

## BASIC OPTION “MANAGED NOT COVERED” DRUGS

### “MANAGED NOT COVERED” DRUGS

Basic Option “Managed Not Covered” drugs are excluded from coverage. They have available covered options in the same therapeutic class.

Basic Option members taking a “Managed Not Covered” drug will pay the **full cost** of the prescription.

### MANAGED FORMULARY EXCEPTION (MFE) PROCESS

The Managed Formulary Exception (MFE) process allows a member to apply for coverage of a “Managed Not Covered” drug at a tier 3 cost share if a member has tried and failed covered drug(s). If your drug below requires prior approval, you must meet the prior approval requirements in order for us to cover the drug. You can download the prior approval form for the drug [here](#).

CATEGORY* DRUG CLASS*	DRUG NOT COVERED IN 2019 FOR BASIC OPTION	COVERED OPTIONS**
<a href="#">ALLERGIES</a> ANTI-HISTAMINES	cetirizine solution, desloratadine, levocetirizine, CLARINEX, CLARINEX-D, XYZAL	montelukast, zafirlukast, ACCOLATE, SINGULAIR
<a href="#">ALLERGIES</a> NASAL STEROIDS	BECONASE AQ, DYMISTA, NASONEX, OMNARIS, QNASL, RHINOCORT AQUA, VERAMYST, ZETONNA	flunisolide spray, fluticasone spray
<a href="#">ANAPHYLAXIS TREATMENT</a>	AUVI-Q	epinephrine injection (0.15 mg and 0.30 mg), EPIPEN, EPIPEN JR

<a href="#">ANTICOAGULANTS</a>	PRADAXA	warfarin, ELIQUIS, XARELTO
<a href="#">ANTIDIARRHEALS</a>	opium tincture	loperamide, diphenoxylate/atropine
<a href="#">ANTI-INFLAMMATORIES</a> NON STEROIDAL ANTI-INFLAMMATORIES (NSAIDS)	ANAPROX DS, FELDENE, NAPRELAN, NAPROSYN, PENNSAID <sup>‡</sup> , TIVORBEX, 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	ARTHROTEC, DUEXIS, VIMOVO	diclofenac/misoprostol, esomeprazole, famotidine, ibuprofen, naproxen, ranitidine
<a href="#">ANTIRHEUMATICS</a>	CUPRIMINE	azathioprine, hydroxychloroquine, leflunomide, methotrexate
<a href="#">ANTISPASMOTICS</a>	LIBRAX	clidinium/chlordiazepoxide, dicyclomine, hyoscyamine
<a href="#">ASTHMA</a> BETA AGONIST (RESCUE INHALER)	PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol solution, levalbuterol inhalation solution, PROAIR HFA
<a href="#">ASTHMA</a> INHALED CORTICOSTEROID	AEROSPAN, ALVESCO	budesonide inhalation suspension, ASMANEX, FLOVENT HFA, PULMICORT, QVAR
<a href="#">BENIGN PROSTATIC</a> HYPERPLASIA (BPH)	JALYN	alfuzosin, dutasteride, dutasteride/tamsulosin, finasteride, tamsulosin
<a href="#">BLADDER AGENTS</a>	DETROL, DETROL LA, ENABLEX, GELNIQUE, OXYTROL, TOVIAZ	oxybutynin, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, VESICARE
<a href="#">CARDIOVASCULAR</a>	YOSPRALA	aspirin*** and esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole

<a href="#">COPD</a> INHALED LONG ACTING MUSCARINIC RECEPTOR ANTAGONIST (LAMA)	INCRUSE ELLIPTA, TUDORZA PRESSAIR	ipratropium, ATROVENT HFA, SPIRIVA
<a href="#">CORTICOSTEROIDS</a>	CORTEF, DELTASONE, DEXPAK, MEDROL, MILLIPRED, ORAPRED ODT, RAYOS‡, TAPERDEX	cortisone acetate, dexamethasone, fludrocortisone, hydrocortisone, methylprednisolone, prednisone
<a href="#">DERMATOLOGY</a> ANTIFUNGAL	ALCORTIN-A‡, ERTACZO‡, JUBLIA‡, KERYDIN*‡, LOPROX, LOTRISONE*, LUZU‡, MENTAX, NAFTIN*, OXISTAT‡, VUSION*, XOLEGEL*	ciclopirox, clotrimazole, clotrimazole/betamethasone, econazole, hydrocortisone/iodoquinol, hydrocortisone/iodoquinol/aloe ketoconazole, naftifine, nystatin, terbinafine, ECOZA, EXELDERM, LAMISIL
<a href="#">DERMATOLOGY</a> CORTICOSTEROIDS	IMPOYZ, NOVACORT‡, OLUX, OLUX-E	clobetasol propionate, fluocinoide, halobetasol propionate, hydrocortisone/pramoxine, PRAMOSONE
<a href="#">DERMATOLOGY</a> FLUOROURACIL	CARAC, FLUOROURACIL CREAM 0.5%	diclofenac sodium, PICATO, TOLAK
<a href="#">DERMATOLOGY</a> IMPETIGO	XEPI CREAM 1%‡	mupirocin cream 2%, mupirocin ointment 2%, ALTABAX OINTMENT 1%, BACTROBAN CREAM 2%, BACTROBAN OINTMENT 2%
<a href="#">DERMATOLOGY</a> PSORIASIS	SORIATANE, TACLONEX‡	acitretin, calcipotriene- betamethasone, calcitriol, methoxsalen, DOVONEX, OXSORALEN ULTRA
<a href="#">DERMATOLOGY</a> ROSACEA	NORITATE	clindamycin/benzoyl peroxide, doxycycline (except 20 mg), flurandrenolide, metronidazole cream/gel/lotion, FINACEA, METROCREAM, METROGEL, METROLOTION, MIRVASO, ORACEA, SOOLANTRA

<a href="#">DIABETES</a> DIPEPTYL PEPTIDASE 4 (DPP-4) INHIBITORS/COMBINATIONS	KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI	alogliptin, alogliptin/metformin, alogliptin/pioglitazone JANUMET, JANUMET XR, JANUVIA, JENTADUETO, TRADJENTA
<a href="#">DIABETES</a> INSULINS	ADMELOG/SOLOSTAR, APIDRA/SOLOSTAR, HUMALOG	NOVOLOG
<a href="#">DIABETES</a> INSULINS	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: HUMULIN R U-500 concentrate will continue to be covered	
<a href="#">DIABETES</a> METFORMIN	FORTAMET‡, GLUMETZA‡, RIOMET‡	GLUCOPHAGE ER (metformin ER)
<a href="#">DIABETES</a> OTHER	CYCLOSET	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, bromocriptine mesylate, chlorpropamide, glimepiride, glipizide, glyburide, glyburide/metformin, pioglitazone, repaglinide, repaglinide/metformin
<a href="#">DIABETES</a> SGLT2 INHIBITORS	INVOKAMET‡, INVOKAMET XR‡, INVOKANA‡, SEGLUROMET‡, STEGLATRO‡, STEGLUJAN‡	FARXIGA, JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR
<a href="#">GLAUCOMA</a>	LUMIGAN	latanoprost, RESCULA, TRAVATAN Z, XALATAN, ZIOPTAN
<a href="#">GRANULOCYTE COLONY</a> STIMULATING FACTOR	NEUPOGEN‡	GRANIX, ZARXIO

<a href="#">GROWTH HORMONE</a>	GENOTROPIN <sup>‡</sup> , HUMATROPE <sup>‡</sup> , NUTROPIN <sup>‡</sup> , NUTROPIN AQ <sup>‡</sup> , OMNITROPE <sup>‡</sup> , SAIZEN <sup>‡</sup> , ZOMACTON <sup>‡</sup>	NORDITROPIN
<a href="#">HEPATITIS C</a>	ZEPATIER <sup>‡</sup>	EPCLUSA, HARVONI, MAVYRET, SOVALDI, VOSEVI
<a href="#">HIGH BLOOD PRESSURE</a> ANGIOTENSIN II RECEPTOR BLOCKERS/COMBINATIONS (ARBS)	ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT	candesartan, candesartan/hctz, irbesartan, irbesartan/hctz, losartan, olmesartan/hctz, telmisartan, telmisartan hctz, valsartan, valsartan/hctz, BENICAR, BENICAR/HCT,
<a href="#">HIGH CHOLESTEROL</a> PCSK9 INHIBITORS	PRALUENT <sup>‡</sup>	REPATHA
<a href="#">HIGH CHOLESTEROL</a> STATINS	ADVICOR, ALTOPREV, CADUET, CRESTOR, FLOLIPID, LESCOL/XL, LIPITOR, LIPTRUZET, LIVALO, MEVACOR, PRAVACHOL, VYTORIN, ZOCOR, ZYPITAMAG	amlodipine/atorvastatin, atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
<a href="#">MOVEMENT DISORDERS</a>	OSMOLEX ER <sup>‡</sup>	Amantadine IR, GOCOVRI ER
<a href="#">MULTIPLE SCLEROSIS</a>	COPAXONE <sup>‡</sup>	glatiramer, GLATOPA
<a href="#">MUSCLE RELAXANTS</a>	AMRIX	baclofen, cyclobenzaprine, dantrolene
<a href="#">NAUSEA AND VOMITING THERAPY</a> 5HT-3 BLOCKER	ANZEMET	granisetron, ondansetron, palonosetron, promethazine
<a href="#">NAUSEA AND VOMITING PREGNANCY</a>	BONJESTA <sup>‡</sup>	Doxylamine <sup>§</sup> , pyridoxine (vitamin B6) <sup>§</sup> , DICLEGIS, UNISOM <sup>§</sup>
<a href="#">OPHTHALMOLOGY</a> MISCELLANEOUS	atropine sulfate eye ointment	atropine ophthalmic solution, cyclopentolate ophthalmic solution, homatropine ophthalmic solution

<a href="#">PAIN MEDICATIONS</a> NEUROPATHIC PAIN	LYRICA CR‡	gabapentin, HORIZANT, LYRICA, NEURONTIN
<a href="#">PAIN MEDICATIONS</a> OPIOIDS	NALOCET	Codeine-acetaminophen, hydrocodone-acetaminophen, oxycodone-acetaminophen, tramadol-acetaminophen, ENDOCET, LORCET, LORCET HD, LORTAB, NORCO, PERCOCET, PRIMLEV, VICODIN, VICODIN ES, VICODIN HP
<a href="#">PAIN MEDICATIONS</a> TOPICAL	ZTLIDO‡	lidocaine cream, lidocaine gel, lidocaine lotion, lidocaine ointment, lidocaine patch 5%, LIDODERM PATCH, QUTENZA PATCH, XYLOCAINE
<a href="#">PANCREATIC ENZYMES</a>	PERTZYE, ZENPEP	CREON, PANCREAZE, VIOKACE
<a href="#">PROTON PUMP INHIBITORS</a>	ACIPHEX‡, DEXILANT‡, FIRST-LANSOPRAZOLE‡, FIRST-OMEPRAZOLE‡, NEXIUM‡, NEXIUM PACKETS‡, PREVACID‡, PRILOSEC, PROTONIX‡, ZEGERID‡	esomeprazole, lansoprazole, omeprazole, omeprazole- sodium bicarbonate, pantoprazole, rabeprazole
<a href="#">SLEEP AGENTS</a>	AMBIEN‡, AMBIEN CR‡, EDLUAR‡, INTERMEZZO‡, LUNESTA‡, ROZEREM‡, SONATA‡	estazolam, eszopiclone, flurazepam, temazepam, triazolam, zaleplon, zolpidem/ER
<a href="#">TESTOSTERONE AGENTS</a>	ANDROGEL‡, NATESTO‡, TESTIM‡, VOGELXO‡	testosterone gel, ANDRODERM, FORTESTA
<a href="#">ULCERATIVE COLITIS</a>	ASACOL HD, DELZICOL	balsalazide, budesonide caps, mesalamine, sulfasalazine, APRISO, LIALDA, PENTASA

‡ You must meet prior approval criteria to receive coverage. 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 Basic 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.

<sup>§</sup> Denotes over-the-counter (OTC) availability only, and not covered through the prescription benefit.