

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 Anticoagulants Beta Blockers & Combinations Calcium Channel Blockers HMG & Cholesterol Inhibitor Combinations PCSK9 Inhibitors | EPANED | enalapril |
| | QBRELIS | lisinopril |
| | PRADAXA, SAVAYSA | ELIQUIS, XARELTO |
| | INDERAL XL, INNOPRAN XL | propranolol er |
| | KAPSPARGO SPRINKLE | metoprolol succinate |
| | DUTOPROL | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide |
| | KATERZIA | amlodipine |
| DERMATOLOGICAL Oral Agents for Acne Rosacea Agents (Oral) Topical Acne Combinations Topical Acne/Antibiotic Combinations Topical Agents for Actinic Keratosis Topical Antibiotics for Acne Topical Antifungals Topical Corticosteroids Topical Retinoids for Acne Vitamin D Analogs (Topical) Miscellaneous Topical Dermatological Agents | ALTOPREV, EZALLOR SPRINKLE, SIMVASTATIN SUSPENSION | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO |
| | PRALUENT | REPATHA |
| | MINOCYCLINE ER CAPSULES, XIMINO | minocycline er tablets |
| | DOXYCYCLINE 40 MG CAPSULES | doxycycline hyclate, doxycycline monohydrate |
| | EPIDUO FORTE | adapalene/benzoyl peroxide |
| | VELTIN | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON |
| | CARAC, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, PICATO |
| | CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE) | clindamycin phosphate gel, erythromycin gel, AMZEEQ |
| | ECOZA, LULICONAZOLE, SULCONAZOLE, XOLEGEL | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole |
| | CLOCORTOLONE | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide |
| | VERDESO FOAM | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment |
| | RETIN-A MICRO 0.06% & 0.08% | tretinoin microsphere 0.04% & 0.1% |
| | CALCIPOTRIENE FOAM | calcipotriene, calcitriol |
| | 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 |
| | ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA | JANUVIA |
| | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR | JANUMET, JANUMET XR |
| | ALOGLIPTIN/PIOGLITAZONE | pioglitazone plus JANUVIA |
| | QTERN | GLYXAMBI, STEGLUJAN |
| | ADLYXIN, VICTOZA | BYDUREON, BYETTA, OZEMPIC, TRULICITY |
| | 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 |
| | TAVALISSE | 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 Progesterones | 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, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC |
| OSTEOPOROSIS Bone Modifiers | EVENITY, PROLIA | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS |

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| 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.

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Excluded Medications/Products at a Glance

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|---|---|---|---|---|
| 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 | TRIXIMET [^] |
| 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 | QNBRELIS | 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 [^] |

[^] 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.