



4Q 2018 Precision Formulary Exclusion List

Therapeutic Category	Excluded Medications	Preferred Alternatives
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
Non-Steroidal Anti-Inflammatory	Pennsaid	diclofenac topical solution
ANTICONVULSANTS		
Antiepilepsy	Trokendi XR, Qudexy XR	topiramate ER
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Oral Long-Acting Opioid Analgesics	Kadian, Nucynta ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, Hysingla ER Oxycontin, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda
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
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Acanya, Aktipak, Benzaclin, Benzaclin Pump, Benzamycin, Clindacin pac/kit, Duac, Veltin, Ziana Gel	ADAPALENE-BNZYL PEROX , Onexton, Epiduo/ Epiduo Forte
DIABETES		
Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR, QTERN, Steglatro, Steglujan, Segluromet	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1 Agonists	Adlyxin , Ozempic, Tanzeum, and Xultophy	Bydureon, Bydureon BCISE, Byetta, Trulicity, Victoza
Insulins	Novolin	Humulin

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Rapid-acting insulin	Admelog, Apidra, Fiasp Flextouch, NovoLog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Biguanides	Glumetza, Fortamet	Metformin ER (Glucophage generic), Metformin IR, Riomet
ENDOCRINE (OTHER)		
Topical Testosterone Products	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Vogelxo	Androgel 1.62%
GASTROINTESTINAL		
Anti-Diarrheal Agents	Motofen	Diphenoxylate/atropine, loperamide
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD, Delzicol, mesalamine 800 mg DR tablet, Lialda	Apriso
Opioid-Induced Constipation	Movantik,	Amitiza
MUSCULOSKELETAL		
Muscle Relaxant	Amrix	cyclobenzaprine
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan, Vyzulta	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
RESPIRATORY		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR, QVAR RediHaler, ArmonAir Respiclick	Arnuity Ellipta, Flovent Diskus/HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera,	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort, fluticasone/salmeterol , Trelegy Ellipta
Short-Acting Beta-2 Adrenergic Inhalers	levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra, Viagra	Cialis, sildenafil

Required Prior Authorization Additions²

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands ¹ non-preferred with prior authorization	Epclusa, Harvoni, Sovaldi, Mavyret, Vosevi
Immunomodulators	All other brands non-preferred with prior authorization	Cosentyx, Humira, Enbrel, Xeljanz XR
Multiple Sclerosis	All other brands non-preferred with prior authorization	Aubagio, Avonex, Copaxone, Gilenya, Glatiramer, Glatopa, Plegridy, Tecfidera
Erythropoiesis-Stimulating Agents	All other brands non-preferred with prior authorization	Aranesp, Retacrit
Growth Hormones	All other brands non-preferred with prior authorization	Norditropin

** This list is not inclusive of all formulary strategies. Please check the formulary listing for specific drug coverage.

¹ Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

² All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of a preferred medication prior to beginning therapy.