

## 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
Anticonvulsants	Topiramate ER Capsules*	topiramate tablets, Qudexy XR
Anti-Migraine Therapy	Sumavel Dosepro	sumatriptan injection
Antiparkinsonism Agents	Gocovri ER, Osmolex ER	amantadine capsules, amantadine tablets, amantadine oral solution
	Xadago	rasagiline, selegiline
Antipsychotics (Oral)	Abilify Mycite	aripiprazole tablets
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, Opana ER, Oxycodone ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Analgesics & Combinations	Apadaz, Benzhydrocodone/Acetaminophen	hydrocodone/acetaminophen
	Butrans	Belbuca
Narcotic Antagonists	Evzio	naloxone syringes, Narcan Nasal Spray
Neuropathic Agents	Lyrica CR	gabapentin, Gralise, Lyrica
Tardive Dyskinesia Therapy	Ingrezza*	tetrabenazine, Austedo
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda	fentanyl citrate lozenges
<b>CARDIOVASCULAR</b> Anticoagulants	Pradaxa, Savaysa	Eliquis, Xarelto
Beta Blockers & Combinations	Kaspargo Sprinkle	metoprolol succinate
	Dutoprol*, Metoprolol Succinate/HCTZ ER*	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER plus hydrochlorothiazide
HMG & Cholesterol Inhibitor Combinations	Altoprev, Zypitamag	atorvastatin, lovastatin, rosuvastatin, simvastatin, Livalo
PCSK9 Inhibitors	Praluent (NDCs starting with 72733), Repatha	Praluent (NDCs starting with 00024)
<b>DERMATOLOGICAL</b> Oral Agents for Acne	Minolira	minocycline ER
Oral Agents for Rosacea	Doxycycline 40 MG Capsules	Oracea
Topical Acne	Plixda	adapalene

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

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Drug class	Excluded medications	Preferred alternatives
<b>DERMATOLOGICAL (continued)</b> 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 Corticosteroids	Clocortolone*	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	Topicort Spray, Verdeso Foam	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	Alcortin A	hydrocortisone, mupirocin
	Lidocaine/Tetracaine*	lidocaine cream, lidocaine/prilocaine cream
<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, Jentaduetto, Jentaduetto XR
	Alogliptin/Pioglitazone*	pioglitazone plus Januvia or Tradjenta
Glucagon-Like Peptide-1 Agonists	Adlyxin, Tanzeum, Victoza	Bydureon, Byetta, Ozempic, Trulicity
Insulins	Novolin	Humulin
	Admelog, Apidra, Fiasp, Insulin Lispro, 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
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
<b>GASTROINTESTINAL</b> Corticosteroids (Rectal Formulations)	Cortifoam	hydrocortisone enema, Uceris Foam
Inflammatory Bowel Agents	Delzicol, Dipentum	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa
Pancreatic Enzymes	Pancreaze, Pertzye	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, Retacrit
Factor VIII Recombinant Products	Eloctate, Recombinate, Xyntha, Xyntha Solofuse	Advate, Adynovate, Afstyla, Helixate FS, Jivi, Kogenate FS, Kovaltry, Novoeight, Nuwiq

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\*\* Only the combination medicine is excluded.

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Drug class	Excluded medications	Preferred alternatives
<b>HEMATOLOGICAL (continued)</b> Granulocyte Colony Stimulating Factors	Neupogen, Nivestym	Granix, Zarxio
<b>HEPATITIS</b> Hepatitis C	Daklinza, Ledipasvir/Sofosbuvir, Mavyret, Olysio, Sofosbuvir/Velpatasvir, Sovaldi	Epclusa, Harvoni, Vosevi, Zepatier
<b>HIV</b> Antiretrovirals	Atripla, Delstrigo, Symtuza	Biktarvy, Genvoya, Odefsey, Symfi, Symfi Lo
	Complera*	Odefsey
	Juluca*	Edurant plus Tivicay
	Pifeltro	efavirenz, nevirapine ER, Edurant, Intelence, Rescriptor
	Prezcobix*	atazanavir, ritonavir, Kaletra Tablets, Prezista
	Stribild*, Triumeq*	Biktarvy, Genvoya
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	Colchicine	Colcrys, Mitigare
	Duzallo, Zurampic	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Fenoprofen Capsules, Fenortho, Nalfon Capsules	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
	Qmiiz ODT, Zorvolex*	diclofenac, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, piroxicam
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	Diclofenac Epolamine Patch	Flector Patch
<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 Progesterones	Endometrin	Crinone 8% Gel
<b>ONCOLOGY</b>	Kisqali*, Kisqali Femara Co-Pack*	Ibrance, Verzenio
<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)	Xelpros, 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, Invelty, 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, Trivisc, Visco-3	Euflexxa, Monovisc, Orthovisc
<b>RENAL DISEASE</b> Phosphate Binders	Fosrenol Powder Packets	lanthanum, sevelamer carbonate, sevelamer hcl, Phoslyra, Velporo
<b>RESPIRATORY</b> Epinephrine Auto-Injector Systems	Auvi-Q, Epinephrine Auto-Injector (by Impax)	Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr
Immunological Agents for Asthma	Cinqair*	Fasenra, Nucala, Dupixent
Long-Acting Beta Agonist Nebulized	Brovana	Perforomist

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Drug class	Excluded medications	Preferred alternatives
<b>RESPIRATORY (continued)</b> Long-Acting Muscarinic Antagonist Inhalers	Spiriva Handihaler, Spiriva Respimat*	Incruse Ellipta, Tudorza Pressair
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	Stiolto Respimat*	Anoro Ellipta, Bevespi Aerosphere
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	Albuterol Sulfate HFA, Levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA/RespiClick, Ventolin HFA
<b>MISCELLANEOUS AGENTS</b>	Siklos	Droxia
	Noctiva	desmopressin tablets
Antifungal Agents	Tolsura	itraconazole
Bone Modifiers	Prolia*	alendronate, ibandronate, risedronate
Hereditary Angioedema	Berinert	Ruconest
Polyneuropathy of Hereditary Transferrin-Mediated Amyloidosis	Onpattro	No alternatives recommended
Potassium Binders	Veltassa*	Lokelma

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

### Indication based management

Drug class	Nonpreferred medications	Preferred alternatives
<b>INFLAMMATORY CONDITIONS‡</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, Otezla, Remicade, Simponi 100 MG (for ulcerative colitis only), Stelara SC, Tremfya***, Xeljanz, Xeljanz XR

‡ 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)	Fiasp	Pravachol <sup>^</sup> *
Abilify <sup>^</sup>	Flarex	Pred Mild
Abilify Mycite	Fluorouracil 0.5% Cream	Pregnyl
Abstral	FML Forte, FML S.O.P.	Prevacid <sup>^</sup> , Prevacid Solutab <sup>^</sup>
Aciphex <sup>^</sup>	Follistim AQ	Prezcobix <sup>*</sup>
Aciphex Sprinkle	Fosrenol Chewable Tablets <sup>^</sup>	Prilosec Suspension
Acuvail	Fosrenol Powder Packets	Pristiq <sup>^</sup>
Adcirca <sup>^</sup>	Ganirelix Acetate	Prolia <sup>^</sup>
Adderall <sup>^</sup>	Gel-One	Protonix <sup>^</sup>
Adlyxin	Gelsyn-3	Protonix Suspension
Admelog	Genvisc 850	Proventil HFA
Aktipak	Gleevec <sup>^</sup>	Provigil <sup>^</sup>
Albuterol Sulfate HFA	Glucophage <sup>^</sup> , Glucophage XR <sup>^</sup>	Prozac <sup>^</sup>
Alcortin A	Glumetza <sup>^</sup>	Pulmicort Respules <sup>^</sup>
Alocril	Gocovri ER	Qmiiz ODT
Alogliptin	Humatrope	Recombinant
Alogliptin/Metformin <sup>**</sup>	Hyalgan	Renagel <sup>^</sup>
Alogliptin/Pioglitazone <sup>*</sup>	Hymovis	Repatha
Alomide	Imiquimod 3.75% Cream Pump	Roche (Accu-Chek)
Altoprev	Imitrex <sup>^</sup>	Saizen, SaizenPrep
Alvesco	Inderal LA <sup>^</sup>	Sandostatin LAR Depot
Ampyra <sup>^</sup> *	Ingrezza <sup>*</sup>	Savaysa
AndroGel 1% <sup>^</sup>	Insulin Lispro	Seroquel <sup>^</sup> , Seroquel XR <sup>^</sup>
Anusol-HC <sup>^</sup>	Intuniv <sup>^</sup>	Signifor LAR
Apadaz	Istalol <sup>^</sup>	Siklos
Apidra	Juluca <sup>*</sup>	Singular <sup>^</sup>
Aranesp	Kapspargo Sprinkle	Sofosbuvir/Velpatasvir
Arimidex <sup>^</sup>	Kazano	Sovaldi
Asacol HD <sup>^</sup>	Keppra <sup>^</sup> , Keppra XR <sup>^</sup>	Spiriva Handihaler, Spiriva Respimat <sup>*</sup>
Atacand <sup>^</sup> , Atacand HCT <sup>^</sup>	Kisqali <sup>*</sup> , Kisqali Femara Co-Pack <sup>*</sup>	Stiolto Respimat <sup>*</sup>
Atripla	Kombiglyze XR	Strattera <sup>^</sup>
Auvi-Q	Lamictal <sup>^</sup> , Lamictal ODT <sup>^</sup> , Lamictal XR <sup>^</sup>	Stribild <sup>^</sup>
Avalide <sup>^</sup> , Avapro <sup>^</sup>	Lazanda	Sumavel Dosepro
Avodart <sup>^</sup>	Ledipasvir/Sofosbuvir	Supartz FX
Azor <sup>^</sup>	Levalbuterol HFA	Symtuza
Baraclude Tablets <sup>^</sup> *	Lexapro <sup>^</sup>	Synvisc, Synvisc-One
Bayer (Breeze, Contour)	Librax <sup>^</sup>	Tanzeum
Beconase AQ	Lidocaine/Tetracaine <sup>*</sup>	Testim <sup>^</sup>
Benicar <sup>^</sup> , Benicar HCT <sup>^</sup>	Lidoderm <sup>^</sup>	Tikosyn <sup>^</sup>
Benzhydrocodone/Acetaminophen	Lipitor <sup>^</sup>	Timoptic Ocudose
Berinert	Loestrin <sup>^</sup> , Loestrin Fe <sup>^</sup>	Tobi Solution <sup>^</sup>
Bravelle	Lotrel <sup>^</sup>	Tolsura
Brisdelle <sup>^</sup>	Lovenox <sup>^</sup>	Topamax <sup>^</sup>
Brovana	Lucemyra	Topicort Spray
Bupap <sup>^</sup>	Luliconazole	Topiramate ER Capsules <sup>*</sup>
Butrans	Lunesta <sup>^</sup>	Tribenzor <sup>^</sup>
Celebrex <sup>^</sup>	Lyricea CR	Tricor <sup>^</sup>
Celexa <sup>^</sup>	Mavyret	Trileptal <sup>^</sup>
Cetralax	Maxalt <sup>^</sup> , Maxalt MLT <sup>^</sup>	Triumeq <sup>*</sup>
Chorionic Gonadotropin	Maxidex	Trividia (TRUEtest, TRUEtrack)
Cinquir <sup>*</sup>	Metoprolol Succinate/HCTZ ER <sup>*</sup>	Trivisc
Climara Pro	Micardis <sup>^</sup> , Micardis HCT <sup>^</sup>	UniStrip
Clocortolone <sup>*</sup>	Minestrin 24 Fe <sup>^</sup>	Uroxatral <sup>^</sup>
Colchicine	Minolira	Vagifem <sup>^</sup>
Complera <sup>*</sup>	Mircera	Valium <sup>^</sup>
Coreg <sup>^</sup>	Nalfon Capsules	Valtrex <sup>^</sup>
Cortifoam	Namenda XR <sup>^</sup>	Veltassa <sup>*</sup>
Cosopt <sup>^</sup>	Nasonex <sup>^</sup>	Veltin
Cozaar <sup>^</sup> , Hyzaar <sup>^</sup>	National Medical (Advocate)	Verdeso Foam
Crestor <sup>^</sup>	Nesina	Viagra <sup>^</sup>
Cymbalta <sup>^</sup>	Neupogen	Victoza
Cytomel <sup>^</sup>	Neurontin <sup>^</sup>	Visco-3
Daklinza	Nevanac	Vivelle-Dot <sup>^</sup>
Delstrigo	Nivestym	Vytorin <sup>^</sup>
Delzicol	Noctiva	Wellbutrin SR <sup>^</sup>
Detrol <sup>^</sup> , Detrol LA <sup>^</sup>	Norco <sup>^</sup>	Xadago
Diclofenac Epolamine Patch	Norvasc <sup>^</sup>	Xalatan <sup>^</sup>
Diovan <sup>^</sup> , Diovan HCT <sup>^</sup>	Novolin	Xanax <sup>^</sup> , Xanax XR <sup>^</sup>
Dipentum	NovoLog	Xelpros
Doxycycline 40 MG Capsules	Nutropin AQ Nuspin	Xenazine <sup>^</sup>
Durolane	Nuvigil <sup>^</sup>	Xopenex HFA
Dutoprol <sup>*</sup>	Olysio	Xyntha, Xyntha Solofuse
Duzallo	Omnaris	Yasmin <sup>^</sup>
Effexor XR <sup>^</sup>	Omnis Health (Embrace, Victory)	Zavesca <sup>^</sup> *
Eloctate	Omnitrope	Zegerid <sup>^</sup>
Emadine	Onglyza	Zetia <sup>^</sup>
Embeda	Onpattro	Zetonna
Emlflaza	Opana ER	Zioptan
Endometrin	Ortho Tri-Cyclen <sup>^</sup> , Ortho Tri-Cyclen Lo <sup>^</sup>	Zocor <sup>^</sup>
Epinephrine Auto-Injector (by Impax)	Osmolex ER	Zolofit <sup>^</sup>
Epogen	Oxycodone ER	Zomacton
Estrogel	Pancreaze	Zomig Tablets <sup>^</sup> , Zomig ZMT <sup>^</sup>
Evzio	Pataday <sup>^</sup> *	Zonegran <sup>^</sup>
Exforge <sup>^</sup> , Exforge HCT <sup>^</sup>	Pertzye	Zorvolex <sup>*</sup>
Exondys 51	Pifeltro	Zurampic
Extavia	Plaquenil <sup>^</sup>	Zyclara
Femring	Plavix <sup>^</sup>	Zyflo CR <sup>^</sup>
Fenoprofen Capsules	Plixda	Zypitamag
Fenortho	Pradaxa	Zytiga 250 MG <sup>^</sup> *
Fentora	Praluent (NDCs starting with 72733)	

<sup>^</sup> 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.

<sup>\*</sup> Medications will be excluded beginning July 1, 2019.

<sup>\*\*</sup> Only the combination medicine is excluded.