

Serve You Rx Select Formulary Exclusions / 2018

THERAPEUTIC CATEGORY	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q, Epinephrine (Impax manufacturer), EpiPen	Epinephrine (Mylan manufacturer)
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
ANTICONVULSANTS		
Seizure Medications	Trokendi XR	topiramate ER
AUTONOMIC AND CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Extavia ¹ , Plegridy ¹ , Rebif ¹	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Arymo ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
DERMATOLOGIC AGENTS		
Non-Steroidal Anti-Inflammatory Agents	Pennsaid	diclofenac solution
Topical Acne Treatment	Acanya, Aktipak, Veltin	adapalene gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo, Epiduo Forte, Onexton
Topical Antifungal	Kerydin	itraconazole, terbinafine
DIABETES		
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)
Dipeptidyl Peptidase-4 (DPP-IV) Inhibitors & Combinations	Alogliptin, Alogliptin/metformin, Alogliptin/pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors & Combinations	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1 (GLP-1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity, Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo

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ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Products	Axiron, Fortesta, Testim, Testosterone 1% gel, Vogelxo	Androgel 1.62%
GASTROINTESTINAL		
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzeye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD (brand and generic), Delzicol, Lialda	balsalazide, Apriso
Opioid-Induced Constipation	Movantik	Amitiza
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
IMMUNOMODULATORS		
Interleukin-17 (IL-17)	Taltz ¹	Cosentyx
Monoclonal Antibody	Inflectra ¹	Remicade
MUSCULOSKELETAL		
Muscle Relaxant	Amrix	cyclobenzaprine
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
RESPIRATORY		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory/Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol, Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb (Genericus manufacturer)	Bethkis
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

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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. 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.

Aciphex	Crestor	Lipitor	Pulmicort Inhaler	Wellbutrin SR
Acticlate	Cymbalta	Lovaza	Retin-A Micro Gel	Wellbutrin XL
Adderall XR	Cytomel	Lunesta	Singulair	Xanax
Alphagan P	Depo-Testosterone	Minastrin	Taclonex	Xanax XR
Ambien	Dilantin	Nasonex	Tamiflu	Yaz
Ambien CR	Dilantin chewable	Nexium	TOBI Nebulizer	Zegerid
Androgel 1%	Dilantin suspension	Nitrostat	Tobradex	Zetia
Azor	Diovan	Norco	Toprol XL	Ziana
Benicar	Diovan HCT	Norvasc	Tribenzor	Zolof
Benicar HCT	Duac	Nuvigil	Vagifem	Zomig
Benzamycin	Duragesic	Ortho Tri Cyclen	Valium	Zomig ZMT
Benzaclin	Effexor XR	Ortho Tri Cyclen Lo	Vitafol	Zovirax
Beyaz	Glumetza	Percocet	Vivelle-Dot	
Carafate	Kadian	Prevacid	Voltaren	
Celebrex	Lexapro	Pristiq	Vytorin	
Concerta	Lidoderm	Prozac	Wellbutrin	

*These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Excluded brand-name medications without generic equivalents are included in the other medication tables.

REQUIRED PRIOR AUTHORIZATION ADDITIONS²

THERAPEUTIC CLASS	NON-PREFERRED MEDICATIONS	PREFERRED MEDICATIONS
Hepatitis C	All other brands ¹ non-preferred with prior authorization	Eclusa, Harvoni, Mavyret
Immunomodulators	All other brands ¹ non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Stelara
Multiple Sclerosis	All other brands ¹ non-preferred with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK9 Inhibitors	Repatha ¹	Praluent

1 Grandfathering allowed, no duration limit. All other therapeutic classes do not allow grandfathering, no exceptions. All medications require Prior Authorization.

2 All medications, preferred and non-preferred, require Prior Authorization. For new starts of non-preferred products, trial and failure of preferred brand(s) is required as a part of the prior authorization process.