

Jan. 1, 2023 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements



| Therapeutic Category/ Disease State | Excluded Medications | Formulary Alternative Medications | |
|--|------------------------|---|---|
| ALLERGIC REACTIONS | | | |
| Anaphylaxis Treatment | Auvi-Q (0.15mg, 0.3mg) | epinephrine injection (0.15mg, 0.3mg) | |
| ANALGESICS | | | |
| Non-Steroidal Anti-Inflammatory Agents | Oral | Cambia, Diclofenac Cap 35mg (M), 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 | Any preferred/generic oral non-steroidal anti-inflammatory agent (examples: flurbiprofen, ibuprofen, ketoprofen, meloxicam, naproxen) |
| | | Voltaren gel | diclofenac gel/solution |
| Opioid Analgesics | Combinations | Apadaz, Benzhydrocodone/acetaminophen | hydrocodone/acetaminophen, oxycodone/acetaminophen |
| | | Seglentis | tramadol, celecoxib |
| | 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 |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | | Formulary Alternative Medications |
|--|--|---|--|
| ANALGESICS | | | |
| Opioid Analgesics | Oral Short-Acting | Nucynta | codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl |
| | | Qdolo, Tramadol solution (M) | tramadol tablet |
| | Transmucosal Fentanyl Analgesics | Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys | fentanyl citrate lozenge |
| Skeletal Muscle Relaxants | Norgesic, Norgesic Forte, Orphengesic Forte (M) | | orphenadrine tab, aspirin |
| Spasticity | Baclofen solution 5mg/5ml (M), Fleqsuvy, Ozobax | | baclofen tablet |
| ANTIANSIETY AGENTS | | | |
| Antianxiety Agents | Loreev XR | | clonazepam, diazepam, lorazepam, oxazepam, temazepam |
| ANTIBACTERIALS | | | |
| Oral Antibiotics | Doryx 80mg, Doryx MPC, Doxycycline Hyclate DR 80mg, Minolira | | doxycycline, minocycline |
| | Lymepak | | doxycycline |
| | Xifaxan 200 mg tab | | Please talk to your doctor about clinically appropriate options. |
| Vaginal Anti-Infectives | Cleocin vaginal suppositories, Nuvessa gel | | clindamycin vaginal cream, metronidazole vaginal gel |
| ANTICONVULSANTS | | | |
| Seizure Disorders | Elepsia XR ¹ | | levetiracetam |
| | Eprontia ¹ | | topiramate sprinkle |
| | Lamictal ODT Kit ¹ | | lamotrigine ODT |
| | Oxtellar XR ¹ | | oxcarbazepine IR |
| ANTIDEPRESSANTS | | | |
| Antidepressants | Bupropion XL (M) ¹ , Forfivo XL ¹ | | bupropion XL |
| | Sertraline Cap ¹ | | sertraline tab |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|---|--|
| ANTIFUNGALS, ORAL | | |
| Oral Antifungals | Brexafemme | fluconazole tab |
| | Tolsura | itraconazole cap |
| ANTIMIGRAINES | | |
| CGRP Antagonists | Emgality 120 mg/ml | amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Ajovy |
| Ergotamine Derivative (alpha) | Trudhesa | dihydroergotamine |
| Non-Steroidal Anti-Inflammatory Agents | Elyxyb | eletriptan, frovatriptan, rizatriptan, sumatriptan, zolmitriptan |
| Serotonin Receptor Agonists | Onzetra Xsail, Tosymra, Zembrace Symtouch | rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT |
| | Reyvow | Nurtec ODT, Ubrelvy |
| ANTIPARKINSON AGENTS | | |
| Parkinson's Disease | Dhivy | carbidopa/levodopa IR, carbidopa/levodopa ODT |
| | Gocovri, Osmolex ER | amantadine |
| ANTIPSYCHOTICS | | |
| Atypical Antipsychotics | Lybalvi ¹ | aripiprazole, asenapine, clozapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone |
| | Secuado ¹ | aripiprazole, asenapine, olanzapine, paliperidone ER, quetiapine ER/IR, risperidone, ziprasidone |
| ANTIVIRALS | | |
| Hepatitis B drugs | Vemlidy ¹ | entecavir, tenofovir disoproxil fumarate |
| Hepatitis C drugs | Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M) | Epclusa, Harvoni, Mavyret, Vosevi |
| HIV Drugs | Apretude | emtricitabine/ tenofovir disoproxil fumarate |
| | Cabenuva ¹ , Descovy ² , Temixys ¹ , Vocabria ¹ | Please talk to your doctor about clinically appropriate options. |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|---|--|---|
| AUTONOMIC & CENTRAL NERVOUS SYSTEM | | |
| Attention Deficit Disorder | Adhansia XR | dexamethylphenidate ER, methylphenidate ER, Vyvanse |
| | amphetamine/dextroamphetamine ER cap | Adderall XR |
| | Adzenys XR, Cotempla XR-ODT, Daytrana, Dyanavel XR suspension, Mydayis, Quillichew ER, Quillivant XR, Zenzedi 2.5 mg, 7.5 mg | amphetamine-dextroamphetamine IR, dexamethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, Adderall XR, Azstarys, Vyvanse |
| | Qelbree | atomoxetine, clonidine ER, guanfacine ER |
| Multiple Sclerosis | Extavia, Plegridy, Rebif, Rebif Rebidose | Avonex, Betaseron |
| | Ponvory | dimethyl fumarate DR, glatopa, glatiramer, Avonex, Bafiertam, Betaseron, Copaxone, Kesimpta, Vumerity |
| CARDIOVASCULAR | | |
| Cholesterol-Lowering Agents | Ezetimibe/Rosuvastatin (M), Roszet | atorvastatin, ezetimibe, rosuvastatin, simvastatin |
| | Livalo, Zypitamag | atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin |
| | Leqvio, Praluent | Repatha |
| Edema | Soaanz | bumetanide, furosemide, torsemide |
| Hypertension | Conjupri, Levamlodipine (M), Katerzia | amlodipine |
| | Inderal XL, Innopran XL | propranolol ER |
| | Kapsargo | metoprolol ER |
| Hypertension with Osteoarthritis | Consensi | amlodipine, celecoxib |
| CHEMOTHERAPY AGENTS | | |
| Alkylating Agents | Belrapzo, Treanda | Bendeka |
| Antiandrogens | Yonsa | Xtandi |
| Asparaginase Enzyme Therapy Agents | Rylaze | Oncaspar |
| Combination Agents | Inqovi | Please talk to your doctor about clinically appropriate options. |
| Cytolytic Antibodies | Riabni, Truxima | Ruxience |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|----------------------------|---|
| CHEMOTHERAPY AGENTS | | |
| HER-2 Inhibitors | Herzuma, Ogivri, Ontruzant | Kanjinti, Phesgo, Trazimera |
| Kinase Inhibitors | Fotivda | Please talk to your doctor about clinically appropriate options. |
| | Pemazyre | Truseltiq |
| | Rezurock | Imbruvica, Jakafi |
| | Tepmetko | Tabrecta |
| Methyltransferase Inhibitors | Tazverik | Please talk to your doctor about clinically appropriate options. |
| Miscellaneous | Besremi | hydroxyurea, Pegasys |
| | Darzalex Faspro | Please talk to your doctor about clinically appropriate options. |
| PARP Inhibitors | Rubraca ¹ | Lynparza, Zejula |
| | Talzenna ¹ | Lynparza |
| CONTRACEPTIVES | | |
| Gel | Phexxi | Please talk to your doctor about clinically appropriate options. |
| Oral | Lo Loestrin FE | junel FE, Iarin FE, microgestin FE, tarina FE |
| | Nextstellis | drospirenone/ethinyl estradiol, Ioryna, Nikki, Natazia |
| | Slynd | camila, incassia, nora-be, norethindrone, norlyda, norlyroc |
| Patch | Twirla | levonorgestrel/ethinyl estradiol combined generic oral contraceptive, xulane, zafemy |
| CORTICOSTEROIDS | | |
| Oral Steroids | Alkindi Sprinkle | hydrocortisone |
| | Hemady | dexamethasone |
| | Rayos | prednisone |
| DERMATOLOGICAL AGENTS | | |
| Atopic Dermatitis | Opzelura | betamethasone, fluocinolone, halobetasol, hydrocortisone, pimecrolimus, tacrolimus oint, triamcinolone, Eucrisa |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|--|--|
| DERMATOLOGICAL AGENTS | | |
| Topical Acne Treatment | Aklief, Clindagel, Veltin | adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, dapsone, erythromycin/benzoyl peroxide, tretinoin cream, Amzeeq, Epiduo Forte, Onexton, Twyneo |
| | Arazlo, Fabior, Tazorac cream 0.05%; Tazorac gel 0.05%, 0.1%; Tazarotene foam 0.1% | tazarotene cream |
| | Avita, Differin lotion | adapalene, tretinoin cream/gel, Retin-A micro gel 0.06% and 0.08% |
| | Winlevi | adapalene, clindamycin, dapsone, tazarotene cream, tretinoin cream |
| Topical Anesthetics | ZTlido | lidocaine patch |
| Topical Antifungals | Jublia | ciclopirox, tavaborole, terbinafine |
| Topical Anti-Infectives | Noritate cream | azelaic acid gel, ivermectin 1%, metronidazole cream/gel/lotion, Finacea foam, Soolantra |
| Topical Corticosteroids | ALA Scalp lotion | hydrocortisone |
| | Apexicon E cream | flucinonide, betamethasone |
| | Capex shampoo | flucinolone acetonide scalp oil, Derma-Smoothe/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 acetonide |
| | Trianex ointment 0.05% | hydrocortisone valerate, triamcinolone acetonide |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|---|--|---|
| DERMATOLOGICAL AGENTS | | |
| Topical Corticosteroids | Ultravate lotion | clobetasol propionate, fluocinonide, halobetasol propionate |
| | Verdeso foam | betamethasone, fluocinolone |
| Topical Plaque Psoriasis | Calcipotriene foam 0.005% (M), Sorilux | calcipotriene |
| | Duobrii lotion | clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar |
| | Wynzora | calcipotriene, calcipotriene/betamethasone, Enstilar, Taclonex suspension |
| DIABETES | | |
| Anti-Hyperglycemic Agents | Glucagen Hypokit, Gvoke Hypopen, Gvoke Kit, Gvoke PFS | glucagon (generic), Baqsimi, Glucagon (made by Fresenius), Zegalogue |
| Blood Glucose Meters, Test Strips and Control Solutions | Examples: Abbott (FreeStyle, Precision), Arkray (Glucocard), Lifescan (Onetouch), Trividia (TRUEtest, TRUEtrack), Roche (Accu-Chek) | Ascencia (Contour, Contour Next) |
| 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 |
| Basal insulins | Basaglar, Insulin Glargine, Insulin Glargine-YFGN, Levemir, Semglee, Semglee-YFGN, 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 |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|---|--|---|
| DIABETES | | |
| 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 |
| ENDOCRINE (OTHER) | | |
| Cortisol Synthesis Inhibitors | Isturisa | ketoconazole tabs, Korlym |
| Cushing's Syndrome | Recorlev | ketoconazole tab |
| Growth Hormones | Genotropin, Humatrope, Omnitrope, Saizen, Skytrofa, Zomacton | Norditropin, Nutropin |
| Infertility | Gonal-F, Gonal-F RFF | Follistim AQ |
| | Cetrotide | ganirelix (made by Organon) |
| Somatostatin Analog | Lanreotide | Somatuline Depot |
| | Mycapssa | octreotide injection |
| | Signifor (SQ) | Signifor LAR |
| Testosterone Replacement | Aveed, Jatenzo, Natesto, Testopel | testosterone, Androderm, Xyosted |
| ENZYME DISORDERS | | |
| Duchenne Muscular dystrophy (DMD) | Amondys 45, Exondys 51, Vyondys 53 | dexamethasone, methylprednisolone, prednisone |
| GASTROINTESTINAL | | |
| Anti-Diarrheal Agents | Motofen | diphenoxylate/atropine, loperamide |
| Antiemetics | Sancuso patch | granisetron solution/tablet, ondansetron ODT |
| Anti-Inflammatory, Anti-Ulcer Agents | ibuprofen/famotidine, 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 | Symploc |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|---|--|---|
| GASTROINTESTINAL | | |
| Inflammatory Bowel Disease | Dipentum | balsalazide, mesalamine DR cap 400mg, Apriso, Lialda |
| | mesalamine cap 0.375gm ER | Apriso |
| | mesalamine tab 1.2gm DR | Lialda |
| | Ortikos | budesonide ER |
| Laxatives | Osmoprep, Plenvu | gavilyte, peg 3350, Clenpiq, Suprep |
| Pancreatic Enzymes | Pancreaze, Pertzye, Viokace | Creon, Zenpep |
| Peptic Ulcers | Dartisla ODT | glycopyrrolate |
| Proton Pump Inhibitors | omeprazole with sodium bicarbonate (cap, powder pak), Dexlansoprazole DR (M), Rabeprazole sprinkle cap (M) | esomeprazole magnesium delayed release, lansoprazole, omeprazole, pantoprazole, rabeprazole, Dexilant |
| HEMATOLOGICAL | | |
| Coagulation Factors | Sevenfact ¹ | Novoseven |
| Cyclin-Dependent Kinase Inhibitor | Cosela | Nivestym, Zarzio |
| Erythropoiesis-Stimulating Agents | Epogen | Aranesp, Procrit, Retacrit |
| Hemophilia A | Esperoct ¹ | Adynovate, Afstyla, Elocate, Jivi |
| Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs) | Fulphila, Nyvepria, Udenyca | Neulasta, Ziextenzo |
| Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs) | Granix, Neupogen | Nivestym, Zarxio |
| IMMUNOMODULATORS | | |
| Calcineurin Inhibitor | Lupkynis | Benlysta |
| Folate Analog Metabolic Inhibitor | Otrexup, Reditrex | methotrexate, Rasuvo |
| Immune Globulin, Intravenous (IVIG) | Asceniv, Panzyga | Gammagard, Gammaplex, Gamunex-C, Privigen |
| Immune Globulin, Subcutaneous (SCIG) | Cutaquig | Cuvitru, Hizentra, Xembify |
| Interleukin-17 (IL-17) Inhibitor | Cosentyx | Taltz |
| JAK Inhibitor | Olumiant | Rinvoq, Xeljanz, Xeljanz XR |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|---|--|
| IMMUNOMODULATORS | | |
| TNF Inhibitor | Infliximab, Remicade, Renflexis | Avsola, Inflectra |
| IMMUNOTHERAPY | | |
| Oral | Palforzia | Please talk to your doctor about clinically appropriate options. |
| OPHTHALMIC | | |
| Antiglaucoma Drugs | Timoptic Ocudose 0.25% | timolol ophthalmic solution |
| | Vyzulta, Zioptan | latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan |
| Antihistamines | Zerviate | azelastine ophthalmic solution, bepotastine ophthalmic solution, olopatadine ophthalmic solution |
| Dry Eye Disease | Cequa | Restasis, Xiidra |
| | cyclosporine ophthalmic emulsion | Restasis |
| Non-Steroidal Anti-Inflammatory Agents | Bromsite, Ilevro, Nevanac | bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa |
| Presbyopia | Vuity | Please talk to your doctor about clinically appropriate options. |
| Wet Age-Related Macular Degeneration | Beovu | ophthalmic bevacizumab (compound), Eylea, Lucentis, Macugen |
| OTHER | | |
| Alzheimer's Disease | Aduhelm | Please talk to your doctor about clinically appropriate options. |
| Amyotrophic Lateral Sclerosis (ALS) | Exservan | riluzole |
| ANCA-Associated Vasculitis | Tavneos | Please talk to your doctor about clinically appropriate options. |
| Antigout Agents | Colchicine capsule (M), Colcrys, Gloperba, Mitigare | colchicine tablet |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|---|---|--|
| OTHER | | |
| Antihistamines and Combinations | Clarinet-D | desloratadine, pseudoephedrine |
| Bile Acid Therapy | Livmarli | Please talk to your doctor about clinically appropriate options. |
| | Reltone, Ursodiol (M) | ursodiol |
| Chelating Agents | penicillamine cap | penicillamine tab, Depen Titra |
| Diabetic Gastroparesis | Gimoti | metoclopramide |
| Duchenne Muscular Dystrophy (DMD) | Viltepro | dexamethasone, methylprednisolone |
| Iron Replacement Therapy | Accrufer | ferrous fumarate, ferrous gluconate, ferrous sulfate |
| 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. |
| Multivitamins | Examples: Folic-K, Genicin Vita-S, Hylavite, Loid, Tronvite, Xvite | Any preferred multivitamin |
| Obesity | Contrave | phentermine, Qsymia, Saxenda, Wegovy |
| | Imcivree | Please talk to your doctor about clinically appropriate options. |
| Opioid Reversal Agents | Lifems Naloxone | naloxone, Kloxxado, Narcan |
| Osteoarthritis/Hyaluronic Acid Injections | Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synvisc, Synvisc-One, Triluron, Trivisc, Visco-3 | Durolane, Euflexxa, Gelsyn-3 |
| Osteoporosis | Forteo | Teriparatide, Tymlos |
| Phosphate Binders | Auryxia | calcium acetate, lanthanum carbonate, sevelamer, Velphoro |
| Platelet-Modifying Agent | Aspirin/Omeprazole (M), Yosprala | aspirin, omeprazole |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|---|---|
| OTHER | | |
| Polycystic Kidney Disease | Jynarque | Please talk to your doctor about clinically appropriate options. |
| Prenatal Vitamins | Examples: Azesco, Pregenna, Prenate, Trinaz, Vitafof FE, Vitathely, Zalvit | Any preferred prenatal vitamin |
| Proteinuria | Tarpeyo | budesonide, methylprednisolone, prednisone |
| Sickle Cell Disease | Oxbryta | hydroxyurea |
| Sleep Disturbance Agents | Hetlioz, Hetlioz LQ | Please talk to your doctor about clinically appropriate options. |
| Thyroid Agents | Levothyroxine caps (M), Thyquidity, Tirosint caps, solution | levothyroxine |
| RESPIRATORY | | |
| Allergy: Nasal Steroids | Xhance | mometasone furoate, Beconase AQ |
| 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 |
| Miscellaneous | Tezspire | Please talk to your doctor about clinically appropriate options. |
| Pulmonary Anti-Inflammatory Inhalers | Alvesco, Armonair Digihaler, Asmanex, Asmanex HFA, Fluticasone Propionate HFA (M), 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 Furoate/Vilanterol (M), Fluticasone/Salmeterol 55mcg/14, 113mcg/14, 232mcg/14 (M) | Advair Diskus, Advair HFA, Breo Ellipta, Symbicort |

(M) Co-branded product

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

² 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/ Disease State | Excluded Medications | Formulary Alternative Medications |
|--|---|--|
| RESPIRATORY | | |
| Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers | fluticasone-salmeterol 100mcg/50, 250mcg/50, 500mcg/50, wixela | Advair Diskus |
| Short-Acting Beta-2 Adrenergic Inhalers | Albuterol HFA (brand alternative for Ventolin HFA made by Prasco) (M), Levalbuterol Inhaler (M), Pro Air Digihaler, Pro Air HFA, Pro Air 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 |
| UROLOGICAL | | |
| Erectile Dysfunction Oral Agents | Stendra | sildenafil |
| Interstitial Cystitis | Elmiron | amitriptyline, hydroxyzine |
| Overactive Bladder (OAB) | Gemtesa | darifenacin ER, fesoterodine, oxybutynin ER/IR, solifenacin, tolterodine ER/IR, trospium ER/IR, Myrbetriq tablet |
| | Myrbetriq Granules, Vesicare LS | oxybutynin ER/IR |

(M) Co-branded product

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

² 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 | Colestid | Kenalog spray | Pristiq | TOBI nebulizer solution |
| Absorica | Combigan | Keppra | Prometrium | Tobradex suspension |
| Acanya | Concerta | Keppra XR | Propecia | Topamax |
| Aciphex tablet | Coreg | Klonopin | Protonix tab | Topamax sprinkle cap |
| Acticlate | Coreg CR | K-tab | Provigil | Topicort spray |
| Aczone | Cortef | Kuvan | Prozac | Toprol XL |
| Adcirca | Cosopt solution | Lamictal chewable | Psorcon cream | Toviaz |
| Adderall | Cosopt PF solution | Lamictal starter kit | Pulmicort inhalation suspension | Tracleer 62.5,125mg |
| Adipex-P | Cozaar | Lamictal ODT | Qudexy XR | Travatan-Z |
| Afinitor | Crestor | Lamictal tab | Questran | Treximet |
| Afinitor Disperz | Cuprimine | Lamictal XR | Questran Light | Tribenzor |
| Alphagan P 0.15% | Cymbalta | Lasix | Ranaxa | Tricor |
| Altace | Cytomel | Latisse | Relafen | Trileptal |
| Ambien | Delestrogen injection | Lescol XL | Relpax | Truvada |
| Ambien CR | 20mg/ml, 40mg/ml | Letairis | Remodulin injection | Uceris tab |
| Amrix | Delzicol | Lexapro | Renagel | Ultracet |
| Androgel | Depakote | Lidoderm | Restoril | Ultram |
| Arimidex | Depakote ER | Lipitor | Retin-A | Vagifem |
| Arthrotec | Depakote sprinkle cap | Loestrin 21 | Retin-A micro gel 0.04%, 0.1% | Valium |
| Asacol HD | Depo-testosterone injection | Loestrin FE | Risperdal solution, tablet | Valtrex |
| Atacand | Differin cream, gel | Lotemax suspension | Ritalin | Vanadom |
| Ativan | Dilantin cap 100mg | Lotrel | Ritalin LA | Vectical |
| Atriplica | Dilantin chewable | Lovaza | Roxicodone | Vesicare tab |
| Avapro | Dilantin suspension | Lunesta | Sabril | Viagra |
| Avodart | Dilaudid | Lyrca | Safyral | Vigamox |
| Azopt | Diovan | Lyrca CR | Sandostatin injection | Vimovo |
| Azor | Diovan HCT | Maxalt | Saphris | Vimpat |
| Baraclude | Doryx tab 50, 200mg | Maxalt-MLT | Seasonique | Vivelle-Dot |
| Benicar | Effexor XR | Metrogel | Sensipar | Volgelxo |
| Benicar HCT | Elidel | Micardis | Seroquel | Vytorin |
| Benzaclin | Epiduo gel | Micardis HCT | Seroquel XR | Welchol |
| Benzamycin | EpiPen Jr 0.15mg | Minastrin | Silvadene | Wellbutrin SR |
| Bepreve | Esbriet | Mobic | Singularair | Wellbutrin XL |
| Bethkis | Estrace | Moviprep | Skelaxin | Xalatan |
| Beyaz | Evekeo | MS Contin | Solodyn | Xanax |
| Brisdelle | Exforge | Nalfon | Soma | Xanax XR |
| Brovana | Exforge HCT | Nasonex | Strattera | Yasmin 28 |
| Butrans | Fioricet | Natroba | Suboxone | Yaz |
| Bystolic | Fioricet w/ codeine | Neurontin | Sutent | Zanaflex |
| Canasa | Firazyr | Neurium capsule | Synthroid | Zegerid |
| Carafate | Flomax | Niaspan ER | Taclonex ointment | Zenzedi 5, 10, 15, 20, 30 mg |
| Carbatrol | Focalin | Nitrostat | Tamiflu | Zestril |
| Cardizem LA 180, 240, 300, 360, 420mg | Focalin XR | Norvasc | Targadox | Zetia |
| Carnitor solution, tablet | Fortesta | Nulytely | Targretin | Ziana |
| Catapres-TTS patch | Generess FE chewable | Nuvigil | Tazorac cream 0.1% | Zipsor |
| Celebrex | Gleevec | Onfi | Tecfidera | Zocor |
| Celexa | Glucagon kit (Lilly) | Oracea | Tegretol | Zoloft |
| Cialis | Glumetza | Paxil tab | Tegretol-XR | Zomig tab |
| Ciprodex | Golytely solution | Paxil CR | Tenormin | Zomig ZMT |
| Clarinex 5mg tab | Halog cream | Pennsaid | Testim gel | Zonegran |
| Cleocin vaginal cream | Hyzaar | Pentasa 500 mg | Tikosyn | Zovirax |
| Climara patch | Imitrex | Percocet | Timoptic | Zyclara 3.75% |
| Clobex | Inderal LA | Plaquenil | Timoptic Ocudose 0.5% | Zyprexa |
| Cloderm | Intuniv | Plavix | Timoptic-XE | Zytiga |
| | Kenalog-40 Injection | Pred Forte | | |
| | | Prevacid | | |
| | | Prinivil | | |

(M) Co-branded product

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

² 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, Enbrel, 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.



© 2022 Optum, Inc. All rights reserved. OR100-7555 All Optum® trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

(M) Co-branded product

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

² 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.