



2019 Clinical Outcomes 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.

A	atenolol-chlorthalidone	CHANTIX ^{QL}	dextroamphetamine-amphetamine ER ^{AE}	ethinyl estradiol-norethindrone acetate	glyburide
acetaminophen-codeine	atomoxetine ^{AE QL}	chlorhexidine gluconate	diazepam	ethinyl estradiol-norgestimate	GLYXAMBI ^{QL}
ACTEMRA ^{† PA QL LD [INJ]}	atorvastatin	chorionic gonadotropin ^{† [INJ]}	diclofenac	etodolac	GONAL-F [†]
acyclovir	AVONEX ^{† PA QL [INJ]}	CIPRODEX	dicyclomine	EUFLEXXA ^{† PA QL [INJ]}	GONAL-F RFF [†]
ADCIRCA ^{† PA QL}	AZASITE	ciprofloxacin	digoxin	EXTAVIA ^{† PA QL [INJ]}	GRANIX ^{† PA [INJ]}
ADEMPAS ^{† PA QL LD}	azelastine nasal spray ^{QL ST}	citalopram ^{QL}	diltiazem ER	ezetimibe ^{QL ST}	guanfacine ER ^{QL}
ADVAIR DISKUS ^{QL}	azithromycin	clarithromycin	divalproex DR	ezetimibe-simvastatin ^{QL ST}	H
ADVAIR HFA ^{QL}	B	clindamycin	divalproex ER	F	HUMIRA ^{† PA LD [INJ]}
AKYNZEO ^{PA QL}	baclofen	clindamycin phosphate	DIVIGEL	famotidine	hydralazine
albuterol nebulizing soln	BASAGLAR [INJ]	clobetasol propionate	donepezil ^{QL}	fenofibrate ^{QL ST}	hydrochlorothiazide
alendronate	benazepril	clonazepam	doxazosin	fenofibrate micronized ^{QL ST}	hydrocodone-acetaminophen
allopurinol	benazepril-hydrochlorothiazide	clonidine	doxycycline hyclate	fenofibrate	hydrocortisone
ALPHAGAN P 0.1%	benzonatate	clopidogrel	doxycycline monohydrate	fenofibrate micronized ^{QL ST}	hydromorphone
alprazolam	BETHKIS ^{† PA QL LD}	clotrimazole-betamethasone	DUAVEE ^{QL}	fentanyl patch ^{QL}	hydroxychloroquine
ALREX	bimatoprost eye soln ST	COLCRYS ^{QL}	duloxetine DR ^{QL ST}	FINACEA ^{AE}	hydroxyzine hcl
amiodarone	bisoprolol-hydrochlorothiazide	colesevelam ^{QL}	DYMISTA ^{QL ST}	finasteride	hydroxyzine pamoate
AMITIZA ^{PA QL}	BRILINTA ^{QL}	COMBIGAN	E	FLOVENT DISKUS ^{QL}	I
amitriptyline	budesonide nebulizing soln ^{QL}	COMBIPATCH ^{QL}	ELIDEL ^{PA}	FLOVENT HFA ^{QL}	ibandronate ^{QL}
amlodipine	buprenorphine-naloxone ^{QL}	COMBIVENT RESPIMAT ^{QL}	ELIQUIS ^{QL}	fluconazole	ibandronate soln ^{† PA QL}
amlodipine-atorvastatin ST	buprenorphine patch ^{QL}	CORLANOR ^{PA QL}	ENBREL ^{† PA QL [INJ]}	fluocinonide	ibuprofen
amlodipine-benazepril ST	bupropion	COSENTYX ^{† PA LD [INJ]}	enoxaparin [INJ]	fluoxetine	ICLUSIG ^{† PA QL LD}
amlodipine-olmesartan ^{QL ST}	bupropion ER	CREON	ENTRESTO ^{PA QL}	fluticasone nasal spray	ILEVRO
amlodipine-valsartan ^{QL ST}	buspirone	cyanocobalamin [INJ]	EPIPEN ^{QL [INJ]}	FORTEO ^{† PA QL [INJ]}	indapamide
amoxicillin	butalbital-acetaminophen-caffeine ^{QL}	cyclobenzaprine	EPIPEN JR ^{QL [INJ]}	FRAGMIN ^{QL [INJ]}	indomethacin
amoxicillin-clavulanate	BYSTOLIC ^{QL ST}	D	ergocalciferol	FULPHILA ^{† PA [INJ]}	INFLECTRA ^{† PA [INJ]}
anastrozole	CANASA	dalfampridine ^{† PA QL LD}	erythromycin eye ointment	FUROSEMIDE	INLYTA ^{† PA QL LD}
ANORO ELLIPTA ^{QL}	carbidopa-levodopa	DAYTRANA ^{AE QL}	escitalopram	FYCOMPA ^{QL}	irbesartan
APRISO ^{QL}	carvedilol	desloratadine ^{QL}	esomeprazole DR ^{QL ST}	G	irbesartan-hydrochlorothiazide
aripiprazole ^{QL}	cefdinir	desonide	estradiol	gabapentin	IRESSA ^{† PA QL LD}
ARISTADA ^{PA QL [INJ]}	cefuroxime axetil	desvenlafaxine ^{QL ST}	estradiol patch ^{QL}	gemfibrozil	isosorbide dinitrate
ARNUITY ELLIPTA ^{QL}	celecoxib ^{QL ST}	dexamethasone	estradiol vaginal cream	GENOTROPIN ^{† PA [INJ]}	isosorbide mononitrate
ASMANEX HFA ^{QL}	cephalexin	dexamethylphenidate ^{AE QL}	eszopiclone ^{QL ST}	GILENYA ^{† PA QL}	isotretinoin ^{PA}
ASMANEX TWISTHALER ^{QL}	CETROTIDE ^{† PA [INJ]}	dexamethylphenidate ER ^{AE QL}	ethinyl estradiol-drospirenone	GILOTRIF ^{† PA QL LD}	J
atenolol		dextroamphetamine-amphetamine ^{AE}	ethinyl estradiol-levonorgestrel	glatiramer ^{† PA QL [INJ]}	JANUMET ^{QL}
			ethinyl estradiol-norelgestromin	glimepiride	JANUMET XR ^{QL}
				glipizide	JANUVIA ^{QL}
				glipizide ER	JENTADUETO ^{QL}
				GLUCAGON ^{QL [INJ]}	JENTADUETO XR ^{QL}

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K	metoclopramide	olmesartan-hydrochlorothiazide ^{QL ST}	progesterone micronized	spironolactone	TRESIBA
KALBITOR ^{† PA LD [INJ]}	metoprolol succinate ER ST	olopatadine eye soln	PROLENSA	SPRYCEL ^{† PA QL}	FLEXTOUCH PEN [INJ]
ketoconazole	metoprolol tartrate	omeprazole DR	promethazine	STEGLATRO ^{QL}	triamcinolone
KISQALI ^{† PA QL}	metronidazole	ondansetron ^{QL}	promethazine-dextromethorphan	STEGLUJAN ^{QL}	triamterene-hydrochlorothiazide
KITABIS PAK ^{† PA QL LD}	metronidazole topical	ONETOUCH ^{QL}	propranolol	STELARA ^{† PA QL [INJ]}	TRULICITY ^{PA QL [INJ]}
L	metronidazole vaginal gel	OPDIVO ^{† PA LD}	propranolol ER	STIOLTO RESPIMAT ^{QL}	U
labetalol	minocycline	OPSUMIT ^{† PA QL LD}	PULMICORT FLEXHALER ^{QL}	SUBOXONE FILM ^{QL}	UCERIS
lamotrigine	MIRENA ^{LD}	ORTHOVISC ^{† PA QL [INJ]}	Q	sulfamethoxazole-trimethoprim	ULORIC ^{QL}
lansoprazole DR	mirtazapine	OZEZLA ^{† PA QL}	QNASL ^{QL ST}	sumatriptan ^{QL}	UPTRAVI ^{† PA QL LD}
latanoprost eye soln	MIRVASO ^{AE PA QL}	oxcarbazepine	quetiapine ^{QL}	SYNJARDY ^{QL}	V
LATUDA ^{QL}	mometasone	oxybutynin ER	quetiapine ER ^{QL}	SYNJARDY XR ^{QL}	valacyclovir
LETAIRIS ^{† PA QL LD}	MONOVISC ^{† PA QL [INJ]}	oxycodone	quinapril	T	valsartan
LEVEMIR [INJ]	montelukast	oxycodone-acetaminophen ^{QL}	QVAR REDIHALER ^{QL}	TACLONEX SUSPENSION	valsartan-hydrochlorothiazide
LEVEMIR FLEXTOUCH [INJ]	morphine sulfate ER ^{QL}	OXYCONTIN ^{QL}	R	tacrolimus ointment	VASCEPA ^{QL}
levetiracetam	MOVANTIK ^{PA QL}	OZEMPIC ^{PA QL [INJ]}	rabeprazole ST	tamoxifen	venlafaxine
levocetirizine	MOXEZA ST	P	raloxifene ^{QL}	tamsulosin	venlafaxine ER ST
levofloxacin	moxifloxacin eye soln ST	paliperidone ER ^{QL}	ramipril	TARCEVA ^{† PA QL LD}	VENTOLIN HFA ^{QL}
levothyroxine	mupirocin	pantoprazole	RANEXA ^{QL}	TAZORAC ^{AE}	verapamil ER
lidocaine patches ^{QL}	MUSE ^{QL}	paroxetine	ranitidine	TECFIDERA ^{† PA QL LD}	VESICARE ^{QL ST}
LINZESS ^{PA QL}	MYRBETRIQ ^{QL ST}	paroxetine ER ST	RAPAFLO ^{QL}	temazepam ST	VIBERZI ^{PA QL}
liothyronine	N	PAZEO	RASUVO ^{† PA QL [INJ]}	terazosin	VICTOZA ^{PA QL [INJ]}
lisinopril	nabumetone	penicillin v potassium	REBIF ^{† PA QL [INJ]}	terconazole vaginal	VIIBRYD ^{QL ST}
lisinopril-hydrochlorothiazide	naltrexone ^{QL}	PENTASA	RECTIV	testosterone cypionate ^{PA [INJ]}	VIMPAT ^{QL}
lorazepam	naproxen	PERFOROMIST	RELISTOR ^{PA QL [INJ]}	testosterone enanthate ^{PA [INJ]}	VIOKACE
losartan	NARCAN	pioglitazone	RENFLEXIS ^{† PA [INJ]}	testosterone topical ^{PA}	VYVANSE ^{AE QL}
losartan-hydrochlorothiazide	neomycin-polymyxin-hydrocortisone otic soln	PLEGRIDY ^{† PA QL LD [INJ]}	RESTASIS ^{PA QL}	timolol eye soln	W
LOTEMAX	niacin ER ^{QL}	polymyxin-trimethoprim eye soln	rizatRIPTAN ^{QL}	tizanidine ^{QL}	warfarin
lovastatin	nifedipine ER	POTIGA ^{QL}	ropinirole	TOBI PODHALER ^{† PA QL LD}	X
LYRICA ^{QL ST}	nitrofurantoin	PRADAXA ^{QL}	rosuvastatin ^{QL ST}	TOBRADEX OINTMENT	XARELTO ^{QL}
M	NIVESTYM ^{† PA [INJ]}	pramipexole	S	TOBRADEX ST	XELJANZ ^{† PA QL}
MAKENA ^{† PA QL LD [INJ]}	nortriptyline	prasugrel ^{QL}	SANCUSO ^{PA QL}	tobramycin eye soln	XELJANZ XR ^{† PA QL}
MAVYRET ^{† PA QL}	NOVOLIN [INJ]	pravastatin	SAVELLA ^{QL}	tobramycin-dexamethasone	XIFAXAN ^{PA QL}
meclizine	NOVOLOG [INJ]	prednisolone	SEGLUROMET ^{QL}	tobramycin-dexamethasone eye susp	XIGDUO XR ^{QL}
medroxyprogesterone	NOVOLOG [INJ]	prednisolone eye susp	SEREVENT DISKUS ^{QL}	tolterodine ER ^{QL ST}	Y
meloxicam	NUCYNTA ^{QL}	prednisone	sertraline	topiramate	YERVOY ^{† PA LD}
memantine ER ^{QL ST}	NUCYNTA ER ^{QL}	PREMARIN TABS ^{QL}	sevelamer	TOVIAZ ^{QL ST}	Z
metaxalone	NUVARING ^{QL}	PREMARIN VAGINAL CREAM	SIGNIFOR ^{† PA QL}	TRACLEER ^{† PA QL LD}	ZARXIO ^{† PA [INJ]}
metformin	nystatin	PREMPRO ^{QL}	SIGNIFOR LAR ^{† PA QL}	TRADJENTA ^{QL}	ZENPEP
methimazole	nystatin oral suspension	PREPOPIK ^{QL}	sildenafil ^{QL}	tramadol	ZEPATIER ^{† PA QL}
methocarbamol	O	PROAIR HFA ^{QL}	simvastatin	TRAVATAN Z ST	zolpidem ^{QL}
methotrexate	OFEV ^{† PA QL LD}	PROAIR RESPICLICK ^{QL}	SOMATULINE DEPOT ^{† PA QL LD [INJ]}	trazodone	zolpidem ER ^{QL ST}
methotrexate	olanzapine ^{QL}	PROCRIT ^{† PA [INJ]}	SPIRIVA HANDIHALER ^{QL}		ZOMIG NASAL ^{QL}
methylphenidate ^{AE QL}	olmesartan ^{QL ST}		SPIRIVA RESPIMAT ^{QL}		ZONTIVITY ^{QL}
methylphenidate ER ^{AE QL}					ZYLET
methylprednisolone					ZYTIGA ^{† PA QL LD}

Examples of Excluded Medications With Selected Formulary Alternatives

The following is a list of some excluded brand-name medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of excluded medications. Column 2 lists some alternatives that can be prescribed.

Excluded Medications	Sample Preferred Alternative(s)
ABSTRAL	fentanyl citrate lozenges ^{PA QL}
ACCU-CHEK	ONETOUCH ^{QL}
ACUVAIL	bromfenac, diclofenac, ketorolac, ILEVRO
ADVOCATE	ONETOUCH ^{QL}
alogliptin	JANUVIA ^{QL} , TRADJENTA ^{QL}
alogliptin/pioglitazone	JANUVIA ^{QL} OR TRADJENTA ^{QL} and pioglitazone
alogliptin/metformin	JANUMET ^{QL} , JENTADUETO ^{QL}
ALVESCO	FLOVENT ^{QL} QVAR ^{QL} , PULMICORT ^{QL}
APIDRA	NOVOLOG
ARANESP	PROCRIT ^{PA}
ASACOL HD	balsalazide, sulfasalazine, APRISO ^{QL} , PENTASA
AUVI-Q	EPIPEN ^{QL} , EPIPEN JR ^{QL}
BECONASE AQ	fluticasone, mometasone
BRAVELLE	GONAL-F [†] , GONAL-F RFF [†]
BREEZE CONTOUR	ONETOUCH ^{QL}
CARAC	fluorouracil 5%
CIALIS	sildenafil ^{QL}
CIMZIA	HUMIRA ^{† PA LD} , ENBREL ^{† PA QL} , RENFLEXIS ^{† PA} , INFLECTRA ^{† PA} , STELARA ^{† PA} , COSENTYX ^{† PA LD}
COLCHICINE	COLCRYS ^{QL} , MITIGARE ^{QL}
cyclobenzaprine ER	cyclobenzaprine
DAKLINZA	ZEPATIER ^{† PA QL} , MAVYRET ^{† PA QL}
DELZICOL	balsalazide, sulfasalazine, APRISO ^{QL} , PENTASA
DIPENTUM	balsalazide, sulfasalazine, APRISO ^{QL} , PENTASA
DULERA	ADVAIR ^{QL} , BREO ELLIPTA ^{QL}
DUEXIS	ibuprofen and famotidine
EDARBI	losartan, valsartan
EDARBYCLOR	losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
EPOGEN	PROCRIT ^{PA}
EMBEDA	morphine sulfate ER ^{QL}
ESTROGEL	DIVIGEL
EVZIO	NARCAN
FENTORA	fentanyl citrate lozenges ^{PA QL}
fluoxetine tablets	fluoxetine capsules
FOLLISTIM AQ	GONAL-F [†] , GONAL-F RFF [†]
FORTAMET	metformin ER 500 mg, metformin ER 750 mg
FORTESTA	testosterone cypionate ^{PA} , testosterone enanthate ^{PA} , testosterone solution ^{PA}
FREESTYLE	ONETOUCH ^{QL}
GANIRELIX	CETROTIDE ^{† PA}
GEL-ONE	EUFLEXXA ^{† PA QL} , MONOVISC ^{† PA QL} , ORTHOVISC ^{† PA QL}
GLUMETZA	metformin ER 500 mg, metformin ER 750 mg
HARVONI	ZEPATIER ^{† PA QL} , MAVYRET ^{† PA QL}
HUMALOG	NOVOLOG
HUMATROPE	GENOTROPIN ^{† PA QL}
HUMULIN N, R, 70/30	NOVOLIN N, R, 70/30
HYALGAN	EUFLEXXA ^{† PA QL} , MONOVISC ^{† PA QL} , ORTHOVISC ^{† PA QL}
HYMOVIS	EUFLEXXA ^{† PA QL} , MONOVISC ^{† PA QL} , ORTHOVISC ^{† PA QL}
INVOKAMET, INVOKAMET XR	XIGDUO ^{QL} , SYNJARDY ^{QL} , SYNJARDY XR ^{QL} , SEGLUROMET ^{QL}
INVOKANA	STEGLATRO ^{QL}
KAZANO	JANUMET ^{QL} , JENTADUETO ^{QL}
KOMBIGLYZE ER	JANUMET ^{QL} , JENTADUETO ^{QL}
LEVITRA	sildenafil ^{QL}
metformin modified/osmotic ER	metformin ER 500 mg, metformin ER 750 mg
MIRCERA	PROCRIT ^{PA}
NATESTO	testosterone cypionate ^{PA} , testosterone enanthate ^{PA} , testosterone solution ^{PA}
NESINA	JANUVIA ^{QL} , TRADJENTA ^{QL}
NORDITROPIN	GENOTROPIN ^{† PA QL}
NUTROPIN AQ	GENOTROPIN ^{† PA QL}

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Excluded Medications	Sample Preferred Alternative(s)
OMNARIS	fluticasone, mometasone
OMNITROPE	GENOTROPIN ^{† PA QL}
ONGLYZA	JANUVIA ^{QL} , TRADJENTA ^{QL}
ORENCIA	HUMIRA ^{† PA LD} , ENBREL ^{† PA}
OSENI	JANUVIA ^{QL} OR TRADJENTA ^{QL} and pioglitazone
PRECISION	ONETOUCH ^{QL}
PROVENTIL HFA	PROAIR HFA ^{QL} , PROAIR RESPICLIK ^{QL} , VENTOLIN HFA ^{QL}
RIOMET	metformin
ROZEREM	zolpidem ^{QL} , eszopiclone ^{QL ST}
SILENOR	zolpidem ^{QL} , eszopiclone ^{QL ST}
SAIZEN	GENOTROPIN ^{† PA QL}
SIMPONI	HUMIRA ^{† PA LD} , ENBREL ^{† PA QL}
SITAVIG	acyclovir, valacyclovir
SOLIQUA	XULTOPHY ^{QL}
SOVALDI	ZEPATIER ^{† PA QL} , MAVYRET ^{† PA QL}
STAXYN	sildenafil ^{QL}
STENDRA	sildenafil ^{QL}
SUPARTZ	EUFLEXA ^{† PA QL} , MONOVISC ^{† PA QL} , ORTHOVISC ^{† PA QL}
SYNVISC, SYNVISC-ONE	EUFLEXA ^{† PA QL} , MONOVISC ^{† PA QL} , ORTHOVISC ^{† PA QL}
TALTZ	COSENTYX ^{† PA LD} , HUMIRA ^{† PA LD} , ENBREL ^{† PA QL}
TESTIM	testosterone cypionate ^{PA} , testosterone enanthate ^{PA} , testosterone solution ^{PA}
TRUETEST	ONETOUCH ^{QL}
TUDORZA	SPIRIVA ^{QL}
VELTIN	clindamycin-benzoyl peroxide, clindamycin-tretinoin
VERAMYST	fluticasone, mometasone
VIEKIRA	ZEPATIER ^{† PA QL} , MAVYRET ^{† PA QL}
VIMOVO	omeprazole and naproxen
XOPENEX	PROAIR HFA ^{QL} , PROAIR RESPICLIK ^{QL} , VENTOLIN HFA ^{QL}
ZETONNA	fluticasone, mometasone
ZOVIRAX CREAM/OINTMENT	valacyclovir, acyclovir
ZUBSOLV	buprenorphine-naloxone ^{QL}

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.