




Puget Sound Electrical Workers Healthcare Trust  
c/o Elixir  
2181 E. Aurora Road, Suite 201  
Twinsburg, OH 44087

 **ACTION REQUIRED**  
**Your prescription drug benefit has changed.**  
**See how this affects you!**

«FIRSTNAME» «LASTNAME»  
«ADDR1»  
«ADDR2»  
«CITY», «STATE» «ZIP»

«EPISODE»  
«Date»

Dear «FIRSTNAME»,

Elixir manages your prescription drug benefit on behalf of Puget Sound Electrical Workers Healthcare Trust. We're writing to tell you about important changes to your plan starting January 1, 2022. These changes help to ensure safe and effective medication usage and allow Puget Sound Electrical Workers Healthcare Trust to continue to provide an affordable prescription drug benefit.

### MEDICATIONS NO LONGER COVERED BY YOUR PLAN

Effective January 1, 2022, your current medication/s (shown in the chart below) will not be covered under your prescription benefit. There are one or more preferred alternatives available that are proven to be **safe and effective** in treating the same condition/s. In order to continue coverage of your medication/s, you must try a preferred alternative. Please ask your doctor to prescribe a preferred drug (shown in the chart below).

Your Current Medication (no longer covered)	Preferred Alternative Medication
«Rx_Name»	«AlternativeRx_Name»

**If you fill a prescription for a non-covered drug, your claim will not be approved at the pharmacy.** We encourage you to work with your doctor to determine the preferred alternative that would be right for you. If your doctor believes that you must use a non-covered medication, you or your doctor must file a non-formulary exception request with Elixir to request approval for the medication.

### MEDICATIONS MOVING TO NON-PREFERRED STATUS

Our records show that you are taking a medication that will move to non-preferred status in 2022. You may continue to use this non-preferred drug, but depending on your plan design, you may be responsible for paying a higher copay.

Your Current Medication	Preferred Alternative Medication
«Rx_Name»	«AlternativeRx_Name»

## MEDICATIONS NO LONGER CONSIDERED SPECIALTY

Your current medication/s (shown in the chart below) are no longer considered specialty medications effective January 1, 2022.

Your Current Medication
«Rx_Name»

**This change may impact your cost share and/or pharmacy dispensing options.** Please review your prescription benefit plan design documents for any potential differences.

**Always talk to your doctor before you stop taking or change the way you take any medication. If you have medical questions, please contact your healthcare provider.**

### SAVE TIME AND MONEY WITH ELIXIR

With a few simple choices, you may be able to lower your costs by selecting a preferred pharmacy, choosing 90-day fills, switching to generic drugs or using mail order. Log in to Elixir to find pharmacies, compare drug prices, print or download your Member ID card and more. Go to [elixirsolutions.com](http://elixirsolutions.com) and select REGISTER or LOGIN.

**Have questions? Please call Elixir Customer Care at 800-361-4542 (TTY 711), 24 hours a day, seven days a week.**

Sincerely,

Elixir on behalf of Puget Sound Electrical Workers Healthcare Trust  
[elixirsolutions.com](http://elixirsolutions.com)  
800-361-4542 (TTY 711)  
[care@elixirsolutions.com](mailto:care@elixirsolutions.com)

# 2022 Abridged Select EX Formulary

The following is a list of the most commonly prescribed brand and generic medications. It represents an abbreviated version of the formulary list that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. Some preferred medications overlap with other clinical programs and may not be covered. In addition to drugs on this list, the majority of generic medications are covered under your plan and you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. The Elixir Pharmacy & Therapeutics (P&T) committee is responsible for the development and maintenance of the formulary. The committee is comprised of independent practicing physicians and pharmacists from a wide variety of medical specialties. The formulary is reviewed and updated as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the formulary include safe use, clinical efficacy, and therapeutic need. Only after those factors are assessed is cost considered. Compliance with the formulary is important for improving quality of care and restraining health care costs. A copy of this formulary document is available at [elixirsolutions.com](http://elixirsolutions.com).

PLEASE NOTE: Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. Any medication newly approved by the FDA will not be covered until reviewed by the Elixir Pharmacy & Therapeutics (P&T) committee. Not all drugs listed are covered by all prescription drug benefit programs. Certain utilization edits and criteria may apply. For specific questions about your coverage, please visit [elixirsolutions.com](http://elixirsolutions.com).

<b>A</b>	APTIVUS [NP]	BENLYSTA [NP] [SP]	CAVERJECT [NP]
ABILIFY MAINTENA	ARAKODA [NP]	BERINERT [NP] [SP]	CAYSTON [NP] [SP]
ACTEMRA [SP]	ARANESP [SP]	BESIVANCE	CELLCEPT [NP]
ACTHAR [NP] [SP]	ARCALYST [NP] [SP]	BETASERON [SP]	CELONTIN [NP]
ACTIMMUNE [SP]	ARCAPTA NEOHALER [NP]	BIDIL [NP]	CERDELGA [SP]
ADDYI [NP]	ARIKAYCE [NP] [SP]	BIKTARVY	CERVIDIL [NP]
ADEMPAS [NP] [SP]	ARNUIITY ELLIPTA	BLEPHAMIDE [NP]	CESAMET [NP]
ADVAIR HFA	ASMANEX	BONJESTA [NP]	CETRAXAL [NP]
ADVATE [SP]	ASTAGRAF XL [NP]	BOSULIF [SP]	CHANTIX
ADYNOVATE [SP]	ATROVENT HFA [NP]	BRAFTOVI [NP] [SP]	CHEMET
AFINITOR [SP]	AUBAGIO [SP]	BREO ELLIPTA	CHENODAL [SP]
AFSTYLA [SP]	AUGMENTIN [NP]	BREZTRI AEROSPHERE	CHLORDIAZEPOXIDE/ AMITRIPTYLINE [NP]
AIMOVIG	AURYXIA [NP]	BRILINTA	CHOLBAM [NP] [SP]
AKLIEF [NP]	AUSTEDO [NP] [SP]	BRIVIACT [NP]	CHORIONIC GONADOTROPIN [SP]
AKTEN [NP]	AVONEX [SP]	BROMSITE [NP]	CIMDUO
ALDACTAZIDE [NP]	AVSOLA [SP]	BRUKINSA [NP] [SP]	CIMZIA [NP] [SP]
ALECENSA [SP]	AYVAKIT [SP]	BYDUREON [NP]	CLIMARA PRO
ALINIA	AZASAN [NP]	BYSTOLIC [NP]	CLINDESSE [NP]
ALORA [NP]		BYVALSON [NP]	COAGADEX [SP]
ALPROLIX [SP]	<b>B</b>	<b>C</b>	COARTEM [NP]
ALREX	BALVERSA [NP] [SP]	CABLIVI [NP] [SP]	COMBIPATCH [NP]
ALUNBRIG [SP]	BAQSIMI	CABOMETYX [SP]	COMBIVENT RESPIMAT
AMZEEQ [NP]	BARACLUDE	CALQUENCE [NP] [SP]	COMETRIQ [SP]
ANALPRAM-HC [NP]	BAXDELA [NP]	CAMBIA [NP]	COMPLERA [NP]
ANGELIQ [NP]	BECONASE AQ [NP]	CAPRELSA [SP]	CONTRAVE [NP]
ANORO ELLIPTA	BELBUCA	CARAC	COPIKTRA [NP] [SP]
ANZEMET [NP]	BELSOMRA	CARBAGLU [SP]	CORIFACT [SP]
APOKYN [NP] [SP]	BENEFIX [SP]	CARBATROL [NP]	

Key: [NP] = Non-Preferred [SP] = Specialty

CORLANOR  
CORTIFOAM  
COSENTYX [SP]  
COTELLIC [SP]  
CREON  
CRESEMBA [NP]  
CRIXIVAN [NP]  
CROTAN [NP]  
CUVPOSA [NP]  
CYCLOMYDRIL [NP]  
CYSTADANE  
CYSTADROPS [NP] [SP]  
CYSTAGON  
CYSTARAN [NP] [SP]

**D**  
DALIRESP [NP]  
DAURISMO [NP] [SP]  
DDAVP [NP]  
DELESTROGEN [NP]  
DELSTRIGO  
DEPAKENE [NP]  
DEPO-ESTRADIOL [NP]  
DESCOVY  
DEXCOM G5  
DEXCOM G6  
DIACOMIT [NP]  
DIASTAT  
DIAZEPAM RECTAL GEL  
DIDANOSINE [NP]  
DIFICID [NP]  
DILANTIN  
DILATRATE SR [NP]  
DIURIL [NP]  
DIVIGEL  
DOPTELET [SP]  
DOVATO  
DROXIA [NP]  
DUAVEE  
DUEXIS [NP]  
DULERA  
DUOBRII [NP]  
DUOPA [NP] [SP]  
DUPIXENT [NP] [SP]  
DUROLANE [SP]

**E**  
EDARBI [NP]  
EDARBYCLOR [NP]  
EDEX [NP]  
EDURANT [NP]  
ELESTRIN [NP]  
ELIGARD [NP] [SP]  
ELIQUIS

ELIXOPHYLLIN [NP]  
ELLA  
ELMIRON [NP]  
ELOCTATE [SP]  
EMCYT [SP]  
EMEND  
EMGALITY  
EMSAM [NP]  
EMTRIVA [NP]  
ENBREL [SP]  
ENCARE  
ENDARI [NP]  
ENSPRYNG [NP] [SP]  
ENSTILAR  
ENTRESTO  
ENVARUS XR [NP]  
EPANED [NP]  
EPCLUSA [SP]  
EPIDIOLEX [SP]  
EPIDUO FORTE  
EPIVIR HBV [NP]  
EQUETRO [NP]  
ERGOMAR [NP]  
ERIVEDGE [SP]  
ERLEADA [SP]  
ESBRIET [NP] [SP]  
ESPEROCT [SP]  
ESTRING  
ESTROGEL  
ETOPOSIDE [SP]  
EUCRISA  
EUFLEXXA [SP]  
EURAX [NP]  
EVAMIST [NP]  
EVOTAZ  
EVRYSDI [NP] [SP]

**F**  
FANAPT [NP]  
FARXIGA  
FARYDAK [SP]  
FASENRA PEN [NP] [SP]  
FAZACLO [NP]  
FEIBA [SP]  
FEMCAP  
FERRIPROX [NP] [SP]  
FETZIMA [NP]  
FIASP  
FIBRYGA  
FINTEPLA [NP] [SP]  
FIRDAPSE [NP] [SP]  
FIRVANQ [NP]  
FLAREX [NP]  
FLOVENT

FOLLISTIM AQ [SP]  
FORTEO [SP]  
FOSRENOL [NP]  
FOTIVDA [NP] [SP]  
FRAGMIN [NP]  
FREESTYLE LIBRE  
FUZEON [NP]  
FYCOMPA [NP]

**G**  
GALAFOLD [NP] [SP]  
GALZIN [NP]  
GAMMAGARD [SP]  
GAMMAPLEX [SP]  
GATTEX [NP] [SP]  
GAVILYTE-C [NP]  
GAVRETO [NP] [SP]  
GELSYN-3 [SP]  
GENTAK [NP]  
GENVOYA  
GILENYA [SP]  
GILOTRIF [SP]  
GLASSIA [NP] [SP]  
GLEOSTINE [SP]  
GLUCAGEN HYPOKIT [NP]  
GLYXAMBI  
GRALISE [NP]  
GRASTEK [NP]  
GVOKE

**H**  
HAEGARDA [SP]  
HARVONI [SP]  
HEMLIBRA [SP]  
HEMOFIL M [SP]  
HETLIOZ [NP] [SP]  
HUMATE-P [SP]  
HUMIRA [SP]  
HUMULIN R U-500  
HYCAMTIN [SP]

**I**  
IBRANCE [SP]  
ICLUSIG [SP]  
IDELVION [SP]  
IDHIFA [NP] [SP]  
ILEVRO [NP]  
IMBRUVICA [SP]  
IMCIVREE [NP] [SP]  
IMPAVIDO [SP]  
IMURAN [NP]  
INBRIJA [SP]  
INCRELEX [SP]  
INCRUSE ELLIPTA  
INDERAL XL [NP]

INGREZZA [NP] [SP]  
INLYTA [SP]  
INGOVI [NP] [SP]  
INREBIC [NP] [SP]  
INTELENCE  
INTRON A [SP]  
INVIRASE [NP]  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
IRESSA [SP]  
ISENTRESS  
ISENTRESS HD  
ISOPTO ATROPINE [NP]  
ISTURISA [NP] [SP]  
IXINITY [SP]

**J**  
JAKAFI [SP]  
JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
JIVI [SP]  
JORNAY PM  
JUBLIA  
JULUCA  
JUXTAPID [NP] [SP]  
JYNARQUE [NP] [SP]

**K**  
KALYDECO [SP]  
KESIMPTA [SP]  
KEVZARA [NP] [SP]  
KISQALI [SP]  
KITABIS PAK [NP] [SP]  
KLISYRI [NP]  
KLOR-CON M15 [NP]  
KORLYM [NP] [SP]  
KOSELUGO [NP] [SP]  
KOVALTRY [SP]  
KRINTAFEL [NP]  
K-TAB [NP]  
KYNMOBI

**L**  
LAMICTAL ODT [NP]  
LAMICTAL XR [NP]  
LAMPIT [NP]  
LANTUS  
LATUDA  
LENVIMA [SP]  
LEUKERAN [SP]  
LEUKINE [NP] [SP]  
LEVEMIR

LEXIVA [NP]	NATACYN	ONEXTON	PROGRAF [NP]
LINDANE [NP]	NATAZIA [NP]	ONUREG [NP] [SP]	PROMACTA [NP] [SP]
LINZESS	NATPARA [NP] [SP]	OPSUMIT [SP]	PULMOZYME [SP]
LITHOBID [NP]	NATROBA [NP]	ORACEA	PURIXAN
LITHOSTAT [NP]	NAYZILAM [NP]	ORALAIR [NP]	<b>Q</b>
LIVALO	NEORAL [NP]	ORAVIG [NP]	QBRELIS [NP]
LO LOESTRIN FE	NERLYNX [NP] [SP]	ORENITRAM [NP] [SP]	QINLOCK [NP] [SP]
LOKELMA	NEUPRO [NP]	ORFADIN [SP]	QNASL [NP]
LOMAIRA [NP]	NEVIRAPINE ER [NP]	ORGOVYX [NP] [SP]	QSYMIA [NP]
LONSURF [SP]	NEXAVAR [SP]	ORIAHNN	QTERN [NP]
LORBRENA [NP] [SP]	NEXLETOL	ORILISSA	QUDEXY XR [NP]
LOTEMAX	NEXLIZET	ORKAMBI [NP] [SP]	QUILLICHEW ER
LUCEMYRA [NP]	NICOTROL	OTEZLA [SP]	QUILLIVANT XR
LUMIGAN	NINLARO [SP]	OTREXUP	QVAR REDIHALER
LUPANETA PACK [NP] [SP]	NITRO-BID [NP]	OXBRYTA [NP] [SP]	<b>R</b>
LUPKYNIS [NP] [SP]	NITRO-DUR [NP]	OXERVATE [NP] [SP]	RAGWITEK [NP]
LUPRON DEPOT [SP]	NITROMIST [NP]	OXTELLAR XR [NP]	RAPAMUNE [NP]
LYNPARZA [SP]	NITYR [SP]	OZEMPIC	RAVICTI [NP] [SP]
LYSODREN [SP]	NIVESTYM [SP]	<b>P</b>	RAYALDEE [NP]
<b>M</b>	NOCTIVA [NP]	PALFORZIA [NP]	RAYOS [NP]
MARPLAN [NP]	NORDITROPIN FLEXPRO [SP]	PALYNZIQ [NP] [SP]	REBETOL [NP] [SP]
MATULANE [SP]	NORVIR	PANZYGA [SP]	REBIF [SP]
MAVENCLAD [SP]	NOVAFERRUM PEDIATRIC DROPS	PASER [NP]	RECTIV [NP]
MAVYRET [SP]	NOVAREL [SP]	PAZEO	REDITREX
MAXIDEX [NP]	NOVOLIN 70/30	PEGASYS [SP]	REGRANEX [NP]
MAYZENT [SP]	NOVOLIN N	PEGINTRON [NP] [SP]	RELENZA DISKHALER [NP]
MEDROL [NP]	NOVOLIN R	PEMAZYRE [NP] [SP]	REPATHA
MEKINIST [SP]	NOVOLOG	PENNSAID [NP]	RESTASIS
MEKTOVI [NP] [SP]	NOVOLOG MIX 70/30	PERPHENAZINE/ AMITRIPTYLINE [NP]	RETACRIT [SP]
MENEST [NP]	NOVOPEN ECHO	PERSERIS	RETEVMO [SP]
MENOPUR [NP] [SP]	NOXAFIL	PHENYTEK [NP]	REVCovi [SP]
MENOSTAR [NP]	NUBEQA [SP]	PHOSLYRA [NP]	REVLIMID [SP]
MESNEX [SP]	NUCALA [NP] [SP]	PICATO	REXULTI [NP]
METHITEST [NP]	NUCYNTA ER	PIQRAY [SP]	REYATAZ [NP]
METOCLOPRAMIDE ODT [NP]	NUEDEXTA	PLEGRIDY [SP]	REYVOW [NP]
MIGERGOT [NP]	NULIBRY [NP] [SP]	POMALYST [SP]	RHOPRESSA [NP]
MIRCERA [NP]	NURTEC [NP]	PRADAXA [NP]	RIBASPHERE [NP] [SP]
MIRVASO [NP]	NUVESSA [NP]	PRED-G [NP]	RIDAURA [NP]
MOTOFEN [NP]	NUWIQ [SP]	PREDNICARBATE [NP]	RIFAMATE [NP]
MOVANTIK	NUZYRA [NP]	PREFEST [NP]	RIFATER [NP]
MULPLETA [SP]	NYMALIZE [NP]	PREMARIN	RINVOQ [SP]
MULTAQ	NYVEPRIA [SP]	PREMPHASE	RIXUBIS [SP]
MYALEPT [NP] [SP]	OBIZUR [SP]	PREMPRO	ROCKLATAN [NP]
MYCAPSSA [NP] [SP]	<b>O</b>	PRETOMANID [NP]	ROSZET [NP]
MYFORTIC [NP]	OCALIVA [NP] [SP]	PREVYMIS [NP]	ROZLYTREK [SP]
MYLERAN [SP]	OCTAGAM [SP]	PREZCOBIX	RUBRACA [SP]
MYRBETRIQ	ODACTRA [NP]	PREZISTA	RUCONEST [NP] [SP]
MYSOLINE [NP]	ODEFSEY	PRIFTIN	RUKOBIA [NP] [SP]
MYTESI [NP]	ODOMZO [SP]	PRIMSOL [NP]	RUZURGI [NP] [SP]
<b>N</b>	OFEV [NP] [SP]	PRIVIGEN [SP]	RYBELSUS
NARCAN	OMNARIS [NP]	PROCTOFOAM HC [NP]	RYDAPT [SP]
NASCOBAL [NP]	ONETOUCH TEST PRODUCTS	PROCYSBI [NP] [SP]	RYTARY [NP]

**S**

SAMSCA [NP] [SP]  
 SANDIMMUNE [NP]  
 SANTYL [NP]  
 SAXENDA [NP]  
 SECUADO [NP]  
 SELEGILINE HCL [NP]  
 SELZENTRY [NP]  
 SEREVENT DISKUS  
 SFROWASA [NP]  
 SIGNIFOR [NP] [SP]  
 SIKLOS [NP] [SP]  
 SIMBRINZA  
 SIMPONI [SP]  
 SIRTURO [NP] [SP]  
 SIVEXTRO [NP]  
 SKYRIZI [SP]  
 SOLIQUA  
 SOLOSEC  
 SOLTAMOX  
 SOMAVERT [NP] [SP]  
 SOVALDI [SP]  
 SPINOSAD [NP]  
 SPIRIVA  
 SPRITAM [NP]  
 SPRYCEL [SP]  
 STALEVO [NP]  
 STELARA [SP]  
 STENDRA [NP]  
 STIMATE [SP]  
 STIOLTO RESPIMAT  
 STIVARGA [SP]  
 STRENSIQ [SP]  
 STRIBILD [NP]  
 STRIVERDI RESPIMAT  
 SUBSYS [NP]  
 SUCRAID [NP] [SP]  
 SULFAMYLLON [NP]  
 SUNOSI  
 SUPARTZ FX [SP]  
 SUPRAX  
 SUPREP BOWEL PREP KIT [NP]  
 SUTENT [SP]  
 SYLATRON [SP]  
 SYMBICORT  
 SYMDEKO [SP]  
 SYMJEPI  
 SYMPROIC

**SYMTUZA**

SYNAREL [NP]  
 SYNJARDY  
 SYNJARDY XR  
 SYNRIPO [SP]  
 SYNTHROID  
**T**  
 TABLOID [SP]  
 TABRECTA [SP]  
 TAFINLAR [SP]  
 TAGRISSO [SP]  
 TAKHZYRO [SP]  
 TALICIA  
 TALZENNA [SP]  
 TASIGNA [SP]  
 TAVALISSE [NP] [SP]  
 TAZORAC  
 TAZVERIK [NP] [SP]  
 TEGRETOL [NP]  
 TEGRETOL-XR [NP]  
 TEGSEDI [NP] [SP]  
 TEMIXYS  
 TENCON [NP]  
 TEPMETKO [NP] [SP]  
 THALOMID [SP]  
 THEO-24 [NP]  
 THIOLA EC [NP] [SP]  
 THYQUIDITY [NP]  
 TIBSOVO [NP] [SP]  
 TIROSINT-SOL [NP]  
 TIVICAY  
 TOBI PODHALER [NP] [SP]  
 TOBRADEX ST [NP]  
 TOLVAPTAN [NP] [SP]  
 TOUJEO SOLOSTAR  
 TRACLEER [SP]  
 TRECATOR [NP]  
 TRELEGY ELLIPTA  
 TREMFYA [SP]  
 TRESIBA  
 TRETEN [SP]  
 TRIFLURIDINE  
 TRIJARDY XR  
 TRIKAFTA [SP]  
 TRINATE  
 TRINTELLIX [NP]  
 TRIUMEQ  
 TROKENDI XR [NP]

**TRULANCE**

TRULICITY  
 TUKYSA [NP] [SP]  
 TURALIO [NP] [SP]  
 TYBLUME [NP]  
 TYBOST [NP]  
 TYMLOS [SP]  
 TYVASO [NP] [SP]

**U**

UBRELVY [NP]  
 UCERIS [NP]  
 UKONIQ [NP] [SP]  
 UPTRAVI [SP]

**V**

VALCHLOR [SP]  
 VALTOCO [NP]  
 VARUBI  
 VASCEPA  
 VAXELIS  
 VECAMYL [NP] [SP]  
 VELPHORO  
 VELTASSA  
 VEMLIDY [NP]  
 VENCLEXTA [SP]  
 VENTAVIS [NP] [SP]  
 VERQUVO  
 VERSACLOZ [NP]  
 VERZENIO [SP]  
 VIBERZI  
 VICTOZA  
 VIIBRYD [NP]  
 VIMPAT  
 VIRACEPT [NP]  
 VIREAD  
 VITRAKVI [SP]  
 VIVOTIF [NP]  
 VIZIMPRO [NP] [SP]  
 VONVENDI [SP]  
 VOSEVI [SP]  
 VOTRIENT [SP]  
 VRAYLAR [NP]  
 VYLEESI [NP]  
 VYNDAMAX [SP]  
 VYNDAQEL [SP]  
 VYVANSE  
 VYZULTA [NP]

**W**

WILATE [SP]  
 WINLEVI [NP]

**X**

XALKORI [SP]  
 XARELTO  
 XCOPRI [NP]  
 XELJANZ [SP]  
 XELJANZ XR [SP]  
 XENICAL [NP]  
 XENLETA [NP]  
 XEPI [NP]  
 XERMELO [NP] [SP]  
 XHANCE [NP]  
 XIFAXAN [NP]  
 XIGDUO XR  
 XIIDRA  
 XOFLUZA [NP]  
 XOSPATA [NP] [SP]  
 XPOVIO [NP] [SP]  
 XTAMPZA ER  
 XTANDI [SP]  
 XULTOPHY  
 XYNTHA [SP]  
 XYREM [NP] [SP]  
 XYWAV [NP] [SP]

**Y**

YONSA [SP]

**Z**

ZARXIO [SP]  
 ZEGALOGUE  
 ZEJULA [SP]  
 ZELBORAF [SP]  
 ZENPEP  
 ZEPOSIA [SP]  
 ZETONNA [NP]  
 ZIEXTENZO [SP]  
 ZILXI  
 ZOKINVY [SP]  
 ZOLINZA [SP]  
 ZONTIVITY [NP]  
 ZORTRESS [NP]  
 ZUBSOLV [NP]  
 ZYCLARA PUMP  
 ZYDELIG [SP]  
 ZYKADIA [SP]  
 ZYLET [NP]

# Excluded Medications with Covered Alternatives

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Anti-Migraine Therapy – CGRP <sup>1</sup>	Aimovig, Emgality	Ajovy
Antipsychotics (Injectables)	Abilify Maintena, Perseris	Invega Sustenna
Attention Deficit Hyperactivity Disorder (ADHD) – Amphetamine Products	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, Vyvanse	Adderall, Adderall XR, Adzenys, Dyanavel XR, Evekeo ODT, Mydayis, Zenzedi
Attention Deficit Hyperactivity Disorder (ADHD) – Miscellaneous Stimulants	dexamethylphenidate HCl/ER, Jornay PM, methylphenidate HCl/CD/ER, Quillichew ER, Quillivant XR	Adhansia XR, Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Focalin/ XR, Methylin, Relexxii, Ritalin, Ritalin LA
Attention Deficit Hyperactivity Disorder (ADHD) - Non-Stimulant	atomoxetine	Qelbree
Fentanyl Analgesics	fentanyl citrate oral, fentanyl transdermal patch, fentanyl transmucosal lozenge	Actiq, Duragesic
Multiple Sclerosis [SP] <sup>*1</sup>	Aubagio, Avonex, Betaseron, dimethyl fumarate, glatiramer acetate, Gilenya, Kesimpta, Mavenclad, Mayzent, Rebif, Zeposia	Bafiertam, Copaxone, Extavia, Glatopa, Ponvory, Tecfidera, Vumerity
Narcolepsy[SP] <sup>1</sup>	Sunosi	Wakix
Opioid Analgesics	hydrocodone bitartrate ER, morphine sulfate ER, Xtampza ER	Hysingla ER
Semisynthetic Mixed Opioid Agonist-Antagonist	Belbuca, buprenorphine HCl, buprenorphine HCl/naloxone HCl	Bunavail, Butrans, Probuphine Implant Kit, Sublocade, Suboxone
Sleep Disorder (Insomnia)	eszopiclone, zolpidem tartrate, zolpidem tartrate ER	Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, ramelteon
<b>CARDIOVASCULAR</b>		
Anticoagulants	Eliquis, Pradaxa [NP], Xarelto	Savaysa
<b>DERMATOLOGY</b>		
Oral Acne	doxycycline hyclate, doxycycline monohydrate, minocycline HCl IR caps	minocycline ER caps, Minocin, Minolira, Seysara, Ximino
Rosacea	Oracea	Doxycycline capsule DR 40 mg
Topical Acne	Avita, tretinoin	Retin-A
Topical Actinic Keratosis	Carac, fluorouracil, imiquimod	Aldara, Tolak
<b>DIABETES</b>		
Biguanides	metformin, metformin ER	Fortamet, Glumetza
Diabetes – Testing Supplies	OneTouch Products	All Other Meters and Test Strips
Diabetes – CGM	Dexcom G5/G6, Freestyle Libre 1 & 2	Enlite, Eversense, Guardian Connect
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Janumet, Janumet XR, Januvia	Alogliptin, Jentadueto, Jentadueto XR, Onglyza, Tradjenta

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## Excluded Medications with Covered Alternatives *(continued)*

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
Sodium-Glucose Cotransporter-2 Inhibitors	Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, Synjardy XR, Xigduo XR	Segluromet, Steglatro, Steglujan
Glucagon-Like Polypeptide 1 Agonists	Ozempic, Rybelsus, Trulicity, Victoza	Adlyxin, Byetta
Insulin – Intermediate Acting	Humulin U-500, Novolin N	Humulin N
Insulin – Long-Acting	Lantus, Levemir, Toujeo, Tresiba	Basaglar, Semglee
Insulin – Rapid Acting	Fiasp, Novolog	Admelog, Afrezza, Apidra, Humalog, Insulin Aspart, Insulin Lispro, Lyumjev
<b>ENDOCRINE</b>		
Contraceptives – Combinations	drospirenone/ethinyl estradiol, Generic Beyaz, Generic Safyral, Generic Yaz	Beyaz, Chateal, Nextstellis, Nuvaring, Ortho-Novum 1/35, Safyral, Yasmin 28, Yaz
Contraceptives – Progestins	Camila, Errin, Heather, Lyza	Ortho Micronor
Estrogen and Estrogen Modifiers for Vaginal Symptoms	estradiol, Estring, Yuvaferm	Femring, Imvexxy, Vagifem
Growth Hormone [SP] <sup>*1</sup>	Norditropin	Genotropin, Humatrope, Omnitrope, Serostim, Zomacton
Osteoporosis [SP] <sup>*1</sup>	Forteo, Tymlos	Teriparatide
Testosterone <sup>1</sup>	testosterone cypionate, testosterone enanthate	Androgel, Aveed [SP], Fortesta, Testopel
<b>EPINEPHRINE AUTO-INJECTOR SYSTEMS</b>		
Anaphylaxis	epinephrine, Symjepi	Adrenalin, Auvi-Q, Epipen, Epipen-JR
<b>GASTROINTESTINAL</b>		
Irritable Bowel Syndrome & Opioid Induced Constipation	Linress, Movantik, Symproic, Trulance	Amitiza, Motegrity, Relistor solution, Relistor tablets, Zelnorm
<b>HEMATOLOGICAL AGENTS</b>		
Erythropoiesis-Stimulating Agents [SP] <sup>*1</sup>	Retacrit	Epogen, Procrit
Granulocyte Colony Stimulating Factors [SP] <sup>*1</sup>	Nivestym, Zarxio	Granix, Neupogen
Hematopoietic Agents [SP] <sup>*1</sup>	Nyvepria, Ziextenzo	Fulphila, Neulasta, Udenyca
<b>HEPATITIS</b>		
Anti-hepatitis C (HCV) Agents [SP] <sup>*1</sup>	Eplclusa, Harvoni, Mavyret	Ledipasvir/Sofosbuvir, Sofosbuvir/Velpatasvir, Viekira Pak, Zepatier
<b>HEREDITARY ANGIOEDEMA</b>		
Hereditary Angioedema [SP] <sup>*1</sup>	Berinert [NP], Haegarda, Takhyzro	Cinryze, Kalbitor, Orladeyo

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## Excluded Medications with Covered Alternatives *(continued)*

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
<b>HIV</b>		
Antiretrovirals	abacavir sulfate/lamivudine, Cimduo, Descovy, Dovato, emtricitabine/tenofovir disoproxil fumarate, Evotaz, Juluca, lamivudine/zidovudine, lopinavir/ritonavir, Prezcofix, Temixys	Cabenuva <sup>1</sup>
<b>INFLAMMATORY</b>		
Inflammatory Agents <sup>1</sup>	methotrexate, Otrexup, Reditrex	Rasuvo
Osteoarthritis Agents [SP] <sup>*1</sup>	Durolane, Euflexxa, Gelsyn-3, Supartz FX	Gel-One, Genvisc, Hyalgan, Monovisc, Orthovisc, Synvisc, Synvisc-One, Trivisc, Visco-3, Sodium Hyaluronate 20 mg/2 mL
Tumor-Necrosis Factor-alpha [SP] <sup>*1</sup>	Avsola	Inflectra, Remicade, Renflexis
<b>MISCELLANEOUS</b>		
Antipsychotic	asenapine, aripiprazole, olanzapine, quetiapine, Rexulti [NP], Vraylar [NP], ziprasidone	Caplyta
PCSK9 <sup>1</sup>	Repatha	Praulent
Urinary Antispasmodics	oxybutynin, oxybutynin ER, solifenacin, tolterodine, trospium	Gelnique, Gemtesa, Toviaz
Weight Loss Agents <sup>1</sup>	Contrave [NP], phentermine, Qsymia [NP], Saxenda [NP]	Apidex-P, benzphetamine HCl, diethylpropion HCl, phendimetrazine
<b>ONCOLOGY</b>		
Advanced or Metastatic Breast Cancer [SP] <sup>*1</sup>	Ibrance, Verzenio	Tykerb, Xeloda
Philadelphia Chromosome Positive Chronic Myeloid Leukemia in Chronic Phase [SP] <sup>*1</sup>	imatinib, Sprycel	Gleevec
<b>OPHTHALMIC</b>		
Dry Eye Disease	Restasis, Xiidra	Cequa
<b>RESPIRATORY</b>		
Long-Acting Muscarinic Antagonist	Spiriva	Lonhala
Long-Acting Muscarinic Antagonist/Long-Acting Beta-Agonist Combination Inhalers	Anoro Ellipta, Stiolto Respiamat, Trelegy Ellipta	Bevespi Aerosphere, Utibron Neohaler

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## Excluded Medications with Covered Alternatives *(continued)*

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
Pulmonary Anti-Inflammatory/ Long-Acting Beta-Agonist Combination Inhalers	Advair HFA, Breo Ellipta, Dulera, fluticasone/ salmeterol Diskus, Wixela Inhub, Symbicort	Advair Diskus, Airduo Respiclick, Airduo Digihaler, Budesonide/ Formoterol fumarate dihydrate, Duaklir Pressair, fluticasone propionate/ salmeterol Diskus, Wixela Inhub
Short-Acting Beta Agonist/ Rescue Inhalers	albuterol sulfate HFA, Ventolin HFA	Levalbuterol Tartrate HFA, Proair Digihaler, Proair HFA, Proair Respiclick, Proventil HFA, Xopenex

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# Step Therapies

<b>ANALGESICS/ANTI-INFLAMMATORY: Biologic Immunomodulators<sup>[SP]† 1</sup></b>					
	<b>PRIMARY TREATMENT</b>	<b>SECONDARY TREATMENT</b>	<b>TERTIARY TREATMENT</b> <i>(Requires trial and failure to TWO Primary Treatment agents)</i>	<b>TERTIARY TREATMENT</b> <i>(Requires trial and failure to TWO agents from Primary and Secondary Treatment)</i>	<b>TERTIARY TREATMENT</b> <i>(Requires trial and failure to THREE Primary Treatment agents)</i>
<b>Ankylosing Spondylitis</b>	Cosentyx Enbrel Humira	N/A	Cimzia Simponi Taltz	N/A	N/A
<b>Non-Radiographic Axial Spondyloarthritis</b>	Cimzia Cosentyx	N/A	Taltz	N/A	N/A
<b>Juvenile Idiopathic Arthritis</b>	Enbrel Humira Xeljanz	Actemra <sup>†</sup>	N/A	Orencia	N/A
<b>Psoriatic Arthritis</b>	Cosentyx Enbrel Humira Otezla Stelara Tremfya Xeljanz (XR)	N/A	Cimzia Orencia Simponi Taltz	N/A	N/A
<b>Rheumatoid Arthritis</b>	Enbrel Humira Rinvoq Xeljanz (XR)	Actemra <sup>†</sup>	Cimzia Kevzara Kineret Olumiant Orencia Simponi	N/A	N/A
<b>Plaque Psoriasis</b>	Cosentyx Enbrel Humira Skyrizi Stelara Tremfya	N/A	Cimzia Ilumya Siliq	N/A	Taltz
<b>Crohn's Disease</b>	Humira Stelara	Cimzia <sup>†</sup>	N/A	N/A	N/A
<b>Ulcerative Colitis</b>	Humira Stelara	Simponi <sup>†</sup> Xeljanz (XR)	N/A	Zeposia <sup>**</sup>	N/A

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\*\*Humira, Stelara OR Xeljanz/Xeljanz XR are required agents

†Humira is required Primary Treatment

1 = Specific criteria may apply to the exclusion

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