

Affected Drugs due to Pharmacy Benefit Manager Change - Excluded and Non-Preferred

Below are Excluded Drugs that will no longer be available after 7/1/21 unless your doctor requests an exception due to medical necessity.
Please consider alternatives.

Excluded Drug as of 7/1/21	Therapeutic Alternative
ADDERALL	AMPHETAMINE-DEXTROAMPHETAMINE
ADDERALL XR	AMPHETAMINE-DEXTROAMPHETAMINE ER
AJOVY	AMITRIPTYLINE, ATENOLOL, DIVALPROEX SODIUM, NADOLOL, PROPRANOLOL, TIMOLOL TABLET, TOPIRAMATE, VENLAFAXINE, AIMOVIG, EMGALITY
AKLIEF	ADAPALENE CREAM/GEL, TRETINOIN CREAM, RETIN-A MICRO GEL 0.06%, RETIN-A MICRO GEL 0.08%
ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
AMITIZA	POLYETHYLENE GLYCOL 3350 ORAL POWDER, LACTULOSE, LINZESS, SYMPROIC
ANUCORT-HC	Please talk to your doctor about other option(s).
ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
ASMANEX TWISTHALER 120 METERED DOSES	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
ASMANEX TWISTHALER 60 METERED DOSES	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
BEYAZ	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	FLUTICASONE/SALMETEROL, ADVAIR, BREO ELLIPTA, SYMBICORT
CAMBIA	DICLOFENAC TABLET, IBUPROFEN, NAPROXEN
CLIMARA	ESTRADIOL PATCH
CONCERTA	METHYLPHENIDATE ER
COSENTYX SENSOREADY PEN	TALTZ
DAPSONE	ACZONE GEL 7.5%, ADAPALENE, ADAPALENE/BENZOYL PEROXIDE, AMZEEQ, CLINDAMYCIN GEL/LOTION/SOLUTION, CLINDAMYCIN/BENZOYL PEROXIDE, ERYTHROMYCIN/BENZOYL PEROXIDE, TRETINOIN CREAM, EPIDUO FORTE, ONEXTON
DULERA	FLUTICASONE/SALMETEROL, ADVAIR, BREO ELLIPTA, SYMBICORT
ESTRACE	ESTRADIOL VAGINAL CREAM
FIASP FLEXTOUCH	HUMALOG, LYUMJEV
FIRST-MOUTHWASH BLM	Please talk to your doctor about other option(s).
FOCALIN XR	DEXMETHYLPHENIDATE ER
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	DEXCOM BLOOD GLUCOSE MONITORING SYSTEM
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	DEXCOM BLOOD GLUCOSE MONITORING SYSTEM

FREESTYLE LITE	ASCENCIA (CONTOUR, CONTOUR NEXT) TEST STRIPS
FREESTYLE LITE TEST STRIPS	ASCENCIA (CONTOUR, CONTOUR NEXT) TEST STRIPS
GENOTROPIN	NORDITROPIN, NUTROPIN AQ
HYDROCORTISONE ACETATE	Please talk to your doctor about other option(s).
INCRUSE ELLIPTA	SPIRIVA
INSULIN ASPART FLEXPEN	HUMALOG, LYUMJEV
INSULIN LISPRO	HUMALOG, LYUMJEV
INVOKANA	FARXIGA, JARDIANCE
JUBLIA	CICLOPIROX SOLUTION, TERBINAFINE, KERYDIN, TAVABOROLE
KUVAN	SAPROPTERIN
LEVALBUTEROL TARTRATE HFA	GENERIC ALBUTEROL HFA
LEVEMIR FLEXTOUCH	LANTUS, TOUJEO
L-METHYLFOLATE CALCIUM	Please talk to your doctor about other option(s).
L-METHYLFOLATE FORTE	Please talk to your doctor about other option(s).
LO LOESTRIN FE	TARINA FE, JUNEL FE, MICROGESTIN FE, AND LARIN FE
METFORMIN HYDROCHLORIDE ER	METFORMIN ER (GENERIC GLUCOPHAGE XR)
NEXIUM	OMEPRAZOLE, PANTOPRAZOLE
NULYTELY	PEG-3350/NACL/NA BICARBONATE/KCL
ONETOUCH ULTRA	ASCENCIA (CONTOUR, CONTOUR NEXT) TEST STRIPS
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	ASCENCIA (CONTOUR, CONTOUR NEXT) BLOOD GLUCOSE MONITOR
ONETOUCH VERIO TEST STRIPS	ASCENCIA (CONTOUR, CONTOUR NEXT) TEST STRIPS
QVAR REDHALER	ARNUIITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
SYNTHROID	LEVOTHYROXINE, LEVOXYL, UNITHROID
TIROSINT	LEVOTHYROXINE, LEVOXYL, UNITHROID
TRESIBA FLEXTOUCH	LANTUS, TOUJEO
VIVELLE-DOT	ESTRADIOL PATCH
VYZULTA	BIMATOPROST OPHTHALMIC, LATANOPROST OPHTHALMIC, LUMIGAN, TRAVOPROST OPHTHALMIC
XOPENEX HFA	GENERIC ALBUTEROL HFA

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Below are drugs that are currently in the Preferred co-pay category and will move to Non-Preferred as of 7/1/21.

Non-Preferred Drug as of 7/1/21	Therapeutic Alternative
ACTEMRA	CIMZIA, HUMIRA, SIMPONI, XELJANZ, XELJANZ XR, RINVOQ
ARMOUR THYROID	LEVOTHYROXINE, LEVOXYL, UNITHROID
COMBIPATCH	CLIMARA PRO TRANSDERMAL PATCH
ENBREL MINI	CIMZIA, HUMIRA, SIMPONI, STELARA, XELJANZ, XELJANZ XR, SKYRIZI, TREMFYA, RINVOQ
ENBREL SURECLICK	CIMZIA, HUMIRA, SIMPONI, STELARA, XELJANZ, XELJANZ XR, SKYRIZI, TREMFYA, RINVOQ
ESTRING	ESTRADIOL VAGINAL CREAM, PREMARIN CREAM, ESTRADIOL VAGINAL TAB
FINACEA	METRONIDAZOLE CREAM/GEL/LOTION, AZELAIC ACID GEL
GILENYA	AVONEX, BAFIERTAM, BETASERON, COPAXONE, GLATIRAMER, VUMERITY, DIMETHYL FUMARATE
LATUDA	ARIPIRAZOLE, ASENAPINE, OLANZAPINE, PALIPERIDONE ER, QUETIAPINE, RISPERIDONE, ZIPRASIDONE
NOVOLOG	HUMALOG, LYUMJEV
NOVOLOG FLEXPEN	HUMALOG, LYUMJEV
ODACTRA	Please talk to your doctor about other option(s).
QNASL	FLUTICASON NASAL SPRAY, MOMETASONE NASAL SPRAY
QUILLIVANT XR	AMPHETAMINE/DEXTROAMPHETAMINE ER, DEXMETHYLPHENIDATE ER, METHYLPHENIDATE ER, VYVANSE
RHOPRESSA	LATANOPROST, TRAVOPROST, BIMATOPROST
VEMLIDY	LAMIVUDINE, ADEFOVIR, ENTECAVIR, TENOFOVIR 300MG
VIIBRYD	CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE
XIFAXAN	Please talk to your doctor about other option(s).
ZOMIG	RIZATRIPTAN ODT TABLET, SUMATRIPTAN NASAL SPRAY, ZOLMITRIPTAN ODT TABLET