

## July 1, 2020 Premium Formulary Exclusions & Preferred Specialty Prior Authorization Requirements

Therapeutic Category	Excluded Medications		Preferred Alternatives
<b>ALLERGIC REACTIONS</b>			
Anaphylaxis Treatment	Auvi-Q (0.15mg, 0.3mg), Epi-Pen JR 0.15mg		epinephrine injection, Epi-Pen 0.3mg
<b>ANALGESICS</b>			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia, Zipsor, Zorvolex	celecoxib, diflunisal, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Qmiiz ODT	meloxicam
	Topical	Flector	diclofenac patch
		Pennsaid	diclofenac solution
	Other	Ketorolac Nasal Spray (M), Sprix Nasal Spray	diclofenac, ibuprofen, meloxicam
Pain	Opioid combinations	Apadaz, Benzhydrocodone/acetaminophen	hydrocodone/acetaminophen, oxycodone/acetaminophen
	Oral Long-Acting Opioid Analgesics	Arymo ER, Kadian ER 200 mg, Nucynta ER, Oxycodone Powder, Oxycodone ER (M), Xtampza ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
		Conzip, Tramadol ER 100mg, 200mg, 300mg (M)	tramadol
	Oral Short-Acting Opioid Analgesics	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
	Transmucosal Fentanyl Analgesics	Abstral, Fentora, Fentanyl Citrate Buccal Tab (M), Lazanda, Subsys	fentanyl citrate lozenge

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>ANALGESICS</b>		
Skeletal Muscle Relaxant Combinations	Norgesic Forte, Orphengesic Forte (M)	orphenadrine tab, aspirin
<b>ANTIBACTERIALS, ORAL</b>		
Oral Antibiotics	Doryx MPC, Doxycycline Hyclate delayed release 80mg, Minolira	doxycycline, minocycline
<b>ANTICONVULSANTS</b>		
Seizure Disorders	Trokendi XR <sup>1</sup>	topiramate ER
	Oxtellar XR <sup>1</sup>	oxcarbazepine IR
	Lamictal ODT Kit	lamotrigine ODT, lamotrigine XR
<b>ANTIFUNGALS, ORAL</b>		
Oral Antifungals	Tolsura	Itraconazole cap
<b>ANTIMIGRAINES</b>		
CGRP Antagonists	Ajovy	amitriptyline, atenolol, divalproex sodium, nadolol, propranolol, timolol, topiramate, venlafaxine, Aimovig, Emgality
Serotonin Receptor Agonists	Onzetra Xsail, Tosymra, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
<b>ANTIPARKINSON AGENTS</b>		
Parkinson's Disease	Gocovri, Osmolex ER	amantadine
<b>ANTIVIRALS</b>		
Hepatitis-C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret, Vosevi
HIV drugs	Atripla <sup>1</sup> , Temixys <sup>1</sup>	Please talk with your doctor about clinically appropriate options.
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Attention Deficit Disorder	Adhansia XR	Vyvanse
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup>	Avonex, Betaseron
<b>CARDIOVASCULAR</b>		
Cholesterol-Lowering Agents	Zypitamag	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>CARDIOVASCULAR</b>		
Hypertension	Inderal XL , Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
	Katerzia	amlodipine
<b>CHEMOTHERPY AGENTS</b>		
Alkylating Agents	Belrapzo, Bendamustine, Treanda	Please talk to your doctor about clinically appropriate options.
Antiandrogens	Erleada <sup>1</sup> , Yonsa <sup>1</sup> , Zytiga <sup>1</sup>	
Molecular Target Inhibitors	Afinitor oral tab 2.5mg, 5mg, 7.5mg	
Monoclonal Antibodies	Ogivri, Truxima	
<b>CONTRACEPTIVES</b>		
Oral	Lo Loestrin	junel FE, Iarin FE, microgestin FE, tarina FE
	Slynd	Camila, Incassia, Nora-Be, norethindrone, Norlyda, Norlyroc
Vaginal ring	Annovera	etonogestrel-ethinyl estradiol vaginal ring
<b>CORTICOSTEROIDS</b>		
Oral Steroids	Rayos	prednisone
<b>DERMATOLOGICAL AGENTS</b>		
Topical Acne Treatment	Aktipak, Clindagel, Clindamycin phosphate 1% gel(M), Veltin	adapalene, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo Forte, Onexton
	Adapalene lotion (M), Differin lotion	adapalene
Topical anesthetics	ZTlido	lidocaine patch
Topical Antifungals	Jublia	terbinafine, Kerydin
Topical Antiinfectives	Noritrate cream	metronidazole cream/gel/lotion, Soolantra

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DERMATOLOGICAL AGENTS</b>		
Topical Corticosteroids	ALA Scalp lotion, Micort-HC cream	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	Derma-Smoothe/FS, flucinolone acetonide scalp oil
	Cordran tape	flurandrenolide
	Desonate gel, Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetonide
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog ointment	fluticasone, halobetasol, triamcinolone
	Impoyz cream	clobetasol
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Ultravate lotion	clobetasol proprionate, fluocinonide, halobetasol proprionate
Topical Immune Response Modifier	Imiquimod cream pump 3.75% (M), Zyclara, Zyclara Pump	imiquimod 5% cream
Topical Plaque Psoriasis	Duobrii Lotion	clobetasol, fluocinonide, halobetasol, tazarotene, Enstilar
	Calcipotriene Foam 0.005% (M), Sorilux	calcipotriene
<b>DIABETES</b>		
Blood Glucose Meters, Test Strips and Control Solutions	<b>Examples:</b> Abbott (FreeStyle, Precision), Arkray(GlucoCard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
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 (generic GLUCOPHAGE XR )
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, Jentaducto, Jentaducto XR, Tradjenta
Basal insulins	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin	Bydureon, Bydureon BCise, Byetta, Ozempic, Rybelsus, Trulicity, Victoza
Insulins	Novolin	Humulin

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DIABETES</b>		
Rapid-acting insulins	Admelog, Apidra, Fiasp, Insulin Aspart (M), Insulin Lispro (M), Novolog	Humalog
Sodium-glucose co-transporter (SGLT2) Inhibitors - Single agent	Invokana, Steglatro	Farxiga, Jardiance
Sodium-glucose co-transporter (SGLT2) inhibitors - Combination agents	Invokamet, Invokamet XR, Segluromet	Synjardy, Synjardy XR, Xigduo XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi
<b>ENDOCRINE (OTHER)</b>		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Saizen, Zomacton	Norditropin, Nutropin
Infertility	Bravelle, Gonal-F, Gonal-F RFF	Follistim AQ
	Cetrotide	ganirelix (made by Organon/Merck)
Nocturia	Noctiva	desmopressin, Nocdurna
<b>GASTROINTESTINAL</b>		
Anti-Diarrheal Agents	Motofen	diphenoxylate/atropine, loperamide
Antiemetics	Sancuso patch	granisetron solution/tablet, ondansetron ODT
Anti-Inflammatory, Anti-Ulcer Agents	Duexis	esomeprazole-naproxen tab, famotidine with ibuprofen
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Trulance	Linzess
Opioid-Induced Constipation (OIC)	Amitiza, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	balsalazide, mesalamine, Apriso
Laxatives	Golytely packets	Gavilyte-C, Gavilyte-H, PEG 3350
	Moviprep	Clenpiq, Plenvu, Prepopik, Suprep
Pancreatic Enzymes	Pancreaze, Pertzeye, Viokace	Creon, Zenpep
Proton pump inhibitors	omeppi, omeprazole with sodium bicarbonate (cap, powder pak), Rabeprazole sprinkle cap (M)	lansoprazole, omeprazole, pantoprazole, Aciphex Sprinkle caps, Dexilant

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Epogen, Procrit	Aranesp, Retacrit
Immune globulin, intravenous (IVIG)	Panzyga <sup>1</sup>	Please talk to your doctor about clinically appropriate options.
Immune globulin, subcutaneous (SCIG)	Cutaquig <sup>1</sup>	Please talk to your doctor about clinically appropriate options.
Long-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Fulphila	Neulasta, Udenyca
Short-Acting Granulocyte-Colony Stimulating Factor (G-CSFs)	Granix, Neupogen	Nivestym, Zarxio
<b>IMMUNOMODULATORS</b>		
Interleukin-17 (IL-17) Inhibitor	Cosentyx <sup>1</sup>	Taltz
JAK Inhibitor	Olumiant <sup>1</sup>	Rinvoq, Xeljanz, Xeljanz XR
TNF inhibitor	Remicade	Inflectra, Renflexis
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan
	Timoptic Ocodose	timolol ophthalmic solution
Mast cell stabilizers	Pazeo	azelastine ophthalmic solution, olopatadine ophthalmic solution
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	bromfenac ophthalmic solution, diclofenac ophthalmic solution, flurbiprofen sodium ophthalmic solution, ketorolac tromethamine ophthalmic solution, Prolensa
<b>OTHER</b>		
Antigout Agents	Colchicine capsule, Colchicine tablet (made by Par), Colchicine tablet (made by Prasco), Mitigare	Colcrys, colchicine tablet (made by Mylan)
Antihistamines and combinations	Clarinet Syrup	desloratadine
	Clarinet-D	desloratadine with pseudoephedrine
Corticosteroid nasal sprays	Xhance	mometasone furoate, Beconase AQ

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering will not be provided for any other excluded drugs.

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>OTHER</b>		
Lambert-Eaton Myasthenic Syndrome (LEMS)	Firdapse	Ruzurgi
Osteoarthritis/Hyaluronic acid injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Sodium Hyaluronate, Supartz FX, Synvisc, Synvisc-One, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Platelet-Modifying Agent	Aspirin/Omeprazole (M), Yosprala	aspirin with omeprazole
Prenatal vitamins	<b>Examples:</b> Azesco, Pregenna, Prenate, Trinaz, Zalvit	Any preferred prenatal vitamin
Thyroid Agents	Tirosint caps, solution	levothyroxine
<b>RESPIRATORY</b>		
COPD: Inhaled Anticholinergics	Seebri, Tudorza	Incruse Ellipta, Spiriva
	Yupelri	Lonhala Magnair
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
Cystic Fibrosis (inhaled tobramycin)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb(M)	Bethkis
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, Asmanex HFA, QVAR Redihaler	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	AirDuo, Budesonide/Formoterol (M), Dulera	fluticasone/salmeterol inhaler, Wixela Inhub, Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Pulmonary Anti-Hypertensives	Tracleer 62.5mg, 125mg tab	bosentan tab
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA Inhaler(M), Levalbuterol Inhaler(M), Proair Digihaler, ProAir HFA, ProAir Respiclick, Proventil HFA, Xopenex HFA	albuterol HFA (generic for PROAIR HFA made by Perrigo), albuterol HFA (generic for PROAIR HFA made by Teva), Ventolin HFA
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Stendra	sildenafil

(M) Co-branded product

<sup>1</sup> Existing utilizers of these medications will be allowed to continue on therapy. Grandfathering 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	Cozaar	Kenalog spray	Pataday	Tegretol
Acanya	Crestor	Kenalog-40	Patanol	Tegretol-XR
Aciphex tablet	Cymbalta	injection	Paxil	Tenormin
Acticlate	Cytomel	Keppra	Paxil CR	Testim gel
Aczone 5%	Delestrogen injection	Keppra XR	Percocet	Tikosyn
Adcirca	20mg/ml, 40mg/ml	Klonopin	Plavix	Timoptic
Adderall	Delzicol	K-tab	Pravachol	Timoptic-XE
Adderall XR	Depakote	Lamictal chewable	Pred Forte	TOBI nebulizer solution
Adipex-P	Depakote ER	Lamictal starter kit	Prevacid	Tobradex suspension
Alphagan P 0.15%	Depakote sprinkle cap	Lamictal ODT	Prinivil	Topamax
Altace	Depo-testosterone	Lamictal tab	Pristiq	Topamax sprinkle cap
Ambien	injection	Lamictal XR	Prometrium	Topicort spray
Ambien CR	Differin cream, gel	Lasix	Propecia	Toprol XL
Amrix	Dilantin cap 100mg	Latisse	Protonix tab	Treximet
Androgel	Dilantin chewable	Lescol XL	Provigil	Tribenzor
Arimidex	Dilantin suspension	Letairis	Prozac	Tricor
Arthrotec	Dilaudid	Levitra	Pulmicort inhalation	Trileptal
Asacol HD	Diovan	Lexapro	suspension	Tylenol/cod tab
Atacand	Diovan HCT	Lialda	Qudexy XR	Uceris tab
Ativan	Doryx tab	Lidoderm	Questran	Ultracet
Avapro	Duac	Lipitor	Ranexa	Ultram
Avodart	Duragesic	Loestrin 21	Relpax	Vagifem
Azor	Dyazide	Loestrin FE	Remodulin injection	Vallium
Baraclude	Effexor XR	Lotemax suspension	Renagel	Valtrex
Benicar	Elidel	Lotrel	Restoril	Vectical
Benicar HCT	Epiduo gel	Lovaza	Retin-A	Vesicare
Benzaclin	Estrace	Lunesta	Retin-A micro gel	Viagra
Benzamycin	Evekeo	Lyrica	0.04%, 0.1%	Vigamox
Beyaz	Exalgo	Maxalt	Risperdal solution,	Vimovo
Brisdelle	Exforge	Maxalt-MLT	tablet	Vivelle-Dot
Butrans	Exforge HCT	Metrogel	Ritalin	Volgelxo
Canasa	Finacea gel	Micardis	Ritalin LA	Voltaren gel
Carafate	Fioricet	Micardis HCT	Roxicodone	Vytorin
Carbatrol	Fioricet w/ codeine	Minastrin	Sabril	Welchol
Cardizem LA	Flomax	Mobic	Safyral	Wellbutrin
180,240,300, 360, 420mg	Focalin	MS Contin	Sandostatin injection	Xalatan
Carnitor solution, tablet	Focalin XR	Nalfon	Seasonique	Xanax
Catapres-TTS patch	Fortamet	Nasonex	Sensipar	Xanax XR
Celebrex	Fortesta	Natroba	Seroquel	Yasmin 28
Celexa	Generess FE	Neurontin	Seroquel XR	Yaz
Cialis	chewable	Nexium capsule	Silvadene	Zanaflex
Clarinex 5mg tab	Gleevec	Niaspan ER	Singulair	Zegerid
Climara patch	Glucophage	Nitrostat	Skelaxin	Zestril
Clobex	Glucophage XR	Norco	Solodyn	Zetia
Cloderm	Glumetza	Norvasc	Soma	Ziana
Colestid	Golytely solution	Nulytely	Staxyn	Zocor
Concerta	Halog cream	Nuvigil	Strattera	Zohydro ER
Coreg	Hyzaar	Onfi	Suboxone	Zoloft
Coreg CR	Imitrex	Oracea	Synthroid	Zomig tab
Coreg CR	Inderal LA	Ortho Micron	Taclonex ointment	Zomig ZMT
Cortef	Intuniv	Ortho Tri-Cyclen	Tamiflu	Zonegran
Cosopt solution	Kadian	Ortho-Tri-Cyclen Lo	Targadox	Zovirax
Cosopt PF solution	10,20,30,40,50,60, 80,100mg	Ortho-Cyclen	Targretin	Zyprexa
		Ortho-Novum	Tazorac cream 0.1%	



## 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	Avonex, Betaseron, Copaxone, Tecfidera
Immunomodulators	All other brands non-preferred with prior authorization	Cimzia, Humira, Inflectra, Otezla, Renflexis, Rinvoq, Simponi, Simponi Aria, 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.

(M) Co-branded product

**About this document:** Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.



© 2020 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.