

Therapeutic Category	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Interferon Beta Medications for Multiple Sclerosis	Extavia ¹ , Plegridy ¹ , Rebif ¹	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Hysingla ER, Kadian, Nucynta ER, Opana ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
DIABETES		
Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Arkray(GlucoCard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch)
Dipeptidyl Peptidase-4 (DPP4) Inhibitors & Combinations	alogliptin/alogliptin with metformin/ alogliptin with pioglitazone, Kazano/Nesina/Oseni, Kombiglyze XR/Onglyza	Janumet/Janumet XR/Januvia, Jentadueto/Jentadueto XR/Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy
Glucagon-Like Peptide-1 (GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, NovoLog	Humalog
Basal Insulins & Combinations	Basaglar, Levemir, Soliqua, Tresiba	Lantus, Toujeo
ENDOCRINE (OTHER)		
Growth Hormones	Genotropin, Humatrope, Omnitrope, Zomacton	Norditropin, Nutropin, Saizen
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Testosterone 1% Gel, Vogelxo	Androgel 1.62%

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GASTROINTESTINAL		
Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
	Zorvolex	ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	mesalamine DR, Asacol HD, Delzicol	balsalazide, Apriso, Lialda
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
OPHTHALMIC		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
RESPIRATORY		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Combination Inhalers	Dulera	Advair Diskus, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI, TOBI Nebulizer, TOBI Podhaler	Bethkis
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra
Bladder Antispasmodics	Myrbetriq	darifenacin, oxybutynin, tolterodine, trospium, Vesicare
ALLERGIC REACTIONS		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q	Epinephrine (Mylan), EpiPen
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Acanya, Benzacilin, Benzacilin Pump, Benzamycin, Duac, Veltin, Ziana Gel	adapalene gel, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo/Epiduo Forte, Onexton

Required Prior Authorization Additions ²		
Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands ¹ non-preferred with prior authorization	Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Sovaldi: genotype 2 Zepatier: genotype 1 & 4
Immunomodulators	All other brands ¹ non-preferred with prior authorization	Cimzia, Humira, Simponi, Stelara
Multiple Sclerosis	All other brands ¹ non-preferred with prior authorization and Gilenya ¹ Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK-9	All other brands ¹ non-preferred with prior authorization	Praluent

¹ Grandfathering allowed, no duration limit. **All other therapeutic classes do not allow Grandfathering, no exceptions.** ² All medications require a Prior Authorization. Non-preferred require Step Therapy prior to beginning therapy on preferred agents. All Optum™ trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

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