

## Drug List Exclusions Effective 1/1/23

Below is a list of medicines by drug category that may be excluded from coverage under your prescription drug benefit. In most cases, if you fill a prescription for any of the drugs listed under the Excluded Medications column, you will pay the full retail price. This list will be reviewed annually and is subject to change at any time.

**Take action to avoid paying full price.** If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the preferred alternatives.

Drug Category	Excluded Medications	Alternatives
<b>ANDROGENS AND ANABOLIC STEROIDS</b>	ANDRODERM; EC-RX TESTOSTERONE;, FORTESTA; NATESTO; STRIANT; TESTIM**; TESTOSTERONE 1% gel; TESTOSTERONE PUMP; VOGELXO, VOGELXO PUMP	<b>testosterone gel</b> 1%, 1.62% (generic for Androgel); <b>testosterone transdermal solution</b> 30 mg/actuation (generic for Axiron)
<b>DOXYCYCLINE/ MINOCYCLINE</b>	ACTICLATE**; AVIDOXY DK; BENZODOX; DORYX** tab 50 mg & 200 mg; DORYX MPC; DOXYCYCLINE 40 mg & 80 mg delayed-release; DOXYCYCLINE HYCLATE tab 50 mg; MINOCIN** caps; MINOCYCLINE HCL CAP ER 24HR 45 mg, 90 mg & 135 mg, MINOLIRA; MORGIDOX kit; NUTRIDOX; ORACEA; SOLODYN** 55 mg, 65 mg 80 mg, 105 mg, 115 mg; VIBRAMYCIN** caps; VIBRAMYCIN** suspension; VIBRAMYCIN syrup; XIMINO	<b>Avidoxy</b> 100 mg; <b>Coremino, doxycycline hyclate caps; doxycycline hyclate delayed-release tabs; minocycline caps, tabs; minocycline extended-release tabs; Mondoxyne NL; Morgidox caps,</b>
<b>GLUCOSE TEST STRIPS</b>	All glucose test strip manufacturers (except Ascensia) ± e.g. ACCU-CHEK; ADVANCE; ADVOCATE; ASSURE; CLEVER CHEK; EASY PLUS/MAX/TALK/TOUCH; EMBRACE; FORA; FREESTYLE; GLUCOCARD; ONETOUCH. OPTIUM; PRECISION; PRODIGY; RELION; RIGHTEST; TRUE METRIX; TRUETEST; TRUETRACK; UNISTRIP	ASCENSIA (e.g. BREEZE 2, CONTOUR NEXT, CONTOUR PLUS, etc)
<b>GROWTH HORMONES</b>	GENOTROPIN, GENOTROPIN MINIQUICK; HUMATROPE, HUMATROPE COMBO PACK; NUTROPIN AQ NUSPIN; OMNITROPE; SAIZEN, , SAIZENPREP; SEROSTIM; ZOMACTON; ZORBTIVE	NORDITROPIN
<b>INSOMNIA</b>	AMBIEN**, AMBIEN CR**, BELSOMRA; DAYVIGO; EDLUAR; INTERMEZZO**; LUNESTA**; ROZEREM**; SILENOR**; <b>ZOLPIDEM TARTRATE SL, ZOLPIMIST</b>	<b>eszopiclone; zaleplon; zolpidem tartrate, zolpidem tartrate ER</b>
<b>SHORT-ACTING INSULINS (EXCLUSIVE NOVOLIN/ NOVOLOG)</b>	ADMELOG, ADMELOG SOLOSTAR; AFREZZA; APIDRA, APIDRA SOLOSTAR; HUMALOG, HUMALOG KWIKPEN, HUMALOG JR KWIKPEN, HUMALOG MIX 50/50, HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25, HUMALOG MIX 75/25 KWIKPEN, HUMULIN N, HUMULIN N KWIKPEN, HUMULIN R; HUMULIN 70/30, HUMULIN 70/30 KWIKPEN; INSULIN LISPRO; INSULIN LISPRO JR; INSULIN LISPRO KWIKPEN; INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN; LYUMJEV INJ; LYUMJEV KWIKPEN	FIASP, FIASP FLEXTOUCH; HUMULIN R U-500 (CONCENTRATE), HUMULIN R U-500 KWIKPEN; INSULIN ASPART; INSULIN ASPART FLEXPEN; INSULIN ASPART PENFILL; INSULIN ASPART PROTAMINE/INSULIN ASPART; INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN NOVOLIN N; NOVOLIN N RELION; NOVOLIN N U-100; NOVOLIN R; NOVOLIN R RELION; NOVOLIN 70/30; NOVOLIN 70/30 RELION; NOVOLOG; NOVOLOG FLEXPEN; NOVOLOG MIX 70/30; NOVOLOG MIX 70/30 FLEXPEN; NOVOLOG PENFILL; RELION R
<b>NASAL STEROIDS</b>	BECONASE AQ; FLUNISOLIDE; NASONEX**; OMNARIS; PROPEL, PROPEL MINI; QNASL, QNASL CHILDRENS; SINUVA; ZETONNA	<b>fluticasone propionate;</b>

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available

Drug Category	Excluded Medications	Alternatives
<b>TOPICAL ANTIBIOTICS</b>	<p>ACANYA**; ACIOXIAY; ACZONE GEL 7.5%, ACZONE GEL** 5%; ADAINZDE; ADAINZOXIA; ADAPALENE-BENZOYL PEROXIDE; ADAPALENE-BENZOYL PEROXIDE-CLINDAMYCIN GEL 0.3-2.5-1%; ADAPALENE-BENZOYL PEROXIDE-NIACINAMIDE GEL 0.3-2.5-4%; AKLIEF; AKTIPAK; ALTRENO; AMZEEQ; ARAZLO; AVAR PAD, AVAR FOAM 9.5-5%, AVAR LS, AVAR LS cleanser**, AVAR-E-LS**, AZELAIC ACID-NIACINAMIDE CREAM 15-4%; AZELEX; BENZAQ AC**; BENZACLIN**; BENZAMYCIN** gel; BENZEFOAM**, BENZEFOAM ULTRA**; BENZEPRO; BENZIQ, BENZIQ LS, BENZIQ WASH; BENZODOX; BENZOYL PEROXIDE GEL 6.5%; BENZOYL PEROXIDE 8%; BENZOLYL PEROXIDE FORTE- HC; BP CLEANSING WASH 10-4%; BENZ PER-CLINDAMYCIN-NIACINAMIDE-TRETINOIN GEL 5-1-2-0.025%; BENZ PER-CLINDAMYCIN-NIACINAMIDE-TRETINOIN GEL 5-1-2-0.05%; BENZ PER-CLINDAMYCIN-NIACINAMID-TRETINOIN GEL 2.5-1-2-0.025%; BPO gel 4% and 8%; CLENIA PLUS; CLEOCIN-T**; CLINDACIN ETZ, CLINDACIN PAC, CLINDAGEL; CLINDAMYCIN GEL 1%; CLINDAMYCIN PHOSPHATE-NIACINAMIDE GEL 1-4%; CLINDAMYCIN PHOSPHATE-NIACINAMIDE LOTION 1-4%; CLINDAMYCIN PHOS-NIACINAMIDE-TRETINOIN CREAM 1-4-0.025%; CLINDAMYCIN-NIACINAMID-SPIRONOLAC-TRETINOIN GEL 1-4-2-0.025%; CLINDAMYCIN-BENZOYL PEROXIDE-NIACINAMIDE GEL 1-2.5-4%; CLINDAMYCIN-BENZOYL PEROXIDE-NIACINAMIDE GEL 1-5-4%; CLINDAVIX; CLINOIN; DAPSONE GEL 7.5%; DAPSONE-NIACINAMIDE GEL 6-4%; DAPSONE-NIACINAMIDE GEL 8.5-4%; DAPSONE-NIACINAMIDE-SPIRONOLACTONE GEL 8.5-2-5%; DAPSONE-NIACINAMIDE-SPIRONOLACTONE GEL 6-2-5%; DEOXIA; DIADIMAXIA; DIAOXIA; DIASDIMAXIA; DIASOXIA; DIMOXIA; DRAXACE; DRAXACE LOTION CLEANSER; DRIXECE; DUAC**; ECEOXIA; ERYGEL**; ERY PAD 2%; ETHOXIA; EVOCLIN**; INOVA; ITHOXIA; KLARON**; METROCREAM**; METROGEL**; METROLOTION**; NEUAC kit; NORITATE; ONEXTON; ONZDEOXIA; OXIATAR; OXIAVARRY; OXIAZAR; PLEXION**, PLEXION CLEANSING CLOTHS; PR BENZOYL PEROXIDE; REZESOL; RIAX; ROSADAN KIT; SALICYLIC ACID-SULFACETAMIDE SODIUM SUSP 2-8%; SALICYLIC ACID-SULFACETAMIDE SODIUM SUSP 5-10%; SODIUM SULFACETAMIDE/SULFUR 10-5% emulsion or lotion, SODIUM SULFACETAMIDE/ SULFUR 10-5% suspension, SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA emulsion 10-5%; SULFACETAMIDE SODIUM W/ SULFUR CLEANSING CLOTH 9.8-4.8%; SSS 10-5; SUMADIN KIT**, SUMADAN WASH**, SUMADAN XLT**; SUMAXIN CP KIT, SUMAXIN** pad, SUMAXIN TS**, SUMAXIN WASH**; TARDEOXIA; TARDIMAXIA; TAROXIA CREAM; TAROXIA GEL; TAZAROTENE AER 0.1%; VARDIMAXIA GEL; VAROXIA CREAM; VAROXIA GEL; WINLEVI;VELTIN; ZACARE kit; ZACLIR; ZIANA**</p>	<p><b>azelaic acid; Clindacin-ETZ pledgets ; Clindacin-P; clindamycin phosphate 1% foam, gel, lotion, pad, soln, swab; clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%; clindamycin phosphate-benzoyl peroxide gel 1-5%; clindamycin phosphate- tretinoin 1.2-0.025% gel; dapsone gel</b></p> <p><b>ERY; erythromycin 2% gel, pads, soln; erythromycin/ benzoyl peroxide;</b></p> <p><b>metronidazole 0.75% cream, gel, lotion; metronidazole 1% gel;</b></p> <p><b>Neuac gel; Rosadan cream, gel</b></p> <p><b>sulfacetamide sodium 10% lotion</b></p>
<b>TOPICAL RETINOIDS</b>	<p>ADAPALENE lotion; ADAPALENE solution; ATRALIN**; DIFFERIN** cream, DIFFERIN** gel, DIFFERIN lotion; EPIDUO**, EPIDUO FORTE; FABIOR; HYALURONATE SODIUM-NIACINAMIDE-TRETINOIN CREAM 0.5-4-0.025%; HYALURONATE SODIUM-NIACINAMIDE-TRETINOIN CREAM 0.5-4-0.05%; HYALURONATE SODIUM-NIACINAMIDE-TRETINOIN CREAM 0.5-4-0.1% NIACINAMIDE-SPIRONOLACTONE GEL 4-5%; NIACINAMIDE-SPIRONOLACTONE-TRETINOIN GEL 2-5-0.025%; NIACINAMIDE-SPIRONOLACTONE-TRETINOIN GEL 2-5-0.05%; NIACINAMIDE-SULFACETAMIDE SODIUM CREAM 4-10%; NIACINAMIDE-TAZAROTENE CREAM 4-0.05%; NIACINAMIDE-TAZAROTENE CREAM 4-0.1%; NIACINAMIDE-TRETINOIN CREAM 4-0.05%; NIACINAMIDE-TRETINOIN CREAM 4-0.025%; NIACINAMIDE-TRETINOIN GEL 4-0.05%; NIACINAMIDE-TRETINOIN GEL 4-0.025%; RETIN-A**,</p>	<p><b>adapalene gel;</b></p> <p><b>Avita; TAZORAC cream 0.05%, TAZORAC gel; tretinoin cream 0.025%, 0.05%, 0.1%; tretinoin gel 0.01%, 0.025%</b></p>

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available

Drug Category	Excluded Medications	Alternatives
	RETIN-A MICRO** 0.1%, RETIN-A MICRO PUMP** 0.1%, RETIN-A MICRO** 0.04%, RETIN-A MICRO 0.06%, RETIN-A MICRO PUMP** 0.04%, RETIN-A MICRO PUMP 0.08%; TAZORAC** cream 0.1%;	

\*Not a comprehensive list of all excluded glucose test strips

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS \*\* = generic available