

2021 Express Scripts National Preferred Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed
in CAPITAL letters.
Generic drugs are listed
in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADVATE [INJ]
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization
solution
albuterol sulfate hfa
(by Cipla, Par, Perrigo,
Proficient Rx & Teva)

ALECENSA
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALUNBRIG
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium
clavulanate
AMZEEQ
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin
AZOPT

B

baclofen

BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD AUTOSHIELD
DUO NEEDLES
BD ULTRAFINE
INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization
suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/
caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate
topical
clindamycin phosphate/
benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone
dipropionate
colchicine tablets
COMBIGAN

COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
CORLANOR
CREON
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate
ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR,
TRANSMITTER
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
diazepam
diclofenac sodium
delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
ENDOMETRIN
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDIOLEX
epinephrine auto-injector
(by Mylan, Teva) [INJ]
EPIPEN, EPIPEN JR [INJ]

ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium
delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol/norethindrone
acetate
ESTRING
eszopiclone
etonogestrel-ee vaginal ring
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
flouxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS:
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE LIBRE & LIBRE 2
READER, SENSOR
FREESTYLE TEST STRIPS:
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
FULPHILA
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]

GENVOYA
GILENYA
GILOTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/
chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
INBRIJA
INCRUSE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate
ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JIVI [INJ]
JULUCA
junel
junel fe

(continued)

Go to express-scripts.com/2021drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at express-scripts.com.

K

ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KUVAN
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
LICART PATCHES
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
LOTEMAX GEL/OINTMENT
LOTEMAX SM
loteprednol eye drops
lovastatin
LUMIGAN
LUPANETA [INJ]
LUPRON DEPOT
3.75 MG, 11.25 MG [INJ]
LUPRON DEPOT-PED [INJ]
LYNPARZA
LYUMJEV [INJ]

M

MAYZENT
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate
ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
mometasone
MONOVISC [INJ]
montelukast

morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MVASI [INJ]
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NATESTO
NAYZILAM
neomycin/polymyxin/
hydrocortisone ear solution
NEXLETOL
NEXLIZET
niacin ext-release
nifedipine ext-release
NINLARO
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [INJ]
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NOVOFINE AUTOSHIELD
NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA
NUCALA [INJ]
NUDEXTA
nystatin
nystatin topical

O

ODACTRA
ODEFSEY
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORALAIR
ORILISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

pantoprazole delayed-release
paroxetine hcl
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
eye solution
POMALYST
potassium chloride
ext-release
pramipexole
pravastatin
PRECISION XTRA METERS,
TEST STRIPS,
B-KETONE STRIPS
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
pregabalin
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PROCRT [INJ]
progesterone micronized
PROLASTIN C [INJ]
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER

Q

QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REMICADE [INJ]
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
RINVOQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
RUBRACA
RUCONEST [INJ]
RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG (for
ulcerative colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLIQUA [INJ]
SOLOSEC
SOMATULINE DEPOT [INJ]
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STEGLATRO
STEGLUJAN
STELARA SC [INJ]
STIOLTO RESPIMAT
STRENSIQ [INJ]
SUBLOCADE [INJ]
sulfamethoxazole/
trimethoprim
sumatriptan
SUNOSI
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMTUZA
SYNJARDY, SYNJARDY XR

T

tacrolimus topical
tadalafil
TALICIA
TALTZ [INJ]
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEGSEDI [INJ]
TEKTURN HCT
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER SUSPENSION
tramadol
travoprost eye solution
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ]

TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
TRIARDY XR
tri-lo-marzia
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UCERIS FOAM
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
venlafaxine
venlafaxine ext-release
verapamil ext-release
VERZENIO
VIBERZI
VIIBRYD
VIMPAT
VIOKACE
VIZIMPRO
VOSEVI
VUMERITY
VYVANSE

W

warfarin

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM

Y

YONSA
YUPELRI
yuvafem

Z

ZARXIO [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZEPPOSIA
ZERVIAE
ZIENTENZO [INJ]
ZIOPTAN
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV
ZYLET
ZYTIGA 500 MG

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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. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. 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 |
|---|---|---|
| ANTIINFECTIVES | | |
| Antibiotic Agents - Vancomycins (Oral) | FIRVANQ | vancomycin capsules |
| Antifungal Agents (Oral) | TOLSURA | itraconazole |
| Antivirals (Oral) | SITAVIG | acyclovir oral or cream, famciclovir, valacyclovir |
| AUTONOMIC & CENTRAL NERVOUS SYSTEM | | |
| Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA | clonidine |
| Anticonvulsants | APTIOM | carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT |
| | FINTEPLA | DIACOMIT, EPIDIOLEX |
| | TOPIRAMATE ER CAPSULES | topiramate tablets, QUDEXY XR |
| Antimigraine Agents | VYEPTI | AIMOVIG, AJOVY, EMGALITY |
| Antiparkinsonism Agents | GOCOVRI ER | amantadine capsules, amantadine tablets, amantadine oral solution |
| | XADAGO, ZELAPAR | rasagiline, selegiline |
| Antipsychotics (Oral) | CAPLYTA | aripiprazole, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA |
| Antispasmodic Agents | OZOBAX | baclofen, tizanidine |
| Central Nervous System Stimulants | AMPHETAMINE ER SUSPENSION | dextroamphetamine er, dextroamphetamine/amphetamine er, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE |
| Duchenne Muscular Dystrophy (DMD) Agents | EMFLAZA | prednisone solution, prednisone tablets |
| | EXONDYS 51, VYONDYS 53 | No alternatives recommended |
| Lambert-Eaton Myasthenic Syndrome Agents | FIRDAPSE | RUZURGI |
| Long-Acting Opioid Oral Analgesics | EMBEDA, MORPHABOND ER, NUCYNTA ER, OXYCODONE ER, XTAMPZA ER | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN |
| Multiple Sclerosis (Beta Interferons) | EXTAVIA | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE |
| Narcotic Analgesics & Combinations | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN | hydrocodone/acetaminophen |
| | NUCYNTA | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen |
| | PRIMLEV | oxycodone/acetaminophen |
| Narcotic Antagonists | BUNAVAIL | buprenorphine/naloxone, ZUBSOLV |
| | EVZIO, NALOXONE AUTO-INJECTOR | naloxone syringes, NARCAN NASAL SPRAY |
| Neuropathic Agents | LYRICA CR | gabapentin, pregabalin |
| Sedative-Hypnotic Agents | DORAL, QUAZEPAM | estazolam, lorazepam |
| Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants | DRIZALMA SPRINKLE | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA |
| Tardive Dyskinesia Therapy | INGREZZA | AUSTEDO |
| Transmucosal Fentanyl Analgesics | FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS | fentanyl citrate lozenges |
| Miscellaneous Antidepressants | SPRAVATO | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives | |
|--|---|---|---|
| CARDIOVASCULAR ACE Inhibitors | EPANED | enalapril | |
| | QBRELIS | lisinopril | |
| | Anticoagulants | PRADAXA, SAVAYSA | ELIQUIS, XARELTO |
| | Beta Blockers & Combinations | INDERAL XL, INNOPRAN XL | propranolol er |
| | | KAPSPARGO SPRINKLE | metoprolol succinate |
| | | DUTOPROL | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide |
| | Calcium Channel Blockers | KATERZIA | amlodipine |
| HMG & Cholesterol Inhibitor Combinations | ALTOPREV, EZALLOR SPRINKLE, SIMVASTATIN SUSPENSION | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO | |
| PCSK9 Inhibitors | PRALUENT | REPATHA | |
| DERMATOLOGICAL Oral Agents for Acne | MINOCYCLINE ER CAPSULES, XIMINO | minocycline er tablets | |
| Rosacea Agents (Oral) | DOXYCYCLINE 40 MG CAPSULES | doxycycline hyclate, doxycycline monohydrate | |
| Topical Acne Combinations | EPIDUO FORTE | adapalene/benzoyl peroxide | |
| Topical Acne/Antibiotic Combinations | 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, ZYCLARA | 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 | ECOZA, LULICONAZOLE, SULCONAZOLE, XOLEGEL | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole | |
| Topical Corticosteroids | CLOCORTOLONE | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide | |
| | VERDESO FOAM | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment | |
| Topical Retinoids for Acne | RETIN-A MICRO 0.06% & 0.08% | tretinoin microsphere 0.04% & 0.1% | |
| Vitamin D Analogs (Topical) | CALCIPOTRIENE FOAM | calcipotriene, calcitriol | |
| Miscellaneous Topical Dermatological Agents | ALCORTIN A | hydrocortisone, mupirocin | |
| | LIDOCAINE/TETRACAINE | lidocaine cream, lidocaine/prilocaine cream | |
| DIABETES 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 (DPP-4) Inhibitors & Combinations | ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA | JANUVIA | |
| | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR | JANUMET, JANUMET XR | |
| | ALOGLIPTIN/PIOGLITAZONE | pioglitazone plus JANUVIA | |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN | GLYXAMBI, STEGLUJAN | |
| 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, LYUMJEV | |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|--|---|
| EAR/NOSE Nasal Steroids | BECONASE AQ, OMNARIS, ZETONNA | budesonide, flunisolide, fluticasone, mometasone, QNASL |
| Otic Fluoroquinolone Antibiotics | CETRAXAL | ciprofloxacin ear solution, ofloxacin ear solution, OTOVEL |
| | CIPROFLOXACIN/FLUOCINOLONE OTIC | ciprofloxacin/dexamethasone otic, OTOVEL |
| ENDOCRINE (OTHER) Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty) | FENSOLVI | 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 | AVEED | testosterone cypionate, testosterone enanthate |
| | JATENZO | testosterone (gel, packets, pump), ANDRODERM |
| Miscellaneous Endocrine Drugs | KORLYM | ketoconazole, LYSODREN, SIGNIFOR |
| GASTROINTESTINAL Antidiarrheal Agents | MYTESI | diphenoxylate/atropine, loperamide |
| Antiemetics (Oral) | AKYNZEO CAPSULES | granisetron, ondansetron, aprepitant, VARUBI TABLETS |
| | EMEND POWDER PACKETS | aprepitant, VARUBI TABLETS |
| Bowel Evacuants | MOVIPREP, OSMOPREP | peg-electrolyte solution, CLENPIQ, SUPREP |
| Corticosteroids (Rectal Formulations) | CORTIFOAM | hydrocortisone enema, UCERIS FOAM |
| Helicobacter Pylori Agents | HELIDAC, PYLERA | lansoprazole/amoxicillin/clarithromycin, TALICIA |
| Hemorrhoidal Preparations | PROCTOFOAM-HC | pramoxine/hydrocortisone |
| Inflammatory Bowel Agents | DIPENTUM | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA |
| Irritable Bowel Syndrome & Chronic Constipation Agents | AMITIZA | LINZESS, TRULANCE |
| Pancreatic Enzymes | PANCREAZE, PERTZYE | CREON, ZENPEP |
| Proton Pump Inhibitors | ACIPHEX SPRINKLE, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole |
| HEMATOLOGICAL Antiplatelet Agents | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole |
| Chelating Agents | JADENU SPRINKLE | deferasirox |
| Erythropoiesis-Stimulating Agents | ARANESP, EPOGEN, MIRCERA | PROCRIT, RETACRIT |
| Factor VIII Recombinant Products | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT |
| Granulocyte Colony Stimulating Factors | GRANIX, NEUPOGEN | NIVESTYM, ZARXIO |
| | NEULASTA, UDENYCA | FULPHILA, ZIEXTENZO |
| Sickle Cell Disease Agents | OXBRYTA | hydroxyurea, ADAKVEO, DROXIA |
| | SIKLOS | DROXIA |
| Thrombocytopenia Agents | MULPLETA | DOPTELET |
| | TAVALLISSE | DOPTELET, PROMACTA, NPLATE |
| HEPATITIS Hepatitis C | LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI | EPCLUSA, HARVONI, VOSEVI, ZEPATIER |
| HIV 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 |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|--|--|
| MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy | COLCHICINE CAPSULES | colchicine tablets, MITIGARE |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen |
| | INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam |
| | RELAFEN DS | nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) | DICLOFENAC EPOLAMINE PATCHES | FLECTOR PATCHES |
| | PENNSAID | diclofenac sodium topical, FLECTOR PATCHES |
| OBSTETRICAL & GYNECOLOGICAL Combination Patches | CLIMARA PRO | COMBIPATCH |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms | FEMRING, INTRAROSA | estradiol cream, estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS |
| Human Chorionic Gonadotropin | CHORIONIC GONADOTROPIN, PREGNYL | NOVAREL, OVIDREL |
| Ovulatory Stimulants (Follitropins) | FOLLISTIM AQ | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT |
| Prenatal Vitamins | PREGENNA, TRINAZ | generic prenatal vitamins |
| Topical Estrogen Gels | ELESTRIN, ESTROGEL | DIVIGEL |
| Vaginal Progestones | CRINONE 4% | medroxyprogesterone, megestrol, norethindrone, progesterone |
| | CRINONE 8% | ENDOMETRIN |
| ONCOLOGY Bevacizumab-Containing Agents | AVASTIN | MVASI, ZIRABEV |
| Breast Cancer Agents | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY | IBRANCE, VERZENIO |
| Chronic Lymphocytic Leukemia (CLL) Agents | CALQUENCE | IMBRUVICA, VENCLEXTA |
| Multiple Myeloma Agents | XPOVIO | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE |
| Myelofibrosis Agents | INREBIC | JAKAFI |
| Prostate Cancer Agents | TRELSTAR | ELIGARD, FIRMAGON |
| Rituximab-Containing Agents | RITUXAN, RITUXAN HYCELA, TRUXIMA | RUXIENCE |
| Trastuzumab-Containing Agents | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT | KANJINTI, TRAZIMERA |
| Tyrosine Kinase Inhibitors | QINLOCK | imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT |
| OPHTHALMIC Antiglaucoma Drugs (Non-Prostaglandins) | TIMOPTIC OCUDOSE | betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, AZOPT, COMBIGAN |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins) | DURYSTA, XELPROS | bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN |
| Ophthalmic Anti-Allergic | ALOCRIL, ALOMIDE, LASTACAF, PAZEO | azelastine drops, cromolyn drops, epinastine drops, ketotifen drops, olopatadine drops, ZERVIATE |
| Ophthalmic Anti-Inflammatory | FML FORTE, FML S.O.P., MAXIDEX, PRED MILD | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | ACUVAIL, NEVANAC | bromfenac drops, diclofenac drops, ketorolac drops |
| Ophthalmic Quinolone Antibiotics | CILOXAN OINTMENT | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops |
| OSTEOARTHRITIS Hyaluronic Acid Derivatives | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, TRILURON, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC |
| OSTEOPOROSIS Bone Modifiers | EVENITY, PROLIA | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS |

Continued

| Drug Class | Excluded Medications | Preferred Alternatives |
|---|---|---|
| RENAL DISEASE Nephropathic Cystinosis Medications | PROCYSBI | CYSTAGON |
| Phosphate Binders | FOSRENOL POWDER PACKETS | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO |
| RESPIRATORY 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 | TUDORZA PRESSAIR | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT |
| Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR | ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT |
| Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers | AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA) | fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT |
| Short-Acting Beta ₂ -Agonist Inhalers | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA | albuterol sulfate hfa (by Cipla, Par, Perrigo, Proficient Rx & Teva) |
| MISCELLANEOUS AGENTS Allergen Immunotherapy | PALFORZIA | No alternatives recommended |
| Cushing's Agents | ISTURISA | SIGNIFOR |
| Gaucher Disease Agents | ELELYSO | CEREZYME |
| Hereditary Angioedema | BERINERT | RUCONEST |
| Immune Globulins | CUTAQUIG | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| | GAMMAKED | IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
| | HIZENTRA SYRINGES, HIZENTRA VIALS | SC: XEMBIFY |
| Immunosuppressant Agents | OTREXUP | RASUVO |
| | XATMEP | methotrexate |
| Nocturnal Polyuria Agents | NOCTIVA | desmopressin tablets |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis | ONPATRO | TEGSEDI |
| Potassium Binders | VELTASSA | LOKELMA |

Indication Based Management

| Drug Class | Excluded Medications | Preferred Alternatives |
|--|----------------------|--|
| Spinal Conditions (nr-axSpA) | COSENTYX | TALTZ, CIMZIA |
| Inflammatory Conditions‡ where COSENTYX is indicated | COSENTYX | TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR |

| Drug Class | Nonpreferred Medications | Preferred Alternatives |
|--------------------------|--|--|
| Inflammatory Conditions‡ | 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 a patient already established on therapy with a Nonpreferred medication. | Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR Preferred after Step through HUMIRA: ACTEMRA ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR |

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

Continued

Excluded Medications/Products at a Glance

| | | | | |
|---|---|---|---|---|
| ABILIFY [^] | CUTAQUIG | INDOMETHACIN 20 MG CAPSULES | OMNARIS | SUPARTZ FX |
| ACANYA [^] | CYMBALTA [^] | INGREZZA | OMNITROPE | SYNVISC, SYNVISC-ONE |
| ACIPHEX [^] | CYTOMEL [^] | INNOPRAN XL | ONGLYZA | TARGETIN CAPSULES [^] |
| ACIPHEX SPRINKLE | DELSTRIGO | INREBIC | ONPATTRO | TAVALISSE |
| ACUVAIL | DELZICOL [^] | INSULIN ASPART, | ONTRUZANT | TAZORAC 0.1% CREAM [^] |
| ADCIRCA [^] | DETROL [^] , DETROL LA [^] | INSULIN ASPART PROTAMINE | ORTHO TRI-CYCLEN [^] , | TEKTURNA [^] |
| ADDERALL [^] | DICLOFENAC EPOLAMINE PATCHES | INSULIN LISPRO | ORTHO TRI-CYCLEN LO [^] | TESTIM [^] |
| ADLYXIN | DIOVAN [^] , DIOVAN HCT [^] | INTRAROSA | OSMOPREP | TIKOSYN [^] |
| ADMELOG | DIPENTUM | INTUNIV [^] | OTREXUP | TIMOPTIC OCUDOSE |
| AGGRENOX [^] | DORAL | ISTALOL [^] | OXBRYTA | TIVORBEX |
| AIRDUO RESPICLIK | DOXYCYCLINE 40 MG CAPSULES | ISTURISA | OXYCODONE ER | TOBI SOLUTION [^] |
| AKYNZEO CAPSULES | DRIZALMA SPRINKLE | JADENU [^] | OZOBAX | TOLSURA |
| ALBUTEROL SULFATE HFA | DUAKLIR PRESSAIR | JADENU SPRINKLE | PALFORZIA | TOPAMAX [^] |
| (BY A-S MEDICATION, PRASCO) | DURAGESIC [^] | JATENZO | PANCREAZE | TOPICORT SPRAY [^] |
| ALCORTIN A | DUROLANE | JENTADUETO, JENTADUETO XR | PATADAY [^] | TOPIRAMATE ER CAPSULES |
| ALOCRIL | DURYSTA | KAPSPARGO SPRINKLE | PAZEO | TOPROL XL [^] |
| ALOGLIPTIN | DUTOPROL | KATERZIA | PENNSAID | TRADJENTA |
| ALOGLIPTIN/METFORMIN | ECOZA | KAZANO | PERCOCET [^] | TRANSDERM-SCOP [^] |
| ALOGLIPTIN/PIOGLITAZONE | EFFEXOR XR [^] | KEPPRA [^] , KEPPRA XR [^] | PERTZYE | TRAVATAN Z [^] |
| ALOMIDE | ELELYSO | KETOROLAC NASAL SPRAY | PIFELTRO | TRELSTAR |
| ALTOPREV | ELESTRIN | KISQALI, KISQALI FEMARA CO-PACK | PIQRAY | TRIMET [^] |
| AMBIEN [^] , AMBIEN CR [^] | ELIDEL [^] | KOMBIGLYZE XR | PLAQUENIL [^] | TRIBENZOR [^] |
| AMITIZA | EMBEDA | KORLYM | PLAVIX [^] | TRICOR [^] |
| AMPHETAMINE ER SUSPENSION | EMEND CAPSULES [^] , TRIFOLD PACK [^] | LAMICTAL [^] , LAMICTAL ODT [^] , | PRADAXA | TRILEPTAL [^] |
| AMPYRA [^] | EMEND POWDER PACKETS | LAMICTAL XR [^] | PRALUENT | TRILURON |
| AMRIX [^] | EMFLAZA | LASTACRAFT | PRAVACHOL [^] | TRINAZ |
| ANDROGEL 1% [^] | EPANED | LAZANDA | PRED MILD | TRIVIDIA (TRUETEST, TRUETRACK) |
| ANDROGEL 1.62% [^] | EPIDUO [^] | LEDIPASVIR/SOFOSBUVIR | PREGENNA | TRIVISC |
| ANUSOL-HC [^] | EPIDUO FORTE | LETAIRIS [^] | PREGNLY | TRUXIMA |
| APADAZ | EPINEPHRINE AUTO-INJECTOR | LEXAPRO [^] | PREVACID [^] , PREVACID SOLUTAB [^] | TUDORZA PRESSAIR |
| APIDRA | (BY IMPAX) | LIALDA [^] | PREZCOBIX | UDENYCA |
| APTIOM | EPOGEN | LIBRAX [^] | PRILOSEC SUSPENSION | ULORIC [^] |
| ARANESP | ESOMEPRAZOLE STRONTIUM | LIDOCAINE/TETRACAINE | PRIMLEV | UROXATRAL [^] |
| ARIMIDEX [^] | ESTRACE CREAM [^] | LIDODERM [^] | PRISTIQ [^] | VAGIFEM [^] |
| ASACOL HD [^] | ESTROGEL | LIPITOR [^] | PROAIR DIGIHALER | VALIUM [^] |
| ASCENSIA (BREEZE, CONTOUR) | ESTROSTEP FE [^] | LOCOID [^] , LOCOID LIPOCREAM [^] | PROAIR HFA [^] | VALTRET [^] |
| ASPIRIN/OMEPRAZOLE DR | EVENITY | LOESTRIN [^] , LOESTRIN FE [^] | PROAIR RESPICLIK | VANOS [^] |
| ATACAND [^] , ATACAND HCT [^] | EVZIO | LOSEASONIQUE [^] | PROCTOFOAM-HC | VELTASSA |
| ATRALIN [^] | EXFORGE [^] , EXFORGE HCT [^] | LOTREL [^] | PROCYSBI | VELTIN |
| ATRIPLA | EXJADE [^] | LOTRONEX [^] | PROLIA | VENTOLIN HFA |
| AUVI-Q | EXONDYS 51 | LOVENOX [^] | PROTONIX [^] | VERDESO FOAM |
| AVALIDE [^] , AVAPRO [^] | EXTAVIA | LUCEMYRA | PROVENTIL HFA [^] | VESICARE [^] |
| AVASTIN | EZALLOR SPRINKLE | LULICONAZOLE | PROVIGIL [^] | VIAGRA [^] |
| AVEED | FEMRING | LUNESTA [^] | PROZAC [^] | VICTOZA |
| AVODART [^] | FENOPROFEN CAPSULES | LYRICA [^] | PULMICORT RESPULES [^] | VISCO-3 |
| AZOR [^] | FENORTHO | LYRICA CR | PYLERA | VIVELLE-DOT [^] |
| BARACLUDE TABLETS [^] | FENSOLVI | MAYVRET | QNBELIS | VIVLODEX |
| BECONASE AQ | FENTANYL CITRATE BUCCAL TABLETS | MAXALT [^] , MAXALT MLT [^] | QINLOCK | VYEPTI |
| BENICAR [^] , BENICAR HCT [^] | FENTORA | MAXIDEX | QTERN | VYONDYS 53 |
| BENZHYDROCODONE/ ACETAMINOPHEN | FIASP | MESTINON [^] | QUARTETTE [^] | VYTORIN [^] |
| BERINERT | FIRAZYP [^] | MICARDIS [^] , MICARDIS HCT [^] | QUAZEPAM | WELCHOL 3.75 GM PACKETS [^] |
| BRISDELLE [^] | FIRDAPSE | MINASTRIN 24 FE [^] | RABEPRAZOLE DR SPRINKLE | WELLBUTRIN SR [^] |
| BUDESONIDE/FORMOTEROL | FIRVANQ | MINIVELLE [^] | RANEXA [^] | WELLBUTRIN XL [^] |
| BUNAVAIL | FLUOROURACIL 0.5% CREAM | MINOCYCLINE ER CAPSULES | RAPAFLO [^] | XADAGO |
| BUPAP [^] | FLUTICASONE/SALMETEROL | MIRCERA | RECOMBINATE | XALATAN [^] |
| BUTRANS [^] | (BY A-S MEDICATION, TEVA) | MIRCETTE [^] | RELAFEN DS | XANAX [^] , XANAX XR [^] |
| CALCIPOTRIENE FOAM | FML FORTE, FML S.O.P. | MORPHABOND ER | RELION NOVOLIN | XATMEP [^] |
| CALQUENCE | FOCALIN [^] , FOCALIN XR [^] | MOVIPREP | RENAGEL [^] | XELPROS |
| CAPLYTA | FOLLISTIM AQ | MUPLETA | RETIN-A MICRO 0.04% & 0.1% [^] | XENAZINE [^] |
| CARAC | FOSRENOL CHEWABLE TABLETS [^] | MYTESI | RETIN-A MICRO 0.06% & 0.08% [^] | XIMINO |
| CELEBREX [^] | FOSRENOL POWDER PACKETS | NALFON CAPSULES | RITUXAN, RITUXAN HYCELA | XOLEGEL |
| CELEXA [^] | GAMMAKED | NALOXONE AUTO-INJECTOR | ROCHE (ACCU-CHEK) | XOPENEX HFA |
| CETRAXAL | GANIRELIX ACETATE [^] | NAMENDA XR [^] | ROZEREM [^] | XPROVIO |
| CHORIONIC GONADOTROPIN | GEL-ONE | NASONEX [^] | SAFYRAL [^] | XTAMPZA ER |
| CIALIS [^] | GELSYN-3 | NATROBA [^] | SAIZEN, SAIZENPREP | XYNTHA, XYNTHA SOLOFUSE |
| CILOXAN OINTMENT | GENERESS FE [^] | NESINA | SANDOSTATIN LAR DEPOT | YASMIN [^] |
| CINQAIR | GENVISC 850 | NEULASTA | SAVAYSA | YOSPRALA DR |
| CIPROFLOXACIN/FLUOCINOLONE OTC | GLEEVEC [^] | NEUPOGEN | SEASONIQUE [^] | ZAVESCA [^] |
| CLIMARA PRO | GLUCOPHAGE [^] , GLUCOPHAGE XR [^] | NEURONTIN [^] | SENSIPAR [^] | ZEGERID [^] |
| CLINDAGEL | GLUMETZA [^] | NEVANAC | SEROQUEL [^] , SEROQUEL XR [^] | ZELAPAR |
| CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE) | GOCOVRI ER | NEXIUM CAPSULES [^] | SIGNIFOR LAR | ZETIA [^] |
| CLOCORTOLONE | GRANIX | NEXIUM PACKETS | SIKLOS | ZETONNA |
| COLCHICINE CAPSULES | HELIDAC | NOCTIVA | SIMVASTATIN SUSPENSION | ZIPSOR |
| COMPLERA | HERCEPTIN, HERCEPTIN HYLECTA | NORCO [^] | SINGULAIR [^] | ZOCOR [^] |
| CONCERTA [^] | HERZUMA | NORVASC [^] | SITAVIG | ZOHYDRO ER [^] |
| COREG [^] | HIZENTRA SYRINGES | NOVOLIN | SODIUM HYALURONATE | ZOLOFT [^] |
| CORTIFOAM | HIZENTRA VIALS | NOVOLOG | SOFOSBUVIR/VELPATASVIR | ZOMACTON |
| COSENTYX | HUMATROPE | NOXAFIL TABLETS [^] | SOVALDI | ZOMIG TABLETS [^] , ZOMIG ZMT [^] |
| COSOPT [^] | HYALGAN | NUCYNTA | STRATTEA [^] | ZONEGRAN [^] |
| COZAAR [^] , HYZAAR [^] | HYMOVIS | NUCYNTA ER | STRIBILD | ZORVOLEX |
| CRESTOR [^] | IMIQUIMOD 3.75% CREAM PUMP | NUTROPIN AQ NUSPIN | STRIVERDI RESPIMAT | ZOVIRAX OINTMENT [^] |
| CRINONE | IMITREX [^] | NUVIGIL [^] | SUBSYS | ZYCLARA |
| CUPRIMINE [^] | INDERAL LA [^] | NUVIQ | SULCONAZOLE | ZYTIGA 250 MG [^] |
| | INDERAL XL | OGIVRI | | |

[^] 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.