



## Jan. 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 made by Mylan, epinephrine injection, Epi-Pen 0.3mg
<b>ANALGESICS</b>			
Non-Steroidal Anti-Inflammatory Agents	Oral	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
		Zorvolex	
		Qmiz ODT	meloxicam
	Topical	Flector	diclofenac patch
		Pennsaid	diclofenac solution
	Other	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, Zohydro 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

\* Tier 3 preferred

<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>ANTIBACTERIALS, ORAL</b>		
Oral Antibiotics	Doryx MPC, Doxycycline Hyclate delayed release 80mg, Minolira, Targadox	doxycycline, minocycline
<b>ANTICONVULSANTS</b>		
Seizure Disorders	Trokendi XR <sup>1</sup>	topiramate ER
	Oxtellar XR <sup>1</sup>	oxcarbazepine IR
	Lamictal ODT Kit, Lamictal XR 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, Zembrace Symtouch	rizatriptan ODT, sumatriptan injection, sumatriptan nasal spray, zolmitriptan ODT
<b>ANTIPARKINSON AGENTS</b>		
Parkinson's Disease	Gocovri, Osmolex ER	amantadine
<b>ANTIPSYCHOTICS</b>		
Schizophrenia	Risperdal CONSTA, Risperdal injection	risperidone injection
<b>ANTIVIRALS</b>		
Hepatitis-C drugs	Ledipasvir-Sofosbuvir (M), Sofosbuvir-Velpatasvir (M)	Epclusa, Harvoni, Mavyret
HIV drugs	Atripla <sup>1</sup>	Please talk with your doctor about clinically appropriate options.
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup>	Avonex, Betaseron
<b>CARDIOVASCULAR</b>		
Hypertension	Cardizem LA 120mg	diltiazem hcl coated beads ER 120mg
	Inderal XL, Innopran XL	propranolol ER
	Kaspargo	metoprolol ER
Cholesterol-Lowering Agents	Zypitamag	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, Livalo

(M) Co-branded product

\* Tier 3 preferred

<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>CORTICOSTEROIDS</b>		
Oral Steroids	Rayos	prednisone
Actinic Keratosis	Imiquimod cream 3.75% (M), Zyclara, Zyclara Pump	Imiquimod 5% cream
<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	Noritate cream	metronidazole cream/gel/lotion, Soolantra
Topical Corticosteroids	ALA Scalp lotion, Micort-HC cream	hydrocortisone
	Apexicon E cream	fluocinonide, betamethasone
	Capex shampoo	Derma-Smoothe/FS, flucinolone acetone scalp oil
	Cloderm cream	clocortolone pivalate
	Cordran tape	flurandrenolide
	Desonate gel, Pandel cream	flurandrenolide, hydrocortisone valerate, triamcinolone acetone
	Halobetasol foam(M), Lexette	betamethasone, clobetasol, halobetasol cream/ointment
	Halog cream/ointment	fluticasone ointment, halobetasol cream/ointment, triamcinolone
	Impoyz cream	clobetasol
	Psorcon cream, Verdeso foam	betamethasone, fluocinolone
	Trianex ointment	hydrocortisone valerate, triamcinolone acetone
Ultravate lotion	clobetasol propionate, fluocinonide, halobetasol propionate	

(M) Co-branded product

\* Tier 3 preferred

<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 Plaque Psoriasis Treatment	Sorilux	calcipotriene
<b>DIABETES</b>		
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)
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 w ith metformin(M), Alogliptin w ith pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Basal insulins	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Bydureon BCise, Byetta, Ozempic, Trulicity, Victoza
Insulins	Novolin	Humulin
Rapid-acting insulins	Admelog, Apidra, Fiasp, Lispro, Novolog	Humalog
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Segluromet, Steglatro, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
SGLT2 and DPP4 Combinations	QTERN, Steglujan	Glyxambi
<b>ENDOCRINE (OTHER)</b>		
Estrogens	Delestrogen 10mg/ml	estradiol valerate
Grow th Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
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, Vimovo	famotidine w ith ibuprofen, omeprazole w ith naproxen
Irritable Bow el Syndrome w ith Constipation/ Chronic Idiopathic Constipation (IBS-C/CIC)	Amitiza, Trulance	Linzess

(M) Co-branded product

\* Tier 3 preferred

<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>GASTROINTESTINAL</b>		
Opioid-Induced Constipation (OIC)	Amitiza, Movantik, Relistor	Symproic
Inflammatory Bowel Disease	Dipentum	Apriso, balsalazide, mesalamine
Laxatives	Golytely packets	Gavilyte-C, Gavilyte-H, PEG 3350
	Moviprep	Clenpiq, Plenvu, Prepopik, Suprep
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Proton pump inhibitors	esomeprazole magnesium delayed release, omeppi, omeprazole with sodium bicarbonate (cap, powder pak)	lansoprazole, omeprazole, pantoprazole
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Epogen, Procrit	Aranesp, Retacrit
Immune globulin, intravenous (IVIG)	Panzyga <sup>1</sup>	Gammagard
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>	Xeljanz, Xeljanz XR
TNF inhibitor	Remicade	Inflectra, Renflexis
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Vyzulta, Zioptan	latanoprost ophthalmic solution, Lumigan, Travatan Z
	Timoptic Ocudose	timolol ophthalmic solution
Mast cell stabilizers	Pazeo	azelastine ophth sol, olopatadine ophth sol
Non-steroidal Anti-Inflammatory Agents	Bromsite, Ilevro, Nevanac	Prolensa
<b>OTHER</b>		
Alkylating Agents	Belrapzo, Bendamustine	Bendeka, Treanda
Antigout Agents	Colchicine capsule/tablet, Mitigare	Colcrys
Antihistamines and combinations	Clarinet Syrup	desloratadine
	Clarinet-D	desloratadine with pseudoephedrine

(M) Co-branded product

\* Tier 3 preferred

<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>		
Carnitine Deficiency	Carnitor injection	levocarnitine
Corticosteroid nasal sprays	Xhance	mometasone furoate, Beconase AQ
Oral Contraceptives	Lo Loestrin	junel FE, larin FE, microgestin FE, tarina FE
Osteoarthritis/Hyaluronic acid injections	Gel-One, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz FX, Synvisc, Synvisc-One, Trivisc, Visco-3	Durolane, Euflexxa, Gelsyn-3
Thyroid Agents	Tirosint caps, solution	levothyroxine
<b>RESPIRATORY</b>		
COPD: Inhaled Anticholinergics	Seebri, Tudorza	Incruse Elipta, Spiriva
	Yupelri	Lonhala Magnair
COPD: Long-Acting Beta Agonist/Long-Acting Muscarinic Agonist Combination inhalers	Bevespi, Utibron	Anoro Elipta, Stiolto Respimat
Cystic Fibrosis (inhaled tobramycin)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb(M)	Bethkis
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Armonair, Asmanex, Asmanex HFA, QVAR, QVAR Redihaler	Arnuity Elipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory , Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	fluticasone/salmeterol inhaler, Advair Diskus, Advair HFA, Breo Elipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Albuterol HFA Inhaler(M), Levalbuterol Inhaler(M), Proventil HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick Ventolin HFA
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Stendra	sildenafil

(M) Co-branded product

\* Tier 3 preferred

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

## 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 and Gilenya* Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
Immunomodulators	All other brands non-preferred with prior authorization	Cimzia, Humira, Inflectra, Otezla, Renflexis, Simponi, 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.



© 2019 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.