

1Q2020 Precision Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia, Sprix Nasal Spray	celecoxib, diflunisal, flurbiprofen, ibuprofen, indomethacin, ketorolac, meloxicam, nabumetone, piroxicam, sulindac
Non-Steroidal Anti-Inflammatory	Pennsaid	Diclofenac solution
ANTICONVULSANTS		
Antiepilepsy	Trokendi XR, Qudexy XR	topiramate ER
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Oral Long-Acting Opioid Analgesics ^α	Kadian, Nucynta ER, Xtampza ER, Zohydro ER, Arymo ER, Hysingla ER, Oxycontin, Conzip, Dilaudid, Exalgo ER, MS Contin	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda
Oral Short-Acting Opioid Analgesics	Nucynta, Roxicodone	codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl, oxymorphone hcl
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
CARDIOVASCULAR		
Statins	Crestor, Lescol XL, Lipitor, Pravachol, Zocor, Zypitamag	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo
DERMATOLOGICAL AGENTS		
Topical Acne Treatment ^α	Acanya, Aczone, Aktipak, Benzaclin, Benzaclin Pump, Clindagel, Benzamycin, Clindacin pac/kit, Duac, Epiduo Veltin, Ziana Gel	Onexton, dapsone gel, dapalene/benzoyl peroxide, clindamycin/benzoyl peroxide
Anti-Inflammatory Agents	Noritate Cream, Topicort Spray, Halog Cream/Ointment, Ala-Scalp, Apexicon, Capex, Clobex, Cloderm, Desonate, Impoiz, Kenalog, Micort-HC, Pandel, Psorcon, Trianex, Ultravate, Verdeso	Generic topical corticosteroids
DIABETES		
Blood Glucose Meters & Strips ^α	Abbott (FreeStyle, Precision), Arkray (Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch)

Therapeutic Category	Excluded Medications	Preferred Alternatives
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations ^α	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors & Combinations ^α	Farxiga, Xigduo XR, Steglatro, Segluromet	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Sodium-glucose co-transporter (SGLT2) Inhibitors & Dipeptidyl Peptidase-4 (DPP4) Inhibitors Combinations ^α	Steglujan, Qtern	Glyxambi
Glucagon-Like Peptide-1 Agonists ^α	Adlyxin, Tanzeum	Bydureon, Bydureon BCise, Byetta, Trulicity, Victoza, Ozempic
Insulins ^α	Novolin	Humulin
Rapid-acting insulin ^α	Admelog, Apidra, Fiasp, Insulin Lispro, NovoLog	Humalog
Basal insulin ^α	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Biguanides	Glumetza, Fortamet	Metformin ER (Glucophage generic), Metformin IR, Riomet
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes ^α	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Inflammatory Bowel Disease ^α	Asacol HD, Delzicol, Dipentum, Lialda	Apriso
Chronic Idiopathic Constipation, Irritable bowel syndrome with constipation ^α	Trulance, Amitiza	Linzess
Opioid-Induced Constipation ^α	Movantik, Amitiza, Relistor	Symproic
CORTICOSTEROIDS		
Oral Anti-Inflammatory Agents	Rayos DR	prednisone
IMMUNOMODULATORS		
Autoimmune Agents ^{α,3}	Cosentyx, Olumiant, Ilumya, Remicade	Cimzia, Humira, Inflectra, Actemra, Orenzia, Otezla, Renflexis, Simponi, Simponi Aria, Skyrizi, Stelara, Taltz Tremfya, Xeljanz/XR
MUSCULOSKELETAL		
Muscle Relaxant	Amrix	cyclobenzaprine

Therapeutic Category	Excluded Medications	Preferred Alternatives
NEUROLOGICAL		
Migraine Prevention Agents	Ajovy	Aimovig, Emgality
Anti-Migraine Agents	Onzetra XSAIL, Zembrace Symtouch, Sumavel Dosepro, Imitrex, Maxalt/MLT, Relpax, Zomig, Treximet	sumatriptan injection, sumatriptan, rizatriptan, eletriptan, zolmitriptan
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z, Rhopressa, Rocklatan, Xelpros
Anti-Inflammatory	Bromsite, Ilevro, Nevanac	Prolensa
RESPIRATORY		
Anti-Inflammatory Inhalers ^α	Alvesco, Asmanex, QVAR, QVAR RediHaler, ArmonAir Respiclick	Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler
Anticholinergic/Long-Acting Beta Agonist Combination Inhalers ^α	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
Anti-Inflammatory/ Long-Acting Beta Agonist Combination Inhalers ^α	AirDuo Respiclick, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort, fluticasone/salmeterol, Wixela Inhub
Short-Acting Beta-2 Adrenergic Inhalers ^α	levalbuterol HFA, Proventil HFA, Xopenex HFA, albuterol HFA Inhaler	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics) ^α	Tudorza, Seebri	Incruse Ellipta, Spiriva

Required Prior Authorization²

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C ¹	All other products non-preferred with prior authorization	Eplusa, Harvoni, Sovaldi, Mavyret, Vosevi, ledipasvir - sofosbuvir, sofosbuvir - selpatasvir
Multiple Sclerosis	All other products non-preferred with prior authorization	Avonex, Copaxone, Gilenya, glatiramer, Plegridy, Tecfidera, Betaseron, Mayzent
Erythropoiesis-Stimulating Agents	All other products non-preferred with prior authorization	Aranesp, Retacrit
Growth Hormones	All other products non-preferred with prior authorization	Norditropin

Excluded brand-name medications with generic equivalents

The brand-name medications listed below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered on the formulary.

ABILIFY	CELEBREX	EXALGO	LOTEMAX
ACIPHEX	CELEXA	EXFORGE	LOTREL
ACTICLATE	CIALIS	EXFORGE HCT	LOVAZA
ACZONE	CLARINEX	FINACEA	LUNESTA
ADDERALL	CLIMARA	FIORICET	LYRICA
ADDERALL XR	CLOBEX	FIORICET WITH CODEINE	MAXALT
ADIPEX-P	COLESTID	FLOMAX	MAXALT MLT
ALPHAGAN P	CONCERTA	FOCALIN	METROGEL
ALTACE	COREG	FOCALIN XR	MICARDIS
AMBIEN	CORTEF	GLUCOPHAGE	MICARDIS HCT
AMBIEN CR	COSOPT	GLUCOPHAGE XR	MOBIC
ANDROGEL	COSOPT PF	GOLYTELY	MS CONTIN
ARIMIDEX	COZAAR	HYZAAR	NALFON
ARTHROTEC 75	CRESTOR	IMITREX	NASONEX
ATACAND	CYMBALTA	INDERAL LA	NEURONTIN
ATIVAN	CYTOMEL	INTUNIV	NEXIUM
AVAPRO	DELESTROGEN	KENALOG	NIASPAN
AVODART	DEPAKOTE SPRINKLE	KENALOG-40	NITROSTAT
AZOR	DEPAKOTE	KEPPRA	NORCO
BENICAR	DEPAKOTE ER	KEPPRA XR	NORVASC
BENICAR HCT	DEPO-TESTOSTERONE	KLONOPIN	NULYTELY WITH FLAVOR
BENZACLIN	DIFFERIN	K-TAB ER	PACKS
BRISDELLE	DILAUDID	LAMICTAL	NUVIGIL
BUTRANS	DIOVAN	LAMICTAL ODT	OMNIPRED
CANASA	DIOVAN HCT	LAMICTAL (BLUE)	ONFI
CARAFATE	DORYX	LAMICTAL (GREEN)	PATADAY
CARBATROL	DURAGESIC	LAMICTAL (ORANGE)	PATANOL
CARDIZEM LA	DYAZIDE	LAMICTAL XR	PAXIL
CARNITOR	EFFEXOR XR	LASIX	PAXIL CR
CARNITOR SF	ELIDEL	LATISSE	PERCOCET
CATAPRES-TTS 1	EPIDUO	LESCOL XL	PLAQUENIL
CATAPRES-TTS 2	ESTRACE	LEXAPRO	PLAVIX
CATAPRES-TTS 3	EVEKEO	LIPITOR	PRAVACHOL

PREVACID	RITALIN LA	TIMOPTIC	VOLTAREN
PRINIVIL	ROXICODONE	TIMOPTIC-XE	VYTORIN
PRISTIQ	SENSIPAR	TOBRADEX	WELCHOL
PROMETRIUM	SEROQUEL	TOPAMAX	WELLBUTRIN SR
PROPECIA	SEROQUEL XR	TOPROL XL	WELLBUTRIN XL
PROTONIX	SILVADENE	TREXIMET	XALATAN
PROVIGIL	SINGULAIR	TRIBENZOR	XANAX
PROZAC	SKELAXIN	TRICOR	XANAX XR
PULMICORT	SOLODYN	TRILEPTAL	ZANAFLEX
QUESTRAN LIGHT	SOMA	TYLENOL-CODEINE NO.3	ZEGERID
QUESTRAN	STRATTERA	TYLENOL-CODEINE NO.4	ZESTRIL
RANEXA	SUBOXONE	UCERIS	ZETIA
RELPAK	SYNTHROID	ULTRACET	ZOCOR
RENAGEL	TACLONEX	ULTRAM	ZOLOFT
RESTORIL	TAMIFLU	VAGIFEM	ZOMIG
RETIN-A	TAZORAC	VALIUM	ZOMIG ZMT
RETIN-A MICRO	TEGRETOL	VALTREX	ZONEGRAN
RETIN-A MICRO PUMP	TEGRETOL XR	VESICARE	ZOVIRAX
RISPERDAL	TENORMIN	VIGAMOX	ZYPREXA
RITALIN	TIKOSYN	VIVELLE-DOT	

^a Mandatory exclusion classes.

** This list is not inclusive of all formulary strategies. Please check the formulary listing for specific drug coverage.
All therapeutic classes do not allow grandfathering, unless specifically mentioned.

¹ Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

² All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of one or more preferred medications prior to beginning therapy. The number and type of preferred alternative(s) will depend on the indication

³ Grandfathering varies depending on which formulary the plan is enrolled in. The number and type of preferred alternative(s) will depend on the indication