

2022 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADBRY [INJ]
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa
(by Bryant Ranch, Cipla,
Civica, Lupin, Par, Perrigo,
Proficient Rx, Sandoz &
Teva)
ALECENSA
alendronate
allopurinol
alprazolam
AL'UNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benzephril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
 clavulanate
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUBAGIO
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAFIERTAM
BAQSIMI

BARACLUDE SOLUTION
BAXDELA
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
betaine anhydrous
BETASERON [INJ]
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
BOSULIF
BREO ELLIPTA
BREZTRI AEROSPHERE
BRILINTA
budesonide nebulization
 suspension
buprenorphine/naloxone
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
 caffeine
BYDUREON BCISE [INJ]
BYETTA [INJ]

C

CABOMETYX
CALQUENCE
carbidopa/levodopa
carvediolol
cefdinir
cefuroxime axetil
celexcoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
chlorhexidine gluconate
chlorthalidone
CIMDUO
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
 topical
clindamycin phosphate/
 benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
 dipropionate
colchicine tablets
COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
CREON

cyanocobalamin [INJ]
cyclobenzaprine

D

dapsone topical
DAYTRANA
deferiprone
DESCOVY
desloratadine
desvenlafaxine succinate
 ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
 TRANSMITTER
dexmethylphenidate
 ext-release
dextroamphetamine/
 amphetamine
dextroamphetamine/
 amphetamine ext-release
diazepam
diclofenac sodium
 delayed-release
dicyclomine
digoxin
diltiazem ext-release
dimethyl fumarate
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
donepezil
DOPOLET
DOVATO
doxazosin
doxycycline hyolate
doxycycline monohydrate
DUVACEE
DULERA
duoxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR

E

ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMPAVELI [INJ]
emtricitabine/tenofovir
 disoproxil fumarate
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTAR
ENTRESTO
ENTYVIO [INJ]
EPICLUSA
EPIDIOLEX
epinephrine auto-injector
 (by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
 GONAL-F RFF
 REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

halcinonide
HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
 chlorpheniramine polistirex
 ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIJA
INCRUSE ELLIPTA
indomethacin
INFLECTRA [INJ]
INLYTA
irbesartan
isosorbide mononitrate
 ext-release

(continued)

Go to express-scripts.com/2022drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2022 THROUGH DECEMBER 31, 2022. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA

K

KANJINTI [INJ]
KERENDIA
KESIMPTA [INJ]
ketocoazole topical
ketorolac
KITABIS PAK
KLOXXADO
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA
KYNMOBI

L

labetalol
lamotrigine
lansoprazole delayed-release
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LICART
lidocaine patches
LINZESS
liothyronine
lisinopril
lisinopril/hctz
LIVALO
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
loteprednol eye suspension
lovastatin
LUPANETA PACK [INJ]
LUPRON DEPOT
 3.75 MG, 11.25 MG [INJ]
LUPRON DÉPOT-PED [INJ]
LYNPARZA
LYUMJEV [INJ]

M

MAYZENT
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate
 ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
MINOCYLINE
MIRENA
mirtazapine
MIRVASO

MITIGARE
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYFEMBREE
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NATESTO
NAYZILAM
nebivolol
neomycin/polymyxin/
 hydrocortisone ear solution
NEXLETOL
NEXLIZET
niacin ext-release
nifedipine ext-release
NINLARO
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [INJ]
norethindrone
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NOVOFINE AUTOSHIELD
 NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA
NUCALA [INJ]
NUDEXTA
nystatin
nystatin topical

O

OCREVUS [INJ]
ODACTRA
ODEFSEY
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally
 disintegrating tablets
ONETOUCH KITS/METERS:
 ULTRA 2, ULTRAMINI,
 VERIO, VERIO FLEX
ONETOUCH TEST STRIPS:
 ULTRA, VERIO
ONEXTON
OPSUMIT
ORALAIR
ORIAHNN
ORILISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone

oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

PANCREAZE
pantoprazole delayed-release
paroxetine hcl
penicillin v potassium
PENTASA
PHOSLYRA
pioglitazone
PLEGRIDY [INJ]
polymyxin(trimethoprim
 eye solution
PONVORY
potassium chloride
 ext-release
pramipexole
pravastatin
PRECISION XTRA METERS,
 TEST STRIPS,
 B-KETONE STRIPS
prednisolone acetate
 eye suspension
prednisolone sodium
 phosphate
prednisone
pregabalin
PREMARIN CREAM
prenatal vitamins
PROCRT [INJ]
progesterone micronized
PROLASTIN C [INJ]
promethazine
 promethazine/
 dextromethorphan
propranolol
propranolol ext-release

Q

QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RINVQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
ROZLYTREK
RUBRACA
RUCONEST [INJ]
RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SEGLUROMET
SEMGLEE (YFGN) [INJ]

SEREVENT DISKUS
sertraline
SEVENFACT [INJ]
sildenafil
SIMPONI 100 MG (for
 Ulcerative Colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLIQUA [INJ]
SOLOSEC
SOMATULINE DEPOT [INJ]
SOMAVERT [INJ]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA SC [INJ]
STIOLTO RESPIMAT
STIVARGA
STRENSIQ [INJ]
SUBLOCADE [INJ]
sulfamethoxazole/
 trimethoprim
sumatriptan
SUNOSI
SYMBICORT
SYMF
SYMF LO
SYMFPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMTUZA
SYNJARDY, SYNJARDY XR

T

tacrolimus topical
tadalafil
TAGRISSO
TAKHZYRO [INJ]
TALICIA
TALTZ [INJ]
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAVALISSE
TAZORAC GEL
TAZORAC 0.05% CREAM
TEGSEDI [INJ]
TEKTURNA HCT
telmisartan
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [INJ]
thyroid
timolol maleate eye solution
tizanidine
TOBI PODHALER
tobramycin eye solution
tobramycin/dexamethasone
 eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER SUSPENSION
tramadol
travoprost eye solution
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMFYA [INJ]
treprostinil [INJ]
TRESIBA [INJ]
tretinoin
triamicinolone topical
triamterene/hctz

TRIARDY XR
TRIPTODUR [INJ]
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UCERIS FOAM
UPTRAVI TABLETS

V

valacyclovir
valsartan
valsartan/hctz
varenicline tartrate
VARUBI
VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ext-release
verapamil ext-release
VERQUVO
VERZENIO
VIBERZI
VIMPAT
VIOKACE
VITRAKVI
VIZIMPRO
VOSEVI
VUMERTY
VYVANSE

W

warfarin
WEGOVY [INJ]

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM
XYWAV

Y

YONSA
YUPELRI

Z

ZARXIO [INJ]
ZEGALOGUE [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZEPOSIA (for Multiple
 Sclerosis only)
ZIEXTENZO [INJ]
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES Antibiotic Agents - Vancomycins (Oral)	FIRVANQ	vancomycin capsules, vancomycin oral solution
Antifungal Agents (Oral)	BREXAFEMME	fluconazole
	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG, XERESE~	acyclovir oral or cream, famciclovir, valacyclovir
Chagas Disease Agents	LAMPIT	BENZNIDAZOLE
AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Alzheimer's Agents	ADUHELM	No alternatives recommended
Anticonvulsants	APTIOM	carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT
	EPRONTIA	topiramate sprinkle capsules
	FINTEPLA	DIACOMIT, EPIDIOLEX
Antimigraine Agents	ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY 2.5 MG	sumatriptan nasal spray, ZOMIG NASAL
	VYEPTI	AIMOVIG, AJOVY, EMGALITY
Antiparkinsonism Agents	APOKYN	KYNMOBI
	DHIVY	carbidopa/levodopa
	GOCOVRI ER	amantadine capsules, amantadine tablets, amantadine oral solution
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
Antipsychotics (Injectable)	INVEGA HAFYERA	ABILITY MAINTENA, ARISTADA, RISPERDAL CONSTA
Antipsychotics (Oral)	LYBALVI	ariprazole, asenapine, olanzapine, paliperidone er, quetiapine, quetiapine er, LATUDA
Antispasmodic Agents	OZOBAX	baclofen
Anxiolytic Agents	LOREEV XR	lorazepam tablets
Central Nervous System Non-Stimulants	QUELBREE ER	atomoxetine, clonidine er, guanfacine er
Central Nervous System Stimulants	AMPHETAMINE ER SUSPENSION	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE
Duchenne Muscular Dystrophy (DMD) Agents	AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53	No alternatives recommended
	EMFLAZA	prednisone solution, prednisone tablets
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM (continued) Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	NUCYNTA	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
	NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN
	PRIMLEV, PROLATE SOLUTION	oxycodone/acetaminophen
	QDOLO	tramadol tablets
	BUNAVAIL	buprenorphine/naloxone, ZUBSOLV
Narcotic Antagonists	DORAL, QUAZEPAM	estazolam, lorazepam
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	PEXEVA, SERTRALINE CAPSULES, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
Transmucosal Fentanyl Analgesics	FENTANYL CITRATE Buccal TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	BUPROPION XL 450 MG~, FORFIVO XL~	bupropion xl 150 mg or 300 mg
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
CARDIOVASCULAR ACE Inhibitors	QBRELIS	lisinopril
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	DUTOPROL	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide
	HEMANGEOL~	propranolol solution
	INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
Calcium Channel Blockers	CONJUPRI	amlodipine, felodipine er, nifedipine er, nisoldipine
	KATERZIA	amlodipine
Diuretics	CAROSPIR~	spironolactone
	THALITONE	chlorthalidone
Fenofibrates	ANTARA~	fenofibrate, fenofibric acid
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
	ROSVUSTATIN/EZETIMIBE	ezetimibe plus atorvastatin or rosuvastatin
PCSK9 & siRNA Inhibitors	LEQVIO, PRALUENT	REPATHA
Miscellaneous Cardiovascular Agents	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL, QBREXZA~	Over-the-Counter aluminum chloride containing products
	ABSORICA LD~	isotretinoin capsules
Oral Agents for Acne	DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate, doxycycline monohydrate
	MINOCYCLINE ER CAPSULES, XIMINO	minocycline er tablets
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES, ORACEA~	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole
	NORITATE~	metronidazole
Rosacea Agents (Topical)	ZILXI	azelaic acid, ivermectin, metronidazole, sodium sulfacetamide/sulfur, FINACEA
	CLENIA PLUS	sodium sulfacetamide/sulfur
	FABIOR~, TAZAROTENE FOAM	tazarotene cream, tretinoin
Topical Agents for Acne	VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
	WINLEVI	azelaic acid, clindamycin phosphate gel, clindamycin/tretinoin, dapsone, erythromycin gel, tretinoin, ONEXTON
Topical Agents for Actinic Keratosis	CARAC, FLUOROURACIL 0.5% CREAM, KLISYRI, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream
Topical Agents for Atopic Dermatitis	OPZELURA	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone
Topical Antifungals	ECOZA, ERTACZO~, LULICONAZOLE, SULCONAZOLE, XOLEGEL	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	CLOCORTOLONE PUMP	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
Topical Corticosteroids	IMPEKLO, HALOBETASOL 0.05% FOAM~, IMPOYZ~, LEXETTE~, SERNIVO~, ULTRAVATE~	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinolone, fluocinonide, halcinonide, halobetasol, mometasone, triamcinolone
	VERDESO FOAM	alclometasone, betamethasone valerate, desonide, fluocinolone, flurandrenolide, hydrocortisone butyrate, triamcinolone
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM, SORILUX	calcipotriene, calcitriol
	ALCORTIN A	generic topical corticosteroids plus mupirocin
	LIDOCAINE/TETRACAIN, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
Miscellaneous Topical Dermatological Agents	TAZORAC 0.05% CREAM~	tazarotene 0.1% cream
	TAZORAC GEL~	tazarotene 0.1% cream, tretinoin
	TRI-LUMA	fluocinolone acetonide, hydroquinone, tretinoin
	VEREGEN~	imiquimod 5% cream, podofilox solution
DIABETES Blood Glucose Meters & Test Strips	ASCENSA (CONTOUR) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH TEST STRIPS: ULTRA, VERIO PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN	GLYXAMBI, STEGLUJAN
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON BCISE, BYETTA, OZEMPIC, TRULICITY
Insulins	ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG, RELION NOVLOG	HUMALOG, LYUMJEV
	INSULIN GLARGINE-YFGN, LANTUS	LEVEMIR, SEMGLEE (YFGN), TOUJEO, TRESIBA
	NOVOLIN, RELION NOVOLIN	HUMULIN
Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, QNASL, ZETONNA	flunisolide, fluticasone, mometasone
	CETRAXAL	ciprofloxacin otic, ofloxacin otic
Otic Antibiotics & Combination Products	CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC, OTOVEL	ciprofloxacin/dexamethasone otic
ENDOCRINE Cushing's Agents	ISTURISA	SIGNIFOR
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	FENSOLVI	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZenPREP, SKYTROFA, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	BYNFEZIA	octreotide
	MYCAPSSA, SANDOSTATIN LAR DEPOT	SOMATULINE DEPOT
	SIGNIFOR LAR	For Acromegaly: SOMATULINE DEPOT For Cushing's Disease: SIGNIFOR
Testosterone Products	AVEED	testosterone cypionate, testosterone enanthate
Thyroid Replacement Therapy	LEVOTHYROXINE CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL	levothyroxine tablets
Miscellaneous Endocrine Agents	CORTROPHIN GEL	No alternatives recommended
	KORLYM	ketoconazole, LYSODREN, SIGNIFOR
GASTROINTESTINAL Antidiarrheal Agents	MYTESI	diphenoxylate/atropine, loperamide
	AKYNZE CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
Antiemetics (Oral)	ANTIVERT	meclizine
	BONJESTA~	doxylamine/pyridoxine hcl
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
	CLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENNU, SUPREP, SUTAB	peg-electrolyte solution (high and low volume generics)
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Gallstone Dissolution Agents	RELTONE	ursodiol
Gastroparesis Agents	GIMOTI	No alternatives recommended

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
GASTROINTESTINAL (continued) Helicobacter Pylori Agents	HEЛИDAC, PYLERA	lansoprazole/amoxicillin/clarithromycin, TALICIA
Hemorrhoidal Preparations	PROCTOFOAM-HC	pramoxine/hydrocortisone
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
Irritable Bowel Syndrome & Chronic Constipation Agents	AMITIZA, LUBIPROSTONE	LINZESS, TRULANCE
Pancreatic Enzymes	PERTZYE	CREON, PANCREAZE, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, DEXILANT, DEXLANSOPRAZOLE, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
Miscellaneous Gastrointestinal Agents	DARTISLA ODT	glycopyrrolate tablets
HEMATOLOGICAL Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor Deficiency Agents & Related Products	NOVOSEVEN RT	SEVENFACT
	NUWIQ, RECOMBINE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
	NEULASTA, NYVEPRIA, UDENYCA	FULPHILA, ZIEXTENZO
Iron Replacement Agents	MONOFERRIC	sodium ferric gluconate complex, VENOFER
Sickle Cell Disease Agents	OXBRYTA	hydroxyurea, DROXIA
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPOLET
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	CABENUVA	atazanavir plus lamivudine, darunavir plus lamivudine, lopinavir/ritonavir plus lamivudine, DOVATO, JULUCA, TIVICAY plus lamivudine, TIVICAY plus EDURANT
	COMPLERA	ODEFSEY
	DELSTRIGO	efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, lopinavir/ritonavir, ritonavir, PREZISTA
	RUKOBIA ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	STRIBILD	BIKTARVY, GENVOYA
	COLCHICINE CAPSULES	colchicine tablets, MITIGARE
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC 35 MG CAPSULES, DICLOFENAC POTASSIUM 25 MG TABLETS, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, RELAFEN DS, TIVORBEX, ZIPSOR, ZORVOLEX	diclofenac, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam
	ELYXYB	celecoxib

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
MUSCULOSKELETAL & RHEUMATOLOGY Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (continued)	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
	INDOCIN SUPPOSITORIES~	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
	INDOCIN SUSPENSION~	ibuprofen suspension, naproxen suspension
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES, PENNSAID	diclofenac sodium topical, FLECTOR PATCHES, LICART PATCHES
OBSTETRICAL & GYNECOLOGICAL Combination Patches	CLIMARA PRO	COMBIPATCH
Contraceptives	ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME	generic oral, patch and ring contraceptives
	PHEXXI	Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges.
	SLYNDA	generic progestin-only oral contraceptives
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA, OSPHENA	estradiol cream, estradiol vaginal inserts, PREMARIN CREAM
	FEMARING	estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal inserts, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE, PREMPRO	estradiol/norethindrone acetate, ethynodiol diacetate/ethynodiol acetate
Estrogens (Oral)	MENEST, PREMARIN TABLETS	estradiol tablets
Human Chorionic Gonadotropin‡	PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Prenatal Vitamins	PREGENNNA, TRINAZ	generic prenatal vitamins
Topical Estrogen Agents	DIVIGEL, ELESTRIN, ESTROGEL, EVAMIST	estradiol patches
Vaginal Progestones	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CRINONE 8%	ENDOMETRIN
ONCOLOGY		
Acute Myeloid Leukemia (AML) Agents	ONUREG	azacitidine, decitabine
Bevacizumab-Containing Agents	AVASTIN	ZIRABEV
Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Multiple Myeloma Agents	BLENREP, XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVIMID, THALOMID, VELCADE
Myelodysplastic Syndrome Agents	INQOVI	decitabine
Myelofibrosis Agents	INREBIC	JAKAFI
Non-Small Cell Lung Cancer Agents	TEPMETKO	TABRECTA
Prostate Cancer Agents	TRELSTAR	ELIGARD, FIRMAGON
Renal Cell Cancer Agents	FOTIVDA	CABOMETYX, INLYTA, LENVIMA
Rituximab-Containing Agents	RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT	KANJINTI, TRAZIMERA
	PHESGO	PERJETA plus KANJINTI or TRAZIMERA
Tyrosine Kinase Inhibitors	QINLOCK	imatinib, sunitinib malate, NEXAVAR, SPRYCEL, STIVARGA, TASIGNA, VOTRIENT

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
ONCOLOGY Tyrosine Kinase Inhibitors (<i>continued</i>)	SCEMBLIX TRUSELTIQ	imatinib, BOSULIF, ICLUSIG, SPRYCEL, TASIGNA PEMAZYRE
OPHTHALMIC Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, carteolol drops, levobunolol drops
Antiglaucoma Agents (Ophthalmic Prostaglandins)	DURYSTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
Blepharoptosis Agents	UPNEEQ	No alternatives recommended
Ophthalmic Agents - Vascular Endothelial Growth Inhibitors	SUSVIMO	No alternatives recommended
Ophthalmic Agents - Other	CYSTADROPS	CYSTARAN
	VUITY	No alternatives recommended
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE, ALREX, LASTACRAFT, PAZEO, ZERVIADE	azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, BROMSITE, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL Nephropathic Cystinosis Agents	PROCYSBI	CYSTAGON
Nocturnal Polyuria Agents	NOCTIVA	desmopressin tablets
Overactive Bladder Agents	VESICARE LS	oxybutynin, oxybutynin er
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	EPINEPHRINE AUTO-Injector (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)	epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR
Immunological Agents for Asthma	CINQAIR	DUPIXENT, FASENRA, NUCALA
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Pulmonary Anti-Inflammatory Inhalers	ARMONAIR DIGITALER, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)	fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Respiratory Agents - Other	DALIRESP	BREZTRI AEROSPHERE, TRELEGY ELLIPTA, ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT, fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx)
Short-Acting Beta ₂ -Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGITALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA	albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin, Par, Perrigo, Proficient Rx, Sandoz & Teva)

~ Medications will be excluded beginning 07/01/2022.

(continued)

Drug Class	Excluded Medications	Preferred Alternatives
MISCELLANEOUS AGENTS Allergen Immunotherapy	PALFORZIA	No alternatives recommended
Gaucher Disease Agents	ELELYSO, VPRIV	CEREZYME
Glucocorticoids	ALKINDI SPRINKLE	hydrocortisone tablets
	HEMADY	dexamethasone tablets
Hereditary Angioedema	BERINERT	CINRYZE, RUCONEST
	CUTAQUIG	SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
Immune Globulins	GAMMAKED	IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY
	HIZENTRA	SC: XEMBIFY
	ENVARSUS XR	tacrolimus
Immunosuppressant Agents	LUPKYNIS	mycophenolate mofetil plus systemic corticosteroid
	OTREXUP, REDITREX	methotrexate injection, RASUVO
	XATMEP	methotrexate
Infused TNF Antagonists	AVSOLA, INFILIXIMAB, REMICADE, RENFLEXIS	INFLECTRA
Neuromyelitis Optica Spectrum Disorder Agents	UPLIZNA	ENSPRYNG
Osteoporosis - Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	TEGSEDI
Vasculitis Agents	TAVNEOS	azathioprine, cyclophosphamide, mycophenolate, RUXIENCE

Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
Spinal Conditions (nr-axSpA)	COSENTYX	TALTZ, CIMZIA
Inflammatory Conditions‡ where COSENTYX is indicated	COSENTYX	See Below for Preferred Alternatives
Drug Class	Nonpreferred Medications	Preferred Alternatives
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for a patient already established on therapy with a Nonpreferred medication.	Preferred: ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TALTZ, TREMFYA Preferred after Step through HUMIRA: ACTEMRA SC Preferred after Step through ENBREL or HUMIRA: RINVOQ ER, XELJANZ, XELJANZ XR ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA and STELARA SC: ZEPOSIA

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

~ Medications will be excluded beginning 07/01/2022.

(continued)

Excluded Medications/Products at a Glance

ABILITY^ ABSORICA LD~ ACANYA^ ACIPHEX^ ACIPHEX SPRINKLE ACUVAIL ADCIRCA^ ADDERALL^, ADDERALL XR^ ADLYXIN ADMELOG ADUHELM AFINITOR^~ AFINITOR DISPERZ^~ AFREZZA AIRDUO RESPICLICK AKYNEO CAPSULES ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO) ALCORTIN A ALINIA TABLETS^ ALKINDI SPRINKLE ALOCRIL ALOGLPTIN ALOGLPTIN/METFORMIN ALOGLPTIN/PIOGLITAZONE ALOMIDE ALREX ALTOPREV AMBIEN^, AMBIEN CR^ AMITIZA AMONDYS 45 AMPHETAMINE ER SUSPENSION AMPYRA^ AMRIX^ ANDROGEL^ ANNOVERA ANTARA~ ANTIVERT ANUSOL-HC^ APADAZ APIDRA APOKYN APTIOM ARANESP ARIMIDEX^ ARMONAIR DIGITALER ASACOL HD^ ASCENSIA (CONTOUR) ASPIRIN/OMEPRAZOLE DR ATACAND^, ATACAND HCT^ ATRALIN^ ATRIPLA^ AVALIDE^, AVAPRO^ AVASTIN AVED AVODART^ AVSOLA AZOPT^ AZOR^ BALCOLTRA BARACLUDER TABLETS^ BECONASE AQ BENICAR^, BENICAR HCT^ BENZYHYDROCODONE/ ACETAMINOPHEN BEPREVE^ BERINERT BESIVANCE BETIMOL BIJUVA BLENREP BONJESTA~ BREXA/FEMME BRISDELLE^ BROMSITE BUDESONIDE/FORMOTEROL BUNAVAIL BUPAP^ BUPROPION XL 450 MG~ BUTTRANS^ BYNFEZIA BYSTOLIC^ CABENUVA CALCIPOTRIENE FOAM CANASA^ CARAC CAROSPIR~ CELEBREX^ CELEXA^ CETRAXAL CIALIS^ CILOXAN OINTMENT CINQAIR CIPRO HC CIPROFLOXACIN/ FLUOCINOLOL OTIC	CLENIA PLUS CLENIPIQ CLIMARA PRO CLINDAGEL^ CLOCORTOLONE PUMP COLCHICINE CAPSULES COLCRYS^ COMPLERA CONCERTA^ CONUPRI COREG^ CORLANOR CORTIFOAM CORTROPHIN GEL COSENITYX COSOPT^, COSOPT PF^ COZAAR^, HYZAAR^ CRESTOR^ CRINONE CUPRIMINE^ CUTAQIG CYMBALTA^ CYSTADROPS CYTOMEL^ DALIRESP DARTISLA ODT DELSTRIGO DELZICOL^ DETROL^, DETROL LA^ DEXILANT DEXLANSOPRAZOLE DHIVY DICLOFENAC 35 MG CAPSULES DICLOFENAC EPOLAMINE PATCHES DICLOFENAC POTASSIUM 25 MG TABLETS DIOVAN^, DIOVAN HCT^ DIPENTUM DIVIGEL DORAL DORYX DR 50 MG^ & 200 MG^ DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG DOXYCYCLINE 40 MG CAPSULES DRIZALMA SPRINKLE DRYSOL DUKLAR PRESSAIR DUREZOL^~ DUROLANE DURYSTA DUTOPROL ECOZA EDARB1, EDARB2CLOR EFFEXOR XR^ ELELYSO ELESTRIN ELIDEL^ ELYXYB EMEND CAPSULES^, TRIFOLD PACK^ EMEND POWDER PACKETS EMFLAZA ENVARSUS XR EPANED^ EPIDUO^ EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE) EPOGEN EPRONTIA ERTACZO~ ESOMEPEPROZOLE STRONTIUM ESTRACE CREAM^ ESTRING ESTROGEL ESTROSTEP FE^ EVAMIST EVENITY EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FABIOR~ FEMRING FENOPROFEN CAPSULES FENORTHO FENSOLVI FENTANYL CITRATE Buccal TABLETS FENTORA FIASP FINTEPLA FIRAZYR^	FIRVANQ FLAREX FLUOROURACIL 0.5% CREAM (BY A-S MEDICATION, TEVA) FML FORTE, FML S.O.P. FOCALIN^, FOCALIN XR^ FOLLISTIN AQ FORFIVO XL~ FOSRENOL CHEWABLE TABLETS^ FOSRENOL POWDER PACKETS FOTFDA GAMMAKED GANIRELIX ACETATE^ GEL-ONE GELSIN-3 GENERES FE^ GENVISC 850 GIMOTI GLEEVEC^ GLUMETZA^ GOCOVRI ER GOLTYLE PACKETS GRANIX HALOBETASOL 0.05% FOAM~ HELDAC HEMADY HEMANGEOL~ HERCEPTIN, HERCEPTIN HYLECTA HERZUMA HIZENTRA HUMATROPE HYALGAN HYMOVIS IMITREX^ IMPEKLO DIPENTUM DIVIGEL DORAL DIDERAL LA^ DIDERAL XL, INNOPRAN XL INDOCIN SUPPOSITORIES~ INDOCIN SUSPENSION~ INDOMETHACIN 20 MG CAPSULES INFLIXIMAB INIQVO INREBIC INSULIN ASPART, INSULIN ASPART PROTAMINE INSULIN GLARGINE-YFGN INSULIN LISPRO INTRAROSA INTUNIV^ INVEGA HAFYERA ELESTRIN ELIDEL^ ELYXYB EMEND CAPSULES^, TRIFOLD PACK^ EMEND POWDER PACKETS EMFLAZA ENVARSUS XR EPANED^ EPIDUO^ EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE) EPOGEN EPRONTIA ERTACZO~ ESOMEPEPROZOLE STRONTIUM ESTRACE CREAM^ ESTRING ESTROGEL ESTROSTEP FE^ EVAMIST EVENITY EXFORGE^, EXFORGE HCT^ EXJADE^ EXONDYS 51 EXTAVIA EZALLOR SPRINKLE FABIOR~ FEMRING FENOPROFEN CAPSULES FENORTHO FENSOLVI FENTANYL CITRATE Buccal TABLETS FENTORA FIASP FINTEPLA FIRAZYR^	LOTRONEX^ LOVENOX^ LUBIPROSTONE LUCEMYRA LULICONAZOLE LUNESTA^ LUPKYNIS LYBALVI LYRICA^, LYRICA CR^ MAYVRET MAXALT^, MAXALT MLT^ MAXIDEX^ MINEST MESTINON^ MICARDIS^, MICARDIS HCT^ MINASTRIN 24 FE^ MINIVELLE^ MINOCYCLINE ER CAPSULES MIRCERA MIRCETTE^ MONOFERRIC MOVIPREP^ MULPLETA MYCAPSSA MYTESI NALFON CAPSULES NAMENDA XR^ NASONEX^ NATAZIA NATROBA^ NESINA NEULASTA NEUROGEN NEURONTIN^ NEVANAC NEXIUM CAPSULES^ NEXIUM PACKETS NEXTSTELLIS NOCTIVA NORITATE~ NORTHERA^ NORVASC^ NOVOLIN, RELION NOVOLIN NOVOLOG, RELION NOVLOG NOVOSEVEN RT NOXAFL TABLETS^ NUCYNTA, NUCYNTA ER NUTROPIN AQ NUSPIN NUVARING^ NUVIGIL^ NUWIQ NYVEPRIA OGIVRI OMNARIS OMNITROPE ONGENTYS ONGLYZA ONPATRO ONTRUZANT ONUREG ONZETRA XSAIL OPZELURA ORACEA~ OSMOPREP OSPHENA OTOVEL OTREXUP OXBRYTA OXYCODONE ER OZOBAX PALFORZIA PAZEO PENNISAID PERCOSET^ PERTZYE PEXEVA PHESGO PHEXXI PIFELTRO PIQRAY PLAQUENIL^ PLAVIX^ PLENUV PLIAGLIS PRADAXA PRALUENT PRED MILD PREGAGNA PREGNYL PREMARIN TABLETS, PREMPHASE, PREMPRO PREVACID^ PREVACID SOLUTAB^ PREZCOBIX PRILOSEC SUSPENSION PRIMLEV	PRISTIQ^ PROAIR DIGITALER, PROAIR RESPICLICK PROAIR HFA^ PROCTOFOAM-HC PROSYSBI PROLATE SOLUTION PROLIA PROTONIX^ PROVENTIL HFA^ PROVIGIL^ PROZAC^ PULMICORT FLEXHALER PULMICORT RESPULES^ PYLERA QBRELIS QBREXA~ QDOLO QEKBREE ER QINLOCK QNASL QTERN QUARTETTE^ QUAZEPAM RABEPRAZOLE DR SPRINKLE RANEXA^ RAPAFLO^ RECOMBINATE REDITREX RELAFEN DS RELPAX^ RELTONE REMICADE RENAGEL^ RENFLIXIS RETIN-A MICRO 0.04% & 0.1% RHOPRESSA, ROCKLATAN RIABNI RITUXAN, RITUXAN HYCELIA ROCHE (ACCU-CHEK) ROSUVASTATIN/EZETIMIBE ROZEREM^ RUKOBIA ER SAFYRAL^ SAIZEN, SAIZENPREP SANDOSTATIN LAR DEPOT SAPHRIS^ SAVAYSA SCEMBLIX SEASONIQUE^, LOSEASONIQUE^ SENSIPAR^ SERNIVO~ SEROQUEL^, SEROQUEL XR^ SERTRALINE CAPSULES SIGNIFOR LAR SIKLOS SINGULAR^ SITAVIG SKYTOFRA SLYND SOFOBUVIR/VELPATASVIR SORILUX SOVALDI SPRAVATO STRATTERA^ STRIBILD STRIVERDI RESPIMAT SUBOXONE^ SUBSYS SULCONAZOLE SUPARTZ FX SUPREP SUSVIMO SUTAB^ SYNTHROID^ SYNVISC, SYNVISC-ONE TARGRETIN CAPSULES^ TAVNEOS TAYTULLA^ TAZAROTENE FOAM TAZORAC 0.05% CREAM~ TAZORAC 0.1% CREAM^ TAZORAC GEL~ TECFIDERA^ TEKTURNA^ TEPMETKO TESTIM^ THALITONE THYQUIDITY TIKOSYN^ TIMOPTIC OCUDOSE^ TIROSINT, TIROSINT-SOL TIVORBEX TOBI SOLUTION^ TOBRADEX ST TOLSURA
--	--	--	---	---

* Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

~ Medications will be excluded beginning 07/01/2022.