

The following is a list of the most commonly prescribed brand medications. 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 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. Search complete formulary drug information at [envisionrx.com](http://envisionrx.com).



## SELECT FORMULARY

**PLEASE NOTE:** Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. Any medication approved to enter the market will not be covered until reviewed by the EnvisionRx Pharmacy and Therapeutics Committee. Not all drugs listed are covered by all prescription drug benefit programs. For specific questions about your coverage, please call the phone number printed on your member ID card or visit [envisionrx.com](http://envisionrx.com).

### ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXICANTS

**Amphetamines**  
**VYVANSE**  
**Anti-Obesity Agents**  
**BELVIQ**  
**BELVIQ XR**  
**CONTRAVE**

### ANALGESICS - ANTI-INFLAMMATORY

**Anti-TNF-alpha - Monoclonal Antibodies**  
**HUMIRA [SP]**  
**Soluble Tumor Necrosis Factor Receptor Agents**  
**ENBREL [SP]**

### ANALGESICS - OPIOID

**Opioid Agonists**  
**BELBUCA**  
**OPANA ER**  
**ZOHYDRO ER [NP]**  
**Opioid Partial Agonists**  
**SUBOXONE**  
**Nonsteroidal Anti-inflammatory Agents (NSAIDs)**  
**TIVORBEX [NP]**  
**VIVLODEX [NP]**  
**ZORVOLEX [NP]**

### ANDROGENS-ANABOLIC

**Androgens**  
**ANDROGEL 1.62%**

### ANTIANGINAL AGENTS

**Antianginals-Other**  
**RANEXA**

### ANTIARRHYTHMICS

**Antiarrhythmics Type III**  
**MULTAQ**

### ANTIASTHMATIC AND BRONCHODILATOR AGENTS

**Bronchodilators - Anticholinergics**  
**SPIRIVA**  
**STIOLTO**  
**Selective Phosphodiesterase 4 (PDE4) Inhibitors**  
**DALIRESP**  
**Steroid Inhalants**  
**ARNIITY ELLIPTA**  
**ASMANEX**  
**FLOVENT**  
**Sympathomimetics**  
**ADVAIR DISKUS/HFA**  
**BREO ELLIPTA**  
**COMBIVENT RESPIMAT**  
**SEREVENT DISKUS**  
**VENTOLIN**

### ANTICOAGULANTS

**Direct Factor Xa Inhibitors**  
**ELIQUIS**  
**XARELTO**

### ANTICONSULSANTS

**Anticonvulsants - Misc.**  
**BRIVIACT [NP]**  
**LYRICA**  
**VIMPAT [NP]**

### ANTIDEPRESSANTS

**Serotonin Modulators**  
**BRINTELLIX**  
**TRINTELLIX**  
**VIIBRYD [NP]**  
**Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**  
**FETZIMA [NP]**  
**KHEDEZLA ER**  
**PRISTIQ**

### ANTIDIABETICS

**Antidiabetic Combinations**  
**INVOKAMET**  
**INVOKAMET XR**  
**JANUMET**  
**JANUMET XR**  
**XULTOPHY**  
**Diabetic Other**  
**GLUCAGEN**  
**Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**  
**JANUVIA**  
**Incretin Mimetic Agents (GLP-1 Receptor Agonists)**  
**BYDUREON**  
**BYETTA**  
**TRULICITY [NP]**  
**VICTOZA**  
**Insulin**  
**HUMULIN R U-500**  
**LANTUS**  
**LEVEMIR**  
**NOVOLIN**  
**NOVOLIN MIX**  
**NOVOLIN N**  
**NOVOLIN R**  
**NOVOLOG**  
**NOVOLOG MIX**  
**TOUJEO**  
**TRESIBA**  
**Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**  
**INVOKANA**  
**JARDIANCE**  
**SYNJARDY**

### ANTIHYPERLIPIDEMICS

**Antihyperlipidemics - Misc.**  
**VASCEPA**  
**Bile Acid Sequestrants**  
**WELCHOL**  
**Fibric Acid Derivatives**  
**LIPOFEN**  
**HMG CoA Reductase Inhibitors**  
**LIVALO**  
**Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors**  
**PRALUENT [SP]**  
**REPATHA [SP]**

### ANTI-INFECTIVE AGENTS - MISC.

**Anti-Infective Agents - Misc.**  
**XIFAXAN**

### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

**Antineoplastic - Hormonal and Related Agents**  
**ZYTIGA [SP]**  
**Antineoplastic Enzyme Inhibitors**  
**SPRYCEL [SP]**  
**TASIGNA [SP]**

### ANTIPARKINSON AGENTS

**Antiparkinson Dopaminergics**  
**NEUPRO [NP]**

### ANTIVIRALS

**Hepatitis Agents**  
**DAKLINZA [SP]**  
**EPCLUSA [SP]**  
**HARVONI [SP]**  
**SOVALDI [SP]**

### BETA BLOCKERS

**Alpha-Beta Blockers**  
**COREG CR**  
**Beta Blockers Cardio-Selective**  
**BYSTOLIC**

### CARDIOVASCULAR AGENTS - MISC.

**Combinations**  
**ENTRESTO**  
**Impotence Agents**  
**VIAGRA**  
**Pulmonary Hypertension - Endothelin Receptor Antagonists**  
**OPSUMIT [SP]**  
**LETAIRIS [SP]**  
**TRACLEER [SP]**  
**Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator**  
**ADEMPAS [SP]**  
**Sinus Node Inhibitors**  
**CORLANOR**

### CONTRACEPTIVES

**Combination Contraceptives - Oral**  
**NATAZIA**  
**SAFYRAL**  
**YASMIN**  
**YAZ**  
**Combination Contraceptives - Vaginal**  
**NUVARING**

### CORTICOSTEROIDS

**Glucocorticosteroids**  
**UCERIS [NP]**

### DERMATOLOGICALS

**Acne Products**  
**ACANYA**  
**ONEXTON**  
**RETIN-A MICR GEL 0.08%**  
**Agents for Wrinkles/Lipoatrophy/Other Aesthetic Uses**  
**RENOVA [NP]**  
**Antifungals - Topical**  
**JUBLIA**  
**LUZU [NP]**  
**MENTAX**  
**Anti-inflammatory Agents - Topical**  
**FLECTOR**  
**Antineoplastic or Premalignant Lesion Agents - Topical**  
**PICATO [NP]**  
**Immunomodulating Agents - Topical**  
**ZYCLARA [NP]**  
**Immunosuppressive Agents - Topical**  
**ELIDEL**

### DIAGNOSTIC PRODUCTS

**Diagnostic Tests**  
**ONETOUCH**

### DIGESTIVE AIDS

**Digestive Enzymes**  
**CREON**  
**ZENPEP**

### ENDOCRINE AND METABOLIC AGENTS - MISC.

**Bone Density Regulators**  
**TYMLOS [SP]**  
**Fertility Regulators**  
**FOLLISTIM AQ [SP]**  
**Growth Hormones**  
**GENOTROPIN [SP]**

### ESTROGENS

**Estrogen Combinations**  
**CLIMARA PRO**  
**DUAVEE**  
**PREMPHASE**  
**PREMPRO**  
**Estrogens**  
**PREMARIN**

### GASTROINTESTINAL AGENTS - MISC.

**Gastrointestinal Chloride Channel Activators**  
**AMITIZA**  
**Inflammatory Bowel Agents**  
**APRISO**  
**LIALDA**  
**Irritable Bowel Syndrome (IBS) Agents**  
**LINZESS**  
**Phosphate Binder Agents**  
**RENVELA**

### GENITOURINARY AGENTS - MISC.

**Prostatic Hypertrophy Agents**  
**RAPAFLO**

### GOUT AGENTS

**Gout Agents**  
**ULORIC**

### HEMATOLOGICAL AGENTS - MISC.

**Platelet Aggregation Inhibitors**  
**BRILINTA**

### HEMATOPOIETIC AGENTS

**Hematopoietic Growth Factors**  
**PROCRIT [SP]**

### HYPNOTICS/SEDATIVE/SLEEP DISORDER AGENTS

**Hypnotics - Tricyclic Agents**  
**SILENOR [NP]**  
**Orexin Receptor Antagonists**  
**BELSOMR**  
**A [NP]**

### LAXATIVES

**Laxative Combinations**  
**MOVIPREP [NP]**  
**SUPREP**

### MEDICAL DEVICES

**Diabetic Supplies**  
**ONETOUCH**  
**Parenteral Therapy Supplies**  
**NOVOFINE**  
**NOVOTWIST**

### MIGRAINE PRODUCTS

**Migraine Combinations**  
**TREXIMET [NP]**  
**Serotonin Agonists**  
**RELPAK**

### MUSCULOSKELETAL THERAPY AGENTS

**Hyaluronics (Osteoarthritis Agents)**  
**EUFLEXXA [SP]**  
**Viscosupplements**  
**HYALGAN [SP]**

### NASAL AGENTS - SYSTEMIC AND TOPICAL

**Nasal Agent Combinations**  
**DYMISTA [NP]**  
**Nasal Steroids**  
**QNASL**  
**VERAMYST**

### OPHTHALMIC AGENTS

**Beta-blockers - Ophthalmic**  
**COMBIGAN**  
**Ophthalmic Adrenergic Agents**  
**ALPHAGAN P SOL 0.1%**  
**Ophthalmic Anti-infectives**  
**BESIVANCE**  
**MOXEZA**  
**VIGAMOX**  
**Ophthalmic Immunomodulators**  
**RESTASIS**  
**Ophthalmic Steroids**  
**ALREX**  
**LOTEMAX**  
**Ophthalmics - Misc.**  
**ACUVAIL**  
**AZOPT**  
**PATADAY**  
**PAZEO**  
**PROLENSA**  
**Prostaglandins - Ophthalmic**  
**LUMIGAN**  
**TRAVATAN Z**  
**travoprost**

### OTIC AGENTS

**Otic Combinations**  
**CIPRODEX**

### PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

**Antidementia Agents**  
**Fibromyalgia Agents**  
**SAVELLA**  
**Multiple Sclerosis Agents**  
**AVONEX [SP]**  
**COPAXONE [SP]**  
**GILENYA [SP]**  
**PLEGRIDY [SP]**  
**TECFIDERA [SP]**

### TETRACYCLINES

**Tetracyclines**  
**SOLODYN [NP]**

### ULCER DRUGS

**Proton Pump Inhibitors**  
**DEXILANT**

### VAGINAL PRODUCTS

**Vaginal Estrogens**  
**PREMARIN VAGINAL CREAM**

### VASOPRESSORS

**Anaphylaxis Therapy Agents**  
**EPIPEN**  
**EPIPEN-JR**

## Excluded Medications With Covered Alternatives

The following is a list of excluded brand-name medications with covered alternatives that are on the formulary. Column 2 lists excluded medications. Column 3 lists covered preferred alternatives that can be prescribed.



Therapeutic Category	Formulary Exclusion	Formulary Alternative
Acne (Oral Agents)	ABSORICA	AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE
Acne (Topical Agents)	ACZONE, CLINDAGEL, EPIDUO	ACANYA, clindamycin phosphate, ONEXTON, RETIN-A MICRO GEL 0.08%
Actinic Keratosis	CARAC, fluorouracil 0.5% cream	PICATO [NP], ZYCLARA [NP], fluorouracil 5% cream, imiquimod 5% cream
Anaphylaxis Therapy Agents	EPIPEN, EPIPEN-JR, AUVI-Q, ADRENALCLICK, generic ADRENALCLICK	generic EPIPEN
Antidementia Agents	NAMENDA XR, NAMZARIC	donepezil, memantine (immediate release)
Antifungals	KERYDIN	JUBLIA
Anti-Inflammatory Agents - Topical	PENNSAID	FLECTOR
Anti-Inflammatory/Anti-Ulcer Agents	DUEXIS, VIMOVO	famotidine + ibuprofen or omeprazole + naproxen
Attention Deficit Hyperactivity Disorder (ADHD)	ADZENYS XR ODT, APTENSIO XT, CONCERTA, DAYTRANA, DYANAVAL XR, EVEKEO, FOCALIN XR, QUILLICHEW, QUILLIVANT, RITALIN LA, ZENZEDI	VYVANSE, generic ADHD medications
Biguanides	FORTAMET, GLUMETZA, generic GLUMETZA	metformin (generic Glucophage or generic Glucophage XR)
Blood Glucose Meters & Test Strips	ABBOTT (FREESTYLE, PRECISION), ASCENCIA (BREEZE, CONTOUR), ROCHE (ACCU-CHEK), all other test strips that are not LIFESCAN (ONETOUCH) brand	LIFESCAN (ONETOUCH)
Chronic Obstructive Pulmonary Disease	INCRUSE ELLIPTA, SEEBRI NEOHALER, TUDORZA	SPIRIVA
Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations	JENTADUETO*, KAZANO*, KOMBIGLYZE*, NESINA, OSENI*, ONGLYZA, TRADJENTA	JANUMET*, JANUMET XR*, JANUVIA
Erectile Dysfunction	CIALIS <sup>1</sup> , LEVITRA, STAXYN, STENDRA	VIAGRA
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT [SP]
Glucagon-Like Peptide-1 Agonists (GLP-1)	TANZEUM	BYDUREON, BYETTA, , TRULICITY [NP], VICTOZA
Growth Hormone	HUMATROPE, NORDITROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	GENOTROPIN [SP]
Hepatitis C	OLYSIO, TECHNIVIE*, VIEKIRA*, ZEPATIER*	DAKLINZA [SP], EPCLUSA [SP]*, HARVONI [SP]*, SOVALDI [SP]
Hormones	ESTRACE VAGINAL CREAM	PREMARIN VAGINAL CREAM
Hyaluronics (Osteoarthritis Agents)	GEL-ONE, ORTHOVISC, MONOVISC, SUPARTZ, SYNVISIC, SYNVISIC ONE	EUFLEXXA [SP], HYALGAN [SP]
Long-Acting Insulin	BASAGLAR	LEVEMIR, LANTUS
Long-Acting Muscarinic Containing Agents	ANORO ELLIPTA, UTIBRON NEOHALER	STIOLTO
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	ZIPSOR	diclofenac potassium, ZORVOLEX [NP]
Opioid Abuse	BUNAVAIL, buprenorphine/naloxone, ZUBSOLV	SUBOXONE FILM
Opioid Agonists - Extended Release	BUTRANS, NUCYNTA ER, HYSINGLA ER, OXYCONTIN	BELBUCA, OPANA ER, ZOXYDRO ER [NP]
Oral Contraceptives	generic BEYAZ, generic SAFYRAL, generic YASMIN <sup>2</sup> , generic YAZ <sup>2</sup> , MINASTRIN 24 FE, LO LOESTRIN	NATAZIA, SAFYRAL, YASMIN, YAZ
Pulmonary Anti-Inflammatory Inhalers	PULMICORT, QVAR	ARNUITY ELLIPTA, ASMANEX, FLOVENT HFA, FLOVENT DISKUS
Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Inhalers	DULERA, SYMBICORT	ADVAIR, BREO ELLIPTA
Rapid Acting Insulin	AFREZZA, APIDRA, HUMALOG, HUMULIN (except R U-500)	HUMULIN R U-500, NOVOLOG, NOVOLIN
Selective beta-2-Adrenergic Agonists	PROAIR, PROVENTIL, XOPENEX	VENTOLIN
Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitor & Combinations	FARXIGA, XIGDUO*	INVOKANA, INVOKAMET*, INVOKAMET XR*, JARDIANCE, ZSYNJARDY*
Tetracyclines	ACTICLATE, DORYX	generic tetracycline
Topical Testosterone Products	ANDRODERM, AXIRON, FORTESTA, TESTIM	ANDROGEL 1.62%, generic testosterone
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA, SUBSYS	fentanyl lozenge
Ulcerative Colitis Agents	ASACOL HD, CANASA, DELZICOL, DIPENTUM, GIAZO, PENTASA	APRISO, LIALDA, balsalazide, sulfasalazine
Urinary Antispasmodic	ENABLEX, TOVIAZ, VESICARE	oxybutynin, tolterodine, trospium
Weight Loss Agents	SAXENDA, QSYMIA*	BELVIQ, CONTRAVE*

## Step Therapies

Therapeutic Category	Secondary Treatment	Primary Treatment
Anticoagulants	PRADAXA [NP], SAVAYSA [NP]	ELIQUIS, XARELTO
Inflammatory Conditions	ACTEMRA [SP] <sup>3</sup> , CIMZIA [SP] <sup>3</sup> , COSENTYX [SP], KINERET [SP] <sup>3</sup> , ORENCIA [SP] <sup>3</sup> , OTEZLA [SP], SIMPONI [SP] <sup>3</sup> , STELARA [SP], TALTZ [SP], XELJANZ [SP]	ENBREL [SP], HUMIRA [SP]
Irritable Bowel Syndrome & Opioid Induced Constipation Agents	MOVANTIK [NP], RELISTOR [NP]	AMITIZA, LINZESS
Multiple Sclerosis	AUBAGIO [SP] <sup>4</sup> , BETASERON [SP] <sup>4</sup> , EXTAVIA [SP] <sup>4</sup> , LEMTRADA [SP] <sup>4</sup> , REBIF [SP] <sup>4</sup> , TYSABRI [SP] <sup>4</sup> , ZINBRYTA [SP] <sup>4</sup>	AVONEX [SP], COPAXONE [SP], GILENYA [SP], PLEGRIDY [SP], TECFIDERA [SP]
Ophthalmic Agents	XIIDRA [NP]	RESTASIS
Oral Oncology	XTANDI	ZYTIGA

## Key

[NP] = Non-Preferred [SP] = Specialty Brand drugs = CAPITAL letters Generic drugs = lower case letters

<sup>1</sup> Managed by prior authorization to assess indication

<sup>2</sup> Generic YASMIN and YAZ are commonly marketed as Gianvi, Loryna, Ocella, Syeda, Vestura, or Zarah

<sup>3</sup> XELJANZ required to be tried and failed prior to use of other Secondary Treatment options for Rheumatoid Arthritis

<sup>4</sup> Requires trial and failure of only one primary treatment

\*Excluded/Secondary Combination Treatments correspond to the listed Alternative/Primary Combination Treatments only.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications. Although they may look different in color or shape, generic medications have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.