

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. 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
<b>ANTIINFECTIVES</b> Antibiotics	DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate dr
	XIFAXAN 200 MG TABLETS~	azithromycin, ciprofloxacin, levofloxacin, ofloxacin
	Antifungal Agents (Oral)	TOLSURA itraconazole
	Antivirals (Oral)	SITAVIG acyclovir oral or cream, famciclovir, valacyclovir
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anticonvulsants	TOPIRAMATE ER CAPSULES	topiramate tablets, QUDEXY XR
Anti-Migraine Therapy	ONZETRA XSAIL	sumatriptan nasal spray, ZOMIG NASAL SPRAY
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO, ZELAPAR~	rasagiline, selegiline
Antispasmodic Agents	OZOBAX	baclofen, tizanidine
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51, VYONDYS 53	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER, XTAMPZA ER~	hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Multiple Sclerosis (Oral)	AUBAGIO	GILENYA, MAYZENT, TECFIDERA, VUMERITY
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	buprenorphine patches, BELBUCA
	PRIMLEV~	oxycodone/acetaminophen
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, pregabalin
Sedative-Hypnotic Agents	DORAL~	estazolam, lorazepam
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
Tardive Dyskinesia Therapy	INGREZZA	AUSTEDO
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
Miscellaneous Central Nervous System Agents	NORTHERA~	desmopressin acetate tablets, desmopressin acetate nasal, fludrocortisone, indomethacin, midodrine, pyridostigmine

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

*Continued*

Drug Class	Excluded Medications	Preferred Alternatives	
<b>CARDIOVASCULAR</b> ACE Inhibitors	EPANED	enalapril	
	QBRELIS	lisinopril	
	Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
	Beta Blockers & Combinations	KAPSPARGO SPRINKLE	metoprolol succinate
		DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide
	Calcium Channel Blockers	KATERZIA	amlodipine
	Calcium Channel Blockers & Combinations	CONSENSI	amlodipine benzoate plus celecoxib
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE, SIMVASTATIN SUSPENSION	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO	
<b>DERMATOLOGICAL</b> Oral Agents for Acne	MINOLIRA, XIMINO~	minocycline er	
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	ORACEA	
Topical Acne Combinations	EPIDUO FORTE~	adapalene/benzoyl peroxide	
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON	
Topical Agents for Actinic Keratosis	CARAC~, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, PICATO	
Topical Antibiotics for Acne	CLINDAGEL~, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)~	clindamycin phosphate gel, erythromycin gel, AMZEEQ	
Topical Antifungals	LULICONAZOLE, SULCONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole	
Topical Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide	
	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment	
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM	calcipotriene, calcitriol	
	CALCIPOTRIENE/BETAMETHASONE SUSPENSION	calcipotriene/betamethasone ointment, ENSTILAR, TACLONEX SUSPENSION	
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin	
	LIDOCAINE/TETRACAINE	lidocaine cream, lidocaine/prilocaine cream	
<b>DIABETES</b> Blood Glucose Meters & Test Strips	ASCENSIA (BREEZE, 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	
Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA	
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA or TRADJENTA	
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY	
Insulins	NOVOLIN, RELION NOVOLIN	HUMULIN	
	ADMELOG, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG	HUMALOG	

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

Continued

Drug Class	Excluded Medications	Preferred Alternatives
<b>EAR/NOSE</b> Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
	CIPROFLOXACIN/FLUOCINOLONE OTIC	CIPRODEX, OTOVEL
<b>ENDOCRINE (OTHER)</b> Combination Patches	CLIMARA PRO	COMBIPATCH
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	SUPPRELIN LA~	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Testosterone Products (Injectable)	AVEED~	testosterone cypionate, testosterone enanthate
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Miscellaneous Endocrine Drugs	KORLYM~	ketoconazole, LYSODREN, SIGNIFOR
<b>GASTROINTESTINAL</b> Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Bowel Evacuants	OSMOPREP~	peg-electrolyte solution, PREPOPIK, SUPREP
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Helicobacter Pylori Agents	PYLERA~	lansoprazole/amoxicillin/clarithromycin, TALICIA
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
<b>HEMATOLOGICAL</b> Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Chelating Agents	JADENU, JADENU SPRINKLE	deferasirox
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor VIII Recombinant Products	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
Sickle Cell Disease Agents	OXBRYTA	hydroxyurea, ADAKVEO, DROXIA
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPTELET
	TAVALISSE~	DOPTELET, PROMACTA, NPLATE
<b>HEPATITIS</b> Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

Continued

Drug Class	Excluded Medications	Preferred Alternatives	
<b>HIV</b> Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	ATRIPLA, DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ	
	COMPLERA	ODEFSEY	
	PIFELTRO	efavirenz, EDURANT	
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA	
	STRIBILD	BIKTARVY, GENVOYA	
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	COLCHICINE	COLCRYS, MITIGARE	
	ZURAMPIC	allopurinol, probenecid	
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen	
	RELAFEN DS	nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam	
	TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam	
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES	
	PENNSAID	diclofenac sodium topical, FLECTOR PATCHES	
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL	
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT	
Vaginal Progestones	ENDOMETRIN	CRINONE 8% GEL	
<b>ONCOLOGY</b> ALK Positive Lung Cancer Agents	ALECENSA~	If medically necessary, request prior authorization.	
	ALUNBRIG~	XALKORI, ZYKADIA	
	Bevacizumab-Containing Agents	AVASTIN~	MVASI, ZIRABEV
	Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
	Multiple Myeloma Agents	NINLARO~	KYPROLIS, VELCADE
		XPOVIO	DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID, VELCADE
	Myelofibrosis Agents	INREBIC	JAKAFI
	Prostate Cancer	TRELSTAR~	ELIGARD, FIRMAGON
	Rituximab-Containing Agents	RITUXAN~, RITUXAN HYCELA~, TRUXIMA~	RUXIENCE
	Trastuzumab-Containing Agents	HERCEPTIN~, HERCEPTIN HYLECTA~, OGIVRI~	KANJINTI, TRAZIMERA
<b>OPHTHALMIC</b> Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN	
	Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS	bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN
	Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
	Ophthalmic Anti-Inflammatory	FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX
	Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

Continued

Drug Class	Excluded Medications	Preferred Alternatives
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
<b>OSTEOPOROSIS</b> Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
<b>RENAL DISEASE</b> Nephropathic Cystinosis Medications	PROCYSBI~	CYSTAGON
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
<b>RESPIRATORY</b> Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	epinephrine auto-injector (by Mylan), EPIPEN, EPIPEN JR
Immunological Agents for Asthma	CINQAIR	FASENRA, NUCALA
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, TUDORZA PRESSAIR	INCRUSE ELLIPTA
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR, STIOLTO RESPIMAT	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	BUDESONIDE/FORMOTEROL	ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PAR, PRASCO), LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	albuterol sulfate hfa (by Perrigo, Proficient Rx & Teva), PROAIR HFA/RESPICLICK, VENTOLIN HFA
<b>WEIGHT LOSS</b> Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
<b>MISCELLANEOUS AGENTS</b>	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Immunosuppressant Agents	XATMEP	methotrexate
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	No alternatives recommended
Potassium Binders	VELTASSA	LOKELMA

### Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
<b>INFLAMMATORY CONDITIONS</b>	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA
Drug Class	Nonpreferred Medications	Preferred Alternatives
<b>INFLAMMATORY CONDITIONS‡</b>	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 patients already established on therapy with a Nonpreferred medication.	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, RINVOQ ER, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR

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

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

Continued

## Excluded Medications/Products at a Glance

<p>                     ABILIFY^                      ABSTRAL                      ACANYA^~                      ACIPHEX^                      ACIPHEX SPRINKLE                      ACUVAIL                      ADCIRCA^                      ADDERALL^                      ADLYXIN                      ADMELOG                      AGGRENOX^~                      AKTIPAK                      AKYNZEO CAPSULES                      ALBUTEROL SULFATE HFA                      (BY A-S MEDICATION, PAR, PRASCO)                      ALCORTIN A                      ALECCNSA~                      ALOCIL                      ALOGLIPTIN                      ALOGLIPTIN/METFORMIN                      ALOGLIPTIN/PIOGLITAZONE                      ALOMIDE                      ALTOPREV                      ALUNBRIG~                      ALVESCO                      AMBIEN^, AMBIEN CR^                      AMPYRA^                      AMRIX^                      ANDROGEL 1%<sup>^</sup>                      ANUSOL-HC^                      APADAZ                      APIDRA                      ARANESP                      ARIMIDEX^                      ASACOL HD^                      ASCENSIA (BREEZE, CONTOUR)                      ASPIRIN/OMEPRazole DR                      ATACAND^, ATACAND HCT^                      ATRALIN^~                      ATRIPLA                      AUBAGIO                      AUVI-Q                      AVALIDE^, AVAPRO^                      AVASTIN~                      AVEED~                      AVODART^                      AZOR^                      BARACLUDE TABLETS^                      BECONASE AQ                      BENICAR^, BENICAR HCT^                      BENZHYDROCODONE/ACETAMINOPHEN                      BERINERT                      BRISDELLE^                      BUDESONIDE/FORMOTEROL                      BUPAP^                      BUTRANS                      CALCIPOTRIENE FOAM                      CALCIPOTRIENE/BETAMETHASONE                      SUSPENSION                      CARAC~                      CELEBREX^                      CELEXA^                      CETRAXAL                      CHORIONIC GONADOTROPIN                      CIALIS^                      CINQAIR                      CIPROFLOXACIN/FLUOCINOLONE OTIC                      CLIMARA PRO                      CLINDAGEL~                      CLINDAMYCIN PHOSPHATE 1% GEL                      (BY OCEANSIDE)~                      CLOCORTOLONE                      COLCHICINE                      COMPLERA                      CONSENSI                      COREG^                      CORTIFOAM                      COSOPT^                      COZAAR^, HYZAAR^                      CRESTOR^                      CUPRIMINE^                      CYMBALTA^                      CYTOMEL^                      DELSTRIGO                      DELZICOL^                      DETROL^, DETROL LA^                      DICLOFENAC EPOLAMINE PATCHES                      DIOVAN^, DIOVAN HCT^                      DIPENTUM                 </p>	<p>                     DORAL~                      DOXYCYCLINE 40 MG CAPSULES                      DOXYCYCLINE HYCLATE DR 80 MG                      DRIZALMA SPRINKLE                      DUAKLIR PRESSAIR                      DUROLANE                      DUTOPROL                      EFFEXOR XR^                      ELIDEL^                      EMBEDA                      EMEND CAPSULES^, TRIFOLD PACK^                      EMEND POWDER PACKETS                      EMFLAZA                      ENDOMETRIN                      EPANED                      EPIDUO^~                      EPIDUO FORTE~                      EPINEPHRINE AUTO-INJECTOR (BY IMPAX)                      EPOGEN                      ESTROGEL                      EVENITY                      EVZIO                      EXFORGE^, EXFORGE HCT^                      EXJADE^                      EXONDYS 51                      EXTAVIA                      EZALLOR SPRINKLE                      FEMRING                      FENOPROFEN CAPSULES                      FENORTHO                      FENTANYL CITRATE BUCCAL TABLETS                      FENTORA                      FIASP                      FIRAZYR^~                      FLUOROURACIL 0.5% CREAM                      FML FORTE, FML S.O.P.                      FOCALIN^, FOCALIN XR^                      FOLLISTIM AQ                      FOSRENOL CHEWABLE TABLETS^                      FOSRENOL POWDER PACKETS                      GANIRELIX ACETATE^                      GEL-ONE                      GELSYN-3                      GENVISC 850                      GLEEVEC^                      GLUCOPHAGE^, GLUCOPHAGE XR^                      GLUMETZA^                      GOCOVRI ER                      GRANIX                      HERCEPTIN~, HERCEPTIN HYLECTA~                      HUMATROPE                      HYALGAN                      HYMOVIS                      IMIQUIMOD 3.75% CREAM PUMP                      IMITREX^                      INDERAL LA^                      INGREZZA                      INREBIC                      INSULIN ASPART, INSULIN ASPART PROTAMINE                      INSULIN LISPRO                      INTUNIV^                      ISTALOL^                      JADENU, JADENU SPRINKLE                      KAPSPARGO SPRINKLE                      KATERZIA                      KAZANO                      KEPBRA^, KEPBRA XR^                      KISQALI, KISQALI FEMARA CO-PACK                      KOMBIGLYZE XR                      KORLYM~                      LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^                      LAZANDA                      LEDIPASVIR/SOFOSBUVIR                      LETAIRIS^~                      LEVALBUTEROL HFA                      LEXAPRO^                      LIBRAX^                      LIDOCAINE/TETRACAINE                      LIDODERM^                      LIPITOR^                      LOCOID^~                      LOCOID LIPOCREAM^~                      LOESTRIN^, LOESTRIN FE^                      LOTREL^                      LOVENOX^                      LUCEMYRA                      LULICONAZOLE                      LUNESTA^                      LYRICA^                      LYRICA CR                 </p>	<p>                     MAVYRET                      MAXALT^, MAXALT MLT^                      MAXIDEX                      METOPROLOL SUCCINATE/HCTZ ER                      MICARDIS^, MICARDIS HCT^                      MINASTRIN 24 FE^                      MINOLIRA                      MIRCERA                      MULPLETA                      NALFON CAPSULES                      NAMENDA XR^                      NASONEX^                      NESINA                      NEUROGEN                      NEURONTIN^                      NEVANAC                      NINLARO~                      NOCTIVA                      NORCO^                      NORTHERA~                      NORVASC^                      NOVOLIN                      NOVOLOG                      NOXAFIL TABLETS^~                      NUTROPIN AQ NUSPIN                      NUVIGIL^                      NUWIQ                      OGIVRI~                      OMNARIS                      OMNITROPE                      ONGLYZA                      ONPATRO                      ONZETRA XSAIL                      ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^                      OSMOLEX ER                      OSMOPREP~                      OXBRYTA                      OXYCODONE ER                      OZOBAX                      PANCREAZE                      PATADAY^                      PENNSAID                      PERCOCET^~                      PERTZYE                      PIFELTRO                      PIQRAY                      PLAQUENIL^                      PLAVIX^                      PRADAXA                      PRAVACHOL^                      PRED MILD                      PREGNYL                      PREVACID^, PREVACID SOLUTAB^                      PREZCOBIX                      PRILOSEC SUSPENSION                      PRIMLEV~                      PRISTIQ^                      PROCYSBI~                      PROLIA                      PROTONIX^                      PROTONIX SUSPENSION                      PROVENTIL HFA                      PROVIGIL^                      PROZAC^                      PULMICORT RESPULES^                      PYLERA~                      QBRELIS                      QSYMIA                      RABEPRAZOLE DR SPRINKLE                      RANEXA^~                      RAPAFLO^                      RECOMBINATE                      RELAFEN DS                      RELION NOVOLIN                      RENAGEL^                      RITUXAN~, RITUXAN HYCELA~                      ROCHE (ACCU-CHEK)                      ROZEREM^~                      SAIZEN, SAIZENPREP                      SANDOSTATIN LAR DEPO                      SAVAYSA                      SENSIPAR^~                      SEROQUEL^, SEROQUEL XR^                      SIGNIFOR LAR                      SIKLOS                      SIMVASTATIN SUSPENSION                      SINGULAIR^                      SITAVIG                      SODIUM HYALURONATE                 </p>	<p>                     SOFOSBUVIR/VELPATASVIR                      SOVALDI                      SPIRIVA HANDIHALER, SPIRIVA RESPIMAT                      SPRAVATO                      STIOLTO RESPIMAT                      STRATTERA^                      STRIBILD                      STRIVERDI RESPIMAT                      SUBSYS                      SULCONAZOLE                      SUPARTZ FX                      SUPPRELIN LA~                      SYNVISC, SYNWISC-ONE                      TALTZ                      TARGRETIN CAPSULES^~                      TAVALISSE~                      TESTIM^                      TIKOSYN^                      TIMOPTIC OCUDOSE                      TIVORBEX                      TOBI SOLUTION^                      TOLSURA                      TOPAMAX^                      TOPICORT SPRAY                      TOPIRAMATE ER CAPSULES                      TOPROL XL^~                      TRANSDERM-SCOP^~                      TRELSTAR~                      TREXIMET^~                      TRIBENZOR^                      TRICOR^                      TRILEPTAL^                      TRILURON                      TRIVIDIA (TRUETEST, TRUETRACK)                      TRIVISC                      TRUXIMA~                      TUDORZA PRESSAIR                      ULORIC^~                      UROXATRAL^                      VAGIFEM^                      VALIUM^                      VALTRESX^                      VANOS^~                      VELTASSA                      VELTIN                      VERDESO FOAM                      VESICARE^~                      VIAGRA^                      VICTOZA                      VISCOS-3                      VIVELLE-DOT^                      VIVLODEX                      VYONDYS 53                      VYTORIN^                      WELLBUTRIN SR^                      XADAGO                      XALATAN^                      XANAX^, XANAX XR^                      XATMEP                      XELPROS                      XENAZINE^                      XIFAXAN 200 MG TABLETS~                      XIMINO~                      XOPENEX HFA                      XPROVIO                      XTAMPZA ER~                      XYNTHA, XYNTHA SOLOFUSE                      YASMIN^                      YOSPRALA DR                      ZAVESCA^                      ZEGERID^                      ZELAPAR~                      ZETIA^                      ZETONNA                      ZIPSOR                      ZOCOR^                      ZOLOFT^                      ZOMACTON                      ZOMIG TABLETS^, ZOMIG ZMT^                      ZONEGRAN^                      ZORVOLEX                      ZOVIRAX OINTMENT^~                      ZURAMPIC                      ZYCLARA                      ZYFLO CR^                      ZYTIGA 250 MG^                 </p>
--	--	---	--

^ 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.

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.