



Jan. 1, 2019 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

Therapeutic Category	Excluded Medications	Preferred Alternatives
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Adrenacllick, Auvi-Q 0.15mg, 0.3mg, EpiPen, Epinephrine injection made by Impax	Epinephrine injection (Authorized Generic of EpiPen made by Mylan)
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Pain	Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
ANTIBACTERIALS		
Oral Antibiotics	Doryx MPC	doxycycline hyclate
ANTICONVULSANTS		
Seizure Disorders	Trokendi XR ¹	topiramate ER
	Oxtellar XR ¹	oxcarbazepine IR
ANTIMIGRAINES		
Serotonin Receptor Agonists	Onzetra Xsail, Sumavel, Zembrace Symtouch	sumatriptan injection, sumatriptan nasal spray, rizatriptan ODT, zolmitriptan ODT
ANTIVIRALS		
HIV drugs	Atripla ¹	Patients are to consult with their physician for clinically appropriate alternative(s).
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Extavia ¹ , Plegridy ¹	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Arymo ER, Kadian, Nucynta ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
Oral Short-Acting Opioid Analgesics	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge

(M) Co-branded product

* Tier 3 preferred

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Therapeutic Category	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR		
Statins	Zypitamag	atorvastatin, fluvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin, Livalo
CORTICOSTEROIDS		
Oral Steroids	Rayos	prednisone
DERMATOLOGICAL AGENTS		
Non-Steroidal Anti-Inflammatory	Pennsaid	diclofenac solution
Topical Acne Treatment	Acanya, Aktipak, Benzaclin, Benzamycin, Clindagel, Clindamycin phosphate 1% gel (M), Clindamycin phosphate/benzoyl peroxide 1.2-2.5% (M), Veltin, Ziana	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo, Epiduo Forte, Onexton
Topical Antifungals	Jublia	terbinafine, Kerydin
Topical Antiinfective	Noritate cream	metronidazole cream/gel/lotion, Soolantra
Topical Corticosteroids	Halog cream/oint, Topicort spray	fluticasone oint, halobetasol cream/oint, triamcinolone
DIABETES		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
Blood Sugar Regulators Miscellaneous	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER (generic GLUCOPHAGE XR)
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Bydureon Bcise, Byetta, Ozempic, Trulicity, Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Admelog, Apidra, Fiasp, Novolog	Humalog
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Segluromet, Steglatro, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
SGLT2 and DPP4 Combinations	Qtern, Steglujan	Glyxambi
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Androgel 1%, Axiron, Fortesta, Testim, Testosterone 2% Gel (M), Volgelxo	Androgel 1.62%
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide

(M) Co-branded product

* Tier 3 preferred

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Therapeutic Category	Excluded Medications	Preferred Alternatives
GASTROINTESTINAL		
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Asacol HD, Delzicol, Dipentum, Lialda	balsalazide, Apriso
Pancreatic Enzymes	Pancreaze, Pertzze, Viokace	Creon, Zenpep
Proton pump inhibitors	esomeprazole magnesium delayed release, omeprazole/ sodium bicarbonate cap/powder pak	lansoprazole, omeprazole, pantoprazole
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
IMMUNOMODULATORS		
Interleukin-17 (IL-17)	Taltz ¹	Cosentyx*
Monoclonal Antibody	Inflectra	Remicade
MUSCULOSKELETAL		
Muscle Relaxant	Amrix	cyclobenzaprine
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
	Rhopressa	betaxolol, carteolol, levobunolol, metipranolol, timolol
Anti-Inflammatory	Bromsite, Ilevro, Nevanac	Prolensa
RESPIRATORY		
COPD: Inhaled Anticholinergics	Seebri, Tudorza	Incruse Ellipta, Spiriva
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis (inhaled tobramycin)	Kitabis Pak, TOBI nebulizer, TOBI Podhaler, Tobramycin Neb (M)	Bethkis
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair, Asmanex, QVAR, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol Inhaler (M), Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	sildenafil, Cialis

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* Tier 3 preferred

¹ Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

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, Liptor® 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.

Aciphex	Cymbalta	Lovaza	Retin-A Micro Gel 0.04%, 0.1%	Wellbutrin SR
Acticlate	Cytomel	Lunesta	Sabril Powder Pak	Wellbutrin XL
Aczone 5%	Depo – Testosterone Injection	Minastrin	Sandostatin Solution Injection	Xanax
Adderall XR	Dilantin Capsule 100mg	Nasonex	Singulair	Xanax XR
Alphagan P 0.15%	Dilantin Chewable	Nexium Capsule	Taclonex Ointment	Yaz
Ambien	Dilantin Suspension	Nitrostat	Tamiflu Capsule	Zegerid
Ambien CR	Diovan	Norco	Tobradex Suspension	Zetia
Ativan	Diovan HCT	Norvasc	Toprol XL	Zoloft
Azor	Duac	Nuvigil	Tribenzor	Zomig
Benicar	Duragesic	Ortho Tri Cyclen	Vagifem	Zomig ZMT
Benicar HCT	Effexor XR	Ortho Tri Cyclen Lo	Valium	Zovirax oral, ointment, suspension
Beyaz	Fortamet	Percocet	Viagra	
Carafate	Glumetza	Prevacid Capsule	Vitafol	
Celebrex	Lexapro	Pristiq	Vivelle-Dot	
Concerta	Lidoderm	Prozac	Voltaren Gel	
Crestor	Lipitor	Pulmicort Inhalation Suspension	Vytorin	

[†]These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the previous medication list.

Required Prior Authorization ^{††}

Therapeutic Class	<i>Non-Preferred Medications</i>	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 and Gilenya [*] Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
Immunomodulators	All other brands non-preferred with prior authorization	Cimzia, Humira, Otezla, Remicade, Simponi, Simponi Aria, Stelara, Tremfya

^{††} 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.

(M) Co-branded product

^{*}Tier 3 preferred

