



# Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

January 1, 2022

Therapeutic Category	Excluded Medications	Preferred Alternatives	
<b>ALLERGIC REACTIONS</b>			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg)	epinephrine injection (0.15mg, 0.3mg)	
<b>ANALGESICS</b>			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Diclofenac Cap 35mg (M), Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiz ODT	meloxicam
		Relafen DS	nabumetone
	Other	Ketorolac Nasal Spray (M), Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
	Topical	Diclofenac Patch (M), Flector, Licart, Pennsaid, Voltaren gel	diclofenac gel/solution
Opioid Analgesics	Combinations	Apadaz, Benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting	Nucynta ER, Oxycodone ER (M)	hydrocodone bitartrate ER 24HR, hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Hysingla ER, OxyContin, Xtampza ER
		Conzip, Tramadol ER 100mg, 200mg, 300mg cap (M)	tramadol ER
	Oral Short-Acting	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
		Qdolo	tramadol
Transmucosal Fentanyl Analgesics	Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys	fentanyl citrate lozenge	

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>ANALGESICS</b>		
Skeletal Muscle Relaxants	Norgesic Forte, Orphengesic Forte (M) Ozobax	orphenadrine tab, aspirin baclofen
<b>ANTIBACTERIALS</b>		
Oral Antibiotics	Doryx 80mg, Doryx MPC, Doxycycline Hyclate DR 80mg, Minolira	doxycycline, minocycline
Vaginal Antiinfectives	Cleocin vaginal suppositories, Nuvessa gel	clindamycin vaginal cream, metronidazole vaginal gel
<b>ANTICONVULSANTS</b>		
Seizure Disorders	Lamictal ODT Kit Oxtellar XR <sup>1</sup>	lamotrigine ODT oxcarbazepine IR
<b>ANTIDEPRESSANTS</b>		
Antidepressants	Bupropion XL (M) <sup>1</sup> , Forfivo XL <sup>1</sup>	bupropion XL
<b>ANTIFUNGALS, ORAL</b>		
Oral Antifungals	Tolsura	itraconazole cap
<b>ANTIHEMOPHILIACS</b>		
Hemophilia A	Esperoct <sup>1</sup>	Adynovate, Afstyla, Eloctate, Jivi
<b>ANTIMIGRAINES</b>		
CGRP Antagonists	Ajovy  Reyvow	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality  Nurtec ODT, Ubrelvy
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
<b>ANTIPARKINSON AGENTS</b>		
Parkinson's Disease	Gocovri, Osmolex ER	amantadine
<b>ANTIPSYCHOTICS</b>		
Atypical/Second Generation Antipsychotics	Secuado <sup>1</sup>	aripiprazole, asenipine, olanzapine, quetiapine, quetiapine ER, paliperidone ER, risperidone, ziprasidone
<b>ANTIVIRALS</b>		
Hepatitis-C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Eplusa, Harvoni, Mavyret, Vosevi
HIV drugs	Descovy <sup>2</sup> , Temixys <sup>1</sup> , Vocabria <sup>1</sup>	Please talk with your doctor about clinically appropriate options.
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Attention Deficit Disorder	Adhansia XR	dexmethylphenidate ER, methylphenidate ER, Vyvanse
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup> , Rebif <sup>1</sup> , Rebif Rebidose <sup>1</sup>	Avonex, Betaseron

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>CARDIOVASCULAR</b>		
Cholesterol-Lowering Agents	Livalo, Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
	Praluent	Repatha
Hypertension	Conjupri, Katerzia	amlodipine
	Inderal XL , Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
Hypertension with Osteoarthritis	Consensi	amlodipine, celecoxib
<b>CHEMOTHERAPY AGENTS</b>		
Antiandrogens	Erleada <sup>1</sup>	Nubeqa, Xtandi
	Yonsa <sup>1</sup>	Xtandi
Combination Agents	Inqovi <sup>1</sup>	Please talk to your doctor about clinically appropriate options.
Kinase Inhibitors	Gavreto <sup>1</sup>	Retevmo
	Tepmetko <sup>1</sup>	Tabrecta
Methyltransferase Inhibitors	Tazverik <sup>1</sup>	Please talk to your doctor about clinically appropriate options.
<b>CONTRACEPTIVES</b>		
Gel	Phexxi	Please talk to your doctor about clinically appropriate options.
Oral	Lo Loestrin	junel FE, Iarin FE, microgestin FE, tarina FE
	Slynd	camila, incassia, nora-be, norethindrone, norlyda, norlyroc
Patch	Twirla	levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane
<b>CORTICOSTEROIDS</b>		
Oral Steroids	Alkindi Sprinkle	hydrocortisone
	Hemady	dexamethasone
	Rayos	prednisone
<b>DERMATOLOGICAL AGENTS</b>		
Topical Acne Treatment	Avita, Differin lotion	adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08%
	Aklief, Clindagel, Clindamycin phosphate 1% gel(M), Dapsone 7.5% (M), Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, dapsone, erythromycin/benzoyl peroxide, tretinoin cream, Aczone 7.5%, Amzeeq, Epiduo Forte, Onexton
	Arazlo, Fabior, Tazorac cream 0.05%, gel 0.1%, 0.05%, Tazarotene foam 1%	tazarotene cream
	Winlevi	adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DERMATOLOGICAL AGENTS</b>		
Topical Anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	ciclopirox, tavaborole, terbinafine, Kerydin
Topical Antiinfectives	Noritrate cream	azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra
Topical Corticosteroids	ALA Scalp lotion	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	flucinolone acetone scalp oil, Derma-Smoother/FS
	Cordran tape	flurandrenolide
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog ointment	betamethasone, mometasone, triamcinolone
	Impeklo lotion	augmented betamethasone dipropionate, clobetasol
	Impoyz cream	clobetasol
	Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetone
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex oint 0.05%	hydrocortisone valerate, triamcinolone acetone
	Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate
Topical Immune Response Modifier	Imiquimod cream pump 3.75% (M), Zyclara Pump	imiquimod
Topical Plaque Psoriasis	Calcipotriene foam 0.005% (M), Sorilux	calcipotriene
	Duobrii lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Wynzora	calcipotriene, calcipotriene/betamethasone, Enstilar, Taclonex suspension
<b>DIABETES</b>		
Blood Glucose Meters, Test Strips and Control Solutions	<b>Examples:</b> Abbott (FreeStyle, Precision), Arkray (Glucocard), Ascencia (Contour, Contour Next), Trividia, (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (Onetouch)
Continuous Glucose Monitoring (CGM)	Freestyle Libre	Dexcom
Blood Sugar Regulators Miscellaneous	metformin HCl 24hr ER osmotic release, metformin HCl 24hr ER modified release	metformin ER
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

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DIABETES</b>		
Basal insulins	Basaglar, Levemir, Semglee, Tresiba	Lantus, Toujeo
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin, Novolin Relion	Humulin
Rapid-acting Insulins	Admelog, Apidra, Fiasp, Insulin Aspart (M), Insulin Lispro (M), Novolog, Novolog Relion	Humalog, Lyumjev
Sodium-glucose Co-transporter (SGLT2) Inhibitors - Single Agent	Invokana, Steglatro	Farxiga, Jardiance
Sodium-glucose Co-transporter (SGLT2) inhibitors - Combination Agents	Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi, Trijardy XR
<b>ENDOCRINE (OTHER)</b>		
Cortisol Synthesis Inhibitors	Isturisa	ketoconazole tabs, Korlym
Growth Hormones	Genotropin, Humatrope, Omnitrope, Saizen, Zomacton	Norditropin, Nutropin
Infertility	Gonal-F, Gonal-F RFF	Follistim AQ
	Cetrotide	ganirelix (made by Organon)
Testosterone Replacement	Aveed, Jatenzo, Natesto, Testopel	dexamethasone, methylprednisolone, prednisone
<b>ENZYME DISORDERS</b>		
Duchenne Muscular dystrophy (DMD)	Amondys 45, Exondys 51, Vyondys 53	dexamethasone, methylprednisolone, prednisone
<b>GASTROINTESTINAL</b>		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	Duexis	famotidine, ibuprofen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Lubiprostone (M), Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, Lubiprostone (M), Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine DR cap 400mg, Apriso
	Ortikos	budesonide ER
Laxatives	Osmoprep, Plenvu	gavilyte, peg 3350, Clenpiq, Suprep
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>GASTROINTESTINAL</b>		
Proton Pump Inhibitors	omeprazole with sodium bicarbonate (cap, powder pak), Rabeprazole sprinkle cap (M), esomeprazole magnesium delayed release, lansoprazole, Aciphex Sprinkle caps, Dexilant	omeprazole, pantoprazole
<b>IMMUNOMODULATORS</b>		
Calcineurin Inhibitor	Lupkynis	Benlysta
Folate Analog Metabolic Inhibitor	Otrexup, Reditrex	methotrexate, Rasuvo
Interleukin-17 (IL-17) Inhibitor	Cosentyx <sup>1</sup>	Taltz
JAK Inhibitor	Olumiant <sup>1</sup>	Rinvoq, Xeljanz, Xeljanz XR
<b>IMMUNOTHERAPY</b>		
Oral	Palforzia	Please talk to your doctor about clinically appropriate options.
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic Ocudose 0.25%	timolol ophthalmic solution
Antihistamines	Lastacaft, Zerviate	azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution
Dry Eye Disease	Cequa	Restasis, Xiidra
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
Wet Age-related Macular Degeneration	Beovu	ophthalmic bevacizumab (compound)
<b>OTHER</b>		
Antigout Agents	Colchicine capsule (M), Colcrys, Gloperba, Mitigare	colchicine tablet
Bile Acid Therapy	Reltone, Ursodiol (M)	ursodiol
Chelating Agents	penicillamine cap	penicillamine tab, Depen Titra
Coagulation Factors	Sevenfact	Novoseven
Diabetic Gastroparesis	Gimoti	metoclopramide
Duchenne Muscular Dystrophy (DMD)	Viltepso	dexamethasone, methylprednisolone
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)	Dojolvi	Please talk to your doctor 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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>OTHER</b>		
Multivitamins	<b>Examples:</b> Folic-K, Genicin Vita-S, Hylavite, Lorid, Tronvite, Xvite	Any preferred multivitamin
Neurogenic Detrusor Overactivity (NDO)	Vesicare LS	oxybutynin
Obesity	Contrave	phentermine, Qsymia, Saxenda
	Imcivree	Please talk to your doctor about clinically appropriate options.
Opioid Reversal Agents	Lifems Naloxone	naloxone, Narcan
Osteoporosis	Forteo	Teriparatide, Tymlos
Platelet-Modifying Agent	Aspirin/Omeprazole (M), Yosprala	aspirin, omeprazole
Prenatal Vitamins	<b>Examples:</b> Azesco, Pregenna, Prenate, Trinaz, Vitafof FE, Vitathely, Zalvit	Any preferred prenatal vitamin
Sickle Cell Anemia	Oxbryta	hydroxyurea
Sleep Disturbance Agents	Hetlioz LQ	Please talk to your doctor about clinically appropriate options.
Thyroid Agents	Levothyroxine caps (M), Thyquidity, Tirosint caps, solution	levothyroxine
<b>RESPIRATORY</b>		
COPD: Inhaled Anticholinergics	Incruse Ellipta, Tudorza	Spiriva
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Duaklir	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis	Cayston, Kitabis Pak, Tobramycin Neb 300mg/5ml (M)	tobramycin nebulizer soln, TOBI podhaler
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	Airduo Digihaler, AirDuo Respiclick, Budesonide/Formoterol (M), Dulera	fluticasone/salmeterol inhaler, wixela, Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA (brand alternative for Ventolin HFA made by Prasco) (M), Levalbuterol Inhaler (M), Proair Digihaler, Proair HFA, Proair Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA	Any generic albuterol HFA inhaler (EXCEPTION: albuterol HFA made by Prasco)
Sugar Alcohol Inhalation Therapy	Bronchitol	hypertonic saline, Pulmozyme
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Stendra	sildenafil
Interstitial Cystitis	Elmiron	amitriptyline, hydroxyzine
Overactive Bladder (OAB)	Gemtesa	darifenacin ER, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy 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, 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	Catapres-TTS patch	Evekeo	Lyrica	Renagel	Tracleer 62.5,125mg
Absorica	Celebrex	Exforge	Lyrica CR	Restoril	Travatan-Z
Acanya	Celexa	Exforge HCT	Maxalt	Retin-A	Treximet
Aciphex tablet	Cialis	Fioricet	Maxalt-MLT	Retin-A micro gel	Tribenzor
Acticlate	Ciprodex	Fioricet w/ codeine	Metrogel	0.04%, 0.1%	Tricor
Aczone 5%	Clarinox 5mg tab	Firazyr	Micardis	Risperdal solution,	Trileptal
Adcirca	Cleocin vaginal cream	Flomax	Micardis HCT	tablet	Truvada2
Adderall	Climara patch	Focalin	Minastrin	Ritalin	Uceris tab
Adderall XR	Clobex	Focalin XR	Mobic	Ritalin LA	Ultracet
Adipex-P	Cloderm	Fortesta	Moviprep	Roxicodone	Ultram
Afinitor 2.5,5,7.5mg	Colestid	Generess FE	MS Contin	Sabril	Vagifem
Alphagan P 0.15%	Concerta	chewable	Nalfon	Safyral	Valium
Altace	Coreg	Gleevec	Nasonex	Sandostatin injection	Valtrex
Ambien	Coreg CR	Glumetza	Natroba	Saphris	Vanadom
Ambien CR	Cortef	Golytely solution	Neurontin	Seasonique	Vectical
Amrix	Cosopt solution	Halog cream	Nexium capsule	Sensipar	Vesicare tab
Androgel	Cosopt PF solution	Hyzaar	Niaspan ER	Seroquel	Viagra
Arimidex	Cozaar	Imitrex	Nitrostat	Seroquel XR	Vigamox
Arthrotec	Crestor	Inderal LA	Norvasc	Silvadene	Vimovo
Asacol HD	Cuprimine	Intuniv	Nulytely	Singulair	Vivelle-Dot
Atacand	Cymbalta	Kenalog spray	Nuvigil	Skelaxin	Volgelxo
Ativan	Cytomel	Kenalog-40 Injection	Onfi	Solodyn	Vytorin
Atripla1	Delestrogen injection	Keppra	Oracea	Soma	Welchol
Avapro	20mg/ml, 40mg/ml	Keppra XR	Paxil tab	Strattera	Wellbutrin SR
Avodart	Delzicol	Klonopin	Paxil CR	Suboxone	Wellbutrin XL
Azopt	Depakote	K-tab	Percocet	Synthroid	Xalatan
Azor	Depakote ER	Kuvan	Plaquenil	Taclonex ointment	Xanax
Baraclude	Depakote sprinkle cap	Lamictal chewable	Plavix	Tamiflu	Xanax XR
Benicar	Depo-testosterone	Lamictal starter kit	Pred Forte	Targadox	Yasmin 28
Benicar HCT	injection	Lamictal ODT	Prevacid	Targretin	Yaz
Benzaclin	Desonate gel	Lamictal tab	Prinivil	Tazorac cream 0.1%	Zanaflex
Benzamycin	Differin cream, gel	Lamictal XR	Pristiq	Tecfidera	Zegerid
Bepreve	Dilantin cap 100mg	Lasix	Prometrium	Tegretol	Zestril
Bethkis	Dilantin chewable	Latisse	Propecia	Tegretol-XR	Zetia
Beyaz	Dilantin suspension	Lescol XL	Protonix tab	Tenormin	Ziana
Brisdelle	Dilaudid	Letairis	Provigil	Testim gel	Zocor
Butrans	Diovan	Lexapro	Prozac	Tikosyn	Zolof
Bystolic	Diovan HCT	Lialda	Pulmicort inhalation	Timoptic	Zomig tab
Canasa	Doryx tab 50, 200mg	Lidoderm	suspension	Timoptic Ocudose 0.5%	Zomig ZMT
Carafate	Duragesic	Lipitor	Qudexy XR	Timoptic-XE	Zonegran
Carbatrol	Dyazide	Loestrin 21	Questran	TOBI nebulizer solution	Zovirax
Cardizem LA	Effexor XR	Loestrin FE	Questran Light	Tobradex suspension	Zyclara cream 3.75%
180,240,300,	Elidel	Lotemax suspension	Ranexa	Topamax	Zyprexa
360, 420mg	Epiduo gel	Lotrel	Relafen	Topamax sprinkle cap	Zytiga
Carnitor solution,	EpiPen Jr 0.15mg	Lovaza	Relpax	Topicort spray	
tablet	Estrace	Lunesta	Remodulin injection	Toprol XL	

(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.

<sup>2</sup> Existing utilizers of these medications will be allowed to continue on therapy with the diagnosis of HIV only. Continuation of therapy will not be provided for any other excluded drugs.



## Required Prior Authorization +

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	dimethyl fumarate DR, glatopa, glatiramer, Avonex, Bafiertam, Betaseron, Copaxone, Kesimpta, Vumerity
Immunomodulators	All other brands non-preferred with prior authorization	Avsola, Cimzia, Humira, Inflectra, Otezla, Rinvoq, Simponi, Skyrizi, Stelara, Tremfya, Xeljanz, Xeljanz XR

\* 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.