

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
<b>ANTIINFECTIVES</b> Antibiotics	DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate dr
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anticonvulsants	TOPIRAMATE ER CAPSULES	topiramate tablets, QUDEXY XR
Anti-Migraine Therapy	ONZETRA XSAIL	sumatriptan nasal spray, ZOMIG NASAL SPRAY
	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO	rasagiline, selegiline
Antipsychotics (Oral)	ABILIFY MYCITE	aripiprazole tablets
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Multiple Sclerosis (Oral)	AUBAGIO	GILENYA, MAYZENT, TECFIDERA
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	buprenorphine patches, BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, pregabalin
Tardive Dyskinesia Therapy	INGREZZA	AUSTEDO
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
<b>CARDIOVASCULAR</b> ACE Inhibitors	EPANED	enalapril
	QBRELIS	lisinopril
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	KAPSPARGO SPRINKLE	metoprolol succinate
	DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER plus hydrochlorothiazide
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin, LIVALO

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Drug Class	Excluded Medications	Preferred Alternatives
<b>CARDIOVASCULAR (continued)</b> PCSK9 Inhibitors	PRALUENT (NDCs starting with 72733), REPATHA (NDCs starting with 72511)	PRALUENT (NDCs starting with 00024), REPATHA (NDCs starting with 55513)
<b>DERMATOLOGICAL</b> Oral Agents for Acne	MINOLIRA	minocycline ER
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Rosacea Agents (Topical)	RHOFADE	MIRVASO
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antifungals	LULICONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE	lidocaine cream, lidocaine/prilocaine cream
<b>DIABETES</b> Blood Glucose Meters & Test Strips	BAYER (BREEZE, CONTOUR) NATIONAL MEDICAL (ADVOCATE) OMNIS HEALTH (EMBRACE, VICTORY) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) UNISTRIP 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
Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA or TRADJENTA
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	NOVOLIN, RELION NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, INSULIN LISPRO, NOVOLOG	HUMALOG
<b>EAR/NOSE</b> Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
<b>ENDOCRINE (OTHER)</b> Combination Patches	CLIMARA PRO	COMBIPATCH
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
<b>GASTROINTESTINAL</b> Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM

Continued

Drug Class	Excluded Medications	Preferred Alternatives
<b>GASTROINTESTINAL (continued)</b> Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine delayed release, sulfasalazine, APRISO, PENTASA
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
<b>HEMATOLOGICAL</b> Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Chelating Agents	JADENU, JADENU SPRINKLE	deferasirox
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor VIII Recombinant Products	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
Thrombocytopenia Agents	MULPLETA	DOPTELET
<b>HEPATITIS</b> Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
<b>HIV</b> Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	ATRIPLA, DELSTRIGO, SYMTUZA	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
	COMPLERA	ODEFSEY
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA
	STRIBILD	BIKTARVY, GENVOYA
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
	DUZALLO, ZURAMPIC	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
	TIVORBEX, VIVLODEX, ZORVOLEX	diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
	ZIPSOR	diclofenac potassium, diclofenac sodium
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES
	PENNSAID	diclofenac sodium topical, FLECTOR PATCHES
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progesterones	ENDOMETRIN	CRINONE 8% GEL
<b>ONCOLOGY</b> Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Multiple Myeloma Agents	XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
<b>OPHTHALMIC</b> Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmic Anti-Inflammatory	FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, INVELTYS, LOTEMAX

Continued

Drug Class	Excluded Medications	Preferred Alternatives
<b>OPHTHALMIC (continued)</b> Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
<b>OSTEOPOROSIS</b> Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
<b>RENAL DISEASE</b> Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
<b>RESPIRATORY</b> 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	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, TUDORZA PRESSAIR	INCRUSE ELLIPTA
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	STIOLTO RESPIMAT	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	ALBUTEROL SULFATE HFA, LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
<b>WEIGHT LOSS</b> Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
<b>MISCELLANEOUS AGENTS</b>	SIKLOS	DROXIA
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Immunosuppressant Agents	XATMEP	methotrexate
Metabolic Agents	ORFADIN	NITYR
Polynuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATRO	No alternatives recommended
Potassium Binders	VELTASSA	LOKELMA

### Indication Based Management

Drug Class	Nonpreferred Medications	Preferred Alternatives
<b>INFLAMMATORY CONDITIONS‡</b>	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 patients already established on therapy with a Nonpreferred medication.	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR

‡ Please note that product placement for treatment for Inflammatory Conditions 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

ABILIFY <sup>^</sup>	DUROLANE	MAVRET	SINGULAIR <sup>^</sup>
ABILIFY MYCITE	DUTOPROL	MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>	SITAVIG
ABSTRAL	DUZALLO	MAXIDEX	SOFOSBUVIR/VELPATASVIR
ACIPHEX <sup>^</sup>	EFFEXOR XR <sup>^</sup>	METOPROLOL SUCCINATE/HCTZ ER	SOVALDI
ACIPHEX SPRINKLE	ELIDEL <sup>^</sup>	MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup>	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
ACUVAIL	EMBEDA	MINASTRIN 24 FE <sup>^</sup>	SPRAVATO
ADCIRCA <sup>^</sup>	EMEND CAPSULES <sup>^</sup> , TRIFOLD PACK <sup>^</sup>	MINOLIRA	STIOLTO RESPIMAT
ADDERALL <sup>^</sup>	EMEND POWDER PACKETS	MIRCERA	STRATTERA <sup>^</sup>
ADLYXIN	EMFLAZA	MULPLETA	STRIBILD
ADMELOG	ENDOMETRIN	NALFON CAPSULES	STRIVERDI RESPIMAT
AKTIPAK	EPANED	NAMENDA XR <sup>^</sup>	SUBSYS
AKYNZEO CAPSULES	EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	NASONEX <sup>^</sup>	SUMAVEL DOSEPRO
ALBUTEROL SULFATE HFA	EPOGEN	NATIONAL MEDICAL (ADVOCATE)	SUPARTZ FX
ALCORTIN A	ESTROGEL	NESINA	SYM TUZA
ALOCRIL	EVENITY	NEUPOGEN	SYNVISC, SYNVISC-ONE
ALOGLIPTIN	EVZIO	NEURONTIN <sup>^</sup>	TESTIM <sup>^</sup>
ALOGLIPTIN/METFORMIN	EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>	NEVANAC	TIKOSYN <sup>^</sup>
ALOGLIPTIN/PIOGLITAZONE	EXJADE <sup>^</sup>	NOCTIVA	TIMOPTIC OCUDOSE
ALOMIDE	EXONDYS 51	NORCO <sup>^</sup>	TIVORBEX
ALTOPREV	EXTAVIA	NORVASC <sup>^</sup>	TOBI SOLUTION <sup>^</sup>
ALVESCO	EZALLOR SPRINKLE	NOVOLIN	TOLSURA
AMBIEN <sup>^</sup> , AMBIEN CR <sup>^</sup>	FEMRING	NOVOLOG	TOPAMAX <sup>^</sup>
AMPYRA <sup>^</sup>	FENOPROFEN CAPSULES	NUTROPIN AQ NUSPIN	TOPICORT SPRAY
AMRIX <sup>^</sup>	FENORTHO	NUVIGIL <sup>^</sup>	TOPIRAMATE ER CAPSULES
ANDROGEL 1% <sup>^</sup>	FENTANYL CITRATE BUCCAL TABLETS	NUVIQ	TRIBENZOR <sup>^</sup>
ANUSOL-HC <sup>^</sup>	FENTORA	OMNARIS	TRICOR <sup>^</sup>
APADAZ	FIASP	OMNIS HEALTH (EMBRACE, VICTORY)	TRILEPTAL <sup>^</sup>
APIDRA	FLUOROURACIL 0.5% CREAM	OMNITROPE	TRIVIDIA (TRUETEST, TRUETRACK)
ARANESP	FML FORTE, FML S.O.P.	ONGLYZA	TRIVISC
ARIMIDEX <sup>^</sup>	FOCALIN <sup>^</sup> , FOCALIN XR <sup>^</sup>	ONPATTRO	TUDORZA PRESSAIR
ASACOL HD <sup>^</sup>	FOLLISTIM AQ	ONZETRA XSAIL	UNISTRIP
ASPIRIN/OMEPRAZOLE DR	FOSRENOL CHEWABLE TABLETS <sup>^</sup>	ORFADIN	UROXATRAL <sup>^</sup>
ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>	FOSRENOL POWDER PACKETS	ORTHO TRI-CYCLEN <sup>^</sup> , ORTHO TRI-CYCLEN LO <sup>^</sup>	VAGIFEM <sup>^</sup>
ATRIPLA	GANIRELIX ACETATE <sup>^</sup>	OSMOLEX ER	VALIUM <sup>^</sup>
AUBAGIO	GEL-ONE	OXYCODONE ER	VALTRES <sup>^</sup>
AUVI-Q	GELSYN-3	PANCREAZE	VELTASSA
AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>	GENVISC 850	PATADAY <sup>^</sup>	VELTIN
AVODART <sup>^</sup>	GLEEVEC <sup>^</sup>	PENNSAID	VERDESO FOAM
AZOR <sup>^</sup>	GLUCOPHAGE <sup>^</sup> , GLUCOPHAGE XR <sup>^</sup>	PERTZYE	VIAGRA <sup>^</sup>
BARACLUDE TABLETS <sup>^</sup>	GLUMETZA <sup>^</sup>	PIFELTRO	VICTOZA
BAYER (BREEZE, CONTOUR)	GOCOVRI ER	PIQRAY	VISCO-3
BECONASE AQ	GRANIX	PLAQUENIL <sup>^</sup>	VIVELLE-DOT <sup>^</sup>
BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>	HUMATROPE	PLAVIX <sup>^</sup>	VIVLODEX
BENZHYDROCODONE/ACETAMINOPHEN	HYALGAN	PRADAXA	VYTORIN <sup>^</sup>
BERINERT	HYMOVIS	PRALUENT (NDCs starting with 72733)	WELLBUTRIN SR <sup>^</sup>
BRAVELLE	IMIQUIMOD 3.75% CREAM PUMP	PRAVACHOL <sup>^</sup>	XADAGO
BRISDELLE <sup>^</sup>	IMITREX <sup>^</sup>	PRED MILD	XALATAN <sup>^</sup>
BUPAP <sup>^</sup>	INDERAL LA <sup>^</sup>	PREGNYL	XANAX <sup>^</sup> , XANAX XR <sup>^</sup>
BUTRANS	INGREZZA	PREVACID <sup>^</sup> , PREVACID SOLUTAB <sup>^</sup>	XATMEP
CELEBREX <sup>^</sup>	INSULIN LISPRO	PREZCOBIX	XELPROS
CELEXA <sup>^</sup>	INTUNIV <sup>^</sup>	PRILOSEC SUSPENSION	XENAZINE <sup>^</sup>
CETRAXAL	ISTALOL <sup>^</sup>	PRISTIQ <sup>^</sup>	XOPENEX HFA
CHORIONIC GONADOTROPIN	JADENU, JADENU SPRINKLE	PROLIA	XPOVIO
CIALIS <sup>^</sup>	KAPSPARGO SPRINKLE	PROTONIX <sup>^</sup>	XYNTHA, XYNTHA SOLOFUSE
CINQAIR	KAZANO	PROTONIX SUSPENSION	YASMIN <sup>^</sup>
CLIMARA PRO	KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>	PROVENTIL HFA	YOSPRALA DR
CLOCORTOLONE	KISQALI, KISQALI FEMARA CO-PACK	PROVIGIL <sup>^</sup>	ZAVESCA <sup>^</sup>
COLCHICINE	KOMBIGLYZE XR	PROZAC <sup>^</sup>	ZEGERID <sup>^</sup>
COMPLERA	LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> , LAMICTAL XR <sup>^</sup>	PULMICORT RESPULES <sup>^</sup>	ZETIA <sup>^</sup>
COREG <sup>^</sup>	LAZANDA	QBRELIS	ZETONNA
CORTIFOAM	LEDIPASVIR/SOFOSBUVIR	QSYMIA	ZIOPTAN
COSOPT <sup>^</sup>	LEVALBUTEROL HFA	RABEPRAZOLE DR SPRINKLE	ZIPSOR
COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>	LEXAPRO <sup>^</sup>	RAPAFLO <sup>^</sup>	ZOCOR <sup>^</sup>
CRESTOR <sup>^</sup>	LIBRAX <sup>^</sup>	RECOMBINATE	ZOLOFT <sup>^</sup>
CUPRIMINE <sup>^</sup>	LIDOCAINE/TETRACAINE	RELION NOVOLIN	ZOMACTON
CYMBALTA <sup>^</sup>	LIDODERM <sup>^</sup>	RENAGEL <sup>^</sup>	ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup>
CYTOMEL <sup>^</sup>	LIPITOR <sup>^</sup>	REPATHA (NDCs starting with 72511)	ZONEGRAN <sup>^</sup>
DELSTRIGO	LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>	RHOFAD	ZORVOLEX
DELZICOL <sup>^</sup>	LOTREL <sup>^</sup>	ROCHE (ACCU-CHEK)	ZURAMPIC
DETROL <sup>^</sup> , DETROL LA <sup>^</sup>	LOVENOX <sup>^</sup>	SAIZEN, SAIZENPREP	ZYCLARA
DICLOFENAC EPOLAMINE PATCHES	LUCEMYRA	SANDOSTATIN LAR DEPOT	ZYFLO CR <sup>^</sup>
DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>	LULICONAZOLE	SAVAYSA	ZYTIGA 250 MG <sup>^</sup>
DIPENTUM	LUNESTA <sup>^</sup>	SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>	
DOXYCYCLINE 40 MG CAPSULES	LYRICA <sup>^</sup>	SIGNIFOR LAR	
DOXYCYCLINE HYCLATE DR 80 MG	LYRICA CR	SIKLOS	

<sup>^</sup> 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.