

## Serve You Rx Select Formulary Exclusions / 2018

THERAPEUTIC CATEGORY	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
<b>ALLERGIC REACTIONS</b>		
Anaphylaxis Treatment	Auvi-Q, Epinephrine (Impax manufacturer) 0.15mg, EpiPen Jr	Epinephrine (Impax manufacturer) 0.3mg, Epinephrine (Mylan manufacturer), EpiPen
<b>ANALGESICS</b>		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
<b>ANTICONVULSANTS</b>		
Seizure Medications	Trokendi XR	topiramate ER
<b>AUTONOMIC AND CENTRAL NERVOUS SYSTEM</b>		
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup> , Rebif <sup>1</sup>	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
Oral Short-Acting Opioid Analgesics	Nucynta	codeine sulfate, hydromorphone HCl, morphine sulfate, oxycodone HCl, oxymorphone HCl
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
<b>DERMATOLOGIC AGENTS</b>		
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
<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)
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, Fiasp, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo

## Serve You Rx Select Formulary Exclusions / 2018

THERAPEUTIC CATEGORY	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
<b>ENDOCRINE (OTHER)</b>		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Products	Fortesta, Testim, Testosterone 2% gel, Vogelxo	Androgel 1.62%
<b>GASTROINTESTINAL</b>		
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Diarrhea	Motofen	diphenoxylate/atropine, loperamide
Pancreatic Enzymes	Pancreaze, Pertzeye, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD (brand and generic), Delzicol	balsalazide, Apriso
Opioid-Induced Constipation	Movantik	Amitiza
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
<b>IMMUNOMODULATORS</b>		
Interleukin-17 (IL-17)	Taltz <sup>1</sup>	Cosentyx
Monoclonal Antibody	Inflectra <sup>1</sup>	Remicade
<b>MUSCULOSKELETAL</b>		
Muscle Relaxant	Amrix	cyclobenzaprine
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
<b>RESPIRATORY</b>		
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
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, sildenafil

## Serve You Rx Select Formulary Exclusions / 2018

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

\*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 ADDITIONS<sup>2</sup>

THERAPEUTIC CLASS	NON-PREFERRED MEDICATIONS	PREFERRED MEDICATIONS
Hepatitis C	All other brands <sup>1</sup> non-preferred with prior authorization	Epclusa, Harvoni, Mavyret, Vosevi
Immunomodulators	All other brands <sup>1</sup> non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Stelara, Tremfya
Multiple Sclerosis	All other brands <sup>1</sup> non-preferred with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera

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

<sup>2</sup> 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.