



**BlueCross  
BlueShield**

Federal Employee Program.

## STANDARD OPTION “EXCLUDED” DRUGS

Effective January 1, 2019, selected drugs will no longer be covered under Standard Option. These “Excluded” drugs, have available covered options in the same therapeutic class.

Standard Option members taking an “Excluded” drug on or after January 1, 2019 should expect to pay the **full cost** of the prescription.

## EXCLUDED DRUG EXCEPTIONS PROCESS

The “Excluded” drug exceptions process allows a member to apply for coverage of the “Excluded” drug at a tier 3 cost share if a member has tried and failed covered drug(s). Remember any applicable prior approval criteria must also be met in order for coverage to be provided. If a prior approval is also required the form may be found [here](#). Click on the category drug class for the drug requested below and complete the form.

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2019 FOR	COVERED OPTIONS**
<a href="#">ANAPHYLAXIS TREATMENT</a>	AUVI-Q	epinephrine injection (0.15 mg and 0.30 mg), EPIPEN, EPIPEN JR.
<a href="#">ANTIDIARRHEALS</a>	opium tincture	diphenoxylate/atropine, loperamide
<a href="#">ANTI- INFLAMMATORIES</a> NON STEROIDAL ANTI - INFLAMMATORIES (NSAIDS)	PENNSAID‡, VIVLODEX, ZORVOLEX	diclofenac/ER, diclofenac gel/soln, etodolac/ER, flurbiprofen, ibuprofen, indomethacin/ER, ketoprofen/ER, meloxicam, nabumetone, naproxen/ER, oxaprozin, piroxicam, sulindac, VOLTAREN GEL
<a href="#">ANTI-INFLAMMATORIES</a> NON STEROIDAL ANTI- INFLAMMATORIES (NSAIDS) COMBINATIONS	DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole, famotidine, ibuprofen, naproxen, ranitidine

<b><u>ANTIRHEUMATICS</u></b>	CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate
<b><u>ANTISPASMODICS</u></b>	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
<b><u>CARDIOVASCULAR</u></b> HEART	YOSPRALA	aspirin*** and esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
<b><u>DERMATOLOGY</u></b> ANTIFUNGAL	ALCORTIN-A‡, XOLEGEL *	ciclopirox, clotrimazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe ketoconazole 2% cream, naftifine, nystatin, terbinafine, ECOZA, LAMISIL, NAFTIN
<b><u>DERMATOLOGY</u></b> CORTICOSTEROIDS	OLUX, OLUX-E	clobetasol propionate, fluocinonide, halobetasol propionate
<b><u>DERMATOLOGY</u></b> PSORIASIS	SORIATANE, TACLONEX‡	acitretin, calcipotriene/betamethasone, calcitriol, methoxsalen, DOVONEX, OXSORALEN ULTRA
<b><u>DIABETES</u></b> METFORMIN	GLUMETZA‡	metformin ER
<b><u>DIABETES</u></b> OTHER	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, chlorpropamide, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide, repaglinide/metformin
<b><u>HIGH CHOLESTEROL</u></b>	FLOLIPID, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<b><u>NAUSEA AND VOMITING THERAPY</u></b> (5HT-3 BLOCKER)	ANZEMET	granisetron, ondansetron, palonosetron, promethazine
<b><u>OPHTHALMOLOGY</u></b> MISCELLANEOUS	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution, homatropine ophthalmic solution

**PAIN MEDICATIONS**

OPIOIDS

NALOCET

Codeine-acetaminophen,  
hydrocodone- acetaminophen,  
oxycodone-acetaminophen,  
tramadol-acetaminophen,  
ENDOCET, LORCET, LORCET  
HD, LORTAB, NORCO,  
PERCOCET, PRIMLEV,  
VICODIN, VICODIN ES, VICODIN  
HP

‡ Applicable prior approval criteria must also be met in order for coverage to be provided. Complete the form found [here](#).

\*This list shows uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

\*\*For more covered options, consult 2019 Standard Option formulary.

\*\*\*Low dose aspirin (81 mg) is covered for men age 45 through 79 and women age 12 through 79 and for pregnant women at risk of preeclampsia.