



EUTF Excluded Medications/Devices/Supplies

Drug Class	PBM Excluded Drugs
Acne	Absorica, Absorica LD <i>*effective 1-2022*</i>
Acute pain	Zipsor <i>*effective 1-2022*</i>
Alzheimer's Disease	Aduhelm
Anaphylaxis Therapy Agents	Auvi-Q
Anemia	Nascobal <i>*effective 1-2022*</i>
Arthritis with ulcer prophylaxis	Duexis, Vimovo – brand name and generic version products <i>*effective 1-2022*</i>
Asthma	Zyflo <i>*effective 1-2022*</i>
Blood Products	Blood products, blood serum
Cold Sores	Sitavig, Xerese <i>*effective 1-2022*</i>
Compounds	Exclusion of costly bases, bulk compounding ingredients, compounding kits, etc.
Cosmetic Drugs	Cosmetic drugs – including hair loss drugs, anti-wrinkle creams, hair removal creams and others (requiring a prescription)
COVID-19	Bamlanivimab, Casirivimab, Etesevimab, Imdevimab, Regen-COV, Sotrovimab, Veklury
Depression	Aplenzin <i>*effective 1-2022*</i>
Diabetes Devices	Blood glucose monitoring units
Diabetic Medications	Fortamet and Glumetza – brand-name and generic products
Diabetes Supplies	Alcohol swabs
Erectile Dysfunction	Erectile dysfunction medications except Muse
Experimental Medications	Experimental medicines do not have national drug code (NDC) numbers and, therefore, are not covered
Fertility	Fertility agents
Hemophagocytic Lymphohistiocytosis (HLH)	Gamifant
Immunizations	Immunizations
Local Anesthesia	Clorotekal
Migraines	Ergomar <i>*effective 1-2022*</i>
Neuronal Ceroid Lipofuscinosis Type 2	Brineura
Oncology	Abecma, Azedra, Breyanzi, Elzonris, Jelmyto, Kymriah, Lutathera, Optune, Optune LUA, Tecartus, Yescarta
Onychomycosis	Jublia, Kerydin, tavaborole <i>*effective 1-2022*</i>
Osteoarthritis	Pennsaid <i>*effective 1-2022*</i>

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Over-the-Counter (OTC) Medications	OTC medications (except OTC proton pump inhibitors and OTC non-sedating antihistamines which are covered with a written prescription)
Pain Management	Dsuvia
Protectives Against Ultraviolet (UV) Radiation	Scenesse
Retinal Dystrophy	Luxturna
Spinal Muscular Atrophy	Spinraza, Zolgensma
Therapeutic Devices and Software	Therapeutic devices or appliances, including prescription digital therapeutic, hypodermic needles, syringes, support garments, ostomy supplies, durable medical equipment and non-medical substances regardless of intended use
Vitamins	Multiple vitamin products that require a prescription

Note:

-See the Advanced Control Specialty Formulary® for specialty drug exclusions.

-Plans do not cover non-FDA approved products.

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