



## White Paper: Formulary Development at Express Scripts

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Express Scripts works with health-benefit plan sponsors and individual members of health plans to provide affordable access to clinically sound, high-quality pharmaceutical products. Drug formularies are one method of achieving this result.

From time to time, Express Scripts receives questions about how it develops formularies that are both clinically sound and cost-effective. This white paper is designed to answer those questions. The Express Scripts' formulary development process is based on the following principles:

1. *Clinical appropriateness* of the drug, not cost, is Express Scripts' foremost consideration.
2. The prescribing *physician always makes the final decision* regarding an individual patient's drug therapy.
3. Express Scripts will develop clinically sound formularies *based on evaluations of independent physicians*.

Consistent with these principles, Express Scripts offers a variety of standard formularies. Plan sponsors, based on their own unique situation, can select a formulary that is most appropriate for their members.

### How Express Scripts Develops Formularies

Express Scripts has many years of formulary development expertise and an extensive clinical pharmacy department. Express Scripts develops formularies through a four-step process involving the work of three distinct committees:

1. Therapeutic Assessment Committee
2. National Pharmacy & Therapeutics Committee
3. Value Assessment Committee
4. National Pharmacy & Therapeutics Committee (annual formulary review)

**Therapeutic Assessment Committee** — The Therapeutic Assessment Committee (TAC) is an internal clinical review body, consisting of clinical pharmacists and physicians who are employed by Express Scripts. From a formulary development perspective, the committee is tasked to review specific medications following approval by the Food and Drug Administration (FDA). Before discussing a new drug at TAC, Express Scripts' clinical team conducts a search of the medical literature, evaluates published data from clinical trials, and develops comprehensive drug evaluation summary documents. The drug evaluation documents are developed with the aid of a wide range of resources including, but not limited to: primary literature, clinical practice guidelines, and FDA-approved package inserts. The drug evaluation documents include, at a minimum: a summary of the pharmacology, safety, efficacy, dosage, mode of administration, and the relative place in therapy of the medication under review compared to other pharmacologic alternatives. Following a review of the drug evaluation summary document, TAC ultimately provides a formulary placement recommendation which is shared with the Express Scripts' National Pharmacy and Therapeutics (P&T) Committee. TAC formulary recommendations are merely a suggestion and cannot be formally implemented without the approval of the P&T Committee.



**National Pharmacy & Therapeutics Committee** — The Express Scripts' National P&T Committee is a group of independent, actively practicing physicians and pharmacists who are not employed by Express Scripts. The P&T Committee is tasked to review medications from a purely clinical perspective. **The Committee does not have access to, nor does it consider, any information regarding Express Scripts' rebates/negotiated discounts, or the net cost of the drug after application of all discounts. The Committee does not use price, in any way, to make formulary placement decisions.** The Express Scripts' P&T Committee reviews a much broader range of formulary placement topics than TAC, including: new drug evaluations, new FDA-approved indications for existing drugs, new clinical line extensions, and new published or clinical practice trends that may impact previous formulary placement decisions.

For new drug evaluations, the P&T Committee reviews the relevant drug evaluation summary documents as well as the formulary placement recommendation from TAC. In addition, members of the P&T Committee provide their insight into the quality of the published literature, share their clinical practice experience, and assess the relative place in therapy of the medication and therapy class. The P&T Committee can establish one of the following four formulary placement designations: **include, access, optional, or exclude** from a formulary. Drugs with a designation of **include** are recommended for placement on all formularies. A drug may be given an **include** designation if it meets at least one of the clinical basis enumerated in the next sentence AND is anticipated, or validated via claims data, to treat a relatively large patient population. The clinical bases include: unique indication for use addressing a clinically significant unmet treatment need, efficacy superior to that of existing therapy alternatives, a safety profile superior to that of existing therapy alternatives, a unique place in therapy, and/or drugs which treat medical conditions that necessitate individualized therapy and for which there are multiple treatment options. A drug may be given an **access** designation if it meets the clinical basis enumerated in the sentence before AND is anticipated, or validated via claims data, to treat a relatively small patient population. Access medications are forwarded to the Value Assessment Committee (VAC) for further analysis. A drug may also be designated as **optional** on a formulary. A drug may be given an **optional** designation based on the conclusion that a significant proportion of its use is clinically similar to other currently available drug alternatives. Optional medications are forwarded to the VAC for further analysis. Finally, a drug may be designated as **exclude**. Drugs may be given an **exclude** designation for one or more of the following clinical reasons: efficacy inferior to that of existing therapy alternatives, a safety profile inferior to that of existing therapy alternatives, and/or insufficient data to evaluate the drug. Medications recalled from the market for safety reasons take an automatic **exclude** status, and are formally reviewed at the next P&T Committee meeting.

**Value Assessment Committee** — The Value Assessment Committee (VAC) considers the value of drugs by evaluating the net cost, market share, and drug utilization trends of clinically similar medications. VAC consists of Express Scripts' employees from formulary management, product management, finance, and clinical account management. No member of VAC can serve in any capacity on TAC (and vice-versa). VAC reviews drugs designated as **access** or **optional** by the P&T Committee, and develops a formulary placement recommendation. VAC is required to add medications with an **include** designation to formulary, while drugs with an **exclude** designation may not be preferred on the formulary. In both cases, economic considerations are superseded by the clinical requirements of the P&T Committee. Once complete, formulary and tier placement recommendations are then forwarded to the P&T Committee for final approval.



**National Pharmacy & Therapeutics Committee (Annual Review)** — On an annual basis, the National P&T Committee will review the final formulary recommendations, by drug class, for the upcoming plan year. The Committee uses this opportunity to ensure adherence to previously established formulary placement recommendations, and to validate continued alignment with best medical practices. The Committee also ensures that all Express Scripts national formularies cover a broad distribution of therapeutic classes and categories and that the formularies provide all enrollees and patient populations a comprehensive, clinically sound formulary.

### **National Pharmacy & Therapeutics Committee: Overview**

The Express Scripts National P&T Committee consists of 14 physicians and two pharmacists from active community and academic-based practices representing a broad range of medical specialties. The Committee is chaired by an elected member. The Vice President, Office of Clinical Evaluation and Policy, TAC chair, and Express Scripts Medical Director all provide staff support to the Committee.

The following medical and pharmacy specialties are represented on Express Scripts' P&T Committee:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatrics
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Oncology
- Pediatrics
- Pharmacy (General)
- Pharmacy (Geriatrics)
- Psychiatry
- Pulmonology
- Rheumatology

Members are selected by the Committee based on:

1. contributions to the medical and pharmacy literature
2. national recognition in their specialty
3. involvement in clinical (patient care) practice (membership prerequisite)
4. previous experience with P&T committees

Members of the Express Scripts' National P&T Committee receive a stipend for preparation for and participation in the meetings. The stipend amount is based on a reasonable estimate of revenue lost by not seeing patients while out of the office for meeting attendance and preparation. New committee members are elected by current members of the Committee. Members serve for a three-year term and are eligible for re-appointment by the Committee. At the beginning of each Committee meeting, members disclose potential and actual conflicts of interest by declaring any relationships with pharmaceutical manufacturers and Part D plan sponsors, including membership on advisory boards, participation on speakers' bureaus, receipt of research grants, and stock ownership. Prior to each meeting, a subgroup of the P&T Committee or Membership Subcommittee reviews all member disclosure information and determines if a conflict of interest exists. Members who are determined to have conflicts of interest are prohibited from participating in the final discussion and voting process for medications or manufacturers where a conflict exists. In the event a conflict of interest is determined to be so significant that a member of the Committee is unable to participate in most proceedings, the member will be asked to resign from the Committee.

The P&T Committee meets at least quarterly to evaluate drugs for addition to or deletion from the formulary. If necessary, mail ballots may be used to seek committee member comments and approval for new clinical designations between meetings (e.g., following FDA approval of a therapeutic-breakthrough drug).



### **How Express Scripts Plan Sponsors Manage Their Formularies**

Express Scripts' plan sponsors often adopt Express Scripts-developed formularies as their own or use them as the foundation for their own custom formularies. Among the more than 70 therapeutic categories, custom formularies can vary in the number of brand-name drugs per category and in the extent to which the pharmacy benefit is managed in each category.

Formulary control levels are specified through benefit design. At one end of the spectrum is the open formulary. With an open formulary, the plan sponsor pays a portion of the cost for all drugs, regardless of formulary status, although a plan sponsor may choose to exclude certain products, such as 'lifestyle' drugs, from coverage. At the other end of the spectrum is the closed formulary. With a closed formulary, non-formulary drugs are not covered unless approved via a formulary exceptions process. Between these two alternatives, a plan sponsor can implement differential copays (as with a three-tier benefit design) or other financial incentives to encourage participants to use preferred formulary drugs, but will still pay a portion of the cost of the non-preferred drug.

For example, a plan sponsor using a three-tier benefit design may elect to manage a particular therapeutic category by making all generics in that category available at the first-tier copay level and preferred branded products available at the second-tier copay level. Non-preferred products could be placed on the third tier — available, but at a higher copay.

After first taking into account clinical considerations, plan sponsors consider cost in making their formulary choices. Generally, the fewer the drugs offered on the formulary and the greater the incentives to use the formulary's preferred drugs, the higher the discounts available from manufacturers and, therefore, the lower the cost to the plan sponsor. Most formularies offer generics at the lowest copay and typically include the vast majority of available generic products.

Express Scripts is able to administer lower-cost prescription drug benefits for plan sponsors in part because of the rebates that ESI receives from manufacturers. A rebate is simply a retrospective payment that is paid to ESI pursuant to rebate contracts negotiated independently by ESI with pharmaceutical manufacturers and directly attributable to the utilization of certain pharmaceuticals by our client's members. Many factors can affect the amount of the rebate, but in general, higher rebates are achieved when a plan sponsor adopts a formulary and plan design that provides greater incentives to its participants to use a formulary (preferred) drug.

### **Accessing Non-Formulary Medications**

Express Scripts encourages plan sponsors to develop formulary systems that enable individual patient needs to be met with non-formulary drug products when demonstrated to be clinically justified by the physician or other prescriber. Generally speaking, plan sponsors should offer an efficient process for the timely procurement of non-formulary drug products, impose minimal administrative burdens, and provide access to a formal appeal process if request for a non-formulary drug is denied.

Due to the variability in plan sponsor benefit design, Express Scripts encourages individual patients who are attempting to access a non-formulary medication for clinical purposes to contact the phone number, mailing address or website outlined on their prescription drug card. The decision to cover non-formulary medications, as well as the mechanism by which it is administered, is entirely determined by the plan sponsor; not Express Scripts.



### Express Scripts Formulary Compliance Programs

Express Scripts' plan sponsors also achieve formulary management through participation in one of Express Scripts' Formulary Compliance programs. These programs help plan sponsors reduce overall prescription drug costs by encouraging utilization of preferred drugs (generics and formulary brand name medications) through intervention strategies.

Express Scripts never recommends changing to a higher-cost drug, but it may suggest an equally-effective, lower-cost drug (typically, a generic) before a more expensive brand name alternative. The Express Scripts formulary compliance programs provide clear information about formulary drugs to all of the participants in the prescription-dispensing process. For example, when a prescription for a drug that is not on the member's formulary is taken to a retail pharmacy in our network, the **claims processing system** notifies the pharmacist of comparable drugs that are covered by the member's plan. The pharmacist can then work with the member and the prescriber to replace the originally-prescribed drug with an appropriate formulary product, if possible. A second example is our **formulary notification program**. The formulary notification program sends targeted letters to members who are taking a maintenance medication that will soon become non-formulary. These notifications frequently include a list of clinically similar, formulary alternatives. The member can take this type of communication to their physician, and determine if a formulary alternative is right for them. The third type of formulary support tool includes Express Scripts' **web-based tools**. Express Scripts and/or the members' plan sponsor provides a suite of online resources including: copies of the formulary, relative price comparisons of therapeutic alternatives, and information about which drugs have a generic equivalent.

### Conclusion

Prescription drug costs continue to increase for a variety of complex reasons. As a result, the job of managing the pharmacy benefit has become an essential element of the overall healthcare management equation. Left unmanaged, plan sponsors' costs would rise at faster rates, with the likely ultimate result of reduced benefits and higher costs to consumers.

Affordable access to a clinically sound, high-quality pharmacy benefit depends on sophisticated, carefully constructed cost-control strategies — strategies that always place patients and their physicians first. The processes Express Scripts uses to develop formularies have been constructed to ensure that clinical considerations are paramount and fully taken into account *before* cost considerations. Express Scripts has also implemented one of the industry's most unique cost-lowering rebate policies. Finally, Express Scripts' has a number of tools (formulary, plan design, and clinical programs) to ensure that plan sponsors maximize the use of lower cost, clinically-equivalent generic medications. By combining the solutions above, plan sponsors can continue to offer a fair, clinically appropriate, and financially responsible pharmacy benefit.

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The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

| Drug Class   | Excluded Medications   | Preferred Alternatives   |
|--|--|--|
| <b>ANTIINFECTIVES</b><br>Antibiotics   | DOXYCYCLINE HYCLATE DR 80 MG                                       | doxycycline hyclate dr   |
| Antifungal Agents (Oral)   | TOLSURA  | itraconazole   |
| Antifungal Agents (Topical)  | JUBLIA, KERYDIN  | ciclopirox   |
|  | LUZU   | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole  |
| Antivirals (Oral)  | SITAVIG  | acyclovir oral or cream, famciclovir, valacyclovir   |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b><br>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA   | clonidine  |
| Anticonvulsants  | TOPIRAMATE ER CAPSULES   | topiramate tablets, QUDEXY XR  |
| Anti-Migraine Therapy  | ONZETRA XSAIL  | sumatriptan nasal spray, ZOMIG NASAL SPRAY   |
|  | 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   |
| Duchenne Muscular Dystrophy (DMD) Agents   | EMFLAZA  | prednisone solution, prednisone tablets  |
|  | EXONDYS 51   | No alternatives recommended  |
| Long-Acting Opioid Oral Analgesics   | EMBEDA, OXYCODONE ER   | hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN              |
| Multiple Sclerosis (Beta Interferons)  | EXTAVIA  | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE                     |
| Multiple Sclerosis (Oral)  | AUBAGIO  | GILENYA, MAYZENT, TECFIDERA  |
| Narcotic Analgesics & Combinations   | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN                              | hydrocodone/acetaminophen  |
|  | BUTRANS  | buprenorphine patches, BELBUCA   |
| Narcotic Antagonists   | EVZIO  | naloxone syringes, NARCAN NASAL SPRAY  |
| Neuropathic Agents   | LYRICA CR  | gabapentin, pregabalin   |
| Tardive Dyskinesia Therapy   | INGREZZA   | AUSTEDO  |
| Transmucosal Fentanyl Analgesics   | ABSTRAL, FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS | fentanyl citrate lozenges  |
| Miscellaneous Antidepressants  | SPRAVATO   | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline |
| <b>CARDIOVASCULAR</b><br>ACE Inhibitors  | EPANED   | enalapril  |
|  | QBRELIS  | lisinopril   |
| Anticoagulants   | PRADAXA, SAVAYSA   | ELIQUIS, XARELTO   |
| Beta Blockers & Combinations   | KAPSPARGO SPRINKLE   | metoprolol succinate   |
|  | DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER                             | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER plus hydrochlorothiazide              |

Continued

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>CARDIOVASCULAR (continued)</b><br>HMG & Cholesterol Inhibitor Combinations | ALTOPREV, EZALLOR SPRINKLE, LIVALO   | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin   |
| PCSK9 Inhibitors  | PRALUENT (NDCs starting with 00024),<br>REPATHA (NDCs starting with 55513)   | PRALUENT (NDCs starting with 72733),<br>REPATHA (NDCs starting with 72511)   |
| <b>DERMATOLOGICAL</b><br>Oral Agents for Acne                                 | MINOLIRA   | minocycline ER   |
| Rosacea Agents (Oral)   | DOXYCYCLINE 40 MG CAPSULES   | ORACEA   |
| Rosacea Agents (Topical)  | RHOFADE  | MIRVASO  |
| Topical Acne/Antibiotic Combinations  | AKTIPAK, VELTIN  | clindamycin/benzoyl peroxide, clindamycin/tretinoin,<br>erythromycin/benzoyl peroxide, ONEXTON   |
| Topical Agents for Actinic Keratosis  | FLUOROURACIL 0.5% CREAM,<br>IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA  | diclofenac 3% gel, fluorouracil 2% solution,<br>fluorouracil 5% cream, imiquimod 5% cream,<br>CARAC, PICATO  |
| Topical Antifungals   | LULICONAZOLE   | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole  |
| Topical Corticosteroids   | CLOCORTOLONE   | betamethasone valerate, fluocinolone acetone,<br>triamcinolone acetone   |
|   | TOPICORT SPRAY, VERDESO FOAM   | desonide 0.05% cream/lotion/ointment,<br>desoximetasone 0.25% cream/ointment   |
| Miscellaneous Topical Dermatological Agents                                   | ALCORTIN A   | hydrocortisone, mupirocin  |
|   | LIDOCAINE/TETRACAINE   | lidocaine cream, lidocaine/prilocaine cream  |
| <b>DIABETES</b><br>Blood Glucose Meters & Test Strips                         | BAYER (BREEZE, CONTOUR)<br>NATIONAL MEDICAL (ADVOCATE)<br>OMNIS HEALTH (EMBRACE, VICTORY)<br>ROCHE (ACCU-CHEK)<br>TRIVIDIA (TRUETEST, TRUETRACK)<br>UNISTRIP<br>ALL OTHER METERS & TEST STRIPS<br>THAT ARE NOT LISTED AS PREFERRED | FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE<br>FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE<br>FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX,<br>FREESTYLE LITE<br>ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO,<br>VERIO FLEX<br>ONETOUCH TEST STRIPS: ULTRA, VERIO<br>PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS |
| Dipeptidyl Peptidase-4 Inhibitors & Combinations                              | ALOGLIPTIN, NESINA, ONGLYZA  | JANUVIA, TRADJENTA   |
|   | ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR  | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR   |
|   | ALOGLIPTIN/PIOGLITAZONE  | pioglitazone plus JANUVIA or TRADJENTA   |
| Glucagon-Like Peptide-1 Agonists  | ADLYXIN, VICTOZA   | BYDUREON, BYETTA, OZEMPIC, TRULICITY   |
| Insulins  | NOVOLIN, RELION NOVOLIN  | HUMULIN  |
|   | ADMELOG, APIDRA, FIASP, HUMALOG U100 VIAL & KWIKPEN,<br>NOVOLOG  | HUMALOG CARTRIDGE, JUNIOR, U200 & MIX,<br>INSULIN LISPRO U100  |
| <b>EAR/NOSE</b><br>Nasal Steroids   | BECONASE AQ, OMNARIS, ZETONNA  | budesonide, flunisolide, fluticasone, mometasone, QNASL  |
| Otic Fluoroquinolone Antibiotics  | CETRAXAL   | ciprofloxacin ear solution, ofloxacin ear solution,<br>CIPRODEX, OTOVEL  |
| <b>ENDOCRINE (OTHER)</b><br>Combination Patches                               | CLIMARA PRO  | COMBIPATCH   |
| Estrogen and Estrogen Modifiers for Vaginal Symptoms                          | FEMRING  | estradiol patches, estradiol tablets, yuvafem,<br>ESTRING, PREMARIN CREAM, PREMARIN TABLETS  |
| Growth Hormones   | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE,<br>SAIZEN, SAIZENPREP, ZOMACTON  | GENOTROPIN, NORDITROPIN FLEXPRO  |
| Somatostatin Analogs  | SANDOSTATIN LAR DEPOT, SIGNIFOR LAR  | SOMATULINE DEPOT   |
| Topical Estrogen Gels   | ESTROGEL   | DIVIGEL  |
| <b>GASTROINTESTINAL</b><br>Antiemetics (Oral)                                 | AKYNZEO CAPSULES   | granisetron, ondansetron, aprepitant, VARUBI TABLETS   |
|   | EMEND POWDER PACKETS   | aprepitant, VARUBI TABLETS   |
| Corticosteroids (Rectal Formulations)   | CORTIFOAM  | hydrocortisone enema, UCERIS FOAM  |

Continued

| Drug Class  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| <b>GASTROINTESTINAL (continued)</b><br>Inflammatory Bowel Agents  | DIPENTUM  | balsalazide disodium, mesalamine delayed release, sulfasalazine, APRISO, PENTASA                 |
| Pancreatic Enzymes  | PANCREAZE, PERTZYE  | CREON, ZENPEP  |
| Proton Pump Inhibitors  | ACIPHEX SPRINKLE, DEXILANT, NEXIUM PACKETS, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole                                |
| <b>HEMATOLOGICAL</b><br>Antiplatelet Agents   | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR  | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole                 |
| Chelating Agents  | JADENU, JADENU SPRINKLE   | deferasirox  |
| Erythropoiesis-Stimulating Agents   | ARANESP, EPOGEN, MIRCERA  | PROCRIT, RETACRIT  |
| Factor VIII Recombinant Products  | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE   | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT                     |
| Granulocyte Colony Stimulating Factors  | GRANIX, NEUPOGEN  | NIVESTYM, ZARXIO   |
| Thrombocytopenia Agents   | MULPLETA  | DOPTELET   |
| <b>HEPATITIS</b><br>Hepatitis C   | EPCLUSA, HARVONI, MAVYRET, SOVALDI  | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER                                  |
| <b>HIV</b><br>Antiretrovirals<br>Note: Current patients established on therapy are allowed to continue therapy. | ATRIPLA, DELSTRIGO, SYMTUZA   | BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ   |
|   | COMPLERA  | ODEFSEY  |
|   | PIFELTRO  | efavirenz, EDURANT   |
|   | PREZCOBIX   | atazanavir, ritonavir, KALETRA TABLETS, PREZISTA   |
|   | STRIBILD  | BIKTARVY, GENVOYA  |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b><br>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 |
|   | TIVORBEX, VIVLODEX, ZORVOLEX  | diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam |
|   | ZIPSOR  | diclofenac potassium, diclofenac sodium  |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)   | DICLOFENAC EPOLAMINE PATCHES  | FLECTOR PATCHES  |
|   | PENNSAID  | diclofenac sodium topical, FLECTOR PATCHES   |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL</b><br>Human Chorionic Gonadotropin  | CHORIONIC GONADOTROPIN, PREGNYL   | NOVAREL, OVIDREL   |
| Ovulatory Stimulants (Folliotropins)  | BRAVELLE, FOLLISTIM AQ  | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT  |
| Vaginal Progestones   | ENDOMETRIN  | CRINONE 8% GEL   |
| <b>ONCOLOGY</b><br>Breast Cancer Agents   | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY   | IBRANCE, VERZENIO  |
| Multiple Myeloma Agents   | XPOVIO  | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE                               |
| <b>OPHTHALMIC</b><br>Antiglaucoma Drugs (Beta-Adrenergic Blockers)  | TIMOPTIC OCUDOSE  | betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN                     |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins)  | XELPROS, ZIOPATAN   | bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z  |
| Ophthalmic Anti-Allergic  | ALOCRIL, ALOMIDE  | azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO                       |
| Ophthalmic Anti-Inflammatory  | FML FORTE, FML S.O.P., MAXIDEX, PRED MILD   | dexamethasone drops, fluorometholone drops, prednisolone drops, INVELTYS, LOTEMAX                |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)   | ACUVAIL, NEVANAC  | bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA                             |

Continued



| Drug Class  | Excluded Medications   | Preferred Alternatives  |
|---|--|---|
| <b>OSTEOARTHRITIS</b><br>Hyaluronic Acid Derivatives                                | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC   |
| <b>OSTEOPOROSIS</b><br>Bone Modifiers   | EVENITY, PROLIA  | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS                          |
| <b>RENAL DISEASE</b><br>Phosphate Binders   | FOSRENOL POWDER PACKETS  | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO                               |
| <b>RESPIRATORY</b><br>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   |
| Long-Acting Beta Agonist Inhalers   | STRIVERDI RESPIMAT   | SEREVENT DISKUS   |
| Long-Acting Muscarinic Antagonist Inhalers  | SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, TUDORZA PRESSAIR   | INCRUSE ELLIPTA   |
| Long-Acting Muscarinic Antagonist/<br>Long-Acting Beta-Agonist Combination Inhalers | STIOLTO RESPIMAT   | ANORO ELLIPTA, BEVESPI AEROSPHERE   |
| Pulmonary Anti-Inflammatory Inhalers  | ALVESCO  | ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDHALER |
| Short-Acting Beta <sub>2</sub> -Agonist Inhalers                                    | ALBUTEROL SULFATE HFA, LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA  | PROAIR HFA/RESPICLICK, VENTOLIN HFA   |
| <b>WEIGHT LOSS</b><br>Weight Loss Agents  | QSYMIA   | benzphetamine, diethylpropion, phentermine  |
| <b>MISCELLANEOUS AGENTS</b>   | SIKLOS   | DROXIA  |
|   | NOCTIVA  | desmopressin tablets  |
| Glucocorticoids   | RAYOS  | prednisone  |
| Hereditary Angioedema   | BERINERT   | RUCONEST  |
| Immunosuppressant Agents  | XATMEP   | methotrexate  |
| Metabolic Agents  | ORFADIN  | NITYR   |
| NSAID and Acid Reducing Agent Combination Products                                  | DUEXIS   | ibuprofen plus famotidine   |
|   | VIMOVO   | naproxen sodium plus esomeprazole magnesium   |
| Polyneuropathy of Hereditary<br>Transthyretin-Mediated Amyloidosis                  | ONPATTRO   | No alternatives recommended   |
| Potassium Binders   | VELTASSA   | LOKELMA   |

### 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), SKYRIZI, 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.

Continued

## Excluded Medications/Products at a Glance

|                               |  |   |                                      |
|-------------------------------|--|---|--------------------------------------|
| ABILIFY^                      | DUROLANE                               | LUZU                                    | SEROQUEL^, SEROQUEL XR^              |
| ABILIFY MYCITE                | DUTOPROL                               | LYRICA^                                 | SIGNIFOR LAR                         |
| ABSTRAL                       | DUZALLO                                | LYRICA CR                               | SIKLOS                               |
| ACIPHEX^                      | EFFEXOR XR^                            | MAVYRET                                 | SINGULAIR^                           |
| ACIPHEX SPRINKLE              | ELIDEL^                                | MAXALT^, MAXALT MLT^                    | SITAVIG                              |
| ACUVAIL                       | EMBEDA                                 | MAXIDEX                                 | SOVALDI                              |
| ADCIRCA^                      | EMEND CAPSULES^, TRIFOLD PACK^         | METOPROLOL SUCCINATE/HCTZ ER            | SPIRIVA HANDIHALER, SPIRIVA RESPIMAT |
| ADDERALL^                     | EMEND POWDER PACKETS                   | MICARDIS^, MICARDIS HCT^                | SPRAVATO                             |
| ADLYXIN                       | EMFLAZA                                | MINASTRIN 24 FE^                        | STIOLTO RESPIMAT                     |
| ADMELOG                       | ENDOMETRIN                             | MINOLIRA                                | STRATTERA^                           |
| AKTIPAK                       | EPANED                                 | MIRCERA                                 | STRIBILD                             |
| AKYNZEO CAPSULES              | EPCLUSA                                | MULPLETA                                | STRIVERDI RESPIMAT                   |
| ALBUTEROL SULFATE HFA         | EPINEPHRINE AUTO-INJECTOR (BY IMPAX)   | NALFON CAPSULES                         | SUBSYS                               |
| ALCORTIN A                    | EPOGEN                                 | NAMENDA XR^                             | SUMAVEL DOSEPRO                      |
| ALOCRIL                       | ESTROGEL                               | NASONEX^                                | SUPARTZ FX                           |
| ALOGLIPTIN                    | EVENITY                                | NATIONAL MEDICAL (ADVOCATE)             | SYMITUZA                             |
| ALOGLIPTIN/METFORMIN          | EVZIO                                  | NESINA                                  | SYNVISC, SYNVISC-ONE                 |
| ALOGLIPTIN/PIOGLITAZONE       | EXFORGE^, EXFORGE HCT^                 | NEUPOGEN                                | TESTIM^                              |
| ALOMIDE                       | EXJADE^                                | NEURONTIN^                              | TIKOSYN^                             |
| ALTOPREV                      | EXONDYS 51                             | NEVANAC                                 | TIMOPTIC OCUDOSE                     |
| ALVESCO                       | EXTAVIA                                | NEXIUM PACKETS                          | TIVORBEX                             |
| AMBIEN^, AMBIEN CR^           | EZALLOR SPRINKLE                       | NOCTIVA                                 | TOBI SOLUTION^                       |
| AMPYRA^                       | FEMRING                                | NORCO^                                  | TOLSURA                              |
| AMRIX^                        | FENOPROFEN CAPSULES                    | NORVASC^                                | TOPAMAX^                             |
| ANDROGEL 1% ^                 | FENORTHO                               | NOVOLIN                                 | TOPICORT SPRAY                       |
| ANUSOL-HC^                    | FENTANYL CITRATE BUCCAL TABLETS        | NOVOLOG                                 | TOPIRAMATE ER CAPSULES               |
| APADAZ                        | FENTORA                                | NUTROPIN AQ NUSPIN                      | TRIBENZOR^                           |
| APIDRA                        | FIASP                                  | NUVIGIL^                                | TRICOR^                              |
| ARANESP                       | FLUOROURACIL 0.5% CREAM                | NUVIQ                                   | TRILEPTAL^                           |
| ARIMIDEX^                     | FML FORTE, FML S.O.P.                  | OMNARIS                                 | TRIVIDIA (TRUETEST, TRUETRACK)       |
| ASACOL HD^                    | FOCALIN^, FOCALIN XR^                  | OMNIS HEALTH (EMBRACE, VICTORY)         | TRIVISC                              |
| ASPIRIN/OMEPRAZOLE DR         | FOLLISTIM AQ                           | OMNITROPE                               | TUDORZA PRESSAIR                     |
| ATACAND^, ATACAND HCT^        | FOSRENOL CHEWABLE TABLETS^             | ONGLYZA                                 | UNISTRIP                             |
| ATRIPLA                       | FOSRENOL POWDER PACKETS                | ONPATPRO                                | UROXATRAL^                           |
| AUBAGIO                       | GANIRELIX ACETATE^                     | ONZETRA XSAIL                           | VAGIFEM^                             |
| AUVI-Q                        | GEL-ONE                                | ORFADIN                                 | VALIUM^                              |
| AVALIDE^, AVAPRO^             | GELSYN-3                               | ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^ | VALTRESA^                            |
| AVODART^                      | GENVISC 850                            | OSMOLEX ER                              | VELTASSA                             |
| AZOR^                         | GLEEVEC^                               | OXYCODONE ER                            | VELTIN                               |
| BARACLUDE TABLETS^            | GLUCOPHAGE^, GLUCOPHAGE XR^            | PANCREAZE                               | VERDESO FOAM                         |
| BAYER (BREEZE, CONTOUR)       | GLUMETZA^                              | PATADAY^                                | VIAGRA^                              |
| BECONASE AQ                   | GOCOVRI ER                             | PENNSAID                                | VICTOZA                              |
| BENICAR^, BENICAR HCT^        | GRANIX                                 | PERTZYE                                 | VIMOVO                               |
| BENZHYDROCODONE/ACETAMINOPHEN | HARVONI                                | PIFELTRO                                | VISCO-3                              |
| BERINERT                      | HUMALOG U100 VIAL & KWIKPEN            | PIQRAY                                  | VIVELLE-DOT^                         |
| BRAVELLE                      | HUMATROPE                              | PLAQUENIL^                              | VIVLODEX                             |
| BRISDELLE^                    | HYALGAN                                | PLAVIX^                                 | VYTORIN^                             |
| BUPAP^                        | HYMOVIS                                | PRADAXA                                 | WELLBUTRIN SR^                       |
| BUTRANS                       | IMIQUIMOD 3.75% CREAM PUMP             | PRALUENT (NDCs starting with 00024)     | XADAGO                               |
| CELEBREX^                     | IMITREX^                               | PRAVACHOL^                              | XALATAN^                             |
| CELEXA^                       | INDERAL LA^                            | PRED MILD                               | XANAX^, XANAX XR^                    |
| CETRAXAL                      | INGREZZA                               | PREGNYL                                 | XATMEP                               |
| CHORIONIC GONADOTROPIN        | INTUNIV^                               | PREVACID^, PREVACID SOLUTAB^            | XELPROS                              |
| CIALIS^                       | ISTALOL^                               | PREZCOBIX                               | XENAZINE^                            |
| CINQAIR                       | JADENU, JADENU SPRINKLE                | PRILOSEC SUSPENSION                     | XOPENEX HFA                          |
| CLIMARA PRO                   | JUBLIA                                 | PRISTIQ^                                | XPOVIO                               |
| CLOCORTOLONE                  | KAPSPARGO SPRINKLE                     | PROLIA                                  | XYNTHA, XYNTHA SOLOFUSE              |
| COLCHICINE                    | KAZANO                                 | PROTONIX^                               | YASMIN^                              |
| COMPLERA                      | KEPPRA^, KEPPRA XR^                    | PROTONIX SUSPENSION                     | YOSPRALA DR                          |
| COREG^                        | KERYDIN                                | PROVENTIL HFA                           | ZAVESCA^                             |
| CORTIFOAM                     | KISQALI, KISQALI FEMARA CO-PACK        | PROVIGIL^                               | ZEGERID^                             |
| COSOPT^                       | KOMBIGLYZE XR                          | PROZAC^                                 | ZETIA^                               |
| COZAAR^, HYZAAR^              | LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^ | PULMICORT RESPULES^                     | ZETONNA                              |
| CRESTOR^                      | LAZANDA                                | QBRELIS                                 | ZIOPTAN                              |
| CUPRIMINE^                    | LEVALBUTEROL HFA                       | QSYMIA                                  | ZIPSOR                               |
| CYMBALTA^                     | LEXAPRO^                               | RABEPRAZOLE DR SPRINKLE                 | ZOCOR^                               |
| CYTOMEL^                      | LIBRAX^                                | RAPAFLO^                                | ZOLOFT^                              |
| DELSTRIGO                     | LIDOCAINE/TETRACAINE                   | RAYOS                                   | ZOMACTON                             |
| DELZICOL^                     | LIDODERM^                              | RECOMBINATE                             | ZOMIG TABLETS^, ZOMIG ZMT^           |
| DETROL^, DETROL LA^           | LIPITOR^                               | RELION NOVOLIN                          | ZONEGRAM^                            |
| DEXILANT                      | LIVALO                                 | RENAGEL^                                | ZORVOLEX                             |
| DICLOFENAC EPOLAMINE PATCHES  | LOESTRIN^, LOESTRIN FE^                | REPATHA (NDCs starting with 55513)      | ZURAMPIC                             |
| DIOVAN^, DIOVAN HCT^          | LOTREL^                                | RHOFADE                                 | ZYCLARA                              |
| DIPENTUM                      | LOVENOX^                               | ROCHE (ACCU-CHEK)                       | ZYFLO CR^                            |
| DOXYCYCLINE 40 MG CAPSULES    | LUCEMYRA                               | SAIZEN, SAIZENPREP                      | ZYTIGA 250 MG^                       |
| DOXYCYCLINE HYCLATE DR 80 MG  | LULICONAZOLE                           | SANDOSTATIN LAR DEPOT                   |                                      |
| DUEXIS                        | LUNESTA^                               | SAVASA                                  |                                      |

^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your 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.

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

| Drug Class   | Excluded Medications  | Preferred Alternatives  |
|--|---|---|
| <b>ANTIINFECTIVES</b><br>Antibiotic Agents - Vancomycins (Oral)                                      | FIRVANQ   | vancomycin capsules   |
| Antifungal Agents (Oral)   | TOLSURA   | itraconazole  |
| Antivirals (Oral)  | SITAVIG   | acyclovir oral or cream, famciclovir, valacyclovir  |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b><br>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA  | clonidine   |
| Anticonvulsants  | APTOM   | carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT  |
|  | FINTEPLA  | DIACOMIT, EPIDIOLEX   |
|  | TOPIRAMATE ER CAPSULES                                      | topiramate tablets, QUDEXY XR   |
| Antimigraine Agents  | VYEPTI  | AIMOVIG, AJOVY, EMGALITY  |
| Antiparkinsonism Agents  | GOCOVRI ER  | amantadine capsules, amantadine tablets, amantadine oral solution   |
|  | XADAGO, ZELAPAR   | rasagiline, selegiline  |
| Antipsychotics (Oral)  | CAPLYTA   | aripiprazole, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA                      |
| Antispasmodic Agents   | OZOBAX  | baclofen, tizanidine  |
| Central Nervous System Stimulants  | AMPHETAMINE ER SUSPENSION                                   | dextroamphetamine er, dextroamphetamine/amphetamine er, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE |
| Duchenne Muscular Dystrophy (DMD) Agents   | EMFLAZA   | prednisone solution, prednisone tablets   |
|  | EXONDYS 51, VYONDYS 53                                      | No alternatives recommended   |
| Lambert-Eaton Myasthenic Syndrome Agents   | FIRDAPSE  | RUZURGI   |
| Long-Acting Opioid Oral Analgesics   | EMBEDA, MORPHABOND ER, NUCYNTA ER, OXYCODONE ER, XTAMPZA ER | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN                                       |
| Multiple Sclerosis (Beta Interferons)  | EXTAVIA   | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE                                  |
| Narcotic Analgesics & Combinations   | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN                       | hydrocodone/acetaminophen   |
|  | NUCYNTA   | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen                            |
|  | PRIMLEV   | oxycodone/acetaminophen   |
| Narcotic Antagonists   | BUNAVAIL  | buprenorphine/naloxone, ZUBSOLV   |
|  | EVZIO, NALOXONE AUTO-INJECTOR                               | naloxone syringes, NARCAN NASAL SPRAY   |
| Neuropathic Agents   | LYRICA CR   | gabapentin, pregabalin  |
| Sedative-Hypnotic Agents   | DORAL, QUAZEPAM   | estazolam, lorazepam  |
| Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants  | DRIZALMA SPRINKLE   | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA  |
| Tardive Dyskinesia Therapy   | INGREZZA  | AUSTEDO   |
| Transmucosal Fentanyl Analgesics   | FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS   | fentanyl citrate lozenges   |
| Miscellaneous Antidepressants  | SPRAVATO  | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline              |

Continued

| Drug Class   | Excluded Medications  | Preferred Alternatives  |   |
|--|---|---|---|
| <b>CARDIOVASCULAR</b><br>ACE Inhibitors  | EPANED  | enalapril   |   |
|  | QBRELIS   | lisinopril  |   |
|  | Anticoagulants  | PRADAXA, SAVAYSA  | ELIQUIS, XARELTO  |
|  | Beta Blockers & Combinations  | INDERAL XL, INNOPRAN XL   | propranolol er  |
|  |   | KAPSPARGO SPRINKLE  | metoprolol succinate  |
|  |   | DUTOPROL  | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide |
| Calcium Channel Blockers   | KATERZIA  | amlodipine  |   |
| HMG & Cholesterol Inhibitor Combinations   | ALTOPREV, EZALLOR SPRINKLE, LIVALO, SIMVASTATIN SUSPENSION  | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets  |   |
| PCSK9 Inhibitors   | PRALUENT  | REPATHA   |   |
| <b>DERMATOLOGICAL</b><br>Oral Agents for Acne  | MINOCYCLINE ER CAPSULES, XIMINO   | minocycline er tablets  |   |
| Rosacea Agents (Oral)  | DOXYCYCLINE 40 MG CAPSULES  | doxycycline hyclate, doxycycline monohydrate  |   |
| Topical Acne Combinations  | EPIDUO FORTE  | adapalene/benzoyl peroxide  |   |
| Topical Acne/Antibiotic Combinations   | VELTIN  | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON   |   |
| Topical Agents for Actinic Keratosis   | CARAC, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA   | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, PICATO  |   |
| Topical Antibiotics for Acne   | CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)  | clindamycin phosphate gel, erythromycin gel, AMZEEQ   |   |
| Topical Antifungals  | ECOZA, LULICONAZOLE, LUZU, SULCONAZOLE, XOLEGEL   | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole   |   |
|  | JUBLIA, KERYDIN   | ciclopirox  |   |
| Topical Corticosteroids  | CLOCORTOLONE  | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide   |   |
|  | VERDESO FOAM  | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment   |   |
| Topical Retinoids for Acne   | RETIN-A MICRO 0.06% & 0.08%   | tretinoin microsphere 0.04% & 0.1%  |   |
| Vitamin D Analogs (Topical)  | CALCIPOTRIENE FOAM  | calcipotriene, calcitriol   |   |
| Miscellaneous Topical Dermatological Agents  | ALCORTIN A  | hydrocortisone, mupirocin   |   |
|  | LIDOCAINE/TETRACAINE  | lidocaine cream, lidocaine/prilocaine cream   |   |
| <b>DIABETES</b><br>Blood Glucose Meters & Test Strips  | ASCENSIA (BREEZE, CONTOUR)<br>ROCHE (ACCU-CHEK)<br>TRIVIDIA (TRUETEST, TRUETRACK)<br>ALL OTHER METERS & TEST STRIPS<br>THAT ARE NOT LISTED AS PREFERRED | FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE<br>FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE<br>ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX<br>ONETOUCH TEST STRIPS: ULTRA, VERIO<br>PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS |   |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations   | ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA  | JANUVIA   |   |
|  | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR  | JANUMET, JANUMET XR   |   |
|  | ALOGLIPTIN/PIOGLITAZONE   | pioglitazone plus JANUVIA   |   |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN   | GLYXAMBI, STEGLUJAN   |   |
| Glucagon-Like Peptide-1 Agonists   | ADLYXIN, VICTOZA  | BYDUREON, BYETTA, OZEMPIC, TRULICITY  |   |
| Insulins   | NOVOLIN, RELION NOVOLIN   | HUMULIN   |   |
|  | ADMELOG, APIDRA, FIASP, HUMALOG (U100 VIAL & KWIKPEN; JUNIOR, MIX 75-25 KWIKPEN), INSULIN ASPART, INSULIN ASPART PROTAMINE, LYUMJEV, NOVOLOG            | HUMALOG (CARTRIDGE, U200, MIX 50-50 & MIX 75-25 VIAL), INSULIN LISPRO U100, JUNIOR KWIKPEN & MIX KWIKPEN  |   |

Continued

| Drug Class   | Excluded Medications   | Preferred Alternatives   |
|--|--|--|
| <b>EAR/NOSE</b><br>Nasal Steroids  | BECONASE AQ, OMNARIS, ZETONNA  | budesonide, flunisolide, fluticasone, mometasone, QNASL                                    |
| Otic Fluoroquinolone Antibiotics   | CETRAXAL   | ciprofloxacin ear solution, ofloxacin ear solution, OTOVEL                                 |
|  | CIPROFLOXACIN/FLUOCINOLONE OTIC  | ciprofloxacin/dexamethasone otic, OTOVEL   |
| <b>ENDOCRINE (OTHER)</b><br>Gonadotropin-Releasing Hormone (GnRH) Analogs<br>(for Central Precocious Puberty)      | FENSOLVI   | LUPRON DEPOT-PED, TRIPTODUR  |
| Growth Hormones  | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE,<br>SAIZEN, SAIZENPREP, ZOMACTON  | GENOTROPIN, NORDITROPIN FLEXPRO  |
| Somatostatin Analogs   | SANDOSTATIN LAR DEPOT, SIGNIFOR LAR  | SOMATULINE DEPOT   |
| Testosterone Products  | AVEED  | testosterone cypionate, testosterone enanthate   |
|  | JATENZO  | testosterone (gel, packets, pump), ANDRODERM   |
| Miscellaneous Endocrine Drugs  | KORLYM   | ketoconazole, LYSODREN, SIGNIFOR   |
| <b>GASTROINTESTINAL</b><br>Antidiarrheal Agents  | MYTESI   | diphenoxylate/atropine, loperamide   |
| Antiemetics (Oral)   | AKYNZEO CAPSULES   | granisetron, ondansetron, aprepitant, VARUBI TABLETS                                       |
|  | EMEND POWDER PACKETS   | aprepitant, VARUBI TABLETS   |
| Bowel Evacuants  | MOVIPREP, OSMOPREP   | peg-electrolyte solution, CLENPIQ, SUPREP  |
| Corticosteroids (Rectal Formulations)  | CORTIFOAM  | hydrocortisone enema, UCERIS FOAM  |
| Helicobacter Pylori Agents   | HELIDAC, PYLERA  | lansoprazole/amoxicillin/clarithromycin, TALICIA   |
| Hemorrhoidal Preparations  | PROCTOFOAM-HC  | pramoxine/hydrocortisone   |
| Inflammatory Bowel Agents  | DIPENTUM   | balsalazide disodium, mesalamine dr, mesalamine er,<br>sulfasalazine, PENTASA              |
| Irritable Bowel Syndrome & Chronic Constipation Agents   | AMITIZA  | LINZESS, TRULANCE  |
| Pancreatic Enzymes   | PANCREAZE, PERTZYE   | CREON, ZENPEP  |
| Proton Pump Inhibitors   | ACIPHEX SPRINKLE, DEXILANT, ESOMEPRAZOLE STRONTIUM,<br>NEXIUM PACKETS, PRILOSEC SUSPENSION,<br>RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole,<br>pantoprazole, rabeprazole             |
| <b>HEMATOLOGICAL</b><br>Antiplatelet Agents  | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR   | aspirin plus omeprazole, esomeprazole, lansoprazole,<br>pantoprazole or rabeprazole        |
| Chelating Agents   | JADENU SPRINKLE  | deferasirox  |
| Erythropoiesis-Stimulating Agents  | ARANESP, EPOGEN, MIRCERA   | PROCRIT, RETACRIT  |
| Factor VIII Recombinant Products   | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE  | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI,<br>KOGENATE FS, KOVALTRY, NOVVOEIGHT |
| Granulocyte Colony Stimulating Factors   | GRANIX, NEUPOGEN   | NIVESTYM, ZARXIO   |
|  | NEULASTA, UDENYCA  | FULPHILA, ZIEXTENZO  |
| Sickle Cell Disease Agents   | OXBRYTA  | hydroxyurea, ADAKVEO, DROXIA   |
|  | SIKLOS   | DROXIA   |
| Thrombocytopenia Agents  | MULPLETA   | DOPTELET   |
|  | TAVALISSE  | DOPTELET, PROMACTA, NPLATE   |
| <b>HEPATITIS</b><br>Hepatitis C  | EPCLUSA, HARVONI, MAVYRET, SOVALDI   | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR,<br>VOSEVI, ZEPATIER                         |
| <b>HIV</b><br>Antiretrovirals<br>Note: Current patients established on therapy<br>are allowed to continue therapy. | ATRIPLA, DELSTRIGO   | BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA,<br>TRIUMEQ                           |
|  | COMPLERA   | ODEFSEY  |
|  | PIFELTRO   | efavirenz, EDURANT   |
|  | PREZCOBIX  | atazanavir, ritonavir, KALETRA TABLETS, PREZISTA   |
|  | STRIBILD   | BIKTARVY, GENVOYA  |

Continued

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b><br>Gout Therapy     | COLCHICINE CAPSULES  | colchicine tablets, MITIGARE   |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)                 | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES   | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen                                     |
|   | INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX   | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam  |
|   | RELAFEN DS   | nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam  |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)         | DICLOFENAC EPOLAMINE PATCHES   | FLECTOR PATCHES  |
|   | PENNSAID   | diclofenac sodium topical, FLECTOR PATCHES   |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL</b><br>Combination Patches | CLIMARA PRO  | COMBIPATCH   |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms            | FEMRING, INTRAROSA   | estradiol cream, estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS                            |
| Human Chorionic Gonadotropin                                  | CHORIONIC GONADOTROPIN, PREGNYL  | NOVAREL, OVIDREL   |
| Ovulatory Stimulants (Follitropins)                           | FOLLISTIM AQ   | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT  |
| Prenatal Vitamins   | PREGENNA, TRINAZ   | generic prenatal vitamins  |
| Topical Estrogen Gels   | ELESTRIN, ESTROGEL   | DIVIGEL  |
| Vaginal Progestones   | CRINONE 4%   | medroxyprogesterone, megestrol, norethindrone, progesterone  |
|   | CRINONE 8%   | ENDOMETRIN   |
| <b>ONCOLOGY</b><br>Bevacizumab-Containing Agents              | AVASTIN  | MVASI, ZIRABEV   |
| Breast Cancer Agents  | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY  | IBRANCE, VERZENIO  |
| Chronic Lymphocytic Leukemia (CLL) Agents                     | CALQUENCE  | IMBRUVICA, VENCLEXTA   |
| Multiple Myeloma Agents                                       | XPOVIO   | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE   |
| Myelofibrosis Agents  | INREBIC  | JAKAFI   |
| Prostate Cancer Agents  | TRELSTAR   | ELIGARD, FIRMAGON  |
| Rituximab-Containing Agents                                   | RITUXAN, RITUXAN HYCELA, TRUXIMA   | RUXIENCE   |
| Trastuzumab-Containing Agents                                 | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT   | KANJINTI, TRAZIMERA  |
| Tyrosine Kinase Inhibitors                                    | QINLOCK  | imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT  |
| <b>OPHTHALMIC</b><br>Antiglaucoma Drugs (Non-Prostaglandins)  | TIMOPTIC OCUDOSE   | betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, AZOPT, COMBIGAN |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins)                | DURYSTA, XELPROS   | bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN   |
| Ophthalmic Anti-Allergic                                      | ALOCRIIL, ALOMIDE, LASTACAFI, PAZEO  | azelastine drops, cromolyn drops, epinastine drops, ketotifen drops, olopatadine drops, ZERVIATE                                     |
| Ophthalmic Anti-Inflammatory                                  | FML FORTE, FML S.O.P., MAXIDEX, PRED MILD  | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT                    |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)     | ACUVAIL, NEVANAC   | bromfenac drops, diclofenac drops, ketorolac drops   |
| Ophthalmic Quinolone Antibiotics                              | CILOXAN OINTMENT   | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops                                     |
| <b>OSTEOARTHRITIS</b><br>Hyaluronic Acid Derivatives          | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC  |
| <b>OSTEOPOROSIS</b><br>Bone Modifiers                         | EVENITY, PROLIA  | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS   |

Continued

| Drug Class  | Excluded Medications  | Preferred Alternatives  |
|---|---|---|
| <b>RENAL DISEASE</b><br>Nephropathic Cystinosis Medications                         | PROCYSBI  | CYSTAGON  |
| Phosphate Binders   | FOSRENOL POWDER PACKETS   | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO                                 |
| <b>RESPIRATORY</b><br>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   |
| Long-Acting Beta Agonist Inhalers   | STRIVERDI RESPIMAT  | SEREVENT DISKUS   |
| Long-Acting Muscarinic Antagonist Inhalers  | TUDORZA PRESSAIR  | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT   |
| Long-Acting Muscarinic Antagonist/<br>Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR  | ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT   |
| Pulmonary Anti-Inflammatory/<br>Beta-Agonist Combination Inhalers                   | AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL,<br>FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)   | fluticasone/salmeterol (by Prasco, Proficient Rx),<br>ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT |
| Short-Acting Beta <sub>2</sub> -Agonist Inhalers                                    | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO),<br>LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK,<br>VENTOLIN HFA, XOPENEX HFA | albuterol sulfate hfa (by Cipla, Par, Perrigo, Proficient Rx & Teva)                              |
| <b>MISCELLANEOUS AGENTS</b><br>Allergen Immunotherapy                               | PALFORZIA   | No alternatives recommended   |
| Cushing's Agents  | ISTURISA  | SIGNIFOR  |
| Gaucher Disease Agents  | ELELYSO   | CEREZYME  |
| Glucocorticoids   | RAYOS   | prednisone  |
| Hereditary Angioedema   | BERINERT  | RUCONEST  |
| Immune Globulins  | CUTAQUIG  | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY  |
|   | GAMMAKED  | IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C<br>SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY        |
|   | HIZENTRA SYRINGES, HIZENTRA VIALS   | SC: XEMBIFY   |
| Immunosuppressant Agents  | OTREXUP   | RASUVO  |
|   | XATMEP  | methotrexate  |
| Nocturnal Polyuria Agents   | NOCTIVA   | desmopressin tablets  |
| NSAID and Acid Reducing Agent Combination Products                                  | DUEXIS  | ibuprofen plus famotidine   |
| Polyneuropathy of Hereditary<br>Transthyretin-Mediated Amyloidosis                  | ONPATTRO  | TEGSEDI   |
| Potassium Binders   | VELTASSA  | LOKELMA   |

### Indication Based Management

| Drug Class   | Excluded Medications | Preferred Alternatives   |
|--|----------------------|--|
| Spinal Conditions (nr-axSpA)                         | COSENTYX             | TALTZ, CIMZIA  |
| Inflammatory Conditions‡ where COSENTYX is indicated | COSENTYX             | TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR |

| Drug Class               | Nonpreferred Medications   | Preferred Alternatives   |
|--------------------------|--|--|
| Inflammatory Conditions‡ | 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 a patient already established on therapy with a Nonpreferred medication. | Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR<br><br>Preferred after Step through HUMIRA: ACTEMRA<br><br>ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR |

‡ Please note that product placement for treatment of Inflammatory Conditions in the Inflammatory Conditions Care Value (ICCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

Continued

## Excluded Medications/Products at a Glance

|  |   |   |   |   |
|--|---|---|---|---|
| ABILIFY <sup>^</sup>                                 | CYTOMEL <sup>^</sup>  | INDERAL LA <sup>^</sup>   | NUVIGIL <sup>^</sup>  | SULCONAZOLE   |
| ACANYA <sup>^</sup>                                  | DELSTRIGO   | INDERAL XL  | NUVIQ   | SUPARTZ FX  |
| ACIPHEX <sup>^</sup>                                 | DELZICOL <sup>^</sup>                                       | INDOMETHACIN 20 MG CAPSULES   | OGIVRI  | SYNVISC, SYNVISCO-ONE                               |
| ACIPHEX SPRINKLE                                     | DETROL <sup>^</sup> , DETROL LA <sup>^</sup>                | INGREZZA  | OMNARIS   | TARGRETIN CAPSULES <sup>^</sup>                     |
| ACUVAIL  | DEXILANT <sup>^</sup>                                       | INNOPRAN XL   | OMNITROPE   | TAVALISSE   |
| ADCIRCA <sup>^</sup>                                 | DICLOFENAC EPOLAMINE PATCHES                                | INREBIC   | ONGLYZA   | TAZORAC 0.1% CREAM <sup>^</sup>                     |
| ADDERALL <sup>^</sup>                                | DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>               | INSULIN ASPART,<br>INSULIN ASPART PROTAMINE                                     | ONPATRO   | TEKTURNA <sup>^</sup>                               |
| ADLYXIN  | DIPENTUM  | INTRAROSA   | ONTRUZANT   | TESTIM <sup>^</sup>                                 |
| ADMELOG  | DORAL   | INTUNIV <sup>^</sup>  | ORTHO TRI-CYCLEN <sup>^</sup> ,<br>ORTHO TRI-CYCLEN LO <sup>^</sup> | TIKOSYN <sup>^</sup>                                |
| AGGRENOX <sup>^</sup>                                | DOXYCYCLINE 40 MG CAPSULES                                  | ISTALOL <sup>^</sup>  | OSMOPREP  | TIMOPTIC OCULOSE                                    |
| AIRDUO RESPICLIK                                     | DRIZALMA SPRINKLE   | ISTURISA  | OTREXUP   | TIVORBEX  |
| AKYNZEO CAPSULES                                     | DUAKLIR PRESSAIR  | JADENU <sup>^</sup>   | OXBRYTA   | TOBI SOLUTION <sup>^</sup>                          |
| ALBUTEROL SULFATE HFA<br>(BY A-S MEDICATION, PRASCO) | DUEXIS  | JADENU SPRINKLE   | OXYCODONE ER  | TOLSURA   |
| ALCORTIN A   | DURAGESIC <sup>^</sup>                                      | JATENZO   | OZOBAX  | TOPAMAX <sup>^</sup>                                |
| ALOCRIL  | DUROLANE  | JENTADUETO, JENTADUETO XR   | PALFORZIA   | TOPICORT SPRAY <sup>^</sup>                         |
| ALOGLIPTIN   | DURYSTA   | JUBLIA  | PANCREAZE   | TOPIRAMATE ER CAPSULES                              |
| ALOGLIPTIN/METFORMIN                                 | DUTOPROL  | KAPSPARGO SPRINKLE  | PATADAY <sup>^</sup>  | TOPROL XL <sup>^</sup>                              |
| ALOGLIPTIN/PIOGLITAZONE                              | ECOZA   | KATERZIA  | PAZEO   | TRADJENTA   |
| ALOMIDE  | EFFEXOR XR <sup>^</sup>                                     | KAZANO  | PENNSAID  | TRANSDERM-SCOP <sup>^</sup>                         |
| ALTOPREV   | ELELYSO   | KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>                                    | PERCOCET <sup>^</sup>   | TRAVATAN Z <sup>^</sup>                             |
| AMBIEN <sup>^</sup> , AMBIEN CR <sup>^</sup>         | ELESTRIN  | KERYDIN   | PERTZYE   | TRELSTAR  |
| AMITIZA  | ELIDEL <sup>^</sup>   | KETOROLAC NASAL SPRAY   | PIFELTRO  | TREXIMET <sup>^</sup>                               |
| AMPHETAMINE ER SUSPENSION                            | EMBEDA  | KISQALI, KISQALI FEMARA CO-PACK   | PIGRAY  | TRIBENZOR <sup>^</sup>                              |
| AMPYRA <sup>^</sup>                                  | EMEND CAPSULES <sup>^</sup> , TRIFOLD PACK <sup>^</sup>     | KOMBIGLYZE XR   | PLAQUENIL <sup>^</sup>  | TRICOR <sup>^</sup>                                 |
| AMRIX <sup>^</sup>                                   | EMEND POWDER PACKETS  | KORLYM  | PLAVIX <sup>^</sup>   | TRILEPTAL <sup>^</sup>                              |
| ANDROGEL 1% <sup>^</sup>                             | EMFLAZA   | LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> ,<br>LAMICTAL XR <sup>^</sup> | PRADAXA   | TRILURON  |
| ANDROGEL 1.62% <sup>^</sup>                          | EPANED  | LASTACRAFT  | PRALUENT  | TRINAZ  |
| ANUSOL-HC <sup>^</sup>                               | EPCLUSA   | LAZANDA   | PRAVACHOL <sup>^</sup>  | TRIVIDIA (TRUETEST, TRUETRACK)                      |
| APADAZ   | EPIDUO <sup>^</sup>   | LETAIRIS <sup>^</sup>   | PRED MILD   | TRIVISC   |
| APADAZ   | EPIDUO FORTE  | LEVALBUTEROL HFA  | PREGENNA  | TRUXIMA   |
| APIDRA   | EPINEPHRINE AUTO-INJECTOR<br>(BY IMPAX)                     | LEXAPRO <sup>^</sup>  | PREGNYL   | TUDORZA PRESSAIR                                    |
| APTIOM   | EPOGEN  | LIALDA <sup>^</sup>   | PREVACID <sup>^</sup> , PREVACID SOLUTAB <sup>^</sup>               | UDENYCA   |
| ARANESP  | ESOMEPRAZOLE STRONTIUM                                      | LIBRAX <sup>^</sup>   | PREZCOBIX   | ULORIC <sup>^</sup>                                 |
| ARIMIDEX <sup>^</sup>                                | ESTRACE CREAM <sup>^</sup>                                  | LIDOCaine/TETRAcaine  | PRIOSEc SUSPENSION  | UROXATRAL <sup>^</sup>                              |
| ASACOL HD <sup>^</sup>                               | ESTROGEL  | LIDODERM <sup>^</sup>   | PRIMLEV   | VAGIFEM <sup>^</sup>                                |
| ASCENsIA (BREEZE, CONTOUR)                           | ESTROSTEP FE <sup>^</sup>                                   | LIPITOR <sup>^</sup>  | PRISTIQ <sup>^</sup>  | VALIUM <sup>^</sup>                                 |
| ASPIRIN/OMEPRAZOLE DR                                | EVENITY   | LIVALO  | PROAIR DIGIHALER  | VALTrex <sup>^</sup>                                |
| ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>      | EVZIO   | LOCoid <sup>^</sup> , LOCoid LIPOCREAM <sup>^</sup>                             | PROAIR HFA <sup>^</sup>   | VANOS <sup>^</sup>                                  |
| ATRALIN <sup>^</sup>                                 | EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>             | LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>                                | PROAIR RESPICLIK  | VELTASSA  |
| ATRIPLA  | EXJADE <sup>^</sup>   | LOSEASONIQUE <sup>^</sup>   | PROCTOFOAM-HC   | VELTIN  |
| AUVI-Q   | EXONDYS 51  | LOTREL <sup>^</sup>   | PROCYSBI  | VENTOLIN HFA  |
| AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>           | EXTAVIA   | LOTRONEX <sup>^</sup>   | PROLIA  | VERDESO FOAM  |
| AVASTIN  | EZALLOR SPRINKLE  | LOVENOX <sup>^</sup>  | PROTONIX <sup>^</sup>   | VESICARE <sup>^</sup>                               |
| AVEED  | FEMRING   | LUCEMYRA  | PROTONIX SUSPENSION <sup>^</sup>                                    | VIAGRA <sup>^</sup>                                 |
| AVODART <sup>^</sup>                                 | FENOPROFEN CAPSULES   | LULICONAZOLE  | PROVENTIL HFA <sup>^</sup>  | VICTOZA   |
| AZOR <sup>^</sup>                                    | FENORTHO  | LUNESTA <sup>^</sup>  | PROVIGIL <sup>^</sup>   | VIMOVO <sup>^</sup>                                 |
| BARACLUDE TABLETS <sup>^</sup>                       | FENSOLVI  | LUZU  | PROZAC <sup>^</sup>   | VISCO-3   |
| BECONASE AQ  | FENTANYL CITRATE BUCCAL TABLETS                             | LYRICA <sup>^</sup>   | PULMICORT RESPULES <sup>^</sup>                                     | VIVELLE-DOT <sup>^</sup>                            |
| BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>      | FENTORA   | LYRICA CR   | PYLERA  | VIVLODEX  |
| BENZHYDROCODONE/<br>ACETAMINOPHEN                    | FIASP   | LYUMJEV   | QBRELIS   | VYEPTI  |
| BERINERT   | FINTEPLA  | MAVYRET   | QINLOCK   | VYONDYS 53  |
| BRISDELLE <sup>^</sup>                               | FIRAZYR <sup>^</sup>  | MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>                                   | QTERN   | VYTORIN <sup>^</sup>                                |
| BUDESONIDE/FORMOTEROL                                | FIRDAPSE  | MAXIDEX   | QUAZEPAM  | WELCHOL 3.75 GM PACKETS <sup>^</sup>                |
| BUNAVAIL   | FIRVANQ   | MESTINON <sup>^</sup>   | QUARTETTE <sup>^</sup>  | WELLBUTRIN SR <sup>^</sup>                          |
| BUPAP <sup>^</sup>                                   | FLUOROURACIL 0.5% CREAM                                     | MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup>                               | RABEPRAZOLE DR SPRINKLE   | WELLBUTRIN XL <sup>^</sup>                          |
| BUTRANS <sup>^</sup>                                 | FLUTICASONE/SALMETEROL<br>(BY A-S MEDICATION, TEVA)         | MINASTRIN 24 FE <sup>^</sup>  | RANEXA <sup>^</sup>   | XADAGO  |
| CALCIPOTRIENE FOAM                                   | FML FORTE, FML S.O.P.                                       | MINIVELLE <sup>^</sup>  | RAPAFLO <sup>^</sup>  | XALATAN <sup>^</sup>                                |
| CALQUENCE  | FOCALIN <sup>^</sup> , FOCALIN XR <sup>^</sup>              | MINOCYCLINE ER CAPSULES   | RAYOS   | XANAX <sup>^</sup> , XANAX XR <sup>^</sup>          |
| CAPLYTA  | FOLLISTIM AQ  | MIRCERA   | RECOMBINATE   | XATMEP  |
| CARAC  | FOSRENOL CHEWABLE TABLETS <sup>^</sup>                      | MIRCETTE <sup>^</sup>   | RELAFEN DS  | XELPROS   |
| CELEBREX <sup>^</sup>                                | FOSRENOL POWDER PACKETS                                     | MORPHABOND ER   | RELION NOVOLIN  | XENAZINE <sup>^</sup>                               |
| CELEXA <sup>^</sup>                                  | GAMMAKED  | MOVIPREP  | RENAGEL <sup>^</sup>  | XIMINO  |
| CETRAXAL   | GANIRELIX ACETATE <sup>^</sup>                              | MULPLETA  | RETIN-A MICRO 0.04% & 0.1% <sup>^</sup>                             | XOLEGEL   |
| CHORTONIC GONADOTROPIN                               | GEL-ONE   | MYTESI  | RETIN-A MICRO 0.06% & 0.08% <sup>^</sup>                            | XOPENEX HFA   |
| CIALIS <sup>^</sup>                                  | GELSYN-3  | NALFON CAPSULES   | RITUXAN, RITUXAN HYCELA   | XPROVIO   |
| CILOXAN OINTMENT                                     | GENERESS FE <sup>^</sup>                                    | NALOXONE AUTO-INJECTOR  | ROCHE (ACCU-CHEK)   | XTAMPZA ER  |
| CINQAIR  | GENVISC 850   | NAMENDA XR <sup>^</sup>   | ROZEREM <sup>^</sup>  | XYNTHA, XYNTHA SOLOFUSE                             |
| CIPROFLOXACIN/FLUCINOLONE OTC                        | GLEEVEc <sup>^</sup>  | NASONEX <sup>^</sup>  | SAFYRAL <sup>^</sup>  | YASMIN <sup>^</sup>                                 |
| CLIMARA PRO  | GLUCOPHAGE <sup>^</sup> , GLUCOPHAGE XR <sup>^</sup>        | NATROBA <sup>^</sup>  | SAIZEN, SAIZENPREP  | YOSPRALA DR   |
| CLINDAGEL  | GLUMETZA <sup>^</sup>                                       | NESINA  | SANDOSTATIN LAR DEPOT   | ZAVESCA <sup>^</sup>                                |
| CLINDAMYCIN PHOSPHATE 1% GEL<br>(BY OCEANSIDE)       | GOCOVRI ER  | NEULASTA  | SAVAYSA   | ZEGERID <sup>^</sup>                                |
| CLOCORTOLONE   | GRANIX  | NEUPOGEN  | SEASONIQUE <sup>^</sup>   | ZELAPAR   |
| COLCHICINE CAPSULES                                  | HARVONI   | NEURONTIN <sup>^</sup>  | SENSIPAR <sup>^</sup>   | ZETIA <sup>^</sup>                                  |
| COMPLERA   | HELIDAC   | NEVANAC   | SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>                    | ZETONNA   |
| CONCERTA <sup>^</sup>                                | HERCEPTIN, HERCEPTIN HYLECTA                                | NEXIUM CAPSULES <sup>^</sup>  | SIGNIFOR LAR  | ZIPSOR  |
| COREG <sup>^</sup>                                   | HERZUMA   | NEXIUM PACKETS  | SIKLOS  | ZOCOR <sup>^</sup>                                  |
| CORTIFOAM  | HIZENTRA SYRINGES   | NOCTIVA   | SIMVASTATIN SUSPENSION  | ZOHYDRO ER <sup>^</sup>                             |
| COSENTYX   | HIZENTRA VIALS  | NORCO <sup>^</sup>  | SINGULAIR <sup>^</sup>  | ZOLOFT <sup>^</sup>                                 |
| COSOPT <sup>^</sup>                                  | HUMALOG (U100 VIAL & KWIKPEN;<br>JUNIOR, MIX 75-25 KWIKPEN) | NORVASC <sup>^</sup>  | SITAVIG   | ZOMACTON  |
| COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>            | HUMATROPE   | NOVOLIN   | SODIUM HYALURONATE  | ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup> |
| CRESTOR <sup>^</sup>                                 | HYALGAN   | NOVOLOG   | SOVALDI   | ZONEGRAN <sup>^</sup>                               |
| CRINONE  | HYMOVIS   | NOXAFIL TABLETS <sup>^</sup>  | STRATTERA <sup>^</sup>  | ZORVOLEX  |
| CUPRIMINE <sup>^</sup>                               | IMIQUIMOD 3.75% CREAM PUMP                                  | NUCYNTA   | STRIBILD  | ZOVIRAX OINTMENT <sup>^</sup>                       |
| CUTAQUIG   | IMITREX <sup>^</sup>  | NUCYNTA ER  | STRIVERDI RESPIMAT  | ZYCLARA   |
| CYMBALTA <sup>^</sup>                                |   | NUTROPIN AQ NUSPIN  | SUBSYS  | ZYTIGA 250 MG <sup>^</sup>                          |

<sup>^</sup> Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your 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.



The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

| Drug Class   | Excluded Medications                                | Preferred Alternatives  |
|--|---|---|
| <b>ANTIINFECTIVES</b><br>Antibiotic Agents - Vancomycins (Oral)                                      | FIRVANQ   | vancomycin capsules, vancomycin oral solution   |
| Antifungal Agents (Oral)   | TOLSURA   | itraconazole  |
| Antivirals (Oral)  | SITAVIG   | acyclovir oral or cream, famciclovir, valacyclovir  |
| Chagas Disease Agents  | LAMPIT  | BENZNIDAZOLE  |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b><br>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA  | clonidine   |
| Anticonvulsants  | APTOM   | carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT  |
|  | FINTEPLA  | DIACOMIT, EPIDIOLEX   |
| Antimigraine Agents  | ONZETRA XSAIL, ZOLMITRIPTAN NASAL SPRAY             | sumatriptan nasal spray, ZOMIG NASAL  |
|  | VYEPTI  | AIMOVIG, AJOVY, EMGALITY  |
| Antiparkinsonism Agents  | APOKYN  | KYNMOBI   |
|  | GOCOVRI ER  | amantadine capsules, amantadine tablets, amantadine oral solution   |
|  | ONGENTYS  | entacapone  |
|  | XADAGO, ZELAPAR                                     | rasagiline, selegiline  |
| Antipsychotics (Oral)  | CAPLYTA   | aripiprazole, asenapine, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA   |
| Antispasmodic Agents   | OZOBAX  | baclofen, tizanidine  |
| Central Nervous System Non-Stimulants  | QELBREE ER  | atomoxetine, clonidine er, guanfacine er  |
| Central Nervous System Stimulants  | AMPHETAMINE ER SUSPENSION                           | dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVAL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE |
| Duchenne Muscular Dystrophy (DMD) Agents   | AMONDYS 45, EXONDYS 51, VILTEPSO, VYONDYS 53        | No alternatives recommended   |
|  | EMFLAZA   | prednisone solution, prednisone tablets   |
| Lambert-Eaton Myasthenic Syndrome Agents   | FIRDAPSE  | RUZURGI   |
| Multiple Sclerosis (Beta Interferons)  | EXTAVIA   | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE  |
| Narcotic Analgesics & Combinations   | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN               | hydrocodone/acetaminophen   |
|  | MORPHABOND ER, NUCYNTA ER, OXYCODONE ER, XTAMPZA ER | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN   |
|  | NUCYNTA   | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen  |
|  | PRIMLEV, PROLATE SOLUTION                           | oxycodone/acetaminophen   |
|  | QDOLO   | tramadol tablets  |
| Narcotic Antagonists   | BUNAVAIL  | buprenorphine/naloxone, ZUBSOLV   |
| Sedative-Hypnotic Agents   | DORAL, QUAZEPAM                                     | estazolam, lorazepam  |

(continued)

| Drug Class  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM (continued)</b><br>Selective Serotonin Reuptake Inhibitors (SSRIs)<br>Antidepressants | PEXEVA, VIIBRYD   | citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline  |
| Serotonin/Norepinephrine Reuptake Inhibitor<br>Antidepressants  | DRIZALMA SPRINKLE   | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA   |
| Transmucosal Fentanyl Analgesics  | FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS   | fentanyl citrate lozenges  |
| Miscellaneous Antidepressants   | SPRAVATO  | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline   |
| <b>CARDIOVASCULAR</b><br>ACE Inhibitors   | EPANED<br>QBRELIS   | enalapril<br>lisinopril  |
| Angiotensin Receptor Blockers (ARBs) and Combinations   | EDARBI<br>EDARBYCLOR  | candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan<br>candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan                              |
| Anticoagulants  | PRADAXA, SAVAYSA  | ELIQUIS, XARELTO   |
| Beta Blockers & Combinations  | BYSTOLIC<br>DUTOPROL<br>INDERAL XL, INNOPRAN XL<br>KAPSPARGO SPRINKLE   | atenolol, carvedilol, metoprolol succinate<br>metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide<br>propranolol er<br>metoprolol succinate  |
| Calcium Channel Blockers  | CONJUPRI<br>KATERZIA  | amlodipine, felodipine er, nifedipine er, nisoldipine<br>amlodipine  |
| HMG & Cholesterol Inhibitor Combinations  | ALTOPREV, EZALLOR SPRINKLE, LIVALO  | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets   |
| PCSK9 Inhibitors  | PRALUENT  | REPATHA  |
| Miscellaneous Cardiovascular Agents   | CORLANOR  | atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol   |
| <b>DERMATOLOGICAL</b><br>Agents for Hyperhidrosis   | DRYSOL  | Over-the-Counter aluminum chloride containing products   |
| Oral Agents for Acne  | DORYX DR 80 MG, DORYX MPC, DOXYCYCLINE HYCLATE DR 80 MG<br>MINOCYCLINE ER CAPSULES, XIMINO                                    | doxycycline hyclate, doxycycline monohydrate<br>minocycline er tablets   |
| Rosacea Agents (Oral)   | DOXYCYCLINE 40 MG CAPSULES  | doxycycline hyclate, doxycycline monohydrate   |
| Rosacea Agents (Topical)  | ZILXI   | azelaic acid, metronidazole, sodium sulfacetamide/sulfur, FINACEA  |
| Topical Agents for Acne   | CLENIA PLUS<br>CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)<br>EPIDUO FORTE<br>TAZAROTENE FOAM<br>VELTIN<br>WINLEVI | sodium sulfacetamide/sulfur<br>clindamycin phosphate gel, erythromycin gel<br>adapalene/benzoyl peroxide<br>tazarotene cream, TAZORAC GEL<br>clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON<br>clindamycin phosphate gel, clindamycin/tretinoin, erythromycin gel, tretinoin, ONEXTON |
| Topical Agents for Actinic Keratosis  | CARAC, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, KLISYRI, ZYCLARA  | diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream   |

(continued)

| Drug Class   | Excluded Medications  | Preferred Alternatives  |
|--|---|---|
| <b>DERMATOLOGICAL (continued)</b><br>Topical Agents for Plaque Psoriasis                                   | WYNZORA   | betamethasone dipropionate, calcipotriene, calcipotriene/betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, ENSTILAR   |
| Topical Antifungals  | ECOZA, LULICONAZOLE, LUZU, SULCONAZOLE, XOLEGEL   | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole   |
|  | JUBLIA  | ciclopirox  |
| Topical Corticosteroids  | CLOCORTOLONE  | betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide   |
|  | IMPEKLO   | betamethasone dipropionate, clobetasol, desonide, desoximetasone, diflorasone, fluocinonide, halcinonide, halobetasol, mometasone, triamcinolone  |
|  | VERDESO FOAM  | desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment   |
| Vitamin D Analogs (Topical)  | CALCIPOTRIENE FOAM, SORILUX   | calcipotriene, calcitriol   |
| Miscellaneous Topical Dermatological Agents  | ALCORTIN A  | hydrocortisone, mupirocin   |
|  | LIDOCAINE/TETRACAINE, PLIAGLIS  | lidocaine cream, lidocaine/prilocaine cream   |
|  | TRI-LUMA  | fluocinolone acetonide, hydroquinone, tretinoin   |
| <b>DIABETES</b><br>Blood Glucose Meters & Test Strips  | ASCENSIA (CONTOUR)<br>ROCHE (ACCU-CHEK)<br>TRIVIDIA (TRUETEST, TRUETRACK)<br>ALL OTHER METERS & TEST STRIPS<br>THAT ARE NOT LISTED AS PREFERRED                       | FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE<br>FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE<br>ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX<br>ONETOUCH TEST STRIPS: ULTRA, VERIO<br>PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations   | ALOGLIPTIN, NESINA, ONGLYZA, TRAJENTA   | JANUVIA   |
|  | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR  | JANUMET, JANUMET XR   |
|  | ALOGLIPTIN/PIOGLITAZONE   | pioglitazone plus JANUVIA   |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN   | GLYXAMBI, STEGLUJAN   |
| Glucagon-Like Peptide-1 Agonists   | ADLYXIN, VICTOZA  | BYDUREON, BYETTA, OZEMPIC, TRULICITY  |
| Insulins‡  | ADMELOG, AFREZZA, APIDRA, FIASP, HUMALOG (U100 VIAL & KWIKPEN; JUNIOR, MIX 75-25 KWIKPEN), INSULIN ASPART, INSULIN ASPART PROTAMINE, LYUMJEV, NOVOLOG, RELION NOVOLOG | HUMALOG (CARTRIDGE, U200, MIX 50-50 & MIX 75-25 VIAL), INSULIN LISPRO (U100, JUNIOR KWIKPEN & MIX KWIKPEN)  |
|  | NOVOLIN, RELION NOVOLIN   | HUMULIN   |
|  | SEMGLEE   | LANTUS, LEVEMIR, TOUJEO, TRESIBA  |
| Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors & Combinations   | INVOKAMET, INVOKAMET XR   | SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR  |
|  | INVOKANA  | FARXIGA, JARDIANCE, STEGLATRO   |
| <b>EAR/NOSE</b><br>Nasal Steroids  | BECONASE AQ, OMNARIS, QNASL, ZETONNA  | flunisolide, fluticasone, mometasone  |
| Otic Fluoroquinolone Antibiotics   | CIPRO HC, CIPROFLOXACIN/FLUOCINOLONE OTIC, OTOVEL   | ciprofloxacin/dexamethasone otic  |
| <b>ENDOCRINE</b><br>Cushing's Agents   | ISTURISA  | SIGNIFOR  |
| Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)                             | FENSOLVI  | LUPRON DEPOT-PED, TRIPTODUR   |
| Growth Hormones  | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON  | GENOTROPIN, NORDITROPIN FLEXPPO   |
| Somatostatin Analogs   | BYNFEZIA  | octreotide  |
|  | MYCAPSSA, SANDOSTATIN LAR DEPOT   | SOMATULINE DEPOT  |
|  | SIGNIFOR LAR  | For Acromegaly: SOMATULINE DEPOT<br>For Cushing's Disease: SIGNIFOR   |

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

(continued)

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>ENDOCRINE (continued)</b><br>Testosterone Products   | AVEED  | testosterone cypionate, testosterone enanthate   |
| Thyroid Replacement Therapy   | LEVOthyroxine CAPSULES, THYQUIDITY, TIROSINT, TIROSINT-SOL   | levothyroxine tablets  |
| Miscellaneous Endocrine Agents  | KORLYM   | ketoconazole, LYSODREN, SIGNIFOR   |
| <b>GASTROINTESTINAL</b><br>Antidiarrheal Agents   | MYTESI   | diphenoxylate/atropine, loperamide   |
| Antiemetics (Oral)  | AKYNZEO CAPSULES   | granisetron, ondansetron, aprepitant, VARUBI TABLETS   |
|   | EMEND POWDER PACKETS   | aprepitant, VARUBI TABLETS   |
| Bowel Evacuants   | GLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENVU, SUPREP, SUTAB   | peg-electrolyte solution (high and low volume generics)  |
| Corticosteroids (Rectal Formulations)   | CORTIFOAM  | hydrocortisone enema, UCERIS FOAM  |
| Gallstone Dissolution Agents  | RELTONE  | ursodiol   |
| Gastroparesis Agents  | GIMOTI   | No alternatives recommended  |
| Helicobacter Pylori Agents  | HELIDAC, PYLERA  | lansoprazole/amoxicillin/clarithromycin, TALICIA   |
| Hemorrhoidal Preparations   | PROCTOFOAM-HC  | pramoxine/hydrocortisone   |
| Inflammatory Bowel Agents   | DIPENTUM   | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA   |
| Irritable Bowel Syndrome & Chronic Constipation Agents  | AMITIZA, LUBIPROSTONE  | LINZESS, TRULANCE  |
| Pancreatic Enzymes  | PERTZYE  | CREON, PANCREAZE, ZENPEP   |
| Proton Pump Inhibitors  | ACIPHEX SPRINKLE, DEXILANT, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole  |
| <b>HEMATOLOGICAL</b><br>Antiplatelet Agents   | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR   | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole   |
| Erythropoiesis-Stimulating Agents   | ARANESP, EPOGEN, MIRCERA   | PROCRIT, RETACRIT  |
| Factor Deficiency Agents & Related Products   | NOVOSEVEN RT   | SEVENFACT  |
|   | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE  | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPERECT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT   |
| Granulocyte Colony Stimulating Factors  | GRANIX, NEUPOGEN   | NIVESTYM, ZARXIO   |
|   | NEULASTA, NYVEPRIA, UDENYCA  | FULPHILA, ZIEXTENZO  |
| Iron Replacement Agents   | MONOFERRIC   | sodium ferric gluconate complex, VENOFER   |
| Sickle Cell Disease Agents  | AXBRYTA  | hydroxyurea, ADAKVEO, DROXIA   |
|   | SIKLOS   | DROXIA   |
| Thrombocytopenia Agents   | MULPLETA   | DOPTELET   |
| <b>HEPATITIS</b><br>Hepatitis C   | EPCLUSA, HARVONI, MAVYRET, SOVALDI   | LEDIPASVIR/SOFOSBUVIR, SOFOSBUVIR/VELPATASVIR, VOSEVI, ZEPATIER  |
| <b>HIV</b><br>Antiretrovirals<br>Note: Current patients established on therapy are allowed to continue therapy. | CABENUVA   | atazanavir plus lamivudine, darunavir plus lamivudine, lopinavir/ritonavir plus lamivudine, DOVATO, JULUCA, TIVICAY plus lamivudine, TIVICAY plus EDURANT                |
|   | COMPLERA   | ODEFSEY  |
|   | DELSTRIGO  | efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ |
|   | PIFELTRO   | efavirenz, EDURANT   |
|   | PREZCOBIX  | atazanavir, lopinavir/ritonavir, ritonavir, PREZISTA   |

(continued)

| Drug Class   | Excluded Medications  | Preferred Alternatives   |
|--|---|--|
| <b>HIV</b><br>Antiretrovirals ( <i>continued</i> )<br>Note: Current patients established on therapy are allowed to continue therapy. | RUKOBIA ER  | Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection. |
|  | STRIBILD  | BIKTARVY, GENVOYA  |
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b><br>Gout Therapy  | COLCHICINE CAPSULES   | colchicine tablets, MITIGARE   |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)  | DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam  |
|  | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES                                | fenoprofen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone   |
|  | RELAFEN DS  | nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin  |
|  | TIVORBEX  | etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone   |
|  | ZIPSOR, ZORVOLEX  | diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone   |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)  | DICLOFENAC EPOLAMINE PATCHES, PENNSAID  | diclofenac sodium topical, FLECTOR PATCHES, LICART PATCHES   |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL</b><br>Combination Patches  | CLIMARA PRO   | COMBIPATCH   |
| Contraceptives   | ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, NEXTSTELLIS, TWIRLA, TYBLUME    | generic oral, patch and ring contraceptives  |
|  | PHEXXI  | Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges.   |
|  | SLYND   | generic progestin-only oral contraceptives   |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms   | ESTRING, IMVEXXY, INTRAROSA, OSPHENA  | estradiol cream, estradiol vaginal tablets, PREMARIN CREAM   |
|  | FEMRING   | estradiol cream, estradiol patches, estradiol tablets, estradiol vaginal tablets, PREMARIN CREAM   |
| Estrogen/Progestin Combinations (Oral)   | BIJUVA, PREMPHASE, PREMPRO  | estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate   |
| Estrogens (Oral)   | MENEST, PREMARIN TABLETS  | estradiol tablets  |
| Human Chorionic Gonadotropin‡  | PREGNYL   | NOVAREL, OVIDREL   |
| Ovulatory Stimulants (Follitropins)  | FOLLISTIM AQ  | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT  |
| Prenatal Vitamins  | PREGENNA, TRINAZ  | generic prenatal vitamins  |
| Topical Estrogen Agents  | DIVIGEL, ELESTRIN, ESTROGEL, EVAMIST  | estradiol patches  |
| Vaginal Progestones  | CRINONE 4%  | medroxyprogesterone, megestrol, norethindrone, progesterone  |
|  | CRINONE 8%  | ENDOMETRIN   |
| <b>ONCOLOGY</b><br>Acute Myeloid Leukemia (AML) Agents   | ONUREG  | azacitidine, decitabine  |
| Bevacizumab-Containing Agents  | AVASTIN   | MVASI, ZIRABEV   |
| Breast Cancer Agents   | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY                                       | IBRANCE, VERZENIO  |
| Multiple Myeloma Agents  | BLENREP, XPOVIO   | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE   |
| Myelodysplastic Syndrome Agents  | INQOVI  | decitabine   |
| Myelofibrosis Agents   | INREBIC   | JAKAFI   |
| Non-Small Cell Lung Cancer Agents  | TEPMETKO  | TABRECTA   |
| Prostate Cancer Agents   | TRELSTAR  | ELIGARD, FIRMAGON  |
| Renal Cell Cancer Agents   | FOTIVDA   | everolimus, CABOMETYX, INLYTA, LENVIMA, NEXAVAR, SUTENT, VOTRIENT  |
| Rituximab-Containing Agents  | RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA                                      | RUXIENCE   |

‡ Please note that product placement is subject to change throughout the year based upon changes in market dynamics.

(continued)

| Drug Class  | Excluded Medications   | Preferred Alternatives  |
|---|--|---|
| <b>ONCOLOGY (continued)</b><br>Trastuzumab-Containing Agents                        | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT   | KANJINTI, TRAZIMERA   |
|   | PHESGO   | PERJETA plus KANJINTI or TRAZIMERA  |
| Tyrosine Kinase Inhibitors  | QINLOCK  | imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT   |
| <b>OPHTHALMIC</b><br>Antiglaucoma Agents (Beta-Adrenergic Blockers)                 | BETIMOL  | timolol drops, betaxolol drops, levobunolol drops   |
| Antiglaucoma Agents (Other)   | RHOPRESSA, ROCKLATAN   | betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops  |
| Antiglaucoma Agents (Ophthalmic Prostaglandins)                                     | DURYSTA, XELPROS, ZIOPTAN  | bimatoprost drops, latanoprost drops, travoprost drops  |
| Blepharoptosis Agents   | UPNEEQ   | No alternatives recommended   |
| Ophthalmic Agents - Other   | CYSTADROPS   | CYSTARAN  |
| Ophthalmic Anti-Allergic  | ALOCRIIL, ALOMIDE, ALREX, LASTACAPT, PAZEO, ZERVIAE  | azelastine drops, bepotastine drops, cromolyn drops, epinastine drops, olopatadine drops  |
| Ophthalmic Anti-Inflammatory  | FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD  | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops   |
| Ophthalmic Combinations   | TOBRADEX ST, ZYLET   | tobramycin/dexamethasone drops  |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)                           | ACUVAIL, BROMSITE, NEVANAC   | bromfenac drops, diclofenac drops, ketorolac drops  |
| Ophthalmic Quinolone Antibiotics  | BESIVANCE, CILOXAN OINTMENT  | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops  |
| <b>OSTEOARTHRITIS</b><br>Hyaluronic Acid Derivatives                                | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISC0-3 | EUFLEXXA, MONOVISC, ORTHOVISC   |
| <b>RENAL</b><br>Nephropathic Cystinosis Agents                                      | PROCYSBI   | CYSTAGON  |
| Nocturnal Polyuria Agents   | NOCTIVA  | desmopressin tablets  |
| Overactive Bladder Agents   | VESICARE LS  | oxybutynin, oxybutynin er   |
| Phosphate Binders   | FOSRENOL POWDER PACKETS  | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO   |
| <b>RESPIRATORY</b><br>Alpha <sub>1</sub> Proteinase Inhibitors                      | ARALAST NP, GLASSIA  | PROLASTIN C, ZEMAIRA  |
| Epinephrine Auto-Injector Systems   | AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, AMNEAL PHARMA, AVKARE)   | epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR   |
| Immunological Agents for Asthma   | CINQAIR  | DUPIXENT, FASENRA, NUCALA   |
| Long-Acting Beta Agonist Inhalers   | STRIVERDI RESPIMAT   | SEREVENT DISKUS   |
| Long-Acting Muscarinic Antagonist Inhalers  | TUDORZA PRESSAIR   | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT   |
| Long-Acting Muscarinic Antagonist/<br>Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR   | ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT   |
| Pulmonary Anti-Inflammatory Inhalers  | ARMONAIR DIGIHALER, PULMICORT FLEXHALER  | ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER   |
| Pulmonary Anti-Inflammatory/<br>Beta-Agonist Combination Inhalers                   | AIRDUO DIGIHALER, AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)             | fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT   |
| Respiratory Agents - Other  | DALIRESP   | fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFORMIST, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT |

(continued)

| Drug Class   | Excluded Medications  | Preferred Alternatives   |
|--|---|--|
| <b>RESPIRATORY (continued)</b><br>Short-Acting Beta <sub>2</sub> -Agonist Inhalers | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO),<br>LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK,<br>VENTOLIN HFA, XOPENEX HFA | albuterol sulfate hfa (by Bryant Ranch, Cipla, Civica, Lupin,<br>Par, Perrigo, Proficient Rx, Sandoz & Teva) |
| <b>MISCELLANEOUS AGENTS</b><br>Allergen Immunotherapy                              | PALFORZIA   | No alternatives recommended  |
| Gaucher Disease Agents   | ELELYSO, VPRIV  | CEREZYME   |
| Glucocorticoids  | ALKINDI SPRINKLE  | hydrocortisone tablets   |
|  | HEMADY  | dexamethasone tablets  |
|  | RAYOS   | prednisone   |
| Hereditary Angioedema  | BERINERT  | CINRYZE, RUCONEST  |
| Immune Globulins   | CUTAQUIG  | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY   |
|  | GAMMAKED  | IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C<br>SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY                   |
|  | HIZENTRA  | SC: XEMBIFY  |
| Immunosuppressant Agents   | ENVARUS XR  | tacrolimus   |
|  | LUPKYNIS  | mycophenolate mofetil plus systemic corticosteroid   |
|  | OTREXUP, REDITREX   | methotrexate injection, RASUVO   |
|  | XATMEP  | methotrexate   |
| Infused TNF Antagonists  | AVSOLA, REMICADE, RENFLEXIS   | INFLECTRA  |
| Neuromyelitis Optica Spectrum Disorder Agents                                      | UPLIZNA   | ENSPRYNG   |
| NSAID and Acid Reducing Agent Combination Products                                 | DUEXIS  | ibuprofen plus famotidine  |
| Osteoporosis - Bone Modifiers  | EVENITY, PROLIA   | alendronate, ibandronate, risedronate, zoledronic acid,<br>FORTEO, TYMLOS                                    |
| Polynuropathy of Hereditary<br>Transthyretin-Mediated Amyloidosis                  | ONPATRO   | TEGSEDI  |
| Potassium Binders  | VELTASSA  | LOKELMA  |

### Indication Based Management

| Drug Class   | Excluded Medications   | Preferred Alternatives  |
|--|--|---|
| Spinal Conditions (nr-axSpA)                         | COSENTYX   | TALTZ, CIMZIA   |
| Inflammatory Conditions‡ where COSENTYX is indicated | COSENTYX   | TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC,<br>TREMIFYA, XELJANZ, XELJANZ XR  |
| Drug Class   | Nonpreferred Medications   | Preferred Alternatives  |
| Inflammatory Conditions‡                             | All other Brand Name medications for Inflammatory<br>Conditions are Nonpreferred. Approval may be granted<br>following a coverage review. A trial of one or more Preferred<br>medications is required prior to initiating therapy with a<br>Nonpreferred medication. A formulary exception may be<br>granted for a patient already established on therapy with a<br>Nonpreferred medication. | Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI,<br>STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR<br><br>Preferred after Step through HUMIRA: ACTEMRA<br><br>ULCERATIVE COLITIS ONLY Preferred after Step through<br>HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR<br><br>ULCERATIVE COLITIS ONLY Step through HUMIRA and<br>STELARA: ZEPOSIA |

‡ Please note that product placement for treatment of Inflammatory Conditions in the Inflammatory Conditions Care Value (ICCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

(continued)

## Excluded Medications/Products at a Glance

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| ABILIFY <sup>^</sup>                                 | CLENPIQ  | FIRVANO   | LOTRONEX <sup>^</sup>                             | PREMARIN TABLETS,<br>PREMPHASE, PREMPRO             | TOBRADEX ST  |
| ACANYA <sup>^</sup>                                  | CLIMARA PRO  | FLAREX  | LOVENOX <sup>^</sup>                              | PREVACID <sup>^</sup>                               | TOLSURA  |
| ACIPHEX <sup>^</sup>                                 | CLINDAGEL  | FLUOROURACIL 0.5% CREAM   | LUBIPROSTONE                                      | PREVACID SOLUTAB <sup>^</sup>                       | TOPAMAX <sup>^</sup>                                       |
| ACIPHEX SPRINKLE                                     | CLINDAMYCIN PHOSPHATE  | FLUTICASON/SALMETEROL<br>(BY A-S MEDICATION, TEVA)                              | LUCEMYRA  | PREZCOBIX   | TOPICORT SPRAY <sup>^</sup>                                |
| ACUVAIL  | 1% GEL (BY OCEANSIDE)  | FML FORTE, FML S.O.P.   | LULICONAZOLE                                      | PRILESEC SUSPENSION                                 | TOPROL XL <sup>^</sup>                                     |
| ADCIRCA <sup>^</sup>                                 | CLOCORTOLONE   | FOCALIN <sup>^</sup> , FOCALIN XR <sup>^</sup>                                  | LUNESTA <sup>^</sup>                              | PRIMLEV   | TRADJENTA  |
| ADDERALL <sup>^</sup> , ADDERALL XR <sup>^</sup>     | COLCHICINE CAPSULES  | FOLLISTIM AQ  | LUPKYNIS  | PRISTIQ <sup>^</sup>                                | TRANSFORM-SCOP <sup>^</sup>                                |
| ADLYXIN  | COLCRYS <sup>^</sup>   | FOSRENOL CHEWABLE<br>TABLETS <sup>^</sup>                                       | LYRICA <sup>^</sup> , LYRICA CR <sup>^</sup>      | PROAIR DIGIHALER,<br>PROAIR RESPICLICK              | TRAVATAN Z <sup>^</sup>                                    |
| ADMELOG  | COMPLERA   | FOSRENOL POWDER PACKETS   | LYUMJEV   | PROAIR HFA <sup>^</sup>                             | TRELSTAR   |
| AFREZZA  | CONCERTA <sup>^</sup>  | FOTIVDA   | MAYVRET   | PROCTOFOAM-HC                                       | TREXIMET <sup>^</sup>                                      |
| AGGRENOX <sup>^</sup>                                | CONJUPRI   | GAMMAKED  | MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>     | PROCYSBX  | TRI-LUMA   |
| AIRDUO DIGIHALER,<br>AIRDUO RESPICLICK               | CORLANOR   | GAMIRELIX ACETATE <sup>^</sup>  | MAXIDEX   | PROLATE SOLUTION                                    | TRIBENZOR <sup>^</sup>                                     |
| AKYNZEO CAPSULES                                     | CORTIFOAM  | GEL-ONE   | MENEST  | PROLIA  | TRICOR <sup>^</sup>  |
| ALBUTEROL SULFATE HFA (BY<br>A-S MEDICATION, PRASCO) | COSENTYX   | GELSYN-3  | MESTINON <sup>^</sup>                             | PROTONIX <sup>^</sup>                               | TRILEPTAL <sup>^</sup>                                     |
| ALCORTIN A   | COSOPT <sup>^</sup> , COSOPT PF <sup>^</sup>                               | GENERESS FE <sup>^</sup>  | MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup> | PROVENTIL HFA <sup>^</sup>                          | TRILURON   |
| ALIMTA TABLETS <sup>^</sup>                          | COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>                                  | GENVISO 850   | MINIVELLE <sup>^</sup>                            | PROVIGIL <sup>^</sup>                               | TRINAZ   |
| ALKINDI SPRINKLE                                     | CRESTOR <sup>^</sup>   | GIMOTI  | MINOCYCLINE ER CAPSULES                           | PROZAC <sup>^</sup>                                 | TRIVIDIA<br>(TRUETEST, TRUETRACK)                          |
| ALOCRIL  | CRINONE  | GLASSIA   | MIRCERA   | PULMICORT FLEXHALER                                 | TRIVISC  |
| ALOGLIPTIN   | CUPRIMINE <sup>^</sup>   | GLEEVEC <sup>^</sup>  | MIRCETTE <sup>^</sup>                             | PULMICORT RESPULES <sup>^</sup>                     | TRUVADA <sup>^</sup>                                       |
| ALOGLIPTIN/METFORMIN                                 | CUTAQUIG   | GLUCOPHAGE <sup>^</sup> ,<br>GLUCOPHAGE XR <sup>^</sup>                         | MONOFERRIC  | PYLERA  | TRIXIMA  |
| ALOGLIPTIN/PIOGLITAZONE                              | CYMBALTA <sup>^</sup>  | GLUMETZA <sup>^</sup>   | MORPHABOND ER                                     | QBELIS  | TUDORZA PRESSAIR   |
| ALOMIDE  | CYSTADROPS   | GOCOVRI ER  | MOVIPREP <sup>^</sup>                             | QDOLO   | TWIRLA   |
| ALREX  | CYTOMEL <sup>^</sup>   | GOLYTELY PACKETS  | MULPLETA  | QELBREE ER  | TYBLUME  |
| ALTOPREV   | DALIRESP   | GRANIX  | MYCAPSSA  | QINLOCK   | UDENYCA  |
| AMBIEN <sup>^</sup> , AMBIEN CR <sup>^</sup>         | DELSTRIGO  | HARVONI   | MYTESI  | QNASL   | ULORIC <sup>^</sup>  |
| AMITIZA  | DELZICOL <sup>^</sup>  | HELDAC  | NALFON CAPSULES                                   | QTERN   | UPNEEQ   |
| AMONDYS 45   | DETROL <sup>^</sup> , DETROL LA <sup>^</sup>                               | HEMADY  | NAMENDA XR <sup>^</sup>                           | QUARTETTE <sup>^</sup>                              | UROXATRAL <sup>^</sup>                                     |
| AMPHETAMINE ER SUSPENSION                            | DEXILANT   | HERCEPTIN,<br>HERCEPTIN HYLECTA   | NASONEX <sup>^</sup>                              | QUAZEPAM  | VALGIFEM <sup>^</sup>                                      |
| AMPYRA <sup>^</sup>                                  | DICLOFENAC 35 MG CAPSULES  | HERZUMA   | NATAZIA   | RABEPRAZOLE DR SPRINKLE                             | VALIUM <sup>^</sup>  |
| AMRIX <sup>^</sup>                                   | DICLOFENAC EPOLAMINE<br>PACHES   | HIZENTRA  | NATROBA <sup>^</sup>                              | RANEXA <sup>^</sup>                                 | VALTRESX <sup>^</sup>                                      |
| ANDROGEL <sup>^</sup>                                | DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>                              | HUMALOG (U100 VIAL &<br>KWIKPEN; JUNIOR, MIX 75-25<br>KWIKPEN)                  | NEVANAC   | RAPAFLO <sup>^</sup>                                | VANOS <sup>^</sup>   |
| ANNOVERA   | DIPENTUM   | HUMATROPE   | NEXIUM CAPSULES <sup>^</sup>                      | RAYOS   | VELTASSA   |
| ANUSOL-HC <sup>^</sup>                               | DIVIGEL  | HYALGAN   | NEXIUM PACKETS                                    | RECOMBINATE   | VELTIN   |
| APADAZ   | DORAL  | HYMOMIS   | NEXTSTELLIS                                       | REDITREX  | VENTOLIN HFA   |
| APIDRA   | DORAL  | IMIQUIMOD 3.75% CREAM PUMP  | NOCTIVA   | RELAFEN DS  | VERDESO FOAM   |
| APOKYN   | DORYX DR 50 MG & 200 MG <sup>^</sup>                                       | IMITREX <sup>^</sup>  | NORCO <sup>^</sup>                                | RELPAK <sup>^</sup>                                 | VESICARE <sup>^</sup>                                      |
| APTOM  | DORYX DR 80 MG, DORYX MPC,<br>DOXYCYCLINE HYCLATE DR<br>80 MG              | IMPEKLO   | NORTHERA <sup>^</sup>                             | RELTONE   | VESICARE LS  |
| ARALAST NP   | DOXYCYCLINE 40 MG CAPSULES   | IMVEXXY   | NOVOLOG   | REMICADE  | VIAGRA <sup>^</sup>  |
| ARANESP  | DRIZALMA SPRINKLE  | INDERAL LA <sup>^</sup>   | NOVOLOG RELION NOVOLIN                            | RENAGEL <sup>^</sup>                                | VICTOZA  |
| ARIMIDEX <sup>^</sup>                                | DRYDOL   | INDERAL XL, INNOPRAN XL   | NOVOLOG RELION NOVOLIG                            | RENFLEXIS   | VIBRYD   |
| ARMONAIR DIGIHALER                                   | DUAKLIR PRESSAIR   | INDOMETHACIN 20 MG<br>CAPSULES  | NOVOSEVEN RT                                      | RETIN-A MICRO 0.04% & 0.1% <sup>^</sup>             | VILPEPSO   |
| ASACOL HD <sup>^</sup>                               | DUEXIS   | INQOVI  | NOXAFIL TABLETS <sup>^</sup>                      | RHOPIRESSA, ROCKLATAN                               | VIMOVO <sup>^</sup>  |
| ASCENIA (CONTOUR)                                    | DURAGESIC <sup>^</sup>   | INREBIC   | NUCYNTA, NUCYNTA ER                               | RIABNI  | VISCO-3  |
| ASPIRIN/OMEPRAZOLE DR                                | DUROLANE   | INSULIN ASPART,<br>INSULIN ASPART PROTAMINE                                     | NUTROPIN AQ NUSPIN                                | RITUXAN, RITUXAN HYCELA                             | VIVELLE-DOT <sup>^</sup>                                   |
| ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>      | DURYSTA  | INTRAROSA   | NUVARING <sup>^</sup>                             | ROCHE (ACCU-CHEK)                                   | VIVLODEX <sup>^</sup>                                      |
| ATRALIN <sup>^</sup>                                 | DUTOPROL   | INTUNIV <sup>^</sup>  | NUVIGIL <sup>^</sup>                              | ROZEREM <sup>^</sup>                                | VPRIV  |
| ATRIPLA <sup>^</sup>                                 | ECOZA  | INVOKAMET, INVOKAMET XR,<br>INVOKANA  | NUVIQ   | RUKOBIA ER  | VYEPTI   |
| AUVI-Q   | EDARBI, EDARBYCLOR   | ISTALOL <sup>^</sup>  | NYEPRIA   | SAFYRAL <sup>^</sup>                                | VYONDYS 53   |
| AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>           | EFFEXOR XR <sup>^</sup>  | ISTURISA  | OGIVRI  | SAIZEN, SAIZENPREP                                  | VYTORIN <sup>^</sup>                                       |
| AVASTIN  | ELELYSO  | JADENU <sup>^</sup> , JADENU SPRINKLE <sup>^</sup>                              | OMNARIS   | SANDOSTATIN LAR DEPOT                               | WELLCHOL <sup>^</sup>                                      |
| AVEED  | ELESTRIN   | JENTADUETO, JENTADUETO XR   | OMNITROPE   | SAPHRIS <sup>^</sup>                                | WELLBUTRIN SR <sup>^</sup> ,<br>WELLBUTRIN XL <sup>^</sup> |
| AVODART <sup>^</sup>                                 | ELIDEL <sup>^</sup>  | JUBLIA  | ONGENTYS  | SAVAYSA   | WINLEVI  |
| AVSOLA   | EMEND CAPSULES <sup>^</sup> ,<br>TRIFOLD PACK <sup>^</sup>                 | KAPSPARGO SPRINKLE  | ONGLYZA   | SEASONIQUE <sup>^</sup> , LOSEASONIQUE <sup>^</sup> | WYNZORA  |
| AZOPT <sup>^</sup>                                   | EMEND POWDER PACKETS   | KATERZIA  | ONPATRO   | SEMGLLEE  | XADAGO   |
| AZOR <sup>^</sup>                                    | EMFLAZA  | KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>                                    | ONTRUZANT   | SENSIPAR <sup>^</sup>                               | XALATAN <sup>^</sup>                                       |
| BALCOLTRA  | ENVARUS XR   | KERYDIN <sup>^</sup>  | ONJUREG   | SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>    | XANAX <sup>^</sup> , XANAX XR <sup>^</sup>                 |
| BARACLUDE TABLETS <sup>^</sup>                       | EPANED   | KETOROLAC NASAL SPRAY   | ONZETRA XSAIL                                     | SIGNIFOR LAR  | XATMEP   |
| BECONASE AQ  | EPCLUSA  | KISQALI   | OSMOPREP  | SIKLOS  | XELPROS  |
| BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>      | EPIDUO <sup>^</sup>  | KLISYRI   | OSPHENA   | SINGULAIR <sup>^</sup>                              | XENAZINE <sup>^</sup>                                      |
| BENZHYDROCODONE/<br>ACETAMINOPHEN                    | EPIDUO FORTE   | KOMBIGLYZE XR   | OTOVEL  | SITAVIG   | XIMINO   |
| BEPREVE <sup>^</sup>                                 | EPINEPHRINE AUTO-INJECTOR<br>(BY A-S MEDICATION,<br>AMNEAL PHARMA, AVKARE) | KORLYM  | OTREXUP   | SLYND   | XOLEGEL  |
| BERINERT   | EPOGEN   | LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> ,<br>LAMICTAL XR <sup>^</sup> | OXBRYTA   | SORILUX   | XOPENEX HFA  |
| BESIVANCE  | ESOMEPRAZOLE STRONTIUM   | LASTACRAFT  | OXYCODONE ER                                      | SOVALDI   | XPROVIO  |
| BETIMOL  | ESTRACE CREAM <sup>^</sup>   | LAZANDA   | OZOBAX  | SPRAVATO  | XTAMPZA ER   |
| BIJUVA   | ESTRING  | LETAIRIS <sup>^</sup>   | PALFORZIA   | STRATERA <sup>^</sup>                               | XYNTHA, XYNTHA SOLOFUSE                                    |
| BIENREP  | ESTROGEL   | LEVABUTEROL HFA   | PATADAY <sup>^</sup>                              | STRIBILD  | YASMIN <sup>^</sup>  |
| BRISDELLE <sup>^</sup>                               | ESTROSTEP FE <sup>^</sup>  | LEVOTHYROXINE CAPSULES  | PAZEO   | STRIVERDI RESPIMAT                                  | YOSPRALA DR  |
| BROMSITE   | EVAMIST  | LEXAPRO <sup>^</sup>  | PENNSAID  | SUBOXONE <sup>^</sup>                               | ZAVESCA <sup>^</sup>                                       |
| BUDESONIDE/FORMOTEROL                                | EVENITY  | LIALDA <sup>^</sup>   | PERCOCET <sup>^</sup>                             | SUBSYS  | ZEGERID <sup>^</sup>                                       |
| BUNAVAIL   | EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>                            | LIBRAX <sup>^</sup>   | PERTZYE   | SULCONAZOLE   | ZELAPAR  |
| BUPAP <sup>^</sup>                                   | EXJADE <sup>^</sup>  | LIDOCAINE/TETRACAINE  | PEXEVA  | SUPARTZ FX  | ZERVIAE  |
| BUTRANS <sup>^</sup>                                 | EXONDYS 51   | LIDODERM <sup>^</sup>   | PHEGSO  | SUPREP  | ZETIA <sup>^</sup>   |
| BYNFEZIA   | EXTAVIA  | LIPITOR <sup>^</sup>  | PIHEXXI   | SUTAB   | ZETONNA  |
| BYSTOLIC   | EZALLOR SPRINKLE   | LIVALO  | PIFELTRO  | SYNTHROID <sup>^</sup>                              | ZILXI  |
| CABENUVA   | FEMRING  | LO LOESTRIN FE  | PIQRAY  | SYNVISC, SYNVISCO-ONE                               | ZIOPTAN  |
| CALCIPOTRIENE FOAM                                   | FENOPROFEN CAPSULES  | LOCODID <sup>^</sup> , LOCODID LIPOCREAM <sup>^</sup>                           | PLAQUENIL <sup>^</sup>                            | TARGETIN CAPSULES <sup>^</sup>                      | ZIPSOR   |
| CANASA <sup>^</sup>                                  | FENORTHO   | LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>                                | PLAVIX <sup>^</sup>                               | TAZAROTENE FOAM                                     | ZOCOR <sup>^</sup>   |
| CAPLYTA  | FENSOLVI   | LORETREL <sup>^</sup>   | PLENVU  | TAZORAC 0.1% CREAM <sup>^</sup>                     | ZOHYDRO ER <sup>^</sup>                                    |
| CARAC  | FENTANYL CITRATE BUCCAL<br>TABLETS   | LORETREL <sup>^</sup>   | PLIAGLIS  | TECFIDERA <sup>^</sup>                              | ZOLMITRIPTAN NASAL SPRAY                                   |
| CELEBREX <sup>^</sup>                                | FENTORA  | LORETREL <sup>^</sup>   | PRADAXA   | TEKTURN <sup>^</sup>                                | ZOLOFT <sup>^</sup>  |
| CELEXA <sup>^</sup>                                  | FIASP  | LORETREL <sup>^</sup>   | PRALUENT  | TEPMETKO  | ZOMACTON   |
| CIALIS <sup>^</sup>                                  | FINTEPLA   | LORETREL <sup>^</sup>   | PRAVACHOL <sup>^</sup>                            | TESTIM <sup>^</sup>                                 | ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup>        |
| CILOXAN OINTMENT                                     | FIRAZYR <sup>^</sup>   | LORETREL <sup>^</sup>   | PRED MILD   | THYQUIDITY  | ZONEGRAN <sup>^</sup>                                      |
| CINQAIR  | FIRDAPSE   | LORETREL <sup>^</sup>   | PREGENNA  | TIKOSYN <sup>^</sup>                                | ZORVOLEX   |
| CIPRO HC   |  |   | PREGNYL   | TIMOPTIC OCUDOSE <sup>^</sup>                       | ZOVIRAS OINTMENT <sup>^</sup>                              |
| CIPROFLOXACIN/<br>FLUOCINOLONE OTIC                  |  |   |   | TIROSENT, TIROSINT-SOL                              | ZYCLARA  |
| CLENIA PLUS  |  |   |   | TIVORBEX  | ZYLET  |
|  |  |   |   | TOBI SOLUTION <sup>^</sup>                          | ZYTIGA <sup>^</sup>  |

<sup>^</sup> Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your 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.



Action Needed: Avoid paying more for your medicine.



# Your plan is changing how you get your long-term medicine on <Effective Date>.

You're currently getting a 1-month supply of<sup>1</sup>:

- <DRUG NAME>
- <DRUG NAME>
- <DRUG NAME>

After <Effective Date>, you'll need to start getting the medication listed above every 3 months instead of every month to avoid paying a higher cost.

See if you could save an average of 29% with 3-month supplies compared to a 1-month supply from your local pharmacy\*. A convenient 3-month supply makes it easier to stay on track with your medicine.

## Choose your way to save.



Or **Participating Retail Pharmacies**

Get your 3-month supply delivered to you.

- ✔ Your plan includes free standard shipping<sup>2</sup>
- ✔ Transfer prescriptions easily online, by phone, or via the Express Scripts® mobile app
- ✔ Stay on track with your medicine with auto refills and refill reminders
- ✔ You can talk with your pharmacist 24/7

Get your 3-month supply at a participating retail pharmacy.

- ✔ At convenient locations near you
- ✔ Transfer your prescriptions easily in-store, by phone, or online
- ✔ Ask about auto refills and refill reminders

[Choose Now](#)

<sup>1</sup> You may be taking other medications that are not listed here. Please visit us online or call for a full list.

<sup>2</sup> Standard shipping costs are included as part of your prescription plan.

\* Based on Express Scripts data, 50% of members who had met their deductible (excluding Medicare or federal government plans) saved 29% or more with Express Scripts Pharmacy delivery, vs. filling at a local pharmacy. Savings will vary based on your medication, your plan's design and deductible.

Questions? We're glad to help. [Contact us](#)

[Update my email address](#) | [Change my contact preferences](#)

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Express Scripts, One Express Way, St. Louis, MO 63121

From: Express Scripts >

To: \_\_\_\_\_>

Action Needed: Avoid paying more for your...  
Today at 4:17pm



# Your plan is changing how you get your long-term medicine on <Effective Date>.

You're currently getting a 1-month supply of<sup>1</sup>:

- <DRUG NAME>
- <DRUG NAME>
- <DRUG NAME>

After <Effective Date>, you'll need to start getting the medication listed above every 3 months instead of every month to avoid paying a higher cost.

See if you could save an average of 29% with 3-month supplies compared to a 1-month supply from your local pharmacy\*. A convenient 3-month supply makes it easier to stay on track with your medicine.

## Choose your way to save.



Get your 3-month supply delivered to you.

- ✔ Your plan includes free standard shipping<sup>2</sup>
- ✔ Transfer prescriptions easily online, by phone, or via the Express Scripts® mobile app
- ✔ Stay on track with your medicine with auto refills and refill reminders
- ✔ You can talk with your pharmacist 24/7

or

### Participating Retail Pharmacies

Get your 3-month supply at a participating retail pharmacy.

- ✔ At convenient locations near you
- ✔ Transfer your prescriptions easily in-store, by phone, or online
- ✔ Ask about auto refills and refill reminders

[Choose Now](#)

<sup>1</sup> You may be taking other medications that are not listed here. Please visit us online or call for a full list.  
<sup>2</sup> Standard shipping costs are included as part of your prescription plan.

\* Based on Express Scripts data, 50% of members who had met their deductible (excluding Medicare or federal government plans) saved 29% or more with Express Scripts Pharmacy delivery, vs. fi at a local pharmacy. Savings will vary based on your medication, your plan's design and deductible.

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[Change my contact preferences](#)

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Express Scripts, One Express Way, St. Louis, MO 63121

Express Scripts  
P.O. Box 66537  
St. Louis, MO 63166-6537



<Client Logo>

0 - 3  
JOHN Q SAMPLE  
CDH HRA Standard - Savings  
ANYTOWN, TX 00000

**Plan Member:** JOHN Q SAMPLE  
**Member Number:** XXXXX

**Group Number:** XXXXXXXXXXXXXXXXXXXX  
**Plan Name:** XXXXXXXXXXXXXXXXXXXX  
**Statement Period:** xx/xx/xxxx to xx/xx/xxxx

<Frequency>

# Prescription Benefits Review

for JOHN Q SAMPLE  
from Express Scripts and <Client Name>

---

Talk to your doctor and you could save

**up to \$33<sup>35</sup>** quarterly

on your prescription medications.

---

### Try home delivery through Express Scripts® Pharmacy.

- Up to 90-day supply; you will pay less over time
- Free shipping right to your door
- 24/7 access to pharmacist from the privacy of your home

What's Inside:

- How to start saving
- Savings Opportunity Table
- Prescription History



**Reduce clutter and save time.** Get your Prescription Benefits Review Statement online. Sign in at [express-scripts.com](http://express-scripts.com). Select **Communication Preferences** under **Account**. Then, under **Documents**, choose **Get online** and click **Save Changes**.



00000003010400

CRP2004\_002865.1

## About your Prescription Benefit Review

Express Scripts manages your prescription drug benefit, which is part of your consumer-directed health (CDH) plan. We are pleased to provide you with this Prescription Benefits Review to assist you in actively managing your healthcare costs. We hope it will help you to easily review your prescription history, as well as identify potential cost-savings opportunities that could help you make the best use of the funds in your health reimbursement account (HRA).

## Make sure you are getting the most out of your prescription plan

To help you make informed choices about your prescription medicines, use the **Price a Medication** tool at **express-scripts.com**. It's an easy, fast, powerful tool that lets you view savings opportunities and become a smarter healthcare consumer. Simply log in and select **Price a Medication** from the menu under **Prescriptions**. **If you haven't visited our website before, please take a moment to register at [express-scripts.com/PBR](https://express-scripts.com/PBR) (have your member ID number handy).**

### Cost-saving opportunities may include:

- **Using FDA-approved generics.** The FDA assures that FDA-approved generic equivalents are as safe and effective as the original brand-name medications.
- **Using plan-preferred medications.** These medications generally cost less than medications that are not preferred by your plan.
- **Using home delivery.** You can get up to a 90-day supply and may pay less over time. Have your doctor e-prescribe the prescription to **Express Scripts Home Delivery**.

## Discuss your savings opportunities with your doctor

Your doctor knows which medications to prescribe but may not always know which medications your plan covers or how much they cost. **The next time you visit your doctor, take your personalized Prescription Benefits Review statement.** Ask your doctor to review your medications with you, so you can take advantage of ways to help lower your prescription costs.



### The Express Scripts® mobile app

Download the Express Scripts mobile app for free today and manage your prescriptions anytime, anywhere.



### Register on



**[express-scripts.com/PBR](https://express-scripts.com/PBR)**

JOHN Q SAMPLE,

As a service to you, Express Scripts, the prescription drug benefit manager for your health plan, has prepared the below **personalized savings opportunity table** identifying lower-cost options under your plan for medications you take on an ongoing basis along with your potential quarterly savings.

## Opportunities to save on your prescription

Savings for JOHN Q SAMPLE

| Medication                 | Days' Supply | Pharmacy  | Quarterly Cost | <b>Potential savings</b><br>up to<br><b>\$33<sup>35</sup></b><br>quarterly |
|----------------------------|--------------|---|----------------|--|
| <i>Current Rx</i>          |              |   |                |  |
| DICLOFENAC SODIUM / 50 mg  | up to 30     |  | \$44.60        |  |
| <i>Savings Opportunity</i> |              |   |                |  |
| DICLOFENAC SODIUM / 50 mg  | up to 90     |  | \$11.25        |  |

### Pharmacy Legend:



Express Scripts Pharmacy<sup>SM</sup>  
Home Delivery (90-day supplies)



Retail Pharmacy

Make these simple adjustments and you could see savings that add up to nearly

**\$33<sup>35</sup>**  
quarterly\*

## Ways you can make changes



Sign in at [express-scripts.com](https://www.express-scripts.com) and select the **Price a Medication** tool from the menu under **Prescriptions**



Call Member Services at **1.800.XXX.XXXX**



Talk with your doctor and have them e-prescribe a 90-day prescription to Express Scripts Home Delivery



00000003020400

\*For further details and disclosures, please see the "Additional information" section.

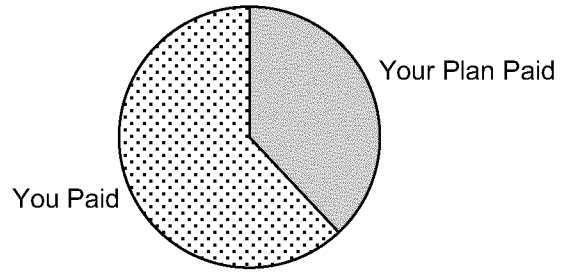
Page: 3 of 8

# Prescription Plan History

Statement period: xx/xx/xxxx to xx/xx/xxxx

What you and <Client Name> spent on prescriptions

|                        |                 |
|------------------------|-----------------|
| You paid .....         | \$93.15         |
| Your plan paid .....   | \$57.10         |
| From your HRA.....     | \$0.00          |
| <b>Total cost.....</b> | <b>\$150.25</b> |



## Prescription History for JOHN Q SAMPLE

| Date Rx filled | Drug name/dosage Rx number                | Total Cost     | Applied to deductible | Your out of pocket | From your HRA | Your plan paid | Pharmacy   |
|----------------|---|----------------|-----------------------|--------------------|---------------|----------------|------------|
| 11/03/2019     | DICLOFENAC SODIUM / 50 mg<br>000000894021 | \$7.45         | \$0.00                | \$0.75             | \$0.00        | \$6.70         | CVS #01557 |
| 11/13/2019     | FLUCONAZOLE / 150 mg<br>000000901566      | \$2.59         | \$0.00                | \$0.26             | \$0.00        | \$2.33         | CVS #01557 |
| 12/11/2019     | FLUCONAZOLE / 150 mg<br>000000901566      | \$2.29         | \$0.00                | \$0.00             | \$0.00        | \$2.29         | CVS #01557 |
| <b>TOTALS</b>  |   | <b>\$12.33</b> | <b>\$0.00</b>         | <b>\$1.01</b>      | <b>\$0.00</b> | <b>\$11.32</b> |            |

## Prescription History for TRAVIS L SAMPLE

| Date Rx filled | Drug name/dosage Rx number | Total Cost    | Applied to deductible | Your out of pocket | From your HRA | Your plan paid | Pharmacy   |
|----------------|----------------------------|---------------|-----------------------|--------------------|---------------|----------------|------------|
| 07/23/2019     | 00000XXX2294               | \$1.93        | \$0.00                | \$0.19             | \$0.00        | \$1.74         | CVS #01557 |
| 07/23/2019     | 00000XXX2293               | \$3.87        | \$0.00                | \$0.39             | \$0.00        | \$3.48         | CVS #01557 |
| <b>TOTALS</b>  |                            | <b>\$5.80</b> | <b>\$0.00</b>         | <b>\$0.58</b>      | <b>\$0.00</b> | <b>\$5.22</b>  |            |

## Prescription History for IVY R SAMPLE

| Date Rx filled | Drug name/dosage Rx number                       | Total Cost      | Applied to deductible | Your out of pocket | From your HRA | Your plan paid | Pharmacy   |
|----------------|--|-----------------|-----------------------|--------------------|---------------|----------------|------------|
| 07/05/2019     | OFLOXACIN / 0.3 %<br>000000869232                | \$48.90         | \$48.90               | \$0.00             | \$0.00        | \$0.00         | CVS #01557 |
| 07/06/2019     | AMOXICILLIN-CLAVULANAT / 600-42.<br>000000869539 | \$38.15         | \$38.15               | \$0.00             | \$0.00        | \$0.00         | CVS #01557 |
| 08/17/2019     | CEPHALEXIN / 250 mg/<br>000000877308             | \$19.57         | \$0.00                | \$1.96             | \$0.00        | \$17.61        | CVS #01557 |
| 11/24/2019     | CEFDINIR / 250 mg/<br>000000898182               | \$25.50         | \$0.00                | \$2.55             | \$0.00        | \$22.95        | CVS #01557 |
| <b>TOTALS</b>  |  | <b>\$132.12</b> | <b>\$87.05</b>        | <b>\$4.51</b>      | <b>\$0.00</b> | <b>\$40.56</b> |            |

|                        |                 |                |               |               |                |  |
|------------------------|-----------------|----------------|---------------|---------------|----------------|--|
| <b>STATEMENT TOTAL</b> | <b>\$150.25</b> | <b>\$87.05</b> | <b>\$6.10</b> | <b>\$0.00</b> | <b>\$57.10</b> |  |
|------------------------|-----------------|----------------|---------------|---------------|----------------|--|

The cost to members' plan does not include any rebates or other incentives their plan may receive from use of a specific medication. Express Scripts may retain or share some rebates with the members' plan. The cost the members' plan pays is an approximation and is

subject to change.

## Additional information

Savings amounts may vary based on drug prices, prescription programs including deductibles and out-of-pocket expenses in effect at the time of the savings calculation, applicable law and pharmacist's judgment. Medication costs outside of your prescription program and sales tax, where applicable, are not included. In most cases, the alternatives that are shown are preferred by your prescription program. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. Not all have been reviewed by Express Scripts National Pharmacy & Therapeutics Committee. Express Scripts can earn rebates on some drugs, and these rebates may be shared with plan sponsors. No prescription change is made without a doctor's authorization.

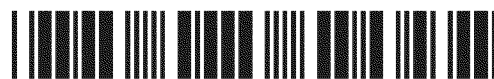
## **Express Scripts manages your prescription plan for your employer, plan sponsor or health plan.**

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EXPRESS SCRIPTS®

**Patient:** Please fill out the member and patient information and bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office. Please copy this form for your other medication(s).

**Physician:** Please fully complete this form to help ensure timely processing of your patient's prescription.

**Member Information**

Cardholder ID #: \_\_\_\_\_  
(Include all characters. Leave box blank for spaces.)

Cardholder name: \_\_\_\_\_

*write for 90 days*

**STEP 1 Complete all information below.**

**Prescriber Information**

Prescriber Name: \_\_\_\_\_

Fax#: \_\_\_\_\_

NPI #: \_\_\_\_\_  
(NPI required for all prescriptions)

DEA #: \_\_\_\_\_  
(DEA required for CIII-CV prescriptions)

Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Not for CII prescriptions**

**STEP 2 Fill in or attach prescription below**

Prescriber Name  
Address  
City, State, Zip



Write or stamp here  
(Fill out one form for each Rx)

Patient Name: \_\_\_\_\_

Drug: \_\_\_\_\_

Strength: \_\_\_\_\_

Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Refills: \_\_\_\_\_ (up to 3 refills)

Date: / /

(Stamps are not accepted. Signature required.)  
In order for a brand name product to be dispensed, the prescriber must handwrite "brand necessary" or "brand medically necessary" in the space below.

When applicable PRINT Supervising Physician name here ↑

**Patient Information**

Date of birth: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Ship to address: \_\_\_\_\_

**STEP 3**

Indicate number of medications on this page.

\_\_\_\_\_

Have questions?  
Call 1 888 327-9791.

For reporting allergies or  
medical conditions, press option 5  
(Monday-Friday 9:00 am - 8:00 pm Eastern.)

**STEP 4**

Sign this prescription and fax to:

**1 800 837-0959**

- ◆ Fax from the prescriber's secure fax line.
- ◆ Do not fax with a cover sheet.
- ◆ Incomplete forms will cause a delay in processing.



Confidentiality Notice: This communication and any attachments are intended solely for the use of the addressee named above and contains confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify Express Scripts by fax or phone immediately. Express Scripts facsimile machines are secure and in compliance with HIPAA privacy standards.



00000003040400

The provision of the information requested in this form is for your patient's benefit. Express Scripts does not compensate for completing this form.





EXPRESS SCRIPTS®

115 Tabor Rd  
Morris Plains, NJ 07950

\\PAT\00011507892\000000000000\  
1150\73\000000000000\10182022\XXXX

- 314

John Smith  
1 ANY STREET  
ANYTOWN, MO 00000

Please share this information  
with your doctor.

October 2022

Control #XX-XXXXXXXXXX

Dear John Smith,

Company ABC and Express Scripts have taken additional measures to help ensure your health and safety. This notification and the Health and Safety Considerations below are based on a recent review of your claims information.

**Since each person is unique, these Health and Safety Considerations may or may not be cause for a change to your medication therapy. However, we do encourage you to share this information and the enclosed Prescription History with your doctor.**

Please remember:

- ✓ Only your doctor can determine if your current treatment should be modified.
- ✓ Do not stop taking any medications or change the way you take them unless directed by your doctor.

### Health and Safety Considerations

#### FOR REVIEW BY YOU AND YOUR DOCTOR TO ASSIST IN YOUR CARE

1. In an effort to help you maximize the benefit you get from your medications, we periodically review member claims. Many people receiving similar prescriptions for diabetes benefit from statin cholesterol medication. Statins can reduce the level of bad cholesterol and may decrease the risk of heart disease by over 40 percent. We don't have a record of your receiving this type of medication. Please ask your doctor if statin cholesterol medication might be right for you.

(Over, please)

**Proof**

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan.

If you have any questions or would like to speak to a pharmacist, please contact Express Scripts toll-free at **800.208.4842**, anytime between 8:00 A.M. and 8:00 P.M. Eastern, Monday through Friday.

Sincerely,

Express Scripts Clinical Team

P.S. This information may have already been shared with your doctor(s). Be sure to speak with your doctor before stopping a medication or changing the way you're taking it.

**Proof**



Patient Name **John Smith**

Date of Birth 12/16/2000

Control Number XX-XXXXXXXXXX

*(Please refer to this Control Number when corresponding with Express Scripts.)*

**Requested Actions:**

- ✓ Review the Health and Safety Considerations with your doctor(s).
- ✓ Do **NOT** stop taking your medications or change the way you are taking them without first talking to your doctor(s).

**Prescription History**

| Date of Service | Drug Description       | Strength | Quantity | Days Supply |
|-----------------|------------------------|----------|----------|-------------|
| 10 08 22        | CLONIDINE HCL          | 0.3 MG   | 270      | 90          |
| 10 05 22        | FARXIGA                | 10 MG    | 30       | 30          |
| 09 29 22        | AMLODIPINE BESYLATE    | 10 MG    | 90       | 90          |
| 09 14 22        | METOPROLOL TARTRATE    | 100 MG   | 180      | 90          |
| 08 29 22        | FLUTICASONE PROPIONATE | 50 MCG   | 48       | 90          |
| 08 21 22        | SPIRONOLACTONE         | 50 MG    | 90       | 90          |
| 08 18 22        | LOSARTAN POTASSIUM     | 100 MG   | 90       | 90          |
| 08 11 22        | LOSARTAN POTASSIUM     | 100 MG   | 30       | 30          |
| 08 02 22        | METFORMIN HCL          | 500 MG   | 180      | 90          |
| 08 02 22        | CLONIDINE HCL          | 0.3 MG   | 270      | 90          |
| 08 01 22        | SPIRONOLACTONE         | 50 MG    | 30       | 30          |

NOTE: This Prescription History and the Health and Safety Considerations are based on claims information available to Express Scripts at the time of review. Prescription History may include medications prescribed by more than one doctor.

If there are any prescriptions listed above that you do not recognize, please contact Express Scripts Member Services toll-free at **800.208.4842**, anytime between 8:00 A.M. and 8:00 P.M. Eastern, Monday through Friday.

**Proof**

**Proof**

## Psoriasis

- Humira
  - Move █% of Psoriasis claims (█% of all Humira claims)
  - Shift claims to
    - Enbrel █% - also a TNF
    - Cimzia █% - also a TNF (unexcluding)
    - Otezla █% - PDE4 less immunogenic
    - Stelara SC █% - IL 12/23 less immunogenic
    - Tremfya █% - IL 23 less immunogenic
    - Taltz █% - IL 17 less immunogenic
- Skyrizi
  - Move █% (Psoriasis is only indication)
  - Shift claims to
    - Tremfya █% - also IL 23
    - Stelara SC █% - IL 12/23
    - Enbrel █%
    - Cimzia █%
    - Otezla █%

## Rheumatoid Arthritis-Like

- Humira
  - Move █% of RA claims (█% of all Humira claims)
  - Shift claims to
    - Enbrel █% - also TNF
    - Cimzia █% - TNF with less market share
    - Xeljanz █% - JAK, oral
    - Taltz █% - IL 17
    - Actemra █% - IL 6 but low market share
- Rinvoq
  - Move █% (RA-like are only indications)
  - Shift claims to
    - Xeljanz █% - also a JAK and oral
    - Enbrel █% - market share leader
    - Cimzia █%
    - Actemra █% - low market share

## Crohn's

- Humira
  - Move █% of Crohn's claims (█% of all Humira claims)
  - Shift claims to
    - Cimzia █% - also TNF
    - Stelara SC █% - decent market share

## Ulcerative Colitis

- Humira
  - Move █% of UC claims (█% of all Humira claims)
  - Shift claims to

- Stelara SC [REDACTED]%
- Xeljanz [REDACTED]% - JAK lower in guidelines
- Simponi100mg [REDACTED]% - very low market share



---

**From:** [REDACTED]  
**Sent:** 2/23/2022 2:49:29 PM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy  
**Attachments:** Biosimilars\_INTERNAL Talking Points.pptx

See attached. Let me know what changes/edits you have  
Appendix slides taken from CAE training slides.

[REDACTED] [Pharm.D., R.Ph.](#)  
[REDACTED] – [Supply Chain](#)  
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---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 9:32 AM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

Yes, agree. I think we will have better luck writing the script/slides/talking points and asking them to approve or edit. I  
can review after you put a draft together and then we can send to [REDACTED]

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 8:27 AM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

[REDACTED] is on for [REDACTED] today and I am connecting with [REDACTED] and [REDACTED] on [REDACTED] that was yesterday. We have the link to  
their presentation, I am drafting bullet points for him to review/edit/bleed and can add on what [REDACTED] may say additionally.  
I noted this was going to happen 2 weeks ago and was trying to get their thoughts proactively.

[REDACTED] [Pharm.D., R.Ph.](#)  
[REDACTED] – [Supply Chain](#)  
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---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 9:26 AM  
**To:** [REDACTED]  
**Subject:** FW: Biosimilars-Humira Strategy

Can someone attending [REDACTED] discussion just take good notes on what [REDACTED] says today? and, not sure who was on with  
[REDACTED] yesterday but [REDACTED] told me he addressed there. I think we just need to do a write-up and have them

approve/edit. Otherwise we will just spin. I can also dig out the biosim presentation [REDACTED] did for [REDACTED] in Sept. I guess that is what he means by the AT being trained. Lmk if that works as a starting point. then, I DO think one of them needs to attend your team call to address qs.

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 7:56 AM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

Minimizing the audience to get aligned so people don't come in this morning to 17 emails on the topic 😊 I suggested earlier this week but I'm sure it's buried in email.

[REDACTED] – could you come to [REDACTED]'s team mtg and do a 'training' on this topic. I think yesterday you met with [REDACTED] today [REDACTED] is meeting [REDACTED]. If instead we could share the rules of the road and talk track with the team, it would be more efficient. [REDACTED] and I can put something together for you to review as a starting point. Our challenge really is what is shareable under this NDA vs not. Thoughts?

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 7:48 AM  
**To:** [REDACTED]  
[REDACTED]  
**Cc:** [REDACTED]; [REDACTED]; [REDACTED]  
[REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

Thanks for the quick reply. Some **comments below**

[REDACTED] [Pharm.D., R.Ph.](#)  
[REDACTED] – [Supply Chain](#)  
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**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 8:39 AM  
**To:** [REDACTED]  
[REDACTED]  
**Cc:** [REDACTED]; [REDACTED]  
[REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

From a Medicare perspective, it will likely be a 2024 event given the biosims will hit after 1/1 and after submission timelines unless can opens up the window. **Can we add that we feel this way given not all entrants will have interchangeability and moving share would be difficult mid year?**

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I think the question is what sort of savings are they looking for to move and probably need to give [REDACTED] some visibility into the questions the CaEs are asking as I think she wanted to manage some of them, no? **I can collect the questions coming in and share with [REDACTED]** In terms of savings, I think we/they saw with Semglee, even with interchangeable status, it was not translating to savings or value worth moving against the innovator. So I guess it depends what Abbvie will/won't do with coupling their other products. I think if they can see ANY savings with a market share shift they can attain they would entertain a move.

---

**From:** [REDACTED]

**Date:** February 23, 2022 at 7:31:50 AM CST

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** RE: Biosimilars-Humira Strategy

[REDACTED]

See below, another custom client with inquiry around ESI biosimilar strategy. We are going to need a 'canned' response soon as these questions are coming regularly now, or how do we want to redirect them?

[REDACTED] [Pharm.D., R.Ph.](#)

[REDACTED] – [Supply Chain](#)

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**From:** [REDACTED]

**Sent:** Wednesday, February 23, 2022 12:16 AM

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** FW: Biosimilars-Humira Strategy

Hi [REDACTED]

I'm assuming that this question will continue to come from all of our clients. Anything else that we should be sharing with our account teams other than what we've already been telling them (i.e. we should not be talking strategy about Humira biosims due to rebate impact with Abbvie)?

Thanks!

[REDACTED] | [REDACTED] | Clinical Programs | Express Scripts | [REDACTED] | [REDACTED]

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Upcoming PTO:

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---

**From:** [REDACTED]

**Sent:** Tuesday, February 22, 2022 4:24 PM

**To:** [REDACTED]

**Cc:** [REDACTED]

[REDACTED]  
**Subject:** Biosimilars-Humira Strategy

Hi [REDACTED]

On a call this morning with [REDACTED] their VP asked what is ESI's strategy going to be around Humira. Clients are very anxious to hear ESI's go forward strategy. I know that you previously mentioned that we do not have much details or rates available. They are expecting ESI to provide some insight into this on our BID strategy call on Thursday.

Thanks,

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[REDACTED] - Health Plans Division  
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**From:** [REDACTED]  
**Sent:** 2/23/2022 2:27:22 PM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

[REDACTED] is on for [REDACTED] today and I am connecting with [REDACTED] and [REDACTED] on [REDACTED] that was yesterday. We have the link to their presentation, I am drafting bullet points for him to review/edit/bleed and can add on what [REDACTED] may say additionally. I noted this was going to happen 2 weeks ago and was trying to get their thoughts proactively.

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**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 9:26 AM  
**To:** [REDACTED]  
**Subject:** FW: Biosimilars-Humira Strategy

Can someone attending [REDACTED] discussion just take good notes on what [REDACTED] says today? and, not sure who was on with [REDACTED] yesterday but [REDACTED] told me he addressed there. I think we just need to do a write-up and have them approve/edit. Otherwise we will just spin. I can also dig out the biosim presentation [REDACTED] did for [REDACTED] in Sept. I guess that is what he means by the AT being trained. Lmk if that works as a starting point. then, I DO think one of them needs to attend your team call to address qs.

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 7:56 AM  
**To:** [REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

Minimizing the audience to get aligned so people don't come in this morning to 17 emails on the topic 😊 I suggested earlier this week but I'm sure it's buried in email.

[REDACTED] – could you come to [REDACTED]'s team mtg and do a 'training' on this topic. I think yesterday you met with [REDACTED], today [REDACTED] is meeting [REDACTED]. If instead we could share the rules of the road and talk track with the team, it would be more efficient. [REDACTED] and I can put something together for you to review as a starting point. Our challenge really is what is shareable under this NDA vs not. Thoughts?

---

**From:** [REDACTED]  
**Sent:** Wednesday, February 23, 2022 7:48 AM  
**To:** [REDACTED]  
[REDACTED]  
**Cc:** [REDACTED] [REDACTED]  
[REDACTED]  
**Subject:** RE: Biosimilars-Humira Strategy

Thanks for the quick reply. Some **comments below**

██████████ [Pharm.D., R.Ph.](#)

██████████ [Clinical Programs – Supply Chain](#)

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**Sent:** Wednesday, February 23, 2022 8:39 AM

**To:** ██████████

██████████

**Cc:** ██████████ ██████████

██████████

**Subject:** RE: Biosimilars-Humira Strategy

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---

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**Date:** February 23, 2022 at 7:31:50 AM CST

**To:** ██████████

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**Cc:** ██████████ ██████████

██████████

**Subject:** RE: Biosimilars-Humira Strategy

██████████

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Thanks!

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**From:** [REDACTED]  
**Sent:** Tuesday, February 22, 2022 4:24 PM  
**To:** [REDACTED]  
[REDACTED]  
**Cc:** [REDACTED]  
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**Subject:** Biosimilars-Humira Strategy

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Upcoming PTO:

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**From:** [REDACTED]  
**Sent:** 11/29/2022 4:11:53 PM  
**To:** [REDACTED]  
**Subject:** fyi

In case this is helpful for materials, I saw this summary from [REDACTED] which is really nicely summarized IMO.

Humira will remain on formulary in 2023. Biosimilars will be added at parity to Humira, thus giving patients and prescribers option but without any abrasion. This strategy was chosen since we were able to leverage our enterprise wide approach to deliver the best net cost position for clients regardless of whether a prescriber chooses the originator or a biosimilar. Biosimilars will be added at parity and that will be more defined as we get closer to their launch.

[REDACTED] PharmD  
Vice President, Formulary Solutions  
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