Prescription Drugs Covered and Not Covered
2020 Information

The drug listing on the following pages contains information about COVERED and NOT COVERED medications under your State of Delaware Express Scripts Prescription Drug Plan.

2020 Express Scripts National Preferred **Formulary**

Prescription drugs covered under the plan

…….. Pages 1-2

2020 National Preferred Formulary **Exclusions**

Prescription drugs NOT covered by Express Scripts with preferred alternatives

……. Pages 3-8

2020 State of Delaware Prescription **Plan Level Exclusions**

Medications NOT covered under the State of Delaware Prescription Drug Plan

……. Page 9

Note: The drug listing is subject to change throughout the year. For a complete listing please visit the Express Scripts Website or contact Express Scripts Member Services at 1-800-939-2142.

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2020 Express Scripts National Preferred 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 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 plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

KEY
[INJ] - Injectable Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ]
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR HFA
ADYNOVATE [INJ]
AFSTYLA [INJ]
AIMOVIG [INJ]
AJOVY [INJ]
albuterol nebulization solution
albuterol sulfate hfa (by Perrigo, Proficient Rx & Teva)
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMZEEQ
anastrozole
ANDRODERM
ANORO ELLIPTA
ARALAST NP [INJ]
ARIKAYCE
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AUSTEDO
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BAQSIMI
BARACLUDE SOLUTION
BAXDELA
BD AUTOSHIELD DUO NEEDLES
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
blisovi fe
BOSULIF
BREO ELLIPTA
BRILINTA
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC

C

CABOMETYX
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CERDELGA
CEREZYME [INJ]
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLENPIQ
clindamycin hcl
clindamycin phosphate topical
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COMETRIQ
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DARAPRIM
DAYTRANA
DESCOVY
desloratadine
desvenlafaxine succinate ext-release
dexamethasone
DEXCOM RECEIVER, SENSOR, TRANSMITTER
dexmethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYANAVEL XR
DYMISTA

E

EDARBI
EDARBYCLOR
ELIQUIS
ELOCTATE [INJ]
EMGALITY [INJ]
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDIOLEX
EPIDUO FORTE
epinephrine auto-injector (by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERIVEDGE
ERLEADA
erythromycin eye ointment
ESBRIET
escitalopram
esomeprazole magnesium delayed-release
ESPEROCT [INJ]
estradiol
estradiol patches
estradiol/norethindrone acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patches
FETZIMA
FINACEA FOAM
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE
FREESTYLE LIBRE READER, SENSOR
FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GAMMACORE
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GILOTRIF
GLASSIA [INJ]
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT [INJ]
GRASTEK
guanfacine ext-release
GVOKE [INJ]

H

HARVONI
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
ILEVRO
INBRIJA
INCRUSE ELLIPTA
indomethacin
INLYTA
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
JIVI [INJ]
JULUCA
junel

(continued)

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.
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#1702 NP-A
PRMT22157-20 (04/01/20)

junel fe

K

ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
LOKELMA
lorazepam
LORBRENA
losartan
losartan/hctz
LOTEMAX
LOTEMAX SM
lovastatin
LUMIGAN
LUPANETA [INJ]
LUPRON DEPOT 3.75 MG, 11.25 MG [INJ]
LUPRON DEPOT-PED [INJ]
LYNPARZA

M

MAYZENT
meclizine
medroxyprogesterone
meloxicam
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NAYZILAM
neomycin/polymyxin/hydrocortisone ear solution
NEULASTA [INJ]
NEXIUM PACKETS
niacin ext-release
nifedipine ext-release
nitrofurantoin macrocrystal
NITYR
NIVESTYM [INJ]
NORDITROPIN [INJ]
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]
NOVOFINE AUTOSHIELD NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
NUBEQA
NUCALA [INJ]
NUCYNTA, NUCYNTA ER
NUEDEXTA
nystatin
nystatin topical

O

ODACTRA
ODOMZO
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally disintegrating tablets
ONETOUCH KITS/METERS: ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX
ONETOUCH TEST STRIPS: ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORALAIR
ORILISSA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OTREXUP [INJ]
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

pantoprazole delayed-release
paroxetine hcl
PAZEO
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim eye solution
POMALYST
potassium chloride ext-release
PRALUENT [INJ]
pramipexole
pravastatin
PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS
prednisolone acetate eye suspension
prednisolone sodium phosphate
prednisone
pregabalin
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREPOPIK
PROAIR HFA
PROAIR RESPICLICK
PROCRIT [INJ]
progesterone micronized
PROLASTIN C [INJ]
PROLENSA
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QBREXZA
QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
ranitidine
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
RELISTOR TABLETS
REMICADE [INJ]
REPATHA [INJ]
RESTASIS
RETACRIT [INJ]
REVLIMID
RHOPRESSA
RINVOQ ER
risperidone
rizatriptan
ropinirole
rosuvastatin
RUBRACA
RUCONEST [INJ]
RUXIENCE [INJ]
RYBELSUS

S

SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG (for ulcerative colitis only) [INJ]
simvastatin
SKYLA
SKYRIZI [INJ]
SOLIQUA [INJ]
SOMATULINE DEPOT [INJ]
SOOLANTRA
spironolactone
sprintec
SPRYCEL
STEGLATRO
STELARA SC [INJ]
STRENSIQ [INJ]
SUBOXONE SL FILM
sulfamethoxazole/trimethoprim
sumatriptan
SUNOSI
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMJEPI [INJ]
SYMLINPEN [INJ]
SYMPROIC
SYMTUZA
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
tacrolimus topical
tadalafil
TALICIA
TALZENNA
tamoxifen
tamsulosin ext-release
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEKTURNA HCT
TEMIXYS
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER SUSPENSION
TRADJENTA
tramadol
travoprost
TRAZIMERA [INJ]
trazodone
TRELEGY ELLIPTA
TREMFYA [INJ]
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
tri-lo-marzia
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRIUMEQ
TRULANCE
TRULICITY [INJ]
TYMLOS [INJ]

U

UCERIS FOAM
UDENYCA [INJ]
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
VERZENIO
VIBERZI
VIIBRYD
VIMPAT
VIOKACE
VIZIMPRO
VOSEVI
VUMERITY
VYVANSE

W

warfarin

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]
XYREM

Y

YONSA
YUPELRI
yuvafem

Z

ZARXIO [INJ]
ZEJULA
ZENPEP
ZEPATIER
ZIEXTENZO [INJ]
ZIOPTAN
ZIRABEV [INJ]
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZTLIDO
ZUBSOLV
ZYLET
ZYTIGA 500 MG

Go to express-scripts.com/2020drugs for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.

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#1702 NP-A
PRMT22157-20 (04/01/20)

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2020 National Preferred Formulary Exclusions

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to **express-scripts.com/covered** to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
ANTIINFECTIVES Antibiotics	DOXYCYCLINE HYCLATE DR 80 MG	doxycycline hyclate dr
	XIFAXAN 200 MG TABLETS~	azithromycin, ciprofloxacin, levofloxacin, ofloxacin
Antifungal Agents (Oral)	TOLSURA	itraconazole
Antivirals (Oral)	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
AUTONOMIC & CENTRAL NERVOUS SYSTEM Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)	LUCEMYRA	clonidine
Anticonvulsants	TOPIRAMATE ER CAPSULES	topiramate tablets, QUDEXY XR
Anti-Migraine Therapy	ONZETRA XSAIL	sumatriptan nasal spray, ZOMIG NASAL SPRAY
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	XADAGO, ZELAPAR~	rasagiline, selegiline
Antispasmodic Agents	OZOBAX	baclofen, tizanidine
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51, VYONDYS 53	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER, XTAMPZA ER~	hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Multiple Sclerosis (Beta Interferons)	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Multiple Sclerosis (Oral)	AUBAGIO	GILENYA, MAYZENT, TECFIDERA, VUMERITY
Narcotic Analgesics & Combinations	APADAZ, BENZHYDROCODONE/ACETAMINOPHEN	hydrocodone/acetaminophen
	BUTRANS	buprenorphine patches, BELBUCA
	PRIMLEV~	oxycodone/acetaminophen
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, pregabalin
Sedative-Hypnotic Agents	DORAL~	estazolam, lorazepam
Serotonin/Norepinephrine Reuptake Inhibitor Antidepressants	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
Tardive Dyskinesia Therapy	INGREZZA	AUSTEDO
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS	fentanyl citrate lozenges
Miscellaneous Antidepressants	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
Miscellaneous Central Nervous System Agents	NORTHERA~	desmopressin acetate tablets, desmopressin acetate nasal, fludrocortisone, indomethacin, midodrine, pyridostigmine

~ Due to Covid-19, medications will be excluded for patients new to therapy only beginning on 07/01/2020.

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204612
DL44109Q-SD-20 (04/01/2020)

Drug Class	Excluded Medications	Preferred Alternatives
CARDIOVASCULAR ACE Inhibitors	EPANED	enalapril
	QBRELIS	lisinopril
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Beta Blockers & Combinations	KAPSPARGO SPRINKLE	metoprolol succinate
	DUTOPROL, METOPROLOL SUCCINATE/HCTZ ER	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide
Calcium Channel Blockers	KATERZIA	amlodipine
Calcium Channel Blockers & Combinations	CONSENSI	amlodipine benzoate plus celecoxib
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, EZALLOR SPRINKLE, SIMVASTATIN SUSPENSION	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
DERMATOLOGICAL Oral Agents for Acne	MINOLIRA, XIMINO~	minocycline er
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne Combinations	EPIDUO FORTE~	adapalene/benzoyl peroxide
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON
Topical Agents for Actinic Keratosis	CARAC~, FLUOROURACIL 0.5% CREAM, IMIQUIMOD 3.75% CREAM PUMP, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, PICATO
Topical Antibiotics for Acne	CLINDAGEL~, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)~	clindamycin phosphate gel, erythromycin gel, AMZEEQ
Topical Antifungals	LULICONAZOLE, SULCONAZOLE	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	CLOCORTOLONE	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Vitamin D Analogs (Topical)	CALCIPOTRIENE FOAM	calcipotriene, calcitriol
	CALCIPOTRIENE/BETAMETHASONE SUSPENSION	calcipotriene/betamethasone ointment, ENSTILAR, TACLONEX SUSPENSION
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
	LIDOCAINE/TETRACAINE	lidocaine cream, lidocaine/prilocaine cream
DIABETES Blood Glucose Meters & Test Strips	ASCENSIA (BREEZE, CONTOUR) ROCHE (ACCU-CHEK) TRIVIDIA (TRUETEST, TRUETRACK) ALL OTHER METERS & TEST STRIPS THAT ARE NOT LISTED AS PREFERRED	FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO, VERIO FLEX ONETOUCH TEST STRIPS: ULTRA, VERIO PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS
Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	ALOGLIPTIN/PIOGLITAZONE	pioglitazone plus JANUVIA or TRADJENTA
Glucagon-Like Peptide-1 Agonists	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	NOVOLIN, RELION NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, INSULIN ASPART, INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG	HUMALOG

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204612
DL44109Q-SD-20 (04/01/2020)

Drug Class	Excluded Medications	Preferred Alternatives
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
	CIPROFLOXACIN/FLUOCINOLONE OTIC	CIPRODEX, OTOVEL
ENDOCRINE (OTHER) Combination Patches	CLIMARA PRO	COMBIPATCH
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Gonadotropin-Releasing Hormone (GnRH) Analogs (for Central Precocious Puberty)	SUPPRELIN LA~	LUPRON DEPOT-PED, TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPRO
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Testosterone Products (Injectable)	AVEED~	testosterone cypionate, testosterone enanthate
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Miscellaneous Endocrine Drugs	KORLYM~	ketoconazole, LYSODREN, SIGNIFOR
GASTROINTESTINAL Antiemetics (Oral)	AKYNZEO CAPSULES	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	EMEND POWDER PACKETS	aprepitant, VARUBI TABLETS
Bowel Evacuants	OSMOPREP~	peg-electrolyte solution, PREPOPIK, SUPREP
Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Helicobacter Pylori Agents	PYLERA~	lansoprazole/amoxicillin/clarithromycin, TALICIA
Inflammatory Bowel Agents	DIPENTUM	balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION, RABEPRAZOLE DR SPRINKLE	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
HEMATOLOGICAL Antiplatelet Agents	ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole
Chelating Agents	JADENU, JADENU SPRINKLE	deferasirox
Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT, RETACRIT
Factor VIII Recombinant Products	NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT
Granulocyte Colony Stimulating Factors	GRANIX, NEUPOGEN	NIVESTYM, ZARXIO
Sickle Cell Disease Agents	OXBRYTA	hydroxyurea, ADAKVEO, DROXIA
	SIKLOS	DROXIA
Thrombocytopenia Agents	MULPLETA	DOPTELET
	TAVALISSE~	DOPTELET, PROMACTA, NPLATE
HEPATITIS Hepatitis C	LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER

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Drug Class	Excluded Medications	Preferred Alternatives
HIV Antiretrovirals Note: Current patients established on therapy are allowed to continue therapy.	ATRIPLA, DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	COMPLERA	ODEFSEY
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, ritonavir, KALETRA TABLETS, PREZISTA
	STRIBILD	BIKTARVY, GENVOYA
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
	ZURAMPIC	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES	fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen
	RELAFEN DS	nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam
	TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	DICLOFENAC EPOLAMINE PATCHES	FLECTOR PATCHES
	PENNSAID	diclofenac sodium topical, FLECTOR PATCHES
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progesterones	ENDOMETRIN	CRINONE 8% GEL
ONCOLOGY ALK Positive Lung Cancer Agents	ALECENSA~	If medically necessary, request prior authorization.
	ALUNBRIG~	XALKORI, ZYKADIA
Bevacizumab-Containing Agents	AVASTIN~	MVASI, ZIRABEV
Breast Cancer Agents	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
Multiple Myeloma Agents	NINLARO~	KYPROLIS, VELCADE
	XPOVIO	DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID, VELCADE
Myelofibrosis Agents	INREBIC	JAKAFI
Prostate Cancer	TRELSTAR~	ELIGARD, FIRMAGON
Rituximab-Containing Agents	RITUXAN~, RITUXAN HYCELA~, TRUXIMA~	RUXIENCE
Trastuzumab-Containing Agents	HERCEPTIN~, HERCEPTIN HYLECTA~, OGIVRI~	KANJINTI, TRAZIMERA
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	XELPROS	bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN
Ophthalmic Anti-Allergic	ALOCRIL, ALOMIDE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmic Anti-Inflammatory	FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA

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Drug Class	Excluded Medications	Preferred Alternatives
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISC, SYNVISC-ONE, TRILURON, TRIVISC, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
OSTEOPOROSIS Bone Modifiers	EVENITY, PROLIA	alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS
RENAL DISEASE Nephropathic Cystinosis Medications	PROCYSBI~	CYSTAGON
Phosphate Binders	FOSRENOL POWDER PACKETS	lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	epinephrine auto-injector (by Mylan), EPIPEN, EPIPEN JR
Immunological Agents for Asthma	CINQAIR	FASENRA, NUCALA
Long-Acting Beta Agonist Inhalers	STRIVERDI RESPIMAT	SEREVENT DISKUS
Long-Acting Muscarinic Antagonist Inhalers	SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, TUDORZA PRESSAIR	INCRUSE ELLIPTA
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	DUAKLIR PRESSAIR, STIOLTO RESPIMAT	ANORO ELLIPTA, BEVESPI AEROSPHERE
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers	BUDESONIDE/FORMOTEROL	ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
Short-Acting $Beta_2$-Agonist Inhalers	ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PAR, PRASCO), LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	albuterol sulfate hfa (by Perrigo, Proficient Rx & Teva), PROAIR HFA/RESPICLICK, VENTOLIN HFA
WEIGHT LOSS Weight Loss Agents	QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST
Immunosuppressant Agents	XATMEP	methotrexate
Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis	ONPATTRO	No alternatives recommended
Potassium Binders	VELTASSA	LOKELMA

Indication Based Management

Drug Class	Excluded Medications	Preferred Alternatives
INFLAMMATORY CONDITIONS	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA

Drug Class	Nonpreferred Medications	Preferred Alternatives
INFLAMMATORY CONDITIONS‡	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication.	ACTEMRA, COSENTYX, ENBREL, HUMIRA, OTEZLA, REMICADE, RINVOQ ER, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR

‡ Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

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Excluded Medications/Products at a Glance

ABILIFY^
ABSTRAL
ACANYA^~
ACIPHEX^
ACIPHEX SPRINKLE
ACUVAIL
ADCIRCA^
ADDERALL^
ADLYXIN
ADMELOG
AGGRENOX^~
AKTIPAK
AKYNZEO CAPSULES
ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PAR, PRASCO)
ALCORTIN A
ALECENSA~
ALOCRIL
ALOGLIPTIN
ALOGLIPTIN/METFORMIN
ALOGLIPTIN/PIOGLITAZONE
ALOMIDE
ALTOPREV
ALUNBRIG~
ALVESCO
AMBIEN^, AMBIEN CR^
AMPYRA^
AMRIX^
ANDROGEL 1%^
ANUSOL-HC^
APADAZ
APIDRA
ARANESP
ARIMIDEX^
ASACOL HD^
ASCENSIA (BREEZE, CONTOUR)
ASPIRIN/OMEPRAZOLE DR
ATACAND^, ATACAND HCT^
ATRALIN^~
ATRIPLA
AUBAGIO
AUVI-Q
AVALIDE^, AVAPRO^
AVASTIN~
AVEED~
AVODART^
AZOR^
BARACLUDE TABLETS^
BECONASE AQ
BENICAR^, BENICAR HCT^
BENZHYDROCODONE/ACETAMINOPHEN
BERINERT
BRISDELLE^
BUDESONIDE/FORMOTEROL
BUPAP^
BUTRANS
CALCIPOTRIENE FOAM
CALCIPOTRIENE/BETAMETHASONE SUSPENSION
CARAC~
CELEBREX^
CELEXA^
CETRAXAL
CHORIONIC GONADOTROPIN
CIALIS^
CINQAIR
CIPROFLOXACIN/FLUOCINOLONE OTIC
CLIMARA PRO
CLINDAGEL~
CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)~
CLOCORTOLONE
COLCHICINE
COMPLERA
CONSENSI
COREG^
CORTIFOAM
COSOPT^
COZAAR^, HYZAAR^
CRESTOR^
CUPRIMINE^
CYMBALTA^
CYTOMEL^
DELSTRIGO
DELZICOL^
DETROL^, DETROL LA^
DICLOFENAC EPOLAMINE PATCHES
DIOVAN^, DIOVAN HCT^
DIPENTUM
DORAL~
DOXYCYCLINE 40 MG CAPSULES
DOXYCYCLINE HYCLATE DR 80 MG
DRIZALMA SPRINKLE
DUAKLIR PRESSAIR
DUROLANE
DUTOPROL
EFFEXOR XR^
ELIDEL^
EMBEDA
EMEND CAPSULES^, TRIFOLD PACK^
EMEND POWDER PACKETS
EMFLAZA
ENDOMETRIN
EPANED
EPIDUO^~
EPIDUO FORTE~
EPINEPHRINE AUTO-INJECTOR (BY IMPAX)
EPOGEN
ESTROGEL
EVENITY
EVZIO
EXFORGE^, EXFORGE HCT^
EXJADE^
EXONDYS 51
EXTAVIA
EZALLOR SPRINKLE
FEMRING
FENOPROFEN CAPSULES
FENORTHO
FENTANYL CITRATE BUCCAL TABLETS
FENTORA
FIASP
FIRAZYR^~
FLUOROURACIL 0.5% CREAM
FML FORTE, FML S.O.P.
FOCALIN^, FOCALIN XR^
FOLLISTIM AQ
FOSRENOL CHEWABLE TABLETS^
FOSRENOL POWDER PACKETS
GANIRELIX ACETATE^
GEL-ONE
GELSYN-3
GENVISC 850
GLEEVEC^
GLUCOPHAGE^, GLUCOPHAGE XR^
GLUMETZA^
GOCOVRI ER
GRANIX
HERCEPTIN~, HERCEPTIN HYLECTA~
HUMATROPE
HYALGAN
HYMOVIS
IMIQUIMOD 3.75% CREAM PUMP
IMITREX^
INDERAL LA^
INGREZZA
INREBIC
INSULIN ASPART, INSULIN ASPART PROTAMINE
INSULIN LISPRO
INTUNIV^
ISTALOL^
JADENU, JADENU SPRINKLE
KAPSPARGO SPRINKLE
KATERZIA
KAZANO
KEPPRA^, KEPPRA XR^
KISQALI, KISQALI FEMARA CO-PACK
KOMBIGLYZE XR
KORLYM~
LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^
LAZANDA
LEDIPASVIR/SOFOSBUVIR
LETAIRIS^~
LEVALBUTEROL HFA
LEXAPRO^
LIBRAX^
LIDOCAINE/TETRACAINE
LIDODERM^
LIPITOR^
LOCOID^~, LOCOID LIPOCREAM^~
LOESTRIN^, LOESTRIN FE^
LOTREL^
LOVENOX^
LUCEMYRA
LULICONAZOLE
LUNESTA^
LYRICA^
LYRICA CR
MAVYRET
MAXALT^, MAXALT MLT^
MAXIDEX
METOPROLOL SUCCINATE/HCTZ ER
MICARDIS^, MICARDIS HCT^
MINASTRIN 24 FE^
MINOLIRA
MIRCERA
MULPLETA
NALFON CAPSULES
NAMENDA XR^
NASONEX^
NESINA
NEUPOGEN
NEURONTIN^
NEVANAC
NINLARO~
NOCTIVA
NORCO^
NORTHERA~
NORVASC^
NOVOLIN
NOVOLOG
NOXAFIL TABLETS^~
NUTROPIN AQ NUSPIN
NUVIGIL^
NUWIQ
OGIVRI~
OMNARIS
OMNITROPE
ONGLYZA
ONPATTRO
ONZETRA XSAIL
ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^
OSMOLEX ER
OSMOPREP~
OXBRYTA
OXYCODONE ER
OZOBAX
PANCREAZE
PATADAY^
PENNSAID
PERCOCET^~
PERTZYE
PIFELTRO
PIQRAY
PLAQUENIL^
PLAVIX^
PRADAXA
PRAVACHOL^
PRED MILD
PREGNYL
PREVACID^, PREVACID SOLUTAB^
PREZCOBIX
PRILOSEC SUSPENSION
PRIMLEV~
PRISTIQ^
PROCYSBI~
PROLIA
PROTONIX^
PROTONIX SUSPENSION
PROVENTIL HFA
PROVIGIL^
PROZAC^
PULMICORT RESPULES^
PYLERA~
QBRELIS
QSYMIA
RABEPRAZOLE DR SPRINKLE
RANEXA^~
RAPAFLO^
RECOMBINATE
RELAFEN DS
RELION NOVOLIN
RENAGEL^
RITUXAN~, RITUXAN HYCELA~
ROCHE (ACCU-CHEK)
ROZEREM^~
SAIZEN, SAIZENPREP
SANDOSTATIN LAR DEPOT
SAVAYSA
SENSIPAR^~
SEROQUEL^, SEROQUEL XR^
SIGNIFOR LAR
SIKLOS
SIMVASTATIN SUSPENSION
SINGULAIR^
SITAVIG
SODIUM HYALURONATE
SOFOSBUVIR/VELPATASVIR
SOVALDI
SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
SPRAVATO
STIOLTO RESPIMAT
STRATTERA^
STRIBILD
STRIVERDI RESPIMAT
SUBSYS
SULCONAZOLE
SUPARTZ FX
SUPPRELIN LA~
SYNVISC, SYNVISC-ONE
TALTZ
TARGRETIN CAPSULES^~
TAVALISSE~
TESTIM^
TIKOSYN^
TIMOPTIC OCUDOSE
TIVORBEX
TOBI SOLUTION^
TOLSURA
TOPAMAX^
TOPICORT SPRAY
TOPIRAMATE ER CAPSULES
TOPROL XL^~
TRANSDERM-SCOP^~
TRELSTAR~
TREXIMET^~
TRIBENZOR^
TRICOR^
TRILEPTAL^
TRILURON
TRIVIDIA (TRUETEST, TRUETRACK)
TRIVISC
TRUXIMA~
TUDORZA PRESSAIR
ULORIC^~
UROXATRAL^
VAGIFEM^
VALIUM^
VALTREX^
VANOS^~
VELTASSA
VELTIN
VERDESO FOAM
VESICARE^~
VIAGRA^
VICTOZA
VISCO-3
VIVELLE-DOT^
VIVLODEX
VYONDYS 53
VYTORIN^
WELLBUTRIN SR^
XADAGO
XALATAN^
XANAX^, XANAX XR^
XATMEP
XELPROS
XENAZINE^
XIFAXAN 200 MG TABLETS~
XIMINO~
XOPENEX HFA
XPOVIO
XTAMPZA ER~
XYNTHA, XYNTHA SOLOFUSE
YASMIN^
YOSPRALA DR
ZAVESCA^
ZEGERID^
ZELAPAR~
ZETIA^
ZETONNA
ZIPSOR
ZOCOR^
ZOLOFT^
ZOMACTON
ZOMIG TABLETS^, ZOMIG ZMT^
ZONEGRAN^
ZORVOLEX
ZOVIRAX OINTMENT^~
ZURAMPIC
ZYCLARA
ZYFLO CR^
ZYTIGA 250 MG^

^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

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2020 State of Delaware Prescription Plan Level Exclusions

The following list of Excluded Medications are **NOT Covered** under the State of Delaware Prescription Drug Plan effective January 1, 2020.

Please note:

Some medications on this Plan Level Exclusions list may be included in the Express Scripts Formulary of covered drugs. In those cases, the State of Delaware Prescription Drug Plan Level Exclusions list takes precedence when determining coverage.

If you fill a prescription for one of the Excluded Medications listed below, the claim will be denied coverage under your prescription plan. You will need to pay out-of-pocket for the medication.

Excluded Medications
Non-Federal Legend Drugs (OTC drugs) except where mandated by ACA
Investigational Drugs
Rx drugs that have OTC equivalents
Ostomy Supplies
Blood Glucose Monitors not issued by Livongo®
Mifeprex
Cosmetic & hypopigmentation Drugs
Anti-Obesity Preparations, Weight Loss Medications
Dental Fluoride Products except where mandated by ACA
Allergy Sera & Blood Products
Erectile Dysfunction Agents
Hypoactive Sexual Desire Disorder (HSDD) Agents

Drugs on the State of Delaware Prescription Drug Plan Level Exclusions list are not eligible for consideration under the Coverage Review program.