



CLINICAL FOCUS FORMULARY

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

ANTI-INFECTIVES

Antifungal Agents

- fluconazole
- nystatin
- nystatin oral suspension

Antivirals

- acyclovir
- valacyclovir

MAVYRET[†] PA QL

ZEPATIER[†] PA QL

Cephalosporins

- cefдинир
- cefuroxime axetil
- cephalexin

Erythromycins & Other Macrolides

- azithromycin
- clarithromycin

Penicillins

- amoxicillin
- amoxicillin-clavulanate
- penicillin v potassium

Quinolones

- ciprofloxacin
- levofloxacin

Tetracyclines

- doxycycline hyclate
- doxycycline monohydrate
- minocycline

Urinary Tract Agents

- nitrofurantoin

Misc. Anti-Infectives

- clindamycin hcl
- hydroxychloroquine
- metronidazole
- sulfamethoxazole-trimethoprim
- BETHKIS[†] PA QL LD
- KITABIS PAK[†] PA QL
- TOBI PODHALER[†] PA QL
- XIFAXAN^{PA} QL

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

- abiraterone[†] PA QL LD
- anastrozole
- erlotinib[†] PA QL LD
- methotrexate
- tamoxifen
- GILOTRIF[†] PA QL LD
- ICLUSIG[†] PA QL LD
- INLYTA[†] PA QL LD
- IRESSA[†] PA QL LD
- KISQALI[†] PA QL
- SIGNIFOR[†] PA QL
- SIGNIFOR LAR[†] PA QL
- SOMATULINE DEPOT[†] PA QL LD [INJ]
- SPRYCEL[†] PA QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

- clonazepam
- divalproex DR
- divalproex ER
- gabapentin
- lamotrigine
- levetiracetam
- oxcarbazepine
- topiramate
- FYCOMPA^{QL}
- LYRICA^{QL} ST
- POTIGA^{QL}
- VIMPAT^{QL}

Antiparkinsonism Agents

- carbidopa-levodopa
- pramipexole
- rasagiline^{QL}
- ropinirole

Misc. Neurological Therapy

- dalfampridine^{PA} QL
- donepezil^{QL}
- glatiramer[†] PA QL [INJ]
- memantine ER^{QL} ST
- GILENYA[†] PA QL
- NAMZARIC^{QL} ST
- TECFIDERA[†] PA QL LD

Antipsychotics

- aripiprazole^{QL}
- olanzapine^{QL}
- paliperidone ER^{QL}
- quetiapine^{QL}
- quetiapine ER^{QL}
- ARISTADA^{PA} QL [INJ]
- LATUDA^{QL}

Misc. Psychotherapeutic Agents

- atomoxetine^{AE} QL
- dexmethylphenidate^{AE} QL
- dexmethylphenidate ER^{AE} QL
- dextroamphetamine-amphetamine^{AE}
- dextroamphetamine-amphetamine ER^{AE}
- guanfacine ER^{QL}
- methylphenidate^{AE} QL
- methylphenidate ER^{AE} QL
- DAYTRANA^{AE} QL
- EVEKEO^{AE} QL
- VYVANSE^{AE} QL

Antivertigo & Antiemetic Drugs

- meclizine
- ondansetron^{QL}
- promethazine
- AKYNZEO^{PA} QL
- SANCUSO^{PA} QL

Anxiolytics

- alprazolam
- buspirone
- diazepam

- hydroxyzine pamoate
- lorazepam

Hypnotic Agents

- eszopiclone^{QL} ST
- temazepamST
- zolpidem^{QL}
- zolpidem ER^{QL} ST

Migraine & Cluster Headache Therapy

- butalbital-acetaminophen-caffeine^{QL}
- rizatriptan^{QL}
- sumatriptan^{QL}
- zolmitriptan^{QL}
- ZOMIG NASAL^{QL}

Narcotic Analgesics

- acetaminophen-codeine
- buprenorphine patch^{QL}
- fentanyl patch^{QL}
- hydrocodone-acetaminophen
- hydromorphone
- morphine sulfate ER^{QL}
- oxycodone
- oxycodone-acetaminophen^{QL}
- HYSINGLA ER^{QL}
- LAZANDA^{PA} QL
- NUCYNTA^{QL}
- NUCYNTA ER^{QL}
- OXYCONTIN^{QL}

- valsartan
- valsartan-hydrochlorothiazide
- TEKTURNA HCT^{QL} ST

- olmesartan^{QL} ST
- olmesartan-amlopidine^{QL} ST
- olmesartan-hydrochlorothiazide^{QL} ST

- losartan-hydrochlorothiazide
- losartan

- irbesartan-hydrochlorothiazide
- losartan

- losartan-hydrochlorothiazide
- olmesartan^{QL} ST
- olmesartan-amlopidine^{QL} ST
- olmesartan-hydrochlorothiazide^{QL} ST

- valsartan
- valsartan-hydrochlorothiazide

- TEKTURNA HCT^{QL} ST

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FETZIMA^{QL} CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

- benazepril
- enalapril
- lisinopril
- lisinopril-hydrochlorothiazide
- quinapril
- ramipril

Adrenergic Antagonists & Related Drugs

- clonidine
- doxazosin
- terazosin

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

- aliskiren^{QL} ST
- irbesartan
- irbesartan-hydrochlorothiazide
- losartan
- losartan-hydrochlorothiazide
- olmesartan^{QL} ST
- olmesartan-amlopidine^{QL} ST
- olmesartan-hydrochlorothiazide^{QL} ST

- valsartan
- valsartan-hydrochlorothiazide

- TEKTURNA HCT^{QL} ST

- TEKTURNA HCT^{QL} ST

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- lovastatin
- niacin ER^{QL}
- pravastatin
- rosuvastatin^{QL} ST
- simvastatin

Nitrates

- isosorbide dinitrate
- isosorbide mononitrate

Thiazide & Related Diuretics

- furosemide
- hydrochlorothiazide
- indapamide
- spironolactone
- triamterene-hydrochlorothiazide

Misc. Cardiovascular Agents

- hydralazine
- ranolazine ER^{QL}
- CORLANOR^{PA} QL
- ENTRESTO^{PA} QL

DERMATOLOGICALS/ TOPICAL THERAPY

Antipsoriatic/Antiseborrheic

- COSENTYX[†] PA LD [INJ]
- ENSTILAR^{QL}
- STELARA[†] PA QL [INJ]
- TACLONEX SUSPENSION

Therapy for Acne

- azelaic acid gel^{AE} PA
- clindamycin-benzoyl peroxide^{AE}
- isotretinoin^{PA}
- metronidazole topical
- EPIDUO FORTE^{AE}
- MIRVASO^{AE} PA QL
- TAZORAC^{AE}

Topical Antibacterials

- mupirocin
- Topical Antifungals
- clotrimazole-betamethasone
- ketoconazole
- nystatin

Topical Corticosteroids

- clobetasol propionate
- desonide
- fluocinonide
- hydrocortisone
- metetasone
- triamcinolone
- Misc. Dermatologicals
- lidocaine patches^{QL}
- tacrolimus ointment
- ELIDEL

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

- neomycin-polymyxin-hydrocortisone otic soln

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Examples of Excluded Medications With Selected Formulary Alternatives

The following is a list of some excluded brand-name medications with examples of selected covered formulary alternatives. This is not an all-inclusive list.

Excluded Medications	Covered Preferred Alternatives
ACANYA and ONEXTON (clindamycin phosphate-benzoyl peroxide)	clindamycin and benzoyl peroxide (separate agents)
AEROSPAN (flunisolide)	ARNUITY ELLIPTA ^{OL} , ASMANEX HFA ^{OL} , ASMANEX TWISTHALER ^{OL} , FLOVENT DISKUS ^{OL} , FLOVENT HFA ^{OL} , PULMICORT FLEXHALER ^{OL} , QVAR ^{OL}
ALVESCO (ciclesonide)	ARNUITY ELLIPTA ^{OL} , ASMANEX HFA ^{OL} , ASMANEX TWISTHALER ^{OL} , FLOVENT DISKUS ^{OL} , FLOVENT HFA ^{OL} , PULMICORT FLEXHALER ^{OL} , QVAR ^{OL}
APIDRA (insulin glulisine)	HUMALOG, NOVOLOG
APIDRA SOLOSTAR (insulin glulisine)	HUMALOG, NOVOLOG
AUVI-Q (epinephrine solution)	epinephrine 0.3 mg ^{OL} (generic EPIPEN), EPIPEN JR ^{OL}
BASAGLAR (insulin glargine)	LANTUS, LEVEMIR, TOUJEO, TRESIBA
BELSOMRA (suvorexant)	zolpidem IR ^{OL} , zaleplon
BONJESTA and DICLEGIS (doxylamine-pyridoxine)	OTC doxylamine and OTC pyridoxine
BRAVELLE† (urofollitropin)	GONAL-F ^{OL} , GONAL-F RFF†
CAMBIA (diclofenac)	diclofenac sodium DR
DENAVIR (penciclovir)	acyclovir ointment
DIABETES TEST STRIPS (e.g., Accu-Chek, Ascensia, Breeze, Contour, Freestyle, etc.)	ONETOUGH ^{OL}
DORYX (doxycycline hyclate DR)	doxycycline hyclate
DUREZOL (difluprednate)	prednisolone acetate ophth solution
FOLLISTIM AQ† (follitropin beta)	GONAL-F ^{OL} , GONAL-F RFF†
FORFIVO XL (bupropion ER)	bupropion ER
GLUMETZA and FORTAMET (metformin ER modified/osmotic)	metformin ER (generic Glucophage XR)
GRALISE (gabapentin)	gabapentin
HORIZANT (gabapentin ER)	gabapentin
INCRUSE ELLIPTA (umeclidinium)	SPIRIVA ^{OL}
INVOKAMET (canagliflozin-metformin), INVOKAMET XR (canagliflozin-metformin ER)	SYNJARDY ^{OL} , SYNJARDY XR ^{OL} , XIGDUO XR ^{OL}
INVOKANA (canagliflozin)	FARXIGA ^{OL} , JARDIANCE ^{OL}
JUBLIA (eficonazole)	ciclopirox
KAZANO (alogliptin-metformin)	JANUMET ^{OL} , JANUMET XR ^{OL} , JENTADUETO ^{OL} , JENTADUETO XR ^{OL}
KERYDIN (tavaborole)	ciclopirox
KOMBIGLYZE XR (saxagliptin-metformin ER)	JANUMET ^{OL} , JANUMET XR ^{OL} , JENTADUETO ^{OL} , JENTADUETO XR ^{OL}
NASCOBAL (cyanocobalamin nasal)	OTC vitamin B12
NESINA (alogliptin)	JANUVIA ^{OL} , TRAJENTA ^{OL}
ONGLYZA (saxagliptin)	JANUVIA ^{OL} , TRAJENTA ^{OL}
OSENI (alogliptin-pioglitazone)	JANUVIA ^{OL} and pioglitazone or TRAJENTA ^{OL} and pioglitazone
PANCREAZE (pancrelipase DR)	CREON, ZENPEP
PERTZYE (pancrelipase DR)	CREON, ZENPEP

(Continued)

Examples of Excluded Medications With Selected Formulary Alternatives

The following is a list of some excluded brand-name medications with examples of selected covered formulary alternatives. This is not an all-inclusive list.

Excluded Medications	Covered Preferred Alternatives
PROVENTIL HFA (albuterol)	PROAIR HFA ^{OL} , VENTOLIN HFA ^{OL}
QTERN (dapagliflozin-saxagliptin)	GLYXAMBI ^{OL}
SOLARAZE (diclofenac 3% gel)	Fluorouracil 5% cream
SOLIQUA (insulin glargine-lixisenatide)	XULTOPHY ^{PA OL}
SOLODYN (minocycline ER)	minocycline
SOOLANTRA (ivermectin cream)	metronidazole cream
TIROSINT (levothyroxine)	levothyroxine, SYNTHROID
TREXIMET (sumatriptan-naproxen)	sumatriptan ^{OL} and naproxen (separate agents)
TUDORZA PRESSAIR (aclidinium)	SPIRIVA ^{OL}
VIMOVO (esomeprazole-naproxen)	OTC esomeprazole and OTC naproxen
XOPENEX HFA (levalbuterol)	PROAIR HFA ^{OL} , VENTOLIN HFA ^{OL}
ZEGERID (omeprazole-sodium bicarbonate)	OTC omeprazole-sodium bicarbonate
ZIANA and VELTIN (clindamycin phosphate-tretinoin)	clindamycin and tretinoin ^{AE} (separate agents)
ZIOPTAN (tafluprost)	latanoprost
ZORVOLEX (diclofenac)	diclofenac sodium DR
ZOVIRAX CREAM	acyclovir ointment

KEY

[INJ] - Injectable Drug

ER = Extended-Release

DR = Delayed Release

AE = Age Edit

LD= Limited Distribution

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

† Indicates specialty medications

For the member: Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the US Food and Drug Administration (FDA) may not be covered upon release to market.

WellDyneRx may contact your provider after receiving a prescription to request consideration of a drug list product or generic equivalent. This may result in your provider prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of the original prescription. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred or excluded option upon release of the generic product to the market.

For the physician: Generics should be considered the first-line of prescribing. Please prescribe preferred products and allow generic substitutions when medically appropriate. Brand-name drugs are listed in CAPITAL letters; generic drugs are listed in lower case letters.

This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to market.