



July 1, 2017 Premium Formulary Exclusions

Therapeutic Category	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Extavia ¹ , Plegridy ¹ , Rebif ¹	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Hysingla ER, Kadian, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
DIABETES		
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)
Dipeptidyl Peptidase-4 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
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity, Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Saizen, Zomacton	Norditropin, Nutropin
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Testosterone 1% Gel, Vogelxo	Androgel 1.62%

(M) Co-branded product

*Tier 3 preferred

¹ Grandfathering allowed no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.** All medications require a Prior Authorization

Therapeutic Category	Excluded Medications	Preferred Alternatives
GASTROINTESTINAL		
Anti-Inflammatory, Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD, Delzicol, Mesalamine DR (M)	balsalazide, Apriso, Lialda
Opioid-Induced Constipation	Movantik	Amitiza
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
IMMUNOMODULATORS		
Interleukin-17 (IL-17)	Cosentyx ¹	Taltz*
Monoclonal Antibody	Inflectra	Remicade
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
RESPIRATORY		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol Inh(M), Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI, TOBI Nebulizer, TOBI Podhaler, Tobramycin Neb (M)	Bethkis
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Adrenacllick, Auvi-Q, EpiPen, Epinephrine injection made by Impax	Epinephrine injection (Authorized Generic of EpiPen made by Mylan)
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Acanya, Benzacilin, Benzacilin Pump, Benzamycin, Duac, Veltin, Ziana Gel	adapalene gel, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo/Epiduo Forte, Onexton

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Required Prior Authorization ²		
Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands ¹ non-preferred with prior authorization	Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Sovaldi: genotype 2 Zepatier: genotype 1 & 4
Multiple Sclerosis	All other brands ¹ non-preferred with prior authorization and Gilenya ^{1*} Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK-9	All other brands ¹ non-preferred with prior authorization	Praluent
Immunomodulators	All other brands ¹ non-preferred with prior authorization	Cimzia, Humira, Simponi, Simponi Aria, Stelara

² **Non-preferred medications** require Step Therapy prior to beginning therapy on preferred agents.



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