorouracil cream (M)                                                                                                              | generic fluorouracil cream                                                                      |
| <b>Topical chronic hand eczema (CHE)</b>                       | Anzupgo                                                                                                                             | Please talk to your provider about clinically appropriate options.                              |
| <b>Topical corticosteroids</b>                                 | Ala-Scalp lotion, Hydrocortisone acetate 2.5% cream (M), Hydrocortisone 2.5% solution (M), Micort HC                                | generic hydrocortisone cream, lotion                                                            |
|                                                                | Clobetasol cream 0.025% (M), Impoyz cream                                                                                           | generic clobetasol cream, lotion, ointment, spray                                               |
|                                                                | Cordran tape                                                                                                                        | flurandrenolide                                                                                 |
|                                                                | Halog ointment                                                                                                                      | betamethasone, mometasone, triamcinolone                                                        |
|                                                                | Ultravate                                                                                                                           | clobetasol propionate, fluocinonide, halobetasol propionate                                     |
| <b>Topical immune response modifier</b>                        | Zyclara 2.5%                                                                                                                        | imiquimod                                                                                       |
| <b>Topical plaque psoriasis</b>                                | Calcipotriene foam 0.005% (M), Sorilux                                                                                              | calcipotriene cream, ointment, solution                                                         |
|                                                                | Duobrii lotion                                                                                                                      | clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar, Taclonex suspension, Wyzora        |
| <b>Diabetes</b>                                                |                                                                                                                                     |                                                                                                 |
| <b>Blood glucose meters, test strips and control solutions</b> | Examples: Abbott (FreeStyle, Precision), Arkray (Glucocard), Lifescan (Onetouch), Trividia (TRUEtest, TRUEtrack), Roche (Accu-Chek) | Ascencia (Contour, Contour Next, Contour Plus)                                                  |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                                       | Excluded medications                                                                                                          | Formulary alternative medications                                                |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Continuous glucose monitoring (CGM)</b>                                   | Examples: Eversense, Freestyle Libre                                                                                          | Dexcom                                                                           |
| <b>Blood sugar regulators</b>                                                | metformin 625mg                                                                                                               | metformin 500mg, 750mg, 850mg, 1000mg                                            |
| <b>miscellaneous</b>                                                         | metformin HCl 24hr ER osmotic release,<br>metformin HCl 24hr ER modified release                                              | metformin ER                                                                     |
| <b>Dipeptidyl peptidase-4 (DPP4) inhibitors- single agent</b>                | Alogliptin, Sitagliptin (M), Zituvio<br>Brynovin oral solution                                                                | Januvia, Tradjenta<br>Janumet, Janumet XR, Januvia, Jentadueto,<br>Jentadueto XR |
| <b>Dipeptidyl peptidase-4 (DPP4) inhibitors- combination agents</b>          | Alogliptin-metformin, Alogliptin-pioglitazone,<br>Sitagliptin-metformin, Sitagliptin-metformin<br>ER, Zituvimet, Zituvimet XR | Janumet, Janumet XR, Jentadueto,<br>Jentadueto XR                                |
| <b>Glucagon-like peptide-1 (GLP-1) agonists</b>                              | Exenatide                                                                                                                     | Bydureon Bcise, Byetta, Mounjaro, Ozempic,<br>Rybelsus, Trulicity                |
| <b>Long-acting insulins (basal)</b>                                          | Basaglar Kwikpen, Insulin Degludec, Insulin<br>Glargine, Insulin Glargine-YFGN, Rezvoglar,<br>Semglee-YFGN, Tresiba           | Lantus, Toujeo                                                                   |
| <b>Rapid-acting insulins</b>                                                 | Admelog, Apidra, Fiasp, Insulin Aspart (M),<br>Merilog, Novolog, Novolog Relion                                               | Humalog, Insulin Lispro, Lyumjev                                                 |
| <b>Short-acting insulins</b>                                                 | Novolin, Novolin Relion                                                                                                       | Humulin                                                                          |
| <b>Sodium-glucose co-transporter (SGLT2) inhibitors - single agent</b>       | Bexagliflozin (M), Brenzavvy, Dapagliflozin<br>propanediol (M), Invokana, Steglatro                                           | Farxiga, Jardiance                                                               |
| <b>Sodium-glucose co-transporter (SGLT2) inhibitors - combination agents</b> | Dapagliflozin/metformin HCl (M), Invokamet,<br>Invokamet XR, Segluromet                                                       | Synjardy, Synjardy XR, Xigduo XR                                                 |
| <b>SGLT2 and DPP-4 combinations</b>                                          | Steglujan                                                                                                                     | Glyxambi, Trijardy XR                                                            |
| <b>Tempo products</b>                                                        | Basaglar Tempo                                                                                                                | Basaglar Kwikpen                                                                 |
|                                                                              | Humalog Tempo                                                                                                                 | Humalog Kwikpen                                                                  |
|                                                                              | Lyumjev Tempo                                                                                                                 | Lyumjev Kwikpen                                                                  |
|                                                                              | Smart button                                                                                                                  | Please talk to your provider about clinically<br>appropriate options.            |
| <b>Type 1 diabetes</b>                                                       | Tzield                                                                                                                        | Please talk to your provider about clinically<br>appropriate options.            |
| <b>Endocrine (other)</b>                                                     |                                                                                                                               |                                                                                  |
| <b>Cortisol synthesis inhibitors</b>                                         | Isturisa                                                                                                                      | ketoconazole tab, mifepristone                                                   |
| <b>Cushing's syndrome</b>                                                    | Recorlev                                                                                                                      | ketoconazole tab                                                                 |
| <b>Gonadotropin-releasing hormone (GNRH) agonist</b>                         | Lutrate Depot, Vabrinty                                                                                                       | leuprolide, Lupron                                                               |
| <b>Growth hormones</b>                                                       | Genotropin, Humatrope, Zomacton                                                                                               | Norditropin, Omnitrope                                                           |
| <b>Infertility</b>                                                           | Gonal-F, Gonal-F RFF                                                                                                          | Follistim AQ                                                                     |
| <b>Somatostatin analog</b>                                                   | Bynfezia, Mycapssa                                                                                                            | octreotide injection                                                             |
|                                                                              | Signifor (SQ)                                                                                                                 | Signifor LAR                                                                     |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                                                         | Excluded medications                                                                         | Formulary alternative medications                                                                                                                  |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Testosterone replacement</b>                                                                | Aveed, Azmiro, Natesto, Testopel, Xyosted                                                    | testosterone cypionate, testosterone enanthate, testosterone gel                                                                                   |
|                                                                                                | Jatenzo, Tlando                                                                              | testosterone gel                                                                                                                                   |
| <b>Enzyme disorders</b>                                                                        |                                                                                              |                                                                                                                                                    |
| <b>Duchenne muscular dystrophy (DMD)</b>                                                       | Amondys 45, Exondys 51, Viltepso,                                                            | dexamethasone, methylprednisolone, prednisone                                                                                                      |
|                                                                                                | Vyondys 53                                                                                   | dexamethasone, methylprednisolone, prednisone                                                                                                      |
|                                                                                                | Duvyzat, Elevidys                                                                            | Please talk to your provider about clinically appropriate options.                                                                                 |
| <b>Gastrointestinal</b>                                                                        |                                                                                              |                                                                                                                                                    |
| <b>Acid blocker</b>                                                                            | Voquezna 10mg, 20mg tablet                                                                   | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Voquezna dual pak, Voquezna triple pak                                          |
| <b>Anti-diarrheal agents</b>                                                                   | Motofen                                                                                      | diphenoxylate/atropine, loperamide                                                                                                                 |
| <b>Antiemetics</b>                                                                             | Sancuso patch                                                                                | granisetron solution/tab, ondansetron ODT                                                                                                          |
| <b>Anti-inflammatory</b>                                                                       | ibuprofen/famotidine                                                                         | famotidine, ibuprofen                                                                                                                              |
| <b>Bowel prep</b>                                                                              | Plenvu                                                                                       | gavilyte, peg 3350, Clenpiq, Suflave, Suprep                                                                                                       |
| <b>Inflammatory bowel disease</b>                                                              | Dipentum                                                                                     | balsalazide, mesalamine 0.375gm ER cap, mesalamine DR cap 400mg, mesalamine 500mg ER cap, mesalamine DR tab 800mg, mesalamine DR tab 1.2gm, Apriso |
| <b>Irritable bowel syndrome with constipation/ chronic idiopathic constipation (IBS-C/CIC)</b> | Ibsrela, Trulance                                                                            | lubiprostone, Linzess                                                                                                                              |
| <b>Opioid-induced constipation (OIC)</b>                                                       | Movantik, Relistor                                                                           | lubiprostone, Symproic                                                                                                                             |
| <b>Pancreatic enzymes</b>                                                                      | Pancreaze, Pertzye, Viokace                                                                  | Creon, Zenpep                                                                                                                                      |
| <b>Proton pump inhibitors</b>                                                                  | omeprazole with sodium bicarbonate (cap, powder pak), Konvomep, Rabeprazole sprinkle cap (M) | dexlansoprazole, esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, rabeprazole tab                                   |
| <b>Hematological</b>                                                                           |                                                                                              |                                                                                                                                                    |
| <b>Coagulation factors</b>                                                                     | Sevenfact <sup>1</sup>                                                                       | Novoseven                                                                                                                                          |
| <b>Erythropoiesis-stimulating agents</b>                                                       | Epogen                                                                                       | Aranesp, Procrit, Retacrit                                                                                                                         |
| <b>Kinase inhibitor</b>                                                                        | Cosela                                                                                       | Nivestym, Zarxio                                                                                                                                   |
|                                                                                                | Wayrilz                                                                                      | eltrombopag, Doptelet, Tavalisse                                                                                                                   |
| <b>Long-acting granulocyte-colony stimulating factor</b>                                       | Fulphila, Fynetra, Nyvepria, Rolvedon, Ryzneuta, Stimufend, Ziextenzo                        | Neulasta, Udenyca                                                                                                                                  |
| <b>Short-acting granulocyte-colony stimulating factor</b>                                      | Granix, Neupogen, Nypozi, Releuko                                                            | Nivestym, Zarxio                                                                                                                                   |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                       | Excluded medications                                                                                                                                                                  | Formulary alternative medications                                                                                   |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>Immunomodulators</b>                                      |                                                                                                                                                                                       |                                                                                                                     |
| <b>Calcineurin inhibitor</b>                                 | Lupkynis                                                                                                                                                                              | Benlysta                                                                                                            |
| <b>Immune globulin, intravenous (IVIG)</b>                   | Alyglo                                                                                                                                                                                | Bivigam, Gammagard, Gammaplex, Gamunex-C, Panzyga, Privigen                                                         |
|                                                              | Asceniv                                                                                                                                                                               | Please talk to your provider about clinically appropriate options                                                   |
| <b>Interleukin-6 (IL-6) inhibitor</b>                        | Tofidence, Tyenne                                                                                                                                                                     | Actemra, Avtozma                                                                                                    |
| <b>Interleukin-12/23 (IL-12/23) inhibitor</b>                | Imuldosa, Otulfi, Pyzchiva, Starjemza, Stelara, Steqeyma, Ustekinumab, Ustekinumab-aauz, Ustekinumab-aekn, Ustekinumab-ttwe                                                           | Selarsdi, Wezlana, Yesintek                                                                                         |
| <b>Interleukin-17 (IL-17) inhibitor</b>                      | Cosentyx                                                                                                                                                                              | Bimzelx, Taltz                                                                                                      |
| <b>Tnf inhibitor</b>                                         | Infliximab, Remicade, Renflexis, Zymfentra                                                                                                                                            | Avsola, Inflectra                                                                                                   |
| <b>Tnf inhibitors/humira biosimilars</b>                     | Abrilada, Adalimumab-aacf, Adalimumab-aayt, Adalimumab-adaz, Adalimumab-bwwd, Adalimumab-fkjp, Adalimumab-ryvk, Amjevita for Amgen, Cyltezo, Hulio, Humira, Hyrimoz, Yuflyma, Yusimry | Adalimumab-adbm, Amjevita for Nuvaia, Hadlima, Simlandi                                                             |
| <b>Immunotherapy</b>                                         |                                                                                                                                                                                       |                                                                                                                     |
| <b>Allergy immunotherapy</b>                                 | Palforzia                                                                                                                                                                             | Please talk to your provider about clinically appropriate options.                                                  |
| <b>Non-replicating adenoviral vector-based immunotherapy</b> | Papzimeos                                                                                                                                                                             | Please talk to your provider about clinically appropriate options.                                                  |
| <b>Ophthalmic</b>                                            |                                                                                                                                                                                       |                                                                                                                     |
| <b>Antiglaucoma drugs</b>                                    | Iyuzeh, Vyzulta                                                                                                                                                                       | latanoprost ophthalmic solution, tafluprost ophthalmic solution, travoprost ophthalmic solution, Lumigan            |
| <b>Antihistamines</b>                                        | Zerviate                                                                                                                                                                              | azelastine ophthalmic solution, olopatadine ophthalmic solution                                                     |
| <b>Demodex blepharitis</b>                                   | Xdemvy                                                                                                                                                                                | Please talk to your provider about clinically appropriate options.                                                  |
| <b>Dry eye disease</b>                                       | Vevye                                                                                                                                                                                 | Cequa, Miebo, Restasis, Tyrvaya, Xiidra                                                                             |
| <b>Idiopathic macular telangiectasia type 2 (mac tel)</b>    | Encelto                                                                                                                                                                               | Please talk to your provider about clinically appropriate options.                                                  |
| <b>Macular degeneration</b>                                  | Beovu, Byooviz, Lucentis                                                                                                                                                              | Compounded Bevacizumab inj                                                                                          |
| <b>Non-steroidal anti-inflammatory agents</b>                | Ilevro, Nevanac                                                                                                                                                                       | diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution |
| <b>Presbyopia</b>                                            | Qlosi, Vizz                                                                                                                                                                           | Please talk to your provider about clinically appropriate options.                                                  |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                    | Excluded medications   | Formulary alternative medications                                                                                                                                                                         |
|-----------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vernal keratoconjunctivitis                               | Verkazia               | olopatadine ophthalmic solution, azelastine ophthalmic solution, cromolyn ophthalmic solution, dexamethasone ophthalmic sol/susp, prednisolone ophthalmic sol/susp, fluorometholone ophthalmic suspension |
| <b>Other</b>                                              |                        |                                                                                                                                                                                                           |
| Activated phosphoinositide 3-kinase delta syndrome (APDS) | Joenja                 | Please talk to your provider about clinically appropriate options.                                                                                                                                        |
| Alkaptonuria (AKU)                                        | Harliku                | nitisinone                                                                                                                                                                                                |
| Alzheimer's disease                                       | Leqembi, Leqembi Iqlik | Please talk to your provider about clinically appropriate options.                                                                                                                                        |
|                                                           | Kisunla                | Please talk to your provider about clinically appropriate options.                                                                                                                                        |
|                                                           | Namzaric               | memantine-donepezil, memantine, donepezil                                                                                                                                                                 |
|                                                           | Zunveyl                | donepezil, galantamine, rivastigmine                                                                                                                                                                      |
| Anca-associated vasculitis                                | Tavneos                | Please talk to your provider about clinically appropriate options.                                                                                                                                        |
| Anemia of chronic kidney disease (CKD)                    | Vafseo                 | Aranesp, Procrit, Retacrit                                                                                                                                                                                |
| Antigout agents                                           | Gloperba               | colchicine tab                                                                                                                                                                                            |
| Antihistamines and combinations                           | Clarinet-D             | desloratadine, pseudoephedrine                                                                                                                                                                            |
| Benign prostatic hypertrophy (BPH)                        | Jalyn                  | dutasteride/tamsulosin, dutasteride, tamsulosin                                                                                                                                                           |
|                                                           | Tezruly                | terazosin cap                                                                                                                                                                                             |
| Bile acid therapy                                         | Livmarli               | Bylvay                                                                                                                                                                                                    |
|                                                           | Reltone, Ursodiol (M)  | ursodiol                                                                                                                                                                                                  |
| Bone resorption inhibitor                                 | Bomynta, Wyost, Xgeva  | Osenvelt                                                                                                                                                                                                  |
| Cardiovascular agents                                     | Lodoco                 | colchicine tab                                                                                                                                                                                            |
| C-difficile infection                                     | Vowst                  | Rebyota                                                                                                                                                                                                   |
| Chelating agents                                          | Cuvrior                | penicillamine tab, trientine                                                                                                                                                                              |
|                                                           | penicillamine cap      | penicillamine tab                                                                                                                                                                                         |
| Diabetic gastroparesis                                    | Gimoti                 | metoclopramide                                                                                                                                                                                            |
| Fabry disease                                             | Elfabrio               | Fabrazyme                                                                                                                                                                                                 |
| Generalized myasthenia gravis (GMG)                       | Imaavy                 | Please talk to your provider about clinically appropriate options.                                                                                                                                        |
| Hereditary angioedema                                     | Cinryze                | Haegarda, Orladeyo, Takhzyro                                                                                                                                                                              |
|                                                           | Ekterly                | icatibant                                                                                                                                                                                                 |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                     | Excluded medications                                                                                                    | Formulary alternative medications                                                             |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Hypokalemia</b>                                         | Pokonza                                                                                                                 | potassium chloride tab                                                                        |
| <b>Insomnia</b>                                            | Dayvigo, Quviviq                                                                                                        | doxepin tab, eszopiclone, ramelteon, temazepam, triazolam, zaleplon, zolpidem ER/IR, Belsomra |
|                                                            | Zolpidem 7.5mg cap                                                                                                      | zolpidem 5mg, 10mg tab                                                                        |
| <b>Iron replacement therapy</b>                            | Accrufer                                                                                                                | ferrous fumarate, ferrous gluconate, ferrous sulfate                                          |
| <b>Lambert-eaton myasthenic syndrome (LEMS)</b>            | Firdapse                                                                                                                | Ruzurgi                                                                                       |
| <b>Long-chain fatty acid oxidation disorders (LC-FAOD)</b> | Dojolvi                                                                                                                 | Please talk to your provider about clinically appropriate options.                            |
| <b>Menopause</b>                                           | Veozah                                                                                                                  | Please talk to your provider about clinically appropriate options.                            |
| <b>Multivitamins</b>                                       | Examples: Folic-K, Genicin Vita-S, Hylavite, Lorid, Tronvite, Xvite                                                     | Any preferred multivitamin                                                                    |
|                                                            | Examples: Poly-Vi-Flor chewable, suspension; Poly-Vi-Flor w/Iron chewable, suspension                                   | Any preferred multivitamin with fluoride                                                      |
| <b>Nephropathy (IGA)</b>                                   | Tarpeyo                                                                                                                 | budesonide, methylprednisolone, prednisone                                                    |
| <b>Opioid overdose rescue (opioid agonist)</b>             | Zurnai                                                                                                                  | Opvee                                                                                         |
| <b>Osteoarthritis/hyaluronic acid injections</b>           | Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synojoynt, Synvisc, Synvisc-One, Triluron, Trivisc | Durolane, Euflexxa, Gelsyn-3                                                                  |
|                                                            | Visco-3                                                                                                                 | Durolane, Euflexxa, Gelsyn-3                                                                  |
| <b>Osteoporosis</b>                                        | Conexence, Jubbonti, Prolia                                                                                             | Stoboclo                                                                                      |
| <b>Paroxysmal nocturnal hemoglobinuria (PNH)</b>           | Piasky                                                                                                                  | Please talk to your provider about clinically appropriate options.                            |
|                                                            | Soliris                                                                                                                 | Epysqli                                                                                       |
| <b>Phenylketonuria (PKU)</b>                               | Palynziq, Sephience                                                                                                     | sapropterin                                                                                   |
| <b>Phosphate lowering agents</b>                           | Auryxia, Ferric Citrate tab (M), Velphoro, Xphozah                                                                      | calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer hydrochloride              |
| <b>Platelet-modifying agent</b>                            | Yosprala                                                                                                                | aspirin, omeprazole                                                                           |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state                                                     | Excluded medications                                                                                                               | Formulary alternative medications                                                                                  |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Prenatal vitamins</b>                                                                   | Examples: Azesco, Pregenna, Prenate, Vitafof FE, Vitathely, Zalvit                                                                 | Any preferred prenatal vitamin                                                                                     |
| <b>Pulmonary arterial hypertension (PAH)</b>                                               | Opsynvi                                                                                                                            | ambrisentan & tadalafil; Opsumit & tadalafil                                                                       |
|                                                                                            | Remodulin 0.4mg/ml                                                                                                                 | treprostinil                                                                                                       |
|                                                                                            | Tadliq                                                                                                                             | sildenafil susp, tadalafil tab                                                                                     |
| <b>Rett syndrome</b>                                                                       | Daybue                                                                                                                             | Please talk to your provider about clinically appropriate options.                                                 |
| <b>Sleep disorder agents</b>                                                               | Hetlioz LQ                                                                                                                         | Please talk to your provider about clinically appropriate options.                                                 |
|                                                                                            | Lumryz Pak                                                                                                                         | sodium oxybate (made by Hikma), Sunosi, Wakix, Xywav                                                               |
| <b>Thyroid agents</b>                                                                      | Levothyroxine caps (M), RenThyroid, Thyquidity, Tirosint caps, solution                                                            | generic levothyroxine tab                                                                                          |
| <b>Thyroid hormone receptor-beta (THR-BETA) agonist</b>                                    | Rezdiffra                                                                                                                          | Please talk to your provider about clinically appropriate options.                                                 |
| <b>Wound treatment</b>                                                                     | Zevaskyn                                                                                                                           | Filsuvez, Vyjuvek                                                                                                  |
| <b>Respiratory</b>                                                                         |                                                                                                                                    |                                                                                                                    |
| <b>Allergy: nasal steroids</b>                                                             | Xhance                                                                                                                             | flunisolide spray, mometasone spray                                                                                |
| <b>COPD: inhaled anticholinergics</b>                                                      | Incruse Ellipta, Tudorza                                                                                                           | Spiriva Respimat                                                                                                   |
| <b>COPD: long-acting beta agonist/ long-acting muscarinic agonist combination inhalers</b> | Bevespi, Duaklir, Umeclidinium/Vilanterol Ellipta (M)                                                                              | Anoro Ellipta, Stiolto Respimat                                                                                    |
| <b>COPD: PDE-3/PDE-4 combination agents</b>                                                | Ohtuvayre                                                                                                                          | Please talk to your provider about clinically appropriate options.                                                 |
| <b>Cystic fibrosis</b>                                                                     | Cayston, Kitabis pak,                                                                                                              | tobramycin nebulizer soln, TOBI podhaler                                                                           |
|                                                                                            | Tobramycin neb 300mg/5ml (M)                                                                                                       | tobramycin nebulizer soln, TOBI podhaler                                                                           |
| <b>Non-cystic fibrosis bronchiectasis</b>                                                  | Brinsupri                                                                                                                          | Please talk to your provider about clinically appropriate options.                                                 |
| <b>Pulmonary anti-inflammatory inhalers</b>                                                | Alvesco, Asmanex, Asmanex HFA, Fluticasone Furoate Aerosol (M), Fluticasone Propionate Aerosol (M), Fluticasone Propionate HFA (M) | Arnuity Ellipta, QVAR Redihaler                                                                                    |
|                                                                                            | Pulmicort Flexhaler                                                                                                                | Arnuity Ellipta, QVAR Redihaler                                                                                    |
| <b>Pulmonary anti-inflammatory, long-acting beta agonist combination inhalers</b>          | Dulera, Fluticasone Furoate/Vilanterol (M), , Fluticasone/Salmeterol 45-21mcg, 115-21mcg, 230-21mcg (M)                            | Advair HFA, Breo Ellipta, breyna, budesonide-formoterol, Fluticasone/Salmeterol 55/14mcg, 113/14mcg, 232/14mcg (M) |
| <b>Short-acting beta-2 adrenergic inhalers</b>                                             | Levalbuterol HFA Inhaler (M), ProAir Respiclick, Xopenex HFA                                                                       | albuterol HFA inhaler                                                                                              |
| <b>Sugar alcohol inhalation therapy</b>                                                    | Bronchitol                                                                                                                         | hypertonic saline, Pulmozyme                                                                                       |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

| Therapeutic category/<br>disease state | Excluded medications            | Formulary alternative medications                                                               |
|----------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Urological</b>                      |                                 |                                                                                                 |
| <b>Interstitial cystitis</b>           | Elmiron                         | amitriptyline, hydroxyzine                                                                      |
| <b>Overactive bladder (OAB)</b>        | Gemtesa                         | darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq tab |
|                                        | Myrbetriq granules, Vesicare LS | oxybutynin ER/IR                                                                                |
| <b>Urea cycle disorder (UCD)</b>       | Olpruva                         | sodium phenylbutyrate powder, Pheburane                                                         |

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Continuation of therapy will not be provided for any other excluded drugs.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

## Excluded brand-name medications with generic equivalents

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

|                  |                           |                             |                          |
|------------------|---------------------------|-----------------------------|--------------------------|
| Abilify          | Benzamycin                | Cosopt PF solution          | Evekeo                   |
| Absorica         | Bepreve                   | Cozaar                      | Exforge                  |
| Acanya           | Bethkis                   | Crestor                     | Exforge HCT              |
| Aciphex tablet   | Beyaz                     | Cuprimine                   | Fioricet                 |
| Aczone           | Brilinta                  | Cytomel                     | Firazyr                  |
| Adcirca          | Bromsite                  | Daytrana                    | Fleqsuvy                 |
| Adderall         | Buphenyl                  | Delestrogen injection       | Focalin                  |
| Advair Diskus    | Butrans                   | Depakote                    | Focalin XR               |
| Adzenys XR       | Bystolic                  | Depakote ER                 | Forteo                   |
| Afinitor         | Cambia                    | Depakote sprinkle capsule   | Gilenya 0.5mg            |
| Afinitor Disperz | Canasa                    | Depo-testosterone injection | Gleevec                  |
| Alphagan P       | Carafate                  | Dexilant                    | Golytely solution        |
| Ambien           | Carbatrol                 | Differin cream, gel         | Halog cream              |
| Ambien CR        | Cardizem LA               | Difacid                     | Hetlioz                  |
| Amitiza          | Carnitor solution, tablet | Dilantin capsule 100mg      | Hyzaar                   |
| Ampyra           | Catapres-TTS patch        | Dilantin chewable           | Inderal LA               |
| Amrix            | Celebrex                  | Dilantin suspension         | Intuniv                  |
| Androgel         | Celexa                    | Dilaudid                    | Javygator                |
| Aptiom           | Cetrotide                 | Diovan                      | Jynarque                 |
| Arimidex         | Cialis                    | Diovan HCT                  | Kenalog 10mg/ml, 40mg/ml |
| Arthrotec        | Clarinex 5mg tablet       | Dymista                     | Keppra                   |
| Atacand          | Cleocin vaginal cream     | Effexor XR                  | Keppra XR                |
| Ativan           | Climara patch             | Emflaza                     | Klonopin                 |
| Aubagio          | Clindagel                 | Entresto tablet             | Kuvan                    |
| Avapro           | Clobex                    | Epiduo gel                  | Lamictal chewable        |
| Avodart          | Colestid                  | EpiPen Jr 0.15mg            | Lamictal starter kit     |
| Azopt            | Combigan                  | Eprontia                    | Lamictal ODT             |
| Azor             | Copaxone                  | Esbriet                     | Lamictal tablet          |
| Baraclude        | Coreg                     | Estrace                     | Lamictal XR              |
| Benicar          | Coreg CR                  | Estrogel 0.06%              | Lasix                    |
| Benicar HCT      | Cortef                    |                             | Latisse                  |
|                  | Cosopt solution           |                             |                          |

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

|                    |                            |                          |               |
|--------------------|----------------------------|--------------------------|---------------|
| Latuda             | Pentasa                    | Stendra                  | Viagra        |
| Lescol XL          | Percocet                   | Suboxone                 | Victoza       |
| Letairis           | Plaquenil                  | Sutent                   | Vigadrone     |
| Lexapro            | Plavix                     | Syprine                  | Vigamox       |
| Lexette            | Pred Forte                 | Tamiflu                  | Vimpat        |
| Lialda             | Prevacid                   | Targadox                 | Vivelle-Dot   |
| Lidocan            | Pristiq                    | Targretin                | Vuity         |
| Lidoderm           | Prolensa                   | Tasigna                  | Volgelxo      |
| Lipitor            | Promacta                   | Tazorac cream            | Vytorin       |
| Livalo             | Prometrium                 | Tazorac gel              | Welchol       |
| Loestrin 21        | Propecia                   | Tecfidera                | Wellbutrin SR |
| Loestrin FE        | Protonix tablet            | Tegretol                 | Wellbutrin XL |
| Lotemax suspension | Provigil                   | Tegretol-XR              | Xalatan       |
| Lotrel             | Pulmicort inhalation       | Tenormin                 | Xanax         |
| Lovaza             | Suspension Questran        | Testim gel               | Xanax XR      |
| Lunesta            | Questran Lite              | Tikosyn                  | Xyrem         |
| Lyrica             | Ravicti                    | Timoptic                 | Yasmin 28     |
| Lyrica CR          | Relafen DS                 | Timoptic Ocudose TOBI    | Yaz           |
| Maxalt             | Relpax                     | nebulizer solution       | Zanaflex      |
| Maxalt-MLT         | Remodulin 1, 2.5, 5,       | Topamax                  | Zenzedi       |
| Metadate CD        | 10mg injection             | Topamax sprinkle capsule | Zestril       |
| Metrogel           | Restoril                   | Topicort spray           | Zetia         |
| Micardis           | Retin-A                    | Toprol XL                | Ziana         |
| Micardis HCT       | Revatio                    | Toviaz                   | Zioptan       |
| Mitigare           | Risperdal solution, tablet | Tracleer                 | Zipsor        |
| Moviprep           | Ritalin                    | Travatan-Z               | Zocor         |
| MS Contin          | Ritalin LA                 | Treanda                  | Zoloft        |
| Mydayis            | Roxicodone                 | Treximet                 | Zomig tablet  |
| Natroba            | Sabril                     | Tribenzor                | Zomig ZMT     |
| Neurontin          | Safyral                    | Tricor                   | Zonegran      |
| Nexium capsule     | Sajazir                    | Tridacaine               | Zovirax       |
| Nitrostat          | Sandostatin injection      | Trileptal                | Zyclara 3.75% |
| Norvasc            | Saphris                    | Trokendi XR              | Zyprexa       |
| Nucynta            | Sensipar                   | Truvada                  | Zytiga        |
| NuvaRing           | Seroquel                   | Uceris tablet            |               |
| Nuvigil            | Seroquel XR                | Vagifem                  |               |
| Onfi               | Silvadene                  | Valium                   |               |
| Onglyza            | Singulair                  | Valtrex                  |               |
| Oracea             | Soma                       | Vectical                 |               |
| Oxtellar XR        | Spiriva Handihaler         | Ventolin HFA             |               |
| Ozobax DS          | Sprycel                    | Venxxiva                 |               |
| Paxil tablet       |                            | Vesicare tablet          |               |
| Paxil CR           |                            |                          |               |

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

## Required Prior Authorization<sup>+</sup>

| Therapeutic class  | Non-preferred medications                               | Preferred medications                                                                                                                                                                                                                            |
|--------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hepatitis C        | All other brands non-preferred with prior authorization | Epclusa, Harvoni, Mavyret, Vosevi                                                                                                                                                                                                                |
| Multiple Sclerosis | All other brands non-preferred with prior authorization | dalfampridine, dimethyl fumarate DR, fingolimod 0.5mg, glatopa, glatiramer, teriflunomide, Avonex, Bafiertam, Betaseron, Kesimpta, Vumerity                                                                                                      |
| Immunomodulators   | All other brands non-preferred with prior authorization | Adalimumab-adbm, Amjevita for Nuvaila, Avsola, Cimzia, Enbrel, Hadlima, Inflectra, Omvoh, Otezla, Otezla XR, Rinvoq, Rinvoq LQ, Selarsdi, Simlandi, Simponi, Skyrizi, Sotyktu, Taltz, Tremfya, Velsipity, Wezlana, Xeljanz, Xeljanz XR, Yesintek |

+ All of the products listed above are currently subject to prior authorization. Preferred medications are required prior to new requests for non-preferred medication(s). Existing utilizers of non-preferred medication(s) within the therapeutic categories of Hepatitis C, Immunomodulators and Multiple Sclerosis will be eligible to remain on current therapy if compliance and efficacy of therapy are demonstrated. Exceptions will be granted for specific indications where the preferred agents do not have FDA-approval for use.

**About this document:** Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

