

2017 Precision Formulary Exclusions List

Therapeutic Category	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Oral Long-Acting Opioid Analgesics	Hysingla ER, Kadian, Nucynta ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxycodone HCl ER, oxymorphone HCl ER, Embeda
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
ANALGESICS		
Non-Steroidal Anti-Inflammatory Agents	Cambia	diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, 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 Inhibitors & Combinations	Alogliptin, alogliptin with metformin, alogliptin with pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1 Agonists	Adlyxin , Tanzeum	Bydureon, Byetta, Trulicity, Victoza
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, NovoLog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
Biguanides	Glumetza, Fortamet	Metformin ER (Glucophage generic), Metformin IR, Riomet
ENDOCRINE (OTHER)		
Topical Testosterone Products	Androgel Gel 1% (25mg, 50mg), Axiron, Fortesta, Testim, Testosterone 1% Gel, Vogelxo	Androgel 1.62%

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	Asacol HD, Delzicol, mesalamine DR	Apriso , Lialda
Opioid-Induced Constipation	Movantik	Amitiza
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 Diskus/HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory / Long-Acting Beta Agonist Combination Inhalers	Dulera	Advair Diskus, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
UROLOGICAL		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra
DERMATOLOGICAL AGENTS		
Topical Acne Treatment	Acanya, Benzaclin, Benzaclin Pump, Benzamycin, Duac, Veltin, Ziana Gel	Epiduo/ Epiduo Forte, Onexton

Required Prior Authorization Additions²

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands ¹ non-preferred with prior authorization	Daklinza: Genotype 3 Epclusa: Genotype 2 and 3 Harvoni: Genotype 1,4,5, and 6 Sovaldi: Genotype 2 and 3
Immunomodulators	All other brands non-preferred with prior authorization	Humira, Enbrel
Multiple Sclerosis	All other brands non-preferred with prior authorization	Aubagio, Avonex, Copaxone, Gilenya, Plegridy, Tecfidera
Erythropoiesis-Stimulating Agents	All other brands non-preferred with prior authorization	Aranesp, Procrit
Growth Hormones	All other brands non-preferred with prior authorization	Norditropin

¹Grandfathering allowed; no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions.

²All medications require a Prior Authorization. Use of a non-preferred medication requires clinical failure or intolerance of a preferred medication prior to beginning therapy