



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

| Therapeutic Category                               | Excluded Medications  | Preferred Alternatives  |
|--|---|---|
| <b>ALLERGIC REACTIONS</b>                          |   |   |
| Anaphylaxis Treatment                              | Adrenacllick, Auvi-Q 0.15mg, 0.3mg, EpiPen, Epinephrine injection made by Impax | Epinephrine injection made by Mylan   |
| <b>ANALGESICS</b>                                  |   |   |
| 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  |
| <b>ANTIBACTERIALS</b>                              |   |   |
| Oral Antibiotics                                   | Doryx MPC   | doxycycline hyclate   |
| <b>ANTICONVULSANTS</b>                             |   |   |
| Seizure Disorders                                  | Trokendi XR <sup>1</sup>  | topiramate ER   |
|  | Oxtellar XR <sup>1</sup>  | oxcarbazepine IR  |
| <b>ANTIMIGRAINES</b>                               |   |   |
| Serotonin Receptor Agonists                        | Onzetra Xsail, Sumavel, Zembrace Symtouch                                       | rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT   |
| <b>ANTIVIRALS</b>                                  |   |   |
| HIV drugs  | Atripla <sup>1</sup>  | Patients are to consult with their physician for clinically appropriate alternative(s).   |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>      |   |   |
| Interferon Beta Medications for Multiple Sclerosis | Extavia <sup>1</sup> , Plegridy <sup>1</sup>                                    | 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

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

| Therapeutic Category                                    | Excluded Medications   | Preferred Alternatives  |
|---|--|---|
| <b>CARDIOVASCULAR</b>                                   |  |   |
| Statins   | Zypitamag  | atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo   |
| <b>CORTICOSTEROIDS</b>                                  |  |   |
| Oral Steroids   | Rayos  | prednisone  |
| <b>DERMATOLOGICAL AGENTS</b>                            |  |   |
| Non-Steroidal Anti-Inflammatory                         | Pennsaid   | diclofenac solution   |
| Topical Acne Treatment                                  | Acanya, Aktipak, Benzacilin, 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/ointment   | fluticasone ointment, halobetasol cream/ointment, triamcinolone   |
|   | Topicort spray   | desoximetasone cream/gel/ointment/spray, fluocinonide solution 0.05%  |
| <b>DIABETES</b>   |  |   |
| 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<br>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  |
| <b>ENDOCRINE (OTHER)</b>                                |  |   |
| 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%  |

(M) Co-branded product

\* Tier 3 preferred

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| Therapeutic Category  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| <b>GASTROINTESTINAL</b>   |   |  |
| Anti-Diarrheal Agents   | Motofen   | diphenoxylate/atropine, loperamide   |
| 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, Pertzye, Viokace   | Creon, Zenpep  |
| Proton pump inhibitors  | esomeprazole magnesium delayed release, omeprazole/ sodium bicarbonate cap/powder pak | lansoprazole, omeprazole, pantoprazole   |
| <b>HEMATOLOGICAL</b>  |   |  |
| Erythropoiesis-Stimulating Agents   | Aranesp, Epogen   | Procrit  |
| <b>IMMUNOMODULATORS</b>   |   |  |
| Interleukin-17 (IL-17)  | Taltz <sup>1</sup>  | Cosentyx*  |
| Monoclonal Antibody   | Inflectra   | Remicade   |
| <b>MUSCULOSKELETAL</b>  |   |  |
| Muscle Relaxant   | Amrix   | cyclobenzaprine  |
| <b>OPHTHALMIC</b>   |   |  |
| Antiglaucoma Drugs  | Rescula, Zioptan  | latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z |
| Anti-Inflammatory   | Bromsite, Ilevro, Nevanac   | Prolensa   |
| <b>RESPIRATORY</b>  |   |  |
| 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   |
| <b>UROLOGICAL</b>   |   |  |
| Erectile Dysfunction Oral Agents  | Levitra, Staxyn, Stendra  | sildenafil, Cialis   |

(M) Co-branded product

\* Tier 3 preferred

<sup>1</sup> 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<br>0.04%, 0.1%  | Wellbutrin SR                            |
| Acticlate        | Cytomel                          | Lunesta                            | Sabril Powder Pak                 | Wellbutrin XL                            |
| Aczone 5%        | Depo – Testosterone<br>Injection | Minastrin                          | Sandostatin Solution<br>Injection | Xanax                                    |
| Adderall XR      | Dilantin Capsule<br>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,<br>ointment,<br>suspension |
| Beyaz            | Fortamet                         | Percocet                           | Viagra                            |  |
| Carafate         | Glumetza                         | Prevacid Capsule                   | Vitafol                           |  |
| Celebrex         | Lexapro                          | Pristiq                            | Vivelle-Dot                       |  |
| Concerta         | Lidoderm                         | Prozac                             | Voltaren Gel                      |  |
| Crestor          | Lipitor                          | Pulmicort Inhalation<br>Suspension | Vytorin                           |  |
|                  |                                  |                                    |                                   |  |

## 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 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 |

<sup>+</sup> 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.

