

EXCLUDED DRUG LIST UPDATES

July 2020

Removals

The drug **Dovato** was formerly excluded and is now included on the formulary at Tier 4.

Additions

These New-to-Market drugs have been added to the Excluded Drug List. No letters will be sent to members, because the drugs were excluded before utilization could take place. Specialty Drugs are noted with a (#).

- Arazlo
- Fetroja
- Revcovi(#)
- Secuando
- Tepezza(#)
- Caplyta
- Jatenzo
- Scenesse(#)
- Talicia
- Vyondys 53

October 1, 2019 Additions

These drugs will be added to the Excluded Drug List, **effective October 1, 2019**. We will send letters informing impacted members of the changes around August 1.

Drug	Alternatives
Atrapro dermal spray/gel/kit	OTC Mederma and Scar Away silicone scar sheets/gel
Cicatrace pad	OTC Mederma and Scar Away silicone scar sheets/gel
dexchlorpheniramine syrup	OTC antihistamines
Diclegis	OTC pyridoxine, OTC doxylamine, metoclopramide, ondansetron
diflorasone diacetate cream/ointment	desoximetasone, betamethasone dipropionate
glycopyrrolate tab 1.5 mg	glycopyrrolate 1 mg
HPR Plus MB Hydrogel kit	desoximetasone, betamethasone dipropionate

lactulose oral packet 10 g	lactulose oral solution 10 g/15 ml
Nascobal	oral or injectable vitamin B12
Nutraseb cream	desonide, ketoconazole, selenium sulfide shampoo
Promiseb cream/kit	desonide, ketoconazole, selenium sulfide shampoo
Xvite	OTC multivitamins
Zelac	OTC probiotics

October 1, 2019 Update- Balversa

Balversa is moving from the Excluded Drug List to the Non-Preferred Specialty Tier effective October 1, 2019.

May 1, 2019 Additions

These drugs will be added to the Excluded Drug List, **effective May 1, 2019. Members who have active prescriptions for these drugs through July 1, 2019, will be grandfathered.** Letters will be sent informing them of the changes around May 1.

Drug	Alternatives
Copasil	OTC scar products
Doral (quazepam)	Eszopiclone, zolpidem, zolpidem ER
Prodigen	OTC probiotics

Veregen Ointment Exclusion

Veregen ointment was added to the Excluded Drug List, **effective April 1, 2019.** Members who have **active prescriptions for this drug through June 1, 2019, will be grandfathered.** Letters will be sent informing them of the change in mid-April.

Advair Diskus Generic Exclusion

The generic version of Advair Diskus is excluded, **effective April 1, 2019.** The brand version of the product is covered (Tier 2). We are grandfathering members who have active prescriptions for the generic version through Jan. 1, 2020. While generic drugs typically deliver the lower cost, this is not always the case. At this time, brand Advair Diskus is the lower cost option.

January 1, 2019 Additions

These drugs were added to the Excluded Drug List, **effective January 1, 2019.** For members who have active prescriptions for these drugs, we are **grandfathering them through April 1, 2019. Members currently using Envarsus XR will be grandfathered for life.**

Drug	Alternatives
------	--------------

Beau Rx	OTC Mederma and Scar Away silicone scar sheets/gel
Benzonatate 150 mg capsule	Benzonatate 100 mg, 200 mg, OTC cough syrup
Bionect 0.2%	Silvasorb or Xeroform wound care products
Carbinoxamine 6 mg tablet	Carbinoxamine 4 mg, loratadine, cetirizine
Celacyn	OTC Mederma and Scar Away silicone scar sheets/gel
Chlorzoxazone 250 mg tablet	Chlorzoxazone 500 mg, cyclobenzaprine
Envarsus XR	Generic tacrolimus
Folika-V	OTC multivitamins with folic acid
Hydrocortisone 1% in asorbase ointment	Hydrocortisone cream or ointment
Levicyc Dermal Spray	Silvasorb or Xeroform wound care products
Recedo	OTC Mederma and Scar Away silicone scar sheets/gel
Sil-K Pad	Silvasorb or Xeroform wound care products
Tronvite	OTC multivitamins with folic acid
Vexasyn gel	Silvasorb or Xeroform wound care products

These drugs will be added to the Excluded Drug List, **effective January 1, 2019**.

- fenoprofen (generic)
- Lazanda
- Levorphanol
- naprelan (generic)
- Oxtellar XR (only brand excluded; generic is covered)
- Qudexy XR (only brand excluded; generic is covered)
- Remodulin
- Tassigna
- Trokendi XR (only brand excluded; generic is covered)
- Ventavis
- Zolpimist

Removals

These drugs will be removed from the Excluded Drug List and added to the formulary **effective January 1, 2019**.

- Biktarvy (Tier 3)
- Cimduo (Tier 3)
- Descovy (Tier 3)
- Odefsey (Tier 3)



- Ozempic (Tier 3)
- Symfi/Lo (Tier 3)
- Vraylar (Tier 4)

These drugs will be removed from the Excluded Drug List and added to the formulary **effective Nov. 1, 2018.**

- Braftovi (Tier 6)
- Mektovi (Tier 6)
- Upravi (Tier 5)