

# 2024 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). *Effective 1/1/24.*

---

<b>A</b>	ARANESP [SP]	BIKTARVY	COARTEM [NP]
ABILIFY ASIMTUFI	ARCALYST [NP] [SP]	BLEPHAMIDE [NP]	COMBIPATCH [NP]
ABILIFY MAINTENA	ARCAPTA NEOHALER [NP]	BONJESTA [NP]	COMBIVENT RESPIMAT
ACTEMRA [SP]	ARIKAYCE [NP] [SP]	BOSULIF [SP]	COMETRIQ [SP]
ACTHAR [NP] [SP]	ARNUITY ELLIPTA	BRAFTOVI [NP] [SP]	COMPLERA [NP]
ACTIMMUNE [SP]	ASMANEX	BREO ELLIPTA	COPIKTRA [NP] [SP]
ADBRY [SP]	ASTAGRAF XL [NP]	BREZTRI AEROSPHERE	CORIFACT [SP]
ADDYI [NP]	ATROVENT HFA [NP]	BRILINTA	CORLANOR
ADEMPAS [NP] [SP]	AUGMENTIN [NP]	BRIVIACT [NP]	CORTIFOAM
ADVAIR HFA	AURYXIA [NP]	BROMSITE [NP]	COSENTYX [SP]
ADVATE [SP]	AUSTEDO XR [SP]	BRUKINSA [SP]	COTELLIC [SP]
ADYNOVATE [SP]	AUSTEDO XR	BYDUREON [NP]	CREON
AFSTYLA [SP]	AUVI-Q [NP]	<b>C</b>	CRESEMBA [NP]
AIMOVI	AVONEX [SP]	CABLIVI [NP] [SP]	CRIVAN [NP]
AJOVY	AVSOLA [SP]	CABOMETYX [SP]	CYCLOMYDRIL [NP]
AKLIEF [NP]	AYVAKIT [SP]	CALQUENCE [SP]	CYLTEZO [SP]
ALECENSA [SP]	AZSTARYS	CAPRELSA [SP]	CYSTADROPS [NP] [SP]
ALINIA	<b>B</b>	CARAC	CYSTAGON [SP]
ALORA [NP]	BALVERSA [NP] [SP]	CAVERJECT [NP]	CYSTARAN [NP] [SP]
ALPROLIX [SP]	BAQSIMI	CAYSTON [NP] [SP]	<b>D</b>
ALREX [NP]	BARACLUDE	CERDELGA [SP]	DAURISMO [NP] [SP]
ALUNBRIG [SP]	BAXDELA [NP]	CERVIDIL [NP]	DELSTRIGO
AMJEVITA [SP]	BECONASE AQ [NP]	CHEMET	DEPO-ESTRADIOL [NP]
AMZEEQ [NP]	BELBUCA	CHENODAL [SP]	DESCOVY
ANGELIQ [NP]	BELSOMRA	CHOLBAM [NP] [SP]	DEXCOM G5
ANORO ELLIPTA	BENEFIX [SP]	CIMDUO	DEXCOM G6
APADAZ [NP]	BENLYSTA [NP] [SP]	CIMZIA [NP] [SP]	DIACOMIT [NP]
APOKYN [NP] [SP]	BERINERT [NP] [SP]	CLIMARA PRO	DIASTAT
APTIOM	BESIVANCE	CLINDESSE [NP]	DIFICID
APTIVUS [NP]	BETASERON [SP]	COAGADEX [SP]	DILANTIN [NP]
ARAKODA [NP]			

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

DOPTELET [SP]  
 DOVATO  
 DROXIA [NP]  
 DUAVEE  
 DULERA  
 DUOBRII [NP]  
 DUOPA [NP] [SP]  
 DUPIXENT [SP]  
 DUROLANE  
**E**  
 EDEX [NP]  
 EDURANT [NP]  
 ELESTRIN [NP]  
 ELIGARD [SP]  
 ELIQUIS  
 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  
 ENVARUSUS XR [NP]  
 EPCLUSA [SP]  
 EPIDIOLEX [SP]  
 EPIVIR HBV [NP]  
 EQUETRO [NP]  
 ERGOMAR [NP]  
 ERIVEDGE [SP]  
 ERLEADA [SP]  
 ERMEZA [NP]  
 ESPEROCT [SP]  
 ESTRING  
 ESTROGEL  
 ETOPOSIDE [SP]  
 EUCRISA  
 EUFLEXXA  
 EVAMIST [NP]  
 EVOTAZ  
 EVRYSDI [NP] [SP]  
 EYSUVIS  
**F**  
 FANAPT [NP]  
 FARXIGA  
 FARYDAK [SP]  
 FASENRA PEN [SP]  
 FEIBA [SP]  
 FEMCAP  
 FETZIMA [NP]  
 FIASP  
 FINTEPLA [NP] [SP]  
 FIRDAPSE [NP] [SP]  
 FIRVANQ [NP]  
 FLAREX [NP]  
 FOLLISTIM AQ [SP]  
 FORTEO [SP]  
 FOSRENOL [NP]  
 FOTIVDA [NP] [SP]  
 FRAGMIN [NP]  
 FREESTYLE LIBRE  
 FUZEON [NP]  
 FYCOMPA [NP]  
 FYLNETRA [NP] [SP]  
**G**  
 GALAFOLD [NP] [SP]  
 GALZIN [NP]  
 GAMMAGARD [SP]  
 GAMMAPLEX [SP]  
 GATTEX [NP] [SP]  
 GAVRETO [NP] [SP]  
 GELSYN-3  
 GEMTESA [NP]  
 GENOTROPIN [SP]  
 GENVOYA  
 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]  
 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  
 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  
 JAYPIRCA [NP] [SP]  
 JIVI [SP]  
 JORNAY PM  
 JUBLIA  
 JULUCA  
 JUXTAPID [NP] [SP]  
 JYNARQUE [NP] [SP]  
**K**  
 KALYDECO [SP]  
 KESIMPTA [SP]  
 KEVZARA [NP] [SP]  
 KISQALI [SP]  
 KLISYRI [NP]  
 KLOXXADO  
 KORLYM [NP] [SP]  
 KOSELUGO [NP] [SP]  
 KOVALTRY [SP]  
 KRINTAFEL [NP]  
 KYLEENA  
 KYNMOBI  
**L**  
 LAMPIT [NP]  
 LANTUS  
 LENVIMA [SP]  
 LEUKERAN [SP]  
 LEUKINE [NP] [SP]  
 LEUPROLIDE [SP]  
 LEVEMIR  
 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]  
 MAXIDEX [NP]  
 MAYZENT [SP]  
 MEKINIST [SP]  
 MEKTOVI [NP] [SP]  
 MENEST [NP]  
 MENOPUR [NP] [SP]  
 MENOSTAR [NP]  
 MESNEX  
 METHITEST [NP]  
 MIGERGOT [NP]  
 MIRENA  
 MOUNJARO  
 MOVANTIK  
 MULPLETA [SP]  
 MULTAQ  
 MYALEPT [NP] [SP]  
 MYCAPSSA [NP] [SP]  
 MYFEMBREE  
 MYLERAN [SP]  
 MYRBETRIQ  
 MYTESI [NP]  
**N**  
 NASCOBAL [NP]  
 NATACYN  
 NATAZIA [NP]  
 NATPARA [NP] [SP]  
 NATROBA [NP]  
 NAYZILAM [NP]  
 NERLYNX [NP] [SP]  
 NEUPRO [NP]  
 NEXLETOL  
 NEXLIZET

NICOTROL  
NINLARO [SP]  
NITRO-BID [NP]  
NITYR [SP]  
NIVESTYM [SP]  
NORDITROPIN FLEXPRO [SP]  
NORVIR  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG  
NOVOLOG MIX 70/30  
NOVOPEN ECHO  
NOXAFIL  
NUBEQA [SP]  
NUCALA [SP]  
NUCYNTA ER  
NUEDEXTA  
NULIBRY [NP] [SP]  
NURTEC  
NUVESSA [NP]  
NUWIQ [SP]  
NUZYRA [NP]  
NYMALIZE [NP]

**O**

OBIZUR [SP]  
OCALIVA [NP] [SP]  
OCTAGAM [SP]  
ODACTRA [NP]  
ODEFSEY  
ODOMZO [SP]  
OFEV [NP] [SP]  
OLUMIANT [NP] [SP]  
OMNARIS [NP]  
OMNIPOD  
ONETOUCH TEST PRODUCTS  
ONEXTON  
ONUREG [NP] [SP]  
OPSUMIT [SP]  
ORACEA  
ORALAIR [NP]  
ORAVIG [NP]  
ORENITRAM [NP] [SP]  
ORFADIN [SP]  
ORGOVYX [NP] [SP]  
ORIAHNN  
ORILISSA  
ORKAMBI [NP] [SP]  
OTEZLA [SP]  
OTREXUP  
OXBRYTA [NP] [SP]  
OXERVATE [NP] [SP]  
OXTELLAR XR [NP]

OXYCONTIN  
OZEMPIC

**P**

PALFORZIA [NP]  
PALYNZIQ [NP] [SP]  
PANZYGA [SP]  
PAZEO  
PEGASYS [SP]  
PEGINTRON [NP] [SP]  
PEMAZYRE [NP] [SP]  
PERSERIS  
PHOSLYRA [NP]  
PIGRAY [SP]  
PLEGRIDY [SP]  
POMALYST [SP]  
PREFEST [NP]  
PREMARIN  
PREMPHASE  
PREMPRO  
PRETOMANID [NP]  
PREVYMIS [NP]  
PREZCOBIX  
PREZISTA  
PRIFTIN  
PRIVIGEN [SP]  
PROCTOFOAM HC [NP]  
PROCYSBI [NP] [SP]  
PROGRAF [NP]  
PROLASTIN-C [SP]  
PROMACTA [NP] [SP]  
PULMOZYME [SP]  
PURIXAN

**Q**

QBRELIS [NP]  
QINLOCK [NP] [SP]  
QNASL [NP]  
QSYMIA [NP]  
QTERN [NP]  
QUILLICHEW ER  
QUILLIVANT XR  
QULIPTA  
QVAR REDIHALER

**R**

RAGWITEK [NP]  
RAYALDEE [NP]  
REBIF [SP]  
RECTIV [NP]  
REDITREX  
REGRANEX [NP]  
RELENZA DISKHALER [NP]  
REPATHA  
RESTASIS

RETACRIT [SP]  
RETEVMO [SP]  
REVCOVI [SP]  
REVLIMID [SP]  
REXULTI [NP]  
REYATAZ [NP]  
REYVOW  
RHOPRESSA [NP]  
RIDAURA [NP]  
RINVOQ [SP]  
RIXUBIS [SP]  
ROCKLATAN [NP]  
ROSZET [NP]  
ROZLYTREK [SP]  
RUBRACA [SP]  
RUCONEST [SP]  
RUKOBIA [NP]  
RYBELSUS  
RYDAPT [SP]  
RYTARY [NP]

**S**

SANTYL [NP]  
SAXENDA [NP]  
SECUADO [NP]  
SEREVENT DISKUS  
SFROWASA [NP]  
SIGNIFOR [NP] [SP]  
SIKLOS [NP]  
SIMBRINZA  
SIRTURO [NP] [SP]  
SIVEXTRO [NP]  
SKYLA  
SKYRIZI [SP]  
SKYTROFA [SP]  
SODIUM OXYBATE [NP] [SP]  
SOLIUQA  
SOLOSEC  
SOLTAMOX  
SOMAVERT [NP] [SP]  
SOVALDI [SP]  
SPIRIVA RESPIMAT  
SPRITAM [NP]  
SPRYCEL [SP]  
STELARA [SP]  
STIMATE  
STIOLTO RESPIMAT  
STIVARGA [SP]  
STRENSIQ [SP]  
STRIBILD [NP]  
STRIVERDI RESPIMAT  
SUBSYS [NP]  
SUCRAID [NP] [SP]  
SUNOSI

SUPARTZ FX  
SUPRAX  
SUTENT [SP]  
SYMDEKO [SP]  
SYMPROIC  
SYMITUZA  
SYNAREL [SP]  
SYNJARDY  
SYNJARDY XR  
SYNRIBO [SP]  
SYNTHROID

**T**

TABLOID [SP]  
TABRECTA [SP]  
TAFINLAR [SP]  
TAGRISSO [SP]  
TAKHZYRO [SP]  
TALICIA  
TALZENNA [SP]  
TASIGNA [SP]  
TAVALISSE [NP] [SP]  
TAZORAC CREAM 0.05%  
TAZVERIK [NP] [SP]  
TEGSEDI [NP] [SP]  
TEMIXYS  
TEPMETKO [NP] [SP]  
THALOMID [SP]  
THEO-24 [NP]  
THIOLA EC [NP] [SP]  
THYQUIDITY [NP]  
TIBSOVO [NP] [SP]  
TIROSINT-SOL [NP]  
TIVICAY  
TLANDO [NP]  
TOBI PODHALER [SP]  
TOBRADEX ST [NP]  
TOUJEO SOLOSTAR  
TRACLEER [SP]  
TRECATOR [NP]  
TRELEGY ELLIPTA  
TREMIFYA [SP]  
TRESIBA  
TRETEN [SP]  
TRIJARDY XR  
TRIKAFTA [SP]  
TRINATE  
TRINTELLIX [NP]  
TRIUMEQ  
TRIUMEQ PD  
TRULANCE  
TRULICITY  
TUKYSA [NP] [SP]  
TURALIO [NP] [SP]

TYBOST [NP]  
TYMLOS [SP]  
TYVASO [NP] [SP]

**U**

UBRELVY  
UCERIS [NP]  
UPTRAVI

**V**

VALCHLOR [SP]  
VALTOCO [NP]  
VARUBI  
VASCEPA  
VECAMYL [NP] [SP]  
VELPHORO  
VELTASSA  
VEMLIDY  
VENCLEXTA [SP]  
VENTAVIS [NP] [SP]  
VERQUVO  
VERSACLOZ [NP]  
VERZENIO [SP]  
V-GO

VIBERZI  
VIRACEPT [NP]  
VIREAD  
VITRAKVI [SP]  
VIVOTIF [NP]  
VIZIMPRO [NP] [SP]  
VONVENDI [SP]  
VOSEVI [SP]  
VOTRIENT [SP]  
VRAYLAR [NP]  
VTAMA [NP]  
VUMERITY [SP]  
VYLEESI [NP]  
VYNDAMAX [SP]  
VYNDAQEL [SP]  
VYZULTA [NP]

**W**

WILATE [SP]  
WINLEVI [NP]

**X**

XALKORI [SP]  
XARELTO

XCOPRI [NP]  
XELJANZ [SP]  
XELJANZ XR [SP]  
XENICAL [NP]  
XENLETA [NP]  
XEPI [NP]  
XERMELO [NP] [SP]  
XHANCE [NP]  
XIFAXAN [NP]  
XIGDUO XR  
XIIDRA  
XOFLUZA [NP]  
XOLAIR [SP]  
XOSPATA [NP] [SP]  
XPOVIO [NP] [SP]  
XTAMPZA ER  
XTANDI [SP]  
XULTOPHY  
XYNTHA [SP]  
XYWAV [NP] [SP]

**Y**

YONSA [SP]

**Z**

ZARXIO [SP]  
ZEGALOGUE  
ZEJULA [SP]  
ZELBORAF [SP]  
ZENPEP  
ZEPOSIA [SP]  
ZETONNA [NP]  
ZIEXTENZO [SP]  
ZILXI  
ZOKINVY [SP]  
ZOLINZA [SP]  
ZONTIVITY [NP]  
ZORTRESS [NP]  
ZUBSOLV [NP]  
ZYCLARA PUMP  
ZYDELIG [SP]  
ZYKADIA [SP]  
ZYLET [NP]

# Excluded Medications with Covered Alternatives

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
<b>ANTIINFECTIVES</b>		
Antibacterial Agents	Clindesse, clindamycin 2% cream	Xaciato
Antifungal Agents (Oral)	fluconazole, terconazole	Brexafemme, Vivjoa
Antiretrovirals	abacavir sulfate/lamivudine, Cimduo, Descovy, Dovato, emtricitabine/tenofovir disoproxil fumarate, Evotaz, Juluca, lamivudine/zidovudine, lopinavir/ritonavir, Prezcoibix, Temixys	Cabenuva <sup>1</sup>
Helicobacter Pylori Infection	amoxicillin/clarithromycin/lansoprazole, Talicia	Voquezna Dual Pak, Voquezna Triple Pak
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Amyotrophic Lateral Sclerosis	Radicava ORS, riluzole	Relyvrio
Anti-Migraines	generic dihydroergotamine, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	Trudhesa <sup>1</sup>
Anti-Parkinsonism Agents	carbidopa/levodopa	Dhivy
Anticonvulsants	topiramate capsule, topiramate ER sprinkle	Elepsia, Eprontia
Antidepressants	bupropion IR/ER, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine IR/ER, vilazodone	Auvelity, Citalopram capsule, Venlafaxine 112.5 mg
Antipsychotics (Oral)	asenapine, aripiprazole, generic quetiapine, lurasidone, olanzapine, Rexulti [NP], Vraylar [NP], ziprasidone	Caplyta, Latuda, Lybalvi, Quetiapine
Antipsychotics (Injectables)	Abilify Asimtufii, Abilify Maintena, Aristada, Risperdal Consta, Perseris	Invega Hafyera, Invega Sustenna, Uzedy
Attention Deficit Hyperactivity Disorder (ADHD) – Amphetamine Products	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, lisdexamfetamine	Adderall, Adderall XR, Adzenys, Dyanavel XR, Evekeo ODT, Mydayis, Vyvanse, Xelstrym, Zenzedi
Attention Deficit Hyperactivity Disorder (ADHD) – Miscellaneous Stimulants	Azstarys, dexamethylphenidate HCl/ER, Jornay PM, methylphenidate HCl/CD/ER, Quillichew ER, Quillivant XR	Adhansia XR, Aptensio XR, 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>	Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer acetate/glatopa, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, teriflunomide, Vumerity, Zeposia	Aubagio, Bafiertam, Briumvi, Copaxone, Extavia, Gilenya, Ponvory, Tascenso ODT, Tecfidera
Narcolepsy [SP] <sup>1</sup>	Sunosi	Wakix
Narcolepsy: (Sodium oxybate) [SP] <sup>*1</sup>	sodium oxybate, Xywav	Lumryz, Xyrem

[NP] = Non-Preferred [SP] = Specialty [SP]<sup>\*</sup> = 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
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)	Belsomra, eszopiclone, zolpidem tartrate, zolpidem tartrate ER	Ambien, Ambien CR, Edluar, Intermezzo, Lunesta, Quviviq, ramelteon, Zolpimist
Tardive Dyskinesia [SP]* <sup>1</sup>	Austedo, Austedo XR	Ingrezza
<b>CARDIOVASCULAR</b>		
Anticoagulants	Eliquis, Xarelto	Pradaxa, Pradaxa Pak, Savaysa
Antihypertensives	candesartan, irbesartan, losartan, losartan/HCTZ, olmesartan, telmisartan, valsartan, valsartan/HCTZ	Edarbi, Edarbyclor
Cholesterol – PCSK9 <sup>1</sup>	Repatha	Leqvio, Praulent
Cholesterol – Statins	atorvastatin, rosuvastatin, simvastatin	Atorvaliq
Pulmonary Arterial Hypertension – Prostacyclin [SP]* <sup>1</sup>	Tyvaso nebulizer	Tyvaso DPI
<b>DERMATOLOGY</b>		
Atopic Dermatitis [SP]* <sup>1</sup>	Adbry, Dupixent, Rivnoq	Cibinqo
Oral Acne	doxycycline hyclate, doxycycline monohydrate, minocycline HCl IR caps	Doryx MPC, minocycline ER caps, Minocin, Minolira, Seysara, Ximino
Plaque Psoriasis	Betamethasone, Enstilar, Tazorac cream 0.05%, tazarotene cream, tazarotene gel, Vtama [NP]	Tazorac cream 0.1%, Tazorac gel, Zoryve
Rosacea	ivermectin, metronidazole, Oracea	Doxycycline capsule DR 40 mg, Epsolay
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	Mounjaro, Ozempic, Rybelsus, Trulicity	Adlyxin, Byetta, Victoza
Insulin – Intermediate Acting	Humulin U-500, Novolin N	Humulin N

[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
Insulin – Long Acting	Lantus, Levemir, Toujeo, Tresiba	Basaglar, Insulin Degludec, Insulin Glargine-yfgn, Rezvoglar, 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, Yuvaferm	Femring, Imvexxy, Vagifem
Gonadotropin Releasing Hormone Agonist [SP] <sup>*1</sup>	Eligard, Firmagon	Camcevi
Growth Hormone [SP] <sup>*1</sup>	Genotropin, Norditropin, Skytrofa <sup>^</sup>	Humatrope, Omnitrope, Serostim, Sogroya, Zomacton
Osteoporosis [SP] <sup>*1</sup>	Forteo, Tymlos	Teriparatide
Testosterone <sup>1</sup>	testosterone cypionate, testosterone enanthate, Tlando [NP]	Androgel, Fortesta, Jatenzo, Kyzatrex
<b>EPINEPHRINE AUTO-INJECTOR SYSTEMS</b>		
Anaphylaxis	Auvi-Q [NP], 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, Ibsrela, Motegrity, Relistor solution, Relistor tablets, Zelnorm
Proton Pump Inhibitors	Nexium Packet, omeprazole suspension	Konvomep
<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, Releuko
Hematopoietic Agents [SP] <sup>*1</sup>	Flynetra, Ziextenzo	Fulphila, Neulasta, Nyvepria, Rolvedon, Stimufend, 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>INFLAMMATORY</b>		
Inflammatory Agents <sup>1</sup>	methotrexate, Otrexup, Reditrex	Rasuvo

[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 Genotropin and Norditropin

Brand drugs = Capitalized Generic drugs = lower case

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

THERAPEUTIC CATEGORY	FORMULARY ALTERNATIVE	FORMULARY EXCLUSION
Osteoarthritis Agents <sup>1</sup>	Durolane, Euflexxa, Gelsyn-3, Supartz FX	Gel-One, Genvisc, Hyalgan, Monovisc, Orthovisc, Synjoynt, 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>		
Allergic Rhinitis	azelastine/fluticasone, Qnasl	Ryaltris
Infertility [SP] <sup>*1</sup>	fyremadel, Pregnyl	cetorelix, Chorionic Gonadotropin, Novarel
Urea Cycle Disorder	phenburane	Ravicti
Urinary Antispasmodics	Gemtesa [NP], Myrbetriq, oxybutynin, oxybutynin ER, solifenacin, tolterodine, trospium	Gelnique, Toviaz
Weight Loss Agents <sup>1</sup>	phentermine, Qsymia [NP], Saxenda [NP], Wegovy [NP]	Apidex-P, benzphetamine HCl, Contrave, diethylpropion HCl, phendimetrazine
<b>OPHTHALMIC</b>		
Dry Eye Disease	Restasis, Xiidra	Cequa, Tyrvaya
<b>RESPIRATORY</b>		
Asthma-Monoclonal Antibody [SP] <sup>*1</sup>	Dupixent, Fasenna, Nucala, Xolair	Cinqair, Tezspire
Cystic Fibrosis [SP] <sup>*1</sup>	Tobi Podhaler, tobramycin neb	Bethkis, Kitabis Pak, Tobi Neb
Inhaled Corticosteroid	Arnuity, Asmanex, Qvar	Alvesco, Flovent Diskus, Flovent HFA
Long-Acting Muscarinic Antagonist	Spiriva Respimat, tiotropium brom cap	Lonhala, Spiriva
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, breyna, Dulera, Fluticasone/Salmeterol Diskus, Wixela Inhub	Advair Diskus, Airduo Resplick, Airduo Digihaler, Duaklir Pressair, Fluticasone HFA, Fluticasone/Vilanterol, Symbicort
Short-Acting Beta Agonist/ Rescue Inhalers	albuterol sulfate HFA	Levalbuterol Tartrate HFA, Proair Digihaler, Proair HFA, Proair Resplick, Proventil HFA, Ventolin HFA, Xopenex

[NP] = Non-Preferred [SP] = Specialty [SP]<sup>\*</sup> = 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]\*1

	Rheumatoid Disorders					Dermatological Disorders		Inflammatory Bowel		Other
	Ankylosing Spondylitis	Non-Radiographic Axial Spondyloarthritis	Juvenile Idiopathic Arthritis	Psoriatic Arthritis	Rheumatoid Arthritis	Hidradenitis Suppurativa	Plaque Psoriasis	Crohn's Disease	Ulcerative Colitis	Uveitis
<b>Step 1a</b>	Amjevita Cosentyx Cyltezo Enbrel Humira	Cimzia Cosentyx	Amjevita Cyltezo Enbrel Humira	Amjevita Cosentyx Cyltezo Enbrel Humira Otezla Skyrizi Stelara Tremfya	Amjevita Cyltezo Enbrel Humira	Amjevita Cyltezo Humira	Amjevita Cosentyx Cyltezo Enbrel Humira Otezla Skyrizi Stelara Tremfya	Amjevita Cyltezo Humira Skyrizi Stelara	Amjevita Cyltezo Humira Stelara	Amjevita Cyltezo Humira
<b>Step 1b</b> (Directed to ONE TNF inhibitor) Step 1a is preferred TNF inhibitors	Rinvoq Xeljanz (XR)	Rinvoq	Xeljanz	Rinvoq Xeljanz (XR)	Rinvoq Xeljanz (XR)			Rinvoq	Rinvoq Xeljanz (XR)	
<b>Step 2</b> *an adalimumab preferred product (Amjevita, Cyltezo OR Humira) is required Step 1			Actemra*		Actemra*				Simponi*	
<b>Step 3a</b> (Directed to TWO Step 1 agents) *an adalimumab preferred product (Amjevita, Cyltezo OR Humira) is required Step 1	Cimzia Simponi Taltz	Taltz	Simponi Aria	Cimzia Orencia Simponi Taltz	Cimzia Kevzara Kineret Olumiant Orencia Simponi		Cimzia Ilumya	Cimzia*		
<b>Step 3b</b> (Directed to TWO agents from Step 1 & 2)			Orencia						Zeposia (Amjevita, Cyltezo, Humira, Rinvoq, Stelara OR Xeljanz (XR) are required step agents)	
<b>Step 3c</b> (NP directed to THREE step 1 agents)							Siliq Sotyktu Taltz			
<b>Step 3d</b> (NP directed to THREE Step 1 adalimumab agents (Amjevita, Cyltezo AND Humira))	Hadlima Hulio Hyrimoz Idacio Yusimry		Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio Hyrimoz Yusimry	Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio Hyrimoz Idacio Yusimry	Hadlima Hulio

NOTE: Preferred Amjevita NDCs start with 55513

[SP]\* = All specialty brand drugs

1 = Specific criteria may apply to the category

## Step Therapies *(continued)*

THERAPEUTIC CATEGORY	PRIMARY TREATMENT	SECONDARY TREATMENT
Advanced or Metastatic Breast Cancer [SP] <sup>*1</sup>	Kisqali, Kisqali Femara Pack, Verzenio	Ibrance
Endocrine Agents (Testosterone) <sup>1</sup>	testosterone cypionate, testosterone enanthate, testosterone pump testosterone topical/solution	Androderm, Androgel, Aveed, Depo-Testosterone, Fortesta, Natesto, Testim, Testopel, Vogelxo, Xyosted
Multiple Sclerosis [SP] <sup>*1</sup>	Avonex, Betaseron, dimethyl fumarate <sup>2</sup> , fingolimod <sup>2</sup> , glatiramer/glatopa <sup>2</sup> , Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, teriflunomide <sup>2</sup> , Vumerity, Zeposia	Aubagio, Bafiertam, Copaxone, Extavia, Gilenya, Ponvory, Tascenso, Tecfidera
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 [SP] <sup>*1</sup>	Iclusig	Scemblix
Polycythemia vera [SP] <sup>*1</sup>	Pegasys	Besremi

[SP]<sup>\*</sup> = All specialty brand drugs

1 = Specific criteria may apply to the category

2 = Generics are required prior to preferred brand agents

Brand drugs = Capitalized Generic drugs = lower case

About Elixir | [elixirsolutions.com](https://elixirsolutions.com)

With the unique ability to optimize the full pharmacy care experience, Elixir is crafting solutions for today's pharmacy benefits challenges. For more information, visit [elixirsolutions.com](https://elixirsolutions.com).

© 2023 Elixir Rx Solutions, LLC - All Rights Reserved. 23-7535 SelectEX • Updated 10/15/23 Effective 1/1/24

