

## 2019 preferred drug list exclusions

The medications listed below are not covered by the State Health Plan. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price instead of your current copayment.

**Take action to avoid paying full price instead of your current copayment.** If you're currently prescribed one of the excluded medications listed below, please ask your doctor to consider writing you a new prescription for one of the preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](http://express-scripts.com/covered) to compare drug prices. For specific questions about your coverage, please call Express Scripts at **855.612.3128**.

Express Scripts manages your State Health Plan prescription drug benefit for the South Carolina Public Employee Benefit Authority (PEBA).

Drug class	Excluded medications	Preferred alternatives
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	Lucemyra*	clonidine
Anti-Migraine Therapy	Sumavel Dosepro	sumatriptan injection
Antiparkinsonism Agents	Gocovri ER, Osmolex ER*	amantadine capsules, amantadine tablets, amantadine oral solution
	Neupro Patches*	pramipexole tablets, pramipexole ER tablets, ropinirole tablets
	Xadago*	rasagiline, selegiline
Beta Interferons for Multiple Sclerosis	Extavia*	Avonex Administration Pack, Avonex Pen, Betaseron, Plegridy, Rebif, Rebif Rebidose
Duchenne Muscular Dystrophy (DMD) Agents	Emflaza	prednisone solution, prednisone tablets
	Exondys 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	Embeda*, Oxycodone ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Analgesics	Butrans	Belbuca
Narcotic Antagonists	Evzio	naloxone syringes, Narcan Nasal Spray
Neuropathic Agents	Lyrica CR	gabapentin, Gralise, Lyrica
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda	fentanyl citrate lozenges
<b>CARDIOVASCULAR</b> Anticoagulants	Pradaxa*, Savaysa*	Eliquis, Xarelto
HMG & Cholesterol Inhibitor Combinations	Altoprev*, Zypitamag*	atorvastatin, lovastatin, rosuvastatin, simvastatin, Livalo
PCSK9 Inhibitors	Repatha*	Praluent
<b>DERMATOLOGICAL</b> Oral Agents for Rosacea	Doxycycline 40 MG Capsules	Oracea
Topical Acne/Antibiotic Combinations	Aktipak, Veltin	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton
Topical Agents for Actinic Keratosis	Fluorouracil 0.5% Cream, Imiquimod 3.75% Cream Pump*, Zyclara	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato
Topical Antifungal	Luliconazole*	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Antiviral Agents	Xerese Cream*	acyclovir capsules, acyclovir tablets, famciclovir tablets, valacyclovir tablets, Zovirax Cream
Topical Corticosteroids	Topicort Spray*, Verdeso Foam*	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	Alcortin A*	hydrocortisone, mupirocin

\* Medications will be excluded beginning January 1, 2019.

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Drug class	Excluded medications	Preferred alternatives
<b>DIABETES</b> Blood Glucose Meters & Test Strips	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), National Medical (Advocate), Omnis Health (Embrace, Victory), Roche (Accu-Chek), Trividia (TRUetest, TRUetrack), UniStrip All other meters & strips that are not LifeScan brand	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin, Nesina, Onglyza	Januvia, Tradjenta
	Alogliptin/Metformin**, Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto, Jentadueto XR
Glucagon-Like Peptide-1 Agonists	Adlyxin, Tanzeum, Victoza	Bydureon, Byetta, Ozempic, Trulicity
Insulins	Novolin	Humulin
	Admelog, Apidra, Fiasp, NovoLog	Humalog
<b>EAR/NOSE</b> Nasal Steroids	Beconase AQ, Omnaris, Zetonna	budesonide, flunisolide, fluticasone, mometasone, Qnasl
Otic Fluoroquinolone Antibiotics	Cetraxal	ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel
<b>ENDOCRINE (OTHER)</b> Combination Patches	Climara Pro*	Combipatch
Estrogen and Estrogen Modifiers for Vaginal Symptoms	Femring	estradiol patches, estradiol tablets, yuvafem, Estring, Premarin Cream, Premarin Tablets
Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty)	Lupron Depot-Ped*	Triptodur
Growth Hormones	Humatrope*, Nutropin AQ Nuspin, Omnitrope, Saizen, SaizenPrep, Zomacton	Genotropin, Norditropin Flexpro
Somatostatin Analogs	Sandostatin LAR Depot, Signifor LAR	Somatuline Depot
Topical Estrogen Gels	EstroGel	Divigel
Topical Testosterone Products	Fortesta, Natesto, Testosterone Gel	AndroGel 1.62%
<b>GASTROINTESTINAL</b> Corticosteroids (Rectal Formulations)	Cortifoam*	hydrocortisone enema, Uceris Foam
Inflammatory Bowel Agents	Asacol HD, Delzicol, Dipentum	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa
Pancreatic Enzymes	Pancreaze, Pertzeye	Creon, Zenpep
Proton Pump Inhibitors	Aciphex Sprinkle, Prilosec Suspension, Protonix Suspension	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Nexium Packets
<b>HEMATOLOGICAL</b> Erythropoiesis-Stimulating Agents	Aranesp, Epogen, Mircera	Procrit
Factor VIII Recombinant Products	Eloctate*, Recombinate*, Xyntha*, Xyntha Solofuse*	Advate, Adynovate, Afstyla, Helixate FS, Kogenate FS, Kovaltry, Novoeight, Nuwiq
Granulocyte Colony Stimulating Factors	Neupogen	Granix, Zarxio
<b>HEPATITIS</b> Hepatitis C	Daklinza, Mavyret*, Olysio, Sovaldi	Epclusa, Harvoni, Vosevi, Zepatier
<b>HIV</b> Antiretrovirals	Atripla*	Biktarvy, Genvoya, Odefsey, Stribild, Symfi, Symfi Lo, Triumeq
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	Colchicine	Colcrys, Mitigare
	Duzallo*, Zurampic*	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Fenoprofen Capsules*, Fenortho*, Nalfon*	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen

\* Medications will be excluded beginning January 1, 2019.

\*\* Only the combination medicine is excluded.

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Drug class	Excluded medications	Preferred alternatives
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Ganirelix Acetate	Cetrotide
Human Chorionic Gonadotropin	Chorionic Gonadotropin*, Pregnyl*	Novarel, Ovidrel
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject
Vaginal Progestones	Endometrin	Crinone 8% Gel
<b>OPHTHALMIC</b> Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Timoptic Ocudose	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	bimatoprost drops, latanoprost drops, Lumigan, Travatan Z
Ophthalmic Anti-Allergic	Alocril*, Alomide*, Emadine*	azelastine drops, cromolyn drops, olopatadine drops, Alrex, Bepreve, Pazeo
Ophthalmic Anti-Inflammatory	Flarex*, FML Forte*, FML S.O.P.*, Maxidex*, Pred Mild*	dexamethasone drops, fluorometholone drops, prednisolone drops, Lotemax
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvail, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	Durolane*, Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz FX, Synvisc, Synvisc-One, Visco-3	Euflexxa, Monovisc, Orthovisc
<b>RENAL DISEASE</b> Phosphate Binders	Fosrenol Powder Packets, Renagel	lanthanum, sevelamer carbonate, Phoslyra, Velphoro
<b>RESPIRATORY</b> Epinephrine Auto-Injector Systems	Auvi-Q, Epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)	Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr
Long-Acting Beta Agonist Nebulized	Brovana*	Perforomist
Pulmonary Anti-Inflammatory Inhalers	Alvesco	ArmonAir RespiClick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	Levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA/RespiClick, Ventolin HFA
<b>UROLOGICAL</b> Erectile Dysfunction Oral Agents	Levitra, Staxyn	sildenafil, Cialis
<b>MISCELLANEOUS AGENTS</b>	Endari	over-the-counter glutamine powder or tablets
	Hydroxyprogesterone 1,250 mg/5 ml*	hydroxyprogesterone caproate 250 mg/ml (single dose vial)
	Siklos*	Droxia
	Mebolic, Omnivex*, Xyzbac, Zyvit	over-the-counter multivitamin combination plus folic acid
	Noctiva*	desmopressin tablets
Hereditary Angioedema	Beriner* <sup>†</sup>	Ruconest

\* Medications will be excluded beginning January 1, 2019.

### Indication based management

Drug class	Nonpreferred medications	Preferred alternatives
<b>INFLAMMATORY CONDITIONS<sup>‡</sup></b>	All other brand-name medications for inflammatory conditions are nonpreferred. Approval may be granted following a coverage review. A trial of one or more preferred medications is required prior to initiating therapy with a nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a nonpreferred medication.	Actemra, Cosentyx, Enbrel, Humira, Inflectra, Otezla, Remicade, Renflexis, Simponi 100 MG (for ulcerative colitis only), Stelara SC, Tremfya***, Xeljanz, Xeljanz XR

<sup>‡</sup> Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

\*\*\* This medication may be subject to step therapy.

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## Excluded medications/products at a glance

Abbott (FreeStyle, Precision)	Flarex*	Pradaxa*
Abilify^	Fluorouracil 0.5% Cream	Pred Mild*
Abstral	FML Forte*, FML S.O.P.*	Pregnyl*
Aciphex^	Follistim AQ	Prevacid^, Prevacid Solutab^
Aciphex Sprinkle	Fortesta	Prilosec Suspension
Acuvail	Fosrenol Chewable Tablets^	Pristiq^
Adcirca^*	Fosrenol Powder Packets	Protonix^
Adderall^	Ganirelix Acetate	Protonix Suspension
Adlyxin	Gel-One	Proventil HFA
Admelog	Gelsyn-3	Provigil^
Aktipak	Genvisc 850	Prozac^
Alcortin A*	Gleevec^	Pulmicort Respules^
Alocril*	Glucophage^, Glucophage XR^	Recombinate*
Alogliptin	Glumetza^	Renagel
Alogliptin/Metformin**	Gocovri ER	Repatha*
Alomide*	Humatrope*	Roche (Accu-Chek)
Altprev*	Hyalgan	Saizen, SaizenPrep
Alvesco	Hydroxyprogesterone 1,250 mg/5 ml*	Sandostatin LAR Depot
AndroGel 1% <sup>^</sup>	Hymovis	Savaysa*
Anusol-HC^	Imiquimod 3.75% Cream Pump*	Seroquel^, Seroquel XR^
Apidra	Imitrex^	Signifor LAR
Aranesp	Inderal LA^	Siklos*
Arimidex^	Intuniv^	Singulair^
Asacol HD	Istalol^	Sovaldi
Atacand^, Atacand HCT^	Kazano	Staxyn
Atripila*	Keppra^, Keppra XR^	Strattera^
Auvi-Q	Kombiglyze XR	Sumavel Dosepro
Avalide^, Avapro^	Lamictal^, Lamictal ODT^, Lamictal XR^	Supartz FX
Avodart^	Lazanda	Synvisc, Synvisc-One
Azor^	Levalbuterol HFA	Tanzeum
Bayer (Breeze, Contour)	Levitra	Testim^
Beconase AQ	Lexapro^	Testosterone Gel
Benicar^, Benicar HCT^	Librax^	Tikosyn^
Beriner^*	Lidoderm^	Timoptic Ocudose
Bravelle	Lipitor^	Tobi Solution^
Brisdelle^*	Loestrin^, Loestrin Fe^	Topamax^
Brovana*	Lotrel^	Topicort Spray*
Bupap^	Lovenox^	Tribenzor^
Butrans	Lucemyra*	Tricor^
Celebrex^	Luliconazole*	Trileptal^
Celexa^	Lunesta^	Trividia (TRUEtest, TRUEtrack)
Cetralax	Lupron Depot-Ped*	UniStrip
Chorionic Gonadotropin*	Lyrica CR	Uroxatral^*
Climara Pro*	Mavyret*	Vagifem^*
Colchicine	Maxalt^, Maxalt MLT^	Valium^
Coreg^	Maxidex*	Valtrex^
Cortifoam*	Mebolic	Veltin
Cosopt^	Micardis^, Micardis HCT^	Verdeso Foam*
Cozaar^, Hyzaar^	Minestrin 24 Fe^	Viagra^*
Crestor^	Mircera	Victoza
Cymbalta^	Nalfon*	Visco-3
Cytomeil^	Namenda XR^*	Vivelle-Dot^*
Daklinza	Nasonex^	Vogelxo^
Delzicol	Natesto	Vytorin^
Detrol^, Detrol LA^	National Medical (Advocate)	Wellbutrin SR^
Diovan^, Diovan HCT^	Nesina	Xadago*
Dipentum	Neupogen	Xalatan^
Doxycycline 40 MG Capsules	Neupro Patches*	Xanax^, Xanax XR^
Durolane*	Neurontin^	Xenazine^
Duzallo*	Nevanac	Xerese Cream*
Effxor XR^	Noctiva*	Xopenex HFA
Eloctate*	Norco^*	Xyntha*, Xyntha Solofuse*
Emadine*	Norvasc^	Xyzbac
Embeda*	Novolin	Yasmin^*
Emflaza	NovoLog	Zegerid^
Endari	Nutropin AQ Nuspin	Zetia^
Endometrin	Nuvigil^*	Zetonna
Epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)	Olysio	Zioptan
Epogen	Omnaris	Zocor^
Estrogele	Omnis Health (Embrace, Victory)	Zoloft^
Evzio	Omnitrope	Zomacton
Exforge^, Exforge HCT^	Omnivex*	Zomig Tablets^, Zomig ZMT^
Exondys 51	Onglyza	Zonegran^*
Extavia*	Ortho Tri-Cyclen^, Ortho Tri-Cyclen Lo^	Zurampic*
Femring	Osmolex ER*	Zyclara
Fenoprofen Capsules*	Oxycodone ER	Zyflo CR^
Fenortho*	Pancreaze	Zypitamag*
Fentora	Pertzye	Zyvit
Fiasp	Plaquenil^	
	Plavix^	

^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under the State Health Plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

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\*\* Only the combination medicine is excluded.