

Excluded Drugs List Medications

Your benefit plan does not cover all medication. Your benefit plan may exclude coverage for medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations. Your plan may also exclude medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form.

Coverage for these EDL medications is only available if your plan opts out of this list; otherwise, coverage will not be available. If your plan does not cover these medications and you use them, you will have to pay the full cost of the medication. BCBSAZ may update and add to this list at any time.

For each excluded medication, we have also provided examples of alternative options. Any alternatives are subject to normal plan requirements including utilization management and medical necessity. Alternatives are also subject to member cost share requirements such as copayments or coinsurance. Some alternatives may not be covered due to other plan limitations (i.e., because the alternative is available over the counter). If you are currently taking, or have been prescribed, one of these non-covered medications, talk to your prescriber about whether one of the alternatives would work for you.

Be sure to review the *Pharmacy Benefit* section for benefit-specific exclusions and *What is Not Covered* in your benefit book for general exclusions and limitations that apply to all benefits.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Excluded Drugs List

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	3
Analgesics - Anti-Inflammatory	3
Analgesics - Nonnarcotic	5
Analgesics - Opioid	5
Anorectal And Related Products	7
Antianginal Agents	7
Antianxiety Agents	7
Antidepressants	8
Antidiabetics	9
Antiemetics	10
Antihistamines	10
Antihyperlipidemics	10
Antihypertensives	11
Anti-Infective Agents - Misc.	12
Antiparkinson And Related Therapy Agents	12
Beta Blockers	12
Calcium Channel Blockers	12
Cardiovascular Agents - Misc.	13
Cephalosporins	14
Corticosteroids	14
Cough/Cold/Allergy	15
Dermatologicals	15
Diuretics	21
Endocrine And Metabolic Agents - Misc.	21
Estrogens	21
Gastrointestinal Agents - Misc.	21
Hematological Agents - Misc.	22
Hematopoietic Agents	22
Hypnotics/Sedatives/Sleep Disorder Agents	22
Laxatives	22
Migraine Products	22
Miscellaneous Therapeutic Classes	23
Multivitamins	23
Musculoskeletal Therapy Agents	23
Nasal Agents - Systemic And Topical	24
Neuromuscular Agents	24
Ophthalmic Agents	24
Psychotherapeutic And Neurological Agents - Misc.	24
Tetracyclines	25
Ulcer Drugs/Antispasmodics/Anticholinergics	26
Urinary Antispasmodics	28
Vaginal And Related Products	28

CURRENT AS OF 8/30/2020

Drug	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	
*Adhd Agent - Selective Alpha Adrenergic Agonists***	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	QL (2 tablets per day); Alternative Options (clonidine hcl ER tablet 12hour 0.1mg)
*Amphetamines***	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	QL (60mg per day)
PROCENTRA ORAL SOLUTION 5 MG/5ML	QL (60mg per day)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	Alternative Options (ZENZEDI (dextroamphetamine sulfate) tablet 5mg or 10mg)
*Stimulants - Misc.***	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	Alternative Options (methylphenidate hcl tablet osmotic release 18mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG	Alternative Options (methylphenidate hcl tablet osmotic release 27mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	QL (2 tablets per day); Alternative Options (methylphenidate hcl tablet osmotic release 36mg); AL (Min 6 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG	QL (1 tablet per day); Alternative Options (methylphenidate hcl tablet osmotic release 54mg); AL (Min 6 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Alternative Options (methylphenidate hcl tablet osmotic release 36mg); AL (Min 6 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	Alternative Options (methylphenidate hcl tablet osmotic release 36mg); AL (Min 6 Years)
Analgesics - Anti-Inflammatory	
*Antirheumatic Antimetabolites***	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Alternative Options (methotrexate injection)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	Alternative Options (methotrexate injection)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.4ML, 12.5 MG/0.5ML, 15 MG/0.6ML, 17.5 MG/0.7ML, 20 MG/0.8ML, 22.5 MG/0.9ML, 25 MG/ML, 7.5 MG/0.3ML	Alternative Options (methotrexate injection)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
*Nonsteroidal Anti-Inflammatory Agent Combinations***	
DUEXIS ORAL TABLET 800-26.6 MG	QL (3 tablets per day); Alternative Options (ibuprofen tablet 800mg plus famotidine tablet 20mg); AL (Min 16 Years)
<i>naproxen-esomeprazole oral tablet delayed release 375-20 mg</i>	Alternative Options (naproxen DR or EC tablet 375mg plus esomeprazole magnesium tablet 20mg)
<i>naproxen-esomeprazole oral tablet delayed release 500-20 mg</i>	Alternative Options (naproxen DR or EC tablet 500mg plus esomeprazole magnesium DR capsule 20mg)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG	Alternative Options (naproxen DR or EC tablet 375mg plus esomeprazole magnesium tablet 20mg)
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	Alternative Options (naproxen DR or EC tablet 500mg plus esomeprazole magnesium DR capsule 20mg)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***	
ANAPROX DS ORAL TABLET 550 MG	Alternative Options (naproxen sodium capsule 220mg (OTC))
<i>diclofenac oral capsule 35 mg</i>	Alternative Options (diclofenac potassium tablet 50mg or diclofenac sodium DR tablet 50mg)
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	Alternative Options (fenoprofen tablet 600mg)
<i>ketorolac tromethamine nasal solution 15.75 mg/spray</i>	QL (10 bottles per month); Alternative Options (ketorolac tablet 10mg); AL (Min 18 Years)
<i>meloxicam oral capsule 5 mg</i>	Alternative Options (meloxicam tablet 7.5mg or 15mg)
NALFON ORAL CAPSULE 400 MG	Alternative Options (fenoprofen tablet 600mg)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG	Alternative Options (naproxen DR or EC tablet 375mg); AL (Min 18 Years)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Alternative Options (naproxen DR or EC tablet 500mg); AL (Min 18 Years)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	QL (2 tablets per day); Alternative Options (naproxen DR or EC tablet 375mg or 500mg); AL (Min 18 Years)
NAPROSYN ORAL SUSPENSION 125 MG/5ML	Alternative Options (naproxen tablet 250mg or naproxen (OTC))
<i>naproxen oral suspension 125 mg/5ml</i>	Alternative Options (naproxen tablet 250mg or naproxen (OTC))
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg</i>	Alternative Options (naproxen DR or EC tablet 375mg); AL (Min 18 Years)
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	Alternative Options (naproxen DR or EC tablet 500mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>naproxen sodium er oral tablet extended release 24 hour 750 mg</i>	QL (2 tablets per day); Alternative Options (naproxen DR or EC tablet 375mg or 500mg); AL (Min 18 Years)
<i>naproxen sodium oral tablet 550 mg</i>	Alternative Options (naproxen sodium capsule 220mg (OTC))
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG	Alternative Options (meloxicam (nonorally disintegrating) tablet)
RELAFEN DS ORAL TABLET 1000 MG	Alternative Options (nabumetone 500mg or 750mg)
SPRIX NASAL SOLUTION 15.75 MG/SPRAY	QL (10 bottles per month); Alternative Options (ketorolac tablet 10mg); AL (Min 18 Years)
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	Alternative Options (meloxicam tablet 7.5mg or 15mg)
ZIPSOR ORAL CAPSULE 25 MG	Alternative Options (diclofenac potassium tablet 50mg or diclofenac sodium DR tablet 50mg)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Alternative Options (diclofenac potassium tablet 50mg or diclofenac sodium DR tablet 50mg)
Analgesics - Nonnarcotic	
*Analgesics-Sedatives***	
ALLZITAL ORAL TABLET 25-325 MG	Alternative Options (butalbitalacetaminophen tablet 50325mg)
BUPAP ORAL TABLET 50-300 MG	Alternative Options (butalbitalacetaminophen tablet 50325mg)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Alternative Options (butalbitalacetaminophen tablet 50325mg)
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg</i>	Alternative Options (butalbitalacetaminophen tablet 50325mg)
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML	Alternative Options (butalbitalacetaminophencaffeine tablet 5032540mg)
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML	Alternative Options (butalbitalacetaminophencaffeine tablet 5032540mg)
Analgesics - Opioid	
*Codeine Combinations***	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Alternative Options (butalbitalacetaminophencaffeinecodeine capsule 503254030mg)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	Alternative Options (butalbitalacetaminophencaffeinecodeine capsule 503254030mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are currently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date:04/22/2021 To search for a drug use control + f

Drug	Notes
*Dihydrocodeine Combinations***	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: maximum 7 day supply. Subsequent fills: maximum 30 day supply.); Alternative Options (acetaminophencodeine tablet 30030mg)
DVORAH ORAL TABLET 325-30-16 MG	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: maximum 7 day supply. Subsequent fills: maximum 30 day supply.); Alternative Options (acetaminophencodeine tablet 30030mg)
<i>panlor oral tablet 325-30-16 mg</i>	QL (12 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); DS (First two fills: maximum 7 day supply. Subsequent fills: maximum 30 day supply.); Alternative Options (acetaminophencodeine tablet 30030mg)
*Opioid Agonists***	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG	Alternative Options (morphine sulfate CR tablet 15mg)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG	Alternative Options (morphine sulfate ER capsule 24hour 30mg or morphine sulfate CR tablet 30mg)
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG	QL (1 tablet per day); Alternative Options (morphine sulfate ER capsule 24hour 60mg or morphine sulfate CR tablet 60mg)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Alternative Options (tramadol hcl ER tablet 24hour biphasic release 100mg); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Alternative Options (tramadol hcl ER tablet 24hour biphasic release 200mg); AL (Min 18 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	QL (1 tablet per day); Alternative Options (tramadol hcl ER tablet 24hour biphasic release 300mg); AL (Min 18 Years)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG	Alternative Options (morphine sulfate ER capsule 24hour 100mg or morphine sulfate CR tablet 100mg)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG	QL (2 tablets per day); Alternative Options (morphine sulfate CR tablet 15mg)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG	Alternative Options (morphine sulfate ER capsule 24hour 30mg or morphine sulfate CR tablet 30mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	Alternative Options (morphine sulfate ER capsule 24hour 60mg or morphine sulfate CR tablet 60mg)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg</i>	Alternative Options (tramadol hcl ER tablet 24hour biphasic release 100mg); AL (Min 18 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	QL (1 capsule per day); Alternative Options (tramadol hcl ER tablet 24hour biphasic release 100mg or 200mg); AL (Min 18 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 200 mg</i>	Alternative Options (tramadol hcl ER tablet 24hour biphasic release 200mg); AL (Min 18 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	QL (1 tablet per day); Alternative Options (tramadol hcl ER tablet 24hour biphasic release 300mg); AL (Min 18 Years)
*Opioid Combinations***	
APADAZ ORAL TABLET 4.08-325 MG	Alternative Options (benzhydrocodone hclacetaminophen tablet 4.08325mg)
APADAZ ORAL TABLET 6.12-325 MG	Alternative Options (benzhydrocodone hclacetaminophen tablet 6.12325mg)
APADAZ ORAL TABLET 8.16-325 MG	Alternative Options (benzhydrocodone hclacetaminophen tablet 8.16325mg)
Anorectal And Related Products	
*Rectal Steroids***	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Alternative Options (hydrocortisone acetate rectal suppository 25mg)
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Alternative Options (hydrocortisone acetate rectal suppository 25mg)
Antianginal Agents	
*Nitrates***	
GONITRO SUBLINGUAL PACKET 400 MCG	Alternative Options (nitroglycerin sublingual tablet 0.4mg)
Antianxiety Agents	
*Benzodiazepines***	
ATIVAN ORAL TABLET 0.5 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30); Alternative Options (lorazepam tablet 0.5mg); AL (Min 18 Years)
ATIVAN ORAL TABLET 1 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30); Alternative Options (lorazepam tablet 1mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
ATIVAN ORAL TABLET 2 MG	QL (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); DS (30); Alternative Options (lorazepam tablet 2mg); AL (Min 18 Years)
Antidepressants	
*Antidepressants - Misc.***	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	Alternative Options (bupropion hcl ER tablet 24hour 150mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	Alternative Options (bupropion hcl ER tablet 24hour 300mg); AL (Min 18 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	QL (1 tablet per day); Alternative Options (bupropion hcl ER tablet 24hour 150mg plus bupropion hcl ER tablet 24hour 300mg); AL (Min 18 Years)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Alternative Options (bupropion hcl XL tablet 150mg plus bupropion hcl XR tablet 300mg BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Alternative Options (bupropion hcl XL tablet 150mg plus bupropion hcl XR tablet 300mg BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	QL (3 tablets per day); Alternative Options (bupropion hcl XL tablet, 150mg or 300mg)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	QL (45 tablets per month); Alternative Options (bupropion hcl XL tablet, 150mg or 300mg)
*Selective Serotonin Reuptake Inhibitors (Ssris)***	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	QL (5 capsules per month); Alternative Options (fluoxetine capsule 20mg x3/day or fluoxetine tablet 20mg x3/day)
<i>fluoxetine hcl oral tablet 60 mg</i>	Alternative Options (fluoxetine capsule 20mg x2/day or fluoxetine tablet 20mg x2/day)
PEXEVA ORAL TABLET 10 MG	Alternative Options (paroxetine hcl tablet 10mg)
PEXEVA ORAL TABLET 20 MG	Alternative Options (paroxetine hcl tablet 20mg)
PEXEVA ORAL TABLET 30 MG	Alternative Options (paroxetine hcl tablet 30mg)
PEXEVA ORAL TABLET 40 MG	Alternative Options (paroxetine hcl tablet 40mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
Antidiabetics	
*Biguanides***	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	QL (2 tablets per day); Alternative Options (metformin hcl ER tablet 500mg or 750mg (generic GLUCOPHAGE XR)); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	QL (4 tablets per day); Alternative Options (metformin hcl ER tablet 500mg or 750mg (generic GLUCOPHAGE XR)); AL (Min 18 Years)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	QL (2 tablets per day); Alternative Options (metformin hcl ER tablet 500mg or 750mg (generic GLUCOPHAGE XR)); AL (Min 18 Years)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	QL (4 tablets per day); Alternative Options (metformin hcl ER tablet 500mg or 750mg (generic GLUCOPHAGE XR)); AL (Min 18 Years)
*Diabetic Other***	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (glucagon injection reconstituted solution 1mg or BAQSIMI ONE PACK (glucagon) nasal powder 3mg/dose or BAQSIMI TWO PACK (glucagon) nasal powder 3mg/dose)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (glucagon injection reconstituted solution 1mg or BAQSIMI ONE PACK (glucagon) nasal powder 3mg/dose or BAQSIMI TWO PACK (glucagon) nasal powder 3mg/dose)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	Alternative Options (glucagon injection reconstituted solution 1mg or BAQSIMI ONE PACK (glucagon) nasal powder 3mg/dose or BAQSIMI TWO PACK (glucagon) nasal powder 3mg/dose)
*Meglitinide-Biguanide Combinations***	
<i>repaglinide-metformin hcl oral tablet 1-500 mg</i>	Alternative Options (repaglinide tablet 1mg plus metformin tablet 500mg)
<i>repaglinide-metformin hcl oral tablet 2-500 mg</i>	Alternative Options (repaglinide tablet 2mg plus metformin tablet 500mg)
*Sulfonylurea-Thiazolidinedione Combinations***	
DUETACT ORAL TABLET 30-2 MG	Alternative Options (glimepiride tablet 2mg plus pioglitazone hcl tablet 30mg); AL (Min 16 Years)
DUETACT ORAL TABLET 30-4 MG	Alternative Options (glimepiride tablet 4mg plus pioglitazone hcl tablet 30mg); AL (Min 16 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are currently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg</i>	Alternative Options (glimepiride tablet 2mg plus pioglitazone hcl tablet 30mg); AL (Min 16 Years)
<i>pioglitazone hcl-glimepiride oral tablet 30-4 mg</i>	Alternative Options (glimepiride tablet 4mg plus pioglitazone hcl tablet 30mg); AL (Min 16 Years)
Antiemetics	
*5-Ht3 Receptor Antagonists***	
<i>ondansetron hcl oral tablet 24 mg</i>	Alternative Options (ondansetron tablet 8mg)
Antihistamines	
*Antihistamines - Ethanolamines***	
<i>carbinoxamine maleate oral tablet 6 mg</i>	Alternative Options (carbinoxamine maleate tablet 4mg)
RYVENT ORAL TABLET 6 MG	Alternative Options (carbinoxamine maleate tablet 4mg)
Antihyperlipidemics	
*Fibric Acid Derivatives***	
ANTARA ORAL CAPSULE 30 MG, 90 MG	Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
<i>fenofibrate micronized oral capsule 130 mg</i>	QL (1 capsule per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
<i>fenofibrate oral tablet 120 mg</i>	QL (1 tablet per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
<i>fenofibrate oral tablet 40 mg, 54 mg</i>	QL (2 tablets per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
FENOGLIDE ORAL TABLET 120 MG	QL (1 tablet per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
FENOGLIDE ORAL TABLET 40 MG	QL (2 tablets per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
TRICOR ORAL TABLET 145 MG	QL (1 tablet per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
TRICOR ORAL TABLET 48 MG	QL (2 tablets per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
TRIGLIDE ORAL TABLET 160 MG	QL (1 tablet per day); Alternative Options (fenofibrate tablet 48mg or 145mg (generic for Tricor), fenofibrate tablet 160mg (generic for Triglide))
*Hmg Coa Reductase Inhibitors***	
<i>flolipid oral suspension 20 mg/5ml</i>	Alternative Options (simvastatin tablet 20mg)
<i>flolipid oral suspension 40 mg/5ml</i>	Alternative Options (simvastatin tablet 40mg)
<i>simvastatin oral suspension 20 mg/5ml</i>	Alternative Options (simvastatin tablet 20mg)
Antihypertensives	
*Ace Inhibitor & Calcium Channel Blocker Combinations***	
PRESTALIA ORAL TABLET 14-10 MG	Alternative Options (perindopril erbumine tablet 2mg, 4mg, or 8mg plus amlodipine besylate tablet 10mg); AL (Min 18 Years)
PRESTALIA ORAL TABLET 3.5-2.5 MG	QL (1 tablet per day); Alternative Options (perindopril erbumine tablet 2mg, 4mg, or 8mg plus amlodipine besylate tablet 2.5mg); AL (Min 18 Years)
PRESTALIA ORAL TABLET 7-5 MG	Alternative Options (perindopril erbumine tablet 2mg, 4mg, or 8mg plus amlodipine besylate tablet 5mg); AL (Min 18 Years)
*Beta Blocker & Diuretic Combinations***	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG	QL (1 tablet per day); Alternative Options (metoprolol ER tablet 100mg plus hydrochlorothiazide tablet 12.5mg)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 25-12.5 MG	Alternative Options (metoprolol ER tablet 25mg plus hydrochlorothiazide tablet 12.5mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 50-12.5 MG	Alternative Options (metoprolol ER tablet 50mg plus hydrochlorothiazide tablet 12.5mg)
<i>metoprolol-hctz er oral tablet extended release 24 hour 100-12.5 mg</i>	QL (1 tablet per day); Alternative Options (metoprolol ER tablet 100mg plus hydrochlorothiazide tablet 12.5mg)
<i>metoprolol-hctz er oral tablet extended release 24 hour 25-12.5 mg</i>	Alternative Options (metoprolol ER tablet 25mg plus hydrochlorothiazide tablet 12.5mg)
<i>metoprolol-hctz er oral tablet extended release 24 hour 50-12.5 mg</i>	Alternative Options (metoprolol ER tablet 50mg plus hydrochlorothiazide tablet 12.5mg)
Anti-Infective Agents - Misc.	
*Anti-Infective Agents - Misc.**	
PRIMSOL ORAL SOLUTION 50 MG/5ML	Alternative Options (trimethoprim tablet 100mg)
<i>trimpex oral solution 50 mg/5ml</i>	Alternative Options (trimethoprim tablet 100mg)
Antiparkinson And Related Therapy Agents	
*Antiparkinson Monoamine Oxidase Inhibitors***	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	QL (2 tablets per day); Alternative Options (selegiline hcl capsule 5mg or selegiline hcl tablet 5mg)
Beta Blockers	
*Beta Blockers Non-Selective***	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (propranolol hcl ER capsule 24hour 120mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	Alternative Options (propranolol hcl ER capsule 24hour 160mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	Alternative Options (propranolol hcl ER capsule 24hour 60mg)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (propranolol hcl ER capsule 24hour 80mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (propranolol hcl ER capsule 24hour 120mg)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (propranolol hcl ER capsule 24hour 80mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	Alternative Options (propranolol hcl ER capsule 24hour 120mg)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG	Alternative Options (propranolol hcl ER capsule 24hour 80mg)
Calcium Channel Blockers	
*Calcium Channel Blocker-Nsaid Combinations***	
CONSENSI ORAL TABLET 10-200 MG	Alternative Options (amlodipine besylate 10mg plus celexoxib 200mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
CONSENSI ORAL TABLET 2.5-200 MG	Alternative Options (amlodipine besylate 2.5mg plus celexoxib 200mg)
CONSENSI ORAL TABLET 5-200 MG	Alternative Options (amlodipine besylate 5mg plus celexoxib 200mg)
Cardiovascular Agents - Misc.	
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***	
<i>amlodipine-atorvastatin oral tablet 10-10 mg</i>	Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 10mg)
<i>amlodipine-atorvastatin oral tablet 10-20 mg</i>	Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 20mg)
<i>amlodipine-atorvastatin oral tablet 10-40 mg</i>	Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 40mg)
<i>amlodipine-atorvastatin oral tablet 10-80 mg</i>	QL (1 tablet per day); Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 80mg)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	Alternative Options (amlodipine besylate tablet 2.5mg plus atorvastatin calcium tablet 10mg)
<i>amlodipine-atorvastatin oral tablet 2.5-20 mg</i>	Alternative Options (amlodipine besylate tablet 2.5mg plus atorvastatin calcium tablet 20mg)
<i>amlodipine-atorvastatin oral tablet 2.5-40 mg</i>	Alternative Options (amlodipine besylate tablet 2.5mg plus atorvastatin calcium tablet 40mg)
<i>amlodipine-atorvastatin oral tablet 5-10 mg</i>	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 10mg)
<i>amlodipine-atorvastatin oral tablet 5-20 mg</i>	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 20mg)
<i>amlodipine-atorvastatin oral tablet 5-40 mg</i>	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 40mg)
<i>amlodipine-atorvastatin oral tablet 5-80 mg</i>	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 80mg)
CADUET ORAL TABLET 10-10 MG	Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 10mg)
CADUET ORAL TABLET 10-20 MG, 10-40 MG	Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 20mg)
CADUET ORAL TABLET 10-80 MG	QL (1 tablet per day); Alternative Options (amlodipine besylate tablet 10mg plus atorvastatin calcium tablet 20mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
CADUET ORAL TABLET 5-10 MG	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 10mg)
CADUET ORAL TABLET 5-20 MG	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 20mg)
CADUET ORAL TABLET 5-40 MG	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 40mg)
CADUET ORAL TABLET 5-80 MG	Alternative Options (amlodipine besylate tablet 5mg plus atorvastatin calcium tablet 80mg)
Cephalosporins	
*Cephalosporins - 1St Generation***	
<i>cephalexin oral capsule 750 mg</i>	Alternative Options (cephalexin capsule 250mg plus cephalexin capsule 500mg)
DAXBIA ORAL CAPSULE 333 MG	Alternative Options (cephalexin capsule 250mg or cephalexin capsule 500mg)
KEFLEX ORAL CAPSULE 750 MG	Alternative Options (cephalexin capsule 250mg plus cephalexin capsule 500mg)
Corticosteroids	
*Glucocorticosteroids***	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Alternative Options (hydrocortisone tablet)
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
DEXPAK 10 DAY ORAL TABLET THERAPY PACK 1.5 MG (35)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
DEXPAK 13 DAY ORAL TABLET THERAPY PACK 1.5 MG (51)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
DEXPAK 6 DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
HEMADY ORAL TABLET 20 MG	PA; Alternative Options (Dexamethasone tablets (various strengths))
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
RAYOS ORAL TABLET DELAYED RELEASE 1 MG	Alternative Options (prednisone tablet 1mg)
RAYOS ORAL TABLET DELAYED RELEASE 2 MG	Alternative Options (prednisone tablet 1mg or 2.5mg)
RAYOS ORAL TABLET DELAYED RELEASE 5 MG	Alternative Options (prednisone tablet 5mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
zcort 7-day oral tablet therapy pack 1.5 mg (25)	Alternative Options (dexamethasone tablet 0.75mg or 1.5mg)
Cough/Cold/Allergy	
*Antitussive - Nonnarcotic***	
benzonatate oral capsule 150 mg	Alternative Options (benzonatate capsule 100mg or benzonatate capsule 200mg)
*Opioid Antitussive-Antihistamine***	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG	Alternative Options (hydrocodone polistirexchlorpheniramine polistirex ER suspension 108mg/5ml)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Alternative Options (codeine sulfate tablet 60mg plus chlorpheniramine (OTC))
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	QL (20ml per day); Alternative Options (LEXUSS 210 (chlorpheniramine w/ codeine) liquid 210mg/5ml); AL (Min 18 Years)
Dermatologicals	
*Acne Antibiotics***	
ACZONE EXTERNAL GEL 5 %, 7.5 %	Alternative Options (dapson gel 5% or 7.5%)
CLEOCIN-T EXTERNAL GEL 1 %	Alternative Options (clindamycin phosphate gel 1%)
CLEOCIN-T EXTERNAL LOTION 1 %	Alternative Options (clindamycin phosphate lotion 1%)
CLEOCIN-T EXTERNAL SOLUTION 1 %	Alternative Options (clindamycin phosphate solution 1%)
CLEOCIN-T EXTERNAL SWAB 1 %	Alternative Options (clindamycin phosphate swab 1%)
CLINDAGEL EXTERNAL GEL 1 %	Alternative Options (clindamycin phosphate gel 1%)
EVOCLIN EXTERNAL FOAM 1 %	Alternative Options (clindamycin phosphate foam 1%)
KLARON EXTERNAL LOTION 10 %	Alternative Options (sulfacetamide sodium lotion 10% (acne))
*Acne Combinations***	
ACANYA EXTERNAL GEL 1.2-2.5 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Alternative Options (adapalene gel 0.1% (OTC) plus benzoyl peroxide gel 2.5%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
AKTIPAK EXTERNAL PACKET 5-3 %	Alternative Options (benzoyl peroxide gel 5% (OTC) plus erythromycin gel)
AVAR-E LS EXTERNAL CREAM 10-2 %	Alternative Options (sulfacetamide sodium lotion 10% (acne) with OTC acne sulfur lotion)
BENZACLIN EXTERNAL GEL 1-5 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 2.5%)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Alternative Options (clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
DUAC EXTERNAL GEL 1.2-5 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
EPIDUO EXTERNAL GEL 0.1-2.5 %	Alternative Options (adapalene gel 0.1% plus benzoyl peroxide gel 2.5%)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Alternative Options (adapalene gel 0.3% (OTC) plus benzoyl peroxide gel 2.5%)
NEUAC EXTERNAL GEL 1.2-5 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
ONEXTON EXTERNAL GEL 1.2-3.75 %	Alternative Options (clindamycin phosphate gel 1% plus benzoyl peroxide gel 5%)
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 %	QL (1x 285gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %	QL (1 box per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
PLEXION EXTERNAL CREAM 9.8-4.8 %	QL (1x 57gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
PLEXION EXTERNAL LOTION 9.8-4.8 %	QL (1x 57gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>	Alternative Options (sulfacetamide sodium lotion 10% (acne) with OTC acne sulfur lotion)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	QL (1x 57gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
<i>sulfacetamide sodium-sulfur external liquid 9.8-4.8 %</i>	QL (1x 285gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
<i>sulfacetamide sodium-sulfur external liquid 9-4 %</i>	Alternative Options (ZENCIA (sulfacetamide sodiumsulfur) 94% liquid wash)
<i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>	QL (1x 57gm bottle per month); Alternative Options (sulfacetamide sodium lotion 10% (acne))
<i>sulfacetamide sodium-sulfur external pad 10-4 %</i>	QL (2 pads per day); Alternative Options (ZENCIA (sulfacetamide sodiumsulfur) 94% liquid wash); AL (Min 12 Years)
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	Alternative Options (sodium sulfacetamidesulfur wash 94.5%)
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 %	Alternative Options (sodium sulfacetamidesulfur wash 94.5%)
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	Alternative Options (sodium sulfacetamidesulfur wash 94.5%)
SUMAXIN EXTERNAL PAD 10-4 %	QL (2 pads per day); Alternative Options (ZENCIA (sulfacetamide sodium-sulfur) 9-4% liquid wash); AL (Min 12 Years)
SUMAXIN TS EXTERNAL SUSPENSION 8-4 %	Alternative Options (sodium sulfacetamidesulfur wash 94.5%)
SUMAXIN WASH EXTERNAL LIQUID 9-4 %	Alternative Options (ZENCIA (sulfacetamide sodiumsulfur) 94% liquid wash)
VELTIN EXTERNAL GEL 1.2-0.025 %	Alternative Options (clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
ZIANA EXTERNAL GEL 1.2-0.025 %	Alternative Options (clindamycin phosphate gel 1% plus tretinoin gel 0.25%)
*Acne Products***	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Alternative Options (AMNESTEEM, CLARAVIS, isotretinoin, MYORISAN or ZENATANE)
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Alternative Options (AMNESTEEM, CLARAVIS, isotretinoin, MYORISAN or ZENATANE)
ARAZLO EXTERNAL LOTION 0.045 %	Alternative Options (tazarotene cream 0.1%)
ATRALIN EXTERNAL GEL 0.05 %	Alternative Options (tretinoin gel 0.05%)
AVITA EXTERNAL CREAM 0.025 %	Alternative Options (tretinoin cream 0.025%)
AVITA EXTERNAL GEL 0.025 %	Alternative Options (tretinoin gel 0.025%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
FABIOR EXTERNAL FOAM 0.1 %	Alternative Options (tazarotene cream 0.1%)
RETIN-A EXTERNAL CREAM 0.025 %	Alternative Options (tretinoin cream 0.025%)
RETIN-A EXTERNAL CREAM 0.05 %	Alternative Options (tretinoin cream 0.05%)
RETIN-A EXTERNAL CREAM 0.1 %	Alternative Options (tretinoin cream 0.1%)
RETIN-A EXTERNAL GEL 0.01 %	Alternative Options (tretinoin gel 0.1%)
RETIN-A EXTERNAL GEL 0.025 %	Alternative Options (tretinoin gel 0.025%)
RETIN-A MICRO EXTERNAL GEL 0.04 %	Alternative Options (tretinoin gel 0.04%)
RETIN-A MICRO EXTERNAL GEL 0.1 %	Alternative Options (tretinoin gel 0.1%)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 %	Alternative Options (tretinoin gel 0.025%, 0.04%, 0.05%, or 0.1%)
*Antibiotic Steroid Combinations - Topical***	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Alternative Options (neomycinbacitracinpolymyxin ointment plus fluocinonide ointment 0.05%)
*Antibiotics - Topical***	
BACTROBAN EXTERNAL CREAM 2 %	
<i>mupirocin calcium external cream 2 %</i>	Alternative Options (mupirocin ointment 2%)
*Corticosteroids - Topical***	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	Alternative Options (clobetasol spray 0.05%); AL (Min 18 Years)
CORDRAN EXTERNAL CREAM 0.025 %	Alternative Options (flurandrenolide cream 0.05%)
DESONATE EXTERNAL GEL 0.05 %	Alternative Options (desonide cream 0.05%)
DESOWEN EXTERNAL CREAM 0.05 %	Alternative Options (desonide cream 0.05%)
<i>desoximetasone external liquid 0.25 %</i>	Alternative Options (desoximetasone ointment 0.25%)
<i>desoximetasone external ointment 0.05 %</i>	Alternative Options (desoximetasone ointment 0.25%)
<i>fluocinonide external cream 0.1 %</i>	Alternative Options (fluocinonide cream 0.05%)
<i>halobetasol propionate external foam 0.05 %</i>	Alternative Options (halobetasol ointment 0.05% or halobetasol cream 0.05%)
HALOG EXTERNAL CREAM 0.1 %	QL (2gm per day); DS (30); Alternative Options (halcinonide cream 0.1%)
HALOG EXTERNAL OINTMENT 0.1 %	Alternative Options (halcinonide cream 0.1%)
HALOG EXTERNAL SOLUTION 0.1 %	Alternative Options (halcinonide cream 0.1%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	Alternative Options (hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%); AL (Min 18 Years)
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%)	PA; Alternative Options (Alternative option Clobetasol lotion 0.05% (generic for Clobex).)
IMPOYZ EXTERNAL CREAM 0.025 %	Alternative Options (clobetasol propionate cream 0.05%)
LEXETTE EXTERNAL FOAM 0.05 %	Alternative Options (halobetasol ointment 0.05% or halobetasol cream 0.05%)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Alternative Options (hydrocortisone butyrate solution 0.1% or hydrocortisone butyrate lotion 0.1%)
SYNALAR EXTERNAL CREAM 0.025 %	Alternative Options (fluocinolone acetonide cream 0.025%)
SYNALAR EXTERNAL OINTMENT 0.025 %	Alternative Options (fluocinolone acetonide ointment 0.025%)
SYNALAR EXTERNAL SOLUTION 0.01 %	Alternative Options (fluocinolone acetonide solution 0.01% or fluocinonide cream 0.05%)
TOPICORT EXTERNAL OINTMENT 0.05 %	Alternative Options (desoximetasone ointment 0.25%)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	Alternative Options (desoximetasone ointment 0.25%)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Alternative Options (triamcinolone acetonide cream 0.025%)
TRIANEX EXTERNAL OINTMENT 0.05 %	Alternative Options (triamcinolone acetonide cream 0.025%)
TRIDESILON EXTERNAL CREAM 0.05 %	Alternative Options (desonide cream 0.05%)
ULTRAVATE EXTERNAL CREAM 0.05 %	QL (1gm per day); Alternative Options (halobetasol ointment 0.05% or halobetasol cream 0.05%)
ULTRAVATE EXTERNAL LOTION 0.05 %	QL (1gm per day); Alternative Options (halobetasol ointment 0.05% or halobetasol cream 0.05%)
ULTRAVATE EXTERNAL OINTMENT 0.05 %	QL (1gm per day); Alternative Options (halobetasol ointment 0.05% or halobetasol cream 0.05%)
VANOS EXTERNAL CREAM 0.1 %	Alternative Options (fluocinonide cream 0.05%)
VERDESO EXTERNAL FOAM 0.05 %	Alternative Options (desonide cream 0.05%)
*Imidazole-Related Antifungals - Topical***	
EXTINA EXTERNAL FOAM 2 %	Alternative Options (ketoconazole cream 2% or ketoconazole shampoo 2%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>ketoconazole external foam 2 %</i>	Alternative Options (ketoconazole cream 2% or ketoconazole shampoo 2%)
KETODAN EXTERNAL FOAM 2 %	Alternative Options (ketoconazole cream 2% or ketoconazole shampoo 2%)
<i>luliconazole external cream 1 %</i>	QL (6gm per month); DS (30); Alternative Options (clotrimazole cream 1%); AL (Min 18 Years)
LUZU EXTERNAL CREAM 1 %	QL (6gm per month); DS (30); Alternative Options (clotrimazole cream 1%); AL (Min 18 Years)
OXISTAT EXTERNAL LOTION 1 %	Alternative Options (oxiconazole cream 1%)
XOLEGEL EXTERNAL GEL 2 %	Alternative Options (ketoconazole cream 2% or ketoconazole shampoo 2%)
*Immunomodulators Imidazoquinolinamines - Topical***	
<i>imiquimod external cream 3.75 %</i>	Alternative Options (imiquimod cream 5%)
<i>imiquimod pump external cream 3.75 %</i>	Alternative Options (imiquimod cream 5%)
ZYCLARA EXTERNAL CREAM 3.75 %	Alternative Options (imiquimod cream 5%)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 %	Alternative Options (imiquimod cream 5%)
*Local Anesthetics - Topical***	
ZTLIDO EXTERNAL PATCH 1.8 %	Alternative Options (lidocaine cream 2%)
*Rosacea Agents***	
<i>doxycycline oral capsule delayed release 40 mg</i>	QL (1 capsule per day); Alternative Options (doxycycline hyclate tablet 20mg); AL (Min 9 Years)
METROCREAM EXTERNAL CREAM 0.75 %	Alternative Options (metronidazole cream 0.75%?)
METROGEL EXTERNAL GEL 1 %	QL (1x 45gm tube or 1x 60gm tube per month); Alternative Options (metronidazole gel 1%?); AL (Min 16 Years)
METROLOTION EXTERNAL LOTION 0.75 %	Alternative Options (metronidazole lotion 0.75%?)
NORITATE EXTERNAL CREAM 1 %	Alternative Options (metronidazole lotion 0.75%?)
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG	QL (1 capsule per day); Alternative Options (doxycycline hyclate tablet 20mg); AL (Min 9 Years)
*Topical Anesthetic Combinations***	
<i>lidocaine-tetracaine external cream 7-7 %</i>	Alternative Options (aspercreme 4% or lidocaine cream 4%, 5%)
PLIAGLIS EXTERNAL CREAM 7-7 %	Alternative Options (aspercreme 4% or lidocaine cream 4%, 5%)
SYNERA EXTERNAL PATCH 70-70 MG	QL (1 box per month); Alternative Options (lidocaineprilocaine cream 2.52.5%); AL (Min 3 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
*Topical Steroid Combinations***	
DUOBRII EXTERNAL LOTION 0.01-0.045 %	Alternative Options (TAZORAC (tazarotene) plus halobetasol)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Alternative Options (calcipotriene cream 0.005% plus betamethasone dipropionate cream 0.05%)
WYNZORA EXTERNAL CREAM 0.005-0.064 %	PA; Alternative Options (calcipotriene/betamethasone dispropionate external ointment 0.005-0.064)
Diuretics	
*Potassium Sparing Diuretics***	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	Alternative Options (spironolactone tablet 25mg)
Endocrine And Metabolic Agents - Misc.	
*Bisphosphonates***	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	QL (4 tablets per month); Alternative Options (alendronate sodium tablet 70mg)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG	QL (4 tablets per month); Alternative Options (alendronate sodium tablet 70mg)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT	QL (4 tablets per month); Alternative Options (alendronate sodium tablet 70mg plus vitamin d3 (cholecalciferol) tablet 2000unit)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT	QL (4 tablets per month); Alternative Options (alendronate sodium tablet 70mg plus vitamin d3 (cholecalciferol) tablet 5000unit)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	QL (4 tablets per month); Alternative Options (alendronate sodium tablet 70mg)
*Somatostatic Agents***	
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML)	Alternative Options (octreotide acetate injection solution 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/5ml)
Estrogens	
*Estrogen & Progestin***	
BIJUVA ORAL CAPSULE 1-100 MG	Alternative Options (progesterone micronized capsule 100mg plus estradiol 1mg)
Gastrointestinal Agents - Misc.	
*Gastrointestinal Stimulants***	
GIMOTI NASAL SOLUTION 15 MG/ACT	DS (30); Alternative Options (metoclopramide ODT, solution or tablet)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date:04/22/2021 To search for a drug use control + f

Drug	Notes
Hematological Agents - Misc.	
*Platelet Aggregation Inhibitor Combinations***	
<i>aspirin-omeprazole oral tablet delayed release 325-40 mg</i>	QL (1 tablet per day); Alternative Options (aspirin DR tablet 325mg plus omeprazole DR capsule 40mg); AL (Min 16 Years)
<i>aspirin-omeprazole oral tablet delayed release 81-40 mg</i>	QL (1 tablet per day); Alternative Options (aspirin DR tablet 81mg plus omeprazole DR capsule 40mg); AL (Min 16 Years)
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG	QL (1 tablet per day); Alternative Options (aspirin DR tablet 325mg plus omeprazole DR capsule 40mg); AL (Min 16 Years)
YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG	QL (1 tablet per day); Alternative Options (aspirin DR tablet 81mg plus omeprazole DR capsule 40mg); AL (Min 16 Years)
Hematopoietic Agents	
*Amino Acids***	
ENDARI ORAL PACKET 5 GM	Alternative Options (glutamine powder packet (OTC), glutamine capsule 500mg (OTC) or Lglutamine tablet 500mg (OTC))
Hypnotics/Sedatives/Sleep Disorder Agents	
*Non-Benzodiazepine - Gaba-Receptor Modulators***	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	Alternative Options (zolpidem tartrate tablet 10mg); AL (Min 18 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	Alternative Options (zolpidem tartrate tablet 5mg); AL (Min 18 Years)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG	Alternative Options (zolpidem tartrate tablet 5mg); AL (Min 18 Years)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Alternative Options (zolpidem tartrate tablet 5mg); AL (Min 18 Years)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT	QL (1 bottle and a limitation of one fill of any hypnotic per 30 days); DS (30); Alternative Options (zolpidem tartrate tablet 5mg); AL (Min 18 Years)
Laxatives	
*Laxatives - Miscellaneous***	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	Alternative Options (lactulose oral solution)
<i>lactulose oral packet 10 gm</i>	Alternative Options (lactulose oral solution)
Migraine Products	
*Migraine Products - Nsaids***	
CAMBIA ORAL PACKET 50 MG	Alternative Options (diclofenac potassium tablet 50mg)
*Migraine Products***	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML	Alternative Options (dihydroergotamine mesylate injection 1mg/ml)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
*Selective Serotonin Agonist-Nsaid Combinations***	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Alternative Options (sumatriptan succinate tablet 50mg or 100mg plus naproxen tablet 500mg)
TREXIMET ORAL TABLET 10-60 MG	Alternative Options (sumatriptan succinate tablet 25mg plus naproxen tablet 250mg)
TREXIMET ORAL TABLET 85-500 MG	Alternative Options (sumatriptan succinate tablet 50mg or 100mg plus naproxen tablet 500mg)
*Selective Serotonin Agonists 5-Ht(1)***	
FROVA ORAL TABLET 2.5 MG	QL (12 tablets per month); Alternative Options (frovatriptan succinate tablet 2.5mg)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC	Alternative Options (sumatriptan succinate tablet 25mg)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML	QL (20 pens per month); Alternative Options (sumatriptan succinate injection 4mg/0.5ml); AL (Min 18 Years)
Miscellaneous Therapeutic Classes	
*Chelating Agents***	
CUPRIMINE ORAL CAPSULE 250 MG	Alternative Options (DEPEN TITRA (penicillamine) tablets 250mg)
<i>penicillamine oral capsule 250 mg</i>	Alternative Options (DEPEN TITRA (penicillamine) tablets 250mg)
Multivitamins	
*Prenatal Mv & Min W/Fe-Fa***	
<i>azeschew prenatal/postnatal oral tablet chewable 13-1 mg</i>	Alternative Options (OTC prenatal vitamins); F
<i>azesco oral tablet 13-1 mg</i>	Alternative Options (otc prenatal vitamins); F
<i>pregenna oral tablet 20-1 mg</i>	Alternative Options (otc prenatal vitamins); F
<i>zalvit oral tablet 13-1 mg</i>	Alternative Options (otc prenatal vitamins); F
*Prenatal Mv & Min W/Fe-Fa-Dha***	
<i>pregen dha oral capsule 28-1-35 mg</i>	Alternative Options (OTC prenatal vitamins); F
Musculoskeletal Therapy Agents	
*Central Muscle Relaxants***	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Alternative Options (cyclobenzaprine hcl tablet 5mg or 10mg); AL (Min 18 Years)
<i>carisoprodol oral tablet 250 mg</i>	QL (4 tablets per day); DS (21); Alternative Options (carisoprodol tablet 350mg)
<i>chlorzoxazone oral tablet 250 mg</i>	Alternative Options (chlorzoxazone tablet 500mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Alternative Options (cyclobenzaprine hcl tablet 5mg or 10mg); AL (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Alternative Options (cyclobenzaprine hcl tablet 5mg or 10mg)
FEXMID ORAL TABLET 7.5 MG	Alternative Options (cyclobenzaprine hcl tablet 5mg or 10mg)
OZOBAX ORAL SOLUTION 5 MG/5ML	Alternative Options (baclofen tablet)
SOMA ORAL TABLET 250 MG	QL (4 tablets per day); DS (21); Alternative Options (carisoprodol tablet 350mg)
<i>tizanidine hcl oral capsule 2 mg</i>	QL (18 tablets per day); Alternative Options (tizanidine tablet 2mg)
<i>tizanidine hcl oral capsule 4 mg</i>	QL (9 tablets per day); Alternative Options (tizanidine tablet 4mg)
<i>tizanidine hcl oral capsule 6 mg</i>	QL (6 capsules per day); Alternative Options (tizanidine tablet 2mg plus 4mg)
Nasal Agents - Systemic And Topical	
*Nasal Steroids***	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Alternative Options (FLONASE Allergy Relief (fluticasone propionate) nasal suspension 50 mcg/act (OTC) or goodsense nasoflow (fluticasone propionate) nasal suspension 50 mcg/act (OTC))
Neuromuscular Agents	
*Benzathiazoles***	
RILUTEK ORAL TABLET 50 MG	Alternative Options (riluzole tablet 50mg)
Ophthalmic Agents	
*Beta-Blockers - Ophthalmic***	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Alternative Options (timolol maleate ophthalmic solution 0.25%)
BETIMOL OPHTHALMIC SOLUTION 0.5 %	Alternative Options (timolol maleate ophthalmic solution 0.5%)
*Prostaglandins - Ophthalmic***	
XALATAN OPHTHALMIC SOLUTION 0.005 %	Alternative Options (latanoprost ophthalmic solution 0.005%.)
Psychotherapeutic And Neurological Agents - Misc.	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***	
GRALISE ORAL TABLET 300 MG	Alternative Options (gabapentin capsule 300mg); AL (Min 18 Years)
GRALISE ORAL TABLET 600 MG	Alternative Options (gabapentin tablet 600mg); AL (Min 18 Years)
GRALISE STARTER ORAL 300 & 600 MG	QL (1 kit per lifetime); Alternative Options (gabapentin capsule 300mg plus gabapentin tablet 600mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
*Restless Leg Syndrome (RLS) Agents***	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Alternative Options (gabapentin capsule 300mg); AL (Min 18 Years)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Alternative Options (gabapentin tablet 600mg); AL (Min 18 Years)
*Vasomotor Symptom Agents - SsrIs***	
BRISDELLE ORAL CAPSULE 7.5 MG	Alternative Options (paroxetine tablet 10mg)
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Alternative Options (paroxetine tablet 10mg)
Tetracyclines	
*Tetracyclines***	
ACTICLATE ORAL TABLET 150 MG	Alternative Options (doxycycline hyclate capsule 50mg plus doxycycline hyclate capsule 100mg)
ACTICLATE ORAL TABLET 75 MG	Alternative Options (doxycycline hyclate capsule 50mg)
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 135 MG, 45 MG	QL (1 tablet per day); Alternative Options (minocycline hcl capsule 50mg and/or minocycline hcl capsule 75mg and/or minocycline hcl capsule 100mg); AL (Min 12 Years)
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG	Alternative Options (minocycline hcl capsule 50mg and/or minocycline hcl capsule 75mg and/or minocycline hcl capsule 100mg); AL (Min 12 Years)
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	QL (2 tablets per day); Alternative Options (doxycycline hyclate DR tablet 100mg)
DORYX ORAL TABLET DELAYED RELEASE 200 MG	PA; Alternative Options (doxycycline hyclate DR tablet 100mg)
DORYX ORAL TABLET DELAYED RELEASE 50 MG	PA; Alternative Options (doxycycline hyclate capsule 50mg)
<i>doxycycline hyclate oral tablet 150 mg</i>	Alternative Options (doxycycline hyclate capsule 50mg plus doxycycline hyclate capsule 100mg)
<i>doxycycline hyclate oral tablet 50 mg</i>	Alternative Options (doxycycline hyclate tablet 20mg or capsule 50mg)
<i>doxycycline hyclate oral tablet 75 mg</i>	Alternative Options (doxycycline hyclate capsule 50mg)
<i>doxycycline hyclate oral tablet delayed release 150 mg</i>	QL (2 tablets per day); Alternative Options (doxycycline hyclate capsule 50mg plus doxycycline hyclate capsule 100mg)
<i>doxycycline hyclate oral tablet delayed release 200 mg</i>	Alternative Options (doxycycline hyclate DR tablet 100mg)
<i>doxycycline hyclate oral tablet delayed release 50 mg</i>	Alternative Options (doxycycline hyclate tablet 20mg or capsule 50mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	QL (2 tablets per day); Alternative Options (doxycycline hyclate capsule 50mg)
<i>doxycycline monohydrate oral capsule 150 mg</i>	QL (2 capsules per day); Alternative Options (doxycycline monohydrate capsules or tablets)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Alternative Options (doxycycline monohydrate capsules or tablets)
<i>minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg</i>	QL (1 tablet per day); Alternative Options (minocycline hcl capsule 50mg and/or minocycline hcl capsule 75mg and/or minocycline hcl capsule 100mg); AL (Min 12 Years)
<i>minocycline hcl er oral tablet extended release 24 hour 90 mg</i>	Alternative Options (minocycline hcl capsule 50mg and/or minocycline hcl capsule 75mg and/or minocycline hcl capsule 100mg); AL (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG, 75 MG	Alternative Options (doxycycline monohydrate capsules or tablets)
OKEBO ORAL CAPSULE 75 MG	Alternative Options (doxycycline monohydrate capsules or tablets)
TARGADOX ORAL TABLET 50 MG	Alternative Options (doxycycline hyclate tablet 20mg or capsule 50mg)
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Alternative Options (minocycline hcl capsule 50mg and/or minocycline hcl capsule 75mg and/or minocycline hcl capsule 100mg)
Ulcer Drugs/Antispasmodics/Anticholinergics	
*Proton Pump Inhibitor-Antacid Combinations***	
<i>cvs omeprazole-sod bicarbonate oral capsule 20-1100 mg</i>	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
OMEPPi ORAL CAPSULE 20-1100 MG	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
OMEPPi ORAL CAPSULE 40-1100 MG	Alternative Options (omeprazole DR capsule 40mg); AL (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	Alternative Options (omeprazole DR capsule 40mg); AL (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg</i>	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
<i>omeprazole-sodium bicarbonate oral packet 40-1680 mg</i>	Alternative Options (omeprazole DR capsule 40mg); AL (Min 18 Years)
<i>ra omeprazole-sodium bicarb oral capsule 20-1100 mg</i>	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
ZEGERID ORAL CAPSULE 20-1100 MG	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
ZEGERID ORAL CAPSULE 40-1100 MG	Alternative Options (omeprazole DR capsule 40mg); AL (Min 18 Years)
ZEGERID ORAL PACKET 20-1680 MG	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
ZEGERID ORAL PACKET 40-1680 MG	Alternative Options (omeprazole DR capsule 40mg); AL (Min 18 Years)
ZEGERID OTC ORAL CAPSULE 20-1100 MG	Alternative Options (omeprazole DR capsule 20mg); AL (Min 18 Years)
*Proton Pump Inhibitors***	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	Alternative Options (rabeprazole sodium EC tablet 20mg)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG	Alternative Options (rabeprazole sodium EC tablet 20mg)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
<i>esomeprazole magnesium oral packet 40 mg</i>	QL (2 packets per day); Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	Alternative Options (NEXIUM 24HR capsule 20mg (OTC)); AL (Max 16 Years)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG	QL (4 capsules per day); Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG	QL (4 capsules per day); Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG	QL (2 capsules per day); Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
NEXIUM ORAL PACKET 40 MG	QL (2 packets per day); Alternative Options (NEXIUM 24HR capsule 20mg (OTC))
<i>pantoprazole sodium oral packet 40 mg</i>	QL (6 packets per day); Alternative Options (pantoprazole sodium EC tablet 40mg)
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG	QL (2 capsules per day); Alternative Options (lansoprazole DR capsule 15mg)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	Alternative Options (lansoprazole DR capsule 30mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	Alternative Options (lansoprazole DR capsule 15mg)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	Alternative Options (lansoprazole DR capsule 30mg)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	Alternative Options (omeprazole DR capsule 10mg)
PROTONIX ORAL PACKET 40 MG	QL (6 packets per day); Alternative Options (pantoprazole sodium EC tablet 40mg)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date:04/22/2021 To search for a drug use control + f

Drug	Notes
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	QL (3 tablets per day); Alternative Options (pantoprazole sodium EC tablet 20mg)
PROTONIX ORAL TABLET DELAYED RELEASE 40 MG	QL (6 tablets per day); Alternative Options (pantoprazole sodium EC tablet 40mg)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Alternative Options (rabeprazole sodium EC tablet 20mg)
*Quaternary Anticholinergics***	
GLYCATE ORAL TABLET 1.5 MG	Alternative Options (glycopyrrolate tablet 1mg and/or 2mg)
<i>glycopyrrolate oral tablet 1.5 mg</i>	Alternative Options (glycopyrrolate tablet 1mg and/or 2mg)
*Ulcer Anti-Infective W/ Bismuth Combinations***	
PYLERA ORAL CAPSULE 140-125-125 MG	Alternative Options (bismuth chew 262mg (OTC), metronidazole tablet 250mg plus tetracycline capsule 250mg)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***	
<i>amoxicill-clarithro-lansopraz oral</i>	QL (1 box per month); Alternative Options (lansoprazole DR capsule 30mg, amoxicillin (trihydrate) capsule 500mg plus clarithromycin 500mg tablets)
Urinary Antispasmodics	
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	Alternative Options (tolterodine tartrate tablet 2mg)
DETROL ORAL TABLET 1 MG	Alternative Options (tolterodine tartrate tablet 1mg)
DETROL ORAL TABLET 2 MG	Alternative Options (tolterodine tartrate tablet 2mg)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	Alternative Options (oxybutynin ER tablet 10mg)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Alternative Options (oxybutynin ER tablet 15mg)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	Alternative Options (oxybutynin ER tablet 5mg)
GELNIQUE PUMP TRANSDERMAL GEL 10 %	Alternative Options (oxybutynin chloride tablet 5mg)
GELNIQUE TRANSDERMAL GEL 10 %	Alternative Options (oxybutynin chloride tablet 5mg)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Alternative Options (tolterodine tartrate tablet 2mg)
Vaginal And Related Products	
*Vaginal Estrogens***	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (ESTRACE (estradiol) vaginal cream 0.01%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Drug	Notes
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Alternative Options (ESTRACE (estradiol) vaginal cream 0.01%)

* Effective dates for contract exclusions will vary by plan, and are usually tied to the plan renewal date. If you are recurrently receiving benefit coverage for any of the non-covered drugs, you will receive a benefit change notice before these exclusions become effective for your plan.

Last revision date: 04/22/2021 To search for a drug use control + f

Index

ABSORICA	17	CUPRIMINE	23	GONITRO	7
ABSORICA LD	17	<i>cvs omeprazole-sod bicarbonate</i>	26	GRALISE	24
ACANYA	15	<i>cyclobenzaprine hcl</i>	24	GRALISE STARTER	24
ACIPHEX	27	<i>cyclobenzaprine hcl er</i>	24	GVOKE HYPOPEN 1-PACK	9
ACIPHEX SPRINKLE	27	D.H.E. 45	22	GVOKE HYPOPEN 2-PACK	9
ACTICLATE	25	DAXBIA	14	GVOKE PFS	9
ACZONE	15	DESONATE	18	<i>halobetasol propionate</i>	18
<i>adapalene-benzoyl peroxide</i>	15	DESOWEN	18	HALOG	18
AKTIPAK	16	<i>desoximetasone</i>	18	HEMADY	14
ALKINDI SPRINKLE	14	DETROL	28	HIDEX 6-DAY	14
ALLZITAL	5	DETROL LA	28	HORIZANT	25
<i>amlodipine-atorvastatin</i>	13	<i>dexabliss</i>	14	<i>hydrocortisone acetate</i>	7
<i>amoxicill-clarithro-lansopraz</i>	28	<i>dexamethasone</i>	14	<i>hydrocortisone butyr lipo base</i>	19
AMRIX	23	DEXTAK 10 DAY	14	<i>imiquimod</i>	20
ANAPROX DS	4	DEXTAK 13 DAY	14	<i>imiquimod pump</i>	20
ANTARA	10	DEXTAK 6 DAY	14	IMPEKLO	19
APADAZ	7	<i>dextroamphetamine sulfate</i>	3	IMPOYZ	19
<i>apap-caff-dihydrocodeine</i>	6	<i>diclofenac</i>	4	IMVEXXY MAINTENANCE PACK ..	28
APLENZIN	8	DITROPAN XL	28	IMVEXXY STARTER PACK	29
ARAZLO	17	DORYX	25	INDERAL LA	12
ARYMO ER	6	DORYX MPC	25	INDERAL XL	12
<i>aspirin-omeprazole</i>	22	<i>doxycycline</i>	20	INNOPRAN XL	12
ATELVIA	21	<i>doxycycline hyclate</i>	25, 26	INTERMEZZO	22
ATIVAN	7, 8	<i>doxycycline monohydrate</i>	26	KAPVAY	3
ATRALIN	17	DUAC	16	KEFLEX	14
AVAR-E LS	16	DUETACT	9	<i>ketoconazole</i>	20
AVITA	17	DUEXIS	4	KETODAN	20
<i>azeschew prenatal/postnatal</i>	23	DUOBRII	21	<i>ketorolac tromethamine</i>	4
<i>azesco</i>	23	DUTOPROL	11, 12	KLARON	15
BACTROBAN	18	DVORAH	6	KRISTALOSE	22
BENZAACLIN	16	DXEVO 11-DAY	14	<i>lactulose</i>	22
BENZAACLIN WITH PUMP	16	EDLUAR	22	LEXETTE	19
<i>benzonatate</i>	15	ENDARI	22	<i>lidocaine-tetracaine</i>	20
BETIMOL	24	ENSTILAR	21	LIPOFEN	11
BIJUVA	21	EPIDUO	16	LOCOID LIPOCREAM	19
BINOSTO	21	EPIDUO FORTE	16	<i>luliconazole</i>	20
BRISDELLE	25	<i>esomeprazole magnesium</i>	27	LUZU	20
BUPAP	5	<i>esomeprazole strontium</i>	27	<i>meloxicam</i>	4
<i>bupropion hcl er (xl)</i>	8	EVOCLIN	15	METADATE ER	3
<i>butalbital-acetaminophen</i>	5	EXTINA	19	<i>metformin hcl er (mod)</i>	9
<i>butalbital-apap-caff-cod</i>	5	FABIOR	18	<i>methylphenidate hcl er</i>	3
BYNFEZIA PEN	21	<i>fenofibrate</i>	10	<i>metoprolol-hctz er</i>	12
CADUET	13, 14	<i>fenofibrate micronized</i>	10	METROCREAM	20
CAMBIA	22	FENOGLIDE	10, 11	METROGEL	20
<i>carbinoxamine maleate</i>	10	<i>fenoprofen calcium</i>	4	METROLOTION	20
<i>carisoprodol</i>	23	FEXMID	24	<i>minocycline hcl er</i>	26
CAROSPIR	21	FIORICET/CODEINE	5	MONDOXYNE NL	26
<i>cephalexin</i>	14	<i>flolipid</i>	11	MORPHABOND ER	6, 7
<i>chlorzoxazone</i>	23	<i>fluocinonide</i>	18	<i>mupirocin calcium</i>	18
CLEOCIN-T	15	<i>fluoxetine hcl</i>	8	NALFON	4
CLINDAGEL	15	FORFIVO XL	8	NAPRELAN	4
<i>clindamycin phos-benzoyl perox</i>	16	FOSAMAX PLUS D	21	NAPROSYN	4
<i>clindamycin-tretinoin</i>	16	FROVA	23	<i>naproxen</i>	4
CLOBEX SPRAY	18	GELNIQUE	28	<i>naproxen sodium</i>	5
CONCERTA	3	GELNIQUE PUMP	28	<i>naproxen sodium er</i>	4, 5
CONSENSI	12, 13	GIMOTI	21	<i>naproxen-esomeprazole</i>	4
CONZIP	6	GLUMETZA	9	NEO-SYNALAR	18
CORDRAN	18	GLYCATE	28	NEUAC	16
COREMINO	25	<i>glycopyrrolate</i>	28	NEXIUM	27

NEXIUM 24HR CLEAR MINIS	27	TAPERDEX 12-DAY	15
NORITATE	20	TAPERDEX 6-DAY	15
OKEBO	26	TAPERDEX 7-DAY	15
OMEPPi	26	TARGADOX	26
<i>omeprazole-sodium bicarbonate</i>	26	<i>tizanidine hcl</i>	24
<i>ondansetron hcl</i>	10	<i>tolterodine tartrate er</i>	28
ONEXTON	16	TOPICORT	19
ONZETRA XSAIL	23	TOPICORT SPRAY	19
ORACEA	20	<i>tramadol hcl er</i>	7
OTREXUP	3	TREXIMET	23
OXISTAT	20	<i>triamcinolone acetonide</i>	19
OZOBAX	24	TRIANEX	19
<i>panlor</i>	6	TRICOR	11
<i>pantoprazole sodium</i>	27	TRIDESILON	19
<i>paroxetine mesylate</i>	25	TRIGLIDE	11
<i>penicillamine</i>	23	<i>trimpex</i>	12
PEXEVA	8	TUSSICAPS	15
<i>pioglitazone hcl-glimepiride</i>	10	TUXARIN ER	15
PLEXION	16	TUZISTRA XR	15
PLEXION CLEANSER	16	ULTRAVATE	19
PLEXION CLEANSING CLOTH	16	VANATOL LQ	5
PLIAGLIS	20	VANOS	19
<i>pregen dha</i>	23	VELTIN	17
<i>pregenna</i>	23	VERDESO	19
PRESTALIA	11	VIMOVO	4
PREVACID	27	VIVLODEX	5
PREVACID SOLUTAB	27	VTOL LQ	5
PRILOSEC	27	WELLBUTRIN XL	8
PRIMSOL	12	WYNZORA	21
PROCENTRA	3	XALATAN	24
PROCTOCORT	7	XHANCE	24
PROTONIX	27, 28	XIMINO	26
PYLERA	28	XOLEGEL	20
QMIIZ ODT	5	YOSPRALA	22
<i>ra omeprazole-sodium bicarb</i>	26	<i>zalvit</i>	23
<i>rabeprazole sodium</i>	28	<i>zcort 7-day</i>	15
RASUVO	3	ZEGERID	26, 27
RAYOS	14	ZEGERID OTC	27
REDITREX	3	ZELAPAR	12
RELAFEN DS	5	ZEMBRACE SYMTOUCH	23
RELEXXII	3	ZENZEDI	3
<i>repaglinide-metformin hcl</i>	9	ZIANA	17
RETIN-A	18	ZIPSOR	5
RETIN-A MICRO	18	<i>zolpidem tartrate</i>	22
RETIN-A MICRO PUMP	18	ZOLPIMIST	22
RILUTEK	24	ZORVOLEX	5
<i>risedronate sodium</i>	21	ZTLIDO	20
RYVENT	10	ZYCLARA	20
<i>simvastatin</i>	11	ZYCLARA PUMP	20
SOMA	24		
SPRIX	5		
<i>sulfacetamide sodium-sulfur</i>	16, 17		
SULFACLEANSE 8/4	17		
SUMADAN WASH	17		
<i>sumatriptan-naproxen sodium</i>	23		
SUMAXIN	17		
SUMAXIN TS	17		
SUMAXIN WASH	17		
SYNALAR	19		
SYNERA	20		

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



