

# 2022 Abridged Select EX Formulary

The following is a list of the most commonly prescribed brand and generic medications. It represents an abbreviated version of the formulary list that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. Some preferred medications overlap with other clinical programs and may not be covered. In addition to drugs on this list, the majority of generic medications are covered under your plan and you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. The Elixir Pharmacy & Therapeutics (P&T) committee is responsible for the development and maintenance of the formulary. The committee is comprised of independent practicing physicians and pharmacists from a wide variety of medical specialties. The formulary is reviewed and updated as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the formulary include safe use, clinical efficacy, and therapeutic need. Only after those factors are assessed is cost considered. Compliance with the formulary is important for improving quality of care and restraining health care costs. A copy of this formulary document is available at [elixirsolutions.com](http://elixirsolutions.com).

PLEASE NOTE: Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. Any medication newly approved by the FDA will not be covered until reviewed by the Elixir Pharmacy & Therapeutics (P&T) committee. Not all drugs listed are covered by all prescription drug benefit programs. Certain utilization edits and criteria may apply. For specific questions about your coverage, please visit [elixirsolutions.com](http://elixirsolutions.com).

<b>A</b>	APTIOM	BERINERT [NP] [SP]	CETRAXAL [NP]
ABILIFY MAINTENA	APTIVUS [NP]	BESIVANCE	CHANTIX
ACTEMRA [SP]	ARAKODA [NP]	BETASERON [SP]	CHEMET
ACTHAR [NP] [SP]	ARANESP [SP]	BIKTARVY	CHENODAL [SP]
ACTIMMUNE [SP]	ARCALYST [NP] [SP]	BLEPHAMIDE [NP]	CHLORDIAZEPOXIDE/ AMITRIPTYLINE [NP]
ADDYI [NP]	ARCAPTA NEOHALER [NP]	BONJESTA [NP]	CHOLBAM [NP] [SP]
ADEMPAS [NP] [SP]	ARIKAYCE [NP] [SP]	BOSULIF [SP]	CHORIONIC GONADOTROPIN [SP]
ADVAIR HFA	ARNUITY ELLIPTA	BRAFTOVI [NP] [SP]	CIMDUO
ADVATE [SP]	ASMANEX	BREO ELLIPTA	CIMZIA [NP] [SP]
ADYNOVATE [SP]	ASTAGRAF XL [NP]	BREZTRI AEROSPHERE	CLIMARA PRO
AFINITOR [SP]	ATROVENT HFA [NP]	BRILINTA	CLINDESSE [NP]
AFSTYLA [SP]	AUBAGIO [SP]	BRIMONIDINE-TIMOLOL [NP]	COAGADEX [SP]
AIMOVI	AUGMENTIN [NP]	BRIVIACT [NP]	COARTEM [NP]
AJOVY	AURYXIA [NP]	BROMSITE [NP]	COMBIGAN [NP]
AKLIEF [NP]	AUSTEDO [NP] [SP]	BRUKINSA [NP] [SP]	COMBIPATCH [NP]
AKTEN [NP]	AUVI-Q [NP]	BYDUREON [NP]	COMBIVENT RESPIMAT
ALDACTAZIDE [NP]	AVONEX [SP]	BYVALSON [NP]	COMETRIQ [SP]
ALECENSA [SP]	AVSOLA [SP]	<b>C</b>	COMPLERA [NP]
ALINIA	AYVAKIT [SP]	CABLIVI [NP] [SP]	CONTRAVE
ALORA [NP]	<b>B</b>	CABOMETYX [SP]	COPIKTRA [NP] [SP]
ALPROLIX [SP]	BALVERSA [NP] [SP]	CALQUENCE [NP] [SP]	CORIFACT [SP]
ALREX	BAQSIMI	CAPRELSA [SP]	CORLANOR
ALUNBRIG [SP]	BARACLUDE	CARAC	CORTIFOAM
AMZEEQ [NP]	BAXDELA [NP]	CARBAGLU [SP]	COSENTYX [SP]
ANALPRAM-HC [NP]	BECONASE AQ [NP]	CAVERJECT [NP]	COTELLIC [SP]
ANGELIQ [NP]	BELBUCA	CAYSTON [NP] [SP]	CREON
ANORO ELLIPTA	BELSOMRA	CERDELGA [SP]	CRESEMBA [NP]
APADAZ [NP]	BENEFIX [SP]	CERVIDIL [NP]	CRIVAN [NP]
APOKYN [NP] [SP]	BENLYSTA [NP] [SP]	CESAMET [NP]	

Key: [NP] = Non-Preferred [SP] = Specialty

CROTAN [NP]  
CYCLOMYDRIL [NP]  
CYSTADANE  
CYSTADROPS [NP] [SP]  
CYSTAGON  
CYSTARAN [NP] [SP]

**D**

DALIRESP [NP]  
DAURISMO [NP] [SP]  
DDAVP [NP]  
DELESTROGEN [NP]  
DELSTRIGO  
DEPO-ESTRADIOL [NP]  
DESCOVY  
DEXCOM G5  
DEXCOM G6  
DIACOMIT [NP]  
DIASTAT  
DIDANOSINE [NP]  
DIFICID  
DILANTIN  
DIVIGEL  
DOPTELET [SP]  
DOVATO  
DROXIA [NP]  
DUAVEE  
DULERA  
DUOBRII [NP]  
DUOPA [NP] [SP]  
DUPIXENT [NP] [SP]  
DUROLANE [SP]

**E**

EDARBI [NP]  
EDARBYCLOR [NP]  
EDEX [NP]  
EDURANT [NP]  
ELESTRIN [NP]  
ELIGARD [NP] [SP]  
ELIQUIS  
ELIXOPHYLLIN [NP]  
ELLA  
ELMIRON [NP]  
ELOCTATE [SP]  
ELYXYB [NP]  
EMCYT [SP]  
EMEND  
EMGALITY  
EMSAM [NP]  
EMTRIVA [NP]  
ENBREL [SP]  
ENCARE  
ENDARI [NP] [SP]

ENSPRYNG [NP] [SP]  
ENSTILAR  
ENTRESTO  
ENVARBUS XR [NP]  
EPCLUSA [SP]  
EPIDIOLEX [SP]  
EPIDUO FORTE  
EPIVIR HBV [NP]  
EQUETRO [NP]  
ERGOMAR [NP]  
ERIVEDGE [SP]  
ERLEADA [SP]  
ESBRIET [NP] [SP]  
ESPEROCT [SP]  
ESTRING  
ESTROGEL  
ETOPOSIDE [SP]  
EUCRISA  
EUFLEXXA [SP]  
EURAX [NP]  
EVAMIST [NP]  
EVOTAZ  
EVRYSDI [NP] [SP]

**F**

FANAPT [NP]  
FARXIGA  
FARYDAK [SP]  
FASENRA PEN [SP]  
FAZACLO [NP]  
FEIBA [SP]  
FEMCAP  
FERRIPROX [NP] [SP]  
FETZIMA [NP]  
FIASP  
FINTEPLA [NP] [SP]  
FIRDAPSE [NP] [SP]  
FIRVANQ [NP]  
FLAREX [NP]  
FLOVENT  
FOLLISTIM AQ [SP]  
FORTEO [SP]  
FOSRENOL [NP]  
FOTIVDA [NP] [SP]  
FRAGMIN [NP]  
FREESTYLE LIBRE  
FUZEON [NP]  
FYCOMPA [NP]

**G**

GALAFOLD [NP] [SP]  
GALZIN [NP]  
GAMMAGARD [SP]  
GAMMAPLEX [SP]

GATTEX [NP] [SP]  
GAVILYTE-C [NP]  
GAVRETO [NP] [SP]  
GELSYN-3 [SP]  
GENTAK [NP]  
GENVOYA  
GILENYA [SP]  
GILOTRIF [SP]  
GLASSIA [NP] [SP]  
GLEOSTINE [SP]  
GLUCAGEN HYPOKIT [NP]  
GLYXAMBI  
GRALISE [NP]  
GRASTEK [NP]  
GVOKE

**H**

HAEGARDA [SP]  
HARVONI [SP]  
HEMLIBRA [SP]  
HEMOFIL M [SP]  
HETLIOZ [NP] [SP]  
HUMATE-P [SP]  
HUMIRA [SP]  
HUMULIN R U-500  
HYCAMTIN [SP]

**I**

IBRANCE [SP]  
ICLUSIG [SP]  
IDELVION [SP]  
IDHIFA [NP] [SP]  
ILEVRO [NP]  
IMBRUVICA [SP]  
IMCIVREE [NP] [SP]  
IMPAVIDO [SP]  
INBRIJA [SP]  
INCRELEX [SP]  
INCRUSE ELLIPTA  
INGREZZA [NP] [SP]  
INLYTA [SP]  
INQOVI [NP] [SP]  
INREBIC [NP] [SP]  
INTELENCE  
INTRON A [SP]  
INVIRASE [NP]  
IRESSA [SP]  
ISENTRESS  
ISENTRESS HD  
ISTURISA [NP] [SP]  
IXINITY [SP]

**J**

JAKAFI [SP]  
JANUMET

JANUMET XR  
JANUVIA  
JARDIANCE  
JIVI [SP]  
JORNAY PM  
JUBLIA  
JULUCA  
JUXTAPID [NP] [SP]  
JYNARQUE [NP] [SP]

**K**

KALYDECO [SP]  
KESIMPTA [SP]  
KEVZARA [NP] [SP]  
KISQALI [SP]  
KITABIS PAK [NP] [SP]  
KLISYRI [NP]  
KLOXXADO  
KORLYM [NP] [SP]  
KOSELUGO [NP] [SP]  
KOVALTRY [SP]  
KRINTAFEL [NP]  
KYLEENA  
KYNMOBI

**L**

LAMICTAL ODT [NP]  
LAMPIT [NP]  
LANTUS  
LATUDA  
LENVIMA [SP]  
LEUKERAN [SP]  
LEUKINE [NP] [SP]  
LEVEMIR  
LINDANE [NP]  
LINZESS  
LIVALO  
LO LOESTRIN FE  
LOKELMA  
LOMAIRA [NP]  
LONSURF [SP]  
LORBRENA [NP] [SP]  
LOTEMAX  
LUCEMYRA [NP]  
LUMIGAN  
LUPANETA PACK [NP] [SP]  
LUPKYNIS [NP] [SP]  
LUPRON DEPOT [SP]  
LYNPARZA [SP]  
LYSODREN [SP]

**M**

MARPLAN [NP]  
MATULANE [SP]  
MAVENCLAD [SP]

MAVYRET [SP]	NOVOLOG MIX 70/30	PERSERIS	RHOPRESSA [NP]
MAXIDEX [NP]	NOVOPEN ECHO	PHOSLYRA [NP]	RIBASPHERE [NP][SP]
MAYZENT [SP]	NOXAFIL	PICATO	RIDAURA [NP]
MEKINIST [SP]	NUBEQA [SP]	PIQRAY [SP]	RINVOQ [SP]
MEKTOVI [NP][SP]	NUCALA [SP]	PLEGRIDY [SP]	RIXUBIS [SP]
MENEST [NP]	NUCYNTA ER	POMALYST [SP]	ROCKLATAN [NP]
MENOPUR [NP][SP]	NUEDEXTA	PRADAXA [NP]	ROSZET [NP]
MENOSTAR [NP]	NULIBRY [NP][SP]	PREFEST [NP]	ROZLYTREK [SP]
MESNEX [SP]	NURTEC	PREMARIN	RUBRACA [SP]
METHITEST [NP]	NUVESSA [NP]	PREMPHASE	RUCONEST [NP][SP]
MIGERGOT [NP]	NUWIQ [SP]	PREMPRO	RUKOBIA [NP][SP]
MIRENA	NUZYRA [NP]	PRETOMANID [NP]	RUZURGI [NP][SP]
MIRCERA [NP]	NYMALIZE [NP]	PREVYMIS [NP]	RYBELSUS
MIRVASO [NP]	NYVEPRIA [SP]	PREZCOBIX	RYDAPT [SP]
MOVANTIK	OBIZUR [SP]	PREZISTA	RYTARY [NP]
MULPLETA [SP]	<b>O</b>	PRIFTIN	<b>S</b>
MULTAQ	OCALIVA [NP][SP]	PRIVIGEN [SP]	SAMSCA [NP][SP]
MYALEPT [NP][SP]	OCTAGAM [SP]	PROCTOFOAM HC [NP]	SANTYL [NP]
MYCAPSSA [NP][SP]	ODACTRA [NP]	PROCYSBI [NP][SP]	SAXENDA [NP]
MYFEMBREE	ODEFSEY	PROGRAF [NP]	SECUADO [NP]
MYLERAN [SP]	ODOMZO [SP]	PROMACTA [NP][SP]	SELEGILINE HCL [NP]
MYRBETRIQ	OFEV [NP][SP]	PULMOZYME [SP]	SELZENTRY [NP]
MYTESI [NP]	OMNARIS [NP]	PURIXAN	SEREVENT DISKUS
<b>N</b>	OMNIPOD	<b>Q</b>	SFROWASA [NP]
NARCAN	ONETOUCH TEST PRODUCTS	QBRELIS [NP]	SIGNIFOR [NP][SP]
NASCOBAL [NP]	ONEXTON	QINLOCK [NP][SP]	SIKLOS [NP][SP]
NATACYN	ONUREG [NP][SP]	QNASL [NP]	SIMBRINZA
NATAZIA [NP]	OPSUMIT [SP]	QSYMIA [NP]	SIMPONI [SP]
NATPARA [NP][SP]	ORACEA	QTERN [NP]	SIRTURO [NP][SP]
NATROBA [NP]	ORALAIR [NP]	QUILLICHEW ER	SIVEXTRO [NP]
NAYZILAM [NP]	ORAVIG [NP]	QUILLIVANT XR	SKYLA
NERLYNX [NP][SP]	ORENITRAM [NP][SP]	QVAR REDIHALER	SKYRIZI [SP]
NEUPRO [NP]	ORFADIN [SP]	<b>R</b>	SKYTROFA [NP]
NEVIRAPINE ER [NP]	ORGOVYX [NP][SP]	RAGWITEK [NP]	SOLIQUA
NEXAVAR [SP]	ORIAHNN	RAVICTI [NP][SP]	SOLOSEC
NEXLETOL	ORILISSA	RAYALDEE [NP]	SOLTAMOX
NEXLIZET	ORKAMBI [NP][SP]	REBETOL [NP][SP]	SOMAVERT [NP][SP]
NICOTROL	OTEZLA [SP]	REBIF [SP]	SOVALDI [SP]
NINLARO [SP]	OTREXUP	RECTIV [NP]	SPIRIVA
NITRO-BID [NP]	OXBRYTA [NP][SP]	REDITREX	SPRITAM [NP]
NITRO-DUR [NP]	OXERVATE [NP][SP]	REGRANEX [NP]	SPRYCEL [SP]
NITROMIST [NP]	OXTELLAR XR [NP]	RELENZA DISKHALER [NP]	STALEVO [NP]
NITYR [SP]	OXYCONTIN	REPATHA	STELARA [SP]
NIVESTYM [SP]	OZEMPIC	RESTASIS	STIMATE [SP]
NOCTIVA [NP]	<b>P</b>	RETACRIT [SP]	STIOLTO RESPIMAT
NORDITROPIN FLEXPPO [SP]	PALFORZIA [NP]	RETEVMO [SP]	STIVARGA [SP]
NORVIR	PALYNZIQ [NP][SP]	REVCOVI [SP]	STRENSIQ [SP]
NOVAREL [SP]	PANZYGA [SP]	REVLIMID [SP]	STRIBILD [NP]
NOVOLIN 70/30	PAZEO	REYVOW	STRIVERDI RESPIMAT
NOVOLIN N	PEGASYS [SP]	REXULTI [NP]	SUBSYS [NP]
NOVOLIN R	PEGINTRON [NP][SP]	REYATAZ [NP]	SUCRAID [NP][SP]
NOVOLOG	PEMAZYRE [NP][SP]	REYVOW [NP]	SUNOSI

SUPARTZ FX [SP]	TOBI PODHALER [NP] [SP]	VELPHORO	XENLETA [NP]
SUPRAX	TOBRADEX ST [NP]	VELTASSA	XEPI [NP]
SUPREP BOWEL PREP KIT [NP]	TOLVAPTAN [NP] [SP]	VEMLIDY [NP]	XERMELO [NP] [SP]
SUTENT [SP]	TOUJEO SOLOSTAR	VENCLEXTA [SP]	XHANCE [NP]
SYLATRON [SP]	TRACLEER [SP]	VENTAVIS [NP] [SP]	XIFAXAN [NP]
SYMBICORT	TRECAFOR [NP]	VERQUVO	XIGDUO XR
SYMDEKO [SP]	TRELEGY ELLIPTA	VERSACLOZ [NP]	XIIDRA
SYMPROIC	TREMFYA [SP]	VERZENIO [SP]	XOFLUZA [NP]
SYMTUZA	TRESIBA	VIBERZI	XOSPATA [NP] [SP]
SYNAREL [NP]	TRETTEN [SP]	VICTOZA	XPOVIO [NP] [SP]
SYNJARDY	TRIJARDY XR	VIIBRYD [NP]	XTAMPZA ER
SYNJARDY XR	TRIKAFTA [SP]	VIMPAT	XTANDI [SP]
SYNRIBO [SP]	TRINATE	VIRACEPT [NP]	XULTOPHY
SYNTHROID	TRINTELLIX [NP]	VIREAD	XYNTHA [SP]
<b>T</b>	TRIUMEQ	VITRAKVI [SP]	XYREM [NP] [SP]
TABLOID [SP]	TRIUMEQ PD	VIVOTIF [NP]	XYWAV [NP] [SP]
TABRECTA [SP]	TROKENDI XR [NP]	VIZIMPRO [NP] [SP]	<b>Y</b>
TAFINLAR [SP]	TRULANCE	VONVENDI [SP]	YONSA [SP]
TAGRISSE [SP]	TRULICITY	VOSEVI [SP]	<b>Z</b>
TAKHZYRO [SP]	TUKYSA [NP] [SP]	VOTRIENT [SP]	ZARXIO [SP]
TALICIA	TURALIO [NP] [SP]	VRAYLAR [NP]	ZEGALOGUE
TALZENNA [SP]	TYBLUME [NP]	VUMERITY [SP]	ZEJULA [SP]
TASIGNA [SP]	TYBOST [NP]	VYLEESI [NP]	ZELBORAF [SP]
TAVALISSE [NP] [SP]	TYMLOS [SP]	VYNDAMAX [SP]	ZENPEP
TAZORAC	TYVASO [NP] [SP]	VYNDAQEL [SP]	ZEPOSIA [SP]
TAZVERIK [NP] [SP]	<b>U</b>	VYVANSE	ZETONNA [NP]
TEGSEDI [NP] [SP]	UBRELVY	VYZULTA [NP]	ZIEXTENZO [SP]
TEMIXYS	UCERIS [NP]	<b>W</b>	ZILXI
TENCON [NP]	UKONIQ [NP] [SP]	WILATE [SP]	ZOKINVY [SP]
TEPMETKO [NP] [SP]	UPTRAVI [SP]	WINLEVI [NP]	ZOLINZA [SP]
THALOMID [SP]	<b>V</b>	<b>X</b>	ZONTIVITY [NP]
THEO-24 [NP]	V-GO	XALKORI [SP]	ZORTRESS [NP]
THIOLA EC [NP] [SP]	VALCHLOR [SP]	XARELTO	ZUBSOLV [NP]
THYQUIDITY [NP]	VALTOCO [NP]	XCOPRI [NP]	ZYCLARA PUMP
TIBSOVO [NP] [SP]	VARUBI	XELJANZ [SP]	ZYDELIG [SP]
TIROSINT-SOL [NP]	VASCEPA	XELJANZ XR [SP]	ZYKADIA [SP]
TIVICAY	VECAMYL [NP] [SP]	XENICAL [NP]	ZYLET [NP]

# Excluded Medications with Covered Alternatives

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Anti-Migraines	generic dihydroergotamine, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	Trudhesa <sup>1</sup>
Anti-Migraines (CGRP) <sup>1</sup>	Aimovig, Ajovy, Emgality, Nurtec	Qulipta
Anti-Parkinson Agent	carbidopa/levodopa	Dhivy
Anticonvulsants	topiramate capsule, topiramate ER sprinkle	Elepsia, Eprontia
Antidepressants	citalopram tablet	Citalopram capsule
Antipsychotic	asenapine, aripiprazole, Latuda, olanzapine, quetiapine, Rexulti [NP], Vraylar [NP], ziprasidone	Caplyta, Lybalvi
Antipsychotics (Injectables)	Abilify Maintena, Perseris	Invega Hafyera, Invega Sustenna
Attention Deficit Hyperactivity Disorder (ADHD) – Amphetamine Products	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, Vyvanse	Adderall, Adderall XR, Adzenys, Dyanavel XR, Evekeo ODT, Mydayis, Zenzedi
Attention Deficit Hyperactivity Disorder (ADHD) – Miscellaneous Stimulants	dexmethylphenidate HCl/ER, Jornay PM, methylphenidate HCl/CD/ER, Quillichew ER, Quillivant XR	Adhansia XR, Aptensio XR, Azstarys, Concerta, Cotempla XR-ODT, Daytrana, Focalin/XR, Methylin, Relexxii, Ritalin, Ritalin LA
Attention Deficit Hyperactivity Disorder (ADHD) – Non-Stimulant	atomoxetine	Qelbree
Fentanyl Analgesics <sup>1</sup>	fentanyl citrate oral, fentanyl transdermal patch, fentanyl transmucosal lozenge	Actiq, Duragesic
Multiple Sclerosis [SP]* <sup>1</sup>	Aubagio, Avonex, Betaseron, dimethyl fumarate, glatiramer acetate, Gilenya, Kesimpta, Mavenclad, Mayzent, Rebif, Zeposia	Bafiertam, Copaxone, Extavia, Glatopa, Ponvory, Tecfidera, Vumerity
Narcolepsy [SP] <sup>1</sup>	Sunosi	Wakix
Narcotic Analgesics & Combinations	celecoxib, hydrocodone bitartrate ER, morphine sulfate ER, Oxycontin, tramadol, Xtampza ER	Hysingla ER, Seglentis
Opioid Abuse – Treatment	buprenorphine HCl/naloxone HCl	Bunavail, Probuphine Implant Kit, Sublocade, Suboxone
Opioid Agonist – Pain	Belbuca	Butrans
Sleep Disorder (Insomnia)	eszopiclone, zolpidem tartrate, zolpidem tartrate ER	Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, ramelteon
<b>CARDIOVASCULAR</b>		
Anticoagulants	Eliquis, Pradaxa [NP], Xarelto	Savaysa
Cholesterol – PCSK9 <sup>1</sup>	Repatha	Praulent
<b>DERMATOLOGY</b>		
Oral Acne	doxycycline hyclate, doxycycline monohydrate, minocycline HCl IR caps	minocycline ER caps, Minocin, Minolira, Seysara, Ximino

[NP] = Non-Preferred [SP] = Specialty [SP]\* = All specialty brand drugs

<sup>1</sup> = Specific criteria may apply to the exclusion

Brand drugs = Capitalized Generic drugs = lower case

## Excluded Medications with Covered Alternatives *(continued)*

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
Rosacea	Oracea	Doxycycline capsule DR 40 mg
Topical Acne	Avita, tretinoin	Retin-A, Twyneo
Topical Actinic Keratosis	Carac, fluorouracil, imiquimod	Aldara, Tolak
<b>DIABETES</b>		
Biguanides	metformin, metformin ER	Fortamet, Glumetza
Diabetes – Testing Supplies	OneTouch Products	All Other Meters and Test Strips
Diabetes – CGM	Dexcom G5/G6, Freestyle Libre 1 & 2	Enlite, Eversense, Guardian Connect
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Janumet, Janumet XR, Januvia	Alogliptin, Jentaduetto, Jentaduetto XR, Onglyza, Tradjenta
Sodium-Glucose Cotransporter-2 Inhibitors	Farxiga, Jardiance, Synjardy, Synjardy XR, Xigduo XR	Invokamet, Invokamet XR, Invokana, Segluromet, Steglatro, Steglujan
Glucagon-Like Polypeptide 1 Agonists	Ozempic, Rybelsus, Trulicity, Victoza	Adlyxin, Byetta
Insulin – Intermediate Acting	Humulin U-500, Novolin N	Humulin N
Insulin – Long Acting	Lantus, Levemir, Toujeo, Tresiba	Basaglar, Insulin Glargine-yfgn, Semglee
Insulin – Rapid Acting	Fiasp, Novolog	Admelog, Afrezza, Apidra, Humalog, Insulin Aspart, Insulin Lispro, Lyumjev
<b>ENDOCRINE</b>		
Contraceptives – Combinations	drospirenone/ethinyl estradiol, Generic Beyaz, Generic Safyral, Generic Yaz	Beyaz, Chateal, Nextstellis, Nuvaring, Ortho-Novum 1/35, Safyral, Yasmin 28, Yaz
Contraceptives – Progestins	Camila, Errin, Heather, Lyza	Ortho Micronor
Estrogen and Estrogen Modifiers for Vaginal Symptoms	estradiol, Estring, Yuvafem	Femring, Imvexxy, Vagifem
Growth Hormone [SP] <sup>*1</sup>	Norditropin, Skytrofa <sup>^</sup>	Genotropin, Humatrope, Omnitrope, Serostim, Zomacton
Osteoporosis [SP] <sup>*1</sup>	Forteo, Tymlos	Teriparatide
Testosterone <sup>1</sup>	testosterone cypionate, testosterone enanthate	Androgel, Fortesta
<b>EPINEPHRINE AUTO-INJECTOR SYSTEMS</b>		
Anaphylaxis	Auvi-Q, epinephrine	Adrenalin, Epipen, Epipen-JR, Symjepi
<b>GASTROINTESTINAL</b>		
Anticholinergics	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole	Dartisla ODT
Irritable Bowel Syndrome & Opioid Induced Constipation	Linzess, Movantik, Symproic, Trulance	Amitiza, Motegrity, Relistor solution, Relistor tablets, Zelnorm
Proton Pump Inhibitors	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole	Dexlansoprazole

[NP] = Non-Preferred [SP] = Specialty [SP]<sup>\*</sup> = All specialty brand drugs

<sup>1</sup> = Specific criteria may apply to the exclusion

<sup>^</sup> = Must step through Norditropin

Brand drugs = Capitalized Generic drugs = lower case

## Excluded Medications with Covered Alternatives *(continued)*

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
<b>HEMATOLOGICAL AGENTS</b>		
Erythropoiesis-Stimulating Agents [SP]* <sup>1</sup>	Retacrit	Epogen, Procrit
Granulocyte Colony Stimulating Factors [SP]* <sup>1</sup>	Nivestym, Zarxio	Granix, Neupogen
Hematopoietic Agents [SP]* <sup>1</sup>	Nyvepria, Ziextenzo	Fulphila, Neulasta, Udenyca
<b>HEPATITIS</b>		
Anti-hepatitis C (HCV) Agents [SP]* <sup>1</sup>	Epclusa, Harvoni, Mavyret	Ledipasvir/Sofosbuvir, Sofosbuvir/Velpatasvir, Viekira Pak, Zepatier
<b>HEREDITARY ANGIOEDEMA</b>		
Hereditary Angioedema [SP]* <sup>1</sup>	Berinert [NP], Haegarda, Takhyzro	Cinryze, Kalbitor, Orladeyo
<b>HIV</b>		
Antiretrovirals	abacavir sulfate/lamivudine, Cimduo, Descovy, Dovato, emtricitabine/tenofovir disoproxil fumarate, Evotaz, Juluca, lamivudine/zidovudine, lopinavir/ritonavir, Prezcoibix, Temixys	Cabenuva <sup>1</sup>
<b>INFLAMMATORY</b>		
Inflammatory Agents <sup>1</sup>	methotrexate, Otrexup, Reditrex	Rasuvo
Osteoarthritis Agents [SP]* <sup>1</sup>	Durolane, Euflexxa, Gelsyn-3, Supartz FX	Gel-One, Genvisc, Hyalgan, Monovisc, Orthovisc, Synvisc, Synvisc-One, Trivisc, Visco-3, Sodium Hyaluronate 20 mg/2 mL
Tumor-Necrosis Factor-alpha [SP]* <sup>1</sup>	Avsola, Renflexis	Inflectra, Infliximab, Remicade
<b>MISCELLANEOUS</b>		
Urinary Antispasmodics	oxybutynin, oxybutynin ER, solifenacin, tolterodine, trospium	Gelnique, Gemtesa, Toviaz
Weight Loss Agents <sup>1</sup>	Contrave, phentermine, Qsymia [NP], Saxenda [NP]	Apidex-P, benzphetamine HCl, diethylpropion HCl, phendimetrazine
<b>OPHTHALMIC</b>		
Dry Eye Disease	Restasis, Xiidra	Cequa, Tyrvaya
<b>RESPIRATORY</b>		
Long-Acting Muscarinic Antagonist	Spiriva	Lonhala
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	Anoro Ellipta, Stiolto Respimat, Trelegy Ellipta	Bevespi Aerosphere, Utibron Neohaler
Pulmonary Anti-Inflammatory/ Long-Acting Beta-Agonist Combination Inhalers	Advair HFA, Breo Ellipta, Dulera, fluticasone/salmeterol Diskus, Wixela Inhub, Symbicort	Advair Diskus, Airduo Resplick, Airduo Digihaler, Budesonide/Formoterol fumarate dihydrate, Duaklir Pressair
Short-Acting Beta Agonist/ Rescue Inhalers	albuterol sulfate HFA, Ventolin HFA	Levalbuterol Tartrate HFA, Proair Digihaler, Proair HFA, Proair Resplick, Proventil HFA, Xopenex

[NP] = Non-Preferred [SP] = Specialty [SP]\* = All specialty brand drugs

<sup>1</sup> = Specific criteria may apply to the exclusion

Brand drugs = Capitalized Generic drugs = lower case

# Step Therapies

ANALGESICS/ANTI-INFLAMMATORY: BIOLOGIC IMMUNOMODULATORS [SP] <sup>1</sup>								
	Rheumatoid Disorders					Dermatological Disorders	Inflammatory Bowel	
	Ankylosing Spondylitis	Non-Radiographic Axial Spondyloarthritis	Juvenile Idiopathic Arthritis	Psoriatic Arthritis	Rheumatoid Arthritis	Plaque Psoriasis	Crohn's Disease	Ulcerative Colitis
<b>Step 1a</b>	Cosentyx Enbrel Humira	Cimzia Cosentyx	Enbrel Humira	Cosentyx Enbrel Humira Otezla Skyrizi Stelara Tremfya	Enbrel Humira	Cosentyx Enbrel Humira Otezla Skyrizi Stelara Tremfya	Humira Stelara	Humira Stelara
<b>Step 1b</b> (Directed to ONE TNF inhibitor)	Rinvoq Xeljanz (XR)	N/A	Xeljanz	Rinvoq Xeljanz (XR)	Rinvoq Xeljanz (XR)	N/A	N/A	N/A
<b>Step 2</b> <i>*Humira is required Step 1</i>	N/A	N/A	Actemra*	N/A	Actemra*	N/A	Cimzia*	Rinvoq* Simponi* Xeljanz (XR)*
<b>Step 3a</b> (Directed to TWO Step 1 agents)	Cimzia Simponi Taltz	Taltz	Simponi Aria	Cimzia Orencia Simponi Taltz	Cimzia Kevzara Kineret Orencia Simponi Olumiant	Cimzia Ilumya	N/A	N/A
<b>Step 3b</b> (Directed to TWO agents from Step 1 & 2)	N/A	N/A	Orencia	N/A	N/A	N/A	N/A	Zeposia (Humira, Rinvoq, Stelara OR Xeljanz/ Xeljanz XR are required step agents)
<b>Step 3c</b> (Directed to THREE Step 1 agents)	N/A	N/A	N/A	N/A	N/A	Siliq Taltz	N/A	N/A

[SP]\* = All specialty brand drugs

1 = Specific criteria may apply to the exclusion



## Step Therapies

THERAPEUTIC CATEGORY	PRIMARY TREATMENT	SECONDARY TREATMENT
Advanced or Metastatic Breast Cancer [SP]* <sup>1</sup>	Ibrance, Verzenio	Kisqali, Kisqali Femara Pack
Multiple Sclerosis	dimethyl fumarate	Vumerity
Philadelphia Chromosome Positive Chronic Myeloid Leukemia in Chronic Phase [SP]* <sup>1</sup>	imatinib, Sprycel	Bosulif, Tasigna
Philadelphia Chromosome Positive Chronic Myeloid Leukemia (Ph+ CML) with T315I mutation	Iclusig	Scemblix
Polycythemia vera	Pegasys	Besremi

[SP]\* = All specialty brand drugs

1 = Specific criteria may apply to the category

Brand drugs = Capitalized Generic drugs = lower case

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